Attachment-Focused Treatment Institute

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Consultant's Guide for the Review of Treatment Sessions Submitted

by a Therapist Applying for Certification as a

Certified Attachment-Focused Therapist or a Certified Attachment-Focused Family Therapist

When videos of treatment sessions are submitted to the Attachment-Focused Treatment Institute for Consultant to review, the Consultant will be utilizing the following guide in assessing to what extent the treatment session demonstrated principles and interventions that are characteristic of Attachment-Focused Therapy. The Consultant will assess whether or not the session reflected the various features of these three core domains:

1. **The Attachment-Focused Therapist-Client Relationship.**
2. **The Process of the Intersubjective Dialogue.**
3. **The Content of the Intersubjective Dialogue.**

In a given session all of the features of treatment are not likely to be present. Over the course of the sessions that are reviewed by the Consultant, it is expected that there will be evidence of the successful implementation of most, if not all, of these features. This list is not all-inclusive. Feedback will be provided regarding the therapist's strengths as well as suggestions on improving in the practice of Attachment-Focused Therapy.

I. The Attachment-Focused Relationship:

1. Was the therapist clear -- rather than ambiguous -- in giving expression to the therapist's experience of the clients?

2. Was there an obvious, ongoing, expression of PACE (Playful, Accepting, Curious, Empathic) in the therapist's attitude toward the clients? Was each feature of PACE evident in the session for each client?

3. Was the therapist's primary intention during the session to establish and maintain the intersubjective connection rather than problem solving?

4. Was it evident that the therapist was fully accepting the person of the client while exploring a behavioral 'problem' manifested by the client?

5. Was the therapist able to consistently manifest PACE toward both parent(s) and child so that both experienced safety throughout the session?

6. Was it evident that the therapist 'liked' both parent(s) and child?

7. Was it evident that both parent and child had a positive impact on the therapist?

8. Was it evident that the parent(s) and child were experiencing the therapist's positive experience of them?

9. Was it evident that the parent(s) was/were experiencing the therapist's positive experience of the child, and that the child was experiencing the therapist's positive experience of the parent(s)?

10. Did it seem evident that the therapist was fully in the 'here-and-now' over the course of the session?

11. When there was a break in the therapeutic relationship, did the therapist notice the break and then address and repair it?

12. Did it seem that the therapist was serving as an attachment figure for the parent(s) while both therapist and parent(s) are attachment figures for the child?

13. Was the therapist able to remain regulated and aware whenever beginning to react to the client with anger, fear, discouragement, or shame?

II. The Process of the Intersubjective Dialogue:

1. Are the therapist and client 'in-synch' with matched or concordant affect, attention, and complimentary intentions?

2. Is there a natural flow to the dialogue?

3. If the dialogue is starting to drift, does the therapist assume responsibility for initiating the flow again?

4. Does the dialogue integrate both affective and reflective features?

5. Are the affective features more primary early in the session and the reflective features later in the session?

6. Are the nonverbal expressions evident enough to create and carry the emotional communications of the dialogue?

7. Are the nonverbal and verbal communications congruent?

8. Are incongruent nonverbal-verbal expressions addressed by the therapist?

9. Is there a reciprocal quality to the dialogue?

10. When the client is 'resistant' to dialogue initiated by the therapist, does the therapist respond to the 'resistance' with PACE?

11. Is the therapist able to facilitate a similar intersubjective dialogue between parent and child?

12. Does the therapist utilize the interventions of 'talking for' and 'talking about' as ways to facilitate the parent(s)' and child's ability to enter the dialogue and to regulate their affective experience of their engagement?

13. Does the therapist 'deepen' experience through leading the child or parent(s) into the affective experience of an event rather than simply matching the experience?

14. Is there an appropriate 'pace' to the dialogue, moving from safety to stressful and back to safety, giving 'breaks' from increasing intensity when needed.?

III .The Content of the Intersubjective Dialogue:

1. Are all events -- positive and negative -- from the child's and parent(s)'s narrative invited and welcomed into the dialogue?

2. Have the parents' parenting and attachment histories been explored prior to working with the child? Was this sufficient to help parents be able to support each other in their efforts at therapeutic parenting?

3. If the parent's attachment history is not resolved, has it been addressed with movement toward resolution separately from the child before addressing the child's symptoms or trauma in the presence of the parent?

4. Does the therapist experience and enable the parent(s) to experience the child's strengths and perceived meanings that lie under the presenting symptoms?

5. Are intense emotions -- rage, despair, shame and terror as well as excitement, joy, and love -- co-regulated by the therapist.?

6. Is the therapist able to co-create with the child and/or parent(s) new meanings for past or present events associated with rage, despair, shame, and terror?

7. Has the therapist addressed parent-child conflict and symptoms in a manner that leads to relationship repair?

8. Are problems manifested by both parent(s) and child addressed and integrated into the narratives of each?.

9. When particular content is being avoided by parent(s) or child, does the therapist address the area avoided in a manner that leads to greater integration?

10. Are specific parenting recommendations given to the parent(s) when indicated?

11. When parenting recommendations are given, are they congruent with the principles of DDP?

12. When there are two parents, are both involved in the treatment and if they disagree, are their disagreements addressed? If only one parent is present in the session are there arrangements by that parent or therapist to communicate about the session with the absent.