



Creating Connections Counseling, PLLC
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Treatment Protocol

Philosophy

My goal is to guide adoptive families through a process of change, adaptation, and healing in the most supportive way possible. I strive to provide the therapeutic environment necessary to foster a trusting, loving relationship between the adopted child and the family. I acknowledge that creating this kind of environment in the home takes considerable effort and will be a unique challenge for every family. For this reason, I utilize many tools and resources throughout the course of treatment, tailoring treatment services to each family's specific needs.

When children experience chronic stress and traumatic incidents during the first years of life, they are affected during a critical time of brain growth. The brain uses the experiences of early life to construct a blueprint of the world, which becomes hard-wired into the brain. Most infants are able to find an adaptive coping mechanism resulting in a predictable pattern of response with their primary caregiver(s), allowing for mutual needs to be met. These interactions, repeated again and again, form the primary attachment relationship and the foundation for all future social relationships. Some infants, however, do not find an adaptive coping mechanism because the caregiver remains inconsistent, distant, unpredictable, hurtful, or terrifying. This is the early experience for many children who have been adopted, both internationally and domestically. As a result of their early neglect and trauma, many adopted children have developmental delays, social skill deficits, sensory integration differences, diet and digestion conditions, problems with emotional expression and regulation, or any combination of these.

In my work with adoptive families, I pursue the three goals articulated in the work of Dr. Bessel van der Kolk: establishing the child's capacity to regulate his or her internal states of arousal; learning to negotiate safe interpersonal attachments; and integration and mastery of the body and mind. To achieve these three goals I provide interventions directly to the family, including specialized attachment and bonding therapy, trauma focused therapy, and therapeutic parenting. I often refer to additional therapies that support integration of body and mind for traumatized children, such as sensory integration therapy, neurological therapy, energy therapy, special diet and nutrition regimens, chiropractic care, and social skill building. Many times it requires a combination of these modalities to accomplish comprehensive healing.

I have extensive training in the areas of adoption, attachment, and complex trauma. I have years of experience working with children and adolescents who have behavioral, developmental, and emotional challenges as a result of their early trauma histories. I typically work with children and adolescents. I always consider a child's needs in the context of the family; therefore, the whole family is often involved in treatment.

Intake, Assessment, & Treatment Planning

When addressing problem behaviors that occur as a result of chronic trauma in early childhood, it is important to devise an individualized treatment plan tailored to a family's specific needs and strengths. Because parents are the experts on their child, I involve parents in the treatment planning process, where we devise individual and family goals. In order to formulate a helpful treatment plan, we must establish a history of significant events, an understanding of the child's current functioning and challenges, and a mutual representation of how progress will be evaluated. To achieve this, I conduct a thorough diagnostic interview with family members and provide written assessments to be completed by both the parent and the child.

In the diagnostic interview, I place emphasis on early childhood experience and traumatic incidents. These could include incidents of physical abuse, sexual abuse, emotional abuse, neglect, and bonding breaks, as well as early childhood illness, accidents, surgeries, or experiences in the pre-natal environment. With this information, I attempt to understand the experience of the child prior to living in the adoptive home. Additionally, I consider the child's experiences since adoption, as well as their previous treatment history.

This interview is supplemented with a series of written assessments to be completed by both children and parents: the Vineland II Adaptive Behavioral Scales, which assesses the child's developmental functioning and provides a functional age equivalent in the areas of communication, daily living skills, socialization, and motor skills; the Achenbach Child Behavior Checklist, which assesses the severity of behavioral problems; the Short Sensory Profile, which screens children for sensory integration differences; and the Trauma Symptom Checklist for Children, which measures the intrusiveness and dissociative effects of trauma. I use additional assessments as necessary, including the Children's Depression Inventory, the Antisocial Process Screening Device, the Child Dissociative Checklist, and the Dissociative Experiences Scale. This assessment protocol is repeated approximately every three months to track progress throughout treatment.

The detailed history acquired during the diagnostic interview, combined with the summarized scores of the written assessments, informs the diagnosis and treatment plan. Because every family is unique, I have a number of treatment modalities to draw upon in child and family sessions. Treatment plans often involve a combination of therapeutic parenting strategies, family focused interventions and trauma focused interventions. In addition, role-playing, storytelling, or artistic activities are often elements of sessions. My goal is to use the intervention that is best suited to each child's developmental needs.

Treatment Techniques

Support for Therapeutic Parenting: Therapeutic parenting is a set of strategies for responding to a child's behavior in a way that helps the child establish safety, security, connectedness, and self-worth. Because traumatized children experience what we say and do very differently than we intend, I help parents better understand the mind of their child so they can choose interventions that meet the child's developmental and emotional needs. Throughout treatment, parents learn and practice therapeutic interventions to address problem behaviors. I provide training and ongoing support of the use of these strategies, which are presented at the beginning of treatment in my manual, *A Guide to Therapeutic Parenting*. Tailoring the therapeutic parenting interventions to fit a child's unique needs is an evolving and dynamic

process, in which parents and I must actively work together. I coach, role-play, model, and use examples to assist parents in understanding when and how to apply the interventions in their daily lives. I do not use or endorse coercive techniques or interventions that are compliance-based.

Attachment-Focused Family and Child Therapy: I provide and often combine individual and family therapy in sessions up to two hours long. Because the involvement and cooperation of parents in treatment is essential to a successful outcome, parents are expected to attend each session. I typically meet with parents first for an update of the child's behavioral and emotional episodes throughout the week and work with parents to develop their skills in responding therapeutically to problems. For the majority of the session, the child joins parents in the room. Occasionally I work individually with a child, but more often, I work with the child while parents are present as supportive witnesses.

I emphasize the relational dynamics of respect, trust, and love in family-focused therapy sessions. I encourage snuggling and closeness between parents and child during sessions as I believe it facilitates connectedness and healing. I allow the child to determine their comfort level with proximity, touch, snuggling, or holding. If a child is uncomfortable with physical touch or proximity in session I respect their preferences, but may recommend activities to do at home that increase the child's comfort level with closeness and physical affection.

Sessions are an opportunity for the child to practice identifying and expressing feelings, and gain an increased ability to tolerate vulnerable feelings. This practice aims to resolve or make manageable the child's feelings of loss, inadequacy, anxiety, fear, and shame. During sessions, I treat the child with unconditional positive regard and give frequent praise and validation to bolster self-esteem. I assist the child in understanding the underlying feelings that drive behavior, and from this they can derive coping skills for vulnerable feelings. Parents' involvement in this process helps them to empathize with the child's experience of shame and anxiety, and this therapeutic response encourages healing. In sessions, families may participate in a range of activities that facilitate expression of feeling such as drawing, role-playing, using puppets, or creating sand tray scenes.

Trauma-Focused Therapy: I use many modalities to assist children in processing through their traumatic histories. However painful and tragic, I believe that it is important for children to understand the facts of their own history. In treatment, I want the child and the parent to understand that the undesirable emotions and behaviors are rooted in the initial trauma. In order to express acceptance and understanding about this hurt and scared part of the child, parents may be asked to tell the child the narrative of their trauma story. Parents can connect the traumatic events of the child's history with the child's current struggles through the trauma narrative. Directed play therapy is another modality that I find very useful in processing traumatic themes with children. Throughout treatment, I emphasize that parents are safe and trustworthy, and reassure the hurt, fearful part of the child.

Whenever possible, I use EMDR with the children in my practice to address traumatic memories. EMDR stands for "Eye Movement Desensitization Reprocessing" therapy. EMDR is an evidence-based treatment technique for intrusive memories of traumatic events, which may also be helpful in relieving anxiety and ameliorating the effects of chronic stress. EMDR targets not only painful aspects of past memories, but also the negative self-beliefs derived from those negative experiences.

Another intervention that I use frequently with children who have traumatic memories is the Children's Trauma Response Workbook developed by William Steele, PhD., as part of his trauma-focused treatment model, Structured Sensory Intervention for Children, Adolescents, and Parents (SITCAP). This program is designed to take place over a period of 8-10 sessions and involves drawing, storytelling, and hands-on activities designed to help the child resolve traumatic memories. It is an intervention that recognizes the child's experience of terror, with the goal of restoring the child's sense of safety and power.

Narrative Therapy: I am always cognizant of the goal for an adopted child to develop a cohesive biographical narrative from a history that is fractured by frequent moves and separations. For a child who was neglected or abused in childhood, it can be incredibly difficult to change their perception that they are unwanted, insignificant, or unlovable. Narrative therapy can help the child integrate the traumatic facts of their history with a self-perception that is positive and adaptive. For this reason, I incorporate elements of narrative therapy into family and individual sessions with families throughout the course of treatment. I may incorporate narrative therapy by asking the family to do a sand tray scene with a specific theme, draw timelines, or ask family members to create dialogues between past, present, and future versions of themselves. As I work with families over time, natural opportunities for reinforcing narrative elements occur at milestone periods throughout the year such as the child's birthday, the beginning or end of a school year, the adoption day anniversary, and holidays. It is very common for adopted children to benefit from the re-telling and re-enactment of their adoption story, and even to re-experience developmental stages they missed with their adoptive parents. I guide parents in the repetition of specific narratives, as outlined in the work of Denise Lacher, Todd Nichols, and Jo Anne May of the Family Attachment and Counseling Center of Minnesota.

Individual Therapy for Parents: Often times it is helpful for the parent to explore their own attachment style and personal history in order to better understand their own triggers and how that affects their parenting responses. I understand how the dynamics of insecure attachment may set the stage for parental discord. Sometimes it is necessary to address issues within the couples' relationship and provide treatment to help couples restore their ability to work with and for each other. I provide individual therapy to parents as needed. I find the modality of Eye Movement Desensitization Reprocessing (EMDR) to be effective for treating parents with anxiety, loss, unresolved trauma or chronic stress.

Safety & Risk Management Plan

Children attending therapy at Creating Connections Counseling are transported and accompanied by their parents. Parents are typically present while the child is in the therapy session. While I do provide services to parents separately from the child on occasion, I ensure that children about whom I have safety concerns have line of sight supervision at all times in my office. The administrative office and the play therapy room are locked when not in use. Creating Connections Counseling has two external doors, a front and a back exit. Both doors have alarms that chime when the door is opened or closed, which ensures nobody enters or leaves my office without my knowledge.

Evaluation, Outcomes, & Follow-up

I evaluate the children in my practice with psychological assessments every three months in order to measure progress. The testing includes the Achenbach Child Behavior Checklist, the Vineland Adaptive Behavior Scales, the Trauma Symptom Checklist for Children, and the Short Sensory Profile. I also regularly use assessments for depression, anti-social behavior, and dissociation, including the Children's Depression Inventory, the Antisocial Process Screening Device, and the Child Dissociative Checklist. I often follow up with clients via email or phone after they have been discharged from treatment to ensure that they are maintaining progress.