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Basic Philosophy

It is my belief that changes and positive growth begins within the family. Relationship is the basis for all growth and development and the building blocks within the family are the first for setting the foundation for an individual to grow into a healthy adult. Because of this, treatment must involve the family to strengthen the attachment between individuals.

Intake/Admission:

My initial contact with a prospective client usually begins with phone contact. An initial brief telephone intake helps determine the appropriateness of the referral and/or client being appropriate for my practice. If the client is not appropriate for my practice I will refer out to other practitioners. I maintain a list of practitioners and their specialties and will give a client 3-4 names as possibilities. If the client is appropriate for my practice I begin by setting an initial intake appointment where I will meet with the parents without the child/children. This appointment usually takes 1-2 hours. Prior to this I provide the parent with a written information packet as well as encourage them to bring with them any supporting documentation that may be helpful in their treatment planning. This may include any prior treatment and diagnosis that may have been given to their child. The written packet includes:

- Demographic information
- Personal history of the child
- Medical History of the child
- Family History of the child (if known)
- Developmental History of the Child
- Substance Abuse History (of child or birthparent if known)

The written packet also includes questions regarding the child's main difficulties in a variety of settings (i.e. school, home etc); the child's likes and dislikes, the child's strengths and difficulties, and his/her relationship with peers/siblings and parents. I also ask for a description of the child's friendships.

During the initial meeting I use the ECBI (Eyberg Child Behavior Inventory), the PIC-2 (Personality Inventory for Children) and the RADQ (Reactive Attachment Disorder Questionnaire) checklist.

The majority of the initial meeting is a verbal exchange between the parents and myself. I allow them to verbally share with me all that they feel they need to in regards to their

child. During this time, I may ask for clarification if needed from both the written packet and their personal sharing at this time.

I also use this time to assess their coping skills with the issues that they are facing. Parents often feel alone and isolated and support for them is crucial for the well being of the entire family system.

Following this sharing of information, I explain to the parents how I work with children, specifically those with attachment issues. I share that I believe that we together are the treatment team and that I will expect them to be active participants in the process. Then I explain the components that may be necessary in treating their children.

If appropriate, I may provide some individual play therapy (I am a Registered Play Therapist) to help with unresolved trauma. This modality of treatment is always in conjunction with family therapy so that we can prevent any triangulation that can often occur. Again the focus of the individual therapy is focused solely of trauma from the past, not the child's issues currently with his parent.

The second component is the work with the parent and the child. I use theraplay principles (Marschak Interaction Method) for an initial evaluation of the current attachment between the parent and child. The four components of nurture, engagement, structure and challenge are closely scrutinized during this evaluation. Then a treatment plan is set in place to address and target the areas that may need strengthening between the parent and child. The age of the child will often dictate some change in approach however because of the developmental and emotional immaturity of our children, it often looks the same. Treatment techniques during this component may include:

- Play Therapy techniques
- Theraplay Principles
- Art work
- Narrative Therapy
- Music Therapy
- Nurturing activities
- Parent Holding
- Psychodrama
- Puppet Play
- Sand Tray Play

The third component is an educational, therapeutic support group that I run monthly for the parents. Although I do not make this group mandatory for participation in my program I strongly urge the parents to look at the benefits of this group. The group focuses on educating ourselves on the "how, why and what to do about it" of attachment. Books and other resources (i.e. speaker's etc) are provided to the parent at no additional cost. The expertise in the group is also a benefit with finding additional ideas and techniques that may have worked with others. The emotional support from such a group is also hugely beneficial is fighting the feelings of guilt, isolation and anger.

During this initial planning stage the input of the parent is crucial. They are an expert on their child and I expect them to be active in deciding what may or may not work for them in treatment. They may have already tried techniques in the past that has been unsuccessful. They may need more information of why I may want to utilize a specific intervention and then may or may not believe that they can use that technique. All families are different with time restraints for a variety of reasons; I take this into consideration when planning with families the treatment of their child (and their family).

Safety/Risk Management plan:

All treatment techniques emphasize parental attunement and empathy with the child and are consistent with the ATTACH safety principles. I attempt to provide an atmosphere of psychological and physical safety in which clients are pushed to move toward healing instead of becoming “stuck” in poor coping mechanisms but not to a point where retraumatization may occur. All members involved in the treatment components (parent/child/therapist) are constantly evaluated as to where they may be struggling, both physically and psychologically. The parents are used as the calming factor for the child (de-escalation and calming holding techniques). I assist the parents with any issues that may be arising for them, via separate sessions, phone consultation and other forms of communication. I also receive individual supervision on my cases to help me with any psychological issues that may be coming up within and for me during this process. I am careful, that as an adoptive parent myself, that I do not transfer my feelings onto the client. Supervision is a critical piece for accountability and safety.

Evaluation/outcomes/follow-up:

The ECBI parent rating form may be used throughout treatment to evaluate change and progress. The questions are such that we can see where the child has moved forward and where work may continue to be needed. Regular meeting with the parents alone also gives valuable information on whether we are noting progress in the treatment of their child. We can then make any necessary changes to better serve them. Outcomes of specific techniques and their effectiveness are recorded and maintained in order to provide the best possible treatment options to clients. When a case closes, we have a final meeting so that I can hear personally what has been helpful to my client as well as how I can better my services in order to meet the needs of others.