



A Safe Place for Caleb

An Interactive Book for Kids, Teens, and Adults
with Issues of Attachment, Grief and Loss, or Early Trauma



Kathleen A. Chara and Paul J. Chara, Jr.
Illustrated by J.M. Berns

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also by Kathleen A. Chara and Paul J. Chara, Jr.

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Introduction to Parents, Caregivers, and Professionals

You must travel over a rough road to reach the stars.

– Czech proverb

Individuals with attachment disorders typically share the following characteristics:

- difficulty forming close relationships with others
- unresolved trauma or losses caused by past relationships
- disturbed feelings and thoughts about relationships with others.

Often pathogenic care – abuse, neglect, or lack of a consistent nurturing home environment – is at the root of the attachment problems. However, deep hurts incurred in any relationship at any age can engender attachment problems. It is well established that healthy emotional bonds among family members provide children with the necessary foundation for a successful development of self and the ability to relate and interact with others. People with attachment disorders, however, fail to see the world as a safe place and often develop maladaptive behaviors, such as being controlling, manipulating, withdrawn, or aggressive. These maladaptive behaviors can lead to a disordered view of self and others. As a

result, this complex disorder tends to manifest itself in a profound disturbance in feelings of safety and security within relationships. What can be done to help the adult struggling with attachment issues, or the families grappling with the difficulties in raising a Reactive Attachment Disordered (RAD) child?

We believe that successful treatment of people wrestling with attachment issues should include a comprehensive evaluation to rule out other disorders or additional problems, such as learning disabilities, bipolar disorder, and sensory integration problems. Furthermore, for young people wrestling with attachment problems, we recommend family-centered therapy using relational-based techniques, conducted by a therapist trained in working with attachment disorders. However, there are numerous therapeutic interventions and approaches (e.g., trauma therapy, narrative therapy, attachment parenting, cognitive-behavioral therapy, reality therapy) that have been used by professionals with varying degrees of success. Many of these interventions can be adapted for use by nonprofessionals and individuals struggling with attachment difficulties. Although there are different treatment techniques, many professionals agree that at least five therapeutic goals need to be addressed:

- resolve past trauma/losses
- reconstruct cognitive beliefs based on these experiences
- assist with the development of trust
- learn to handle emotions appropriately
- understand societal expectations and learn to engage in reciprocal relationships within a safe, family-focused environment.

Therapy is usually a necessary component of the attachment healing process. However, there is much that a person can do on her or his own to overcome attachment problems. People struggling with attachment issues often feel that their situations will never change for the better. They think that even if there was a possibility for positive change, they wouldn't have the ability or the knowledge to go about effecting the needed changes. We wrote this book to address those beliefs. To those of you who feel hopeless about overcoming your attachment difficulties, we offer hope: You don't have to be chained to your past pain! To those of you who think you don't have the ability to heal from your past hurts, we offer encouragement: The techniques offered in the following pages are not difficult to master – you can do it! And, to those of you who believe that you just don't have the requisite knowledge in order to

build healthy attachment relationships with others, we offer guidance: The approaches presented in this book are empirically rooted, clinically derived, and, most importantly, easy to use.

Part I of this book is a story intended to draw in the person struggling with attachment issues. It is written from the perspective of a 13-year-old, and the featured character in the story, Caleb, is a composite figure based on experiences with several clients that Kathleen had the privilege to walk with in their healing processes. The story – which we call *Caleb’s Story* – is written at a level that a young child can understand. However, because resolving attachment issues requires a person to deal with her or his past – making it necessary to “get in touch” with the younger, wounded self – *Caleb’s Story* is also applicable to adolescents and adults who want to overcome their attachment problems. A unique healing technique for working through attachment problems – the SAFE TREE HOUSE – is presented in this story. The SAFE TREE HOUSE can be used by people ranging in age from young childhood through adulthood.

Part II provides numerous resources for working with attachment problems. We have provided attachment tables, tools, and techniques that we offer to anyone who is working with people grappling with attachment issues, or to those individuals who desire to overcome their own attachment problems. There are also additional guidelines for using the SAFE TREE HOUSE technique. No part of this book, however, should be considered a substitute for professional advice.

How to use this book

Although the first part of this book appears to be intended for children and teenagers, we believe that people of diverse ages can profit from its content. It is important to remember that attachment disorders usually have their origins in the early childhood years, so it is necessary to explore those early years in order to find meaning and healing later in life. Following are some age-appropriate guidelines for getting the maximum benefit from this book.

Use with children

Younger children will profit most from the use of this book if *Caleb’s Story* is read along with parents or other caregivers. While the story is being read, the adult should explain novel concepts, such as the HURT SELF (a glossary of terms is presented in the back of the book), and encourage children to ask questions and

share their thoughts and feelings. Very young children may find it difficult to maintain their attention through the six chapters of *Caleb's Story*. Therefore, we suggest going through only one or two chapters a day. For the older child we suggest that adults working with the child be present with her or him during the first reading of the story to provide emotional support and to answer questions. However, many children may feel too overwhelmed or threatened during the first reading to respond to adult questions or to share what they are feeling and thinking. Thus, it may be helpful for the adult to take a more passive role during the first reading and then to encourage the child to read the book again on her or his own. A later time can be arranged where the child's reactions to the story can be discussed.

Children of all ages will likely need help in using the SAFE TREE HOUSE and the HEALING KEYS. Other healing techniques in Part II can be adapted for use by children.

Use by adolescents

A serious mistake parents (and other caregivers) can make with adolescents is to withdraw from parenting. Relinquishing parental responsibilities can easily be misinterpreted by adolescents as signifying a lack of care for them. For adolescents struggling with attachment problems, this misinterpretation can cause further damage to their ability to form healthy relationships with others. Therefore, we strongly encourage parents and caregivers of adolescents to take an active role in facilitating the healing process.

Adolescents may wonder what a story by a 13-year-old has to do with them. We suggest that adolescents familiarize themselves with a brief background about attachment disorders before they read *Caleb's Story*. The information presented in the first attachment table (page 74) is a good place to start. Furthermore, *Caleb's Story* will be read with greater understanding if the following points are kept in mind:

- Attachment problems usually have their origins in early childhood. Therefore, it is necessary to revisit that time in life in order to get to the root of the problems.
- The best way to understand the early childhood years therapeutically is to “see” those years through the eyes of early childhood experience. *Caleb's Story* is simply a technique to facilitate that process.

- The healing techniques presented in *Caleb's Story*, such as the SAFE TREE HOUSE and the HEALING KEYS, are intended for use by people of diverse ages, not just children. Furthermore, the healing techniques in Part II are applicable to people of diverse ages.

Use by adults

What older people have in common with adolescents and children is that their attachment problems usually began in the same period of life: early childhood. Therefore, what matters most in reading *Caleb's Story* is not how old you are, but how young you can be. What we mean by this is that because attachment breaches and hurts occurred early in life, it is therapeutically important to rediscover the “young child” inside the adult. If the early losses and traumas can have a negative impact on an adult's life, then there is something remaining of those early years in an adult's life. *Caleb's Story* and the other healing techniques presented in this book are designed to help a person get into those memories and predispositions – what we call the HURT SELF – in order to heal it (through cognitive and affective restructuring). Once the HURT SELF begins to heal, the impediments that hindered the development of good relationships start to break down, and a new foundation, one that is conducive to the development of healthy relationships with others, is built.

We thank all of the people who have shared their stories of relational hurt and pain with us, and for showing us that healing is possible. We would also like to encourage all of our readers that, as you take the courage to walk this journey of recovery, know that victory over attachment problems is possible! You are not alone!

Part I

Caleb's Story



Chapter 1

Hurting Beliefs, Hurting Behaviors

Hello! My name is Caleb, and many sad and scary things happened to me when I was younger. These things are sometimes very difficult for me to talk about. Sometimes I want to pretend like they never happened. Other times, I think about them when I don't want to. There are nights when I dream about those times and I feel lonely, scared, or really angry. At times I may feel so sad that I don't think I can ever get up in the morning. There have been times when I got so mad that I just wanted to hurt people or pretend that I hate them – all of them. I would hurt animals (including my own pets) and people, for no reason. Sometimes I even hurt myself. All of this has been a long journey, but after a lot of hard work I have found some peace. If you have had scary, sad, or confusing things happen to you, remember there are other folks just like you and me: we are not the only ones who have had sad things happen to us. But the good news is that things can get better! Let me tell you about my life when I was little, many of the things that I lived through, and how my life changed for the better.

When I was seven years old, my new family learned that I had problems with attachment. I said, “What? What is attachment?” I have since learned a lot about attachment, which is a big word that means that people have had bad things happen to them in their pasts, usually when they were little by people they loved. As a result, they are afraid to feel close to other people, or to trust others. In other words, because of their



hurts, they don't feel safe with or comfortable around people. When I was younger, I was **very scared** of getting close to people, and this fear kept me from wanting to love others and getting love back from them. But, the good news is that I have found some ways that worked for me to feel safe – *on the inside* – so that I can enjoy people like others do instead of feeling how I used to. Do you have problems feeling safe on the inside, and are you sometimes afraid to love others? If so, please read on!

I was adopted by the Smith family when I was almost four years old. I can remember some things about my life before my adoption and others have told me stories about those times. There are a few pictures in my mind of my birth mom and the homes I lived in before I came to live with the Smiths. I can remember how the sun would shine



across our living room floor early in the mornings when I was the only one up, and how warm and safe I felt in the sun's rays on those mornings. I remember how the neighbor lady's large dog barked loudly when I walked near him. I can still smell the breakfast foods on my birth mom's clothes when she came close to me, and I can remember the taste of the old crackers I sometimes ate for breakfast. I kind of miss those old smells, sights, and sounds – they never seem to go away.

Then one day I was taken away from this home and I really didn't know why. I only saw my birth mom one more time after that and she was crying and told me, "Be a good boy for Mommy, Caleb."

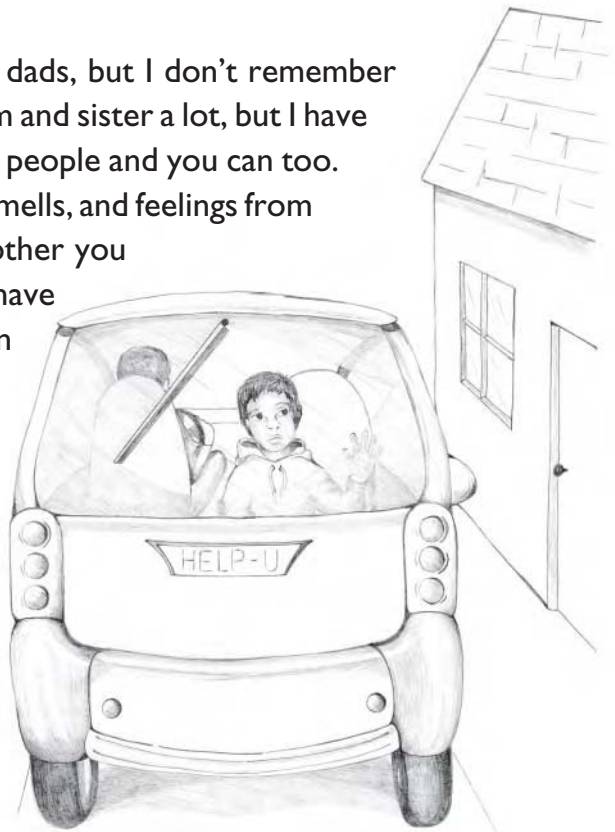
I never went back to that house again. Nobody ever really explained why I was not going to live with my mom anymore. I guess they all thought I already knew. So I never got to smell my birth mom's dresses again or feel the sun's rays in that living room. Those days were gone forever and my heart was broken – I thought forever. I miss my birth family a lot. I thought for a long time that if I was a good boy, my birth mom would come and get me and take me back with her. Many people said life was going to be better now, but I still hoped she would come.



I also remember other things about my time with my birth mom that are not so fun to remember. I have memories of lots of yelling and hitting and other types of hurting, pains of stomach aches from being hungry, nasty smells of beer and cigarettes, and fears of seeing no grown-ups around when it was dark.

There are some things that I have very little memories about. For example, I also had a baby sister named Kelly. I do not remember her much, but I do remember that my mom would let me feed her when mom was sleeping, and how she would smile a lot when I tickled her.

My sister and I had different dads, but I don't remember either of them. I miss my mom and sister a lot, but I have learned that I can love lots of people and you can too. Do you have sights, sounds, smells, and feelings from when you were little that bother you sometimes? It is okay to have your own memories – even if some memories are not fun to remember. Some kids have no or few memories before their adoption or before big changes happened in their lives. Remember, not all kids are the same and that is okay too.



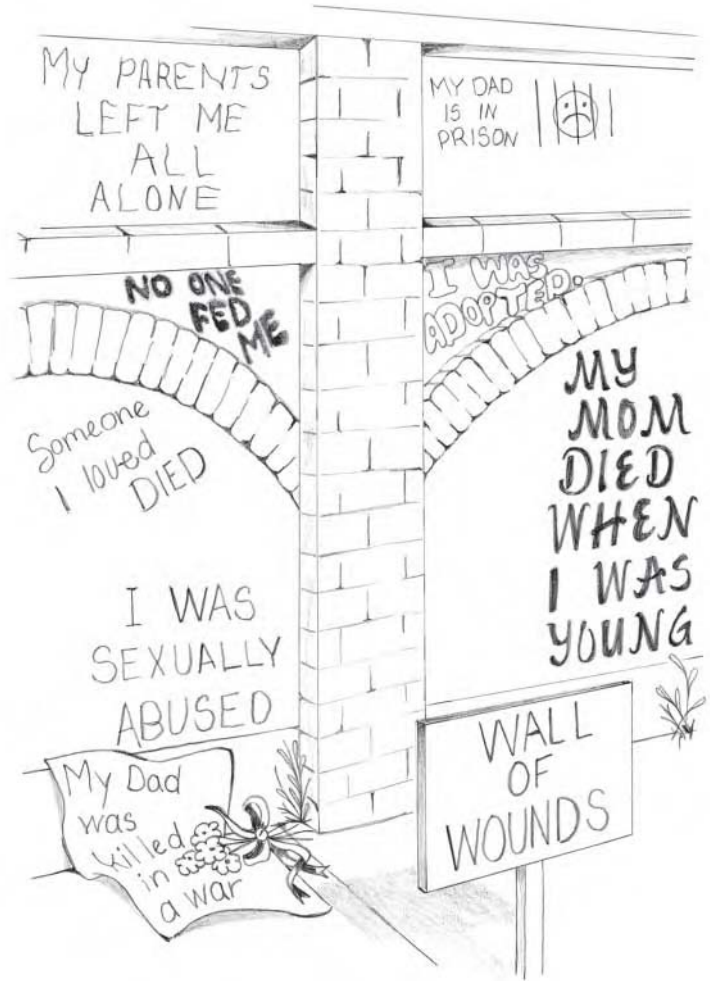
Not all kids have had the same bad things happen to them either. There are lots of different types of hurts. On the following pages are some things that have happened to other children like you and me.

What are some of the bad or sad things that have happened to you?

For a long time, I kept waiting for my mom to come back for me. But she never did. I really started asking myself, “**Why? Why did all this happen to me?**” When I asked people this question and they told me their answers, it didn't really help me. They tended to use big words or not really answer my questions. Maybe I just didn't want to listen or maybe other people just didn't really understand.

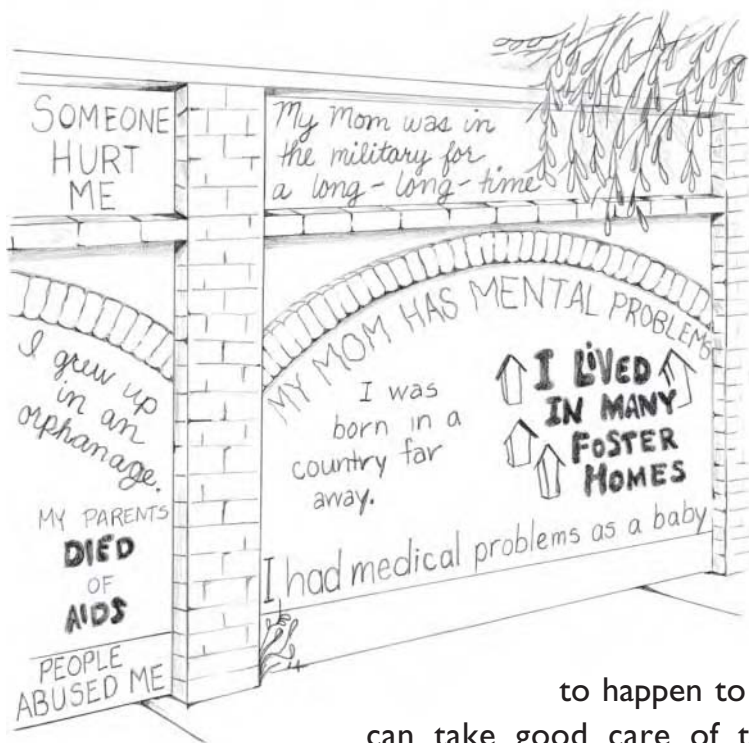


Perhaps, I just didn't want the truth – the real truth. So, I just kept asking myself more “why?” questions. The more I asked myself these questions, the sadder and madder I felt. I began not to trust anyone and I was afraid to start to love anyone new because I never wanted to feel that pain again – the pain of losing someone special – especially since I never figured out why all this stuff with my birth mom and baby sister happened in the first place.



I remember that my birth mom told me to be a good boy on the last day I saw her, so I thought I found the answer I had been looking for. I believed that I was the reason she left. It was all because I was not a good boy, right? I lived my life a long time thinking that this was true. Do you think that you are to blame for the sad or bad things that happened to you too? I hope you keep reading and learn the real truth, because I can tell you for a fact: **You are not to blame!**

Only recently have I learned the truth and the real reasons why my birth mom was unable to care for me. It was because she had some really big problems and those problems made her unable to take care of any baby – **I wasn't a bad boy**, I wasn't a bad baby. It was **not my fault**; it is **not yours** either! Please remember this. There are



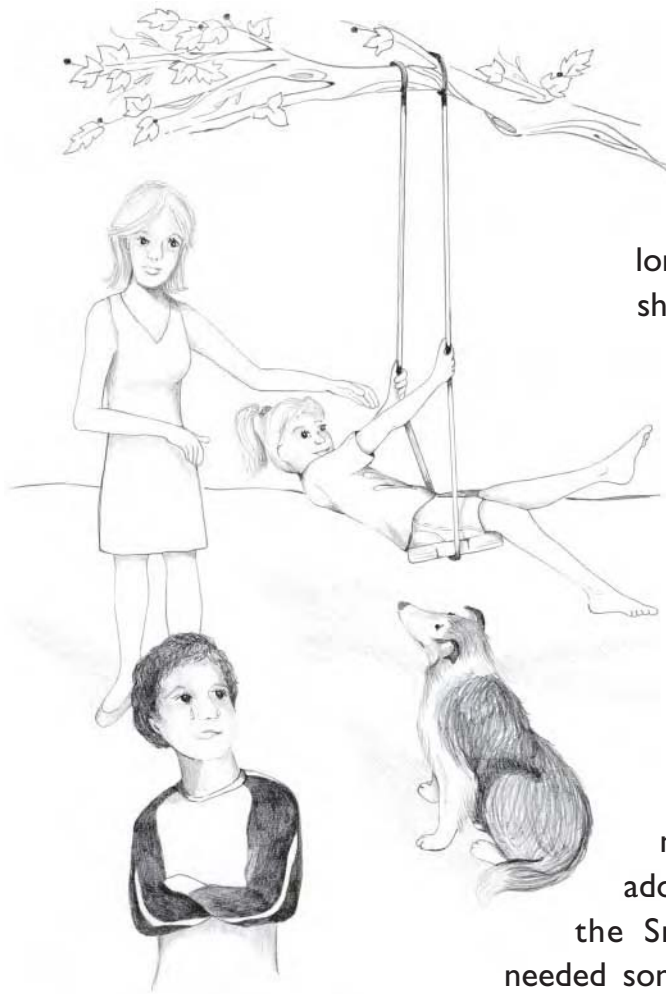
many reasons why parents are unable to take care of children, place their children for adoption, or hurt their children, but it's not because the child is bad or unlovable. We are not to blame – you did not deserve those sad things

to happen to you. Many parents can take good care of their children, but some parents have too many problems to take good care of their children.

I kind of knew that this was true in my head, but in my heart I still felt scared, sad, and mad. In fact, the more I thought about it, the madder I got. Why me and not some other kid's mom? How could anyone understand my fears and my pain? Could I ever be safe again? How about you, do you have problems feeling safe with people? Is there anyone you can be honest with about your pain and feelings? Or are you fearful much of the time like I was?

When I was adopted by the Smiths I still believed it was my fault that all these bad things happened to me, and I was still hoping that my birth mom would come back to get me. I would look out the window, for what seemed

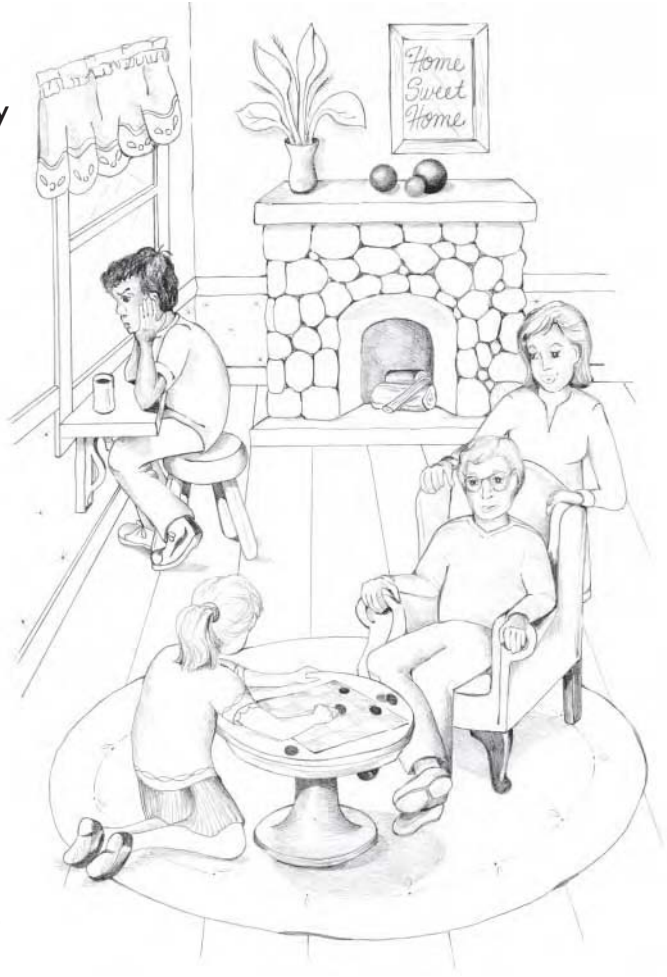




like hours, just waiting for her to come... waiting...and waiting some more. Oh, how I longed for her to come. But, she never came back, so I believed I was a bad, unlovable kid. I would be extra mean to the Smiths because my mom was not coming back. A part of me wanted to blame them for taking me away from my mom even though I was already away from my mom when the Smiths adopted me. I knew it wasn't the Smiths' fault, but I just needed someone to blame and my mom wasn't around to blame, so the Smiths were the target of my fear and hurt. Sometimes I'm not sure why I blame others for stuff that happened to me when it is not their fault. Do you sometimes have problems blaming the wrong people too?

I also was **very, very afraid** that if I loved the Smith family, they would leave me all alone. This **very big fear** in me came out in a **huge amount of anger** – they call it *rage* – and I just could not stop once I started getting angry. I sure am sorry about how I treated the Smiths now. I wanted to be loved by them and to love them, but I just did not know how – it was just too frightening. The truth of the matter is that I believed a lot of other things that were not true, like I was to blame for

losing my mom and baby sister and that *all* adults could not be trusted. I believed these lies for a long, long time, but I didn't know that they were not true. I didn't know that they were lies – lies that would only bring me more sadness and loneliness. I call these lies HURTING BELIEFS because they are the beliefs that I came to believe due to all my heart's hurts. Let me tell you what I found out about these HURTING BELIEFS.

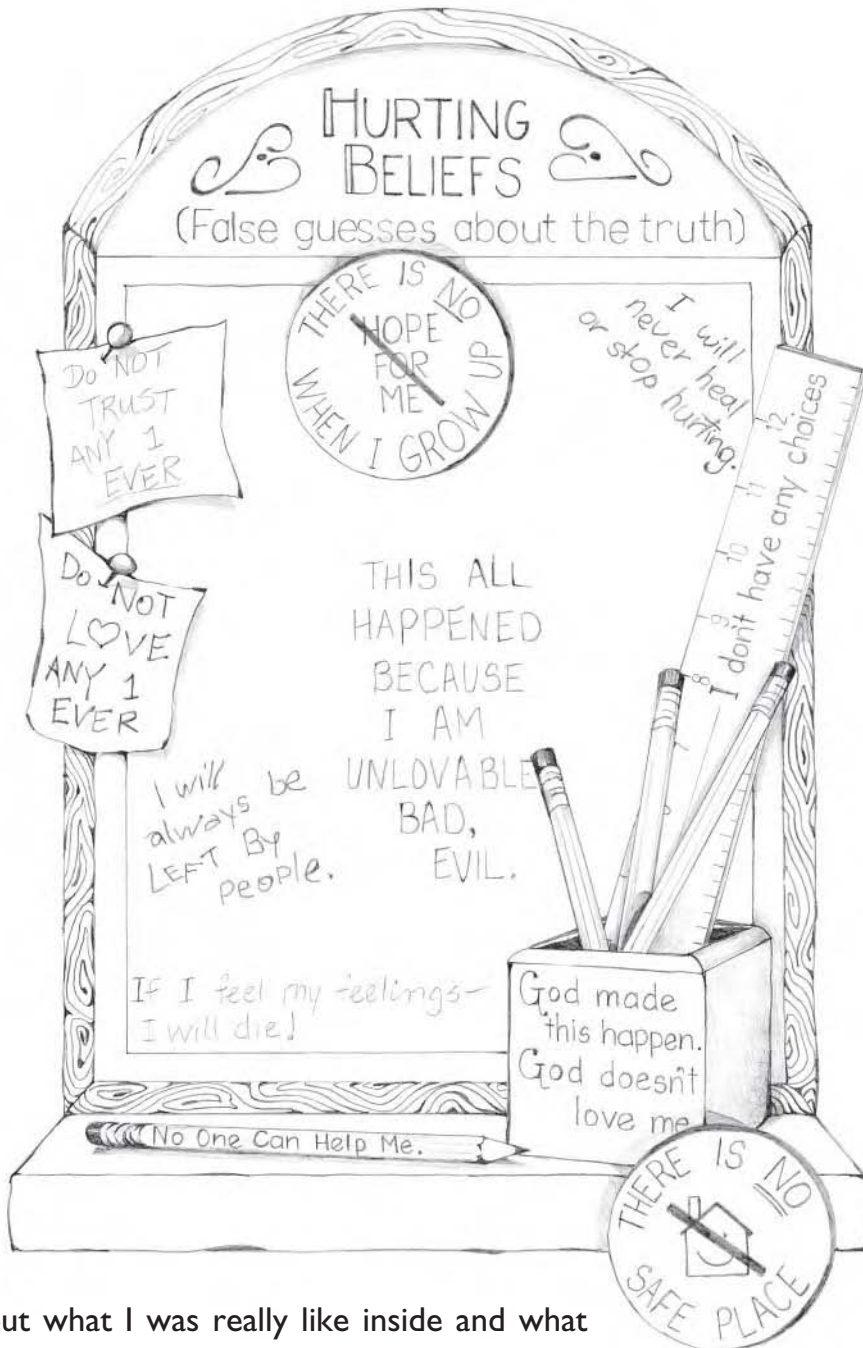


I did not know why all these sad things happened to me so I came up with some guesses. In fact, those guesses were not the truth, but were HURTING BELIEFS instead. And that's what HURTING BELIEFS are: false guesses that help you try to understand the truth. Because I still believed these lies, or HURTING BELIEFS, I didn't want to love anyone and I didn't want anyone to love me because I thought all of this was my fault. I was afraid that if I loved people, they would go away and leave me all alone just like my birth mom did. I gave up on trusting grown-ups altogether. I thought that I had to look out for just me if I wanted to get the things I needed, to be safe, and to stay alive. There are a lot of different kinds of HURTING BELIEFS. Do you think you have some HURTING BELIEFS? See if you can come up with some like the ones on page 25.



Because of all these HURTING BELIEFS, I made up plans to keep people away so that I could feel safe. Many folks like you and me do a lot of things that other people do not seem to understand. But, we do all of these things because we believe those HURTING BELIEFS: we have not healed from our many past hurts, and we are still so afraid of being part of a family. However, I did not know any of this at the time, so I made up plans that I thought would work – plans that I thought would stop me from getting hurt again.

My plans were to make sure that people would not want to love me. I called one plan the “gross them out” plan and another one the “divide and conquer” plan. My first plan was to have people not like me by getting them angry – *really* angry – at me and doing things to gross them out, such as smearing food all over the wall. I suppose I don’t need to give you more examples, because if you are like me you can probably think of many “gross them out” things that you have done! I used my second plan, the “divide and conquer” approach, because I was afraid of being outnumbered (ganged up on) by people. What I would do was to work on one person at a time and get people arguing



about what I was really like inside and what problems I really had. I would act differently towards different people – nice to some folks, but nasty to others – to further confuse the situation. You see, I just needed to feel like I had some control in my life. I felt safer with my plans, safer when I pushed people, especially grown-ups, away from me. I called these plans I

played with people the PEOPLE GAMES. I think that you have probably played some PEOPLE GAMES too. Almost all kids who were hurt tend to play these games a lot. Do you still play these games?

Well, all these PEOPLE GAMES I played with people and all the HURTING BELIEFS I came to believe about people led me to act in ways that my family and I now call HURTING BEHAVIORS. There are lots of different kinds of HURTING BEHAVIORS. Do any of them listed in the picture below seem familiar to you?



Of course, we're not all alike and we may have used some different HURTING BEHAVIORS, but they all had the same purpose: to keep people away due to our fear and mistrust of people, so that we could feel safe. Do you work hard at keeping people away to feel safe too?

Well, I did for a long time, but I felt lonely with this plan of keeping people away. I thought, "Why isn't my plan working the way I want it to?" It was only half working: it kept people away, but I didn't feel any safer on the inside.



I began to learn that when I used these HURTING BEHAVIORS and made promises to myself like, “I will never love,” “I will never feel,” “I will never hurt,” or “I will never trust again,” that not only did I not feel any safer on the inside, but it made me feel even worse inside. Oh man, this was not good news! I have learned that listening to HURTING BELIEFS and doing HURTING BEHAVIORS when I am scared, lonely, or angry just causes more HURTING BELIEFS and HURTING BEHAVIORS: *hurting leads to more hurting*. I realized that if I wanted to stop feeling awful and deal with my past hurts, I had to stop listening to the HURTING BELIEFS in my head, and stop doing the HURTING BEHAVIORS. Do you want to stop feeling awful inside too? I found a way to stop feeling so bad and to start feeling good about myself instead.



Chapter 2

Healing Beliefs, Healing Behaviors

Let's face it: having your world filled with HURTING BELIEFS and HURTING BEHAVIORS makes for a pretty miserable world. What I found out was that the best way to overcome the bad is to outdo it with the good. It's like when a glass is full of yucky, bad stuff: you can get the bad stuff out by pouring in enough good stuff like clean water. So, I found out that when my mind is full of the bad, yucky stuff – HURTING BELIEFS – if I pour in enough good stuff – HEALING BELIEFS – I start cleaning out the bad stuff. A HEALING BELIEF is different from a HURTING BELIEF in two ways: it's true and it's good. As you can see in the picture on the following pages, there are many different types of HEALING BELIEFS. And, what's great about HEALING BELIEFS is that they really do heal! One way to make them work goes like this: When I hear HURTING





BELIEFS in my head, I stop those thoughts. I then pretend that I am turning the channel on my television from the HURTING BELIEFS channel to the HEALING BELIEFS channel. After that, I practice saying HEALING BELIEFS instead of HURTING BELIEFS. Another way I make my HEALING BELIEFS work is to post a list of them on my bedroom door and say them every day before I start my day and every night before I go to bed too. You can make up your own poster of HEALING BELIEFS, like the one above, or use the photocopyable poster on pages 78–79.

It sounds easy replacing HURTING BELIEFS with HEALING BELIEFS. And then, of course, there is the problem with changing HURTING BEHAVIORS. How do you change a lifetime of bad habits? I found out that I also needed a reminder for acting with HEALING BEHAVIORS. You can also make up your own poster like the one on the following pages



or use the photocopyable poster on pages 80–81. Well, it's taken a lot of help and a lot of time before all this was able to work for me. Let me tell you about the help I got that got me started in the right direction.

A while back life was very hard for all of us in the Smith family. My parents decided that we all needed some new ideas to help the whole family deal with my past hurts, the HURTING BELIEFS, and my out-of-control HURTING BEHAVIORS. My parents said that no one was feeling safe or happy in our home anymore. Parenting kids like us can be a tough job, especially when people around us do not understand



enough about kids being hurt when they were little and how they learn HURTING BELIEFS and BEHAVIORS. You see, when I was trying to feel safe by pushing people away and playing those PEOPLE GAMES (such as acting one way to some people and a different way to other people, and lying to people a lot), people in my family were getting hurt even more, but I didn't seem to know it (or maybe even care) at the time. Mom said that before she learned that I had problems with attaching to people due to all my hurts, I was playing lots of PEOPLE GAMES. I had a



lot of out-of-control behaviors (usually at home, though), and I still wanted people to think that my parents were lying about my behaviors. Other people who cared for me didn't know about these games and they believed my lies or the made-up stories that I tried to get them to believe. For example, once I told my grandma that my recent bruises were from my new mom (Mrs. Smith) and I told grandma I was so sad because mom didn't like me, but that I really liked her. I also said that I wished mom could be more like grandma, who is

kind and nice to me. This was a lie, of course. I was trying to get grandma to think mom was the problem, not me, and to feel sorry for me. Unfortunately, my grandma believed it at first. Later, my mom, dad, grandma, and I had to sit down to talk about the bruises. Dad said that he saw me fall off my bike and that he helped me with the bruises that I was claiming were from mom. He said, "We need a new family plan." So we went to see a man named Dr. John.

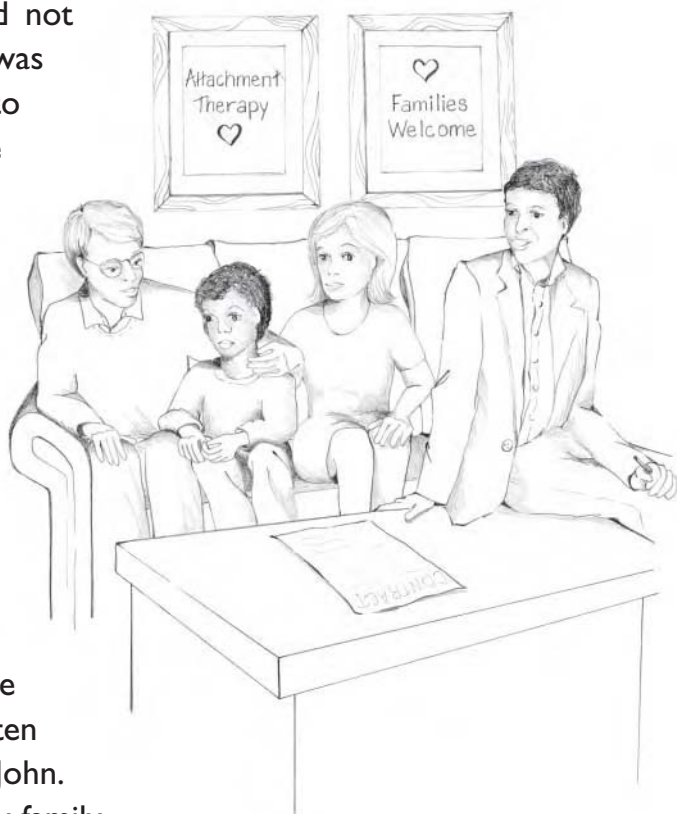
Chapter 3

Help for Healing

Dr. John is a therapist (a special helper) who works with families who have children who have problems *attaching*; in other words, learning to be loved and feeling safe around people. Does this sound like your family? Many of these kids have also been abused (hurt), abandoned (left alone), or neglected (not cared for). I did not like the idea of talking with a grown-up, so I told Dr. John that he was dumb and that his office looked ugly. Dr. John only laughed softly, though, and said, “I think if my cats could talk they would say the same thing sometimes.” I told my parents that I did not trust men and did not want to see Dr. John. My mom said, “Caleb, you do not trust men or women and those are the only two choices you have.” Dad added, “Son, I know you are afraid and please know that we need help helping you deal with your past hurts and knowing how best to parent you.” We all needed extra help, not just me. I bet your family says everyone in your family could use some extra help!

Dr. John said that our time together was all about **me** and **my family**. He said that we could do some fun activities, and that we would be spending some time dealing with hurts. Dr. John stated that the goals for our family were to learn about past hurts, heal from these hurts, learn new ways to deal with problems, and live as a healthy, attached family – that meant that we would all be able to love each other and feel safe together. I yelled, “**I am not ready for this!**” “I understand this is hard,” Dr. John said softly. Then he explained that

our work with him would not always be easy, but that it was necessary in order for me to feel safe on the inside. He explained to my family that this safety work needed to be done before I could attach (love and feel safe with) to my family. Dr. John also said that all work with him, although difficult, would always be safe. At first, I didn't really want to continue seeing Dr. John, but I did want to feel safe on the inside, so we all signed a contract (a written promise) to work with Dr. John. I sure am glad now that my family and I went to see Dr. John. I hope you and your family can get a good helper like ours did!



One day Dr. John and my family were drawing pictures of things that we hoped for. My mom said that she wished it didn't rain so much and drew a picture of a big yellow sun on her paper. At that moment, all my wishes rushed out of my mouth before I could even draw them. I told everyone that I wished I could feel safe on the inside – deep down inside. I told them that I still have bad dreams about my life before my adoption and that sometimes I have nightmares of horrible things that make little sense to me, and **I wished** that they would stop. I said that I am so sad or mad, or sometimes even both mixed together, that there are times when I feel like I am going to stop breathing or maybe even die, and I wished that would stop. I told my family that I missed my

birth mom and that I wished I could be nicer to them, but I just didn't know how and I wasn't sure if I could **ever** do it. I wished and wished all this would **stop!!** I had many wishes – I am sure you do too. My number one wish was to stop hurting all the time and to start feeling safe.

Dr. John told me and my family that he knew of some healing activities we could do that helped other people feel safe on the inside, heal from past hurts, and learn how to be nicer to others – problems folks just like you and me deal with a lot. He said we (Dr. John, my family, and me) could work on my wishes and come up with a new family plan.

A little while later, I told Dr. John, “I am really ready to heal from all of this.” I am ready to feel safe on the inside, to stop having awful dreams, to stop feeling like I am going to die, to stop hurting people in my family, and to stop feeling so bad all the time about my birth mom. My family said, “We are ready too!” I am so glad that we decided to let Dr. John tell us about these fun activities because I really wanted to feel safe on the inside and work on some of my other problems. The healing activities that he showed us have helped me so much! Since I found a way to feel safe on the inside now, I do not feel so afraid.



For the first time, I can take a deep breath. So, I thought I would tell you about a few of the things we did in case you would like to feel **safe on the inside** too! I've put many healing activities that I think can really help you (and your family) in the back of this book. Some activities may work better for you (and your family) than other activities. And you and your therapist (or other helper) can change the activities a bit to make them work even better for you! What's most important is that what you do really helps to heal your hurts!

I was scared when I began doing these activities – it is okay if you are too! Sometimes new and different things can be scary. But remember, that should not stop you from learning how to feel safe. **Push past the fear! You can do it!!!**

Dr. John explained to me and my family that all kids need to heal from past hurts even if they happened a long time ago. I guess it's like getting a splinter in your finger: your finger is never going to feel right until you deal with the splinter. He told us that when people are hurt, abused, or abandoned, they tend to leave that part of themselves behind in the place where they were hurt and at the age when they were hurt. It sounds confusing, but it began to make a lot of sense after a while. Dr. John explained that I needed to gather up these lost, hurt parts of me so that I could feel safe again. He said that we could then take care of those hurt parts of me so that I could heal from them.

Chapter 4

The Safe Tree House

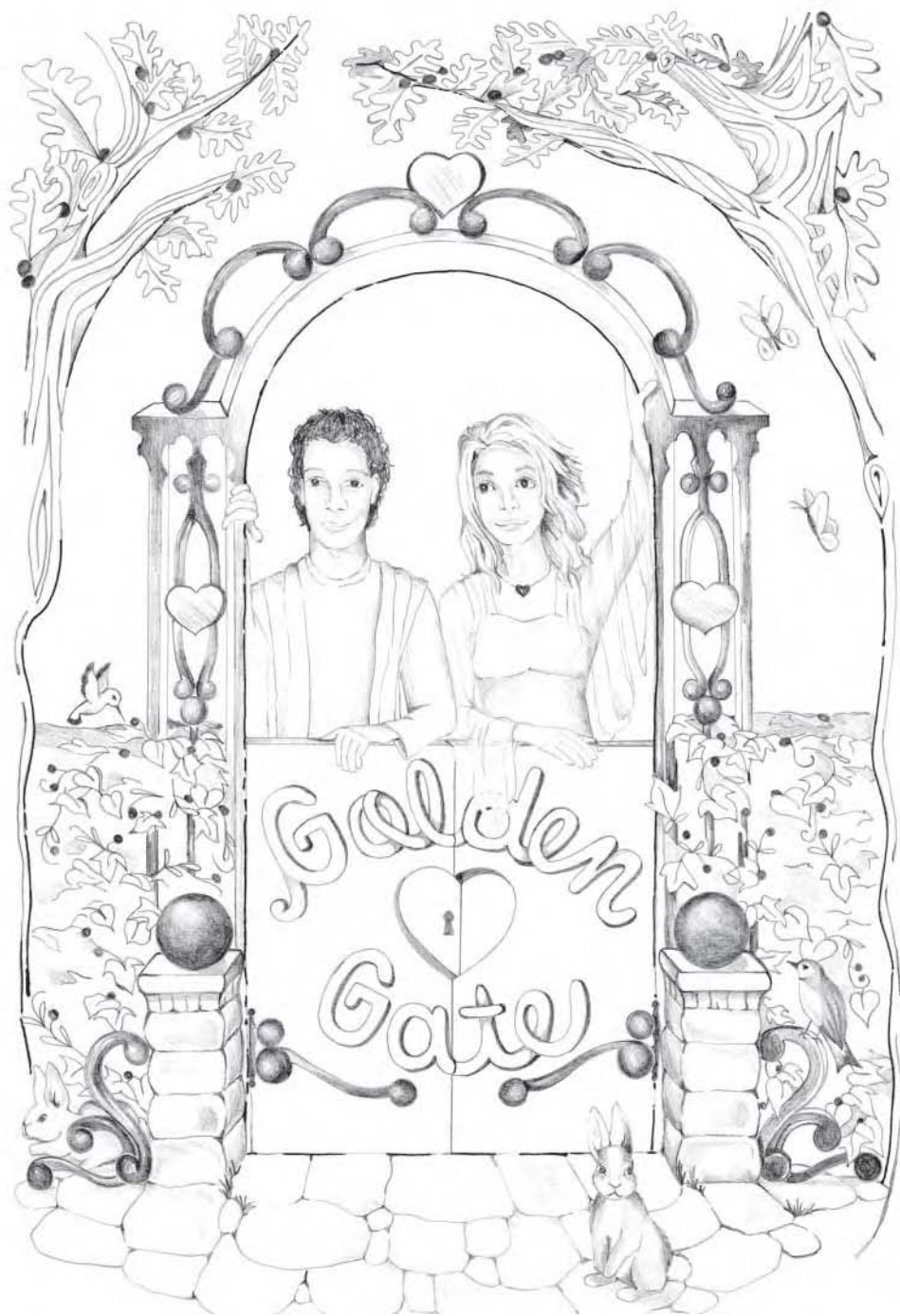
One of the favorite activities I learned from Dr. John we called the SAFE TREE HOUSE – what a perfect place! I wished I learned about this a long time ago. This activity allows me to create my very own safe place in my mind that I can always use to help me feel safe. It is a place to feel safe – on the inside! This very cool tree house is a place where my HURT SELF (that little boy inside of me who was hurt and lived with my birth mom and baby sister) can go and heal from all the scary, unfair, or bad things that have happened to me. It is a place where I can learn the truth and heal, and not be afraid. I always have it inside my head and nobody who can hurt me can go there – so my safe place is really safe!!

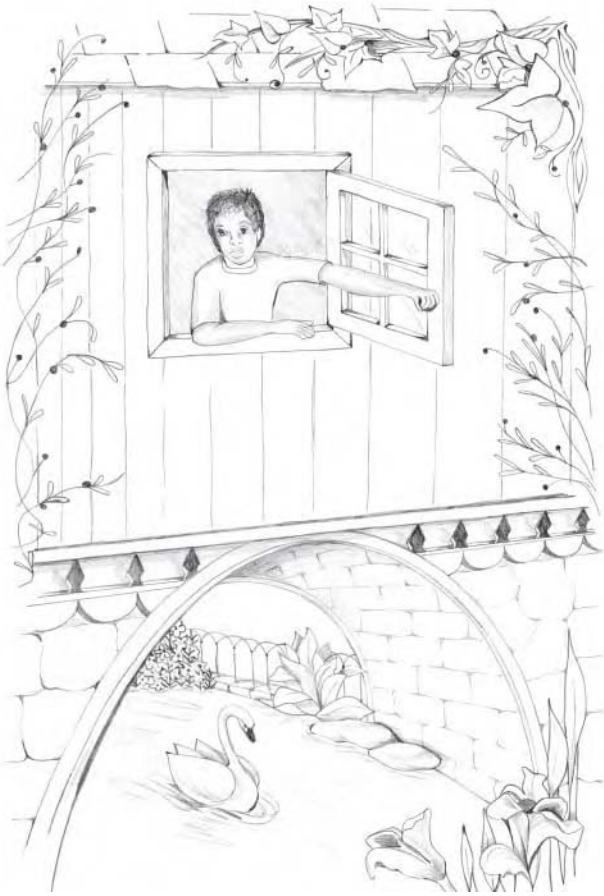
Would you like to visit a safe place that belongs just to you? Well, if you do, I'd love to take you there and show you around. So, how do we get there? Some people just close their eyes and listen to the following words and they can see the SAFE TREE HOUSE in their minds. Other people have a hard time doing that. If closing your eyes and listening to the story is hard for you, then don't worry! Just look at the pictures of the SAFE TREE HOUSE that I made for you! Well, let's go visit the SAFE TREE HOUSE and get safe!

The SAFE TREE HOUSE is found in a very special place surrounded by the most beautiful garden you could ever imagine. The garden is surrounded by a tall green hedge that nobody can get through (and, it

keeps out *everything* that is bad). The only way to get into the garden is through a golden gate, which is where you'll meet Truthful Spirit and Brave Heart. They are special helpers (I like to think of them as being angels) for you on your visit to the SAFE TREE HOUSE. The first time I visited the SAFE TREE HOUSE I asked them, "How do I get the golden gate to open?" Brave Heart replied, "You have to use a golden key." "Where do I get this key?" I asked. Then Truthful Spirit said, "Whenever someone **accepts that he or she has a HURT SELF and knows that it needs healing**, then a golden key will appear in the lock of the golden gate." I thought to myself, "Yes, I know my HURT SELF needs healing," and, presto, a golden key appeared in the lock of the golden gate. Well, I ran to the gate, opened it with the key, and then looked back at my special helpers, while holding the golden key in my hand. Brave Heart said, "Whenever someone has the courage to face the truth, he or she gets to keep the golden key forever." Now, that's neat! But, if you think that's neat, just wait until you see the garden inside the gate!

The garden is a large place filled with beautiful flowers, all kinds of trees and bushes, pleasant smells, and gentle breezes. From the gate you can see the SAFE TREE HOUSE in the middle of the garden. There are many different paths in the garden, but my favorite is the one paved in golden bricks that leads to the SAFE TREE HOUSE. Brave Heart says that anybody who is ready to go to the SAFE TREE HOUSE can walk on this path. Brave Heart and Truthful Spirit can guide you along this path – if you want them to – and you can take all the time you want to enjoy the beautiful sights and wondrous smells. My favorite place is where the golden path crosses a sparkling blue stream with a golden covered bridge. I like to spend time up there, looking out of the windows of the covered bridge, and watching the stream gently flow by. When I do this, it feels as if my worries and cares are being carried away by that stream. Once you cross the stream, the path comes to an end in front of the SAFE TREE HOUSE. And, wow, what a tree house it is!

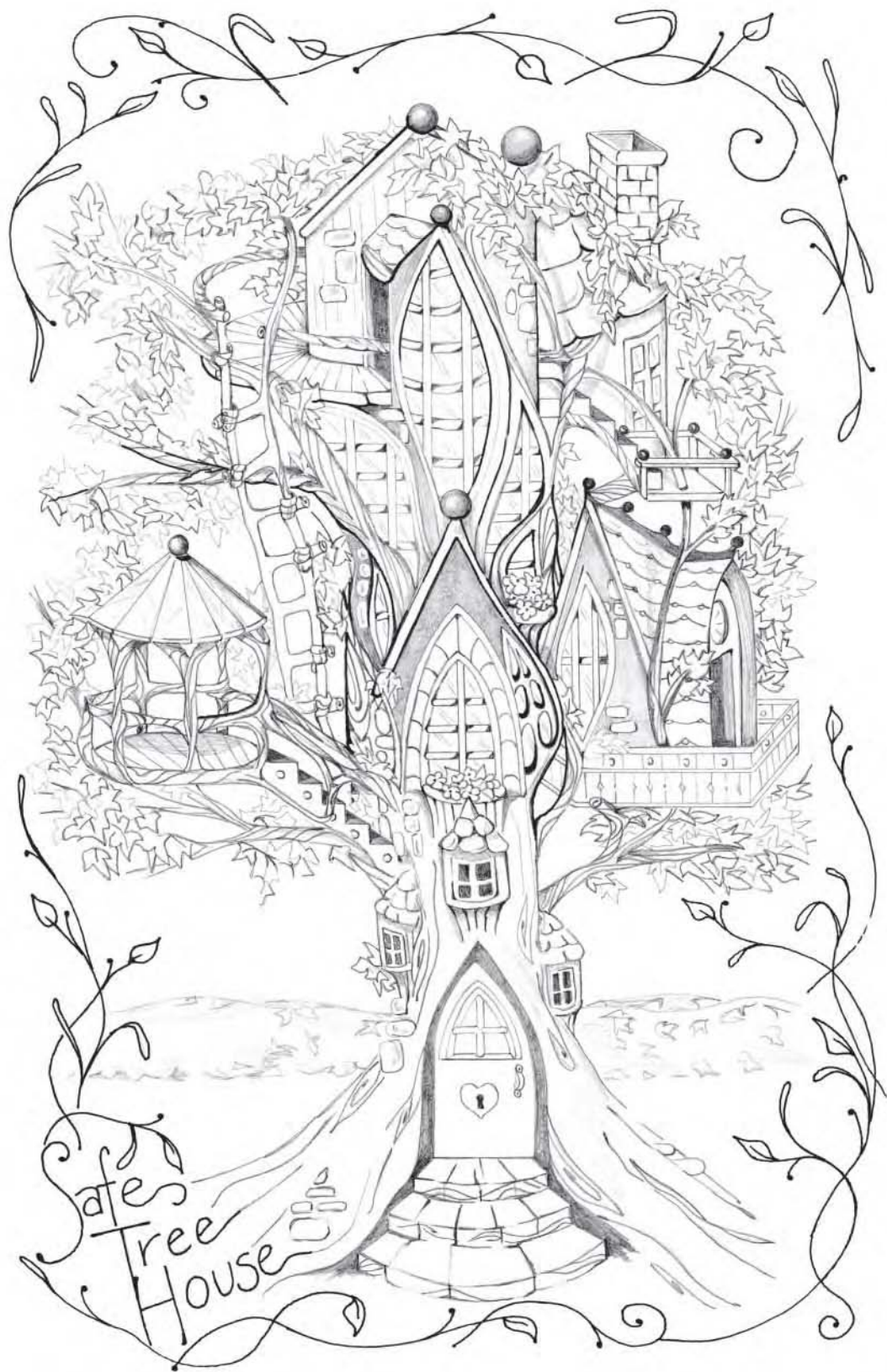




The SAFE TREE HOUSE is a really big house in a really big tree! And get this: At the bottom of the tree trunk there is a silver door. As I'm sure Brave Heart will tell you when you take your own journey to the SAFE TREE HOUSE, you will need a silver key to unlock the silver door. How do you get this key? Well, as Truthful Spirit said to me, "Whenever someone says that he or she will try to decrease the **HURTING BELIEFS** and increase the **HEALING BELIEFS**, then a silver key will appear

in the lock of the silver door. And, just like with the golden key, you get to keep this key forever! And, wait until you see what's inside. The best is yet to come!

Brave Heart and Truthful Spirit will show you the way inside the SAFE TREE HOUSE, and the first thing that you will see is a silver staircase. This is no ordinary staircase! It goes in a twisting circle up the sides of the tree trunk and it moves! All you have to do is step on the first step and it starts moving you up the tree. And, there's no reason to be afraid. There's a banister on the outside of the stairs to keep you from falling, and it's as light as day inside – no darkness allowed in here! Of course, Brave Heart and Truthful Spirit are with you to keep you company!



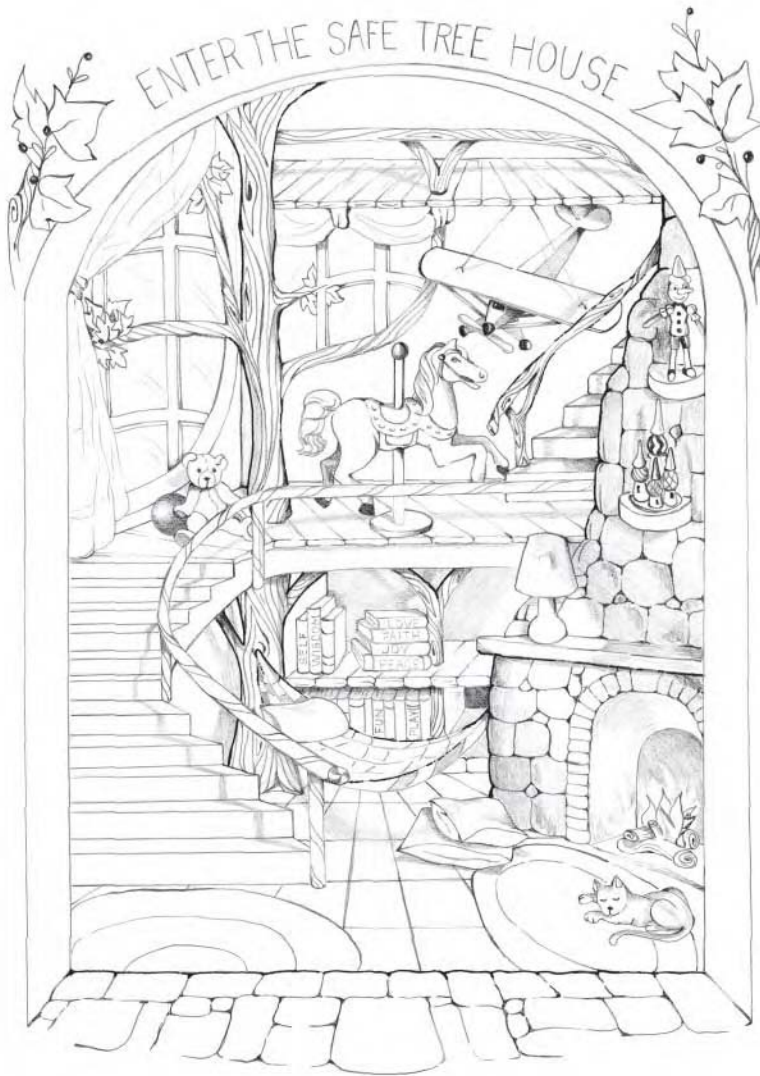
Safe
Tree
House

When you get to the top of the silver staircase, you'll be standing in a wide, open entrance area from which different rooms branch off in all kinds of directions. It's fun to explore the different rooms. There's a cozy living room with a fireplace and bookshelves full of your favorite books. The playroom has every kind of toy and game imaginable! To find the kitchen, all you have to do is follow your nose to the source of the delicious smells! There's a workshop, gym, and, of course, bedrooms and bathrooms. You name it, every need you have can be met in the SAFE TREE HOUSE!



There are many neat rooms in the SAFE TREE HOUSE, but the most special room of all is the healing room, where your HURT SELF can get healed. The door to the healing room is heart-shaped, but you don't need a key to get into this room. All you have to do is to decide to go into the healing room and the door will instantly open for you! If you want, Brave Heart can hold your hand and walk with you into this room.

The healing room is awesome! It's kind of like every room in the SAFE TREE HOUSE – living room, playroom, kitchen – all combined together in one room for your healing needs. And, there are some things in here that can heal the HURT SELF in some very special ways! Check out this stuff: There is cool water to drink that washes away feelings of feeling dirty, and band aids that take away pain! There are books to read that



tell you the truth about your past. On one wall is a very special mirror where you can watch movies of your HURT SELF being brought by angels to the SAFE TREE HOUSE, where your younger HURT SELF is given everything needed for healing. I once looked into the special mirror and saw my HURT SELF in a SAFE TREE HOUSE rocking chair, with Truthful Spirit wiping every tear from my eyes, while gently singing a song of love to me. It was very comforting. Another time Brave Heart showed me a photo album, and inside were photographs of my HURT SELF as a baby. As I looked at a picture it came alive – the whole scene



started moving like a miniature movie! I saw pictures (I call them “living pictures”) of my baby HURT SELF being wrapped snug in warm soft blankets, being fed, changed...just everything that a baby needs to take care of the HURT SELF! I also spent time with some very interesting drawing and coloring books. These books are for making pictures of the places you were hurt in. What’s amazing is that when you start making pictures of those

places (Brave Heart and Truthful Spirit can help you if you want), the scary, sad, and painful feelings and thoughts begin to disappear, because your special helpers rescue your HURT SELF from those places by bringing the HURT SELF into the SAFE TREE HOUSE!

Well, there are many amazing things in the healing room, but what’s most incredible about the healing room is the room itself: when you walk inside it, you just feel like you are healing deep down inside. I think it has something to do with God’s love, but you’ll just have to find out for yourself. One thing is for sure, though, when you spend time in the healing room, the HURT SELF hurts less and less and begins to grow into a HEALING SELF – kind of like a child growing up, only faster! When I first came to the healing room I felt like I had different parts of me that I didn’t want to – or couldn’t – deal with. After spending time in the healing room, I feel more and more like one-whole-healed-person! You learn that you deserve to be loved, people care about you, and you can be helped.

After my first visit to the healing room, I went back out through the heart-shaped door into the wide, open entrance area and Truthful Spirit gave me a heart-shaped key made out of red rubies. “What’s this for?” I asked. Truthful Spirit replied that many feelings come up in the healing room and it takes time to understand them. Brave Heart then added that after you leave the healing room, you begin to learn about those feelings by **following the**



feeling rules. Truthful Spirit explained that the feeling rules are: **knowing that it’s okay to feel what you are feeling; talking about your feelings and not playing games with them; and practicing making the bad feelings smaller and the good feelings bigger.** “But what kind of door,” I wondered, “does this key open?” Truthful Spirit replied, “When you grow older, you will learn all about the different kinds of doors that a HEALING SELF can open.” That sounds like great news, doesn’t it?!

One day after spending time in the healing room I walked out on the porch and, while looking at the beauty in the garden, I asked Truthful Spirit a question: “You know, everything is so great here, but what happens when I leave the SAFE TREE HOUSE? Will the healing go away?” “Caleb,” said Truthful Spirit, “I’m going to give you a fourth key that will help you hold on to what you have learned here.” Brave

Heart then added, “When you **try to stop doing HURTING BEHAVIORS and practice HEALING BEHAVIORS instead**, a diamond key that is as clear as glass will appear in your thoughts and unlock your ability to live a HEALED SELF life. I thought that this was the strangest key yet! But, you know, when I practice HEALING BEHAVIORS my thoughts really do change into HEALING BELIEFS – that diamond key really does work!



There are many different ways to use the SAFE TREE HOUSE. It’s a safe place created in your head to use when you remember sad or scary things or when you feel scared, hurt, lonely, or confused about things that happened when you were younger. Dr. John said that it can be used to deal with all the bad memories. Let me tell you about one way that I have used the SAFE TREE HOUSE.

Like I said, sometimes when we are hurt we leave parts of ourselves behind. For example, I always felt like I was still sitting by this old window, just waiting for my mom to come back. Even though I grew older, I still felt like a part of me was sitting there and I could still feel the cold loneliness and the sadness. The younger HURT SELF part of me needed to heal, so that is when I decided to go to my SAFE TREE HOUSE – you can do the same! I asked one special helper to bring my younger HURT SELF into the healing room in the SAFE TREE HOUSE. That way my younger HURT SELF (when I was three years old) was brought to the year I am in now (13 years old) in a safe place where he can heal.



The first thing I told my HURT SELF was: “You don’t have to be hungry, you don’t have to be left all alone again, you can heal here in a safe place.” Using all the neat stuff in the healing room, I learned how to help my HURT SELF make sure that his needs for food, drink, clothes, attention, and love were met. When my HURT SELF smells the homemade chocolate chip cookies, feels the warm blankets, relaxes in warm baths, while sipping cold fresh milk, and is lovingly cared for by the special helpers, he doesn’t hurt so much anymore. He learns that he is

lovable and people do care and can help! When that three-year-old HURT SELF is in the SAFE TREE HOUSE and is cared for by my angels (special helpers), he learns and grows to be the age I am now. You see, when the HURT SELF heals, he (or she) changes into a HEALING SELF, who then grows into who you are now. The more the healing, the quicker you grow into who you are now! I have found that when I have my younger HURT SELF in the SAFE TREE HOUSE, I am not as afraid to talk about what happened to my younger HURT SELF – and talking sure helps the healing!

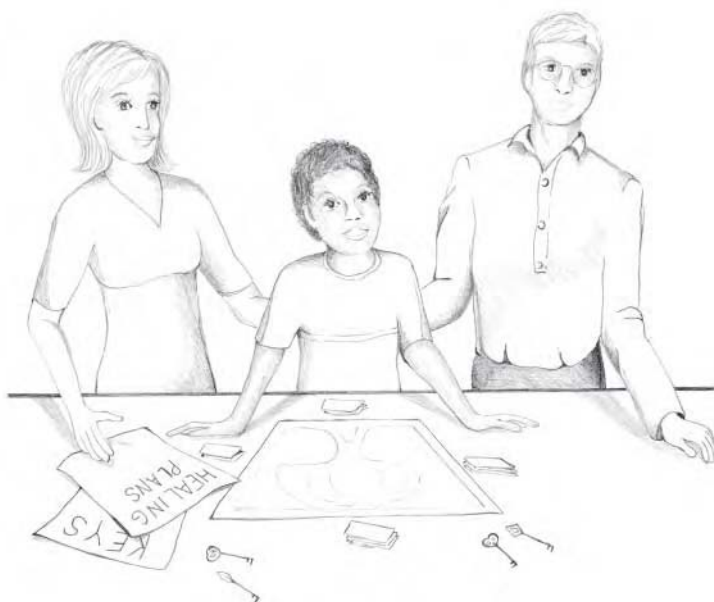


I hope you enjoyed our visit to the SAFE TREE HOUSE. Remember, anytime you get scary thoughts, bad feelings, or nightmares, you can go to your safe place in the SAFE TREE HOUSE. In fact, you can go there anytime you want to! I sure do hope that you get healing in your SAFE TREE HOUSE, like I do. I finally decided that, after hurting for such a long, long time, **now** is the time for all the pain to **stop**! I hope you make that decision now, too!!

Chapter 5

The Healing Keys

I have learned a lot about me and my family by visiting the SAFE TREE HOUSE and doing other healing activities. I've learned that the PEOPLE GAMES plan will never help my fears, hurts, and hopes. Instead, Dr. John, my family, and I came up with a new plan, one based on the keys that Truthful Spirit and Brave Heart gave me in the SAFE TREE HOUSE. I call this plan the HEALING KEYS plan. This new plan is a lot better than the old PEOPLE GAMES plan, because it's built on the four HEALING KEYS. Do you want a plan that works and helps you feel safe on the inside? If so, then let's review the HEALING KEYS, get safe, and become one of the HEALING PEOPLE!



Healing Key #1

Accept that you have a HURT SELF, and know that it needs healing.

People who want to heal from past hurts know that they must be safe *on the inside* by taking care of their HURT SELVES. The HURT SELF doesn't get any better by denying that it is not hurting. Healing means that we must work hard to heal these past hurts, feelings, and memories. When people work hard to heal, they will stop hurting themselves and others in their lives.

HEALING PEOPLE promise:

“I, _____ (*put your name here*),
will work hard to help my HURT SELF.”

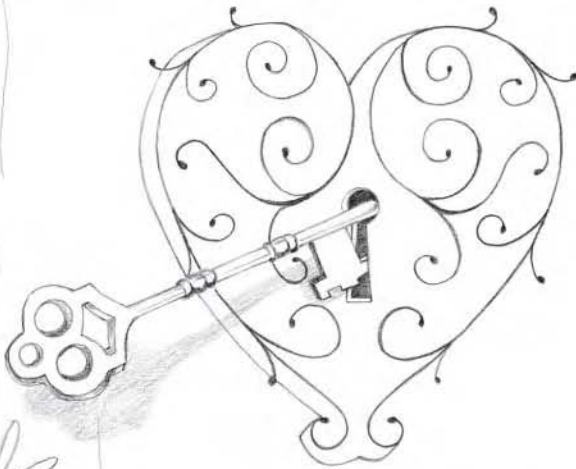


Golden

Healing KEY 1:

ACCEPT

that you have a hurt self...



...AND KNOW

that it needs healing.

Gate



Healing Key #2

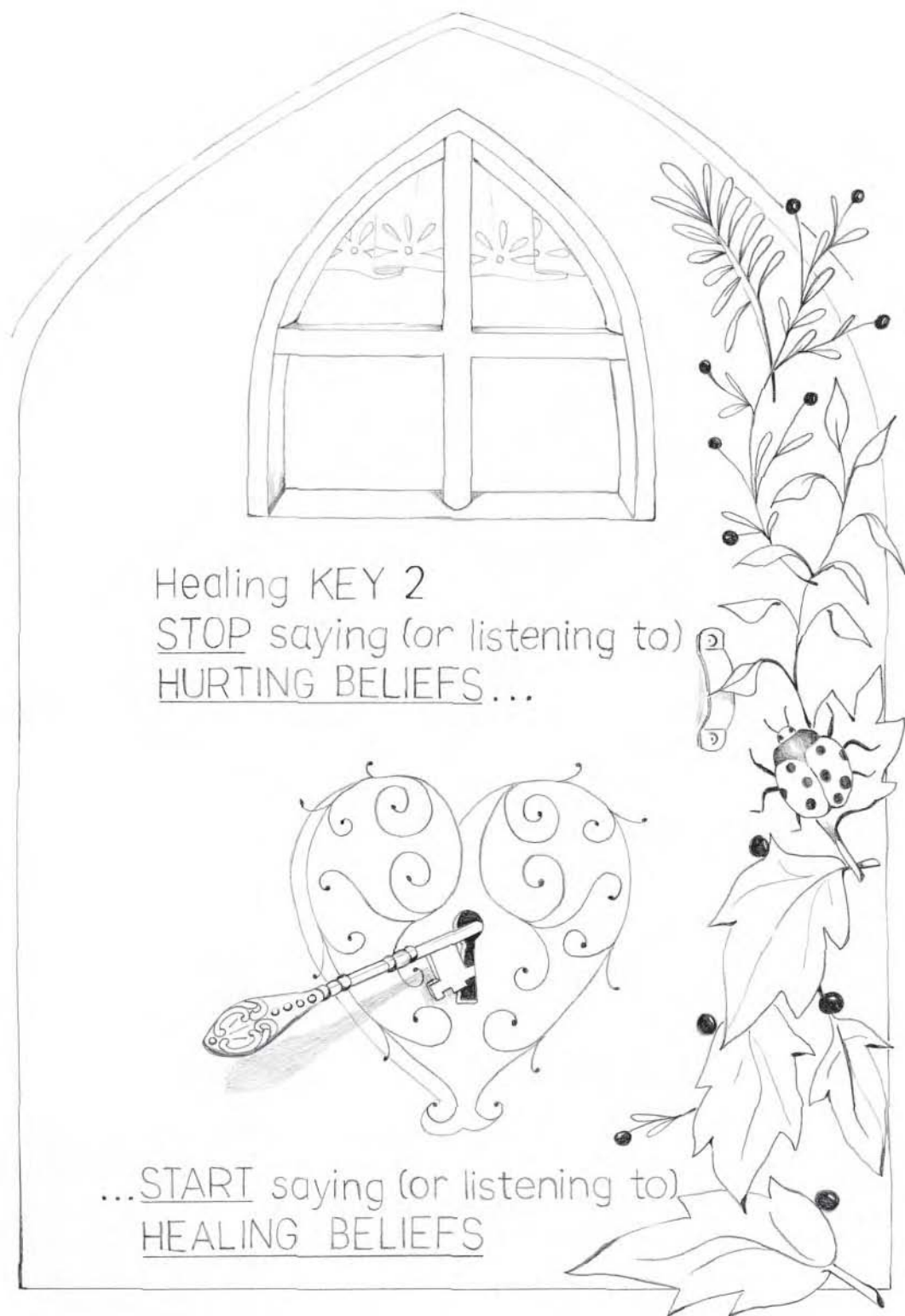
Decrease the HURTING BELIEFS; increase the HEALING BELIEFS.

Healing People say HEALING BELIEFS every day. When we hear HURTING BELIEFS in our heads, we stop the thoughts and say HEALING BELIEFS instead. Healing People ask themselves, “Do I have more HURTING BELIEFS or HEALING BELIEFS going on in my head?” Healing People practice spotting HURTING BELIEFS, stopping them, and saying HEALING BELIEFS instead.

See if you can complete this sentence:

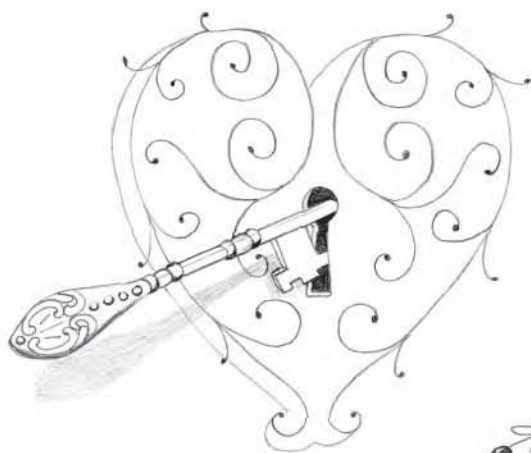
“When I hear HURTING BELIEFS in my head, I will stop those thoughts and say _____
(*favorite HEALING BELIEF*) to myself instead.”





Healing KEY 2

STOP saying (or listening to)
HURTING BELIEFS...



...START saying (or listening to)
HEALING BELIEFS

Healing Key #3

Follow the feeling rules.

HEALING PEOPLE are always learning new ways to handle our emotions, from negative feelings based on things that happened to us in our early years, to problems that come up in new experiences. We have feeling rules to guide us. The feeling rules are as simple as one, two, three:

1. **It is okay to feel!** (Even though it may seem really scary at first.) We don't pretend we're not feeling something when we really are. HEALING PEOPLE have learned that if they do not learn to feel the pain, they cannot begin to heal the pain.
2. **Talk about your feelings! Don't play games with them!** HEALING PEOPLE don't use feelings, such as anger or sadness, to trick people into doing things for us or feeling for us. We tell the truth about our feelings and tell others what we really need when we are hurting.
3. **Practice making the bad feelings smaller and the good feelings bigger!** HEALING PEOPLE practice not hurting others, pets, or themselves. They give up grudges (and all sorts of bad thoughts about others) sooner than later. They think about the good in their lives and the good about themselves, instead of thinking mainly about their difficult early years or the tough times they may be going through today.





Healing KEY 3

FOLLOW the FEELING RULES...

A.

It is
okay
to feel.

B.

Talk about
feelings
Don't play
games
with them.

C.

Practice
making
bad feelings
smaller -
good feelings
bigger.

Healing Key #4

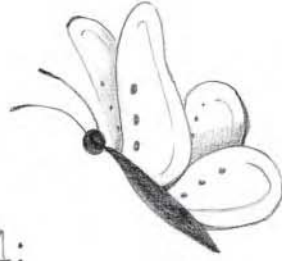
Learn about and stop HURTING BEHAVIORS; learn about and practice HEALING BEHAVIORS.

Healing People learn that HURTING BEHAVIORS hurt everyone, and these behaviors only lead to more hurts for us. We follow the “THREE R’s” of behaviors: doing what is *right*, *responsible*, and *respectful*. Keeping these three simple rules helps us not to get so overwhelmed with the many things we are supposed to do at home, school, or with friends. Instead of getting hurt, with these rules everyone has more fun – including you and me!

HEALING PEOPLE say:

“I, _____ (*put your name here*),
will learn how to do what is right, responsible, and respectful.”

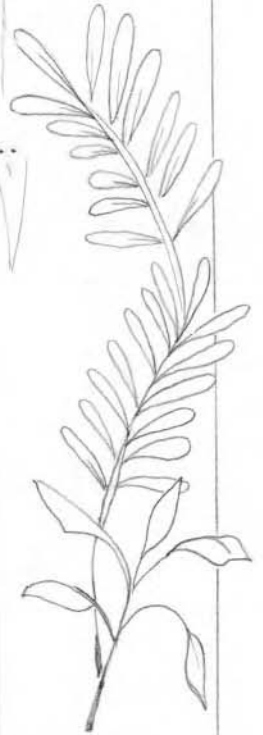




Healing KEY 4:
LEARN about and
STOP HURTING BEHAVIORS...



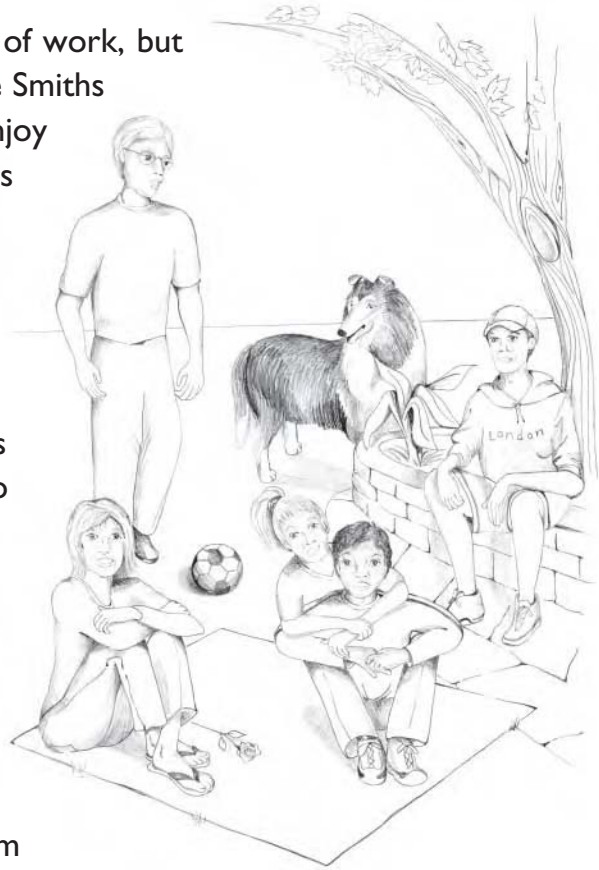
...LEARN about and
PRACTICE
HEALING BEHAVIORS



If you would like to come with me on a journey of healing from past hurts to feeling safe *on the inside* and having fun in life, then, in the name of HEALING PEOPLE all over the world, **Welcome!!** I sure do hope that you will use these four HEALING KEYS like I do. In fact, to encourage and reward you, I made an “official” certificate just for you! And, I also included some more healing activities to help your HURT SELF in the back of this book. Remember, following the HEALING KEYS will make life better for everyone – *especially* for you! You deserve a happy life – *you are worth it!*



It took some time and lots of work, but now I can really say that the Smiths are **my family**. I hope you enjoy the picture of *us*! My dad's name is Bob and he coaches soccer at our high school. He loves eating pizza, going hiking and fishing with me, and taking me to neat museums. My mom's name is Catherine. She is a nurse who loves red roses so much that I sometimes call her Rosie (Ha ha)! We like to play jokes on each other, read stories together, and cook breakfast early on Saturday mornings. My older brother's name is Tim



and he will be studying in London this year but he promises to write to me a lot. He is my best, big friend now! My younger sister, Kristi, is always asking me to dance with her. She gives the greatest hugs! And then there is our dog Tubby. That old hound thinks he is the boss of the family!! **We are the SMITHS - we are a family!**

I hope some of my ideas will help you to feel **safe on the inside** and deal with some of the sad things that have happened to you. And I hope that you will be able to deal with your feelings without hurting yourself or others!! I still use my SAFE TREE HOUSE when I need to.

You can change some of these activities to match what is troubling you. You don't have to have the same pictures or thoughts in your head as me to use them. Remember to practice telling yourself the truth and to stop listening to HURTING BELIEFS in your head.

You are a special person and **you do matter**. Remember, **you deserve to be loved and to love the ones who love you!** Don't give up – my family and I got help and so can you and your family!!

Your friend,

Caleb

Caleb, aka “The Healing Kid”

Chapter 6

Fifteen Years Later...

Wow, the time has gone by so quickly! Today I am going to see Dr. John again after almost 15 years since my last office visit! As I sit in his office waiting room, I think about how much I have changed since the first time I saw him. When I first saw Dr. John I was angry and confused about my life. I did not like how my life was going, and I did not see how anything was ever going to get better. But that was then and this is now! You see, I am now 28 years old and I have a job that I love – working with kids – and I’m so in love with my beautiful wife, Rosa. On top of that, Rosa and I have two children: Billy, who just turned five years old, and our newborn daughter Felicia. All that work with Dr. John, and on my own, sure has been worth it!

So why am I seeing Dr. John again? It’s true that my life is much better today than I ever thought it would be 15 years ago. But, I’d be lying if I said it has always been easy. Sometimes negative thoughts creep back into my mind and that old HURT SELF tries to come back into my life. But those thoughts and feelings never last very long because I just remind myself of how far I have come in life and then my HEALING SELF takes over and everything turns out okay. And, if I ever need to, the SAFE TREE HOUSE is right there for me to visit!

A few weeks ago, however, I began to think and dream a lot about my early hurts, my birth mom, and my baby sister Kelly. In addition to these thoughts and questions about my early years, I just seemed to be full of worries about my son Billy. I think what led to all of this had to do

with Billy turning five years old, plus the fact that he has a baby sister just like I did at his age. You see, Billy will begin school for the first time next month. Thinking about my five-year-old son going to school started me thinking about my life as a five-year-old. I remembered that by Billy's age I was already separated from my birth mom, had lived in a foster home, and was adopted by my parents. I also began to have a lot of memories about how people hurt me when I was little, and that made me afraid that someone would hurt Billy – especially when he is alone at school all day without my wife or me. I began to worry that if anything ever happened to Billy he would not want me to be his father.

So, here I am, sitting in Dr. John's waiting room, and lots of memories and different kinds of feelings have been pouring into my mind. Of all these memories, it is a talk that I had several years ago with Mrs. Brown, the social worker who handled my adoption, that I seem to be thinking about most. I went to see her because I never knew what happened to my baby sister Kelly. Mrs. Brown told me that Kelly was adopted by a loving family like mine and that this family had no other children except Kelly. That was good news, but when I tried to find out more about my sister, Mrs. Brown said that she could not say anything else about Kelly, including where she lived. I then asked Mrs. Brown about my birth mom. Again, Mrs. Brown said that she couldn't say much about her except that she had a serious alcohol problem. I did find out that my birth mom moved out of state right after Kelly was placed for adoption. You know, even though I love everybody in my adopted family, there is a part of me that is sad to think that I may never see Kelly or my birth mom again.

It also makes me sad to think about how things could have been different if only my birth mom had received help with her problems. I can only hope and pray that she has worked on her HURT SELF now and is not continuing to hurt herself or others. If you are reading this and you have not started to work on your HURT SELF, please **get help now** for your problems because your family and friends need a healthy you,

and you need to live a good life! Remember, it is time for the hurt to stop – for you and for the ones you are to love and care for.

Ah, here's Dr. John! He sure doesn't look 15 years older! He still has that little smile on his face that makes him so easy to like. As we enter his office once again, I jokingly tell him that his office *still* looks ugly. He, as I expected, laughs softly, and tells me that one of these years he's going to buy some new furniture.

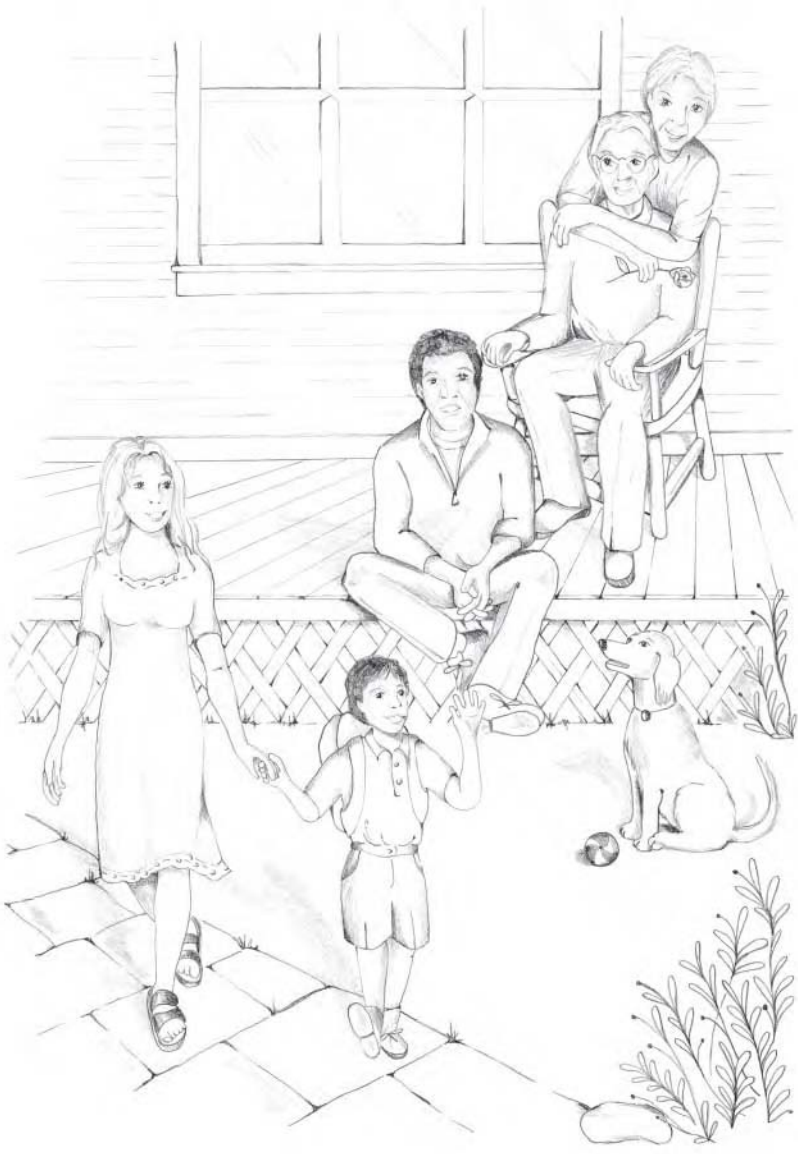
After a bit of friendly talk, he asks me how things are going. I tell him about how I'm having a hard time dealing with my feelings about Billy. "You seem to be feeling a lot of fear again," he says. "Are you still using your four HEALING KEYS, Caleb?" Dr. John tells me to focus on the third Healing Key – **Follow the feeling rules:**

1. It is okay to feel.
2. Talk about your feelings! Don't play games with them!
3. Practice making the bad feelings smaller and the good feelings bigger!

Dr. John suggests that I seem to be hiding my fears instead of dealing with them and working to overcome them. Hmm..., maybe I'm making the wrong feelings bigger. I tell him that I've been feeling it's wrong to feel the way I have been about Billy, and that because I feel it's wrong to feel that way, I've even been afraid to talk about those feelings with Rosa. "You know," he says, "when has hiding bad feelings ever helped you learn how to make those feelings better?" Yes, that sure makes sense. It seems like I've forgotten my feeling rules!

There is so much to talk about! We talk about how thinking about one thing – for me, it was Billy going off to school – can cause a person to think about something else – in my case, it was thinking about my early years. Dr. John called this *triggering*: something that happens causes a person to think about stuff that he or she usually doesn't think

about. And, if what you think about leads to bad feelings, it can make you more likely to think about other things you have gone through in life that haven't been good. I guess that was what was happening to me: first Billy, then Rosa, then Kelly and my birth mom. Dr. John said that when a person tries to hide the bad feelings or lets them get out of control – bigger and bigger and bigger – that it makes a person not only more likely to think about bad things in life, but also more likely to think negatively about stuff that is not so bad. I'll be sure to focus on the third HEALING KEY the next time something triggers me!



It sure has been good to also talk with Dr. John about all the good things that have happened in my life in the past several years. He tells me, like I had hoped, that he is proud of the man I have become. I'm feeling the HEALING SELF peace inside again! I know that I have to continue to take care of any past hurts that come up and deal with my fears and worries about being in a family. But, most importantly, I know that I have the ability to do it, especially when I follow the four HEALING KEYS! And, I know that you can do it too! Sometimes we just need that extra help in order to find that HEALING SELF inside!

Dr. John ended our visit by reminding me how hard my parents and I worked when they first adopted me as a hurt, angry, and confused little boy. I can remember that when we first started working with Dr. John I was afraid I would never be happy and have a good life. But now when I think about the great times that Rosa, the kids, and I have with Grandma and Grandpa Smith, I know that all the hard work sure has been worth it! I have a great life and I know that you can too!!

I will tell you once again, my friend, the words Dr. John told me many years ago and reminded me today: **Push past the fear, you deserve to be loved and to love the ones who love you!!**

Still your friend!

A handwritten signature in cursive script that reads "Caleb".

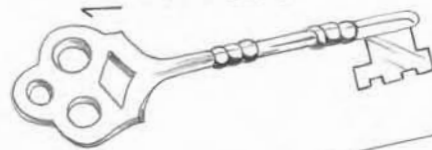
Caleb Smith, aka "The Healing Adult"

Certificate of Achievement

This congratulates the child for contracting to heal from past hurts by virtue of using the four HEALING KEYS. The child and parent or professional can sign the certificate that is already signed by Caleb.

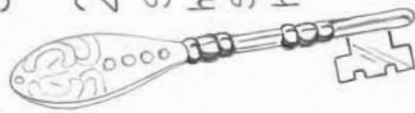
Healing Contract

is joining the Healing People of the World
by using the four Healing Keys



1

ACCEPT your
hurt self AND
KNOW it
needs healing.



2

STOP
hurting beliefs.
START
healing beliefs.



3

FOLLOW the
FEELING RULES:
a. Its O.K. to feel.
b. Talk about your
feelings.
c. Make good
feelings bigger.



4

STOP
hurting behaviors
PRACTICE
healing behaviors

Right
Respectful
Responsible

Congratulations!

CHILD

PARENT / PROFESSIONAL

Caleb
CALEB

Part II

Tables, Tools, and Techniques



Attachment Tables

Introduction

The following tables summarize important research and theories on attachment. Table 1 presents information about infant and adult attachment styles. Table 2 summarizes psychological disorders in which attachment disturbances play a significant role. It is important to realize that the information in the tables is presented in a categorical format primarily for the sake of clarity. While research has demonstrated that certain symptoms and/or characteristics do tend to cluster together to form the categories that are delineated in the following tables, there is often a blurring of boundaries between the classifications. For example, a person may demonstrate a mixture of two or more attachment styles or present symptoms from two or more psychological disorders. Nevertheless, the usefulness of the various categories in generating scientific research and in substantiating many of the suppositions of attachment theory gives scientific credibility to the practice of making such distinctions. Notes to the tables are on page 76.

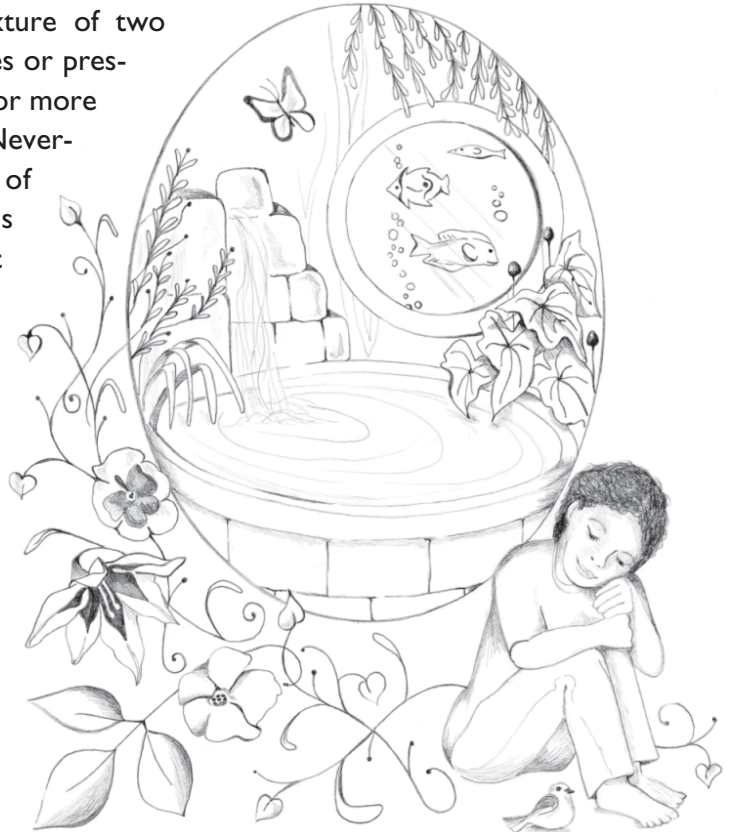


Table 1: Attachment styles

Childhood characteristics	Secure attachment	Avoidant insecure attachment	Ambivalent/resistant insecure attachment	Disorganized insecure attachment
<i>Reaction to caregiver's absence¹</i>	Moderate distress	Little distress	Strong distress	Confusion and distress
<i>Reaction to caregiver's presence²</i>	Seeks comfort and contact	Comfort and contact not strongly desired	Desires, but often rejects, comfort and contact	Desires, but wary of, comfort and contact
<i>Caregiver's typical interactive style³</i>	Loving, involved, disciplining ³	Rejecting and unavailable ⁴	Inconsistent in meeting child's needs ⁵	Neglectful or abusive ⁶
Adolescent and adult characteristics	Secure attachment	Avoidant insecure attachment	Ambivalent/resistant insecure attachment	Disorganized insecure attachment
<i>Predominant emotions⁷</i>	Optimism; mature emotionality	Detachment; callousness	Anxiety; anger	Fear; doubt
<i>Ability to trust⁸</i>	Desires trust; finds it easy to trust	Indifferent toward trust; mistrustful of others	Desires trust, but mistrustful of others	Desires, but wary of, trust; suspicious of others
<i>Ability to be intimate (mutual self-disclosure)⁹</i>	Desires intimacy; able to be intimate	Avoids intimacy; difficulty being genuinely intimate	Desires intimacy, but doubtful intimacy is sincere; difficulty being intimate	Intimacy desires mixed with fear and doubt; difficulty being intimate
<i>Fear of abandonment¹⁰</i>	Low; finds security in relationships	Low; indifference born of self-reliance	High; fears being rejected	High; strong fears of rejection
Adult attachment style¹¹	"Secure/autonomous"	"Dismissing/avoidant"	"Preoccupied/ambivalent"	"Unresolved/disorganized"
	Values interpersonal closeness	Devalues interpersonal closeness	Hypertuned to interpersonal conflict	Approach-avoidance interpersonal style

Table 2: Anxiety and personality disorders with a disturbed attachment component^{1,2}

Disorder	Distinctives	Attachment disturbances
<i>Agoraphobia (anxiety disorder)</i>	Fear of public places Typically occurs with panic attacks or panic-like symptoms	Anxiety about being away from home Anxiety about being in places where escape may be hindered Avoidance of many interpersonal situations
<i>Social phobia (anxiety disorder)</i>	Social situations elicit excessive, unreasonable, and distressing fear	Many interpersonal situations are avoided or endured with strong anxiety Performance or unfamiliar social situations are feared
<i>Antisocial personality disorder</i>	Deceitful/exploitive disposition Lack of conscience	Disregard for welfare of others Impoverished ability to care for others – lack of empathy Frequent violation of the rights of others
<i>Avoidant personality disorder</i>	Feelings of personal and social inadequacy Fears of being shamed or ridiculed	Inhibition in intimate relationships Social inhibition Hypersensitive to negative evaluations by others
<i>Borderline personality disorder</i>	Pattern of impulsivity and instability in life Unstable self-image and emotions	Instability in interpersonal relationships Hypersensitive to abandonment Pattern of undermining success in relationships
<i>Dependent personality disorder</i>	Submissive, indecisive, clingy Stifled personal growth Inhibited independence	Intense need to be taken care of Strong fears of separation and abandonment Takes extreme measures to seek out and keep relationships
<i>Histrionic personality disorder</i>	Needs to be the center of attention Acts to draw attention to self Overly dramatic	Excessive attention seeking from others Overestimates intimacy in relationships Impoverished emotional sincerity in relationships
<i>Narcissistic personality disorder</i>	Self-importance is exaggerated Arrogant sense of entitlement	Requires excessive admiration Low in empathy; high in envy and exploitation

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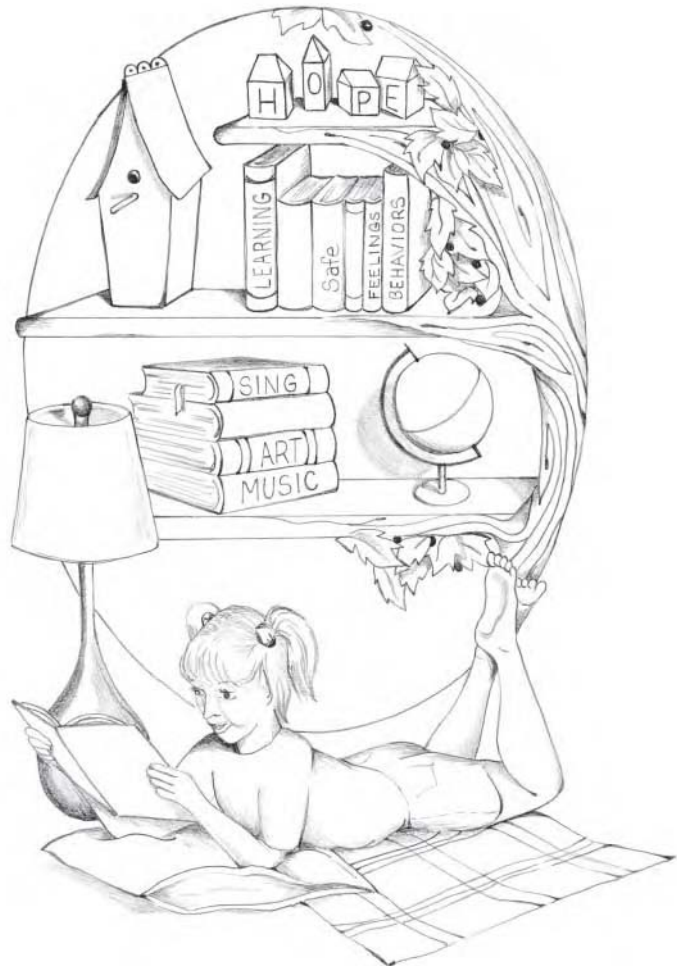
Continued from previous page

Disorder	Distinctives	Attachment disturbances
<i>Paranoid personality disorder</i>	Perceives the worst in others Blames others for problems Contentious and controlling	Difficulty establishing intimate relationships Frequently doubts the fidelity of relationship partners Mistrustful and suspicious
<i>Schizoid personality disorder</i>	Prefers being alone rather than being with others Prefers solitary activities	Detachment and affective poverty in relationships Close relationships often are not desired or enjoyed
<i>Schizotypal personality disorder</i>	Oddities/eccentricities in thinking, speaking, and behavior Difficult to communicate with	Uncomfortable with close relationships Consistently misinterprets interpersonal cues Relationships elicit anxiety and suspiciousness

Notes for attachment tables

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Assessment Tools and Parental Handouts





HEALING BELIEFS poster

Pick a few, depending on the age of the child.

- I have a choice to do right or wrong.
- I have a choice to smile or frown.
- I have a choice to laugh or cry.
- I have a voice. I will use my strong voice today.
- My needs do matter – I can learn how to get them met in a safe way.
- Feelings can be scary but feelings can never cause death.
- Some people are trustworthy. Some people are not. I can learn the difference.



- I love those who love me.
- Everything that happened had nothing to do with me.
- I am a good kid.
- I can heal one day at a time.
- I will use my SAFE TREE HOUSE when I am afraid.
- God loves me.
- God hurts when I hurt.



HEALING BEHAVIORS poster

Pick a few, depending on the age of the child.

- Tell the truth.
- Do not steal.
- Be kind to animals.
- Don't interrupt when others are talking.
- Say kind words to others.
- Show respect to others.
- Don't be a show-off.
- Look for the good (not the bad) in others.
- Be a good friend.



- Help other people.
- Show care and love to others.
- Try to do the right thing.
- Apologize for bad behavior.
- Ask for forgiveness when my actions hurt others.
- Keep proper boundaries with others.
- I do to others as I would have them do to me.
- Act as God would want me to.
- Don't put others down.

Guidelines for creating a safe place with the Safe Tree House

(See Chapter 4)

Safety is a prerequisite for the building of trust in relationships. That's why we created the SAFE TREE HOUSE, a technique which can be used to create much needed safety with young children, teenagers, and adults. The purpose of the SAFE TREE HOUSE is to lay the foundation of a safe environment in which a person with attachment problems can explore trauma, especially early trauma. We believe that a person's capacity to heal is stimulated by the use of the SAFE TREE HOUSE, palliating past hurts and promoting the ability to form secure attachment relationships. This safe foundation can then be used by the attachment-disordered person to:

- heal from past wounds
- build trust in present relationships (particularly in familial and intimate relationships)
- develop deeper intimacy in future interpersonal interactions.

The SAFE TREE HOUSE is based on the memories and imagination of the person exploring the SAFE TREE HOUSE, not the manipulations or exploitive suggestions of those who want to take advantage of people or promote their own agendas. Furthermore, the SAFE TREE HOUSE differs from "inner-child" work in that the person "visiting" the SAFE TREE HOUSE does not imagine her- or himself going back to the place where trauma occurred in order to rescue or nurture the wounds suffered by that "inner-child." Many attachment-disordered clients are fearful of "returning" to the place where they were hurt – as is commonly done in inner-child work. The SAFE TREE HOUSE technique does not require a person to return to a frightening place; instead the SAFE TREE HOUSE is used to bring the HURT SELF, which was born in the past, to a present place where the HURT SELF can become a HEALING SELF. Thus, there is a difference in directionality: users of the SAFE TREE HOUSE do not return to the past, instead the past comes to them in the present.

It has been our professional experience that this healing activity can be helpful in dealing with actual memories of trauma, grief and loss, bad dreams, and even preverbal experiences for people of diverse ages. People ranging from children as young as three, to teenagers, and to adults of all ages can use the SAFE TREE HOUSE with great success. This foundational activity can be used early in

the therapeutic process and can continue to be explored in subsequent therapeutic sessions dealing with diverse incidences of trauma.

If the SAFE TREE HOUSE is used in a therapy session, we suggest that professionals describe the SAFE TREE HOUSE to their clients as a healing technique that can be used within or outside of therapy, with or without the assistance of a parent/caregiver or therapist. However, clients should be informed that if they first familiarize themselves with the SAFE TREE HOUSE technique during therapy, then the probability of successful use of the technique outside the therapeutic setting will be increased. Clients should give their informed consent to use the SAFE TREE HOUSE after any questions they have about the technique have been addressed. Then the therapist can begin introducing the client to the SAFE TREE HOUSE by going over appropriate sections in this book, while drawing attention to illustrations of the SAFE TREE HOUSE. Clients can use this book at home, or make their own sketches of the SAFE TREE HOUSE, if they so desire. We have also included a full-page illustration of the SAFE TREE HOUSE that clients can photocopy and use as a visual reminder of the safe place they have created for themselves while at home, school, or other places.

The SAFE TREE HOUSE is intended for continual use. Professionals can explore this activity from session to session in assessing how the HURT SELF is doing. Therapists can also refer to HURT SELVES of different ages by asking questions, such as “How is the three-year-old doing?” or “How about the five-year-old?” Outside the therapy session, clients can continue to use the special helpers by having them take the HURT SELF to the SAFE TREE HOUSE when they remember painful memories or experience scary nightmares. In subsequent therapy sessions, clients can be asked about their progress with the SAFE TREE HOUSE. Clients may report a variety of behavioral changes occurring after they have brought the HURT SELF into the SAFE TREE HOUSE. Some beneficial changes may include: a reduction in nightmares, decreases in bodily pain (if actual physical harm was inflicted), not suddenly experiencing feelings of being “young” again, experiencing less fear and anxiety, and gaining an increased ability to discuss early trauma.

Creativity may be used in tailoring the SAFE TREE HOUSE to an individual’s specific needs and desires. Play therapy items, such as a dollhouse, trucks, or toy figures, can be brought into the SAFE TREE HOUSE in order to help a young child better relate to the SAFE TREE HOUSE. Adolescents and adults who are more literal thinkers may enjoy creating handmade SAFE TREE HOUSE books by cutting out pictures from magazines to express their unique interests or special wants

they desire to have in their own safe place. Some adults may be more interested in creating a more traditional-looking house, instead of a SAFE TREE HOUSE we have presented, for their healing images. What's critical to the successful use of the SAFE TREE HOUSE is that people create a safe environment that they can use. That environment does not have to look exactly like the one presented in this book.

Many people were preverbal when some or all of the trauma or attachment breaks occurred. They may have no actual memories that they can verbally articulate; instead they may have vague visual images or hard-to-describe feelings of themselves as babies and toddlers. Such individuals can be encouraged to ask the special helpers to bring these images and feelings into the SAFE TREE HOUSE. These preverbal HURT SELVES can then be brought into the Healing Room for exploration and healing. Kathleen once used this preverbal technique with an attachment-disordered adolescent who reported that her HURT SELF as a baby was experiencing pain upon entering the Healing Room, but she, at first, did not know why. Later, her early childhood records revealed that an object that she thought may have caused this pain had been, in fact, used to inflict physical abuse on her when she was a young child. We are *not* suggesting or recommending the use of this technique to recover memories. We are simply stating that the SAFE TREE HOUSE can be used to help people explore and heal from all kinds of traumas, whether or not they can be articulated verbally. If a client reports that the HURT SELF has physical pain or fear (the client may not be able to say why), therapists can advise the client to have the special helpers use the healing band aids and other nurturing activities to help reduce the pain or fear the HURT SELF is experiencing.

We wish to underscore the fact that the SAFE TREE HOUSE is not voodoo, it is not a tool for psychological or spiritual manipulation, it is not a means of magical transformation; instead the SAFE TREE HOUSE is simply a technique designed to help the person with attachment problems feel safe and develop the trust and strength to be able to enjoy better relationships with others. Our hopes and prayers are that the SAFE TREE HOUSE, in the hands of compassionate and insightful helpers, and in the minds of people who deserve to love and be loved more fully, will be used to bring healing to those struggling with attachment issues.

Trauma and beliefs

Trauma beliefs, which we refer to as HURTING BELIEFS in Caleb’s narrative, need to be identified in order to assist the person in restructuring her or his faulty belief system. Many different terms have been used to describe this phenomenon, such as irrational beliefs system, cognitive errors, and faulty internal working model. We typically refer to them as *trauma beliefs* when working with adults or teens and as *hurting beliefs* when working with children. We have developed the following Family Attachment Incomplete Sentence Inventory (Chara and Chara 2005) in order to assist the professional in understanding what beliefs the hurt child, teen, or adult may be experiencing. This inventory can be given as a part of a comprehensive evaluation and then subsequently re-administered in order to ascertain if trauma beliefs have changed.

To evaluate responses to the inventory prompts, professionals can look at the pattern of answers as a whole, look for trends with certain items, or concentrate on individual items. It is important to understand that the disordered beliefs were established due to trauma, and that current destructive behaviors can be generated by these falsely held beliefs. Furthermore, the negative feedback elicited by the destructive behaviors can reinforce the negative belief system.

For younger children, we developed a more child-friendly worksheet, *All About Me* (Chara and Chara 2005), to further assist parents and professionals in understanding the feelings, wishes, and thoughts of the attachment-disordered client. Like the Family Attachment Incomplete Sentence Inventory, it will be useful to re-administer it weeks and months later in order to ascertain if affective or cognitive changes are evident in the client’s responses.

Identifying maladaptive beliefs is a necessary, though not sufficient, condition for effecting positive changes in attachment relationships. Beliefs set the table for *behaviors*, and it is therapeutically beneficial for individuals to explicitly observe the relationship between their beliefs and behaviors. To facilitate this process, we suggest an exercise that we call “Breaking the Trauma Chain” (see illustration on page 87).

The first step in this exercise is to demonstrate how a Trauma Chain is constructed. The person struggling with attachment issues is asked to identify a traumatic or very difficult experience that he or she has gone through and then to write that event down after the words TRAUMATIC EVENT. Next, the individual is to describe a belief that he or she has that is attributable to the

traumatic event and then to write that belief down after the words HURTING BELIEF. Finally, that individual is asked to think of a behavior that is a consequent of the HURTING BELIEF, and then to write that down after the words HURTING BEHAVIORS.

The last step in this exercise is to demonstrate how the Trauma Chain can be broken. The person struggling with attachment problems is asked to write down, again, the traumatic event identified in Step One. Then, the words TREATMENT TO RESOLVE THE TRAUMATIC EVENT are written. Next, the individual is asked to describe an alternative HEALING BELIEF that can be substituted for the previous HURTING BELIEF, and to write that new belief down after the words HEALING BELIEF. Finally, that individual proposes a healthy, positive behavior that is a likely consequent of the HEALING BELIEF, and writes that down after the words HEALING BEHAVIOR.



Breaking the Trauma Chain

Step 1: Constructing a Trauma Chain

TRAUMATIC EVENT: _____

(A difficult experience is described in writing.)



HURTING BELIEF: _____

(A belief attributable to the TRAUMATIC EVENT is written.)



HURTING BEHAVIOR: _____

(A behavior attributable to the HURTING BELIEF is written.)

Step 2: Breaking a Trauma Chain

TRAUMATIC EVENT: _____

(Write down the event described in Step 1.)



TREATMENT TO RESOLVE THE TRAUMATIC EVENT: _____

(No words need to be written.)



HEALING BELIEF: _____

(A healthy substitute for the HURTING BELIEF is written.)

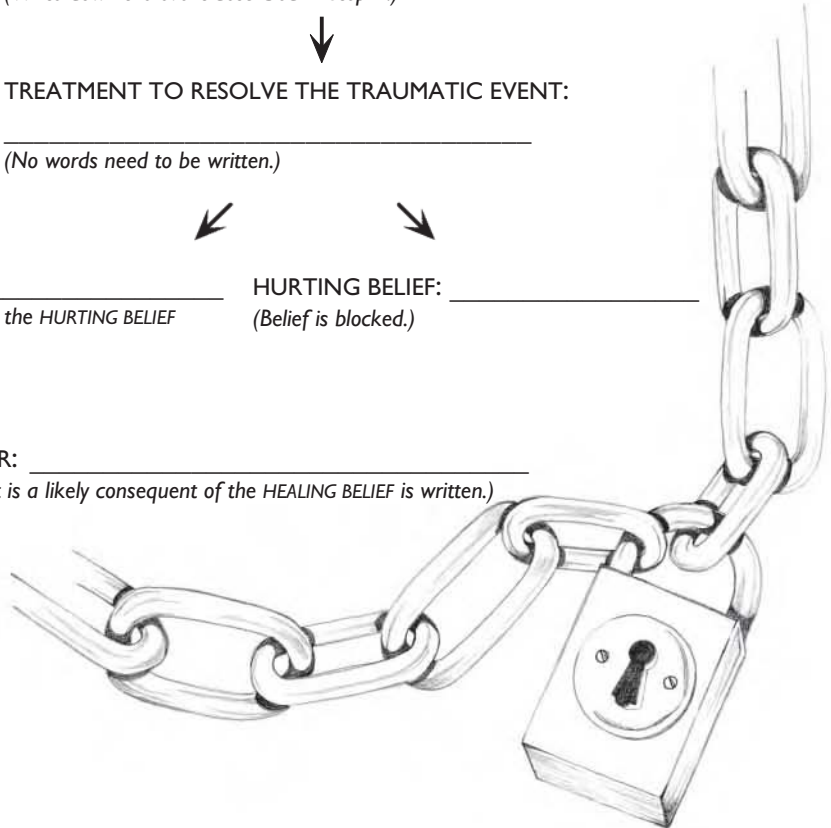
HURTING BELIEF: _____

(Belief is blocked.)



HEALING BEHAVIOR: _____

(A positive behavior that is a likely consequent of the HEALING BELIEF is written.)





Family Attachment Incomplete Sentence Inventory

Below are 26 incomplete sentences. Complete each sentence by writing the first thought that comes to your mind when you read the prompt.

Name: _____

Date: _____

I like _____.

Birth moms are _____.

I am _____.

Bad things happen _____.

I wish _____.

I really miss _____.

My greatest worry is _____.

I really get angry when _____.

Families are _____.

Bad things happened to me because _____.

I trust _____.

I was hurt by _____.



I feel safe when _____.

I hope that _____.

Kids are adopted because _____.

Abuse happens because _____.

God loves _____.

Dads are _____.

The best thing in life is _____.

I know it sounds strange but sometimes _____.

I am really good at _____.

I really get sad when _____.

I sometimes need help with _____.

When I grow up, _____.

A family is _____.

If I had one wish, I would wish for _____.



All About Me

Useful as an “interview” tool for a child to use with each family member

Name: _____

Date: _____

If I had three wishes, I would wish for:

1. _____

2. _____

3. _____

Name one thing that makes you...

Happy: _____

Sad: _____

Mad: _____

Scared: _____

Describe the worst thing that ever happened to you:

Describe the best thing that ever happened to you:

One thing I like about me is:

One thing I dislike about me is:



One thing I like about my family is:

One thing I dislike about my family is:

List your favorite for each item below:

Toy _____

Food(s) _____

Game _____

Friend _____

Teacher _____

Color _____

TV Show _____

Song _____

Family member _____

Animal _____

Movie _____

If you could change three things in the family you live with, what changes would you make?

1. _____

2. _____

3. _____

Effective communication with professionals

Clear and effective communication between professionals and parents greatly facilitates successful therapy. Quality therapy with a child involves family involvement, the communication of what occurred, and the reporting of what was observed between sessions. In order to better assist both parents and professionals, we have developed a simple-to-use family attachment log (Chara and Chara 2005). Use of this log can save time and organize valuable information in a simple record-keeping format. We recommend that professionals keep blank copies of these logs in the lobby areas in case a parent, or caregiver, forgets to bring in the original log. That way parents still have the opportunity to complete attachment logs prior to therapeutic sessions. Parents may want to keep a notebook or folder to keep all the logs together. Some parents enjoy keeping a copy for personal use in order to see the progression in recovery!



Family Attachment Log

Name: _____

Date: _____

1. Briefly describe how the following have been going since our last session:

Sleep: _____

Eating: _____

Interactions with family: _____

Social interactions outside the family: _____

Thoughts expressed: _____

Feelings and emotions expressed: _____

School reports: _____

Observations with play: _____

Positives and negatives: _____

2. Parental observations and questions:

3. Therapist recommendations for attachment technique [therapist may direct to a healing technique (or more than one technique) in this book]:

Parenting children with attachment problems

First and foremost: Take care of yourself

Parenting children and teens with attachment problems can be exhausting. Good physical health (proper sleep, exercise, and limited use of caffeine and alcohol) is a necessary component to good emotional health. If you do not take care of yourself, you will not be able to care for your child(ren).

Guard your marriage and relationships with other children

Young people with attachment problems fear relationships and they often will attempt to cause problems in a marriage, and other parent–child relationships, in order to feel safer. Present a united front! Cultivate special times alone with your spouse and other children.

Learn as much as possible about attachment disorders

Understanding the child with attachment problems requires understanding the nature of the problems. There are no quick fixes to these complex problems. Consider attending conferences and support groups with other parents. Make use of some of the helpful resources we have provided in the back of this book.

Acknowledge and grieve your losses

Mild depression is a silent killer in relationships within families struggling with attachment issues. Be honest about your pain, your losses, and the hopes you had for your child and family. Don't grieve alone: talk about your grief and losses.

Ask for help

Do not take on a “Super Parent” stance: You are human and you have limits, desires, and needs. Ask for help from family, friends, support groups, churches, and other civic groups.

Follow your gut

Trust your instincts. If you think deep down inside that there is a problem – don't ignore it, check it out! Always keep in mind the attitude that *you* are the consumer of professional services and that *you* can question treatment methods, diagnoses, etc.

Pick your battles

It took time for attachment problems to develop, and it will take time for those problems to heal. Start with the behaviors and problems where you can achieve at least some small success and then, as therapy progresses, work on the more difficult issues.

Have “No Attachment Disorders” times

Life is to be enjoyed – don’t ever lose sight of that! Cultivate time alone and reserve times with spouse and friends in which *no* discussions of attachment disorders or behaviors are allowed. Consider it needed rest.

Allow “down times” after therapy

Therapy is hard work for everyone, especially for clients with attachment problems. Therapy can seem like an emotional marathon, so do not plan events immediately following therapy. Some clients also prefer not to engage in activities that require taxing mental effort before sessions.

See the child beyond the behaviors

Remember that breaks in attachment caused this disorder: keep in mind a picture of the young, traumatized child. Some parents watch their children when they sleep and visualize them as recovering from attachment problems.

Keep a trauma/loss perspective: Don’t take it all personally

Children with attachment problems do not desire to ruin your life because they hate you (think of this as a HURTING BELIEF). They were deeply wounded and need healing. They do not behave destructively because of *you*; instead they are doing so because of the *trauma* that they suffered.

Create a safe home environment: Act with a plan, avoid sarcasm, squelch rage

Young people with attachment problems tend to provoke rage in others to prove you can not be trusted. Have a parent plan and a safety network so that you do not fall into this well-laid trap.

Make up for early lost experiences

Many people with attachment problems have missed the normal stimulating activities of infancy and early childhood. Consider providing the attachment-disordered individual with early-age, sensory-stimulating experiences. Activities may include: playing with baby and toddler toys, putting puzzles together (start with easy-to-do puzzles), coloring in coloring books, reading nursery rhymes and stories, listening to children's music, blowing bubbles, watching children's television shows and movies together, doing finger painting, and learning finger games. Consider providing nurturing baby and toddler items to the person who was not adopted at birth. Some people do better when these early development times are scheduled and encouraged, even giving these times names, such as "Young Times." Parents tend to report fewer regressive behaviors on the part of their attachment-disordered children following work in this area. Adults often feel happier and more peaceful when they nurture their younger selves. It's never too late to have a happy childhood! (If you think your child may have problems with different sensory experiences, see page 97 for help.)

Say a helpful verse, prayer, or slogan during the day

Some parents find it helpful to say positive affirmations numerous times during the day in order to keep focused and reduce stress. For example, you may find it calming to repeat to yourself, "I only have to do this today." Some find the Serenity Prayer useful: "God, grant me the *serenity* to accept the things I cannot change, the *courage* to change the things I can, and the *wisdom* to know the difference." Other parents find writing poems or journaling about their experiences helpful. We have included a website (see *The Little Prince*, page 125) that provides encouraging quotations and numerous poems written by parents of attachment-disordered children.

Sensory issues

Many people with attachment issues or early trauma have sensory integration problems. These problems may be more common with attachment-disordered individuals due to extended institutionalized care or multiple foster care placements. Sensory integration problems are usually first observed in early childhood. Young children with sensory problems have difficulties in the detection and processing of sensory stimuli, which is usually manifested in over-and under-responsiveness of the senses. Such problems often increase developmentally, leading to difficulties with a wide range of sensory experiences, including touch, sound, taste, smell, temperature, social stimulation, activity/energy level, and sleeping. Some kids are called *sensory-avoiders*, because they avoid or dislike many types of sensory items, like loud sounds or certain touches and textures. Other kids are termed *sensory-seekers*, because they tend to seek out a lot of sensory stimulation, such as desiring loud noises and wanting to touch everything around them. The pattern established in childhood tends to persist through adolescence and adulthood. We have developed the following sensitivity scale, which can be used as a screening tool. If you think your child has sensory integration problems, we recommend that you consult with a certified occupational therapist trained in sensory integration issues. For further information, you can read our book *Sensory Smarts* (Chara and Chara 2004).

Sensitivity Scale

Circle the number on the rating scale to the left of each category that best describes your child. Examples of possible problems are listed for each category. Then add the numbers in each column to get subtotals. Combine the subtotals for A/B to get the *under-sensitive* score. Combining the D/E subtotals will result in the *over-sensitive* score.

The greater the departures from zero for the under-sensitive or over-sensitive scores, the greater the likelihood of sensory integration problems.

	Very under-sensitive	Under-sensitive	Normal	Over-sensitive	Very over-sensitive
<i>Rating Scale:</i>	-2	-1	0	1	2

A	B	C	D	E	
-2	-1	0	1	2	<i>Light touch:</i> difficulties with gentle touching of face, body, and hair, writing, clothing or hair-cutting/brushing
-2	-1	0	1	2	<i>Pressure:</i> difficulties with hugging, firm grasping, rough play or wrestling
-2	-1	0	1	2	<i>Hot temperatures:</i> difficulties with bathing, inside or outside temperatures or clothing (removing?)
-2	-1	0	1	2	<i>Cold temperatures:</i> difficulties with bathing, inside or outside temperatures or clothing (excessive?)
-2	-1	0	1	2	<i>Pain:</i> hurts/injuries exaggerated or ignored; response poorly connected with stimulus
-2	-1	0	1	2	<i>Tickling:</i> highly responsive or minimal/absent response to tickling

A	B	C	D	E	
-2	-1	0	1	2	<i>Vestibular stimulation (sense of balance)</i> : easily loses balance; excessive love or fear of spinning, turning, rolling (slides, swings, ramps, etc.); coordination difficulties
-2	-1	0	1	2	<i>Proprioception (body position awareness)</i> : abnormal awareness of body in space; too high or low activity level; sloppiness; clumsiness; resistance to new movements
-2	-1	0	1	2	<i>Audition</i> : difficulty with loudness; pitch (tone of sound) discrimination abnormalities; poor listening ability; improper regulation of voice loudness
-2	-1	0	1	2	<i>Vision</i> : difficulty with brightness (or darkness); poor eye contact; staring; reading problems; focus on repetitive sights (e.g., fans)
-2	-1	0	1	2	<i>Gustation</i> : finicky about food taste or texture; abnormal reaction to different tastes; chewing non-edibles; improperly chews food
-2	-1	0	1	2	<i>Olfaction</i> : over- or under-reactive to strong smells; smells everything; abnormal smell discrimination

Subtotals: A B D E
 — — — —

Under-sensitive score: A + B = ____

Over-sensitive score: D + E = ____

Note: We have not determined through research absolute cutoff scores. Scores beyond 11 are likely indicative of sensory problems.

Healing Techniques for Family Attachment

Fear and counter-conditioning

People with attachment problems are usually fearful of human relationships. They are in need of effective techniques aimed at healing past wounds and forming healthy attachment relationships to parents and adult caregivers.

There is little doubt that trauma can induce attachment problems. The role of frightening experiences in the generation of attachment disorders has been examined in psychological research. Of particular interest is the finding that infants who are repeatedly frightened by aspects of their caregiving environment are at risk for developing “unsolvable fear,” in which adaptive responses to fear are greatly compromised (Cassidy and Mohr 2001).

The “unsolvable fear” that Cassidy and Mohr refer to has its genesis in the pairing of a previously unfeared event or setting with a fear-producing stimulus (environmental event). As far back as 1920, John



Watson and Rosalie Rayner (1920) demonstrated that a fearful reaction conditioned to a fear-producing stimulus, a connection that they called a *conditioned emotional response* (CER), could be strong and enduring. Subsequent study of these fearful reactions, or CERs (see Chance 2003), has demonstrated that not only do CERs maintain their intensity over time, but they often grow stronger by virtue of being reinforced by avoidance behavior. What happens is that by avoiding a feared stimulus, a person fails to experience the fear produced by that stimulus. This, in turn, reinforces (makes more likely) behavior designed to avoid that stimulus, but, unfortunately, decreases the likelihood that a person will learn constructive ways to cope with the fear. This scenario is often what occurs with the person struggling with attachment problems. Avoiding intimacy with others becomes a double-edged sword. On the one hand, fears are reduced by keeping others at a distance – intimacy increases fear. On the other hand, avoidance of intimacy inhibits the opportunity to learn how to overcome the fear – ignorance perpetuates fear. The result is a self-defeating pattern that makes attachment problems resistant to change.

One approach toward breaking this problematic cycle is called *counter-conditioning*. Counter-conditioning is where a new connection is forged with the fear-inducing stimulus by pairing it with something positive (good and desirable). As the positive connection gains in strength, the negative connection (the fearful response) begins to lose strength. Moreover, counter-conditioning does not require the actual fear-producing stimulus to be physically present. To illustrate, consider the case of a young girl who was attacked by a vicious dog and has subsequently developed an intense fear of dogs. Her mom, after the initial shock had worn off, began to read stories to her that included tales about helpful, lovable dogs. Eventually, the young girl's fear of dogs began to dissipate as new, positive associations with dogs – developed without the presence of real dogs – took root. It is important to note, however, that the young girl was first made to feel *safe* – before the stories about dogs were read to her. If this was not done, then the intensity of the conditioned fear of dogs would have blocked any attempts toward counter-conditioning.

The lessons drawn from research on conditioned fears and counter-conditioning have great relevance in treating attachment problems. We suggest the following guidelines in counter-conditioning attachment fears:

- Disordered attachment beliefs, feelings, and behaviors generated by fear must be challenged or they are likely to get worse.
- A person who is struggling with attachment problems must first feel safe if counter-conditioning techniques are to be successful.
- In order to counter-condition an attachment fear reaction, the source of that fear reaction must be identified.
- Counter-conditioning attachment fear will require the pairing of the source of that fear with positive, emotionally uplifting, stimuli.

It is important to remember that the goal of attachment therapy is to assist the client in attaching with parents or the current caregivers. Therefore, we strongly advocate that counter-conditioning be done in conjunction with *family-focused* interventions that promote the development of secure attachment relationships between the person with attachment problems and her or his family – especially the parents – or caregivers. Furthermore, the same basic principles used in working with attachment-disordered children can be applied to adolescents and adults who are struggling with attachment problems, albeit with a wider range of relationships. Many of the techniques presented in this book (particularly the SAFE TREE HOUSE) can be used – again we strongly advocate in conjunction with a therapist trained in attachment issues – to reverse the curse of attachment-inhibiting fear reactions.

References

- Cassidy, J. and Mohr, J.J. (2001) “Unsolvability of fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the life span.” *Clinical Psychology: Science and Practice* 8, 275–278.
- Chance, P. (2003) *Learning and Behavior* (5th ed). Belmont, CA: Wadsworth and Thomson.
- Watson, J. and Rayner, R. (1920) “Conditioned emotional reactions.” *Journal of Experimental Psychology* 3, 1–14.

Time-in

Many of the maladaptive behaviors individuals with attachment disorders engage in have one purpose: to keep people away. Because being part of a family can be very frightening to these people, the *time-in* technique was developed by Bruce Buchanan, licenced clinical social worker, to alleviate those fears (for Buchanan's contact information see the Wadle and Associates PC listing in "Helpful Organizations, Websites, and Contacts". The procedure is basically the opposite of the well-known *time-out* technique that is used by parents, caregivers, and professionals to decrease inappropriate and unwanted behavior. Whereas in a time-out people are restricted from being with others or participating in desired activities, in a time-in the person with attachment problems is forced to spend *more* time with a designated person – usually a person the attachment-disordered person is having relational difficulties with, or, perhaps, an interested third party. A time-in typically requires the person in the time-in to stay within close proximity to the designated person. It can be explained to the person in a time-in that because a particular maladaptive behavior has been engaged in, more help from the designated person is needed, therefore the attachment-disordered person must stay closer to that designated person.

The theory behind this technique rests upon the presumption that people with attachment problems prefer being alone, which makes them feel safer. If children or teenagers with such problems are given time-outs, or adults are allowed continually to disengage from social interactions, it only serves to reinforce this maladaptive retreat from intimacy, thus exacerbating the attachment problems. Therefore, a time-in is used to counteract the social orientation and hopefully reduce the occurrence of negative attachment behaviors. A possible byproduct of this approach is that people develop habits of going toward, not away from, others when attachment issues arise.

The lying period

Individuals with attachment issues have often learned that, especially in highly dysfunctional families, the truth is to be covered up. To illustrate, once in a family group therapy session run by Kathleen, the group was asked about the “rules” their families had in place. One little boy silenced the group by yelling out “lies” in response to the inquiry. If a young person is unable to talk truthfully about the facts of what he or she is experiencing, is punished for being honest, and/or is rewarded for lying, then lying becomes the preferred means of communication into adulthood. Professionals refer to this as “crazy lying” because people sometimes lie when it would be easier to tell the truth. Most abusive, neglectful, and other dysfunctional families are maintained by unspoken, yet strongly reinforced, rules that perpetuate lying. Among the more significant of these rules are:

- **Don’t talk** about problems, feelings, or the family dysfunction within the family.
- **Don’t tell** people outside the family what the abuser(s) is (are) doing, or about the neglect that is occurring.
- **Don’t feel** your feelings, especially anger, disappointment, or sadness.
- **Don’t trust** people outside the family, people in general, or perhaps even yourself.

An interesting technique to decrease the frequency of lying has been developed by Bruce Buchanan (see Wadle and Associates PC in “Helpful Organizations, Websites, and Contacts”). He instructs the person (children under the age of five, who usually don’t know the reasons for their lying, probably will not benefit from this technique) who has problems with lying that he or she has 30 seconds to tell all the lies he or she wants to. However, after that time period the individual is “on the clock” and will receive consequences for lying. The idea behind the technique is that when people are allowed to lie unrestrictedly, followed by a period where they must tell the truth, they then learn to separate fact from falsehood, and that there is a time when the truth must be told.

There are a number of modifications that can be made to Buchanan’s technique. For example, we recommend strictly maintaining a 30-second “lying period” when first using this approach. However, after success is gained with the technique, we gradually reduce down the time period in which lying is allowed, eventually eliminating the “lying period” and replacing it with a verbal prompt, such as “Are you sure this is the truth?” Another variation is to try

different people out as the person doing the timing. In other words, instead of having the parent, caregiver, or professional always doing the timing, have another family member, friend, or even the “liar” her- or himself do the timing. While this technique may seem repulsive to some people – “You are encouraging lying!” – keep in mind the pragmatic philosophy underlying the technique: do what you can to reduce the frequency of lying.

Food issues

Many people with attachment disorders have problems with food, including such behaviors as hoarding food, stealing food, or eating nutritionally limited or high-sugar foods. Attachment-disordered individuals may not have been properly fed in their early years and, consequently, they may fear future food deprivation. Below are some helpful hints to promote healthy eating patterns and reduce the fear of future hunger. (Note: These guidelines are based on work with children, but they may be adapted for use with teenagers and adults.)

- Allow the child to keep a box/bag of nonperishable food in her or his bedroom, stating that this is that child's food, and that the food can be kept in her or his room (many children will never eat the food, and it can decrease midnight runs to the kitchen).
- Permit the child to pick out food items that will be just that child's. He or she can then use a permanent marker and write her or his name on the food item. These food items are to be stored in the kitchen but only eaten by that child.
- Nurture your family with balanced meals. Attachment-disordered children often crave sugar and empty calories, but they need proper nutrition in order to grow properly.
- Place the child on a multivitamin regimen. Multivitamins can boost up energy levels, make up for deprived nutrients, and facilitate better overall health.
- Consider testing for food allergies if the child has adverse reactions to certain foods or always seems to avoid particular foods.
- Special treats that the child enjoys can be used to encourage the child toward better eating habits.
- Have the child help plan (or choose between food options) or cook the family meal.

Anger management

Rage – excessive, out-of-control anger – can be a common, dangerous, and complex problem with people who are struggling with attachment issues. To prevent destructive outbursts of rage, it is necessary to practice anger management. The following guidelines and exercise are intended to help people assert control over their angry impulses before those impulses turn into out-of-control rage. Because rage has the potential to destroy much constructive progress that has been made in the healing of broken attachment relationships, we strongly advocate dealing with rage early in the therapeutic process.

Guidelines for anger management

- **Don't deny feeling angry.** Anger is a basic human emotion. Feeling angry isn't necessarily wrong; it is how the anger is expressed that can make anger wrong (and destructive).
- **Recognize when you are beginning to feel angry and talk about it before the anger turns into rage.** Rage is usually what happens when angry impulses are not dealt with and are allowed to build up. Deal with angry impulses in their early stages before you begin to lose the ability to handle anger in its latter stages.
- **Anger begets anger.** Constantly expressing anger becomes a habit – one that makes angry expressions become more likely. Practice *not* expressing anger when provoked.
- **Find substitutions for anger.** Expressions of anger tend to be destructive. Practice alternative, more constructive ways to express your anger (see the “Angry Drawings” exercise below).
- **Manage your general arousal level.** Feeling angry induces physiological arousal. If your baseline arousal is high at the time of an anger-inducing provocation, the result is often an angry outburst that is much stronger than warranted. If your arousal level is high – even if for positive reasons, such as being involved in a thrilling event – defer potentially anger-invoking situations to a later time when you are less aroused.

- **Talk with others about how they deal with anger.** Different anger management techniques work better for different people. Listen to what works well for others – you may find just what you need to help you manage your anger.

The “Angry Drawings” exercise

The following technique allows the client with attachment issues to express anger in a healthy manner. The materials that are needed are crayons or colored pencils (markers do not work as well) and several sheets of white paper. The therapist explains to the client that if he or she knows the reason for the anger, then he or she can draw or write that reason on the sheet of paper. If the reason for the anger is unknown to the client with attachment issues, the paper can remain blank. The therapist then colors aggressively with the crayon or colored pencil in a fist-like fashion, over the drawing, words, or blank sheet of paper. Afterwards, he or she remarks to the client, when looking at the now heavily colored sheet, “Look how much anger I got out of me, I sure do feel better now!” Clients are then asked if they would like to do this activity. Most clients like to do this technique repeatedly the first session it is demonstrated to them (red and black tend to be favorite colors used). Parents often report fewer expressions of rage when their children have a scheduled time of day to engage in a similar activity at home or school. Some refer to this time as “Mad Time.” We recommend that parents, caregivers, and/or teachers have a special location for the child/teen to do this activity. Be aware that the crayons are easily broken and may have to be replaced often.

The “Angry Drawings” exercise can also be adapted for use by adults. Adults may find it therapeutic to write down the reasons why he or she is upset with another person or discouraged in her or his life. After the writing (or sketching) is completed, the paper is crunched up and thrown away – the throwing away of the paper figuratively representing the letting go of anger or discouragement.

The stealing box

Bruce Buchanan (see Wadle and Associates PC in “Helpful Organizations, Websites and Contacts”) has developed a technique intended for young people that he calls the *stealing box*, in which young people with attachment problems are told that they have problems with stealing, and, therefore, a stealing box has been made for them. For younger children, small items can be purchased for the stealing box. Adolescents can “steal” vouchers that can add up to the purchase of a larger or more expensive item. Individuals are allowed daily (how often a day this is permitted can be negotiated) to “steal” from the box, and they are allowed to keep the item(s) if four conditions are met:

1. The parent did NOT see the act of stealing (this is supposed to prevent individuals from desiring to steal again for the thrill).
2. Items are not stolen from anywhere else in or out of the home.
3. The person doing the “stealing” talks to the parent or caregiver at the end of the day about her or his feelings about stealing. Common questions in this discussion may include “Why did you steal that one?” and “What were you feeling before and after you took it?”
4. If the young person does steal elsewhere, all items stolen from the “stealing box” are returned to the box.

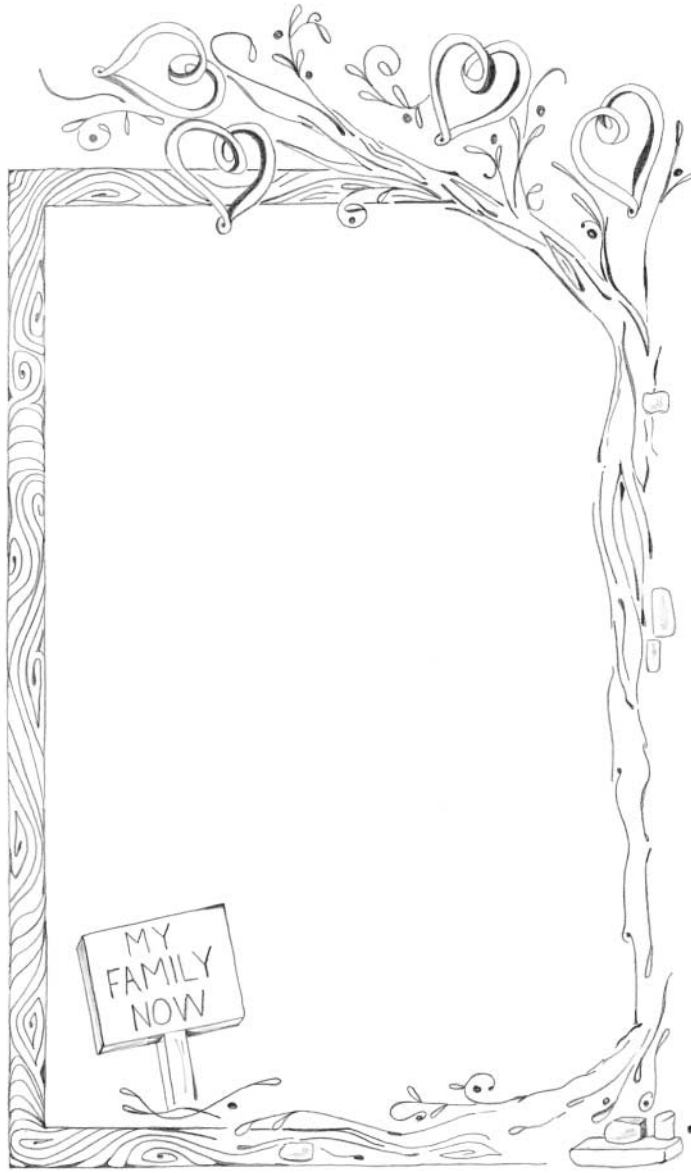
This technique can be effective because young people with attachment problems are often heavily focused on maintaining possessions, and they are usually not willing to lose what they have already “stolen.” Therefore, this technique allows them to keep objects (fulfilling this need) *if* certain conditions are met. Moreover, the technique requires relational talk about feelings, preferences, and desires, which assists attachment-disordered individuals in engaging in a reciprocal relationship. Thus, the stealing box meets an attachment disordered person’s needs, but modifies the stealthy motivations and behavior.

At first glance, it may appear as if this technique is only making the young person with attachment problems a better thief. The intent behind this technique, however, is first to meet young people with attachment problems where they are at, and then to help transition them into honest behavior. Furthermore, if stealing from other places and within the home is decreased by using this technique, then it becomes easier eventually to put an end to all stealing behavior.



Therapeutic drawings

Art and play therapy both use drawings to allow clients to express themselves through spatial and kinetic modalities. It is important to listen to clients' self-disclosures during, and after, their drawing sessions. Numerous techniques for assessing drawings are available for art or play therapists (see "Further Reading"). We have included two easy, informal drawing prompts that can be administered early in therapy and later re-administered to assess changes in family attachments. We recommend that professionals keep a copy of all drawings for their records with the client's name and the date the drawings



were conducted. Any verbalizations accompanying the drawings should be clearly documented.

Adults may also find it beneficial to engage in therapeutic drawing. We recommend that adults write down the thoughts and feelings they are experiencing while drawing. After the drawing is completed, it is often helpful in the healing process for the individual to reflect on why he or she thought and felt as he or she did while drawing. Talking to other people about those feelings and thoughts can further the healing process.

Letter writing

Letter writing provides a useful technique for the communication of necessary thoughts and feelings, especially when direct communication is limited, no longer available, or inadvisable. Letters *do not have to be sent* to the intended person, which may encourage the individual with attachment problems to participate and complete this activity without fear of unwanted responses. Letters can foster reflective thinking about attachment relationships, thereby stimulating and facilitating the healing process.

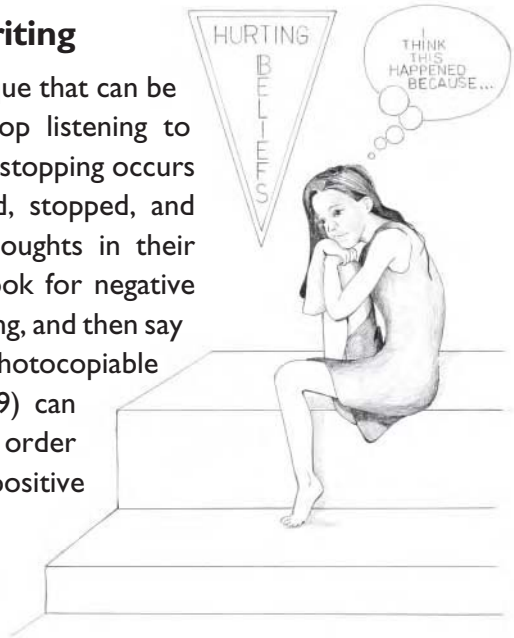
There are many options in using this technique for both the person with attachment problems and the individual(s) he or she is having problems relating to. Some individuals find it helpful to write letters in a journal in order to keep a record of their healing journey. Other people may prefer to write a letter and then, after a period of time, discard it – the so-called “get-it-out-of-my-system” approach. When an adoptive family member or a new caregiver writes a letter, it may be useful to have this “letter” read on a video tape so that it can be listened to outside of the therapy session or when the child is alone. In the context of an adoption situation, we recommend the following letters be written:

- from the child to the birth family
- from the adoptive family/caregiver to the birth family
- from the child to her or his HURT SELF (child who was hurt)
- from the adoptive family or new caregiver to the child’s HURT SELF
- from the child and the adoptive family or new caregiver to the child’s HURT SELF.

Another useful activity is having the child or teenager with attachment problems create a family newsletter, such as the “Smith Times” or “Attachment News.” The worksheet All About Me (on pages 90–91) can be used as an interview tool, which the child can use to feature a family member each week.

Thought stopping and script writing

Thought stopping is a valuable technique that can be used to help people of all ages to stop listening to HURTING BELIEFS in their heads. Thought stopping occurs when negative thoughts are recognized, stopped, and then replaced with positive, healing thoughts in their place. People of all ages can learn to look for negative thinking patterns, stop the adverse thinking, and then say HEALING BELIEFS in their place. The photocopyable poster of HEALING BELIEFS (pages 78–79) can be used at home and other settings in order to facilitate the process of substituting positive self-talk.



Script writing is a fun activity to practice the technique of thought stopping. In this activity, the person with attachment problems draws pictures and then writes captions for the pictures that express negative thoughts. The activity is then repeated, with the exception that the negative thoughts are replaced with positive thoughts.

Examples of negative captions may include:

1. I think this happened to me because nobody loves me.
2. I don't need a family.
3. I'm not a good person.

Examples of substitute positive captions may include:

1. This happened to me because someone else had problems; not because I am unlovable.
2. Everyone deserves a family, families may be work but they are worth it!
3. I am a good person!

A young child may need some help in providing captions. The Family Attachment Incomplete Sentence Inventory (pages 88–89), the All About Me exercise (pages 90–91), and the HEALING BELIEFS and HURTING BELIEFS illustrations (pages 30–31 and 32–33; see also the photocopyable poster of HEALING BELIEFS on pages 78–79) can be used to help the child come up with captions.

Book making

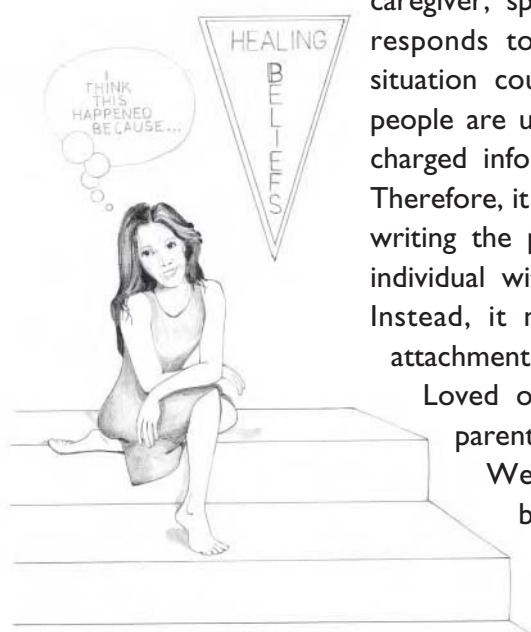
People with attachment problems may find healing in writing a small book about themselves. Books entitled “My Baby Book” and “How Would You Have Parented Me?” (reflecting two approaches) can be used to encourage verbalizations of past trauma and losses, and provide opportunities for re-parenting. Two approaches, based on the aforementioned books, can engage both the attachment-disordered person and her or his family in the process of making the book. The first approach, “My Baby Book,” is an interactive activity in which the individual with attachment problems and her or his loved ones use magazines, drawings, poems, and other materials or items that are typically in a baby book of a newborn to toddler-aged child. Some good pictures to include are a baby crib, baby toys, clothes, blankets, stroller, vacation sites, and family activities, such as baking, cooking, or playing ball.

The “How Would You Have Parented Me?” approach is usually more effective if it is conducted after “My Baby Book” has been written, because it tends to elicit more intense emotions than “My Baby Book.” This homemade book is more like a question-and-answer book. The person with attachment problems tells, draws, or writes about early losses or trauma, posing questions

about those experiences. The loved one (parent, caregiver, spouse, sibling, or friend) subsequently responds to the questions by stating how the situation could have been handled better. Some people are uncomfortable hearing this emotionally charged information early in the healing process. Therefore, it may be more helpful for the loved one writing the parenting story not to give it to the individual with attachment problems immediately. Instead, it may be easier for the person with attachment problems to read it later, when alone.

Loved ones can also make a video of their parenting story for the young person to watch.

We recommend that the titles of the books be personalized, such as “John’s Baby Book.”



Story telling

Historically, story telling has been used as a communication tool to enhance the bond between parents and children. Common therapeutic uses of story telling are: to express family traditions, conflicts, and dynamics; to prevent or resolve conflict; to express thoughts, feelings, wishes, and hopes; and, to impart knowledge, values, and beliefs. Story telling can provide an opportunity for individuals working with attachment-disordered people to gain insight into the private thoughts, wishes, and fears of the person grappling with attachment difficulties. Moreover, many times people's stories reveal what the person will not explicitly declare. Professionals can look for changes in story themes such as powerlessness, conflict resolution, communication, emotional expression, and hope for the future as therapy progresses.

There are several variations of story telling as a therapeutic technique. Some therapists first model the technique of story telling before asking clients to tell a story. Other therapists ask a client to tell a story and then the therapist re-tells a similar story to the client's story, but with more adaptive coping skills included (this is referred to as *mutual story telling*). Therapists working with children may find it beneficial to use this technique in conjunction with other forms of therapy, such as sand play, art therapy, or play therapy.

Typical guidelines for this technique are that the story is to be original work, and that the story has a beginning, middle, and end. Sometimes the person constructing the story is asked to identify a problem or moral of the story. Therapists may need to help younger clients get started by saying, "Long, long ago, there was a young boy who..." and then allow the young person to continue with the story. Some therapists prepare their own stories ahead of time and tell them to young clients during therapy. We have included a sample story, with Caleb as the central character, to give an example of a story written by someone who has been in therapy for attachment problems.

Caleb's Adventure

I made up a story about my life as a journey that I had to travel. If you are older now, see if you can figure out what the different places and people could mean in your life. For example, I had a place in my story called the Land of Wounds. This place is like my early years when I had lots of hurts.

My Journey of Healing

Caleb was a young, tired traveler who started on a journey to seize four HEALING KEYS stolen from his home in the Safe Lands. His journey began by the way of a rough and tiring passage through a place called the Land of Wounds, but he later found refuge in a restful, healing place called the SAFE TREE HOUSE.

Special helpers called Truthful Spirit and Brave Heart guided Caleb in gathering food and wisdom (at the Truthful Mountains and Helping Meadow). Caleb was warned of the Hurting Behaviors Forest found near the Swamp of People Games and the Dungeon of Doom. Hurting Liar, ruler of this forest, tried to confuse Caleb to prevent his safe passage. Caleb's quest was to gather all four HEALING KEYS in order to escape the grips of the Powers of the Past, and enter into the Land of Plenty by way of the SAFE TREE HOUSE.

Caleb's extraordinary journey was difficult, but he found all four HEALING KEYS. He used his wisdom and courage to never lose sight of these keys and he kept them close to his heart. Some time later, after spending time in the Healing Room, he went to live in the Land of Plenty. Caleb was later rewarded with the Badge of Healing Courage!

Accountability papers

Bruce Buchanan (see Wadle and Associates PC in “Helpful Organizations, Websites, and Contacts”) has proposed that writing “accountability papers” (the papers can be called “I am responsible papers” for younger children) can foster prosocial behaviors. The message individuals with attachment problems are to receive from loved ones and professionals is that they are responsible for their success and progress in therapy, but that others (especially loved ones) are there to assist them. Some of the purposes of this technique are:

- to learn to take responsibility for one’s actions
- to learn cause-and-effect relationships in personal behavior
- to understand better how one’s behavior affects self and others.

Accountability papers are used when individuals engage in maladaptive behavior: a behavior that the perpetrator knows is wrong. They are told that they are to write a paper about accountability, the length of which is to be determined. If a person has fine motor problems, learning difficulties, or is too young to write, audio taping is an acceptable substitute. The person writing the paper is prohibited from various activities and friends until a satisfactory paper is completed and accepted by a designated individual. The paper should answer the following four questions:

- What did I do wrong?
- Who did it affect? (Be sure that the writer includes her- or himself in this section.)
- How did my behavior affect others?
- What should I do next time? (“I will not do it” is an insufficient answer.)

If a young person refuses to cooperate with this assignment, he or she should receive additional undesirable consequences. Clients in therapy should be told, however, that they will have to wait until the next session before the paper can be evaluated and accepted.

Recognizing and dealing with triggers of trauma

Triggers are stimuli that elicit memories of past trauma or losses. Reactions to triggers are common experiences for people with attachment issues, and the triggers often evoke sudden and intense emotions (particularly fear and depression) generated by the remembrance (or reliving) of the early trauma or loss. Trigger reactions cause significant distress for the attachment-disordered individual, frequently leading to maladaptive behaviors (especially rage) by that person. Some people will describe these triggers as “coming out of nowhere,” causing them to feel as if the early trauma or loss is currently happening to them again (this is sometimes referred to as a flashback). Triggers bring past trauma into present reality and thus the feelings and thoughts associated with the trauma or loss, such as grief, are fresh in the experiencer’s mind.

We recommend that people working with attachment-disordered individuals be cognizant of common attachment-related triggers and assist the person with attachment issues in recognizing and logging the triggers. This practice can help in the detection of triggers and be used to prevent or reduce the amount or intensity of trigger reactions in the future.

Common triggers include:

- birthdays (especially of self or other family members)
- holidays
- time of year when attachment breaks occurred
- reminders of the past trauma, such as themes on television shows or news reports of abuse
- reminders of past relatives
- family rituals or traditions that are associated with trauma or loss
- perfume or cologne of parental figure or abuser
- common places visited by the birth family
- places where abuse occurred (or places similar to them)
- certain jokes, songs, or phrases.

Effective methods to deal with triggers include the following:

- When people with attachment issues are experiencing a trigger to abuse or loss, they should stop what they are doing, go to a quiet place to figure out what just happened, and then reconnect with the present.

It is helpful in determining triggers by asking questions such as, “What did I just see, hear, smell, or taste that reminded me of my past hurts?” To reconnect with the present, people can say, “That was then and this is now,” or “I was very little then, but now I am much older and am safe!”

- Some people find it helpful to get sensory feedback because of painful feelings or numbing sensations elicited by the trigger. Possible beneficial sensory activities include such activities as rubbing your hand against the back of your chair or stomping your feet on the ground.
- If potential triggers are recognized and known when they are more apt to happen, people and their families (and friends) should creatively plan ahead. For example, holidays and outings can be changed to decrease the likelihood of a trigger occurring, such as celebrating Christmas in a different way or place.
- Self-talk can be helpful. For example, a person who is struggling with a trigger may tell her- or himself an affirming statement. Examples of affirming statements include: “I usually start thinking about everything that happened with my birth family and then ruin birthdays for everyone, but this year I will enjoy the day and talk about my fears, and others’ feelings, instead of raging.” “I deserve to celebrate my birthday.” “Having people buy me presents is difficult for me, so I am going to take it slow and get plenty of rest and plan only a few activities for this day.”
- Many Alcoholics Anonymous groups recommend that the H.A.L.T. method be practiced in order to prevent a relapse. We believe that this technique can be adapted in order to prevent triggers. The H.A.L.T. method proposes that problems, or in this case triggers, are more likely to occur when people become too Hungry, Angry, Lonely, or Tired. Therefore, when a person with attachment problems is experiencing any of these four states, he or she is extra susceptible to a trigger reaction. Additional self-care during these times is essential. If a person with attachment problems becomes overly tired or ill, self-talk could include a statement such as, “When I am sick, I tend to start thinking HURTING BELIEFS, therefore I am going to say my HEALING BELIEFS more often today.”

Gardening

Gardening is an excellent opportunity for people to have a visual, hands-on experience of what happens when you nurture or fail to nurture something that you need. In a figurative sense, gardening provides a lesson in “unearthing” hidden wounds, deep hurts, and unknown strengths. Gardening also can provide individuals struggling with attachment issues with encouragement by demonstrating that for all labor there will be fruit, in due season.

Following are some of the ways in which gardening can be used to provide concrete examples of attachment principles:

- Small seeds can grow into large plants. Likewise, small beginning steps toward building attachment can grow into strong attachment relationships.
- Different plants need different types of care to prosper. Likewise, different past experiences in relationships require different healing approaches.
- It takes time for a garden to be productive. Likewise, it takes time for healing to be productive in relationships.
- Work in tending a garden can lead to beauty and food. Likewise, work in tending your HURT SELF can lead to beautiful and fruitful relationships.
- Gardens thrive through weeding and feeding. Likewise, healthy attachment relationships thrive through decreasing HURTING BELIEFS and BEHAVIORS and increasing HEALING BELIEFS and BEHAVIORS.

Part III

Resources



Further Reading

- Archer, C. (1999) *First Steps in Parenting the Child Who Hurts: Tiddlers and Toddlers* (2nd ed). London: Jessica Kingsley Publishers.
- Archer, C. (1999) *Next Steps in Parenting the Child Who Hurts: Tykes and Teens*. London: Jessica Kingsley Publishers.
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- Stone, S.M. (2001) *More Than Love: Adopting and Surviving Attachment Disordered Children*. Lincoln, NB: Writer's Club Press.
- Thomas, N. (1997) *When Love Is Not Enough: A Guide to Parenting Children with RAD – Reactive Attachment Disorder*. Glenwood Springs, CO: Families by Design.
- Waldmann, C.H. and Mansfield, L.G. (1994) *Don't Touch My Heart: Healing the Pain of an Unattached Child*. Colorado Springs, CO: Pinon Press.
- Waterman, B. (2003) *Birth of an Adoptive, Foster or Stepmother: Beyond Biological Mothering Attachments*. London: Jessica Kingsley Publishers.

Helpful Organizations, Websites, and Contacts

Abused Empowered Survive Thrive

www.aest.org.uk

(Support forums for survivors of sexual abuse)

ATTACH (Association for Treatment and Training in the Attachment of Children)

www.attach.org

(International coalition of professionals and families)

Attachment Disorder Site

www.attachmentdisorder.net/finding_help.htm

(List of attachment organizations and resources in Australia, Canada, Denmark, UK, and USA)

Attachment Disorder Support Group

<http://adsg.syix.com/>

(Online community and special needs resource)

Attachment Parenting International

www.attachmentparenting.org

(Information and resources for Attachment Parenting support groups)

Attention Deficit Disorder Association

www.add.org

(Information and resources for adults with Attention Deficit Disorder)

British Association for Adoption and Fostering

www.baaf.org.uk

(Information and resources for child placement issues in the UK)

Child and Adolescent Bipolar Foundation

www.bpkids.org

(Help for families raising children with bipolar disorder)

Evergreen Consultants in Human Behavior

www.attachmenttherapy.com

(Therapy for attachment-disordered children)

International Attachment Network (UK)

www.attachmentnetwork.org

(*Attachment and Human Development* journal available)

Institute for Attachment and Child Development

www.instituteforattachment.org

(Treatment, training, and child placement agency)

LD Online

www.ldonline.org

(Information and resources on learning disabilities for parents, teachers, and other professionals)

Learning Disabilities Association of America

www.ldaamerica.org

(Information and resources for people dealing with learning disabilities)

The Little Prince

www.thelittleprince.org

(Information, poems, and support for those struggling with attachment disorders)

Parents Active for Vision Education (P.A.V.E.)

www.pavevision.org

(Information on vision problems, which frequently occur with sensory integration problems)

RAD-UK

www.rad-uk.fslife.co.uk

(Registry for children and adults with Reactive Attachment Disorder; RAD information and links)

Rape and Sexual Abuse Counselling

www.rasac.org.uk

(Free and confidential listening and support)

Sensory Integration International (SII)

www.sensoryint.com

(Information, training, and research on sensory-processing disorders)

Sure Start

www.surestart.gov.uk

(UK government program for early education, childcare and family support)

Troubledwith

www.troubledwith.com

(Information and support for victims of sexual abuse)

Wadle and Associates PC

Des Moines, Iowa 50322, USA

Tel: 515-270-1344

(To reach Bruce Buchanan: wapcbb@mchsi.com)

Whole Family Attachment Parenting Association

<http://members.tripod.com/~judyarnall>

(Canadian based resources center for information about attachment parenting)

Young Minds for Children's Mental Health

www.youngminds.org.uk/attachment

(Resources and web links)

Glossary

Healing Behaviors

Behaviors that are truthful and good – for self and others (see Part I, chapter 2).

Healing Beliefs

Beliefs that are true and good (see Part I, chapter 2).

Healing Keys

A plan to help people overcome past hurts, feel safe on the inside, and be able to form healthy attachment relationships with others; four principles designed to help a person feel good about her- or himself and to be able to form good relationships with others (see Part I, chapter 5).

Healing Self

The “growing child” inside a person that acts, feels, and thinks in ways that are truthful and good; the part of the person that used to be the HURT SELF, but is now overcoming past hurts and trauma (see Part I, chapter 4).

Hurting Behaviors

Actions, based on HURTING BELIEFS, which cause harm to other people; behaviors that keep people away, due to fear and mistrust, so that a person can feel safe (see Part I, chapter 1).

Hurting Beliefs

Lies that a person believes because of past hurts; false guesses that a person uses to try to understand the truth about past hurts (see Part I, chapter 1).

Hurt Self

The “little child” inside a person who was hurt in the early years; the part of a person that needs to be healed in order to overcome past hurts and trauma (see Part I, chapter 4).

People Games

Activities designed to manipulate people in order for one to feel safe; deceptive interactions used with others intended to keep them from knowing the truth about one’s feelings and thoughts (see pages 26 and 32).

Safe Tree House

An imaginary place where a person – particularly that person’s hurt self – can go to be healed; a tree house where special helpers, such as Brave Heart and Truthful Spirit, can help a person heal from past hurts (see Part I, chapter 4; and pages 82–84).

Three R’s

HEALING BEHAVIORS that are right, responsible, and respectful; three rules that help a person follow Healing Key #4 (see page 58).

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