

**Family Therapy Component of the Integrative
Attachment Trauma Child Protocol
Module 3**

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**MAKING SENSE
OF
THE PAST**

“Earned Secure” Attachment

- On the AAI (Adult Attachment Interview) the “earned secure” individual can tell a coherent story of his or her life, even if it involved loss and abuse.
- Individuals with an “earned secure” attachment designation have moved from a disorganized or insecure style of attachment to secure.

A Timeline is the First Step to Putting the Pieces Together

- Draw timeline on a large piece of paper.
- Begin by filling out basic information – Where were you born? Then where did you live? And then where?
- Fill in positive events.
- Later, begin filling in difficult events. (No need for detail.)

A Timeline is the First Step to Putting the Pieces Together

- Eventually child and therapist can jot feelings and thoughts beside events on the timeline.
- Ask “What good things are you learning in your life now?” “What mixed-up thoughts did you have during these earlier years?”

Writing a Therapeutic Story...

- Helps the child create a coherent narrative.
- Helps organize the child’s disorganized brain.
- Introduces trauma work in a non-threatening story format in 3rd person.



Writing a Therapeutic Story...

- Identifies NCs and PCs and provides the child with the corrective, adaptive information he needs to link up with during EMDR reprocessing.
- Helps the child access and reprocess preverbal trauma during EMDR.
- Helps the child move the child towards earned secure attachment.

The Therapeutic Story....

Helps organize the disorganized brain, make sense out of confusion, and create a coherent narrative.



Therapeutic Story & EMDR

- Bilateral is used throughout the entire first reading of the story.
- May need several repetitions of the story over time.
- Later, use the story to locate events with emotional charge for standard EMDR reprocessing.



Beginning the Therapeutic Story...



- Use the outline to begin the story with the child and parents.
- Use the timeline to fill in the story.
- Ask the child to help fill in feelings and thoughts.
- Ask the parents to help fill in positive thoughts.
- The therapeutic narrative does not include details about traumatic events.
- The story should not be longer than about 2 pages typed.
- Do not ask the parents to write the story at home.

Addressing Birth Parents in the Story



- Don't vilify birthparents, but tell the truth in terms the child can understand.
- It's not about making accurate judgments about the parents, it's about helping the child make sense of things.

Creating the Therapeutic Story



- Joan Lovett's Outline:
- Once upon a time....(something positive about child in the present)
- Like all children, he had wonderful things and some confusing things...
- One wonderful thing was...
- One confusing thing was...
- He felt...
- He believed...(NC's)
- The truth was...(PC's)

An Empowering Present-tense Ending

For Example:

“The young boy sometimes still has difficulty believing he is loved and lovable, and that he is safe. But his parents are patient and willing to do whatever they can to help their son come to understand the truth. And the truth is that they will continue to love him and keep him safe, each and every day. The truth is that he is a lovable boy with a good heart. And this will never change.”

Adapting the Ending for a Child in Foster Care or RTC

- And today a wonderful thing is he is working hard on his thoughts, behaviors, and feelings. He has supportive people who truly care about his well-being and future, like.....
- He is developing a plan for a future with close relationships and connections. He is learning to trust and allow others to care for him and love him. His future is hopeful and will be full, with people and caring connections.

PRACTICUM

EVALUATE A THERAPEUTIC STORY

Preventing Meltdowns



Teach: "Connect" then "Redirect"
(Reference: Siegel and Bryson, 2011. "The Whole-Brain Child")



Teach parents to create an integrated brain by "connecting" with the child "right brain to right brain" before redirecting "left brain to left brain."



Teach: An Ounce of Prevention is Worth a Pound of Cure



- Teach parents to prepare and reassure their child before going to an unfamiliar, stimulating, or anxiety-producing place. Have a calming down plan.
- Teach parents to pre-teach and practice skills for behaving in a restaurant or other public gatherings prior to the trip.

Teach: Attunement to Prevent Meltdowns

- Teach parents to stay emotionally attuned. (“I know it’s hard to be a kid.” “I can understand that those big feelings must be hard for you to manage.”)
- Teach the importance of staying calm. (Soft voice tone, calm face—keep breathing)



Image 8

Teach: Connect to Prevent Meltdowns

Teach parents to notice signs the child is getting worked up, and to reach out and connect. (A touch, a bear hug, a cuddle, a playful wrestle)



More Tips to Prevent Meltdowns

- Structured, predictable, safe environment. (Clear rules, no surprises, a calm home free of other conflict)
- No spanking.
- “Don’t sweat the small stuff.” (Let go--ignore the little things.)



Upstairs Meltdowns

- It's conscious and the child can control it.
- Underlying NCs may include:
 - "I have to be in charge of getting what I need."
 - "I can't trust adults to take care of my needs."
 - "I have to have it or I will die."
- Wants get mixed up with needs.

Managing Upstairs Meltdowns

- Teach parents not to reward the upstairs meltdown by giving in.
- Teach parents to remain calm and kind.
- Walk away. Leave the situation or take the child out of the situation.



Anatomy of a Downstairs Meltdown

There are generally three phases in a downstairs meltdown.

- Phase 1: Acting Out (Panic)
- Phase 2: Acting In (Shame)
- Phase 3: Repair and Reconnection (Emotional Pain)



Phase 1: Acting Out (Panic)

- Child's brain is stuck.
- Can't tell difference between past and present
- Survival brain is activated.
- Verbally and physically out of control-or completely shut down
- Can't tolerate touch



Teach Parents How to Manage Phase 1 (Panic)

Attunement

- Create a wider boundary (give the child some space).
- Tag team with partner for calm, consistent presence.
- Stay nearby and continually check in.
- Use calm tone e.g. "I am here, I love you."
- Remind yourself that his out-of-control emotions are a reaction to his past.
- Focus on one moment at a time.
- Prevent injuries & property destruction.

Phase 2: Acting In (Shame)



- Child's brain is still stuck.
- Negative beliefs
- Overwhelming emotions are still present.
- Either pushing away or reaching toward parent
- Coming back to present
- Fear of rejection or abandonment
- May or may not tolerate touch

Teach Parents How to Manage Phase 2 (Shame)

Attuned Containment and Grounding

- Move closer. The child may/may not include physical touch.
- Give reassuring messages of love and safety.
- Verbal grounding to help child return to present moment e.g. "Can you feel your feet on the floor?"
- One parent is primary unless overwhelmed.

Phase 3: Emotional Pain (Repair and Reconnection)



- Child's brain is unstuck.
- Child is back in present time.
- Feelings of shame and anxiety about meltdown.
- Can tolerate physical touch.
- Needs to connect both physically and emotionally.

Teach Parents How to Manage Phase 3 (Emotional Pain)

Attuned Restoration of Relationship Bond

- Increase physical touch, e.g. rubbing back or arm, holding hand, etc...
- Continued reassuring messages and affectionate touch



The Domino Effect



Explain the “Domino Effect”



- Utilize dominoes to demonstrate.
- Triggers, feelings, thoughts, sensations are all dominos.
- One knocks over the next very quickly, leading to big behaviors.



Implementing the “Domino Effect” Technique



Write out each domino in the “chain reaction” of events leading up to the problem behavior. This includes parent thoughts, feelings, and actions as well as the child’s thoughts, feelings, and actions.

- The “vulnerability” domino
- The initial trigger
- The big feelings
- The upset thoughts
- The actions
- The sensations

Dominoes, Step-by-Step



- Draw dominoes on a white board or use post-it notes on the wall.
- Say to parent or child: "Let's find all the dominoes that led up to this big problem."
- Ask, "What do you think was the very first thing that started the dominoes falling?"(Write under the first domino.)
- Ask, "What was the feeling or thought? Or was something going on in your body?" (Write under the appropriate dominoes.)

Dominoes, Step-by-Step



- Ask, "And then what was next?" ("....and next?and next?")
- Ask about parents' actions, feelings, thoughts, too, as appropriate.
- When finished, look for the vulnerability factors, i.e., by asking, "Was there anything else going on that was causing any of you to feel stressed, tired, hungry, or sick before the first domino?"

Ask Both Parent and Child, "Where Could You Have Pulled a Domino?"



Ask both parent and child...
 "Where might you have pulled a domino? Is there a place where you might have used a helpful skill?"



Where Could You Have Pulled a Domino?"

You might ask,
"Is there a place where you could have expressed your feelings?"
"Is there a place where could you have talked to your brain?"
"Could you have talked to the littler child inside?"
"Could you have used belly breath?"
"Could you have asked for help?"
"Could you have asked permission?"

Communicate With the EMDR Therapist

The EMDR therapist can conduct a role-play "re-do" of the triggering situation, and reinforce the skill practice and the associated positive affect with bilateral stimulation (Future Template).

Recommended Reading:

- Wesselmann, D., Schweitzer, C., & Armstrong, S. (2014). ***Integrative team treatment for attachment trauma: Family therapy and EMDR.*** New York, NY: W.W. Norton.
- Wesselmann, D., Schweitzer, C., & Armstrong, S. (2014). ***Integrative parenting: Strategies for raising children affected by attachment trauma.*** New York, NY: W.W. Norton.




