ARPT Intake Form

Case: Dr. Julie

Client	Name and Last name: Dr. Julie
	DOB:
	Address:
	EC (Emergency Contact):
	Location for Online Sessions:
	Phone:
	Email:
Goals for Treatment	1. **Healing from Past Traumas:** I want to heal from the traumas I've experienced, which have deeply affected my life. 2. **Improving My Physical Well-being:** I believe my physical health issues are connected to my emotional state, and I hope to improve both. 3. **Healthier Relationships:** I aim to develop healthier relationships, not only in romantic contexts but also with my children. 4. **Loneliness and Depression:** I'm tired of feeling lonely and depressed and want to move past these feelings. 5. **Establishing Secure Attachments**: I wish to develop secure attachments in my relationships and move away from my past patterns. 6. **Discovering My True Self:** I need to understand who I truly am, beyond conforming to what others expect of me. 7. **Confidence:** I want to feel better about myself, gain confidence in who I am, and in my actions. 8. **Boundaries:** I need to understand and implement healthy boundaries in all my relationships. 9. **Intimacy:** I seek to experience healthy, respectful, and loving intimacy in my relationships. 10. **The Cycle of Trauma:** I am determined to break the cycle of trauma in my family, especially for the sake of my grandchildren.

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	THE 7 AREAS	
Is there a particular area you feel especially drawn to or interested in focusing on during our work together? In your opinion, which of these areas might be most significantly impairing the development of a secure attachment for you?	• **Safety** • **Trust** • **Choice** • **Responsibility** • **Intimacy** • **Kindness** • **Connection**	**Safety** Physical Safety in Relationships: The client's experiences, particularly in her marriages, where she felt obliged to submit to her partners' desires, indicate a struggle with maintaining physical safety. Emotional Safety: The client's history of trauma and the impact it has had on her mental health shows a lack of emotional safety throughout her life. **Trust** Difficulty Trusting Partners: The client's series of insecure attachments and submissive behavior in relationships suggest a struggle with trusting partners. Intergenerational Trust Issues: The client's observations about her family's attachment styles indicate a possible lack of trust rooted in her upbringing. **Choice** Autonomy in Decision Making: The client's pattern of conforming to others' expectations, particularly in her marital relationships, reflects a struggle in exercising personal choice. Struggle with Self-Advocacy: The client's inability to assert her needs or say no in various situations indicates difficulty with making choices that prioritize her well-being. **Responsibility** Taking Responsibility for Own Well-being: The client's history of neglecting her own needs in favor of others' demonstrates a struggle with taking responsibility for her own health and happiness. Balancing Responsibility: The client's role as a caregiver, both in her personal and professional life, suggests a challenge in balancing responsibility for others with self-care. **Intimacy**

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		Fear of Intimacy: The client's experiences of abusive and submissive relationships point to a fear of intimacy, driven by past traumas. Struggle with Healthy Intimacy: The client's desire for a partner and a healthy relationship, yet repeated patterns of unhealthy dynamics, shows a struggle in achieving genuine intimacy. **Kindness** Self-Kindness: The client's self-neglect and tendency to prioritize others at her own expense indicate a struggle with showing kindness to herself. Receiving Kindness: Her experiences of not feeling supported or valued, especially in times of need, reflect a struggle with accepting kindness from others. **Connection** Connecting with Others: The client's fluctuating energy levels and feelings of loneliness and depression point to difficulties in forming and maintaining connections. Family Connections: The client's troubled relationships with her children and reflections on her family's attachment patterns indicate struggles with forming secure and healthy familial connections.

Medical History or Medical Trauma	**Hip Pain:** I experienced severe hip pain, which was debilitating and prevented me from walking. This incident might be connected to my overall stress and trauma. **Physical Issues:** My physical health issues, such as the hip pain, seem to be interlinked with my emotional state, suggesting a psychosomatic connection. **Trauma:** The traumas from my childhood, though emotional and psychological in nature, could have contributed to my current physical health issues.

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Resource and Resilience	**Resilience:** Despite the numerous challenges and traumas I've faced, I've managed to stay resilient. **Self-Awareness:** I am becoming more aware of my patterns and the need for change in my life. **Creativity:** I enjoy using my creativity, like in art, and I'm actively engaged in the therapeutic process.

Safety and Fitness for ARPT	**Safety for ARPT:** • Acknowledging Trauma: Recognize the depth and impact of the trauma I've experienced, from childhood to adulthood, ensuring that these aspects are addressed in a safe and supportive environment. • Creating a Trusting Therapeutic Relationship: Building a strong, trusting relationship with the therapist to provide a safe space for exploring sensitive issues. • Gradual Exposure to Traumatic Memories: Carefully and gradually revisiting traumatic memories to avoid re-traumatization. • Establishing Boundaries: Work on setting and respecting boundaries in the therapeutic process, mirroring the goal of setting boundaries in personal relationships. • Developing Coping Strategies: Learning and employing coping strategies to manage distressing emotions that may arise during therapy. • Respecting Pace of Therapy: Ensuring that the pace of therapy is comfortable and not rushed, allowing me to process and heal at my own pace. **Fitness for ARPT:** 1. Willingness to Engage: My demonstrated willingness to engage in therapy and explore different treatment models shows readiness for ARPT. 2. Insight into Attachment Issues: Having insights into my attachment issues, such as recognizing patterns of submissive behavior in relationships and the impact of childhood trauma, indicates fitness for ARPT.

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	3. Desire for Change: My expressed desire to change my current state, improve my relationships, and break the cycle of trauma signifies a readiness to participate actively in ARPT. 4. Ability to Reflect on Personal History: My ability to reflect on my past, including my family dynamics and personal relationships, suggests that I am fit to undertake the reflective work required in ARPT. 5. Understanding the Link Between Physical and Emotional Health: My awareness of the connection between my physical ailments and emotional state indicates a level of self-awareness beneficial for ARPT. 6. Motivation to Improve Intergenerational Patterns: Recognizing the intergenerational transmission of trauma and my motivation to alter this pattern for my children and grandchildren is a key indicator of my fitness for ARPT.

Attachment History:	• Insecure Attachments: I've consistently formed insecure attachments in my relationships, particularly with men. • Childhood Trauma and Neglect: My childhood was filled with trauma and neglect, which has shaped my attachment style. • Submissive Behavior in Marriages: In my marriages, I've often been submissive, sacrificing my own well-being to conform to my partners' wishes. • Intergenerational Trauma: I recognize the presence and impact of intergenerational trauma in my family, affecting both myself and my children.	
Attachment Style:	**Individual**	**Caregivers**
	• Fearful-Avoidant (Disorganized): I often feel overwhelmed in relationships but at the same time, I crave	• My Mother's Attachment Style: My mother's reaction to my twin brother's death and her emotional unavailability suggest she had an anxious attachment style. I remember her often being in tears and seeming emotionally

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	connection. This contradiction in my feelings seems to point towards a fearful-avoidant attachment style. In my past, I've been submissive in relationships, struggled with my self-identity, and I've noticed that I fluctuate between wanting closeness and then withdrawing. • Influenced by Past Traumas: My traumatic experiences, like childhood neglect and the dynamics in my marriages, have led to a mix of anxious and avoidant behaviors, which is typical for someone with a fearful-avoidant attachment style.	distressed, which makes me think she struggled with anxiety in her relationships. • My Father's Attachment Style: My father had strong anger issues and his behavior was inconsistent – he could be nice when drunk but aggressive otherwise. This makes me think he might have had an avoidant attachment style. He was emotionally distant and seemed to avoid real emotional connections. • Intergenerational Patterns: Looking at my family history, I've noticed a pattern of insecure attachment that seems to have been passed down through generations. There's a mix of anxious and avoidant behaviors in my family's past that I can see reflected in my own relationship patterns.
Current Attachment Stressors:	1. Loneliness and Depression: I frequently feel lonely and depressed, which affects my current state of attachment. 2. Difficulty in Forming Secure Relationships: My history of insecure attachments, particularly in romantic relationships, is a significant stressor. 3. Intergenerational Trauma: The trauma that has been passed down in my family affects how I connect with others, including my children. 4. Struggles with Self-Identity: My constant effort to conform to others' expectations has led to a struggle in forming a secure sense of self, which impacts my relationships. 5. Challenges in Setting Boundaries: My difficulty in asserting boundaries in relationships, historically and currently, adds stress to my attachments.	

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Attachment Resources:	• **Awareness of Patterns:** I recognize my patterns in relationships and the need to change them, which is a critical resource for healing. • **Engagement in Therapy:** My active participation and engagement in therapy, including the willingness to explore new models and techniques, are significant resources. • **Resilience:** My resilience, despite numerous challenges, is a key strength in working through attachment issues. • **Creativity:** My interest in creative pursuits, like art, can be utilized as a therapeutic tool in understanding and expressing my feelings. • **Desire for Healthier Relationships:** My strong desire to build healthier relationships and break the cycle of trauma is a motivational resource. • **Openness to Learning and Growing:** My openness to learning about myself and growing from my experiences is a valuable resource for attachment repair.
Attachment Resourcing Interventions	1. **Secure Self Intervention** 2. **Secure Attachment Circle** 3. **Secure Attachment Rooms** 4. **Attachment Reassurances** *Throughout this therapeutic journey, you are encouraged to regularly revisit and reflect upon the following key areas:* **Attachment Reassurance (AR) Process:** A therapeutic technique designed to reinforce the sense of security and safety, often by identifying and utilizing internal and external resources for emotional support. **Attachment Re-Sourcing (ARe-S):** This involves identifying and cultivating internal and external resources that can serve as 'secure bases'. These might include supportive relationships, personal strengths, positive memories, or even symbolic objects that represent safety and comfort. **Attachment Mapping:** Mapping out attachment patterns and histories to understand and visualize the client's attachment style and its impact on their current functioning and relationships. **Reflective Functioning:** Encouraging clients to reflect on their own mental states as well as those of others to better understand the dynamics in relationships.

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	Mindfulness-Based Techniques: Utilizing mindfulness to help clients become more aware of their present emotional states and reactions, fostering a more grounded sense of self. **Emotion Regulation Skills:** Teaching clients how to effectively manage and respond to intense emotions that may arise from attachment-related issues. **Experiential Exercises:** Activities such as role-playing or guided imagery that help clients explore and understand their attachment-related experiences in a safe therapeutic setting. **Safe Haven and Secure Base Scripting:** Creating mental representations of secure and comforting relationships or scenarios to help clients develop a sense of safety and security.
Trauma History:	*List of the Incidents from most disturbing to least disturbing*
	1. Death of twin brother (Adam) when I was 8 months old. Dad told me this story. He was in hospital for a month before he died. When she came home the day, he died she took one look at me and burst out into tears. That was the day I lost my mother. Dad told me Mom took the bus to the cemetery every day.
	2. Accused of being a thief. I was 8 years old, my sister Louise (5) and I were sent to get some things from the store. When dad realized we spent more money than the things he sent us for he accused us of being thieves. Told us he was calling then police. Mom said nothing. 3. Piano Lessons..We lived south of the city. I had to take the bus to the city for my lesson. I was to meet my dad at his work place at 4pm sharp. He would yell at me if I was late. He had already been drinking but the time he finished work, we would first go to a bar close by for a few drinks. It served food and I was able to have something to eat while he drank. We then had to stop at his favourite pub on the way out to the country for just a couple of beer. He never drank in the small town where we lived. He didn't want anyone to know., It was never just a couple of beers…. I often fell asleep in the car. I felt like I was invisible. Terrorized on the way home with his erratic driving under the influence. I quit taking lessons when I was 12. It was too scary to drive home with Dad under the influence.

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	4. First date when I was in grade 11. I was invited to go to the school dance. Mom and Dad were happy. He was a nice Jewish boy. I remember the dress that I made…teal blue and white with a white scarf. When it came time to go on the date I cried and told mom I didn't want to go. She said I had to go. She said I needed to find a husband. I didn't want to get married.
	5. Early in marriage George asked me if he could tie me up. I said yes… I thought that's what all wives did. I believed I had to do what I was asked. Later when he showed me a video he as watching of a woman being raped I was touched that he trusted me enough to show me the movie.
	6. When I was in medical school I did an elective in Chicago. During a surgical rotation in the senior resident asked me to read the XRAY. I stuttered. Without a moments hesitation he turned to the male resident and said "would you please show this young female doctor how to talk like a doctor." This spurred me on to become a cardio-thoracic surgeon.
	7. My mom died when my boys turned 6. We had just started to bond in a new way and she died. I was angry she had abandoned my children. None of them got to know their grandmother. Later I found out that she had talked to my sister when she came to visit right until the end. She never talked to me the last 8 weeks of her life.
	8. I left my George shortly after my father died. I had spent three days at the hospital. The day my dad died I got back home in the afternoon. I was exhausted and was wanting to be held. George decided to go to his usual music night with his friends instead. He left me alone.
	9. Paul and I were having an affair. It started when we were at a medical conference together. We talked the same language and had lots of common interests in medicine. Evenuatlly he admitted that he was into BDSM.. Having had the experience with George I thought I could do this. Maybe I could redeem what happened. I agreed to be the submissive. I I will never forget the night I allowed him to rape me. When I asked why he did that he said "Because I could" I cried myself to sleep for three nights after that. I never told him how it felt until after I had left him
	10. The death of my close friend Ray. She was my confidant. I feel lost without her. She was the first person I really allowed my self to get close to as a friend.

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Attachment Blueprint Incident (ABI):	*This will be filled out in the session once the attachment Repair is initiated.* Accused of being a thief. I was 8 years old, my sister Louise (5) and I were sent to get some things from the store. When dad realized we spent more money than the things he sent us for he accused us of being thieves. Told us he was calling then police. Mom said nothing.