

A woman in a white dress stands on a sandy beach, looking out at the ocean. The sun is low on the horizon, creating a golden glow and reflecting on the water. The sky is filled with soft, white clouds. The overall mood is peaceful and contemplative.

TURNING THE TIDE:

PARENTING IN THE WAKE OF PAST TRAUMA

A resource from the Foundation Trust &
the Complex Trauma Training Consortium

by Jana Pressley, Psy.D. & Kaitlyn Marie Wilson, LICSW

APRIL 2022



This resource was made available through the Foundation Trust: www.foundationtrust.org

Development of this product was supported in part by the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Child Traumatic Stress Initiative (NCTSI) grant #H79SM085102, awarded to Adelphi University to establish the Complex Trauma Training Consortium (CTTC), a national trainer-training and workforce development initiative that will establish sustainable expertise in complex trauma across the United States. This resource accompanies the curriculum of the Complex Trauma Training Consortium.

The views, opinions, and content expressed in this resource do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

A note from the authors

Our inspiration for creating this resource stemmed from the stories we have witnessed in the lives of our clients, our peers, and within our own families of origin. Stories and experiences of deep insecurities and countless questions about the ability to nurture and protect children, due to the impact of surviving childhood trauma.

As trauma therapists working with individuals with complex histories, we found we were lacking a resource which provided accessible information about the impact of childhood trauma on parenting. In the pages below, it is our goal to illuminate some of the challenges inherent in parenting as a survivor of past trauma and adversity. We offer suggestions to support parents in building increased self-awareness and self-compassion, as well as skills to better care for ourselves and our children. It is important to note some parents may experience one or several of the challenges we describe, while others may have additional experiences that are not explicitly named below.

In the pages to follow, we hope you find useful information and tools to begin to turn the tide.

ORIGIN STORY: INTERGENERATIONAL TRAUMA

The purpose of this resource is to give voice to the struggles of parents and caregivers who experienced trauma growing up in their own families. For adults who are living with the painful effects of their own childhood environment, becoming a parent may introduce a variety of new emotional and functional challenges. As an adult moving into the role of parent, it is common to reflect and implement that which we absorbed from our own caretakers. For some of us, those lessons learned were not nurturing, consistent, or safe, but rather involved fear, abandonment, inconsistency, or other challenging circumstances. When the impact of childhood abuse or neglect begins to influence the way we think about, feel about, or react to our children, this is called **intergenerational trauma**.

We often carry distress in our body and mind that originated early and intensified over many years of needing to be on-guard in a physically or emotionally unsafe home or community. Some may struggle with persistent sadness, often feeling defeated and overwhelmed by life. Some feel easily agitated, like they are always living with a short fuse. Still others deal with intense anxiety that can feel paralyzing. Becoming a parent can carry the weight of desperately wanting to change our path while simultaneously balancing the significant impact of surviving intergenerational trauma. This does not preclude us as parents from experiencing the love and joy associated with parenting but may create a more complicated journey.



When we are not aware of the impact of our past experiences, they can carry into our parenting and shape the lives of our children, grandchildren, and beyond. In fact, intergenerational trauma can often be traced through several generations of survivors; each new cohort of parents vulnerable due to the immense challenges survived by their own caregivers. However, when adults affected by childhood trauma are able to connect the dots between past suffering and current reactions, there is opportunity for significant transformation in relationship patterns moving forward.

For those who did not experience warmth and affection as a child, parenting involves learning to give to a child that which you were not given emotionally or physically. For other survivors, parenting requires learning to provide consistent attention and care when in your own childhood, such support was offered sporadically, conditionally, or not at all. Our patterns of relating to ourselves, other people, and the broader world are learned through our earliest relationship: the attachment bond between child and caregiver. When this relationship is insecure or unhealthy it may result in a tendency toward avoiding intimacy or anxiously clinging to others out of fear or abandonment. When these early, self-protective relationship tendencies persist in adulthood, it can take a considerable amount of emotional energy to learn new ways of interacting.

For many adult trauma survivors, the capacity to offer warmth and nurturance to our children is not limited, but the confidence to believe in ourselves as competent caregivers is significantly depleted. Self-doubt and shame related to past trauma leaves parents feeling anxious and insecure in their parenting choices. This anxiety can get in the way of fully enjoying the parent-child relationship or can be paralyzing in making family decisions. Day-to-day interactions associated with parenting can create intensified responses unexpectedly. Such reactions can leave us feeling inept, wondering whether we are up for the task of raising a child or questioning if we should have become a parent in the first place.

Some of the most prominent traumatic exposures that leave survivors vulnerable to intergenerational trauma include (but are not limited to):

- Emotional abuse and neglect
- Sexual abuse
- Physical abuse
- Witnessing domestic violence
- Growing up in a home with caregivers struggling with chronic substance abuse
- Growing up with caregivers impaired by their own untreated mental health difficulties
- Multiple caregiving placements and transitions (e.g. foster care, residential treatment, moving to various family homes)



Vulnerable populations

Parents who experience systemic injustice or violence due to their identity face distinct levels of stress on their mental, emotional, behavioral, and spiritual health. The challenges inherent in parenting in the wake of intergenerational trauma can be heightened when also navigating experiences of chronic discrimination. Individuals who currently or previously identify as part of a marginalized group, or experience bias due to, but not limited to, ethnicity, sexuality, ability, age, gender identification, religion, or culture may suffer compounded symptoms from the combined stress associated with their marginalized status and intergenerational trauma.

Similarly, parents who identify as Black, Biracial, Indigenous, or as a Person of Color carry the weight of navigating ongoing systemic racism, often including health disparities and social marginalization, while bearing the cumulative grief and loss of past generations. This is called **historical or ancestral trauma** and includes the oppressive, violent, or discriminatory experiences inflicted upon individuals, families, and communities of specific cultural, racial or ethnic groups. Raising and protecting children under the legacy of historical trauma creates a disproportionate level of chronic stress for many families of color.

INTRODUCING JAYDEN

When Jayden learned his girlfriend Arianna had a six year old biracial child, he was excited to meet Jaimie. His excitement only grew when Arianna told him she was pregnant. Arianna was relieved, since Jaimie's father left the day she found out she was pregnant, but she was still nervous because neither of them had ever experienced the family environment they hoped to provide for their children. Jayden was raised in a large black family, his parents living below his grandmother, aunts and cousins in a multi-level home. Jayden's father was often absent and his mother struggled with substance abuse, relapsing several times. Jayden was looked after by his grandmother or aunts who were already overwhelmed. Arianna grew up in what seemed to be a typical Caucasian middle-class family, but behind closed doors her mother and father were frequently fighting. When her mother abandoned the family, Arianna's father turned his anger against the children. Arianna was physically and emotionally abused for years, until she ran away. Due to their environments, Arianna and Jayden experienced food insecurity, housing instability, removals from the home, bouncing between family member's homes, hygiene concerns, exposure to substances, and lack of appropriate supervision.



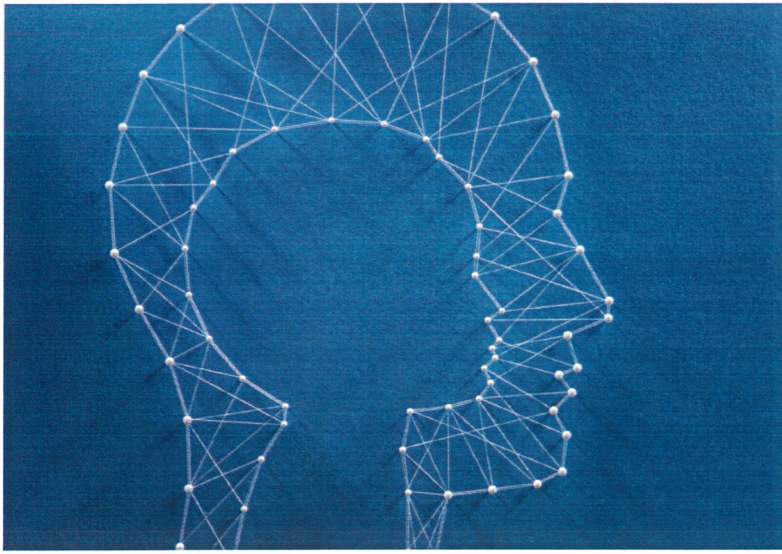
CONNECTING PAST & PRESENT: THE IMPACT OF INTERGENERATIONAL TRAUMA

For adults whose identity has been disrupted by childhood trauma, it can be helpful to be aware of the potential challenges that can arise with the introduction of the parenting role:

- Unexpected memories may emerge that you haven't thought about for years: reminders of your own unmet childhood needs or frightening experiences, triggered by your child's needs or behaviors. These memories can be clear and vivid. Alternatively, they can appear in the form of physical sensations in the body or unforeseen impulses with no clear memory attached.
- When these unanticipated reactions are not connected to clear memories, this can be understood through a function of the brain called implicit memory. Implicit memory holds our youngest emotional and bodily experiences of feeling either nurtured or neglected; soothed or left to fend for ourselves. Although our brains typically do not store clear autobiographical memories until closer to the age of two, our implicit memory system is present at birth. When implicit memories are triggered in our adult life, it is common to be unaware that the bodily sensations or emotional reactions are being elicited by something in the past. We are often left feeling confused, disoriented, and even scared by the unknown origin of strong and painful responses.

INTRODUCING NAOMI

The moment Naomi realized she was pregnant she cried. She wasn't quite sure whether it was from happiness or fear. Naomi kept thinking about what type of parent she would be and whether she should have the child at all. What does she know about parenting? As a young child, Naomi was scared after every bad grade or spilled drink. Her parents held high expectations, utilizing harsh words, name calling, and physical discipline frequently. Naomi did her best to be perfect, to avoid punishment. Any attempt toward autonomy would drive her parents to further restrict her independence and choice. They would tell her she was trying to be "American," threatening to send her back to their home in Egypt. When she moved into her own apartment as a young adult, Naomi finally had the opportunity to be independent. She didn't realize how challenging it would be to manage her independence, but even more, she didn't know how to feel happy while being alone. Naomi began engaging in intimate relationships and became pregnant soon after. Naomi thought perhaps being a mom would help fill that void, but simultaneously worried; perhaps there was something wrong with her. First she could not meet her parents expectations, and now she struggled to be independent and manage her life.



- You may find it challenging to manage or express your emotions in response to the daily tasks of parenting. Survivors of childhood trauma commonly struggle with heightened emotional distress and chronic activation of their stress response system at baseline. We all have a stress response system that helps us recognize and respond to danger and potential threats. Survivors

of abuse or neglect often develop alarm systems which become more easily triggered and can set off false alarms. A false alarm is what happens when we misperceive a present situation as threatening due to reminders of the past, when no actual danger is present.

- You may experience difficulty self-soothing during stressful moments, which can make it difficult to pause and soothe your children when needed. Co-regulating is what happens when parents use a calming tone of voice, facial expression, body language, or words to calm our children's distress. This can be an area of particular difficulty for adults impacted by their own past trauma.
- You may struggle to distinguish between typical child behaviors and your own negative self-beliefs. For example, you may find yourself thinking: "I am an ineffective parent because my baby is not sleeping through the night yet;" or "my baby cries more than my friends' children, so I must be a bad parent."
- You may have trouble distinguishing between normal child experiences and reminders of your past traumatic experiences. For example, if your child comes home with a minor cut or bruise after childcare, this might evoke an immediate and intense belief that the child was abused.





JAYDEN

Once Jayden and Arianna moved in together, both began to feel like outsiders. The routine, connection and playfulness Arianna and her son shared felt unfamiliar to Jayden. Every attempt at play felt forced and uncomfortable. Jayden questioned every decision, becoming so overwhelmed he couldn't do anything at all. He felt jealous and disconnected. The more Jayden shut down, the more Arianna lashed out. As chores and parenting responsibilities stacked, Arianna began feeling overwhelmed, abandoned and alone. Arianna found herself yelling at Jayden and Jaimie for even the smallest mistakes or for nothing at all. When Myah was born they both hoped that as Jayden's biological child, it would be easier for them all to reconnect. Initially they felt joy, but when Myah sought Arianna to soothe or feed her, Jayden felt like a failure. Every cry after an attempt to swaddle her or change her diaper felt like further proof he didn't know how to be a father. Arianna found herself spending most days banging things around the home, alternating between sobbing and screaming.

- You may feel uncomfortable caring for your child's physical needs such as bathing or changing diapers, particularly if you have past experiences of sexual abuse or boundary violation. Tending to the normative care of your children's body may lead to discomfort and fear of unintentionally harming your child.
- You may feel detached and find it hard to emotionally connect to your child. For some, this may be a daily experience. For others, you may just struggle staying present with your child when you get overwhelmed. This is particularly difficult for those who tend to shut down, numb out, or dissociate when they feel the pangs of past trauma wounds.
- You may have a hard time defining your own identity as a parent as different from your childhood caretakers. This can take the form of a worry or fear, such as "am I going to lose my temper and hit my child?" Or, "am I going to be emotionally needy and overwhelm my child?"

- You may experience disillusionment after becoming a parent, especially if you held hope that having children might fill a void of loneliness or hopelessness. It is common for adults to believe their children will make them feel whole, and then experience disappointment or self-blame when the emotional challenges of parenting become evident and do not provide the desired automatic shift.
- You may have difficulty trusting your instincts, doubting your decisions in everything from which brand of diapers to purchase to how to best train your child to sleep through the night. These are already confusing decisions even for the confident adult moving into parenting for the first time, and for those of us who struggle to trust our competency, such decisions can induce panic and insecurity.

The difficulties associated with parenthood can be further exacerbated for trauma survivors as they are layered with the chronic symptoms they carry each day. Finding joy when a child achieves a small task can seem impossible in the midst of sadness. Managing homework and youth sports schedules may feel overwhelming when your own attention and concentration are a constant battle. Playing with a child can seem too demanding when your body feels weak and ill.

NAOMI

Throughout her pregnancy, Naomi worried she would hurt the baby or be an aggressive and controlling parent. She felt paralyzed by decisions, researching everything possible to be the best mother she could be. When friends would comment on her rigidity on certain topics she would scream at them. Naomi's thoughts felt out of her control and the worry and fear caused a physical intensity that often led her to excessively cleaning, screaming, and banging things around the apartment. When Kai was born every decision felt like life or death. Naomi was always on edge, shaking when Kai would cry feeling unable to calm herself or Kai down. When Naomi couldn't figure out why Kai was crying she found herself yelling "you're fine, stop crying!" With immense guilt she would spend that night crying from anger towards herself. Her reactions toward Kai felt out of her control. She would beat herself up considering herself a failure after each yell, or forceful grab while simultaneously thinking to herself that Kai is much needier and harder than she imagined.



Common triggering scenarios for caregivers who have experienced intergenerational trauma

- Certain child behaviors
- My child reaches the age that specific trauma experiences happened for parent
- My child reaches a particular age/stage of development, such as puberty
- My child reminds me of myself
- My child reminds me of a family member or my abuser
- Persistent patterns in family or environment that maintain a state of stress

Adult survivors of childhood trauma have often been assigned various diagnoses to account for an array of emotional and behavioral symptoms. These diagnoses may include depression, Bipolar Disorder, anxiety disorders, substance use disorders, eating disorders, or various behavioral disorders that may have been diagnosed in childhood. Some individuals may feel supported by these diagnoses, perceiving them as accurate and reflective of their chronic distress. Many trauma survivors, however, find their diagnosis do not account for the root cause of their symptoms and experience failed treatments or medications causing them to suspect perhaps something is inherently wrong with them. In any case, a better understanding of the root cause of trauma-related symptoms can help adult survivors obtain support they need to create change for themselves and their family.

Individuals from marginalized groups must navigate all of the above, while also carrying the fear of persisting threat of racial trauma or challenging societal regulations which threaten their identity. Adults recovering from the symptoms of past individual trauma may also be holding the realistic fears and hypervigilance associated with ongoing discrimination and violence. This can shape caregiving decisions, as parents navigate how to protect their family from danger. When the same parents are simultaneously working to heal from the triggered responses of childhood trauma, the process can be complicated and confusing.



WHAT DOES THE PARENTING STRUGGLE LOOK LIKE?

In the wake of intergenerational trauma, each individual's stress response is varied based on past experience and their own adaptations to life challenges. Parenting requires the ability to read and respond to both our emotional responses and those of our children. For trauma survivors it can be exceptionally difficult to recognize when we are triggered and cope with our own reactions to respond to our children's needs more effectively. Triggered responses look different for each individual. Here are some common responses we may have to parenting scenarios:

- Anxiety when separating from my child due to fear from my own separations from my caregiver(s).
- Questioning or challenging others who play a caretaking role for my child due to caretakers harming me.
- Feeling disconnected from my child's emotional expression because no one helped me process emotions.
- Struggling to play with my child, because I didn't have playful adults in my life.
- Feeling constantly on alert and fearful that my child will be victimized by others.
- Experiencing jealousy or resentment my child is receiving care and opportunities I was not given.
- Becoming overwhelmed by the emotional needs of my child and wishing my own needs could be met first.
- Making negative comments towards my child when they are aggressive and remind me of my abuser.
- Feeling the need to use physical discipline hoping to make my child tougher so they can survive, or alternatively, feeling the need to be overly permissive so my child will experience freedom I never felt.
- Experiencing anger or resentment toward my child for being more connected with another caretaker, or for lacking gratitude for the care I am providing.



NAOMI

Kai began attending daycare while Naomi worked. Every suggestion or comment about Kai's development from the teachers would evoke embarrassment and shame. Sometimes in her dreams Kai and her child experiences would blur together. Naomi's dreams were haunted by Kai being hit or called "stupid" because he didn't meet expectations the way she hadn't met her parents' expectations. Naomi found herself forcing Kai to engage in recommended activities to hit milestones. When Kai would resist, Naomi found herself aggressively forcing him back on the chair and calling him "ungrateful." Naomi would get flashbacks of her dad strapping her to a chair while doing multiplication tables until it was well past dark. In those instances, Naomi felt so confused as to why the same words and behaviors she feared seemed to be taking her over. One particularly challenging day Kai shattered a cup on the floor. Naomi's entire body jumped into action. Without pausing, Naomi lost control of her anger. Later that night Naomi comforted Kai while she herself felt frightened that a dropped cup would cause her to react in such a manner.

JAYDEN

Myah's toddler years became increasingly difficult for Jayden and Arianna. Jayden felt further disconnected after every tantrum, unsure how to support Myah. Myah would scream louder, hitting and kicking while Jayden stood frozen, His mind flashing back to his own childhood: crying for his mom while she lay motionless impaired by alcohol. Arianna could feel her entire body ready to strike when Myah would hit or kick, picturing her father Arianna would begin shaking with fear. She wasn't sure if it was fear of Myah or fear of herself losing control. As a middle schooler, Jaimie spent most of his time with friends or playing baseball. Jayden and Arianna would watch other parents playing with their children and feel ashamed they, like their own parents, never did that anymore. When Jaimie began sneaking out and breaking rules, Jayden suddenly took a bigger role in parenting. Jayden was strict and began giving consequences to Jaimie that Arianna disapproved of. She thought Jaimie was just rebelling in an age appropriate way. When she mentioned it, Jayden sternly told her as a white woman she wouldn't understand that as a biracial male Jaimie would be seen and treated by the color of his skin, and he couldn't afford to behave in any way that isn't perfect. Arianna and Jayden began to argue more. After one particular fight when Arianna pushed Jayden, they both knew something had to change.

STRATEGIES & RESOURCES FOR COMPLEX TRAUMA SURVIVORS

Although every parenting experience is unique, there are many ways adult childhood trauma survivors can enhance their own coping capacities and learn to support themselves and their children. What follows is a list of suggestions and self-reflection questions addressing two categories: **1) Learning to care for myself, and 2) Building and enhancing connection with my child.**

LEARNING TO CARE FOR MYSELF

It is important to learn to recognize our own feelings, behaviors, and relationship patterns related to past trauma. Increasing self-awareness in the following areas can begin to make space for change and growth. For some, it can help to have guided support through this process and many of the suggestions below can be the focus of trauma-informed psychotherapy.

Start with self-reflection: Tuning in

The first essential step involves tuning into my own emotions, thoughts, and interpersonal reactions that arise in response to parenting challenges. As I become more aware of my internal experience, I can learn to pause and reflect on what might be triggering my gut-level responses.

- Recognizing my triggers. Paying attention to my unique “hot buttons” that evoke strong feelings or reactions in present day life. These could be particular behaviors my child demonstrates, or a fear that manifests when others interact with my child. At first a trigger may be difficult to recognize, but as we continue to recognize the physical and emotional reactions to stress, we can begin to pay attention to what occurred immediately prior to our reaction and explore if there are any patterns.
- Recognizing my typical stress response behaviors: Fight, Flight, or Immobilize. Becoming more aware of my typical automatic reactions to stress or distress can be useful when parenting. When I’m feeling increased anxiety, do I tend to engage in conflict or get defensive (fight)? Do I pull away and withdraw from the relationship or find other distractions to avoid the stressor (flight)? Or perhaps I find myself becoming numb or shut down physically or emotionally in response to the stressor (immobilize). When these reactions come further into our self-awareness, we can begin to intervene to create moments of pause to make intentional choices in place of automatic, unconscious reactivity.

Mourning losses from childhood

Adults with their own histories of trauma are often reminded of their unmet childhood needs when entering into parenthood. This process can be painful, as it involves grieving the loss of one's own childhood, such as not having an affectionate or playful relationship with a caregiver. It may also involve acknowledgment of the complexity of their childhoods, as many survivors have experienced caregivers who perhaps provided positive moments of engagement while other times being harmful or detached. Survivors can experience ambivalence toward their own children, for whom they are providing care they never received. This is a type of loss, and often part of the healing process involves mourning in order to meaningfully engage in moving forward. Reflecting on what I needed and did not receive as a child can also help me determine my most essential self-care needs in the present.

Building self-care capacity

One of the most important priorities we can put in place early in the parenting journey is learning what helps soothe our own distress, as well as what helps rejuvenate our depleted energy. Whether it be physical exercise, reading, music, quiet time alone, or social connection with friends or family, knowing when and how to best calm or energize ourselves can be the key to engaging authentically with our children.



JAYDEN

Jayden and Arianna knew they did not want to continue feeling the way they did so they started doing research. They found resources that helped them recognize both of their feelings and behaviors, though quite different, were normal for someone who survived the type of childhood they experienced. For Jayden, he never had caregivers attending to him in a safe and connected manner, which led to discomfort as an adult with emotional connection and family routines. For Arianna, her parents only connected to her in unsafe manners and expressed emotions in intrusive ways, leaving her with reduced capacity to cope with and communicate strong emotions and hypervigilant to threats of danger. Neither knew how to recognize what they or others were feeling, and both were uncertain how to respond to others or to themselves. Eventually Jayden noticed when he was triggered and uncomfortable he would avoid, run away, shut down, and isolate. Arianna would yell, feel physically tense and need to externally express her energy by throwing or hitting things. Their awareness allowed them to challenge each other in slowly progressing. Now for short bursts of time, Jayden is able to join a family activity or snuggle on the couch with the family, experimenting with various techniques to calm his body and mind. Arianna is able to take space and calm her body before responding to Jayden or the children. Both are beginning to be more motivated, recognizing they can make small shifts over time and that they can grow as parents, partners and individuals.

Developing a community of supportive adult relationships

There are so many decisions in raising children that can be confusing, and even positive experiences can be exhausting over time. It is of the utmost benefit to have peers who can serve as a sounding board to lean on in our hardest moments, as well as normalize our parenting frustrations. For example, a parent might believe their preteen child is the only one seeking to spend significant time playing video games or watching YouTube videos, until they confer with other parents and recognize the universality of this issue. Developing a community of support can serve to normalize our common and unique parenting struggles. For the trauma survivor, having an inner circle of people who are aware of our particular vulnerabilities and triggers can be a lifeline.



Recognizing strengths & transferable skills

While parenthood places us in a new and unfamiliar position, there are other life roles we may hold which have highlighted strengths and areas of competency that can be applied within our role as parent. For example, an adult who excels in the workplace in problem-solving or managing schedules may lean into this skill and then adapt to the home setting. An individual who feels nervous they won't be able to meet their child's emotional needs might gain confidence from the affirming feedback they have received for being an empathic and supportive friend over the years.

NAOMI

After her recent outburst towards Kai, Naomi decided to seek help. Over time she started to recognize the following triggers: feeling out of control, not having answers, not meeting perceived expectations, and shame. When these emotions arose she would be transported back to her childhood where she frequently felt fearful and unsafe. More importantly, she learned these behaviors stemmed from her childhood experiences and nothing was "wrong" with her. Naomi learned her response in these situations was typically the fight stress response. She would bang or hit, yell, overcompensate, and become defensive. A normal stress response, Naomi learned she could learn to pause before reacting. Naomi extended one day of daycare so she could do some self care each week. She started to engage in activities which helped her move and get some of the energy out of her body. She also learned techniques which would soothe her anger to a manageable level. Naomi joined motherhood groups online and found individuals who helped normalize some of the day to day challenges. Though there are still many moments, Naomi began to view parenthood as her and Kai on a journey together, learning and growing.

BUILDING AND ENHANCING CONNECTION WITH MY CHILDREN

Ideally our children will grow up to feel safe within their home, within their relationships, within their own body, and ultimately safe enough to explore their ever-expanding world. The way we typically respond to our children's needs shapes what has been referred to as the internal working model, or the map by which we view ourselves and our relationships. Consistent, attentive, nurturing caregiving, even when imperfect at times, develops in our children a view of themselves as lovable and safe in their relationships. This also helps them trust future relationships can be safe and trustworthy and the world a place they can create and achieve goals. On the other hand, neglectful, intrusive, or inconsistent caregiving can leave children with a view of themselves as unworthy, unlovable, and with a view of others as untrustworthy and unsafe. In these cases, children often learn to either shut down or alternatively exaggerate their behavior in order to get their needs met, struggle to engage in healthy relationships, and falter in goal formation and achievement.

Learning about our children's brains and bodies

We all know our children do not come with an instruction manual, and even in the best of circumstances everything about caring for a child - from feeding to managing tantrums - can feel daunting. Gaining a basic understanding of child development helps reshape our understanding of children's typical physical and emotional tendencies at various ages.

- Infants are born with an "alarm system," which signals when they are uncomfortable and distressed. This part of the brain is online at birth, and everything from a misplaced pacifier to a painful earache can present as a similar level of crisis. An infant lacks the ability to differentiate between what, in our opinion, is truly a crisis and what is not. These outbursts are not willful misbehavior; however, this can sometimes be unclear for parents who themselves were punished or shamed as small children for emotional expression.
- While this alarm system exists from the beginning, the parts of our brain that help to calm ourselves down and make choices are not yet developed at birth. Since young children possess all these intense feelings without the tools to manage them this can make the early years difficult.
- Through infancy, but particularly as toddlers and later in childhood (and even adolescence), children communicate strong emotion through behavior. It can be helpful to learn to reframe misbehavior, shifting away from beliefs that suggest negative intent on the part of the child and considering the many complex reasons that children act out behaviorally: they are hungry, tired, bored (seeking stimulation), overwhelmed (seeking structure), picking up on the stress of others, or not knowing how to manage their own big feelings at the moment.

- As parents, we are our children's emotional lifeline and sounding board, a fact that can feel simultaneously like a terrifying burden, a source of parental self-doubt and insecurity, and an opportunity to give our children an amazing gift that they did not naturally receive. As parents, we use calming voice tones, words, touch, and rhythmic movement to soothe our children's distressed bodies and brains. Providing this external source of calming for our children is called co-regulation, and it is a gift that actually has lifelong benefits in building confidence, social skills, and increases our children's capacity for success in adult relationships and career pursuits.

- It is important to understand our brains grow and mature the most in our lives during the first seven years of life. At times, particularly in toddlerhood, we may misperceive a child as manipulating or purposefully misbehaving, having an overall conscious negative intent when they are simply trying to learn or better understand. For example, a parent may assume the child should know not to climb on a chair on the left because they were told not to climb on the chair on the right. Similarly, a parent may assume the child should know not to climb on a chair with the goal of getting their water bottle because earlier they were told no when they tried to climb just for fun. However, the young child has not yet learned all the chairs are similar



in risk, and that it was the climbing in general that is unsafe. Children learn such lessons through repetitive behaviors and experimenting with several different methods, hundreds of times, for hundreds of reasons, and on every possible chair to determine what might happen. If met consistently with a calm "no," the toddler makes a connection and eventually stops the behavior. However, if they are met with intermittent laughter and "aww, so cute!" followed by an occasional and angry "I said no!" this becomes confusing. When the response is inconsistent, children take longer to understand what is expected.

Learning to be present in the moment with our children

As we become increasingly aware of our own internal state, we can in turn learn to attune to our child's state at any given moment. Many experts have referred to being in tune with our child's emotions as a "dance," in which we use our facial expressions, body language, and tone of voice to match their mood and energy level. This can be tricky if we are aware in the moment our own internal state is mismatched to our child's. Perhaps my child is giggling and high energy, and as



a parent I am feeling depressed and physically depleted. Alternatively, perhaps my child is in a sleepy, relaxed state while I am feeling highly stressed and keyed up in my own body. This imbalance can cause moments of reaction in our child which may seem abrupt or confusing. It is first important to recognize these are normal human challenges, not parental failures. For parents who endured their own significant childhood trauma, this can be even more difficult for all of the reasons outlined earlier in this resource. The good news is, through self-reflection, therapy, or the support of caring loved ones, we can learn how to shift our energy to give our children what they need in the moment, while still honoring our own need to care for and support.

One tool which can support this shift in energy is mindfulness. Mindfulness is a state of awareness in which we learn to live in the moment regardless of it being pleasant or uncomfortable. With mindfulness techniques, we can grow in our ability to be present and safely experience our own feelings and have awareness of the feelings and experiences of

our children. When we are fully present to our children, this allows our children to experience themselves in the moment without fear or shame. They learn to feel connected and experience themselves as loved and cherished – and, most importantly, they are safe to be themselves.



Reflecting emotions

As a parent, our ability to reflect our children's emotions helps build a sense of self-worth, empathy for others, and helps the child learn experientially how to communicate positive and negative emotions. Beginning in infancy, soothing our children's distress, and activated emotions and bodies helps them learn over time how to self-soothe themselves. This type of soothing by parents is often referred to as co-regulation, and when children can feel calmed and comforted by their caregivers, they can begin to internalize the tools to use and comfort themselves as they grow older.



Often as adults who experienced childhood trauma, our caregivers ignored, denied, or invalidated our experiences, leaving us in a lifelong struggle to learn to trust ourselves. As kids get older and are able to express themselves in language, we learn to validate their expressed emotions, worries, and experiences even if we don't fully understand or agree. Helping children feel understood and heard helps them grow up to be able to accurately assess reality and trust themselves.

The power of physical touch

Bodily contact and nurturing physical touch are actually a survival need, and there are significant long term medical and psychological benefits to caring for our children with touch. Holding and rocking are key for soothing infants and toddlers. Snuggling and hugging continue to be strong sources of comfort and nurturance throughout development. Even when some adolescents display ambivalence about touch, bodily contact through sports or other forms of physical play can serve as a powerful resource when intense emotions kick in. For some adult trauma survivors, touch can be personally triggering, leaving parents needing to do our own therapeutic work to notice discomfort and expand our own capacity to provide warm physical connection. For parents who cannot tolerate large amounts of touch, alternative options can support our children. One alternative can include, a parent sleeping with a child's blanket so it can absorb the parent's scent, and then wrapping the child in the blanket the next day or night. Other examples include: cuddling on a couch with a pillow between parent and child, sitting back to back with a child, creating a secret handshake with an older child, or engaging in a group snuggle with an adult partner and child, allowing the partner to help guide a calm and regulated atmosphere.



Setting limits and consequences

By setting limits we provide the structure and consistency necessary for our children's ability to learn the skills needed to be successful in the world, protect them from harm, and promote self-discipline. However, when our adult alarm systems are triggered, we are often compelled to shut down non-desired behaviors as quickly as possible in order to restore order. In doing so, some parents respond punitively, which can ignite fear or shame in children. Other parents might intervene inconsistently, reacting to certain behaviors erratically and ignoring them at other times thus creating unpredictability. As we learn to respond in a calm and consistent manner as parents, we model this behavior for our children.

When learning to set limits or implement behavioral consequences, the following steps can be helpful to consider:

- Set expectations and rules appropriate for their age and ability, and begin teaching children the house rules from an early age in language that fits their level. For example, small children respond well to colorful pictures and less words.
- When children break rules or engage in unsafe behavior, begin with clear communication whenever possible. Get on the child's level, use a firm but calm tone, and be specific about the behavior that is not safe or healthy.
- Use brief and clear directions to communicate the alternative behavior we are seeking.
- When necessary, a parent might provide a consequence which is related to the problem behavior.

Example: A parent may respond to a child throwing toys by kneeling near the child and saying "we do not throw our toys. We can hurt someone. We play with the toy on the ground. Let's try again. If we cannot play with the toy safely the toy will have to go away." If the child throws the toy again the parent simply takes the toy away stating "you threw the toy again which is unsafe. It is going away until you can play safely for ten minutes." The toy is then returned in ten minutes after the child is calm and playing safely. Parents can provide the opportunity for a reset and change in behavior, allowing their child to learn from experience.

Parents can also work to be proactive in recognizing consistent challenges within our children. Do they struggle during transitions? When a parent is distracted or busy? When they are around other children? After losing a game? When we can discover patterns in which challenging behaviors reoccur, we can adjust these scenarios proactively, experimenting with different strategies to see what best helps their child increase new, positive behaviors and reduce problematic behaviors.

Rupture and repair

When we miss our children's cues, disappoint them, or hurt their feelings, we have the opportunity to apologize and reconnect. This is a naturally occurring human relationship dynamic known as "rupture and repair." Because none of us are capable of behaving as flawless parents, this opportunity will inevitably arise. When we are able to repair the moment in a manner that is responsive to our child's emotional needs, our children actually begin to learn a critically important life lesson: Someone I love can make a mistake and disappoint me but still love and stay with me. Often as trauma-impacted children ourselves, we did not experience healthy repair or acknowledgement of wrongdoing from our own parents, and we are now learning how to engage in this process for the first time as parents.



A repair is often simply acknowledging the behavior or reaction that caused the rupture, and then engaging in a positive interaction such as an apology, nurturing physical touch, or playtime together:

- After a moment of losing their temper, a parent might acknowledge to their teenager: "I yelled at you when I was angry, and I should have taken a moment and spoken calmly like I ask you to do. I am sorry. Can we reset?"
- A parent may scream or roughly grab their toddler in reaction to observing a potentially dangerous behavior, such as climbing on a chair or cabinet. Although the impulse was to protect, the child might cry and respond in fear to the parent. In this case, repair might involve stating, "I was so worried about you, and I yelled at you when I was scared. I'm sorry I scared you too. Do you want a hug?"

Playful and joyful engagement

One of the most powerful ways of engaging with our children is building opportunities for play and connection. Pausing to find moments to laugh or enjoy an activity together can help both parent and child feel more secure and connected to one another. This involves relating with our children in a manner that discovers and explores life experiences together, rather than just managing our children's behaviors or teaching life lessons.

There are a variety of activities, evolving as children grow older, that help us connect:

- Exploring rooms within the living space, peeking under beds, opening cabinets and containers, playing with utensils, turning lights on and off, and explaining what and where things are
- Clapping, drumming, dancing, or other music-making games or activities that help us enjoy rhythm together
- Face-to-face games and activities to promote eye contact, mirroring facial expressions
- Engaging in your child's imagination through play - creating shared experiences with toys, building blocks, stuffed animals, story-telling
- Drawing, painting, cooking, or other activities that help us enjoy creating something together
- Experiencing nature together on walks or hikes or nearby parks

Parenting as a process of lifelong learning

As parents, it can sometimes feel as though our worth is measured in how we rate our own daily successes or failures. Some parents are constantly self-critical, feeling the weight of every moment in which our reactions left us feeling guilt, shame, or defeat. Even when we recognize that our children are learning and growing over time, we often fail to understand



ourselves as going through the same process of lifelong learning and growth. Parenthood is a process and a journey, not measured by each perceived failure or success. This is difficult to remember, but by doing so help us connect more effectively with our children, apologize when we've hurt them, and gently reset our own behavior.

SELF-REFLECTION QUESTIONS

Ponder the questions below as you reflect on your interactions with your child(ren):

1. What beliefs or rules get in the way of having relaxed or playful interactions with my child? Where do these beliefs come from? Are they memories rooted in anxiety from my own childhood? Are any of these beliefs or rules still helpful?
 - When we can begin to determine the underlying beliefs guiding our behaviors, we can begin to make more conscious decisions about what guiding principles from our own upbringing we'd like to choose to keep, and what we'd like to transform for the next generation.
2. Think about a time when you and your child had a different interpretation of or emotional response to the same situation, and then take a moment to try to shift into your child's point of view.
 - What might you need if you felt or interpreted the situation the way they did?



3. Reflect on your initial response to various child behaviors and needs – For example, seeking physical closeness, clinginess, pulling away, crying, asking for something, or expressing pain.
 - What do you first notice in your bodily response? In your emotions or thoughts?
 - Think back to the youngest age when you expressed the same type of need or behavior as a child. How do you recall that need being met? What might you have needed instead?
4. Consider a time you felt disappointed, let down, or hurt as a child.
 - What comes back to you in your emotions, thoughts, and bodily sensations as you think about this time?
 - What might your child need if she experienced the same type of hurt?
 - What types of interactions are most difficult for you to repair as a parent now?
5. Reflect on any positive caretakers or adults in your childhood such as coaches, foster parents, teachers, family members, religious leaders, neighbors, or babysitters.
 - How did they interact with you in a way that made you feel as though your needs were being met?
 - Is there wisdom or experience they modeled that you can now replicate with your own child?
6. Consider your childhood caretakers as leaving you with suitcases. These suitcases are full of lessons about things relating to parenting such as play, discipline, work, communication, emotional expression, values, and affection.
 - Which lessons do you want to keep and implement into your own role as caretaker?
 - Which lessons do you want to discard completely?
 - Are there lessons you want to adapt or change, which might mean learning alternative techniques?

Other parenting-related considerations

Though not discussed explicitly in this resource, there may be additional parenting-related situations which can impact a caretaker who survived childhood trauma or may be related to some of the challenges mentioned in this resource. Some of them may include:

- Parenting when currently or previously identifying with or as part of a marginalized group, and/or having experienced discrimination or bias due, but not limited to, ethnicity, sexuality, ability, age, gender, religion, or culture. Similar to intergenerational trauma discussed in this resource, these experiences as a collective group or as an individual have extensive implications on mental, emotional, behavioral and spiritual health.
- Parenting in the midst of a contentious relationship, in which one or both parents are trauma survivors. Whether married, separated, or divorced, co-parents who are struggling with a high level of either conflict with or alienation from one another have distinct challenges when it comes to effective and regulated caretaking.
- Parents who disagree about child-rearing strategies and philosophies also face specific barriers. For example, if one parent is a trauma survivor and in therapy, they may be learning and attempting new approaches that are in conflict with the practices of the other parent, who may hold the belief that all children can and should be raised in the same manner (e.g. “what worked for my parents when they raised me should be good enough”).
- Parenting with extended family caretakers, such as grandparents who are sharing in the caregiving role informally, or perhaps serving in a formal kinship foster parent role. In these situations, there are commonly generational differences both in approaches to parenting strategies and also in understanding around impact of past trauma on the adult caregiver.
- Parenting as a non-kinship foster placement may carry additional challenges particularly for foster parents with a history of childhood trauma. There may be differing philosophies and expectations between your family, the family the child was removed from, the child protection or foster care system, and the individuals working within those systems. There may be one or more of these individuals also surviving with the impact of trauma symptoms and the impact the symptoms have on effective co-parenting. Additionally, there are situational decisions and challenges which there is a lack of control, involvement, and lack of predictability which may further the symptoms described in this resource.

- Starting the process of having a child through any method of conception or pregnancy can be the beginning of the symptoms and experiences discussed within this resource. This is regardless of whether you are the carrier of the child, or the pregnancy results in a live birth or an elected, unexpected or expected loss of a child. Experiences of fertility challenges or loss may cause additional or intensified symptoms described in this resource.
- The journey of parenthood may be different for each child whether they be biological or blended family children, or if you are a caregiver through guardianship, adoption, foster parenting, or other caretaking roles you may hold. Any losses or challenging experiences with a child can impact and compound the symptoms of childhood trauma. For example if you have lost custody of a child in the past, placed a child for adoption, or experienced an abortion and felt ambivalence or regret, these situations may create more intense, frequent, or varying symptoms described in this resource.





FOUNDATION TRUST



COMPLEX TRAUMA
TRAINING CONSORTIUM



A PARTNER IN
NCTSN


The National Child
Traumatic Stress Network

Image Credits: Shutterstock.com

Cover: David P Baileys

Page 1: DGLimages; ilikesea

Page 2: luboffke

Page 3: Janice Storch

Page 5: pogonici; Motortion Films

Page 6: rSnapshotPhotos

Page 7: PLOTUITSTOCKER

Page 8: Wavebreakmedia

Page 9: Kieferpix

Page 12: Kieferpix

Page 13: sirtravelalot

Page 15: Kieferpix

Page 16: Ruslana Iurchenko; JLco Julia Amaral

Page 17: fizkes; Irina Tarzian

Page 19: Solid photos

Page 20: Konstantinchristian

Page 21: Prostock-studio

Page 24: Zamrznuti tonovi