

ISCONSIN

Family Based Services Association

November 17, 2006

To: Representative Steve Kestell and Laura Rose

From: Wisconsin Family Based Service Association Board
Ann Kirchner, LCSW

At a recent board meeting of the WFBSA, we received copies of reports, minutes, etc. on the Wisconsin Legislative Special Committee on Strengthening Families. Included in this is a committee assignment of what constitutes a healthy family or individual and family resilience. I agreed to forward ideas and material on this subject.

Healthy children usually result from healthy parents that create a healthy family. Developmentally children need to be bonded to one or more caregiver in a secure attachment that is role appropriate. As Judson Hixon said "who we are is what our children become." He says it's "relationships and connections, NOT what we have." He expands it to a "negative focused society" which changes how we look at things. Also he sites the loss of a sense of community. He encourages focusing on strengths and building on strengths and why more people don't have those problems – the resilience factor.

Dr. Robert Brooks also emphasizes highlighting and encouraging strengths. The most important factor in resiliency and surviving adversity is someone who believes in the child / the family. Dr. Julius Segal calls this a "charismatic adult". Larry Brendtro talks about someone who is "irrationally crazy about that kid." It can be parents, grandparents, a neighbor, or a mentor who stays involved over time."

Two key factors Larry Brendtro identifies in developing healthy children are consistent discipline and nurturance / love. If they don't get what they need at home, they will look for it elsewhere – extended family, mentors, or with peers. At times, with peers it can be with antisocial children. If kids have delinquent contacts by 11 years – 50% will end up in the prison system as adults.

Larry Brendtro talks about the medicine wheel including autonomy (independence), attachment (belonging), achievement (mastery), and altruism (generosity). If parents (caretakers) have their life in a complete circle they can raise healthy and courageous kids.

The tasks of child development include bonding, sense of self, separation, trust, confidence, sexual identity, conscience, and guilt. Resiliency research has identified several characteristics that influence an individual's ability to survive in society and thrive personally. These qualities are: independence, relationships, insight, initiatives, creativity, humor, and morality. Children need a safe and encouraging environment for these to develop to their potential.

Healthy families have roles and responsibilities identified but these are flexible to adjust to individual and family needs. There is empathy to understand and care how other people feel but that is balanced by a sense of self care. (See enclosures.)

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Attachment

As we begin our journey through the therapy process let us start with a discussion about attachment. Many people have different ideas of what exactly is attachment. It will be helpful for us to have a common definition of the meaning of attachment and how it occurs between infants and their caregivers.

Attachment occurs in the communication patterns between an infant and caregiver. The type of communication pattern that promotes attachment is called attunement. This process requires the parent to accurately assess the child's internal needs and respond accordingly. It includes the child's need for interaction and separation. Responding to the child's need results in a collaborative shared mental, emotional and physical states between the child and caregiver. In other words, when the child feels comforted and content so does the parent. When the child is happy the parent is happy. These shared experiences serve to decrease negative emotion and increase positive emotional energy. This process of emotional regulation is a central organizing principle of early childhood development.

Attachment interactions initially occur through non-verbal social and emotional transactions such as touch, movement, eye contact, and sensory experiences. As the child's verbal capacities begin to develop attachment is fostered through language based activities such as reflective dialogues and story telling. Reflective dialogue is a process in which the parent mirrors to the child their internal experience. An example is telling a three-year old "it looks like you were scared when the door slammed and then you started to cry because you didn't know where I was". This process increases a child's awareness of feelings and internal states, as well as increased ability to verbalize emotions. The reflective process also assists in the creation of mental representations for the child. These representations serve as the foundation of autobiographical narrative, the ability to perceive self across time. This ability is directly correlated to future adaptive mental health.

Repeated experiences are organized in the brain as associations. Repeated associations are eventually summarized and consolidated into generalizations known as mental models. Mental models are used unconsciously to interpret, assess, organize and respond to new experiences. As the infant matures, attachment is enhanced through reflective dialogue between the child and caregiver about the child's mental and emotional states. This process assists the child in developing positive mental models that provide them with a secure base for future experiences. This mental model of attachment is a filter through which the child will unconsciously interpret new experiences. The mental model of attachment is also called the child's internal working model.

The essential ingredients of a secure attachment include:

1. *Collaboration*: the sharing of emotional and mental states through nonverbal attunement (reading and matching eye contact, facial expression, tone of voice, body gestures, timing and intensity of response) creates a connection between the child and caregiver.
2. *Emotional Communication*: the ability to amplify and share in positive joyful experiences is crucial. The parent must also be able to remain connected to the child during moments of uncomfortable emotion and help them regulate their emotion during times of distress. It is important to remember that positive new events are stressful and require emotional regulation. The process of assisting the child in regulating their emotion during times of distress helps them learn that they will not be emotionally abandoned during these times and that they can learn to soothe themselves. The adult must also read and respect the child's need for direct connection and solitude.
3. *Repair*: attuned communication will inevitably be disrupted - the repair of the rupture is healing. It teaches the child that connections can be broken but established again. This interactive repair allows the child to make sense of periods of painful disconnection and creates a sense of meaning.
4. *Reflective dialogue*: verbal sharing that focuses on the internal experience of each member of the relationship allows the parent to interpret and create meaning for the child. When coupled with collaborative communication this meaning making process allows the child to develop the capacity to create the representation of the mind of others and self. These representations are the building blocks of coherent narratives.
5. *Coherent Narrative*: Parents who share stories with their children increase the child's self-awareness of their internal experience as well as their ability to verbalize emotions and experiences. In particular parent led dialogue about the internal, subjective experience of characters in the story improves the child's ability to develop "mindsight" – the ability to understand the emotional and intellectual experiences of themselves and others. In addition, stories offer the child a context to connect past, present, and future personal experiences. This ability is a central process of the mind in creating an autobiographical form of self-awareness. Adults without this ability (to integrate experiences across time) often have an impaired ability to provide integrating personal communication with their children.

North America's Premiere Training Institute with the Authors of Reclaiming Youth at Risk



Larry Brendtro, Director of the Black Hills Seminars, has over thirty years experience with troubled youth and is former president of the Starr Commonwealth in Michigan and Ohio. Dr. Brendtro co-edits the journal *Reclaiming Children and Youth* and has over eighty publications in eight languages.



Martin Brokenleg, Dean of the Black Hills Seminars, is professor of Native American Studies at Augustana. He is an enrolled member of the Rosebud Sioux tribe and has worked as an alcohol counselor and correctional chaplain. Dr. Brokenleg has trained youth workers on four continents.



Steve Van Bockern, Co-Director of the Black Hills Seminars, is professor of education at Augustana and headed the National Science Foundation River Quest Project. Dr. Van Bockern edited *Expelled to Friendlier Places* and consults with programs serving youth at risk in the US, Canada, Europe and Japan.



Photo courtesy of South Dakota Tourism.

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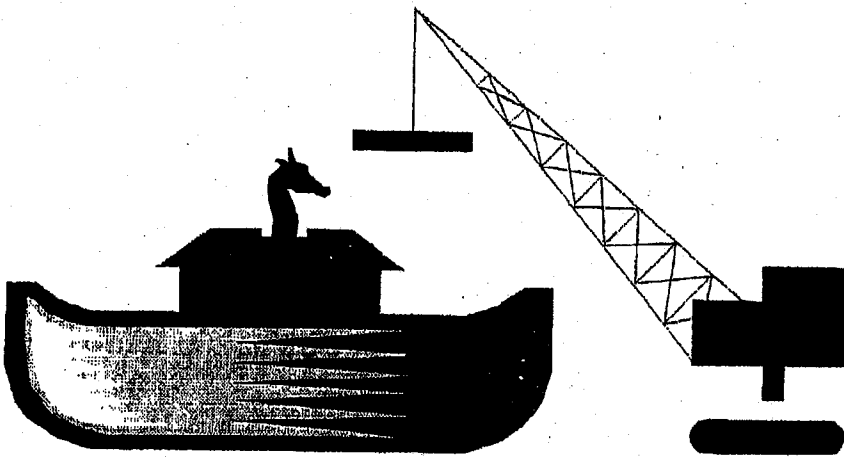
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The Noah Principle



*No more prizes
for predicting
rain . . .
prizes only for
building arks!!*



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