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Attachment & Bonding Therapy
Treatment Protocol

The families that I see for attachment and bonding issues are generally having significant to severe emotional and behavioral problems in these areas. I work with children, adolescents, and adults who are experiencing attachment and bonding issues. With children and adolescents, I believe they must be treated within the context of the family, and that strengthening family/parenting bonds is the primary focus of treatment. *Many, but not all, of the families I work with have been seeking knowledge and help concerning RAD and other attachment or bonding issues for years. However, the immense difficulties of these issues, and the lack of knowledge among professionals has frequently exasperated them. They have usually done all they know to do and are still experiencing significant loss, grief, and anger. My focus is on enhancing and extending their knowledge and helping them understand how it applies to the difficult issues of day-to-day life within their family.*

My doctoral training (Michigan State University, Ph.D., 1981) was primarily based on Eriksson's Developmental Stages and Ego Psychology, both of which emphasize the developmental tasks, and risks, of psychological difficulty during the first 3 years of life. This has continued to be a strong foundation in my beliefs about the needs of children, as well as the patterns in the difficulties we adults experience. I was also trained in EMDR (1994, Level I and II), by

Francine Shapiro, the founder of EMDR. I worked in a group independent practice using EMDR and working with intensive case consultation and research during my subsequent 7 years of independent practice in Colorado Springs, Colorado. I have worked in Texas as a therapist/case manager for foster children and therapeutic foster care parents. Additionally, I have 3 years of recent experience working in a children's neurobehavioral residential center with children who present as dysregulated and rageful. A number of these children were adopted from orphanages or gypsies in Eastern European Countries, or experienced abandonment, abuse, neglect, and loss of attachment in various settings in the U.S. and other countries. I am experienced in referring to medical professionals, neuropsychologists, occupational therapists, recreational therapists, and other needed professionals.

Description of Processes

My initial meeting is with the parent(s), and includes a *strong clinical interview*. In general, I prefer to listen to parents talk with me about their history, and their experience of it, although at times I will also ask families to complete historical or other information in writing. The clinical interview will include historical information about psychosocial information, treatment, medical, educational, and developmental information, as well as cognitive and intellectual functioning, family functioning and previous diagnoses. When possible, I prefer the family bring or later provide written pertinent information in these areas. Generally, initial sessions will be about 2 hours in length, but I am flexible with this, given the needs and complexity of history of the family. Later, I want to meet with the parent(s) and the child together. I ask that the parent(s) read and sign an Informed Consent and Contract about my outpatient treatment (per professional standards and Texas law.) The frequency of treatment and length of sessions are determined with the family, according to the needs of the family.

My experience of over 25 years has been broad and allows for individualized needs of both individuals and families. I work with a wide variety of patients, and (in addition to attachment/bonding issues); specialize in trauma and stress reduction (including EMDR work), grief and loss, depression, executive and life coaching, and family evaluations.

Treatment Planning

Plans for treatment will be made conjointly with my recommendations and the parent's determination of their ability to follow them. I only wish to engage and continue in treatment if the parents and I can agree on an appropriate treatment plan. Once that is established, we work with the child or children to help them understand and also work towards those goals.

This plan can, of course, be assessed at various intervals, and I ask that the parents give me continuing feedback, particularly when they have concerns.

*My treatment techniques are intended to generally follow those of the Attachment and Bonding Center of Ohio. I believe in telling children the **truth** and helping them deal with it. I think their fantasies are far wilder and disturbing to them than the truth. I utilize grief and loss work for both parents and children. When appropriate, and when the family agrees, I use EMDR for trauma reduction. I think developing and continuing to work on "life timelines" works wonders, for both parents and children. I utilize trauma exploration and resolution. I teach children to follow their appropriate parental instructions and leads. I work on reinforcing good, appropriate boundaries. I use activities (especially those by Greg Keck, Ph.D., Regina Kupecky, L.S.W., and Arleta James, PCC of the Attachment and Bonding Center of Ohio) that enhance parent-child bonding. I address attachment or other relevant issues which the parents have in their own lives.*

My patients are encouraged to read or refer to Parenting the Hurt Child: Helping Adoptive

Families Heal and Grow and Adopting the Hurt Child: Hope for Families with Special Needs Kids (both by Gregory Keck, Ph.D., and Regina Kupecky, L.S.W.), and the other information through the Attachment and Bonding Center of Ohio (abcoho.com), including "Supporting Brothers and Sisters: Creating a Family by Birth, Foster Care, and Adoption" by Arleta James, PCC.

There are numerous others resources that parents find helpful, including Facilitating Developmental Attachment by Dan Hughes, Ph.D., Parenting with Love and Logic and also Parenting Teens with Love and Logic by Foster Cline and Jim Fay; and Uncontrollable Kids: From Heartbreak to Hope by Foster Cline. I provide parents with references to these and other very helpful books and websites.

Safety/Risk Management

The parents are most often in the room, or observing (with the child or adolescent's knowledge) during attachment/bonding therapy. I do nothing to restrict breathing or cross boundary issues with my patients. My work is geared towards enhancing the parent/child bond in a **safe, comfortable, nurturing manner.**

Evaluation/outcomes/follow-up

After treatment is terminated, I encourage families to contact me to both give me feedback and discuss on-going concerns. **My philosophy is that therapy is best when it is intermittent throughout the lifespan. I encourage them to return to "touch base" and "fine tune" their work.**