

*THE RELATIONSHIP CENTER OF ST. LOUIS*  
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## **TREATMENT PROTOCOL**

### **Philosophy**

The Relationship Center of St. Louis treats families who are struggling to establish and maintain secure, safe and mutually satisfying relationships with each other. We believe that over 60 years of attachment research has confirmed that in order to develop socially, emotionally, physically, cognitively and behaviorally, all children need an attachment relationship with a significant caregiver that is characterized by emotional security and safety. Children who experience loss, trauma, neglect or abuse as well as those who are making a transition to a new attachment figure, may suffer a break in their developmental trajectory which threatens the very relationship which is so vitally important.

Based on current research in attachment and neuroscience, we have chosen Dyadic Developmental Psychotherapy (DDP) as our primary intervention model. It is well recognized in the attachment literature and it has been proven effective as an evidence-based treatment. The main premise of this approach is that the quality of the parent-child/youth relationship has a strong influence a child's/youth's development. It is a family based treatment. The main attachment figures in the family are actively involved.

The Center treats families with children from birth to eighteen years of age. Families who may benefit are those that have completed a domestic or international adoption and are experiencing attachment related difficulties. Children who have experienced trauma, multiple placements in the foster care system or developed attachment problems due to illness, divorce or other issues may also benefit from treatment with DDP. We also serve adults who have a history of attachment related difficulties. Attachment assessment consultation is available. We have expertise in evaluating potential attachment difficulties with both pre-natal and pre and post adoptive parents.

### **Description of Processes:**

#### ***Intake:***

1) Parents/ caregivers will complete a telephone interview with the therapist. Based on that interview, an assessment packet will be mailed to the client.

2) The assessment packet will include a Child Behavior Checklist which will be age appropriate (CBCL), a Dyadic Assessment scale (DAS), a Parenting Profile for Developing Attachment checklist and a case history form which will solicit attachment, medical, developmental, social and educational history

3) Based on the results of that assessment, parents/ care givers will be either referred to a more appropriate provider or will be scheduled for an initial evaluation at The Center. This initial session without the children present will be an opportunity to discuss the parent's/ caregiver's concerns more fully and explain the specifics of the course of treatment.

***Assessment:***

The assessment process involves 2 initial sessions. Sessions are usually 90 minutes long. During that time, the families are evaluated for their attachment history. The first session will be conducted without children present. The therapist will use Questions for Parental Self-Reflection (Siegel & Hartzell, 2003) in order to elicit the caregiver/parents' childhood attachment history and the meaning they now make of it. Children will be observed and then engaged in a discussion concerning their view of the problem during the second session. An evaluation of current family functioning will be made and a treatment plan will be discussed with the family.

***Treatment planning:***

When the therapist meets initially with the parents alone, The DDP model of treatment will be explained. This treatment is designed to repair the negative working model of attachment to caregivers that children sometimes develop as a result of loss, neglect, abuse or trauma.

The interventions or techniques that we use depend heavily on the use of non-verbal interactions. Since trauma often occurs before a child is verbal they often do not have clear memory of the specifics of their early caregivers. Eye contact, voice inflections that match the interaction and a nurturing stance provide safety for a child so they can regulate their emotions when accessing past experiences. The therapists together with the parents collaboratively develop a new experience about past trauma and help facilitate a resolution.

The concept of PACE (the use of playfulness, acceptance, curiosity and empathy) is employed at all times during the treatment process. The parents will have received psycho-education prior to starting sessions with their child for use at home and in the therapeutic room. Parents are fully engaged in the process and are supported and guided by the therapist as the child explores difficult emotions that may bring up feelings of fear and shame.

Sessions are usually 90 minutes in length once or twice weekly. Intensive treatment with longer sessions and more frequent weekly visits may be considered on an individual basis.

***Treatment techniques used:*** Therapeutic techniques are used during treatment. Individual needs and concerns dictate which techniques we employ and when in the process they are used. They include:

- Humor
- Marital therapy
- Narratives
- Nurturing by parents
- Parent education
- Parent holding ( for safety and nurturing)
- Parent present in session
- Separate counseling for parents
- Sessions for siblings
- Video review with parent
- Behavior management for safety

Techniques that we never use include:

- Adults lay on child
- Blanket wrap
- Cause physical discomfort
- Deliberately frighten
- EMDR
- “In your face “ confrontation
- Therapist holding
- Cranial-sacral manipulation, acupuncture or any other physically invasive treatment.

***Safety/risk management plan:***

1. The physical safety as well as emotional safety will be monitored at all times by the therapist
2. Treatment will be interrupted and /or terminated if the therapist determines that anyone involved in the intervention becomes psychologically or physically unsafe
3. No intervention will include physical techniques that may affect a client’s physiological functioning.
4. Parents and other participants in the therapeutic room will monitor and observe the process at all times
5. Light touch will be used only for comfort, support and to emphasize an important interaction between the therapist and client. If there is discomfort or a request not to touch that will be respected. Touching of a sexual nature is never used.
6. No physical pain will be administered to a client by participants in the therapeutic room.
7. No psychological pain will intentionally be administered as well. This includes, shaming, demeaning or degrading a participant in therapy.

Ethical and sound clinical behavior will be employed by the therapists at all times. Clients will be encouraged to discuss any concerns or misgivings about safety during the course of treatment.

**Evaluation/outcomes/follow-up:** At the end of treatment, clients will participate in an interview with the therapist that will ask qualitative questions concerning their experience in and their satisfaction with therapy. Clients will be encouraged to follow-up with their therapist after the course of treatment with new concerns or questions about maintaining the progress made in therapy.