

Is Camp Attach right for your family?

Diagnoses

1. My child has a diagnosis, given by a licensed mental health professional, of reactive attachment disorder (RAD), posttraumatic stress disorder (PTSD), or developmental trauma disorder (DTD).

YES / NO

2. My child has a diagnosis, given by a licensed mental health professional, related to early childhood trauma and/or attachment.

YES /NO

Early Life

Before my child turned three years old, they experienced...

3. Temporary or permanent loss of their primary caregiver through death, sickness, adoption, or foster care.

YES / NO

4. Physical, emotional, and/or sexual abuse.

YES /NO

5. Physical or emotional neglect.

YES / NO

6. A primary caregiver with a severe mental illness.

YES / NO

7. Patterns of loss (rotation of caregivers).

YES /NO

8. An extreme natural disaster which resulted in loss of safety and security.

YES / NO

9. Patterns of generational trauma.

YES / NO

Child Symptoms

10. My child has 8 or more of the following symptoms:

- Compulsive lying
- Stealing
- Outbursts of anger/rage
- Lack of eye contact with parent

- Need for control over everyone/everything
- Lack of boundaries
- Difficulties with seeking comfort from parent when hurt
- Lack of appropriate conscience development (doesn't feel bad when causing harm)
- "Accident" prone
- Learning lags
- Difficulties with friendships/peers
- Incessant talking/chatter
- Incessant nonsense questions
- Destructive behaviour
- Aggressive/violent behaviour

YES / NO

Family Symptoms

11. Our home is in constant chaos.

YES / NO

12. It is hard to have people over in our home.

YES / NO

13. It is difficult to leave the house.

YES / NO

14. Our family feels fractured.

YES / NO

15. Our family does not function in the way I would like it to.

YES / NO

16. I have a hard time explaining my child to others.

YES / NO

17. My child acts very differently with other people than with me.

YES / NO

18. I fear leaving my child alone with other children or pets.

YES / NO

Parent-Child Relationship

19. I feel as if my child does not care if I am around.

YES / NO

20. I do not feel close to my child.

YES / NO

21. I feel relieved when my child is out of our home.

YES / NO

22. I have difficulties with showing love or affection to my child for fear of being rejected or harmed.

YES / NO

With the Camp Attach program, as I parent...

23. I am willing to significantly change how I view my child and their developmental needs.

YES / NO

24. I am willing to fully participate in *all* the techniques and strategies of therapeutic parenting taught at Camp Attach for 2+ years.

YES / NO

25. I am willing to significantly alter my home and social environments for 2+ years.

YES / NO

26. I am willing to engage in professional mental health treatment for my child, myself, and/or my family.

YES / NO

Total YES: _____

Total NO: _____

50 + YES = _____ - NO = _____

TOTAL SCORE: _____