



ATTACH REGISTRATION APPLICATION

Contact Information:

Primary Contact Name _____
Agency/Practice Name _____
Address _____
City, State, Zip _____
Work phone _____ Email _____
Fax _____ Website _____

Applying for:

- Registered individual clinical membership
- Registered agency clinical membership
- Registered employee of a registered agency
(Must be directly employed by agency)

Services offered:

- Office based therapy
- Home based therapy
- Intensive home-based therapy
- Therapeutic foster care
- Group care
- Residential treatment
- Other _____

Typical Diagnoses for clients: (list) _____

Name of consultant(s) used for difficult cases (an ATTACH Registered Clinician member or equivalent-level training, CV required): _____

Consultant Contact Information _____

Attachments Required: Scan in this checklist along with the Registration documentation.

- Treatment Protocol (You may view the protocols of other Registered Clinicians at www.attach.org under the Resources tab)
- ATTACH Treatment Techniques Checklist
- Informed Treatment Consent form, including a statement about the risks and benefits of therapy.
- Copy of license (for each qualified practitioner)
- Proof of professional insurance (agency-wide or for each qualified practitioner)
- ATTACH Registration agreements (for each qualified practitioner)
- ATTACH Disciplinary Disclosure statement (for each qualified practitioner)
- ATTACH Malpractice questionnaire (for each qualified practitioner)
- Qualifications chart (for each qualified practitioner)
 - Please also scan CE certificates for each training unit listed
- Resume/CV of applicant (for each qualified practitioner) listing all educational degrees
- Resume/CV of Consultant (consultant should have Registered Status with ATTACH or equivalent professional experience.)
- Fee for application as determined by the ATTACH Board of Directors
 - Registered Clinician: \$175 + \$25 one-time, new applicant fee
 - Registered Clinical Agency: \$400 + \$25 one-time, new applicant fee
 - Registered Employee of a Registered Clinical Agency: \$80 + \$25 fee
 - Additional fee if non-electronic submission: \$50

* A qualified practitioner is a clinician who meets the education and training requirements for ATTACH Registered status. Agency must have at least one practitioner who meets requirements.

Payment

Payment may be made online through the membership page on our website or sent by check along with your application or provide credit card information below.

Total Due with Application _____

Visa Master Card Amex Discover

Name on Card _____

Address of Card _____

Card # _____ Exp. Date _____

**Email applications and supporting documentation electronically to:
questions@attach.org**

Instructions

The ATTACH registration process for clinicians and agencies is intended to:

- provide a means to apply prospective clients to identify clinicians with extensive training and experience in attachment-focused therapy;
- encourage enhanced and ongoing attachment training (see information regarding required training hours);
- give parents and other professionals access to names of potential treatment agencies and clinicians; and
- offer and maintain a support and communication network to exchange information and/or ideas

ATTACH believes that psychotherapy in general, and specialized attachment-focused therapy, in particular, requires a combination of a degree (ie., social work, psychology, counseling, marriage and family therapy or equivalent) that allows the clinician to practice in the jurisdiction in which they provide services, training in theories of human development and treatment approaches, and practice with the guidance, as needed, of a consultant who is an experienced and skilled clinician.

To obtain registered status with ATTACH, a clinician, or the lead clinician in a clinic, must:

- be able to prove current clinical licensure (or equivalent in foreign countries; or sanction by a governmental entity that the person or clinic is legally able to practice within the jurisdiction);
- document a minimum of 80 hours of clinical training in attachment, trauma, or related fields beyond the degree, acquired within the past 5 years (contact V.P.-Clinical for exceptions for teachers, trainers, etc.);
- be able to consult with a clinician skilled in attachment-focused treatment; and
- possess professional liability insurance.

Applicants must also agree, in writing, to abide by ATTACH's policy and procedures as outlined in the White Paper on Coercive Treatment.

Registered members of ATTACH are listed as resources for inquiries for clinical services. In an effort to assist families and workers to make informed decisions, ATTACH will list your contact information on its website.

Requirements are subject to change. Please check the website prior to and during the application process.

Registering clinicians in private practice must submit the complete packet of information. Registering agencies must submit the complete packet of information about the lead clinician and all qualified staff (if applicable) who will be working with attachment clients. Those applying will be considered to have Professional Member status until the application has been approved.

Upon receipt of a complete application, your documents will be forwarded to the VP-Clinical. Should he/she have any questions about your application the VP will contact you directly. Responses to questions should be sent to the VP with a copy sent to the ATTACH office at questions@attach.org. Your responses will be included in your file. Once approved, you will receive a certificate in the mail, your information will be placed on the ATTACH website under the Resources section, and the VP-Clinical will destroy copies of your registration application. Your original application will be kept on file at the ATTACH office.

Qualifications and required documentation for registered status with ATTACH are subject to change without notice. All applications should be submitted electronically in their entirety. **A service charge of \$50 will be assessed for applications sent by mail.**

Treatment Protocol

√ Your Protocol will be put onto the ATTACH web site so we expect you to provide specific, complete, succinct descriptions that are family friendly.

Philosophy: In your own words, briefly describe your basic treatment principles and treatment approach regarding your attachment practice.

Description of processes:

Intake/ Admission: Describe your intake and initial assessment procedures including

specific tools/ instruments used. Include when and how you would refer a client elsewhere.

Assessment: Describe how you assess your client's functioning and needs. Include what and how you gather historical information including:

- Social history
- Psychological history
- Treatment history
- Education history
- Medical history
- Developmental history
- Attachment history
- Family functioning
- Diagnoses
- Intellectual & cognitive skills & deficits

Treatment planning: Briefly describe your treatment planning process; include a description of contracting when used; describe the client's role in planning.

Treatment techniques used: Use the attached checklist and explain as necessary.

Safety/risk management plan: Describe how you ensure the physical and psychological safety of your clients and yourself during treatment. Be detailed and specific to your practice and setting. See safety principles in ATTACH's Professional Practice Manual for guidance.

Evaluation /outcomes/ follow-up: Explain how you evaluate the progress of your clients; and how you track outcomes of your practice. If you have follow-up procedures, please describe; if you don't describe why.

ATTACH Registration Process

Renewal

A full registration packet must be submitted electronically every three years to maintain registered status. Ten CEs are required annually for each registered clinician and each clinician in a registered agency, with proof of 30 credits being required during the 3-Year Review process.

Complaints & Appeals

Applicants who wish to appeal a VP-Clinical's decision may appeal to the Executive Committee of the ATTACH Board of Directors. The appeal must be in writing and explain the basis for the appeal and the reason the applicant believes that an incorrect decision and conclusion was reached. All appeals must be received in writing at the ATTACH office within 60 (sixty) days of the date of notification to the applicant of the Committee's decision.

The Executive Committee will review all materials used by the VP-Clinical as well as all materials submitted by the applicant in support of the appeal and will render a decision within ninety (90) days after all materials have been received and all relevant questions have been responded to by those involved.



Association for Training on Trauma and Attachment in Children

ATTACH Registration Agreement

**To be completed by each individual applicant or each qualified therapist in
an applicant agency**

Please check your understanding of and agreement to the following statements:

I have read ATTACH's publications White Paper on Coercion in Treatment, and understand and agree to abide by ATTACH's:

- Standards of Practice
- Safety Principles
- Basic Assumptions

I understand that if I fail to abide by these principles the ATTACH Ethics Committee may conduct an investigation, and could request my resignation from ATTACH or recommend other disciplinary action.

I give permission to ATTACH to publish my/our name and treatment protocol on the ATTACH website.

I give ATTACH permission to distribute my/our treatment protocol to inquiries for clinical services.

I attest to the veracity of all statements made in my application.

Printed name of applicant

Name of agency (if applicable)

Title

Signature

Date



Association for Training on Trauma and Attachment in Children

Treatment Techniques

Name _____

Check as appropriate:

always frequently occasionally never refer out for this service

acceptance rituals

acupuncture

adults lay on child

animals

behavior management

blanket wrap

bottle

brain gym

cause physical discomfort

clay art

cranial-sacral

DDP ***

deliberately frighten

drawings

dream work

EMDR ***

forgiveness rituals

home visits

homeopathy

homework for child

homework for parent

humor

“in your face” confrontation

journaling

letters from birthparents

marital therapy

massage

music

narratives

Neurofeedback ***

nurturing by parents

nutrition

parent education

	always	frequently	occasionally	never	refer out for this service
acceptance rituals					
acupuncture					
adults lay on child					
animals					
behavior management					
blanket wrap					
bottle					
brain gym					
cause physical discomfort					
clay art					
cranial-sacral					
DDP ***					
deliberately frighten					
drawings					
dream work					
EMDR ***					
forgiveness rituals					
home visits					
homeopathy					
homework for child					
homework for parent					
humor					
“in your face” confrontation					
journaling					
letters from birthparents					
marital therapy					
massage					
music					
narratives					
Neurofeedback ***					
nurturing by parents					
nutrition					
parent education					

Treatment Techniques, page 2

Name _____

Check as appropriate:

always frequently occasionally never refer out for this service

Check as appropriate:	always	frequently	occasionally	never	refer out for this service
parent holding					
parent observe from another room					
parent present in session					
parent support group					
play therapy					
psychodrama					
puppets					
sand tray					
sensory integration					
separate parent counseling					
separate treatment for parents					
sessions for siblings					
therapist holding					
Theraplay ***					
verbal contract					
video review with family					
written contract					
other					

*** If you have listed DDP, EMDR, Neurofeedback or Theraplay as a treatment modality that you use in your practice, please provide proof of training with your application.

This form is to be filled out by each individual clinician in a Registered Clinic.



Association for Training on Trauma and Attachment in Children

Malpractice Questionnaire

To be completed by individual applicant or each qualified therapist in applicant agency

Have you ever had a complaint filed against you?

If no, check here and sign bottom of form.

If yes, check here and fill out remainder of form.

1. Please attach a copy of the original complaint with the settlement and/or court documents.
Please white out your patient/s name and other identifying information to protect their confidentiality.

2. Title of Suit _____

3. Date filed _____

4. What are the **specific** malpractice charges/allegations?

5. Indicate your **position** in the case in relation to plaintiff and to any co-defendants.

6. Provide a brief clinical summary of the case including details of the treatment such as presenting complaints, assessment, diagnosis, medications prescribed, nature of clinical interactions, length of stay, details of discharge, etc.

7. What is your **response** to the allegations?

8. Disposition: Pending Settled

If settled, provide the following information

In court Out of court Date of Settlement _____

Total amount of settlement _____ Amount attributable to you _____

9. Describe any action you have taken, and how your policies and procedures have changed as a result of this claim.

Signature _____

Date _____



Association for Training on Trauma and Attachment in Children

Disciplinary Disclosure Statement

To be completed by individual applicant or each qualified therapist in applicant agency

Professional Liability Claims:

Have you ever been denied professional liability coverage? Yes No

Has your professional liability coverage ever been terminated by action of the insurance company? Yes No

Has your professional liability carrier excluded any specific procedures from your coverage or otherwise restricted your practice or coverage? Yes No

*****If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.**

Have there been, or are there currently pending, any malpractice claims, lawsuits, settlements or arbitration proceedings involving your professional practice? Yes No

Have you been named as a defendant or accused of discrimination or harassment in any employment related complaint, administrative proceeding, or lawsuit? Yes No

*****If you answered yes to either of the above, please complete the Malpractice Questionnaire for each case.**

Disciplinary Actions:

Has your license to practice in any state been denied, limited, suspended, revoked, or been voluntarily or involuntarily surrendered, either as a result of an investigation of your activities or in settlement or compromise of such an investigation or because proceedings were threatened or initiated against you? Yes No

Have you been denied membership or subject to any disciplinary action in any HMO, or other institutional healthcare provider, local, state or national professional society, or have any such proceedings to revoke, suspend, modify or restrict been instituted against you? Yes No

Have you been suspended, sanctioned or otherwise restricted or denied from participating in any private, federal or state health insurance program (such as Medicaid, Medicare)? Yes No

Have you been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? Yes No

Have you been convicted of a crime, excluding minor traffic violations, whether or not a sentence was imposed? Yes No

Have you been the subject of any professional misconduct proceedings (other than malpractice claims)? Yes No

Has any disciplinary action been initiated or is any pending against you by any state licensure board? Yes No

Has any request for corrective action or investigation (other than normal quality assurance reviews) involving your clinical practice, competence or professional conduct been initiated by any hospital, medical staff or other medical organization, or is any such action currently pending? Yes No

*****If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.**

Signature _____

Date _____

Key for Qualifications of Staff

Name: Complete a separate sheet for each qualified therapist. Please designate the lead therapist.

Level of Practice:

1: A therapist/agency in general practice who is knowledgeable about attachment theory and applies this theory to clients with mild symptoms.

2: A therapist/agency with broad training and experience, some of which is in attachment, who sees clients with mild to moderate symptoms, and uses a variety of techniques and modalities for treatment.

3: A therapist/agency with extensive training and experience, who has a specialized attachment practice, and provides therapy using a variety of advanced techniques with clients with moderate to server symptoms.

Typical client age as it relates to your attachment work:

0-1 years 2-5 years 6-12 years 13-17 years 18+ years

Level of severity as it relates to your attachment work:

- 1:** mild
- 2:** moderate
- 3:** complex
- 4:** extreme

Training Type:

Didactic
Hands-on
Supervision

Minimum Training Requirements for registered clinicians or LEAD therapists:

- ◆ Masters or Doctoral degree in clinical field
- ◆ 80 hours of attachment theory and treatment training beyond degree, acquired within past 5 years (contact the Chair of the Registration Committee for exceptions for teachers, trainers, etc.)
- ◆ 3 years of clinical experience
- ◆ 30 hours of attachment training for 3-Year Renewals