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ATTACH Treatment Protocol

Problem Statement

1. Assessment of parent-child attachment in abuse (emotional, physical, sexual) and neglect cases.
2. Assessment and treatment of attachment issues in adoptive children and families (including foreign adoptees).
3. Assessment and treatment of attachment issues in foster children and their families.
4. Assessment and treatment of attachment issues in biological children and their families.
6. Treatment of traumatized children experiencing attachment problems (sometimes without available families).
6. Assessment and treatment of attachment issues in adults.
7. Preservation of parent-child attachments in contested divorce/custody cases.

Target Population

1. Child Protective Service referrals of abusive and neglectful parents, victims of abuse and substitute care givers (all ages).
2. Foster children and families (all ages).
3. Adoptive children and families (all ages).
4. Adults.
5. Families considering adoption (all ages).
6. Children in foster care prior to adoption (all ages).
7. Court ordered family members undergoing evaluation and/or treatment.

Level of Practice

Level 3

Practice Overview

Dr. Michael B. Pines is a psychologist licensed in Connecticut to provide psychological

assessment and treatment services. His practice deals primarily with child, adolescent, adult and family issues. As such, attachment issues are an integral part of the clinical process, whether it be assessment or treatment. Dr. Pines believes healthy attachments are a fundamental birthright of every child and are a cornerstone of personality development. The quality of parent-child attachment (a two way reciprocal process) is critical to the evaluation and treatment procedure.

Range of Services include:

Psychotherapy - individual child, adolescent adults, couples, family.

Psychological evaluation.

Parent-child interactional assessments.

Training for parents and professionals regarding attachment issues.

Consultation with courts, adoption agencies, protective service agencies regarding attachment issues.

Consultation with school systems, treatment centers regarding attachment issues.

Workshops and training seminars on attachment issues - local, national, international.

Description of Services

Intake Process

Intake process includes initial telephone contact where referral questions are determined and relevancy of referral is initially assessed, intake session (s) with parents are scheduled, relevant background materials are requested (to be reviewed prior to intake sessions, if possible).

Intake includes interview(s) with adult care giver (s) of the child or children. Registration forms, releases of information and limits of confidentiality are completed. Explanation of potential treatment alternatives are presented.

Assessment Process

Assessment includes a thorough review of historical records (when available), and administration of projective and/or objective evaluation instruments, targeting both specific and general areas of concern. Tests might include intellectual, educational, perceptual-motor and personality assessment measures.

Various screening instruments might include RAD-Q, Cline-Helding Assessment, House-

Tree-Person Drawing, Rorschach, Sentence Completion Material, Children's Apperception Test, Thematic Apperception Test, Child Behavior Checklist, MMPI/MCMI with parents (if necessary).

The battery of tests/assessment procedures is individually designed for the referral problem and developmental stages of the children.

Assessment also involves structured interviews of parents and children, as well as observations of parent-child interactions ..

Consultations with teachers, child care providers, pediatricians, primary care physicians, other medical specialists, and/or child/adolescent psychiatrists are also conducted.

Treatment Planning

Following a review of assessment materials, Dr. Pines meets with the parents and child (where appropriate) to discuss alternatives. Other professionals having authority or responsibility for the child are included.

Parents are involved in all phases of treatment planning. If identified parent issues may interfere with treatment, parents are seen for several sessions alone or referred to another clinician for treatment.

Treatment options usually include individual and/or family therapy, behavior management consultation, parent education/training, identification of support services, advocacy efforts and out of home placements.

Contracting is imbedded into the entire process, both explicitly and implicitly. Re-evaluation of treatment plans are conducted as a routine part of each therapy session. Modifications of the treatment plan are made as necessary.

Treatment Techniques

Standard psychological techniques are utilized within a framework of understanding the necessity of child attachments with parents.

Modifications include the following:

Individual child therapy typically conducted with parent(s) present so they function as treatment team members.

Child confidentiality will not preclude a disclosure affecting the parent-child attachment, unless the disclosure of confidential information would pose a risk to the child's physical or emotional safety.

The parent-child relationship is the presumed "client", thus family therapy is most commonly utilized.

Treatment techniques utilized are within the ethical parameters established by The American Psychological Association, The Connecticut State Board of Examiners of Psychologists, and Connecticut laws.

Strategies (not a definitive list):

- 1-Use of attachment-attunement strategies (Dan Hughes).
- 2- Attachment based parenting strategies
"Love & Logic Principles", (Foster Cline, Richard Delaney, Nanci Thomas, Deborah Huges), Federici, Hughes, and others
- 3-Paradoxical intervention.
- 4-Review of records directly with child and parents to connect past trauma to current behaviors.
- 6- Psychodrama
- 7-Creation of dialogues for parents and child.
- 8- Therapeutic holding for nurturing, protection, containment by therapists and/or parents.
- 9-Parental story telling to child to enhance attachment.
- 10-Journaling by parents and child.
- 11-Use of therapeutic puppets.
- 12-Inclusion of siblings when appropriate.
- 13-Inclusion of birth parents/biological siblings when appropriate and available.
- 14- Use of relevant handouts, reading materials and videotapes as adjuncts.
- 15-Referral for EMDR and/or neurofeedback assessment when appropriate.

Therapeutic strategies are based on the works of Allen, Bowlby, Ainsworth, Winnicott, Cline, Hughes, Delaney, Brodzinsky, Welch, FahIberg, Federici, Alston, Keck, Jewett, Jarrett, Leichtman, Perry, Main, and others.

Safety/Risk Management

The presence of parents during the child's treatment increases their knowledge of the child and participation in the healing process. They are fully informed about the process as an integral part of the treatment. The presence of parents also eliminates confidentially dilemmas and reduces the likelihood of inappropriate attachments between child and therapist. Maintenance of boundaries by the therapist reduces competition and confusion with parents when children display attachment issues in their family.

Clinical notes are maintained for each session. Other documents received from or generated by the child/family are maintained, as are financial records.

If physical restraint is necessary for the child's containment and safety, parents or therapist may do so. Given the presence of the parents, a witness to restraint or holding is present at all times. Physical restraint or holding is noted in the clinical records.

The safety, health and well-being of the child is constantly being monitored, with adjustments and modifications to the treatment plan and interventions made when necessary. Strategies are designed to minimize risk to all parties. Families are encouraged to contact Dr. Pines anytime between sessions whenever they have concerns. Dr. Pines is available through a 24-hour answering service and a pager.

Evaluation/Outcome/Follow-up

Attachment issues are lifelong. As such, time termination seldom occurs. Treatment services are based on need. Session schedules are adjusted in frequency and duration to meet specific needs. Many children and families are seen for several years, although on an infrequent basis, following a period of active treatment. Families are encouraged to keep in contact with Dr. Pines as they wish or as their child's developmental needs change. Families will re-enter active treatment because of symptom re-appearance, developmental crisis or change of circumstances.

Following active treatment, families are usually referred for support or allied services (such as support groups, special education, specialized medical care, etc.).

Evaluation of treatment efficacy is conducted as part of each therapeutic contact. Outcomes of efforts to improve the attachment are also reviewed at each session and modifications are made to the treatment plan.

Dr. Pines consults regularly with colleagues throughout the country doing attachment therapy. Dr. Pines and several local colleagues have recently formed a peer consultation group which meets monthly to review problematic cases.

Dr. Pines regularly attends local, regional and national workshops and training seminars on attachment interventions, current issues and relevant research.

On occasion, certain cases may require referral to a short term intensive attachment program or an attachment based residential or sub acute treatment center. Whenever possible, Dr. Pines will continue to consult with the treating clinician on site and remain available to the family for ongoing support. Upon discharge, Dr. Pines typically will continue work with the family.

Qualifications

See attached CV, copy of license and proof of professional insurance.

Specific Attachment Training:

- 1986 - 4 day private mentoring with Foster Cline.
- 1987 - 3 day retreat training with Foster Cline.
- 1988 - 6 month training in adoption issues/treatment sponsored by Connecticut Council on Adoption.
- 1990 - Founding member of ATTACH, served on 1st board of directors for six years.
- 1994-96 - Served as third president of ATTACH.
- 1994-2002 - Attended various training workshops led by Vera Fahlberg, Richard Delaney, John Alston, Foster Cline, Claudia Jewett-Jarrett, Sharon Roszia, David Brodzinsky, Hugh Leichtman, Martha Welch and others.
- 2000 - 2 day training with Daniel Hughes, sponsored by Klingberg Family Services.
- 2001-2002 - 8 day training with Daniel Hughes sponsored by Casey Family Services.

Since 1990 Dr. Pines has presented various workshops, training seminars and institutes on a variety of issues related to the diagnosis and treatment of attachment problems to professionals (clinicians, case workers, educators, lawyers, judges) and parents in Connecticut, Florida, Massachusetts and Canada. In addition, Dr. Pines has presented at several ATTACH national conferences.