

Loving the Child that Bites You—What did I do to deserve this?

1

Alaska Families: Weaving a Better Future Conference

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2

Tip 1—Don't Bite Back



3

Why do They Do That?



4

Adjustment

- Over stimulation, changes in structure
- Fear of people in the home
- Lack of coping skills
- Reaction of domination for kids who have a winner-loser view of relationships

5

Trauma

- Trauma's effects on children will cause issues in 5 main areas:

6

Affective Regulation— feelings are not stable

- Children may react with fight or flight over daily life events

7

Hyper vigilance

- They are always looking around for situations of threat. (Sometimes they are creating them so that they can try to master them this time.)

8

Dissociation

- They “zone out” or glaze over. They do not integrate certain events into their normal stream of consciousness.
- Initially children do this to escape what they cannot endure. It creates a bias towards using this defense in other overwhelming situations.

9

Intrusions and nightmares

- Sometimes children have a slide show in their heads, or feelings in their bodies that cause fight or flight energy.

10

Somatization



- The “smoke alarm” of the body keeps going off.

11

Until children/teens get treatment for trauma, these issues above will continue. Get treatment. But, you still need to have strategies for behavioral control and work on home programs.

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Another issue that results in out-of-control behavior for children is over stimulation of their fragile stress regulation systems because of the effects of:

- Prenatal exposure to substance
- neglect

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We may be asking them to handle challenges that are age-appropriate, but not developmentally appropriate for them.

- Children may be emotionally a lot younger.

They may not be ready for social settings that are as complex.

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Delayed conscience development

- Children love you, want to please you because it feels bad to have your displeasure, and... because you use external reinforcers—
- They decide: I have my opinion, you have yours, but...I'll do it your way so that I please you and avoid negative reinforcers.
- Our kids aren't there yet in many cases.

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Many children cannot understand, in real time,

- What the look on the other person's face means,
- And what will come next in a social interaction.
- They are anxious as a result.

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Any behavioral system has to work to both soothe and calm as well as entrain children in a pattern of preferred behavior

- It's not enough just to stop them.
- We also have to teach them a stable daily pattern of compliance.
- We have to help them decode social cues so that they can predict social outcomes.

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Basic tenets: Teach children to calm.



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Position yourself so that you are stopping misbehavior without teaching a brutal “who’s boss.”
Emphasize lots of practice of the preferred behavior.

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So...This means that they may practice, with your positive praise, the “right way” of handling a problem two or three times.

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Teach them what you want them to do in daily routines.

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Teach them how to get into the car, go to bed, sit at the table, when you are not on a timeline.

- Use praise and rewards for these accomplishments.

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Do limit words. Pretend that you are paying by the word.

- Use role play and nonverbals.
- Make learning patterns of compliant daily life fun.

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Avoid using your emotional state as a way to discipline children.

- This makes “mommy angry, daddy frustrated,” makes...
- Children further dysregulated.
- Tell them what you want, much more than what you don’t want.

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Stop and redirect younger children with your bodies.

- Be a kind, big mammal and “herd” them.
- No “across the room” commands. You’ll just teach them to ignore you.

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Take younger children’s hands, guiding them to do what you want.

- “I’d rather do it myself!”
- “Great. What a good choice!”
- (Picking up is not a choice, though.)

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When they get stuck in opposition, help them to see what will happen after they get stuck.

- Walk through what positive thing comes next.
- Then go back to include the interim step of compliance.

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Work in real time. It has to resemble real life for the memory systems to store the information in a way that is later triggered by experience.

28

Always convey hope.

- Children tend to run a hope-deficit after trauma or neglect.

29

If you want kids to hope, and believe that they can change, model hope.

- Have celebrations for positives.
- Show positive emotions.
- Have fun.

30

Calming and stopping tantrums.



31

Teach them to calm and feel safe.

- Deep Breathing.
- Sitting on the lap, then beside the lap.
- Blow a balloon with the anger and cares—let it drift away.

32

Carry Pictures

- Post pictures in bedroom.
- Make video of calming, and positive behaviors.

33

Predictability

- Pictographs,
- Lists of day's events.
- Plans for the day.

34

Use Brain shift.



35

Smells.



36

Set Timer.

- Can you beat the timer, calming down by 5 minutes?

37

Set interim goals.

- Are you able to calm in your room?
- Are you able to calm without hitting?
- Are you able to calm without throwing?

38

Emotion flows in a wave.

- Don't supply the energy so that they learn to surf.
- Try the 30-second intervention before the wave peaks.

39

Give children things to do and try to prevent escalation.

- Hoods, tents, sunglasses, baths, run around outside, tip them, chase them, rub their heads, squeeze (gently) their shoulders, naps.

40

Training three types of learning

- calming and emotional skills of self-control.
- care for others, reading social cues.
- patterns of coping, competence.

41

You will need a system that:

- Rewards positives.
- Stops maladaptive reactions.
- Develops emotional connections on the inside—knowing the self, and outside—knowing others.

42

Be serious about hurting or threatening of others.

43

This is a safe home. I will not let anyone hurt you. I will not let you hurt or scare anyone.

- If this is not addressed, it may cause children to feel even more shame. It does not improve siblings or peer relations, either.

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Systems that keep positives going, but includes some negatives.

- All the while you encourage hope.

45

Use dimes, or stamps or tokens for the positives.

- They also get a job or chore or early bedtime for a negative (Calling sister poopy head, hitting, etc.)

46

They can get their rewards redeemed as soon as they "Pay up."

47

TV time, computer time, handheld video games require earned time.



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Negative reinforcers that make sense

- Fines
- Restitution
- Getting the use of a toy for a day or two as pay back.

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Do a chore as long as it took the other person to intervene to take care of a problem behavior.

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Write lists and plans.

- What would have worked better.
- What I will do next time.
- What I will do to make this right.

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Fix things emotionally.

- How might that person feel?
- Tell a story that “lends” the feelings, then they can find the feeling, applying it to their situation.

52

Emphasize Repair.



53

Give them time-out from stimulus.

- Read a history book in room.
- Draw, swing, etc.

54

Constantly point out areas of growth.



55

Bounce Ahead not just Bounce Back for families

56



- Mindfully creating resilience for children.
- Identifying skills that families need to be strong families.

57

Literature shows resiliency capacities in children are:

58

1. Attachment that is a secure base attachment.

- Connections to other people are essential to happiness.
- Connections reduce our worries—we aren't on our own.

59

It is the vehicle through which we achieve physiological and emotional regulation.

60



It helps us learn attunement.

61

It gives us connection to a better-regulated brain.

62

2. Mastery

- Accomplishments and talents
- Daily life skills
- Ethnic identity

63

3. “Learned optimism.”

64

4. Emotional intelligence

65

Mindsight. Understanding your own thoughts and feelings and the mind and heart of another

66

Self-reflection

- Able to stand back, being able to think about life and events.
- Able to think and feel together.

67

Sensitivity. Able to understand thoughts and feelings of others. Understand these while not losing your self-interest. You can think of yourself and others in mutually respectful manner.

68

Adaptability—or Response Flexibility

- Make a plan.
- What are two ways that you could react?
- What are the pros and cons?

69

Can repair relationship problems with others—and yourself without too much shame.

- Welcome to the human condition!

70

In our families EI includes more a “life narrative” or life story that includes all of the feelings and events that are integrated.

- Avoid the “deer in the headlights” feeling
- Avoid shame, anger, and pain as companions.
- Enjoy the sense that life has some explanations.

71

Get professional help for trauma.



72

6. Exuberance and Joy



1. Encouraging attachments and connections.

74

What are your modalities for connection—kinesthetic, speech, visual/expressions, eating together, smell and shared experiences.

- We tend to be blah, blah parents for kids who want some fun! Play more!

75

Touch



76

Mealtimes



77

Play



78

Use Discipline That Promotes Attachment— Don't hurt kids.

- Frightening scary parents don't form secure attachments with their children.

79

Building Self-Esteem in the Whole Family—We do it well!



80

Family Nurture—Nurture is the family surname.



81

I want to please parent(s). Build patterns that are positive.



82

Time—Spend time relating



83

2. Mastery.

84

What is this child naturally good at?

- Spend time developing these competencies.
- “Anyone who can do this, could master X.”

85

3. Model “learned optimism.”

- Adversity initially makes us look lousy.
- We will not only bounce back but bounce forward after getting a skill set.

86

What do we have in the way of strengths that can be mobilized.

87

4. Encourage Mindfulness

88

Self-Reflection,
Attunement,
Understanding the mind
of another

89

Make your internal
dialogue external.

- Help children to break down, what they were thinking and feeling.
- What will their plan be?

90

Working on Feelings



91

Behavior shaping is part of Emotional Intelligence

- How do you effect others? How does that, in turn, affect you?
- Rebuild resonance.

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took the other person to
intervene to take care of a
problem behavior.**

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**Recognize that children will
have a harder time
organizing their memories,
organizing their
approaches.**

- Use paper and pencil.
- Teach templates.
- Use social stories.

118

**Help them to find their feelings in their
bodies. Re-build the mind-body
connection. (Stop them from eye-
rubbing, picking, finger stretching,
knuckle cracking, changing subjects,
etc. But be sure to circle back to the
task. Don't get caught up in the
lecture).**

119

**Emotional intelligence.
Practice before social
situations. We are helping
them classify.**

- What is the main point of the activity?
- Where should I be?
- What should I be attending to?

120

Help children find sad and lonely feelings, not just angry ones. Use pictures and storytelling to help them “kindle” with the affect, then switch to their story

121

Describe intervening variables as why things have changed and their life schema can change.

122

Counteract shame— anyone would be thinking doing the same thing given your circumstances.

- But, there has been an intervening variable.

123

6. Sustain and stretch positive moods



124

Reflect on positives. Be sure that children process and store positive memories. Notice the positives.

- Make the negative Booo-rrrr-iiinnng.

125

Keep a calendar of the positives. Mark one or two positive events on each page at night. Review the calendar.

126

**Practice happy dances,
celebrations, and
milestones.**

127

Resiliency in Families

128

**Positive, optimistic
Outlooks**

- Reshape your dreams
- Find family strengths to overcome suffering and adversity

129

**Encourage Learned
Optimism**

- Comments: It feels good to accomplish this,
- I am more focused because of what I've been through
- I know what's really important in life.

130

**Avoid Pileups of
Problems**

131

**Re-establish family
rhythms and routines**

132

Teach clear communication and teamwork in the family

- How do we mobilize to meet the challenges?
- Who does what and when?

133

Listen with respect. Teach children—and adults to hold a position without attacking, arguing, or belittling.

- Teach them to listen to the others position with respect.
- You may need to leave and come back.
- “Thank you for telling me how you feel. I will go away and think about this. I will get back to you.”

134

Use non-verbal language to show amounts of affect and the important messages.



135

Budget time to work on Problems.

136

Recognize that stress will put you on the low road

- Leisure time for all
- Re-do low road interactions
- Model respect

137

Encourage stress reduction as a family.

- Deep cleansing breathes, naps, nice baths, exercise, comedies, back and shoulder rubs. (Be a spa family!)

138

**Team up with others to
Solve Problems—Form a
community, join a
community**

139

**Recognize the areas of
mastery that you have.
Apply them to new
challenges.**

140

**Think about what's really
important in life. Live in
Peace with that View.**

141

Spiritual Strength

- Transform your view of your family, your world.
- Live compassionately, mindfully, and with love for your neighbor.

142

BREAK



143

**What does the Home
Look Like?**

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Emphasize Repair.



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- Read a history book in room.
- Draw, swing, etc.

163

Constantly point out areas of growth.



164

Target problem behaviors in a specific manner.

- Talking tokens for over talking
- If/ then, when/then book.

165

Predictable and Structured

166

Unhurried—margins of time available when some days are more difficult

167

Parents are training children in doing what they want children doing through role plays and repetition

168

Background noise is minimized

169

Parents Are Nurturing and Friendly in Speech and Body Language

170

Over learning of Activities of Daily Life Occurs so that Children Still Do Well On Off Days

171

Discipline is done in Small Increments

172

After Failures or Freeze-ups or Tantrums, Parents Circle Back, Helping Children to Practice ways to cope with the Initial Problem.

173

Functional Learning is Emphasized.

174

Rules are Memorized and Concrete until there is ample evidence that children have developed past that point. Some with prenatal exposure will not.

175

Parents are Aware of Children's Processing Loads—and their Daily Variability.

176

Parents anticipate and help children with any changes in routine—which almost always are difficult.

177

Teach response flexibility.

178

Limit over expressive facial expressions that are meant to control.

179

Practice social cueing before social situations.

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Help them to find their feelings in their bodies. Re-build the mind-body connection. (Stop them from eye-rubbing, picking, finger stretching, knuckle cracking, changing subjects, etc. But be sure to circle back to the task. Don't get caught up in the lecture).

181

Guide them to notice what their bodies are doing.

182

Then, mirror their feelings and share your feelings with their feelings. Use every opportunity to align with them. Pull in the parents.

183

Thirdly, add the thoughts

184

Help them to organize their memories. Give them templates. Pictures are great in helping them to sequence and to get all of the parts together.

185

What happened first, second, how did it end? Who was there? Where did it happen? Was it dark or light? Who said what?

186

What was the important point? What part of the story is most important to you? Can you guess which part of your story I'd like most?

187

Make plans for the day and for important events.

188

When children need to figure things out, help them with steps. Write questions and have them respond with pictures and writing. The mental wheels will begin to turn!

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Keep a calendar of the positives. Mark one or two positive events on each page at night. Review the calendar.

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Reflect on positives. Be sure that children process and store positive memories.

191

Keep pathology boring.

192

Watch out for lighting.

193

**Practice happy dances,
celebrations, and
milestones.**

194

**Explore options. What are my
options? Even if they don't
proceed with the options, things
change. The secret, as Daniel
Stern describes is that in the
telling of a story to another mind,
the story has changed (The
Present Moment, Norton, 2004).**

195

**Soothe and teach self-
soothing. Calm down with
the "I am loved" feeling.
Teach and use breathing.**

196

**Buffer from highly
stressful situations.**

197

**Reach out in a positively
intrusive manner when
children are withdrawn.**

198

**Repair quickly after
upsets.**

199

**Use non-verbal language
to show amounts of affect
and the important
messages.**

200

**Develop internal locus of
control over time,**

201

**Accommodate in school
situations and at home.**

202

**Describe intervening
variables as why things
have changed and their
life schema can change.**

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Counteract shame

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**Sustain and stretch
positive moods**

205

Restore Hope

206

Family Resilience

- What skills have you used in other situations that you can use in this situation?

207

**What is fun, fulfilling, and
friendly? Do more of it!**

208

**What do I need to make
our family a “success?”**

209

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Methods of Working

223

Talk less. Practice through role-play. If you want children to do something, practice doing what you want them to do.

224

**Prenatally exposed children need repetitions.
Re-teach without shaming.**

225

Teach motor-behavioral patterns.

226

Role-play for social situations.

227

Teach response flexibility.

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Use cartoon characters.

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Relationship Development Intervention with Young Children and Relationship Development Intervention with Children, Adolescents, and Adults, Steven Gutstein and Rachelle Sheely, Jessica Kingsley Publishers, 2002.

233

Is it best for children to keep waiting for a family...



234

or to become part of a transracial family through adoption?



235

In all of the areas above research affirms the changes in adoption as “what’s best for children.”

236

Adoption acts as an amplifier system heralding—and sometimes pushing changes in our society,

237

by causing us to evaluate prejudices and boundaries between social classes, races, family definitions, and cultures.

238

There have been some huge shifts in adoption:



239

In 1970 there were 172,000 children adopted, mostly infants, in confidential adoptions.

240

The current rate of adoption is about 130,000 children a year.



241

There are about 14,000 voluntary relinquishments of infants per year.

242

Since 80% of people adopting from private agencies or private adoptions are doing so for reasons of infertility, they will be looking for a variety of ways to build their family.

243

People are adopting from our foster care system. About half of those families are doing so after issues of infertility, half not. Over one-third are single parents.

244

55,000 children were adopted from foster care in 2008, the average age was 6.4 and the median age was 5.2 years. In contrast, 36,000 were adopted in 1998. U.S. Department of Health and Human Services, AFCARS Report.

245

There were 123,000 children waiting to be adopted. Their average age was 8.1, median, 7.5. Average age that they entered f.c. Was 4.9 years.



246

89% of the children adopted from the foster care system qualify for a special needs assistance package.

247

Public agency and intercountry adoptions account for more than half of all adoptions;

248

Adoptions through publicly funded child welfare agencies accounted for two-fifths of all adoptions;

249

Intercountry adoptions accounted for more than 15 percent of all adoptions;

250

The other two-fifths of adoptions are primarily private agency, kinship, or tribal adoptions.

251

The levels of international adoption have tripled in the last 15 years.

252

The world totals show significantly more adoption from areas with poorer health care or fostering traditions.

253

1990—7,093; 2000—17,718; 2004--22,884; 2005--22,728.

254

Take home message:



255

The children include many older children who have had and lost parent figures. Their rates of neglect and maltreatment are higher.

256

These are not “adoption issues,” as much as maltreatment issues of particular interest to the adoption community.

257

In spite of these enormous shifts, there are some constant concepts:

258

Psychological parents.



259

Boundaries. Families define those in a manner that's best for family members.

260

Identity. Adoptive families have some unique challenges and benefit from mutual support.

261

Pain and loss are accepted as part of the process of building families--in a personal, selective, and supportive context.

262

The family rate of satisfaction tends to be high, anywhere from 75% to 95% depending on the sample. Almost all would adopt again.

263

Elinor Ames studies showed that even after serious deprivation and neglect in Romanian and Bulgarian orphanages, children did form attachments and attain much more than professionals theoretically thought possible.

264

But families would like more specific guidance and information in a number of areas. Many of those areas will be discussed in this conference.

265

Supporting Adoptive Families in Educational or Therapeutic Settings.



266

One of the challenges is that they have identities conferred upon them through cultural myths and misconceptions.

267

A list of words illustrates those concepts:



268

Speaking positively: using Respectful Adoption Language by Patricia Irwin Johnston

- Birthparents, not real parents
- International adoption, not foreign adopted
- Made an adoption plan, not put up for, surrendered, or given up
- Confidential adoption, not closed
- Children with special needs or waiting children, not hard to place.

269

Respectful...Conceptually flawed

Was adopted... is adopted
Birthparents...real parents

270

International adoption...foreign adoption
Made an adoption plan or chose adoption...put up for adoption, surrendered, or given up
Confidential adoption...closed
Children with special needs or waiting children...hard to place
Reunion...Meeting

271

About 65% of Americans have either a family member or close friend who was adopted. And about that percentage of Americans have a favorable impression of adoption. About 40% of American families have considered adoption. Americans are quite curious about adoption!

272

As professionals, you may be curious about adoption issues and people's experience. But if it doesn't have to do with their needs, get a book or ask if they can direct you to information.

273

It is certainly fine to ask parents to what extent their child's understanding of their adoption is influencing their emotional wellbeing, or to what extent the history before their child joined their family seems to be affecting social and emotional development.

274

Parents may be using much more structure. Often children are emotionally younger. They have not developed the amount of impulse control or self-regulation of their peers.

275

Affirm parents who are using structure positively. Don't automatically equate structure with coldness or control.

276

Regard their family boundaries positively. Asking personal questions about the views of the birthparents or conditions that shifted development, either positively or negatively, are inappropriate unless they directly affect treatment.

277

Parents will share information if they want to, or as they get to know you, and if it seems appropriate.



278

Few biologic parents are queried about the conditions around the conception of their child: was this what you expected when you had intercourse, did it take a long time, or did you wish that you'd had intercourse on another day so that you conceived a different child?

279

Parents do not need your positive wishes about "what they've done," as if they are unusual. They wanted a family, with children, just as most people do.

280

They would enjoy your getting to know them authentically. They are no more like the TV specials than you are.



281

Don't confuse parental concern about learning or social issues with "acceptance" by the parents. All parents are interested in their children's academic and social development.

282

When parents are describing a cluster of behaviors, be careful about saying that “All children do___.” Ask them about the frequency and duration of those behaviors.



283

For example: All children lie at times. But a 9 year old who routinely lies 8 times before breakfast is having a problem. This is probably just one of a series of symptoms.

284

Parents whose children have endured neglect will be looking at stimulation programs. “Wait and see” attitudes are sacrificing some of the most fruitful times for intervention.

285

Children coming from another culture catch up completely in spoken language after one year, barring other developmental lags.

286

After neglect expressive and receptive language development are drastically behind and will need a specialist if lags are continuing. Children are not getting help because of some ESL confusion.

287

Parents will be asking for a thorough assessment and the services that their children need. They tend to be educated, economically privileged, and effective. They will expect professionals to be active and educated.

288

If their children/teens are bringing up issues around their adoption experience and their identities at school and church, tell their parents!

289

The issues are normal and the parents need to arrange for conversations and/or some therapy.

290

Children who were adopted have some extra emotional work at developmental stages.

291

Children who were happy to share information about their birthparents or difficult life situations at one stage, do not want to do so at another. Don't put them into the situation of needing to do so with a genetics or writing assignment.

292

Every one of the assignments has a learning objective. Give alternatives that include other ways to meet that learning objective. "My life," or "My autobiography," or "My most frightening moment," does not have a learning objective of causing great distress. They will do so at certain life stages for many children—not just children who were adopted.

293

Children/teens are self-centered. When they want information, it is usually because it has to do with their identity needs, not because they want a relationship. There is a great deal of variation between children/teens.

294

Break



295

Neglect, Stress, and Mood



296

Neglect dramatically understimulates the developing psychobiological systems. Over time neglect leads to irritable, depressive states in which the person seems to get “stuck.”

297

Neglected infants and children show a lapse in their subjective sense of self. They seem to have “dead spots” in their own experience of self.

298

They either are not processing information, or they process it as if it is happening to someone else.

299

This impacts people’s abilities to act on their own behalf, or to choose life situations that uniquely them.

300

When individuals do not have a continuous sense of themselves, they do not have the capacities to think about their situations, going on to solve problems.

301

If they do not have a ongoing subjective sense of themselves, they cannot experience their feelings and coordinate these with their thoughts about themselves.

302

When you are not aware of your feelings, your life, in a subjective manner, it is hard to act on your own behalf.

303

The capacity to stand back from events, thinking them through with a sense of perspective is called *reflective thought*.

304

Interestingly, it is one of the capacities that is regularly missing in children after neglect.

305

Neglect also...

compromises the development of affective attunement, and of positive emotional states.

Early neglect deprives children of the caregiver's stretching of positive moods, a normal part of the optimal development of the right brain.

Instead there tend to be brittle mood states. Children switch rapidly from state to state.

306

They are easily overstimulated—and understimulated. Both ends of the arousal continuum tend to be signaled by irritability.

307

But one of the worst insults of neglect is that it starts children down the road to lack of empathy--

- **And predicts antisocial personality disorder.**

308

Why? Children do not recognize the feelings of others, process them, and feel a corresponding feeling in themselves.

309

Instead, there is a classic breakdown between their actions and the feelings of others.

310

There are fundamental breakdowns after neglect in five areas:

311

Connection and empathy-sharing feelings of others and being able to tailor behaviors because of those feelings.

312

As long as stress is high, there is continuing damage from stress on regulation as well as on executive functioning.

313

Thinking and feeling together. They can think without feelings, or feel without thinking. They tend to be poor at coordination.

314

Megan Gunnar and Carol Cheatham, Brain and Behavior Interface: Stress and the Developing Brain, Infant Mental Health Journal, vol.24(3), 195-211 (2003)

315

Enjoying positive affects (feelings). There is a drift towards depression and hopelessness

316

Self-reflection and planning—basic to learning from mistakes or walking around life's pitfalls.

317

With a combination of trauma and neglect we find deficits in executive functioning due to exposure to CORT:

318

**forgetting or being
preoccupied versus using
working memory;**

319

**inhibiting inappropriate
behaviors in favor of
exhibiting appropriate
ones;**

320

**making impulsive choices
instead of using logical
reasoning;**



321

**making quick, random
responses to memories
and events instead of
organizing memories and
events**

322

**scanning of the
surroundings instead of
devoting attention to the
task at hand;**

323

**responding “in the
moment” to a situation
instead of remembering
the reason for coming
into the situation in the
first place.**

324

**Summarizing thus far
tasks will be: building a
continuous sense of self.
Don't let them drift off!**



325

**teach children to read the
expressions of others
with a corresponding
feeling inside of
themselves—true
transmission of affects
(no feeling charts).**

326

**teach them how to
organize their memories.
What happened first,
second. Who was there?
Where did it happen? If
they organize by feelings,
point this out to them.**

327

**help them grasp the main
point of activities and
sustain attention on the
main points of activities**

328

**Learn how to reassure
themselves by the facial
and body cues of others
instead of scanning
constantly and ignoring
trustworthy adults**

329

**help them to connect with
positive affects without
getting overwhelmed.
Process the positive
affects so that they build
a well-regulated
neurology.**

330

**help them to step back,
reflect, and make plans.**



331

**We will be looking at
ways to help child focus
their attention so that
there is neural growth.**

332

**Help them to find their feelings in
their bodies. Re-build the mind-
body connection. (Stop them from
eye-rubbing, picking, finger
stretching, knuckle cracking,
changing subjects, etc. But be
sure to circle back to the task.
Don't get caught up in the lecture).**

333

**Guide them to notice what their
bodies are doing.**



334

**Then, mirror their feelings
and share your feelings
with their feelings. Use
every opportunity to align
with them. Pull in the
parents.**

335

Thirdly, add the thoughts



336

Help them to organize their memories. Give them templates. Pictures are great in helping them to sequence and to get all of the parts together.

337

What happened first, second, how did it end? Who was there? Where did it happen? Was it dark or light? Who said what?

338

What was the important point? What part of the story is most important to you? Can you guess which part of your story I'd like most?

339

Make plans for the day and for important events.



340

Explore options. What are my options? Even if they don't proceed with the options, things change. The secret, as Daniel Stern describes is that in the telling of a story to another mind, the story has changed (The Present Moment, Norton, 2004).

341

Reach out in a positively intrusive manner when children are withdrawn.



342

Repair quickly after upsets.



343

Use non-verbal language to show amounts of affect and the important messages.



344

Accommodate in school situations and at home, as necessary.



345

Sustain and stretch positive moods



346

Restore Hope. Point out how much they have learned, including loving you!



347

Role play What you want to have happen in new situations.

348

Background noise is minimized.



349

Rules are Memorized and Concrete until there is ample evidence that children have developed past that point. Some with prenatal exposure will not.

350

Parents anticipate and help children with any changes in routine—which almost always are difficult.

351

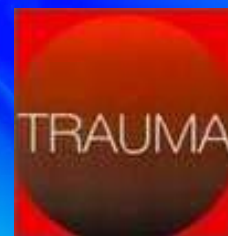
Prenatally exposed children need repetitions. Re-teach without shaming.

352

Resources to help in schools or home: "Relationship Development Intervention with Young Children," and "Relationship Development Intervention with Children, Adolescents, and Adults," Steven Gutstein and Rachelle Sheely, Jessica Kingsley Publishers, 2002. "Navigating the Social World," Jeanette McAfee, 2003.

353

Trauma



354

In summarizing research findings, Jon Allen from the Menninger Clinic concludes,

355

“The more severe the psychological abuse, the higher the risk of depression and suicidal behavior...the higher the number of *types* of maltreatment (psychological, sexual, and physical abuse, neglect) the higher the likelihood of depression and suicidal behavior.

356

Although psychological abuse was often confounded with other forms of maltreatment, it bore a stronger relation to depression and suicidal behavior than any other childhood adversity” (Traumatic relationships and Serious Mental Disorders, 2001).

357

On a deep level, children agree with the expressed opinion of abusers that the world would be better without their presence.

358

Abuse and the coordination between thoughts and feelings

- Abuse, and particularly emotional abuse, tends to result in a thinning of the corpus callosum, the structures that connect the right side of the brain with the left. The linguistic left brain is not able to use language as effectively, including self-talk, auditory sequencing, or descriptions of the content of emotional distress. The thinning also makes the individual more prone to emotional flooding.

359

The costs of unresolved childhood trauma to our children:

- shame is integrated into their identities,
- they have diminished meaningful relationships,
- they feel alarming body symptoms,
- they have mood problems,

360

- they show a bias towards using dissociation or conservation withdrawal rather than coping,
- they lose a simple belief in a loving God, and
- they have difficulty finding their places in the world.

361

Significantly, if children are under the age of five when they are traumatized, then the rates of symptoms in the four areas of somatization, affective dysregulation, numbing, intrusions, are all above the 90th percentile.

362

The rates of symptoms in children who have been traumatized by abuse under the age of 14 includes: .77 affective dysregulation or anger; .80 dissociative; .54 chronic pain; .66 suicidal; .75 hopelessness; .66 suicidal (van der Kolk, 1994).

363

Dissociation needs some special attention as we talk about neglect, trauma, and attachment. It plays pivotal roles in all three.

364

The core issue of posttraumatic stress disorder: dissociation, i.e. "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" -----John Nemiah

365

Dissociation occurs when children cannot endure external pain. In situations of maltreatment, it also occurs when they cannot endure internally induced pain.

366

Early use of dissociation is evidence of the organization of neurobiological changes that will be enduring. They will lead to a bias towards using dissociation as a defense in other frustrating or overwhelming emotional/interpersonal situations (Sroufe, 2002).

367

People organize their lives on parallel tracks: Their unconscious right brain recognizes danger, but they do not react with complex maneuvers,

368

But

369

Dissociation allows children to have lapses so that they are not required to integrate highly threatening information into their sense of self.

370

They are able, for example...to not know their parent's desire to harm them, or their parent's episodic hate.

371

Problematically, they continue to "not know" highly threatening information in situations in which they could use other options.

372

They “know” biologically, as evidenced by body changes, but they “do not know,” cognitively, so they do not use coping.

373

We will be working on ways to help them so that dissociation is minimized.

374

After Failures or Freeze-ups or Tantrums, Parents Circle Back, Helping Children to Practice ways to cope with the Initial Problem.

375

Buffer From Stress!



376

Exposure to corticoids is involved in inhibition of cell division in the brain. Adults who have survived abuse as children show reduced hippocampal volume, and, in some instances, impairments in memory as a result.

377

There is a neurotoxic effect of circulating glucocorticoids on the hippocampus, a structure rich in receptors for stress hormones and one that plays a key role in memory.

378

Other areas of the brain with high levels of glucocorticoid receptors include:



379

the cingulate gyros, which is thought inhibitory control, and self-regulation of emotion and behavior, to be involved in effortful attention,

380

the amygdala, which has been implicated in fear and stress reaction, and

381

frontal regions, which have been implicated in attentional attributes.

382

Parents Are Nurturing and Friendly in Speech and Body Language



383

Over learning of Activities of Daily Life Occurs so that Children Still Do Well On Off Days

384

Use non-verbal language to show amounts of affect and the important messages.

385

Talk less. Practice through role-play. If you want children to do something, practice doing what you want them to do.

386

Develop internal locus of control over time.



387

Describe intervening variables as why things have changed and therefore their life schema can change.

388

Soothe and teach self-soothing. Calm down with the "I am loved" feeling. Teach and use breathing.



389

Functional Learning is Emphasized.

390

Buffer from highly stressful situations.

391

What does the Home Look Like?



392

Predictable and Structured



393

Unhurried—margins of time available when some days are more difficult



394

Disciplining is done in small increments.



395

When working with traumatized and neglected children, it is not simply a matter of getting techniques to deal with control issues.

396

It involves making meaning out of loving someone and forming a close connection with someone who can diminish your own functioning.

397

As we open ourselves up to an awareness of the emotional states of others, and we become aware of what is in the heart and mind of another, the impact can be fracturing to our senses.

398

After maltreatment, major areas of effort for parents and professionals: attachment, safety, emotional regulation, emotion awareness of self and others, body awareness, productive patterns of daily living, connection with reality.

399

Getting Help



400

WHAT ARE SOME LONG-TERM ISSUES OF TRAUMATIC STRESS?

- Children's emotional states (affective states) are dysregulated. In children who are had early trauma, the memories tend to be stored in the part of the brain that was developing at the time. When they recall the memory, they recall the memory in the same way a child would, which is in the same overwhelmed way that they stored it, and with little cognitive input.

401

LONG-TERM ISSUES OF TRAUMATIC STRESS (continued)

- Children who have reminders of the traumatic event often have a difficult time due to this overwhelming way of remembering. Children remember traumatic events in much the same de-centralized way that they were stored (van der Kolk, 1994). They often respond to day-to-day events in this same overwhelmed and poorly modulated way.

402

- Children show a lack of empathy. Children internalize the brutality and insensitivity that was shown to them (Pynoos, 1997). One of the valuable experiences in therapy happens when parents hear part of their child's trauma, hold them close, and tell them how terribly sorry that it happened to their child. Usually the parent and child cry together, which allows the child to internalize a sensitive, caring voice.

403

- Children do not buy into the social contract (Pynoos, 1997). Because children have not been protected, they do not buy into society's values. They believe that they are outside of the favor of society, and that the rules do not work for them.

404

- Children tend to be preoccupied with death and trauma. Instead of seeking out safe peers and nurturing adults, they will gravitate towards dangerous and powerful peers. They try to control or befriend the aggressive peers, rather than stay safe.

405

- Children tend to recreate dangerous situations in which re-enactments of the trauma occur. They will often recreate highly changed situations with the new parents that are uncannily similar to former traumatic situations (Putnam, 1999).

406

- Children will view themselves as ineffectual. They could not prevent separation or trauma.



407

- Children are afraid of identification with the lost parents, if the parents were lost traumatically.



408

- Children uncouple the mind-body connection. They learn to use a parallel way of processing incoming information. They dissociate from highly charged information attending instead to everyday matters. They discount the feeling/body information that would enable a quick response to protect themselves, and later their children.

409

- Children can get “stuck” in negative states. They enter these states when they get overwhelmed or frustrated, but cannot seem to get themselves out of the states again. Over time these negative emotion states become emotional traits (Siegal, 2002).

410

- Children do not develop the capacity to think about abuse and neglect without feeling that they are re-experiencing it (Fonagy, 2002). They develop an all-or-nothing life model. They do not develop a sense of perspective.

411

- Children can be oblivious or exquisitely oversensitive to the emotional states of others, which used to function as a way of protecting themselves from further danger. However, they tend to make errors in interpreting the meaning of the others' emotions. They continue to interpret emotions in a trauma-contaminated manner.

412

- Briere, John, (1992). *Child Abuse Trauma*, Sage Publications, 1992, pp.3-15.
- Fonagy, Peter; Gyorgy Gergely, Elliot Jurist, Mary Target; *Affect Regulation, Mentalization, and the Development of the Self*, Other Press, New York, 2002, pp. 343-371.
- Siegal, Daniel, (2002). “Interpersonal Neurobiology of the Developing Mind,” Material from lectures at Conference, “Attachment: From Early Attachment through the Lifespan, UCLA, March 9-10, 2002. Tape available (310) 474-2505.

413

BREAK



414

What Is Attachment?



415

Attachment are exclusive, intimate, emotional and physiological relationships between people.

416

Attachment relationships are built over time.

417

Children can have different attachment styles with different parents.

418

Attachments are always between two people...because they are relationships.

419

Attachments styles are equally strong whether they are secure or insecure attachments.

420

Attachments styles are formed by the seventh month of life if there is an available parenting figure.

421

Why Is Attachment Important?



422

Secure Attachments and the Child's Internal Working Model

- *The formation of a secure attachment between children and their loving caregivers really means that children have developed an internal working model that informs how they look at themselves and at others. Some of their template in looking at themselves and the world includes:*

423

--My parents come back. They are reliable.



424

--I am worth coming back to.



425

--I can depend on my parent(s) and people whom they entrust to educate and spend time with me.

426

--My affective states (feelings) are mirrored back to me so that I can get help in knowing how I feel, and how others feel.

427

--I want to please parent(s) most of the time.



428

--I am rewarded for becoming competent, for my curiosity, and for my positive states.



429

I can get help with psychologically overwhelming events and feelings. Parents will help.

- I learn a smoothly cycling rhythm of attention and calming

430

Parents will teach me how to cope with problems and how to solve them. Parents are the secure base for true autonomy.

431

Intimacy is enjoyable



432

Mirror neurons fire to my benefit.

433

Securely attached children have parents who are typically neither frightened nor frightening.

434

My needs are routinely met in a timely, sensitive manner. Repairs to relationship disruptions are empathic and prompt.

435

Building Mutuality and Connection in Your Relationship



Corbis.com

436

Stimulating Secure Attachments



Corbis.com

437

Touch



Corbis.com

438

Bottle Feeding



439

Mealtimes



440

Play



441

Reducing Trauma's Effects



442

Discipline That Promotes Attachment

443

Building Self-Esteem in the Whole Family



444

Family Nurture.



445

Working on Feelings



446

Talking About Feelings and Developing Emotional Depth

447

Keeping on Keeping on



448

Permission to Love



449

Time



450

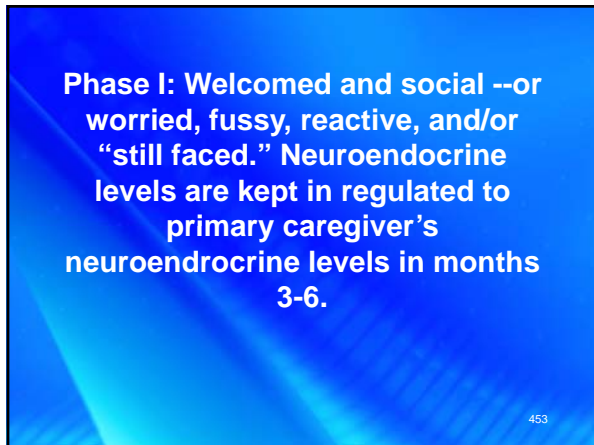


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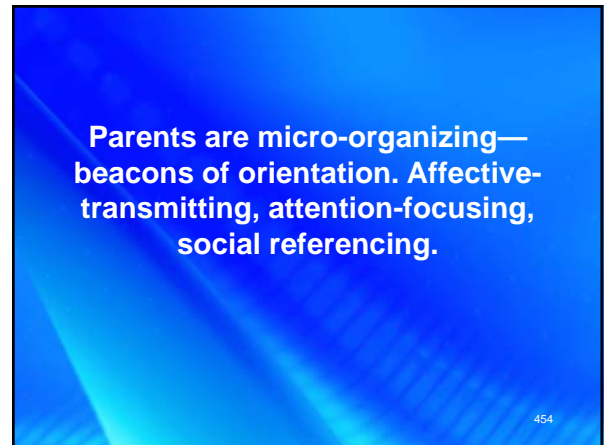
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Effects of Trauma and attachment losses on developmental stages:



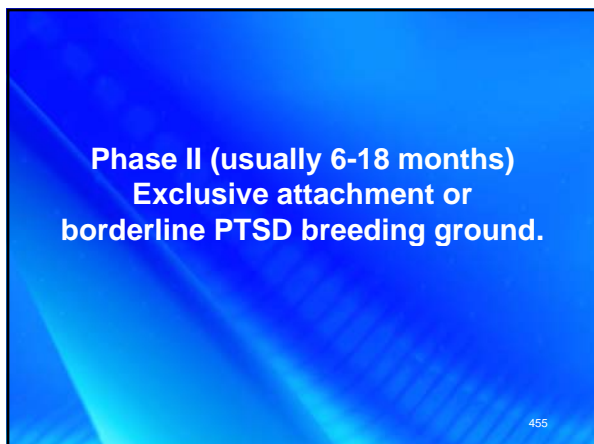
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Phase I: Welcomed and social --or worried, fussy, reactive, and/or "still faced." Neuroendocrine levels are kept in regulated to primary caregiver's neuroendocrine levels in months 3-6.



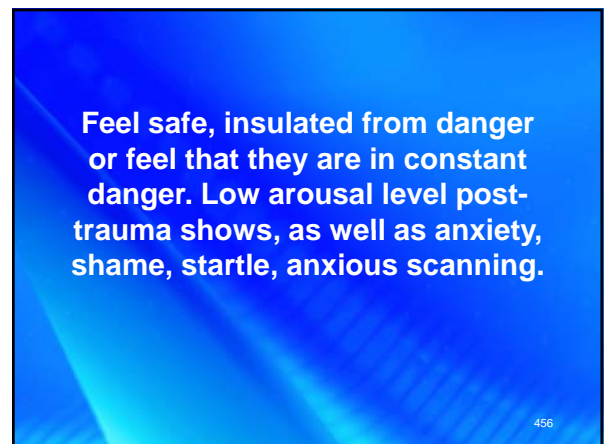
454

Parents are micro-organizing—beacons of orientation. Affective-transmitting, attention-focusing, social referencing.



455

**Phase II (usually 6-18 months)
Exclusive attachment or
borderline PTSD breeding ground.**



456

Feel safe, insulated from danger or feel that they are in constant danger. Low arousal level post-trauma shows, as well as anxiety, shame, startle, anxious scanning.

Attunement, feeling of being “in-synch,” is normal with infant. They use parents well to help them get back into balance. Or—they follow parent’s dysregulated states or enter their own dissociative states in response to an overwhelming world.

457

Traumatic symptoms: Sleep problems, over and under eating, growth problems caused by CORT’s inhibition of growth hormone, child looks dazed or shocked, rigid body, arched back, feet up to kick, head bangs instead of nestles.

458

Phase III Usually 18-24 months to 30-36 months. Developing autonomy.

459

Either thinks of self as good or bad. Needs nurture, rules, limits and shared enjoyable activities for positive development.

460

Trauma may lead this child to protest or acquiesce. Cooperation doesn’t work and neither does opposition.

461

Rituals and order are soothing. Play develops in this stage. Both may become inhibited or exaggerated after trauma.

462

Trauma behavioral symptoms:
Nightmares, avoidance of gaze,
difficulty calming, difficulty
engaging, aggression: hitting, feet
up, elbows out, difficulty knowing
where body is in space and time.

463

**Phase IV: 30-36 months-48-54
months** Secure child has
internalized attachment,
formed some beginning sense
of self and is ready to be
social. Compliance usually
works well for her. Egocentric.
Everything that happens is
because of me!

464

After trauma the child has
more difficulty with peers.
Often withdraws or controls.
Gender identity develops at
this stage.

465

Child may feel that being a boy or
girl is "bad." Children think in
terms of big and little. May decide
that big people are brutal. They
equate big with mean.

466

Trauma symptoms similar to the
ones above with difficulty in social
contexts with aggression in play
and nightmares with real themes.

467

Phase V, Romantic stage. They
increase in identity formation and hope
to marry opposite sex adult in most
cases. They need a lifestory that has a
"why" in it, but are still quite concrete.

468

They are grandiose and think that they have triggered incidents.

469

Trauma symptoms are the same as ones above except with longer periods of sustained emotional states. They may feel that they have the capacity to predict, i.e. "I caused that because I was so loud at the table" or "because I was so cute and asked to sit in his lap."

470

May refine role reversals in order to control parent performance and to get care and protection.

471

Phase VI Joining in and finding my place. How am I the same and different as other children?

472

These children have rigid role requirements for inclusion. They assess that they are different after trauma. They do not want to talk about this and usually have internalized a sense of shame. This is compounded by early maltreatment.

473

They will be avoidant of trauma themes if they do not have an internalized concept of parents as helpers.

474

This is an age of mastery and social development: finding ones place, cooperating with groups, and accomplishing tasks. Reciprocity, that is a process in social relatedness may not have been developed through attachment relationships. It may have to be taught here. Children can miss cues and may misinterpret cues as threatening.

475

Phase VII adolescence. Finding Myself and Sharing Myself

476

Attachment, Maltreatment, and Stress Regulation



477

Attachment as a stress regulation system

- Attachment can be understood as the primary mechanism to regulate stress and emotion, and is developed in the right brain. The early developing right brain largely dominates during the first three years of life (Sroufe, 2002).
- It remains as the template for stress regulation, for better or worse, for the rest of life.

478

“a consensus has been established that development fundamentally represents the emergence of more complex forms of self-regulation over the stages of the lifespan,

479

and that attachment relationship is critical because it facilitates the development of the brain’s major self-regulatory systems.” Allan

Schore, Affect Dysregulation, p.XIV.

480

A basis for self-confidence is literally wired into my core self.

481

“The orbital cortex matures in the middle of the second year... The core of the self is both nonverbal and unconscious, and it lies in patterns of affect regulation.

482

This structural development allows for an internal sense of security and resilience that comes from the intuitive knowledge that one can regulate the flows and shifts of one’s bodily based emotional states either by one’s own coping capacities or within a relationship with a caring other.”
(Schoore, Affect Dysregulation and Disorders of Self, 2003 p. 250.)

483

Other Patterns of Attachment (10 subtypes)

484

Avoidant attachment

- In an **avoidant** attachment with their caregiver, the child still feels connected to the caretaker, but cannot trust the caretaker to meet his needs in a reliable, painfree or sensitive manner. Children who have an avoidant attachment style do not know whether they will be hugged or hurt when they express needs. They conclude that it would be safer and better if they could be self-reliant (Sroufe, 1995).

485

Insecure attachment, Anxious, Clingy Subtype

- **Anxious attachments** are shown in children who have finally found someone that can trust in a limited way. They show love and trust in a parent, but are always in the moment. They seem to believe that the parent will disappear once out of sight. Children who have neglect in the first half of their life tend to show this anxiety in their attachment style, as do children who have been moved suddenly, early in their lives. These children are not certain whether they can trust parents to come back, or trust them to attend to their needs unless controlled.

486

Insecure attachment, Ambivalent type

- An **ambivalent attachment** is an attachment style in which the child alternately pushes the parent away and clings to the parent. This child alternately between using traits of an anxious attachment and avoidant attachment.

487

Disorganized Attachment

- This is the attachment style most seen in children and their caregivers when children have been maltreated and are still with those caregivers. The rate in studies are in excess of 80 percent.
- In research situations, Mary Main and Judith Solomon saw children who seemed to show a peculiar lapse in their typical secure or insecure strategies. These children became fearful, froze, or became disoriented. Solomon, Judith, Carol George. (1999) *Attachment Disorganization*, Guilford Press, pp. 3-28.

488

Disorganized Attachment (continued)

- Children with disorganized attachments tend to have a sense of helplessness about their relationship with parents. (Parents, who are raising the child and formed the attachment, also report feelings of helplessness about their relationship with their child. (Solomon, George, 1999). The children show levels of extreme rage. They seem to be either unable to play, or only to play out violent themes that include separation.

489

Disorganized Attachment (continued)

- When distressed, the children are often more upset by the arrival of the parent than comforted. Parents of children who have disorganized attachments have been frightening or alarming to their children. Often parents have set up the child for overwhelming situations, and then respond in a rejecting, frightening, or abandoning manner.

490

Disorganized Attachment (continued)

- Children with disorganized attachments tend to be highly controlling. They also dissociate much more frequently than other children do. They show a long-term vulnerability in emotional adjustment and social adjustment.

491

Even if parents have good intentions and adequate parenting skills, children who have lacked food show this type of pattern of attachment.

492

Why do children resist attachment formation?

493

We are asking them to experience the risk of connecting with a person who may give them overwhelming feelings or knowledge.

494

“In situations that activate a disorganized attachment schema,” (such as asking children to be close, dependent, or cooperative) “children can become chaotic, with visceral activation and disruptions in their sense of self.” (Schoore, 2003).

495

AAI Correspondence between parental state of mind toward attachment and children’s attachment style—

496

**Secure,
Leads to Secure/autonomous children**

497

Dismissive, Leads to Avoidantly attached children with parent features of low sensitivity. Often cannot remember childhood. Present an idealized view of parents without facts to support this view. They are not coherent in giving a narrative. Examples contradict conclusions or global statements.

498

Preoccupied, Parent is preoccupied with past attachment relationships and experiences. Speakers often angry, fearful, or passive. Children have a corresponding style of resistant or ambivalent.

499

They seem distressed even before separations and seem unable to settle and find comfort in their parents. They continue to cry after a reunion.

500

Disorganized/disoriented Individuals seemingly cannot come up with an approach to attachment that is coherent and consistent.

501

There are lapses in reasoning and discourse during discussions of “potentially traumatic events (e.g. significant loss experiences or abuse” (Cassidy, Shaver, p. 388).

502

They did not fit into preoccupied or dismissive categories except for their lapses into prolonged silence, description of the person lost as if they are still present, lack of coherency when topics of abuse arise.

503

Some of the parents in this category are afraid of their children.

504

Children show, in response, a fear-approach drama that is part of their core.

505

Fear of abandonment and fear of proximity take turns.

506

These categories tend to be stable over time, but can change with improved or deteriorated circumstances.

507

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- (2) diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

508

These categories tend to be stable over time, but can change with improved or deteriorated circumstances.

509

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- B. The disturbance in Criterion A is not accounted for solely by developmental delay (as in Mental Retardation) and does not meet criteria for a Pervasive Developmental Disorder.

510

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- C. Pathogenic care as evidenced by at least one of the following:
 - (1) persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection
 - (2) persistent disregard of the child's basic physical needs
 - (3) repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)

511

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).
- *Specify type:*
 - **Inhibited Type:** if Criterion A1 predominates in the clinical presentation
 - **Disinhibited Type:** if Criterion A2 predominates in the clinical presentation

512

- **Dissociation represents a failure of the**

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood

- A. **Markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years, as evidenced by either (1) or (2):**
 - (1) persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)

513

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- (2) diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

514

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- B. The disturbance in Criterion A is not accounted for solely by developmental delay (as in [Mental Retardation](#)) and does not meet criteria for a [Pervasive Developmental Disorder](#).

515

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- C. Pathogenic care as evidenced by at least one of the following:
 - (1) persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection
 - (2) persistent disregard of the child's basic physical needs
 - (3) repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)

516

Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood (continued)

- D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).
- *Specify type:*
 - **Inhibited Type:** if Criterion A1 predominates in the clinical presentation
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517

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522

Disorganized/disoriented
Individuals seemingly cannot come up with an approach to attachment that is coherent and consistent. There are lapses in reasoning and discourse during discussions of “potentially traumatic events (e.g. significant loss experiences or abuse” (Cassidy, Shaver, p. 388).

523

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524

Some of the parents in this category are afraid of their children.

525

Children show, in response, a fear-approach drama that is part of their core.

526

Temperament is not directly predictive of attachment quality.

527

What helps people to move into secure patterns? New secure base relationships, working through grief and trauma with support, decreasing stress. (Research from Stroufe, Schore, and Jay Belsky and R.M. Pasco Fearon.

528

Attachment, Trauma, and Loss Therapeutic Protocol

- *Children who have been traumatized pose special challenges in attachment work, since trauma impairs their responses to parents' attachment invitations. This article describes an attachment-oriented process for treatment for children who have been traumatized, who have traumatic grief issues, and who have attachment issues.*

529

- *Some children have specific traumatic events that numb and emotionally flood them so that they are unable to respond to their parent figures. But the main difficulty that we encounter when working with young, traumatized children with attachment issues is that their traumatic responses are triggered by their exposure to their caregivers, not just traumatic events. The safe parents, whose abilities to calm, protect, and buffer children are key to the process of recovery from trauma, instead elicit conditioned emotional responses from experiences with past caregivers who were traumatizing people (Briere, 02).*

530

- *The need for a detailed home and therapy plan is especially important when children are showing traumatic responses to parents, not simply events. Children benefit from a de-sensitization program to caregivers at the start of treatment. This is the beginning of the attachment work for children who have traumatic responses to their caregivers. In cases of trauma without this conditioned traumatic response to the caregiver, we still begin the treatment with attachment work. The children in the latter cases usually respond with less resistance to the highly nurturing attachment exercises.*

531

**Fear of abandonment and fear
of proximity take turns.**

532

- *Many of these memories are in implicit memory systems and are not in the explicit memory systems. That is, children are not even aware of the learning that informs their reactions. Children can repeat, "I have a great parent and I love having them as a foster or adoptive parent." This belief is part of their explicit memory system. They believe and know this to be true. But, as they go through the normal day, needing to depend upon and yield to this parent, their implicit memory system is triggered. They begin to react in a traumatized fashion as a result of the "other" belief system that is fully operational.*

533

- *This "other" belief system, the implicit memory system, may result in actions like children elbowing or kneeling approaching parents. Or, they may spit and arch their backs when sitting on their parents' laps. Many times these memories were laid down in the earliest phases of childhood, and are not in a verbal, or narrative memory. When questioned, "Why are you doing this?" the children have no answer to make. They express anger, shame, and sometimes fear.*

534

- *Usually maltreated children have a combination of two types of traumatic issues with which adults have to be cognizant. The first type will be their conditioned emotional responses to the caregiver. The second type will be a reaction to the actual traumatic events in their lives. Of course, the work on these issues interplays.*

535

- *It is on the lap, or sitting embraced beside the safe person, that a child can first begin reporting what is happening within them. This gives them the first experience of talking about their feelings, instead of the intense and overwhelming experience of re-experiencing the trauma and being back within it.*

536

Attachment-Specific Work/ Stabilization

In spite of the circumstances of trauma, we maintain as much that is familiar and normal feeling to the child as possible. Even if the child is in a new, emergency placement, we can at least have the child's belongings and familiar food. If there is any possibility of keeping the child in a familiar surrounding, it should be enabled. If the child is moved to new parents, we avoid the trauma work until we have some beginning attachment.

537

During the attachment-producing phase, especially nurturing techniques are used with children.

538

Children can get their pictures taken when they get the great feeling of being close to their parents. The pictures then help to anchor the safe feelings. When children begin to breath out with an audible exhale, and drop their lids a little when sitting on their parent's lap, or lean into the parent with a delicious little giggle and grin, then they are showing the ability to down-regulate emotional intensity. This is a necessary skill for trauma and grief work.

539

Trauma and traumatic grief-focused therapy

After children have some attachment and have stabilized, we move into trauma-focused work. The goals of treatment are twofold: correct distorted and destructive beliefs, and desensitize the child to trauma-related memories. We want to help children to develop a narrative of their lives' events. In the order of the tasks of therapy, we concentrate on attachment first, trauma second, and grief last.

540

- *Some young children, who have not separated their identity from the lost parents, will flip the last two tasks. The work on attachment, then work on grief, accomplishing some clarity from the identity of the parents, then move into trauma work, and then move back to finish their grief work. In spite of the order of the tasks, we continue to maintain and grow attachment throughout the grief and trauma work.*

541

- *Until children have worked through grief and trauma, it keeps intruding upon everyday life.*

542

- *In the sessions the therapist's skills are used to assess children's abilities to process memories. The therapist uses their skills to expose children to material in a manner that neither overwhelms them, nor undershoots the therapeutic window.*

543

- *The sessions are divided into three parts. In the first part of the session the therapist talks with the parent with the child outside of the room. The therapist supports the parent in continuing therapeutic parenting at home, and gets a report on the week. This report usually helps the therapist clue into what the child is experiencing in the way of traumatic recall.*

544

- *In the second part of the sessions, the therapist makes an alliance with a child to work on a certain amount of the traumatic material. The therapist takes the responsibility to calibrate the amount of material in the session.*

545

- *In the last segment of the session, we work on affective regulation, making certain that the child is able to calm and cope after the session. It is critically important to attend to this segment. In fact, the goal is not to speed through the trauma work, but to help the child to cope with life a little better. In this segment, the parents are used to help the child to modulate affect. It is also during this segment of the session that the therapist works with the child and parent in making a plan for the coming week.*

546

Grief

- *The sessions that are more focused on grief are set up in a similar way to the trauma sessions. In other words, the meeting with the parent is first, specific work on grief is second, and affective regulation and plans for coping are third in the sessions. Usually the grief work and trauma work are intermingled to some degree, since most of the children have losses that have traumatic features.*

547

- *In the grief segment of the work, the child not only mourns for the people that she lost, but for the loss of the life that she once lived. Children do not have the emotional resources to grieve alone; so most children will not have made progress through their grieving until they are attached to their parent. To get through the grief staging, the child needs to have a consistent adult who can support her through her grief. In most cases this is the parent. Occasionally, children will use the therapist instead.*

548

- *During this phase, whether it comes largely before or after the trauma work, children will need factual information about the loss. They need assistance in reality testing; most children want to deny certain things. They need help in talking about their feeling. Most maltreated children report anger, when they are feeling anger, sadness, or fear. They also need help in determining their part in the loss. Almost all children place themselves as central to both trauma and loss. They also need the ability to share their feelings about the lost person.*

549

- *There are overlapping themes between grief and trauma. They sometimes make it confusing to determine what need the child is presenting.*

550

- *Hyper vigilance is present in both grief and trauma. The search for the lost person is notable in grief, and especially pathological grief. Hyper vigilance in trauma takes the form of children looking for former abusers, precursors to violence and individuals who might currently abuse. (For children who have been traumatized by a parent, There is a true convergence of these themes. They may be searching for the lost parent, as well as terrified that they will see the parent. In therapy, we sort out the longing for the parent who terrifies.)*

551

- *Avoidance of Loss is a major theme in both traumatic stress and pathological grief. Children are emotionally constricted in making new attachments due to traumatic stress. For children who have lost attachments, they remain past-focused, denying the reality of their loss and limit availability to the new parents for a new attachment.*

552

- Anger and Guilt. *Children believe that it is their fault that the people, whom they love, left them. When children ponder the alternative to the loss and trauma being their fault, they alternatively believe that there is something so dangerous and overwhelming about the world that there is no shield or no social protection for them.*

553

3. Disconnection from Trauma and Grief, Reconnection with Present

- *At this stage, children are able to be more fully in the "here and now." They have their life narrative developed to a large degree. They are dealing with the residue to trauma, shrinking it so that it interferes with their lives to the least extent possible. They develop strategies to deal with scary reminders of the past, i.e. traumatic triggers or reminders. We continue to work on traumatic re-enactment themes to help children find ways of coping that are less dangerous.*

554

Recall

- *Working with children in a pulsed therapy approach is appropriate for this population. Often families will work hard with me for about 70 hours, and then move into a rotating schedule. They have a list, individually developed, that indicates when it is time to come in for more appointments. Sometimes trauma and grief issues build in intensity. Other times behavioral issues become compelling. Life's stressful situations may require help.*

555

- *Children return to therapy for some sessions when their developmental issues change. They need to do more work because the meaning of the trauma or loss is different to identity at different ages. Sexual abuse is an example of a trauma that needs additional treatment at different stages of the developing identity. Often children and teens begin to understand the effects of therapy on their health, and will request appointments with me as needed.*

556

- *As children come in at later ages, parents come in for the first part of the session, but teens do their work without their parents much of the time. They have internalized the attachment and emotional modulation from earlier work, so that they are more independent in their process. At times, teens will request parents in the sessions if they feel the need for extra support in emotional modulation. Other times, I request work with parents when I feel that family work is helpful, or if I feel that attachment is slipping. In all sessions I continue to reinforce attachment, even when the parent is out of the room.*

557

Mood Disorders

558

Educational Accommodations

559

TIPS FOR EDUCATORS



560

HIGH STRUCTURE AND HIGH NURTURE

- After having been neglected or traumatized or moved between families, the parenting style that helps children most is characterized by **high structure** and **high nurture**.

561

- It is tempting to believe that if the parents simply relaxed, then there would not be a problem. This is wishful thinking. Actually, it is because the parents are aware and responsive to problems that they are so structured. Successful parents have seen how much better their child performs with high structure, and work hard in providing the structure. If you have questions about parenting, it helps to ask what other approaches the parents tried that were not successful.

562

- People usually pair high structure and low affection in our society. When we see high structure, it is easy to assume that parents do not love their child. Instead, these parents are loving, but providing the structure that is appropriate for an emotionally younger, or more emotionally fragile child. The wise educator can request information from the parents as to what part of the school day might need structure, and some tactics from home that can be extrapolated to school.

563

SOLVING SCHOOL PROBLEMS AT SCHOOL

- While you want to form a good team with the parents, recognize that they are working hard at home. Inform parents about the child's problem, and the school's intervention. Do not tell the parents about the problem and then expect them to solve the problem that evening from home

564

Warnings are not helpful.



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565

- Many children described in this book have had prenatal exposure to toxins, including alcohol, and/or a background of severe deprivation. These experiences compromise judgement. Be quite clear about rules. Use predictable, but matter-of-fact reinforcement of rules, encouraging good choices. Suggest that children try the preferred behavior to get the habit. In other words, teach them to try again, and then give them praise.

566

SHAME AND CONTROL

- Do not shame children in front of classmates as a form of control. You will only further damage their ability to make friends, and to believe that they are in an insensitive environment. Please do not use the corner, turn the desk, build a box, etc. Instead, keep this child in the front and center of the class. Use another sensory modality other than simply the auditory modality in giving directions.

567

Keep your positive comments to negative comments in a 7:1 ratio.

568

TREATING TEACHERS AND RULES WITH RESPECT

- Some of the children, who were in homes with immature drug-using birthparents and friends, or orphanages, have a teasing, provocative habit that is a "get the adults back" game.

569

- These children need some descriptions of how the congregate school setting is different than the congregate orphanage or "drug-house" setting. Some specific social cueing, describing the teacher, her role, and how she will relate to the student, and how the child should relate to the teacher, helps enormously.

570

- I like to have the child meet the teacher a few days before the first day of school so that the child can practice how to enter the classroom and relate to the teacher. I also like the child to hear and then role-play how she can get positive attention from the teacher.

571

FEAR

- More than anything, the children tend to be fearful, after having problems with attachment, neglect and loss. This can be masked behind bravado. The child, who is very frightened, even if she is using defenses, cannot learn very well. Bruce Perry's work on trauma has demonstrated the difference in brains that are being wired for danger, rather than for typical learning. Very high stress levels actually begin a process of brain damage.

572

- Assemblies that feature disaster practice are often ones that should be missed by traumatized children. While children without maltreatment need practice believing that something bad could happen to them, maltreated children need practice believing that bad things will probably not continue to happen to them.

573

- Parent aides in the classroom are often frightening to traumatized children, as are substitutes. Unless the parent aide is a steady part of the classroom, children are usually better off staying closer to the teacher. Some children do better staying home on the days that substitutes are taking the classroom.

574

- Transitions are difficult for children. Children who are traumatized need increased **predictability, consistency, and nurturance**. It is important to have children minimize the transitions in and out of the classroom. Some of the children do well to have a recess in the library, so that they can calm down from the stimulation of the day.

575

CHILDREN PRENATALLY EXPOSED TO SUBSTANCE

- Children who have been prenatally exposed to substance do not have the same capacity from one day to the next. Their brains are simply working consistently. They also generalize poorly. The children tend to look brighter and to understand more than their actual capacity.

576

- Children who have been prenatally exposed have difficulties in tasks of daily living, in establishing routines, in tolerating sensory input, in judgement, and in understanding others' personal space.

577

- Helping children who have been prenatally exposed requires accommodation, just like any other disability. Many parents are placed in positions in which their children have serious school infractions because their known lack of judgement was ignored in school placements. Special education identification is a protective factor for prenatally exposed children.

578

- Children with prenatal exposure have difficulty taking in information in one sensory modality, and then having to apply that information in another modality. If children need to walk, not run, in the hall, then they should practice walking in the hall.

579

- Children with prenatal exposure will need to memorize their lives through a series of templates that contain the rules and behavior for hundreds of situations. They often cannot see the similarities between situations, since the brain does not generalize well at all.

580

Essential Professionals

581

EDUCATIONAL TESTING

- Neurological differences are common in children with attachment issues. Lack of stimulation, poor nutrition, trauma, and exposure to toxins can all compromise the ability to learn. Testing that is broader in scope and quickly administered, seems to mask some difficult perceptual challenges.

582

SHARING INFORMATION WITH OTHER TEACHERS

- Parents and other specialists often spend hours with teachers in helping them to individualize their children and work well with them. It is tremendously beneficial if the teacher collects information, spending time with the next year's teacher or giving it to other specialists.

583

- It is onerous to find that none of the written or verbal materials given to the teacher seem to have been shared with other staff. It is irritating when the materials have disappeared between years. One of the most valuable services that an educator can perform is to provide a bridge of continuity between one year and the next. Such teachers are true professionals.

584

Emotional Intelligence

- These are traits important for parents to develop in children. They often do this best by modeling these behaviors.

585

Break

587

Workshop 1

588

Spend ample time in nurturing activities.

The most significant process of the first year home is creating a trust relationship. Intentional and ample nurturing promotes this goal. Restrict your hours away from the little one. Do not leave your child for overnight trips for this first year.

589

Meet your little one's needs in an especially sensitive manner. Feed on demand. Respond quickly to fussing. Allow the toddler or child to regress, bottle-feeding, rocking to sleep, lapsitting, and being carried. Let your child experience you as the safe person who is sensitively meeting her needs.

590

Play little games that promote eye contact, like peekaboo, ponyride, and hide-and-seek. Make positive associations between yourself and food.

591

Rather than children becoming more dependent through this extra nurturing, they instead become trusting. Anxious people do not know who they can trust to help them. More secure individuals understand that they do not have to be perfect and that they can rely on significant others.

592

on others tend to be anxious or emotionally constricted. Their "independence" is a false one, meaning that they do not trust others and can only rely on themselves. The child who has learned a healthy dependence is more secure in trying new things and venturing out. She always has a safe, home base to come back to—you!

593

Teach children to play with you.

594

Many little ones have missed the joys of play. Act as an amplifier, teaching toddlers and children the pleasure of play. Most children have missed the experience of having parents express joy as they played. Because of this, their reward centers were not stimulated.

595

exploration and play with pleasure. Set aside *at least* thirty minutes a day for play with your children. Younger children may want this in segments. Do not hesitate to use voice tones and expressions that are ones usually meant for infants and younger children.

596

If your child can already play, then continue to build your relationship through play. Shared enjoyment cements relationships. Make your family one that develops a pattern of having fun. Throughout life having fun as a family builds self-esteem.

597

While some children take off in play, others cannot stay engaged for long. Continue to stretch the more tentative child, engaging her in mutually enjoyable activities.

598

Look for different sensory modalities that might feel safer or more interesting.

599

For example, a boy who was afraid to play outdoors began to use sidewalk chalk with his mother, even though the grass seemed overwhelming. Gradually a ball was used on the sidewalk, and then onto the grass. Take things in steps if children are wary.

600

Talk to your child.

Parents of infants use exaggerated voice tones to emphasize important concepts. Their “amplifier system” helps children with attention to most important parts of the whole environment.

601

After children move into the preschool age, some of this “cheerleader” amplification diminishes. Continue to use this brighter emotional tone with your child as she understands your shared world—even if she is not an infant.

602

Explain things to him, even though you might think that the meaning of what you are doing is obvious. Not only are you conveying information to him, you are revealing your view of the world to him.

603

Your voice tones guide him to better understand the context. Be sure to use your fingers and gestures to point out important things to him.

604

This helps him to both attend to and understand the meaning of the context around him. Early language not only teaches us words, but a way of understanding our world through the subjects selected for attention and their associated intonations, expressions, and gestures.

605

Most of us have an internal dialogue going on during the day. (Yes, we are actually talking to ourselves.) Simply make some of this internal language external.

606

This is a typical activity for parents of infants. However, it tends to diminish as children get older. Since children have missed this early activity, parents should feel free to describe things as they would to an infant.

607

When toddlers or older children have behavior problems, use your body to stop them.

608

Be gentle, but be consistently and predictably competent in stopping negative behaviors. Do not use over the shoulder commands or across the room reminders. Stay within arm's reach of the child, moving their hands, bodies, feet, to where you want them to go.

609

Never tolerate hitting, kicking, or hurting. Some parents allow a child painful "exploration" of the parents' faces. This is teaching that will have to be undone later. Gently move their bodies to where you want them to be. For example, if your little one is reaching for an item, move the child or the item.

610

Use the voice for a back up. Do not remind or repeat several times. Instead, describe in a pleasant manner how precious or pretty the item appears to you—as you move your child. Teach boundaries of respect from the beginning.

611

Obviously, most parents will not be getting much done except parenting when their child is awake. Remind yourself that your primary job is parenting when your child is awake.

612

Get enough sleep, good food, and exercise to stay in a good mood.

Little ones who have been moved and/or neglected tend to be irritable, fussy, and hard to soothe. Parents use their own positive, well-regulated moods to help calm and engage these little ones.

613

Your own emotional stability will help to steady your child's moods. A depressed parent struggles to form a positive, secure attachment with her baby or child. Depression makes the parent emotionally less available.

614

The parent who is tired, eating junk food, and inert by day's end does not give a child a competent source of emotional regulation. Parents who find that their moods are slipping, even with good self-care, should see about counseling and/or an antidepressant. It is simply too hard to do this essential, nurturing parenting while being depressed.

615

Model respect for yourself by taking time for showers, good meals, and sleep.

Be part of an adoption support group.

616

The relationships between families are invaluable. The relationships can be emotional lifelines on hard days. If possible, find a mentor who is positive, and who likes you and your child. Ask her to be part of your circle of support. We all need to feel understood and authentically accepted. A mentor who can provide that sense of nurture for the parent helps the parent to be a good nurturer. The mentor relationship provides a sense of being heard and accepted, and tips and information. Parents are working harder emotionally when parenting a baby or child who has lived through uneven parenting. Parents need someone who cares for them. Sometimes this can be mutual support, and sometimes one-to-one.

617

Keep a calm, but interesting home.

Match the amount of stimulation in the home to the amount that is within the child's ability to tolerate. Many children have been massively understimulated before they came to parents. Neglect massively understimulates children.

618

They do not build neurology to process as much sensory stimulation. After adoption, their worlds can suddenly be overwhelming. Things are too bright, too loud, move too much, and tilt too much.

619

Slow things down, buffering your baby or child to the extent that they can process the information coming their way.

620

Often children who are overwhelmed by noise will begin shouting, or those overstimulated by too much movement will begin running with arms like windmills. Lay out predictable, consistent events for the day.

621

Some children find the movement of the car to be disorienting. If your child is having difficulties, try a couple of days limiting the car, determining whether or not this makes a difference.

622

Explain to children basics of your relationships as they gain language.

623

For example, "A mother's job is to love you. I will always come back home to you when I leave in the car to go shopping. You will live with me until you are as big as I am. I will not let anybody hurt you."

624

I will never hurt you. We will always have enough food.” One mother told me of her son’s relief and better behavior when she told him that she would never allow others to hurt him.

625

“Why didn’t I think to tell him the first year?” She questioned. “He was afraid every time we went to the mall. He has been thinking for two years that just anyone could haul off and hit him.”

626

Another parent told me of the melting smile that her daughter gave her when she said that a mother’s job was to love her child. “I just assumed that she knew that. But she didn’t. She looked at my face much more after that.”

627

Do watch for signs of an exclusive attachment by the end of the first year.

628

Children should be seeking out their parents for affection and play. They should be showing off for positive attention. They should prefer being with the parent. They should show some excitement about time together.

629

When hurt or distressed, the child should seek out the parent. In a secure attachment, the child will calm with the parent and accept soothing.

630

Trauma and traumatic grief are the common culprits when children are remaining wary, fearful, and controlling of their parents. Signs of trauma with younger children include regular night terrors, dissociation (child shuts off emotionally and stares away), scratching, biting, extreme moods, freezing in place, and destructiveness.

631

Parents who see these symptoms should be finding a mental health counselor to help their child. If the child is under the age of three, the parent is given special parenting advice.

632

Usually therapy with an experienced child therapist can begin not long after the age of three.

633

Do not have an artificial timeline of “fixed in a year,” for the preschooler or older child. Consider the year marker as the time it takes to really get to know your child—not to iron out any behavioral irregularities.

634

*Enter your little one's space—
positively.*

635

This often means getting low and looking up for eye contact. It means trying hard and trying patiently for a longer time. You are the one who has the responsibility of engaging your child positively.

636

Do not use punitive techniques to try to build relationships. After all, no one wants to attach to a mean person. Instead, be strong, dependable, available, and kind. Veer away from advice that is strong, controlling, and mean in tone.

637

Sensitive and kind parents gradually build empathy and security in their relationships with their children. That process takes time and the *type of parenting that caused you to want to be a parent in the first place!*

638

Workshop 2

640

Holding onto the Positives

641

Maternal Stress, HPA Axis, and Infant Stress

642

Maternal stress may affect fetal brain development via hyperactivity of the maternal hypothalamic-pituitary-adrenal axis (HPA axis). Prenatal stress is related to changes in levels of serotonin in the rat brain.

643

Prenatal stress is also thought to influence opiate levels in the brain. In rat studies we see a decrease in the number of brain opiate receptors---the opioid peptides have also been implicated in the perception of pleasure and pain and are thought to mediate positive emotions from social contact in humans. Furthermore, they are hypothesized to play a significant role in the formation of attachment relationships.

644

Gunnar has researched the HPA axis by measuring cortisol levels noninvasively through saliva. (Cortisol is a "stop stress" hormone, showing that the body has been exposed to stress and is in a process in which it is trying to stop stress.) At birth the neonate HPA system is highly reactive and labile. Between 2 and 6 months of age, the infant's stress systems are becoming organized via the transaction between the child and a sensitive caregiver, who buffers the reactivity of the HPA axis.

645

Gunnar et al. found that infants who gave clear signals of their distress at 2 months and who had sensitive and responsive caregivers were likely to have an effective stress-regulatory system under maternal or dyadic regulation by 6 months of age.

646

Stressful experiences that are not properly regulated by the caregiver before the infant is capable of self-regulation may program the HPA system to be hyper or hypo reactive. Repeated or chronic activation of the HPA axis may promote the development of anxiety difficulties and/or more anxious temperament. The quality of the attachment relationship has been associated with the ability of the caregiver to buffer the activity of the HPA axis.

647

Infants who were both insecurely attached and temperamentally prone to approach new situations with caution were particularly at risk for elevated stress reactivity, as those infants are especially prone to experience novel events as possibly threatening and to expect their caregivers to be ineffective in buffering them from the effects of stress.

648

**Handbook for Infant
Mental Health, Charles
Zeanah, 2000. Guilford
Press, Pp. 42-44.**

649

Prenatal

- **Maternal emotions effect whether the brain is experiencing high amounts of stress—which may lead to dysregulation in the developing HPA axis.**

650

0-3months

- **Early care helps early brain development so that the baby is either adapting to a hostile environment with high anxiety and wariness, or regulating for a safe environment, with increasing physiological regulation.**

651

3 months

- **Babies show active laughter by three months. They begin to regulate tension showing increasing positive affect. They have a frustration reaction.**

652

6 months

- **Babies show the development of reciprocity. They participate actively. They show both joy and anger.**

653

12 months

- **The 12-month old baby can explore and master tasks. They can show angry or petulant moods. They show anxiety to immediate fears, and show elation, as well (Sroufe, 1995).**

654

18 months

- Emotions present: excitement, delight, elation, affection for adults, affection for children, distress, fear, disgust, anger and jealousy.
- This is the age for emergence of the self. Children can demonstrate that they like themselves. Shame is a major emerging emotion at this stage, as are defiance and rage.

655

24 months

- Delight branches to delight and joy
- Emotions present: excitement, delight, elation, joy, affection for adults, affection for children, distress, fear, disgust, anger, and jealousy.
- In a continuation of the self development above, children go on to develop pride, love, guilt, and the variation of anger and frustration—intentional hurting.

656

**Stroufe, L.Alan. (1995).
Emotional Development,
Cambridge University
Press, pp.172-191.**

657

Workshop 3 and 4

659

**Anxiety and Control—
Relaxing Their Grip**

660

- Self-talk, the words that we say to ourselves that talk us through difficult situations, tends to work less well the more anxious we get. The work of Bessell van der Kolk, M.D. explains why this is so. The parts of the brain that are linguistic, organizational, and thoughtful are parts that we shift away from during very emotionally intense states, or when we are accessing traumatic memories. (van der Kolk, 1998.)

661

- Auditory processing in general is compromised when children are highly stressed or highly anxious. When we are attempting to help a child to sequence events through talking, we are relying on auditory processing. Many highly anxious children lose the sequencing when they hear the part about bedtime, or parent' leaving. We never get them to the part about parents' returning.

662

Carrying Pictures.

663

***Pictographs or
flannelgraphs.***

664

Brain Shift.

665

Deep Breathing.

666

Using smells.

667

Pictures by the bed.

668

The Grabber.

669

Fast Forward.

670

**Play out the Positive
Ending.**

671

**Use of Hoods and
Sunglasses.**

672

Gear Shift.

673

Overexposure.

674

**Showing the Correct
Amount of Emotion for
the Event.**

675

Control

- Options from the list above are ones that allow children to feel more comfortable. It helps them not to feel the need for so much control. Sometimes, children like the power that they have had in being in charge of the family. Even though controlling behaviors began as a response to anxiety, they were sustained because they gave freedom from rules, chores, and authority. Some of the things that we can do to help controlling kids are listed below. Additional helps are listed in the chapter, "The Shape of Progress."

676

Jobs

677

Fines.

678

Worker Status.

679

Time In.

680

Over the Lap.

681

**Give Alternatives that
Include Calm-down.**

682

Practice Compliance.

683

Time-Out from Stimulus. “

684

- A rule-of-thumb for control battles is that when parents start yelling, children have won. When children become controlling, it is helpful to reflect on what parents and children would be doing, if they were not in a control battle at that moment. Often, we find that children would be separating from parents. Giving more support and structure usually are keys to success helping children to overcome control battles.

685

- Children tend not to be improving in their trust in parents when all of their efforts are going into control. Because of this, the more children control the less talking that I do about control. I also work to make the control a lot of boring trouble for the child. It helps the whole family if children are not given power by calling a control battle. As much as possible, the healthy family pattern dominates, and the control battle becomes a side issue.

686

Workshop 5

687

Parenting That promotes Mindfulness and Emaphy

688

Defining mindfulness

689

Western thought approaches
mindfulness as self-
monitoring, which includes
calming, self-appraisal, and
introspection.

690

Eastern thought has approached with a defined skill set, including meditation and methods to alter ones perception of and responses to reality.

691

Mindfulness here will be defined as knowledge about how we think and feel.

692

Because neglect trims away the opportunities for learning about our own perceptions, i.e. feeling and learning to think about our feelings, the self-capacities are lessened.

693

Children tend to feel and not know what they are feeling. Or, they can only identify three or four feelings in real time.

694

They are also poor at identifying what others are feeling.

695

They do not gather information from the other person's face and then feel something in response.

696

There are fundamental breakdowns after neglect in five areas:

697

Connection and empathy-sharing feelings of others and being able to tailor behaviors because of those feelings.

698

Thinking and feeling together. They can think without feelings, or feel without thinking. They tend to be poor at coordination.

699

Enjoying positive affects (feelings). There is a drift towards depression and hopelessness

700

Self-reflection and planning—basic to learning from mistakes or walking around life's pitfalls.

701

The capacity for self-reflection is that individual variable most closely linked with a good outcome in therapy.

702

Teach motor-behavioral patterns.

703

Role-play for social situations.

704

Teach response flexibility.

705

Limit over expressive facial expressions that are meant to control.

706

Practice social cueing before social situations.

707

Use cartoon characters.

708

Help children find sad and lonely feelings, not just angry ones. Use pictures and storytelling to help them “kindle” with the affect, then switch to their story

709

Counteract shame and process shame carefully.

710

Emotional Intelligence

- **These are traits important for parents to develop in children. They often do this best by modeling these behaviors.**

711

Emotional Self-Awareness

- **Recognizes and names own emotions—Parent describes her own feelings as natural part of homestudy or placement process.**
- **Understands the Cause of feelings—Parent shows logical bridges between events and ideas and his own feelings. Does not blame feelings on unrelated events.**
- **Recognizes the difference between feelings and actions—Says things like: “I felt like doing such-and-such, but did not,” rather than “I felt intensely so was helpless to control my actions.”**

712

Managing Emotions

- **Ability to tolerate frustration—Parent shows perspective in level of frustration.**
- **Appropriate expression of anger—Parent acknowledges own anger and the anger of others without shaming or lack of control.**
- **Stress reduction abilities—Parent can self-soothe and can identify calm-down techniques.**
- **Self-control skills—Does not hit emotionally or physically.**

713

Reading Emotions

- **Able to take another’s perspective—Does not understand events only from own point of view.**
- **Able to listen to others without becoming defensive—Does not need to control other person’s expression.**
- **Empathy—Be certain that this is not re-enactment rather than empathy.**

714

We look for attributes in their activities/stories:

- Sensitivity—Interprets child's signals
- Sensitivity—Predictable emotionally
- Self—Developed socially and emotionally. Shows capacity for reflective thought.
- Temporal—Operates in the Here and Now
- Sense of Self--Has a worthy sense of self
- Sense of Other—Emotionally accessible
- World—Predictable in reacting to world

715

716

