

Austin Attachment and Counseling Center

Stephen J. Terrell, MS, LPC, RPT, SEP

Licensed Professional Counselor - Registered Play Therapist
Certified EMDR Therapist – Somatic Experiencing Practitioner

Intuitheal@aol.com

www.austinattach.com

1106 Clayton Lane, Suite 435-W

Austin, Texas 78723

512-206-0260

512-206-0030 (fax)

Treatment Protocol

Stephen Terrell is a Licensed Professional Counselor in Texas, Registered Play Therapist, Certified EMDR Therapist, and Somatic Experiencing Practitioner. He is a clinical member of the Association for Treatment and Training in the Attachment of Children (ATTach), Association for Play Therapy, Texas Association for Play Therapy, The Theraplay Association, and The Foundation for Human Enrichment, and The EMDR International Association. He has received extensive training in Dyadic Developmental Psychotherapy with Daniel Hughes, Ph.D., author of Building the Bonds of Attachment and Facilitating Developmental Attachment. He is a graduate of Texas A&M University – Corpus Christi and awarded a Doctorate in Psychology from California Coast University. He has taught seminars and lead training for Texas Department of Human Services, Child Protective Services, and Foster/Adopt Organizations.

Terrell is the founding therapist for Austin Attachment and Counseling Center. He specializes in Attachment issues and Trauma. Most of the children he works with in his practice are either adopted or presently living in foster care. His primary treatment approach with attachment disturbances is Dyadic Developmental Psychotherapy, which was developed by Dr. Daniel Hughes, Ph.D.

Terrell is a single parent living in Austin, Texas with his sons, Luke and John Michael. Both were adopted through Texas Department of Protective and Regulatory Services (Child Protective Services). Terrell knows first hand the challenges of parenting children with attachment issues.

Problems Statement:

Stephen Terrell and Austin Attachment and Counseling Center treat children, adolescents, and adults. The Center provides treatment for children with trauma-attachment disorders, including Reactive Attachment Disorder, Developmental Trauma Disorder, Post Traumatic Stress Disorder, ADD/ADHD, Oppositional Defiant Disorder and other issues related to children and families. The Center works with children who

have suffered trauma, abuse, neglect, and/or multiple placements in the first few years of life. Such children often display social, emotional, neurological and cognitive delays.

As Daniel Hughes states on his web site, it is easier to list interventions that I never use in therapy nor recommend that a parent use at home than to list all of the possible interventions that I might use. I am confident that all interventions I use are consistent with principles of attachment and trauma theory and research.

Austin Attachment and Counseling Center agrees with Daniel Hughes that the following interventions are NOT found within any treatment and parenting model used at the center:

1. Holding a child and confronting him/her with anger.
2. Holding a child to provoke a negative emotional response.
3. Holding a child until s/he complies with a demand.
4. Poking a child on any part of his/her body to get a response.
5. Pressing against "pressure points" to get a response.
6. Covering a child's mouth/nose with one's hand to get a response.
7. Making a child repeatedly kick with his/her legs until s/he responds.
8. Wrapping a child in a blanket and lying on top of him/her.
9. Any actions based on power/submission, done repeatedly, until the child complies.
10. Any actions that use shame and fear to elicit compliance.
11. "Firing" a child from treatment because s/he is not compliant.
12. Punishing a child at home for being "fired" from treatment.
13. Sarcasm, such as saying "sad for you", when the adult actually feels no empathy.
14. Laughing at a child over the consequences that are being given for his behavior.
15. Labeling the child as a "boarder" rather than as one's child.
16. "German shepherd training", which bases the relationship on total obedience.
17. Blaming the child for one's own rage at the child.
18. Interpreting the child's behaviors as meaning, "s/he does not want to be part of the family", which then elicits consequences such as:
 - A. Being sent away to live until s/he complies.
 - B. Being put in a tent in the yard until s/he complies.
 - C. Having to live in his/her bedroom until s/he complies.
 - D. Having to eat in the basement/on the floor until s/he complies.
 - E. Having "peanut butter" meals until s/he complies.
 - F. Having to sit motionless until s/he complies.

Giving the above consequences in a "loving, friendly tone" does not make them appropriate. That tone may actually cause greater confusion about the meaning of love, parenting, and safety, which we want, children to understand. If an intervention is not on that list, we may or may not use it. A rule of thumb is always that the intervention is something that is congruent with how secure attachments are

formed and how traumas are resolved. If one is still uncertain, please contact me rather than assuming that I would recommend that intervention.

Target Population

Austin Attachment and Counseling Center is aware that attachment disturbances occur within children and adults. The effects on families and relationships can be devastating. Most families treated at the Center are raising adopted children, but we also treat children who are in foster care, in custody of birth relative, medical trauma, and parents of traumatized children.

Children are treated as young as two years of age based on their early circumstances through the age of 21 years. Adults are treated for attachment if meeting prescribed criteria. Most of the children treated are between the ages of 3 years and 8 years of age.

Program/Practice Overview

Because of the severity of the children we see it is important for us doing attachment work to concentrate on the child's early history including birth information. Many have lived in multiple foster homes, shelters, and residential treatment centers. They have a strong history of abuse and neglect from early caregivers. Some have been adopted from foreign countries without clear histories but behaviors that seem out of control. Some of the children are survivors of severe medical conditions and medical pain or are currently being treated in a Specialty Center for health issues including cleft palate and cystic fibrosis. Because of frequent or prolonged separations from parents/caregivers, these children seem to display high levels of anger and rage. Often times, previous mental health interventions have offered minimal or no help for the client or their family.

Our treatment is a multi-disciplinary approach that has been effective in the treatment of attachment disorders. Our attitude towards children is one of playfulness, curiosity, empathy, acceptance, and love. We strive for attaining a healthy affective attachment between the parent and child. We teach children about their emotions and work on ways to regulate their nervous systems. We see trauma in the nervous system as being a series of incomplete trauma responses that need to be completed in order for the child to attach to the caregiver.

Austin Attachment and Counseling Center offers several treatment options based on the needs of the child and family. Appointments are usually two hours in length and are scheduled weekly. We offer out of town clients several options including a three hour appointment every other week. We have several options for clients who come into Austin for the week and see the client daily. We also refer clients who want a more intensive treatment to facilities outside of Texas for the intensive and then provide follow through care here in our office.

It is important to note that all treatment at Austin Attachment and Counseling Center is for building attachment within the family and trauma resolution. Parents and the child are together during the sessions. Depending on the history of the siblings, sometimes siblings are included during special family sessions. We offer our families a wide range of services and treatment options. Each family contract with the therapist to follow a unique plan of treatment designed specifically for the family following the evaluation

Our services include:

- Assessment
- Consultation
- Adoptive Preparation for new parents
- Adoptive Preparation for children
- Intensive Attachment Therapy
- Dyadic Developmental Psychotherapy
- Affect Management Skills Training
- Theraplay Techniques
- Brain Gym Techniques
- Individual Therapy, Couple Therapy, and Family Therapy
- EMDR
- Somatic Experiencing
- Play Therapy
- Sand Tray Therapy
- “Love and Logic” Parent Education Classes
- “Parenting from the Inside Out” Support Group
- Anger Management
- Parent Support Groups

Description of Services

Intake/Admission Process

Clients or client’s families normally contact us either by telephone or email to schedule an initial intake. During this initial contact, treatment options are discussed.

Assessment Process

The initial assessment is a two hour interview process between the therapist and the Parents. Prior to the first appointment, clients are asked to go to our website (www.AustinAttach) and download the admission forms. It is helpful for the interview if all the forms are completed before the assessment appointment. These forms include a medical history of the child, child’s biography, parent’s biography, placement history, and HIPPA acknowledgement form. It is important to note that all children being treated at the center should have current physicals to rule out any medical conditions. It is also important at this time that the parents bring any available school records, psychological

evaluations, treatment records, and hospitalizations. Parents are asked to sign necessary agreements for treatment, professional disclosure by therapist, release of confidential information (as appropriate), and informed consent.

During the intake appointment, the parent's attachment history will be reviewed. This gives the therapist and the parent a better understanding of why the child may be acting the way they act. It also gives the parent insight into why the child is causing distress in their lives. A plan of treatment is also established with the parent's agreement so that progress can be monitored.

It is important to note that parents often have many questions during the treatment process. If the therapist is not able to answer a particular question, the therapist will contact another professional in the field and ask for assistance. It would be impossible for one person to hold all the knowledge and parents deserve to know the right answers. Parents are encouraged to ask questions during the sessions, by telephone and/or by email. Email is sometimes the best communication tool when away from the office to prevent telephone tag.

Consultation is available to parents, schools, Child Protective Services and other mental health professionals.

Parent Preparation for new adoptive parents is an important part of a successful adoption. Attachment is in issue for all adoptions regardless of where they originate or the age of the child being adopted. Strategies for building attachment are discussed as well as strategies for those first few days after the child arrive in the new home. Families who are most successful in the adoption process are those families who provide structure and nurture from the beginning. This gives the new family a toolbox.

Child preparation for adoption is focused on working with the child before placement with the new adoptive family. Play Therapy and Sandtray Therapy provide an excellent milieu for the child to begin their personal healing work. Regardless of the circumstances for children to become available for adoption, children go through a stage of loss and grief. This work continues over into the forever family.

Intensive Attachment Therapy is based on the parent and child needs. On occasion, we refer clients to other treatment facilities that are better equipped to offer intensive treatment. We have options of here of two – three hours per day over a period of time only. We do no psychological testing here at Austin Attachment and Counseling Center.

One Week Intensive Therapy is done on special occasions when the families feel that this is their best option due to traveling long distances or other reasons. Client and families participate in therapy 3-4 hours per day for five days. Please call us for further information.

Dyadic Developmental Psychotherapy was developed by Daniel Hughes and is based on the premise that the development of children and youth is dependent upon and highly

influenced by the nature of the parent-child relationship. Such a relationship, especially about the child's attachment security and emotional development, requires ongoing, dyadic (reciprocal) experiences between parent and child. Such experiences are affectively and cognitively matched to the developmental, age-appropriate needs of the child. The parent is attuned to the child's subjective experience, makes sense of those experiences, and communicates them back to the child.

Affect Management Skills Training (AMST) was developed by Dr. John Omaha and is the development of tools and resources necessary to the recognition, detached observation, modulation, and overall coping with the range of affects available to a person. Often times because of the history of abuse the child has experienced, the child has not had the opportunity to develop the necessary affects (emotions) to live a normal life. AMST not only allows the child to learn affects but provides the new parent the opportunity to recreate a teaching experience for the child through reflecting on their own affect experiences that they may not have been able to model because of circumstances.

Theraplay® is a short-term, therapist-directed play therapy for children and their parents. It is designed to enhance attachment, raise self-esteem, improve trust in others and create joyful engagement. Theraplay is based on the natural patterns of healthy interaction between parent and child, and is personal, physical and fun. Theraplay interactions focus on five essential qualities found in parent-child relationships: Structure, Engagement, Nurture, Challenge and Playfulness. Theraplay sessions create an active and empathic connection between the child and the parents, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding. Parents are actively involved in the treatment and empowered to continue on their own the health promoting interactions of the treatment sessions.

Brain Gym sees human brain function in terms of three dimensions: laterality, focus, and centering. Successful brain function requires efficient connections across the neural pathways located throughout the brain. Stress inhibits these connections, while the Brain Gym movements stimulate a flow of information along these networks, restoring the innate ability to learn and function with curiosity and joy.

Individual Therapy, Couple Therapy, and Family Therapy is offered at the Center. Although Individual Therapy is rarely recommended for attachment therapy, there are times that warrant the need for such therapy. Because of the stress, the child may have caused the new family, couple therapy is sometimes recommended. This allows the parents to be on the same page and to limit opportunities for the child to manipulate situations. Family therapy is always used in the treatment of attachment.

Eye Movement Desensitization and Reprocessing (EMDR) integrates elements of much effective psychotherapy in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies². EMDR is an information processing therapy

and uses an eight-phase approach. EMDR is the most popular treatment of Trauma in the world.

Somatic Experiencing® (SE) is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

Play therapy refers to a large number of treatment methods, all of which make use of one or more of the natural benefits of play. Play allows children a safe psychological distance from their problems and allows them to express their true thoughts and feelings in ways best suited to their developmental level. Play therapy allows trained play therapists to assess and understand children's play and to use it in assisting the child in coping with difficult emotions and in finding solutions to their problems.

Sand Tray essentials are a specially proportioned Sandtray, a source of water, shelves of miniatures of multitude variety: people, animals, buildings, bridges, vehicles, furniture, food, plants, rocks, shells-the list goes on-and on. An experienced therapist provides the freedom and the protection that encourages you to access your inner, often unrealized, selves in a safe and non-judgmental space. The therapist as a witness is an essential part of the method, but this therapist is in the mode of "appreciating", not "judging", what the sandplayer does. This process of touching the sand, adding water, making the scenes, changing the scenes, seems to elicit the twin urges of healing and transformation which are goals of therapy.

“Love and Logic” Parent Education is about learning how to be responsible parents raising responsible kids. It teaches parents about understanding their kids, learning practical parenting techniques, how to put the new skills to practice, seeing the skills working, feeling a sense of accomplishment, gaining family cooperation, and finally, having happier families.

Anger Management is a group where affect management skills are taught and the group learns through each other's experiences.

Parent Support Groups are about parents helping each other.

Safety/risk Management Plan

Attachment Therapy at Austin Attachment and Counseling Center is always done with the parent participation in the session with the child. Treatment plans are a part of the initial assessment and the risks of therapy are discussed with the parents. The child's

physical and psychological safety is our primary concern and is carefully monitored. We support and adhere to the safety principles by the ATTach organization.

Evaluation/Outcomes:

The most important evaluation for the treatment of attachment disturbances is the weekly and ongoing reports by the parents and the child. Each week, parents are encouraged to share the both the positive aspects of the previous week with the child as well as the most challenging moments of the previous week. The therapist assist the parents in seeing what is normal and appropriate for the age of the child and what possibly could be a result of attachment disturbances. Often times, a parent dealing on a daily basis with a child who has attachment disturbances is so overwhelmed that they are not able to recognize normal expectation of growth and development and what is related to disturbed attachment. This ongoing evaluation offers the parents support and clarity.

Conclusion of therapy is a decision made between the family and the therapist. This decision is based on the evaluation of the goals and the parents' report of improvement. Because therapy for attachment can sometimes be seen as a series of climbing mountains and plateaus, clients are sometimes discharged to practice the new skills they have learned and then restarted in therapy when the next mountain is reached to climb. This allows the family and therapist to have an indefinite relationship if problems arise. This provides the parents with the comfort of knowing they will not be alone if problems arise. It also prevents the child from burning out in therapy and stopping the therapeutic process.

Qualification of Staff

All staff is independently licensed clinicians registered with the State of Texas.

Stephen J. Terrell, MS, LPC, RPT
BA Texas A&M University – Corpus Christi
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PsyD California Coast University
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