

Treatment Techniques, page 2

Name _____

Check as appropriate:	always	frequently	occasionally	never	refer out for this service
parent holding					
parent observe from another room					
parent present in session					
parent support group					
play therapy					
psychodrama					
puppets					
sand tray					
sensory integration					
separate parent counseling					
separate treatment for parents					
sessions for siblings					
therapist holding					
Theraplay ***					
verbal contract					
video review with family					
written contract					
other					

*** If you have listed DDP, EMDR, Neurofeedback or Theraplay as a treatment modality that you use in your practice, please provide proof of training with your application.

This form is to be filled out by each individual clinician in a Registered Clinic.