

TREATMENT PROTOCOL
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PHILOSOPHY

John Bowlby has stated that the attachment relationship is the blueprint for all future relationships. If disrupted, this creates multiple issues and challenges for a child and their family that continue throughout the child's life. If repaired, those challenges may be avoided, therefore, I focus on helping families repair and re-build that relationship. This can be done proactively (pre-adoption training) or, more commonly, reactively. I do not believe that my client is one individual in the family, but that my client is the relationship between the child and their parent(s). Treatment is guided by this belief and the focus is always on the relationship rather than on an individual. Therefore, I involve the parent(s) in nearly every treatment session and it is imperative that the family be able to attend consistently. I validate and support the family's experience – from the perspective of both the child and the parent(s). I use empathy, attunement (emotional connection and regulation), nurturing, gentle confrontation and humor to help the child process trauma, build trust, a sense of safety and increase bonding within the parent-child relationship. Since all attachment disruptions are created by trauma, I work to help the client resolve and process trauma while, concurrently, helping them to develop a secure attachment relationship. Trauma resolution is done within the context of the developing attachment relationship and the parent(s) is as actively involved in the trauma work, as they are in the attachment work. I utilize treatment based in both the Theraplay®* and Dyadic Developmental Therapy models as well as using therapist directed play therapy, role play and creative therapies.

Parent education is an integral piece of treatment. I intend to create a therapeutic environment in my office as well as help parents create one in their home. I work closely with an experienced home-based worker who is available to help parents create a therapeutic home environment as well as to help implement skills they have learned in the office. Additionally, it is evident to me that trauma is held in the body and it is important to address trauma issues on a "body level". In the office is a skilled Physical Therapist who has significant training from the Upledger Institute and provides Cranio-Sacral Therapy, Myofascial Release and other techniques designed to assist in resolving trauma in the body. Often times, children need other resources to help with issues such as Sensory Processing Disorder, vision problems, neurological issues, etc. I refer to specific community providers that I know have skill in working with the special needs these children may have.

INTAKE PROCESS / TREATMENT PLANNING

Basic intake forms are available on line at www.summitcounselingidaho.com to be downloaded and completed prior to the initial session or they can be completed at the office immediately before your first appointment.

The first session is conducted with the parent(s) alone. This provides an opportunity for the parent(s) to speak freely regarding issues without the distraction of the child or concern about what the child may overhear. At that time, I will complete an extensive assessment that includes gathering information about the parent(s) and child's history, current challenges facing the family as well as their strengths. The parent(s) will be asked to complete checklists that will help evaluate the child's current functioning and issues that need to be addressed. They will be asked to answer a series of questions pertaining to their childhood, family of origin and beliefs about parenting. After the intake is complete, I will conduct an interactive assessment with the

child and parent(s) in order to evaluate the quality and dynamics of their relationship and to identify areas of strength and challenge.

Once the assessment phase is complete, I will meet with the parent(s) and child (depending on age) to determine the best course of treatment. At that time, we will discuss the assessments that were completed, identify specific goals for the family and techniques that will be used. Appropriate referrals to other practitioners (occupational therapy, physical therapy, vision therapy, etc) will be made, if necessary. If the child is not old enough to be involved in this process, the next session will include a discussion of the goals and expectations of therapy. The child will then have an opportunity to provide his/her perspective of the current family functioning, his/her individual functioning and areas he/she would like to have addressed. The expectations and roles of all participants, including myself, will be identified and each will make a clear commitment to work to help the family improve their functioning.

Progress will be assessed every three to four months, or as needed. Each participant will have an opportunity to give input regarding the progress made; what has been helpful or unhelpful and what changes, if any, they would like to see occur. Change in treatment focus or goals will be agreed upon at that time.

SAFETY / RISK MANAGEMENT PLAN

It is of paramount importance to ensure the physical, emotional and psychological safety of each participant at all times; both in the office and in the home. Any violation of this is re-traumatizing to the child and destructive to the therapeutic process. Many of the maladaptive behaviors children with disrupted attachment exhibit are in an effort to allay perceived danger and to feel safe. I place a strong focus on, not only ensuring safety in treatment, but in helping the family ensure safety outside of treatment. I help parents recognize the motivation behind these maladaptive behaviors and teach them to address that motivation prior to addressing the actual behavior. This process is a natural extension of what occurs in the treatment setting.

Trauma theory teaches that a client must be kept within a “therapeutic window” while engaged in trauma resolution work in order for them to feel safe and for the work to be effective. It is my job to ensure that the child and family all stay within this “window”. I do this by remaining attuned and engaged in the process at all times. When I see signs that the intensity of therapy is becoming too great, I will decrease the intensity until the child and/or family is ready for it to be increased. I instruct parents on how to use holding in a nurturing way and also what to do when a child is a danger to themselves or others.

It is my practice to view families as treatment team members and, in my experience; this is the most effective way to treat attachment disruption. When each participant is engaged and committed to therapy, children are able to heal from the damage done in early years.