

## Overview of Treatment at the Attachment Institute of New England

*Please note that every child and family is different and this is only a template of treatment.*

**Assessment:** Two Attachment Institute of New England clinicians meet with both parents or whomever presents in that role for two hours. Parents return the packet provided to them including a RADQ (Reactive Attachment Disorder Questionnaire) and CBCL (Achenbach Child Behavior Checklists). Both parents are asked to submit a detailed timeline of their child's history as well as their own autobiographies. Parents are given recommended readings and websites. Both parents are expected to make a commitment to treatment, to their child, and to their relationship by attending session and participating in out-of-session assignments to help further the goals of the work. Written materials and videos are available to share with other caregivers, teachers and therapists. AINE clinicians are available for collaborative consultations with other providers as needed.

**1st Session and 2nd Session:** The same team of 2 Attachment Institute of New England clinicians meet with parents to educate them on the concepts of: shame, trauma, our "fixing" process, primary emotions, neurochemical addiction, and the skill of disengagement. Clinicians will work with the parents to identify and process individual triggers as they relate to their child and/or history. Clinicians evaluate and address any issues in the attachment style in their own relationship with a focus on communication, self-care, and providing and receiving emotional support. EMDR (Eye Movement Desensitization and Reprocessing) may be used at this time. Additionally, parents are taught to develop a daily and weekly ritual for practicing their own intimacy and connection.

**3rd Session:** Contract with the child and family so that there is a clear understanding of what is expected from them and what they may expect from treatment. The initial focus is for the child to learn to ask for help and work on mastering the "three R's" (Respectful, Responsible, and Real behavior). These expectations should be consistent for all members of the household. The importance of eye contact is also explained. The family is educated in labeling five feelings: happy, mad, sad, scared, and shame and how anger is a defense mechanism for coping with intense sadness, fear, and/or shame. Begin the process of teaching self-regulation skills for all family members.

**4th Session through 16th Session:** Start each session by checking in with parents to address progress, concerns, and child's level of emotional and behavioral regulation. Evaluate implementation of parenting skills and strategies. Once the child joins us they are asked to label and take responsibility for specific behaviors by giving examples of what the child did to pull the parents close, to push them away, and how those relationships were repaired. Specific examples are expected. We encourage mindfulness and awareness of the impact of all behaviors, both positive and negative. We teach the child and family a process of repairing relationships. The process of repair is tailored to the specific age and developmental stage of

the child (please see the article *Fixes: Teaching Children the Art of Repairing Relationships*). Check that parents are using resources and developing their circle of support.

Evaluate and address any barriers that may be impeding parents' abilities to further develop and implement strategies. Begin to review the child's early history and encourage parents to nurture their child in a way that they can begin to fill in the gaps from their child's early deprivation or abuse history. The goal is to increase feelings of safety and belonging. Identify ways the child's traumatic experiences created unhealthy and inaccurate core beliefs marked by intense fear and shame. Assist the child in challenging core beliefs so they may experience more love and safety. Determine how competently the child is identifying and expressing broader ranges of affect. Use EMDR with child and/or parents as indicated.

Please note the overall number of sessions is specific to the needs of each family. Some older children and children with dual diagnoses including neurological impairment tend to need additional sessions. This can also be true for parents who have significant trauma histories.

**Goals of treatment:** To develop a coherent narrative that allows the child to challenge faulty belief systems and better understand their history while maintaining the beliefs that they are both safe and loved. To reduce the scores on the RADQ, CBCL, and Conners' Rating Scales to below clinical ranges. The expectation is that the child will be able to identify behaviors as either pushes or pulls. The child will be able to identify four primary feelings: happy, sad, scared, and shame and what feelings are driving anger that is felt or demonstrated in destructive or aggressive ways. The child will understand how intense negative feelings may be connected to events that are felt or demonstrated as destructive or aggressive behavior of the past. The child will be able to talk about early history/trauma with appropriate affect (i.e., neither flat affect nor excessive affect, especially shame). The child will be able to show reciprocity in interpersonal relationships (e.g., improved empathy for others, increased remorse for misbehavior). The child will demonstrate increased competence both in and outside the home outside the home, especially in interpersonal relationships. The child will demonstrate a reduction in shame and healthy attachment behaviors.