AN INTEGRATIVE FAMILY THERAPY-EMDR TREATMENT FOR CHILDHOOD ATTACHMENT TRAUMA

CATHY SCHWEITZER, MS, LMHP

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CONCEPTUALIZATION OF ATTACHMENT TRAUMA THROUGH THE AIP MODEL
CONCEPTUALIZATION OF PROBLEMS OF ATTACHMENT HAS EVOLVED

In past decades....

• Children affected by attachment trauma were viewed as driven by rage and a need to control.

• The children were sometimes viewed as unable to feel remorse and without a conscience.

• The children were sometimes 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)
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.

• When events are processed, they are integrated with stored, adaptive information and then filed away appropriately.

• Our information processing system becomes overwhelmed and shuts down following traumatic events.
• 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.

• The traumatic memory is not processed and integrated with adaptive information.
ATTACHMENT TRAUMA THAT IMPACTS ATTACHMENT SECURITY:

• Abuse or neglect by parents
• Witnessing violence or drug use by parents
• Early pain due to medical problems
• Deaths of parents or other important family members
• Separations from parents
• Divorce of parents
• Rejection, ridicule, criticism by parents
ATTACHMENT TRAUMA...

• Is triggered subconsciously later in life by interactions with parents and other adults.
• Leads to emotional and behavioral dysregulation.
ATTACHMENT TRAUMA LEADS CHILDREN TO DEVELOP CORE NEGATIVE BELIEFS

• I want your love, but I’m afraid of rejection!
• Moms/dads are mean.
CORE NEGATIVE BELIEFS (CONTINUED)

• I can’t depend upon others.
• I must take what I need.
• It’s not safe to turn to others for help with feelings or needs.
• I will always be alone.
• I must be demanding to get my needs met.
• I don’t belong.
• I’m bad.
• I am unlovable.
THE SURVIVAL RESPONSE

• Behaviors normally labeled oppositional, defiant, or rebellious are the natural byproduct of a brain that is wired for survival.

• These behaviors are all part of the fight-flight-freeze response. This helps us survive a threatening environment.

• Chronic childhood attachment trauma interferes with development in the areas of social, emotional, and cognitive functioning.

• References: van der Kolk, 2005; Perry, 1996.
THE BEHAVIORAL SYMPTOMS ARE OFTEN MISUNDERSTOOD BY PARENTS AND OTHER ADULTS IN THE CHILD’S LIFE
JUST MAKE MY CHILD BEHAVE!

• “His first parents didn’t discipline him enough.”
• “He takes after his first parents…they were difficult people and he is difficult.”
• “She has no appreciation for what we have given her.”
• “She needs to learn her lesson.”
• “She can control it. She just makes bad choices.”
PARENTS WITH A TRAUMATIC PAST MAY BE ESPECIALLY OVERWHELMED BY FEAR, HURT, AND ANGER
“SCARY” CHILDREN, “SCARY” PARENTS
THE THERAPIST CAN GET CAUGHT UP IN UNHEALTHY FAMILY PATTERNS

• Lecturing or scolding the child in session.
• Supporting escalating punishments.
• Sitting by while the child experiences shame.
INTERRUPTING THE CYCLE
EFFECTIVE TREATMENT...

1. Provides trauma education to parents and helps them provide a therapeutic parenting approach (Integrative Parenting)
2. Strengthens the attachment relationship
3. Helps parents and children develop mindful awareness of inner thoughts and feelings
4. Improves child’s ability to reason and think.
5. Provides trauma work (EMDR Therapy)
INTEGRATIVE FAMILY THERAPY AND EMDR THERAPY MODEL

Four Components of Treatment

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

*Integrative Team Treatment for Attachment Trauma in Children.*
INTEGRATIVE 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.
MODEL MAY BE IMPLEMENTED
SOLO OR AS A TEAM

Rationale for a team:

1. Easier to convince parents with two therapists instead of one!
2. Two therapists can strategize together and keep up morale!
THE FAMILY THERAPY COMPONENT
THE FAMILY THERAPIST HELPS PARENTS ADOPT “INTEGRATIVE PARENTING” METHODS
FIRST, PARENTS NEEDS MUST BE ADDRESSED

• Support system
• Self-care
• Individual therapy
• Couples therapy
• Insight into their own attachment history
FAMILY THERAPIST PROVIDES “INTEGRATIVE PARENTING” METHODS

• Parenting strategies that integrate and calm the brain of the traumatized child.

• Integration involves activating the emotional and cognitive regions of the child’s brain simultaneously.

## INTEGRATIVE VS. EMOTION-DRIVEN PARENTING

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EMOTION-DRIVEN PARENTING:
LECTURING AND PUNISHMENTS ARE THE FOUNDATION.
INTEGRATIVE PARENTING: ATTUNEMENT AND EMPATHY ARE THE FOUNDATION

Consequences
Calming & Pre-teaching
Attunement Empathy
TEACH PARENTS TO VIEW BEHAVIORS THROUGH THE TRAUMA LEN
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.

Child’s Beliefs: “I have to protect myself.” “I can’t trust.”
“Im 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.”

“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 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.

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...

• equate love/comfort with food.
• are wired to survive through food.

Child’s Beliefs:

“l’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.

• live in fight-flight.

Child’s Beliefs: “I have to get this anger out.” “It’s not OK to be sad, scared, or hurt.”
FREE ON-LINE PARENT EDUCATION SLIDES

www.atcinstitute.com

Under “Publications”
THE FAMILY THERAPIST HELPS THE CHILD RECOGNIZE 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?”
FAMILY THERAPIST INCREASES MINDFUL AWARENESS IN CHILD AND PARENTS
CREATE THE CAPACITY FOR SELF-REFLECTION

“Let’s be detectives and work together to figure out what was happening in your brain and your body yesterday.”
LOOK FOR THE TRIGGER

Say…

“Let’s work together to figure out the trigger. What exactly happened that lead to those sudden big feelings?”
Look for the negative cognition (NC) related to the trigger

Say…

• “I wonder what upset thought your brain was thinking just then.”
• “What is the thought from the hurt little one on the inside?”
• “If it were me….”
• “Mom if it were you….”
CONNECT CURRENT TRIGGERS/THOUGHTS/EMOTIONS TO TRAUMATIC EVENTS

- **The floatback:**
- Say…
  - “I just want you let your brain remember back to when you were much smaller and think about when you first had those upset feelings…
- Or you can say…
- “Think back to when you were smaller. When was the first time you had that upset thought?”
“LET’S TALK TO YOUR BRAIN”

Ask…

• “What would be a more helpful thought?”
• “What could you tell your brain instead?”
• “What is the truth?”
• “What are the facts today?”
• “How is today different from the past.”
THE FAMILY THERAPIST PROVIDES INFO ABOUT UNCOVERED EMOTIONS, THOUGHTS, TRIGGERS, AND MEMORIES TO THE EMDR THERAPIST

The EMDR Therapist implements EMDR therapy to decrease the emotional reactivity, change the negative beliefs to positive beliefs, and reinforce positive new skills and behavioral patterns.
THE EMDR COMPONENT OF THE INTEGRATIVE MODEL
EMDR IS A GENTLE FORM OF TRAUMA THERAPY
GENTLE BECAUSE...

• The child does not have to provide details.
• There is a generalization effect.
• The child does not have to do “homework.”
• Child is told to put everything in a container between sessions.
EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR) THERAPY

8 phase protocol that address past traumas, current triggers, and develops positive templates for future functioning.
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


EMDR IS ENDORSED BY ORGANIZATIONS WORLD-WIDE


• California Clearinghouse for Child Welfare Gives EMDR a #1 Rating as an Evidence-Based Practice
EMDR THERAPIST IMPLEMENTS “ATTACHMENT RESOURCE DEVELOPMENT” (ARD)
ATTACHMENT RESOURCE DEVELOPMENT (ARD)

• The therapist creates experiences of closeness between the parent and child in the office.

• The child is shown a positive view of himself through the parent’s eyes.

• Slow sets of BLS are used to deepen the experience.

• Tactile BLS seems to help the child relax and integrate the positive feelings without triggering negative associations.

• Longer sets can be used as long as the therapist or parent is guiding the child’s thoughts.
PREPARING PARENTS

• Assess the parents’ comfort level.

• Allow extra time to prepare parents if needed.
  • “What can we do to help you become more comfortable with the attachment work?”

• Allow them to read from a written list of prepared responses during ARD.
IDEAS TO PREPARE RESISTANT/DYSREGULATED CHILDREN FOR ARD

• Tell the child, “You are lucky today. You get to sit back and relax, and your parent will do all the work.”

• Offer a weighted blanket for regulation.

• Offer lollipop, gum, or snack

• Tell the child, “You can listen or not listen as your parent and I talk today, it is up to you.”

• Allow child to color or uses fidgets while the tappers are in shoes.
ARD MESSAGES OF LOVE EXERCISE:
PROMPTS FOR PARENTS

- “Describe what you enjoy about Emma.”
- “What do you remember about the first time you saw Emma?”
- “What are some of your favorite early memories?”
- “Describe some times you have felt proud of Emma.”
- “Mom, what are some things that the two of you have in common?”
- “What are some of your future hopes and dreams for your relationship with Emma?”
ARD MESSAGES OF LOVE EXERCISE

• For ARD, add slow BLS while parent is speaking and say...
  • “Notice how relaxed you feel in your body. Notice how good it feels to be connected.”
  • “Notice how comfortable it feels as you relax together.”
MESSAGES FOR THE LITTLER CHILD ON THE INSIDE

• “Mom/Dad, if you could go back in time and care for the baby/toddler/preschool Johnny, what would you be doing for him now?"

• “Mom/Dad, what do you want the ‘littler Johnny on the inside’ to know right now?"

• “Mom/Dad, what would you be do for the ‘littler Johnny today?’"
MESSAGES OF LOVE THROUGH A DOLL

• A doll or stuffed animal can be used to represent the inner baby.

• Parent and child can give messages of love to the baby ongoing.

• The child can hold the tappers on the doll’s arms or on the animal’s paws.
WORKING THROUGH TRAUMA
KEEPING PARENTS PRESENT DURING EMDR TRAUMA WORK

A secure holding environment for the child is key. Presence of attuned parents is an antidote to dissociation and gives the child courage to open up emotionally.
PRESENCE OF PARENTS DURING TRAUMA WORK

Explain to parents, “You will be a silent but compassionate support for your child to help him move through this trauma work more easily. It will be important for you to stay silent, as the processing is happening internally for your child. Occasional I will turn to you and ask you a question to help fill in missing information for your child.”
UTILIZE PARENTS

• Parents can be utilized for interactive interweaves.
• Parents who are present develop greater understanding and empathy.
WHEN ADDITIONAL GROUNDING FOR EMDR TRAUMA WORK IS NEEDED

• Scented lotion
• A weighted or soft blanket
• Gum or a lollipop
• Older youth may want to bring a meaningful item from home or hold an item from the therapist’s office, such as a rock or a shell.
PIECWORK AND USE OF CONTAINER
THE CONTAINER

• The container can help children create intentional inner barriers to traumatic material.

• The container can be something found at home or in the office, something the child’s creates, or something imaginary that is drawn.
REMIND CHILDREN...

• You don’t have to tell me any more details than you want to tell me.

• We don’t have to address everything that happened.

• We can work in little pieces. We can go as slow as you need to go.

• You can leave it in the container between sessions.
PIECEWORK

• Severe trauma can be addressed one piece at a time for just 15 or 20 minutes each session.

• Focus on one piece of a drawing.

• Focus on one section of a sandtray.

• Focus on one piece of the story.
Close with, “What is the most helpful thought or idea for today?” “Let’s put everything back in your container but take the most helpful thought home with you.”
HELPING TRAUMATIZED CHILDREN IN OTHER SETTINGS
CHILDREN OUTSIDE OF THEIR WINDOW OF TOLERANCE CANNOT LEARN OR SOCIALIZE (REFERENCE: DANIEL SIEGEL)

**Sympathetic Nervous System Arousal (Hyper-arousal):** Emotionally reactive, aggressive, impulsive.

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.
IMPLICATIONS FOR SCHOOLS

• Children who live outside of their window of tolerance can’t reason, think, or learn.

• Mental health professionals can help teachers recognize the effects of trauma in their students and utilize a more attuned approach.
IMPLICATIONS FOR SCHOOLS

• When teachers know how to recognize the effects of trauma in their students, they redirect with a more attuned approach.

• Connecting through words and body language helps the traumatized student remains in his window of tolerance.
IMPLICATIONS FOR RESIDENTIAL CARE

A non-shaming, calm approach de-escalates and calms the dysregulated youth. A shaming or punitive approach will reinforce the youth’s belief: “I am bad and you are the enemy.”
IMPLICATIONS FOR RESIDENTIAL CARE

• When staff interpret behaviors as symptoms of trauma, they become naturally more attuned.

• Assisting youth with reflecting upon their own thoughts, feelings, triggers, and reactions without feelings of shame increases capacity to ride out the feelings and urges and problem-solve.

• Skype or Facetime can be utilized to involve parents in family therapy and educate parents in Integrative Parenting methods.
IMPLICATIONS FOR CHILDREN IN FOSTER CARE

• Foster parents should be provided with the Integrative Parenting approach.

• Even temporary foster parents can assist children with trust and development of self-esteem by staying present in sessions under integrative model.

• Every move from one home to another is another attachment trauma in the child’s life.

• If a child is going to be moved, it should happen as soon as possible.
The following 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
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
REFERENCES

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

• Debra Wesselmann, MS, LIMHP, Cathy Schweitzer, MS, LMHP, Stefanie Armstrong, MS, LIMHP
PARENT GUIDE

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

• Debra Wesselmann, MS, LIMHP, Cathy Schweitzer, MS, LMHP, Stefanie Armstrong, MS, LIMHP
For information about parent and clinician trainings go to: www.atcinstitute.com.