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Reflective Parenting: Promoting the Social & Emotional Development of Children Impacted by Maltreatment



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Financial Declarations

· I have nothing to declare

Introduction

The field of ECMH presents several challenges:

- > Translating research into practice
- Critical period of social and emotional development occurs before overt problems manifest
- Heavy reliance on non-verbal, implicit domain has led to new treatment strategies
- > Stigma remains around mental health

Learning Objectives

- To introduce a model of ECMH treatment that:
 - Was developed to work with children that have experienced maltreatment
- > Informed by research in attachment & neurobiology
- > Supports emotional and social literacy
- Builds reflective capacity of parent/caregiver
- > Promotes secure attachment-bond

Troubles early; troubles late

The Big Picture:

Kids at risk of developmental problems remain at risk for a long time. The usual age of identification is 6 or later. The window of opportunity for rapid, significant change is related to brain plasticity. That peak is 0-6; before the age of identification. Attempts to make significant change to people with significant problems much later than 6 are much more difficult.

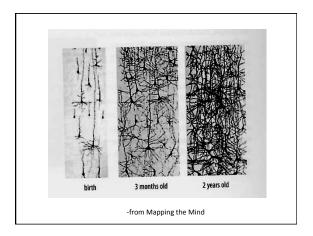
Jeffrey Rowe, MD 2007

Five Lessons from ECMH



There is tremendous growth in the brain from birth through age 2 in the area known to be dominant for social and emotional functioning

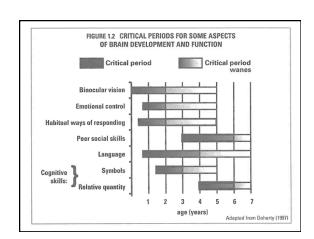




Growth in the brain from the last trimester of pregnancy to 18 months is lateralized to the right hemisphere, which is dominant for:



- Strategies to regulate emotion
- Stress response system
- Non-conscious (implicit) processing and communication of social and emotional information
- Attachment patterns including the storage of the internal working model (IWM) of the attachment relationship



Experience profoundly shapes and organizes the neural architecture of the emotional and social regions of the brain



- Early emotional interactions directly influence the <u>experience-dependent maturation</u> of the regulatory system of the right brain and limbic systems
- Socioemotional development particularly influenced by epigenetic factors (more so than temperament)
- Young children use their caregiver's socioemotional competencies as a template to establish their own
- Healthy social-emotional development occurs *only* within the context of a loving and nurturing relationship

Regulation

- Parents scaffold their child's immature regulatory system
- When consistently held in a regulated state, a child will develop the ability to manage on his own
- Over time states become traits

Sensitive, attuned caregiving establishes biological set points for effectively managing stress and regulating emotion

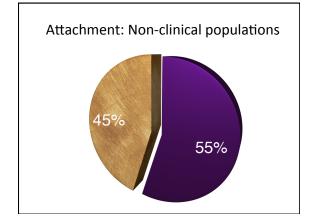


Attachment

The biological drive to form and maintain relationships

Most children have the intrinsic capacity for secure attachment relationships

- Whether or not they develop a secure attachment is contingent upon the relationship(s) in which they are involved
- One of the most important social-emotional milestones to be reached in the first year of life is the establishment of a secure attachment bond

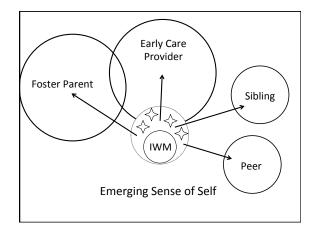


Attachment

- Because the infant must attach, the infant will adapt for better or for worse-to the needs and vulnerabilities of the caregiver.
- Those behaviors, feelings, desires which can be contained in the relationship of the infant to the caregiver will be integrated by the infant;
- Those behaviors, feelings, desires that threaten the attachment bond will be defensively excluded, dissociated, disowned.

Emerging Sense of Self

- The individual mind starts as a relational mind
- Shared emotional experiences & the infusion of meaning
- Dyadic expansion of consciousness
- Internal working model / autobiographical narrative



Overwhelming adversity in early childhood leads to compromises in social-emotional competencies and the developing neural architecture of the brain.



Adversity

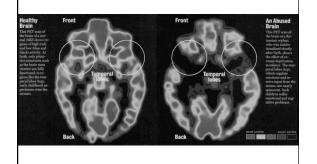
- In studies of neglect paradigm, Tronick and Weinberg write, "When infants are not in homeostatic balance or are emotionally dysregulated (i.e., they are distressed) they are at the mercy of these states.
- Until these states are brought under control, infants must devote all their regulatory resources to reorganizing them. While infants are doing that, they can do nothing else."

Adversity

According to Schore, the "nothing else" that the authors refer to "is a failure to continue to develop."

These infants "forfeit potential opportunities for socioemotional learning during critical periods of right brain development (i.e., synaptogenesis)."

Adversity Impacts Brain Development



Working with Dysregulated Children

"Dysregulation" means the child is experiencing <u>problems</u> in self-regulation. Impairment noted in:

- · Ability to think and be logical
- · Ability to calm themselves when aroused
- · Ability make sense of physical sensations
- · Ability to make good, safe choices for themselves
 - > Stress cannot be handled, prepared for, nor understood
 - Negative emotion will cause the person to act in a way to relieve that feeling (this causes other problems)

Core Conflict

- Children are driven by the biological imperative to attach. But if the object of this attachment is also the source of pain, frustration, neglect and/or rejection, then a central or core conflict develops within the child.
- This conflict creates a dynamic tension between wanting to connect and wanting to protect.
 Strategies to cope with this contradiction are often seen as "maladaptive"

Symptoms associated with children that experience significant attachment difficulties (Daniel Hughes)

- Lack of empathy, little evidence of guilt and remorse
- Consistently manipulates rather than trusts
- Tendency to see only extremes: all good or all bad
- Habitual dissociation or habitual hypervigilance
- Pervasive shame with extreme difficulty reestablishing a bond after conflict

Symptoms associated with children that experience significant attachment difficulties (Daniel Hughes)

- Compulsive need to control others
- Intensive lying, even when "caught in the act"
- · Poor response to discipline, aggressive or oppositional-defiant
- Interactions lack spontaneity and mutual enjoyment

Reflective Parenting

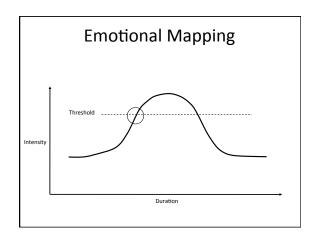


Treatment Considerations

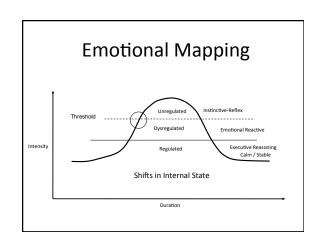
- Treatment informed by research in attachment (both child and adult), neuroscience of brain development and parent/infant studies
- Move from classic adult model of mental health One person psychology to Dyadic or Relational model
- Move from therapist as the agent of change- to therapist as coach / parent as agent of change
- Stronger emphasis on the non-verbal, right brain to right brain processing

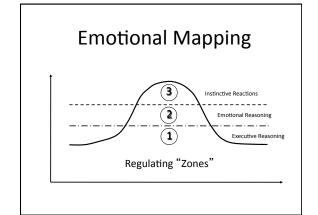
Treatment Considerations

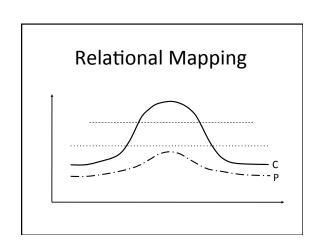
- Develop reflective capacity of parent
- Promote synchronized, attuned interactions
- Modify insecure attachment patterns toward security
- Develop social /emotional competencies
- Emphasis on affect regulation rather than behavior



Terror Brainstem / Autonomic Midbrain-Brainstem Alarm Limbic-Midbrain Cortex-Limbic Neocortex-Cortex Regulating Brain Region





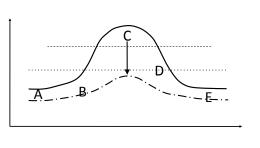


Reflective Parenting

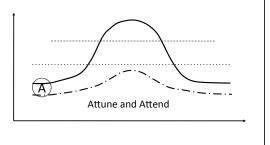
A - Attune & Attend

- B Be Aware of Yourself
- C Calm & Contain
- D De-escalate & Describe
- E Explore options

Reflective Parenting



Reflective Parenting



Reflective Parenting - A Attune and Attend

- Promote the regulation of states (scaffold)
- Remember- states become traits
- Sensitive responsive care leads to the establishment of synchronized interactive patterns
- This promotes a sense of predictability, safety and security
- From that place of security, the child's resources then can be allocated toward the optimization of development

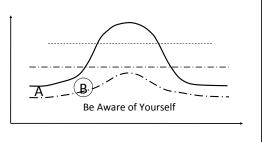
Reflective Parenting - A Attune and Attend

- Help identify and express emotions (mirroring response).
- Identify triggers and antecedents to behavioral "acting-out"
- Scaffold to promote a sense of mastery and emotional competence
- Promote problem solving and reflection before reaction
- Remember, security promotes autonomy and exploration

Reflective Parenting

- A Attune & Attend
- **B** Be Aware of Yourself
- C Calm & Contain
- D De-escalate & Describe
- E Explore options

Reflective Parenting



Reflective Parenting - B Be Aware of Yourself

- Be Bigger, Stronger, Wiser, and Kind (COS)
- Be the secure base; encourage autonomous exploration and the be the safe haven to return to when upset.
- Be aware of your child's inner world and how he conveys his understanding of things

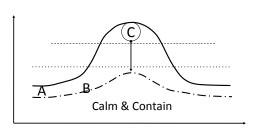
Reflective Parenting - B Be Aware of Yourself

- Be aware of your baseline stress level. What are some of the cues you notice about yourself when getting frustrated? tired or low energy? Emotionally drained?
- Be your child's emotional coach helping to identify, understand, and express feelings.
- Balance nurturance and structure.

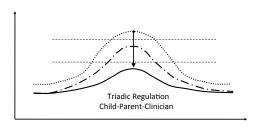
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Reflective Parenting



Relational Mapping



Reflective Parenting - C Calm and Contain

- Children need help calming down and being soothed when they are not able to do so themselves.
- Remember, they are learning how to do this and they learn through the interactions with their parents.
- If we are reactive when upset, then our children learn to do the same
- Post-traumatic reactions (enactments) not uncommon

Reflective Parenting - C Calm and Contain

- It's a time for de-escalation and the establishment of safety through emotional containment
- Not a time for discipline, punishment, or threats.
- He needs to know that his behaviors or emotional reactivity will not be our undoing as his parent, that we will not dismiss, shame, or withdraw our love

Reflective Parenting - C Calm and Contain

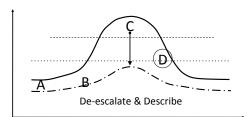
Daniel Hughes: Traumatic attachments

- A child's resistance to parenting or treatment interventions is accepted and contained and in not made to be shameful by adults
- For children with disrupted attachments: since they are not able contain themselves emotionally, they are prone to fragmentation and traumatic enactments.

Reflective Parenting

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- B Be Aware of Yourself
- C Calm & Contain
- D De-escalate and Describe
- E Explore options

Reflective Parenting



Reflective Parenting - D Describe

- A window of opportunity opens following the highly charged, affective experience. Actively initiate repair
- This is where your child's IWM is closest to the surface and accessible to the loving influence of the parent.
- A child's ability to understand what has transpired is limited. The critical issue is that he feels loved despite the behavioral acting-out, that the behavior hasn't threatened the attachment-bond

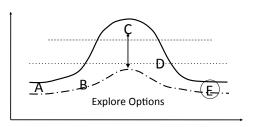
Reflective Parenting - D Describe

- Provide an emotional narrative include antecedents, reactions and outcome
- Use empathy to guide process. Practice reflection and nonjudgmental awareness of what just happened
- This is an opportunity to explain what happened clarifying intent so that child can begin to get a sense of how they react when upset, and how you react in return, and why

Reflective Parenting

- A Attune & Attend
- B Be Aware of Yourself
- C Calm & Contain
- D De-escalate & Describe
- **E** Explore Options

Reflective Parenting



Reflective Parenting - E Explore

- It is a time to explore options or solutions to everyday problems, but with the wisdom and experience of the parent working in concert with the child.
- Scaffold and expand your child's critical thinking and problem solving skills. Promote executive function
- Remember that most children are concrete thinkers and ego-centric; behavior is not easily separated from their sense of self. If they <u>do</u> something "bad" then they <u>are</u> bad.

Reflective Parenting - E Explore

- This is a non-judgmental and empathic exploration of behavior and what drives the behavior
- Wonder about the situation, about what might be going on and possible ways to resolve.
- Scaffold and expand your child's critical thinking and problem solving skills. Promote executive function
- Practice expressing feelings verbally instead of through behavior.

Reflective Parenting - E Explore

- Practice expressing feelings verbally instead of through helpavior
- Strengthen the newly forming changes in the IWM (e.g. sense of mastery and competency in regulating behavior)
- It is an opportunity to solidify family's values and expectations for behavior.
- What is established in E is then brought into A so that the process develops continuity