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Treatment Protocol

Philosophy

I believe that every human being is a jewel of inestimable value. I believe in the power of couples and families woven together through caring, courage, commitment and connection. I believe in the strengths of families created via adoption, kinship and fostering.

I believe that the therapist is a catalyst for change. I trust in an attachment based, solution oriented and systemic perspective. I have faith in the power of education to guide others to enlightenment and change. I know that parents are the key to healing the complex trauma and attachment disorders of their children.

I believe that the family is a special kind of community in which each member has rights and responsibilities. I believe in the ability of parents to become members of successful parenting teams.

I know that parents need to understand their own attachment and developmental history. As they explore their own life narratives they will gain in understanding. They will recognize their assumptions and limiting beliefs. They will be able to balance the agendas of all the members of their family. They will be able to accept all emotions but learn to manage challenging behaviors. My role is to support parents as they learn to interact with their children in a playful, loving, calm, accepting and empathic framework. We will all grow and heal together.*

* Based on the work on Dan Hughes Ph.D.

Description of Processes

Intake/Admission

The Intake process begins with a telephone call. I respond to each call and gather a brief picture of the needs and services requested by the family. After obtaining a short history and an overview of the current problem, the parent (s) /guardian (s) are invited in for an initial session. They are asked to bring all copies of all available records to the initial session (e.g. Relevant Medical Records , Psychological Evaluation, Individualized Educational Plans, Family History).

The initial session has the following objectives:

- ❖ To create a connection between the family and myself
- ❖ To provide hope
- ❖ To gather a brief history of the family (pre and post adoption or foster placement)
- ❖ To obtain a clear image of the current challenges
- ❖ To help the parents gain an initial understanding of the impact of Complex Trauma and Disordered Attachments
- ❖ To share my Philosophy of therapy and parenting coaching with the parents/guardians
- ❖ To distribute handouts (about Attachment, Complex Trauma, Dyadic Developmental Psychotherapy {DDP})
- ❖ Informed consent (General, Video, and Holding/Touching)
- ❖ Completion of the Behavior /Symptom Checklist via an interview
- ❖ To send home the initial packets of assessment tools

Initial Assessment Tools

- Reactive Attachment Questionnaire by Liz Randolph
- Child Behavior Check List
- BERs-2 - A strength based checklist of children's behavior
- Multiple Intelligence Checklist
- Teacher Behavior Check List
- Parent Genogram Questionnaire
- Parent Background Questionnaire (created by Daniel Hughes)
- Parent Questionnaire (Daniel Stern)

If a client requires an alternative referral

Clients may request specific services not offered by my office. I have created and maintained a network of colleagues throughout Georgia. Georgia is also blessed with an Adoption Resource site, which has regional counselors, dedicated to helping families find services and resources.

Assessment

The Assessment process begins with the above-mentioned first session. Treatment and Assessment continues with the next two to four sessions. During the initial assessment process I will schedule a series of observations.

Observation 1:

Individual Child

I meet with the child for an individual session. The goals of this session include

1. Differential Diagnosis
2. Exploring the child's perspective on his/her family, challenges and strengths
3. Listening for the Coherency of the Child's narrative (based on developmental age) . Are there gaps? Are there major distortions?
4. Tasks are requested based on the child's chronological age and estimated cognitive/emotional age

Tasks

(Children who do not like to draw are given alternative versions of each task)

- Draw a House-Tree-Person
- Draw a Picture of your family doing something together and don't forget yourself
- Draw a Nest-Bridge
- Draw a picture of your strength
- Draw a scene from your future
- Sentence Completion. (The child is asked to complete a series of incomplete sentence cues)

Observation 2

I observe the Parent- Child Team (dyad) in a session. The observations are completed in 20-minute sets. The observations are scored or summarized utilizing different programs based on the age of the child. A combination of directive and nondirective tasks are included in the observation. Observation Systems and tasks are chosen to match the age of the child.

For Children Under 5

- Emotional Availability Scales
- Functional Emotional Assessment Scales
- Marshak Interaction method

For Children 5-12

- Emotional Availability Scales
- Marshak Interaction Method

For Families with teenagers

- Timberlawn
- Global Assessment of Relationship Functioning (GARF)

After the structured Observations are completed the Assessment continues with the first session of Dyadic Developmental Psychotherapy. The initial therapy session is a key component to the treatment planning process.

Treatment Planning

- ❖ At the conclusion of the initial assessment process, the parents are provided with a treatment plan. The plan will include the following components:
 - ❖ My impressions of the family's strengths and challenges.
 - ❖ Review and Integration of the individual session, observation sessions, initial therapy session, completed questionnaires and autobiographies and submitted materials (reports, school plans etc.) .
 - ❖ A clear statement of what I have to offer through my program this includes an overview of DDP and my parent training philosophy.
 - ❖ Creation of the initial steps to address core issues and target behaviors.
 - ❖ A caveat or caution if this family is struggling with intense external stress (job, elderly parent's health etc.) to begin treatment at this time.
 - ❖ Referrals for other services requested by the family.
 - ❖ Referral for Couple Counseling or Individual Adult Counseling.
 - ❖ If appropriate recommendations for specific evaluations (Neuropsychological Psychoeducational Assessment, psychological, occupational, speech, physical therapy, reading, medical) with a list of resources.

The parenting team is offered the opportunity to ask questions, consult and make a decision if they want to seek continued services.

When the family continues services:

1. An appointment schedule is established
2. Billing , Insurance, Missed Appointment Policy is reviewed
3. Communication Networks are clarified. All clients are provided with my office number, voicemail/pager number, e-mail and fax number. I request similar information and establish the best communication channel.
4. The next treatment-planning meeting is scheduled.

The Average Session length is 50 or 80 minutes. However, the length of the session may vary based on the requirements of Insurance coverage . Families may schedule sessions one to two times per week. As parents gain skills, sessions often are scheduled every other week or even on a check-in schedule.



Association for Treatment and Training in the Attachment of Children

Treatment Techniques

Name _____

Check as appropriate:

- acceptance rituals
- acupuncture
- adults lay on child
- animals
- behavior management
- blanket wrap
- bottle
- brain gym
- cause physical discomfort
- clay art
- cranial-sacral
- deliberately frighten
- drawings
- dream work
- EMDR
- forgiveness rituals
- home visits
- homeopathy
- homework for child
- homework for parent
- humor
- “in your face” confrontation
- journaling
- letters from birthparents
- marital therapy
- massage
- music

	always	frequently	occasionally	never	refer out for this service
acceptance rituals	X				
acupuncture					X
adults lay on child				X	
animals					X
behavior management	X				
blanket wrap				X	
bottle			X		
brain gym					X
cause physical discomfort				X	
clay art		X			
cranial-sacral					X
deliberately frighten				X	
drawings		X			
dream work		X			
EMDR			X		
forgiveness rituals	X				
home visits					X
homeopathy					X
homework for child	X				
homework for parent	X				
humor	X				
“in your face” confrontation				X	
journaling			X		
letters from birthparents			X		
marital therapy		X			
massage					X
music		X			

Check as appropriate:

always frequently occasionally never refer out for this service

narratives	X			
neurofeedback				X
nurturing by parents	X			
nutrition				X
parent education	X			
parent holding	X			
parent observe from another room			X	
parent present in session	X			
parent support group				X
play therapy		X		
psychodrama		X		
puppets		X		
sand tray			X	
sensory integration				X
separate parent counseling		X		
separate treatment for parents				X
sessions for siblings			X	
therapist holding			X	
Theraplay		X		
verbal contract	X			
video review with family			X	
written contract			X	
Other				
Dyadic Developmental Psychotherapy*	X			
Hot Buttons Workshops *		X		
Neuropsychological Evaluations		X		
Psychoeducational Assessments		X		

*Dyadic Developmental Psychotherapy was developed by Dr. Daniel Hughes. DDP is family based and focused on facilitating the child's ability to establish a secure attachment with his/her caregivers.

*Hot Buttons Workshops are designed to help parents stop the cycle of behavior/reaction from spinning once and for all. The workshop will help parents identify their buttons, exactly what pushes them, what they represent, and how to effectively change their reactions and regain their authority.

Safety/Risk Management Plan

1. Safety physical layout of the office is modified to provide a safe environment based on the age (chronological , cognitive, emotional) of the child.
2. Liability, fire and theft insurance is acquired and up to date. I agree to work within and uphold Attach treatment standards.
3. Parents are asked to inform the therapist of all medical limitations (back injuries, allergies) that may impact safety .

Evaluation/outcome/follow-up

Evaluation is ongoing throughout the treatment process. The emotional/behavior symptom checklist is completed at the initial session. The checklist is reviewed and updated during scheduled treatment plan reviews and the final session. A follow up telephone call is scheduled for six months after the close of treatment.

Behavior/Emotional Symptom Initial Checklist*

Name of Child _____ DOB _____

1-10 1 (No problem) to 10 (Extreme Challenge)

<i>Minimal Affective Attunement</i>	Scale	Example
Joy, Humor		
Reciprocal enjoyment (fun, love)		
Eye contact		
Selective attachment/indiscriminately charming		
Empathy		
Guilt/remorse		
Emotional communication		
Inner-state language		
Cause/effect thinking		
Awareness of bodily functions		
Appropriate physical boundaries		
Continuing sense of self		

Pervasive Fear and Shame

<i>Pervasive Fear and Shame</i>	Scale	Example
Excessive need to Control		
Oppositional-Defiant Behavior		
Intense negative affect, rage, terror, despair		
Hurting others, and self: emotional and physical		
Poor response to discipline		
Lies, <i>Excuses, Blaming</i>		
Good/Bad Splitting		
Demanding, Sense of entitlement		
Victim hood Identity		
Destructive		
Stealing		
Hoarding		
Dissociation		
Hypervigilance		
Avoidance of specific thought/feelings/behaviors		

Other target challenges

	Scale	Example

*Created by Daniel Hughes Ph.D , Modified by Wendy Hanevold Ph.D.

Behavior/Emotional Symptom Checklist*

Name of Child _____ DOB _____

Maximize Affective Attunement

<i>Increase/Maximize</i>		Intervention
Joy, Humor		
Reciprocal enjoyment (fun, love)		
Eye contact		
Selective attachment/indiscriminately charming		
Empathy		
Guilt/remorse		
Emotional communication		
Inner-state language		
Cause/effect thinking		
Awareness of bodily functions		
Appropriate physical boundaries		
Continuing sense of self		

Minimize Fear and Shame

Reduce/Minimize		
Excessive need to Control		
Oppositional-Defiant Behavior		
Intense negative affect, rage, terror, despair		
Hurting others, and self: emotional and physical		
Poor response to discipline		
Lies, <i>Excuses, Blaming</i>		
Good/Bad Splitting		
Demanding, Sense of entitlement		
Victim hood Identity		
Destructive		
Stealing		
Hoarding		
Dissociation		
Hypervigilance		
Avoidance of specific thought/feelings/behaviors		

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