



Parenting Mindfulness Moment 4

“Pinkie Check In”

(Adapted from Greenland and Harris, 2017)

This is a relational mindfulness technique that incorporates self awareness and other awareness. The first part involves doing a check inside yourself to recognize how you are feeling, then presenting this to another person. The second part involves noticing how the other person is feeling based on his or her check-in. Pay attention to the feelings inside, noticing how strong they feel. Do your feelings match up with the other person’s feelings or are they different?

Hold out your hands in front of you with the pinkie fingers of each hand extended outward. After each of the following questions you will count to three, then point your pinkie fingers either up, down, or straight ahead. Notice how it feels to check in with yourself, how it feels to express yourself, and anything you notice about similar or differing experiences with the other person. This can be a great game to teach to children to help them learn to pay attention to their own emotional states and to learn perspective taking skills. It can help them learn concepts necessary for the formulation of a healthy theory of mind as they notice they have their own feelings and others have their own feelings too. Sometimes feelings are the same as others and sometimes they are very different.

1. How energetic do you feel right now?

Pinkies up: Lots of energy

Pinkies out: Pretty calm, not energetic but not tired

Pinkies down: Low energy

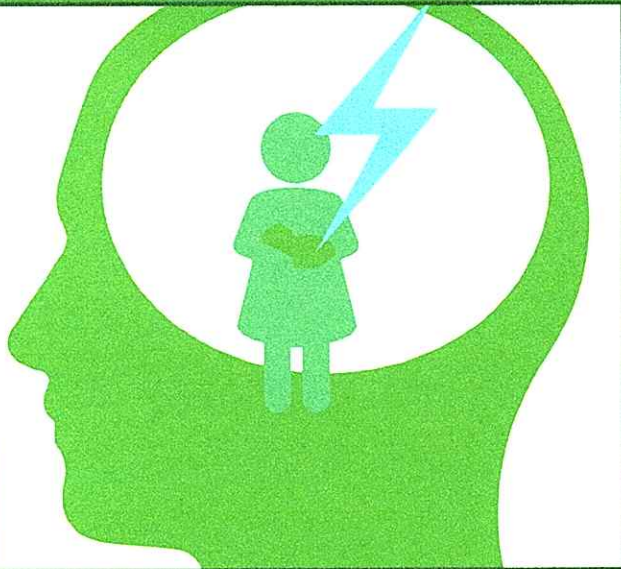
2. Do you feel focused on this activity or do you have other things on your mind?

Pinkies up: Thinking about something else

Pinkies out: A little distracted but still engaged

Pinkies down: Totally focused on the activity we are doing right now

Try thinking up a few questions of your own...



CONCEPT 4

Impacts of Trauma on the Developing Child.

Understanding the impacts of trauma in order to provide the best possible interventions and healing.

TRAUMA INFORMED PARENTING

Understanding, Compassionate Parenting

If you are reading this, it is likely that you do not need one more description of trauma and how it impacts children. You likely see this first hand far more often than daycare providers, school teachers, doctors, and therapists. If anything, this may serve well as a means of connecting to others who have dedicated their lives to caring for children living out the harsh effects of decisions they never made, and circumstances they never asked for.

These behaviors, thoughts, and emotions are often viewed as confusing, challenging overreactions to the

seemingly simple everyday demands of life. In her book *Creating Sanctuary* (Bloom, 1997) Sandra Bloom describes the effects of trauma not as overreactions or explosive behaviors, but as reasonable responses to unreasonable circumstances.

She goes on to describe the phenomenon of “sanctuary trauma” which involves those who have experienced trauma and are placed in places they were told would be safe. Sanctuary trauma occurs when a lack of understanding leads to practices that are not trauma-informed and the very place of safety becomes a secondary trauma. This can leave a person even more hopeless and anxious than before as the hope of ever finding sanctuary and healing become elusive and fleeting.

This is why trauma informed parenting is so important for children. As a society we are making positive progress towards becoming more trauma-informed, however there will always be well meaning relatives, people at the grocery store, neighbors, or even professionals who may not understand your child’s responses to triggers, stress, and or intrusive traumatic memories. Sadly, it is often viewed as a lack of effort on the part of the parents and children that lead to these moments of perceived overreaction. It is almost as if the belief was that more structure, more punishments, or even more rewards would fix this. In other words it is either shoddy parenting or a bad kid that keeps this going, when nothing could be further from the truth.

The analogy of a board game is one that may be useful. Traditional parenting is like learning the rules and strategies of a board game. You know the rules, you know the structure, and even if you don’t win all the time you enjoy playing the game. Trauma-informed parenting is like switching out the gameboard for another one. You have not been given any of the rules and are not even sure what the object is. Trying to make the old game work on this new board is impossible, not to mention not much fun. There is no going back to the old game. However, the new rules and strategy can be learned. It just takes time, exploration, and a considerable amount of patience. Winning does not always happen with the new game either, but ease of play and confidence can become a reality.

As you will see demonstrated through the videos and concepts explored this week, having all the psychological know-how or clinical expertise is not required to care for a child who has experienced trauma.

Knowledge to improve your awareness and empathy is helpful, but is only one factor in caring for children who have experienced trauma. Providing a loving, safe, and secure home for a child is the most therapeutic and healing thing possible. Allowing the knowledge of trauma to help you take your child's behaviors less personally will allow you to remain in your place of security and respond with healing love and compassion.

THE CLINICAL LINGO

All Those Terms and Acronyms

It might be helpful to be familiar with a few clinical diagnoses related to trauma. Labels are not always helpful, but can be useful in terms of understanding and normalizing certain responses to traumatic events. Familiarizing yourself with these diagnoses can also help to demystify some of the terms doctors, diagnosticians, and mental health providers throw around when discussing children and trauma.

Posttraumatic Stress Disorder

(PTSD): Posttraumatic Stress Disorder is a diagnosis in which a person who has experienced or witnessed threats to life or personal integrity, such as assault, natural disasters, or other near death experiences followed by a collection of symptoms including intrusive thoughts, nightmares, re-experiencing of the event, loss of memory related to key elements of the event, avoidance of reminders or sensations related to the event, hypervigilance, exaggerated startle response, sleep disruption, mood disruption, and overly negative or pessimistic view of the world, or sense of shortened life. PTSD symptoms are often triggered by known or unknown reminders of traumatic events that can pull a person out of the present moment and create an almost dissociative state of re-experiencing the trauma through memory or even sensation.

Reactive Attachment Disorder

(RAD): Avoidant or hostile response to relational trauma in which a child develops difficulty seeking or even receiving comfort from caregivers. Often includes displays of negative emotions and behaviors towards caregivers or limited expression of

positive emotions towards caregivers.

Disinhibited Social Engagement Disorder

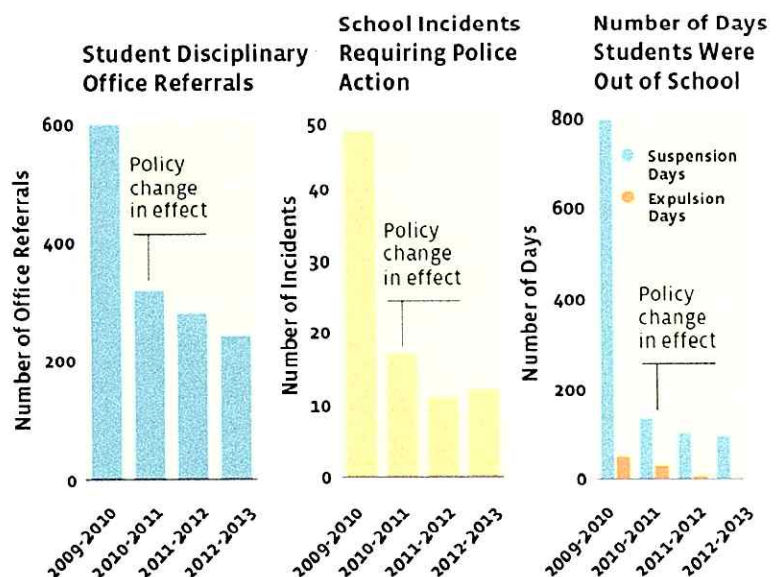
(DSED): Anxious response to relational trauma in which a child has failed to learn the difference between familiar and unfamiliar adults. The child may have little understanding of social norms, boundaries, or even safety factors resulting in rapid connection to strangers. Children may seek connection and attention from strangers.

The ACES Study: Landmark study by Kaiser Permanente Insurance which linked adverse childhood experiences to a myriad of behavioral and physical health problems throughout the lifespan. Scores rate from a 1 to 10 with one point given for each of the following experiences early in life:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Verbal Abuse
- Mother Treated Violently
- Incarceration of Family Member
- Substance Abuse in Household
- Divorce

Impact of Trauma-Informed Care

Acknowledging the causes of behavioral issues led to a drastic drop in the need for disciplinary action at this Washington high school.



YES! INFOGRAPHIC BY LORI PANICO | SOURCE: LINCOLN ALTERNATIVE HIGH SCHOOL

ACES can have lasting effects on....



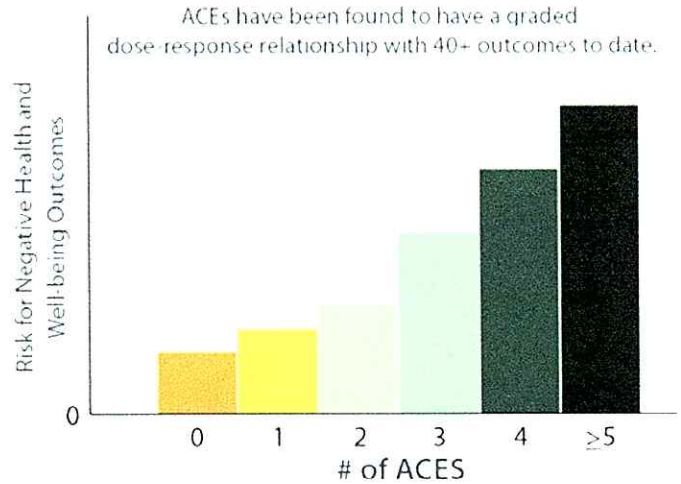
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



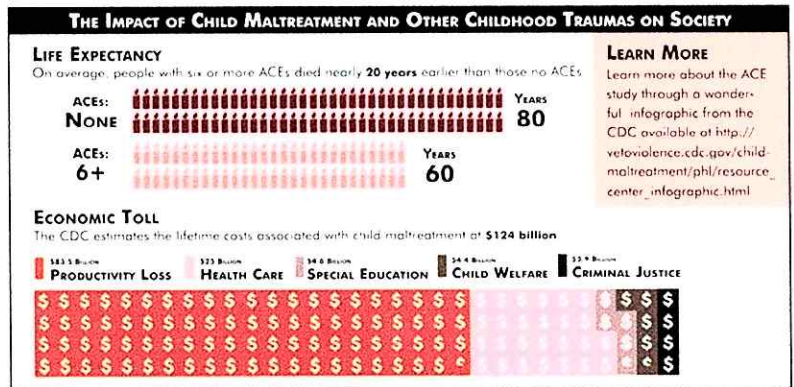
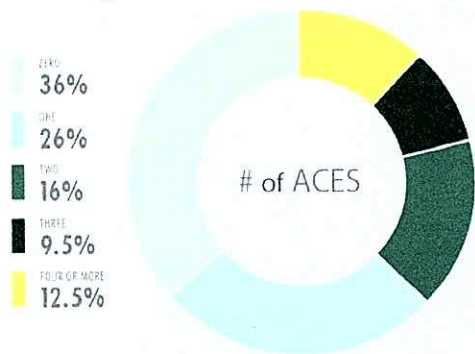
Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 41x outcomes, but the exact risk is arbitrary depending on the outcome.

How Common are ACEs?

ACE Study



Above figures and description of ACE study adapted from CDC, 2013.

What *can* Be Done About ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental health and substance abuse treatment



High quality child care



Sufficient financial support for lower income families

ACTIVITIES

Identify Cortex areas of Concern: What areas listed in the upstairs (cortex) area are currently pressing for your child?

Identify Limbic areas of Concern: What areas listed in the downstairs (limbic) area are currently pressing for your child?

Identify basement areas of Concern: What areas listed in the basement (brainstem) area are currently pressing for your child?

3

Upstairs

Cortex: Self Esteem Issues/
Dissociation/ Cognitive Problems

2

Downstairs

Limbic: Attachment & Emotion/
Behavior Regulation

1

Basement

Brainstem: Body/ Sensory Issues

Identify Areas of Strength and Growth

Look through the following suggestions from the Child Trauma Academy. Underline any areas that you are currently doing well. Circle any areas that could use more attention as possible areas of growth for you and your family. Write down a couple of ideas as to how you could accomplish growth in these areas.

1. Understand trauma & impacts
2. Provide stability
3. Support and nurture during growth
4. Make sure adults caring for kids are healthy
5. Start at brainstem
6. Use therapeutic parenting
7. Be patterned and perceptive
8. Persistence (it takes time)
9. Awareness for all team players.
(school, home, etc)
10. Brain age not birth age
11. Treat as unique and individual
12. Early intervention is best
13. All parts of child's community working together
14. Community is necessary

My Plans for Growth:

ACTION STEPS

In the book *The Connected Child* (2007), Dr. Karyn Purvis and Dr. David Cross describe the process of intervening through the process of understanding and building trust. In their professional experience they have found that children who experienced trauma have often missed out on key relational experiences which must be rebuilt through a trusting relationship. Three key components to the Trust Based Relational Interventions model include empowering, connecting and correcting. During the next week look for way you may be able to use these three principles when interacting with your child. Take a moment to think of some goals in these areas, then write down any examples of attempts you made with your child.

Empower: Paying attention to physical needs. Children have often felt as if their lives are out of their own control and adults cannot be counted on to meet their needs. Think about ways to empower your child through sharing power and offering him or her choices. Empower the art of asking for needs to be met and honor any attempts made in this area.

Goal _____

Example

Connect: Paying attention to attachment needs. Children have often experienced complex trauma, which means that the very ones they sought for comfort and safety were the ones who enacted the trauma. This often leaves children suspicious and fearful when coming close to caregivers. With this in mind think about ways to use this understanding and build experiences for positive connection. Remember not to take it personally when your child becomes resistant or even hostile. Remain secure and reassure! Think about ways to build connected experiences with your child this week.

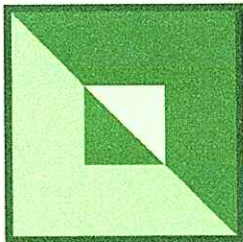
Goal _____

Example

Correct. Paying attention to behavioral needs. With the limitations in modeling and the dysfunction of complex trauma, it is likely that you will see plenty of behaviors that need correction. This is a chance to start looking at behaviors as your child's form of communication. With every negative behavior there is an underlying message about a legitimate need the child has or a skill that he or she needs to learn. Take some time to look at the behaviors you are seeing through this lens. What needs are present? What skills are missing?

Goal _____

Example



Positive TIPS

Understanding Your
Child

Concept 4:
Trauma and the Developing Child

Become aware of the signs of trauma and respond from the place of understanding

Pay attention to bids think about Dan Siegel's dog bite analogy when interacting with a child who has experienced trauma. or attention to build relationship

One positive attachment experience may be enough to change the course of brain development and lead a child down a new path of resiliency.

Use Trust-Based Interventions to help rebuild brain chemistry and architecture for children who have experienced trauma.

