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Philosophy:

As a Licensed Psychologist since 1985, I have a wide range of training and experience in dealing with numerous life issues and mental health conditions, with the primary focus of providing services for the child and adolescent population. Between 1985 and 1995 the problem areas most commonly dealt with in my practice involved early trauma, including neglect and abuse; and children/adolescents in foster care and in adoptive homes. As traditional therapeutic methods did not appear to be effective for many of these clients, my search for more appropriate and effective therapy led me to a focus in the area of attachment. Since 1995, my practice has increased in terms of the number of clients being assessed and services provided for attachment issues and Attachment Disorder. At the present time the only new clients accepted involve attachment/trauma related issues.

The philosophy of the services provided in my practice at Life Management Associates involves an understanding of the importance of attachment in a child's overall level of functioning and in terms of a child/adolescent's functioning within a family system. Improving attachment skills and an appropriate attachment relationship between a child and a parental figure is a primary goal of treatment. Attachment is viewed as the foundation from which other developmental skills can be attained. Attachment-focused therapies focus on healing attachment disruptions and early trauma, for a child to be able to lead a happier, healthier and more productive life.

As parental figures for the child/adolescent are a vitally important part in this process, services are also provided to parents. Education, support and guidance, in terms of the most appropriate and effective parenting strategies are provided, to allow parental figures to provide therapeutic parenting. In this manner, parental figures are viewed as part of the treatment team. In many ways, my role is to facilitate attachment between the child/adolescent and his or her parental figure, as well as providing a safe and secure

environment for the primary caregiving figure to be the most important agent of change.

My philosophy is to provide appropriate and effective outpatient attachment-focused psychotherapy utilizing a model of providing the least restrictive and intrusive programming as is warranted for each individual client and family system. Theraplay is frequently a primary intervention particularly in the beginning stages of treatment. Theraplay is a structured play therapy for children/adolescents and their parental figures. The primary dimensions of the Theraplay sessions focus on structure, nurture, engagement, challenge and playfulness, which are all important ingredients in a positive parent-child relationship. Once an attachment has been established and/or repaired, it is often necessary to provide services more directly related to early unresolved trauma. Through the attachment and trauma treatments, additional therapeutic modalities may be utilized to include narratives, EMDR, role playing, journaling, and principles consistent with Dyadic Developmental Psychotherapy.

Description of Processes:

Intake/Admission:

The appropriateness of a referral to my practice is generally made with a brief telephone conversation with a parental figure, another professional or a referring agency. If it is determined our services are appropriate, an appointment is scheduled for a psychological evaluation, unless an evaluation has been previously conducted by another mental health professional specializing in attachment/trauma difficulties. Appropriate releases, if necessary, are obtained; for example, if a child is not in the legal custody of the parental figure.

If it is not determined a referral to my practice is appropriate, which can be due to insurance and/or financial issues, distance from the client's home to our office, or a level of treatment is necessary which is not conducive with outpatient psychotherapy, a referral would be made to a more appropriate treatment provider.

Assessment:

Before the initial psychological evaluation is conducted, information is obtained from the parental figures. Biographical information forms are asked to be completed by each parent for him or herself, as well as for the child/adolescent. Information in the biographical information forms includes, but is not limited to, developmental history; attachment history; social history; medical history; educational history; assessing symptoms related to past and current emotional and behavioral functioning; obtaining

information regarding past or current treatment history including diagnoses, services provided, outcome and medication, if applicable. Dynamics in the family functioning are assessed with specific questions about parenting challenges, whether the parents view the child's symptoms similarly or not, whether the parents agree or work well together regarding parenting, finding out what behaviors in the home are disciplined and how the child is disciplined, as well as learning under what conditions do the child's issues generally become worse or improved. As part of the evaluation procedure, an in-depth clinical interview is conducted with parental figures and with the child/adolescent as well. In addition, in most cases, the Marschak Interaction Method is conducted, which is a structured assessment procedure to assess parent-child relationships. This provides additional information regarding how the child/adolescent responds to the parental figures and vice-versa, as attachment is relational.

Although the specific assessment instruments can vary based on the age of the child, history obtained, family dynamics, and possible specific referral questions, the following list includes some of the assessment tools which are utilized: projective measures-Draw-A-Person, House-Tree-Person, Kinetic Family Drawing, Children's Apperception Test, Thematic Apperception; and attachment-related tools such as an Attachment Disorder Symptoms Checklist, the Randolph Attachment Disorder Questionnaire, and the Parenting Profile for Developing Attachment.

Other measures may be utilized to obtain additional information regarding intellectual and academic functioning, screening for possible Sensory Integration Dysfunction, screening for the possibility of diagnoses within the Autistic Spectrum, and/or other mental health diagnoses, such as Attention Deficit/Hyperactivity Disorder. The Behavior Assessment System for Children-Second Edition is frequently used for assessing additional emotional and behavioral issues.

A written report is generated regarding the psychological evaluation which indicates diagnoses, as well as recommendations for treatment planning and treatment techniques, which would be most appropriate and effective for the child/adolescent and the parental figures.

Treatment Planning:

Based on the information obtained from the psychological evaluation, a treatment plan is devised. This psychologist proposes a specific treatment plan, which is always discussed with parental figures. Discussion occurs as to family members' thoughts and feelings regarding the goals, and additions or changes can be made based on information at any point in the treatment process. Once the specific treatment goals are delineated, which include

measurable goals, therapeutic modalities to be utilized, and target dates for completion, parental figures are asked to sign the treatment plan. During this period of time, therapeutic modalities would be explained to parental figures and handouts and/or reference material can be presented to assist the parents in understanding the processes which will be occurring. Potential risks and benefits are discussed in terms of treatment procedures with parental figures, and treatment planning always includes ensuring the least restrictive and intrusive level of therapy is being utilized, which also is deemed appropriate and effective for each individual child and family system. Depending on the age of the adolescent, teens are also asked to sign the treatment plan. The treatment plan is utilized as the contract between family members and the treatment professional. With younger children, specific verbal contracting depends on the type of treatment utilized and the level of understanding of the child.

The treatment plan is reviewed periodically, and changes can be made, either based on information provided by the child/adolescent, parental figures, or the therapist. As treatment progresses, children and teens are increasingly more involved in the treatment planning process, as well as the process toward being successfully discharged from outpatient psychotherapy.

Treatment Techniques Used:

For the majority of our child/adolescent clients and their parental figures, Theraplay is often the foundation upon which other therapeutic techniques are added. Other techniques which can be utilized include narratives, EMDR, humor, journaling, parents providing nurturing for their children in a safe and secure environment, drawings, role playing, and principles consistent with Dyadic Developmental Psychotherapy.

Depending on funding resources, in addition to the weekly attachment-focused outpatient psychotherapy, additional sessions for parents and/or siblings are available. As the treatment plan is always a work in progress, to indicate some goals have been resolved and/or new goals need to be added, treatment techniques are also always being assessed and evaluated, not only by the treatment professional, but by family members as well. Even though very difficult issues and hard work are necessary for attachment/trauma issues to be resolved, the overall goal is to do so in the least threatening manner, taking into consideration the child's emotional age, trauma triggers, and attempting to assist the child in remaining regulated through the therapeutic process.

Therapeutic assignments are provided to child/adolescent clients and their parental figures, most of which are requested to occur between sessions. It is important that skills developed in the therapeutic setting are able to be

transferred to the home setting, and that any attachment which is developing is focused toward the parent-child relationship.

Safety/Risk Management Plan:
Before any psychological treatment has begun, risk factors are taken into consideration during the evaluation and treatment planning process. Any holding in sessions is primarily done by parental figures, utilizing a cradle hold when appropriate. The focus is on providing nurturing which is able to be accepted by the child/adolescent. Holding to restrain a child would only occur if a child is in danger of harming self, others, or becoming so dysregulated as to be out of control and other therapeutic interventions have not been successful to attempt to allow the child to calm down and regain a level of appropriate regulation. If it is deemed likely that this would occur, parental figures are trained as to how to contain their children with appropriate holding, ensuring emotional stability and safety of both children and adults. No client is ever put in a situation which could be physically endangering. Child/adolescent clients are always informed of the reasons for any therapeutic restraints and the process by which holding would be ended. Any concerns which are appropriate, regarding any of the participants, are addressed and resolved to the best of the therapist's ability. The majority of our attachment-focused psychotherapy is videotaped, with appropriate signed releases, to ensure the safety of our clients and of the therapist as well.

Evaluation/Outcome/Follow-Up:
As noted previously, during the course of psychotherapy, the treatment plan is reviewed and appropriate additions and/or changes are made. At times, progress is also assessed by having parental figures once again complete assessment instruments which were first completed during the initial evaluation process. If appropriate progress is not occurring, discussions between the parental figures; including the child/adolescent, if deemed appropriate; and the treatment professional occur to determine whether or not additional services and/or different treatment strategies would be more appropriate and/or beneficial. Referrals to outside agencies and/or other mental health professionals are made as necessary.

Discharge planning is generally a process which begins when most of the goals have been successfully obtained. Once agreement occurs that discharge is clinically appropriate, as agreed upon by the parental figures, child/ adolescent clients and the therapist, several closure sessions are usually established to ensure that the family is ready to take the learned skills and effectively utilize them in the home setting. At the time of discharge, a certificate of accomplishment is generally provided to each child/adolescent, and a form assessing the services received is sent to the parental figures for completion. These results are reviewed by this therapist to determine if

there are any changes to the treatment protocol which would be appropriate and effective for other clients. Follow-up services in the form of consultation, telephone calls and/or returning to a form of involvement in outpatient psychotherapy in the future are all possibilities which are discussed at the time of closing of the case.