

Deborah Shell MA  
Licensed Clinical Mental Health Counselor  
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### Treatment Protocol

I am a psychotherapist practicing at Northwestern Counseling and Support Services, a community mental health agency located in St. Albans, Vermont. I also practice out of my home. My specialty is in trauma/attachment problems and I work primarily with families and children who are experiencing relationship discord. Most of my clients struggle to manage emotions related to abuse/trauma/loss, and most are either foster or adopted children and their families struggling to parent them.

I use Dyadic Developmental Psychotherapy as the treatment model in my practice. I began training with Daniel Hughes, PhD. in 1998, and I have continued my training to an advanced level. I am the co-editor of the book *Creating Capacity for Attachment*, intended for use by therapists and other professionals working with families who experience relationship/trauma issues. I receive supervision from professionals who specialize in a variety of therapeutic approaches intended to resolve trauma.

Dyadic Developmental Psychotherapy is an effective treatment for the resolution of trauma. Therapy includes parent education regarding ways of relating that build connection and trust. Dyadic Developmental Psychotherapy is designed to utilize relationship strategies that model the natural development of healthy attachments. It is a non-coercive, interactive therapy that helps parents attain skills to become confident and therapeutic in their interactions with their children.

## Description of Processes:

### Intake

Intakes may be routed two ways. Clients who reside within Franklin/Grand Isle counties in Vermont may call Northwestern Counseling and Support Services (802-524-6554) to schedule an initial intake appointment with me and would be seen by me at my agency office. All other prospective clients may call my home office (802-524-9645) to schedule an appointment. My home office is located approximately 25 miles north of Burlington, VT and is easily reached from I89.

### Assessment

Most of my clients arrive previously diagnosed with RAD. Nevertheless, intake appointments include gathering historical information such as:

Social history	psychological history	treatment history
Education history	medical history	developmental history
Attachment history	family functioning	diagnoses
Intellectual and cognitive skills/deficits		

### Treatment Planning

I strive to utilize the highest ethical standards including such principles:

1. Autonomy
2. Nonmaleficence
3. Beneficence
4. Justice
5. Fidelity
6. Veracity
- 7.

A treatment plan is co-developed utilizing attachment principles that promote the building of strong relationships between family members. Goals for relationship-focused psychotherapy include:

1. Affect Development: Learning to identify, regulate and communicate affective states.
2. Relationship Repair: Learning to identify and resolve conflicts.
3. Accepting Comfort: Learning to seek and accept comfort from those responsible for care and nurturance.
4. Emotional Communication: Learning to communicate the inner experience of life using a variety of expressive means (drawing, dancing, singing, writing) as well as through frequent and effective verbal expression of thoughts, feelings, hopes and dreams, in order to experience being understood (by self and other).
5. Accurate Interpretation of the Motives of Another: Learning to accurately interpret and understand another's intentions (Child: reduce misappropriation of past negative experience of caregivers, Caregiver: increase ability to accurately interpret underlying meaning of child's expressed behaviors).
6. Imitation: Learn effective coping skills, ways to enjoy daily experiences through imitation (mentoring) with healthy caregivers.

7. Self-discovery: Learn about positive qualities of self, including interests, skills, abilities, temperament, through the experience of positive impact on others (primary intersubjectivity).

Treatment Techniques:  
See Attached Checklist

Safety/risk management plan:

Clients who are receiving care from me through NCSS also have the benefit of 24 hr. crisis services. Clients who are receiving care from my home office are not covered by any crisis service to which I have any affiliation and are warned to develop a safety plan for additional support from local agencies within their home jurisdiction.

Therapeutic efforts focus on providing families with the best possible support. Based on the severity of issues, a comprehensive plan is developed along with recommendations for the care and treatment of relationship-resistant children, including therapeutic responses that effectively build trust even when challenging behaviors are present, (as well as providing the child with a stable, structured and safe environment). A hurt child who has developed mistrust of adults and who may doubt parental intentions to be in their best interest can continue to act out and sabotage offerings meant to show them otherwise. Therapeutic relational work can be very demanding and requires the dedication of highly skilled, motivated and emotionally resolved parents and therapist working together to help co-regulate a hurt child. Our work involves the development of effective responses that help hurt children develop a more coherent sense of self (through consistent responses to the child's need), accurate interpretation of the child's needs (looking under the expressed behavior for hidden meanings, often related to past trauma) as well as consistent parent/child/therapist interpersonal interacting (playful, fun, affectionate experiences). Together, in a supportive, interactive, therapeutic atmosphere, we encourage a hurt child to express their inner experience of life and help them to re-interpret misguided notions about the value of interpersonal relationships.

Physical contact between child and parent is deemed appropriate as a way to increase trust and connection or to calm an anxious child, never as a way to control, manipulate or coerce a child. Typical contact may be a child snuggling against the parent, holding hands with the parent or when a child is cradled in a parent's lap. Physical contact between therapist and child is done only with permission from parent and child, and only when appropriate to increase connection and trust.

Evaluation/outcome/follow-up:

Progress is measured against goals developed in the treatment-plan. Typical treatment includes parent-only sessions in which progress is discussed, new goals are developed, or plans for discharge are explored. Some clients also utilize concurrent therapies such as EMDR, Neurofeedback or other offerings available through post-

adoption agencies or community mental health centers (such as groups for building social-skills or Teen DBT).

When weekly or bi-weekly sessions have been reduced to once per month, clients often opt for check-in sessions in which to refresh helpful attitudes, receive encouragement and/or work through a particularly challenging situation. Use of more formal measures of outcome is currently being considered and may be implemented in the near future.