REATTACH A NEW SCHEMA THERAPY FOR ADULTS AND CHILDREN? PART II: CHILDREN

Paula JPW Weerkamp-Bartholomeus

Abstract

Objective: ReAttach is a new intervention that has shown to be an effective treatment for maladaptive emotional patterns of adults. Maladaptive functioning already starts in childhood (Bowlby 1969/1997). In order to develop an effective child and family intervention, it is important to incorporate both the parent and child and work on both sides of the parent/child relationship.

To examine the effect of five sessions ReAttach on the behavior of children with a variety of psychological complaints. A second objective was to measure the transferability of the method and perform treatment integrity check for the professionals in training.

Methods: A cohort of 21 therapists was trained to perform ReAttach with a group of children (n=83).

The behavior of this group of children was assessed with the Children Behavior Checklist (CBCL), before and after five ReAttach therapy sessions.

Results and Conclusions: the data reported here supports the hypothesis that ReAttach may be an attractive experimental treatment for children with psychological complaints. Although these therapists were newly trained, and therefore relatively inexperienced, a significant reduction of all (sub)clinical scores on the CBCL was found.

Key words: attachment, treatment, schema therapy-children

Declaration of interest: none

Corresponding author
Paula JPW Weerkamp-Bartholomeus, MSc.
ReAttach Therapy Institute
info@reattach-therapy-institute.com

1. Introduction

ReAttach is a multimodal intervention based on attachment, arousal regulation and the change of information-processing and cognitive structures (Bartholomeus 2013, Schneider 1997). It has shown to be an effective treatment for maladaptive emotional patterns of adults (Weerkamp-Bartholomeus 2015). Given the fact that maladaptive functioning already starts in childhood (Bowlby 1969/1997), it seems important to start schema therapy as soon as possible. In order to develop an effective child and family schema intervention, it is important to incorporate both the parent and child and work on both sides of the parent/child relationship.

This study investigates the effectivity of the ReAttach intervention for children ages 6-18 with the hypothesis to find positive reliable changes in terms of reduction of problem scores on the Children Behavior Checklist (CBCL) after 5 sessions ReAttach.

I. Methods

Study population

A group of 21 educational therapists was trained by the author to perform ReAttach with a group children and parents. Each family was offered five sessions of ReAttach with the child and one session with the parents, taking place within 10 weeks. Parents filled out the CBCL questionnaire prior to and after the five sessions of ReAttach, in order to assess the extent of the psychological problems of their child.

The flow of participants is depicted in **figure 1** 109 provided written informed consent, 12 families were excluded: due to lack of clinical/borderline scores on the questionnaire or because of contra indications (**table 1**).

At the start 97 families were included, and 85 completed the procedure of five sessions. 12 dropped out: 3 were not motivated to go on after the first session and 3 were not able to follow through due to personal circumstances and 6 parents were not able to participate at all. 2 post tests were not completed, and therefore 83 participants were used in order to assess the effects of ReAttach. The flow of participants is shown in **figure 1**.

Child behavior checklist (CBCL)

The Child Behavior Checklist (Achenbach 2001) measures with 118 items the emotional and behavioral problems of children 6 to 18 years of age. It is completed by parents. The items are rated on three-point scales with the anchors being 0 (not true) and 2 (very true/often true). Scores on the CBCL can be used to obtain indices of internalizing problems and externalizing problems. The summed score of all items represents a Total Problem score. The psychometric properties of the original version (Achenbach 2001) and the Dutch version (Verhulst 1996) are adequate.

Submitted November 2014, accepted April 2015

Figure 1. *Flow of participants*

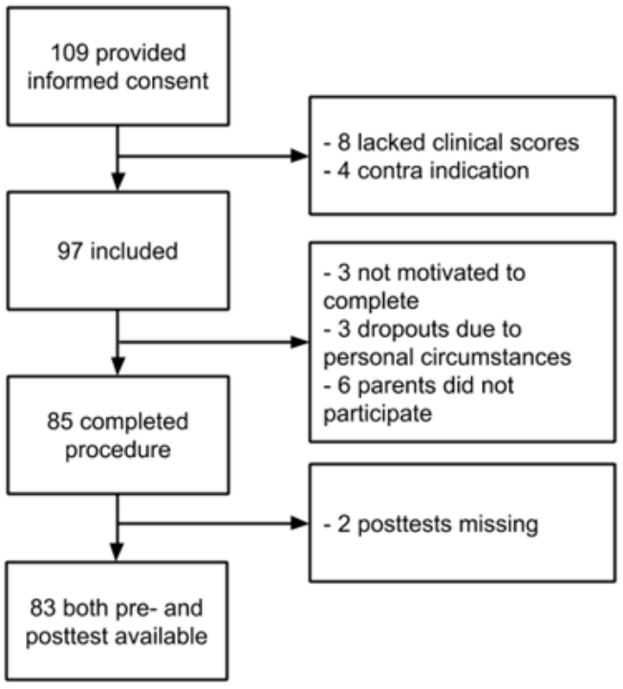


Table 1. *Exclusion criteria for ReAttach*

Exclusion Criteria for ReAttach	
CBCL pre-test	No clinical or borderline scores (N=8)
Contra Indications	Autism (3)
	Family Crises (1)

II. The ReAttach method

The ReAttach method applied in this study was previously described (Weerkamp-Bartholomeus 2015).

ReAttach procedure

The therapist begins by regulating the arousal level of the participant. This is achieved through altering the therapist's attitude, voice, presence and attention and also through tactile input by tapping the participant's hands. Simultaneously, the therapist stimulates multisensory channels, using both verbal prompts and visual exercises.

ReAttach starts by letting the participant focus on negative information. The therapist's main objective is to restore healthy information processing. This is achieved by externally influencing the participants arousal, to an optimal high level (alert but not anxious) that is necessary to be able to conduct Multiple Sensory Integration Processing (MSIP). The therapist requires fully joint attention, without a sign of anxiety or fear (as during play).

The therapist gives verbal prompts directing towards the concept of self, significant others, theory of mind and social concepts and relationships.

After this part of social cognitive training, the therapists guides the participant towards a very low arousal level (a near-sleep condition) by altering the tapping speed and adjusting his/her attitude and voice. This arousal level is optimal for adjusting concepts and training new skills.

The cues given to the participant during this part of a session differ between early and later sessions. During the first session, the therapist gives verbal prompts (while the participant is at a low arousal level) to collect positive information, such as all good memories. In later sessions, the therapists uses imaginary exposure techniques to learn new behavior and to experience new feelings. In addition, the therapist guides the participant to break up with inadequate coping styles (like dependence and passivity) by asking the participant to imagine himself conducting more adequate coping styles. By training opposite thinking patterns in the low arousal part cognitive bias modification is possible.

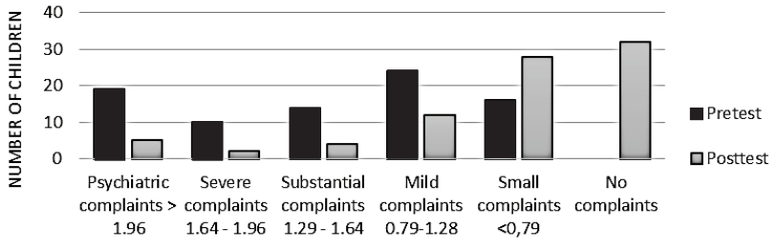
Statistics

Comparison of the means of the total scores on the CBCL before and after 5 therapy sessions was conducted with a paired samples T-test with a 95% confidence of the interval of the difference CIN (0.95).

III. Results

As shown in **figure 2**, the children that participated in this research suffered from small problems to severe

Figure 2. *Severity of problems grouped by deviation scores measured with CBCL before and after ReAttach*



psychiatric complaints. After 5 sessions of ReAttach a large group of parents reported no complaints (n=32) or small complaints (n=28) on the CBCL. Moreover there are less children with psychiatric, severe, substantial, or mild complaints after the treatment.

In **table 1** and **table 2** the results of the comparison of the total mean scores on the CBCL before and after treatment with ReAttach are presented. The number of children in the different group represents children with a B or C score in the pretest measurement. Significant positive changes are observed in all subscales of the CBCL.

In the subscale Attention Deficit /Hyperactivity Problems 6 children with a diagnose ADHD are involved.

Looking at these 6 children no significant improvement was made.

IV. Discussion

Children are the adults of the future. Adults are the children of the past. Parents and children with maladaptive patterns influence each other. ReAttach is a new methodology build form educational psychological

Table 1. *Comparison of mean T-scores on subscales (pre-test B or C) on CBCL before and after ReAttach*

Subscales (pretest B or C)	N	Age (M, SD)	Male	M1, SD1	M2, SD2	M1-M2	t(df)p	ES
Anxious / Depressed	46	9.72, 2.84	47.83%	71.39, 6.26	59.15, 7.09	12.24	12.37(45), 0.000	1.83
Withdrawn / Depressed	39	9.97, 3.13	52.28%	70.67, 5.44	61.72, 8.14	8.95	7.26(38), 0.000	1.29
Somatic Complaints	22	10.50, 3.19	31.82%	70.50, 5.69	60.32, 7.08	10.18	6.54(21), 0.000	1.59
Social Problems	22	10.77, 3.10	59.09%	70.00, 5.11	62.14, 8.06	7.86	5(21), 0.000	1.16
Thought Problems	35	10.34, 3.61	42.86	70.43, 4.00	60.51, 6.91	9.91	9.09(34), 0.000	1.75
Attention Problems	36	10.22, 3.31	41.67%	70.53, 6.22	61.92, 7.55	8.61	8.62(35), 0.000	1.25
Rule-Breaking	12	10.25, 4.14	42%	70.17, 4,11	58.83, 8.07	11.33	7.56(11), 0.000	1.77
Agressive Behavior	26	9.35, 2.95	42.31%	72.92, 7.83	62.35, 9.64	10.58	5.49(25), 0.000	1.21
Internalizing Problems	65	10.03, 3.04	47.69%	68.25, 4.83	57.49, 8.07	10.75	12.14(64), 0.000	1.62
Externalizing Problems	40	9.98, 3.48	50%	66.83, 5.84	57.30, 8.79	9.53	8.23(39), 0.000	1.28
Total Problems	60	10.38, 3.33	50%	66.75, 5.14	55.98, 8.82	10.77	12(59), 0.000	1.49

Table 2. *Comparison of mean T-scores on DSM orientated subscales (pre-test B or C) on CBCL before and after ReAttach*

DSM Orientated Scales								
Subscales (pretest B or C)	**N**	**Age (M, SD)**	**Male**	**M1, SD1**	**M2, SD2**	**M1-M2**	**t(df)p**	**ES**
Affective Problems	46	10.15, 3.41	50%	71.28, 4.90	61.74, 6.82	9.54	12.07(45), 0.000	1.61
Anxiety Problems	45	10.09, 3.20	53.33	70.89, 3.57	59.09, 6.95	11.80	11.80(44), 0.000	2.14
Somatic Problems	16	10.88, 3.32	50%	70.25, 6.04	60.56, 10.79	9.69	4.41(15), 0.001	1.11
Attention Deficit/ Hyperactivity	27	10.96, 3.38	48.15%	69.48, 4.05	63.11, 7.28	6.37	5.13(26), 0.000	1.08
Diagnose ADHD	6	12.17, 4.17	67%	67.67, 1.86	65.17, 5.91	2.50	0.94(5), 0.392	not sign
Oppositional Defiant Problems	25	9.28, 2.82	40%	70.24, 3.36	60.08, 7.96	10.16	7.05(24), 0.000	1.66
Conduct Problems	18	10.28, 4.06	44.44%	70.94, 6.11	60.56, 7.91	10.39	6.80(17), 0.000	1.47
Sluggish Cognitive Tempo	26	10.15, 3.44	50%	68.88, 2.66	61.58, 6.48	7.31	6.44(25), 0.000	1.48
Obsessive Compulsive Problems	34	10.35, 3.07	44.12%	74.03, 6.59	60.53, 7.27	13.50	12.49(33), 0.000	1.95
Post-traumatic Stress Problems	47	10.49, 3.13	48.94%	71.30, 5.65	60.17, 7.28	11.13	12.11(46), 0.000	1.71

insights combined with influences of other treatments. It seems very natural that if we work with children and families both child and parents need to be involved.

In this study we have been looking at pre- post measurements with the CBCL before and after five sessions ReAttach for Child and Family. Pre- post measurements obtained by newly trained therapists show promising results as all subscales and the total scores of the CBCL present drastic positive changes.

Although these results are stimulating they also raise a lot of questions about the impact of these strong effects obtained in such a relatively short period of time.

Measurements with the CBCL filled out by parents raise the question: What kind of changes have we actually seen? Did we observe the decrease of maladaptive schema's of the parents as reflected in the way these parents report about their child's behavior? Are these results a representation of the change of behavior of these children, due to reduction of early maladaptive schemas? From the view of an educational psychologist I think that a combination of these two options is most probable.

It remains unclear whether these improvements will be persistent. Will these children stay clean from maladaptive patterns? Will they become the healthy parents of the future? Are we capable of breaking down the vicious circle of emotional burden that goes from one generation to the other?

The fact that the ReAttach intervention skills can be successfully transferred to colleagues within a week training course strengthens our enthusiasm. This means that it might be available for a large group of children and families within a relatively short period of time.

Acknowledgment

Author thanks all people that have participated in this research. Specially she wants to thank Joe Roosen for his inspiration and support.

References

Achenbach TM, Rescorla LA (2001). *Manual for the ASEBA School-Age Forms & Profiles.* Research Center for Children, Youth, & Families, Burlington, University of Vermont.

Bartholomeus PJPW (2013). *Als praten niet helpt. (If talking no longer helps)*. Bestel mijn boek, Waalre.

Bowlby J (1969/1997). *Attachment and loss: Volume 1. Attachment.* Pimlico, London.

Schneider W & Shiffrin R (1997). Controlled and automatic human information processing: II. Perceptual learning, automatic attending and general theory. P*sychological Review* 84, 127-190.

Verhulst FC, van der Ende J, Koot HM (1996). *Manual for the CBCL/4-18 (in Dutch).* Sophia Kinderziekenhuis / Academisch Ziekenhuis Rotterdam / Erasmus Universiteit Rotterdam Rotterdam, The Netherlands.

Weerkamp-Bartholomeus PJPW (2015). ReAttach a new schema therapy for adults and children? Part I adults. *Clinical Neuropsychiatry* 12, 2, 9-13.