

# **ATTACH INFORMATION**

## **ATTACH BASIC ASSUMPTIONS**

The primary goal of treatment with children and adults with attachment problems is to enable them to form healthy attachment relationships with their current and future families, and to resolve the dysfunctional feelings and behaviors developed in response to the early attachment breaks. Members of ATTACH represent a variety of treatment models about which there is a range of consensus. The following are basic assumptions about which there is general agreement.

### **WHAT WE BELIEVE ABOUT ATTACHMENT:**

- 1.Attachment is the fundamental building block of development, without which all other stages of development will be distorted. It impacts cognitive, neurological, social and emotional functioning. If a child does not establish basic trust in the early months, he/she may not form the type of reciprocal, responsive relationships necessary for effective functioning in areas such as marriage, parenting, therapy, education and employment. Attachment disruptions often place a child at high risk for other serious problems.
- 2.Security of attachment is on a continuum.
- 3.Attachment can occur between a child and a primary caregiver in a variety of alternative family constellations such as a foster family or an adoptive family. Attachment difficulties can occur in any family constellation; such as birth, adoptive, foster, step, etc.
- 4.Healthy attachment relationships include trust, empathy, reciprocal behaviors, attunement, communication, touch, and both physical and emotional closeness. Attachment therapy emphasizes these aspects of relationships among all participants: parents and child, parent and parent, therapist and child, and therapist and parents.
- 5.Unresolved issues about early traumatic experiences which have interfered with the formation of secure attachments may need to be explored and resolved so the child and/or family can be receptive to experiencing trust and the formation of sincere, secure, reciprocal relationships/attachments.

### **WHAT WE BELIEVE ABOUT CHILDREN:**

- 1.The child's primary attachments prenatally and during the first years of life provide the foundation for personality development.
- 2.A break or trauma in a child's in utero bond or early attachments often interferes with his/her ability to form subsequent attachments, and negatively influences the child's beliefs and behaviors about future relationships. Each child is a unique individual and may express attachment difficulties in a variety of ways.
- 3.Appropriate attachment treatment and parenting can relieve the effects of a break or strain in primary attachment.
- 4.Every child needs to grow up in a consistent, safe and nurturing environment which promotes healthy attachments.

### **WHAT WE BELIEVE ABOUT FAMILIES:**

- 1.The bulk of the work of healing attachment difficulties occurs at home, between the parents and the child.
- 2.Crucial to treatment progress is the parent's commitment to keeping the child in the family.
- 3.Parents deserve complete and unbiased information on a continuing basis and in a supportive manner.

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4. Families dealing with attachment difficulties need understanding and support from a variety of resources for their unique challenges.

### **WHAT WE BELIEVE ABOUT ATTACHMENT THERAPY:**

1. Attachment therapy is hard work for everyone involved.
2. This difficult work must occur within a therapeutic atmosphere that conveys safety, protection and hope and provides empathy and comforting to all family members as the work proceeds.
3. Both the child and the family must have a developmentally appropriate understanding of the therapeutic processes and goals.
4. Discovering the child's individual inner working model (beliefs about self, others and environment) is important for therapeutic success. The child can be helped to change negative life perceptions, and as a result change their responses to events and relationships.
5. As attachment and treatment are on a continuum, interventions should be flexible and specific to the needs, history and cognitive-emotional state of each member of the family.
6. Attachment therapy requires a family systems approach. The heart of this disorder is the child's relationship with their primary caregiver. Working with the family system is essential to the success of the child's treatment. It is insufficient to treat the child's clinical issues as the mechanism for forming an attachment with the primary caregiver. These issues did not cause the attachment disorder, and therefore correcting them is not sufficient to correct the disorder.
7. Parents may have problems which have to be understood and addressed if they are to help their child resolve attachment and other problems.
8. Parents and professionals together need to educate the various systems involved in a child's life and advocate for adequate funding.

### **ATTACH SAFETY PRINCIPLES**

ATTACH members are expected to apply the information they receive from ATTACH and other sources within a context of safety. As this principle is applied, the resulting strategies and procedures used by each member will be designed to monitor and safeguard the psychological, emotional, and physical well-being of everyone involved in the intervention process.

The touchstone that underlies all of ATTACH's safety principles is "...do no harm." The following principles provide examples of how this fundamental axiom would be applied. These principles do not represent an exhaustive list, but are presented in order to provide the clinician or parent guidelines for the multitude of individualized situations that might arise.

1. All participants involved in an intervention will ensure that the physical and emotional health and welfare of everyone involved in an intervention are monitored at all times.
2. Each person will be responsible for seeing that effective steps are taken to adjust or terminate an intervention process when there is any indication that someone's psychological or physical safety may be being compromised.
3. The child will never be restrained or have pressure put on them in such a manner that would interfere with their basic life functions such as breathing, circulation, temperature, etc.
4. Parents and/or other appropriate individuals should observe, participate in, and/or monitor the therapy process being utilized.
5. Touch will always be appropriate and used for therapeutic purposes. Sexual touch is never appropriate.
6. Therapeutic interventions will be carefully selected to protect the child from physical pain.

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7.No form of shaming, demeaning, or degrading interaction is acceptable as a therapeutic intervention.

8.Treatment options, such as holding, paradoxical interventions, and “sitting,” should never be used as punishment for perceived misbehavior.

It is never possible to anticipate all situations where the issue of the well-being of participants might be, or might become, an issue. Therefore everyone involved in the intervention process with a child and family is expected to use good clinical judgment coupled with good common sense. The following questions can be used throughout treatment to assist practitioners and parents in their decision-making process:

- 1.What am I trying to accomplish with this particular child and/or family?
- 2.Will this intervention contribute to what I am trying to accomplish?
- 3.Is there a less intrusive or less restrictive intervention that will accomplish the same purpose?
- 4.What, if any, safety issues should I consider when selecting an intervention for a child and their family?
- 5.What are the treatment implications when deciding not to use a specific intervention with a particular child and family?
- 6.How do I provide effective treatment interventions while at the same time maximizing the well-being and safety for everyone involved in the intervention process?
- 7.Is everyone involved in the intervention informed and appropriately prepared to carry out his or her part of the process?
- 8.Is the intervention being considered consistent with the Standards of Practice, Basic Assumptions, and Safety Principles of ATTACH?
- 9.Is the intervention being considered within the standards of practice, and ethical standards of the professional organization and licensing or certification body of each individual involved?