Center for Family Development

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Informed Consent
Dyadic Developmental Psychotherapy

Child's Name:____

D.O.B:____

I/we do hereby seek and consent to participation in the outpatient treatment program for children with trauma-attachment difficulties provided by The Center for Family Development. The model of treatment used is Dyadic Developmental Psychotherapy.

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 the communicates those understandings back to the child, then the child's view of him/herself 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 do provide you with an understanding of our 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 the Center for Family Development staff and consultants. However, we understand and recognize that there are no guaranteed outcomes, cures, or certainties about the effectiveness of any treatment intervention, despite the best clinical judgments, assessments, and treatment plans.

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, empathy, and love. These interactions are never used to threaten, intimidate or coerce a child.
    a. 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 ensure that the 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 made and actions are undertaken to provide opportunities for success.

3. Opportunities of fun, joy, laughter, and enjoyment are provided throughout 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 The Center for Family Development, 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 Dyadic Developmental Psychotherapy.

- 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.

- Validate 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).

- Creating Capacity for Attachment, edited by Arthur Becker-Weidman, Ph.D., & Deborah Shell, MA, Wood 'N' Barnes, OK 2005. Daniel Hughes Ph.D., Building the Bonds of Attachment and Facilitating Developmental Attachment, Attaching in Adoption by Deborah Gray, and Parenting from the Inside Out by Daniel Siegel. Note that not all elements in these texts are used or supported by The Center for Family Development.

- Eye Movement Desensitization and Reprocessing.
- Written assignments.

The following are interventions that we DO NOT USE:

1. Holding a child in anger and confronting the child.
2. Holding a child to provoke an emotional response.
3. Holding a child until the child complies with a demand.
4. Shaming a child or eliciting fear to get compliance.
5. Poking or provoking a child in order to get a response.
6. Coercing a child to engage in long or painful physical activities in order to get compliance or a response.
7. Wrapping a child, lying on top of a child, “rebirthing,” or similar techniques.
8. Interventions based on power/control and submission.
9. “Firing” a child from treatment because of non-compliance and punishing a child at home for being “fired” from treatment.
10. Sarcasm or laughter at a child about the consequences being given the child.
11. Interventions that are based solely on compliance; “Basic German Shepherd Training.
12. Blaming the child for one’s own rage.
13. 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:
    a. Sending the child away to live elsewhere until the child complies. Putting the child in a tent outside until the child complies.
    b. Having the child eat in the basement until the child complies.
    c. Making the child stay in the child’s room until the child complies.
    d. 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 The Center For Family Development.

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

I authorize The Center for Family Development to videotape any treatment conducted during the therapy.

I acknowledge that I have had the services listed above and my client rights explained to me as well as videotaping expectations for participation in treatment, and have had the opportunity to have any questions answered. I have received a copy of my Client Rights Statement.

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Signature (Parent or Guardian)

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Print Name

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Date

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Witness

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Therapist