



Gail Hardman-Woung, LCSW
3939 NE Hancock Suite 210 Portland, OR 97212
www.adoptioncounselingservices.com
503-314-8591

TREATMENT PROTOCOL

PRACTICE OVERVIEW

I provide treatment for individuals with histories of adoption, abuse, neglect, and multiple placements. Many of my clients were adopted internationally and have extensive histories of institutional care. I work with the parents of children struggling with behavioral concerns. These behaviors are associated with disorders which include: Reactive Attachment Disorder, Post Traumatic Stress Disorder, Simple Trauma, Complex Trauma, Developmental Trauma Disorders, and Oppositional Defiance Disorder. My approach utilizes training and information from noted authors in the field of attachment such as: Deborah Gray (over 100 hours of training), Dan Hughes, and Daniel Siegel.

Children who experienced multiple placements, institutionalization, neglect and/or abuse have been traumatized. These children's present behavior is viewed as adaptive. Asking these children to form new trusting relationships may be frightening for a child, particularly one with a pile-up of losses. The basic purpose of treatment is to help families resolve dysfunctional attachment and develop healthy relationships. It is essential to educate parents regarding the continuum of attachment.

PHILOSOPHY

I believe healing for children occurs within a therapeutic family setting. I believe that because emotional attachment results from consistent, frequent, pleasurable interactions with responsive caregivers; parents are a critical component in the healing process. I operate with the philosophy that emotions have a major causative effect on behavior. I believe that when the emotions that cause the behavior change, the behaviors will change.

I believe that most parents are doing the best they can with what they know, and are willing to learn new strategies to help their children to heal. I believe it is important to remain current on treatment and research in the areas of brain development and the treatment modalities that stem from such research.

DESCRIPTION OF SERVICES

Pre-adoptive education for prospective adoptive parents
Individual, Group and Family Therapy
Bonding & Attachment Assessments
Public education and training
Case consultation for therapists and agencies – public and private
Corrective Attachment Therapy for children, adults, and families
Expert Court Witness

LEVEL OF PRACTICE

I have worked in the field of adoption and attachment for 17 years. I hold a 100 post-graduate certificate in Therapy with Adoptive Families. I also hold a 66 hour Attachment Certificate from Deborah Gray (Nurturing Attachments). I have training in Dyadic Developmental Psychotherapy, Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Hypnotherapy. I am fully trained in Eye Movement Desensitization & Reprocessing.

DESCRIPTION OF PROCESSES

INTAKE/ASSESSMENT:

The admission process begins with an in-depth application. The application gathers demographics for mother, father, child, and others living in the home. History regarding the child's prenatal, birth, developmental stages, placements, educational history and mental health treatment is required. Previous assessments are requested as part of the initial intake. I also ask the parents to fill out an RADQ. Children may be referred out for an extensive Psychological Assessment, Occupational Therapy or other services that may be relevant.

TREATMENT PLANNING:

Treatment planning involves reviewing all of the intake and assessment information. We then explore parent-child intersections that may be causing an impasse in the attachment process. We discuss various goals and treatment modalities with the parents and child. Generic plans for families/children include building trust, empathy, attunement, communication skills, and reciprocal behaviors.

TREATMENT

The primary goal in all treatment is to increase the quality of relationships within a family. This is gauged by the quality of physical and emotional closeness reported by all family members.

Treatment includes, but is not limited to:

- Helping parents understand and address their own family of origin and attachment history
- Cognitive restructuring of the child and parents to challenge and re-pattern thought processes that interfere with healthy reciprocal relationships
- Processing the child and family's trauma
- Processing and working through the grief and loss experienced by the child and family
- Treatment of Complex Trauma and children with trauma-attachment disorders
- Timeline development
- Affect regulation (helping a child gain the ability to move in and out of intense emotions)
- Narrative Therapy (puppets, sand tray and drawing are included)
- Role play (puppets, sand tray and drawing are included)
- Psycho-drama (practicing and new behaviors can also include puppets, sand tray and drawing)
- Identity exploration
- Birth family loyalty is examined
- Disclosure of pertinent birth family information
- Issues related to sexualization and sexual trauma are discussed and explored

PARENTING COACHING:

Children with disorders of attachment require a *secure, stable, very consistent, warm, and loving home*. The effective parenting of a child with Reactive Attachment Disorder requires attachment parenting, which is quite different from "normal" parenting. The coaching I provide teaches parents how to:

- Create a healing environment or PLACE, by being Playful, Loving, Accepting, Curious, and Empathic.
 - a. Provide frequent genuine nurturance, attention, and love, verbally and physically.
 - b. Take the lead in providing consistent and frequent affection.
- Create clear and consistent structure. Structure creates a feeling of safety and security for the child
 - a. Set appropriate rules and realistic limits with consistent enforcement.
 - b. Keep an organized home with consistent times for homework, meals, bedtimes.
 - c. Predictable routines develop feelings of safety and security and help an attachment-disordered child learn to experience the caregiver as reliable and trustworthy.

d. Use behavior modification techniques that include reciprocity and natural and logical consequences.

Communicate effectively.

a. Send warm, loving, accepting messages.

b. Use eye contact and touch to encourage your child to listen and hear.

c. Make positive rather than negative statements.

d. Praise and approval must be about specific behaviors and accomplishments.

Discipline in a calm, neutral manner.

SAFETY/RISK MANAGEMENT

All interventions are consistent with the Standards of Practice, and Ethical Standards of ATTACH, the White Paper on Coercion and the Parenting Manual.