



## INFORMED CONSENT FOR TREATMENT ATTACHMENT-FOCUSED FAMILY THERAPY

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/we do hereby seek and consent to participation in the outpatient treatment program for children with trauma-attachment difficulties provided by Healing Hearts Counseling Center, LLC. The models of treatment used were developed by Dr. Gregory Keck from the Attachment and Bonding Center of Ohio, Narrative Therapy by Joann May, and the model used in Dyadic Developmental Psychology.

The treatment model is based on the principal that children develop in a relationship and that the nature of the parent-child relationship is central to a child's healthy development. When a parent is attuned to the child's subjective experience, makes sense of those experiences for the child, and communicates those understandings back to the child, then the child's view of him/her self can change and develop. Children with early histories of chronic maltreatment have not had dyadic interactions that facilitate growth and healthy development. The effective treatment and parenting of traumatized children must be based on creating experiences that we know to facilitate healthy attachment. The principals and methods that follow are not an exhaustive listing, but will provide an understanding of this approach.

I have been advised that specialized attachment interventions are family focused and may include evaluations, assessments, individual counseling, adjunctive therapies, and supplemental services. An individualized treatment plan will be developed with my/our input and clinical services will be provided in accordance with that plan.

These services may include the following specific interventions depending on the individualized treatment plan. All services provided are based on the best clinical judgment of Healing Hearts Family Counseling Center's therapists and consultants. However, we understand and recognize there are not guaranteed outcomes, cures, or certainties that the effectiveness of any treatment intervention, despite the best clinical judgment, assessments, and treatment plans.

Therapy with closed-circuit monitoring:

Therapy takes place in two offices. One office is used for the child during the parent session. A closed-circuit camera is mounted above the door in the child therapy office. The monitor is in the therapist's office where the parent meeting takes place. The child is escorted to the child therapy room while the parents have their meeting with the therapist. The child is monitored by the camera while the session takes place.

The purpose of the use of a camera is to ensure safety (physical and emotional). Most children with Reactive Attachment Disorder are reactive to their parents even in a safe setting at a therapist's office. Thus Family Attachment Therapy and other forms of therapy for child with Reactive Attachment Disorder have found that the use of a one-way closed-circuit camera would help therapy sessions without the possibility of strong reactions to the adoptive parent (reactions such as hitting and being physically aggressive to the parent, tearing apart the therapy office, and verbal aggression). Other clinical reasons are that concerns may exist that the parent may be too critical or harsh or the parent may become too anxious about having their child "behave."

While the therapist meets with the parent, the child is usually given work to do in preparation for the session. While the child is completing the work, he is being monitored by his parents via closed-circuit camera. Such homework could be viewing part of a movie that relates to the life of the child, measurements, (but usually) coloring or artwork depicting feelings or how things went the previous week. The child can inform his parents he needs something by speaking as the monitor has volume and thus the parents can then respond to his needs.

The following is the protocol/procedure for use of the camera:

- 1) A camera is mounted in room 1 above the entrance door. The closed-circuit monitor is located in room 2 on a table in front of the parents.
- 2) The closed-circuit camera (without video taping abilities) is linked between room 1 and room 2. Co-directors Pat Ann St. Germain and Beth Whittemore are the only two who have keys and access to these offices. Rooms 1 and 2 are not used by any other therapist.
- 3) Any client in therapy in room 1 (where the camera is mounted) who is involved in attachment therapy is informed of the location of the camera in the room. That person is also shown where the camera is linked (room 2). Please be aware that if you are involved in family attachment therapy, the camera is on during the session and only room 2 has access to the camera.
- 4) If family attachment clients (either the child or the parent) are uncomfortable with the use of a camera, the following is in place:
  - a. If the child is fearful of not being able to see his or her mom during the parent session, the child is able to sit outside the clinician's office. The door is cracked so the child is in view and the parent is placed so the child can be in direct sight of the therapist. The child is placed on a square blanket to depict boundaries.

- b. If the parent does not like the idea of the child being alone while monitored by the camera during the parent session, the parent then has the option to bring someone to watch the child but still in room 1.
  - c. If the parent does not like the idea of a camera being used at all, the parent is asked to bring someone to watch the child during the parent session in the waiting room. Then the parent is in room 1 with therapist and child during the child session. The camera is not on and not being used.
  - d. If the child is very violent both verbally and physically (throwing things) toward or at the parent, then it could be recommended that it is not in the best interest of the child or parent to have the parent in the room. The parent will be informed of safety concerns and will be asked to monitor the session in room 2.
  - e. If the family desires not to use the camera and the therapist believes it is necessary due to safety issues, the family will thus be referred to another therapist.
- 5) The use of the camera in room 1 and room 2 is not used for any other type of therapy other than family attachment therapy.

Services may include any or all of the following:

- Principals.

1. Eye gaze, tone of voice, touch, movement, and gestures are used to communicate acceptance, safety, curiosity, playfulness, and love. These interactions are never used to threaten, intimidate, or coerce a child.  
*Cradling of a child is done to help a child feel safe, loved, and secure. It may be used to help a dysregulated child become regulated when other interventions are not working. The primary goal is to keep that child and others are kept safe. The intention is to sooth a child in the same manner that one may sooth a frightened, over-stimulated, or cranky toddler.*
2. Decisions and actions are undertaken to provide opportunities for success.
3. Opportunities of fun, joy, laughter, and enjoyment are provided through out the day.
4. Symptoms and problems are contained and the underlying affect accepted. The intention is to reduce shame. It is based on an understanding that these behaviors are based on the child's history of maltreatment and were adaptive responses to horrific environments. As the child's trust and sense of being accepted increase, the child's self-esteem will improve and gradually symptoms, avoidance, and controlling behaviors will diminish.
5. Resistance is accepted and contained, not shamed.
6. The parent's capacity to self-regulate is the model for the child. Therefore, it is important that parents be willing to explore their own attachment histories in order to be better able to help the child.

7. The child's cognitive understanding of the reasons for the child's problems helps the child develop a more integrated and coherent autobiographical narrative, which is an important element of health. Understandings are not excuses.
8. Parents must work hard to maintain empathy for the child. Each child is doing the best that child can do, given the child's history.
  - Contracting with the child and parents.
  - Treatment Planning and modification .
  - Education of the child and parents.
  - Processing the child and family's trauma.
  - Processing and working through the grief and loss experienced by the child and family.
  - Cognitive restructuring of the child and parents to challenge and re-pattern thought processes that interfere with healthy reciprocal relationships.
  - Therapeutic cradling of the child by the parents and/or therapist(s) focusing on nurturance and the attunement process.

*This is an across the lap nurturing cradling, as one would hold an infant. At Healing Hearts Family Counseling Center, we do not use wraps, compression holds, or holds that utilize provocative stimulation, i.e. screaming and/or painful stimuli. Therapeutic cradling is not the same as restraint. Restraints may be used only if the child is exhibiting imminent risk to harm self or others. Restraint techniques are solely for the purpose of maintaining the immediate safety of the child and others and do not resemble therapeutic cradling and is not a part of Attachment-Focused Family Therapy.*

- Interpretation "color commentary" of the child's life and decisions focusing on describing and expressing feelings while expanding the range of feeling that the child can recognize and utilize.
- Validation of the child's feelings while broadening the emotional options available to the child.
- Psychodrama, psychodramatic reenactment, and role-playing of prior significant events and trauma.

- Training the child and family to utilize empathy, nurturing, and reciprocity.
- Teaching the parents how to create a healing PLACE by being Playful, Loving, Accepting, Curious, and Empathic.
- Helping parents understand and address the parents' own family of origin issues and attachment history in order to become more effective parents.
- Strategic interventions utilizing paradoxical prescriptions.
- Modeling behaviors, expression of feelings and alternatives.
- Reparation for hurt and wrongs done in the past and present.
- Eye contact.
- Interrupting the child's behaviors.
- Talk for the child.
- Talking about the child.
- Consequences for child's behaviors (natural & logical).
- Elements of therapeutic parenting as described in *Building the Bonds of Attachment* and *Facilitating Developmental Attachment* by Daniel Hughes, PhD; *Attaching in Adoption* by Deborah Gray; and *Parenting from the Inside Out* by Dan Siegel, and *Parenting with Stories* by Joanne May. Not all elements in these texts are used by Healing Hearts Family Counseling Center's.
- Eye Movement Desensitization and Reprocessing
- Written assignments

THE FOLLOWING ARE INTERVENTIONS THAT WE DO NOT USE:

- Holding a child in anger and confronting the child.
- Holding a child to provoke an emotional response.
- Holding a child until the child complies with a demand.
- Shaming a child or eliciting fear to get compliance.
- Poking or provoking a child in order to get a response.

- Coercing a child to engage in long or painful physical activities in order to get compliance or a response.
- Wrapping a child, lying on top of a child, “rebirthing,” or similar techniques.
- Interventions based on power/control and submission.
- “Firing” a child from treatment because of non-compliance and punishing a child at home for being “fired” from treatment.
- Sarcasm or laughter at a child about the consequences being given the child.
- Interventions that are based solely on compliance; “Basic German Sheppard Training.”
- Blaming the child for one’s own rage.
- Labeling the child’s behaviors or symptoms as meaning that the child does not want to be part of the family and then making the child “suffer” the consequences by:
  - Sending the child away to live elsewhere until the child complies
  - Putting the child in a tent outside until the child complies.
  - Having the child eat in the basement until the child complies.
  - Making the child stay in the child’s room until the child complies.
  - Making the child sit motionless until the child complies.

I am aware that the practice of therapy or counseling is not an exact science and no guarantees have been made to me as to the result of treatment or services provided by Healing Hearts Family Counseling Center.

I have been advised that my participation in this program is entirely voluntary and I may terminate treatment at any time.

I acknowledge that I have had the services listed above and my client rights explained to me. I have received a copy of my Client Rights Statement.

---

Parent/Guardian Signature	Relationship to Child	Date
---------------------------	-----------------------	------

---

Parent/Guardian Signature	Relationship to Child	Date
---------------------------	-----------------------	------

---

Parent/Guardian Signature	Relationship to Child	Date
---------------------------	-----------------------	------

---

Parent/Guardian Signature	Relationship to Child	Date
---------------------------	-----------------------	------

---

Witness/Therapist Signature		Date
-----------------------------	--	------

---

Witness/Therapist Signature		Date
-----------------------------	--	------