

ATTACH TREATMENT PROTOCOL

Vicki L. Moss, Ph.D.

Problem Statement

In 1977, my colleagues and I established our practice, Delta Consultants, in Providence, RI. As a multidisciplinary group, we specialize in the diagnosis and treatment of behavioral and learning problems. As individual practitioners, we have our own areas of expertise as well. Mine include: adoption issues, attachment challenges, neurofeedback training, infertility and pregnancy loss, clinical hypnosis (Ericksonian), and psychological assessment. In 1993 I opened Delta Consultants West in Johnston, RI, and continue to be affiliated with colleagues in Delta Consultants offices in Providence and South County (RI). After retiring as School Psychologist at the RI School for the Deaf, my husband, Robert Raphael, Ph.D., joined me in practice with a focus on neurofeedback training.

Target Population

I work with children, adults and families with a variety of problems and concerns, ranging from mild to moderate levels of emotional distress to more severe symptoms and problems. About one-third of my clients are families created through adoption, and much of the focus of our work together is on adoption issues, attachment challenges and therapeutic parenting techniques.

Practice Overview

My approach to my work is eclectic – I select from a broad array of approaches and interventions which, in my professional experience, are most likely to be effective with the particular individual or family, based upon their stated goals. My basic philosophy is: “If what you’re doing now isn’t working for you, try something else.” I find that humor and fun are essential change agents.

Description of Services

During my first meeting with a new client or family, I interview the adult(s) regarding the problems and concerns which led them to seek my services, and obtain relevant developmental, medical and educational history. I then offer an individual treatment plan. If a child is the focus, I will also spend some time with him or her to establish rapport, and will conduct an informal assessment using “ice breakers” such as projective drawings. I give the parents forms and questionnaires to complete at home and return to me at our next sessions – for example, Child Behavior Checklist, Connors’ Parent Report Form, Behavior Rating Inventory of Executive Function. If there are concerns about attachment, I will also include an attachment questionnaire and/or checklist.

After the initial clinical interview, I may recommend additional assessment, especially when working with children. This might include a complete Psychological Assessment, including cognitive testing, personality assessment, and a continuous performance test. If the child’s school functioning is an issue, I will also, with parent authorization, request school records and behavior rating forms completed by the teacher.

Treatment planning with an adult generally includes a verbal agreement as to goals, with an understanding that the client is expected to follow recommendations and do prescribed “homework.” With children, who have generally not requested treatment and may be actively resistant, the discussion will focus on their concerns, resulting in agreement that there are changes which they desire for themselves and their families. I frame the goals in such a way that I am able to be respectful of their wishes, and they make a commitment to actively engage in treatment. I discuss the goals with child and parent together, often generating a written contract for all to sign.

With families I often spend a portion of the session “checking in” with the parents and providing input regarding problems and scenarios which have occurred since our last session. I may recommend books and videos, and often loan them my personal materials. These might include books on general parenting issues (e.g., Foster Cline’s Love and Logic materials); for families struggling with adoption and attachment issues, I introduce them to websites and materials from experts in the field, such as Foster Cline, Nancy Thomas, B. Bryan Post, Heather Forbes, Greg Keck, Dan Hughes, and others, including the ATTACH website. If the child (or adult) appears to be a good candidate for neurofeedback training, I provide information about this intervention.

After checking in with the parents, I invite the child(ren) to join us and will often have the parent read a “therapeutic metaphor” (a children’s book about adoption, attachment, anger management, etc.) to their child, with the child sitting close to the parent during this activity. This allows the child to hear about how someone else dealt with a particular issue or challenge, without creating resistance and often leads to a therapeutic discussion of how this story is “just like me”. I have toys and games available, but do not generally engage children – especially those with attachment challenges – in traditional play therapy. I may use drawing as a therapeutic tool, asking the child to draw pictures related to the story we have read, representing their feelings or to concretize their history. With adults and teens, I might conduct a more formal hypnotic induction to address their issues using a multiple embedded metaphor protocol, followed by a discussion or drawing exercise to facilitate the processing and integration of that internal experience.

Safety/Risk Management Plan

I encourage parents to take care of themselves and monitor their stress levels. Most parents find that their stress levels drop significantly once they are educated about attachment challenges, the effects of developmental trauma, brain dysregulation and related issues, and begin to develop tools to effectively address their child’s behavioral and emotional challenges. If I believe that any member of the family is in danger, I will, of course, advise the appropriate authorities, and encourage the family to consider an out-of-home placement. However, this latter action is generally a last resort necessary to keep the child and family safe, as such placements may exacerbate the child’s fears and attachment issues.

Evaluation/Outcomes/Follow-up

As a private practitioner, I am not able to conduct formal outcome studies. When neurofeedback training is involved, we do monitor progress via continuous performance

tests and parent and teacher behavior rating scales. Since Rhode Island is such a small state – and the adoption community is even smaller – I do tend to see former clients and caseworkers at local conferences and meetings, and am able to get some informal follow-up. Families often return to treatment over the years, as they deal with the normative crises of adoptive families (ala Joyce Pavao’s formulation). Several years ago the local television station which airs the weekly Tuesday’s Child piece, developed a half-hour special on adoption success stories; two of the three families featured were former clients.

Qualifications of Staff

Both Dr. Raphael and I have PhDs in Psychology, and have worked as psychologists for more than thirty years. In addition to being a licensed psychologist since 1980, I have a Certificate of Professional Qualification in Psychology and have been a Registered Clinician with ATTACH since 2002. I have been a member of ATTACH for more than ten years, and have attended many of the annual conferences, as well as trainings on attachment, trauma and adoption conducted by experts in these fields. Dr. Raphael and I received training in neurofeedback in 2003, and have been practicing this treatment modality with great success; we consult with Laurence Hirschberg, PhD, for supervision with respect to our neurofeedback clients.

In addition to my professional qualifications and degrees, my greatest teacher with regard to parenting a challenging child has been my daughter, Ariana, placed with us in 1981 at four days of age as a “healthy newborn.” She was extremely challenging to parent, and exhibited many of the behaviors characteristic of children with attachment difficulties – demanding, hyperactive, noncompliant, oppositional, resisted affection, learning disabilities, and so on. I was struck by how similar Ariana’s behavior was to that of many of the children I worked with who had been abused and neglected. My husband and I pursued nutritional, behavioral and medical interventions, both traditional and nontraditional. Finding little help from traditional therapists, in 1989 we did a weeklong family program at the Option Institute which, in hindsight, bears many similarities to effective attachment interventions. After years of special educational and treatment regimens, and many failed attempts at employment, Ariana is now a beautiful young woman who lives with friends and has found employment in accordance with her abilities (driving a transport van for an ambulance company). She has been receiving neurofeedback training since 2003.

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