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Treatment Protocol

Philosophy:

I understand that many, if not most issues that bring one to a therapy – child, youth, parent, couple or family are rooted in early relational conflict or attunement issues with significant adults in their lives. My approach is grounded in Attachment and Trauma informed work, psychoanalytic informed work and is guided by the here and now experience of contact in a constructive working alliance.

I am informed by family and systems theory as well as continuing attention to neuroscience and interpersonal relations. I also appreciate the importance of one having a cohesive integrative narrative about themselves, in the world and in connection to others.

Intake:

I begin with a brief telephone conversation about the issue and the source of referral. In some cases, an office interview will be the best way to allow a check for goodness of fit between myself and the client (individual, couple, family, etc).

Assessment:

The early stage of involvement is geared to an understanding of the issue bring the client to treatment, and an assessment of the impact on functioning of the client of this issue. In addition to determining the nature of the problem and the possible trajectory of treatment, a history is completed sufficient to articulate the goals of the treatment program. We will discuss the nature of the treatment, service contract, fee structure and length of service anticipated.

I will obtain releases and consents to exchange information with collateral service providers, schools, medical clinics or physicians, child welfare or legal representatives, where applicable to a complete understanding of the case and where the client is located in their significant context.

Treatment:

Wherever possible I will provide an overview of what will happen in sessions, between sessions and the likely duration of the treatment process. I will suggest a review of goals and method at appropriate intervals along this course. I will prepare and obtain a consent to treatment for discussion with the clients and obtain their consent (or their consent to the treatment of a minor).

The treatment will follow approaches such as dyadic developmental psychotherapy, attachment focused family therapy, including a psychoanalytic understanding of intergenerational transmission of trauma and human development through the life cycle. The goals of the therapy will be addressed throughout the treatment plan. One aim of the treatment is the creation of experiences in the room that are

relationship enhancing and at the same time, where possible to enhance the development of the use of words (naming of feelings and thoughts, symbolic processing) to integrate the experiences.

Qualifications:

Please see my curriculum vitae attached.

I am committed to continuous learning and professional development and education. I have provided teaching and consultation and supervision to my field. Regardless of the theory or orientation or school of thought I have studied, I have always kept in mind the development of the human being in their psychosocial context and culture. My interests have and continue to be rooted in the nurturing interpersonal relationship that is at the centre of continuing achievement of the full potential of the person.

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