

ATTACHMENT PROGRAM SERVICES TREATMENT PROTOCOL

Philosophy:

The Attachment Program at Crossroads is committed to the promotion of health attachment and bonding through prevention, assessment, treatment, education and consultant services. Attachment services are provided to children 0-18 through the Crossroads Attachment Program in the outpatient counseling department. The Attachment Program uses a family systems based model incorporating a broad range of clinical interventions, including but not limited to holding interventions. Additional prevention services are provided to children 0-5 identified at risk for developing attachment problems through Crossroads early intervention programs including: Help Me Grow/Early Head Start and Early Head Start/Child Welfare Services Initiative. These programs use an infant mental health relationship based model of intervention.

Description of Processes:

Intake/Admission: Families may contact Crossroads by phone (440-255-1700) to initiate the intake process. After completion of a business interview, families and children participate in a general diagnostic assessment interview to determine initial diagnosis and treatment needs. When an attachment concern is identified, a referral is made to the Crossroads Attachment Program. If a child age 0-5 is identified as at risk for developing an attachment disturbance, they may be referred directly to Crossroads prevention services for screening and early intervention. Additional in house referrals may include: case management, home-based intensive family stabilization services, respite care, etc. If Crossroads does not provide services to meet an identified need of the child and family, referrals are provided to other community based services (e.g. pediatrician, neurologist, speech therapist, occupational therapist, inpatient services, adult services, etc.)

Assessment: Assessment and screening are done using family systems and infant mental health-based models. Both the child and their parents/caregivers are involved in the process in order to determine the nature of attachments in the parent/child relationship. The process includes reviewing the family history, social and education history, medical and treatment history, history of past attachments, developmental stages, separation/losses and the resulting changes in child and family functioning. Identification of the child and family's strengths and needs as related to attachment serves at the starting point for determining the level and intensity of further treatment.

Information is gathered through a variety of sources. Parents/caregivers and child are interviewed. Additional data is gathered from collateral sources involved with the child (e.g. teachers, previous therapists, physicians, foster parents, daycare providers, probation officers, caseworkers, etc.) Observation of parent/child interactions through play-based activities and a diagnostic parent/child experiential activity may also be used to evaluate level of functioning related to attachment and bonding.

Instruments used during the assessment to gather information about attachment and bonding concerns may include: Attachment Symptoms Checklist, RADQ, Achenbach Child Behavior Checklist, Parent Stress Inventory/Stress Index for Parents of Adolescents, Developmental Test of Visual Motor Integration, Trauma Symptoms Checklist, Early Risk Factors/Placement History Questionnaire, and projective drawing task. Screening instruments used with children identified “at risk” for developing an attachment disturbance may include: Ages and Stages Questionnaire, Indicators of Attachment Checklist, temperament screening questionnaire, and Functional Emotional Assessment Scale.

Treatment recommendations following assessment may include:

- Adjunct services (e.g., psychiatric evaluation, educational testing, couples therapy, etc.)
- Traditional programs/services (e.g. anger management group, individual/family counseling, parent skills classes, etc.)
- Bonding therapy (a psycho educational and systems model of family counseling which incorporates experiential bonding activities).
- Attachment therapy (family-based counseling designed to increase emotional and physical closeness through parent/child holding and/or other bonding interventions).
- Experiential group therapy (activity-based counseling groups for children and families with focus on trust-building, social skills development and bonding exercises).

Treatment Planning: Crossroads uses an Individual Service Plan (ISP) to assist the family in identifying child/family needs, available community resources and child/family goals. The ISP is developed with the child and parents/caregivers to identify specific action steps and services to help the family reach their goals. The ISP is reviewed and updated at least every 90 days or sooner if needed.

Treatment Techniques: Crossroads Attachment Program provides individual, family and group therapy. Groups include Family Connections (focuses on relationship building between parent and child, support and psychoeducation for parenting children with attachment difficulties) , Images (focused on building self-esteem and healthy communication and relationships), Stop and Think Group (focused on social skills development), Trauma Play Therapy (focuses on coping skill development and resolving trauma), and Love & Logic Parenting (focus on teaching and practicing Love & Logic parenting strategies).

The goals of attachment therapy include:

- Strengthen attachment and bonding between child and parent/caregiver
- Increase the parent/caregiver’s ability to recognize and meet the needs of the child
- Initiate positive interaction cycles within the family system
- Develop strategies to help children form new attachments
- Support responsive and sensitive care giving
- Strengthen child/caregiver attunement through accurate and adequate cue expression and reading
- Identifying and interrupting current patterns of negative attachment

- Create a “holding” environment, which includes physical setting and touch, to extend the concept of a stable, secure base of attachment both within the child’s home environment and in the form of the primary caregiver, parent.

In some cases, families may decide, along with the treatment team, to use holding interventions as part of their child’s treatment. Holding interventions provide the opportunity to interrupt the negative attachment cycle and provide the child with a safe, corrective emotional experience. Through creation and repetition of a positive attachment cycle, the child’s thinking errors and extreme self-reliance can be challenged resulting in increased receptivity to developing and strengthening attachment and bonding. Parent/child holding interventions are combined with parenting strategies that are designed to empower parents and children, and encourage responsible, thinking behavior. Although holding interventions can be very useful and effective in the treatment of attachment difficulties, there are alternative treatment modalities that may be used in addition to or instead of holding interventions (see list of treatment techniques used).

Safety/Risk Management Plan:

Crossroads staff follows the safety/risk management procedures of the agency. The physical and emotional health and welfare of everyone is monitored at all times during service provision. If there is any indication that someone’s safety is at risk, staff will follow agency procedures to ensure safety to self or others, including reporting suspected child abuse or neglect to local child protection authorities. Information and coaching is provided to parents/caregivers in effective techniques to provide supervision and safe limits for their children.

Attachment therapists facilitating holding interventions (i.e. Amber Thomas) receive additional training and certification in attachment theory, first aid, CPR and CPI/Crisis Intervention. Although restraint and seclusion is never used as part of a holding intervention, it is important that therapists are aware of the differences between the interventions. Restraint and seclusion are designed to de-escalate physical aggression and crises based on *disengagement* principles. Holding interventions promote reciprocal interaction and involve providing a physically and emotionally safe environment in which the child and parent/caregiver are *encouraged to engage* one another in the appropriate expression of fear, anger, grief and joy. Furthermore, both parent and child *voluntarily* enter into holding and are permitted to disengage *voluntarily*.

Family participation is crucial to increasing the positive effects of attachment therapy. Emphasis is placed on informed consent and safety. Families are informed that some attachment and bonding interventions evoke anger or anxiety responses similar to those found after exercise. These interventions are not long in duration (i.e. several minutes), but at times throughout the treatment process elevated emotional states are expected. If at any time the child’s behavior creates a risk of physical harm to the child or others, brief periods of physical holding (i.e. several minutes) to ensure safety may be indicated. In order to further ensure the safety and well being of the children and family members participating in attachment therapy using holding interventions, children and in some cases, parents are required to have a physical exam similar to those given for sports activities prior to participation.

Generally, holding interventions are staffed by a minimum of one specially trained attachment therapist, (primary therapist), the child's parent(s) or caregiver(s) and when possible, a staff or other professional assists the primary therapist and family as an additional measure of safety. Videotaping with the permission of the family may also be used to help ensure safety and to provide an opportunity to further monitor and evaluate treatment services. Parents/caregivers are also informed of alternative attachment and bonding interventions, which may be used in addition or as alternatives to holding interventions.

Evaluation/Outcomes/Follow up:

Progress and service are evaluated at least every 90 days through supervision review and a review of the Individual Service Plan (ISP) occurs every 6 months. Outcomes are measured using the Ohio scales for all clients of the agency. Additional internal program evaluation takes place quarterly to assure performance standards are being met. Crossroads Attachment Program tracks outcomes specific to children with attachment difficulties using goal obtainment ratings and scores obtained on independent measures (e.g. RADQ, PSI/SIPA). Client satisfaction surveys are also administered.