

PRESENTATION TITLE: Disarming the Forces:

Connecting with Kids and Teens who experience Reactive Attachment Disorder, Oppositional Defiant Disorders, and Complex Developmental Trauma

MAIN POINTS:

Attachment difficulties require powerful tools for intervening in the therapy office and in the home. Neither can be neglected, nor can either one function in a vacuum without the other. Attachment and bonding are critical junctures in relationship building, and without these, a child is at risk for mental health problems, social, educational and relationship difficulties throughout his or her life. Because the earliest attachment experiences set the brain structure that sets the tone for all future relationships, this relational material is essential to process and resolve. These early experiences also set the foundation for affect regulation or dysregulation. Daniel Seigel states that “We carry the synaptic shadows of these early experiences forward”. Behavioral, cognitive, affective, sensory based and play/art based interventions through the lens of a primary relationship can impact the child’s ability to regulate the self.

Effective parenting principals are the absolute fundamental structure of treating the child with an attachment disorder. Both parents and professionals must familiarize themselves with the specialized techniques and skills that are necessary to parenting this population. This workshop will provide participants with specific hands-on principles and techniques that are necessary to help a child with trauma-attachment disorders develop a healthier and more secure attachment to parents/caregivers.

Attachment disorders are different from other types of mental health issues. They also require specialized treatment that is quite different from contemporary talk-therapy. It is important to understand the differences, and why these differences are imperative to the client who is suffering from trauma-induced attachment difficulties.

LEARNING OBJECTIVES:

Outcomes for participants will be to 1) gain an improved understanding of how to connect with difficult-to-connect-with children 2) learn specific skills in facilitation of attachment-focused parenting strategies with children who fit the diagnostic category of Reactive Attachment Disorder, Oppositional Defiant Disorder, or Complex Developmental Trauma Disorder 3) increase self-confidence in carrying out those strategies necessary to improve the connection between parent/caregiver and the child with one of these disorders 4) understand the differences between traditional talk therapy and therapy for the child who experiences an attachment, oppositional, or trauma disorder and why these are so important 5) be able to identify specific interventions that are appropriate to this population 6) practice the use of a variety of specific interventions.

PRESENTATION FORMAT:

PowerPoint presentation, lecture, short videos, small group work, interactive experiential exercises

RELEVANCE TO ATTENDEES:

The Alaska Early Childhood Comprehensive Systems Report (2006) states that “There is increasing anecdotal evidence that...clinicians lack the training necessary to meet the needed to identify mental health problems and to serve children with these issues in their natural environments. Skills are also required to support their families and make appropriate referrals”.

Therapy for the child with an attachment disorder therapy is sometimes intense, but should always be respectful of the child and family. The therapy is family focused, with an emphasis on the parent or caregiver, *not the therapist*, attachment to the child. Parents much understand the inner workings of their particular child, lean the child’s history, understand their own attachment history, and learn specific intervention skills. It is the therapist’s job to help facilitate all of these as well as intense, therapeutic, diagnosis-specific emotional work with the affected child. The therapist who undertakes this work must be self-reliant, but with the ability to work well within a team; posses the ability to connect, but remain within therapeutic boundaries; care deeply for the child and family, but maintain a therapeutic distance. In order to do this, the professional must understand his/herself, the presentation and appropriate interventions for children with attachment disorders, and possess the ability to provide a holding environment for the entire family.

TARGET AUDIENCE:

The primary target audience for this presentation is foster/adopt parents and other caregivers of children who experience attachment disorder; therapists, case managers, and other counselors or professionals who work with children and youth who experience attachment difficulties.

Length of time:

7.5 contact hours

EQUIPMENT NEEDED;

Flip chart and screen, laptop and projector

Counselor Competencies:

FOUNDATIONS: Individuals will:

- a) increase knowledge of complex developmental trauma disorder, oppositional defiant disorder, and attachment disorder, and how they are similar as well as how they differ
- b) improve understanding of what attachment styles are and what types of interventions help with each attachment style

- c) understand the difference between limbic system reactions and prefrontal cortex thinking
- d) understand the difference between attachment and intersubjectivity and how to achieve or strengthen each of these
- f) learn practical intervention skills

PRACTICE DIMENSIONS: Individuals will:

- a) learn at least ten parenting interventions specific to children with RAD
- b) identify specific limbic system reactions that children who have experienced trauma will frequently engage in
- c) be able to utilize at least three specific interventions that address limbic system reactions
- d) be able to name at least three ways that a parent/caregiver can increase the child's attachment experience through the use of sensory-based interventions
- e) will feel more confident in interacting with children who experience RAD
- f) increase hopefulness that children with RAD can live a more complete and more normal life than previously imagined

Children Behave the Way they Behave Because they Think the Way they Think

People learn how to think based on three foundational factors: 1) genetics, 2) 9 months in utero, and 3) the first 2-3 year, with the first year being most important. Complex Developmental Trauma is a relatively new term, describing a child-specific Post Traumatic Stress Disorder as it relates to the development of a child's brain, intimate relationships, and affect regulation. This diagnosis, new to the upcoming DSM, more accurately describes the process of PTSD from the perspective of a child who has experienced trauma through more than one developmental milestone, often at the hands of those people who are meant to love, protect, and nurture the child. This new diagnosis finally helps to put trauma in the home in the realm of attachment. Once we understand this developmental trauma and we understand that children learn to think based on these early experiences, we can start to understand why children behave the way they do.

Learning Objectives

- 1.) Define Complex Developmental Trauma
- 2). Learn how early relationships with caregivers affect subsequent attachment, intersubjectivity and affect regulation from a brain-based perspective.

Great, so I know why he Behaves the Way he Behaves, Now, What do I do about it?

All the insight in the world cannot, by itself, change behaviors. And we know that just "loving" a child with a complex trauma history is not going to change the complex pattern of self-protective behaviors that they engage in. So what does

work? Attachment is a complex issue. One is not simply “attached” or “dis-attached”. A person can have a strong attachment to a caregiver, but not be securely attached, and they can be strongly attached, but not have an intersubjective alliance. Both attachment and an intersubjective alliance are necessary for healthy development.

Learning Objectives

- 1). Learn how early relationships with caregivers affect subsequent attachment, intersubjectivity and affect regulation from a brain-based perspective.
- 2.) Understand the different types of attachment styles and why it is important to understand your child’s style as well as your own.
- 2.) Understand the difference between intersubjective alliance and attachment.

How to Connect and Repair After a Dis-Connect with your Child

Parents often feel overwhelmed with the idea that the “damage has been done” to the child, either prior to coming into their home due to abuse and neglect, and/or because of their reactions to the child. But research shows that it is not the disconnect, it is the lack of re-connecting with one another that permanently damages the parent-child relationship. Learning how to repair the difficult interactions one has with their child, then, is fundamental in the creation of a healthy, functioning relationship, and eventually in the healthy functioning child.

Learning Objectives

- 1). Learn how to attend to the repair and re-connection needs of the child without abdicating parental authority
- 2.) Incorporate fun, joy, and love into the relationship between parent and child
- 2.) Understand the concept and importance of the “frightened” and “frightening” mother concept and how to avoid these pitfalls.

Helping Your Child to Become “Earned Secure”

Despite the experience of extreme abuse and neglect, and the subsequent development of a dysfunctional attachment and interpersonal style, new research shows that, through neuroplasticity and neurogenesis, we can create a relational style called “earned secure”. This can be established within five years, if the primary relationship (parent) has a secure attachment style. Specific techniques, as well as a specific attachment security is needed to create “earned secure” attachment. These will be discussed and taught.

Learning Objectives

- 1). Learn how to use theraplay, art, EMDR, and other attachment focused therapy interventions to improve child functioning, increase parent-child bonding, and demonstrate real-life growth

- 2). Describe 5-10 disarming techniques that allow the therapist (or parent) to form an alliance with the child client, increase parental efficacy, and help the child to safely let down defenses.
- 3). Practice play therapy techniques that provide improved outcome, increased parent-child bonding, and repeated real-life impact.
- 4.) Practice “radical empathy” and “radical curiosity”
- 5.) Learn why and how not to interpret a child’s behavior, and accept his inner life

OUTLINE OF THE DAY

7.5 CEU's

Registration/Breakfast	08:30 am - 08:45 am
Welcome & Housekeeping	08:45 am - 09:00 am
Presentation	09:00 am - 11:00 am
BREAK	11:00 am - 11:15 am
Presentation/Evaluations/tests	11:15 am - 1:30 pm
LUNCH	1:30 pm - 2:00 pm
Presentation	2:00 pm - 3:45 pm
BREAK	3:45 pm - 4:00 pm
Presentation/Evaluations/tests	4:00 pm - 5:30 pm