

The
Connected
Parent

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WITH EMMELIE PICKETT



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The Connected Parent

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Part 1

The Heart of Relationships



Understand the Foundation of Attachment

Lisa

After thirty hours of travel, we arrived home from Ethiopia with a five-month-old infant and a nearly two-year-old child. By 2007, we'd had seven children by birth, and now we were ready to parent these new little ones. We knew they had experienced loss. They had been separated from their first parents, and more relationships had been broken when we took them from their orphanage. Our goals were to meet their needs, keep them close, and show them again and again that they could trust us.

This process is the foundation of attachment. A baby cries to express a need, a parent meets the need, and the baby is calmed. We had done this for many years with our biological children, and they never doubted our presence and comfort.

Our new little ones had already lost the dearest figures in their lives: their mothers. I can only imagine the confusion and deep sadness this must have caused in their minds and hearts.

Then they went to an orphanage where the nannies genuinely cared for the children but where there were many children with many needs and only a small number of caregivers. These caregivers also changed throughout the day and night. I imagine some were gentle, providing comfort, while others were more businesslike. These

children were not theirs, but the job provided food for their own children at home.

Once we arrived back home in Idaho, we slept with the boys either next to our bed or cuddled up next to us. I fed our youngest nearly exclusively, holding him against my skin as I gave him a bottle. Most of the time, I was able to do the same with our toddler.

We kept them close, wearing them in baby carriers as much as possible. We wanted them to feel our presence, hear our heartbeats, and know our voices.

The older kids were excited and wanted to help. Exhausted from lack of sleep, one night I woke to find the baby was not in his crib next to me. I was terrified for a moment, but then I looked into the room shared by my teen daughters and found him in the arms of my eighteen-year-old, both asleep.

Building Attachment

We made eye contact with the boys, talked to them, sang songs, and provided comfort. One of our boys looked right back into our eyes, smiling and engaging. The other was more hesitant. He didn't like eye contact, but he would let me hold him close as I read books or gave him a bottle. With so many losses in his life, he wasn't eager to trust me.

When he was two and a half, he followed his teen brother into our pasture, where he stepped on a yellow jacket nest and was swarmed. We were all terrified as we tried to rescue him while also surrounded by stinging insects ourselves. We were stung many times, but our little guy suffered the most, with thirty-five stings.

Our job is to prove ourselves trustworthy again and again... and again.

Saddest to me was that he did not want my comfort. The pain was great, but our attachment wasn't yet strong enough for him to turn to me in that

moment. We bathed him and gave him medicine. We tried to comfort him, but he pushed us away and wanted to be put in his crib. Now, years later, tears fill my eyes as I share this with you.

Building attachment with a child who has lost his or her primary caregiver takes time. Our job is to prove ourselves trustworthy again and again...and again. This repetition is exhausting, and sometimes we fail. But we keep building on the foundation we're establishing, one positive interaction at a time, until we've created an attachment relationship for our children to build on for the rest of their lives.

Dr. Purvis

The Attachment Cycle

Attachment is an affectionate bond between a caregiver and a youngster—an infant, child, or adolescent. It's the bond that tells that child they're safe, their needs matter, and they are precious. Within the attachment bond, the caregiver acts as the external regulator for all the child's needs.

For several decades, we have understood what is called the “attachment cycle,” which essentially says that a baby cries and a caregiver comes, and a baby cries again and a caregiver comes again. This cycle happens over and over...and over and over. And a child learns, “If I have a need and I cry, someone comes and tenderly meets that need.”

So if the child is hungry, the caregiver brings food. If the child is cold, the caregiver brings warmth. If a child is lonely, the caregiver brings a soft shoulder and a lullaby to rock them to sleep. This external regulation and the giving of nurture make us human. All that is beautiful and glorious about us as human beings develops in the arms of attachment. The child learns not only that they're precious but also that they have a voice—when they cry, somebody shows up. The child learns that their needs *matter*.

We often call this pattern “the giving of yeses” because when you think about development, the parents essentially say yes for the child's

first two years of life. A baby cries because she's hungry, and her parent says, "Yes, I will feed you" and meets that need. A baby cries because she's cold, and her parent says, "Yes, I will warm you" as they hold their little one.

"Yes, I will comfort you."

"Yes, I will cradle you."

"Yes, I will sing to you."

In fact, it isn't until the child is about two years of age that they might take a dangerous object toward the electric socket and we have to say our first no.

This giving of yeses happens hundreds of thousands of times in the earliest years of life. The baby cries, and the caregiver comes. The child learns that their needs are going to be met, so they learn trust. This is the lesson of the first year of life—"I can trust." A child learns to connect to their caregivers because they know Mommy or Daddy will come, bringing food, warmth, love, snuggles, or dry diapers. In addition to establishing trust, the repeated completions of this cycle lay a strong foundation for self-worth, self-efficacy (the child knows he has a voice), self-regulation, and mental health. At the end of this chapter, a diagram of the attachment cycle illustrates what happens when we meet needs.

Attachment and Brain Chemistry

Research from the past twenty years about the attachment cycle is sobering. When a child cries and no one comes, the child's brain chemistry is dramatically altered. There are so many children in our society and globally who have come from hard places of neglect, abuse, or trauma. They've suffered so many hardships, and their capacities to trust have been fiercely damaged. It's critical to remember a child who has come from a hard place didn't get a lot of yeses. Their needs were not met in their earliest days, so they lack the experiences that build the foundation for trust. As a result, there are dramatic alterations in their belief system about the world.

In optimal development, most children will grow up believing, “The world is a safe place. I’m going to be loved and cared for.” But sadly, that is not the case with the child who has experienced relational trauma. Research tells us a child’s ability to handle stress and to self-regulate as well as their later mental health can all be predicted by their early attachment relationships.¹ When the child’s needs are not met, the result is chronic, toxic stress that can start a trajectory for mental health challenges. In early childhood, this may look like behavior dysregulation. As the child starts school, it may present as ADD/ADHD diagnoses or symptoms. And into adolescence, if these children aren’t given holistic intervention, they may experience depression, anxiety, or other psychiatric problems.

A man once approached me after I’d finished a speaking engagement and said, “You know, you’re not telling me anything my grandmother didn’t know. This attachment stuff isn’t rocket science!” And he was right! I believe parents, grandparents, and great-grandparents have understood for generations that it’s important for children to have parents who adore, love, and care for them. But recent developments in science have given us a more sophisticated ability to measure brain development in children. We now have the “rocket science” to support what generations before us have always known.

Dependence and Autonomy

Research clearly shows that children must be very, very dependent when they’re young in order to be truly independent, or “autonomous,” when they’re older.² Little children from hard places who haven’t learned to trust may look independent, but they are actually pseudo-independent. Someone without knowledge of attachment may even praise this trait, thinking these children are developmentally advanced, but sadly, this pseudo-independence is a marker that these children don’t have the internal capacities to form relationships or deep trust. Whatever age a child comes to us, they need to be fully dependent on

us in the beginning. For how long? you may ask. That depends on many factors, and it's not predicted by their chronological age.

One of the most scientifically weighty documents to be published in recent years on the subject of attachment is *Hardwired to Connect*, by the Commission on Children at Risk. In it, dozens of

We are made for connection. We are hardwired for connection. And if a loving connection fails, all development fails with it.

the most notable scientists of our age looked at early childhood development. They discovered that recent research confirms what we've known for years: Little ones are hardwired to connect from birth. They are intuitively, instinctively desperate to look into the eyes of their caregivers. If you put a newborn on their mommy's tummy, they will intuitively, instinctively crawl up to the breast and attach. And they will look through their bleary newborn vision for the face

of their caregiver. We are made for connection. We are hardwired for connection. And if a loving connection fails, all development fails with it.

We know that the brain of a child who has a secure attachment relationship to a safe, loving adult is dramatically different from the brain of a child who does not. All capacities in the brain are dramatically altered when there is no safe adult on duty. Fight, flight, or freeze systems are provoked much more easily if no caregiver is on duty.

Complex Developmental Trauma

For many years, a diagnosis of reactive attachment disorder (RAD) meant, "These traits tell us this child didn't have an attachment figure, and these are now simply behavioral attachment strategy traits." But recent neuroscience has proven that the child's brain was instead dramatically altered. Every trait we had previously called a behavioral

reactive attachment strategy has now been proven to be tied to brain development and the behavioral systems that failed.

A new diagnosis has been proposed and is being embraced by researchers, scientists, and psychologists all over the world: complex developmental trauma. This diagnosis takes neuroscience into account as it relates to attachment. In complex developmental trauma, brain development is deeply impacted by repeated relational trauma sustained as a child. Because of ruptured early relationships, all a child's systems are different, including how this child feels, how they think, how they learn, how they process the senses, and how they interact with peers. Every region of the child's brain that deals with the substance of life has been altered. It is a harm with global implications for the child's development. Children who have been harmed in this way need a holistic environment that is mindful of this global impact.

Attachment and Behavior

So you might be asking, What does this look like behaviorally? There are some common symptoms of attachment problems, and very often they have to do with a child pushing away from a caregiver's touch or hug. This looks like rejecting care or nurture, just as the response of Lisa's son did when he was stung by yellow jackets. A child may not look into others' eyes unless they want something. There are many reasons these things happen, and one of them is that the child's brain development was altered.

Trust and Control

The behavioral strategies children use give us clues to help us identify issues with trust. Perhaps a child uses a great deal of manipulation or control, aggression, or violence to get their needs met. This child may steal food from the kitchen rather than asking for food because they were hungry before they came to your family. A child

who struggles with attachment does not yet know they can ask for their needs to be met. This child may triangulate and try to work the caregivers against one another. Quite simply, the child has not learned to trust, which is the essence of attachment.

Again, remember that the brain of a human infant is designed for three years of mentoring by the brain of a loving adult. The only way a child learns empathy, compassion, and self-regulation is by external regulation and then co-regulation. The behavioral symptoms we see stemming from attachment needs are simply strategies for the child to meet their own needs. Their behavior depends greatly on whether the child feels safe enough and empowered to use words.

Many of the parents we work with describe their child as controlling. These children are afraid to let anyone else control their worlds. They believe they would have died if they had not tried to stay in control, and sadly, for many of these children, it is true. Because of early harm, abuse, or neglect, they learned survival strategies to feel safe and in control and, in some cases, to stay alive. To expect these same children to trust us and give up those strategies is a huge request.

“How Can I Say Yes?”

Naturally, these behaviors can be extremely distressing to parents who long to connect to the heart of the child they've brought home. Parents can easily take this behavior personally, but I always urge them to understand complex developmental trauma so they can understand and respect the reasons their child's homecoming may not be as magical as they'd hoped. Remember that in an optimal environment, as an infant, this child would have asked for a need by crying. And you would have said yes hundreds of thousands of times before he or she was two years old.

For example, let's say you have a child who comes to your home from foster care at the age of eight. Because of this child's background, he didn't get two years of yeses. To help make up for this deficit and

build trust, you must find creative ways to say yes. So we explore the possibilities with parents and encourage them to ask themselves, “What are a dozen ways I can say yes?” In later chapters of this book, we’ll discuss topics such as giving voice, choices, and compromises—all powerful ways to build trust and a relationship with your child. The giving of yeses and the meeting of physical needs were how trust was originally earned. Regardless of the age of the child in your home, these are still the pathways to trust, brain development, and a healthy relationship with your child. A yes for a two-year-old will look different for a twelve-year-old, but the principle is the same.

Beyond Addressing Behavior

Parents often become frustrated because their children act so much younger than their chronological ages. However, we know from a research study by Becker-Weidman that if a child’s brain didn’t develop in a typical way, they have the brain of a child that is half their age or even younger.³ So an eight-year-old child may act like they are four or even three years old. Please don’t be annoyed with your child’s seemingly babyish behaviors. Instead, take them back to the place of early development and meet those earliest, most primitive and important needs for attachment, safety, and trust.

Of course, it is completely understandable for a parent to be concerned about their child’s behavioral challenges. Obviously we must address behaviors, but making behavior the only mark of a child’s success can cause even more problems. The most important goal is connection. If we gain connection and a trusting relationship, the behaviors we desire will follow. If we address a behavior with the goal of earning trust, not of correcting the behavior to look good, the relationship flourishes, and good behavior will grow from that.

Simply put, relationship-based traumas require relationship-based healings. This means we must be intentional about making up for what our child lost in their early days and re-creating what they should

have experienced in optimal development. As you explore what your child missed in their history, it's equally important for you to dig into your own history, as this is the greatest predictor of your child's ability to attach. We'll discuss adult attachment in the next chapter.

Lisa

As I mentioned in the introduction, in addition to our little boys, we adopted two girls from Ethiopia, one in 2007 and another in 2008.

Our younger daughter spent her days on the streets of the poorest slum in Ethiopia and experienced severe neglect. She cried, but nobody came. She was terribly hungry but not fed. When there was food, it was given to more favored children. She was cold, but there were no blankets.

Numerous implicit memories were formed:

- I cry and nobody comes—I'm alone.
- I'm hungry—I will probably die.
- People are dangerous—I must not trust them. I'll take care of myself.
- There isn't enough—I must get as much food, attention, and affection as I can.

How could we help her make sense of her overwhelming reactions to hunger, fear of trusting and attaching to parents, and a deep sense of competition with siblings?

When a child cries and nobody comes, or is hungry and not fed, the child begins to see the world (including adults) as untrustworthy and unpredictable. When my daughter needed comfort but was left to herself, her fear increased, and her brain was rewired to view the world as erratic and unsafe.

This chronic fear coursed through my daughter's veins, coloring her world. Her responses to seemingly small problems were huge and often out of control. She was unable to calm herself and refused

to let us comfort her. She was hypervigilant, constantly watching for danger lurking around every corner. Likewise, she saw the world as unfair and constantly sought to meet her own needs by asserting herself against her siblings.

I learned she was desperate for my attention and would do whatever was necessary to get it. If good behavior didn't work, she would do her best to disrupt the day. Any attention is better than no attention for a child who has suffered from such profound neglect.

It took years of repetition and professional intervention to help our child's brain heal. The work was harder than we could ever have imagined, but we gave it all we had.

Learning to Care

Some of our children came to us certain that they didn't need parents at all. They had learned to take care of themselves and meet their own needs. In time, they grew to care about us. I recall a day when my daughter was sitting across the counter from me, doing homework as I cooked.

"Mom, you're so pretty," she said.

"Why, thank you," I replied. "That's very sweet of you."

"I love you, Mom."

"I love you too."

"When I first met you, I didn't care about you yet, and I didn't really like you, but now I love you and think you're pretty. Do you think if another mom had come for me, I would have loved her too and thought she was pretty?"

I thought for a moment. "I think I'm exactly the right mom who was supposed to come for you. I was meant to be your mom. It took time, but we were meant to love each other."

Does it look like the attachment relationship I have with some of my other children? No it doesn't, but it's still good.

I'll close with this story about one of my young daughters.

One summer night after a long day filled with activity, we arrived

home, and the kids were extremely tired. They had played hard all day, returned home to have a snack and do chores, and then gone back out for a fun evening.

My daughter plopped down in a big chair with a sad look on her face. I asked, “Do you want me to hold you?”

“No.” She looked away. “I want to go home.”

“Home? *We are* home. Let’s get you ready for bed.”

“I want to go home to Ethiopia.”

I paused to wrap my mind around this. “Well, it would be wonderful to go to Ethiopia, but not all of your family is there anymore.”

“My Ethiopia mommy died.”

“Yes, honey, she died.”

“Why didn’t my mommy give me a family in Ethiopia?” She paused again. “Do other kids get new families when their mommies die?”

She crawled into my lap, and I rocked her while she sat stiffly with her back to my chest.

“Yes, you have lots of friends who got new families after their mommies died. Lots of kids you know have new families who adopted them after their parents died.” I hugged her. “Your Ethiopia mommy loved you so much—you were precious to her. We love you too, and I’m so glad to be your mommy.”

She snuggled in closer and rested her head on my shoulder.

Sometimes attachment builds slowly over months and years. Other times it seems to come more quickly and naturally. As parents, our job is to love faithfully and seek ways to build this bond with our children. It’s been my experience that if you adopt multiple children, it will look and feel different with each one.

And that’s okay.

Key Takeaways

- Attachment is an affectionate bond between a caregiver and child.
- As caregivers meet young babies' needs, they establish a foundation of trust that has positive effects throughout the life span.
- Conversely, when a child's needs are not met early in life, they experience toxic stress, which can set them on a trajectory of mental illness.
- A child must be dependent early in life in order to become independent later in life.
- Complex developmental trauma accounts for the impact of attachment deficits on brain development.
- Children from hard places often have a developmental age that is half or less of their biological age. For example, a nine-year-old may act like a four-year-old.

Try It Today

Write down three to five ways you can practice giving your child a yes, and try them out throughout the week.