

Helping Stressed Parents to Self-Regulate

The ability of a caregiver to mediate and buffer a child's experiences and provide a safe, secure, and nurturing relationship is the most crucial in developing resilience in a child – whether there has been trauma in the past or not. Thus, it is equally crucial that the caregiver can self-regulate their own emotions and behavior.

Here are some circumstances that might pose challenges to a caregiver's self-regulation

- Trauma in the caregiver's history
- Behavioral challenges that traumatized child pose
- Overly permissive or overly protective parenting styles
- Inappropriate blame: blaming the child or blaming the caregiver for the trauma
- Minimizing or denial of the child's trauma experience

How pediatricians can help caregivers

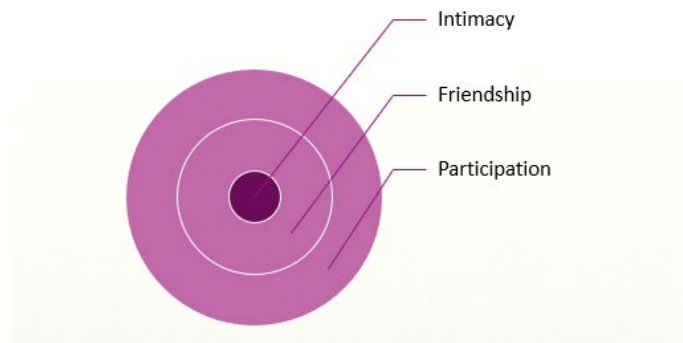
- Let the caregiver know that they are in a safe place. Use a calm tone, relaxed demeanor, with humor.
- Normalize their emotions. Having negative emotions is typical and not wrong. Ask them to name their emotions and validate them.
- Be available. Be predictable and reliably compassionate. Give them the space to share their thoughts and feelings.
- Let them know that you will be with them on this journey. Your "presence" is more important than your words.

Other Interventions Pediatric Providers can utilize to support caregivers in crisis.

1. Evaluate their Circle of Support*

Circle of Support*

It is important for all of us to identify people in our lives who provide strength to us. The Circle of Support* helps us to identify who the people are, and when we could call on them for help.



*Dr. Amy, LLC

No matter what stage of life we are in, we all need a circle of support. Sometime the circle will contain family members or our friends and can change over time due to circumstances. If our we don't have people in their inner circles that are dependable, we will need to help them find some relationships that will provide them support.

Outside the circle: The **CIRCLE OF EXCHANGE** is made up of people who are paid to be in our lives. Doctors, teachers, dentists, social workers, therapists, hairdressers, car mechanics, and the like make up the numbers here

CIRCLE OF PARTICIPATION is for people who participate in activities with you. This could contain spiritual groups, where you work, where you go to school, clubs, organizations, athletic teams, or where you participate and interact with people. Some of these individuals may later be in Circle one or two! Circle Three is the garden for sowing future relationships.

CIRCLE OF FRIENDSHIP is made up of those people who are friends or relatives who we call upon to go out to dinner, see a movie. We spend a lot of time with these people, usually. People in this circle can asked to move into the inner circle with some work on the relationship.

CIRCLE OF INTIMACY is made up of those who we share great intimacy, our secrets, and heartfelt emotions. This may or may not include family members. These are people that you have on your speed dial that you can call in the middle of the night. We all need people in our inner circle that will support us when we need them – and we do the same for them.

As pediatricians, this exercise will only take about 5 minutes in the office but can be very important for those caretakers who are in crisis or stressed.

2. Helping Caregivers to Manage Their Own Emotions.

Teach them to recognize physiologic signs of stress: heart rate, breathing, sweating, negative thought process (teach them that these are emotional reactions to the behavior and are normal), and teach them the behavioral reactions to emotional stress (flipped lid). Understanding this is the first step to addressing this.

Teach them de-escalation techniques and grounding techniques (covered in previous Nugget)

Below is a table from Childhood Trauma and Resilience which builds self-regulation skills.

PASTA: Building Self-regulation Skills

Skill	Description
Positive parenting 47:12-15	<p>Positive parenting includes the skills reviewed in Chapter 4, Parenting. We may need to introduce these concepts more gradually when the parent has experienced significant trauma, has mental health or cognitive issues, or has not been exposed to these concepts in their own life. These skills are a means of changing the family's dynamic to one of strengths and positivity. An easy place to start is specific praise and "catching the child being good."</p> <ul style="list-style-type: none"> • Specific, positive praise lets the child know that the caregiver notices the effort the child is making and what they are doing well. Ideally, parents offer 6 warm, sincere instances of praise for each correction. Some parents may need concrete modeling of this skill in the exam room. • As we acknowledge the caregiver's baby steps toward positive parenting, we are modeling what the parent can do with the child and can teach them this skill.

Skill	Description
	<ul style="list-style-type: none"> • Parents can be encouraged to “catch the child being good” and set up positive rewards for correct behaviors achieved as opposed to responding negatively to misbehavior, unless a safety issue is involved. • Modeling, direct teaching, and reinforcement can all be used.
Affect modulation 46:13:16:17	<p>For the parent: Explain the concept of being an “emotional container” for the child to reduce the child’s stress response. Caregivers, by staying calm and keeping their affect modulated, even if upset on the inside, can help the child calm down. It’s especially useful to stay calm and dispassionate, using few words in a soft, matter-of-fact tone of voice.</p> <p>For the child: Help a child name the feeling and identify what is upsetting to them. Children cannot learn to use their words until they match words with feelings.</p> <ul style="list-style-type: none"> • – Crayon box: Pick colors for emotions, making sure there are lots of “colors” in their crayon box (eg, red is angry, green is calm, orange is frustrated, blue is happy). • – Vary ways to express emotion: children can use words, drawing, writing, music, drama, sports, or physical activity. • – Use scales such as emotional thermometers or numbers 1–10 to help the child identify and understand the intensity of the feeling. • – When the child is calm (<i>not</i> in survival mode), work on labeling emotions and alternatives to acting in anger (eg, hitting, screaming, slamming doors). Alternatives may include deep breathing, using words, leaving, or engaging in a fun activity such as music, dance, or trampoline play.
Self-soothing, relaxation 5:7	<ul style="list-style-type: none"> • Teach guided relaxation to children. • Teach massage, if appropriate, to the parent to help calm the child. • If sleep is a problem, consider using exercise, dance, and swinging instead of escaping into electronics or naps during the day, since these daytime escapes may make nighttime sleep more difficult. • Engage all 5 senses for relaxation. <ul style="list-style-type: none"> • – Tactile: worry beads or fidget toys • – Calming white noise or music • – Perfumed soap or bubble bath or other aromatherapy • – Visually guided meditation • – Swinging, rocking, or dancing (stimulating vestibular system) • – Use of weighted blankets and weighted vests (stimulating deep proprioceptive centers) to help calm and soothe kids who cannot calm themselves or have trouble sleeping
Triangle training 7	<p>The <i>cognitive triangle</i> helps children understand how their <i>thoughts</i> affect their <i>feelings</i>, which then affect their <i>behavior</i>, which again affects their thoughts.</p>

Skill	Description
	<ul style="list-style-type: none"> • For example, if a child worries he won't fall asleep, he will then feel nervous and stressed and then be unable to fall asleep. This cycle will reinforce his inability to fall asleep. • The cognitive triangle can also be used for children who are acting out with other children: if the child thinks no one likes them, they will feel rejected and may lash out at another child, leading the second child to be rejecting, and reinforcing the thought that no one likes them. <p>This cycle can be difficult to break, but it can be broken.</p> <ul style="list-style-type: none"> • - By helping children reinterpret their thoughts about their experiences, we can help link those new thoughts with different emotions and behaviors. • - By teaching them alternative behaviors when they feel angry, sad, or rejected ("It is OK to feel angry, but it is better to listen to music, take a break, or jump on the trampoline than to hit your sister"). • - By labeling emotions ("It seems like you were disappointed/embarrassed/frustrated when you didn't get invited to the party"), we start to teach children how to understand their feelings and behaviors, and we help teach alternative behaviors.
Acceptance 46	<p>Recognizing and validating that a child has an emotion is the first step in being able to manage that emotion. Caregivers can be encouraged to convey to the child that the child's experience, thoughts, or wishes are what the caregiver wants to understand. Acceptance does not mean that the caregiver believes the thought to be true but that the caregiver understands what the child is thinking or feeling and <i>accepts</i> that it <i>is</i> the child's experience, thought, or wish.</p> <ul style="list-style-type: none"> • If a child is afraid of the basement, the caregiver may be tempted to reflect to the child that there is nothing to fear. Taking the child to the basement, and declaring that there is nothing scary, indicates that the child's thoughts and feelings are wrong and that the caregiver is right. Now the child is alone and still afraid, and they are unable to use the attachment relationship for support. Instead, if the caregiver accepts the child's emotions and gently asks questions to understand their fears, they feel safe in talking about their feelings. Only then can both of them work together on ways to manage the fear. • A child in foster care may think that her teacher likes the other children in the class more. She may try to hurt the other kids, take their work, or yell at the teacher when she notices the teacher help another student. If the teacher says that, of course, she doesn't have favorites, or that they are all appreciated the same way, the child will not trust that teacher: this does not match what she believes, and the teacher will be perceived to be lying. If the teacher can listen and try to understand the child's beliefs of being unlovable or of being a disappointment, and demonstrate empathy, the child is likely to feel "heard," and the feelings of being less liked will lessen.

3. Build Caregiver Emotional Modulation Skills

Practices to Promote Caregiver Regulation

When	What
Preparation	Self-talk (eg, "I can do this," "I have the skills to work with her"). Rehearsal: Think through ahead of time how to react. Set up support from others. Plan for adequate sleep, healthy eating. Relax or meditate before interacting with the child.
Time of event	Practice deep or conscious breathing. Count. Tense and release muscles. Walk away. Take a "time-out" for yourself (as long as the child is safe).
Post-event	Call supportive people. Make a cup of tea. Walk around the block or up the street. Exercise (eg, running, yoga, exercise video). Think of what you are proud of and/or practice gratitude. Work on a "relationship repair" with the child (eg, explain what happened, apologize for missteps).
Daily routine	Maintain good sleep habits. Exercise regularly. Meditate, pray, or regularly practice religion. Stick to routines. Maintain other good healthy habits (eg, healthy eating, avoiding misuse of substances).

Adapted with permission of Guilford Publications, Inc, from Blaustein ME, Kinniburgh KM. *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-regulation, and Competency*. 2nd ed. Guilford Press; © 2019; permission conveyed through Copyright Clearance Center, Inc.