

PREPARATION CHECKLIST

Date begun	Date completed	Task	Note to self
		Registration form completed	
		Pay deposit to Beatitude House	
		Pay deposit to parenting specialist	
		Begin reading books sent from BH	
		Read Building the Bonds of Attachment	
		Read When Love is Not Enough	
		Send videos/photos of child to BH	
		Symptom checklist completed & sent	
		Financial info form completed & sent	
		Insurance info form completed & sent	
		Consent for counseling completed & sent	
		Lodging arrangements made	
		Parents autobiography completed & sent	
		Child biography completed & sent	
		Carefully read "A Treatment Approach" in packet and on BH website	
		All forms mailed or faxed to Beatitude House	
		Finish reading books sent to you from Beatitude House	
		Finish reading Building the Bonds of Attachment	
		Finish reading When Love Is Not Enough	
		Pay remainder of respite fee before arrival or on first day of intensive	
		Pay remainder of parent specialist fee before arrival or on first day of intensive	

Beatitude House Counseling Center Financial Information

Beatitude House Counseling Center is a not-for-profit Christian Ministry, a tax-exempt 501c3 with the IRS. When a family comes for a two-week Attachment Intensive, each week will consist of five sessions. The daily sessions will average three hours.

The following is the client's financial obligation with Beatitude House Counseling Center:

-The cost of the two-week Attachment Intensive is \$6000. Additional sessions can be contracted at the Intensive rate of \$150/hour.

-Therapeutic respite is part of the Ministry Intensive. Therapeutic respite is \$2000 and is payable directly to our respite provider. We coordinate with the provider, however you need to communicate directly with our respite provider in order to confirm, reserve her time, and make payment.

-Half of the fee - \$3000 - is required up front to reserve the date. This is due upon agreement of the date, or 45 days before the intensive, whichever comes first.

-The balance of \$3000 is due before the intensive begins, or on the first (1st) day the intensive commences. This can be paid in one payment or split into two payments.

-Cancellation fees are paid according to the date of the cancellation. Written notification must be postmarked 45 days prior to the scheduled intensive in order to receive a full refund fee. Less than 45 days before the intensive, your deposit will be forfeited.

Ways that other families have raised support:

- Local church contribution or love offering
- Various fundraisers e.g. bake sales, rummage sales, etc.
- Bank loans
- Service organizations - Kiwanis, Rotary Club, etc.
- Grants
- Adoption agency support - state or private

Agreement

I understand I am responsible for the amount of _____ for services to be rendered during my Attachment Intensive with Beatitude House Counseling Center. Half of that amount will be the deposit fee and the other half will be paid on the first day of the intensive. I understand that transportation, housing, and food are separate from the intensive fee.

Signature _____ Date _____

Form of payment: _____ Online payment _____ Check or money order

DO NOT... DO NOT TELL YOUR CHILD HOW LONG YOU WILL BE HERE!
Don't tell them any more than you're going to spend some time together away from home.

INSURANCE COMPANY INFORMATION
for Beatitude House Counseling Center

NAME OF INSURANCE CO. _____

ADDRESS _____

TELEPHONE # _____

NAME OF INSURED _____

DOB _____ SSN# _____

EMPLOYER _____

GROUP# _____ ID# _____

ASSIGNMENT TO PAY INSURANCE BENEFITS: I hereby authorize payment to the therapist named above of all medical benefits for services rendered by that therapist as indicated in billing statements submitted directly to my insurance company or other third party payer. I understand I am financially responsible for any charges not covered by this assignment.

_____ Insured signature

_____ Date

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PARENTS' AUTOBIOGRAPHIES

Describe your childhood: parents and siblings (positive and negative)

How was emotion expressed? (affection, conflict, and disagreements)

How was discipline administered and by whom?

What role did each sibling play in the family?

Is there a history of...

-emotional illness

-physical, verbal, or sexual abuse

-alcohol/drug abuse or neglect

Describe your current and/or past marital relationships with regard to communication, expression of feelings, emotional transparency (intimacy) and resolving differences.

Describe your current family unit: (positive and negative)

Describe each child and the role they play in your family

How is emotion expressed? (affection, conflict and disagreements)

What discipline techniques are used and by whom? How effective are they?

Describe the importance of GOD in each family member's life.

What are the positive aspects of your family?

How have your dreams been met /not met?

Describe your prayer life.

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CHILD'S BIOGRAPHY

The history of your child's life before arriving in your home is very important. Research their past to help fill any gaps of information you don't already know. This will help us get a complete picture of their early life and their attachment history.

Please include in application packet:

- Medical History- beginning with prenatal (if possible) to present including things like chronic ear infections, any and all prescribed medication, etc.

- Past to present diagnoses

- School history and reports

- Family photos and life book will also be helpful at the time of the intensive

We would like a brief description of your child's first three years of life. Please begin with your child's birth mother and her family. Describe the quality of prenatal, birth and postnatal care she received. Please tell us her age, her emotional well being and mental health, plus how old your child was at the time of the break in the bond with the birth mother. We would also like to know about the father; his age, and his emotional well being and mental health. The family dynamics are important; list ages of birth siblings and their current living situation. Please give us any reports of drug or alcohol abuse, crime, etc. by anyone living or staying in your child's previous family's home.

Also...

- Do you know if birth mother or father had support from their family or church?

- Did either of them have a personal relationship with GOD?

- Did your child have previous knowledge of Jesus or GOD before coming to your home?

And...

List the number of disruptions (where child was removed from family) your child has experienced. Give reason for each; length of time and age in each placement; include the break in the bond with birth mother. What degree of abuse, neglect or nurturing did your child receive in each placement?

Include...

- Describe your impression of your child's response when you first held and nurtured them. How have their problems progressed?

- What other therapy has your family participated in, and what was the outcome?

- Describe an average day in the life of your child; from a home and school perspective.

- What do you hope will occur through GOD during treatment?

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SYMPTOM CHECKLIST (This is to be filled out and sent to BH immediately!)

Date_____

Child's Name_____

Completed by_____

Please rate your child's behavior according to these symptoms.

This checklist MUST be accompanied by additional details. On a separate sheet of paper, describe each symptom rated moderate or severe. Please attach both papers together when completed.

Circle one for each symptom (1-10)

1 NONE 2, 3, 4 MILD 5, 6, 7 MODERATE 8, 9, 10 SEVERE

- | | |
|--------------------------|--|
| 1) 1 2 3 4 5 6 7 8 9 10 | Superficially charming and engaging |
| 2) 1 2 3 4 5 6 7 8 9 10 | Not cuddly on parent's terms |
| 3) 1 2 3 4 5 6 7 8 9 10 | Indiscriminately affectionate with strangers |
| 4) 1 2 3 4 5 6 7 8 9 10 | Sleep disturbance |
| 5) 1 2 3 4 5 6 7 8 9 10 | Difficulty with change |
| 6) 1 2 3 4 5 6 7 8 9 10 | Irresponsible |
| 7) 1 2 3 4 5 6 7 8 9 10 | Inappropriately demanding and bossy |
| 8) 1 2 3 4 5 6 7 8 9 10 | Cannot tolerate limits |
| 9) 1 2 3 4 5 6 7 8 9 10 | Hyperactivity |
| 10) 1 2 3 4 5 6 7 8 9 10 | Lacks trust in others |
| 11) 1 2 3 4 5 6 7 8 9 10 | Aggressive/ intimidating behavior |
| 12) 1 2 3 4 5 6 7 8 9 10 | Stealing |
| 13) 1 2 3 4 5 6 7 8 9 10 | Poor eye contact |
| 14) 1 2 3 4 5 6 7 8 9 10 | Accident prone |
| 15) 1 2 3 4 5 6 7 8 9 10 | Wetting and Soiling |
| 16) 1 2 3 4 5 6 7 8 9 10 | Impulsive behavior |
| 17) 1 2 3 4 5 6 7 8 9 10 | Self mutilating |
| 18) 1 2 3 4 5 6 7 8 9 10 | Destructive of property |
| 19) 1 2 3 4 5 6 7 8 9 10 | Blatant lying (crazy lying) |
| 20) 1 2 3 4 5 6 7 8 9 10 | Sexualized behavior |
| 21) 1 2 3 4 5 6 7 8 9 10 | Poor peer relations |
| 22) 1 2 3 4 5 6 7 8 9 10 | Frequently sad, depressed or hopeless |
| 23) 1 2 3 4 5 6 7 8 9 10 | Lacks cause and effect thinking |
| 24) 1 2 3 4 5 6 7 8 9 10 | Manipulative and controlling |
| 25) 1 2 3 4 5 6 7 8 9 10 | High pain tolerance for major injuries |
| 26) 1 2 3 4 5 6 7 8 9 10 | Highly dramatic for minor injuries |

- | | |
|--------------------------|---|
| 27) 1 2 3 4 5 6 7 8 9 10 | Rage-filled outbursts |
| 28) 1 2 3 4 5 6 7 8 9 10 | Poor hygiene |
| 29) 1 2 3 4 5 6 7 8 9 10 | Nonsense questions and incessant chatter |
| 30) 1 2 3 4 5 6 7 8 9 10 | Entitled attitude, grandiose view of self |
| 31) 1 2 3 4 5 6 7 8 9 10 | Blames/lacks owning problems |
| 32) 1 2 3 4 5 6 7 8 9 10 | Cruelty to animals |
| 33) 1 2 3 4 5 6 7 8 9 10 | Learning lags and/or language disorder |
| 34) 1 2 3 4 5 6 7 8 9 10 | Sees self as victim/helpless |
| 35) 1 2 3 4 5 6 7 8 9 10 | Oppositional /defiant |
| 36) 1 2 3 4 5 6 7 8 9 10 | Exploitative and cruel |
| 37) 1 2 3 4 5 6 7 8 9 10 | Abnormal eating habits (include hoarding) |
| 38) 1 2 3 4 5 6 7 8 9 10 | Physically stiff and tense (especially hugs) |
| 39) 1 2 3 4 5 6 7 8 9 10 | Mood swings |
| 40) 1 2 3 4 5 6 7 8 9 10 | Preoccupied with fire |
| 41) 1 2 3 4 5 6 7 8 9 10 | Fascinated with blood and gore |
| 42) 1 2 3 4 5 6 7 8 9 10 | Identification with Satan and/or evil |
| 43) 1 2 3 4 5 6 7 8 9 10 | Lacks empathy, remorse and conscience |
| 44) 1 2 3 4 5 6 7 8 9 10 | Lacks Christian values (faith, love and compassion) |
| 45) 1 2 3 4 5 6 7 8 9 10 | Incongruent emotions (laughs at others pain) |
| 46) 1 2 3 4 5 6 7 8 9 10 | Trouble asking for help |

This checklist MUST be accompanied by additional details. On a separate sheet of paper, describe each symptom rated moderate or severe. Please attach both papers together when completed.

Now take a deep breath, we understand how difficult that was for you. We would like you to read Isaiah 61:3, then, on a separate paper, describe your child's positive qualities. What they do well? In what ways are they fun to be around? What gifts and talents has GOD blessed them with?

Beatitude House Counseling Center Treatment Approach

Read this carefully to better understand exactly what we do during therapy and what our protocol is.

Philosophy

We provide families safe and effective attachment therapy that is derived from a systemic perspective involving assessment and interventions in the spiritual, emotional, physical and social realm with a Christian world view. The family is considered part of the treatment team and all decisions about treatment take into account their needs, opinions and most of all, safety. Our treatment is never coercive. The entire family is respected and their well being and safety is our utmost concern. The goal of treatment is to provide positive relationship changes in the individual and their family.

The Beatitude House Counseling Center philosophy of treatment is anchored in the knowledge and belief that our Lord Jesus Christ is the ultimate source of healing and we are His instruments.

Description of process

Intake/Admission- A family's suitability for treatment at Beatitude House is determined after the application packet has been received. Our application packet consists of:

- Symptom checklist
- Child biography and parent autobiographies
- School History and reports
- Medical History- past and current medication, treatment history and all prior diagnoses
- Developmental History from conception-this includes birth family history
- Disruptions and moves

This presents us with a good beginning picture of the client/family before they arrive. We continue discussion with the parents for concise explanations concerning attachment history. If a client does not have attachment/relationship issues or attachment disorder referrals will be suggested elsewhere.

If a child, other family member or any treatment team member would not be safe during the treatment then other options are explored. If the family does not appear motivated for the difficult work in store, other possibilities are discussed such as marital counseling in their hometown.

Assessment

We continue to review all the information with the parents on the first day of the intensive. This enhances the joining/rapport building process. A systems approach to treatment allows us to continue to assess all members of the family; their needs and behavior and how they impact one another and how that affects the unit as a whole. Assessment of the progress, which has occurred (or lack of) during treatment, is a critical part of moving forward towards what ever may next be indicated. This progressive approach insures greater success and is ultimately most respectful of the client(s).

Treatment Planning- Assessment and subsequent treatment planning and modification unfold throughout the entire intensive. The basic road map is planned out with the parents at the start and then revised as needed. Treatment planning involves the child at the start of the intensive (depending upon resistance) by asking them how their life is going, are they interested in working on it, and in what areas do they think they need help. This starts a problem list or contract, which we add to as the issues go deeper. Ongoing contracting occurs during all phases of the intensive in order to promote honesty and instill feelings of ownership regarding the outcome of their treatment.

Treatment Techniques

- Nurturing Cradle Hold simulates mother/infant interactions, healthy touch.
- First year of life cycle- discuss what they needed and didn't get even before birth.
- Sentence Completion Form-to assess functioning, identity and resistance.
- Problem list-created by child and therapist for rapport, assessment and contracting
- Psychodrama -carefully monitored role play utilizing Cognitive Behavioral
- Exposure Therapy
- Cognitive Restructuring
- Narrative Therapy / Parent Storytelling
- Contracting/joining- ongoing part of assessment and treatment planning
- Up-regulation/down-regulation- safe structure for expressing painful emotions leads to attunement, healing connection and attachment.
- Physical and emotional feeling identification and expression.
- Apology, forgiveness and acceptance practice.
- Parent/child communication and reciprocity.
- Marital/communication counseling.
- Parent's childhood work.
- Parent education with ongoing feedback regarding what occurred between each session (this includes educating parents in educating others in the community).
- Homework is assigned when indicated.
- Prayer before, during and after treatment.

Safety/risk management plan

We spend a lot of time with parents on the phone and e-mail so they arrive understanding what the treatment is and what it is not. Treatment is always delivered by myself with my wife (parent trainer) assisting. When parents are not in the treatment room participating, they are watching via closed circuit TV in the next room. Holding is always done in a nurturing, cradling fashion and utilizes the parent(s) whenever possible and indicated. It is never coercive! We encourage an out of town therapist to join the family so they can learn how to best support the family back home. We are available at any time (24hrs.) during the intensive if an emergency occurs.

Evaluation/follow up

To evaluate progress the symptom checklist is used after treatment with the before and after results rated. We follow up the intensive with a month of scheduled weekly phone contact, which is included in the fee. We encourage non-scheduled informal contact.

LODGING/ Airports for WAYNESVILLE/ MAGGIE VALLEY

Tell the following facilities that you're coming to Beatitude House Counseling Center and ask for a possible discount.

Smoky Falls Lodge
www.smokyfallslodge.com
1-877-926-7440 \$ 828-926-7440 \$ Fax 828-926-7457
Maggie Valley
stay@smokyfallslodge.com

Country Cabins
888-222-4611
www.countrycabinsmv.com
A mountain retreat in the heart of Maggie Valley. Log cabins, fireplaces, porches with rockers and swings.

Twinbrook Resort
www.twinbrookresort.com
800-305-8946
20-acre resort with sixteen peaceful cottages. Each unit is designed to give you a restful, healthy vacation with all the comforts of home.

Riverlet Motel: Creekside Suites & Rooms
800-691-9952
www.cabins.riverlet.us
Suites are clean, comfortable with all the amenities including refrigerators, microwaves, coffee makers, two queen size beds, and cable TV.

Other possibilities:

- Days Inn of Waynesville 828-452-9009
- Super 8 of Waynesville 828-4549667
- Maggie Valley Creekside Inn 828-926-1301 1-800-621-1260
- Ramada Inn Maggie Valley 828-926-7800
- Scottish Inn 828- 926-9137
- Lake Junaluska Methodist Assembly 828-452-2881, 800-222-4930
- Best Western Maggie 828-926-3962, Waynesville 828-456-4402
- Blue Mtn Inn 828-926-3385
- Carol's on the Creek 828-926-1942
- Microtel 828-926-8554
- Meadowlark motel 828-926 1717
- Mount Valley Lodge 828-926-9244
- Jonathan Creek Inn 828-926-1232
- Rocky Waters Motel 828-926-1585
- Cataloochee Ranch rooms/ cabins 828-926-1401
- Misty Mountain Ranch (828) 926-2710 or Toll Free (888) MISTY22 www.mistymountainranch.com
- Quality Suites (828) 926-0201

DRIVING DIRECTIONS TO Beatitude House Counseling Center

828-926-5591
470 Twin Brook Drive
Waynesville, NC 28785

I-40 west past Asheville
I-40 exit # 20 (Maggie Valley)
South on 276 (Jonathan Creek Rd) 3 miles
Turn Right (west) on Hemphill Rd. 1mile
Turn Left on Shelton Cove Rd. 1mile
Turn Left on Twin Brook Drive (Hemphill Heights) - 14 mph speed sign, 2 mile to us.
Stay on Twin Brook up the mtn. hard rt at mail boxes & up hill
left at house signs (Bradley 470 Twin Brook Dr.- Benitez- Greenfield)
DO NOT turn RT at Newkirk Rd. Go on up the hill from here.
Our house is the next house on the right
You will see a sign that says Heart's Desire
Turn right into our large parking area

From 74-23 exit #102b and take 276 north (follow exit ramp) go one mile,
Left at the Exxon (Soco Road) go a couple of miles
Right on Jonathan Creek Rd (stop light & 276) (2+ miles)
Look for SWAG sign, Aspenglow sign
Left on Hemphill Rd. See directions above

Beatitude House is situated behind our home. Walk under the porch on the right side of the house.

AIRPORTS

The Asheville Airport is the closest (1hr.) but often the most expensive. Knoxville TN and Greenville/Spartanburg SC are both approx.1.5 hrs away. Charlotte and Atlanta are both about 3.5 hrs away but might be the cheapest.

From Atlanta airport take 285 east and north around Atlanta to 85 north. Follow this to 895 north which will lead to 23/441 north. Stay on this four lane through Gainesville, Toccoa and Sylva but stay on 23 as 441 will divert you to Cherokee after Bryson City. 23 north will take you through Sylva and on to Waynesville. Exit #102-B (see from 74-23) above

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Don't tell them any more than you're going to spend some time
together away from home.

You may have figured out by now that it is critical to the success of your child's healing that he/she not to be given any information about the intensive.

Please call us for further explanation.