Susan L Love
BAY AREA ATTACHMENT CENTER
1425 Leimert Blvd.
Oakland, CA 94602

PHILOSOPHY:

Children and adults who have not completed the attachment process in the first two to three years of life with a primary caregiver may present with varying degrees of attachment deficits. The resulting lack of trust in self and others makes parenting, managing, and sometimes, even liking them difficult. These children experience their world as an unsafe place in which they believe they have to be in control and "parent" themselves in order to survive. Their experiences with caregivers have taught them that big people are not safe and will not take care of them. Symptoms may reflect deficits in affect regulation, biological regulation, behavioral organization, and the development of language and cognition. Children with severe attachment deficits do not feel safe, worthy of caring, remorse for hurting others and have little empathy. In a family, these children can become the source for chronic chaos.

At BAAC we provide therapeutic services to families whose children experienced loss and trauma in early life. We believe that secure attachment between parent and child serves as the necessary template for all future healthy relationships. Using over thirty-five years of experience, training and therapeutic relationships with families, children and adults, we have developed an effective framework and sound clinical practices that help people develop secure attachment. Our goal for our families is to engender trust, open doors to intimacy and overcome negative self-beliefs. We offer hope, healing in family relationships and the guidance for successful parenting and education so that they can enjoy the ordinary pleasures of being a family.

Services provided include:
Intake
Assessment of the child in the family and consideration of family strengths and challenges
Treatment Planning
Treatment
- On going therapy for adults, couples, adolescents, families and children
- Mini-Intensives for families and couples
- Marital Therapy
- Dyadic Developmental Therapy
- EMDR
- Narrative Therapy
- Neurofeedback

Evaluation and follow up.
Consultation with allied professionals

School consultation and IEP support
Education for school faculties and parents
Grand Rounds for Pediatricians and Family Physicians
Comprehensive information on attachment and parenting
Referrals

Resources:

Educational materials
Links to additional attachment resources including those offering ten-day intensives
Newsletter
Referrals
Therapeutic Residential Treatment Placement through Educational Consultants

Respite
Groups as needed

Training:

Workshops and In-Service trainings
Seminars for foster parents, adoptive parents, and professionals
Parent Coaching

DESCRIPTION OF PROCESSES:

Intake

When a family or individual contacts the Bay Area Attachment Center, we discuss their current situation and concerns. We then refer them to our website or, if they are not in our area, to an appropriate therapist or other resource that is geographically closer to them.

Our intake usually begins with a phone consult or email contact. If it appears that we may be a good fit for their needs, we send an intake packet including the request for any pertinent background information for our assessment. Such information includes psychological evaluations, educational psychological and academic testing, pediatrician's concerns, if any; pertinent medical history of the child including mother's pregnancy and child's birth if this is a biological child. If this is an adopted or foster child, we want to know everything available about the pregnancy and birth of the child, medical history and information regarding any earlier placements. Symptom checklists for depression and/or PTSD for a child may also be included. If, at any time, we conclude that we are not the most appropriate therapeutic resource for the individual or family, or our practice is full, we refer to another resource.

Items included in our application for assessment and packet include:

Parent's information
Hughes' Parenting Questionnaire
Child's Developmental History
Child's Medical History
Attachment Disorder checklist
Post Traumatic Stress Disorder checklist
Achenbach Child Behavioral Checklist
Clients Rights and Privacy information
Confidentiality and exclusions to confidentiality
Informed consent for treatment.
Reading List
Directions to our facility

Assessment

We see children from infancy to adolescents with their parents. We also work with adults presenting with trauma, grief, adoption and attachment issues. Our initial assessment is a three-part process which takes up to several weeks. For those traveling some distance, we can arrange to complete the entire assessment in a single trip and family therapy in multiple-hour sessions.

Using the information gathered during the intake process, We meet with the parents to observe them and their relationship, discuss the information given, learn about their family backgrounds, hear from them about the experience of having this child in their family, and what their most pressing concerns/goals are. We may use Mary Main's modified Adult Attachment Interview in addition to Dan Hughes' Parent Questionnaire. We

use this opportunity to help them understand why their child may be how he is. Perhaps the most useful part of this particular piece is our kindling of compassion and empathy for the child. Often parents are angry and feel defeated in their efforts to parent. We assess the level of compassion and empathy they feel for the child. Given the likelihood of isolation for the parents, it's powerful for them to feel heard, understood and validated in their difficult (sometimes horrible) experience.

With information about the parents and their experience of their child, we meet with the parents and the child. Here, we are able to gage whether attachment therapy is going to be appropriate for the family. We observe the interaction between parents and child. We often use the DAN, DAB drawing attachment assessment as a means to connect with the child and to see his feeling about family and his growth process. This session is also the beginning of therapy as a safe place experience for the child. If appropriate, we use the Modified Strange Situation to see the character of the child's attachment to the parents. We ask the child directly if his life is OK as it is, or are there some things that could be better. If so, we ask if the child is willing to work hard in our therapy to make his life better. Often the children say, "I just want to be like other kids." If he can voice this wish, I'm hopeful that he will work with us and his parents in therapy. Sometimes, we
include an expanded family session if there seem to be issues between the child in question and siblings or other family members.

Following the sessions with the parents and child, we review and evaluate all the information gathered through biographies submitted, all other intake information including developmental and social history, treatment history, attachment history, school history, family functioning, diagnosis, intellectual & cognitive skills and deficits, the presenting problems, my experience of the sessions with the adults and the parents and child. We make and discuss our recommendations for treatment and referrals

We evaluate to what degree the parents available to parent this child in the manner necessary.

Treatment Planning:

Treatment is a collaboration between parents, child, and therapist. Areas of concern are identified and prioritized and goals are set. It is explained that attachment is differentiated from other qualities of relationship. This is STEP ONE in forming all healthy future relationships. Treatment plans are intended to be fluid and change as progress is achieved. We are assessing on an on-going basis.

Treatment Techniques Used:

Treatment sessions vary. Sometimes, we meet with the parents alone to assist them in finding better ways to parent their child. Since our focus is on nurturing the relationship between the child and his parents, I meet most often with the child with his parents. I am ever conscious of each person's safety zone in order to avoid possible risk of re-dramatization. Occasionally, an adolescent will need to be seen alone to handle difficult material. I then work with this teen to help him understand the issue and then to be able to share his problem with his parents

Having found EMDR (Eye Movement Desensitization and Reprocessing) to be successful treatment of traumatic experience for both children and adults, it is included in almost all of my therapy. EMDR is used to facilitate moving a child's early experiences from repetitious re-living of them to coherent autobiographical narratives about what happened to him. This frequently involves the parent writing a new life story for the child to be explored in the therapy session utilizing EMDR. This story has a beginning showing the child's life before joining his family, the middle with success as well as unresolved issues, and finally the prediction of hope for his future. His story is his own Hero's Journey.

It is usually necessary for parents to "re-parent" their adopted children, giving them the nurturing, safe experiences they missed. This may involve cradling, holding their child in the therapy session and at home. There is NO restraint or restriction of the child at any time. It is a gentle experience meant to fill in the gaps that are necessary for the child to be able to move on to the following emotional developmental steps.

Acceptance, curiosity, humor, empathy, love and play comprise the attitude used in Dan Hughes' Dyadic Developmental Psychotherapy. This has been instrumental in my own therapeutic experience with clients. I highly recommend parents to read his books: Facilitating Developmental Attachment and particularly Building the Bonds of Attachment. In the latter, Dr. Hughes literally scripts parents for helping their children in the everyday situations that arise.

All treatment focuses on parent attunement and empathy with the child. Safety of all is paramount.

Safety/Risk Management:

The rule in my office is that no one ever gets hurt. If energy begins to escalate, I move directly into breathing exercises and suggest and teach appropriate ways to handle anger and dysregulated behavior. If safety is ever at risk, the intervention is terminated and the session continues calmly until affect regulation has been achieved. Any holding in my office is done by the parent with the child lying across her lap. There is no restraint of any kind. All interventions are consistent with the Standards of Practice and Ethical Standards of ATTACh.

Evaluation/outcomes/follow-up:

Progress is determined by how the parents, others and the child himself experience changes in the child's behavior and world-view. We use the symptom checklist as a tangible ways to track progress. We celebrate conscience development, learning to trust and feel safe with parents, improved affect regulation and social interaction. Can the child "mold and fold" in the parent's arms? Can he accept and eventually initiate intimate repair?

Once it is clear that regular therapy is no longer needed, I stay in contact with the family by phone or email. Often as new developmental stages are reached, the family will come back for a brief time to review and strengthen skills at the new level. My commitment to each family is ongoing. I am now working with second generations of some family members. Connections are honored and maintained!