

Horne Family Counseling, Inc.
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Treatment Protocols
July 2005

Horne Family Counseling, Inc. is a private practice that serves families and children that are dealing with serious behavior problems as a result of disruptions in relationships in their early years of development. The children are predominantly adoptive and foster families, although some are living with biological relatives.

I: Philosophy

We believe that: Healthy attachment begins in utero and is necessary to promote emotional wellbeing. When a child experiences a disruption in caregivers often for a multitude of reasons it can have a negative impact on the child's development and emotions. Children and adults who suffer from attachment problems and early trauma can be treated successfully with appropriate attachment-focused therapy that is based on sound attachment theory. Families can be helped and supported to learn the necessary parenting techniques to parent attachment challenged children.

II: Target Population

The families who come to Horne Family Counseling, Inc. are adoptive or foster families who are wanting to repair the damage caused by attachment disruption during the first two years of life and to develop a healthy connection or bond. All of these families have sought out other therapy for their child however, have not been successful. Treatment is offered for children who fall all along the continuum of attachment dysfunction. Due to the impact these children have on a family when they enter the home, families are often in need of services and support. All of the child's pathology is not directed at their adoptive or foster family. It is common for these families to need treatment for Depression, PTSD, and marital problems from living with these children.

III: Level of Practice

I am a therapist with extensive training and experience, who has a specialized attachment practice and provides therapy using a variety of advanced techniques with clients with mild, moderate and severe symptoms.

IV: Program/Practice Overview

Horne Family Counseling, Inc. offers office based therapy from one to three hours as needed and after hours support. Referrals are available for respite, parenting classes, in home parent coaching and parent support group.

V: Description of Services

A. The intake process:

1. Application process includes:
 - a. Letter to the family
 - b. General registration information with identifying information.
 - c. Description of chief complaint
 - d. Medical history
 - e. Medication history
 - f. Testing information (psychological, neurological, developmental, neuropsych, FAS/FAE)
 - g. Behavioral history
 - h. Developmental history
 - i. Social history
 - j. Parent history
 - k. Informed consent information
 - l. Client's rights information
 - m. Professional education and therapist training
 - n. General fee and insurance information
 - o. Release of information forms
 - p. RADQ
 - q. Other assessment instruments as appropriate
 - r. HIPAA forms and releases

B. Assessment:

1. Tools below may be utilized:
 - a. RADQ
 - b. Cline-Helding Adoptive and Foster Child Assessment
 - c. Beech Brook Attachment Disorder Questionnaire
 - d. Attachment Disorder Checklist
 - e. Achenbach
 - f. TSCC (Trauma Symptom Checklist for Children)
 - g. PSI (Parenting Stress Index)
 - h. Projective
 - i. Kinetic Family Drawing
 - j. Seven Item Drawing
 - k. Sentence completion

2. Parent Interview
 - a. Assess level of commitment/burn out
 - b. Assess attitude toward therapy
 - c. Attachment styles/family of origin
 - d. Assess own issues as reported by parents
 - e. Marital/couple issues
 - f. "Good enough parent"
 - g. Assess degree of agreement between interview material and written evaluations, child interview/observation

3. Child observation:
 - a. MIM
 - b. Interactive Process as described in the AACAP guidelines

4. Child interview:
 - a. Evaluation of reciprocity, eye contact, ability to accept touch/comfort from parent, capacity for empathy, capacity to accept parent direction and limits, separation, grief, loss evaluations
 - b. Assessment of child's degree of discomfort/unhappiness
 - c. Assessment of child's core emotions
 - d. Assessment of child's thinking errors

5. Other evaluations/appointments needed

C. Diagnosis

1. Determine fit of RAD diagnosis
2. Other possible diagnosis considered: ODD, Bipolar, ADHD, PTSD, Conduct Disorder, sensory issues, Aspergers, Anxiety, OCD
3. Determine need for further evaluation-psychiatric, neurological, medical etc.

D. Contracting Parents and Child

1. Therapy techniques are discussed
2. Financial contracting
3. Contract for recommended treatment
4. Five Questions for Child

E: Treatment Planning

1. Level of treatment discussed
2. Intensity of services
3. Core thinking errors discussed
4. Treatment Goals
 - a. Improve behavior
 - b. Improve relationships
 - c. Change thinking

- d. Address trauma issues
- e. Support parents

F: Treatment techniques

1. Dyadic Developmental Therapy
2. Psycho-Drama
3. Inner Child Work
4. Writing
5. Making Amends
6. Specialized Parent Strategies
7. Theraplay
8. Filial Therapy
9. Narrative therapy
10. EMDR
11. Parent holding/nurturing

Safety/risk Management Plan

The primary focus in treatment is always safety of client and clinician. The therapist is trained to look for cues that the child may be becoming dysregulated and will hold the child to provide safety and empathy. The therapist is trained in Adult/infant CPR and restraint protocol. No techniques are used which could place the child in danger or risk. Families are highly involved in the therapy process.

Evaluation/outcomes/follow-up

Progress is evaluated by follow up administrations of the Randolph Attachment Questionnaire as well as by parent interview.

Qualification of Staff

Dana E. Horne	East Carolina University	May 1998	MSW
	Appalachian State University	May 1995	BSW

Attachment Training:

Attachment Disorders, MAHEC 5/16/96-5/17/96, 11 hours
 Diagnosis and Treatment of Attachment and Bonding Difficulties 4/29/99 8 hours, Dr. Bill Goble
 Assessment and Treatment Planning for Children with RAD 9/9/99-9/10/99 11 hours Dr. Bill Goble
 Personality Disorders in Social Work Practice 8/5/99, 6 hours
 Attach Conference Alexandria, VA October 1999, 22 credits
 Appropriate Assessment and Interventions with RAD, 12/4/00-12/5/00, 12 hours
 Assessment, Diagnosis and Treatment of Reactive Attachment Disorder September 1999-September 2000 Dr. Bill Goble 250 hours (Trainers included: Dan Hughes October 15-17, 1999 24 hours, Nancy Thomas December 3-5, 1999,

24 hours, John Bergman, January 21-23, 2000 24 hours, EMDR, February 11-13, 2000 Level One, Nancy Thomas, February 18-20, 24 hours, Greg Keck, March 31-April 2, 2000, 24 hours, Joanne May, Sept 29, October 1, 2000 24 hours, other hours completed with Dr. Bill Goble)

Attach Conference October 2000 Minneapolis MN, 22 hours

Attach Conference Greenville, SC. October 2001, 23.5 hours

Dan Hughes November 28-Dec 2001 32 hours

Diagnosis and Treatment of Attachment Disorder 1/16/02 Liz Randolph 6 hours

EEG Biofeedback Larry Van Bloem, LCSW 6/7/02-6/9/02 21 hours

Attach Conference October 2002, Costa Mesa, CA, 19.75 hours

Effective Couples Therapy, 12/18/02, 6 hours

Treatment techniques for RAD, 7/1/04-7/2/04, Dr. Bill Goble, 8 hours

Attach Conference Richmond, Va. October 3-6, 2004, 11.5 hours

Psychopharmacology and the Neuro System, 2/21/05, 6 hours

Treating Complex Psychological Trauma, 4/15/05-4/16/05, John Briere, 12 hours

Training in bold in the last three years totaling 63.25 hours.

Supervision hours: Monthly supervision from 7/01 to present with Dr. Bill Goble, two hours monthly. Plan for further consultation is to continue with Dr. Bill Goble as well as continued regular contact with several other attachment therapists in the state of NC. I also engage in monthly supervision with more traditional therapists in my office practice focusing on ethics, EMDR, personality disorders, anxiety and trauma.