

# THE COUNSELING & ENRICHMENT CENTER

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## Attachment Treatment Protocol

### Philosophy

The Counseling and Enrichment Center believes that attachment and bonding is the corner stone of all mental health. We believe that all human beings are on a continuum from being too attached to having little connection to another human being. A healthy attachment would be ideally in the center of this continuum. Early childhood trauma including that occurring before birth, can physically damage a child's brain. This then affects his ability to control his emotions and behaviors and to build lasting relationships. The goal of attachment therapy is then to heal those damaged neurons through building healthy, reciprocal interaction with a caring parent figure. The task of the therapist is then to facilitate the building of the parent/child connection. Strict guidelines are implemented for both therapist and parents to insure that therapy is done in a non coercive manner and the child is safe.

### Description of Process

#### Intake/Admission:

1. Pretreatment assessments are sent to parents to be filled out prior to family being seen.
  - Thorough Psychosocial Assessment including
    - Early History including:
      - prenatal
      - peri-natal
      - Developmental milestones
      - hospitalizations
      - placement history
      - legal issues
    - A day in the life of the child
    - Treatment history
    - Psychological testing
    - Educational history
    - Medical history including medication
  - Childhood Onset Bipolar Disorder Assessment
  - Achenbach Child Behavior Checklist
  - Vineland Adaptive Behavior Scale
2. Parents attachment history  
(Parental Self-reflection from Parenting from the Inside-Out)  
Dr. Dan Siegel

- 3 Parents are then brought in to go over the results of the assessments. They are given Attachment 101. Assessment is made to determine to what extent the parents and family have been affected by the child's behavior.
4. Child is Brought in;
  - Contract verbal and or written
  - Determine if child follows results of paper assessment
    - Sentence completion
    - House/tree/person
    - Family drawing
    - Child Attitude and Behavior Scale
5. Determination is made with the parents if child would benefit from my therapy or be referred to another.

### **Treatment Planning**

1. Goals for therapy are set with parents and child
  - a. Separate Contracts are made with parents and one with the child for therapy.
  - b. Goals are written out and signed by parent so there is no misunderstanding
  - c. A consent for treatment is signed by the parent
- 2 Methods of payment are discussed at this time so there are no issues over money during treatment time...
- 3 Determination is made as to what type of therapy is to be used
  - a. Two week intensive
  - b. 2 to 3 times a week for several hours a day
  - c. weekly two hour sessions
  - d. In home or office
- 4 Various treatment styles are discussed that might be implemented
  - a. Dyadic Developmental Psychotherapy
  - b. Narrative
  - c. Theraplay
  - d. EMDR
- 5 See technique check list used

### **Informed Consent**

All clients are given a form to consent for treatment. As stated above a description of treatment is given during the intake session. They are told that there will be no coercive techniques. The methods may be perceived as non traditional such as EMDR, EFT, theraplay etc.

### **Safety/risk**

1. Parents are always present during treatment to insure physical and psychological safety
2. Coercive techniques are NEVER used.

3. Child understands that this will be non traditional therapy and a variety of techniques will be used. (Holding by parents, EMDR, Brain Gym, Narrative etc )
4. Children are only held by parents. It is against the law in Nebraska for therapist to hold a child in a therapeutic manner
5. Plans are made prior to treatment for a safety plan in the remote possibility of a child becoming violent.
  - Parents use de-escalation techniques
  - Hospitalization

**Evaluation/Outcomes/follow up**

1. Evaluate if Goals have been accomplished
2. Reevaluate at end of therapy with:
  - a. Childhood Onset bi-polar Assessment
  - b. Child Attitude and Behavior Scale
  - c. Achenbach Child Behavior Check list
3. Contact is made with the family after therapy is concluded.  
They are encouraged to call with any questions or need for more therapy.