

Treatment Protocol

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Bethany Christian Services of Indiana's Home Run Program provides pre and post adoption services to families at risk of disruption. We work with foster children, domestically adopted children and internationally adopted children. The families and children with whom we work have experienced a variety of attachment interruptions and, often, have extensive histories of trauma.

Philosophy:

Our treatment philosophy includes the following basic tenets:

- 1. Most parents are doing the best they can with what they know.*
- 2. Parents are a critical component in the healing process.*
- 3. We develop and grow through our relationships with others.*
- 4. Children's healing and be helped or hindered through their relationships with others.*
- 5. It is important to remain current regarding treatment and research in the areas of brain development, theories and treatment techniques related to children, families, attachment and trauma.*

Parents need information, support and honesty regarding the affects of neglect, abuse, attachment, and issues of trauma on their children. Given the right information and skills, parents have the opportunity to facilitate healing on daily basis. They need to understand what they do that is helpful to their children and what they do that might inhibit the healing process.

Children and adults who have a difficult time with relationships will continue to struggle throughout life. They have a right to heal from past traumas and learn new ways of viewing themselves and responding to the people around them. This is done through an atmosphere of playfulness, love, acceptance, curiosity, and empathy. Our work is highly influenced by the teaching and training of Daniel Hughes, PhD; who developed Dyadic Developmental Psychotherapy.

Description of Processes:

Intake Process:

Clients are accepted through two means:

1. Clients call the office directly to inquire about services for families experiencing difficulties after an adoption has been finalized. Depending on whether or not the child was adopted through the child welfare system or through a private agency, they may qualify to participate in the post adoption program (Home Run) at no cost. If they do not qualify, they may contract with us privately to provide therapeutic services.
2. A referral is received from the county child welfare department.

Once a referral is received or family has asked for services directly:

1. Family is contacted, initial information is gathered via phone and an appointment is arranged.
3. Meeting with family is held. Parents are typically met with first and then child (ren) is included with parents.
4. If, during this process, it is determined other services are needed or another type of therapeutic intervention is warranted, the appropriate referral is made.
 - a. Young children are often referred for Theraplay. This is done by giving the family contact information or requesting the referring DCS worker provide a referral for Theraplay treatment. Our staff is currently registered to begin Theraplay training so we may begin to offer this service.
 - b. If marital issues exist and cannot be addressed by the agency therapist, the couple is referred by being given a list of reputable therapists.

Assessment:

While assessment occurs throughout the provision of services, formal assessment occurs over the first two to three sessions. A thorough history is compiled, including accessing previous psychological and medical evaluations. Current concerns and symptoms are noted. The Family Functioning Scale, Child Behavior Checklist and the Attachment Disorder Assessment Scale-Revised are completed. Parents complete an attachment questionnaire developed by Daniel Hughes (used with permission).

Some children are referred for assessments for Sensory Integration, neuropsychological studies, learning difficulties, etc.

Treatment Planning:

Treatment planning is completed with the parents and child. The therapist develops goals based on the issues the parents and child identify. These goals are discussed with the family to ensure goals meet their needs. Parents sign a contract stating they understand and accept the treatment philosophies from which we work. Contracting with children is used only minimally, when it seems a child is highly motivated by a written agreement.

Treatment Techniques:

Dyadic Developmental Psychotherapy is the primary treatment modality used.

This includes the following components:

Use of playfulness, acceptance, curiosity and empathy to increase affect regulation and compliance.

Cognitive restructuring

Psychodrama

Co-creating meaning

Developing timelines

Theraplay activities

Addressing traumatic events in child's / parents lives
Exploring parent/child interactions
Affect regulation
Identification and exploration of shame
Relationship repair

Safety/risk Management Plan:

We work diligently to create a therapeutic environment that minimizes the physical and psychological risks. To ensure physical safety, children are typically seen with at least one parent. Discussions are held regarding how we will react if someone becomes verbally or physically aggressive. We are attuned to the child and parents so that we are aware of difficult feelings and thoughts. If a child becomes physically aggressive, we will take steps to keep everyone safe. Most families are seen in their homes. Other important issues discussed with parents before the child is included in the session are as follows: 1. the occurrence of frequent episodes of acting out, aggressive behavior or verbal aggression. 2. De-escalation through empathy and anticipation of problems before they actually occur. Providing psychological safety is a critical component in preventing physical aggression. We work with parents to help them increase their listening skills to provide a safer psychological environment for their child. We also develop signals with parents to let them know if they are saying or doing something that would affect their child's sense of safety.

Evaluations/outcomes/follow-up:

Progress on goals is assessed monthly. Every six months, it is determined if services need to continue based on progress the family and child feel they are experiencing. Parents are asked to complete an evaluation of services at the end of their treatment.