

## Treatment Protocol

✓ Your Protocol will be put onto our website so we expect you to provide specific, complete, succinct descriptions that are family friendly.

***Philosophy:*** In your own words, briefly describe your basic treatment principles and treatment approach regarding your attachment practice.

Finding Hope Adolescent Counseling is a small private practice in northern New Jersey. Therapist and owner Leanne Hershkowitz specializes in helping parents and youth learn to emotionally bond and attach with one another to create loving, affectionate relationships, develop emotional regulation skills, heal psychological traumas and increase overall functioning. Leanne is dedicated to helping families and youth who have been affected by relational traumas including abuse, neglect and other family upheavals, and working with families of all configurations including single parent, same-sex parents, blended families, foster parents and adoptive parents. Leanne utilizes an inclusive approach that requires participation from both parents and youth.

### ***Description of processes:***

***Intake/ Admission:*** Describe your intake and initial assessment procedures including specific tools/ instruments used. Include when and how you would refer a client elsewhere.

The intake process begins with a short phone call to assess what brings the family or parents to seek counseling and set up an initial appointment. First appointments are 1 and a half hours to allow for a more thorough assessment. Often times the first appointment is just with parents but in some cases, the adolescent attends as well. Referrals to another clinician for counseling are made when a client or families needs fall outside the scope of my expertise such as children under the age of 10 or with significant intellectual disabilities. Referrals are also often made for adjunct services such as medication management, couples counseling, etc.

***Assessment:*** Describe how you assess your client's functioning and needs. Include what and how you gather historical information including:

- Social history • Psychological history • Education history • Medical history
- Attachment history • Family functioning
- Intellectual & cognitive skills & deficits
- Treatment history
- Developmental history • Diagnoses

During the initial intake session, parents are asked to share their family's and child's story in as much detail as they know. This includes adoption & birth parent information as available as well as social, psychological, educational, medical, attachment and family functioning history. Parents are also asked to share any available testing or observational information regarding their intellectual or cognitive functioning. Finally, parents are asked to share about any past treatment.

As much of this information can be triggering for adolescents who are not ready or able to process this information, often it is done without the adolescent present. When I meet with the adolescent either alone or with the family. Adolescents are asked to share what

they see as the reasons they are coming to counseling and if they are able to, what do they see as important in their past to tell me about. Adolescents are also asked about previous counseling and what they found helpful and not so helpful.

**Treatment planning:** Briefly describe your treatment planning process; include a description of contracting when used; describe the client's role in planning.

During the initial intake session as well as subsequent sessions, both parents and the adolescent are asked what they feel they need to work on in counseling. Often I will discuss current behaviors and what I see as the potential psychological causes of these behaviors and using that information to create additional goals to work on.

**Treatment techniques used:** Use the *attached checklist* and explain as necessary. Primary treatment modalities utilized:

- Individual Psychotherapy
- Family Therapy
- Canine Assisted Therapy
- Attachment Therapy (DDP)
- EMDR
- Parent-Coaching
- Play Therapy/Theraplay
- Narrative Therapy
- Trauma Therapy

One piece of my practice that sets me apart from other providers is the use of my therapy canine, Harley. Harley is always in the office with me and changes the atmosphere from one of an office to more of a home. He is utilized to create transferable attachment as well as increase emotional regulation. Please see my website for more information on canine assisted therapy.

**Safety/risk management plan:** Describe how you ensure the physical and psychological safety of your clients and yourself during treatment. Be detailed and specific to your practice and setting. See safety principles in ATTACH's *Professional Practice Manual* for guidance.

Due to my training and work in the residential setting, I am well versed in crisis management as well as behavior management. All statements indicating a desire, hope or thought of harming themselves or others is taken seriously and discussed both with the client and when appropriate with the parents. If required, appropriate referrals are made for an intensive outpatient or inpatient program and/or possibly an emergency setting. However this is not done lightly and parents are always informed.

**Evaluation /outcomes/ follow-up:** Explain how you evaluate the progress of your clients; and how you track outcomes of your practice. If you have follow-up procedures, please describe; if you don't describe why.

Parents and student report in each session their observed challenges and progress and periodically more in-depth conversations are held. I also reach out to other professionals or schools, whom I have consent to speak with, to ask about observed progress or challenges in their setting.

In general, parents often reach out to me to share positive news after our work has concluded or to schedule a “reboot” “touch-up” session(s). However, I reach out to families at least once or twice in the year following the completion of our work and then as needed after that.