



TRAUMA AND ATTACHMENT FOCUSED THERAPY

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Dr. Terry M. Levy, Ph.D., D.A.P.A., B.C.F.E. has been a psychotherapist, trainer, supervisor, and consultant for over forty years. He is a Licensed Clinical Psychologist in Colorado and Florida, a Board Certified Forensic Examiner, and a Diplomate and Master Therapist of the American Psychotherapy Association. Currently, Dr. Levy is the codirector of the Evergreen Psychotherapy Center and the Attachment Treatment and Training Institute in Evergreen, Colorado. Dr. Levy is coauthor of the best seller *Attachment, Trauma & Healing, 2nd Edition* (2014, Jessica Kingsley Publishers), editor of *Handbook of Attachment Interventions* (2000, Elsevier Press), and coauthor of *Healing Parents: Helping Wounded Children Learn to Trust and Love* (2006, Child Welfare League of America).

Dr. Levy was previously founder and director of the Family Life Center (Florida) and the Miami Psychotherapy Institute, which offered family systems treatment and training. He was cofounder and past president of the Board of Directors of the Association for Treatment and Training in the Attachment of Children (ATTACH), an international organization dedicated to attachment and its critical importance to human development.

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BASIC PRINCIPLES

- Family systems: “change the dance.”
- Neurobiology: traumatized brain and biochemistry.
- Attachment: healthy and disordered patterns.
- Trauma: PTSD, developmental, diverse effects, exposure, desensitization.
- Experiential change: engaging, reenacting, practicing, limbic brain.
- Holistic: psychological, social, biological, cultural, spiritual.
- Positive psychology: post-traumatic growth, resilience, well-being.

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ATTACHMENT – DEFINITION

The deep and enduring biological, social, emotional, and mental connection children and caregivers establish early in life.

HEALING PARENT – DEFINITION

A therapeutic parent, providing an environment that promotes emotional, social, mental, moral and physiological growth in their children; is mindful (looks in the mirror) to avoid being triggered, respond in a calm, assertive and proactive way, and maintain a positive and constructive attitude; has the requisite information, skills, self-awareness, support, and hope; realizes that their relationships are the primary pathway to healing and change.

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PARENTING GOALS

1. Reinterpret distancing behavior:
 - Understand Negative Working Model (NWM)
 - Respond therapeutically
2. Down-regulate physiology:
 - Biochemically dysregulated
 - Increased stress response (cortisol)
 - Need calm, consistent, predictable milieu
3. Is mindful (self-aware):
 - Knows own triggers and stress
 - Life Script
 - Intentional, planned, proactive approach
 - Stress management

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PARENTING GOALS (continued)

4. Understand child's defenses:
 - Control, denial, projection, dissociation
 - Expect – project – defend
 - *Change the dance, change the child*
5. Provide plenty of nurturance, support, structure:
 - Unfamiliar with attunement and support
 - Clear rules, expectations, boundaries and consequences
6. Respond therapeutically:
 - *Mutual reaction*: responding “in kind” (anger-anger)
 - *Complimentary reaction*: give-in to demands
 - Goal is connection not control

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CORE CONCEPTS OF CHILDHOOD DEVELOPMENT

- Nurturing and dependable relationships are the building blocks of healthy childhood development.
- Human beings are hardwired to connect.
- Attachment changes the brain.
- Child development is shaped by the interplay of nature and nurture – biology and experience.
- Learning self-regulation is essential for child development and lifelong health.
- The balance between risk factors and protective factors has a powerful effect on development.

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BASIC PRINCIPLES Family and Community Systems

- Children can only be understood and helped in the context of the social systems that affect their lives – family, community, school, and child welfare systems.
- In families, all members affect one another, in ongoing patterns and dynamics – an *interpersonal dance*.
- Change the system and your child will change.

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ATTACHMENT IS THE CORE

- Attachment is at the core of our beliefs, attitudes, emotions, behaviors, relationships, and morality.
- When attachment goes wrong with vulnerable infants and young children, numerous symptoms and conditions are likely to occur: depression, behavior disorders, anxiety, PTSD, ADHD, and antisocial personality.
- The “cure” resides in the experience of a healthy and healing relationship.

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THE PROCESS OF CHANGE

- You can only change yourself. However, you can create opportunities for others to change via your attitude and actions.
- Information, skills, self-awareness, support, and hope are essential for change.
- Believe in the possibility of change: maintain a positive attitude, be a role model of change, reinforce little steps, focus on the future not only the past.
- Experience is the basis of change. Provide your child with new and positive learning experiences, resulting in new expectations (“I can trust you”) and positive feelings (“I feel secure and loveable”).

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THE PROCESS OF CHANGE (continued)

- Have a plan with specific goals and ways to achieve your goals.
- Change is a team effort, something you, your spouse/partner, and child work on together.
- Your relationship with your child *is* the primary vehicle for change.
- Change is not easy; it is a step-by-step, back-and-forth process, and it is normal to be anxious and ambivalent.
- Hope is essential. A positive expectation of success allows you to convey optimism and encouragement to yourself and your child.

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CREATING A HEALING ENVIRONMENT

- Parents cannot “fix” a child, but they can create and maintain the emotional, social, and moral climate in which children learn and heal.
- The way you label and interpret your child’s behavior will guide your actions.
- Provide a balance of love and limits.
- Maintain a mindset and attitude of opportunity rather than crisis.
- Be proactive not reactive.
- Respond to your child in ways that do not reinforce his script – *change the dance, change the child.*

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CREATING A HEALING ENVIRONMENT

(continued)

- Look beyond negative behavior and understand the beliefs and mindset at the root.
- Your primary goal is connection not control.
- Show by example how to effectively communicate, cope with stress, manage emotions and conflict, solve problems, and care about yourself and others.

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FUNCTIONS OF SECURE ATTACHMENT

- Basic human need
- Safe haven
- Brain development
- Self-regulation
- Trust and reciprocity
- Core beliefs
- Morality
- Resilience

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BRAIN STRUCTURE AND DEVELOPMENT

- Most complex structure: 100 billion neurons, 10,000 synaptic connections.
- Grows at quickest rate in first 45 months; 90% of adult size by age 4.
- Open-loop: social and emotional experiences in early stages affect wiring and biochemistry.
- Anticipation machine: attachment encoded in limbic system, become IWM's, result in perceptions and expectations.
- Triune brain: brain stem, limbic system, neocortex.

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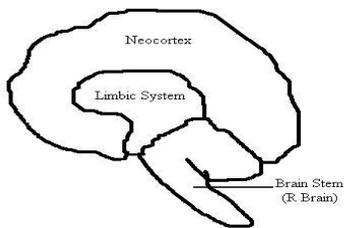
BRAIN STRUCTURE AND DEVELOPMENT

(continued)

- Left hemisphere: logic, language, literal thinking, explicit (conscious) memory.
- Right hemisphere: emotion, nonverbal cues, implicit (preverbal) memory, sense of self (IWM), attachment.
- First 3 years: right-hemisphere dominant; emotional and nonverbal communication, attunement, limbic resonance.
- Plasticity: changes in brain circuitry from new experiences; “fire together, wires together.”

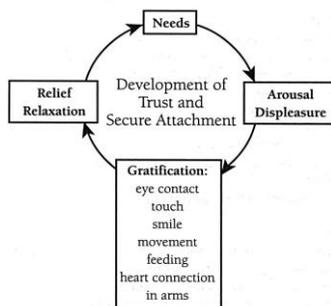
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TRIUNE BRAIN



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FIRST YEAR OF LIFE CYCLE



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CAUSES OF ATTACHMENT DISORDER

1. Parental/Caregiver Contributions:

- Abuse and/or neglect.
- Ineffective and insensitive care.
- Depression: unipolar, bipolar, postpartum.
- Severe and/or chronic psychological disturbances: biological and/or emotional.
- Teenage parenting.
- Substance abuse.
- Intergenerational attachment difficulties: unresolved family-of-origin issues, history of separation, loss, maltreatment.
- Prolonged absence: prison, hospital, desertion.

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CAUSES OF ATTACHMENT DISORDER (continued)

2. Child Contributions:

- Difficult temperament; lack of “fit” with parents or caregivers.
- Premature birth.
- Medical conditions; unrelieved pain (e.g., inner ear), colicky.
- Hospitalizations: separation and loss.
- Failure to thrive syndrome.
- Congenital and/or biological problems: neurological impairment, fetal alcohol syndrome, in utero drug exposure, physical handicaps.
- Genetic factors: family history of mental illness, depression, aggression, criminality, substance abuse, antisocial personality.

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CAUSES OF ATTACHMENT DISORDER (continued)

3. Environmental Contributions:

- Poverty.
- Violence: victim and/or witness.
- Lack of support: absent father and extended kin, isolation, lack of services.
- Multiple out-of-home placements: moves in foster care system, multiple caregivers.
- High stress: marital conflict, family disorganization and chaos, violent community.
- Lack of stimulation.

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SECURE ATTACHMENT

- Positive self-esteem.
- Loving and respectful relationships with parents and others.
- Able to trust, be emotionally close, and feel empathy and compassion.
- Effective coping skills, such as anger-management, impulse control, and frustration tolerance.
- Positive and hopeful view of self, others, and life.
- Develop independence and resilience.
- Successful in school, both behaviorally and academically.
- Grow up to be mature, loyal, and caring partners and parents.

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COMPROMISED AND DISRUPTED ATTACHMENT

- Negative sense of self.
- Distant and defiant relationships with parents and others.
- Lack of trust, empathy, conscience, and remorse.
- Poor coping skills, including inadequate control over impulses and emotions, and inability to handle frustration and stress.
- Pessimistic and hopeless view of self, family, and life in general.
- Unable to function independently and bounce-back from adversity.
- School failure, both behaviorally and academically.
- Severe relationship and parenting problems as adults; perpetuate the cycle of maltreatment and disrupted attachment in their own children.

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ATTACHMENT DISORDER: TRAITS AND SYMPTOMS

1. **Behavior:** oppositional and defiant, impulsive, destructive, lie and steal, aggressive and abusive, hyperactive, self-destructive, cruel to animals, irresponsible.
2. **Emotions:** intense anger and temper, sad, depressed and hopeless, moody, fearful and anxious (although often hidden), irritable, inappropriate emotional reactions.
3. **Thoughts:** negative beliefs about self, relationships, and life in general (“negative working model”), lack of cause-and-effect thinking, attention and learning problems.

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**ATTACHMENT DISORDER:
TRAITS AND SYMPTOMS** (continued)

- 4. **Relationships:** lacks trust, controlling (“bossy”), manipulative, does not give or receive genuine affection and love, indiscriminately affectionate with strangers, unstable peer relationships, blames others for own mistakes or problems, victimizes others/victimized.
- 5. **Physical:** poor hygiene, tactilely defensive, enuresis and encopresis, accident prone, high pain tolerance, genetic predispositions (e.g., depression, hyperactivity).
- 6. **Moral/Spiritual:** lack of faith, compassion, remorse, meaning and other prosocial values, identification with evil and the dark side of life.

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INTERNAL WORKING MODELS

Secure Attachment:

- *Self.* “I am good, wanted, worthwhile, competent, and lovable.”
- *Caregivers.* “They are appropriately responsive to my needs, sensitive, dependable, caring, trustworthy.”
- *Life.* “My world feels safe; life is worth living.”

Compromised Attachment:

- *Self.* “I am bad, unwanted, worthless, helpless, and unlovable.”
- *Caregivers.* “They are unresponsive to my needs, insensitive, hurtful, and untrustworthy.”
- *Life.* “My world feels unsafe, life is not worth living.”

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EFFECTS OF TRAUMA

- Psychological, social, biological distress.
- Creates and challenges core beliefs; NWM.
- Anxious, avoidant, disorganized attachment patterns.
- Fear, anxiety, depression, dissociation.
- Shame, self-blame, victim mindset.
- PTSD: reexperience, avoidance, arousal, emotional numbing.
- Biochemistry and wiring of brain.
- Stress response: fight-flight-freeze; dysregulated (cortisol, epinephrine, norepinephrine, dopamine, serotonin).
- Health problems: heart, stomach, immune system, diabetes, cancer.

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HELPING TRAUMATIZED CHILDREN

- *Talk:* communication builds trust and relieves pain.
- *Listen:* to thoughts, feelings and trauma stories with empathy.
- *Accept:* anger, anxiety and depression as normal reactions.
- *Support:* give comfort and reassurance.
- *Consistency:* structure enhances security.
- *Safety:* provide stability and protection.
- *Calm:* reduces biochemistry of fear and stress.
- *Control:* reduce feelings of helplessness via achievements.
- *Opportunity mindset:* "I can turn tragedy into triumph."
- *Express:* encourage healthy pursuits (art, music, sports).
- *Stories:* help them make sense of distressing experiences; mitigate self-blame.

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HELPING TRAUMATIZED CHILDREN (continued)

- *Positive:* praise good behavior; laughter and play are great ways to connect.
- *Views:* foster healthy beliefs: "I can trust and feel."
- *Belonging:* a part of family, community, culture.
- *Volunteer:* helping others turns pain into hope.
- *Mentor:* be a role model of self-care and optimism; respond therapeutically – don't let them "push our buttons."

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ATTACHMENT STYLES

CHILDREN:

- *Secure:* trust and depend on caregivers to be sensitive, safe and emotionally available; have a "secure base" to explore, learn and thrive.
- *Avoidant:* caregivers are distant, rejecting, emotionally unavailable; deactivate attachment behavior – deny needs and avoid closeness; does not trust, self-reliant.
- *Anxious:* caregivers are inconsistent and anxious; hyperactive attachment behavior – demanding, clingy, needy; does not trust, constant anxiety.
- *Disorganized:* caregivers inflict severe maltreatment; no organized strategy to connect – confused, frightened, disoriented, dissociates; controlling and punitive with caregiver.

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ATTACHMENT STYLES (continued)

ADULTS:

- *Autonomous* (Secure): comfortable with warm, loving, close relationship; depends on partner and allows partner to depend on them; not worried about rejection or threatened by partner's separateness; coherent view of attachment.
- *Dismissive* (Avoidant): uncomfortable with closeness, distant and rejecting; equates intimacy with loss of independence; does not depend on partner and partner can't depend on them; cool, controlled, compulsively self-reliant.
- *Preoccupied* (Anxious): constantly worried about rejection and abandonment; needs continual reassurance; wants to merge with partner; neediness and distress scares partner away.
- *Unresolved* (Disorganized): cannot tolerate closeness; past traumas intrude into current relationships; severe psychological problems and acting-out; chaotic and dysfunctional relationships (violence, substance abuse).

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ADULT ATTACHMENT STYLES

AUTONOMOUS (SECURE)

- Comfortable in warm, intimate relationship.
- Trust and depends on partner; partner can depend on them.
- Emotionally available; attuned to and meets partner's needs for security, affection, love.
- Open, honest communication; empathic listening; not defensive, attacking, blaming.
- Not avoid conflict; repairs conflicts quickly.
- Not afraid of rejection, commitment, closeness.
- Not play games (pursue-distance).
- Can be close and independent; not feel threatened by partner's separateness.
- Partner's feel protected – safe, supported, encouraged.
- Can forgive partner and self; no grudges and resentments.
- Sexually intimate; partner feels secure with faithfulness.

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ADULT ATTACHMENT STYLES (continued)

DISMISSIVE (AVOIDANT)

- Distant and rejecting; withdraws mentally, emotionally, physically.
- Denies attachment needs; compulsively self-reliant.
- Equates intimacy with loss of independence; prefers to be alone.
- Not depend on partner; partner cannot depend on them.
- Mistrustful; fears being taken advantage of; sees only negative in partner.
- Not comfortable talking about own or partner's emotions; not attuned to partner's needs and cues.
- Avoids conflict; keeps anger inside then explodes.
- Avoids feelings of neediness and dependence.
- Denigrates partner; dismisses their needs; hostile and critical remarks.
- No sexual intimacy; fantasizes about other sexual partners (affairs).

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ADULT ATTACHMENT STYLES (continued)

PREOCCUPIED (ANXIOUS)

- Worries about rejection and abandonment.
- Preoccupied with relationship; monitors partner; suspicious.
- Needy; requires ongoing reassurance; scares others away.
- Excessive demands for care and attention.
- Wants to merge with partner; overdependence.
- Feels inferior; puts partner on pedestal.
- Ruminates about past issues and hurts.
- Over-sensitive to partner's actions and moods; personalizes.
- Highly emotional; clingy, controlling, childish, combative behavior.
- Protests any hint of unavailability.
- Poor communication; unaware of own responsibility; blames partner.

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ADULT ATTACHMENT STYLES (continued)

UNRESOLVED (DISORGANIZED)

- Cannot tolerate emotional closeness; argumentative, rages, traumas intrude into relationships, dysfunctional relationships.
- Unresolved mindset and emotions; frightened by memories, unresolved losses, emotionally dysregulated.
- Severe psychological problems; dissociates, depression, PTSD, substance abuse, acting-out.
- Disorganized thinking; confused, disoriented, lapses in reasoning, incoherent narratives.
- Antisocial; lacks empathy and remorse, aggressive and punitive, narcissistic, no regard for rules, criminality.
- Maltreats own children; scripts children into traumatic past attachments, triggered into anger and fear.

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LAWS OF COUPLE RELATIONSHIPS

1. It Is An Unparalleled Opportunity

- If life is a school, relationships are graduate school.
- We are biologically designed to seek and maintain attachments to others.
- The area in which we experience our most intense feelings as adults is with our love partner.
- We learn, grow, and heal most in our intimate relationships. They bring up all our buried doubts, fears, judgments, and insecurities.
- In intimate relationships, all our hidden demons eventually emerge.

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LAWS OF COUPLE RELATIONSHIPS (continued)

2. We Repeat Patterns

- The quality of our adult relationships is based upon our first experiences of closeness.
- What we learn from our parents about life, love, sexuality, and marriage is brought with us to our love relationship.
- We all have expectations and attitudes in current relationships based upon our family experiences both positive and negative.
- We have a compulsion to recreate the past in the present.
- We unconsciously seek partners to act out our parents' old familiar roles, or we take them on ourselves.
- If a pattern is not healed we will continually recreate it until it is healed.

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LAWS OF COUPLE RELATIONSHIPS (continued)

3. Mirroring

- Intimate relationships are the mirror that reflects back to us parts of ourselves that we have trouble accepting from our past.
- What we like and don't like about another is usually something we don't like or accept about ourselves.
- The purpose of mirroring is to bring into awareness unresolved past emotional baggage for healing.
- The more intimate the relationship, the more powerful the mirroring.
- Stacking of emotions: if our response to a person or situation is greater than what is appropriate to the situation, or if we have a strong knee-jerk reaction, it is usually emerging from the past.

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LAWS OF COUPLE RELATIONSHIPS (continued)

4. Balance of Dependence and Independence

- All relationships must deal with issues pertaining to dependence and independence.
- Mature and loving caregivers create a safe environment in which children can freely express themselves.
- They encourage self-expression, safe exploration of the environment, allow mistakes, and permit some disagreement.
- Healthy family systems promote both connection and individuality, accountability and independence.
- Unhealthy families discourage individuality and promote dependence.
- Individuality is seen as an attack on authority. They reinforce dependency and helplessness.

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LAWS OF COUPLE RELATIONSHIPS (continued)

4. Balance of Dependence and Independence (continued)

- Individual expression is discouraged due to parents' high level of anxiety, stress, and need for control. Personal boundaries can be vague. Children develop a pseudo-independence.
- These lessons are taken with us into our adult relationships.
- People who grew up with too much independence have difficulty being present in relationships.
- Those who grew up with too much dependence tend to be overly needy or smothering.
- Two independent partners are comfortably distant.
- Two dependents create an unhealthy co-dependency.

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LAWS OF COUPLE RELATIONSHIPS (continued)

5. We Take Our Attachment Styles With Us

- The attachment styles that develop in childhood stay with us for a lifetime. They influence our feelings of security, the personal meaning given to our experiences, and the ability to develop and maintain closeness with others.

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TRAITS OF HEALTHY AND HAPPY COUPLES

- Partners have "come to terms" with their past and are able to fully invest in the relationship.
- Able to balance togetherness and autonomy, dependence and independence.
- Can trust and rely on one another; be a "secure base" for each other.
- Have good communication and problem-solving skills; respectful and constructive when talking about conflicts and disagreements.
- Don't become defensive, angry, critical or aggressive when partner shares feelings or gives feedback; apologize for wrongdoings.
- Share power and control; a partnership between equal.
- Meet one another's needs for security, support, affection, and love.
- Both take responsibility for their own part in problems and solutions; no blaming, avoiding or stonewalling.
- Keep the relationship alive, vital and a priority; spend time, have fun, show love regularly.

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TRAITS OF HEALTHY AND HAPPY COUPLES

(continued)

- Use self-control; don't take-out stress and frustration on partner.
- Resolve problems; ongoing repair of grievances and wounds so hurts don't grow into big resentments.
- Adapt successfully to changes and challenges, such as having children; a united team in raising children.
- Both are comfortable with closeness; do not take part in destructive dynamics, such a "pursue-distance" pattern.
- Share basic values, interests and moral codes of behavior.

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LIFE SCRIPT

1. Who was in your immediate family (or caregiving environment) during your childhood? Describe the people and environment.
2. Give 4 to 6 adjectives or phrases that describe your mother or primary caregiver, from your perspective as a child. Describe your relationship with your mother from as far back as you can remember.
3. Give 4 to 6 adjectives or phrases that describe your father, from your perspective as a child. Describe your relationship with your father from as far back as you can remember.
4. Give 4 to 6 adjectives or phrases that describe yourself as a child; the way in which you perceived yourself during childhood. Describe experiences you remember associated with each one.

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LIFE SCRIPT (continued)

5. a) What were the major messages mother gave you about yourself and how to deal with life? What was your response to her?
b) What were the major messages father gave you about yourself and how to deal with life? What was your response to him?
6. a) What did you learn from mother about men and women?
b) What did you learn from father about men and women?
7. How did your parents handle conflict, emotion, and discipline of the children?

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LIFE SCRIPT (continued)

- 8. When you were upset as a child (emotionally distressed or frightened, physically ill or hurt) who did you turn to for comfort and support; what happened?
- 9. Describe significant separations from parents or caregivers?
- 10. Describe situations in which you felt rejected and/or threatened as a child from your parents, caregivers, or others.
- 11. How do you think your childhood relationships and experiences affected you as an adult?
- 12. Why do you think your parents or caregivers behaved as they did during your childhood?

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LIFE SCRIPT (continued)

- 13. Describe relationships with other adults who were close to you and influenced you growing up.
- 14. How has your relationship changed with your parents or caregivers between childhood and adulthood? Describe those relationships now.
- 15. Who was your favorite childhood hero or heroine?
- 16. What was your favorite childhood story or fairy tale?
- 17. What would you write on the tombstone or epitaph for father, mother, self and spouse/partner.

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10 Cs OF LOVING LEADERSHIP

- 1. Connection
- 2. Calm
- 3. Commitment
- 4. Consistency
- 5. Communication
- 6. Choices and Consequences
- 7. Confidence
- 8. Cooperation
- 9. Creativity
- 10. Coaching

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SKILLS AND ABILITIES FOR SUCCESS IN LIFE

- Experience secure attachments with parents/caregivers; give and receive affection and love; feel empathy and compassion; and have a desire to belong;
- View oneself, others, and the world in a realistic and positive way; have positive core beliefs, mindset, and self-esteem;
- Identify, manage, and communicate emotions in a constructive manner; exercise anger management, stress management, and self-control;
- Make healthy choices; solve problems and deal with adversity effectively;

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SKILLS AND ABILITIES FOR SUCCESS IN LIFE (continued)

- Utilize an inner moral compass, prosocial values, morality, conscience, and a sense of purpose;
- Be self-motivated; set and persevere toward goals, and achieve a sense of mastery, competence, and self-confidence;
- Maintain healthy relationships; able to share, cooperate, resolve conflicts, communicate effectively, and be tolerant of others;
- Experience joy, playfulness, creativity, and a sense of hope and optimism.

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HAPPINESS

- Having meaningful relationships: ability to love and be loved.
- Having a sense of meaning and purpose.
- Being engaged in what you do: zest, vitality, curiosity.
- Feeling competent: using skills, talents, and signature strengths.
- Feeling and expressing gratitude: count your blessings.
- Having a positive outlook: hope and optimism.
- Experiencing positive emotions: letting go of resentments.
- Performing acts of kindness: volunteering, helping.
- Savoring good things: awareness of pleasure.
- Finding humor in everyday life.

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MINDFULNESS: WHY LOOK IN THE MIRROR

- Avoid Being Triggered
- Your State of Mind and Your Child's Security
- Being a Positive Role Model
- Your Relationships Affect Your Children
- Taking Good Care of Yourself

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LOOK IN THE MIRROR

- *Mind set*: your belief system or internal working model.
- *Emotional reactions*: feelings that are triggered.
- *Attachment history*: relationship patterns learned in the past.
- *Body signals*: physical reactions, especially in response to threat and stress.
- *Coping strategies*: typical ways you respond to situations (e.g., how you respond to rejection, confrontation, anger, threat, disappointment, frustration).
- *Self talk*: Self messages

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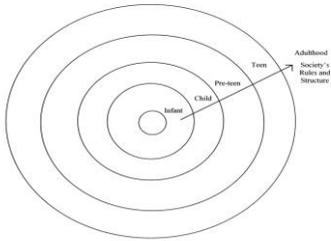


SKILLS AND SOLUTIONS

- Maintain a healing attitude;
- Provide constructive limits, choices, and consequences;
- Practice competency-based parenting;
- Serve as a secure base;
- Avoid negative emotional reactions;
- Improve core beliefs and behavior;
- Stay calm;
- Engage positively and enhance connections;
- Be proactive, not reactive;
- Create a sense of belonging; and
- Communicate effectively.

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THE AUTONOMY CIRCLE



Family's Rules and Structure
Must balance
Responsibility/obligation
Power/freedom

Four competency areas:
Knowledge
Skills
Judgment
Self-control

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HOW TO DELIVER A CONSEQUENCE

- *Connect with eye contact.*
- *Be aware of nonverbal messages.*
- *Set the stage.*
- *Focus on the behavior, not the child.*
- *Work as a team.*
- *Be consistent.*
- *Don't lecture.*
- *Control your anger.*
- *Don't threaten or give warnings.*
- *Give positives.*
- *Make it relevant.*
- *It doesn't have to be immediate.*
- *Don't overdo it.*
- *Don't give up.*

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STAYING CALM

1. Three Steps to Staying Calm and Composed.
 - *Stop.*
 - *Tune-in:* Be aware of your *self-talk – body signals.*
 - *Act.*
2. Respond Therapeutically.
3. Down-Regulating Your Child.
4. Use One-Liners.

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ANGER MANAGEMENT

- Identify and Address Underlying Emotions.
- Be Aware of External and Internal Triggers.
- Understand Early Messages Received from Role Models.
- Recognize Self-talk.
- Know Your Anger Sequence.
- Be Aware of Body Signals and Body Language.
- Identify Your Conflict Style.

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STYLE OF COMMUNICATION

- *Calm tone*
- *Eye contact*
- *Touch*
- *Body positions*

CONTENT VS. PROCESS

Content is *what*
Process is *how*

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RESOURCE MODEL

- What happened for you to go to the “think about it spot”?
- What were you thinking and feeling at the time?
- How did you handle yourself?
- What were the results of your choices and actions?
- How can you handle the situation differently next time to get a better result? What did you learn?

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FIGHTING WORDS	THINKING WORDS
"You can't watch TV until your homework's done!"	"Feel free to watch TV as soon as you finish your homework."
"I'm not letting you play until your chores are finished."	"You're welcome to play when your chores are done."
"You can't have any more money until you get your next allowance."	"I'll be glad to give you your allowance on Saturday."
"You better stop that kind of talk immediately!"	"I'll be happy to listen when you calm down."

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ATTACHMENT COMMUNICATION TRAINING (ACT)

- Provides a framework conducive to safe and constructive confiding and connecting,
- Enables you to practice and learn effective communication skills,
- Requires the use of ground rules that increase positive ways of interacting and prevents destructive behaviors,
- Facilitates constructive verbal and nonverbal communication,

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ATTACHMENT COMMUNICATION TRAINING (ACT) (continued)

- Results in attunement to each others' needs, feelings, messages, and states of mind ("feeling felt"),
- Encourages empathy, warmth, and genuineness,
- Offers a way to change current patterns of relating as well as prior attachment patterns,
- Allows partners to be a "secure base" for one another.

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GROUND RULES

- No blaming, criticism, contempt, defensiveness, or stonewalling.
- Agree to disagree.
- No interrupting.
- If you can't talk without destructive emotions, discontinue until a later time.
- No running away.
- Practice communication skills.
- If you become "stuck," unable to resolve a problem, agree to get help.

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SIX STEPS

1. Sharing

- Be honest with yourself and partner.
- Share both thoughts and feelings.
- Make "I" statements.
- Be specific, clear, and give concrete examples.
- Be brief.
- Be aware of your nonverbal messages.
- Be assertive and positive.

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SIX STEPS (continued)

2. Listening

- Be empathic.
- Be nonjudgmental.
- Don't censor or silently rehearse your rebuttal.
- Be aware of your nonverbal messages.
- Tune into both content and process.

3. Restating

- "I heard you say ____" – you are reflecting back the messages you receive.

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SIX STEPS (continued)

4. Feedback

- Your partner will now tell you how well you did as a listener. The goal is: message sent; message received. No “spin on it,” distortions, or misinterpretations.

5. Reverse Roles

- The sharer becomes the listener, and the listener now takes a turn at sharing.

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SIX STEPS (continued)

6. Discuss Results

- What was it like to communicate in this way?
- How does it feel to share honestly? How do you feel when you sense that your partner is really hearing you or not hearing you?
- What was more difficult for you, sharing or listening?
- How will your relationship be improved by using ACT?
- What are some of the issues you want to discuss in the future using ACT?

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STRUCTURE OF THE HEALING PROCESS

Revisit:

- Emotions, cognitions (IWM), behaviors, defenses
- A detailed review
- Personal meaning and interpretation
- Acknowledge and express emotions
- Manage defenses, resistance and anxiety

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STRUCTURE OF THE HEALING PROCESS

(continued)

Revise:

- Construct new interpretations
- Deal effectively with emotions
- Learn prosocial coping skills
- Create mastery over prior trauma and loss
- Develop a positive sense of self
- Improve self-regulation
- Address family systems issues: family-of-origin, marital, parenting, community
- Develop secure attachments

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STRUCTURE OF THE HEALING PROCESS

(continued)

Revitalize:

- Redefining self
- Family renewal
- Moral and spiritual evolution
- Celebrate achievements
- Plan for future

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THERAPEUTIC ISSUES

- Content - process
- Individual – interactional / systemic
- Intellectual – experiential
- Singular - holistic
- Directive – nondirective
- Emotional – coping skills
- Therapeutic relationship - methods

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THERAPEUTIC METHODS

- Experiential: Limbic Activation Process
- First year attachment cycle
- Inner child metaphor
- Psychodramatic reenactment
- Coping skills: anger management, communication, conflict-management, stress-management, mindfulness.

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RESILIENCE

- *Hope*: optimistic about a better future.
- *Meaning & purpose*: increases hope, self-esteem, and positive emotions.
- *Positive emotions*: activates brain's reward center, increases positive mood, motivation, and cognitive abilities; let go of anger.
- *Social support*: meaningful relationships; connectedness, reduces loneliness and worthlessness; makes resources available.
- *Role models*: inspiration, encouragement, and support; model traits and coping skills.
- *Acts of kindness*: helping others enhances self worth, meaning and purpose, and self-efficacy.
- *Internal locus of control*: I can make positive change; personal responsibility.
- *Gratitude*: focus on positive.

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