

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

ATTACHMENT FOCUS	INTERVENTION	PURPOSE	RESOURCE
Anxiety	SLEEP	<ul style="list-style-type: none"> • Children ages 5 to 12 need 10-11 hours of sleep • About 69 percent of children 10 and under experience some type of sleep problem, according to the National Sleep Foundation's (NSF) 2004 <i>Sleep in America</i> poll • Poor inadequate sleep can lead to mood swings, behavioral problems (hyperactivity & cognitive problems) which impact their ability to learn in school • Sleep problems and disorders are prevalent at this age 	<p>http://www.sleepforkids.org/html/sheet.html</p> <p>http://www.sleepforkids.org/html/problems.html</p>
		<ul style="list-style-type: none"> • Melatonin can stabilize and promote normal sleep and daily bodily rhythms is presently certain. • Pineal stores of melatonin are typically released into the circulation when illumination diminishes, and may help explain why most of us sleep better when the lights are off. • Lack of sleep might increase behavioral and psychological problems during the day 	<p>http://www.webmd.com/balance/alternative-therapy</p> <p>Thomas (2002) Building Brilliant Brains through Bonding</p>
	EATING HABITS	<ul style="list-style-type: none"> • Cod Liver Oil and Omega 3 (increases energy and ability to concentrate) 	<p>http://www.healthvitaminsguide.com/natural-nutrients/cod-liver-oil.htm</p>
		<ul style="list-style-type: none"> • Clinical trials suggest that omega-3 fatty acids improve the outcome of depression. This study aimed to evaluate the association between intake of cod liver oil, rich in omega-3 fatty acids, and high levels of symptoms of depression and anxiety in the general population. 	<p>http://www.ncbi.nlm.nih.gov/pubmed/17184843</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		<ul style="list-style-type: none"> Looking at results from ACE study gives us a lot of information about Health Risks exist for persons with adverse childhood experiences (trauma). One of those risks is obesity and so eating healthy is really critical for this population. 	http://www.cdc.gov/ace/outcomes.htm
	<p>SELF CARE</p>	<ul style="list-style-type: none"> All parents, clinicians and kids need self care plans While I do not have an official form for a “self care plan” here is the general idea Get a schedule (like a weekly planner) and help a parent/therapist/supervisor schedule time each day for themselves ... if possible twice a day Then a make a list of different relaxation exercises they will try during this time ... and we process those (yoga, bubble baths, walking, Tai Chi, biofeedback practice, breathing, music) ... and the list goes on Then in therapy sessions (of clinical supervision) we track both if they are keeping to the to the schedule ... if so what has been important to do that, if not what gets in the way We also track the experience with the exercises and what seems to work well for them It is also important to develop a crisis self care plan ... in terms of “When I get to the end of my rope ... this is who I will call and these are the activities in which I will engage” 	<p>Potential Self Care Tools for Clients</p> <p>http://socialworktechblog.com/2011/05/25/making-a-self-care-plan-on-brushes-for-ipad-intervention/</p> <p>http://www.bettyfordcenter.org/uploaded-assets/pdfs/5starflash/FSF_CA_Summer_2009-06-12c.pdf</p> <p>Self Care Tools for Professionals</p> <p>http://www.greencross.org/index.php?option=com_content&view=article&id=184&Itemid=124</p> <p>http://www.socialwork.buffalo.edu/students/self-care/developing-maintenance-plan.asp</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

<p>Anxiety</p>	<p>Mindfulness</p>	<ul style="list-style-type: none"> • “Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgementally to the unfolding experience of the moment” (Kabat-Zinn, 2003, pp, 145-146) <p>Studies indicate mindfulness (Siegel, 2007)</p> <ul style="list-style-type: none"> – Improves capacity to regulate emotion – Combats Emotional Dysfunction – Improves patterns of thinking – Reduces negative mindsets – Enhances body functioning <ul style="list-style-type: none"> • Healing immune responses • Stress Reactivity • General Sense of Physical Well Being 	<p>Cites with Mindfulness Tools</p> <p>http://marc.ucla.edu/</p> <p>http://www.innerkids.org</p> <p>http://www.meditationgeek.org/2010/07/inner-kids-class-mindfulness-program.html</p> <p>http://www.thehawnfoundation.org/curriculum</p>
<p>Anxiety and Avoidance</p>	<p>Attachment Narrative Therapy (ANT)</p>	<ul style="list-style-type: none"> • “... explores the connections between the beliefs and stories about relationships and events from the perspective of everyone involved in the network of concern ... offers a clear framework for addressing developmental, emotional, and social implications of preferred ideas and action generated in therapeutic work” (p. vii-viii, Dallos, 2006) <p>Stages</p> <ol style="list-style-type: none"> 1- Creating a Secure Base 2- Exploring Problems <ol style="list-style-type: none"> a. Attachment Patterns and Injuries b. Memory Systems c. What was learned from experiences? d. Encourage Multiple Descriptions 3- Exploring Alternatives (Unique Outcomes) <ol style="list-style-type: none"> a. Re-storying attachment injuries b. Exploring corrective scripts c. Exploring future attachment narratives 	<p>Attachment Narrative Therapy (Dallos, 2006)</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		<p>4- Integration</p> <ul style="list-style-type: none"> a. Reflection of therapeutic experiences b. Future relapse planning c. Future support d. Negotiating Contact 	
	Family Attachment Narrative Therapy (FANT)	<p>Teaches parents and caregivers how to nurture their children and enhance feelings of safety for children through four types of narratives:</p> <ul style="list-style-type: none"> • Claiming Narratives • Developmental Narratives • Trauma Narratives • Successful Narratives 	http://www.familyattachment.com/pages/narrative.html
AVOIDANCE	Circle of Security (Evidence Base)	<p>Lasting change comes from parents developing specific relationship capacities rather than learning techniques to manage behaviors. The capacities needed for a secure relationship include:</p> <ul style="list-style-type: none"> ○ Observational skills informed by a coherent model of children’s developmental needs, ○ Reflective functioning and the ability to enter into reflective dialogue, ○ The ability to engage with children in the regulation of their emotions, ○ Empathy 	http://www.circleofsecurity.org/treatmentassumptions.html
	Video Taping Interactions between Child and Parent	<p>Many people, including ourselves, have difficulty seeing how they interact with their children and therefore changing the way they interact is difficult. By visually watching their interactions, you can assist them in looking at areas they need to change ... specifically how to be more attune and connected to their child</p>	

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	Attunement Exercises	Co-Regulation	
	Mirroring	Requires Eye Contact and Playing very close attention to other person (being in sync) ... not distractions of verbal interaction	These are activities that can be practiced with children in groups, children and caregivers and support attunement.
	Personal Space	Allows personal space to be taught in a more real way than “arms length” approach. Participants learn behaviors that bring others closer and distant others as well as can practice having the power to create distance and closeness with others depending on feelings of safety	
	Hula Hoop Races	Requires two persons to work together, Oxygen to the Brain, Laughter, allows for counselors to observe dyad interactions and using skills to coach caregiver and child OR peers in positive ways to be close (thus decreasing avoidance behaviors)	
	Standing Up Together	Requires two or more persons to work together, involves problem solving together, usually spawns feelings of pride and accomplishment (closeness) between participants, allows counselor to watch and support caregiver and child OR peers in positive ways to be close	
	Getting Untangled	Requires two or more persons to work together, involves problem solving together, usually spawns feelings of pride and accomplishment (closeness) between participants, allows counselor to watch and support caregiver and child OR peers in positive ways to be close	
	TEACHING TOUCH	Touch is such a powerful component of safety and attachment, and yet often our clients are never touched in therapeutic environments. If they are touched, it is usually in a punitive way. It is important to teach touch to clients who are often in treatment because of negative touching behaviors (EX: assault, abuse, etc.)	

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		<p>Key Points on Touch</p> <p>Child made aware of use of touch and that it is open to discussion Use of touch starts at a low level Touch used should be in context of situation</p> <p>Types of Touch</p> <ol style="list-style-type: none">1) Ritual Handshake<ol style="list-style-type: none">a. Affirm relationship connection or intuitional values2) Athletic<ol style="list-style-type: none">a. Occurs in process of activityb. Displays one skills3) Nurturing<ol style="list-style-type: none">a. Occurs in Daily Care4) Punishing: Slap, punch<ol style="list-style-type: none">a. Discharge emotion, someone bigger intruded on our space5) Intimacy-Evoking: Holding Hands<ol style="list-style-type: none">a. Personal pleasure, affirm intimacy6) Sexual<ol style="list-style-type: none">a. Personal pleasure, arousal, affirms intimacy	
--	--	---	--

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	HOLDING TECHNIQUES IN ATTACHMENT THEORY	<p>Two camps of holding experiences</p> <p>1) Zaslow’s theory that if pain and rage is brought out of child and at same moment child has direct eye contact with caregiver, induces attachment/bond between the two</p> <p>2) Bowlby theory that holding is about safety and security and caregiver creating that environment ... attachment can and will occur</p>	The Handbook of Attachment Interventions (Levy, 2000)
		<p>Theraplay</p> <p>Active techniques that focus on parent child interactions</p> <ul style="list-style-type: none"> • Involves fun games • Developmentally challenging activities • Nurturing Activities <p>Focus on co-regulation, caregiver regulate child</p>	http://www.theraplay.org/8400.html
	“Ice Story” with Caregivers	<p>Supporting caregivers in really understanding what a trauma is like for an a child and their attachment relationships is key to helping them tolerate and move through these children’s rejection and often abuse of them. They need to know what it is about and that the message that is coming out in conduct problems is really about:</p> <ol style="list-style-type: none"> 1) Testing to see if the caregiver is strong enough to stay 2) Fight/Flight/Freeze Behaviors that allowed them to survive before <p>(EX: Antwon Fisher and Good Will Hunting movies)</p>	<p>Nancy Thomas</p> <p>Can locate “Ice Story” and other important information via Nancy Thomas’s website ... http://www.attachment.org ... this story is taken from Nancy Thomas’s Book “When Love is Not Enough” (1997) (page 15)</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

TRAUMA WORK	INTERVENTION	PURPOSE	RESOURCE
TEACHING ABOUT TRAUMA	Happy/Terrified Child	<p>Useful with caregivers and clients in helping them understand how we want to their body to work and how it does work because of what they have been through ...</p> <p>Also teaching parasympathetic and sympathetic brain (gas and brakes)</p> <p>Based on Ledoux’s original work on the emotional brain, can draw the cycle even without all the chemicals with client and caregiver to show relationship with Hippocampus and Amygdala</p>	<p>Dr. Brian Post’s Stress Model can also be useful in explaining these concepts but is not presented here ...</p> <p>http://www.postinstitute.com/resources/the-stress-model.html</p>
	Teaching Trauma Outcome Process	<p>Joann Schladale is well known as a trainer and practitioner and leader in work with youth who cause sexual harm and helping youth look at the impact of trauma on current behavior</p> <p>She has resources for working with trauma outcome process (her TOP workbook is excellent) and her facilitator manual is online</p>	<p>Joann Schladale, Resources for Resolving Violence, Inc. Freeport Maine (207-865-3111)</p> <p>schladale@aol.com</p> <p>http://resourcesforresolvingviolence.com</p> <p>http://www.resourcesforresolvingviolence.com/TOP_SHmanual.pdf</p>
	Ricky Greenwald’s Trauma Informed Offense cycle	<p>Trauma and Juvenile Delinquency: Theory, Research and Practice ... excellent resource ... book is edited by Ricky Greenwald who is also involved with the Child Trauma Institute which provides a lot of resources</p> <p>Two books that are great direct practice books with tools and guided interventions using this approach are:</p> <ol style="list-style-type: none"> 1) Child Trauma Handbook 2) “A Fairy Tale” (Trauma Intervention Model) 	<p>http://www.childtrauma.com</p> <p>Note: purchasing Child Trauma Handbook and reading and taking exam can be 18 CEU credits through his organization!! (See information on site)</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	Bruce Perry	<p>Lots of resources on his site... presented today is Bruce Perry's continuum of adaptive responses to threat from a textbook ... chapter entitled <i>The Neurodevelopmental Impact of Violence on Children</i> (p. 238)</p> <p>Child Trauma Academy also has batteries of assessment and outcome evaluation tools that are of interest to our work</p>	<p>http://www.childtrauma.org</p> <p>http://www.projectabc-la.org/dl/NeurodevelImpact.pdf</p>
ANXIETY	Art	Art therapy techniques such as visual journaling, simple drawing techniques, collage work and mandalas can assist in trauma recovery work	<p>Resources for Art Tools</p> <p>http://www.nytimes.com/2007/09/17/arts/design/17ther.html?_r=1&ref=todayspaper&oref=slogin</p> <p>http://abgoodwin.com/mandala/links/creating.html</p> <p>http://www.soulfulliving.com/mandala_blessings.htm</p> <p>http://www.free-mandala.com/en/start.html</p>
	EMDR	<p>"Shapiro proposes that EMDR can assist to successfully alleviate clinical complaints by processing the components of the contributing distressing memories. These can be memories of either small-t or large-T traumas. Information processing is thought to occur when the targeted memory is linked with other more adaptive information. Learning then takes place, and the experience is stored with appropriate emotions, able to appropriately guide the person in the future. A variety of neurobiological contributors have been proposed^{4,5,6,7,8} (http://www.emdr.com/theory.htm)</p>	<p>http://www.emdr.com/shapiro.htm</p> <p>http://www.emdr.com</p>
	Progressive Counting	Dr. Greenwald's technique of trauma reprocessing that in early research is showing some equally beneficial results to trauma reprocessing as EMDR	http://www.childtrauma.com/pc.html
	Trauma Informed CBT	Trauma-Focused Cognitive-Behavior Therapy—or TF-CBT—was developed by Drs. Judy Cohen, Esther Deblinger, and Anthony Mannarino	http://tfcbt.musc.edu/

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		<p>Website Online Courses states that TF-CBT can support ...</p> <ul style="list-style-type: none"> • “ Providing education to children and their caregivers about the impact of trauma on children and common childhood reactions to trauma • Helping children and parents identify and cope with a range of emotions • Developing personalized stress management skills for children and parents • Teaching children and parents how to recognize the connections between thoughts, feelings and behaviors • Encouraging children to share their traumatic experiences either verbally, in the form of a written narrative, or in some other developmentally appropriate manner. • Helping children and parents talk with each other about the traumatic experiences • Modifying children's and parents' inaccurate or unhelpful trauma-related thoughts, and • Helping parents develop skills for optimizing their children's emotional and behavioral adjustment “ 	
	<p>Culture Context of Trauma Informed Practice</p>	<p>Information that looks at how to apply trauma informed principles in culturally sensitive ways to certain groups ... a good table to look at ...</p>	<p>http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TF-CBT-CTG_Culture_4-27-07.pdf</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

BRAIN BASED WORK	INTERVENTION	PURPOSE	RESOURCE
TEACHING ABOUT THE BRAIN	Teaching Brain Functions (Bottom to Top, Side to Side, and Lobe to Lobe)	To support clients, caregivers and mental health professionals in seeing connection between bio and psychosocial ...	<ul style="list-style-type: none"> - Neurfeedback Video (can be found on Essential Learning) - Perry PET Scans - Happy/Terrified Child - Building Brains Through Bonding Video (http://www.attachment.org/)
	Amen Clinic	<p>Lots of resources and tools for teaching about the brain</p> <p>View Spect Scans that are based on DSM-IV diagnoses and MH issues ... supports with clients and families connection behind “brain work”</p>	<p>http://www.amenclinics.com</p> <p>http://www.amenclinics.com/brain-science/spect-image-gallery/</p> <p>http://www.amenclinics.com/my-brain-health/</p>
ANXIETY	Journaling with 2 hands	Some clinicians (and myself) have had clients keep picture and word journals and write with different hands so that the left and right brain can pull up memories and express those memories. Different experiences of the memory come out.	<p>Drawing from the Right Side of Your Brain</p> <p>http://www.amazon.com/New-Drawing-Right-Side-Brain/dp/0874774195/ref=pd_bbs_sr_1?ie=UTF8&s=books&qid=1203700190&sr=1-1</p>
	Biofeedback	Self Regulation	<p>Wild Divine Project</p> <p>http://www.wilddivine.com/</p> <p>Future Health (BioQ Ring)</p> <p>http://www.futurehealth.org/stressma.htm</p>
	Neurofeedback	Self Regulation	<p>EEG Spectrum</p> <p>http://www.eegspectrum.com/</p>
	Yoga	Self Regulation	<p>http://www.traumacenter.org/clients/yoga_svcs.php</p> <p>http://www.traumacenter.org/research/research_overview.php</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	Meditation	Self Regulation	<p>Daniel Siegel</p> <p>http://www.amazon.com/Mindful-Brain-Reflection-Attunement-Cultivation/dp/039370470X/ref=pd_bbs_1?ie=UTF8&s=books&qid=1203700097&sr=1-1</p> <p>http://www.meditation-ptsd.com/</p>
	Breathing Exercises	Self Regulation	<p>http://www.mindtools.com/pages/article/newTCS_05.htm</p> <p>http://www.allaboutdepression.com/relax/</p>
	Hand Warming	Self Regulation	http://www.expertvillage.com/video-series/1442_stress-hand.htm
COGNITIVE INFLEXIBILITY	Trampoline	<p>Recommendations from Nancy Thomas after her reading of neuroscience literature and over 20+ years of experience of being a therapeutic foster care parent for children with extensive trauma histories including reactive attachment disorder</p>	<p>Nancy Thomas</p> <p>When Love is Not Enough</p> <p>http://www.attachment.org/</p>
	Equine Therapy		
	Oxygen to the Brain (Laughter)		
	Strong Sitting		
	Legos/Lincoln Logs		

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

REACTIVE ATTACHMENT DISORDER

Specific Attachment Work	Interventions	Purpose	Resources
COGNITIVE INFLEXIBILITY	Same as listed before	Same as listed before	Same as listed before
LOVE and LOGIC <ul style="list-style-type: none"> • Supporting Strength • Containment 	“Getting strong”	Framing approach for caregivers as responding to signals, not threats Building child’s engagement in activities based on child’s signals that they are ready “strong”	Nancy Thomas <u>When Love is Not Enough</u> http://www.attachment.org/
	Containment and Consistency	Taking cues that child is now in an environment that is triggering them, and they need safety limits and support calming down REMEMBER: In order to explore, learn and promote problem solving and empathy ... they first must feel safe and that caregiver (authority figure) can make them safe	

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	<p>“Happy Eyes”</p>	<p>Always check self in terms of being in a positive place and not giving child power over your emotions ... show “Happy Eyes” when giving directions</p> <p>EX: “What do I want you to do?”</p> <p>Importance of Eye Contact and Positive Touch</p>	
	<p>Units of Concern</p>	<p>Give those back to child ... don’t become “fun-sucked”!!</p>	<p>Example:“I can see you are <u>choosing</u> to tear up your toys instead of play with them, let me make sure you have what you need to clean that up and then do some extra chores to pay back the family for the cost of what you destroyed. When you are all done with that and are ready to have fun with the family, we will be over here playing a game... We are really going to be having a lot of fun and <u>hope you choose to be fun</u> and come be fun with us when you are done cleaning up and doing your chores. ”</p>
<p>Establishing Bond</p>	<p>Sweets with caregiver only</p>	<p>Concept that one way of bonding is through sweetness ... breast milk is very sweet, may bring out positive chemicals that are related to bonding. Have sweets be something special only occurring between child and</p>	<p>Nancy Thomas <u>When Love is Not Enough</u> http://www.attachment.org/</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		primary caregiver	
	Holding ... again this concept will be seen in much of the Attachment Literature ...	<p>2 schools of thought</p> <ul style="list-style-type: none"> • Bringing up emotion and hold child using eye contact to release memory and increase bonding • Having special safe time each day where child is cradled in arms, there is positive touch and eye contact (bonding time) 	<p>http://www.theraplay.org/</p>
	Imaginary Connection	<p>Children fear that connection is lost when attachment figure is not there (imagine the baby who cannot see themselves in the mirror) ... you create a transfer object that keeps parent in child's pocket</p> <p>EX: matching rings, caregiver sends a Hershey Kiss each day with child (only one who can give sweets), bracelet or necklace ... something made by caregiver with child</p>	

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

	<p>Focus on creating bond between caregiver and child NOT therapist and child</p>	<p>Therapists and workers should always be promoting bond between caregiver and child</p> <p>EX: complimenting caregiver and talking about what a “Strong” Mom and/or Dad they have; Framing work around getting strong to be with Mom and/or Dad</p>	
	<p>Parent Child Interaction Technique (PACT)</p>	<p>PCIT outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children: After treatment, children’s behavior is within the normal range. Studies have documented the superiority of PCIT to waitlist controls and to parent group didactic training. In addition to significant changes on parent ratings and observational measures of children’s behavior problems, outcome studies have demonstrated important changes in the interactional style of the fathers and mothers in play situations with the child. Parents show increases in reflective listening, physical proximity, and prosocial verbalization, and decreases in sarcasm and criticism of the child after completion of PCIT. Outcome studies have also demonstrated significant changes on parents’ self-report measures of</p>	<p>http://pcit.php.ufl.edu</p>

RESOURCES FOR INTERVENING with ATTACHMENT, TRAUMA and BRAIN BASED ASPECTS OF PROBLEMS OF CONDUCT

Table of Resources Developed by Allison Sampson, PhD

		psychopathology, personal distress, and parenting locus of control. Measures of consumer satisfaction in all studies have shown that parents are highly satisfied with the process and outcome of treatment at its completion.	
--	--	--	--