

Child and Family Therapy of New Jersey
Kate Langhart, MSW, LCSW
Certified EMDR Clinician
ATTACH Registered Clinician
26 Millburn Avenue
Springfield, NJ 07081
973.908.5209
www.childfamilytherapynj.com

Philosophy:

“Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child’s physical, neurological, cognitive and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn and form relationships throughout life.” (ATTACH.org)

My philosophy is founded on the belief that a secure attachment relationship to a trustworthy and safe caregiver is essential to the healthy emotional, social, cognitive, neurological and physiological development of all individuals. An interruption in this relationship-building attachment process in the earliest years of a child’s life can have detrimental effects on the child’s overall development and ability to securely relate and attach to others. This initial attachment relationship often sets a template for functioning in future relationships.

Fortunately, rebuilding the attachment relationship with a strong, safe, predictable, loving and trustworthy caregiver can, over time, help the child to recover from the emotional trauma of an interrupted attachment process. The therapeutic process can help to change the original unhealthy template of relationship. My philosophy about healing is grounded in the belief that the family is an integral and essential part of the healing process. Parenting or supporting a child with emotional trauma can be incredibly challenging. Parents and families are engaged in as much of the healing process as possible so that family members may learn strategies to continue healing in addition to, and outside of the formal therapeutic process.

Description of Processes:

Intake/Admission

- When a family calls Child and Family Therapy of NJ to inquire about the treatment services provided, some demographic information is obtained over the phone. An appointment is set for an initial intake to be completed in the office.
- The **in-office intake** is used to explain the kinds of services provided and to determine if I can meet the child and family’s therapeutic needs. Additionally, I offer parents resources and make time for parents to ask questions. If it is

determined that the services offered will not meet the needs of the child and family, alternate therapeutic resources are offered that may be a better fit. This process takes **30 to 60 minutes**.

- If it is determined that the therapeutic needs of the family can be met by Child and Family Therapy of NJ and parents/caregivers are comfortable with the services and philosophy, parents/caregivers will be asked to return to the office, without the child, to do a **two hour consultation**. Parents will be asked to bring any prior medical/psychological/psychiatric/school evaluations to this meeting. At this time parents will be asked to complete HIPPA forms, release forms, emergency contact information and an intake form. If the child is 14 years of age or older, consent forms also need to be signed by the child. The two-hour consultation serves as a time for me to gather information regarding the developmental, medical, psychological, physical, cognitive and social history of the child, past and current symptoms and behaviors, the parents' history, past successful and unsuccessful treatment interventions, family and child strengths and goals. At the end of this consultation, I will most likely send home some assessment tools such as the Randolph Attachment Disorder Questionnaire (RAD-Q), Behavioral Assessment System for Children (BASC-2) and possibly the Trauma Symptoms Checklist.
- Parents will be asked to return to the office with their child for the **second part of the assessment, for two hours**. With the child and parents/caregivers present, I will ask the child to draw a picture of the family doing something, draw a person and write his/her alphabet and name. Additionally, I will talk with the child about prior experiences with treatment (if any), family, social and school experiences as well as events from their past, as appropriate. I will also ask the parents and child to engage in a Marschak Interaction Method (MIM) Assessment to assess the parent-child relationship.

Treatment Planning:

- All the information gathered from the parents/caretakers as well as in-office assessments and assessment tools is reviewed. Upon the completion of the assessment phase and the review of information obtained, I meet with the parents/caregivers to discuss my recommendations. Recommendations may include outside resources as well as services provided by Child and Family Therapy of NJ. This **review and treatment planning** time usually takes **60 to 90 minutes**.
- It is during this time that parents/caregivers and myself decide how to best include the child in the treatment planning process. The child's level of participation depends on their developmental ability to do so effectively. Certainly, older children are encouraged to take a more active role in the process than younger children. With younger children, the terms of treatment plan are simplified to meet the child's comprehension level. Children are asked, in developmentally appropriate language, if they are willing to participate in treatment. With the input of the child, the family and myself, concrete goals, objectives and strategies are

identified and time guidelines are established. The treatment plan is adjusted as needed and is reviewed every 120 days.

Treatment Techniques Used:

I use a variety of treatment strategies and techniques with children and their families. The needs of the family and child determine which strategies are used at which point in treatment. Strategies and techniques will vary throughout the treatment process as healing occurs. Often a variety of techniques are woven together. Parents/caregivers and children are encouraged to express their level of comfort and discomfort with each technique and ask questions about the process.

- The following treatment techniques will never occur in the therapy room within my practice: adults laying on children, compression holds, deliberate causing of physical discomfort, deliberately frightening a child, forced feeding of water or any other substance to children, parents observing from another room.
- It is often necessary for parents to “re-parent” their child, providing the safe and nurturing experiences that may have been missed. This may involve cradling or gently holding the child at home or in the therapeutic setting. This is a gentle experience and does not include restraint or restriction of any kind.
- Depending on the treatment needs, I may meet with the whole family, parents/caregivers only, child and one parent/caregiver or child and two parents/caregivers or the child individually. Additionally, parents/caregivers may be recommended to seek either individual or couples therapy, outside of Child and Family Therapy of NJ, at any point during the treatment process.

Often several treatment strategies are woven together in one session or they may be used separately. Treatments strategies commonly used include:

- Cognitive Behavioral Therapy
- EMDR (Eye Movement Desensitization and Reprocessing)
- Structural Family Therapy
- Theraplay
- Narrative Therapy
- Internal Family Systems Model (IFS)
- Psychodynamic Therapy
- Parent Coaching/Education

Safety/Risk Management Plan:

The treatment strategies and techniques that I use in working with attachment issues are non-coercive. The goal in the therapy room is always to do no harm and that the therapy room is a place of safety where problems and feelings can be expressed and dealt with safely.

If a child begins to rage or becomes extremely emotionally dysregulated in the session (ie: becoming physically aggressive towards themselves or others or engaging in property destruction) the adults will move objects away from the child to support safety. De-

escalating verbal instructions will be given to the child directing him/her away from self-harm, harm to others and property destruction. The adults will attempt to help the child express his/her anger through words or safe methods such as hitting or screaming into a pillow, tearing paper etc. If the child physically attacks the parents/caregivers or the therapist, the parents/caregivers will gently hold the child in a nurturing way and continue with de-escalating verbalizations and encourage the child to take deep breaths. Should the child exhibit the inability to become emotionally regulated and continue to pose a threat to themselves or others, the police or crisis intervention will be notified and the parents/caregivers will be supported throughout the process. All interventions are consistent with the Standards of Practice and Ethical Standards of ATTACH.

Evaluations/Outcomes/Follow-up:

Progress is evaluated on each client via the treatment plan review that takes place every 120 days or as needed. At the time of review parents/caregivers and children are asked to identify areas of improvement, the status of achievement of the goals and areas where improvement is still needed. About every six months and towards the end of treatment, parents/caregivers are asked to complete relevant assessment instruments. The scores from the end of treatment are compared to those of the initial intake and assessment. Improvements are shared with the child and family as a sign of growth. Once treatment has ended, a follow-up questionnaire is sent to parents/caregivers at six months and twelve months. This information is kept in the client's file and used to track outcomes of the practice. Additionally, parents/caregivers are encouraged to stay in contact with Child and Family Therapy of NJ. As new developmental stages are reached or family events occur, families may return to treatment to review and strengthen skills for the developing needs of the child.