

## Kids and Families Together

### Treatment Protocol

#### *Philosophy:*

Loss of a primary attachment relationship can be traumatizing to children of any age. Children who have been exposed to trauma, neglect, loss and/or multiple placements are at a higher risk of developing an attachment disturbance. Both the attachment process and traumatizing experiences affect children biologically, psychologically and behaviorally: both influence a child's self-concept and how future relationships and events are experienced (James, B. 1994).

Kids and Families Together utilizes two treatment models based on principles derived from attachment theory; Theraplay a structured play therapy for children and their parents and Dyadic Developmental Psychotherapy a treatment approach to trauma, neglect, loss and/or other dysregulating experiences.

**Theraplay:** The goal of Theraplay® is to enhance attachment, self-esteem, trust in others and joyful engagement. The sessions are fun, physical, personal, and interactive, and replicate the natural, healthy interaction between parents and young children. Parents or other significant caretakers are involved in this process and are asked to extend the therapy with activities at home.

Because the roots of development of the self, of self-esteem and trust lie in the early years, it is essential to return to the stage at which the child's emotional development was derailed and provide the experience which can restart the healthy cycle of interaction. Activities are geared to the child's current emotional level rather than to chronological age. Parents are encouraged or taught how to respond empathetically to their child's needs. The goal of treatment is to change the inner working model of the self and others from a negative to a more positive one (Theraplay Institute).

#### **Dyadic Developmental Psychotherapy:** Dyadic Development

Psychotherapy (DDP) is a treatment approach to trauma, neglect, loss, and/or other dysregulating experiences that is based on the principles derived from attachment theory and research. Frequently, a person's symptoms are his/her unsuccessful ways of regulating frightening or shame-based memories, emotions and current experiences.

DDP involves creating a safe environment where the client can begin to explore, resolve and integrate a wide range of memories, emotions and current experiences that are frightening, stressful, avoided or denied. Safety is created by insuring that this exploration occurs with nonverbal attunement and with reflective, non-judgmental dialogue, along with empathy and reassurance. The primary therapeutic attitude demonstrated throughout the sessions is one of playfulness, acceptance, empathy and curiosity (PACE). As the process unfolds, the client is creating a coherent life-story or autobiographical narrative, which is crucial for attachment security and is a strong protective factor against psychopathology. Therapeutic progress occurs with the joint activities of co-regulating affect and co-constructing meaning (Hughes, D).

### **DESCRIPTION OF PROCESSES:-**

#### **Intake/Admission:**

Prospective clients' are screened initially by phone to assess whether an attachment based approach to therapy is a suitable match to their needs. Clients' will be asked to visit our website to read the comprehensive description of our clinical models. Because our work is family orientated clients' are also encouraged to give full consideration to their involvement and commitment to the therapy process. An initial in-office assessment interview is then scheduled with the client.

#### **Assessment Process:**

The assessment includes an in-depth clinical interview with parents and/or caregivers. A 'family in-take' consisting of an overview of the child, identifying presenting problem/s, a comprehensive history of the child, a parenting profile for developing attachment, and a parent questionnaire (including parents family history). Ohio Scales based on age of client is used to gather information pertinent to assessment and treatment planning. The Marschak Interaction Method (MIM) a parent and child observation and assessment tool. The MIM is a structured technique to observe and assess the relationship between two individuals, for example, biological parents and child, foster or adoptive parents and child.

The interview process also includes the discussion and signing of the following documentation:

- Limits of Confidentiality
- Informed consent information

- Consent for research and/or videotaping
- Consent from primary care physician as applicable
- Risk assessment
- Mental health and behavioral screening
- Developmental screening

#### Treatment Planning:

An individualized treatment plan is formulated in conjunction with the caregiver/s and child if age appropriate to focus on the objectives and goals of treatment. The treatment plan is viewed as a living document and as such is reviewed quarterly with client/caregiver ensuring continual focus on the therapeutic objectives and goals.

#### Treatment Techniques:

Therapy models employed at Kids and Families Together are Developmental Dyadic Psychotherapy (Hughes, D) and Theraplay (The Theraplay Institute). Both models are relationship based and as such families are considered an integral part of the therapeutic process. Kids and Families Together offer parent support groups and workshops to help support and educate the caregivers during the therapeutic process.

#### **Safety/Risk Management Plan:**

The attachment based modalities are family based and caregiver/s participates in the therapy sessions. Initial Theraplay sessions are without the caregiver who will observe the session on a remote monitor. Treatment plans include a risk assessment and Kids and Families promote keeping the child safe at all times during sessions. Kids and Families Together support and adhere to the safety principles established by the ATTACH organization.

#### **Evaluation and Outcomes:**

Therapeutic objectives and goals are reviewed regularly throughout the treatment process. Clinicians will meet with caregiver/s to evaluate progress and to answer any questions/concerns. Weekly supervision meetings are held where individual cases are presented for clinical team review.

Booth, J. (2006). *Handbook for Treatment of Attachment - Trauma Problems in Children.*

Hughes, D. (2006). *Dyadic Developmental Psychotherapy.*

Theraplay Institute. (2001) *Theraplay. Helping Parents and Children Build Better Relationships Through Attachment-Based Play.*