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Integrative Parenting: Strategies for Raising Children Affected by Attachment Trauma

**Class 1 (of 5)
Scared Children—
Not Scary Children**




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This powerpoint is based on the following parent guide:

“Integrative Parenting: Strategies for Raising Children Affected by Attachment Trauma”
by Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong
(W.W. Norton, New York, 2014)



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Accompanying Treatment Manual for Therapists:

Integrative Team Treatment for Attachment Trauma in Children: Family Therapy and EMDR”
by Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong (W.W. Norton, New York, 2014)



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Objectives: You will be able to...

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- Identify the possible traumas in your child's early life.
- Identify the negative beliefs blocking your child's success.
- Recognize your child's triggers.

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Parents' Emotions

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- Fear and anxiety—What is my child's future? What is my family's future?
- Guilt and shame—
- What am I doing wrong?
- Fear, anxiety, guilt, and shame can drive ineffective parental responses.




Image 1

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You May Have Negative Thoughts...

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- Frustrated parents may believe...
 - My child dislikes me.
 - My child wants to hurt me.
 - My child is bad.
 - I'm a bad parent.
 - I'm not in control.
 - This is hopeless.

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There is Hope....

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The first step is understanding how your child's earliest experiences have impacted his current thoughts, feelings, and behaviors.




Image 2

Slide 8

The Fabulous 4 Ingredients of a Secure Attachment

- Touch, closeness, eye contact.
- Emotional attunement.
- A secure holding environment.
- Shared pleasure, play, fun.



Image 3

Slide 9

Development of Emotion Regulation

- The baby operates out of the right brain only. The left brain is not yet operational.
- When the parent holds the upset baby, the baby's brain harmonizes with the calm, regulated parent's brain.
- If the parent's brain is organized, over time, the baby's brain will become organized.

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Nurturing the "Integrated Brain"

- The prefrontal brain is dependent upon the attachment relationship for optimal development. Repeated soothing and comforting from the parent increases the number of brain cells in the baby's prefrontal brain.




Image 4

Slide 11

The Prefrontal Brain...

- Is like Grand Central Station for the brain. It connects the "thinking upstairs brain" to the "reflexive downstairs brain." It connects the "emotional right brain" to the "logical left brain."

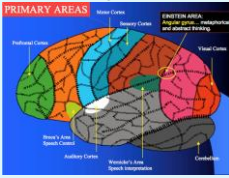


Image 5

Slide 12

The Integrated Brain...

- is able to reason, think things through, and calm itself.




Image 6

Slide 13

The child who repeatedly experiences nurturing and comforting develops core positive beliefs:

- I belong.
- It's safe to trust.
- It's safe to love.
- It's safe to have feelings.



Image 7

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Positive Core Beliefs (Continued)

- It's safe to be vulnerable.
- I can ask for help.
- I can count on my mom and dad to take care of me.
- I can accept help and comfort.
- I am loved and lovable and I don't have to be perfect.

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Positive Core Beliefs (Continued)

- I am good and I deserve good things.
- The world is safe.
- I can expect good things from others.



Image 8

Slide 16

The Baby Who is Not Comforted



Image 9

- His brain remains dysregulated and disorganized.
- He has poor development of the prefrontal brain. (Alan Schore, Ph.D.)
- He experiences unremitting fear. He lives in an ongoing state of stress and anxiety.

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Negative Core Beliefs

- Our early experiences determine what we believe about ourselves, others, and the world.
- What were your child's earliest experiences?
- Think about the negative beliefs your child may have developed.

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Lack of Comfort Leads to Negative Core Beliefs




Image 10


There is no one to help me.
I am all alone.
I don't belong.
I am not important.
I'm not safe.
Bad things will happen.

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(Continued)

- I can't get what I need.
- I am going to die!
- I have to take care of myself.
- I can't get the closeness & love I need.
- It's not safe to have needs or feelings.

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I will always be rejected and abandoned.
I'm not good enough.
It's not safe to love.

Image 11

Slide 21

Put on Your Detective's Hat!



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- Don't try to figure out your child's core beliefs by asking him. He doesn't yet have insight into his own thoughts. (Therapy can help!)
- Examine his behaviors and think about his history, and you may be able to guess at his negative beliefs.

Image 12

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Understanding Your Child Through the Trauma Lens

- Traumatic memory is stored in the limbic area of the brain.
- The traumatic memory is encapsulated along with the emotions, beliefs, and body sensations associated with the trauma.

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What is Attachment Trauma?

Big "T" Trauma may include:	Little "t" trauma may include:
<ul style="list-style-type: none">• Physical or sexual abuse• Going hungry• Being left alone• Witnessing frightening behavior• Early medical trauma• Sudden loss	<ul style="list-style-type: none">• Moves• Rejection• Separations• Ridicule

Slide 24

Preverbal Trauma is Stored in the Implicit Memory System

- Difficult birth
- Preterm birth
- Hospitalization
- Medical procedures
- Illness in infant or mother
- Separations from mother
- Abuse, neglect




Image 13

Slide 25

Two Types of Arousal to Perceived Threat	
Hyperarousal	Hypoarousal
<ul style="list-style-type: none">• Stress hormones released into the brain• Increased heart rate and respiration• Ready to fight, flee, or freeze	<ul style="list-style-type: none">• No ability to fight or run• "Going away" mentally• Can be considered "giving up" or "feigning death"

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Repeated Trauma Wires the Brain to Hyper-arousal & Hypoarousal (Reference: Siegel, 2010; Odgen & Minton, 2000)

↑ Sympathetic Nervous System Arousal (Hyperarousal): Emotionally reactive, aggressive, impulsive, hyper-defensive, or frozen and paralyzed.

↓ Parasympathetic Arousal (Hypoarousal): Flat affect, numb, dissociated, collapsed, slowed, feeling "dead," psychomotor retardation.

Within the "Window of Tolerance" the child can stay connected, process, and learn. This window is very narrow in wounded children!

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Ongoing Issues With Trauma Triggers

- Long after the trauma, any type of reminder or perceived threat – consciously or subconsciously - may trigger negative emotions, thoughts, and sensations.
- Trauma that is not remembered can be just as powerful as remembered trauma.

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Common Triggers:

- Mom saying no. Teacher saying no.
- Stern look on an adult's face.
- Mom paying attention to a sibling.
- Parents going out-of-town
- A holiday
- Homework
- Bedtime, morning-time, anytime!
- A time-out or consequence

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The Survival Response

- Behaviors normally labeled oppositional, rebellious, unmotivated, or antisocial are the natural byproduct of a brain that is wired for survival.
- These behaviors are all part of the fight-flight-freeze response: Nature's way of helping us survive a threatening environment.

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A Child in Survival Brain...

- Has a low capacity to focus and learn well.
- Is unable to enjoy relationships.
- Has little ability to think about the future, the effects of poor choices, or to wait for something good.

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A Child in Survival Brain is Unable to Trust

- "I want your love, but I'm afraid of rejection!"
- "Moms/dads are mean."

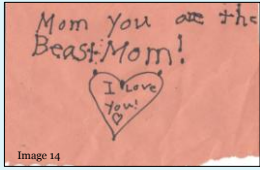


Image 14

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A Child in Survival Brain Feels Worthless

- "I don't belong."
- "I'm bad."
- "I am unlovable."



Image 15

Slide 33

A Child in Survival Brain Has to Protect Himself

"I don't trust you to give me what I need, therefore I will take it."
"I have to have it, regardless of what it is, or I will die!"




Image 16

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Attachment Trauma Plays Out

- Mistrust
- Fear
- Self-hatred
- Self-doubt
- Shame
- Anger
- Self-protection
- Acting out
- ALONE!



Image 17

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Understanding of Cause of Child Behaviors Has Evolved

- Old view: The attachment disordered child is full of rage and a need to control his parents. The behavior is intentional!
- New view: The behaviors of children suffering from attachment are reflexive and caused by: core mistrust and fear, a poorly integrated brain, and a narrow window of tolerance.

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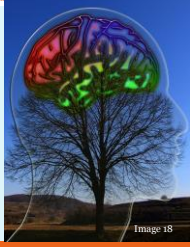
Practice Reminding Yourself...

- My child has a narrow window of tolerance.
- My child has a survival brain.
- My child needs my help (along with family and trauma therapy) to calm his brain.
- By investing time and energy today, I can improve my child's future and my family's future.

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It's Not Too Late...

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Neuroplasticity is a term used to describe capacity to create new neural connections and growing new neurons in response to experience.

- Siegel, D., 2010

Image 18

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How Will Therapy Help?

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- “Integrative Team Treatment” involves a family therapist and an EMDR therapist.
- The family therapist will help you and your child develop skills and tools to manage big emotions and create a more secure connection.

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How Will Therapy Help?

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- EMDR (Eye Movement Desensitization and Reprocessing) is a therapeutic method that helps activate healing and decrease symptoms related to trauma.




Image 19

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What is EMDR?
(Eye Movement Desensitization & Reprocessing)

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- During EMDR, the therapist will activate centers in your child's left and right brain that are activated during REM sleep. This jump-starts the brain's natural mechanisms for processing memories and integrates stored trauma with positive information.
- EMDR is an empirically-supported treatment and is endorsed by the World Health Organization and many other organizations world-wide.

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You Can Promote a Positive Outcome By....

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- Attend your child's therapy and stay supportive and "emotionally present."
- Develop a support system for yourself.
- Take care of your relationships with friends and/or your partner.
- "Integrative Parenting" methods may feel counter-intuitive for you. Be open to letting go of old methods and trying these new strategies.

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It's Your Turn....

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- In a notebook...
 - List your child's concerning behaviors.
 - List the traumatic events, big and small, in your child's life.
 - Hypothesize your child's negative beliefs.
 - List your child's triggers.

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Feel Free to Share This Presentation...

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