

# DOWNLOAD PDF TREATING ATTACHMENT ISSUES THROUGH EMDR AND A FAMILY SYSTEMS APPROACH DEBRA WESSELMANN

Chapter 1 : Handbook of EMDR and Family Therapy Processes by Francine Shapiro (, Hardcover) | eBay

*Debra Wesselmann, MS, LIMHP, is an independent contractor and licensed independent mental health practitioner at The Attachment and Trauma Center of Nebraska in Omaha. Ms. Wesselmann is a presenter, author, and researcher, and has specialized in treating trauma resolution and attachment problems in adults, children, and families for the past 25 years.*

Berry Brazelton MD describing the phenomenon that every parent has observed at one time or another: Children who have experienced life as dangerous and frightening due to abuse or neglect often have sudden experiences of extreme emotional and behavioral regression. The model explains that traumatic events become stored in separate neural networks along with emotions, sensations, and perceptions present at the time of the events. Trauma-related material stored in this way does not become processed, so it remains very separate and isolated in the brain. Even after an abused or neglected child has been provided a new, safe life, a trigger of some kind can subconsciously light up the unprocessed traumatic memories, causing the child to regress to thoughts, feelings, and behaviors that were present at the time of the traumas. Many traumatized children regress around certain dates or holidays, certain times of day, or certain types of people. An angry face, a scolding, or raised voices are particularly triggering due to stored trauma-related feelings of fear, shame, and powerlessness. A triggered, regressed child may suddenly urinate in strange places, wet the bed, play with feces, masturbate compulsively, steal shiny trinkets, throw tantrums, baby-talk, cling and cry, scavenge through cupboards for food, hide food, or run away. Regressed children do not have access to their higher order cognitive processes. Behaviors caused by regression cannot be disciplined away. If you are a parent of a child who exhibits regressed behaviors, be kind to yourself. It is vital that you find the emotional support you need so that you can maintain your own emotional health while you provide attunement and connection with your challenging child.

**Understanding the Problems of Parents and Children Through the Lens of Attachment**

**The Advantages of a Secure Attachment**

The research in the field of attachment opens up a whole new world for all of us in understanding the problems of parents and children. Attachment is the emotional connection between any two people. Attachment between children and parents evolved naturally eons ago, as the children who developed a strong need to remain near their parents were the ones who were most likely to survive – both physically and psychologically. Children who feel the most secure in their early relationships with their parents have tremendous advantages in life. They tend to grow up feeling good about themselves and others. These children naturally form other healthy, close relationships as they go out into the world. Children who have not developed a healthy, secure attachment with parents tend to grow up feeling more anxious and insecure, disconnected, and angry.

**Four Ingredients of Secure Attachment**

There are four main ingredients to a secure attachment relationship. The first is affectionate touch and eye contact. Cradling an infant, cuddling a toddler, and hugging a teenager all increase the sense of connection, especially if loving contact takes place on a daily basis throughout the growing up years. The second ingredient is emotional attunement. Children feel close when they sense their parents care about their feelings. When parents soothe the distressed infant, reassure the frustrated toddler, or comfort the worried preschooler they are strengthening the parent-child bond. The third ingredient is shared pleasure. Parents and children enjoy one another through shared play, games, jokes, and giggles. Finally, children need an environment that is consistent, predictable, and safe in order to be vulnerable, open and trusting with their parents. Without this kind of protective, dependable environment children develop emotional walls to keep their parents and others at a distance.

**Obstacles to a Secure Attachment**

All babies and children are biologically programmed to attach to their parents, but not all children develop quality attachments. There are several situations that can interfere with a good attachment. For example, children with a difficult temperament may be so highly active or so extreme in their emotions that their parents naturally have difficulty connecting with them either physically or emotionally. Chronic pain or separations due to hospitalizations may interfere with feelings of comfort and enjoyment, preventing the

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development of healthy bonds. Children who endured an abusive or chaotic early life and who are later placed with an adoptive family may have intense fear and hurt, and their emotional walls may be difficult to penetrate. Parents who live in stressful circumstances may have difficulty creating secure attachments. Parents with addictions are unable to stay attuned to their children or provide a consistent, safe environment because they are preoccupied with the addictive substance or behavior, and the whole family may be on the addictions roller coaster together. Finally parents who grew up without secure attachment relationships themselves often have difficulty providing the ingredients of a secure attachment relationship with their own children. Parents who did not experience nurturing and closeness growing up may feel uncomfortable with closeness and may subsequently distance themselves from their youngsters. Parents who were mistreated as children may have an excessive need to exert control over their children in order to avoid feeling vulnerable. Parents who were mistreated may perceive normal child misbehaviors as attempts to mistreat or hurt them, leading to angry overreactions. Parents who were not securely attached in childhood may be disconnected from their feelings, or they may be emotionally overwhelmed. There is Hope for Parents and Children Most parents love their children and want to give them the best start in life possible. By gaining a clear understanding of attachment and the obstacles they are facing, parents can overcome their difficulties and create stronger bonds with their children. Parents who lacked quality bonds as children can learn to identify and overcome the effects of their own early experiences so that they may give their children a better emotional start to life than the one they had. Dollar Photo Club Purchase The Trauma Couple Most traumatized adults are not conscious of the profound ways in which the past permeates their thoughts, emotions, decisions, and actions on a daily basis. Nor do their partners recognize the way the trauma of the significant other dictates their own lives. We get caught up in the moment and fail to see the shadows of a past that lurks behind the present-day crisis. Even the trauma survivor may be in the dark as to the source of unwanted feelings and thoughts. Like an animal cowering from the noisy celebrations on the Fourth of July, triggered individuals become withdrawn and quick-tempered, pushing others away in an attempt to find safety and comfort. Their significant others are often blind and deaf to what is happening on the inside of the person they love. They see only the inexplicable emotional wall. They feel shut out, lonely, and hurt, which may turn quickly into outrage. The anger they feel from their partner may be perceived as an assault, leading to escalating fear, pain, and loneliness—and so the chasm grows. The partner in turn may feel increasingly alienated, hurt, angry, and fearful. Eventually, the partner comes to resemble the trauma survivor with whom he or she is struggling to relate—reactive, defensive, and searching for relief from emotional pain. In fact, the partner is suffering a vicarious traumatization. Both individuals can quickly become caught up in an endless negative feedback loop of reactivity. The physical closeness that used to trigger the release of love hormones may now triggers the release of stress hormones for them both. Increased closeness equals increased anxiety and stress. Neither partner started the relationship intending to cause hurt to the other. Seeking help from a professional is an important step, as an understanding third party can help sort out the stuck patterns and treat the traumas that lie at the root of everything. The professional can help the partners communicate from an understanding that neither is to blame and both are equally responsible for becoming part of the healing process. If just one partner takes the risk of letting go of defenses, it can be enough to interrupt the negative feedback loop and begin a new, healthier pattern of communication, with the help of a therapist. The alternative is a perpetual stand-off, like two cowboys standing in the dust with guns drawn and ready. It requires courage for partners to explore their triggers and call themselves out on their own unhealthy methods of self-defense. It requires a willingness to be vulnerable to open up emotionally and share deeper feelings. It requires commitment to set aside fear and really listen to the other without blame or guilt. Both partners are likely to struggle and fall back into old patterns due to the underlying traumas and triggers, but if they can learn to give one another the benefit of the doubt and let go of trivial offenses, they will each come to see the real person behind the survival mechanisms of the other. If both partners practice staying emotionally present to one another, their mutual sense of understanding and compassion can grow and deepen into a strong and loving relationship. I

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think as parents and even as grandparents! Our youngsters need to see themselves reflected in our eyes as we look at them, listening but also attuning to their facial expressions and body language. Our physical and emotional presence teaches them that they are worthy. Traumatic memories are stored differently than normal memories. They are encapsulated in unmetabolized form in the limbic, or emotional region of the brain—an area of the brain in which time has no meaning. If I have experienced frightening or threatening events in my life, there is a good chance that I live in an environment that may also be unsafe for me in the future. How am I to survive in such a world? I must remain vigilant and reactive to suspicious sounds, smells, facial expressions, and actions. I cannot allow myself to be fooled by the passage of time, because the dangerous element might be watching and waiting for me to let go of my vigilance. Never mind that the original source of my trauma is vanished from my life. Never mind that I am older, wiser, or beyond its reach. These concepts mean nothing to the limbic brain. It is one of many miracles of nature that the limbic brain is designed without a clock. Quality of life is of no concern to this part of the brain. After all, what is quality of life if there is no life? If I have suffered a trauma one, two, ten, twenty, or forty years previously, a sound, a smell, or a sight may remind my limbic brain of the original danger, triggering an immediate surge of cortisol into my brain. The cortisol leaves my heart racing, my palms sweating, and my thoughts disorganized and fragmented. In a split second I may find myself arguing and fighting or hiding in fear. I may be as confused as others around me regarding my extreme behaviors, and later I may be overwhelmed by guilt and shame. I am there again—in the middle of the experience, as pictures flash in front of my eyes, and sounds bombard my brain. It may take seconds, minutes, or hours until I remember where I am and who I am today, in present time. The therapeutic relationship is vital, for it is impossible to tolerate the vulnerability of the work without a sense of connection and compassion from a supportive other. Therapies that reach into the emotional region of the brain are important to processing stuck traumas, such as Eye Movement Desensitization and Reprocessing EMDR. The EMDR therapist instructs the patient to watch her fingers as she moves them back-and-forth while bringing up memories. This process stimulates important centers needed for processing the material located in the right and left hemispheres of the brain. Art, music, poetry and other creative methods for expressing feelings also help reach into the emotional brain, where memories are stuck. Psycho-education can help clear up confusion and anxiety in family members, and communication work can help open up new channels for understanding and support. Talking Back to Your Emotional Brain Distressing events from earlier life are stored in the emotional part of the brain along with negative thoughts and beliefs that were present at the time of the trauma. Old negative beliefs naturally get triggered for any of us when we are feeling vulnerable. Pay attention to your thoughts.

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## Chapter 2 : Integrative Team Treatment for Attachment Trauma in Children | W. W. Norton & Company

*Debra Wesselmann; Published Online: 5 JAN Treating Attachment Issues through EMDR and a Family Systems Approach, in Handbook of EMDR and Family Therapy.*

Integrative team treatment for attachment trauma: Family therapy and EMDR. Strategies for raising children affected by attachment trauma. Released as paperback, Da Capo Press, Eye Movement Desensitization and Reprocessing. Healing trauma and creating secure attachments with EMDR. Healing moments in psychotherapy: Treating attachment issues through EMDR and a family systems approach. Child Attachment Trauma Protocol. Scripted protocols and summary sheets pp. Eye movement desensitization and reprocessing therapy EMDR. Interweaves for children with an attachment trauma in foster and adoptive families. Children and adolescents pp. Attachment theory in action: Building Connections Between Children and Parents. Blue Ridge Summit, PA: EMDR as a treatment for improving attachment status in adults and children. European Review of Applied Psychology, 62, EMDR attachment adults children journal article. Change in adult attachment status following treatment with EMDR: Wesselmann Potter research article Potter, A. A case study series. Developmental perspectives, dysfunctions, and disorders in humans pp.

## Chapter 3 : - NLM Catalog Result

*Treating attachment issues through EMDR and a family systems approach. In F. Shapiro, F. W. Kaslow, & L. Maxfield (Eds.), Handbook of EMDR and family therapy processes (pp). Hoboken, NJ: John Wiley & Sons Inc. LEARN MORE HERE.*

## Chapter 4 : Debra Wesselmann, MS, LIMHP

*The ARD involves several exercises that encourage feelings of closeness along with implementation of bilateral stimulation to reinforce the child's associated positive sensations and emotions.*

## Chapter 5 : Handbook of EMDR and Family Therapy Processes | Clinical Psychology | Psychology | Subject

*Wesselmann, Schweitzer and Armstrong have delivered a gem of a book to the mental health profession. This very important work is an invaluable tool for understanding and treating the effects of trauma on a infant's/child's brain when attachment needs are not met or abuse has occurred.*

## Chapter 6 : Debra Wesselmann, MS, LIMHP » Articles & Chapters

*Treating attachment issues through EMDR and a family systems approach Description The difficult behaviors exhibited by children who meet the criteria for a diagnosis of Reactive Attachment Disorder (American Psychiatric Association, ) can be challenging to both parents and professionals.*

## Chapter 7 : Handbook of EMDR and Family Therapy Processes (ebook) by Francine Shapiro |

*EMDR and Family Systems Theory offer different but complimentary approaches to improving quality of attachment relationships. The presentation will provide a clinical understanding of the similarities between EMDR, family systems, and attachment theory models and an overview of the combined treatment approach.*

## Chapter 8 : Debra Wesselmann - The Attachment and Trauma Center of Nebraska

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*Debra Wesselmann, MS, LIMHP, has specialized in treating trauma and attachment problems in adults, children, and families for the past twenty-three years.*