

Optimising EMDR with Children by Involving Parents & Caregivers

Arianne Struik
ictc@ariannestruik.com
Debra Wesselmann
debwess@gmail.com

1

Disclaimer: videos

This presentation may contain videos of clients therapy session and audio recordings for educational purposes. In order to protect the rights and the privacy of the clients featured, attendees are strictly prohibited from recording or broadcasting audio or video or any part of this session. No person shall transfer or cause to be transferred any sounds or videos recorded on any device. Not respecting this agreement can result in legal actions and referrals to licensing boards. If you are continuing on with this session you are affirming that you will not, in any form, record any part of this presentation.

2

Why involve parents in kids' EMDR Therapy?

Adoption/Foster Care/Guardianship:

The child feels connected, supported, and "held" emotionally.

Parents connect to the child's history that they were never a part of.

Parents become more attuned and compassionate.

Biological Parents:

The child feels connected, supported, and "held."

Parents can repair damage in the relationship.

Parents can be present and attuned now, while remembering the past when the parent was not attuned.

3



*It's not all or nothing.
We can meet parents
where they're at.*

History-taking and Preparation Phases are an opportunity to assess and prepare parents to support and co-regulate.

4

Parents with limited capacity

Can still be supportive

Before

During

After

5

Parent Attachment Patterns & Parallel Child Attachment Patterns (Reference: Articles by Mary Main and Eric Hesse)

Parent Attachment Patterns

- Secure: Attuned, responds with sensitivity.
- Dismissive: Manages anxiety through avoidance of emotions
- Preoccupied: Affectionate, but not attuned. Demands and commands
- Unresolved/Disorganized: Child is a trigger for parent's unresolved trauma

Child Attachment Patterns

- Secure: Receptive to soothing. Seeks comfort.
- Avoidant: Keeps parent near by minimizing emotions
- Ambivalent/Resistant: Demanding behaviors. Not easily soothed
- Disorganized: Child is both yearning for and scared of parent. High risk for later dissociation and mental disorders

6

Signs of a Secure parent in the therapy office...

The parent...

Allows the child to take the lead during play

provides comfort in response to child's cues

expresses pleasure or concern while staying regulated



7

Signs of Dismissive parents in the therapy office...

The parent...

is not interactive during play

Is brusque or blunt with words or actions

shows little expression of emotions



8

Signs of Preoccupied parents in the therapy office...

The parent...

has difficulty letting the child take the lead in play

may be affectionate, but not attuned

may micro-manage the child



9

Signs of Unresolved/Disorganized parents in the therapy office (may also be dismissive or preoccupied)

Clues that parent is triggered and dysregulated may be subtle: changes in parent's facial expressions or voice

Parent may appear frightening or frightened



10

Attachment-related diagnoses

- In addition, some children have had little or no opportunity to develop
- attachments at all due to constant changes in placements or orphanage care.
- They may meet diagnostic criteria for:
 - **Reactive Attachment Disorder – Appears detached and uninterested in genuine relationship**
 - **Disinhibited Social Engagement Disorder – Seeks superficial relationships with multiple adults**
- (Diagnostic Statistical Manual V, American Psychiatric Association)

11

Signs of Attachment Disorder in the therapy office

Child is shut down to genuine relationship with the parent.

Child is solely focused on seeking instant gratification through material things, technology, food, or sexual acting out

Child has extremely small window of tolerance

Parent feels hopeless. Parent may have stopped attempting closeness with the child.

Parent is solely focused on managing behaviors.

12

Secure attachment
is associated with
mentalization
(Citation: Fonagy
& Bateman)

Mentalization includes:

- Capacity to reflect upon one's own thoughts, feelings, and intentions
- Nonjudgmental attitude, willingness to listen and understand others (including kids)
- Capacity to mirror with empathy
- Capacity to reassure and comfort
- Capacity to slow things down, pause, reflect before responding

Poor mentalization:

- Poor capacity to reflect upon one's own thoughts, feelings, and intentions
- Negative assumptions, negative interpretation of the inner state of others (including kids)
- Poor capacity to mirror or comfort
- Quick reactions

13

The therapist's
mentalizing
approach with the
parent gains
parent's trust and
helps expand their
mentalizing
capacity

Therapist mentalizing approach to the parent's inner state...

- "Help me understand more about what you were feeling there..."
- "Can we explore that a little more? It sounds like you were really triggered right then..."
- "I can only imagine how difficult this has been..."
- "Let's brainstorm some ideas that might help..."



14

As parents' gain awareness of their own inner state, they gain capacity to reflect upon the child's inner state

Therapist helps the parent mentalize the child's inner state...

- "Let's think together about what might have triggered your child just then."
- "I'm curious whether we can imagine what your child might have been thinking or feeling just then."
- "I wonder when your child might have first learned to think that/feel that way."



15

Attuning to parents' attachment patterns

With preoccupied parents:

- Lean forward
- Increase validation and empathy

With dismissive parents:

- Stay more matter-of-fact, casual
- Lean back, not forward
- Lower emotional intensity

With disorganized parents:

- Offer more direct support such as grounding or breathing methods to help with regulation

Invite to "pause," slow things down, reflect and problem-solve together

16

Therapeutic trust improves parents' capacity to internalize new approaches to the child

- Epistemic trust = capacity to internalize information from another.
- With therapeutic trust, parents observe the therapist, integrate new learning, and implement a more trauma-informed approach with the child..



17

Parents may be misguided due to negative myths concerning children

Common myths:

- Children with challenging behaviors are spoiled
- Demonstrating too much love and care will spoil a child
- If children aren't responding to punishments, the punishments aren't severe enough

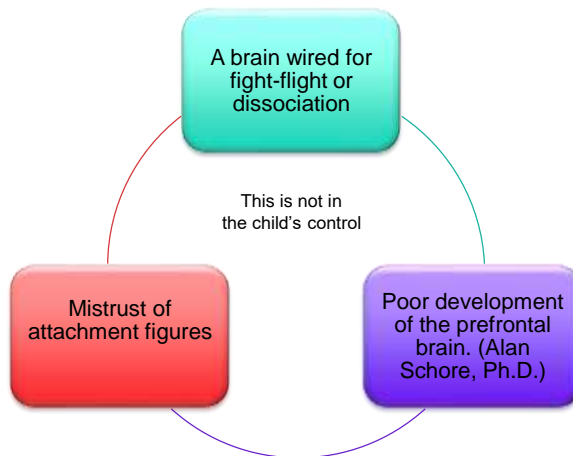
18

What we
want
parents to
know...



19

Attachment
trauma in
early
childhood
leads to...



20

The traumatized child may believe...

- I'm not safe.
- Bad things will happen.
- Adults don't keep me safe.
- I can't trust.
- I must remain vigilant.
- It is not safe to relax.
- I don't deserve love.
- I am not good enough.
- It's all my fault.
- I am unworthy.
- I am shameful.
- I have to be perfect.
- I do not belong.

These beliefs are not a choice.

21

Ordinary events can be triggers...

- Mom saying no. Teacher saying no.
- Stern look on an adult's face.
- Mom paying attention to a sibling.
- Parents going out-of-town
- A holiday
- Schoolwork
- Bedtime
- Morning-time
- A time-out or consequence

22

A punitive approach reinforces "You're mean" and "I'm bad." The child believes deep down, "I have to push you away to protect myself."



23



Parents can utilize the 4 ingredients of secure attachment to help their child heal

- Touch, affection, closeness
 - A physical presence that provides safety, nurturing, and connection
- Emotional attunement
 - recognizing the child's inner state and responding from a place of compassion and understanding
- A secure holding environment
 - Dependable, reliable, trustworthy ongoing emotional support
- Shared pleasure, play, and fun
 - Experiencing shared joy releases opioids in the brain – the "love hormones"

24

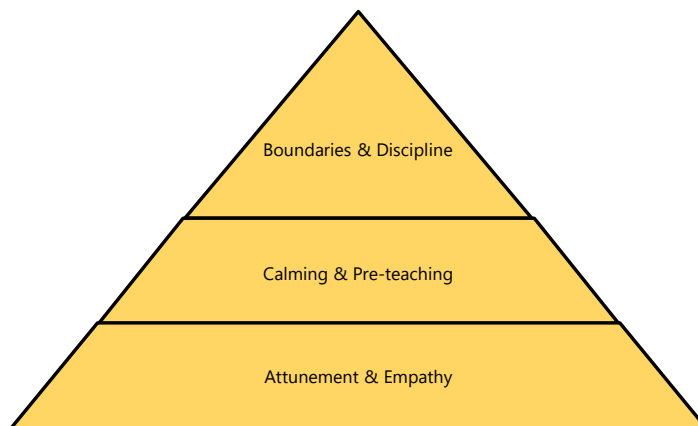


The child who is healing can develop new positive beliefs...

- I belong.
- I can ask for help.
- I can count on my mom and dad to take care of me.
- It's safe to trust.
- It's safe to love.
- It's safe to have feelings.
- I am safe.
- I am lovable.
- It's safe to be vulnerable

25

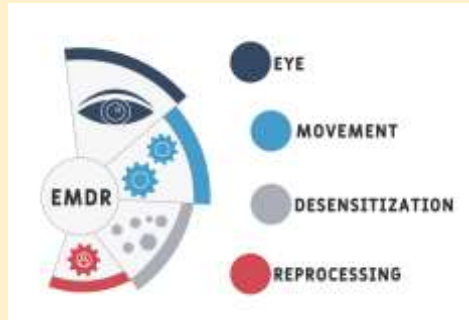
Remind parents that attunement and empathy are the foundation of effective parenting



26

Introduce EMDR in a simple way

Say to Parents, "EMDR therapy around upsetting memories or present triggers allows the brain and nervous system to calm down and discover new, more positive ways of thinking and feeling about things."



27

Kintsugi: The pottery becomes more beautiful after trauma and healing/repair than before



You can also say to parents...

"Many parents find participating in their own EMDR therapy helps them feel better as their child begins to feel better."

"As you and your child heal, your relationship with your child can continue to grow healthier."

28

Strategies for enhancing parental capacity for co-regulating the child before, during, and after EMDR Therapy



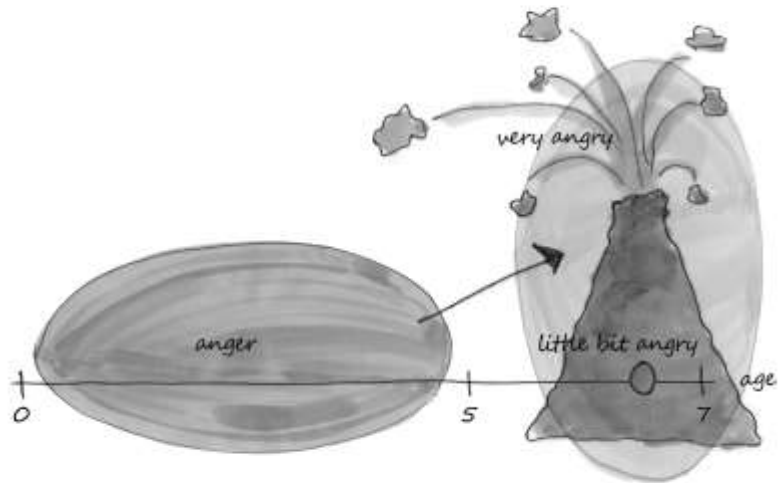
29

Introduce the idea of providing emotional support to their children during EMDR therapy.

Say to Parents, "I recommend EMDR therapy to help your child heal from trauma, but I might need your help. Kids often need the support of their parents before the sessions, during the sessions, or after the sessions. That can sometimes be hard for parents, especially if kids have a lot of big feelings. We can figure out a way that works best for you."

30

Volcano Metaphor



Source: Struik, 2019

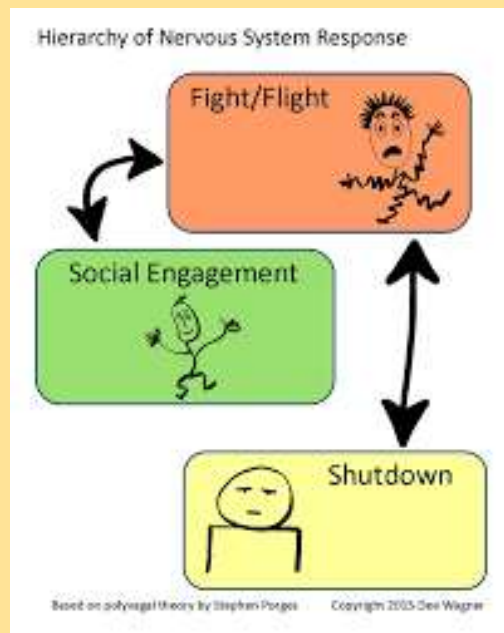
31

Supporters

Children need supporters
 Feel connected
 Increase motivation
 Tolerate more distress together
 Heal together now from feeling alone then



32



©Dee Wagner 2015 based on Porges

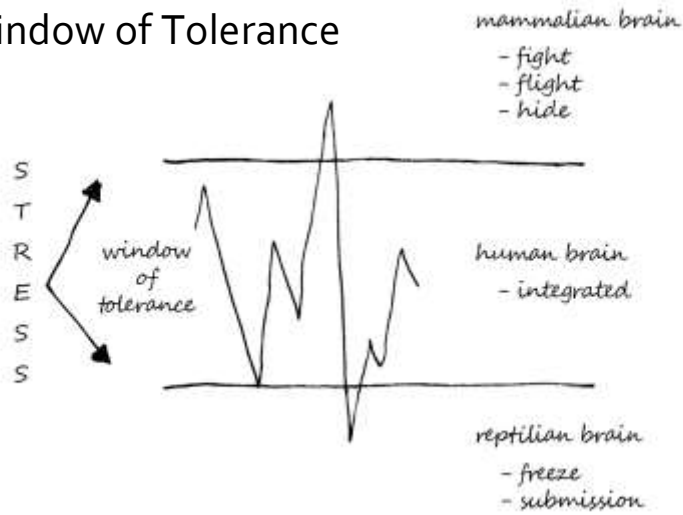
33

Say to Parents, "Your emotional support can keep your child in his social engagement system so that your child can think about what happened and feel feelings without getting overwhelmed or shutting down. This will allow him to get it all worked through with the help of the EMDR therapy."

Window
of
Tolerance

34

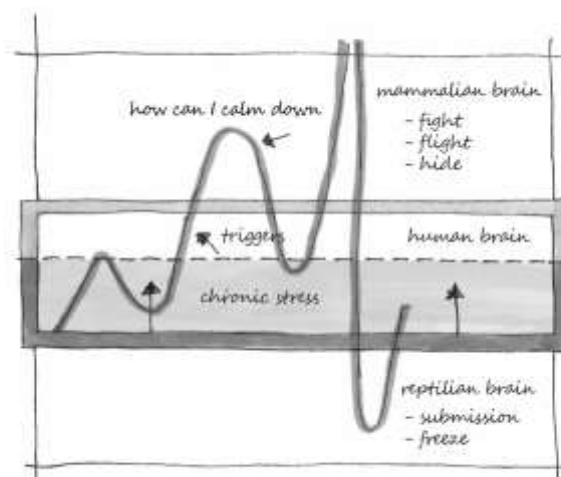
Window of Tolerance



Source: Adapted from Ogden and Minton (2000); Ogden, Minton and Pain (2006).

35

We can enlarge the window for parents and their children through EMDR therapy. (We take out the chronic stress.)



Source: Adapted from Ogden and Minton (2000); Ogden, Minton and Pain (2006).

36

You can say, "It's hard to be a parent. None of us are perfect at it. I remember losing my cool sometimes."



"I'm here to help, not to judge. I know that your own history made it doubly hard for you."

Parents
often fear
judgments

37

Normalize the effects of their
own trauma

You can say, "It's not unusual with parents to get triggered by their kids or their kids' experiences."

"Lots of parents find they feel a lot better after doing some EMDR therapy on their own experiences."



38

Cognitive shift

I'm safe now, it's stopped

I am no longer powerless/ I can think about it

It's not my fault, mom/dad shouldn't have done that/taken care of me

I'm ok, despite what happened and what I did.



39



Barriers

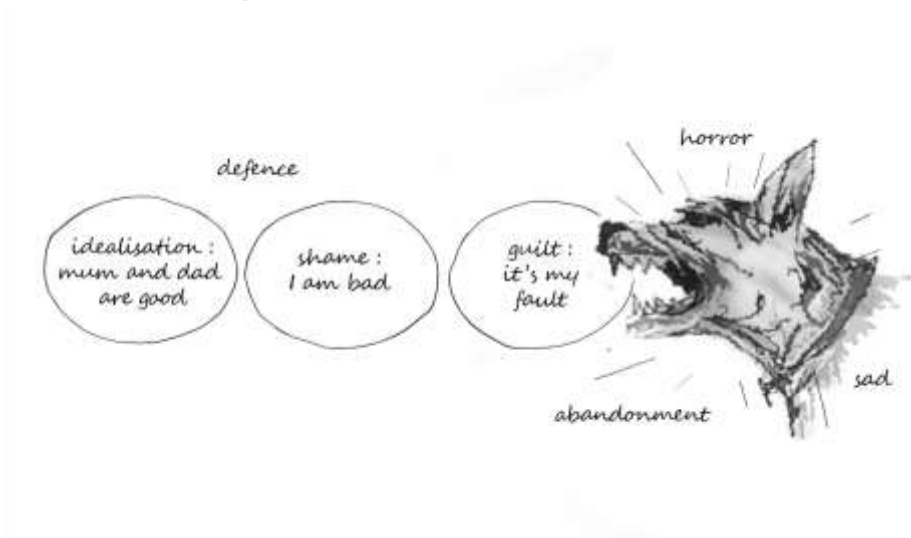
Can the child make the shift safely?

Do we need preparation?



40

Psychological defences



Source: Adapted from Knipe (2018)

41

Actions barrier 5

Work with abuser parent
 Also when the child is not reunified
 Systemic conversations
 Letter/ video message
 Trauma Healing Story

42



What does that mean?

Acknowledgement is about the past

Not about child behaviour now

Parents often get stuck on the current behaviour

Acknowledgement

43

Level 1:

It was not the child's fault

Level 2:

It was not the child's fault AND
It was difficult for the child (impact)
and it should not have happened

Level 3

It was not the child's fault AND
It was difficult for the child (impact)
and it should not have happened
AND
I am responsible, I should have
done... (and I am sorry)?

**Levels of
acknowledgement**

44

Levels of acknowledgement

Level 1 Minimum

Level 2 Lucky

Level 3 Rarely



45

Prepare the child to make cognitive shift

Provide the child with information

Brief story with pictures (8-12 pages)

Possible traumatising events

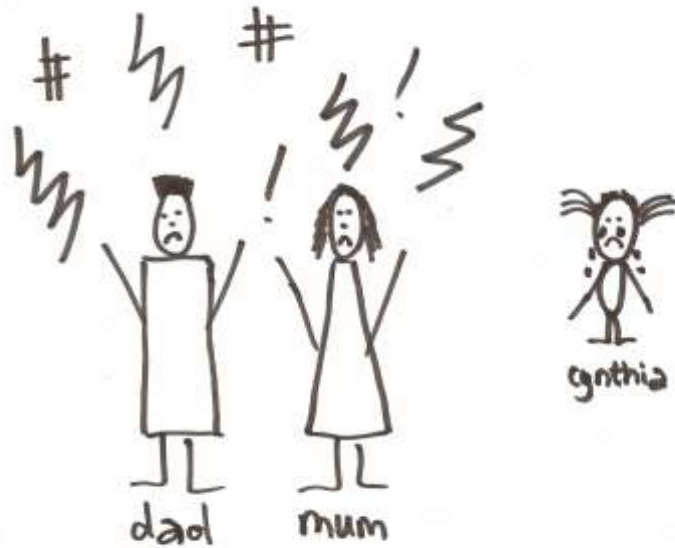
Parents views and intentions

Presented to the child

With parents/ carers/ network

Trauma Healing Story

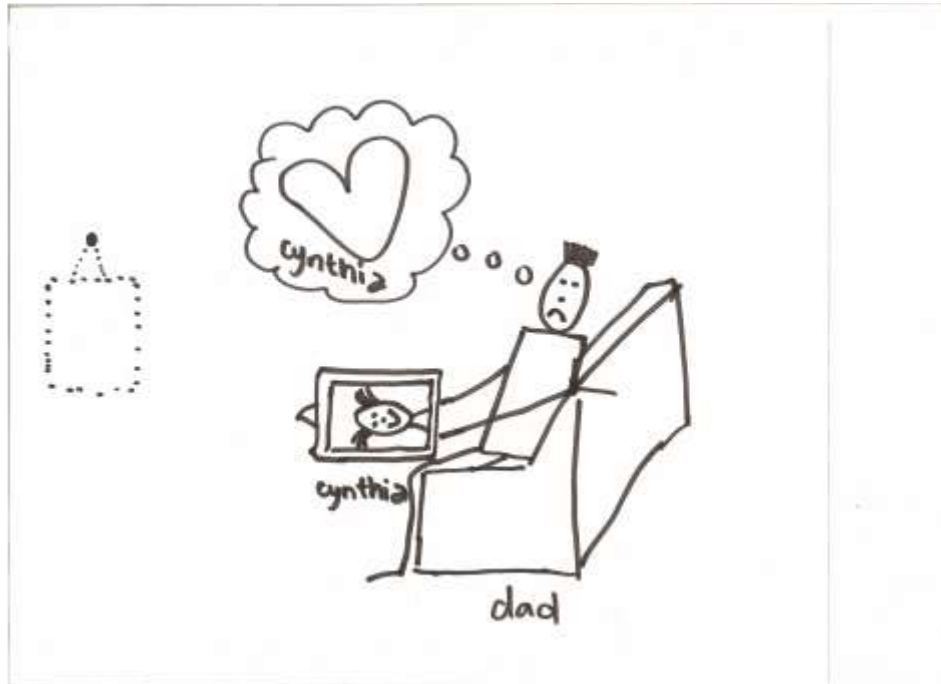
46



47

When Cynthia was five, dad and mum were still fighting a lot. Dad says he decided to leave because he thought the fighting was not good for Cynthia and it could not be fixed. Mum says that is true. At that time dad was very young and he felt he could not take care of Cynthia well enough, so he left her with mum. In hindsight, dad says he should not have done that. Dad says he did not realise how ill mum was and how difficult that was for Cynthia. Dad says he always thought about Cynthia and wondered how she was doing, but he was scared to contact her because he felt he was wrong. He was very happy to hear from her now.

48



49

Mum says she has a lot of bad memories from when she was a child. She tries not to think about them by using drugs. Mum says the memories make her feel depressed and bad about herself, so bad she tried to kill herself. She felt so bad that she could not think about Cynthia at all. Mum says Cynthia tried to make her happy, but it is not children's job to make mum's happy, they cannot. Mum's and dad's have to make themselves happy or ask other adults to help them, not children. Now mum says she is happy she did not die, because she wants to be there for Cynthia. She has done therapy and does not think about killing herself anymore. She still uses drugs because it is very hard to stop that. Your body just wants to have more and more. Mum says that she wants to try to stop drugs too and then Cynthia can come and live with her.

50



51

Important stakeholders all welcome

Supportive for the child

Safe that everyone knows their story

Corrective experience

I'm important

Conflict in family: two identical meetings

**Presenta
tion of
the story**

52

You are now safe

It wasn't your fault

You are valuable

You are allowed to talk about everything that has happened (compensation plan explain)

Motivation trauma processing

Message for the child

53



Who does a child need when doing EMDR?

EMDR is like surgery:
Mum and dad

Parents can support
Even when in prison
Or deceased

54



55

When parents cannot be in the therapy...



What can parents do to make their child feel that they are thinking of them?

56

Postcard,
text
message,
video, song



57



58

Video – Parent Clip

59

Music

<https://youtu.be/o4854XqcfCY?t=27>

Play our song-We are the
Champions

60

"Let's tell Dad how brave you were doing the EMDR."



©ICTC 2021

61

"I'm burning a candle for you, while you are doing EMDR."



©ICTC 2021

62

"I will pray for you."



63

Dad's jacket

I smell him
He is close
He protects me



64

What if parents are present and become triggered in the session?

Strong emotional reactions are ok.

Verbalize what happens to the parent and child.

Use self-regulation strategies.

Discuss what the parent needs. "Mum needs a big hug now."

Give them a task, focus on the outside: "Notice your child's breathing."

Throw the ball with the child, draw, play.

65

Creative ways to include parents in the session

- Headphones--not hearing the words, but physically there for the child
- Bring the dog



66



67

Sometimes children don't want their parent in the room, and that's okay, too.

Secrets: *I don't want mum or dad to know.*
 Shame: *I don't want them to see me like that.*
 Guilt: *I don't want them to hate me for what I did.*
 Threats: *I am not allowed to say this.*
 Protection: *They will get upset.*
 Consequences: *Mum will get so angry with granddad, and then I cannot see him anymore.*

68

After the session

- Ring mum
- Zoom uncle in another country
- Grandma cooks favorite food
- Doing activities together



69

Case Discussion

A mother brings her child in. She is rough and harsh with the child. There is some violence between mom and her partner. She would like her child “fixed” so he will behave. He’s just like his father. Mom has PTSD. Triggered when her child gets angry or talks about the partner or the violence.

70

Discussion adoption case

Shakira (14) was adopted when she was 8. Her biological mother has an intellectual disability and before removal, Shakira was yelled at, hit and neglected. Shakira and her biological parents lived with the maternal grandparents for a while. When her biological parents split up, her father took care of her for a year and sexually abused her. He used to say that was how parents show their love to children.

After she was removed her biological dad committed suicide. The adoptive parents keep maternal grandmother and mother, supportive of the adoption, informed. Adoptive parents struggle with Shakira's sexualised behaviour and violent outbursts. The placement is about to break down. They had 3 years of DDP without much change.

Shakira has nightmares, self harms and dissociates. She blames herself for her biological father's death and is reluctant to engage in EMDR. Who would you involve? Adoptive parents, mum, grandmother and how?

71



Attachment Resource Development (ARD)

1. Messages of Love 2. Cord of Love 3. Safe place for the Littler One

72

Attachment Resource Development (ARD)

Identify a relaxing way to provide bilateral stimulation.

The therapist creates experiences of closeness between the parent and child in the office.

Slow bilateral stimulation deepens positive feelings related to the closeness.

Bilateral stimulation can be longer if the therapist or parent is guiding the child's thoughts.

73



Messages of Love

(CITATION: Wesselmann, Schweitzer, & Armstrong, 2014)

©Debra Wesselmann

74



QUESTIONS



- Show the parent the questions you will using to implement the activity:
- "What are characteristics that you enjoy about your child?"
- "What are some of your favorite early memories with your child?"
- "What do you remember about first laying eyes on your child?"
- "Describe times you have felt proud of your child."
- "What are some activities you have enjoyed doing with your child?"
- "What are some things that the two of you have in common?"
- "What are some of your future hopes and dreams for your relationship with child?"

©Debra Wesselmann

75



- Say: "You're lucky today. You get to sit back and relax, and your parent will do all the work. You can listen or not listen, it's entirely up to you."
- You may offer a weighted blanket, lollipop, gum or a fidget toy.

©Debra Wesselmann

76



As parent answers “messages of love” questions and describes positive memories and feelings about the child, deepen the child’s positive affect and sense of connection with slow taps or other bilateral stimulation.

Taps may also be applied to parent to deepen positive affect for the parent.

77



Biological Parents

- Parent can share positive memories regarding pregnancy, birth, first steps, first words, favorite memories.
- Parent can bring in child’s baby pictures to share.
- Slow bilateral stimulation deepens feelings of connection.

©Debra Wesselmann

78

When there is no caring attachment figure

- Bring in a support person such as the child's teacher, residential staff member, or caseworker:
- Prompt with questions...
 - What characteristics do you enjoy about this youth?
 - What (positive) words come to mind when you think about this youth?
 - What talents do you notice in this youth?
 - What are your future hopes and dreams for the youth?
 - What do you feel proud of this youth for?
- Add slow, relaxing bilateral stimulation throughout the supportive individual's dialogue.

© 2018 Debra Wesselmann, Cathy Schweitzer, & Stefanie Armstrong Do not reprint without permission of the authors

79



Cord of Love/ Circle of Love

(Reference: Wesselmann, Schweitzer, & Armstrong, 2014)

©Debra Wesselmann

80



©Debra Wesselmann

81

- “Close your eyes & picture the magical cord that connects you, heart-to-heart. It’s a beautiful light. What color is your light? No matter where you are, it can stretch and stretch.”
- (Add slow bilateral stimulation throughout the guided imagery.)
- The child (and parents) may wish to make a picture or sand tray showing their *Magical Cord of Love* connection.



©Debra Wesselmann

82

- Ask parent/caregiver to explain that the love/care doesn’t go away during challenging situations. “The feelings for you are always there.”
- Ask parent, “What about when you’re frustrated?” “What about when you go somewhere?” “What about when you’re busy with the baby?”
- Encourage the child/teen to draw the “magical cord of love” or “caring circle” that still exists during challenging situations.
- Suggest child look at the picture while you add slow bilateral stimulation to deepen positive affect.



Circle of Caring: Especially helpful for kids without a permanent placement

- "Let's use (drawing/sandtray figures/stuffed animals) to show what it would be like if all the people and animals who care about you were here in a circle around you right now."
- (Consider extended family, family friends, residential staff, caseworkers or other helpers, teachers, friends, pets)
- "Wow, if they were all here right now, it would be crowded in here!"
- "Imagine their feelings for you was a beautiful colored light all around you. Just think of that..." (Add slow bilateral stimulation to deepen)

©Debra Wesselmann

83



Safe place for the younger part of self on the inside

CITATION: Wesselmann, Schweitzer, & Armstrong, 2014)

84

Normalize concept of younger parts of self on the inside

Say, "We all carry thoughts and feelings from when we were younger inside of our hearts. These dolls are like us, carrying younger parts of us inside. We can make a wonderful place for any younger part of us on the inside that might need to feel cozy and safe."



85



- "Let's think about a place that is cozy and safe for this younger part of you. Add anything your younger self might need or want." (Invite the child to draw a picture or make a sand tray about it.)
- Say, "Look at your picture, and think of the smaller you in this safe place inside your heart, with no worries or cares." (Add slow bilateral stimulation to deepen positive affect.)

©Debra Wesselmann

86

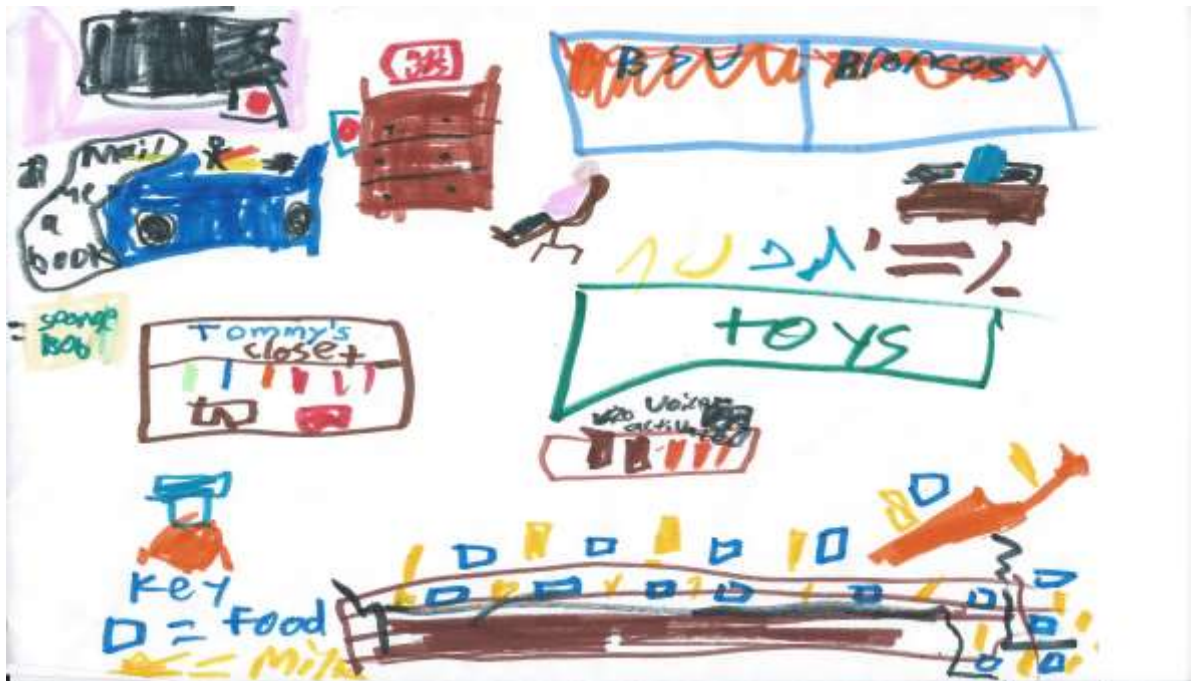


Parent/caregiver provides nurturing for the younger part on the inside

- Say to caregiver, "Imagine you are inside this special place with this little one. Talk about what you are doing for this little one in the safe place today." _____
- (If child is cooperative, add slow bilateral stimulation to deepen positive affect.)
- Encourage the parent to give Messages of Love to the little child inside the special place. Say to the caregiver, "What do you want the 'littler child on the inside' to know right now?" _____
- (If child is cooperative, add slow bilateral stimulation to deepen positive affect.)

©Debra Wesselmann

87



88

Sometimes another nurturing and protective caregiver is needed

Enhancing a safe place when there is no permanent placement or suitable caregiver

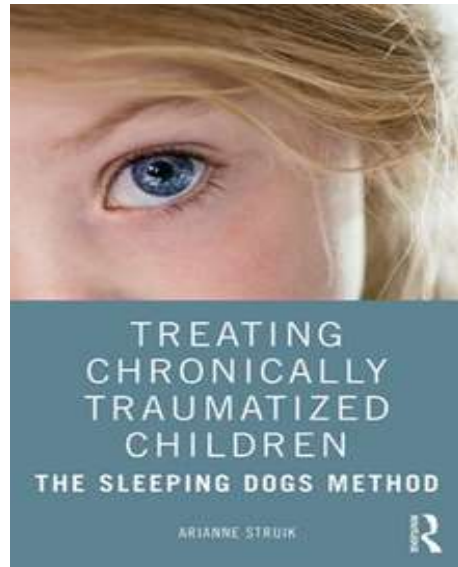
- Together, create a description of the ideal place for the smaller self inside and then say, "Let's find someone who is caring and protective who could take care of your smaller self in the safe place. This could be someone you have actually had in your life in the past, or it could be someone from books or movies, or even an animal."

89

OUR BOOKS



www.atcnebraska.com
<https://atcinstitute.com/>



www.ariannestruik.com

90