
Autism: is there a place for ReAttach therapy?

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Book Review

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Review of the book *Autism: is there a place for ReAttach therapy?* edited by Paula Weerkamp-Bartholomeus.

The book *Autism: is there a place for ReAttach therapy?* edited by Paula Weerkamp-Bartholomeus is new monograph in the field of psychotherapy and support for patients with mental health problems. The content of the book has contributions by international professionals working in the field of clinical psychology, psychiatry, immunology as well as genetics. It is organised into a preface and five separate chapters, which are briefly analysed below, presenting a differentiated but coherent perspective of the ReAttach approach proposal.

The Preface and Epilogue by Michael Fitzgerald are two sections that bind the contents together. The beginning entitled “Sentimus ergo sumus: we sense therefore we are. ReAttach”, points out the core assumptions of ReAttach which are as following: the orthopaedagogical background, the integrated therapeutic perspective (sensory perception, emotion and cognition) and a dimensional rather than categorical approach. This means that separate psychiatric diagnoses is not so important, due to the fact that mental health problems are comorbid. The ending gives the

readers the future perspective and sums up the ReAttach results.

The contents of the book might be divided into two sections. The first is strictly related to biological aspects of autism and the second is dedicated to the ReAttach treatment analysis.

Autism is the core topic of two chapters: **Chapter 2 entitled “Oxytocin and autism spectrum disorder”** by **Donatella Marazziti and Federico Mucciand** and **Chapter 5 entitled “Autism: genetics or epigenetics?”** by **Alexander B. Poletaev and Boris A. Shenderov**. These texts present the contemporary research finding in the field of the biological, genetically and prenatal critical development conditionals of autism. Also the background of autistic characteristics located in the imbalanced secretion of hormones and neurotransmitters is discussed. The biological fundament of attachment and social engagement is related to the level of oxytocin and either genetic or environmental variables might be responsible for the neurological damage. The authors discuss findings on oxytocin receptor genes in ASD familial studies and came to the conclusion that novel effective treatment for ASD patients should be concentrated on the reduction of pathophysiology abnormalities. This

conclusion seems to be also adequate for improving the functioning of patients with differentiated mental diseases who suffer from social problems.

The second part relating to ReAttach therapy consists of three chapters.

Chapter 1 entitled “Indication of ReAttach within modalities of therapy: an improved ontology?” by Soren Petter seems to be the fundamental theme in the book. This introduces the theoretical background and rationale of the therapeutic proposal, however it is paraphrasing the conclusion by Descartes. The core assumption stems from the fact that higher levels of cognitive processes are based on sensory processes which give core information about the self and the external world to construct the cognitive representations. This might be understood as the most critical and innovative part of the ReAttach approach however it seems not to be stressed strongly enough in the ReAttach description. Although this is not a comprehensive description or step-by-step guide to ReAttach therapy, the reader might be interested in decoding the sensory processes engaged in the ReAttach intervention. The basic elements of the treatment are concentrated on (1) Joint attention and connection, (2) Proactive arousal and partial affect regulation, (3) Optimal schema processing, threat activation and de-activation, (4) Cognitive bias modification and (5) Sensory and narrative differentiation and re-narrating.

The chapter ends with brief description of three case-studies of patients with Oppositional Conduct Disorder and Attention Deficit Disorder who receive ReAttach sessions each with good results. However the content of this treatment seems to be very complex and multidimensional and it might be considered as short-term therapy due to the fact that in general it takes only five sessions. Although short-term therapy, if concentrated on particular problem solving is often effective in highly

motivated clients, the treatment effectiveness in the case of very complicated and comorbid mental problems seems to be doubtful.

Chapter 3 entitled “ReAttach Therapy: a new hope in the treatment of anxiety disorder” by Ashutosh Srivastava presents the treatment proposal for mental health problems related to anxiety as a primary symptom. According to DSM-5 there are anxiety disorders, obsessive-compulsive disorders, and trauma and stressor-related disorders. ReAttach Therapy gives an opportunity to deal with anxiety by working on the physiological, emotional as well as cognitive levels.

Anxiety is usually caused by failure anticipation and fear in response to current events. To reduce this negative emotion, ReAttach core mechanisms engaged in the process of anxiety reduction are based on the evidence that tapping with the appropriate level of pressure triggers the oxytocin secretion, which afterwards stimulates the safety feeling. The increase of tapping pressure might stimulate attention due to both cortisol and dopamine. In general ReAttach can regulate arousal, secretion of oxytocin and mimic safe attachments while creating joint attention as well as cognitive modification.

After a brief presentation of the theoretical background of the treatment which is related to arousal regulation, oxytocin balanced secretion and joint attention stimulation, multiple sensory stimulation and processing, conceptualization and cognitive bias modification, three case-studies are briefly described. Usually the effective therapy of anxiety disorders is based on Cognitive Behavioural Therapy with 15-20 sessions so the short-term therapy with ReAttach seems to be doubtful especially if the problems are very heavy and long-lasting (e.g. PTSD).

Chapter 4 entitled “Treatment of autism aspects and overlapping symptomatology from network perspective of clinical neuropsychiatry” by Paula Weerkamp-

Bartholomeus presents the effectiveness of ReAttach treatment in two separate studies. One is related to ASD and the other one to differentiated symptomatology and risk behaviours. In the first study the preliminary diagnosis of ASD is based on the checklist filled by therapist who examines 12 developmental milestones before and after the treatment. The results of pre-test and post-test showed significant positive effects in all 12 areas of development in patients whose tested abilities were extremely low. These results are very optimistic however as there are some important methodological issues to be discussed before reaching the conclusion. Firstly, the tested group was strongly heterogenic in age, the age range was from 7 to 37 years and secondly the method of variable operationalisation is not clear. How does the self-reflection at the fourth point-level in the seven-year-old child with ASD compare to the 37-year-old adult? Similar questions should follow each developmental skill assessed.

The second study is based on the results of a self-report questionnaire for adults with mental problems (CSE-R) and a questionnaire for parents of children with mental health problems (KKL). The results of pre-test and post-test showed significant positive effects of ReAttach treatment however there few unclear

methodological aspects again. Due to the fact that the tested group was extremely heterogenic (the age range from 7 to 74 years) the self-report assessment method for adults seems to be inadequate for children.

ReAttach is an integrative proposal for patients with mental health problems. It is made up from the following components: arousal regulation, tactile stimuli and joint attention, multiple sensory integration processing, conceptualization and cognitive bias modification. It might be supportive to foster multi-sensory-processing and reduce maladaptive schemas, through the sensory perceptions and tactile stimulation, sharing attention and perspective taking and cognitive processes modification. This new intervention proposal seems to stem from actual biological and psychological knowledge as well as to lead to positive outcomes and effects. However presented studies should be more precisely described and more research should be done to get final conclusions on evidence-based treatment. Due to the fact that mental health mechanisms are very complex and related to endless conditions and factors it should be taken into account that adequate diagnosis is the core element of appropriate therapy which should engaged evidence-based methods.

Key words: *autism, reattach therapy, clinical neuropsychiatry, book review.*

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