

Attachment Treatment Protocol

Philosophy – Our agency’s philosophy is based on the fundamental belief that attachment to a primary caretaker is essential for a child’s optimal biological, physical, emotional and cognitive development. Children with an identified attachment disorder or a serious attachment disturbance typically have a history of trauma as a result of neglect, abuse, a trauma, disruption and chronic family conflict during their formative years. As a result, key developmental processes that are necessary for healthy functioning and maturation are significantly impaired. A child’s brain development, affected by this trauma, will result in a decreased ability to maintain a regulated state and to flexibly experience, tolerate and manage a range of positive and negative emotions. Developmental deficits often include: insecure/avoidant attachment, emotional dysregulation, impulsivity, poor attention skills and a negative internal working model.

Our agency’s philosophy is also based on the belief that the quality of the parent/caregiver’s attachment relationship with their child is the key to the child’s healing. The therapist provides a safe environment for the parent/caregiver by modeling compassion and offering support and education.

Parents/caregivers learn to understand what is beneath their child’s behavior so that they can respond more effectively. Within the safety of the therapeutic alliance, parents are also encouraged to explore their own attachment histories and triggers to understand how their current parenting/relationship style may affect their ability to respond therapeutically to their child.

DESCRIPTION OF PROCESSES:

Intake/Admission – Adoptive parents/caregivers participate in an initial intake process, without the child. A detailed history is completed that includes the following: child’s developmental history; birth family history, if applicable; current functioning and symptoms in multiple life areas; education history; treatment and medication history; parents’ attachment history; parenting philosophy and desired outcomes. The intake also educates parent about their role in therapy, the ways in which trauma affects a child’s brain and how to begin to set up a therapeutic environment.

Assessment – The Child Behavioral Checklist, The Life Stressor Checklist, The Parenting Stress Index, and Angles in the Nursery are part of the assessment protocol.

Treatment Planning – A Family-Centered Plan is developed within the first 30 days of treatment. This includes the following: desired outcomes; client and family strengths; identified barriers; and diagnostic considerations. All collateral professionals are contacted.

Treatment Techniques Used – Attachment focused and trauma informed treatment is based on Dan Hughes’ and Art Becker-Weidman’s Dyadic Developmental Psychotherapy (DDP). DDP is used with children who have serious deficits in their emotional, cognitive, and behavioral development while having difficulty developing and maintaining secure attachment relationships. Parents are encouraged to participate as partners/experts in DDP sessions as they learn to maintain an attitude that includes playfulness, love, acceptance, curiosity and empathy (PACE). This attachment model is integrated into

our therapeutic practice in conjunction with Child Parent Psychotherapy, an evidence based model for children under seven years old that focuses on the parent child dyad. We also incorporate concepts from Narrative therapy, Dialectical Behavioral Therapy, Trauma Informed Cognitive Behavioral Therapy, Attachment Behavioral Catch-up, and Supporting Families Coping Resources.

Safety/risk management plan – Therapists and parents are expected to maintain the attitude of PACE (see above) in all interactions with their child. In most incidences, at least one parent is present with the child in therapy. In rare circumstances when the child is in foster care and the foster parents refuse to participate in therapy every effort is made to include a case worker/social worker who is involved with the child. The therapist's primary role is to maintain a nurturing presence and a safe space for the parent and the child. Coercion and forced holding are never part of therapy. A child is encouraged to seek nurturance from a parent, which may include close physical contact, however, at all times the window of tolerance for both parent and child are respected. De-escalation, attunement, and comforting techniques are used with a child if she/he becomes dysregulated during a session. All interventions are consistent with the Standards of Practice and Ethical Standards of ATTACH.

Evaluation/outcomes/follow-up – Parents and therapist typically meet at the outset of each session to evaluate a child's progress. A child's ability to provide a coherent narrative, to regulate his/her moods and behavior; and to maintain attunement are the key outcome measures. Termination is based on a mutual decision between the therapist and the parent once they agree that treatment goals have been reached. The parents are welcome to maintain contact with the therapist following termination and periodic follow-up sessions are encouraged.