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TREATMENT PROTOCOL

Philosophy: It is essential for parents to be a part of the therapy process. Parents need to learn the skills necessary to help their children attach to them.

Description of processes:

Intake/Admission: I receive referrals from Missouri Children's Division Adoption (and post-adoption) units. I also receive referrals from residential facilities, other therapists, other parents, school social workers, and some self-referrals who have seen my name on the ATTACH or Nancy Thomas websites or who have heard me speak at workshops or parents groups. For parents who are not interested in (or cannot be talked into the process) in being an integral part of therapy, I would refer them elsewhere. As I do home visits only, if they are too far away, I refer them to other attachment therapists.

Assessment: I take a history of previous therapy, try to obtain previous psychological/neurological/psychiatric evaluations (or get the caseworker or parent to obtain one for the child), obtain school reports (including IEP's, testing, etc.), obtain hospitalization/medical history, obtain placement history, abuse/neglect history (including drug/alcohol abuse by birth parents), obtain general social history – including attachment history, obtain information on family functioning/dynamics – especially looking for triangulation in the family itself and parent's own attachment issues. Other assessment tools I have used: RADQ; PTSD Symptom Scale, Sentence Completion Test for Adolescents, Structured Interview for Disorders of Extreme Stress – NOS, Beck Depression Questionnaire.

Treatment planning: Setting mutually agreed upon goals based on assessment and diagnosis – what is most important to the parent – such as increased compliance with parental requests; decreased stealing, less frequent, less intense, and shorter temper tantrums, etc. Other goals include developing increased trust, ability to regulate emotions, resolution of early losses, increased impulse control. Parents/or guardians also sign Psychotherapist-Patient Services Agreement and Consents for Releases of Information.

Treatment techniques used: (See attached checklist)

Safety/risk management plan:

I do not do any holding myself, nor do I do anything that would cause physical discomfort to the child, parent, or myself. I remind parents of the importance of not using punishment and of never hurting the child (physically or psychologically – in compliance with the White Paper). I teach parents how to do containment holding (if child is endangering self or others) and caution parents about containment holding if they are angry. If the child is too large to safely contain at home (if the child has become violent), I advise parents to call 911.

Evaluation/outcomes/follow-up:

My clients have my phone number if they have any further problems or setbacks. I evaluate effectiveness of therapy by having the parents redo the RADQ in another color. I also evaluate by using behavioral outcomes – such as school grades and comments, behaviors at school/home (lying, stealing, self-destructiveness, running away, promiscuity, lack of eye contact, lack of affection, lack of compliance, aggressiveness/violence to others or animals, etc.). I look at their peer relationships, parent/child relationships, self-esteem, reduction of anxiety and

disassociation, and absence of: severe behavioral problems, nightmares/flashbacks, cognitive distortions, temper tantrums, school detentions, depression, concentration problems.