

Parenting After Crisis
Online Course Participant
Workbook

**Trauma Informed
Parenting**



Trueinsightparent.com

True Insight Parenting Strategies

Better Insight = Better Parenting



Welcome to the trauma informed parenting skills development and education series.

Welcome to a parenting group like no other. This group is specifically crafted to the needs, demands, heartaches, and joys of parenting a child who has experienced a life disruption. I want to take just a moment and say thank you for taking the time to learn better ways to parent children who have experienced life challenges, trauma, or other factors of change that they did not choose. It was Gandhi who suggested that our culture and our very civilization are best assessed by treatment of its most vulnerable members. Parenting children who have experienced trauma, confusion, lack of predictability, and broken promises will have its share of challenges and unique moments. It is our hope that you will find tools and plans that will make life easier for your child while also boosting your sense of effectiveness and confidence as a parent.

I encourage you to come into these weeks with openness and a mindset to grow. Some of the things we cover may be old news. If so, take those moments to let the information sink in a little deeper, or even as a moment to rest and feel secure that you have already learned so much about this journey! Other topics may provide new and even challenging ideas. It is our constant effort to explore all of the best, research-based practices for caring for children who have been through trauma. It is our hope to share these great techniques and findings with anyone who will give us the time to share. You will get the opportunity for quite a bit of self-reflection during the groups, and will also have the opportunity to engage in optional weekly action steps which are intended to be practical and encouraging to your parenting. These will also offer moments to capture examples of your attempts to try new things in your parenting, which I hope you will bring back to the group to share! There may be other parts of these lessons that stir up old memories, trauma, or discomfort. If you find yourself in that position, please take care of yourself. Engage your own support systems if you have them. Also feel free to contact the parenting education staff at CAFA who may be able to help you work through what may be going on for you.

It is my hope that as you complete these video lessons you will grow in your knowledge and will have moments to implement the tool and strategies. Document your growth and progress! Write notes, share stories, or even post to social media to share your growth and progress. Each chapter will include some space to create your own plans for parenting and activities to try. This will work best as you model and practice these ideas with others. I am wishing you all well in your journey. You can do it!

With greatest of hopes,

Corey Jackson MA, LPC

TIPS Parenting Coordinator

True Insight Parenting Strategies

Trauma Informed Parenting

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CONCEPT 1

Adult

Attachment Styles

How your idea of parenting started when you were parented.

GETTING TO KNOW YOURSELF

Styles of Relating to Others

We all have a style of doing relationship that dates back to our first moments of life. A baby is born into the world with immediate needs for care, nurturing, and connection. How those needs are met start the process of how a person learns to express felt needs. The understanding and expression of these needs become more sophisticated throughout the lifespan, but the basic movement towards or away from others often remains fairly stable unless altered by life factors. A key piece of self awareness involves getting to know the different styles of relating to others and what tendencies you may have.

The truth is, everyone has aspects of each style at different times and in different situations, however one style or another tends to emerge as primary. Another truth is that no one asked for their style of attachment to emerge. The way a person orients to relational

closeness is largely dependent on the actions of significant people at key moments of development. That can be bad news if negative patterns of connection are part of a person's history. There is no need for self shaming or blaming as those people who impacted you were likely impacted by others in their early lives.

The good news

Although relationships may land a person in a less-than-ideal way of relating to others, relationships also help improve a person's sense of security and relational health. Positive trusting relationships that encourage give and take lead to an improved ability to express needs and connect with others. This concept is called earned security, and can be attained regardless of a person's current age or attachment history.

THE ATTACHMENT STYLES

Secure and Insecure Attachment

The British psychiatrist John Bowlby is credited with identifying and conceptualizing the idea of secure attachment and the three forms of insecure attachment. The idea is that the more people understand their own past relationships, the better equipped they are to understand present relational tendencies. Doing a bit of self reflection can help people figure out what their emotional triggers are and why these triggers may be there in the first place. Over time, these patterns of relating to others are what is known as attachment style.

These styles are as follows:

Secure: Leans into connection with others as a rule. Okay to give and receive help. Tends to be less offended by others' behaviors that may be confusing or hurtful, gives the benefit of the doubt and remains curious.

Needs: To share security with others, while understanding that others may feel less secure. A secure parent offers opportunity for children, who may lack security, to grow with them through positive attachment experiences.

Avoidant: Leans away from others as a rule. Tends to be self reliant and independent. Can tend to shy away from asking for help, and may tend to interpret others

needing help as weak or needy.

Needs: To trust others. Awareness can help a parent step over their patterns of avoidance in order to provide the secure attachment connections a child may need.

Anxious/ Ambivalent: Leans into dependence on others as a rule. Views connection as the highest need, but often feels inadequate or needy in relationships. This attachment style has learned to do whatever it takes to receive connection or attention from others, and can misinterpret independence from others as rejection.

Needs: To trust self and learn to self-soothe when feeling anxious. Awareness can help a parent identify anxious tendencies and step over these in order to take less offense when a child makes natural moves towards independence. A parent can learn to separate without anxiety

Fearful Disorganized: Leans into then pulls away from closeness. Often craves the closeness then once close may become fearful and anxious. Often results from relational trauma or abuse. Relationships can be confusing, painful and exhausting.

Needs: To understand triggers in relationships. Relational trauma may lead to fear and disorganization. Fearful, disorganized parents may need to become more aware and understanding of their experienced traumas in order to remain more present with their own child.

RAISING SECURE CHILDREN

Adult Security & Awareness

There is great hope for anyone raising children, even if their own attachment histories are less than secure. A research study was conducted to determine what factors contributed most to raising securely attached children. The research indicated that it was not having a secure attachment that was required to raise secure children, but instead it was a strong awareness of a person's own attachment style that predicted the best results. Parents who have a good self knowledge of their own ways of relating led to awareness of how their own patterns may be in conflict with their children's needs. This knowledge may lead to healthy self adjustment towards being able to meet their child's

needs.

Examples of how awareness may help with security

For the sake of example, imagine a scenario involving taking a child to the park to play. The following scenarios outline how each attachment style may impact the experience and how a parent could moderate their tendencies for the sake of the child's needs.

Avoidant:

Parent may feel the need to detach from the child quickly and keep a distance from their play as this is what they would prefer. The child may feel rejected or fearful due to the distance. An aware avoidant parent may recognize this tendency and offer closeness and reassurance to the child which will allow the child to feel more secure in exploration and play.

Anxious Ambivalent:

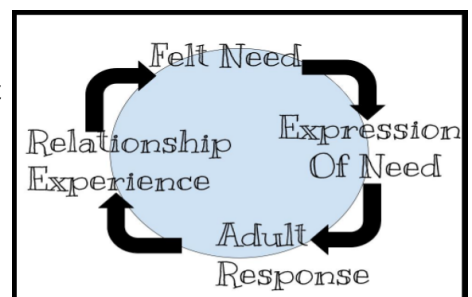
Parent may feel rejected when the child sees a friend and runs to greet them. The parent may feel the need to remain extremely close and hover around the child. An aware, anxious parent could recognize their insecurity and offer space for the child to play independently or with peers. The awareness helps a parent avoid taking the situation personally and focus on the child's natural need for exploration.

Fearful Disorganized

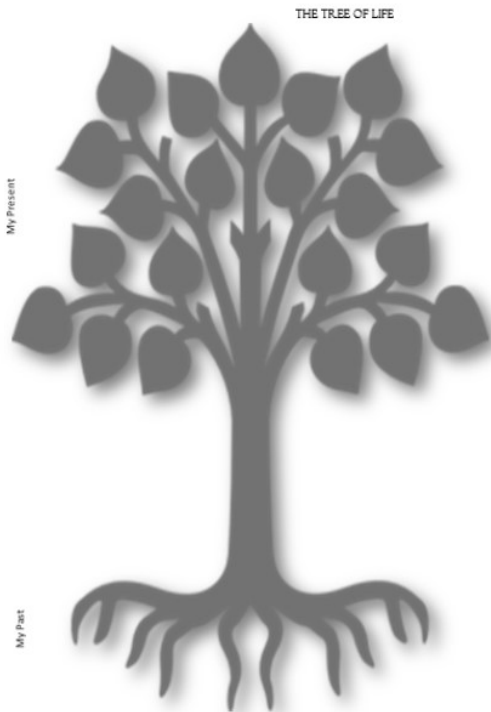
Parents may have intrusive memories about their own traumas which prevent them from being present with the child at the park. The parent may have to recognize their own tendencies towards anxiety or dissociation in order to remain present to attend to the child's needs. Parents who have experienced trauma can still be excellent and present parents, but may require personal work and skill development in order to attend to their child's attachment needs.

Secure

Secure parents may feel fine with the child staying close or going off to explore the park. Awareness of their own security involves being understanding that their child may experience the world differently, and offer their own security as a benefit to meet the child's needs in healthy ways.



ACTIVITIES



Leaves: My current interest, hobbies, friendships, relationships :

Roots: My past relationship with adults, hurts, triumphs, who was there for me, and times I felt supports. Times I felt alone,.

Impressions From Your Childhood

Take some time to reflect on these major themes from childhood recollections. These categories likely had either a positive or negative impression leaving you with the desire to repeat or not repeat certain practices in your own parenting. Taking time to bring these into your conscious thoughts may help you understand yourself more.

Think about how a child coming into your home for the first time, whose experience may be radically different (or radically similar) to yours might experience your home.

<i>Feelings</i>	
<i>Communication</i>	
<i>Touch</i>	
<i>Discipline Style</i>	
<i>Were Needs Met</i>	

ACTION STEPS PART 1

Take some time over the next week to reflect on these questions relating to how attachment styles form. Dr. Dan Siegel suggests that this is one of the most meaningful and helpful things a parent can do in hopes of improving attachment for their children. It does not take a lot of money or expertise, just a parent taking the time to do some work to improve insight by exploring the past.

Questions for Reflections on Attachment From *Brainstorm* (Siegel, 2015)

Background

- o What is (was) it like growing up in your family?
- o Who is (was) in your family?
- o What is (was) your parents' philosophy about raising children?
- o What do (did) or don't (didn't) you like about being raised in your family?
- o Would you raise (are you raising) your own children in a similar way, or differently?

Relationships

- o Do (did) you get along well with your parents and others in your family?
- o How do (did) your family members get along with one another?
- o How have your relationships in your family changed over time?
- o If you have two parents, how are (were) your relationships with each parent similar or different?
- o State a few words that reflect your relationship with each parent from your earliest years.
- o Are there ways you have tried to be like or not like each of your parents?
- o Are there any others in your life who have served as parenting figures to whom you feel attached? If so, please answer the above questions regarding that person or those persons.

Separation

- o Can you remember your first time being separated from your parents? what was that like and how did it affect you and your parents?
- o Did you ever experience a long separation from your parents in your childhood? What was that like for you and for your parents?

Discipline

- o What ways do (did) your parents respond to your behaviors to teach you how to behave?
- o Do (did) your parents use punishment in their discipline?
- o How have these strategies of being disciplined influenced your development?

Fear and Threat

- o Have you ever felt threatened by your parents?
- o Have you ever felt rejected by your parents?
- o Have there been any other experiences that may have been overwhelming in your life? What were these, and how do you feel they have influenced your life?
- o Do any of these experiences feel like they are still very much alive now in your life?

Emotional Communication

- o How do (did) your parents communicate with you when you are (were) happy and excited?
- o What happens (would happen) when you are (were) distressed, unhappy, injured, or ill?
- o Does (did) each parent respond with different patterns of connecting to you when your emotions are (were) intense?
- o How do you communicate with others now when emotions run high?

Loss

- o Has anyone significant in your life died?
- o Has anyone significant in your life left?
- o What was the impact these losses had on you and your family?
- o How do these losses affect you now in your life?

Safe Harbor

- o Are (were) there relationships you can (could) turn to, or places you can (could) go, that you can (could) rely on to help you feel comforted at difficult times? Did such a safe harbor exist when you were a child?
- o How do you feel those sources of a safe haven affect (affected) your life?
- o Do (did) you feel seen, safe, and soothed by your parents?

Launching Pad

- o How do (did) your parents support your explorations away from them or outside the home?
- o How are (were) your interests supported by your parents?
- o Did you feel secure as a child to go out and explore the world?

Now

- o What is your relationship like now with your parents?
- o Why do you think your parents act (acted) the way they do (did)?
- o Do you try not to do things because of how your parents treat (treated) you?
- o As you reflect on all of these experiences, how do you think they influence the ways you relate to other people?
- o How do you feel all of these things we have been exploring have influenced who you are now as a person and how you have come to be the way you are?

Future

- o What would you wish for yourself in your future relationships?
- o How do you imagine the experiences from your attachment relationships and early childhood may shape the person you can become?
- o Are there any factors from your past that are restricting you in the present and limiting who you can be in the future?
- o What do you see as your “growth edge” for things you’d like to change in yourself so that you can become freed up to be the person you would like to be in the future?
- o Any other questions we should have covered or that you may have now?

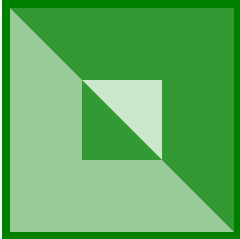
ACTION STEPS PART 2

In the next week try out a few of the concepts that you have explored in class this week. Below are a few suggestions. Take a moment to write down an example or two that you might like to share with others .

1. **Think about your attachment style.** Give examples of times you notice a tendency towards secure, anxious, avoidant, or disorganized attachment. When did you notice it? What thoughts or feelings did you have? What actions followed?

2. **Work on security:** Who are the people in your life who contribute to a sense of relational security. What are some ways you can build more times of secure connection into your weekly routines? Take a moment to reflect on how you feel after spending time with someone who helps you feel relationally secure. How do you feel about yourself? How might this impact your role as a parent?

3. **Exercise loving kindness towards yourself:** Remember that attachment styles are typically the results of relationships that you have or had



Positive TIPS

Understanding
Yourself Attachment

Concept 1 Adult Attachment Styles

Continue working towards security in your own relationships. Strong marriages, friendships, social connections, etc...

Remember your motivation. You may be building a positive attachment narrative for the next generation.

Everyone has an attachment style and no one was able to choose their own upbringing. Be Kind to yourself and curious about how your attachment style works.

Reframe how you see yourself and others.
People do well of they can. We may be missing skills, but people can always learn new things!



Parenting Mindfulness Moment 2

“The Container Exercise”

(Adapted from Kennard, 2018)

Sometimes feelings of all kinds can become large, unwieldy, and difficult to manage. Positive feelings may overwhelm or even create anxiety related to their fleeting nature as they tend to come and go. Negative feelings can become overbearing, stressful, and even distracting. This exercise is an attempt to help contain any strong feelings. This is not an effort to remove, eliminate, or judge any feelings as good or bad. Those efforts often lead to shame and can even create the opposite effect where feelings become bigger! This exercise is an effort to honor the feelings you have and create a safe sacred space to hold the feelings. The container will provide a space of curiosity and interest that will lead to improved tolerance of the feeling and a safe return to inspect the feeling at any time in the future.

Step 1: Identify the strong feeling that you would like to spend some time with and contain. If it is helpful, imagine the feeling as a color, a shape, or an object.

Step 2: Imagine an appropriate container for this feeling. Some have chosen something as small as a mason jar, others have chosen something as large as a galaxy in space. Pay attention to how you imagine the container noticing any special colors, decorations, or rustic simplicity. Notice how it is big enough and resilient enough to hold your feeling

Step 3: Imagine the feeling moving into the container. Allow it to move at its own pace, not forcing the movement, but encouraging it as needed. Notice when it is completely contained.

Step 4: Choose how you would like to seal the container. Does it need a lid, something to tie it shut, or something stronger to contain the feeling inside?

Step 5: Notice how the feeling is safely contained inside. You can choose to take it out and observe it anytime you would like to. Recognize the importance of the feeling and take some time to honor what it may be trying to tell you from within this safe container.

Step 6: Do you need help sealing and holding the container? Maybe choose someone from your life you see as a strong support, or a personal hero, or even a figure from your faith or spiritual tradition.

*If at any point you feel distressed or are having difficulty with the exercise, pause, try using the butterfly hug technique, the restart. You may also use the butterfly hug to deepen the sensation and improve its positive effects.



CONCEPT 2

Getting to know your brain body and nervous system

The early warning signs of stress and what you can do about it.

AN ANALOGY

A Really Great Car!

Imagine you have this fantastic car. It is very reliable and almost always gets you where you need to go. You know enough of the basics to operate it such as the speedometer, gas gauge, and the pedals, but beyond that you have not really got to know the car. Taking a little time to get to know the car could seriously improve the functioning, maintenance, and even enjoyment of the car. Taking out the manual, you find out it has cruise control, Bluetooth connectivity, GPS, and all sorts of safety and utility alert systems to communicate what is happening in the car. All of the sudden

you have gone from using it just to get around to truly mastering all the options this car has to offer.

Within the past several decades, more has been discovered about the functions and utility of the brain and nervous system than many ever thought possible. It is as if the ‘owner’s manual’ for these areas has been completely updated and revised. Getting to know the parts and functions of your own brain can boost your own awareness, functioning, and even maintenance strategies for one of the most amazing organs in your body. Conscious thought, emotional experiencing, and even survival itself all emerge from these systems. Taking some time to pop open the hood, pull out the manual, and do some exploring can greatly assist awareness, control, and effectiveness within our thinking, feeling, and doing.

THE BRAIN AND BODY

Understanding from the Experts

Understanding the parts of our brain and nervous system involved in our emotional responses helps to give understanding and credibility to our own experiences. Each part has a unique purpose and very specific function. They work best as they connect and collaborate with their counterparts in a complex and sophisticated dance. There are times, particularly when under stress, when this delicate dance can become off balance and the parts function in isolated and extreme ways. Paying attention to these states will help bring the necessary balance and functioning.

Dr. Dan Siegel has made much of this information extremely accessible and helpful to the common person through books such as *Mindsight* (2010) and *The Whole Brain Child* (2012). Dr. Becky Bailey expanded on some of these ideas in her book *Conscious Discipline* (2015). Many others have contributed to the science and exploration, however, these two concepts of the structures and states of the brain will give some healthy knowledge and steps towards improving awareness and personal brain functionality.

Dr. Siegel explains the major structural areas of the brain as a three tiered system consisting of the cortex, the limbic system, and brain stem (upstairs, down-

Upstairs

Cerebral Cortex: Thinking

Higher level thought
Reason, Logic, Problem Solving
Learning Ability Decision Making
Awareness

Left

Literal
Logical
Language
Linear Thinking
Letter of the Law

Right

Images
Emotional
Figurative
Big Picture
Spirit of the Law

Downstairs

Limbic Region: Feeling

Emotion Motivation Reaction: Fight or Flight
How we Focus Attention

Basement

Brainstem: Surviving

Wake/ Sleep, Breathing, Heartbeat

stairs, and basement). He also describes how the brain is divided into right and left hemispheres, each of which has its own jobs and functions.

Dr. Bailey uses a color analogy that is easy to remember and functional to use. She describes the needs and tasks for each of the three main areas of the brain, how they work together, and what each area needs most. Looking at the red, blue, and green brain states can be helpful for adults in modeling good awareness and self-regulation skills. The color analogy is also easy to teach children which can help them with emerging self-regulation skills as well. Being able to speak the same language and identify our reactions to stress can greatly improve emotional communication and even connection with children.

Upstairs Brain (Green Zone): Our thinking brain. The cerebral cortex is capable of logic, abstract reasoning, and other skills necessary for problem solving and conflict resolution. Wants to learn and figure it out.

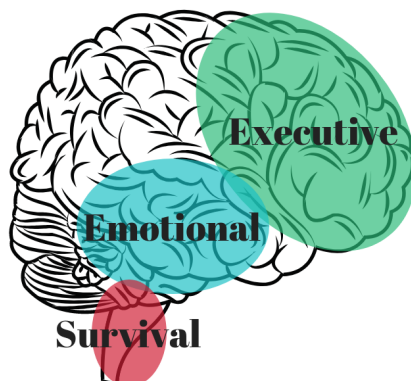
Downstairs Brain (Blue Zone): Our feeling brain. All areas below the cortex are useful for emotions and action necessary for survival. Our limbic region specifically houses attachment and emotion. **Wants to feel connected and cared for. Very vulnerable to disrespect.**

Basement (Red Zone): Our surviving brain. The brainstem is used for breathing, heartbeat, and life sustaining functions. **Wants to feel safe. This is the center of automatic behavior that keeps us alive.**

Right Brain: The hemisphere useful for big-picture, emotion-drive, and creative thinking. When out of balance the right brain becomes flooded resulting in highly emotional responses to stress or conflict.

Left Brain: The hemisphere useful for logical, linear, language-based, thinking. When out of balance, the left brain becomes cold, dry, and void of feelings in favor of the facts and logic.

The Flipped Lid: Phrase made popular by Dr. Dan Siegel in the book *The Whole Brain Child* (Siegel & Bryson, 2012) to explain the phenomenon that occurs when the upstairs brain is overwhelmed with stress, trauma, or emotions. This results in the upstairs brain going offline leaving only the downstairs to deal with the situation. Logic, language, and reason leave and are replaced with emotion and reaction. This is automatic, reactive behavior



THE NERVOUS SYSTEM

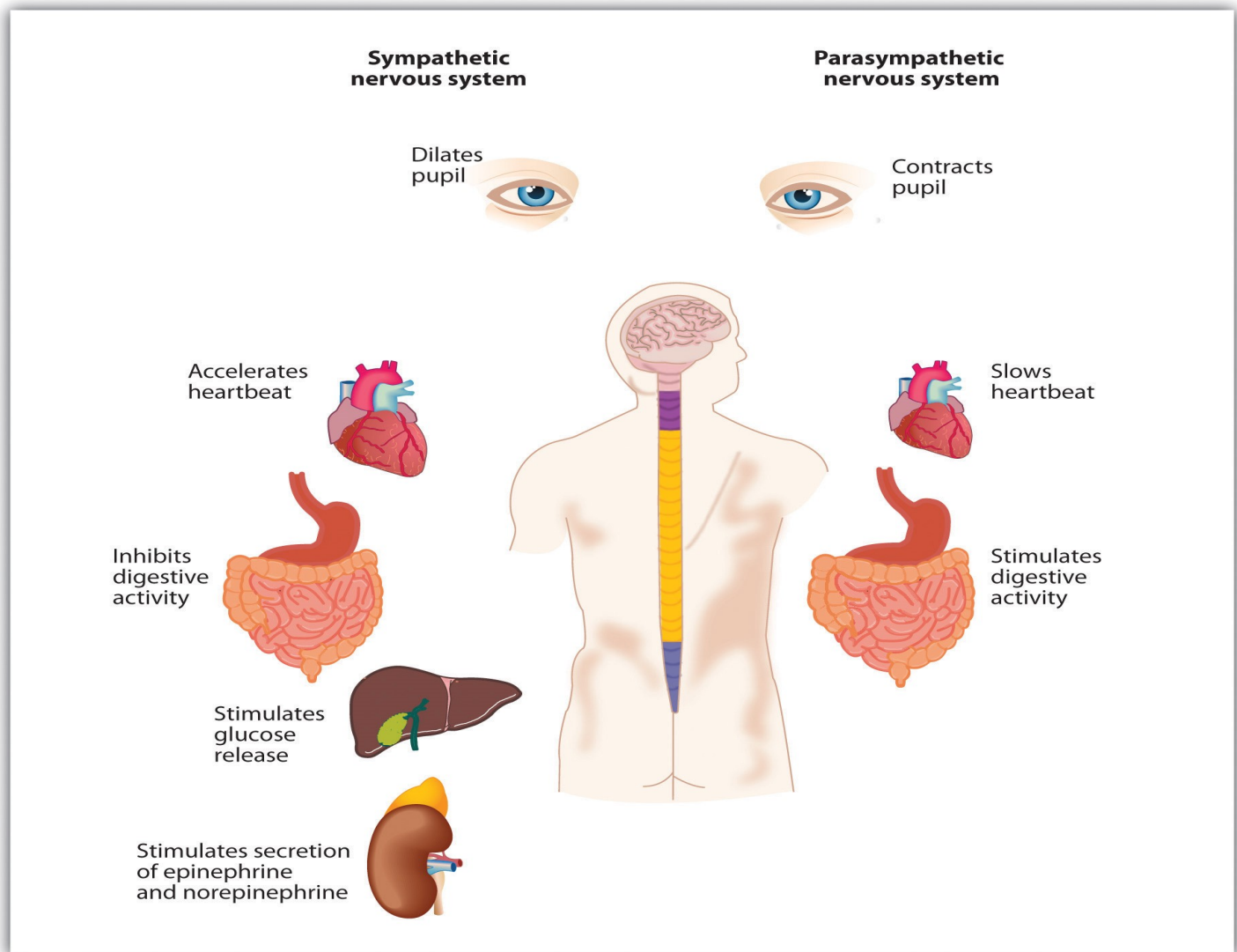
The body has an

extremely sophisticated system connected to the brain and all sensory organs that can spring a person into action almost immediately when necessary. The other component slow the body down for recovery and repair after moments of intense reaction. Getting to know the signs and symptoms of the nervous system's functions can help normalize and bring greater awareness to the body's reactions to stress and sensations of calming.

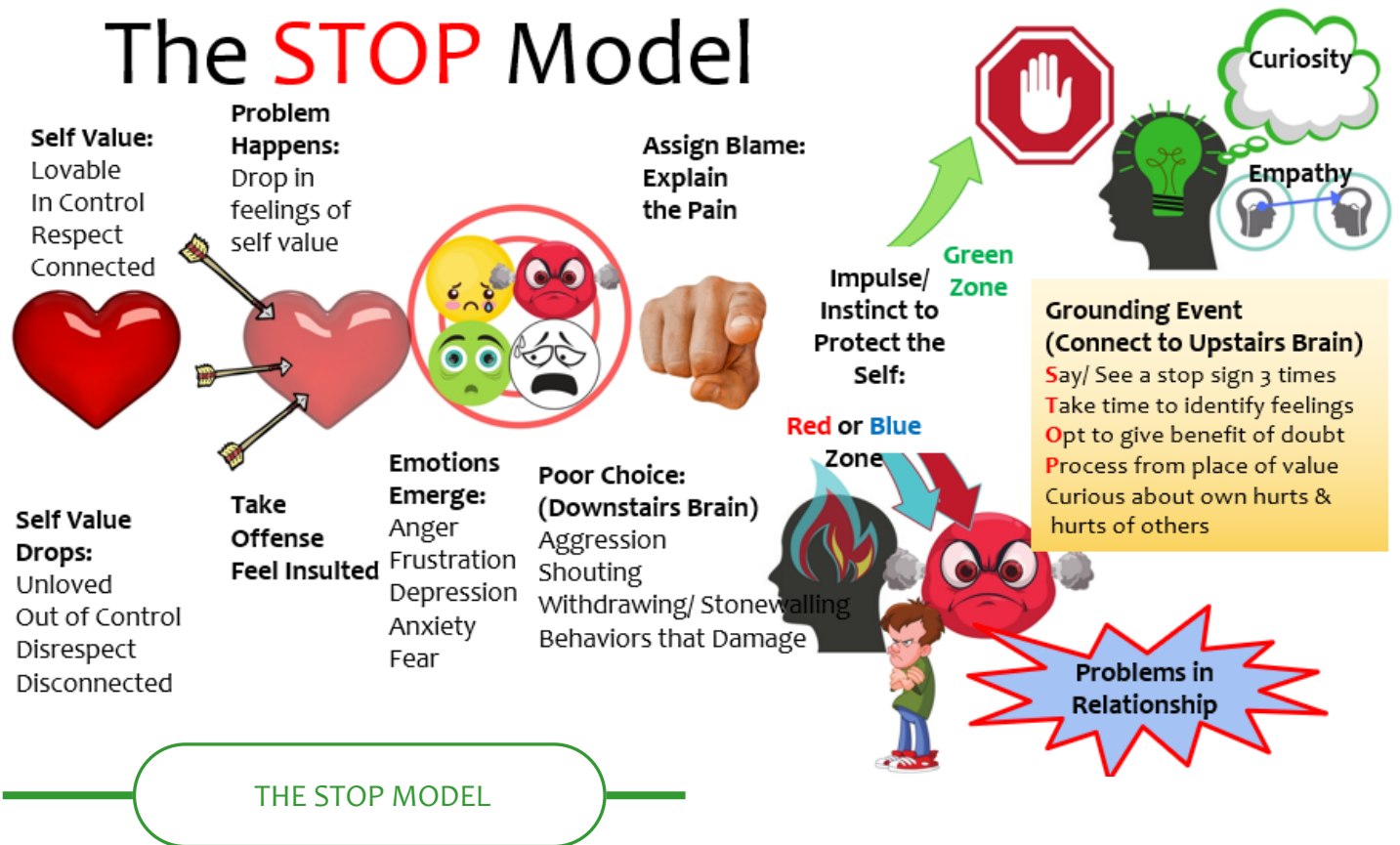
Sympathetic Nervous System: The system that springs into action when facing stress or conflict. The SNS triggers flow of blood away from extremities and towards large muscle groups for fight or flight responses. Heart rate increases, breath be-

comes shallow, eyes become narrowly focused, and fists may clench. These automatic responses are the first indicator that you may need to take a break, use a calming strategy, or separate yourself from your child to avoid an unintended physical response.

Parasympathetic Nervous System: The body's "parachute" slowing everything down and signaling the "all's clear" to the rest of the body. You may be able to trigger this reaction by spreading out clenched fists, placing an unclenched hand to your heart, or taking some deep breaths. These actions take your body off of autopilot and allow for calming and soothing to take place on a body level preparing you for clear and rational thinking when interacting with your child.



The STOP Model



What To Do Next

Awareness of body and brain states under stress is a first step towards self-regulation. Taking action is the next logical step in the process. What good does all the knowledge of the brain do if you don't take some positive steps towards better functioning. The STOP model helps leverage what you know about your brain and body's functioning under stress towards more clear thinking and more successful relational interactions with your children.

The STOP model uses elements of cognitive behavioral therapy to recognize the connection between emotional states and the underlying thoughts contributing to these states. Effort is taken to seek emotional grounding in order to attain the most clear and effective thinking. This clear thinking can help explore more rational and realistic explanations for relational triggers with our children. Positive, proactive steps can be taken in order to return to a place of calm, regulation, and clear thinking. Once regulated, it becomes easier to respond to triggering events positively, proactively, and in ways that preserve relationships and or personal integrity. Key elements include the following steps:

Steps in the STOP Model

—> Recognizing strong emotional responses to triggering events with the understanding that efforts to avoid pain or assign blame often lead to negative or problematic reactions.

—> Finding a grounding event. This may be visualization of something like a stop sign flashing, saying the word “stop” to yourself, or any other visualization, self-talk, or relaxation technique that will disrupt the intensity of the emotion.

—> Becoming curious about the situation. What feeling might you be feeling and why (name them). Becoming curious about what may be going on for the other person. Is there another possible explanation for the insult rather than a personal attack?

—> Proceed with processing the event from a place core values. Giving self and others the benefit of the doubt allows for successful and positive actions towards self and others.

ACTIVITIES

Triggers

Take some time to think about situations, behaviors, attitudes, or images that are particularly triggering to you when parenting your children. Take some time to identify any thoughts, physical sensations, memories, or personal experiences that may be connected to these triggers.

Triggering Events	Related thoughts, physical sensations, memories, or related personal experiences
Trigger 1:	
Trigger 2:	
Trigger 3:	
Trigger 4:	

Take some time to reflect on activities that contribute to your sense of health and wellbeing. What activities help you relax, give you energy, or leave you feeling refreshed?

My personal recharging activities:

Who are the people in your life you can count on? Who do you call when you have had a bad day or are feeling particularly stressed? Who can you laugh with? Who can you reach out to when you need help?

My personal supports:

ACTION STEPS

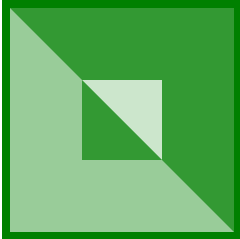
Over the next week pay attention to times that you notice yourself moving across the zones of regulation. When are the times you notice staying in the “Green Zone” with clear thinking and strong problem solving ability. When are some moments you notice drifting into the “Blue Zone” where emotions rise to the forefront and may impact thinking? Identify any “Red Zone” moments when you feel significantly triggered to the point that you notice yourself seeking safety or managing a crisis the best you can?

Moments I notice “Green Zone” thinking:

Moments I notice “Blue Zone” thinking:

Moments I notice “Red Zone” thinking:

Attempts at using the STOP model:



Positive TIPS

Understanding
Yourself

Concept 2:
Brain Body & Nervous System

Improving your personal awareness to your brain and body's responses to stress helps you become proactive rather than reactive to triggering events.

Take time to identify your own early warning system. Recognize the thoughts, feelings, and sensations related to your nervous system.

Keep yourself emotionally healthy. Locate your supports and participate in self-care activities.

When in crisis get curious, grounded, and STOP. Find grounding activities that work for you. Connect your whole brain to maximize



Parenting Mindfulness Moment 3



Putting on the Manual Controls

The reactions of the survival state of the brain is an automatic response to stress and trauma triggers. It is the brain's natural reaction to promote survival in life-or-death situations and is an instinct that serves us well in most situations. When our brainstem or sympathetic nervous system becomes the dominant system when the situation is not actually life or death (as in, dealing with our children). It can be helpful to both notice this state, and then make moves towards putting on the 'manual controls.' When an airplane is on autopilot it can fly on a straight track indefinitely. When that plane is heading towards danger it must be taken off autopilot and the manual controls must be used to avoid the danger. When you recognize that you are heading into danger with your children and can see that your brain and nervous system are on autopilot here are a few techniques to get back into manual control.

1. **Mindful Breathing:** When under stress, breathing becomes shallow and rapid. The purpose of this is to send large volumes of oxygen to the large muscle groups that become activated for fight or flight responses. When you recognize rapid, shallow breathing, take a moment to focus and take several deep cleansing breaths. Notice your stomach expand during the in breath and contract as you breathe out. Listen to the sound of the air entering and exiting your nose and mouth. Intentionally breathe in through the nose and out through the mouth. Use some imagery to visualize peace and calm entering through the nose, and stress and frustration exiting through the mouth. You can even try breathing in for three counts, holding for three counts, exhaling for three more, then resting the final three counts.
2. **Spreading the Hand:** The natural sympathetic nervous system response to stress includes clenching hands into fists. In addition to this contributing to the stress response, it can also be misinterpreted as threatening to children (especially children who have experienced adults striking children or other adults). Spreading out the hands sends the "all's clear" signal to the brain stem informing it that the higher levels of the brain have determined that the situation is not actually a threat. This triggers the parasympathetic nervous system to start the calming process within the brain and body.
3. **Brainstem Massage:** Noticing physical reactions to distress is a great first step. The brainstem is typically the first line of defense and becomes extremely active. Finding the divot at where the skull ends and meets the spine and giving a gentle massage can help give a physical and even cognitive signal to help you calm and relax in the midst of stress.

Classic Stages of Development (Erik Erikson)

Age/ Stage	Task to Figure Out
0-2: Trust vs. Mistrust-	Am I Safe
2-3: Autonomy vs. Shame and Doubt	Can I control my body
4-5: Initiative vs. Guilt	Can I make choices
6-11: Industry vs. Inferiority	Can I master something
Adolescence: Identity vs. Role Confusion	Do I know who I am
Young Adulthood: Intimacy vs. Isolation	Can I find love and belonging



CONCEPT 3

The Developing Child

Knowledge about the typically developing child may help to set reasonable expectations and may also help to identify areas of lagging skill or deficit.

DEVELOPMENTAL STAGES

Children placed in foster care

There is a bit of variability when considering brain, body, and psychological development even among typically developing children. When children have been exposed to abuse, neglect, or other significant life challenges, development becomes relative to life experiences and the time periods the challenges occurred. Some experts suggest that children who have experienced significant life challenges may appear up to half of their chronological age. In other ways children may have developed far beyond their chronological age and present more adult-like skills or attitudes.

Stages of Cognitive Development (Jean Piaget):

Age & Stage	Ability	Typical Functioning
0-2 Sensory Motor-	Experiencing the world through senses	Object Permanence Stranger vs. Familiar face re cogni-
3-6 Preoperational-	Able to represent things using words or objects	Imaginative play Egocentric thinking
7-11 Concrete Operational	Logical and concrete thinking. Facts	Law of conservation of mass. Reversibility
12-Adulthood Formal Operational	Abstract and hypothetical thinking.	Moral reasoning, anticipation of consequences of actions

Having a basic framework and awareness of milestones may help understand areas that your child may be ahead of or behind the curve of typical development. This knowledge is not meant to shame or label children, but instead to help adults in their empathy and understanding of the difficulties a child may be experiencing.

OUT-OF-SYNC

Tending To Trauma-Impacted Development

When development has been disrupted by trauma it is likely that some of the basic building blocks may have been impacted or possibly missed entirely. Here are a few of the important elements of development that may need reintroduction when parenting a child who has missed out on specific developmental tasks.

Serve and Return: The process, beginning in infancy, when a child reaches out for the attention of a caregiver followed by the attentive response of the caregiver. Forms the basis for all attachment and many structures of the brain. Children have an innate need for attention and will seek it out the best way they know how. The process of adults responding to these bids for attention in positive ways forms functional and healthy patterns of relating to others.

Attachment Cycle: Similar to the serve and return response, an attachment cycle is completed when a child feels a need, expresses the need, then has their expression heard and attended to by a caregiver. When felt needs are not attended to over time, the result is insecurity in attachments.

Executive Functioning Skills: Skills that emerge in early childhood and are honed throughout the lifespan. Executive functioning includes the ability to focus, attend, predict, perceive time, plan, prolong gratification, and control impulses. These skills are conspicuously missing in very young children, and emerge differently for different children based on a variety of factors.

Teen Brain: Dr. Dan Siegel explains in his book *Brainstorm* (Siegel, 2015) the unique and explosive period of growth and brain development during adolescence. He goes on to describe how much of this phenomenon is mistaken for increase in hormones. Although hormone

and brain chemistry do change, there are far more explanations when looking at brain change during this period. The downstairs areas involved in experiencing and expressing emotions far exceed the upstairs thinking brain during this period. Reward centers in the brain are stronger than any other period of growth, making teens more susceptible to engaging in risk taking activities, pleasurable activities, or seeking peer approval. Creativity, flexibility, and learning new concepts may also be stronger during this period than any other time of life.

Interdependence: The push and pull often experienced during adolescence. Often a confusing balance between desire for independence and need for help and connection with caregivers.

BRAIN-BASED INTERVENTIONS

From the Experts

Here are just a few strategies introduced by Dr. Dan Siegel (Siegel & Bryson, 2012) to help meet children where they are in a way that is sensitive to brain and emotional development. Understanding what a child may or may not be capable of doing in the moment of emotional crisis helps to respond in more effective and proactive ways that communicate connection and help build new skills.

Connect and Redirect: Identifies when a child may be stuck in their right brain and needs attempts to connect in ways that communicate empathy and understanding of the emotions. Once the right brain feels understood, calming often follows. At that point efforts can be made to redirect through more logical and language-based strategies.

Engage don't Enrage: Recognizes a child's "flipped lid" and engages with the lower brain by communicating calm, safety, and understanding in order to prevent further fight, flight, or freeze behaviors. Your calm is often borrowed by the child in an escalated state. The same is also true about your own escalated state.

Name It to Tame It: Becoming the external narrator of your child's experience. Your child borrows your language processing skills and upstairs brain when they are at a loss and may be overwhelmed by their own emotional state. (Access to green brain thinking)

**IMPACTS OF
TRAUMA ON
DEVELOPMENT**

**EARLY CHILDHOOD
AGE 0-5**

	Developmental Milestones	Effect of Acute Trauma
Physical	Sit up Crawl Stand Walk/run Talk/write Sleep gradually gets organized into a day-night schedule Potty Training	Sleep disturbances Eating problems Going back to earlier, younger behaviors (e.g., baby talk or bedwetting)
Cognitive	0 – 1: Develop knowledge that something continues to exist, even when it is out of sight (Object Permanence) 3 – 6: Beginning to develop skills to problem solve, work with others, and manage impulses	Cognitive regression (e.g., poor impulse control, problem solving)
	Developmental Milestones	Effect of Acute Trauma
Self and Other	0 – 1: Develop trust and security when basic needs are met (Attachment); self-soothing; emotional regulation 1 – 3: Autonomy and independence (e.g., learn to feed and dress themselves); safe exploration of the world	Feelings of helplessness Unusually quiet or agitated General fearfulness (e.g., afraid of being alone, going to sleep)
Behavioral	1 – 2: Clinginess, crying, difficulty being soothed by another adult (Separation Anxiety), usually dissipates by age 2 1 – 5: Temper tantrums at times; plays side-by-side with other children (Parallel Play); begin to develop the ability to share; initiate play with other children as he/she gets closer to school-age	Separation Anxiety/clinginess returns, often fears parent will not return Increased power struggles Temper tantrums more frequent and extreme

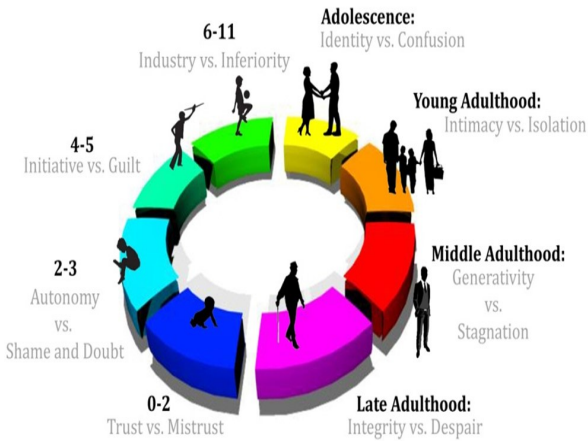
**IMPACTS OF
TRAUMA ON
DEVELOPMENT**

**SCHOOL AGE
AGES 6-12**

	Developmental Milestones	Effect of Acute Trauma
Physical	Fewer physical changes – growth spurts begin later in this stage Develops muscle coordination Should get about 10 hours of sleep a night	Sleep disturbances and nightmares Eating problems Somatic complaints – headaches, stomach aches, etc.
Cognitive	Focus on academic skills Continues to develop ability to read and write Understands cause and effect	Poor concentration and learning disturbances Misperception of information
Self and Other	Ability to manage impulses more effectively Self-esteem develops Sense of responsibility develops Spends more time with friends Attaches to adults other than their parents	Feelings of being responsible for the trauma Fears the trauma will happen again Reactions to reminders of the trauma Fears being overwhelmed by feelings Irritability, mood swings
Behavioral	Able to engage in established routines (e.g., bedtime, mealtimes, etc.) with few verbal reminders Children question parents more Expanding curiosity	Altered behavior – aggressive, withdrawn, disorganized Repetitive play of the traumatic event(s) Regression (e.g., bed wetting, thumb sucking)

From *Understanding Traumatic Stress in Children* (Bassuk, Konnath, & Volk, 2005)

ACTIVITIES



Current Development: Think about your child or children. What stages best define where they are currently? Does this represent on-track, behind, or even ahead of the norm development? What factors do you think contribute to this?

Developmental Trauma: As much as you know your children's story, at what stage might they have experienced the most trauma? What might they have missed out on? What tasks or skills might have been delayed by these traumas?

Learning New Skills

As you take some time to reflect on the skills that may be missing and pivotal moment of development that may have been impacted by trauma or general life disruptions, begin to brainstorm ideas as to how to help your child build these skills. Remember the paradigm "while others were thriving, your child may have been just surviving" and use this as a place of empathy when helping your child learn skills that may have been missed. Take a look at the following components of development and consider how you may help your child improve in these areas. Think about concrete plans as well as general attitudes of compassion and kindness while he or she is learning new things.

<p>Serve and Return</p> <p>Attending to bids for attention,</p>	
<p>Executive Functioning Skills</p> <p>Organizing, planning, thinking ahead, time management, etc...</p>	
<p>Social Skills</p> <p>Relating to others, understanding social norms.</p>	
<p>Identity Development</p> <p>Fostering healthy sense of self, relating to their own story.</p>	

ACTION STEPS PART 1

Over the next week take a few steps towards better understanding your child’s developmental state and developmental needs. Taking a few practical steps may help not only to understand your child, but may also help to build some of the skills that may be lagging or missing, Try at least one of the following, but feel free to do them all if you have the chance.

Serve and return activity: Schedule a play-date or outing with your child. If your child is younger make sure the activity is something that he or she likes. For older ones, maybe a trip for ice cream , go for a walk or a hike. Intentionally place your phone on airplane mode or leave it at home. Spend time paying 100% attention to your child and what he or she is into. Take some time to reflect on how your child tries to get your attention and how easy or difficult it is to attend.

Executive skills activity: The thinking and planning game. Work with your child to plan an event for the family. It could be as simple as a family movie night or dinner, or as complicated as a family outing. Have your child brainstorm all necessary items, guess at how much time certain things would take, and what might be the outcome of the event. Notice what is positive and what may be challenging for your child.

Identity Activities: Dreams list. Have your child identify a list of things that he or she has always wanted to do. Look for some items that relate to the near future and some that are lifetime dreams. As you work on this list, think about what this tells you about your child’s identity. What is important? What hopes does he or she have for life.? What is seen as possible or impossible.

ACTION STEPS PART 2

Over the next week make some efforts to intervene in positive and brain-based ways as described in Dan Siegel's intervention strategies. When you notice high emotions or big responses to stress make some effort to connect with your child. He or she may be limited in their ability to self-identify feelings, self-manage, and self-regulate. They may need to borrow your fully developed executive functioning from your own frontal lobe while theirs are still developing. Write down any instance when you attempted the following strategies. What was the response?

Name it to tame it: Become the narrator and place verbal labels on your child's experience.

Example: "It looks like you are feeling disappointed that this did not go the way you hoped it would."

Your example

Connect and Redirect: Prior to giving consequences or moving into the logical, problem solving elements of intervening with your child, first connect with their feelings about the situation. Then move into the redirect part.

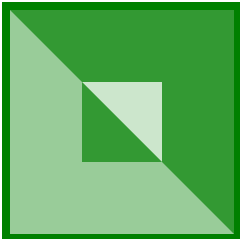
Example: "I can tell that you are feeling really left out and you might be thinking that I am being a little unfair that I said no about the sleepover. I can see how that would be really hard for you... and I would really like for you to..."

Your example

Engage don't enrage: When you recognize your child's flipped lid and explosive behaviors, make efforts to establish calm and safety. Monitor your tone, body language, and physical presence to demonstrate that your child is safe and is free from perceived danger. For children who are used to adults who have been out of control, you may have to exaggerate the sensation of peace and calm. They will be able to borrow your calm when you engage with them from a calm and regulated state.

Example: When child is laying on the floor crying and shouting, bending down to his level, talking in soothing, rhythmic and hushed tones. Giving reassurance in any way possible that he is safe and that you care for him. Monitoring of parental facial cues and safe eye contact.

Your example



Positive TIPS

Understanding Your
Child

Concept 3:
The Developing Child

Pay attention to your child's attachment and respond from a place of security.
(Learn to overlook offense. Don't take it personally.)

Pay attention to bids for attention to build relationship and brain functioning. (Serve and Return)

Try to reframe challenging behaviors, attitudes, and actions through the lens of development.

Intervene through brain and attachment based strategies. "Connect & Redirect," "Engage Don't Enrage," and "Name It to Tame It."



Parenting Mindfulness Moment 4

“Pinkie Check In”

(Adapted from Greenland and Harris, 2017)

This is a relational mindfulness technique that incorporates self awareness and other awareness. The first part involves doing a check inside yourself to recognize how you are feeling, then presenting this to another person. The second part involves noticing how the other person is feeling based on his or her check-in. Pay attention to the feelings inside, noticing how strong they feel. Do your feelings match up with the other person’s feelings or are they different?

Hold out your hands in front of you with the pinkie fingers of each hand extended outward. After each of the following questions you will count to three, then point your pinkie fingers either up, down, or straight ahead. Notice how it feels to check in with yourself, how it feels to express yourself, and anything you notice about similar or differing experiences with the other person. This can be a great game to teach to children to help them learn to pay attention to their own emotional states and to learn perspective taking skills. It can help them learn concepts necessary for the formulation of a healthy theory of mind as they notice they have their own feelings and others have their own feelings too. Sometimes feelings are the same as others and sometimes they are very different.

1. How energetic do you feel right now?

Pinkies up: Lots of energy

Pinkies out: Pretty calm, not energetic but not tired

Pinkies down: Low energy

2. Do you feel focused on this activity or do you have other things on your mind?

Pinkies up: Thinking about something else

Pinkies out: A little distracted but still engaged

Pinkies down: Totally focused on the activity we are doing right now

Try thinking up a few questions of your own...

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CONCEPT 4

Impacts of Trauma on the Developing Child.

Understanding the impacts of trauma in order to provide the best possible interventions and healing.

TRAUMA INFORMED PARENTING

Understanding, Compassionate Parenting

If you are reading this, it is likely that you do not need one more description of trauma and how it impacts children. You likely see this first hand far more often than daycare providers, school teachers, doctors, and therapists. If anything, this may serve well as a means of connecting to others who have dedicated their lives to caring for children living out the harsh effects of decisions they never made, and circumstances they never asked for.

These behaviors, thoughts, and emotions are often viewed as confusing, challenging overreactions to the

seemingly simple everyday demands of life. In her book *Creating Sanctuary* (Bloom, 1997) Sandra Bloom describes the effects of trauma not as overreactions or explosive behaviors, but as reasonable responses to unreasonable circumstances.

She goes on to describe the phenomenon of “sanctuary trauma” which involves those who have experienced trauma and are placed in places they were told would be safe. Sanctuary trauma occurs when a lack of understanding leads to practices that are not trauma-informed and the very place of safety becomes a secondary trauma. This can leave a person even more hopeless and anxious than before as the hope of ever finding sanctuary and healing become elusive and fleeting.

This is why trauma informed parenting is so important for children. As a society we are making positive progress towards becoming more trauma-informed, however there will always be well meaning relatives, people at the grocery store, neighbors, or even professionals who may not understand your child’s responses to triggers, stress, and or intrusive traumatic memories. Sadly, it is often viewed as a lack of effort on the part of the parents and children that lead to these moments of perceived overreaction. It is almost as if the belief was that more structure, more punishments, or even more rewards would fix this. In other words it is either shoddy parenting or a bad kid that keeps this going, when nothing could be further from the truth.

The analogy of a board game is one that may be useful. Traditional parenting is like learning the rules and strategies of a board game. You know the rules, you know the structure, and even if you don’t win all the time you enjoy playing the game. Trauma-informed parenting is like switching out the gameboard for another one. You have not been given any of the rules and are not even sure what the object is. Trying to make the old game work on this new board is impossible, not to mention not much fun. There is no going back to the old game. However, the new rules and strategy can be learned. It just takes time, exploration, and a considerable amount of patience. Winning does not always happen with the new game either, but ease of play and confidence can become a reality.

As you will see demonstrated through the videos and concepts explored this week, having all the psychological know-how or clinical expertise is not required to care for a child who has experienced trauma.

Knowledge to improve your awareness and empathy is helpful, but is only one factor in caring for children who have experienced trauma. Providing a loving, safe, and secure home for a child is the most therapeutic and healing thing possible. Allowing the knowledge of trauma to help you take your child's behaviors less personally will allow you to remain in your place of security and respond with healing love and compassion.

THE CLINICAL LINGO

All Those Terms and Acronyms

It might be helpful to be familiar with a few clinical diagnoses related to trauma. Labels are not always helpful, but can be useful in terms of understanding and normalizing certain responses to traumatic events. Familiarizing yourself with these diagnoses can also help to demystify some of the terms doctors, diagnosticians, and mental health providers throw around when discussing children and trauma.

Posttraumatic Stress Disorder

(PTSD): Posttraumatic Stress Disorder is a diagnosis in which a person who has experienced or witnessed threats to life or personal integrity, such as assault, natural disasters, or other near death experiences followed by a collection of symptoms including intrusive thoughts, nightmares, re-experiencing of the event, loss of memory related to key elements of the event, avoidance of reminders or sensations related to the event, hypervigilance, exaggerated startle response, sleep disruption, mood disruption, and overly negative or pessimistic view of the world, or sense of shortened life. PTSD symptoms are often triggered by known or unknown reminders of traumatic events that can pull a person out of the present moment and create an almost dissociative state of re-experiencing the trauma through memory or even sensation.

Reactive Attachment Disorder

(RAD): Avoidant or hostile response to relational trauma in which a child develops difficulty seeking or even receiving comfort from caregivers. Often includes displays of negative emotions and behaviors towards caregivers or limited expression of

positive emotions towards caregivers.

Disinhibited Social Engagement Disorder

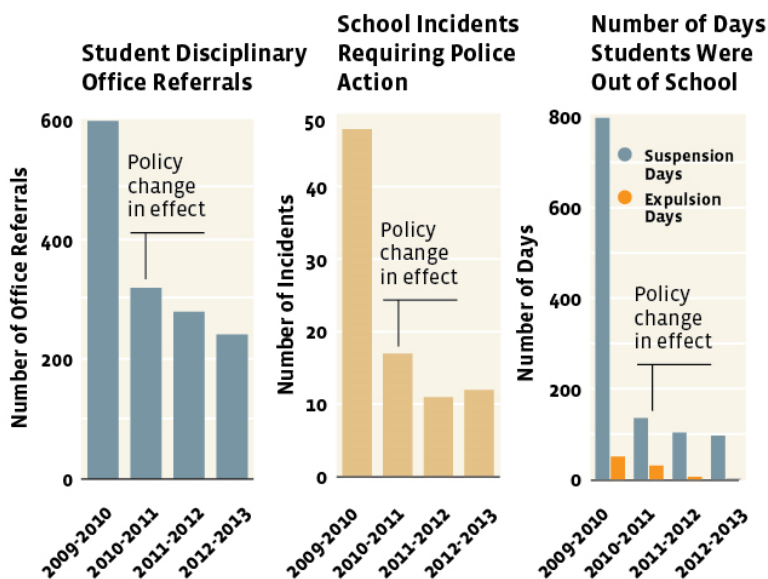
(DSED): Anxious response to relational trauma in which a child has failed to learn the difference between familiar and unfamiliar adults. The child may have little understanding of social norms, boundaries, or even safety factors resulting in rapid connection to strangers. Children may seek connection and attention from strangers.

The ACES Study: Landmark study by Kaiser Permanente Insurance which linked adverse childhood experiences to a myriad of behavioral and physical health problems throughout the lifespan. Scores rate from a 1 to 10 with one point given for each of the following experiences early in life:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Verbal Abuse
- Mother Treated Violently
- Incarceration of Family Member
- Substance Abuse in Household
- Divorce

Impact of Trauma-Informed Care

Acknowledging the causes of behavioral issues led to a drastic drop in the need for disciplinary action at this Washington high school.



YES! INFOGRAPHIC BY LORI PANICO | SOURCE: LINCOLN ALTERNATIVE HIGH SCHOOL

ACES can have lasting effects on....



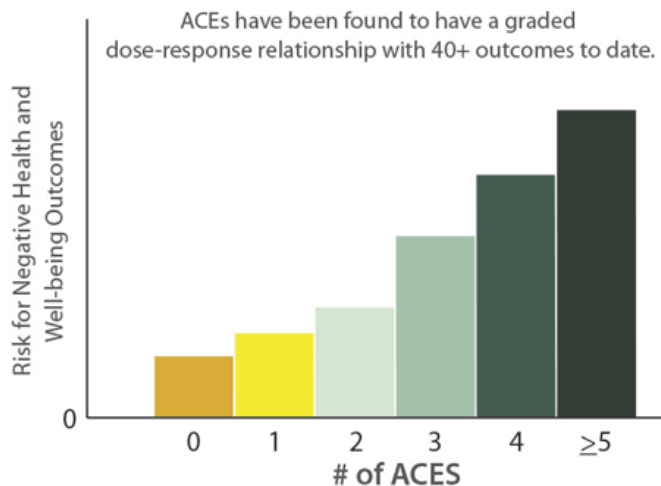
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)

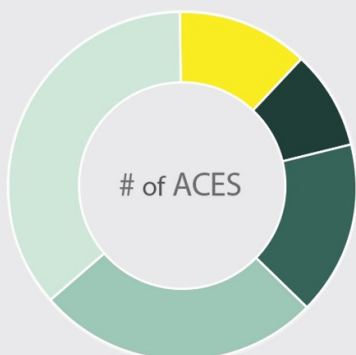


*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

How Common are ACEs?

ACE Study

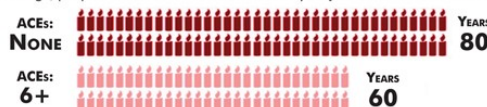
- ZERO 36%
- ONE 26%
- TWO 16%
- THREE 9.5%
- FOUR OR MORE 12.5%



THE IMPACT OF CHILD MALTREATMENT AND OTHER CHILDHOOD TRAUMAS ON SOCIETY

LIFE EXPECTANCY

On average, people with six or more ACEs died nearly 20 years earlier than those no ACEs



LEARN MORE

Learn more about the ACE study through a wonderful infographic from the CDC available at http://vetoviolence.cdc.gov/child-maltreatment/phl/resource_center_infographic.html

ECONOMIC TOLL

The CDC estimates the lifetime costs associated with child maltreatment at \$124 billion



Above figures and description of ACE study adapted from CDC, 2013

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

ACTIVITIES

3

Upstairs

Cortex: Self Esteem Issues/
Dissociation/ Cognitive Problems

2

Downstairs

Limbic: Attachment & Emotion/
Behavior Regulation

1

Basement

Brainstem: Body/ Sensory Issues



Identify Cortex areas of Concern: What areas listed in the upstairs (cortex) area are currently pressing for your child?

Identify Limbic areas of Concern: What areas listed in the downstairs (limbic) area are currently pressing for your child?

Identify basement areas of Concern: What areas listed in the basement (brainstem) area are currently pressing for your child?

Identify Areas of Strength and Growth

Look through the following suggestions from the Child Trauma Academy. Underline any areas that you are currently doing well. Circle any areas that could use more attention as possible areas of growth for you and your family. Write down a couple of ideas as to how you could accomplish growth in these areas.

1. Understand trauma & impacts
2. Provide stability
3. Support and nurture during growth
4. Make sure adults caring for kids are healthy
5. Start at brainstem
6. Use therapeutic parenting
7. Be patterned and perceptive
8. Persistence (it takes time)
9. Awareness for all team players.
(school, home, etc)
10. Brain age not birth age
11. Treat as unique and individual
12. Early intervention is best
13. All parts of child's community working together
14. Community is necessary

My Plans for Growth:

ACTION STEPS

In the book *The Connected Child* (2007), Dr. Karyn Purvis and Dr. David Cross describe the process of intervening through the process of understanding and building trust. In their professional experience they have found that children who experienced trauma have often missed out on key relational experiences which must be rebuilt through a trusting relationship. Three key components to the Trust Based Relational Interventions model include empowering, connecting and correcting. During the next week look for way you may be able to use these three principles when interacting with your child. Take a moment to think of some goals in these areas, then write down any examples of attempts you made with your child.

Empower: Paying attention to physical needs. Children have often felt as if their lives are out of their own control and adults cannot be counted on to meet their needs. Think about ways to empower your child through sharing power and offering him or her choices. Empower the art of asking for needs to be met and honor any attempts made in this area.

Goal _____

Example

Connect: Paying attention to attachment needs. Children have often experienced complex trauma, which means that the very ones they sought for comfort and safety were the ones who enacted the trauma. This often leaves children suspicious and fearful when coming close to caregivers. With this in mind think about ways to use this understanding and build experiences for positive connection. Remember not to take it personally when your child becomes resistant or even hostile. Remain secure and reassure! Think about ways to build connected experiences with your child this week.

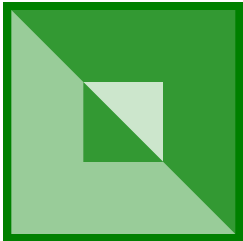
Goal _____

Example

Correct. Paying attention to behavioral needs. With the limitations in modeling and the dysfunction of complex trauma, it is likely that you will see plenty of behaviors that need correction. This is a chance to start looking at behaviors as your child's form of communication. With every negative behavior there is an underlying message about a legitimate need the child has or a skill that he or she needs to learn. Take some time to look at the behaviors you are seeing through this lens. What needs are present? What skills are missing?

Goal _____

Example



Positive TIPS

Understanding Your
Child

Concept 4:
Trauma and the Developing Child

Become aware of the signs of trauma and respond from the place of understanding

Pay attention to bids think about Dan Siegel's dog bite analogy when interacting with a child who has experienced trauma. or attention to build relationship

One positive attachment experience may be enough to change the course of brain development and lead a child down a new path of resiliency.

Use Trust-Based Interventions to help rebuild brain chemistry and architecture for children who have experienced trauma.



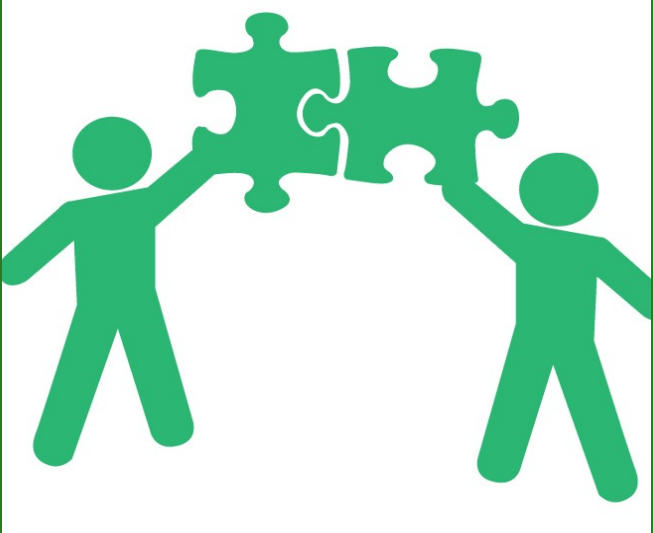
Parenting Mindfulness Moment 5

“Well Wishes for Difficult People”

(Adapted from Greenland and Harris, 2017)

This is a personal mindfulness technique that incorporates self awareness, reframing thoughts and feelings, and connection to others.

1. Start by getting yourself into a comfortable position and close your eyes.
2. Next bring to mind a person with whom you may have had difficult experiences or who you find challenging to be around, and you would like to wish well.
3. Now imagine that you are feeling happy and at peace. (you do not actually have to feel this way right now). Imagine doing something you really enjoy, spending time with friends, laughing, or smiling.
4. Now affirm yourself with one or more statements like the following: “I would like to feel a lot of peace within myself, I want to feel healthy and strong, I have hope for a deep happiness and abundant joy for my life.”
5. Next imagine that the positive feelings are warm and begin to grow and expand as you pay attention to them. Imagine that they have a color to them and that this warm growing color begins to cover you starting with the top of your head, down your shoulders, through arms and fingers, into your core, then through your legs, down to the tips of your toes.
6. Now imagine extending this warm, growing color of good feeling onto the person you find difficult. Imagine the peace, happiness, health, strength, and joy covering that person from the top of the head to the toes on their feet.
7. Say silently to yourself, “I wish you well.” Say it three times as a positive, peaceful declaration over that person.
8. Open your eyes and let your attention come back into the room. Notice how you are feeling at this exact moment. Do you notice anything different from when you started? What do you notice about your body sensation at this moment? Do you notice any shifting or changing of your own emotional state right now?



CONCEPT 5

**Collaborate to Connect
and Solve Problems**

Developing a consistent road map to build missing skills, get expectations met, and strengthen the relationship in the process.

A DIFFERENT WAY TO THINK

“Kids Do Well if They Can”

Dr. Ross Greene first presented this revolutionary statement in his book *The Explosive Child* (Greene, 2014). Through his experience treating and researching children who are easily frustrated and chronically inflexible he determined that most, if they had the ability, would love to get along with parents, receive positive attention, and get through a day without racking up all those consequences for their behaviors. Dr. Greene suggested that it is possible that we may have been looking at many of these behaviors the wrong way. Instead of willful, spiteful, acts of defiance, what if what we were experiencing were children who were missing significant thinking and relating skills necessary to successfully navigate the challenges and stresses of daily life? If this is the case then we have a great opportunity to

assist our children in developing these skills.

Why skills may be missing.

When children have experienced trauma and major life disruptions it is quite possible to miss out on learning some of the most fundamental thinking and relational skills. The paradigm of surviving versus thriving is a good one to consider. When many other children may have been learning positive skills for living, children in the midst of trauma often are concerned with the skills of making it safely through a day. It is also important to consider the impacts of prenatal exposure to drugs and alcohol when considering missing skills. It is possible that some skills may be organically damaged due to these factors, in which case children may need extra attention and coping strategies.

About the process

The Collaborative and Proactive Solutions (CPS) model offers parents a means to assess current lagging skills in order to help understand problematic behaviors more completely. It also teaches parents a step-by-step process for solving household problems with the child rather than for the child. The process holds children ultimately accountable for their actions by involving them in finding a fix for the situation. The steps of the problem solving process are designed to slow down the world and help teach skills at the child’s current level of functioning. In doing so the child feels understood, valued, and validated. Adults often also feel a sense of confidence, competence, and value.

For these reasons, the CPS model aligns extremely well with the needs of children who have experienced trauma. Instead of blame or judgment, children receive empathy and understanding. Behavioral issues and family problems are addressed, but done so in such a way that is compassionate and understanding of children who may be missing skills for some very good reasons that they did not ask for.

For many years parenting has relied on basic behavioral science to attempt to solve all problems. Unfortunately this neglects the amazing complexity and social aspects of human capacity for growth and learning. Many experts are now looking deeper and finding that rewards and consequences, though good at some things, utterly fail at many critically important parts of parenting and relationship. When these tools miss the mark, what is another possible way to teach, guide, and mentor our children into the ways we want them to grow?

“Kids do well if they can.”:

The Ideas that most challenging behaviors are due to skill deficits rather than willful actions. Given the opportunity and the capability, kids prefer doing well, receiving positive attention, and remaining close to parents whenever possible. Looking at problem behaviors as potential areas of missing skills helps parents take less offense and remain in a place of empathy and curiosity (green zone), rather than distancing self from the child (blue zone) or becoming angry and hostile (red zone).

MISSING SKILLS

Thinking Skills Necessary for Problem

A wide range of skills are necessary to solve problems, act socially, and function well within social or family contexts. The demand for these skills usually highlights their absence. Problematic behaviors or episodes may help determine what thinking skills may be missing. The following are the major areas of thinking skills that could be missing.

Attention, Focus, and Planning Skills

(Executive Skills): Necessary for sustaining attention, controlling impulses, managing time, and thinking ahead in terms of consequences for actions.

Listening and Talking Skills (Language Processing): Ability to both take in and express language. Necessary for processing instructions or necessary information as well as expressing needs, thoughts, or feelings in words.

Go With The Flow Skills (Cognitive Flexibility): Necessary for adapting to change, managing transitions, and tolerating when plans are disrupted.

Dealing With Feelings Skills (Emotional Regulation): Includes the ability to identify and successfully manage a variety of emotional states. Fluctuations of mood are understandable and tolerable enough to moderate acceptable actions.

Relating To Others Skills (Social

Skills): Understanding the laws of social interaction, such as being able to read the cues of body language, recognizing impacts of words or actions on others, or ability to accurately interpret the perceptions of others.

Three Plans for Solving Any Problem

Plan A: Imposition of one’s will upon another. May include the words “because I said so.” If need be, Plan A will include force, coercion, or threats to ensure compliance. Parent’s expectation is met for the moment, but at an emotional and possible behavioral price.

Plan C: Skillful ability of a parent to predict a power struggle or otherwise negative reaction based on the knowledge of a child’s lagging skill, and avoid the negative outcome by temporarily removing an expectation. Parent’s expectations are not met, but a power struggle can be avoided if necessary.

Plan B: The coming together of two individuals for the purpose of solving a problem by means of deepening understanding, perspective taking, and seeking mutually satisfactory solutions. Plan B has three distinctive and necessary ingredients:

STEPS OF PLAN B

Listen (Empathy Step): Adult seeks to see the situation through the eyes of the child using listening skills and reassurance. The goal of this step is to provide a safe and calm environment for the child to explore and discover his or her concern. (Requires an adult who is regulated and well within the “green zone”)

Describe (Define the Problem): After the child’s concern is identified, the adult presents his or her concern to the child. Effort to identify the adult’s concern is done best prior to the discussion if possible when the adult has a calm space to rationally and logically explore why the situation is worth talking about. This step is done best when done quickly and to the point: “

Brainstorm (The Invitation): The child is invited to come up with solutions that meet both concerns. Statements like “that’s an idea” encourage creativity and exploration. The child is then guided through the critical thinking and evaluative process to determine if the solutions indeed meet both concerns, are doable, and possibly sustainable. If the child cannot come up with solutions, then the adults can assist in the process, but the idea is to promote the child’s personal skill development

ACTIVITIES PART 1

Think about one of your children you are currently concerned about. Work through this checklist to assess his or her current areas of lagging or missing skills. Consider how some of these areas of skills deficit may be contributing to ongoing areas of behavior.

-----Thinking Skills Checklist	
Attention, Planning, Organizing Skills (Executive Skills)	
	Difficulty handling transitions, shifting from one mindset or task to another
	Difficulty doing things in a logical sequence or prescribed order
	Difficulty persisting on challenging or tedious tasks
	Poor sense of time
	Difficulty maintaining focus
	Difficulty considering the likely outcomes or consequences of actions (impulsive)
	Difficulty considering a range of solutions to a problem
Talking & Listening Skills (Language Processing)	
	Difficulty expressing concerns, needs, or thoughts in words
	Understands/ follows conversation
Dealing with Feelings (Emotional Regulation)	
	Difficulty managing emotional response to frustration so as to think rationally
	Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration
Go with the Flow Skills (Cognitive Flexibility)	
	Difficulty seeing "grays"/concrete, literal, black & white, thinking
	Difficulty deviating from rules, routine
	Difficulty handling unpredictability, ambiguity, uncertainty, novelty
	Difficulty shifting from original idea, plan, or solution
	Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
	Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me," "You always blame me, "It's not fair," "I'm stupid")
Relating to Others Skills (Social Skills)	
	Difficulty attending to or accurately interpreting social cues/poor perception of social nuances
	Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
	Difficulty seeking attention in appropriate ways
	Difficulty appreciating how his/her behavior is affecting others
	Difficulty empathizing with others, appreciating another person's perspective or point of view
	Difficulty appreciating how s/he is coming across or being perceived by others

ACTIVITIES PART 2

Preparing for “Plan B” Conversations

The steps of “Plan B” seem simple enough on the surface, yet, the practical application can take some practice and preparation. Before attempting “Plan B” use this activity to help guide your way through the process. This preparation step is especially helpful in the early stages of learning the model. Eventually the process will become more fluid and natural, but for now take some time to prepare and organize your thoughts.

Think of a problem to be solved. This could be something easy that you would like to use for practice, or a consistent problem that you would like to see getting better sooner rather than later.

STEP 1: LISTEN

The **empathy step** involves nonjudgmentally and compassionately setting the stage for the rest of the conversation.

Write down a way you could nonjudgmentally and nonthreateningly describe the problem to be solved. Just make an observation and then ask “what’s up.”

Example: “I’ve noticed that when I asked you to clean your room it seemed really hard for you. I wonder what’s up.”

Your Empathy Step:

STEP 2: DESCRIBE

The **‘define the problem’ step** involves revealing your adult concerns to the child related to the problem. This is a move away from “because I said so” and a move towards helping children develop logic, perspective taking, and building trust that adults truly care.

Write down your concern related to the above problem mentioned. If you cannot find your concern then it may be a good time to reevaluate the expectation. It should be simple, understandable, and concise. In other words, no lectures, just describe the concern.

Examples for cleaning room: safety concerns, health risk, want them to learn responsibility, having people over and want the house to feel nice, etc... although these may all be important, you would pick your top concern for the sake of the conversation.

Your Concern:

STEP 3: BRAINSTORM

The **invitation step** involves asking the child to come up with solutions that meet both concerns, are reasonable, and doable. Often times children may have difficulty coming up with solutions. At this point you are here to help. Offering solutions may help them learn how it is done.

Think of a few creative solutions to this problem. Keep in mind what you think your child’s concern is in order to be true to the process.

Examples for cleaning room: 1) do it together, 2) get some organizing bins to help, 3) work in 10 minute chunks with a break after each one

Your Solutions:

ACTION STEPS

Try your hand at some part of “Plan B” during the next week. It is not always possible to get through all three steps during one conversation. Use the following “Plan B” guide to attempt one or more of the steps with your child. Write down your response to the attempt. What areas felt good? What areas felt difficult?

STEP 1: LISTEN

Make a neutral observation about the problem to be solved. Keep it safe and conversational. Remember your child’s lagging skills and what may be difficult. If an open ended question might be too much consider asking in multiple choice format (I wonder if it’s this or that).

Goal: Find the child’s concern

Script to follow: “So I’ve noticed that _____. What’s up?” or “Seems like _____ has been difficult for you and I really wonder what is hard about that for you.” or “It seems like _____ has been tough for us lately, I wonder what bugs you about that?”

Your Reflection

STEP 2: DESCRIBE

Briefly restate the child’s concern, then state your concern.

Script to follow: “I can tell what’s really important to you is ____, and what’s important to me is ____.”

Goal: Child understands where you are coming from, learns perspective taking, build’s logical thinking, and understands that you care.

Your Reflection

STEP 3: BRAINSTORM

Invite the child to come up with solutions. Always start with the child rather than by giving your solutions. This keeps them engaged and helps to build very necessary problem solving skills. If you never invite, they will never have the opportunity to grow in this area.

Script to follow: “What do you think might fix this for us?” or “Can you think of any way we could work this out?”

Goal: Child feels validated and like a true part of the problem solving process. Child builds missing skills while also building relationship with you. Children are often more likely to follow through with solutions that they have been a part of developing.

Your Reflection

Plan B Action Sheet

Listen

1. Empathy

+

Reassurance

Neutral

Observation

"I've Noticed ____,
What's Up"

Child's Concern.

Explain

2. Define the

Problem

"So you're
concerned
about ____,
and I'm
concerned that
__."

Adult Concern

Brainstorm

3. The

Invitation

"So what do
you think we
could do to fix
this?"

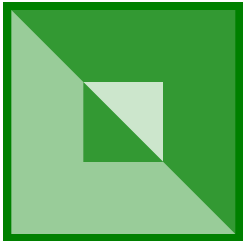
Solution

Meets both concerns?

Do-able/ Sustainable?

Remind yourself to invite the child to come up with solutions first! Give opportunity for his or her brain to grow and stretch!

Don't forget to try out your solutions.



Positive TIPS

Understanding Your
Child

Concept 4:
Trauma and the Developing Child

When you see challenging behaviors remind yourself “kids do well if they can.” Certain skills may have been missed but new skills can be learned.

Rewards, punishments and other motivation-based approaches have their limits. Connection, relationship, and teaching are the heart of effective discipline.

Use plans A and C when needed and use Plan B to find lasting solutions to reoccurring problems based in skill deficits. Prioritize your problems to solve.

Better understanding of a problem leads to more efficient and effective solutions.



Parenting Mindfulness Moment 6

Mindful Pressure Points.

Pressure points around the body have a long tradition dating back centuries to eastern medicinal practices. The idea of mindfully applying pressure on these points in the body gives you something to physically do in order to disrupt moments of stress or emotional dysregulation. Giving yourself something physical to do can disrupt the negative loops and mental patterns and allow for more regulated thoughts and actions.

Pressure Point 1: The Magic mustache

When noticing stress, frustration or anger, gently apply pressure to the divot just above your top lip. This placement works well as it is discreet and often mimics a “thinking” posture which can be perceived by others as you taking a moment to thoughtfully consider what is occurring (which hopefully you are).

Pressure point 2: Slow, steady, forehead tapping.

When noticing a need for focused attention or relaxation during moments of stress consider tapping the forehead, in between the eyes, just above the brow line. A slow, but steady pace generally works best. This positioning is also a discreet and simple technique that also mimics a thinking posture. Some people find this tapping extremely relaxing to the body and a big help in regain regulation. For others, it is a good way to remind yourself to take stock of your thinking, Do you notice any shark music? Any thoughts or feelings related to your dominant attachment style? Any automatic negative thoughts that need to be disrupted or disputed.



CONCEPT 6

Building Attachment Through Play and Meaningful Togetherness

Creating connection through planned and intentional times with your child.

MEETING A BASIC NEED

Of Course They Are Seeking Attention

So far we have established that attachment is one of the most important and impactful parts of development. Healthy attachment leads us down the path of positive relationships, helps stimulate necessary brain growth, and even impacts long-lasting health outcomes. When children have experienced attachment wounds the capacity for reaching out to connect to others is either severely limited, highly exaggerated, or even radically confused. Traumatic memories often lead children into dysfunctional methods for seeking the basic human interaction of relational closeness. Many of the behaviors parents find so difficult to handle are often the very best

effort a child may have to get these needs met. Manipulation, tantrums, lying, property destruction, and the like are very often the only reasonable means for connection coming from a child who has experienced unreasonable traumatic life circumstances. What's a parent to do?

Meeting the needs

Many traditional discipline practices based in consequences and rewards fall flat when seeking to intervene with a child who has been traumatized. These tools often send unintended messages and may even accidentally reinforce negative attachment patterns a child has developed. The answer may be found in the long and persistent process of rewiring the brain's understanding of attachment and felt needs. Creating a process for regular, routine attachment experiences may actually serve to rewrite the relationship pathways for a child.

The Paradigm of Filial Play Therapy.

Dr. Gary Landreth outlines a very specific style of Child Parent Relationship Therapy (CPRT) in his landmark book on the subject of filial play therapy (Landreth, 2006). In his book he describes how parents of children ages 3-11 can establish 30 minute special play times between one parent and one child once per week. There are specific mindsets and techniques used to help children feel understood, heard, and cared for in a unique and powerful way. This practice could be significantly healing for the attachment wounds of traumatized children. It would also serve as a safe, healthy, and nonthreatening way for children to make sense of trauma and work out many memories and recollections that may be beyond words.

This is a paradigm of creating regular, consistent moments of 100% attention for children of any age. Getting into the practice of spending time focusing on your 0-2 year-olds will help promote the serve and return process and generate a lot of great time for eye-contact and positive touch. Taking your tweens and teens out for special time with just mom or dad where they get to call the shots and make a lot of choices may also be extremely beneficial for their version of serve and return.

Earned Security

What we now know about brain plasticity and attachment theory suggest that regardless of age and life experience secure attachment can be attained. When an attachment cycle is completed it helps lay down

new neural pathways and even releases certain key neurotransmitters and hormones promoting the biochemical basis for attachment. Creating regular connection opportunities promotes trust and predictability that was lost due to the traumatic experiences. With each positive experience a child moves closer to earned security.

Theoretical Basis for the Model

Play therapy was developed by Bernard and Louise Gurney in the 1960's as a means to instruct parents in many practical skills used by play therapists. The concept was intended to help parents develop regular, intentional moments of connection with their children. The current model includes weekly, 30 minute "special play times" with children that are solely led by the child. Adults use observation, description, and attunement to promote independence, self-esteem, emotional exploration, and relationship building.

TOOLS AND SKILLS

Practical Ways to Promote Connection

The "Being With Attitudes":

The emotional and physical posture suggested by Dr. Gary Landreth (2006) when having times of connection with your child. The attitudes include

I'm Here: Promoting physical and emotional presence with your child. Remaining close in proximity and attending to the child's every action.

I Hear You: Listening and attending to the child's comments is demonstrated through thoughtful comments and paraphrasing.

I Understand: Use of tracking, reflection of feeling, and observations about the child's play demonstrates that you understand their play, their story direction, and their underlying feelings related to what they are playing out.

I Care: Use of encouragement, empowerment, emotional warmth, and empathy communicate a deep sense of valuing and connection towards the child.

Tools to use during times of intentional connection

Listening: Use active listening skills to help draw out

any communication your child is willing to give. Active listening includes using empathy, eye contact, paraphrasing, and reflection of feeling. You will know you are listening well when your child continues talking to you.

Observe: Keep your eyes on your child to help them feel attended to and understood. During times of connection with your child do all you can to give your undivided attention.

Describe: Use words to narrate what you see happening. Encourage effort rather than praise (nice effort on that drawing vs. you're such a good artist). Describe feeling and actions that you notice.

Tracking: Use of strategic statements, observations, and reflections as a play-by-play verbal commentary when the child is playing. Tracking is always in the form of comments rather than questions in order to preserve the emphasis on child-directed play.

LIMIT SETTING

Only Use If Needed

Limit setting is not used unless a need arises during special play times. The process of limit setting is in itself empowering and promotes making independent choices and exercising autonomy even within the limits. Reasons for setting limits include hurting self or others, breaking the special playtime toys, or leaving the designated area. The process of setting limits promotes care for the child, exploration of the situation, and identifying positive alternatives as outlined by Dr. Gary Landreth (2006) in the ACT model:

Acknowledge the Intent: Promotes that you are present, see, understand, and care. "I can see you would like to throw that toy at me."

Communicate the Limit: Calmly but matter-of-fact explanation of the limit with a connection to the logic and reasoning behind the limit. Toys are for playing with and people are for valuing and loving. Being hit by a toy would hurt and thus undermine the purpose of the toy and the value of loving and respecting people. The communication would be much simpler: "I am not for hurting."

Target an Alternative: Promote positive alternative ways to satisfy the intent. If a child needs to throw something to express a feeling or need within the play you could target positive ways to play this out by targeting other things to throw the toy at that would not hurt another person or break the toy. “You could throw that toy at that soft pillow there (pointing to the target helps direct the attention).”

Giving Choices: Allowing the child to remain in control and exercise appropriate authority by logically following through with choices laid out by the adult. Based on “if-then” logic statements. Giving choices may be useful if the ACT model of limit setting has been attempted 3 times. Instead of taking away the toy they are throwing at you, offer a choice instead. “If you choose to throw the toy again, then you are choosing not to get to play with the toy for the rest of our play time today.” Consequences should offer an near opportunity to repair the event and experience success. “We can try again with this toy next time!” This form of limit setting is not intended to be punitive or as a means to exert adult control. Instead, it is a means of helping children make logical connections and anticipate consequences of actions.

STEPS FOR CONNECTION TIME

Plan, Prepare, then Implement

1. Review your skills: The most important techniques involve keeping yourself present. Use active listening, eye contact, and body language to communicate your presence. Use tracking skills. Let the child take the lead for the next half hour.

2. Gather your tools (play kit): For children ages 3-11 gather your selected playtime toys in a bag, box, or other container. These are only to be used during the once a week special play time to help create expectation and a positive ritual. Use the list of toys to gather enough to help your child express feelings and complex thoughts. Children who have experienced trauma will need enough symbolic toys to help them work through the themes of trauma they may have experienced. For teens and tweens consider gathering art supplies, board games, sports supplies, or even a list of possible activities to do together. Let your child choose.

3. Make a plan (Set Date): Block it out on your sched-

ule and make sure you keep your commitments.

4. Remove Distractions: All electronic devices must be put away for the next half hour. Don't answer the door or the phone. Any crisis or emergency can wait at least a half hour until you are done with your special play time.

5. Invite (set the stage): Set the mood and open the time together with positive expectation. Keep it simple and open. Don't tell them they can do whatever they want, but instead that they can do a lot of things that they would like. Let them know that what happens in the next half hour is up them.

6. Set Limits only when needed : Don't start off your time by listing all of the do's and don'ts of the time together. Simply give the guidelines such as “this is the place where we do our special play time,” or “for the next half hour we get to do a lot of things you would like to do.” only set limits when a child may be leaving the area, attempting to hurt someone (including himself). Remember to acknowledge the intent (you want to _____), then communicate the limit, then target an alternative appropriate action.

7. End the time well: Give appropriate warnings and reminders depending on the needs of the child. You are helping build time management and awareness skills. If it is difficult for the child, this is a great time to practice empathy and reflection of feeling skills. Reflect to the children/ teens how important they are to you, how much you enjoyed your time together and remind that you are looking forward to the time together again next week.

During Connection Time:

Use phrases that communicate that you are connected, curious, and attentive such as:

"You're wondering..."

"In here you can decide."

"It can be whatever you want it to be."

"That's up to you."

"Hmm -- I wonder if..."

"Show me what you want to do"

"What should I say/ do?" (said in stage whisper)

"You know just what you want to do."

"You decided to..."

"You're working hard to figure that out."

(Sue Bratton, 2017)



Real Life Toys

Toys that can represent people , places, things crucial for the child to tell their stories.

small baby doll
functioning baby bottle
doctor kit
toy phone
small doll house
doll family
play money
animals

cars/ trucks
kitchen dishes

Optional

puppets (gentle and aggressive)
doll furniture
dress up clothes
mirror



Aggressive Toys

Toys that allow for expression of aggression, violence, anxiety, fears, and traumatic themes.

Dart gun with a couple of darts
rubber knife
rope
aggressive animals
toy soldiers
inflatable bop bag
mask

Optional

toy handcuffs with a key



Creative Expression

Items for expressing feelings, thoughts, and or personal stories creatively.

playdough & cookie sheet
crayons
plain paper
scissors
tape
egg carton
plastic cups
deck of cards

soft foam ball
two balloons per session

Optional

art supplies
building blocks
binoculars
tambourine
magic wand

DO'S AND DON'TS

(Bratton, Taylor, Kellam, Blackard) , 2006)

Do

Set the stage
Let the child lead
Join the child's play as an active follower
Verbally track the play
Verbally reflect feeling
Set firm and consistent limits
Salute the child's power
Encourage effort
Be verbally active

Don't

Criticize any behavior
Praise the child
(eg. you are such a good boy/ girl)
Ask leading questions
allow interruptions of the session
give information or teach
preach
initiate new activities
be passive or quiet

ACTIVITIES



Play Therapy Practice

Choose a toy above that reflects how you are feeling right now. Take a moment to describe this to a person close by or just do some personal reflection about this experience.

What toy did you choose and why? What about the toy connected with your current emotional state or situation?

What insight does this give you about what is going on in your life right now?

What did you notice about how having a toy to represent your feelings or current state worked for you? Do you think it would have been easier or more difficult to share a meaningful part of your life with someone if there was not a playful element?

Which toy do you feel like your child would choose right now to represent his or her current feelings or situation?

ACTION STEPS

You may already be spending regularly scheduled connection time with your child. If this is the case, just carry on and no extra work for you this week. If you are like most parents, the myriad of scheduled appointments and obligations tend to crowd out even the best of intentions. When your child has experienced trauma, abuse, or neglect he or she is likely used to seeking connection in less than helpful ways or not at all. You may also experience the tricky combo of your child coming close then lashing out. Take this week to start scheduling some new patterns and re-writing attachment narratives with your child. Take a few moments to pull out your schedule for the next week. Find a time that you can schedule 30 minutes for you and your child. If you don't see a free time, consider which items you could cancel or reschedule to make 30 minutes of uninterrupted time free for you and your child.

Set a date:

Day of the week and time for special time of connection with my child (30 min one-on-one if possible)

Preparation

Prior to your special connection time review the sections: "Steps for effective Connection time," "Phrases that communicate connection," and the do's and don'ts.

0-2:

- ◇ Make sure to free yourself from distractions.
- ◇ Have plenty of sensory toys and stimulating items.
- ◇ Try to get as much eye-gaze as possible.

3-11:

- ◇ Use the list of items to create your play kit and make sure you have them in a bag or a container.
- ◇ Find a nice, contained place for the play time to occur. A single non-distracting room with a table, a large spread out blanket, or natural borders with furniture may create a good space.
- ◇ Have a non-distracting timer set, or clock visible to end the session on time. Give warnings as needed.
- ◇ Free Yourself from all distractions.

12& Up

- ◇ Have some creative arts, or craft ideas as possibilities. Gather materials as needed.
- ◇ Board games, sport items, or other physical activities may make good choices.
- ◇ Allow your teens and tweens to make the choice for the activity and follow the lead.
- ◇ Show 100% interest (or as much as possible) in their world for the next half hour.

Reflection on your connection time:



Positive TIPS

Connection

Concept 6:

Building attachment through togetherness

Children who have experienced life disruptions have learned to expect unpredictability and have often missed needed moments of connection. You can rewrite these narratives through regular, intentional times together.

Practice mindful attentiveness to your child through scheduling one 30 minute session per week that belongs to him or her. Free yourself from any distractions. Adjust time as needed for your child.

Keep playtimes special. Creating a positive attachment ritual that remains unique from daily life and the other routines of the week. For younger children keep playtime toys separate. For older, consider special activities just for that time. Never take this time away as a consequence.

Be realistic about your time. 30 minutes per week is actually a fairly long time when you are engaging in a therapeutic way. Schedule in such a way that you do not have to break your appointment with your child.



Parenting Mindfulness Moment 7

Grounding Exercises

There are moments when just grounding yourself in the here and now can be of great benefit. The stress of certain situations or triggering components of working with children who have experienced trauma can lead to simple or even complex dissociation. The following techniques can help ground a person in the present and remind them that they are safe and present rather than existing in those old, painful memories. These activities can be helpful for parents, but can also be taught to children as a means to connect with the here and now when you notice anxiety or traumatic memories pulling them out of the present.

1. **Push/ Pull on the Chair:** Notice your feet on the ground when sitting on a chair. Feel how your feet feel within your shoes. See if you can notice where your feet meet your socks inside your shoes. Then firmly push your feet against the ground. Notice the tension as you push your leg muscles against the ground. Try to sense the energy where your feet meet the floor. While doing this pull up on the arms of the chair. Notice how your hands grip and grasp the arms of the chair. Notice the tension in your arm muscles as you pull. Notice how you can be both pushing and pulling at the same time.
2. **Find a Focal Point:** When feeling stressed, overwhelmed, or anxious find something in the room that you can focus on. Sharp edges or contrasts of colors work well as they give distinct lines to focus on. As you find your focal point notice how you are able to shift all of your energy and attention to this one point. Notice how you are able to shift your focus. Pay attention to how your feelings shift or change as you focus. Notice how other things in the room come into more or less focus as you try this. Once you give it a few minutes notice how you feel when you let your attention come back to the room. Is your stress decreased? Do you feel more mentally clear?
3. **The Five Things Game:** This technique works with many areas of distress, but works particularly well with anxiety. When you notice the mind racing or anxiety increasing, try this technique. Start with the sense of seeing. Find five things in the room that you can see. Next move through the other senses; touch, hearing, smelling, and even tasting. See if you can find five things that you can notice related to each sense. Once done notice how you are feeling. Pay attention to the shift in anxiety or stress no matter how small.



CONCEPT 7

Trust-Based Interventions and Conscious Discipline

Attending to the behavioral needs of your child in ways that promote positive attachment, promote co-regulation, and improve brain

ORIGINS OF BEHAVIOR

Attachment Needs

Thinking back to attachment theory, consider the lessons life has taught many children. Understanding the underlying narrative that explains behaviors is crucial to intervening successfully. Connection becomes the currency to spend towards improving behaviors and attending to needs. Dr. Becky Bailey suggests that all behavior is communication. Children may be attempting to speak to their needs, fears, and current levels of skills (Bailey, 2015).

Some have learned that adults cannot be trusted or counted on to meet their needs. This often leads to Children who are overly independent and can even

become triggered to anger when adults make efforts to care for them. A child may be communicating that you are trying to take the only thing that has helped him stay safe, which is his trust in himself alone.

Others learned that adults' attention and presence are fleeting and minimal at best. Children in this situation often seek any and every opportunity to get the attention of adults around them. If they do not speak or act quickly the good feelings or attention will go away leading to children who appear overly attention seeking or clingy. The appearance masks a true fear that good things often leave, so get the attention as quickly and as often as you can.

Still other children have learned that coming close to adults often comes before pain or terror. They have become conditioned to fear when feeling closeness, which can leave children and their adults feeling confused, frustrated, and even panicked. Children may feel fear when sensing distance leading to an approach to their adults, then feel fear when they sense closeness too. This leads to an awkward and unpredictable position when seeking to attend to behaviors.

TRUST BASED INTERVENTIONS

From the Experts

Dr. Karyn Purvis and her colleagues developed an approach that seeks to meet the underlying needs of children who have experienced trauma and significant life disruptions as described in her book *The Connected Child* (Purvis, Cross, & Sunshine, 2007). Their approach combines a no-nonsense attention to behaviors, and seeks to address them by means of promoting felt safety, security, and trust with children who have had these things robbed from them through no fault of their own. Instead of looking at behaviors as manipulation, games, or defiance, it is seen as learned survival skills used by children who are doing their best to make sense of the world around them.

It is assumed that children who have lived through trauma carry the memories and life lessons which lead them to distrust and even fear relational close-

ness. They also carry the brain chemistry and neural pathways that contribute to decreased ability to manage stress and regulated emotions. As this is the case, most traditional systems of motivational and consequence-driven parenting do not accomplish their goals leaving parent and child feeling frustrated and at a loss.

The Core Values of Trust-Based Relational Interventions

Dr. Purvis explains that the heart of discipline for children who have experienced trauma involves meeting basic needs that were missed in their attachment stories. She describes attending to these needs through the following ways.

Empowerment: Meeting Physical Needs

Creating an environment where needs are met and children are empowered to voice their needs is crucial to replacing old habits and problematic pattern. When a child learns that her voice will be heard by an adult who will help her have her needs met then she will often continue this new relational pattern. Children have often been robbed of their basic ability to choose for themselves leaving them with deficits in their ability to choose for themselves. Sharing power and providing choices empowers children towards

Connect: Meeting Attachment Needs

All efforts to intervene require an underlying emphasis on relational closeness and connection. Many children who have experienced trauma have default modes that pull them away from relationship, or towards behavioral patterns that can damage or unintentionally sabotage relationships. This creates the need to become extremely intentional in promoting closeness and felt security when intervening. Attention should be given to avoiding strategies that include shaming, distancing, or removing items that are emotionally important to a child.

Correct: Meeting Behavioral needs

Correcting a child's behavior means that you are close enough and paying enough attention to notice his or her actions. In a sense, correction includes paying attention in a way that many children missed out on. This can come as a shock or surprise for children who are not used to adults providing this level of care and supervision. For some children it might even threaten their out-of-sync, and parentified identities. Correction takes into consideration that nearly all behavior is trying to tell us something, or communicating a felt need with the best possible skills a child has at the moment. Refusing to correct

may be refusing to care, but correction without understanding can be equally as harmful. Correction requires a mindful, aware, insightful, attachment-focused parent who refuses to blame the child for their trauma, yet also cares enough to be there for the healing.

TOOLS TO USE

Trust-Based Interventions & Strategies

Practical application of the empowerment, connection, and correction values can be accomplished through several key interventions as outlined in *The Connected Child* (Purvis, Cross, & Sunshine, 2007). Some useful techniques include the following:

The Re-Do

Offering a child a re-do is an exercise in paying attention to negative behaviors and providing the opportunity for success. The re-do removes the shame and stigma often felt when a child missteps, and normalizes mistakes as an opportunity for learning. A re-do helps a child feel the pleasure and delight of righting a wrong and leads to success and growth mindset. To do a re-do a parent simply notices the behavior and offers for the child to do it again in a more positive or successful way.

Example: A child uses a demanding or rude tone to demand a snack. Parent responds: "hey, let's try that again, but this time using kind words."

Time In:

This technique flips the old "time out" approach in order to promote closeness and attachment. Children who have experienced trauma often default to prefer separation when sensing conflict. For many children this was a survival tool. Unfortunately, children left alone when in conflict with their adults are prone to become lost in their own inner world and may ruminate on prior traumatic memories. This process is called dissociation. A time in sends the message that the way to fix problems is to move closer to your relationships rather than using separation to punish. A time-in recognizes the behavior and has a child stay close to the adult while calming and processing. The adult lets the child know they will stay close and are there for help when they are ready.

Sharing Power

Many children who have lived in homes where trauma was present experienced either having no personal power, or having too much personal power. Children need the opportunity to build skills in making their own choices, but also need responsible adults who can take the lead and be responsible for adult decisions. Sharing power provides safe and appropriate means of exploring personal choice and decision making skills without the anxiety. Ways to share power may include offering choices, compromises, and even your CPS “Plan B” Conversations.

HANDLING LYING

The “Telling the Truth” Trigger

Lying is a very common trigger for most parents. Exploring the truth is a developmentally appropriate process and is often related to successful development of personal theory of mind and relational awareness. At some point most begin to understand that the fanciful and magical world inside themselves has limits in the real world. Children who have lived through trauma, especially chronic systemic trauma, may have real deficits in this area. They may also have further insults and damages to their internal fact checkers. Lying may have been a means of survival or even a culture adults promoted.

Parents often feel serious pressure to change this behavior in children and may even become anxious or fearful that if they do not “nip this in the bud right away” then they may be doing the child and society at large a disservice. Unfortunately this places parents at odds with the child and sets all parties up for power struggles, shame, and feelings of failure.

Coming at this issue with insight and awareness provides an positive, nurturing, and understanding approach that fosters connection and trust. Being no-nonsense but collaborative offers a success and growth mindset for the child who may be struggling

in this area. Dr. Purvis offers the following statements to help guide a child into successful navigation of the truth, while also feeling supported and encouraged.

“Was that real or pretend” Lets the child know that you know what’s up and offers an opportunity explore and re-do of necessary. Keeps it playful and acknowledges that pretend ideas can be fun but are still not the truth.

“Can you think about that again for a minute” Gives time for reflection and also set the child up for a re-do. Instead of remaining in an impulse, a child is led into mindfulness and reflection with your support. Children know that you believe in them and trust they can do it.

“Let’s try that again” A little more direct and to the point, but sends the same message. You are present enough and are not going to turn a blind eye to these mistakes. At the same time, offers an opportunity to build in the skill of repairing a mistake.

Skills that May Not Get Better: Confabulation

While discussing lying it is important to mention the concept of confabulation. This is a phenomenon that occurs most often in children who have been exposed to alcohol prenatally. A child may not meet full criteria for fetal alcohol syndrome in order to experience this condition. Confabulation occurs when there is organic brain structure damage due to the prenatal exposure. The damage results in problems processing real-time facts and creating a coherent narrative. Facts may not be processed correctly and some may drop out of the internal story altogether. When this occurs the brain does not like the gaps and will pull random facts from memory and experiences to fill the gaps. This is an organic brain issue and may require a lot of patience, understanding, and coping skills to help a child navigate how to deal with this experience.

What it looks like: You may witness a child take a cookie out of the jar and begin eating it. You confront the child. Child’s confabulation missed some of the facts and filled them in with “Grandpa gave it to me” which you know is not true not only because your eyes saw it happen, but also because Grandpa lives out of state and has not been there in months. The child’s brain filled in the gaps with a memory of grandpa giving him a cookie last summer. This situation leave both parent and child feeling extremely frustrate as both believe their story to be true.

WARDEN VS. COACH

quence must be given for an action, then a parent can check to determine if the consequences meet the R.S,V.P. guidelines.

Managing Your Intervention Mindset

Karen Purvis also gives a great analogy to remember in seeking to build trust and improve attachment with children you care for.

Warden: Focuses on pointing out all the things done wrong. Can become excessively focused on the negatives, is tiring, can leave both child and parents feeling exasperated and losing heart.

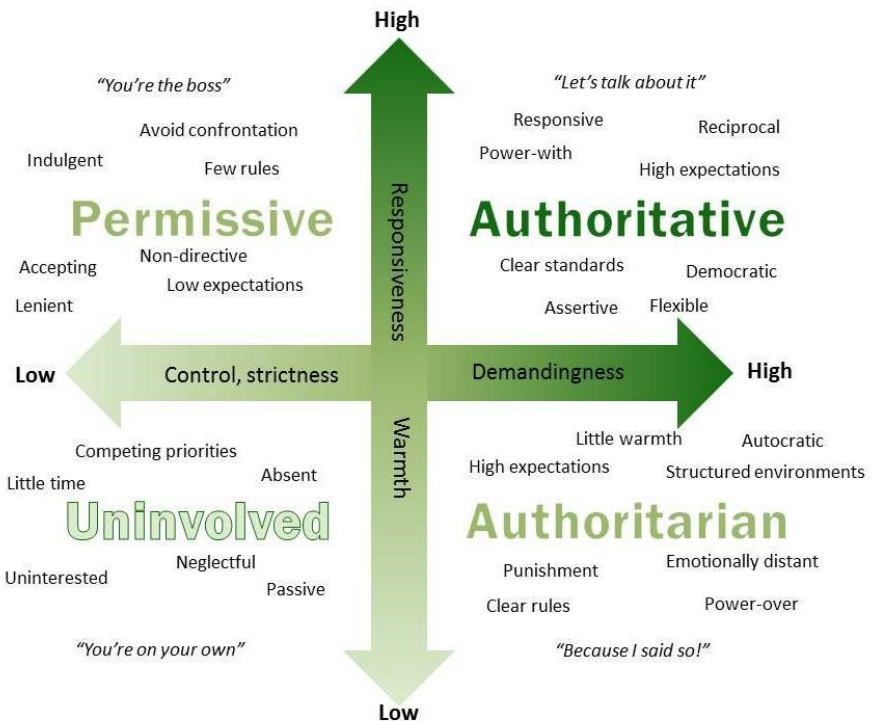
Coach: Helps to guide and mentor children into doing better. Like all good coaches, parents with this mentality are able to help children do things that they may have never thought were possible. Behaviors are attended to, but are done so with guidance in how to do better.

When applying the coaching mentality children experience the three C's

Corrected: Behaviors actually change rather than just putting them off until you are not looking.

Connected: Feeling closer to parents and family members than before the behavior began.

Content: Deep sense of wellbeing and relational peace. Children can learn to fix what was broken rather than just dealing with the shame.



Reasonable: Only big enough to get the point across. Anything bigger often becomes the focus and the underlying lesson becomes lost in emotion and extends beyond the attention span. Dr. Landreth suggest half a day for small children (6 and under) and one day for older children. This gives them an opportunity to change the behavior.

Simple: Consequences should be direct and to the point. It needs to be something both you and your child understand and can reasonably complete.

Valuable: Does the consequence teach a lesson or help the child develop a new skills? If not, then you are likely to see the behavior happen again. Consequences should be logical and have an element of education in order to meet your goals and expectations for your child.

Practical: Remember, you are the one who has to enforce the consequence. Keep it simple and manageable.

ON CONSEQUENCES

R.S.V.P.

Author and parenting expert Barbra Coloroso (2019) explains a simple paradigm to use if consequences are used with children. If parents decide that a conse-

ACTIVITIES

Empower: Brainstorm several ways you can offer your child more opportunities to make his or her own choices. Think about sharing power and the message sent to the child when you allow for some personal power through making some choices in your household.

Connect: Identify which attachment style best describes you child

Secure: Moves close in a trusting and comfortable way when in need or distress. Okay with receiving or giving help

Avoidant: Moves away from relationship when feeling distressed. Trusts self more than anyone else. Independence may hinder seeking help.

Anxious: Becomes clingy or excessively needy when feeling distressed. May be hard to console and lacks trust in self.

Fearful Disorganized: May feel fearful when sensing distance in relationship, then may experience discomfort and or fear when sensing closeness. May be perceived as a child pulling you close then pushing you away. Closeness has become a trigger for fear due to trauma.

With this understanding and insight in mind, what are some ways you could try to meet your child's attachment needs.

Correct: As mentioned, all behavior is a subtle or not so subtle means of communicating a underlying felt need. Think of a specific behavior going on in your home at the present. What may be the need that the behavior is trying (in dysfunctional ways) to communicate?

Behavior:

Underlying Communication/ Felt need:

Practice being a coach!

Get into pairs and take turns trying out the positive phrases to promote telling the truth. One partner tell a lie and the other partner try out one of the phrases below. This will help build your mental muscle memory in order to use this with your own child.

1st person tell the lie

2nd person use a phrase

“was that real or pretend?” “Can you think about that again for a minute?” “Lets try that again.”

ACTION STEPS

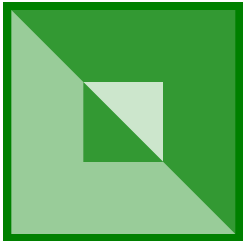
Using trust-based interventions may feel extremely counterintuitive and takes time and practice before it begins to feel comfortable or natural. A principle of learning is that we are more likely to do things when we have experienced some success doing them before. You have to start somewhere, and each success leads to higher likelihood of trying new techniques in the future. Choose one of the main techniques from this week’s material. Try using some of the technique with your child a few times this week. Notice any feelings of internal resistance. It will be completely natural to feel awkward at first. Notice any feelings of success or confidence in yourself. Notice how your child responds.

1st Attempt	How did it go?
Technique used:	_____
◇ Giving Choices	_____
◇ Compromise	_____
◇ Re-Do	_____
◇ Time In	_____
◇ Truth Coaching	
Feelings you noticed in yourself:	

Child’s Response:	

2nd Attempt	How did it go?
Technique used:	_____
◇ Giving Choices	_____
◇ Compromise	_____
◇ Re-Do	_____
◇ Time In	_____
◇ Truth Coaching	
Feelings you noticed in yourself:	

Child’s Response:	



Positive TIPS

Building Trust &
Skills

Concept 7:
Building attachment through intervention

Attachment wounds and broken trust often lead to survival-based behaviors. Trust and positive attachment narratives must be rebuilt and nurtured.

Negative behaviors are always a means of communication. Children are often trying their very best to let you know about unmet needs.

Ask yourself if you want to be a warden or a coach. Behaviors can be changed through positive means that empower, build trust, and improve attachment narratives.

Instead of overreacting to lies or not reacting at all, try a balanced approach that takes the child's functioning into account.



● Parenting Mindfulness Moment 8

“The Calm Safe Place”

(Adapted from Shapiro, 2001)

This exercise is designed to become a resource to you anytime you need to self-regulate and find a calming grounding moment. This could be used as part of your STOP model, to start off the day from a calm and grounded space, or even as a bedtime meditation. The idea is to work on your internal world through visualization. Pay special attention to your physical states and notice as tension begins to leave your body. It is more important to notice your shifting states than to attain complete and total relaxation. Mindfulness is a practice and will improve as you become more regular in your use of the techniques.

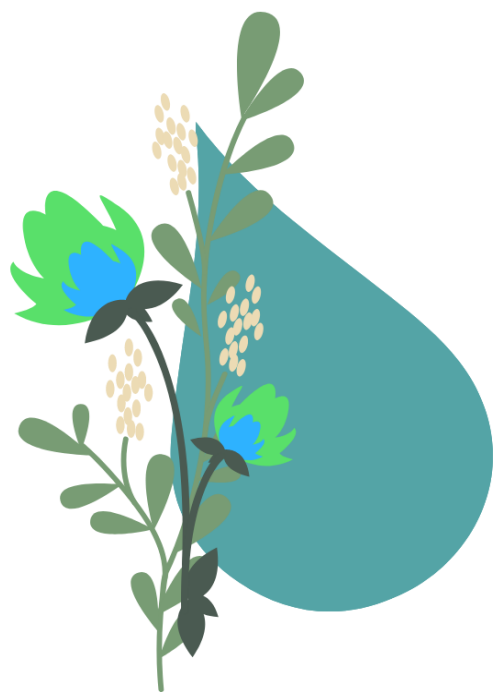
Step 1: Bring a calm and safe place to mind. It can be a real place you have visited or else a place you can imagine. The place should be one that generates a sensation of peace and calm when imagined.

Step 2: What details do you imagine as you visualize the place? Are there sights or sounds connected to the image? Pay attention to what you notice sensing as you draw this place into you mind.

Step 3: Pay attention to what you feel in this moment. If the feeling is positive continue on. If anything feels negative just stop for now and go back to the butterfly hug.

Step 4: If you are noticing positive feelings of calm and relaxation just notice how your body feels and what sensations come and go. If you notice your thoughts drifting that is fine, you have noticed what your mind is doing (which is mindfulness). Notice how thoughts may just come and go when you do not resist them.

Step 5: Consider coming up with a word that connects you to this calm, safe visualization. If you would like, try saying the word to yourself. You can even try using the butterfly hug while in this state in order to help deepen the sensation.



CONCEPT 8

Grief and Loss

Caring for someone else's child will always include elements of loss. Children going into foster care or adoption includes a back story worthy of understanding and worthy of sensitivity. Parents caring for others' children will become familiar with their own feelings of grief and loss too.

"A reasonable response to unreasonable circumstances"

In her book *Creating Sanctuary*, Sandra Bloom describes trauma in these terms (2013). A child leaving their home with their parents and going to live with others is unnatural and shakes the fabric of logic and reality for a child. One day your life is what you have always known and the next it is completely different. It is likely that a child may be thinking that if this can change, then what else can

change? This may represent a first sense of loss for a child. Stability, normalcy, and predictability have all been taken from the child. This loss is also often linked to the loss of family members. Even when trauma is present in the home, children still love and often miss their family members. If they have been separated from siblings, this can be even more difficult.

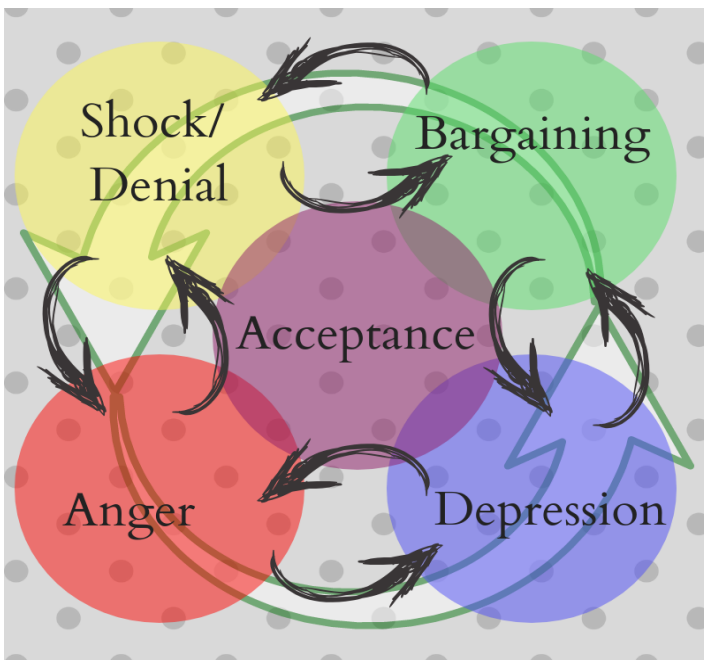
The uncertainty of substitutionary care may send a child bouncing back and forth through the various phases of grief and loss without a clear end in sight. It is very likely that you will witness a child move from shock to anger to bargaining within the same day or even same hour. Unlike traditional grief or loss, children have no clear ending point for their uncertainty. Hopes of reunification or even adoption are all determined by others, not the child, and sometimes have arbitrary and confusing timelines.

Then there is the parallel process on the part of the parent providing care for the child. How close does one allow oneself to get to a child who will, if all goes successfully, will be returning to their birth family. The process of grieving may begin while a child is in the home. Parents may also grieve the loss of existing as a 'traditional' family. All of the explanations to friends, family, and strangers in the community speak to the fact that a different track was taken for you and your family. There may also be a sense of loss when a child's attachment wounds lead to less than wonderful interactions. That 'ideal loving' household may never be attained. Yet something even more beautiful may be in store for those who make it to acceptance.

Even for parents who adopt children out of the foster care system, joy is often mingled with the mixed blessings of grief and loss. Successful adoption means another parent's rights have been permanently terminated. A birth family will never again reunify. A child will no longer have the possibility of just 'going home.' These themes are often revisited for children as they age through developmental and cognitive milestones. The grief and loss may be revisited again and again during the journey from childhood into adulthood.

The process of grief is hard work and takes considerable mental and emotional energy. Grieving looks different for every person and there is no sure-fire formula for how it 'must' be done. Healthy grief

takes time and healthy doses of understanding and empathy. You do not even have to have the right words to say as much as you have the right presence. Instead of looking at grief and loss as something to 'get over,' it can be looked at as pages or chapters in the book of a person's life. The pages cannot, and should not be removed. All previous pages lead up to this moment in one way or another. All future pages may contain references to the prior pages. Events of loss can become powerful defining moments for a person's story and should be given the honor and respect they are due. Good intentions in hoping someone 'gets over their loss' may unintentionally invalidate the depth of the experience, whereas just a few moments of well timed compassion and presence could make a world of difference as you share a piece of their story.



Phases Not Stages

In their classic work, *On Grief and Grieving*, Kubler-Ross and Kessler described five parts of the grieving process through which a person may move in and out along their personal journey of loss (2005). The stages are fluid, may come in different orders, and may repeat. This is important to note as acceptance may not be a one time thing. Acceptance may need to be attained again and again as a person revisits personal milestones such as holidays, developmental stages, or even new placements in the home. Instead of looking at the stages as a rigid checklist, look at them as phases to move in and out of. Each phase is important to the process and may be particularly meaningful given current life events.

Children placed in foster care

Shock/ Denial: Feelings of unreality. Thoughts such as “this is just temporary,” or “I’ll be home in a few days.” Shock may include ‘honeymoon’ phase and very few if any acting out behaviors.

Anger: Understandably mad at the world. Lots of angry and or aggressive behaviors and words. “I hate you, you’re not my mom, etc..” Anger is often associated with an underlying fear. “How long until you reject me too?” Lots of the ‘push’ side of disorganized attachment. Avoidant, independent feelings are prevalent. “I don’t need you, I can do it myself.”

Depression: Reality sets in with accompanying feelings of hopelessness, lack of control, and despair. Children are beginning to understand that their circumstances are out of their control and even visitations with parents may or may not happen depending on someone else’s choice not their own. Common for children to isolate or become distant. May also need lots of support and care. The ‘pull’ side of disorganized attachment is often experienced. Fear and anxiety are often underlying depressive states.

Bargaining: Thoughts such as, “if I’m good enough I’ll get to go back home,” or “if I’m bad enough they will get rid of me and I will get to go back home” are often part of the internal bargaining. Idealization of previous home is common and tendencies to overlook or rationalize aspects of abuse or neglect often occur.

Acceptance: Acceptance may come and go for a child in foster care. Special dates, anniversaries, holidays or reminders of trauma may disrupt periods of calm. For some children, acceptance may be associated with firming up case plans or other future oriented case decisions. Periods of acceptance may be marked by more security in attachment patterns and the ability to give or receive help. More child-typical roles may also become evident as opposed to the parentified and adultlike behaviors many children with relational trauma exhibit.

PHASE OF GRIEF AND LOSS

For foster parents: During Placement

Shock/ Denial: The reality of fostering crashes against the expectations. Some of the unrealistic expectations about 'saving a child' conflict with the shock of how truly challenging it can be to parent a child who has experienced trauma. Expectations about being adored or seen as a 'rescuer' may not match with children who miss their parents and feel scared, angry, or sad. A common thought is to feel unprepared, under-trained, and uncertain as to how long it can last.

Anger: It is common for parents to feel unappreciated, disrespected, and mistreated by children expressing anger, fear, and anxiety. "How dare you treat me this way," may be racing through parents' minds. It can be easy for parents to lash out in the only ways that they feel like they can including harsh punishments disguised as 'consistent parenting.' This thought may also drift into blaming birth families, the system, or anyone else. Thoughts of returning children or just quitting are part of this phase.

Depression: Parents often become isolated. Any failed attempts to secure respite may lead to hopeless feelings and learned helplessness. Parents stop asking for help and see this as their burden to bear alone, further isolating them from other help. Resentment may also build towards extended family who 'just don't get it.' Can lead to avoidant attachment patterns and disconnection with children.

Bargaining: "This could all change if we just got the right ____ (medication, treatment placement, different caseworker, split up the siblings, etc...). This phase is often marked by rationalizations and explanations as to why it is not currently working and what could happen that would 'fix' everything. Bargaining may also include unrealistic expectations in discipline that place high rewards for behaviors that children do not have the skills to accomplish yet such as, "if you just _____, then you get a new bike/ video games/ trip to amusement park." This leaves both child and par-

ent in perpetual state of frustration.

Acceptance: Altered expectations for the parenting relationship and child's abilities lead to improved sense of peace and success in relational functioning. Parents buy into the idea that "kids do well if they can" which explains many behavioral difficulties and is the heart of trauma-informed parenting. Parents shift ideas around 'saving a child' or 'rescuing' and instead develop a realistic view of providing a safe, caring, nurturing home where a child who has lived through trauma can feel safe, grow, and possibly even learn new skills for living. The unrealistic ideas around perfect parenting are replaced with what Deborah Gray describes as "good enough parenting" (2016). Mistakes are expected and viewed as learning opportunities rather than failures.

PHASE OF GRIEF AND LOSS

For foster parents: Ending Placement

Shock/ Denial: Short term placements, abrupt removals, and even the end of years-long placements can give parents a sense of unreality and shock. When a child has become a member of the family for any length of time it can be difficult to imagine them not being a part of the family anymore.

Anger: It may feel normal to blame the system or even feel angry that birth families are getting 'your kid.' back in their home. It may feel unfair that case plans default to reunification in spite of how well a child may be doing in the placement. Anger may be connected to fears that the child will lose progress made once returning home.

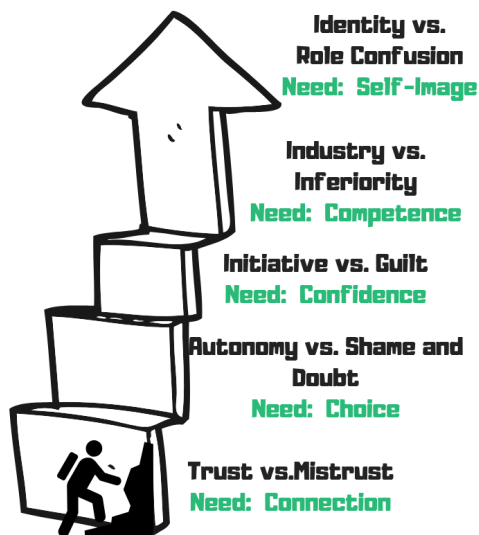
Depression: A child leaving the home will likely feel like losing a family member. Sadness may include feelings of disconnection, fatigue, low appetite, or tearfulness. It is common for parents to consider leaving the foster care world after a placement ends due to the emotional pain and loss. This is normal and has the tendency to come and go with the experience. Allowing for the sadness to be present is a healthy and functional part of the grieving process.

Bargaining: Any and all efforts to prevent the removal become a priority. It can be easy for parents to lose

sight of the needs of the child and the value of family reunification due to the pain of the loss. Efforts to pull strings or connect with powerful allies often comes to mind. “If the therapist would just advocate, if the CASA could speak up, or if the caseworker would just do her job, etc...” become the mental bargaining tools. The effort is to avoid the pain, which is absolutely normal and has an important role to play. As these thoughts and feelings emerge it informs the parent that their relationship with the child is important and meaningful. If parents did not care, then the bargaining would not be happening. Normalizing these feelings can be helpful and reframing them as an indicator of how valuable this relationship has become may be a useful exercise during this phase.

Acceptance: This phase requires acknowledgement that a successful placement means a child returns to his or her birth family. A family has been restored and rehabilitated to the degree necessary for children to have healthy and successful childhoods with their birth families. A child moving from your home to a family member or identified adoption home may be another successful resolution. Parents accept that this placement was designed to be temporary, even though lifetime heart connections may have occurred. The attachment skills, emotional regulation skills, and values taught in foster placement are something a child will be able to take into whatever life has next. Some foster parents will choose to take on new roles in the child’s life. They may no longer be the parent, but they may become a babysitter, respite provider, or even a family friend to birth families or adoptive families. Others may choose to accept their limited time with children in foster care as their part in the story. Acceptance takes time and may require some

emotional space before moving on. Ac-



ceptance may also include thoughts and feelings about taking new children into the home.

GRIEF AND LOSS –DEVELOPMENT

Experiences of loss related to stages of social development

Trust vs. Mistrust: Loss leads to ideas that relationships are temporary by nature. Changes in primary caregivers impacts child’s ability to determine who is familiar and who is a stranger.

Child Needs: Hope that someone will care for him or her. Needs reassurance and understanding that this value has been impacted by change of caregiver.

Autonomy vs. Shame and Doubt: The impacts of stress and anxiety may delay developmental milestones. Potty-training may be delayed or even regress related to significant losses. Need for personal autonomy is threatened on many levels due to many life factors being out of a child’s reach.

Child Needs: Reassurance and kindness to combat the effects of shame and self-doubt in abilities. Parents could help by providing as many choices for children as possible in safe and nurturing ways. (Do you want apples or crackers right now? Do you want to play with playdough or colors right now?)

Initiative vs. Guilt: Loss may create limited view of life and experiences. If something as substantial as home and family can change, what else could? Children may feel less interested in typical activities such as play or making friends. A sense of difference and otherness may lead children to isolate from peers. Children may lack desire or even skills to take initiative or engage in play.

Child Needs: Opportunities to grow in making personal choices and connecting with other children in play. Kind and compassionate encouragement in play and social skills would be helpful for some. Times of regular play and connection with parents (such as filial play) or regular playdates with other children may provide opportunities to grow in these areas as long as they are not too overwhelming.

Industry vs. Inferiority: Loss and the impacts of trauma may also lead to skill deficits, learning delays, and even behavioral regression. Homework, sports, or

other skill-based activities may be more challenging due to frequent intrusive thoughts and overwhelming feelings related to grief and loss.

Child Needs: Normalization that loss can make learning new things very challenging for children or even adults. Providing children with realistic opportunities for success is vital. Working with schools to provide necessary accommodations (IEP's or 504 plans), help with homework, and even tutoring may help academically. Sports, music lessons, or outdoor activities that a child can handle may be beneficial. This may take trial and error. Make sure not to force activities that are out of range. Set children up for success.

Identity vs. Role Confusion: Loss is often a factor that places the search for identity on pause. Figuring out how to survive and what life is going to look like may take top priority leaving some of the work involving identity undone. Other children may have difficulty separating their experience from their identity. Many, if not most, experiences during this time can be related impacted by their loss. This may involve explaining why they are the new kid in school, going to therapy, going to visiting centers for supervised visits, having a different last name than parents and many of the stigmas related to being in foster care.

Child Needs: To develop a sense of identity, some children may find comfort and meaning in things that connect them to their racial, ethnic, or family culture. Being able to have positive thoughts about their birth parents will be vital to establishing positive identity. During this time children come to understand that part of their biological and even genetic makeup come from both their birth mother and father. If they only think or hear negative messages about their birth families they may internalize these negative images as part of their own identity. Healthy development of personal interests, style, dress, musical taste, or hobbies will also help during this developmental stage.

GRIEF AND LOSS –DEVELOPMENT

Experiences of loss related to stages of cognitive development

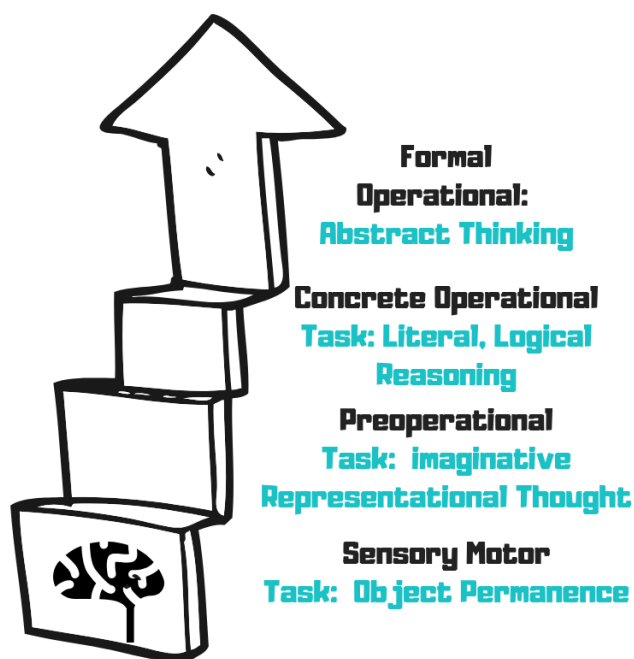
Sensory Motor: Loss of familiar smells sights, tastes, touches and anything connected to birth parents may

disrupt development of security and predictability.

Preoperational: Development of object permanence is still emerging at this point. Removal from home and related loss can be confusing and lead to further anxiety about connection to others. The reality and existence of people not immediately present can be difficult to grasp.

Concrete Operational: The loss experienced can impact this formative stage where the building blocks of logic and reasoning are emerging. Children are putting together the pieces of how the world works based on life experiences formulating 'if, then' logic statements. "If I tell the truth about what happened, then my life completely changes and I do not get to see the people I love the most." Statements such as "good things happen when you make good choices and bad things happen when you make bad choices" can lead to unrealistic negative thoughts in which the children may blame themselves for the things that have occurred.

Formal Operational: Abstract and philosophical questions about a child's meaning and purpose may be impacted by the loss. Children may wrestle with what it means about themselves when parents were not able to provide adequate care. They may have questions about how they themselves will be able to parent or face other aspects of life. The loss may impact a healthy sense of self if not attended to. Positive themes about resilience and personal choice may be positive elements during this stage.



ACTIVITIES

For a child currently placed in your care: Identify any ways that he or she may be exhibiting any of the stages of grief or loss. What does it look like? What might they need?

Shock/ Denial:

Anger:

Depression:

Bargaining:

Acceptance:

For your current situation as a parent: Identify any ways that you may be experiencing grief or loss. What does it look like? What might they need?

Shock/ Denial:

Anger:

Depression:

Bargaining:

Acceptance:

ACTION STEPS

The majority of children placed in foster care experience placement disruptions. One study indicated that children in foster care most often rate placement disruptions as more traumatic than the trauma that resulted in them being placed in foster care in the first place. Foster parent burn-out is epidemic and leads to placement disruptions, overcrowded foster homes, and chronic need for new foster homes. This problem can be helped with awareness of emotional states and attention to personal needs. Normalizing the stress and weight of the heightened and ongoing states of grief and loss for parents can be beneficial in this process. Self-care and positive emotional health and wellness strategies are a must! Take some time to identify and plan for your current emotional needs as a foster parent.

1st Identify any of the following statements that may be a part of your emotional experience as a parent:
“I’m done” “I’m a lousy parent” “The system is terrible” “This situation is hopeless”
“No one understands what I’m going through” “If I just worked harder this would all change”

2nd: Take a moment to exercise some loving kindness and compassion towards yourself. When parenting children who have been through trauma, it is normal to feel upset, defeated, tired, or even hopeless at times. You are doing extremely hard work and anyone doing this may have some challenging moments.

3rd: Take some time to reframe the situation positively using the “I SSE” formula:
Identify the thought, State the feeling, State the fact, Express the need (ISSE)

Example:

Identify thought: “I’m Done”

State the feeling: “I feel overwhelmed and lonely”

State the Fact: “I’m doing really hard work caring for a child who has had a hard life and is missing skills.”

Express the Need: “I need a break right now in order to get back to my best self as a parent.”

You try it:

Identify thought: _____

State the feeling: _____

State the Fact: _____

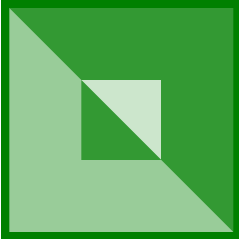
Express the Need: _____

Self-Care Activities: Identify ways you can care for yourself in the following domains:

Physical Health (health for the body):

Mental/ Emotional Health (health for the mind):

Spiritual/ Social Health (health for the soul):



Positive TIPS

Grief and Loss

Concept 8:

Connection with the emotions of foster parenting

Grief and loss are normal and necessary parts of the foster parenting experience.

Grief has five phases that a person may move in and out of fluidly. It is a process not a checklist. The phases are

Shock/ Denial

Anger

Depression

Bargaining

Acceptance

Grief and loss is a very personal experience and everyone does it a little differently. There is not one right or wrong way to grieve.

Emotional awareness and self-care are vital parts of healthy foster parenting. Find respite, find self-care activities, and use them as often as necessary. You will know when you need it. Listen to your needs.

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Name: _____ Start Date: _____		
<p>Making commitments helps you set a direction for your parenting and models proactive and insightful actions for your children. Before you watch each video concept, take a moment and think of what you can commit to for the hour or so during the lesson. At the end of each video concept take a few minutes to create a commitment for the week based on what you just learned. Setting a commitment helps you recognize when you are on track, and helps you identify when you have strayed from your target. If you notice you are off the mark, what will you do to gently guide yourself back on track? Keeping daily and weekly commitments provides strong modeling for your children related to thinking ahead and staying on task. As Dr. Becky Baily says, "You can't teach what you can't do."</p>		
	Commitment	If I notice I am off track I will gently remind move myself back in line with my commitment by:
Class Commitment Example	Stay awake and alert during class.	I will stand up, walk to get a drink of water, stretch, and then re-engage with class.
Weekly example:	I will recognize when I am feeling frustrated and practice my breathing exercises.	I will step out the front door to remind myself to breathe and remain calm.
Concept 1:		
Over the next hour during class I commit to:		If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____		
Over the next week I commit to:		If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____		

Concept 2:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	

Concept 3:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	

Concept 4:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	

Concept 5:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	

Concept 6:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	

Concept 7:	
Over the next hour during class I commit to:	If I notice I am off track I will gently remind move myself back in line with my commitment by:
<input type="checkbox"/> Stay awake and alert <input type="checkbox"/> Learn something new <input type="checkbox"/> Keep an open mind <input type="checkbox"/> Meet someone new <input type="checkbox"/> Take care of myself if I feel triggered <input type="checkbox"/> Something else: _____	Did I keep my commitment? Yes No Thoughts about what helped or what got me off track.
Over the next week I commit to:	If I notice I am off track I will gently remind myself by:
<input type="checkbox"/> Pay attention to my relationship styles <input type="checkbox"/> Practice self-regulation tools <input type="checkbox"/> Notice my child's developmental needs <input type="checkbox"/> Try adding some more structure <input type="checkbox"/> See the world from my child's perspective <input type="checkbox"/> Assume others are doing as well as they can <input type="checkbox"/> Practice wishing others well <input type="checkbox"/> Intentionally spend quality time with my child(ren) <input type="checkbox"/> Something else: _____	