

OCCUPATIONAL AND PROFESSIONAL
LICENSURE REVIEW APPLICATION
FOR
UTAH ASSOCIATION OF ATTACHMENT HOLDING THERAPISTS

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SECTION A: APPLICANT GROUP INFORMATION

1. **What occupational group is seeking regulation? Identify by name, address, and associational affiliation the individuals who should be contacted when communicating with this group regarding this application.**

UTAH - Utah Therapists for Attachment and Holding.

Attachment Holding Therapy Board
Lawrence L. Van Bloem
c/o 1145 East 800 North, Orem, Utah 84097
Phone: 801-229-2218
Fax: 801-229-2213
E-mail: Cascade@attach-bond.com

2. **List all titles currently used by Utah practitioners of this occupation. Estimate the total number of practitioners now in Utah and the number using each title.**

Licensed Clinical Social Worker
Marriage & Family Therapist
Attachment Holding Therapists
Estimated practitioners - 3-5

3. **Identify each occupational association representing current practitioners in Utah and estimate its membership. For each, list the name of any associated national group.**

Utah Therapists for Attachment and Holding - For membership, see Appendix 1
ATTACH: Association for Treatment and Training in the Attachment of Children
- (National Organization) - 505 Members as of October 16, 2002.

4. **Estimate the percentage of practitioners who support this request for regulation. Document the source of this estimate.**

100% of Utah Therapists for Attachment and Holding via individual verbal confirmation; see attached list, see Appendix 2. Also support nationally and outside of the practitioners, see Appendix 2.

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5. Name the applicant group representing the practitioners in this effort to seek regulation. How was this group selected to represent practitioners?

Attachment Holding Therapy Board. It was formed on 24 September, 2002, by election, with the intent to seek representation, regulation and licensure. An Interim Board was formed with the understanding that board membership may change by law, but with the intent to begin the regulatory and licensure process. The Attachment Holding Therapy Board was formed in compliance with preliminary By-laws, those By-laws subject to approval and/or revision by DOPL and in accordance with state law.

6. Are all practitioner groups listed in response to question #3 represented in the organization seeking regulation? If not, why not?

Yes. The Utah Therapists for Attachment and Holding are seeking regulation and are members of ATTACH, but not all ATTACH membership will seek regulation. Please note that most of ATTACH membership is outside the state of Utah.

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SECTION B: CONSUMER GROUP INFORMATION
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7. **Do practitioners typically deal with a specific consumer population? Are clients generally individuals or organizations? Please provide documentation.**

Yes. Clients are individuals seeking therapy: children and adults who have experienced trauma and neglect. The client breakdown is approximately as follows:

Though individual client information would not be appropriate due to confidentiality, the approximate breakdown of clientele is as follows:

- 90% adopted
- 85% experiencing deprivation/neglect/abuse
- 80% RAD (Reactive Attachment Disorder)
- 45% multiple diagnoses

8. **Identify any advocacy groups representing Utah consumers of this service. List also the name of applicable national advocacy groups.**

SAFF Care: Safe Adoptive Families for Children At-Risk Emotionally.
PO Box 371
Cedar Fort, UT 84013
(801) 836-1542

ATTACH: Association for Treatment and Training in the Attachment of Children
PO Box 11347
Columbia, SC 29211
866-453-8224

9. **Identify any consumer populations not now using practitioner services who are likely to do so if regulation is approved.**

Attachment Holding Therapists are currently utilized by patients who have experienced abuse and neglect, specifically severe special needs children, usually adopted through DCFS in various states, International orphanage situations or of other traumatic background. The same groups using practitioner services now will be using the services in the future provided by the practitioners at an

1 established level of competency set in a licensure program, most likely in larger
2 numbers.

3
4 **10. Does the applicant group include consumer advocate representation? If so,
5 please provide documentation. If not, describe the efforts, if any, made to
6 include such representation.**

7
8 Yes. See Board Membership (Appendix 1) and By-laws (Appendix 3).

9
10 As per the bylaws of the Attachment Holding Therapy Certification Board:

11
12 “(b) Each Board shall consist of five members as follows: three certified
13 Attachment Holding Therapists as defined in Section 3 (4), one expert or
14 individual involved in training and education of Attachment Holding Therapists
15 under these Bylaws, and one individual who has received Attachment Holding
16 Therapy as defined in Section 3 (1).”

17
18 **11. Name any non-applicant groups opposed to or with an interest in the
19 proposed regulation. If none, indicate efforts made to identify them.**

20
21 We know of no groups who are opposed. We expect the following groups will
22 have an interest in the proposed legislation.

23
24 ATTACH
25 SAVY (Stop America’s Violent Youth) - Nancy Thomas
26 ADPN (Attachment Disorder Parent Network) - Gail Trenbreth
27 UTAH (Utah Therapists for Attachment and Holding)
28 Eagle Forum
29 Utah Association of Social Workers
30 Utah Association of Marriage and Family Therapists
31 Utah Psychological Association
32 Utah Association Licensed Professional Counselors
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SECTION C: SUNRISE CRITERIA

I. The unregulated practice of the occupation or profession has clearly harmed or may harm or endanger the health, safety, or welfare of the public and the potential for harm is easily recognizable and not remote.

12. What is the nature and severity of the harm to the public? Please provide documentation for any physical, social, intellectual, financial, or other consequences to consumers resulting from incompetent practice.

Although Restraint Therapy has been identified by non-participants as the cause of physical and emotional harm, in actuality, this is not the case. No deaths have been caused by restraint therapy but by a different process altogether (i.e. Newmaker, Colorado), by abusive parents (i.e. Tibbets in Utah), or by possible abuse or accident (i.e. Killpack in Utah) not by restraint practices. The potential for emotional harm and/or physical harm does exist if the therapist is not appropriately trained or supervised directly. As is pointed out by the Tibbets and Killpack deaths, parents have also caused harm to their children.

13. How likely is it that harm will occur? Cite cases or instances of consumer injury. If none, how is harm currently avoided?

The public benefit of this current licensure initiative is to ensure that unqualified individuals do not perform outside of their qualifications. Harm is unlikely if done by trained professionals, however, this practice should not be done by those who have no practical and extensive training. Don Tibbets, an untrained parent claims he was doing therapy when his child died. The court found he was abusive, not therapeutic. In therapeutic practice, there has been no harm. Though Cascade Center was associated with Cassandra Killpack in the media, the County Attorney's Office has cleared any liability on the part of Cascade. Candace Newmaker's death was caused by an unlicensed therapist doing "therapy" in no way connected to holding therapy or any of its practices. We use training, supervision, experience, and ongoing scientific studies and research. Please see requirements, training, etc. as required in the By-laws of the Attachment Holding Therapist and those of ATTACH (Appendix 3; Appendix 4)

1 **14. What provisions of the proposed regulation would preclude consumer**
2 **injury?**
3

4 Consumers may still be injured by unlawful conduct, as is the case today.
5 However, the proposed legislation requires licensees to have a masters degree in a
6 mental health field. Additionally, training, supervision and continuing education
7 must be required. The entire purpose of the licensure is to protect the health and
8 well being of the consumer. Additionally, the proposed legislation provides
9 penalties for unlawful conduct by licensed Attachment Holding Therapists or for
10 those who unlawfully hold themselves out to be qualified or licensed who cause
11 consumer injury or emotional damage. (See Appendix 3)
12

13 It has been stated that "...those who offer it or participate in it always operate
14 outside public scrutiny." (Christopher Barden, Deseret News, September 20,
15 2002). While we disagree with this assessment, it is believed that licensure will
16 bring it within the purvey of public scrutiny in a way that ought to be satisfactory
17 to Mr. Barden as well as those who are concerned.
18

19 **15. Is there or has there been significant public demand for a regulatory**
20 **standard? Please provide documentation.**
21

22 Yes. A significant public demand exists where public health, safety and welfare
23 requires protection. Utah's law will likely be used as a model in other states.
24 Families with special needs children are under an incredible amount of stress and
25 without proper and effective treatment, have taken extreme measures (Tibbets,
26 Killpack) and this situation is not unique to Utah. These parents need help, but
27 they must have competent, experienced and safe assistance. Please refer to
28 Senator Parley Hellewell, Representative Jim Ferrin, Representative Dave Cox,
29 Representative Mike Thompson, SAFF Care, adoptive parents, and the media
30 reports of late. All parties concerned wish for regulation.
31
32

1 **II. *The public needs, and can reasonably be expected to benefit from, an assurance***
2 ***of initial and continuing professional or occupational competence.***
3

4 **16. What specific benefits will the public realize if this occupation is regulated?**
5 **Indicate clearly how the proposed regulation will correct or preclude**
6 **consumer injury. Do these benefits go beyond freedom from harm? If so, in**
7 **what way?**
8

9 Competent practice will improve practices which affect public health and safety.
10 Services which are not readily available at this time will become more accessible
11 preventing further erosion to the individual's lives as well as society. Better
12 regulation of practitioners will provide higher quality treatment as well as address
13 the concerns of the Legislature and other mental health professionals.
14

15 These benefits for the patients also include the right to live a normal, functioning
16 life with healthy attachments and the ability to bond to their families and children.
17 The benefits to those who receive treatment would also include less violence and
18 more behaviors which are beneficial rather than detrimental to society. For some
19 families, treatment for their children means the difference between keeping and
20 maintaining a child in the home or youth correction facilities, foster care,
21 residential treatment programs or other out-of-home options.
22

23 Additionally, as seen recently with the Killpack family, families and children
24 without proper help and solutions damage their children, this time at the expense
25 of a child's life. It appears that had the Killpacks received appropriate treatment
26 some months in advance, the outcome might have been very different.
27

28 **17. Which consumers of practitioner services are most in need of protection?**
29 **Which require least protection? Which consumers will benefit most and**
30 **least from regulation?**
31

32 The public in general is in most need of protection afforded through professional
33 occupational competence. We believe there is no difference between any
34 consumer and their need for protection from unprofessional and untrained
35 practitioners. Consumers who benefit most are those who exhibit the greatest
36 degree of pathology—those of our population who are violent, without conscience,
37 unable to maintain in normal family situations, in other words, those who benefit
38 most are those for whom society will pay the highest cost later in life. This does
39 not mean that others would not benefit—it is important for children and adults to
40 heal from trauma and abuse so as not to repeat the cycles of abuse in the next
41 generation and to enjoy the benefits of a healthy, happy life.
42

1 **18. Provide evidence of “net” benefit when the following possible effects of**
2 **regulation are considered:**
3

4 In general, the public benefit of this current licensure initiative is to ensure that
5 unqualified individuals do not perform outside of their qualifications.
6

7 **a. Restriction of opportunity to practice.**
8

9 The purpose of licensing is to qualify those individuals in their
10 competency to practice Attachment Holding Therapy and to protect and
11 promote the health, safety, and general welfare of the citizens of Utah.
12 The public will directly benefit from a system that restricts the ability to
13 practice restraint therapy to only licensed professionals and provides
14 safety, better practice and healthier clients.
15

16 Further, by regulating the profession, those individuals who have obtained
17 a license and are subsequently found, through their practice to be
18 incompetent or adversely affecting the health, safety and welfare of Utah
19 citizens, can be disciplined or have their license revoked.
20

21 **b. Restricted supply of practitioners**
22

23 The supply of practitioners is already restricted. There are only a few
24 practitioners who currently use restraint therapy in Utah. The “net” benefit
25 is that only well trained practitioners may practice, preventing unlicensed
26 practitioners from harming clientele.
27

28 **c. Increased costs of service to consumer**
29

30 The relatively low licensure fees are unlikely to be passed on to the
31 consumer as an increase in the cost of services. The increased cost would
32 be negligible, if at all. If a cost exists, the benefits would far outweigh the
33 financial obligation of the practitioner. (See Appendix 5)
34

35 **d. Increased governmental intervention in the marketplace**
36

37 Increased governmental intervention in the marketplace will occur only to
38 the extent that licensed Attachment Holding Therapists are required by
39 Utah Administrative Code, local code, and municipal code. The benefit of
40 increased government regulation is a greater accessibility of this
41 profession to the public and standards which would make the practice safe
42 and more effective for all clients who request this modality.

1 **III. *Regulation of the profession or occupation does not impose significant new***
2 ***economic hardship on the public, significantly diminish the supply of qualified***
3 ***practitioners or otherwise create barriers to service that are not consistent with***
4 ***the public welfare or interest.***
5

6 **19. How many people seek services annually from this occupation? Will**
7 **regulation of the occupation affect this figure? If so, in what way?**
8

9 Cascade Center for family Growth has an annual patient base of approximately
10 200 clients on an ongoing basis (more than two months) and an additional 150 on
11 a short term basis (less than two months). We expect regulation of this practice to
12 increase the number of consumers seeking services. The business reasons or
13 public health and safety issues requiring an Attachment Holding Therapist's
14 expertise will remain constant.
15

16 **20. What is the current cost of the service provided (per episode or visit)?**
17 **Estimate the total amount of money spent annually in Utah for the services of**
18 **this group. How will regulation affect these costs? Provide documentation**
19 **for your answers.**
20

21 Costs range between \$76.50 to \$110 per hour, depending on the practitioner.
22 Total amount spent annually is unavailable as clients do not use "holding therapy"
23 exclusively, but only as necessary. We expect regulation effect to be minimal due
24 to the relatively low cost of licensure. Insurance rates are expected to go down,
25 thus decreasing the therapists' overall cost. (See Appendix 5 and Appendix 6)
26

27 **21. Provide a cost analysis supporting regulation of this occupation. Include**
28 **costs to provide adequate regulatory functions during the first three years**
29 **following implementation of this regulation. Assure that at least the**
30 **following have been included:**
31

32 **a. Costs of program administration, including staffing**
33

34 Estimation of costs will be provided by DOPL and has not been provided
35 as yet, however, due to the relatively low number of practitioners, the cost
36 is expected to be negligible.
37

38 **b. Costs of developing and/or administering examinations**
39

40 No cost to develop the examination – the Attachment Holding Therapy
41 Board will develop the examination and review it each year with questions

1 solicited from membership of ATTACH and the Utah Association of
2 Attachment Holding Therapists annually.

3
4 DOPL will make an estimate of administering the test. If the test is
5 administered by the board, it will be administered annually at a cost of
6 \$150.00 per test.

7
8 **c. Costs of effective enforcement programs**

9
10 The first step in effective enforcement is a citation and hearing to resolve
11 issues. In cases in which this was ineffective, the therapist for whom the
12 enforcement is directed has paid the costs of enforcement. All costs of the
13 court, judge, fines, restitution to the damaged people and the state board
14 are paid by the therapist.

15
16
17 **22. Does adoption of the requested regulation represent the most cost-effective**
18 **form of regulation? Indicate alternatives considered and costs associated**
19 **with each.**

20
21 Yes. The cost of the requested regulation will be offset by the amount of
22 licensing fees collected from applicants and renewals. However, we believe that
23 for other reasons than cost, this is the only way to appropriately regulate
24 Attachment Holding therapy practices. Certification was considered, but it would
25 not disallow other citizens from initiating this practice. When no therapists are
26 available, parents have done holding in their own homes. Parents who are not
27 trained can have difficulty in containing their own anger at the child and can put
28 the child's health, safety and welfare at risk. A greater availability of therapists
29 will help the children to be safer and to heal, and in turn, so will the parents.
30
31

1 **IV. *The occupation requires possession of knowledge, skills, and abilities that are***
2 ***both teachable and testable.***

3
4 **23. Is there a generally accepted core set of knowledge, skills, and abilities**
5 **without which a practitioner may cause public harm? Please describe and**
6 **document.**

7
8 An integrated understanding of the components listed in the ATTACH Code of
9 Ethics (see Appendix 4) and the Attachment Holding Therapy Board Bylaws (see
10 Appendix 3 #14) is mandatory to avoid public harm. According to the Bylaws of
11 the Attachment Holding Therapy Board, a therapist must fulfill the following
12 requirements:

13
14 **License by endorsement.** The board shall issue a certification by endorsement
15 under this chapter to a therapist who:

16
17 (1) submits an application on a form provided by the board;

18
19 (2) pays a reasonable fee determined by the board;

20
21 (3) if licensure is required to practice mental health therapy under the therapist's
22 local governmental law, the therapist provides documentation of current licensure
23 in good standing in any state, district, or territory of the United States or state,
24 district, province, or territory of the world to practice mental health therapy

25
26 (4) provides documentation of having been actively engaged in the legal practice
27 Attachment Holding Therapy, under supervision by a board certified Attachment
28 Holding Therapist for not less than 6000 hours during the five years immediately
29 preceding the date of application for certification by the board with 750 hours
30 supervised directly by a certified Attachment Holding Therapist being in direct
31 line of sight and observing and directing as the therapist/applicant practices
32 Attachment Holding Therapy;

33
34 (5) has completed course work and training identified and published by the board.

35
36 (6) has passed the examination required of a new applicant; and

37
38 (7) is of good moral character and professional standing, and has no disciplinary
39 action pending or in effect by the board or any other mental health related
40 organization and no disciplinary action in effect against the applicant's local
41 governmental mental health license in any jurisdiction.
42

1
2 **24. What methods are currently used to define the requisite knowledge, skills,**
3 **and abilities? Who is responsible for defining these knowledge, skills, and**
4 **abilities?**

5
6 The Attachment Holding Therapy Board will be responsible for defining the
7 knowledge, skills and abilities required. Methods currently used to define are
8 those outlined by ATTACH. (See Appendix 4).
9

10 **25. Are the knowledge, skills, and abilities testable? Is the work of the group**
11 **sufficiently defined that competence could be evaluated by some standard**
12 **(such as ratings of education, experience, or exam performance)?**
13

14 Yes, knowledge and skills are testable, but skill development and abilities must be
15 supervised and developed in an apprenticeship by a supervisor. Yes, competence
16 can be evaluated by a combination of education, experience, references,
17 performance on a standardized exam and through evaluation by a supervisor.
18

19 **26. List institutions and program titles offering accredited and non-accredited**
20 **preparatory programs in Utah. Estimate the annual number of graduates**
21 **from each. If no such preparatory programs exist within Utah, where are the**
22 **most accessible locations offering such programs?**
23

24 One specific to Attachment Holding Therapy. Since a Masters level degree in the
25 mental health field is one of the requirements for licensure as an Attachment
26 Holding Therapist, any accredited college or university can fill that requirement.
27 Additional training and education must be acquired through required reading,
28 conferences and workshops, direct supervision and apprenticeship. The
29 Attachment Holding Therapist Board will develop and provide a training program.
30 Additionally, it can be obtained at the following facility.
31

32 Children Unlimited
33 1825 Gadsden St,
34 Colombia, SC 29201
35 (803) 799-8311
36 8-10 graduates per year
37

38 **27. Apart from the programs listed in question 26, indicate other methods of**
39 **acquiring requisite knowledge, skill and ability. Examples may include**
40 **apprenticeships, internships, on-the-job training, individual study, etc.**
41

42 Please see question #26. A baccalaureate and a master's degree are the minimum

1 education essential to learning the knowledge and skills necessary for a practical
2 foundation in therapy. Such knowledge and skills are supplemented, and
3 additional knowledge such as apprenticeship, internships, on-the-job training,
4 individual study, etc. will be required and will all be part of the training provided
5 through the Attachment Holding Therapy Board or through Children's Unlimited
6 (See question #26).
7

8 **28. Estimate the percentage of current practitioners trained by each of the**
9 **methods described in questions 26-27.**

10
11 100%. Vita Sheets are attached for the therapists who are requesting licensure.
12 (See Appendix 7)
13

14 **29. Does any examination or other measure currently exist to test for functional**
15 **competence? If so, indicate how and by whom each was constructed and by**
16 **whom it is currently administered. If not, indicate search efforts to locate**
17 **such measures.**

18
19 No measure exists. The Attachment Holding Therapy Board is developing the
20 first training program/certification to include examination in the US and will be
21 available by November, 2002. The Attachment Holding Therapy Board will
22 cooperate with Children Unlimited in developing and providing this training (see
23 number 26 above for more information).
24

25 **30. If more than one examination is listed above, which standard do you intend**
26 **to support? Why? If none of the above, why not, and what do you propose**
27 **as an alternative?**

28
29 No examination is listed above as yet, though one is being developed by
30 membership of ATTACH and the Attachment Holding Therapy Board.
31
32

1 **V. *The occupation is clearly distinguishable from other occupations that are***
2 ***already regulated.***

3
4 **31. What similar occupations are or have been regulated in Utah?**

5
6 The practice of mental health therapy is already recognized and regulated, but an
7 Attachment Holding Therapy practice is specialized and distinct in methodology
8 so as to require it's own license classification.

9
10 **32. Describe functions performed by practitioners that differ from those**
11 **performed by occupations listed in question 31.**

12
13 The practice of Attachment Holding Therapy differs in that physical restraint and
14 high levels of emotion are used. Attachment Holding therapy is defined, in the
15 Attachment Holding Therapy Board Bylaws as follows:

16
17 “Attachment Holding Therapy” means therapy which may use physical restraint of
18 an individual against his or her will,

19
20 (a) with the:

21
22 (i) prior consent of a parent, legal guardian, or governmental
23 agency holding custody of the child;

24
25 (ii) prior consent of the adult or individual seeking such therapy;
26 and

27
28 (b) with the goal of improving the attachment of an individual to another
29 individual.

30
31 **33. Indicate the relationships among the groups listed in response to question 33**
32 **and practitioners. Can practitioners be considered a branch of currently**
33 **regulated occupations?**

34
35 Yes. Social workers, marriage and family therapists, Licensed Professional
36 Counselors and psychologists are regulated through DOPL in the field of mental
37 health therapy. However, no other profession has similar education and
38 professional experience. The requirements for licensure under the Attachment
39 Holding Therapy Board would be more stringent and would require more than
40 general licensure for other mental health professionals. Attachment Holding
41 Therapy would be another regulated mental health profession. Since Attachment
42 Holding Therapy is so specialized and requires unique training, skills and

1 education, it is necessary to license it separately rather than a branch of any of the
2 forgoing.

3
4 **34. What impact will the required regulation have upon the authority and scopes
5 of practice of currently regulated groups?**

6
7 None, unless other mental health therapists choose to engage in Attachment
8 Holding Therapy practices.

9
10 **35. Are there unregulated occupations performing services similar to those of the
11 group to be regulated? If so, identify.**

12
13 Not to our knowledge. There are no unregulated occupations performing similar
14 services to Attachment Holding Therapists.

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VI. *The occupation or professional group has established a code of ethics, a voluntary certification program, or other measures to ensure a minimum quality of service.*

36. Does the occupation or professional group have an established code of ethics or a voluntary certification program? Please provide documentation of codes or certification programs.

Yes. See Appendix 4 for the Code of Ethics of ATTACH. There is no voluntary certification program for Attachment Holding Therapists.

37. Are there measures that ensure a minimum quality of service? Why are these measures insufficient?

No. Although there is a Code of Ethics for ATTACH (see Appendix 4 for the Code of Ethics of ATTACH), these measures do not limit untrained citizens in Utah, including parents who have special needs children, from practicing Attachment Holding Therapy.

1 **VII. *The public cannot be adequately protected by any means other than regulation.***

2
3 **38. Explain why marketplace factors are not sufficient to ensure public welfare. Document specific instances in which market controls have proven ineffective in assuring consumer protection.**

4
5
6
7 Marketplace factors did not inhibit Donald Tibbets from claiming the use of
8 Attachment Holding therapy in the death of his child, nor the Killpacks from
9 claiming that Attachment therapies were responsible for the death of their
10 daughter.

11
12 **39. Are there other states in which this occupation is regulated? If so, identify the states and indicate the manner in which consumer protection is ensured in those states. Provide, as an appendix, copies of the regulatory provisions from these states.**

13
14
15
16
17 No. It is the intention of the Attachment Holding Therapy Board to provide a
18 model for other states to use.

19
20 **40. What means other than governmental regulation have been employed in Utah to protect consumer health and safety? Show why the following would be inadequate:**

21
22
23
24 Altogether, although there is a Code of Ethics for ATTACH (see Appendix 4 for
25 the Code of Ethics of ATTACH), codes of practice (see Appendix 4), and so on,
26 and these measures have been in place for social workers, marriage and family
27 therapists, Licensed Professional Counselors and psychologists, these measures do
28 not limit untrained citizens in Utah from practicing Attachment Holding Therapy.

29
30 **a. Code of ethics:**

31
32 A universal established code of ethics does not exist for Attachment
33 Holding Therapists. ATTACH has a detailed code of ethics; however, it is
34 done on a voluntary basis and members are not bound by this code.
35 Additionally, ATTACH has no available power for censure.

36
37 **b. Codes of practice enforced by professional associations:**

38
39 There is no universal established professional association for all
40 Attachment Holding Therapists. ATTACH has provided a professional
41 association, but membership is voluntary. Existing codes of practice
42 enforced by professional associations are inadequate because membership

1 in a professional association, which specializes in Attachment Holding
2 Therapy, is not required for practice in Utah and enforcement of a
3 professional association Code of Practice would have no impact on the
4 ability of an offending therapist to practice before the public.
5

6 **c. Dispute-resolution mechanisms such as mediation or arbitration:**
7

8 Mediation and arbitration already apply to Attachment Holding Therapists
9 as mental health therapists, but we believe it would best be administered
10 within the bounds of the Attachment Holding Therapy Boards. Dispute
11 resolution through mediation and arbitration is preferable to litigation, but
12 dispute resolution may only be necessary after the public health, safety
13 and/or welfare have already been compromised and damage has occurred.
14 The purpose of this application for licensure is to promote the public
15 health, safety and/or welfare and to minimize the need for dispute
16 resolution. The will of the public is regulation so that the availability of
17 Attachment Holding Therapy exists while providing it within the context
18 of the safest, most effective way possible and within the realm of public
19 scrutiny (See Appendix 2).
20

21 **d. Recourse to current applicable law:**
22

23 We believe current applicable law does not address the concerns the public
24 has with Attachment Holding Therapy, nor does it allow Attachment
25 Holding Therapists to regulate the specialized practice of Attachment
26 Holding Therapy, nor give the ability to require necessary training,
27 education, and discipline to its practicing members.
28

29 **e. Regulation of those who employ or supervise practitioners:**
30

31 Regulation needs to come directly from the professionals who practice
32 Attachment Holding Therapy, much as in other professions and specialties.
33 There is currently no Utah law regulating the practice of Attachment
34 Holding Therapy, employee confidentiality clauses may prevent persons
35 from providing accurate and honest assessments; fear of litigation prevents
36 many from providing honest assessments or opinions of other
37 professionals; and regulation provides for an inconsistent and non-reliable
38 mechanism to protect the health, safety, and welfare of the public.
39

40 **f. Other measures attempted or contemplated:**
41

42 It is the opinion of the legislative members consulted and of other

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professionals that certification would not be sufficient in the current climate since it is a voluntary action. Certification would not limit the untrained professionals and citizens of the state of Utah from practicing Attachment Holding Therapy, there is no statutory or legal requirements for supporting licenses; it does not provide for the health, safety and welfare of the people; and without statutory or legal requirements there is no adequate recourse for a citizen who is harmed in Utah.

SECTION D: PROPOSAL FOR REGULATION

41. Do you propose licensure, certification, registration, or another type of regulation? What is the justification for the level of regulation sought?

We propose licensure. Certification and registration would not limit the untrained citizens of the state of Utah from practicing Attachment Holding Therapy under the law. Additionally, there is no means for requiring minimum qualifications for persons performing Attachment Holding Therapy; there is no standard, easy, or independent means to confirm the reported qualifications of the professional practicing Attachment Holding Therapy and there is no mechanism to prevent a person who is performing inadequate work from continuing to harm consumers. This is justified for the above reasons and because the work of an Attachment Holding Therapist can directly affect the health, safety and welfare of the public. Licensure will provide a consistent, reliable and enforceable mechanism to protect public health, safety and welfare.

42. Describe the regulatory process that would administer this proposal focusing on the following areas:

A. Regulatory board, proposed make-up of the board, qualifications for membership on the board.

(See Appendix 3 in the Attachment Holding Therapy Board Bylaws.) According to the Attachment Holding Therapy Board Bylaws, the Board will be made up of five members consisting of three certified Attachment Holding Therapists, an expert or individual involved in training and education of Attachment Holding Therapists under these bylaws, and an individual who has received Attachment Holding Therapy.

Board members will serve staggered four-year terms, so that some first terms will be abbreviated. Minimum requirements for the three Attachment Therapy Board members will be:

1. Residency in the state of Utah;
2. Nine years actively practicing as an Attachment Holding Therapist;
3. Five years as a Professional Attachment Holding Therapist (with this requirement waived for the first six years the Board is in existence); and
4. Two years in responsible charge of Attachment Holding Therapy.

1 **B. Examinations.**

2
3 Successful completion of the written exam of the Attachment Holding
4 Therapy Board and of a successful apprenticeship will both be
5 requirements for a person to become a Professional Attachment Holding
6 Therapist and to offer Attachment Holding Therapy to the public.

7
8 **C. Inspections.**

9
10 No inspections will be required.

11
12 **D. Renewal, revocation, or suspension of the right to practice this**
13 **occupation or profession.**

14
15 Renewals will be required every two years. Efficiency is lost in more
16 frequent renewals. Unrecorded changes in addresses rises significantly in
17 renewals of greater than two years. Revocation or suspension of the right
18 to practice Attachment Holding Therapy will occur through grievance
19 procedures if a Professional Attachment Holding Therapist is found to be
20 negligent, incompetent, or deficient as determined by the Board.

21
22 **E. Handling of complaints and disciplinary actions to be taken against**
23 **practitioners.**

24
25 Due to the confidential nature of possible complaints against Attachment
26 Holding Therapists and in order to protect the privacy of a complainant,
27 required information for complaints will be as follows. Complaints
28 against a licensee shall be filed with the Board in writing and shall contain
29 the name and address of the licensee; the name, address and telephone
30 number of the complainant; the nature of the alleged violations; a short
31 and concise statement of facts relating to the alleged violations; and the
32 signature of the complainant. All personal complainant information
33 provided to the Board is deemed confidential and will be held as such.

34
35 Possible disciplinary actions to be taken against practitioners include the
36 denial of issuance or renewal of a license; the suspension or revocation of
37 a license; the censure, reprimand or issuance of public or private
38 admonishment; the imposition of limitations, conditions or restrictions on
39 practice; the requirement of participation in a peer review program; the
40 requirement for remedial education or training as prescribed by the Board;
41 and the ability to impose probation requiring regular reporting to the
42 Attachment Holding Therapy Board.

1 **F. Types, number and amounts of fees to be collected. (Include fees for**
2 **applications, examinations, original licenses, and renewals.)**

3
4 Specific information has not been provided by DOPL at this time,
5 however, it is understood that the types and approximate amounts of fees
6 to be collected are shown below. We understand that DOPL will adjust
7 the fees annually to ensure that the total revenue generated from the fees
8 collected approximates the direct and indirect costs of administering the
9 regulatory provisions as enacted by law for Attachment Holding
10 Therapists. They are estimated as follows:

11		
12	(i)	Licensure as a Professional Attachment Holding Therapist \$300
13	(ii)	Biennial renewal for licensure \$600
14	(iii)	Application fee \$150
15	(iv)	Examination \$150
16	(v)	Reexamination \$450
17	(vi)	Replacement Certificate \$25
18		

19 Final estimated costs will be provided by DOPL at a later date.

20
21 **43. What do you propose as minimum standards (education, training and**
22 **experience) for entry into this occupation or profession? How accessible is**
23 **the training and what is the anticipated cost?**

24
25 Minimum requirements for licensure as a Professional Attachment Holding
26 Therapist would be: a bachelors degree through an accredited institution of higher
27 education and a masters degree granted through an accredited institution of higher
28 education; successful completion of a training and apprenticeship to include not
29 less than not less than 6,000 hours during the five years immediately preceding the
30 date of application for certification by the board with 750 hours supervised
31 directly by a certified Attachment Holding Therapist being in direct line of sight
32 and observing and directing as the therapist/applicant practices Attachment
33 Holding Therapy; successful completion of the Board's examinations; a
34 demonstrated record of active professional practice in attachment therapy of a
35 character satisfactory to the Board, indicating the applicant is competent to be
36 placed in responsible charge of attachment therapy; and submission of written
37 endorsements attesting to the applicant's professional competency.

38
39 The availability and costs of formal college education are equivalent to most other
40 degree programs. The cost of the apprenticeship and training will be met through
41 work with the mentor of the applicant. Availability of mentorship will depend
42 upon the number of applicants and the number of Board accepted mentors.

1 Estimated costs for a year long training series for licensure as an Attachment
2 Holding Therapist is \$10,000 per applicant.

3
4 **44. Do you propose alternate routes of entry into the occupation or profession, or**
5 **alternate methods of meeting the training, education, and experience**
6 **requirements? If so, describe.**

7
8 No.

9
10 **45. Do you propose a “grandfather” clause in which current practitioners are**
11 **exempted from compliance with proposed entry standards? If so, how is that**
12 **clause justified? What safeguards will be provided for consumers? Will**
13 **those who are grandfathered be required to meet the prerequisite**
14 **qualifications at a later date?**

15
16 Yes, we propose a two-year grandfather clause. This clause is justified since there
17 are only a few practitioners available to provide direct face-to-face supervision in
18 the state of Utah. Only therapists who have practiced safely for nine years and
19 over will be grandfathered. As in other professions, the safeguards provided for
20 consumers will essentially be the fact that unqualified practitioners will not be
21 utilized over time due to the natural “weeding-out” process. The more qualified
22 practitioners will become more in demand. This has occurred in other professions
23 that have had a grandfather clause at the inception of the process. Those
24 applicants accepted through the grandfather program will not be required to meet
25 the prerequisite qualifications at a later date.

26
27 **46. Do you propose that renewal be based only upon payment of a fee, or do you**
28 **propose it require re-examination, continuing education credits, peer review**
29 **or other enforcement? Be specific. State whether you propose that renewals**
30 **be annual, biennial, or otherwise.**

31
32 We propose renewal be based upon a fee on a biennial basis, peer review and
33 continuing education credits. (See Appendix 3)

34
35 **47. If a continuing education requirement is proposed, describe opportunities**
36 **and costs of continuing education in Utah (or elsewhere if not available in the**
37 **state).**

38
39 Continuing education will be available at various conferences and workshops
40 around the world, through ATTACH and through the Attachment Holding Therapy
41 Board. All continuing education will be approved or is subject to approval by the
42 Attachment Holding Therapy Board. Many of the more qualified practitioners

1 regularly take advantage of these conferences and workshops to maintain a current
2 “state of the practice” understanding.

3
4 **48. What requirements do you propose for applicants from other states who**
5 **have met the requirements for licensure or regulation in their former state?**

6
7 We propose that the basic requirements of the Attachment Holding Therapy Board
8 must be met and proof of prior compliance must be submitted and approved by
9 the Board. In addition, the applicant must prove they have practiced safely and
10 effectively by providing letters of recommendation from former clients and
11 professionals.

12
13
14 **49. Estimate the cost to the state to implement and administer the proposed**
15 **regulatory program. Include board member travel and per-diem expenses,**
16 **personnel costs to administer day-to-day functions, costs of materials, testing**
17 **costs, inspection costs, enforcement costs, and other related costs.**

18
19 The estimated cost to implement the program for the first year has not, as yet,
20 been received from DOPL. However, it is understood the proposed annual Board
21 expenses to be approximately as follows and that these costs are not final.

22
23

Per Diem:	\$60/day x 5 Board Members x 2 meetings per year	\$600
Parking:	\$5/day x 5 Board Members x 2 meetings per year	\$50
Mileage:	About 90 miles per Board Member x .32/mile x 5 Board Members x 2 meetings	\$288
Total cost:	Per five Member Board to meet twice a year	\$938

27
28

29 **50. How many practitioners are likely to apply initially if the proposed**
30 **regulation is adopted? How many in each of the next three years?**

31
32 Three to five. It is unknown how many therapists will choose licensure. We
33 anticipate approximately 1-2 per year.

34
35 **51. Will all costs of implementation and administration be covered by projected**
36 **revenues? If not, what other sources of revenue could be used to cover the**
37 **costs of regulation?**

38
39 Yes. Each therapist would be responsible for their cost of licensure.

40
41 **52. How will start-up costs be generated?**

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Through initial application, examination, and licensure fees of the therapists requesting licensure and through volunteer hours of the Attachment Holding Therapy Board.

1 APPENDIX 1
2 ATTACHMENT HOLDING THERAPY BOARD MEMBERSHIP
3

4 Jennie Gwilliam, LCSW
5 Cascade Center for Family Growth
6 1145 E. 800 N.
7 Orem, UT 84097
8 Phone: (801) 229-2218
9 FAX: (801) 229-2213
10 E-mail: cascade@attachment.org
11

12 Bill Goble, PhD
13 Advisor to the Board
14 The Resource Center, PA
15 PO Box 128
16 Newland, NC 28657
17 Phone: (828) 733-0202
18 Fax: (828) 733-3434
19 E-mail: trcpa@skybest.com
20

21 Leanna "Charly" Risenmay, Consumer
22 SAFF Care President
23 311 S. 100 E.
24 Cedar Fort, UT 84013
25 (801) 836-1542
26 Fax: (801) 766-1518
27 E-mail: SAFFCare1@aol.com
28
29

30 Nancy Thomas, Trainer and Educator
31 Families by Design
32 PO Box 2812
33 Glenwood Springs, CO 81602
34 Phone: (970) 984-2222
35 E-mail: ncthomas@rof.net
36

37 Lawrence L. VanBloem, LCSW
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40 Orem, UT 84097
41 Phone: (801) 229-2218
42 FAX: (801) 229-2213
43 E-mail: cascade@attachment.org

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APPENDIX 2
INDIVIDUALS IN FAVOR OF LICENSING

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APPENDIX 3

**ATTACHMENT HOLDING THERAPY CERTIFICATION BOARD
PRELIMINARY BYLAWS**

I. Board.

(1) There is hereby created the Attachment Holding Therapy Certifying Board (hereinafter referred to as the “Board”).

(2) The Board shall be appointed, serve terms, and be compensated in accordance with Section 22 below.

(3) The duties and responsibilities of the Board are under Section 4 below. In addition, the Board shall:

(a) designate one of its members on a permanent or rotating basis to assist in review of complaints concerning unprofessional practice by a certified attachment holding therapist and to advise the Board regarding the conduct of investigations of the complaints; and

(b) designate another of its members to conduct disciplinary proceedings.

(c) disqualify any member from acting as presiding officer in any administrative procedure in which that member has reviewed a previous complaint or advised the Board on a previous complaint.

II. Board -- Initial Appointment -- Terms -- Quorum -- Compensation and Per diem -- Chair.

(1) Initial Appointment.

(a) The Board shall be initially established by the Utah Membership of ATTACH, through majority vote.

(b) Each Board shall consist of five members as follows: three certified Attachment Holding Therapists as defined in Section 3 (4), one expert or individual involved in training and education of Attachment Holding Therapists under these Bylaws, and one individual who has received Attachment Holding Therapy as defined in Section 3 (1).

(2) Terms.

(a) Except as required by Subsection (b), as terms of current Board members expire, the remaining Board members shall appoint new members of the Board by majority vote or a quorum as defined in subsection (3) below.

1 (b) Notwithstanding the requirements of Subsection (a), the Chair shall, at
2 the time of appointment or reappointment, adjust the length of terms to
3 ensure that the terms of Board members are staggered so that approximately
4 half of the Board is appointed every two years.

5 (c) A Board member who ceases to serve on a Board may not serve again on
6 that Board until after the expiration of a two-year period beginning from that
7 cessation of service.

8 (d) (i) When a vacancy occurs in the membership for any reason, the
9 replacement shall be appointed for the unexpired term.

10 (ii) After filling that term, the replacement member may be appointed
11 for additional terms.

12 (e) If a Board member fails or refuses to fulfill the responsibilities and duties
13 of a Board member, including the attendance at Board meetings, the Chair of
14 the Board, with the approval of the Board, may remove the Board member
15 and replace the member in accordance with this section.

16
17 III. Quorum. A majority of the Board members constitutes a quorum. A quorum
18 is sufficient authority for the Board to act.

19
20 IV. Compensation and Per Diem.

21
22 (a) (i) Members who are not government officers or employees shall
23 receive no compensation or benefits for their services, but may
24 receive per diem and travel expenses incurred in the performance of
25 the member's official duties at the rates established by the Chair
26 under Section 22.

27 (ii) Members may decline to receive per diem and travel and
28 expenses for their service.

29 (b) (i) State government officers and employee members who do not
30 receive salary, per diem, or expenses from their agency for their
31 service may receive per diem and expenses incurred in the
32 performance of their official duties from the Board at the rates
33 established by the Chair under Section 22.

34 (ii) State government officer and employee members may decline to
35 receive per diem and expenses for their service.

36
37 V. Chair. Each Board shall annually designate one of its members to serve as
38 Chair for a one-year period.

39
40 **III. Definitions. As used in these Bylaws:**

41
42 (1) "Attachment Holding Therapy" means mental health therapy which may include
43 physical or mechanical restraint of an individual

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- (a) with the:
 - (i) prior consent of a parent, legal guardian, or governmental agency who has custody of the child;
 - (ii) prior consent of the adult or individual seeking such therapy; and
 - (b) with the goal of improving the attachment of an individual to another individual.
 - (c) "Attachment Holding Therapy" for these purposes is strictly limited to the above definition and may or may not be synonymous with the following terms: attachment therapy, cuddle therapy, hug therapy, restraint therapy, holding therapy. "Attachment Holding Therapy" does not include rebirthing therapy.
- (2) "Therapy" means Attachment Holding Therapy under Section 2 (1) above.
- (3) "Board" means the Board governing the Attachment Holding Therapy Certification Board created and perpetuated under these Bylaws.
- (4) "Attachment Holding Therapist" means a Mental Health Therapist:
- (a) that is licensed under local government jurisdiction to practice mental health therapy or an individual permitted to practice mental health therapy legally under local governmental jurisdiction; and
 - (b) who is certified by the Board [which is outlined in Section 1 and defined Section 2 (3)] to practice Attachment Holding Therapy defined under Section 2 (1) above.
- (5) "Therapist" means a Mental Health Therapist licensed by local government or an individual permitted to practice Mental Health Therapy legally under local governmental law.
- (6) "Individual" means a natural person.
- (7) "Client" or "patient" means an individual who consults with or is examined or interviewed by a mental health therapist acting in his professional capacity.
- (8) "Mental illness" means a mental or emotional condition defined in an approved diagnostic and statistical manual for mental disorders generally recognized in the professions of mental health therapy defined under local governmental law. If local

1 law does not define such conditions, then conditions generally recognized and
2 defined under International Statistical Classification Diseases and Related Health
3 Problems published by the World Health Organization.
4

5 (9) "Unprofessional conduct" is as defined in Section 13 and may be further defined
6 by the Board or outlined by local governmental law.
7

8 (10) "Certified Individual" means a therapist, defined under Section 2 (4) above,
9 who is certified by this Board.
10

11 (11) "Applicant" means a therapist, defined under Section 2 (4) above, who is
12 applying for certification as an Attachment Holding Therapist.
13

14 (12) "Local Government(al)" means the government that has jurisdiction or
15 sovereignty in the area where the therapist practices mental health therapy.
16

17 (13) "Member" means a member of the Attachment Holding Certification Board.
18

19 (14) "ATTACH" means Association for Treatment and Training in the Attachment
20 of Children
21

22 **IV. Purposes of the Attachment Holding Therapy Board.** The following shall define
23 the purposes of the Attachment Holding Therapy Board:
24

25 (1) promoting the physical, psychological, and emotional safety of each individual
26 receiving Attachment Holding Therapy as defined by local government and as
27 outlined in these Bylaws.
28

29 (2) training, educating, and promoting the expertise of Attachment Holding
30 Therapists certified by the Board;
31

32 (3) certification of Attachment Holding Therapists around the world to support local
33 governments where the therapy is provided in order to provide for the safety of those
34 individuals receiving Attachment Holding Therapy;
35

36 (4) through certification of Attachment Holding Therapists furthering the safety,
37 effectiveness and quality of such therapy provided around the world.
38

39 **V. Duties, Functions, and Responsibilities of the Board.** The following duties,
40 functions, and responsibilities of the Board shall be as follows:
41

- 1 (1) defining which schools, colleges, universities, departments of universities, other
2 institutions of learning, or individuals are reputable, are acceptable and which will
3 provide training under these Bylaws;
- 4
- 5 (2) prescribing certification qualifications;
- 6
- 7 (3) prescribing rules governing applications for certifications;
- 8
- 9 (4) providing for a fair and impartial method of examination of applicants;
- 10
- 11 (5) defining unprofessional conduct to supplement the definitions under these
12 Bylaws.
- 13
- 14 (6) establishing committees to the Board, if deemed necessary by the Board, and
15 prescribing their scope of authority; and
- 16
- 17 (7) establishing conditions for reinstatement and renewal of certifications consonant
18 with the provisions of these Bylaws.
- 19
- 20 (8) amending or modifying these Bylaws as the Board sees fit under local
21 governmental law and with regard to the purposes of Attachment Holding Therapy
22 Certification Board outlined in Section 3.
- 23
- 24 (9) recommending to the Chair appropriate rules;
- 25
- 26 (10) recommending to the Chair policy and budgetary matters;
- 27
- 28 (11) approving and establishing a passing score for applicant examinations;
- 29
- 30 (12) screening applicants and recommending certification, renewal, reinstatement,
31 and re-certification actions to the director in writing;
- 32
- 33 (13) assisting the Chair in establishing standards of supervision for students or
34 persons in training to become qualified to obtain a license in the occupation or
35 profession it represents; and
- 36
- 37 (14) presides in conducting hearings associated with adjudicative proceedings and
38 in issuing recommended orders when so designated by the Chair.
- 39

40 **VI. Board Officers.** The officers of the Board shall consist of a Chair, Vice Chair, a
41 treasurer, and a secretary elected by majority vote of the Board members.
42

1 (1) The office of secretary and treasurer may be combined if the Board approves
2 such.

3
4 **VII. Authority of the Board.** Among other powers and responsibilities identified in
5 these Bylaws, the Board shall, as it deems necessary, have authority to:

6
7 (1) hire a Chair to identify and create other staff and management positions to
8 conduct business and to accomplish the purposes outlined in these Bylaws;

9
10 (2) compensate such staff members in a reasonable and customary way with
11 competitive wages for like work in the local community;

12
13 (3) make changes in Bylaws;

14
15 (4) discipline Certified Attachment Holding Therapists;

16
17 (5) make financial decisions;

18
19 (6) create committees;

20
21 (7) hire staff members;

22
23 (8) contract for professional or legal services;

24
25 (9) lease or buy property;

26
27 (10) conduct the general business related to the Board.

28 The business of the Board shall be limited to those purposes outlined in Section 3 above;

29
30 **VIII. Executive Director.** The Executive Director shall conduct the regular and ongoing
31 business of the Board and report to and be accountable to the Board.

32
33 **IX. Certification Required.** An individual shall be certified to practice Attachment
34 Holding Therapy under these Bylaws in order to claim that he or she is certified or
35 represent he or she is certified to practice Attachment Holding Therapy by the Board.

36
37 **X. Status of Certification Held on the Date this Board is Formed.** When a local
38 governmental agency designates this Board as a certifying agency, a therapist
39 practicing Attachment Holding Therapy openly for more than 9 years and
40 demonstrating safe practice as outlined in Section 2 above will automatically be

1 certified by this Board as long as that therapist is willing to complete the education
2 requirements of this Board in no less than 2 years after he or she is certified by this
3 Board, is interviewed and approved by Board members and is a registered mental
4 health therapist by ATTACH.
5

6 **XI. Grounds for Denial of Certification -- Disciplinary Proceedings -- Time**
7 **Limitations -- Sanctions.**
8

9 (1) The Board shall refuse to issue a certification to an applicant and shall refuse to
10 renew or shall revoke, suspend, restrict, place on probation, or otherwise act upon the
11 certification of a certified individual who does not meet the qualifications for
12 certification under these Bylaws; or
13

14 (2) The Board may refuse to issue a certification to an applicant and may refuse to
15 renew or may revoke, suspend, restrict, place on probation, issue a public or private
16 reprimand to, or otherwise act upon the certification of any certified individual in any
17 of the following cases:
18

19 (a) the applicant or certified individual has engaged in unprofessional
20 conduct, as defined by statute or rule by local government, appropriate
21 professional organization, or under these Bylaws in Section 12;
22

23 (b) the applicant or certified individual has engaged in significant unlawful
24 conduct as defined by local governmental law;
25

26 (c) the applicant or certified individual has been determined to be mentally
27 incompetent for any reason by a court of competent jurisdiction; or
28

29 (d) the applicant or certified individual is unable to practice the occupation
30 or profession with reasonable skill and safety because of illness, drunkenness,
31 excessive use of drugs, narcotics, chemicals, or any other type of material, or
32 as a result of any other mental or physical condition, when the certified
33 individual's condition demonstrates a threat or potential threat to the public
34 or client health, safety, or welfare.
35

36 (3) Any certified individual whose certification to practice Attachment Holding
37 Therapy under the Bylaws of the Board has been suspended, revoked, or restricted
38 may apply for reinstatement of the certification at reasonable intervals and upon
39 compliance with any conditions imposed upon the certified individual by these
40 Bylaws or the terms of the certification suspension, revocation, or restriction.
41

42 (4) The Board may issue cease and desist orders:
43

1 (a) to a certified individual or applicant who may be disciplined under
2 Subsection (1) or (2);

3
4 (b) to any person who claims to be certified by the Board as an Attachment
5 Holding Therapist and is not certified by the Board as an Attachment Holding
6 Therapist; and

7
8 (c) to any person who otherwise violates these Bylaws as adopted by the
9 Board.

10
11 (5) Disciplinary action:

12
13 (a) The Board may not take disciplinary action against any person for
14 unprofessional conduct under these Bylaws, unless the Board initiates an
15 adjudicative proceeding regarding the conduct within four (4) years after the
16 conduct is reported to the Board, except under Subsection (5)(b).

17
18 (b) The Board may not take disciplinary action against any person for
19 unprofessional or unlawful conduct more than ten (10) years after the
20 occurrence of the conduct, unless the proceeding is in response to a civil or
21 criminal judgment or settlement and the proceeding is initiated within one (1)
22 year following the judgment or settlement.

23
24 (6) The Board must provide a hearing wherein the Attachment Holding Therapist
25 who is under investigation for unprofessional conduct can defend his or her
26 certification and that hearing shall be conducted in compliance with Section 14 of
27 these Bylaws.

28
29 **XII. Unprofessional Conduct.**

30
31 (1) As used in these Bylaws, "unprofessional conduct" includes:

32
33 (a) using or employing the services of any individual to assist a licensee in
34 any manner not in accordance with the generally recognized practices,
35 standards, or ethics of the profession for which the individual is licensed, or
36 the laws of the local government;

37
38 (b) failure to confine practice conduct to those acts or practices:

39
40 (i) in which the individual is competent by education, training, and
41 experience within limits of his or her education, training, and
42 experience; and
43

1 (ii) which are within applicable scope of practice consonant with the
2 training, internship, and supervision required under these Bylaws.

3
4 (c) disclosing or refusing to disclose any confidential communication.
5

6 (2) "Unprofessional conduct" under this chapter may be further defined by the
7 Board.
8

9 **XIII. Reporting of Unprofessional or Conduct -- Immunity from Liability.**
10

11 (1) Upon learning of an act of unprofessional conduct as defined in Section 8 by an
12 Attachment Holding Therapist certified by the Board, an applicant not yet certified
13 by the Board, or an individual engaged in acts or practices regulated under these
14 Bylaws, that results in disciplinary action by a licensed health care facility,
15 professional practice group, or professional society, or that results in a significant
16 adverse impact upon the public health, safety, or welfare, the following shall report
17 the conduct in writing to the Board within ten (10) days after learning of the
18 disciplinary action or the conduct unless the individual or person knows it has been
19 reported by:
20

21 (a) a health care facility or organization in which a therapist certified by the
22 Board engages in practice;
23

24 (b) a therapist certified by the Board; or
25

26 (c) a professional society or organization whose membership is therapist
27 certified by the Board and which has the authority to discipline or expel a
28 member for acts of unprofessional or unlawful conduct.
29

30 (2) Any individual reporting acts of unprofessional or unlawful conduct by a
31 therapist certified by the Board is immune from liability outlined in these Bylaws and
32 arising out of the disclosure to the extent the individual furnishes the information in
33 good faith and without malice.
34

35 **XIV. Evidentiary Privilege.** Evidentiary privilege for mental health therapists regarding
36 admissibility of any confidential communication in administrative, civil, or criminal
37 proceedings is in accordance with Rule 506 of the State of Utah, United States of
38 America, Rules of Evidence.
39

40 **XV. License by Endorsement.** The Board shall issue a certification by endorsement
41 under this chapter to a therapist who:
42

43 (1) submits an application on a form provided by the Board;

1
2 (2) pays a reasonable fee determined by the Board;

3
4 (3) provides documentation of current licensure in good standing in any state,
5 district, or territory of the United States or state, district, province, or territory of the
6 world to practice mental health therapy if licensure is required to practice mental
7 health therapy under the therapist's local governmental law, the therapist

8
9 (4) provides documentation of internship by having been actively engaged in the
10 legal practice Attachment Holding Therapy, under supervision by a Board certified
11 Attachment Holding Therapist for not less than 6,000 hours during the five years
12 immediately preceding the date of application for certification by the Board with
13 1,000 hours supervised directly by a certified Attachment Holding Therapist being
14 in direct line of sight and observing and directing as the therapist/applicant practices
15 Attachment Holding Therapy;

16
17 (5) has completed course work and training identified and published by the Board.

18
19 (6) has passed the examination required of a new applicant; and

20
21 (7) is of good moral character and professional standing, and has no disciplinary
22 action pending or in effect by the Board or any other mental health related
23 organization and no disciplinary action in effect against the applicant's local
24 governmental mental health license in any jurisdiction.

25
26 **XVI. Additional Designations.** The Board shall issue an additional designation to
27 certified therapists who qualify under the provisions of this section in the designation
28 of a Body Work Specialist, or BWS.

29
30 (1) provided the Certified Attachment Holding Therapist also holds a license
31 provided by a local governmental agency as a Massage Therapist or analogous
32 license and;

33
34 (2) provided the Certified Attachment Holding Therapist has the specific training or
35 internship outlined by the Board for the designation of Body Work Specialist.

36
37 **XVII. Certification Application -- Certification Procedure.**

38
39 (1) Applicant:

40
41 (a) Each certification applicant shall apply to the Board in writing upon
42 forms available from the Board. Each completed application shall contain
43 documentation of the particular qualifications required of the applicant, shall

1 include the applicant's social security number, shall be verified by the
2 applicant, and shall be accompanied by the appropriate fees.

3
4 (b) An applicant's social security number under these Bylaws is deemed a
5 private record.
6

7 (2) Procedure:

8
9 (a) A certification shall be issued to an applicant who submits a complete
10 application if the Board determines that the applicant meets the qualifications
11 of certification.
12

13 (b) A written notice of additional proceedings shall be provided to an
14 applicant who submits a complete application, but who has been, is, or will
15 be placed under investigation by the Board for conduct directly bearing upon
16 his qualifications for certification, if the outcome of additional proceedings
17 is required to determine the Board's response to the application.
18

19 (c) A written notice of denial of certification shall be provided to an
20 applicant who submits a complete application if the Board determines that the
21 applicant does not meet the qualifications of certification.
22

23 (d) A written notice of incomplete application and conditional denial of
24 certification shall be provided to an applicant who submits an incomplete
25 application. This notice shall advise the applicant that the application is
26 incomplete and that the application is denied, unless the applicant corrects the
27 deficiencies within the time period specified in the notice and otherwise
28 meets all qualifications for certification.
29

30 (3) Before any person is issued a certification under these Bylaws, all requirements
31 for that certification as established under these Bylaws shall be met.
32

33 (4) If all requirements are met for the specific certification, the Board shall issue the
34 certification.
35

36 **XVIII. Term of Certification -- Expiration of Certification -- Renewal of**
37 **Certification -- Reinstatement of Certification -- Application Procedures.**
38

39 (1) Term of Certification. Each certification issued under this title shall be issued
40 in accordance with a two-year renewal cycle established by rule. A renewal period
41 may be extended or shortened by as much as one year to maintain established
42 renewal cycles or to change an established renewal cycle.
43

1 (2) Expiration of Certification. The expiration date of a certification shall be shown
2 on the certification. A certification that is not renewed prior to the expiration date
3 shown on the certification automatically expires.
4

5 (a) A certification automatically expires prior to the expiration date shown
6 on the certification upon the death of a certified individual who is a natural
7 person.
8

9 (b) Expiration of certification is not an adjudicative proceeding.
10

11 (3) Notification.
12

13 (a) The Board shall notify each certified individual that the certified
14 individual's certification is due for renewal and that unless an application for
15 renewal is received by the Board by the expiration date shown on the
16 certification, together with the appropriate renewal fee and documentation
17 showing completion of or compliance with renewal qualifications, the
18 certification will not be renewed.
19

20 (b) Examples of renewal qualifications which by statute or rule the Board
21 may require the certified individual to document completion of or compliance
22 which include:
23

24 (i) continuing education;

25 (ii) continuing competency;

26 (iii) quality assurance;

27 (iv) utilization plan and protocol;

28 (v) financial responsibility; and
29

30 (vi) certification renewal.
31

32 (4) Renewal.
33

34 (a) An application for renewal that complies with Subsection (3) is complete.
35 A renewed certification shall be issued to applicants who submit a complete
36 application, unless it is apparent to the Board that the applicant no longer
37 meets the qualifications for continued certification.
38

39 (b) The Board may evaluate or verify documentation showing completion of
40
41
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43

1 or compliance with renewal requirements on an entire population or a random
2 sample basis, and may be assisted by advisory peer committees. If necessary,
3 the Board may complete its evaluation or verification subsequent to renewal
4 and, if appropriate, pursue action to suspend or revoke the certification of a
5 certified individual who no longer meets the qualifications for continued
6 certification.

7
8 (c) The application procedures specified in Section 18, apply to renewal
9 applications to the extent they are not in conflict with this section.

10
11 (5) Reinstatement.

12
13 (a) Any certification that is not renewed may be reinstated at any time within
14 two years after non-renewal upon submission of an application for
15 reinstatement, payment of the renewal fee together with a reinstatement fee
16 determined by the Board, and upon submission of documentation showing
17 completion of or compliance with renewal qualifications. The application
18 procedures specified in Section 18 apply to the reinstatement applications to
19 the extent they are not in conflict with this section.

20
21 (b) If not reinstated within two years, the holder may obtain a certification
22 only if he meets requirements provided by the Board for a new certification.
23

24 **XIX. Term of Certification -- Expiration -- Renewal.**

25
26 (1) The Board shall issue each certification under these Bylaws in accordance with
27 a two-year renewal cycle established by the Board.

28
29 (2) The Board may by rule extend or shorten a renewal cycle by as much as one year
30 to stagger the renewal cycles it administers.

31
32 (3) At the time of renewal the certified individual shall show satisfactory evidence
33 of renewal requirements as required under these Bylaws.

34
35 (4) Each certification expires on the expiration date shown on the certification unless
36 renewed by the certified person in accordance with Section 19.

37
38 **XX. Continuing Education.**

39
40 (1) as identified under Section 19, the Board may establish a continuing education
41 requirement as a condition for renewal of any certification under these Bylaws upon
42 finding continuing education for the practice of attachment holding therapy is
43 necessary to reasonably protect the public health, safety, or welfare.

1 (2) If a renewal cycle is extended or shortened under Section 20, the continuing
2 education hours required for certification renewal under this section shall be
3 increased or decreased proportionally.
4

5 **XXI. Per Diem Rates for Board Members and Travel Expenses of Board Members,**
6 **Employees and Chair.**
7

8 (1) Subject to approval by the Board the Chair shall establish per diem rates for all
9 Board members to meet subsistence expenses for attendance at official meetings.
10

11 (2) Subject to approval by the Board, the Chair shall adopt rules governing in-state
12 and out-of-state travel and travel expenses of all Board members, the director, and
13 employees.

14 (a) The travel expense rules shall be based upon:

- 15 (i) per diem rates of payment for subsistence expenses, subject to
16 modification, when justified, to meet special circumstances
17 encountered in official attendance at conferences, conventions, and
18 other official meetings;
 - 19 (ii) a mileage allowance; and
 - 20 (iii) reimbursement for other travel expenses incurred.
- 21

22 **XXII. Qualifications for Admission to Examination.** All applicants for admission to any
23 examination qualifying an individual for certification under these Bylaws shall:

- 24 (1) submit an application on a form provided by the Board;
- 25 (2) pay the fee established for the examination; and
- 26 (3) certify under penalty of perjury as evidenced by notarized signature on the
27 application for admission to the examination that the applicant has completed the
28 education requirement, internship, and been awarded the credits required for
29 certification.
30

31 **XXIII. Code of Conduct and Ethics.** All applicants for certification must subscribe
32 to the ethics code and be registered mental health therapists through
33 ATTACH.
34
35

1 APPENDIX 4

2
3 ATTACH Professional Standards Manual
4 ATTACH PROFESSIONAL STANDARDS OF PRACTICE

5 **I. DEFINITION OF ATTACHMENT THERAPY**

6 Attachment therapy is a therapeutic process that is designed to promote, develop, or enhance
7 a reciprocal attachment relationship and meets the criteria of that therapeutic process as
8 defined and developed by ATTACH.

9 **II. CONDUCT OF THE PRACTITIONER**

10 Individuals involved in the treatment process conform to the highest level of ethical and
11 professional standards as signified by the following:

12 A. Practice conducted in compliance with state/providence rules/laws. Practice will
13 conform to the code of ethics of the state/providence licensing and/or certifying body.
14

15 B. The practitioner will adhere to legal and professional standards as related to
16 confidentiality.

17 C. Practitioners will practice within their area of competence and in keeping with
18 their level of training,.

19 D. Practitioners will be aware of and work towards resolving their own biases and
20 issues that affect the manner in which they work

21 E. Clinical practitioners will utilize training, supervision and/or peer consultation and
22 therapy for support and continued skill development.

23 F. Clinical practitioners will present to clients treatment options, and their possible
24 benefits and limitations.

25 G. Parents are essential members of the treatment team The practitioner should
26 always approach a family and child with respect and without blame. They should
27 support, not undermine, the authority and values of the parents during therapy
28 sessions, providing them with relevant information about the treatment process and
29 offering every opportunity to ask questions.

30 H. When indicated, it is the responsibility of the clinical practitioner to encourage the
31 child's parents/guardians to educate the family/community network (for example,

1 case workers, neighbors, religious groups, day care workers, schools, law
2 enforcement officers) about the nature and function of the family's attachment
3 difficulties. If the parents request, and if appropriate, the practitioner may assist in
4 this process.

5 I. Clinical practitioners will strive to be aware of their potential influence in the area
6 of past memories and their need for special care in the handling of new disclosures.

7 J. Attachment practitioners are committed to contributing to development of a valid
8 and reliable body of scientific knowledge based on research.

9 K. ATTACH members have an ethical obligation to report a breach in the Standards
10 of Practice to the Ethics Committee; this should be preceded by informal attempts at
11 resolution with the practitioner in question.

12 **III. STANDARDS OF THERAPEUTIC PROCESS**

13 ATTACH is committed to establishing effective clinical practice, within a framework of
14 ethical standards.

15 A. Clinical practice for ATTACH members must be based on the following goals

- 16 1. To maintain the best interest and safety of the child and family
- 17 2. To strengthen and enhance the family unit
- 18 3. To use the most effective techniques to provide the desired clinical
19 outcome
- 20 4. To utilize input of those involved in the therapeutic process including the
21 parents and child

22 B. Clinical practice procedures for ATTACH members may include but are not
23 limited to the following:

24 1. Thorough assessment, including the following as indicated:

- 25 a. History of treatment
- 26 b. Psychological history
- 27 c. Educational history
- 28 d. Medical history
- 29 e. Attachment and social history including breaks/disruptions in
30 attachment.

- 1 f. Developmental history (including prenatal and birth)
- 2 g. Family functioning
- 3 h. Intellectual and cognitive skills and deficits
- 4 2. Diagnosis or description of problem includes:
- 5 a. Differential diagnosis (this may include any or several DSM or ICD
- 6 diagnoses)
- 7 b. Attachment symptomatology
- 8 c. Breaks in attachment history
- 9 3. Treatment planning
- 10 a. Is guided by assessment and diagnosis
- 11 b. Defines therapeutic modalities
- 12 c. Clarifies for relevant parties (i.e., parents, referral sources,
- 13 therapeutic/foster parents, follow-up therapists, and child when
- 14 appropriate) the rationale for the intervention; the respective roles and
- 15 responsibilities of each person involved.
- 16 d. Utilizes a treatment team of other significant persons in the child's
- 17 life when indicated
- 18 e. Includes informed consent from client and parents prior to
- 19 treatment as an essential element of treatment planning. Therapeutic
- 20 contracting should also occur during treatment
- 21 f. Builds on the strengths of the child and family
- 22 g. Includes measurable goals
- 23 h. Is reviewed and updated regularly
- 24 4. Treatment process
- 25 a. Attachment therapy emphasizes relationships among all
- 26 participants, including:
- 27 i. Trust
- 28 ii. Empathy

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- iii. Reciprocal behaviors
- iv. Attunement
- v. Communication
- vi. Touch
- vii. Physical and emotional closeness
- viii. Humor and playfulness

b. Parents and children are active members of the treatment team working to develop healthier patterns of interacting and communicating.

c. The family's emotional response to the therapy needs to be monitored, as well as the child's. Parents may have problems which must be understood and addressed if they are to help their child resolve attachment problems.

d. When there are differences between the parent(s) and practitioner, the practitioner and parent(s) will actively work to resolve them

e. The practitioner needs to take an active and directive stance in working with the child and family on core issues that the child and family may find difficult to address. Because the child's defenses against healthy relationships are so strong, therapeutic interventions may be confrontational and challenging and may involve holding, touch, or physical proximity, while never losing sight of everyone's need to feel and be safe.

f. Holding as a therapeutic technique provides a multi-sensory experience that refines attunement, facilitates emotional reciprocity and honesty, enhances empathy responses, allows the child to experience emotional openness in a safe way, and reenacts the holding nurturing experience of infancy; all of which provide a corrective cognitive-emotional experience.

g. The practitioner with the parents is in charge of the session and of the child, in a nurturing, safe, and empathic manner. The adults take the lead in attachment therapy and are always observing and responding to the feelings and needs of all family members.

h. When exploring unresolved issues, treatment will take into account past and present family dynamics. Issues regarding birth parents will

1 be addressed in a respectful and honest manner. Treatment will
2 differentiate the new parent relationships from the old ones.

3 i. Interventions should be flexible and specific to the needs and
4 emotional state of each member of the family; and both the family's
5 and child's response to therapy will be monitored

6 j. A central therapeutic activity is for the child and family members
7 to experience and then express their emotional responses to past and
8 present situations that are interfering with attachment

9 k. Each child and family is unique, and a variety of therapeutic
10 techniques may be utilized based on the child's history and inner
11 working model; and on parent's abilities and style

12 l. The practitioner may model and elicit various cognitive-emotional
13 states in order to facilitate the child's integration of cognition to
14 emotion

15 m. There is no known medication for attachment disorder. Children
16 may sometimes need medication for coexisting conditions; however
17 inappropriate or over-medication may thwart the therapeutic process.

18 n. Parent-child interactions that are central to establishing a healthy
19 attachment, (i.e. eye contact, physical contact, tone of voice, smiles,
20 other non-verbal communication and gestures) are central to the
21 interactions of therapy. These interactions may be exaggerated with
22 the child to produce a therapeutic effect

23 o. In those cases when family members decide that they are
24 unable/unwilling to work toward forming a secure attachment, a
25 practitioner will, after careful work and evaluation, respect a family's
26 choice and offer an alternative treatment plan.

27 5. Parenting Process: The practitioner assists the parents in developing
28 parenting strategies and philosophies which support the development of
29 healthy attachments. The practitioner serves as a consultant to the parents on
30 issues and interventions, including but not limited to the following:

31 a. supporting the parents' authority and need to maintain control over
32 the family environment, while assisting the child to feel safe enough
33 to relinquish his/her compulsive need to be in control.

34 b. increasing the child's readiness to rely on the parent for safety,
35 help, comforting, nurturing

- c. encouraging a positive, supportive, family atmosphere
- d. encouraging a high level of nurturance
- e. encouraging structure and limits
- f. increasing reciprocal, positive interactions between parent and child.
- g. helping the child make choices that are in his own best interest, and in the best interest of his family, and to accept the consequences of those choices
- h. helping parents become emotionally available for their child as healthy and safe individuals. This may include examining their own issues, such as the marital relationship, infertility, grief and loss, childhood trauma, etc.
- i. helping families and children develop reasonable expectations of success

6. Discharge planning

- a. Will begin at intake
- b. Goals and progress will be reviewed regularly and at the completion of therapy
- c. Follow-up therapy will be recommended when appropriate

IV. VIOLATIONS OF STANDARDS

If these standards are violated by a member of ATTACH, the Ethics Committee reserves the right to take appropriate actions. These may include, but are not limited to requiring the member to submit a protocol and to cooperate with any licensing body. A resignation or removal from the organization does not automatically terminate a current ethics investigation.

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."

1 The following principles provide examples of how this fundamental axiom would be applied.
2 These principles do not represent an exhaustive list, but are presented in order to provide the
3 clinician or parent guidelines for the multitude of individualized situations that might arise.

4 1. All participants involved in an intervention will ensure that the physical and emotional
5 health and welfare of everyone involved in an intervention are monitored at all times.

6 2. Each person will be responsible for seeing that effective steps are taken to adjust or
7 terminate an intervention process when there is *any* indication that someone's psychological
8 or physical safety may be being compromised.

9 3. The child will never be restrained or have pressure put on them in such a manner that
10 would interfere with their basic life functions such as breathing, circulation, temperature, etc.

11 4. Parents and/or other appropriate individuals should observe, participate in, and/or monitor
12 the therapy process being utilized.

13 5. Touch will always be appropriate and used for therapeutic purposes. Sexual touch is never
14 appropriate.

15 6. Therapeutic interventions will be carefully selected to protect the child from physical pain.
16

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

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

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

26 1. What am I trying to accomplish with this particular child and/or family?

27 2. Will this intervention contribute to what I am trying to accomplish?

28 3. Is there a less intrusive or less restrictive intervention that will accomplish the same
29 purpose?

30 4. What, if any, safety issues should I consider when selecting an intervention for a child and
31 their family?

32 5. What are the treatment implications when deciding not to use a specific intervention with
33 a particular child and family?

- 1 6. How do I provide effective treatment interventions while at the same time maximizing the
2 well-being and safety for everyone involved in the intervention process?
- 3 7. Is everyone involved in the intervention informed and appropriately prepared to carry out
4 his or her part of the process?
- 5 8. Is the intervention being considered consistent with the Standards of Practice, Basic
6 Assumptions, and Safety Principles of ATTACH?
- 7 9. Is the intervention being considered within the standards of practice, and ethical standards
8 of the professional organization and licensing or certification body of each individual
9 involved?
- 10

APPENDIX 5

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Letter from Insurance Company

APPENDIX 6

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Rate Sheet

APPENDIX 7

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Vita Sheets