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### Safe Practice Protocols

#### Principles of treatment:

- Eye contact, tone of voice, touch, movement, are employed to communicate safety, acceptance, playfulness, curiosity, empathy and love.
- Successful reciprocal interactions are desired.
- Opportunities for joy, laughter and fun are actively sought and fully celebrated during the course of therapy.
- We accept the child's symptoms as expressions of his/her history, without shame.
- The child's resistance to treatment is accepted without shame, and the accompanying affect is co-regulated by the parent/caregiver and therapist.
- The adult's affective self-regulation serves as a corrective model for the child.
- Empathy is expressed for the child's experience, affective expressions and behaviors. Exploring these aspects of the child's life will lead to a cognitive understanding of the child's underlying motivations, but is not considered as an excuse for poor behavior.
- We hold the belief that the child is doing the best he/she can, considering the circumstances of their history and developmental (as compared to chronological) age.
- There are no "hurts" either physical or through disrespectful language. We constantly strive to honor the dignity of each individual.
- Children are not threatened or intimidated as part of therapy.
- Occasionally an adult, for the purpose of containment when the child is dysregulated and in an out-of-control state, may cradle a child. The primary concern is for the child's safety and welfare and the safety and welfare of those in close proximity. The goal is to help the child regain control over the expression of their emotions in much the same manner as one would sooth a frightened youngster. It is not to threaten, intimidate or otherwise coerce a child.

Other methods employed to enhance communication between the therapist and clients, and to promote achievement of therapeutic goals:

- Treatment planning and periodic evaluation with modification if called for.
- Psycho-educational referrals to books, educational video, etc.
- Referral to local parent support groups.
- Review of videotape of previous sessions.

The following are interventions that I do not use in treatment: (quoted from "Creating Capacity for Attachment", 2005)

- Holding a child in anger, or other types of confrontation techniques.
- Holding a child to provoke an emotional response.
- Holding a child until the child complies with a demand.
- Shaming a child or eliciting fear to get compliance.

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- Poking or provoking a child to engage in long or painful physical activities in order to get compliance or a response.
- Tightly wrapping a child, lying on top of a child, “rebirthing”, or similar techniques.
- Interventions based on power/control and submission.
- “Firing” a child from treatment because of non-compliance.
- Blaming the child for one’s own rage.
- Labeling the child’s behaviors or symptoms as meaning that the child does not want to be part of the family and then making the child “suffer” the consequences, by:
  - Sending the child away to live elsewhere until he complies.
  - Putting the child in a tent outside until he/she complies.
  - Having the child eat in the basement until he complies.
  - Making the child stay in her room until he/she complies.
  - Making the child sit motionless until he complies.

**Treatment evaluation/outcomes/follow-up:**

- As a further safeguard and to help ensure that my clients receive the most efficacious treatment, I regularly submit videotapes of my sessions (with prior client consent) to respected colleagues and/or organizations, which have extensive experience in the field of attachment-based therapies. These videotapes reviewed for the purpose of providing analysis of case progress, supervision for certifications, and advanced continuing education.
- After treatment is terminated, I regularly contact my clients to check-in with them about the current status and welfare of their children and families. I encourage my clients to give me regular feedback about how they view the therapeutic treatment I provide and to make suggestions as to how to improve my methods, etc.

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