Allison is a clinician, educator, and advocate specializing in adoption/permanency, attachment, and trauma. She is passionate about helping children and families heal and thrive. Allison has 25 years of clinical experience in the fields of child welfare, trauma and mental health and is currently the chief operating officer of the National Center on Adoption and Permanency. Her clinical work includes 10 years in residential treatment where she specialized in family attachment therapy. In addition, she currently trains professionals in adoption clinical competence, Attachment and Trauma-Informed Care. Allison is co-author and master trainer of Kinship Center’s ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals, co-author and master trainer of Pathways to Permanence: Parenting the Child of Loss and Trauma, and creator of 10 Things Your Child Needs Every Day, a DVD with tools to assist parents/caregivers strengthen their attachment relationship with their child. You can reach Allison at allisonmaxon@cox.net or (949) 939-9016.

Treatment Philosophy:
Families built through adoption, foster care and kinship care have unique needs and challenges throughout each developmental phase of their family’s life cycle. Unfortunately, the complexities of adopting and parenting a child with a history of neglect, trauma and/or multiple attachment disruptions can quickly overwhelm even the healthiest of family systems. I believe the family system is the healing mechanism for a child with relational/attachment trauma and/or developmental trauma disorder. I utilize a family systems, attachment-based, trauma-informed clinical orientation which incorporates a broad range of clinical interventions and psycho-educational experiences. The underlying belief in this model is that the family system is the healing mechanism for a child who has experienced multiple attachment disruptions, neglect and/or trauma. Healing occurs within and through the context of a healing relationship. For children who have suffered through years of chronic abuse, neglect, attachment disruptions, violence and trauma . . . trusting and depending on new caregivers does not come easily. Adoption and permanency creates issues related to attachment, abandonment, grief/loss, identity formation, intimacy and mastery/control that are both complex and lifelong for children, foster/adoptive parents/caregivers, and birth families. Empowering the family system with the knowledge, tools and resources to a parent a child with relational trauma and/or developmental trauma is the ultimate goal of the therapeutic process.
Description of Processes:

**Intake/Admission/Assessment:** A thorough Intake to assess the needs of the child and family regarding their level of crisis, need and care. A complete Intake Assessment for the both the child and the family will allow me to assess the needs of the entire family system. I utilize the RADQ (developed by Dr. Elizabeth Randolph), the symptom checklist developed by Terry Levy, the Child Beck Depression Inventory, the Beck Depression Inventory for each parent, the child/adolescent DES, the Dan Hughes’ two Parent Questionnaires, a strengths and difficulties questionnaire, a child/teen biography form, an eco-map and/or genogram. If I were unable to engage a child in therapy, or if a parent was unwilling to participate in the sessions, I would refer them elsewhere. A thorough social and psychological assessment is done through history taking and by observation. I depend heavily on the history and list of symptomatic behaviors that the parents report. I obtain consents to consult with child’s pediatrician, teacher, neuro-psychologist and social worker (where applicable) so that I can benefit from a clearer, multi-setting picture of the child. Goals for treatment are established collaboratively and reassessed every 3-6 months. Psycho-educational therapeutic support for parents/caregivers about attachment styles, relational trauma, neglect and attachment needs of their child comprise a portion of each session. I often refer parents to specialized support groups for; adoptive parents, resource parents, LGBT, single parents or relative caregivers. Informed Consent is explained and outlined in treatment procedures and office policies.

**Treatment Techniques:**

Overarching goal of treatment is to strengthen and facilitate a secure attachment pattern between child and parent. Therapeutic Interventions can include:

- Increase the parent/caregiver’s ability to recognize and meet the ‘needs’ of the child
- Adult Attachment Interview questions and exploration of parent attachment style
- Initiate positive parental responses to the child’s distressed states
- Interactive play (promote attunement), sensory engaged play utilizing games, art, storytelling, etc...
- Strengthen parental responsiveness to development stage vs. age
Play Therapy; specifically to increase social and emotional attunement and learning

Strengthen child/caregiver attachment through accurate and responsive cue expression and attunement

Identifying and interrupting current patterns of negative attachment; corrective experiences with parent/child are interactive and sensory oriented

For teens, Identity Formation activities including Life Books, Eco-maps, Genograms, Search & Reunion exploration

Safety/Risk Management:
The emotional well-being and safety of the client and all family members, is my first priority in every session. I follow the safety principals outlined in ATTACh’s Professional Practice Manual. Clients are informed about all interventions on-goingly and are always invited to ask questions as the therapeutic process is always a collaborative process. All interventions are consistent with the Standards of Practice, and Ethical Standards of ATTACh.

Evaluation/Outcomes/Follow-up:
I monitor the clients/child’s/family’s progress continually by monitoring their affect, behavior and mental status according to their stated treatment goals. Progress and services are evaluated every 90 days through review and updating of the clients treatment plan and goals. When the client or parent/s determine the presenting issues and/or treatment goals have been resolved a follow-up plan is determined. The family is encouraged to call if a crisis re-occurs. Appropriate linkages to community resources and supportive networks and groups are encouraged.

Qualifications

Licensed Marriage & Family Therapist Obtained in 1993
State of California Lic. # MFC 31521

California State University Fullerton, Fullerton 1989-1991
- Master of Science, Counseling, Marriage and Family
Towson University, Towson, Maryland

- BACHELOR OF ARTS; SOCIOLOGY/CORRECTIONS
- BACHELOR OF ARTS; PSYCHOLOGY

Presentations:

- Understanding How Trauma & Neglect Disrupt Attachment: A Guide to Healing; *Penny Lane Training Academy Los Angeles*, April 12, 2017


- Making the Case for Post Adoption Support; TAY: Where Attaching and Independence Collide and 10 Things Kinship Caregivers Need, *NACAC Conference 2015*

- Desperately Seeking Attachment; How Trauma & Neglect Disrupt Attachment, 2 part webinar for *the Center for Adoption Support and Education 2015*

- Shifting the Mindset: A Strength-Based Approach to Adoption Competence and Relational Healing, *American Adoption Congress Conference 2014*

- 10 Things Kinship Caregivers Need, *North American Council on Adoptable Children Conference 2014*

- Learning a New Dance: the Dance of Permanence, *Child Welfare League of America Conference 2013*


- Becoming a Permanency Warrior, *OC CASA Conference 2012*

- If Not Now . . . When? Building Your Adoption Competency *NACAC Conference 2012*

- Permanency: A Legal and Psychological Mandate for Foster Youth, *AdvoKids 2011*

- Desperately Seeking Attachment: How Trauma and Neglect Disrupt Attachment, *Systems of Care Conference: San Diego Children’s Mental Health 2011*

- Making the Case for Permanence: *Lewis B. Smedes Conference, LA 2011*
- Shifting the Mindset: Mental Health Interventions for Permanency in Child Welfare, *Georgetown National Systems of Care Conference 2010*

- ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals (48/hrs)

- Pathways to Permanence: Parenting Children Who Have Experienced Trauma and Loss (21/hrs)