

## ATTACHMENT INSTITUTE OF NEW ENGLAND



### ATTACH Registration Process

#### **Problem Statement:**

Children who have suffered trauma, abuse, neglect, and/or multiple placements in the first few years of life are at increased risk of developing attachment disturbances and mental health problems throughout their lifetime. Such children often display social, emotional, neurological and cognitive delays. We believe that with proper treatment these children can heal and learn to trust healthy caretakers and live healthy lives.

Outcome research indicates that a child with attachment difficulties has an inability to trust that hinders the therapeutic relationship necessary for many traditional forms of therapy to be effective. Severe acting out behavior is often seen as a symptom of a variety of alternative diagnoses. Too often the intervention involves removing the child from the family and placing him/her in a residential program. Any positive changes that result are perceived as validation for the diagnosis and intervention. Seldom is the possibility of attachment problems considered. Presently, treatment resources for families with children with attachment issues are inadequate.

Our focus is to educate and inform parents, professionals and the general public about issues of attachment for the purpose of both preventing and treating children with these issues. Professionals, as well as parents who are raising these children, need training resources as well as treatment resources. They also need support systems such as parent groups and children's peer groups. Finally, we believe that much more research needs to be done with this population.

#### **Target Population:**

We will work with any individual who is referred to us and meets diagnostic criteria for Reactive Attachment Disorder. We ask children over six to contract for treatment. All treatment occurs with the full participation of all primary caretakers, who must be present at each session. These caretakers must also have a strong emotional commitment to the child in treatment. Most families treated at the Institute are raising adopted children, but we have also treated many children who are in foster care, in custody of birth relatives and even selected birth parents.

#### **Program/Practice Overview:**

We believe that children who have been severely damaged by abuse and neglect can learn to love and trust healthy parents. We fear for our society for every child who fails to learn the ability to trust any one outside of themselves. At the Institute, our goal is to teach families and children to connect and bond with each other in a safe and nurturing environment. We address issues that are interfering with a child's development, adjustment, and attachment. We encourage children to explore their feelings of anger, fear, shame, hopelessness, helplessness and sadness and challenge their maladjusted coping mechanisms and negative self perceptions (or negative core beliefs).

We teach parents and caretakers the tools that they need to keep family members safe, healthy and strong so that they can meet each other's needs. They learn to capitalize on their strengths and to minimize their weaknesses. We help them find resources both within and outside of themselves to help them be the best parents they can be for their children

We offer our families a wide variety of services to provide information and support throughout treatment. The exact components of treatment vary according to the needs of each family. These include:

- Assessment
- Consultation
- Parent Preparation Sessions

Child Preparation Sessions  
Intensive Attachment Therapy  
Individual Therapy  
Family Therapy  
Couples Therapy  
EMDR  
Follow Up Sessions  
Training for parents and professionals  
“Love and Logic” Parenting Education Classes  
Parent Support Groups  
Adventure Therapy Camps for Children and their Families

## Description of Services

**Intake/Admission process:** The initial contact is a phone interview. Callers are given information about the program and psycho-educational references and web sites on attachment issues. They are also given the opportunity to contact families who have children with attachment difficulties and families who have participated in the treatment. Written information is mailed to them at their request. If callers are interested in pursuing an assessment at that time, they are asked to provide identifying data and insurance information, and they are given an assessment appointment. There are no restrictions on who can schedule an initial assessment interview. At intake, families are also requested to participate in ongoing research.

**Assessment process:** The assessment includes a clinical interview by a licensed clinician of primary parents or caretakers. Previous records are reviewed and if a child is in therapy, the therapist is interviewed. When parents consent, a current therapist is invited to participate in any capacity that they are able. Standardized assessments include: The Randolph Attachment Disorder Questionnaire, Achenbach and Edlebrock Child Behavior Checklists and Connors’ Parent Rating Scale – Revised (S). Parents are also asked to write autobiographies with focus on style.

The therapists meet with the parents to determine their strengths and weaknesses, the strength of their relationship, and the level of both parents commitment to the child. The therapist suggests readings and web site resources to assist the parents in understanding Attachment Disorder and they answer questions that the parents may have. Treatment options are discussed. The following forms are discussed and signed by the legal parents prior to treatment:

- Clients Rights/Disclosure
- Exchange of Confidential Information Release (as appropriate)
- Informed Consent Information
- Consent for research and/or videotaping
- General Fee and Insurance Information
- Consent from Primary Care Physician with date and health condition at last physical.

Parents are given articles to share with other service providers

The therapists then meet with the child to evaluate mental status and his/her commitment to his/her family, and to treatment. Questions that the child may have are also answered at this time.

The parents and child contract for services. Problems are clearly identified and all parties agree to address these problems. Measurable goals are identified and a time line is estimated.

**Consultation:** We are available for consultation to parents, schools, and other mental health professionals.

**Parent Preparation sessions:** If a child is diagnosed with Reactive Attachment Disorder and parents are not able to make a commitment to intensive treatment, sessions will be offered to provide as much service as possible within a standard treatment protocol. Parents will be educated as much as possible about Reactive Attachment Disorder

**Parent Training:** We provide regular parent training classes on *Parenting with Love and Logic* (Cline/Fay Institute).

**Intensive Attachment Treatment:** In general, our sessions are for two hours, with two therapists and are on a weekly basis. When children shut down and refuse to work during the session, or if they are not in good control at the end of the allotted time, we will continue to work with them for an extended period of time, until we believe that they are ready to go home safely.

Treatment is often conducted with the child positioned across the laps of their parents, a technique which stimulates all components of healthy attachment, eye contact, touch, motion and reciprocal affect. This is done only with child consent. While in the safety of their parent's arms, the therapists are able to provide a safe physical and emotional environment for the child to express their inner feelings. Role play is used to help children process early experiences and to allow them to practice new skills. Children and parents are given regular assignments in order to practice new skills and to provide the clinicians with ongoing assessment of treatment progress.

Families are most commonly seen on a weekly basis. We believe that having this amount of time between sessions allows families to practice new skills in their home environment. We are available for phone or e-mail consultation between sessions. The total length of treatment is between eight and twelve sessions. Geographical distance and other concerns may call for us to meet more frequently and we try to be flexible with all reasonable requests. We are on call for emergencies. We all have cell phones and parents are given our cell phone numbers and encourage to call.

**Individual Therapy:** Although individual therapy is usually contraindicated for persons with an attachment disorder, there may be circumstances, especially following intensive treatment where individual therapy may be needed.

**Family Therapy:** Family therapy is often appropriate with attachment-disordered children either before, during or after intensive attachment work.

**EMDR (Eye Movement Desensitization and Reprocessing)** EMDR is utilized when a child has a traumatic memory that causes him/her emotional pain. This technique assists the child in reprocessing the memory and reduces negative affect. This technique also consists of installing positive memories and safe feelings.

**Follow-up sessions:** Families who request follow up sessions are seen for as long as needed. We also offer ongoing phone consultation to families, and referrals and phone consultations to therapists treating children who we have previously seen.

**Parent Support Groups:** We have a parent support group for families with children with Reactive Attachment Disorder, that meets every other week (sponsored by Adoption Journey's)

**Training:** The Institute Staff provide a wide range of training to parents and professionals through out the Northeast. In addition we have supervised social work students, psychology interns, and masters level trainees from several other area universities. We sponsor training programs where internationally known speakers are invited.

**Adventure Therapy Programs for Families:** The Institute offers a daylong program at least once a year to families with a child with Reactive Attachment Disorder. The entire family (all members have to be at least five years old to participate) spends a day at a summer camp with a certified ropes course instructor and clinicians trained in ropes course and attachment treatment. The activities are designed for problem solving, communication and cooperation, and later in the day, they focus on trust building. In these activities, neither age nor education provides an advantage. Families learn to better understand their communication styles and take risks with each other and provide safety nets for each other.

**Safety/risk Management Plan:** Attachment therapy is always done in the context of a family. Both parents are present and in the room at all sessions. If the parent is not in the room they are observing the session on closed circuit television. Treatment plans are part of the initial assessment; the risks of treatment are discussed with parents. The child's physical and psychological safety is our primary concern and is carefully monitored. We support and adhere to the safety principles established by the ATTACH organization

**Evaluation/Outcomes:** Therapists have ongoing feedback sessions with the caretakers prior to each session. There are weekly supervision groups for staff to review their cases. After eight to ten sessions, a more formal review of the treatment will be made that includes a review of the treatment plan. Following Attachment Therapy, caretakers and children are invited to continue in individual and family therapy with an attachment team clinician or another qualified therapist.

Upon the completion of the Intensive Attachment Therapy, parents are asked to once again complete the Randolph Attachment Disorder Questionnaire, the Achenbach and Edlebrock Child Behavior Checklists and Connors' Parent Rating Scale – Revised (S) to compare with pre-therapy measures. Families who agree to participate in research may be involved in more extensive follow-up.

Families are encouraged to call after treatment for either consultation or just to check in. Families are also invited to be on our mailing list to be informed of upcoming events, seminars, etc. Caretakers and children are also invited to volunteer to become contacts for information and/ or support for future clients.

**Qualifications of Staff:** All staff are independently licensed clinicians registered with the state of Massachusetts. Three of our clinicians are also Level II EMDR Certified. Three of our clinicians are also trained in Neurofeedback. (See enclosed resumes)

Our staff regularly attends the annual ATTACH Conferences and have had the privilege of being invited to present at these annual conference. We have had several consultations with Greg Keck Ph.D. and Daniel Hughes Ph.D. and Nancy Thomas. We have on-going weekly case consultations with all of our staff and a monthly outsider consultation. We have excellent contacts at several of the local colleges and universities, including the University of Massachusetts Center for Adoption Research, who has been generous with both their time and advice.

One of our clinicians is also trained in Critical Stress Management and is a member of a C.I.S.M. Team that is nationally recognized.