



3548 Bryant Ave S  
Minneapolis, MN 55408  
P: 612.822.8227  
F: 612.825.4204

## **Treatment Protocol**

**Submitted by: Lynn Overvoorde, MS, LICSW**

**Ann Gilligan, MA, LICSW,  
Stephanie Hanson, MA, LPCC,  
Maureen Iqbal, MS, LICSW,  
Kim Masters, MA, LPCC,  
Lisa Holt, MSW, LGSW**

### **Philosophy**

Building a trusting relationship between clients and therapist is central to our work. We value meeting families where they are at in their therapeutic process and seek to come alongside our clients as they heal. We work to empower families and children with the resources and support necessary to strengthen their family system and overall functioning. As clinicians, we continually seek to develop ourselves professionally. We have a strong consultative approach within our team and work collaboratively with other professionals to ensure consistent and effective services.

### **Description of Processes Intake/Admission:**

Our process usually begins with a brief telephone conversation with parent/guardian(s), other professionals, or referring agency to assess the appropriateness of referrals. If identified needs are outside the scope of our practice, other referrals will be provided. An intake is then scheduled with parent/guardian(s) to begin a diagnostic assessment and sign all required documentation (i.e. releases of information, consent to treat). Consent for treatment is required from all legal guardians.

### **Assessment:**

We complete a thorough intake interview with parent/guardians including reasons for referral, developmental history, medical history (i.e. prenatal exposure, developmental milestones), child history with caregivers and families (i.e. placement history and reasons for placement, attachment history), intellectual and cognitive functioning, family and child strengths, daily functioning (i.e. sleep, exercise, diet), family's support system, school functioning, and treatment history.

Assessment tools that may be utilized include:

- Attachment Checklist for Child Attachment Disorder
- Strengths and Difficulties Questionnaire
- Marschak Interaction Method
- Adult Attachment Interview
- Revised Adult Attachment Scale

- UCLA Post Traumatic Stress Disorder Trauma Assessment

We complete a thorough review of pertinent records including school records, IEPs, medical records, and previous psychological or psychiatric evaluations.

**Treatment Planning:**

Based on gathered information and observation of the child, we establish initial treatment goals and objectives with parent/guardian(s). This will inform a co-created visual treatment plan completed with the child in initial sessions. Treatment plans are reviewed with parent/guardian(s) and child at least every 90 days.

**Treatment Techniques Used:**

- Individual Psychotherapy
- Family Psychotherapy
- Trauma- and Attachment-Focused Therapy
- Parent Education and Coaching
- Child-Centered Play Therapy
- EMDR
- Sand Play
- In Touch Again

We support the ATTACH White Paper on Coercion and do not use any coercive or intrusive techniques. If we determine that the child would benefit from interventions outside of our scope of practice, we support referrals to appropriate providers (i.e. sensory integration).

**Safety/Risk Management Plan:**

Our first priority is to establish and maintain the safety of all clients and families. All interventions are consistent with the Standards of Practice of our respective Boards as well as the White Paper on Coercion and ATTACH's statement on coercive treatment ([attach.org](http://attach.org)). We provide community crisis information to families should they experience a crisis outside of business hours.

**Evaluation/Outcomes/Follow-Up:**

Treatment plans are reviewed every 90 days taking into account parent and child report, behavioral observations, progress toward treatment goals and objectives, and follow-up SDQs. As progress is made toward treatment goals and objectives, therapy is gradually faded out and terminated once clients are satisfied with progress. Clients are invited to make contact with us again if new symptoms emerge or progress is not maintained.