# Zoey's Family Treatment Plan and Evaluation

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Information that has informed Zoey's treatment plan was obtained via referral information from Dr. Iatrician, Zoey's parents Sarah and Jeff, the Ages and Stages Questionnaire-3, the Ages and Stages Questionnaire: Social Emotional-2, the Do You Know Me Sensory Questionnaire, as well as, through parent child observation. Zoey has also been referred to Occupational Therapy (OT); an OT Assessment has been completed, however, this report is not currently on file. Developing a treatment plan for a client is akin to problem solving; the plan should organize therapeutic goals via priority, identify corresponding interventions and establish a method to evaluate the clients progress (Manassis, 2014). Information from the previously established formulation is reviewed below, as it informs recommendations to follow.

**Summary of Zoey's Formulation**

Three and a half year old Zoey, born to parents Sarah and Jeff, presented to Early Childhood Assessment and Treatment Services (ECATS) following a referral from their pediatrician. Zoey was reported to be struggling with explosive behaviour, sleep disturbances and sensory concerns, which are primarily tactile in nature surrounding eating and grooming. The Ages and Stages Questionaire-3 brought to light that Zoey's communication needs monitoring and her personal-social skills require further assessment. Thus, the Ages and Stages Questionnaire: Social Emotional-2 was implemented. Zoey scored above the cut-off in relation to social-emotional domains; this validated that intervention is warranted (Squires, Bricker, & Twombly, 2015).

Zoey's parents displayed a loving relationship; however, they struggle to communicate their feelings. Sarah has been the primary caregiver for Zoey, as Jeff works long hours. Jeff stated that when he is at home, he struggles to support Sarah in parenting Zoey. Sarah identified that she is exasperated by her daughter's frequent tantrums, sensory concerns and separation anxiety at bedtime. Zoey is unable to self soothe and primarily relies on her mother to get back to sleep. The lack of sleep has impacted Sarah's mental health; she explained that Post-Partum Depression occurred following both of the births of her children. This writer will gather information and monitor mom's current state of mental health and make appropriate referrals if required.

Zoey has a little brother named Dylan, who is now a year and a half old. There was no opportunity to observe Sarah and her son, or an opportunity to observe Zoey's interactions with her brother; such observations would enhance assessment and further inform Zoey's treatment plan.

## Diagnoses

Zoey meets the diagnostic criteria for Relationship Specific Disorder of Infancy / Early Childhood with her Mother (Zero to Three, 2016). Evidence to support this diagnosis is found directly in the DC: 0-5's diagnostic algorithm. Zoey exhibits persistent emotional and behavioural disturbance with her mother, most notably with oppositional behavior, aggression, food refusal, and sleep refusal (Zero to Three, 2016). This causes distress to Zoey and her mother and impedes upon everyday family activities and routines, interfering with Zoey's ability to gain a sense of mastery in developmentally appropriate skills (Zero to Three, 2016). Lastly, symptoms have persisted longer than one month in duration (Zero to Three, 2016).

Zoey also is likely to meet diagnostic criteria for Sensory Over- Responsive Disorder (SOR). As there is not enough information to qualify this at present time, this diagnosis is provisional. "SOR is characterized by extreme or atypical, negative reactions to sensory stimuli across one or more sensory domain" (Soto, Ciaramitaro & Carter, 2019, pp. 1521). Although it has been reported that Zoey displays persistent and pervasive pattern of sensory over-responsivity, particularly with tactile input, it is unclear at this time if it occurs in more than one context and with different caregivers (Zero to Three, 2016). Zoey is distressed by the sensory concerns and they impact her relationships, especially with her mother, affecting their everyday activities and routines (Zero to Three, 2016). It is likely that Zoey has a desire to avoid sensory stimuli, which is most probable to manifest in oppositional behavior, however, this is another area that requires further exploration before a formal diagnosis can be determined (Zero to Three, 2016).

## 1st Problem: Zoey's Insecure Ambivalent Attachment with her mother

There are times where Sarah is withdrawn from her daughter and conversely, times where she interacts with Zoey in an intrusive manner. This is indicative of a parent being out of attunement with

their child, as they are missing and / or misinterpreting cues (Siegel & Hartzell, 2014). Because Zoey cannot depend on her mother for consistent attunement, she has developed uncertainty regarding whether or not she will be able to depend on her mother. This has created ambivalence in the parent child relationship or what is known as an Insecure Ambivalent Attachment pattern between Zoey and Sarah (Siegel & Hartzell, 2014).

Zoey's symptomology links to her relationship with Sarah, as per her diagnosis of Relationship Specific Disorder of Infancy / Early Childhood with Mother. This is a concern because "[a]ttachment is considered to be a vital component of social and emotional development in the early years, and individual difference in the quality of attachment relationships are believed to be important indicators of infant mental health" (Finelli, Zeanah & Smyke, 2019, pp. 2091). It will be imperative that Zoey's parents, particularly her mother, be directly involved in treatment. Guided from Attachment Theory, treatment with Sarah will focus more on creating space to shift her state of mind in relation to attachment, opposed to behavioural interventions (Powell, Cooper, Hoffman & Marvin, 2016).

**Therapeutic Goals:**

1) Help Sarah learn to interact with Zoey in a manner that builds secure attachment.

2) Enhance co-parenting between Sarah and Jeff.

**Interventions:**

This writer will utilize the Adult Attachment Interview with Sarah to assess her state of mind with respect to attachment and identify Sarah's internal working model, that is, her ingrained patterns of neural firing from early childhood experiences that trigger a response from implicit memory (Siegel & Hartzell, 2014). Sarah's internal working model guides her behaviour towards her children, as well as, her expectations of them (Zeanah & Lieberman, 2019). The AAI will inform Sarah of how her current parenting is being impacted by her childhood experiences. This will allow for Sarah to be able to internalize that her actions are impactful on her children, without placing blame, as information this writer will provide to mom following the AAI will have a supportive and validating context underpinning it. Because the AAI assesses concordance or discordance between the parent child dyad, it will not only

provide information about Sarah's attachment patterns but also predict Zoey's attachment to her (Zeanah & Lieberman, 2019). In turn this will help Sarah predict and approach her daughter in a different manner because she will have depths of knowledge to see behind her daughter's surface behavior previous to seeking treatment.

The AAI will also help Sarah identify her mother as a ghost in her nursery. Fraigberg describes this as one's previous experience with a caregiver, interrupting their ability to connect with their child due to continued re-enactment of unresolved relational conflicts from childhood (Zeanah & Zeanah, 2019). Furthermore, this writer will explore Sarah's angels in her nursery to draw upon interactions where Sarah received mutual affection and sense of security in her childhood (Zeanah & Zeanah, 2019). These lived experiences are assets Sarah can build upon as she progresses through treatment.

Staying in alignment with an Attachment Theory, this writer recommends that Zoey's parents engage in the Circle of Security (COS) program. Although the primary relationship that is precipitating Zoey's emotional and behavioral concerns is with her mother, this writer will invite both mom and dad to partake in COS. This not only achieves both parents having consistent information, but also supports their communication and enhances co-parenting. As Sarah is in more of a primary caregiver role with Zoey, she will continue to be the focus of treatment; however, having Jeff present will communicate that she is not in this alone and will empower him to be a supportive presence or offer respite in parenting when he is at home with the family. This will also offer Zoey consistency, further enhancing her ability to develop secure attachments with her caregivers. "One important advantage of working with parenting partners together is having access to how couple's dynamics contribute to meeting or not meeting the child's needs" (Powell, Cooper, Hoffman & Marvin, 2016, pp.308).

COS was established on the premise of the goal to support development of secure caregiving (Powell, Cooper, Hoffman & Marvin, 2016). We know that children, such as Zoey, that display insecure attachment with a caregiver typically only have one half of their COS circle needs being met (Powell, Cooper, Hoffman & Marvin, 2016). The COS shows the caregiver represented as a pair of hands, which encompass the child's world; the top half of the circle support, known as the safe base, represents the

child's need to explore their world and the bottom half of the circle, or the safe haven, emphasizes the child attachment needs (Powell, Cooper, Hoffman & Marvin, 2016). Although, Sarah is meeting Zoey's needs more so at the top of the COS, in all reality, Sarah is struggling on both the top and bottom of the COS because they are interconnected (Powell, Cooper, Hoffman & Marvin, 2016). In learning to be bigger, stronger, wiser (all terms Bowlby used to define parental roles) and kind, Sarah will be able to achieve a more secure relationship with Zoey, in turn, Zoey's separation anxiety at bedtime and explosive behaviour will subsequently diminish (Powell, Cooper, Hoffman & Marvin, 2016).

**2nd Problem: Zoey's over-responsivity to sensory stimuli**

Zoey is displaying symptoms of sensory processing difficulties which can either be an individual disorder (Sensory Processing Disorder) or they can be linked to other things, including a child's experiences of attachment disruptions (Stephens, 2018). Enough information is present to have provided Zoey with a provisional diagnosis of Sensory Over-Responsive Disorder, which is one of three types of SPD that fall under the umbrella of Sensory Modulation Disorder (Stephens, 2018). "A child with sensory modulation difficulties may be very reactive, sensitive or to the contrary - shut down from sensory input in order to protect themselves from the discomfort they experience" (Stephens, 2018, pp. 6). Zoey is exhibiting reactive behaviour in relation to tactile sensory stimuli; she becomes easily dysregulated, or as her parents describe, Zoey goes from 0-60 in seconds.

**Therapeutic Goals:**

1) Develop a multidisciplinary team to inform Zoey's treatment regarding sensory concerns.
2) Enhance Sarah's ability to help Zoey regulate her emotions regarding sensory concerns.

**Interventions:**

Once informed consent to disclose health information is obtained from Zoey's parents, this writer will contact the Occupation Therapist (OT) working with Zoey and Dr. Iatrician, initiating establishment of a multi-disciplinary team to support collaborative and congruent service delivery. Information gathered from OT may provide enough evidence to confirm Zoey's current provisional diagnosis of Sensory Over-Responsive Disorder. OT will likely utilize Sensory Integration Therapy (SIT) with Zoey,

which is premised upon Sensory Integration Theory that articulates "enhancing and modifying sensory input enables us to make adaptations to our responses and then improves the ability to process sensation so that the child can engage better with learning, daily living skills and relationships" (Stephens, 2018, pp. 10). OT may also advise of Sensory Diet recommendations; as Zoey presents with SOR, it is likely that her Sensory Diet would encompass protective sensory strategies (Stephens, 2018).

From a therapeutic stance, this writer recommends that following COS, the family engage in Theraplay sessions to support Sarah's ability to help Zoey co-regulate and gain control over her body, impulses and feelings regarding sensory concerns (Vivien & Rodwell, 2017). Theraplay is complimentary to COS, as it too, supports the formation of emotional connection between parent and child, as well as, helps parents understand their child's attachment style and utilizes play as a method to challenge insalubrious relationship patterns (Vivien & Rodwell, 2017). Theraplay utilizes simple activities that the parent leads in session to support an 'in the moment' connection with their child, serving as a vehicle for a sensitive 'here and now' interaction (Vivien & Rodwell, 2017). Children with sensory concerns, such as Zoey, benefit from Theraplay because it can be tailored to provide corrective opportunities that enhance the organization of her sensory system through experience, all the while, fostering emotional co-regulation via attunement and promoting navigation to adapt to sensory stimuli (Bundy-Myrow, 2005). This has the potential to have a tremendous effect on how both Zoey and Sarah view their experience of self, one another and moreover the world (Bundy-Myrow, 2005).

Theraplay encompasses four main domains including, Structure, Engagement, Nurture and Challenge; all of which can help support Zoey's regulation regarding sensory input (Vinien & Rodwell, 2017). The Engagement domain of Theraplay will support Zoey's self-regulation because it both establishes conditions for attunement within the parent child dyad and prompts excitement in play (Bundy-Myrow, 2005). Nurturing within Theraplay will be the counterpart to Engagement when working with Zoey. When Sarah broaches Zoey from a nurturing stance, it will provide her daughter comfort, calm and security when she becomes too aroused (Bundy-Myrow, 2005). Likewise, when Sarah employs the Structure domain of Theraplay, she will create a sense of predictability and security for Zoey (Bundy-

Myrow, 2005). Structure within Theraplay is especially important for children like Zoey who have over-responsive concerns (Bundy-Myrow, 2005). Lastly, Challenge can be utilized by Sarah to support stretching Zoey's sensory threshold and ability to cope (Bundy-Myrow, 2005). In turn, Zoey will gain a sense of mastery that can be transferred from play to real world experiences (Bundy-Myrow, 2005).

## Evaluation

Progress will be indicated as Zoey's presenting concerns diminish and coping skills related to co-regulation, particularly within the mother / daughter dyad increase. Parent's confidence in co-parenting will also have to notably increase to mark progress. To ensure efficacy of Zoey's treatment plan and to monitor Zoey's family progress, ongoing data will be collected regarding: parent follow through in attending sessions, parent follow through in implementing material and parent feedback, as well as, clinical observation will be noted. Additionally, the Ages and Stages Questionaire-3, the Ages and Stages Questionnaire: Social Emotional-2 and the Do You Know Me Sensory Questionnaire will be re-administered and findings will be reviewed with the family at the halfway point in therapeutic sessions, as well as, prior to closure. Ongoing consultation with Zoey's multidisciplinary team will also help inform client progress. Duration of treatment will be determined following the completion of both the AAI and Circle of Security Interview with Sarah.

## Conclusion

Zoey's family is motivated to obtain information to support the challenges that Sarah is encountering daily with their daughter. However, being the center of treatment may not be what they envisioned when reaching out for support. This writer will validate parent's initial reactions to the treatment plan to support collaboration, as Sarah and Jeff's input is valued. If ambivalence persists, Motivation Interviewing will be utilized with parents to elicit change talk, because parent involvement in treatment is imperative to support Zoey in mitigating her presenting concerns. Additionally, reservation may be more of a practical nature in that this family has two small children and lacks natural supports in the Calgary. Open discussion around hours of operation and childcare will be initiated with the family to minimize risk of inconsistent attendance or services withdraw.

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