

The ATTACHMENT CLINIC

A support for 0-3 children and their biological parents

For infants and toddlers in the foster care system, having foster parents that are loving, attuned and dedicated can make all the difference in how the child perceives the world. A healthy attachment is crucial for development at this young age.



What happens when the child is returned home?

If the biological parents/family have not had the opportunity to form such a bond with the infant, a second disruption to attachment occurs which can lead to problems with behavior, adjustment or escalate to mental health issues.

Our Target Population: The Attachment Clinic has been designed specifically for biological parents of children 0-3 years of age who have been affected by a DCFS detention and/or other life disruptions. It is a therapeutic program that is aimed at strengthening the relationship between parents and their infant/toddler through sensory exploration and shared positive experiences. Based on this The Attachment Clinic is best run in small groups, the recommendation is a maximum of six parent-child couples, to enable facilitators the best opportunity to support the families and to maximize the benefits for all participants.

The Goals of the Clinic:

- To provide a consistent and safe environment for monitored visits to occur (supervised by therapists)
- To provide parents with psychoeducation about the infant's developmental stages and tools for increased communication and trust building
- To provide developmental play interactions between parents and infants
- Increasing attachment, attunement, and awareness of parents
- Providing direct support to the parents
- Preparing parents for the transition to become full time caregivers again

To refer:

- CSW must identify the appropriate child and biological parent.
- CSW must complete referral form, submit detention report, and complete victim of crime referral.
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Questions:

Call Lina Aranovich, MFTi at 818-745-2515.





The Attachment Clinic
 10200 Sepulveda Blvd. #100
 Mission Hills, CA 91345
 818-745-2515



Application Form

Mother's Name: _____ Mother's Telephone: _____

Mother's address: _____

Father's name: _____ Father's Telephone: _____

Father's address: _____

CSW name: _____ CSW Telephone: _____

In the event of an emergency, who should be contacted?

Name: _____ Contact number: _____

Name: _____ Contact number: _____

Child's name: _____ Child's DOB: _____

Current Caregiver: _____ Telephone: _____

Address: _____

Date of detention: _____ Reason for detention: _____

- | | | | |
|--------------|------------------------------------|----------------|---|
| Parents are: | <input type="checkbox"/> Married | Documentation: | <input type="checkbox"/> Detention report |
| | <input type="checkbox"/> Divorced | | <input type="checkbox"/> MAT |
| | <input type="checkbox"/> Separated | | assessment |
| | <input type="checkbox"/> Widowed | | <input type="checkbox"/> VOC application |
| | <input type="checkbox"/> Single | | <input type="checkbox"/> Release of info |

- | | | |
|-------------------------------------|----------------------|-----------------------|
| <input type="checkbox"/> Session 1: | Mondays & Wednesdays | From 9:30 am-11:00 am |
| <input type="checkbox"/> Session 2: | Tuesdays & Thursdays | From 9:30 am-11:00 am |
| <input type="checkbox"/> Session 3: | Mondays & Wednesdays | From 2:00 pm-3:30 pm |
| <input type="checkbox"/> Session 4: | Tuesdays & Thursdays | From 2:00 pm-3:30 pm |

Please note that the time commitment for the attachment clinic is 2x per week for 1 ½ hour sessions. This may be part of the monitored visit when such visits are ordered as there is sufficient supervision and documentation of the contact between the biological parent and the child.