



Trauma, Attachment, and Positive Discipline

When a baby is hungry, she cries and the caregiver comes and feeds her. When a baby is cold, he cries and the caregiver comes to cover him. When a baby is scared, she cries and the caregiver comes and soothes her.

The baby learns that when he cries, someone comes to care for him, and **he learns to trust**. The result is the capacity to attach – to know that “I am precious and I have value because you come to meet my needs. I know that my voice matters.”

Attachment occurs when the child’s physical, psychological and emotional needs are met. **Attachment** is the word for a strong kind of love that is predictable and consistent.

People who are well loved as a child are able to love others.

This attachment is extremely influential on:

- *how the child views him/herself
- *how the child relates to others

Securely attached people are confident in their relationships, and not overly dependent on others.

This kind of love is the goal of every parent/caregiver. It allows children to grow up to be loving parents, husbands and wives themselves.

Research shows that if we don’t meet the needs of babies when they cry for help, they stop crying.

Children from troubled pasts don’t believe they have a voice...they don’t have a safe adult who will respond to their needs. “I’m distressed but there’s no one coming to help. I must be unloved and worthless.”

When needs aren’t met over time, chronic distress sets in.

Children living apart from their parents have been exposed to many stresses and trauma.

Behavioral and Developmental Effects of Trauma

Without help and support, children often develop a variety of negative coping responses to traumatic stress.

A child's response to traumatic stress may manifest across multiple domains of functioning and developmental processes, including emotional, behavioral, interpersonal, physiological, and cognitive functioning.

Trauma:

- Can alter biological stress systems and adversely affect brain development, cognitive and academic skills, and language acquisition
- Changes in the levels of stress hormones similar to those seen in combat veterans
- Undermines brain development and affects different areas of the brain at different stages of development
- Can have serious consequences for the normal development of a child's brain, brain chemistry, and nervous system

Attachment

- Traumatized children feel that the world is uncertain and unpredictable
- Their relationships can be characterized by problems with:
 - Boundaries
 - Distrust
 - Suspiciousness
- As a result, traumatized children can become socially isolated and have difficulty relating to and empathizing with others

Biology

- Traumatized children demonstrate biologically based challenges, including:
 - Problems with movement and sensation
 - Hypersensitivity to physical contact
 - Insensitivity to pain
- They can have problems with:
 - Coordination
 - Balance
 - Body tone
 - Unexplained physical symptoms

- Increased medical problems (e.g., asthma, skin problems, and autoimmune disorders)

Mood Regulation

- Children exposed to trauma can have difficulty regulating their emotions. One of the signs to look for is whether a child has the ability to self soothe or exhibit coping skill
- Children have difficulty:
 - Knowing / Identifying feelings
 - Describing feelings and internal states
 - Describing wishes and desires to others
 - Regulating his/her mood
 - Showing coping skills

Dissociation

- Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal
- They can also withdraw from the outside world or demonstrate amnesia-like states

Behavioral Control

- Traumatized children can demonstrate:
 - Poor impulse control
 - Self-destructive behavior
 - Aggression towards others
 - A heightened awareness of potential dangers to themselves or others
- Traumatized children can also manifest child traumatic stress through:
 - Bodily reactions such as fast heart rates, churning stomachs or sweatiness
 - Sleep disturbances including dreams of the events that have occurred
 - Eating disorders

Cognition

- Traumatized children can have problems:
 - Focusing on and completing tasks
 - Planning for and anticipating future events
 - Understanding their own contribution to what happens to them
- Some traumatized children demonstrate:
 - Learning difficulties
 - Problems with language development

Self-Concept

- Traumatized children can experience the lack of a continuous, predictable sense of self
- May develop a stutter
- Traumatized children frequently suffer from:
 - Disturbed body image
 - Low self-esteem
 - Shame
 - Guilt

Trauma can harm the brain, but the right kind of nurturing can help heal the brain. Children from troubled pasts have lost their voice and we need to help them restore that voice.

For children who didn't experience "I cry, you come," the system of the brain for balancing emotions has shut down. We need to teach them how to deal with their emotions, whether they are 6, 8, 12 or 16 years old.

The way we communicate with the child can stimulate certain areas of the brain that help them regulate emotion, attention, how they understand themselves and others.

Relationships are brain food. How we interact can change the way the brain processes.

What they should have learned from their parents as infants, they must now learn.

Signs of Poor Attachment

- Resisting cuddling and physical contact
- Lack of eye contact
- Never developing a sense of honesty
- Always wanting to be alone
- Not feeling remorse for hurting others, or not recognizing the need to stop because their behavior hurts others
- Not able to understand how their behavior will affect the future (because there was no consistency in associating things like hunger and eating)
- Will not ask for help or care, even when they need it
- They will try to control their feelings, and do not show clearly what they feel
- They will try to resolve problems on their own much too early in development
- They will have problems remembering and talking about sad or difficult events such as separation and loss
- They will often appear to be cynical, stressed, emotionally disconnected and say things like "Who cares?" "You can't trust adults"

- They often appear to be lonely and sad, but refuse to talk about it.

**Everything that didn't happen for the child in their early years
needs to happen for them now.**

Go back to the beginning and meet their basic needs. Understand early child development, what they should have gotten, and how to give that to them now.

**If a child has experienced deprivation and random changes
in early caregiver relations, everything is “delayed.”**

Child development slowed down, especially social, emotional and brain development.

So, you may see a child behaving as a much younger child.

What to do?

*Consider the child to be of a much younger age – what kind of contact is good for a child that age? How much does the child understand instructions? How long can a child that age concentrate?

*Offer explanations and activities that are appropriate for younger children – plan very short and scheduled activities during the day

*Be very patient

*Use eye contact, kind touch, and lots of conversation

**Attachment behavior in adults includes responding sensitively, appropriately,
and consistently to the child's needs.**

*Look children in the eyes when they are talking to you, even if it means you need to stop what you are doing for a minute.

*Bend down to their level if necessary

*Show smiling eyes, calm voice

*Give hugs and kind touch

*Listen with full attention and show that you are listening with phrases such as “Hmm-mm” or “Oh...”

*Get excited for a child’s achievements and encourage them with “You can do it!”

Give their feelings a name

*Help them identify how they are feeling

*Accept their feelings - even if you don’t think they should feel sad or scared in a particular situation, the truth is, they are sad or scared, so let them know you understand. Accepting their feelings does not mean accepting their behavior.

*Teach them “Give me words because I am listening. I am here for you.” (eg, When the child is angry and acting out, ask them to stop shouting and tell you about their anger.) Then, you must listen. How do you let them know they are safe and you are here for them?

*Take whatever time the child needs. It may take some children longer to develop trust and feel comfortable building a relationship with you. Don’t give up.

*Treat the child with respect. Treat them as you would like to be treated. Model the desired behavior.

*Nurture the child even when the child seems unlikable. Separate the child from the behavior. You can love the child even if you don’t like their. behavior... let them know this.

*Tell the children something special about themselves every day!

So how do you fit these attachment behaviors into your busy days? Incorporate attachment behaviors while completing your tasks.

Examples: while handing out snacks, lean down to talk to the child, listen carefully, smile, touch the child’s shoulder, etc.

This is necessary for making the child feel secure and for promoting attachment.

Attachment behaviors from the parent/caregiver are just as important to teens as to young children.

It is really easy to fall into a pattern of negative interactions or questioning (why didn't you finish that work yet?...when did you plan on telling me about that?) rather than positive (thank you for helping me...you have the best smile).

Adolescents still need to hear, feel, and know that we love them and enjoy being with them.

When speaking with teens, strive for a tone of respect, dignity, humanity, and care.

*Listen for the deeper meaning behind their words and behavior and respond to that first.

*Act as a loving sounding board without rushing into the mode of problem solver.

It is wise, with teens, to keep advice that is not requested to a minimum, and if it must be given, do it gently, perhaps first asking if they are open to receive it. This communicates that we believe in their ability to handle their own problems, and we are here to help them when they need us.

It is important that we continue to show physical affection with teens. It can be something as simple as a playful tousle of his/her hair, or a hand on the shoulder, but it communicates your love and connection.

Don't take teens' negative behavior personally. Mean behavior is about their tangled up feelings and immature ability to understand and express their emotions. When mean behavior is taken personally, we tend to close off or lash out, which only makes the situation worse. Instead, set limits with a calm, empowered

While all of this sometimes feels like a burden of responsibility, it is also a gift. When you succeed, you have given the child a secure base – a positive foundation for life. This is why your role is so incredibly important!

Positive Discipline Techniques

The goal of positive discipline is:

- Self-control
- Self-discipline

When dealing with misbehavior, work to understand the child's need. Why are they having the issue? Then, correct their behavior by addressing the need:

- Dehydration – can have an impact on mood and the ability to focus and concentrate
- Chronic Stress – high levels of early stress are linked to issues with learning and behavior
- Imbalances in Brain Chemistry – have difficulty calming themselves
- Difficulty with Sensory Processing – over sensitive to sights, sounds, textures, flavors and smells

Teach the children to listen to their bodies. How is their engine running? (Red, blue, green)

Often misbehavior results from children acting out on their emotions. Teach them to use their words to talk about what is troubling to them.

Key Points in Positive Discipline

- Role model the behavior you want to see in the children
- Maintain an environment that is free from clutter and chaos
- State the rules clearly and apply them consistently
- Take care of yourself

Four Levels of Discipline

1. **No real danger, no threat** – “Give me that!” use this as a teachable moment “Look at me and give me words.”
2. **More persistent behavior** – “No, I don't want to and you can't make me.” Give the child a voice. Offer choices or compromises.
3. **Child losing control** – guide the child to calm themselves, think about what they need, and use their words to ask for it.
4. **Aggression and violence** – guide the child to calm themselves Do not try to problem solve while the child is acting aggressively. Let them know you are there for them when they have calmed down and can tell you what they need.

Discipline Strategies

- **Positive encouragement** – find good behaviors and praise them
- **Designated space** – (ages 2-10) send them to a space where they can calm down and think about what they need. (One minute for every year of life) Then tell their parent what they need and receive a hug from their parent.
- **Distraction** - (up to age 6) Give them another activity to distract them from their inappropriate behaviors
- **When you ___ then you can ___**. Keep repeating as much as needed.
- **Loss of privilege** – what you take away must be equal to their misbehavior
- **Reward** – reward positive behavior

Misuse of Discipline

Physical punishment is not allowed

Humiliating or degrading punishment is not allowed

*Some sections adapted from TCU's Karyn Purvis Institute of Child Development, Trust Based Relational Intervention (TBRI) <https://child.tcu.edu/#sthash.c2w2GVNP.dpbs>