EMDR Integrative Team
Treatment for Attachment Trauma in Children

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Conceptualization of Attachment Trauma Through the AIP Model
In past decades….

- The children were viewed as driven by rage and a need to control.
- The children were viewed as unable to feel remorse and without a conscience.
- The children were 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)
AIP Model (Continued)

- 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.
- Adaptive information is stored in the cognitive regions of the brain.
Need to “release” the rage.


Intimidation parenting.
AIP Model

- Any reminder of the traumatic event taps into the dysfunctionally stored, unmetabolized traumatic memory, accessing affect, sensations, images, and negative cognitions.

Lasting Effects of Attachment Trauma

- Traumatic memories related to attachment figures are stored within neural networks along with associated negative beliefs, emotions, sensation, and images. Later, attachment figures are a primary trigger for the stored maladaptive material.
Preverbal Trauma

- Pre-verbal trauma remains stored in implicit memory.
- Pre-verbal trauma is triggered subconsciously.
- When a child is traumatized within the first two or three years of by abuse, neglect, or separations, attachment figures become part of the stored intrinsic memory system.
Anxious Attachment Categories

- **Anxious/Dismissive** -- Avoidant of feelings and avoidant of closeness. History of caregivers who were not comfortable with closeness.

- **Anxious/Preoccupied** -- Clingy, demanding, anxious. History of caregivers who were not responsive to child’s needs.
Disorganized Attachment

- **Disorganized** -- Disoriented and disorganized in behavior patterns around attachment figures. History of caregivers’ behaviors were frightened or frightening. May or may not have suffered from abuse.
Attachment Disorder

- Early life had no attachment figures, lost attachment figures, or experienced other trauma related to attachment figures.
Behaviors normally labeled oppositional, rebellious, unmotivated, or antisocial are the natural byproduct of a brain that is wired for survival.

These behaviors are all part of the fight-flight-freeze response: Nature’s way of helping us survive a threatening environment.
Repeated Trauma Wires the Brain to Hyper-arousal & Hypo-arousal (Reference: Daniel Siegel)

**Sympathetic Nervous System Arousal (Hyper-arousal):** Emotionally reactive, aggressive, impulsive, hyper-defensive, dissociated, or frozen and paralyzed.

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, collapsed, slowed, feeling “dead,” psychomotor retardation.
Treatment Plan Addresses Past-Present-Future

- Desired future behaviors:
  - Accepting “no,” directions and redirection
  - Getting up in the morning, getting ready for school
  - Social skills with other children

- Negative cognitions to be addressed:
  - I’m not loved or lovable.
  - I don’t belong.
  - I’m not safe.
  - Moms/Dads are mean.
Eye Movement Desensitization & Reprocessing (EMDR) Therapy

• 8 phase protocol
  1. History-taking/treatment planning
  2. Preparation
  3. Assessment (Baseline measures, Negative Cognition, Positive Cognitions)
  4. Desensitization
  5. Installation of Positive Cognition
  6. Body Scan
  7. Closure
  8. Reevaluation
Bilateral Stimulation is a Part of the Protocol

- Integrates unprocessed traumatic memory with adaptive information
- Facilitates the natural associative process
- Activates the prefrontal brain
- Taxes working memory
EMDR is Endorsed by Organizations World-Wide

- The World Health Organization
References:


Overview and Structure of the Integrative Team Model
Goals of EMDR Integrative Team Treatment

1. Create a secure holding environment for trauma reprocessing through a more secure attachment with the child’s caregivers.

2. Increase emotion regulation and integration within the child’s brain.

3. Process stuck trauma to remove obstacles to feeling safe, loved, and lovable.

4. Improve skills for day-to-day functioning.
Team Treatment Structure

Four Components of Treatment:

- Family Therapist
- EMDR Trauma Therapist
- Peer Consultation
- Integrative Parenting Class
Overview of the Family Therapist Role

- Helps parents become attuned and respond with “Integrative Parenting” methods.
- Helps the child self-reflect and self-regulate.
- Helps identify targets, NCs, PCs, and future templates.
- Develops the child’s “story.”
- Increases the child’s store of adaptive information and skills.
Overview of the EMDR Therapist Role

- Implements Attachment Resource Development (ARD) to strengthen attachment.
- Implements Self-Regulation Development and Installation (S-RDI).
- Decreases the emotional charge related to the attachment memories.
- Decreases the emotional charge related to current triggers.
- Helps change trauma-related NCs to adaptive healthy PCs.
The therapist roles are delineated, and the child knows what to expect in each therapy session, insuring that EMDR can take place each week.

The family therapist increases regulation in the child and parents, improves parental attunement and understanding, and identifies important targets, feelings, NCs, and PCs, which facilitates successful EMDR.
The collaboration helps therapists make appropriate decisions regarding case management, brainstorm appropriate interventions, and maintain treatment fidelity.

The team approach more effectively assists parents in shifting their parenting approach.

Teamwork helps therapists maintain morale.
Rationale for the Team 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.
Overview of Peer Consultation

- Prioritize cases where safety or placement are at risk.
- Brainstorm cases where parents or children are “stuck.”
- Help one another maintain treatment fidelity.
- The team should remain supportive and positive with one another.
Therapy Frequency

- The child and parents meet with the EMDR therapist and family therapist once per week.
- When possible, it is very effective to schedule the sessions back-to-back.
- Emphasize regular attendance.
Case Series Data
The Attachment & Trauma Center of Nebraska

- 9 Child Cases:
- Adopted from overseas orphanage or U.S. foster care
- Notable improvement on behavioral, attachment, and trauma measures.
Family ther. weekly for ave. 6-9 mos. followed by reduced freq. to dschrg. Ave. total tx = 1 yr.

Child Behavior Checklist (CBCL)
Total T-Score Clinical = 65
N=9  Children Ages 8-13
EMDR + family ther. weekly for ave. 6-9 mos. followed by reduced freq. to disch. Ave. total tx = 1 yr.
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Helping Parents Make the Shift

FAMILY THERAPIST AND EMDR THERAPIST WORKING TO HELP PARENTS UNDERSTAND THAT THEIR CHILD IS HURT

INTEGRATIVE PARENTING CLASS
Accompanying Parent Guide:

“Integrative Parenting: Strategies for Raising Children Affected by Attachment Trauma”

by Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong
(W.W. Norton, New York, 2014)
Class 1 (of 5)
Scared Children—Not Scary Children

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Objectives: You will be able to…

• Identify the possible traumas in your child’s early life.
• Identify the negative beliefs blocking your child’s success.
• Recognize your child’s triggers.
Class 2 (of 5)

Creating Connections

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At the End of This Class You Will Be Able to…

- Identify how mindful awareness can help you calm your child’s brain.
- Increase your child’s emotional and physical connection to you.
- Create pleasurable experiences of pleasure with your child through play.
Class 3 (of 5)
Solutions to Challenging Behaviors
At the end of this class, you will be able to:

- Identify situations that trigger your child.
- Identify situations that increase your child’s vulnerability.
- Identify negative thoughts and feelings associated with your child’s behaviors.
- Find attuned responses to your child’s concerning behaviors.
Class 4 (of 5)  
Becoming a Happier Parent  

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At the end of this class, you will be able to…

- Find healthy ways to lower your stress.
- Recognize your triggers and rewire your responses.
- Pull out your own “negative thought dominoes” and replace them with more helpful ones.
- Replace your emotion-driven responses with more Integrative Parenting responses to your child’s meltdowns and big behaviors.
Class 5 (of 5)
Boundaries and Consequences with Love and Attunement

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The Role of the Family Therapist
Collaborate with Parents to Examine and Identify….

1. The child’s history
2. The child’s behaviors and affective symptoms
3. The child’s negative beliefs
4. “Touchstone events”
5. Triggering current situations
Common Touchstone Events

- Loss of primary caregivers and/or changes in primary caregivers
- Temporary placement such as foster care or orphanage care
- Early experiences of abuse of any kind, neglect, or rejection by caregivers
- Early medical interventions
Common NCs

- “I am not safe.”
- “I cannot trust mom/dads.”
- “I cannot trust or depend on anyone.”
- “I have to get what I need/want for myself.”
- “It is not safe to be close.”
- “It is not safe to be vulnerable.”
- “Moms/dads are mean.”
- “Moms/dads will leave.”
- “I have to be in control.”
Common Triggers

- Mom/dad/teacher saying no
- Mom/dad giving attention to a sibling
- Play with siblings or peers
- Mom/dad/teacher giving a direction or redirection
- Mom/dad/teacher with an angry face
Working with the “Hurt Child Within”
Addresses the EP

- Creates self-compassion
- Enhances self-nurturing
- Strengthens the front part of self
- Creates awareness of the inner state and changes in affect state
Teach the Child to Use Ego State Language

“We all carry our littler selves with us inside our hearts.”
Strengthen the “Most Grown-up Part of Self”

- Teach the child to identify when he feels “big” vs. “little.”
- Teach the child to find his “bigger self.” (“Think about what you do when you are in your bigger self.”)
Dialogue With the Littler Child Self

• Say, “You carry thoughts and feelings of the hurt littler you inside.”
• Ask, “Are these feelings coming from your most grown-up self or the littler you inside?”
• Ask, “What do you think the little one inside needs to know!”
Help Parents Wear the “Detective’s Hat”

- The parent enters the session with a list of the week’s behaviors.
- Invite parents to put on the detective’s hat. (Parents become part of the “team.”)
  - “Let’s work together to figure out the triggers.” (Current triggers)
  - “Let’s work together to figure out the negative beliefs driving your child’s behaviors.” (Looking for NCs)
  - “Let’s work to identify what positive beliefs your child is missing.” (Looking for PCs)
Finding the Traumatic Roots

- Explore with parents: “Let’s think together about when the child learned to believe these things.” (Traumatic Events)
- Conduct a “float back” with the child: “Think about that triggering situation, and your mixed-up thought. Let your mind go back to when you were much, much younger. Can you think of a time when you may have that same mixed-up thought?”
The Detective Work is Ongoing

- The landscape is always changing. The parents, child, and therapist work together to identify new triggers, new identified NCs, and new touchstone events.
More disorganized attachments = more dissociation. Strengthening the parental attunement and increasing perceived safety in the relationship helps minimize dissociation.
The Role of the EMDR Therapist
Typical RDI to Begin…

- Safe Place
- “Big Boy” or “Big Girl” resource and installation.
  - Think about a time you felt really “grown-up.”
  - Reinforce a “mental movie” with slow tapping.
  - “Notice how it feels inside your body when you are in your bigger self! Notice how you hold your body!”
ATTACHMENT RESOURCE DEVELOPMENT (ARD)
Messages of Love Exercise

• “What I appreciate about you….”
• “What I remember about the first time I saw you…”
• “I feel proud of you for…”

(Add slow BLS while parent is speaking.)
Create Safety for the Inner Child

- Explain: “We are going to make a safe place for the smaller child (or the baby) part of yourself. We are not going back in time. We are working with the smaller child self who lives in your heart today.”
- Explain: “We all carry feelings from when we were younger inside of us.”
- The BLS helps create a new, positive memory network. We are meeting the child’s earlier unmet needs.
The “Safe Place Nursery” or “Safe Play Room”

- “Let’s think about (perhaps draw) a place that is cozy and safe for the smaller part of yourself.”
- “Now is your chance to give this baby inside everything he needs! Live it up! Go for the gusto!” (Paulsen, 2012)
“Mom (Dad), imagine you are inside the safe place nursery (playroom) with this little one. Talk about what you are doing for this little one in the safe place.”

(Add slow BLS throughout while therapist is describing the place, or the parent is talking about caring for the smaller child self.)
Self-Regulation Development and Installation (S-RDI)
• When the child has the “I can’t wait” feeling, the “I want” feeling, or some other feeling in session, work with the feeling “in vivo.” Coach the child to cope with mindfulness, and reinforce the mindfulness with BLS:
  – “All your feelings are normal.”
  – “Feelings come and feelings go. Feelings are temporary. They wash up like big waves of feelings, but remember, feelings don’t stay.”
  – You can have your feelings and be okay.”
The use of EMDR when helping children heal from trauma utilizes a variety of techniques to include:

- Therapeutic story
- Past present and future Work
- Piece Work (dividing the trauma into smaller pieces in order to avoid overwhelming feelings during processing
- Adaptive information about families and the roles of moms and dad
- Current trigger work connecting present behaviors to past traumatic events
- Future templates
As Treatment Progresses…

- Reinforce “big boy” or “big girl” feelings in the body related to the positive behaviors from the past week:
  - Use of self-calming skills
  - Making good choices
  - Completing a task
  - Helping out
  - Asking for help, asking for comfort, accepting “no,” accepting redirection, accepting praise
EMDR Integrative Model

BRINGS HOPE AND HEALING TO HURT CHILDREN AND THEIR FAMILIES
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