

Treatment Protocol of Palmyra Powell, LISW-CP  
Licensed Independent Social Worker in Clinical Practice  
Comprehensive Behavioral Care  
1620 B Lady Street  
Columbia, SC 29201

Practicing as a licensed Social Worker in Clinical Practice since 1993, I have an extensive range of training and experience dealing with various mental health issues. My central clinical focus is working with children and adolescents. Since 1993, many children seen in my office with their families are special needs, coming from backgrounds involving early trauma, neglect and abuse, and children who have been in foster care or adoptive families. I initially began working with adopted children diagnosed with Reactive Attachment Disorder as a clinical adoption specialist, for Children Unlimited, a Special Needs Adoption Agency. My experiences as a clinical adoption specialist centralized my focus in working primarily with Reactive Attachment Disordered children. In 1996, I began working as a child and family therapist for the Attachment Center of South Carolina at Children Unlimited and worked in this capacity until the Attachment Center closed in 2005. I continue to see and specialize in working with children with Reactive Attachment Disorder in my current practice setting at Comprehensive Behavioral Care.

### **Program/Practice Philosophy**

The philosophy of the services provided in my practice at Comprehensive Behavioral Care involve an understanding that children grow and learn best in families, with each child having physical, emotional, social and intellectual needs at each stage of development. When parents nurture those needs well, children thrive. When caregivers fail to meet those needs, children suffer. Thus, attachment forms the foundation for all future learning and is essential to a child's future success. Therapy focuses on facilitating this developmental attachment between the child and his/her caregivers. Therapy emphasizes constructing a firm attachment based on hope, empathy, reciprocity, attunement, connection, nurturing contact and physical touch. Unresolved issues regarding early traumatic experiences may need to be addressed however, before a child and/or family can be open to receiving trust and the formation of a loving, nurturing and secure, mutually expressive relationship. Services include psychological evaluations, attachment and bonding assessments, outpatient therapy and appropriate referrals and placement recommendations, after determining appropriate diagnosis and treatment plan.

### **Intake/Admission**

Initial contact with a potential client is via phone. An initial intake over the phone will assist in determining the client's level of crisis intervention and appropriateness for my practice. Depending upon a client's needs, a referral may be made to an outside referral resource. If a client is appropriate for treatment in my practice, an initial intake appointment is made with the parents only. Admission into the program will begin with an in-depth application. This application will gather demographics on all individuals living in the home. Additionally, medical, psychosocial, and placement history are obtained through this application process.

The information/Application Packet contains the following and is reviewed with the parents:

- Application for assessment and treatment.
- Developmental History
- Medical history
- Psychological History
- Attachment Disorder Symptom Checklist
- Articles/Reading list
- Parenting Profile for developing attachment

### Assessment

A two hour session is scheduled with the parents to discuss their histories and review the application and other relevant information. The parents and family are informed of the types of therapy available for treatment. The strengths and weaknesses of the various types of therapies are discussed at length to assist in determining which would be most appropriate for their child. Additionally, information obtained on the child will include developmental history, attachment history, medical history, educational history, behavioral and emotional functioning of child, past mental health treatment and or psychiatric treatment. If a child has not received a psychological evaluation within a four year period, then the child is referred to Dr. Michelle Parnell or Dr. Robert Harari for psychological testing to rule out any learning disabilities or neuropsychological problems. Additionally, a psychiatric consult will be made Dr. David Downie if testing determines intervention or a secondary consult is needed. Much time and effort is also made to assist the family in procuring both financial and support resources.

The parents are evaluated for their level of commitment, attitude toward the child, attitude toward therapy/therapeutic interventions, their level of stress, Post Traumatic Stress Disorder, history of mental health/substance abuse treatment, marital issues, family of origin issues, and expectations of the child in therapy. Assessment is multifaceted. Assessment most often includes intervention at various levels with other professionals, to include psychologists, psychiatrists, speech, occupational, physical and educational therapists, all of whom also participate in treatment planning.

After reviewing the application, an in-depth clinical interview with the parents and or caregivers is scheduled and is an essential part of the evaluation. Information obtained includes a review of the completed Autobiographical Questionnaire and completed family mapping. These assessment tools are completed by the parents with the therapist to assess and clarify family of origin issues and parental attachment issues which will impact treatment.

Parents complete the Randolph Attachment Disorder Questionnaire, the Child Behavioral Checklist, the Cline-Helding Adopted and Foster Child Test and Parent Profile for Attachment. Additionally, an observed play assessment between the parent and child using the Theraplay Marschak Interaction Method is completed. The child is then asked to complete the Attachment Potential Art Therapy Assessment and completes kinetic family and self portrait drawings, and "sentence completion task." In conclusion, a modified holding assessment is completed with the child and parent to assess for level of trust, attunement, empathy, communication and reciprocal behaviors. Parent-child interactions are essential to establishing a healthy bond and are essential to the interactions in therapy. These behaviors are observed during the holding assessment, which is always conducted without restraining, in a nurturing, safe and empathic manner.

## **Treatment Planning**

Treatment planning involves reviewing all of the intake and assessment information. Treatment planning is determined by assessment and diagnosis. If future treatment is appropriate, the family will begin parent training sessions, and family/individual therapy. Therapeutic treatments are well outlined for the families and an explanation for each intervention clarified for all parties involved, which may also include other relevant parties such as other therapists, foster families etc. Treatment planning builds on the strengths of each family and includes measurable goals. Most importantly, treatment planning includes informed consent from all parties, along with therapeutic contracting.

A new treatment plan will be developed in coordination with the family that informs the family of their rights, therapeutic duties and direction of treatment. Treatment will continue with the family and a new treatment plan developed if services changes or other therapeutic measures occur. Treatment planning includes goals, measurable objectives and termination criteria that are individualized and specific to client behaviors and diagnoses. Additionally, treatment planning will incorporate all treatment services provided to include psychological, psychiatric, educational and speech/occupational services.

### **Services/Therapeutic Techniques:**

Individual and family therapy

Therapeutic contracting for behavior management, and goals, written and verbal

Theraplay therapy

Eye Movement Desensitization and Reprocessing

Art Therapy

Peripheral Biofeedback

Psychodrama

Nurturing Holding sessions

Narrative therapy

### **Safety Risk Management Plan**

The child's safety is always first priority. Treatment is focused on facilitating developmental attachment in a safe, protective environment where nurturing attunement and empathy are the primary tool for change. All treatment protocols fall under the ATTACH guidelines for treatment. Children are never restrained against their will during holding sessions. Confrontational approaches involving unwanted touch are never a part of treatment. Also, no form of shaming, degrading or demeaning or denigrating practices are used in any part of the therapeutic process. Treatment approach is focused on helping the child and family grow and achieve emotional and physical unity, not focused on pathology.

Therefore, all therapies focus on healing and achieving wholeness. Therapies are gentle and focus on strengths, resources and inner abilities. To further insure safe practices, I request consultation with a team of psychiatrists and a psychologist who work at Comprehensive Behavioral Care. Additionally, I participate in bimonthly Eye Movement Desensitization and Reprocessing peer supervision with other colleagues practicing similar therapies. Also, I receive monthly consultation with an ATTACH registered clinician.

### **Evaluations and outcome/Follow-up**

Treatment plans are reviewed every three months, at which time, the parents complete the RADQ and CBCL. This will assist in determining efficacy of treatment and whether progress is being made. Other treatment providers are included in this treatment planning and evaluative process. If progress is not being made, a child may be referred to appropriate providers and or referral sources. Follow-up with parents is made at 6 month intervals post-treatment to determine positive/negative outcomes.