

## Treatment Protocol

Name: Bernadine Janzen

Agency: The Allstate Treatment and Training in Attachment Center

Address: 5802 Bob Bullock C1328C-101, Laredo, TX. 78041

Philosophy: Trained families, friends, professionals and communities are the key to support traumatized individuals.

### Description of Processes

Intake/Admission: 16 hours of individual interview of parent, child and community.

Parents - Cline/Helding Adopted and Foster Child Assessment, Individual Interviews, Gestalt Activity, Interaction between Child and Parent Activities/Observations, Interviews of School/Church/Community Members.

Child/ren – Art work, individual interviews, Interaction/Observation between Child and Parent Activities, Interview/s of siblings

If a family is appropriate for the program the last intake sessions reviews my impressions, recommendations and direction for the family. Contracting of the family and the youth (if age appropriate). Contracting is completed in writing for parents and verbally for youth. The parent contracting is specific to the expectations of time, participation and openness are agreed upon by therapist and parents.

Referrals: After review of impressions, observations and recommendations of the family, if not appropriate for the program they are referred to a local therapist, agency or residential facility. A follow-up call or email is provided by the clinician.

### Assessment: Functioning and Needs

#### Parent Interviews

Social history, education successes and failures, attachment knowledge of self, psychological, medical, past and present treatment/s and diagnoses, personal developmental history, intergenerational family functioning, past relationship review.

#### Couples Interactive Activities

CHAFCA (filled out by parent) – Emotional Health, Reactive Attachment Disorder, ODD & Passive Aggressive Behavior, ADD/ADHD, Depression and/or Conflict, FAS/FAE, Sexual Abuse, Potential for Aggressive, Violent, or Dangerous Behavior, Substance Abuse (if applicable), Neurological Disorders, Learning Disabilities and/or Developmental Delay, Sensory Integrative Dysfunction, Giftedness, PTSD.

Child - Interviews, Artwork Expression Activities, Sensory Integrative Activities, Observation of Parent/Child Relationship through Activities, Child Play Activities, Sibling Interaction Activities (if possible).

Community - Past Clinician, Mental Health or Medical Records which are pertinent (notes, diagnoses), Interview of Teachers, Church Members and/or other community activities in which the child participates.

#### Treatment Planning:

During the first session parents and youth decide what level they are ready to participate. Objectives and a timeline of what they believe they can accomplish is decided with help of the therapist. These are reviewed during team meetings with natural and community supports every 3 months or sooner if necessary for revision. A crisis management plan is set up for each family dependent on their current natural supports or community support within the first session. The plan is reviewed at every quarterly meeting with all the team members. Because each family is different parents are taught different strategies/methods to try and are constantly coached in how to gain safety within their homes for all who are in the house. Parents are taught safe containment strategies to keep others safe from a dysregulated child and are taught self management skills to calm themselves when they become dysregulated. The goal is to have the family feel a calmer environment within 6 months of beginning the work. “Calmer environment” is tracked within the treatment plan.

Treatment Techniques: In-home intensive sessions are mandatory for treatment. Parent and child leave each electronic session with homework. Training of parents is a high priority in the program using family education, nurturing, empathy building and training of community members who will and can support the family. Family interactive building activities are common using music, narratives, play, touch, humor, sensory integration, role playing and individual development. Every session is designed to leave

individuals with “things to think about” and work for the next week in order to improve relationships before the next meeting.

**Safety/Risk Management Plan:** Individuals are taught a internal state assessment (how they are feeling) and use it to check in and out of each session and at what level they feel safe presently (parents are asked to use this skill at home with self and child). See Treatment Planning for additional information.

**Evaluation/outcomes/follow-up:** Treatment Plans are reviewed every 3 months by the team of individuals the family has chosen to work with them. Revisions are made to the plan as well as timelines are reviewed to insure expectations are being met. After termination of a family they have 6 months of weekly hourly contact with me. Pod casts are made available to all families to continue their work towards healing their children. They are encouraged to email or SKYPE to ask questions about how the information can be used with their family. Families continue to connect with me for support or reassurance at any time after the 6 months follow-up. The program reaches out to past clients by email once yearly for an update of how the entire family is moving forward. The responses are kept in their file.