

Informed Consent for Parents

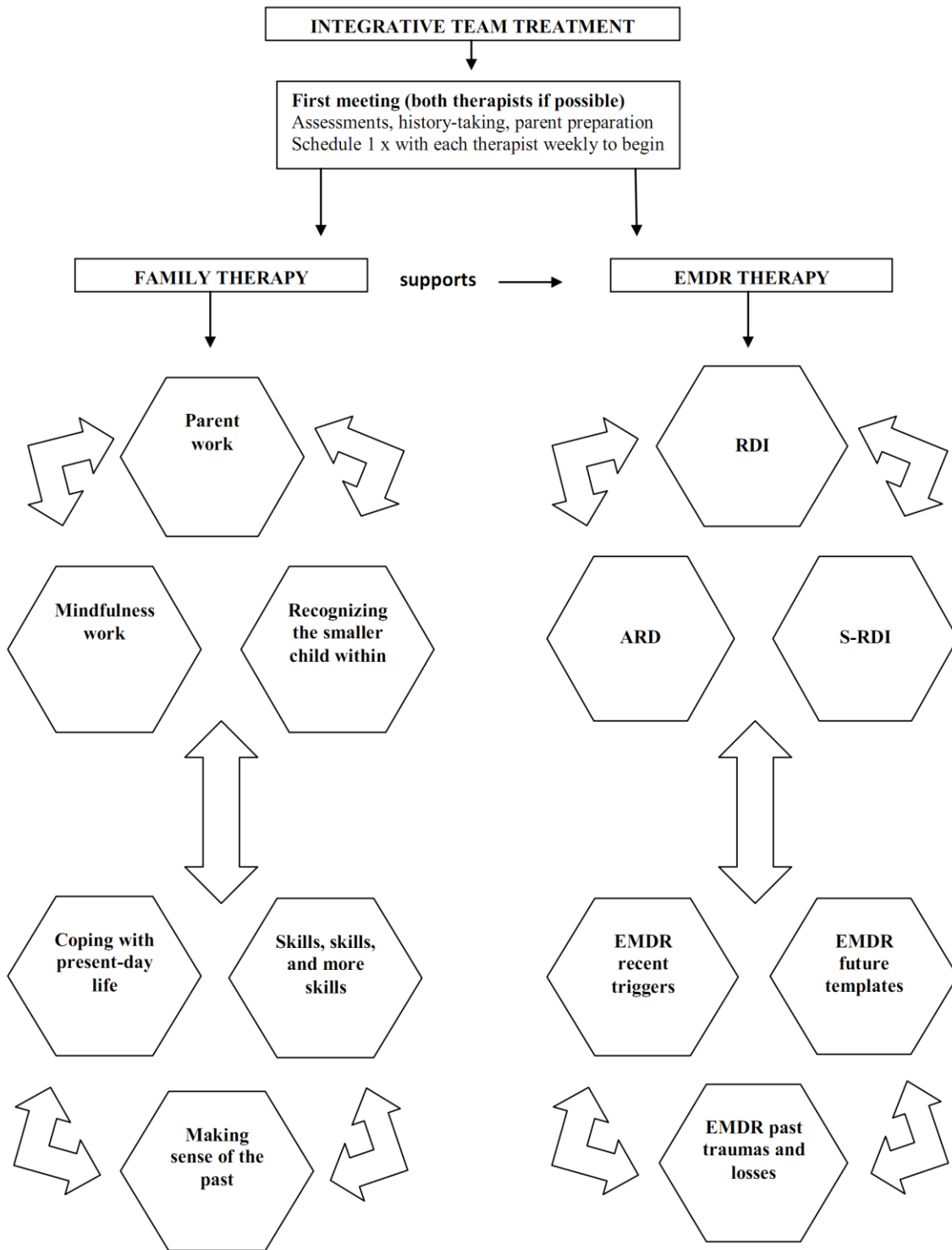
Over the last 6 years, through work with many, many adoptive and foster families, we have discovered that our best successes in treating traumatized children have involved parents who were willing to make significant changes in their methods of parenting to incorporate “Integrative Parenting” strategies. Parenting children suffering from traumatic stress is extremely challenging and stressful, and often the parents of our “success stories” have gone the extra mile to participate in some therapy sessions for themselves to help them with their own personal feelings and reactions related to their relationship with their child.

Many parents are well-versed in behavioral methods such as use of rewards and consequences to manage child behaviors. Some behavioral strategies are useful with children with a traumatic past, in small doses. That said, in our experience, heavy-handed, more traditional behavioral methods without a balance of Integrative Parenting methods are counterproductive.

However, as your child’s parent, you of course have the right to make decisions about whether or not you wish to incorporate Integrative Parenting methods, and you may decide our parenting suggestions are simply not a good match for you. If this is the case, a behavioral therapist may be a better fit for your family, and we will help you find a therapist match for your parenting preferences. However, stress and other emotions may be making it difficult for you to apply Integrative Parenting methods, in which case your child’s therapist can help you decide if individual or couples might be helpful.

Name _____ Date _____

I have read the above and understand that my child’s therapist will be helping me implement Integrative Parenting strategies, which may mean changing from a more traditional parenting approach. I also understand that if my child’s therapist observes that I am having difficulty making changes as a parent or am suffering due to stress, he or she may make recommendations for individual therapy and/or couples therapy. I also understand that if this program is not a good match for my style of parenting, our family will be referred to a clinician who may be a better fit.



History-Taking Checklist

Name _____

DOB _____ ID _____

Parents/Guardians _____

Current or Recent Behaviors

- Indiscriminate affection with strangers and others
- Clingy with parent
- Arguing
- Defiance
- Destruction of property
- Quick to anger
- Meltdowns
- Aggression towards people or animals
- Acute jealousy towards siblings
- Stealing
- Lying
- Running away
- Whining
- Difficulty concentrating
- Hyperactivity
- Excessive masturbation
- Sexualized behaviors toward others
- Defiance/Opposition
- Difficulty falling asleep
- Difficulty staying asleep
- Nightmares
- Enuresis
- Encopresis
- Other abnormal bathroom behaviors such as urinating in odd places or smearing feces
- Controlling/bossy toward others
- Does not go to parents for comfort
- Will not accept closeness or comfort
- Other _____

Current Triggers (Situations that seem to lead to acting out behaviors.)

- Mom/dad/teacher saying no
- Mom/dad giving attention to a sibling
- Play with siblings or peers
- Mom/dad/teacher giving a direction or redirection
- Mom/dad/teacher with an angry face
- Mom/dad sick, sad, preoccupied
- Receiving a consequence
- A family holiday or birthday
- A good grade
- A bad grade
- A criticism
- A compliment
- A transition from one activity to another
- Time to go to school
- Something exciting coming up
- Frustrating or confusing job or homework
- Bedtime
- Time to get up
- Other _____

Traumatic Past Events

- Loss of primary caregivers and/or changes in primary caregivers
- Temporary placement such as foster care or orphanage care
- Early experiences of abuse of any kind, neglect, or rejection by caregivers
- Early medical interventions
- Early experiences of pain that may have interfered with the child being able to relax and bond, such as ear pain or colic
- Early separations from primary caregivers due to hospitalizations or any other reasons
- Frequent changes in daycare providers
- A frightening or chaotic environment, such as domestic violence that may have interfered with the child being able to relax and bond
- Parental addictions that may have removed the safe emotional presence of the parent
- Parental stressors such as illness in the family, death in family, job loss, etc, that may have removed the safe emotional presence of the parent

- ___ Parental emotional problems such as PTSD that may have removed the safe emotional presence of the parent
- ___ The child overhearing information that interfered with feelings of safety and trust in parents
- ___ Ridicule or rejection from classmates or teachers
- ___ Other _____

Negative Cognitions (NCs)

(Think about the child's history and his current behaviors and hypothesize which upsetting thoughts and beliefs may be driving the child's actions.)

- ___ "I am not safe."
- ___ "I cannot trust mom/dads."
- ___ "I cannot trust or depend on anyone."
- ___ "I have to get what I need/want for myself."
- ___ "It is not safe to be close."
- ___ "It is not safe to be vulnerable."
- ___ "I am powerless."
- ___ "I am bad/evil."
- ___ "If I make a mistake, I am a mistake."
- ___ "I need food/stuff to be OK."
- ___ "She/he is out to hurt me."
- ___ "She/he is against me."
- ___ "Moms/dads are mean."
- ___ "Moms/dads will leave."
- ___ "She/he deserves to be punished."
- ___ "I have to be in control."
- ___ "I should have done something."
- ___ "I am not good enough."
- ___ "I do not belong."
- ___ "Something is wrong with me."
- ___ "My feelings are bad/unsafe/scary."
- ___ "It is not safe to share my feelings."
- ___ "It is not safe to love or accept love."
- ___ "I do not deserve love."
- ___ "I do not deserve to be complimented."
- ___ "A compliment is unsafe."
- ___ "Bad things always happen."

- ___ “Good things are not safe.”
- ___ “I will disappear if you don’t see me and hear me.”
- ___ “I don’t deserve to be here.”
- ___ ”Biological kids are more special than adopted kids.”
- ___ Other _____

Desired Positive Cognitions (PCs)

(Hypothesize the thoughts/beliefs the child may need to adopt or strengthen in order to feel and behave better.)

- ___ “I am safe.”
- ___ “I can trust my mom/dad.”
- ___ “I can relax and depend upon my mom/dad to give me what I need.”
- ___ “It is safe to be close.”
- ___ “It is okay to be vulnerable.”
- ___ “I have choices.”
- ___ “I have a good heart.”
- ___ “My mom/dad wants the best for me.”
- ___ “My mom/dad is on my side.”
- ___ “My mom/dad will always be here for me.”
- ___ “I am loved.”
- ___ “I am lovable.”
- ___ “I did the best I could.”
- ___ “I do not have to be perfect.”
- ___ “I belong.”
- ___ “I am fine as I am.”
- ___ “My feelings are normal and okay.”
- ___ “It is safe to share my feelings.”
- ___ “It is safe to love and be loved.”
- ___ “I deserve love.”
- ___ “I deserve compliments.”
- ___ “Compliments are safe.”
- ___ “Mostly good things happen.”
- ___ “Good things are safe.”
- ___ “I am here even when you don’t see me or hear me.”
- ___ “I deserve to be here.”
- ___ Other _____

Future Templates (behaviors you would like the child to adopt)

- Cooperating while getting ready for bed
- Cooperating about getting ready in the morning
- Saying “okay” when mom/dad says “no” or makes a request
- Sharing, taking turns
- Finding something else to do when mom/dad pays attention to a sibling
- Coping with homework frustration
- Accepting a compliment
- Expressing hurt or angry feelings appropriately
- Coping when mom/dad is sick, sad, preoccupied, or angry
- Joining in the fun on a family holiday or birthday
- Handling criticism skillfully
- Handling a consequence
- Saying I’m sorry and correcting the situation
- Asking for something appropriately
- Seeking help or comfort
- Other _____

Useful Child Assessments

Adolescent Dissociative Experiences Scale Authors, Judith Armstrong, Frank Putnam, Eve Carlson. A 30-item screening tool for children ages 11-18. It is a self-report scale that assesses a range of dissociative symptoms. Can be ordered through The Sidran Institute, P.O. Box 435, Brooklandville, MD 21022-0436.

Attachment Disorder Assessment Scale—Revised (ADAS-R) Author, Dave Ziegler. A 40-item questionnaire completed by parents that indicates severity of attachment disorder in children. It takes about ten minutes to complete. Can be ordered through www.jaspermountain.org.

Child Behavior Checklist for Ages 6-18 (CBCL) (Achenbach, 2001). A 113-item assessment completed by parents to assess children's level of competency and overall emotional and behavioral symptoms. Can be ordered from ASEBA, www.ASEBA.org.

Randolph Attachment Disorder Questionnaire (RADQ) Author, Liz Randolph. A 30 item assessment completed by parents to determine if there are behaviors that correlate with the diagnosis of attachment disorder. Can be purchased through the Institute of Attachment and Child Development, Littleton Colorado or through the web at www.info@instituteforattachment.org.

The Child Dissociative Checklist (Putnam & Peterson, 1994). A 20-item screen for children ages 5-11 that is completed by the parent. One online source:

<http://cw.routledge.com/textbooks/eresources/9780415889957/AppendixD.pdf>

Trauma Symptom Checklist for Young Children Ages 3-12. (Briere, 1996). An assessment of trauma symptoms for children ages 3-12, completed by the parents. Includes scales for sexualized behaviors and dissociation. Ordered through PAR, 16204 N. Florida Ave., Lutz, Florida 33549, phone 1-800-331-8378 or www.parinc.com.

Useful Parent Assessments

OQ45 A 45-item self-report questionnaire that measures symptom distress, interpersonal, and social functioning. Authors Michael J. Lambert and Gary M Burlingame. Order from OQMeasures.com.

Experiences in Close Relationships Scale. A 36-item self-report measure. (Brennan, Clark, & Shaver, 1998). See <http://internal.psychology.illinois.edu/~rcfraley/measures/ecrritems.htm>.

Prescription for Parents

“What are things I can do to help my child recover from attachment trauma?”

Find ways to connect throughout the day:

Brush your child’s hair. Paint your daughter’s nails.

Brush your teeth together.

Share a hobby or sport or a passion of yours with your child.

Play a board game or card game.

Rock, cuddle, hold.

Tuck your child in bed.

Help your child with his chores for no reason.

Occasionally, excuse him from chores and do something fun.

Leave your child sticky notes with positive affirmations or nurturing messages. (Example: *I had so much fun playing that game with you!*)

Attune to your child: “It’s hard to be little.” “I notice you look a little sad today. Do you want to talk?” “It looks like you are having a hard time.” “Help me understand what you are feeling.” “I am here for you when you want to talk.”

“Notice” things your child does “right”: “I notice you did a great job making your bed.” “I noticed you used your polite words today.”

Keep consequences light, and give your child a fresh start everyday!

Follow the 10-20-10 method (Source: Bryan Post blog)

- 10 minutes in the morning – Go in and sit with your child in the morning before they get up and rub his back, stroke his hair, give nurturing messages.
- 20 minutes after school – Without asking about school, just sit and share a snack, have light, pleasant conversation, and **DON’T ASK ABOUT SCHOOL OR HOMEWORK!**
- 10 minutes at night – Tuck him in, sit, rub his back, stroke his hair, give nurturing messages.

Publications

BOOKS

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- Wesselmann, D., Schweitzer, C., & Armstrong, S. (2014). *Integrative parenting: Strategies for raising children affected by attachment trauma*. New York, NY: W.W. Norton.
- Wesselmann, D. (1998) *The Whole Parent: How to Become a Parent Even if You Didn't Have One*, New York: Perseus. (Released as paperback, Da Capo Press, 2002.)

CHAPTERS

- Shapiro, F., Wesselmann, D. & Mevissen, L. (2017). Eye movement desensitization and reprocessing therapy (EMDR). In M.A. Landolt, M. Cloitre & U. Schnyder (Eds.) *Evidence Based Treatments for Trauma-Related Disorders in Children and Adolescents*. NY: Springer. pp.273-298
- Wesselmann, D., Schweitzer, C., & Armstrong, S. (2015). Child attachment trauma protocol. In M. Luber (ed.) *EMDR therapy: Scripted protocols and summary sheets* (pp. 9-44). New York, NY: Springer Publishing.
- Wesselmann, D., Armstrong, S. & Schweitzer, C. (2017). Interweaves for children with an attachment trauma in foster and adoptive families. In Beer, R. & Roos, C. De (Eds.) *Handbook EMDR: Children and adolescents* (pp. In press). Houten: LannooCampus.
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Chemtob, C. M., Nakashima, J., & Carlson, J. G. (2002). Brief-treatment for elementary school children with disaster-related PTSD: A field study. *Journal of Clinical Psychology*, 58, 99-112.

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