Family Therapy Component of the Integrative Attachment Trauma Child Protocol
Module 1

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Treatment Manual for Therapists:

Integrative Team Treatment for Attachment Trauma in Children: Family Therapy and EMDR"

by Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong (W.W. Norton, New York, 2014)

Accompanying Parent Guide:

"Integrative Parenting: Strategies for Raising Children Affected by Attachment Trauma"

by Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong
(W.W. Norton, New York, 2014)

Conceptualization of Attachment Trauma Through the AIP Model

Conceptualization of Problems of Attachment has Evolved

In past decades….

- The children were viewed as driven by rage and a need to control.
- The children were viewed as unable to feel remorse and without a conscience.
- The children were viewed as sociopaths.

Changes Through the 1990's

- More sophisticated methods of viewing the brain.
- Fields of neurobiology, traumatology, and attachment converge.
- New understanding of the impact of attachment trauma on the brain, on development, and on the core beliefs. (Work by Bruce Perry, Alan Schore, Bessel van der Kolk)

Attachment Trauma..

Includes any early experiences that affect trust with caregivers:

- Medical trauma causing pain or separations
- Neglect
- Emotional rejection
- Physical or sexual abuse
- Separations or losses of attachment figures
- Witnessing of frightening behaviors in attachment figures

Adaptive Information Processing (AIP) Model

- Shapiro's AIP Model helps explain the tenaciousness of negative beliefs developed in the earliest years.
- We all have a natural information processing system through which we process emotional events on a daily basis.
- That information processing system becomes overwhelmed and shuts down following traumatic events.

AIP Model (Continued)

- Traumatic material is stored in an unprocessed form, encapsulated in a neural network along with the emotions, sensations, images, and thoughts present at the time of the trauma.
- Adaptive information is stored in the cognitive regions of the brain.

AIP Model (Continued)

- Any reminder of the traumatic event taps into the dysfunctionally stored, unmetabolized traumatic memory, accessing affect, sensations, images, and negative cognitions.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures* (2nd ed.). New York: Guilford Press.

Preverbal Nurturing…

- Leads to a storage of positive attachment memories and memory networks that hold positive affect and beliefs:
- "I am loved."
- "It's safe to love."
- "Others are trustworthy."

Preverbal Attachment Trauma…

- Remains stored in the implicit memory system along with negative affect, sensations, and perceptions.
- Is triggered subconsciously later in life.
- Impacts the child's ability to trust or open up emotionally.

Attachment Categories (Organized)

Non-Secure Attachment	Secure Attachment
Avoidant • Adapts behaviors to avoid feeling vulnerable **Ambivalent-Resistant** • Adapts behaviors to get needs met – demanding, clingy, insistent	• Trusting of their primary caregivers • Look to their caregivers for comfort • Easier to soothe overall • Between 60 and 70% of population

Disorganized Attachment

- Disoriented and disorganized behavior patterns around attachment figures.
- Caregivers were frightened or frightening to the child.
- High risk for dissociation and emotional illness.

Attachment Disorder

- Often a combination of severe attachment losses and attachment trauma
- Defensive behaviors keep attachment figures at a distance

The Survival Response

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

Lasting Effects of Attachment Trauma

- Traumatic memories related to attachment figures are stored within neural networks along with associated negative beliefs, emotions, sensation, and images.
- Later, attachment figures are a primary trigger for the stored maladaptive material.

Repeated Trauma Wires the Brain to Hyper-arousal & Hypo-arousal (Reference: Daniel Siegel)

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

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

Parasympathetic Arousal (Hypo-arousal): Flat affect, numb, dissociated, collapsed, slowed, feeling "dead," psychomotor retardation.

Interrupting the Cycle

Earned Secure Attachment

- Attachment difficulties are passed on from one generation to the next.
- "Earned secure" attachment is achieved when child trauma is resolved and individuals achieve a new, adaptive perspective, changing the course of relationships for future generations.

Some Popular Treatment Methods in Past Decades Were Ineffective

- Need to "release" the rage.
- Forced holding and provocation to intensify the release. Not empirically supported, re-traumatizing, cause of 6 child deaths. O'Connor, T., G. & Zeanah, C. H. (2003). Attachment disorders: Assessment strategies and treatment approaches. *Attachment & Human Development, 5* (3), 223-244.
- Intimidation parenting methods.

The Integrative Attachment Trauma Protocol (IATP)

HISTORY-TAKING

History-Taking

- Family therapist and EMDR therapist begin the history-taking together, and begin the process without the child present.
- During history-taking, both therapists begin educating the parents regarding the etiology of the problems.
- The therapist team collaborates in conceptualizing the child's problems as rooted in trauma and loss.

Collaborate with Parents to Identify....

1. The child's early traumas
2. The child's current behaviors and affective symptoms
3. Recent triggers for the child's behaviors
4. Possible negative cognitions driving the child's behaviors (NCs)
5. Positive cognitions (PCs) you want the child to adopt.

Treatment Plan Addresses Past-Present-Future

- Past traumas:
  - Memories of abusive treatment in bio home
  - Memories of separations from aunt and uncle
  - Preverbal neglect
- Current trigger:
  - Mom saying "no"
  - Mom giving directions or redirections
  - Children at school
  - Time to go to school

Treatment Plan Addresses Past-Present-Future

- Desired future behaviors:
  - Accepting "no," directions and redirection
  - Getting up in the morning, getting ready for school
  - Social skills with other children
- Negative cognitions to be addressed:
  - I'm not loved or lovable.
  - I don't belong.
  - I'm not safe.
  - Moms/Dads are mean.

PRACTICUM

- **Read through the sample case.**
- **Complete the history-taking checklist regarding this child.**
  - What are the child's early traumas?
  - What are the current behaviors and symptoms?
  - What NCs might be connected to his traumas and current behaviors/symptoms?
  - What are the desired PCs?
  - What are the desired skills?

EMDR and Family Therapy Integrative Model

Effective Treatment

- Provides trauma education to parents and helps them provide a therapeutic parenting approach (Integrative Parenting)
- Strengthens the attachment relationship
- Helps parents and children develop mindful awareness of thoughts and feelings
- Improves child's store of adaptive information
- Improves child's skills for expressing feelings and self-regulating
- Provides trauma resolution work (EMDR Therapy)

Considerations

- This family therapy component can stand on its own as an effective treatment modality.
- However, we encourage all participants in this training to collaborate with an EMDR therapist for more efficient and effective treatment.
- If you are an EMDR therapist, you can provide both the EMDR and the family therapy as a solo therapist, but we recommend collaboration if at all possible for more effective and efficient treatment.

Team Treatment Structure

Four Components of Treatment

1. Family Therapist
2. EMDR Trauma Therapist
3. "Integrative Parenting" Education
4. Peer Consultation

Overview of Peer Consultation

- Prioritize cases where safety or placement are at risk.
- Brainstorm cases where parents or children are "stuck."
- Help one another maintain treatment fidelity.
- The team should remain supportive and positive with one another.

What is EMDR?

Eye Movement Desensitization & Reprocessing (EMDR) Therapy

- 8 phase protocol
  1. History-taking/treatment planning
  2. Preparation
  3. Assessment (Baseline measures, Negative Cognition, Positive Cognitions)
  4. Desensitization
  5. Installation of Positive Cognition
  6. Body Scan
  7. Closure
  8. Reevaluation

Bilateral Stimulation is a Part of the Protocol

- Integrates unprocessed traumatic memory with adaptive information
- Facilitates the natural associative process
- Activates the prefrontal brain

EMDR is Endorsed by Organizations World-Wide

- The World Health Organization
- Department of Veterans Affairs & Department of Defense (2004). *VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress*. Washington, D.C: Veterans Health Administration, Department of Veterans Affairs and Health Affairs, Department of Defense. Office of Quality and Performance publication.
- Dutch National Steering Committee Guidelines Mental Health Care (2003). *Multidisciplinary Guideline Anxiety Disorders*. Quality Institute Health Care CBO/Trimbos Institute. Utrecht, Netherlands.

EMDR is Endorsed by Organizations World-Wide

- CREST (2003). The management of post traumatic stress disorder in adults. A publication of the Clinical Resource Efficiency Support Team of the Northern Ireland Department of Health, Social Services and Public Safety, Belfast.
- United Kingdom Department of Health (2001). *Treatment choice in psychological therapies and counseling evidence based clinical practice guideline*. London, England.
- California Clearinghouse for Child Welfare Gives EMDR a #1 Rating as an Evidence-Based Practice

Rationale for the Team Approach

- Addresses the traumas and the relationship simultaneously because:
  - Children cannot address traumas without a secure holding environment.
  - They cannot allow themselves to fully attach and trust without addressing the underlying traumas.

Rationale for the Integrative Team Approach

- The therapist roles are delineated, and the child knows what to expect in each therapy session.
- The family therapist increases regulation in the child and parents. The family therapist uncovers important targets, feelings, NCs, and PCs and provides the information to the EMDR therapist.

Rationale for the Team Approach

- The EMDR trauma resolution work is consistent, because the EMDR therapist can be implement EMDR every single week.
- Teamwork helps therapists maintain morale.

Rationale for the Team Approach

- The collaboration helps therapists make appropriate decisions regarding case management, brainstorm appropriate interventions, and maintain treatment fidelity.
- The team approach more effectively assists parents in shifting their parenting approach through 3rd party validation

Structure the Sessions

- Typically, the parents spend the first few minutes in the session without the child.
- Parents and child participate in the rest of the session.
- Who is the client:
  - The child
  - The parents
  - The relationship

Therapy Frequency

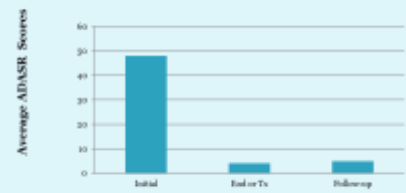
- The child and parents meet with both the EMDR therapist and family therapist once per week. If possible, sessions should be back-to-back.
- Emphasize regular attendance.
- Suggest to parents that they may need to continue the two hours per week for six to nine months. Reducing frequency too early can cause set-back.

Research

The following 3 slides compile research results –

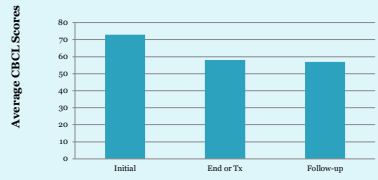
Case Series: 14 Cases

Attachment Disorder Assessment Scale Revised
Average 11 mos. tx
Clinical cut-off = 25



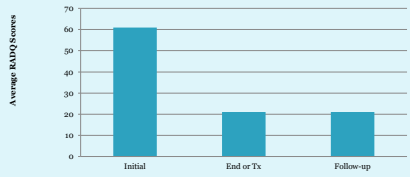
14 Children Ages 7-12

Child Behavior Child List
Average 11 mos. tx
Clinical cut-off = 63



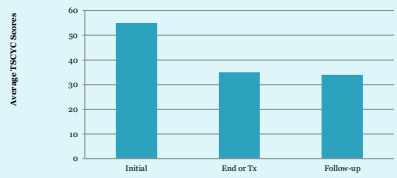
14 Children Ages 7-12

Reactive Attachment Disorder Questionnaire
Average Tx = 11 months
Clinical cut-off = 65

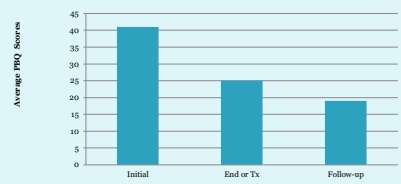


14 Children Ages 7-12

Trauma Symptoms Checklist for Young Children-
Total PTS
Average 11 mos. tx
Clinical Cut-off = 40



Postpartum Bonding Questionnaire - Mothers
Average Tx - 11 Months



Mothers of 14 Children Ages 7-12

The Family Therapist Helps Parents Adopt Integrative Parenting Methods

Overview of Parent Class

- Based on parent guide, "Integrative Parenting: Raising Children Affected by Attachment Trauma."
  - Class 1 (Chapter 1): Scared Children, Not Scary Children
  - Class 2 (Chapter 2): Creating Connections
  - Class 3 (Chapter 3): Solutions to Challenging Behaviors
  - Class 4 (Chapter 4): Becoming a Happier Parent
  - Class 5 (Chapter 5): Boundaries and Consequences with Love and Attunement

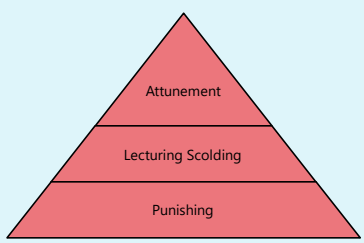
"INTEGRATIVE PARENTING" CLASS POWERPOINT IS AVAILABLE AT:

www.atcnebraska.com

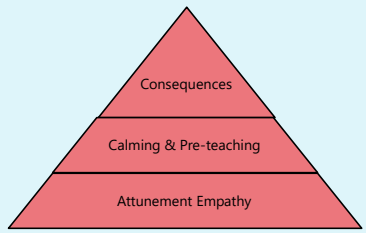
Assist Parents in Implementing Integrative Parenting Strategies

Emotion Driven Parenting	Integrative Parenting
• Consequences/ punishments • Spankings • Lectures • Raised voice • Orders	• Parent mindfulness • Play and affection • Pre-teaching and teaching • Empathy and attunement • Calming the child's brain • Minimal use of consequences • Connect, then redirect

Emotion-Driven Parenting: Lecturing, Scolding, Punishments are the Foundation.



Integrative Parenting: Attunement and Empathy are the Foundation



Increasing the Connection

PRESCRIPTION FOR PARENTS (HANDOUT)

Model For Parents How to Connect With the Child

- Gentle, humor, listening.
- Light, curious, gentle voice.
- "This is a safe place. You can say anything in here and you won't be in trouble."
- Respond to "I don't know" with encouragement and curiosity.

Increasing the Connection

- Prevent parents from describing the child's negative behaviors in the child's presence.
- Help the parent find something positive to share when the child comes into the room.

Increasing the Parent-Child Connection

Facilitate activities to strengthen connection:

- The mirroring game
- Pretend face-painting
- Board games
- The human knot
- Go through photo albums, tell early stories

Encourage activities to promote closeness at home:

- Board games, cooking together, reading together

It's About Attunement

Teach Parents to Attune to the Child's Feelings

1. Teach parents to listen for the child's emotions beneath the behavior. Say, "Be a detective. They may not have a feelings' vocabulary or a connection to their feelings."

Teach Parents to Attune to the Child's Feelings

2. Teach parents to reassure and say, "I'm here if you need me, you can have these feelings and be okay. You can talk to me about your feelings when you are ready."

3. Teach parents to paraphrase, reflect, and empathize: "I remember feeling angry in a similar situation. Everyone feels that way sometimes. How can I help?"

Help Parents Understand Behaviors Through the Trauma Lens

ATTUNED RESPONSES AND CALMING THOUGHTS FOR PARENTS

Lying

Calming Thoughts for Parents:

- The child is in survival brain instinctually lies.
- The traumatized child gets truth and fiction mixed up in his brain.
- Children who lack a sense of self tell stories to create a sense of self.

Child's Beliefs: "I have to protect myself." "I can't trust." "I am not good enough as I am."

Defiance

Calming Thoughts for Parents:

- The child with a history of attachment trauma does not understand that his parents are on his side.
- The traumatized child's nervous system is stuck in "fight-flight."

Child's Beliefs:

"I can't trust my parent."

"Adults are mean."

"I have to be in control to be safe."

Stealing

Calming Thoughts for Parents:

- Traumatized children do not trust parents to give them what they need.
- Wants feel the same as needs to children who have not had their needs met early on.

Child's Beliefs: "I can't trust you to take care of me." "I have to take what I need." "My wants are needs." "I'll die if I don't get it."

Bathroom Issues

Calming Thoughts for Parents:

- Neglected children miss the window of opportunity to learn to control and regulate these biological systems.
- Some traumatized children regress to an earlier developmental level when they are triggered.
- Can be a maladaptive way to express anger.

Child's Beliefs: "I can't do it. I'm bad." "I can't trust, I can't express myself."

Food Issues

Calming Thoughts for Parents:

Traumatized children…

- may have a hole they are unable to fill any other way.
- who experienced deprivation are wired to survive through food.
- May equate love/comfort with food

Child's Beliefs:

"I'll die if I don't get enough."

"I need this to feel better."

Aggression

Calming Thoughts for Parents:

Traumatized children…

- are afraid of vulnerable feelings.
- must feel like they are in control of their environment to feel safe.
- are easily triggered and dysregulated.
- live in fight-flight.

Child's Beliefs: "I have to get this anger out." "It's not OK to be sad, scared, or hurt."

Sexualized Behaviors

Calming Thoughts for Parents:

- This may have been the only kind of touch your child knew.
- Your child 's brain may have become wired this way through early experiences.
- This may have been the only form of comfort that was available.

Child's Beliefs: "I have to act on this urge." "I'm bad."

Persuading Parents

Persuading Parents Requires a Balanced Approach

Parents require empathy and support.

"Raising children with a traumatic history can be extremely frustrating and stressful. All your old parenting skills don't work anymore, and this situation is naturally extremely confusing and frustrating."

Persuading Parents Requires a Balanced Approach

- Validate how other parents share similar strong emotions.
- Use a non-judgmental attitude, voice tone.
- Teach, model, explain. Be patient.

Persuading Parents Requires a Balanced Approach

Encourage self-care. "It is very important for you to develop methods for taking care of yourself. Let's talk about how you can get the support you need."

When Parents are Frustrated or Angry…

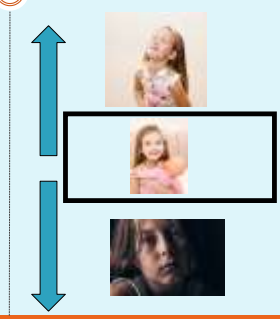
Remind parents…

"Your child is operating from the survival part of his brain. His brain is wired for survival due to his early environment. We have to help him learn to trust you so his brain can calm."

When Parents are Frustrated or Angry…

Remind parents…

"Your child has a narrow window for tolerating emotions. When he is outside his calm window, nothing you say will make sense to him. He can't learn from you until we can help him calm his brain."



When Parents are Frustrated or Angry…

Remind parents …

"Remember, your child has stuck mixed-up beliefs."

"We have to help him change his beliefs before he will able to change his behaviors."

When Parent are Frustrated or Angry…

Remind Parents…

"Punishments do not help heal or calm your child's brain."

"Your child was wounded in his early relationships; he needs to heal through his relationship with you."

PRACTICUM

How would you respond?

After 4 months of therapy, Ted's mother complains that Ted is continuing to steal. Mother admits she has been yelling at Ted. She states, "He is a developing sociopath, and when he is home alone, he is 'casing the joint'."

The Family Therapist Teaches Mindfulness to Child and Parent

Teach Simplified "Window of Tolerance"

High Alert

Calm Window

Shut Down

Begin Teaching Mindfulness and Self-Reflection

- "What are your thoughts?"
- "What do you think about that thought?"
- "What are your feelings?"
- "Where do you think that feeling is coming from?"
- "What does it feel like in your body?"
- "If that feeling had a color, what color would it be?"

Begin Teaching Mindfulness—Feelings Come, Feelings Go

- Feelings come and feelings go like waves.
- Everybody has feelings.
- Feelings are normal.
- These feelings will pass.
- You can ride it out.
- You can have these feelings and be okay.
- You don't have to act on your feeling."

Teach Mindfulness and Self-Regulation through the Body

Belly Breath

Teach Mindfulness and Self-Regulation through the Body

Cooked Noodle

Recognizing the "Child Within"

Rationale for Introducing "Smaller Child Within the Child"

1. If the child is dissociative, this approach normalizes the symptoms
2. All traumatized children have hurt younger ego states
3. Creates compassion for younger self within
4. Strengthens the front part of self
5. Improves mindful awareness of inner state
6. Teaches the child to shift affect state

Nesting Dolls Assist Child with Understanding the Smaller Child Within

Connect Thoughts/Feelings to the Smaller Self Inside

Say…

- "We all carry thoughts and feelings from when we were younger inside our hearts."
- "This bigger one is your most grown-up self. Let's identify the ages of the smaller dolls."
- "At what ages do you think you were the most hurt?"