

## Special Needs and Trauma Q and A with Dr. Laura Markham

Dr. Laura Markham: 00:00:00 Hello, this is Dr. Laura Markham. In this audio, I'll be answering some of the most common questions that parents ask about raising a child with special needs, or a child who has a trauma background. Remember, we're always applying our three big ideas. We start by regulating our own emotions and behavior. Then, we connect with our child. Finally, instead of trying to control our child, we coach them to be their best self, both by helping them with their emotions, and by creating an environment where the child can thrive. So, let's see how to apply these three big ideas to daily life with children.

### Question 1:

Parent: 00:00:43 My question is in regards to our middle boy, we have three kids. We have a five year old and an eight year old who has ADHD and is on Focalin, and our 11 year old. I will say my subconscious parenting style and unfortunate parenting style, with tense facial expressions and nonverbal looks and not understanding ADHD, has fractured our relationship, if you will.

Parent: And I'm trying to discern in this work how I can A, avoid the power struggle that I see in the afternoons when we are heavily, or lovingly, I should say, incorporating routines for homework and actually getting what needs to be done done for the afternoons for school the next day, how I can avoid the power struggle, but also make sure that I'm not leaving out the fact that there is intensity and defiance and falling out part of the medication.

Parent: Have you ever worked with families where that was an issue and, if so, I'd love information on repairing what I feel is fractured at times. He's frustrated with me when he has to do something, like get homework done.

- Dr. Laura Markham: So first of all, ADHD kids can be really, really difficult to raise, and I understand why that ends up sometimes with a relationship that has strains on it, and homework puts a daily strain on it because it's just such an ordeal for them. It's hard for any kid to sit down and do homework, it's unpleasant. But for kids with ADHD, it's like it's their daily encounter with themselves as a failure. None of us want to do the thing that we're bad at over and over again. It just makes them feel terrible about themselves.
- Dr. Laura Markham: So when we as the parent are the one asking this of them, it's like we're submitting them to torture on a daily basis and we're enforcing it, and so it's super hard. I'm not an expert on psychopharmacology at all. I have worked with families with ADHD kids, with kids who have ADHD symptoms, and some of them have been on medication, some of them haven't. The ones who are on medication, generally, they really notice when their kid is off it, at least in the first few years.
- Parent: Yes.
- Dr. Laura Markham: There's some evidence that after a few years it stops being as effective, but it really does at least in the first few years make a tremendous difference in allowing the child to focus. So was your question about the medication? You think that part of his anger is from the medication? Is that what you said?
- Parent: Towards the end of the day, I'm seeing a pattern again of his intensity. He's locked up in shame because he's verbalized, "I feel stupid. My brain is stupid, I can't do this." And I've said, "Gosh, it has to be hard to feel that way because do you think for a minute your father or I feel that way about you, especially after what you've accomplished?"
- Parent: And then I'll name all the things. The other thing is as soon as he gets in a car, he's tightly wound. To let him go play when he gets home and take a break and a breather and let him come up with a solution about when he is going to start, I've done that, but sometimes he can kind of get

manipulative and focused, and then as soon as he has to do that thing, it feels like he is being defiant towards me or either kind of gets angry and starts to really be aggressive towards his younger brother and sometimes his older brother. I didn't know if you have seen any or had any ongoing reports like, "Yes, sometimes the afternoons are awful. Here's my suggestion."

Dr. Laura Markham:

Yeah. I do think that the afternoons are usually awful with ADHD kids because of homework. If he didn't have homework it would be better. It's been hard for them all day. They've had a hard day. If he lived on a farm and didn't go to school, if he were part of a hunter gatherer tribe and had to go out hunting, he might be part of the tribe. Right?

Parent:

Right.

Dr. Laura Markham:

So it's trying to fit him into a society that isn't necessarily their strong suit. So it's hard for them. So yes, afternoons are a nightmare. I do think he needs to laugh and to wind down from his day. But you can expect him to be angry when he has to come in and work. To whatever degree you can, putting him in charge of parts of it will help. Meaning, "We'll set the timer, how long?" And at the end of the timer, you get some time off. Don't give him five minutes. It's too long. It's long enough to go to a screen or get involved in other tasks. But you get three minutes off at the end when the timer goes off.

Dr. Laura Markham:

"So what do you want to start with? Your math? Okay, great. How long do you think you'll want to do it before the timer goes off and you get a three minute break?" And maybe he even gets in the habit of then setting the timer with you, even if he starts it for five minutes.

Parent:

Right. Right.

Dr. Laura Markham:

And then he can do the two minutes or three minutes. And during that three minutes do something crazy, like run around and chase him. And then, okay, how long this time? And if he says five minutes, and you can say, "Okay,

well do you want to really make some tracks? How about seven minutes, what do you think?" And if he says "No mom," "Okay, you're in charge, five minutes it is." And at least then he feels a little less pushed around and a little more ownership and a little less anger.

Parent:

Yes. That's beautiful because, again, that is getting to the point of what I want, him taking pride and ownership in what he's accomplishing, no matter how small. That's the goal. Yes there is a lot. We've got Kumon, we've got homework, no wonder, and with him feeling tightly wound at the end of the day, maybe that is all normal and I just keep showing up and emotion coaching him through this and doing your work with him and getting in there. And I like what you said: "Your children are going to have the values at the end of life that you have, because you're so invested in them." Thank you so much.

Dr. Laura Markham:

You're welcome. You're doing beautiful work with him. And the way to repair the relationship, is exactly what you just said, you just keep showing up and you understand -- Of course he's angry. Can you imagine feeling like he feels day, after day, after day? He's going to be angry. He's not allowed to take it out on his brothers, but you will always understand. That's how you do it.

Parent:

Right, validate that emotion is what I've heard from you over and over, and thank you for that.

Dr. Laura Markham:

You're so welcome.

## Question 2:

Dr. Laura Markham: 00:08:37

A parent is wondering about hyperactivity and how it's hard when her five-year-old is super excited and silly, that she can't even calm down. And what to do at those times, because she's having so much fun but she ends up getting hurt or she hurts someone else. What do we do?

Dr. Laura Markham:

First of all, go buy the book or you can buy it used, the old version by Mary Sheedy Kurcinka, it's very cheap on Amazon or you can buy the new version, which is even better, I think. It's been revised and she has a chapter on sleep and stuff like that. But really it's about spirited children, and I don't know if your child is actually hyperactive or if she's just spirited, but I think that's a great book, and actually I would advise you to buy the new version. I'll tell you why, I think that the new version gives you more solutions than the old version. The old version was groundbreaking, it came out 20 years ago. My father came across the book, he did not know that I knew of that book and said, "I bought a book for you. It's about your son." This was so interesting because I never even thought of my son as spirited, because my daughter was so spirited. But he said, "I bought a book, it's for your son." This is actually when my daughter was still a baby, my son was about five and he said, "It's this book by Mary Sheedy Kurcinka." And I had to laugh, like, even my father recognized that I had two spirited children, and he was trying to help me with my spirited child.

Dr. Laura Markham:

It was groundbreaking at that point when that book came out because people who had just thought they had difficult children suddenly were able to see them in a more positive light. It is a wonderful book, but I want to add that it does have some solutions, but the new version of it has more solutions. So I would use that, and you asked me whether more connection is needed at that point. Yes, indeed. So I would say when your child is super revved up, you start to match her excitement level, but in a more measured way so you can bring her down and you help her to pace herself. So when she is being totally revved up, you say, "Hey Sweetie, here take my hands, look at me. You are so excited. I know. Let's do this. Let's breathe together. Let's calm down. I don't want you to get hurt. I don't want anyone to get hurt," and help her calm down. Like if you're in the house and it's unsafe and she's just being crazy, then that's a good way to do it.

### Question 3:

Dr. Laura Markham: 00:11:06

A parent is asking about her nine year old. A psychologist told her that her nine year old has flavors from the autistic spectrum. I don't know what that means, flavors from the autistic spectrum. I've never heard of that. It's certainly true, that kids who are on the autism spectrum may not seem very autistic. They might have what we used to call Asperger's and be very high functioning, and in the old days maybe they wouldn't even have been diagnosed.

Your question is, "My child is stealing things and taking things that don't belong to her. It's like she can't help herself and then she denies the event."

Dr. Laura Markham:

You're saying that you make her return the item. You are trying to make her wait for five or 10 minutes when she wants something, this is very odd, this must be something a psychologist told you to do. I guess it's to build impulse control, that she has to wait five minutes when she wants dessert. I think you're just torturing her. It's not anything I would ever do. She's stealing for a reason. She's trying to show you that something deep is missing for her, and she needs your help with that. There's a great article on stealing written by Patty Wipfler, and I'm going to post that Patty Wipfler link for you about stealing, but I would say you need to start dealing with it directly, the things that she is doing when she steals the thing.

<https://www.handinhandparenting.org/2019/06/how-to-stop-my-child-stealing/>

Dr. Laura Markham:

I think it's fine to have her return it, apologize, take the thing back. Absolutely right. And it's great that you're not punishing her, you're trying to get her to be truthful. That's fantastic, and that you empathize with her. That's good too. But I think she needs something else, which will be empathy about the reason she's doing it, like why this is so hard for her? And we don't know what the reason is, but I think we need to find that out. There's some reason that this is so very hard for her.

#### Question 4:

Dr. Laura Markham: 00:13:01

This is a family where two kids have autism, and that is a really, really, really hard thing. This is so hard for a parent, and you're saying you don't use screens and you only watch DVDs as a family, but you know if you put one on that when your son acts out, it would distract him, but it would be a slippery slope, and I agree with you. But it sounds to me like it's just a really difficult situation. I think you're going to be digging yourself a pit if you put a screen on at that time. But you do have four children, and two of them aren't neuro-typical. So I do think it is not a good thing, especially for kids on the spectrum, to use screens.

Dr. Laura Markham:

But I do think you need to find a way that he can calm down or that you can keep the other kids settled when your oldest one, your tough cookie, is acting out, so I encourage you to stay away from the screens, that was really your question, whether you should use a screen at those difficult times. I encourage you to follow your instincts on this and stay away from the screen, but I do hear how difficult it is, and I think you're going to have to really give some thought to what you can do with him at that moment in the difficult time. You don't say that he cries, he probably doesn't cry. It's probably hard to make him laugh. So you're going to have to get into a routine. The very good news about kids on the spectrum is at least they love routines. So maybe there's a way you can set up a routine where he always goes to the chill out corner at your house, this special chill out place and he always plays with his sparkle jar or something to calm him down.

#### Question 5:

Dr. Laura Markham: 00:14:40

Here's a question about a 13 year old who has no ability to follow directions. "I've gotten him a clipboard, written instructions, but he's never prepared. And there's chaos, and lateness, and fights, and missed buses and his

schoolwork doesn't get done and it's exhausting." So I don't think there have to be fights about this. I get that there will be missed buses and lateness, but there doesn't have to be fighting. The fights are only if you fight with him. So I think maybe he's 13, it's time to support him to manage himself instead of trying to manage him, because I know he's not responsive to wanting to manage himself, but you managing him is what's causing the fights.

Dr. Laura Markham:

So I hear you're trying to do this, you're giving him lists, but you might even need to take another step in the direction of supporting him to manage himself, but really not getting upset when he doesn't do it. That just makes him resist you more. He's looking at this as if it's your job to manage him. So you're the support person, but it's his job to manage himself. So when you say this, including schoolwork, I think this is an attention issue. For some kids the frontal lobe just takes longer to mature. It's like a reading delay when they're six, and they need your help to develop the self organization skills, the executive function.

Dr. Laura Markham:

There's a great book for this, it's called *Smart But Scattered*, it's by Dawson and Guare, Richard Guare. They have one version for teens and one for younger kids. I've heard the teen version is not as good. You might want to check them both out and see which one is better from your perspective, but I would just say if you have a child with executive function issues, to help them develop those skills, but don't fight with them about it. That's where we get into the problem and it makes them resistant and I want to add, we think if we prepare lists for a child that it'll work. They need to make the list or it's unreadable to them.

Dr. Laura Markham:

I'm assuming your list might be typed, but if it's written in your own handwriting, forget it. I mean I can't even really follow my husband's list, and he has great handwriting. There's something about other people's handwriting that doesn't work for children. But I would say even if you're typing it, it can also make kids resistant. So I would say let him assemble the photos of himself doing these things and



have him create the list, and then he owns the list emotionally and then he's more likely to do it.

### Question 6:

Dr. Laura Markham: 00:17:10

This is a question about a kid who has attention issues, he has ADHD and is disrespectful and angry and doesn't do homework or chores. He's 10.

Dr. Laura Markham:

So for this parent and for everyone else, peaceful parenting does not mean you put up with disrespect. It does not mean you get away with not doing your homework. So start with connection with those children, always, daily laughter. When he acts disrespectful, you say, "Ouch, that remark seems like it was intended to hurt my feelings, and it sort of worked. What's going on? Are you upset at me about something?" And then he's angry and he says, "Of course I'm upset at you, blah, blah, blah, blah, blah, blah, blah." And you say, "Oh, let me see if I understand this. You're angry at me because blah, blah, blah. Is that right?" Now notice you're not correcting him, you're understanding, you're validating. He is old enough at 10 and a half that you've got some repair work, this is backpack emptying, but you're going to help him work through all these old upset feelings and thank goodness you're doing it now before you get to the teen years when he would actively push you away.

Dr. Laura Markham:

So he's pushing you away now in a much less aggressive way than he will as a teenager where he just slams out of the house. So better to get it out of the way now, and as you go through this discussion with him. Let's say he's mad because you won't let him get together with his friends, and you listen and he says "Yes, that's right. That's what I'm mad about. You know it's what I'm mad about. That's what I'm saying. You won't even let me do blah, blah, blah, blah, blah, blah, blah. All the other kids are getting together. Everybody's going to think I'm a baby if you don't let me do this."

Uh-huh (affirmative), we've just surfaced. What's really going on. "Oh my goodness, sweetheart. I see that's putting you in an awkward position. So tell me more. The other kids are all doing this. You think they're going to look down on you? Tell me."

"Of course they're going to look down on me, blah, blah, blah, blah, blah, blah." Now notice he's no longer attacking you, and he's probably even acting less upset and he's going to start getting more vulnerable as he tells you the problem because you're willing to listen.

Now, you still may not let him go to this party unsupervised or whatever he wants to do, but you're certainly sympathizing, empathizing really with what he is saying and how upset he is. And at some point you're going to be able to make a warm connection and understand why this is so hard and explain why you won't let him go, but you will let him do X, Y, Z, and maybe there's a way that something could happen. The kids could come over to your house, and you'll stay upstairs even, when they're there or you'll get them a nice snack and then go up out on the back porch or whatever. Somehow to help meet his need, to show that you really are on his side.

And then finally at the end of all this, you say, "By the way, you know why we started this discussion, you were so angry at me. You said something, something." Whatever he said to you some, you know "You called me a stupid Butthead" or whatever he called you, "You really don't need to do that. When you're mad at me, you can just tell me what you're mad about and I will always try to help you solve that. I will always listen," And he will probably apologize.

Dr. Laura Markham:

If he doesn't, you can do the repair. You can say "When you say things like that to me, I understand it's because you've been so mad at me about things in the past, but I hope we're going to get to a point where you don't feel like you have to call me names to get me to pay attention

and listen to what you're upset about," and give him a hug and leave the room. He'll probably apologize later.

By the way, with homework, you do need to sit down and have a problem solving discussion with him. If he has ADHD, really, he's probably finding the homework very challenging. You'll probably have to sit with him while he does the homework, lend him your ego strength to stay on track with it. Help him develop a repertoire of ways to manage himself to do this very unpleasant task. And maybe that's how you set the timer for as much time as he thinks he can manage and then he takes a two minute break or he gets to have snacks while he does the homework or whatever. But you have to set the expectation that he has to do it and then give him whatever support he needs to be able to manage it.

Dr. Laura Markham:

And I would have a meeting about chores too. Honestly, I let the chores slide during the school year with kids who are having other challenges, either a long commute, which is what my kids had. They had to commute an hour each way on the subway to get to school. But with an ADHD kid, he's got other challenges during the school year. I just don't think they have the inner resources to cope with everything. But in the summer, of course they can do more chores, and again, make sure you have a fun meeting where you talk about the whole summer and chores are just part of what you're talking about, and how he's going to get the chores done.

### Question 7:

Dr. Laura Markham: 00:22:11

A parent is asking about activities like cutting fingernails, administering unpleasant medicine, stopping the kid from hitting. You have to use physical force when they're young, but as they grow older, at what point does the force become harmful and what about when it's a developmentally delayed kid? He has a six year old and a 14 month old.

Dr. Laura Markham:

So let me just say that every parent has probably used force to get their child to take an unpleasant medicine, or to stop hitting or get them into the car seat. But every time you do that, there will be pushback. The older they are, the more pushback there will be. So you want to avoid force whenever you can. You'll have to do it sometimes when they're little, but you want to avoid force whenever you can and the more you connect, the less you'll have to use force because the more motivated they are to cooperate with you. It's that simple.

So I think you can avoid the use of force most of the time for neurotypical kids who feel connected to you, and I know you said you had a special needs kid, so this may not be true for you, but for most kids, as they get older they will cooperate with you to do whatever. They will stop hitting. You're not going to have to pick them up and move them.

One example that you gave was about taking medicine. There's a beautiful description about this that I really love in a book called *The Attachment Connection* written by Ruth Newton, it's on page 172, if you're wondering. It's a fantastic book anyway. She gives a description of a child who is a two year old who has to wear an eye patch because of weak muscles in one eye, and how the mother is trying to force the kid to do this, and it's making the kid uncooperative in every other way. So Ruth works with her to have the child choose a sticker to put on the eye patch and that's the child giving her agreement essentially to use the eye patch. And they always get a special game with the parent as part of it.

Dr. Laura Markham:

Basically it's a whole process where the child has it explained, they're in more control and believe it or not, even the two year old begins to wear the eye patch, which is not something any two year old would want to do. With taking the medicine, you can add medicine to a smoothie so the child never notices it. You can give choices, you can bribe since it's so short term. I just think in general you don't need to force.

Even cutting their fingernails, make it into a game. "This little piggy went to market, we-we-we all the way home and snip." Always use safety clippers so you don't inadvertently hurt them. They even make safety clippers that look like toys now. Make it part of a special connection time with the parent after the bath or whatever. That's just part of the routine.

Dr. Laura Markham:

I think in general avoid the use of force when you can. That's all. So as far as special needs kids go, every kid is different. It is obviously harder. They don't always understand the explanations, but it's still important to give them explanations. Choices are still important. Remember kids with special needs are often feeling fear, so when you manhandle them, it increases the fear. It really works better to gentle them through even though it is super time consuming and it takes a lot out of the parent. I just think in general you really want to, whenever possible, avoid force.

### Question 8:

Dr. Laura Markham: 00:25:37

Hi. Glad to meet you.

Parent:

Hi. Yes, you too. Your class has been great.

Dr. Laura Markham:

I'm so glad. Wonderful. What can I do for you today?

Parent:

Well, you talked earlier about children have to be feeling valued above everything else and how would you know if they do?

Dr. Laura Markham:

Oh, that's a great question.

Parent:

My daughter tells me all the time that I'm the best mom, and I think she has major separation anxiety, and she is on the spectrum, so she does rely on me a lot.

Dr. Laura Markham:

Mm-hmm (affirmative). I mean, your daughter has some special issues, right? About anxiety and about being on the

spectrum. So it's not going to be a neuro typical response. So for the neuro typical kid, I'd say the fact that they're generally able to handle the age appropriate challenges that come up for them and handle them is how you would know that they're fine, with their self esteem intact, you would know they're fine. With your daughter, it's going to be all different, but I guess I would talk to her. I mean the fact that she tells you you're a great mom is great. It means she really does feel like you meet her needs.

Dr. Laura Markham:

I would also tell her things like, you know, you are the daughter I always wanted. Especially for a kid on the spectrum, who knows they're a little bit different, you are the daughter I always wanted. And do you have any other daughters by the way?

Parent:

No, she's an only child.

Dr. Laura Markham:

Okay. That's a good thing. I mean you might someday, but that's a good thing in being able to say this. I would be careful if you had a different daughter, but I would say to her, you are the daughter I always wanted. If I could have picked any daughter in the world, you're the one I wanted.

Parent:

Yeah, I have told her that.

Dr. Laura Markham:

Kids who are special seem to doubt themselves. Great.

Parent:

There's times where she just, she can't separate from me. Like there's mornings that she just wants to be with me and she says, "I don't want to go to school." And she likes her school, but she just won't get dressed, she hides under the bed. And it's hard because I know she wants to be with me, and I have told her, you know, things have gotten better since this class, and I've really tried to empathize with her and just say, Hey, I know that it's hard when you have to leave me, and I know that you'd really rather spend your day with me, and I'd rather spend my day with you. But you have things to learn, and I have things to do that are not as exciting for you to stay here and witness.

- Dr. Laura Markham: That's all great. I think that's all great. I think you're empathizing. It's all good. I really think it's all good, what you're doing with her. And I wouldn't worry that she has self esteem issues, certainly, that I'm not going to worry about. So I would just say, unless you're seeing self esteem issues, that's normal, what she's doing, then I probably wouldn't worry about it.
- Parent: Yeah, I don't think she does.
- Dr. Laura Markham: It sounds like she's fine.
- Parent: But she does want a mom who plays with her, that's what she asked for for Christmas and that's my most difficult thing.
- Dr. Laura Markham: Oh my goodness.
- Parent: Yeah.
- Dr. Laura Markham: Yeah. And you can say, I wish I could play with you 24/7 and I can't, but I love you so much and I will play with you as much as I can, basically.
- Parent: Yeah.

### Question 9:

- Dr. Laura Markham: 00:28:58 Hi. How's the course going for you?
- Parent: To be perfectly honest, I've only gotten through one week of it. I'm a little embarrassed about that, but it's going great because I keep up with your stuff and you've been an absolute blessing and you're so incredibly insightful and smart in addition to being compassionate. You're the dream of how to raise kids. So it's just been such a blessing, I have to tell you, I struggled until then, so I'm very emotional about it.

Dr. Laura Markham: I'm so glad it's helpful. You know what? I'm very emotional about it too, because this is why I wake up every morning to do this work.

Parent: Oh my goodness. Yeah, you are incredible.

Dr. Laura Markham: I'm just grateful I get to do it.

Parent: Yeah. It's just the answers to your questions have been super helpful. But anyway, I actually have a series of questions, I'll try to be quick.

Dr. Laura Markham: Before you ask me, can I tell you one other thing?

Parent: Yes.

Dr. Laura Markham: It's fine to be behind on the course. Just don't give up.

Parent: Okay, no. I won't give up.

Dr. Laura Markham: Just stick with it. Don't worry.

Parent: I absolutely will eventually get through it, but it might take me awhile.

Dr. Laura Markham: Okay, lots of people. That's the truth. That's what happens. Okay, go ahead.

Parent: I don't know, is this okay? I am going to try to be quick, but I've got a series of questions. I've got two boys.

Dr. Laura Markham: You know what? I'm probably not going to answer a whole series, but I can come back to you.

Parent: Okay.

Dr. Laura Markham: Okay, so go ahead and ask me your first question.

Parent: I'll rank them so that I get what I need for sure. Okay. The first one, I have to close myself into the bathroom so my kids don't hear.

Dr. Laura Markham: Sure.



- Parent: The first one is about toileting, actually, my son who is 11 years old does not wipe himself. He has been diagnosed with OCD and ADHD. Toileting has always been an issue, which is why we started going to a psychologist when he was about three or four, something like that. Pooping was always a big issue. So he wants me to wipe him, and sometimes I give in because he screams and cries and has tantrums. Sometimes he just doesn't wipe. Now most of the time he just doesn't wipe. And so I don't know what to do. I've been told to just go ahead and refuse, and that's it. I don't know what to do. It's just super hard, though.
- Dr. Laura Markham: Does he have a lot of anxiety? I mean OCD is an anxiety disorder.
- Parent: He has a huge amount of anxiety.
- Dr. Laura Markham: It's not ODD. You said OCD? Yeah.
- Parent: Correct.
- Dr. Laura Markham: Okay. So a lot of anxiety.
- Parent: I think he has a little of both sometimes, but yes it is OCD.
- Dr. Laura Markham: Kids who have anxiety often are defiant, and we don't realize it's actually anxiety happening.
- Parent: Exactly.
- Dr. Laura Markham: Yeah. So I would say, first of all, does he have any motivation to wipe himself? Does he get irritated? Does his butt get irritated because he doesn't wipe?
- Parent: Maybe. Yeah he sometimes begs me to wipe him if it's really wet or something. He's disgusted, I think, by the idea of doing it.
- Dr. Laura Markham: Yeah. So this is a disgust reaction.
- Parent: I think so.

- Dr. Laura Markham: So disgust reactions are important. That's how the human race is still here, is that we don't have dinner where we just relieved ourselves, right? Because it's a disgust reaction.
- Parent: Right.
- Dr. Laura Markham: And so it's good. It keeps us away from the germs. And babies don't have a disgust reaction, but over time, toddlers and preschoolers develop one. The problem with OCD and other anxiety disorders, is that sometimes the normal human reaction to things gets blown out of proportion. So we develop phobias about bees, or we develop a phobia about wiping ourselves. You wouldn't call it a phobia, but a disgust reaction that is overdone. So it is very hard to work with that. And like a phobia about bees, the best way is actually helping the kid very gradually to be able to do it, right?
- Parent: That's what I keep saying. Like, "Can I help you?" when I try to help. He won't even really do that. He sort of will, but not really, and then he takes his hand away and I'm wiping. I mean it's very frustrating.
- Dr. Laura Markham: Yeah, yeah. No, I hear you. I hear you. And remember the other "cure" for anxiety. Laughter.
- Parent: Right.
- Dr. Laura Markham: I often recommend for people toileting their little kids, teaching potty training to little kids, to get them laughing. And it really helps kids to start to use the toilet when they're fearful.
- Parent: He's a fun kid, although his anxiety gets in the way of laughter if he's really angry or anxious, and he doesn't want to hear any noise, and doesn't want you to say anything, and tells you to shut up, and gets aggressive. Or he'll scream and cry and hit himself sometimes in the head with a flat hand. That's the thing lately. I mean his big brother has sort of bullied him a lot because his big

brother reacted very poorly to his birth, basically spoiled it.

Dr. Laura Markham: So he's had all kinds of challenges.

Parent: He's been through trauma.

Dr. Laura Markham: That would give you more anxiety. Yeah, yeah.

Parent: Oh, my god, yeah. Yeah.

Dr. Laura Markham: So I would say about this specific issue, that what you're going to do is get him laughing, not while you're in the bathroom, but get him laughing at other times about pooping and about the whole idea of wiping.

Parent: Oh my god, he laughs so much about pooping that he'll go on and on about that. He wishes he was three.

Dr. Laura Markham: I would get him laughing about pooping and about wiping specifically, all the time. "Gross! It's so gross!" And get him laughing about it because that relieves his anxiety.

Parent: Exaggerate it.

Dr. Laura Markham: He's got a tremendous amount of anxiety about this. Right?

Parent: Yeah. Should I do it after he gets out of the bathroom or just anytime?

Dr. Laura Markham: I would do it 24/7. I would do it whenever you can handle it.

Parent: He's going to love that.

Dr. Laura Markham: Not at the dinner table, obviously. Not at the dinner table.

Parent: Maybe not outside, but yeah, exactly.

Dr. Laura Markham: Yeah, and not outside the home. But I would say in general, get him laughing about the whole idea of wiping especially, right? Oh, it's gross! it's gross! I can't bare to

wipe myself!" kind of thing. About you, right? You do it. Would he laugh when you wipe him? You don't want to make him feel like he's disgusting ever. So I'm a little nervous about that. I'm not necessarily thinking you should laugh in the bathroom with him. Right? You don't want to say, "Oh, that's so disgusting." I mean you might get to that point eventually, but I don't think you want to do it yet. I think you want to do it outside the bathroom about wiping yourself mostly.

Parent: Pretend it's about me or about him?

Dr. Laura Markham: Yeah, pretend it's yucky. "Oh, my god, how do people even learn to wipe themselves? I can see why you haven't. Because everybody worries you're going to put your fingers back there and yuck. Right?"

Parent: So, you're empathizing in a funny way. Okay. Okay.

Dr. Laura Markham: Exactly. And you're getting him laughing about it. But you're also saying, "Do you think that person learned to wipe themselves?" as you walked down the street? I wouldn't do it in a grocery store or something where people could hear you, but I would do it where people can't hear you. But like, "Do you think that person learned to wipe themselves yet? Do you think that person did?" Not in a shaming way, but more in a laughing way, like, "Wow. Everybody has learned to wipe themselves. Can you believe it? And I wonder if they were nervous. Everyone is nervous. Every human being is always nervous because you're reaching back there. You don't know what you're going to encounter. Oh my god, what if you get it on your fingers?" Right? One thing is to get the laughing going. The other is to reassure him that no matter what gets on his fingers, it washes off. Does he ever do messy play?

Parent: Yeah, he does.

Dr. Laura Markham: With clay?

Parent: Yeah, totally. He's fine with that.

- Dr. Laura Markham: Great. The more messy play, the better. And talk about the fact that everything always washes off. I was gardening, my fingers are a mess, but it always washes off.
- Parent: Maybe while we're doing the messy play, I could talk about it.
- Dr. Laura Markham: Absolutely.
- Parent: That's a great idea.
- Dr. Laura Markham: And while you're doing the messy play, you could even joke about poop.
- Parent: I like that. Okay, perfect. As long as he's not with his friends, but yes. Okay. Perfect.
- Dr. Laura Markham: Yeah, never with his friends. This is all alone talk.
- Parent: He's very easily embarrassed, and the other thing is he's hiding, this is part of OCD, I think. Last summer he started hiding. He won't even come out to the front of our house anymore. He only will play in the back, and for awhile, he wasn't going outside. And very much got into computers, unfortunately. He used to be very fun and creative, and he still has that, but he got a fear. He used to play with all the neighbor kids. They're younger than him. Now he's in fifth grade. He has a great group of friends at school that he plays with, but he won't play in the front very much. He's afraid, he'll go into the back of the house, purposely. I don't know why that is. I think something might have happened.
- Dr. Laura Markham: So you think it's social?
- Parent: I think when he was playing with those kids, maybe they were a little rough. But there's people across the street, he's never met those kids, and he hides from them. He won't come out.
- Dr. Laura Markham: He's worried. It sounds like he's anxious about social interaction.

- Parent: Yeah. But yet, he's got friends who love him, and he's great with them.
- Dr. Laura Markham: Great, great. So it's about new people, maybe.
- Parent: They weren't new. They were people he used to play with, that he loved, who were in the neighborhood.
- Dr. Laura Markham: Interesting. But it was in the neighborhood that it happened. So he's transferring it to the people in the house across the street, huh?
- Parent: And the people who are old. Yeah. The people who he used to play with down the block, he won't play with any of them anymore. He just hides.
- Dr. Laura Markham: Again, I would say, very gradually, you don't want things that scare...
- Parent: Exposure response. The treatment for OCD, very gradually.
- Dr. Laura Markham: Yes it is. It is very gradual. You can't let something the child is anxious about control their lives, even control anything they do, because then it gets out of hand and it begins to totally control their life. As you can see, he can't play in front of his house. Right?
- Parent: Right. It's terrible. He won't even walk outside of the front.
- Dr. Laura Markham: Exactly. So you do need to very gradually do exposure response on that, I would say. And the research on anxiety is this. We have to acknowledge for the child, "Of course that makes you anxious. I understand that makes you anxious. It would make lots of people anxious. Wiping yourself makes you anxious. That's fine. Everyone is anxious when they first learn to wipe themselves, and you can handle it. If you start to feel anxious, what can you say to yourself? If you start to feel anxious when you go outside the front of the house, what can you say to yourself? How can you reassure yourself? What can you do? You're going to feel anxious when you walk out front. We just know that you are. You're going to feel anxious

when you go to wipe yourself. That's okay. You know what? You're not going to feel anxious in a year, but the first hundred times you wipe yourself, you're going to feel anxious. What can you say to make it better?"

Parent:

Oh, got it. So it's okay. Yeah. And then, the other thing that's OCD is about glasses. When I switched glasses, he would scream and yell for hours. And the other thing, recently, he'll tell me when he's on the way to school. Now we go early, but now if we're five minutes late for being early, he'll scream and yell. And then he'll tell me no makeup, I can't brush my hair. He'll scream and yell. I can't brush my hair. I can't do my makeup, I can't do anything that would delay us. But it's all about me, the OCD. So we tried treatment last summer with the exposure response because that was recommended by a psychologist. It was a disaster because they would have him sit there and look at my glasses and sit really still and he wasn't motivated, and it was ridiculous. It was awful. So I don't know if that's helpful to a kid who's so young mature- wise, or whatever. It just didn't work at all.

Dr. Laura Markham:

He's not that young. But it sounds like that approach didn't work at all.

Parent:

It was awful.

Dr. Laura Markham:

I would say that-

Parent:

It was also very random. It wasn't very scientific, the way it was done.

Dr. Laura Markham:

Exactly. I would say that what you need to do is get him laughing before school, and that will help. And also try to be ready so you're not delaying leaving, because he's going to be anxious before he goes to school. If you're brushing your hair, of course he's going to fixate on that.

Parent:

No, but I mean he'll be screaming on the way to school if I'm just reaching for my purse to put on lipstick. Mommy, no makeup, and weird things like that.

Dr. Laura Markham: Well, because he's fixating on that, and it's really about his anxiety.

Parent: What do I say? Just kind of empathize?

Dr. Laura Markham: I think you would try to reduce the anxiety. You're always trying to address the needs and feelings causing the behavior. With your son, you're constantly trying to reduce the anxiety. Also I would get him some EMDR treatment for his early trauma. I'd see an EMDR therapist.

Parent: Oh okay. Sounds good. Thank you very much.

Dr. Laura Markham: Okay, bye.

### Question 10:

Parent: 00:40:55 I have two girls ages four and seven, and the seven year old is starting to experience behavioral challenges in school. She's very bright academically, she's strong-willed, et cetera. And also sensitive, which I never thought to put the two together, and we've just been having some challenges in school where she runs out of the classroom. She melts down.

She gets sent to study hall, it's not detention. It's like a safe place for kids to go to unwind in school if they need it. But she's constantly being sent there. I'm afraid that she's going to develop a stigma in school of the troublesome girl in the class.

Dr. Laura Markham: So what you're saying is that your oldest gets easily agitated and overwhelmed, and can't cope at school, and falls apart, and has a meltdown.

Parent: Correct. About anything. Her teachers don't know what to do about it.

Dr. Laura Markham: There's something going on here. Probably a sensory processing issue, but I don't know if that's the case. Maybe



the noise is overwhelming for her, or that the commotion, or so many people, there's something going on. That's not neuro-typical to have a meltdown when anything happens. I mean, once in a while a meltdown at school for a seven year old, yes, but not constant.

Parent: Right.

Dr. Laura Markham: Something is going on and she needs an assessment. Yes she needs an assessment because it's going to get in the way of her learning to have constant meltdowns. Not to mention her peer relationships where people think she's a weirdo. So she does need an assessment. Do they have an OT at the school?

Parent: Yeah, they suggested that we have her meet with someone, and that's the next thing on our list.

Dr. Laura Markham: Great.

Parent: I don't see it as a sensory thing. She's not sensitive to noise. She loves to dance, sing, and play music. So maybe there's different types of sensory things. It's just more her expectations, and when things don't go the way she wants. Like "It's time to put away that art project now. We're going to do math or PE." "No I don't want to."

Dr. Laura Markham: Yeah, but there's something. So it's true that for younger children who haven't yet developed stable inner happiness, a transition from the art project to the math, would destroy their world. But for a seven year old, there's a reason she's that fragile, and we don't know what the reason is. So I think she has to be assessed, and it may not be sensory. I'm just guessing it's sensory. Because she's not as fragile at home. Right? It could not be that.

Parent: It's easier to address it at home because I don't have a classroom of 30 kids.

Dr. Laura Markham: Ah, so she is that fragile at home.

Parent: Absolutely.

- Dr. Laura Markham: She is that fragile at home. Yeah. Okay.
- Parent: Sometimes we send her to her room. But I try not to.
- Dr. Laura Markham: She's highly fragile. It could be an anxiety issue. Often kids who are anxious are very controlling. Is she controlling in other ways?
- Parent: I think she likes to be in control. I don't think she is necessarily controlling.
- Dr. Laura Markham: We all like to be in control, but anxious kids tend to try to control everybody else. You just heard the mom who was saying that her son wanted to control her putting on makeup or glasses because he himself has an anxiety disorder, and controlling someone else makes him feel more in control.
- Parent: I've never seen anything like that. Just normal in a play date, wanting to choose the game or be first.
- Dr. Laura Markham: All children want to be first, and all children want to control the play date. So that's not it. So far we've said maybe not an anxiety disorder, maybe not sensory, and it could just be a developmental delay, but we want to give her ways to calm herself down when she gets close to falling apart. So the OT will help with that, with breathing methods and stuff. Yep.
- Parent: She won't breathe.
- Dr. Laura Markham: And you could get her a chewy necklace, one of those chewy necklaces that she can chew on if she starts to get anxious, or a squeeze ball. You could work with her with mantras, and you could certainly work with her with breathing. So give her a set of tools that she can work with when she starts to feel upset or overwhelmed.
- Parent: What if she resists? Because we've been talking about that for a few months already. I've been working on it myself because it's hard for me to control my mood, so I know that's where she gets it from. But I thought of creative

things, like she loves certain music from movies, like from Sing. So I say, "Let's put 'Shake It Off' on and let's shake it off because you mentioned that in one of your newsletters. And then we can dance."

Dr. Laura Markham:

Very smart.

Parent:

"... and get those emotions out. You could sing in the shower." I'm like, "Oh, I love singing in the shower. It feels like you're at a concert on stage, and there's acoustics." And I explain all of that to her, but we talk about all that when she's not having a meltdown and she's on board, and then she has a melt down and forget about any of that, she won't even take a breath. And I've tried the OT exercises, like the straws and the cotton balls. I have friends who are OTs, so I asked them for ideas. I will go see an OT and my concern is that she is really smart and very logistics oriented. She knows exactly what she's doing, except when she has emotional breakdowns, and I don't see her actually implementing anything.

Dr. Laura Markham:

Often, kids are more open to suggestions from an OT than from their parents.

Parent:

Okay.

Dr. Laura Markham:

So that might help. As long as you keep talking to her about this and she gradually, over time, does learn these ideas, you'll find that she's more open to them. I mean, it can be something that she chooses over time when she's not as upset. Right? When she's just a little upset. You can say, "Everyone feels this way sometimes, they feel overwhelmed. How could you help yourself not feel bad?" I mean I'm sure she doesn't enjoy feeling overwhelmed in the classroom.

Parent:

No. And it's weird because there was one place where she was with little kids, and she had this filter to not break down. She's like, "Why would I do that in front of those little kids? That's so embarrassing." I'm like, "Aren't you embarrassed to do it in front of your friends and teachers?" And she just said, "No." And I think it's kind of

behind what you're saying, she's very connection-oriented. Her teacher has really been on board and has been trying to connect with her while the other kids are at recess and have special time, and that brings her back to herself. That's not something we can do on an ongoing basis.

Dr. Laura Markham:

Well, there's certainly something you can do on an ongoing basis. You can talk constantly about emotions and how it's our job. "We can feel every feeling and that's just part of the richness of life, but it's our job to regulate and be appropriate in different situations. And what's appropriate at home is not the same as what's appropriate at church or synagogue..." And you might not have either church or synagogue, but "...at the White House or in front of the queen."

Parent:

In public.

Dr. Laura Markham:

And it's also not necessarily appropriate at school. And so I think it's totally reasonable to talk about what's appropriate at school. Not in a shaming way but in a, "What could you do to help yourself to not fall apart?"

Parent:

We tried that. She loves art, so we tried sending a little art activity, like stickers, to do on her desk quietly, but then that became an issue because she was showing it to her friends, and she wouldn't put it away. when the teachers are trying to work with us.

Dr. Laura Markham:

So you know what? You're trying a lot of things, which is great, and the things that don't work, okay, they don't work, put them away. But you yourself once had a really hard time self-regulating, and you're working really hard now to self-regulate. And remember, your daughter has some baggage from the time when you parented differently. So she needs help to go through the emotional backpack. And the more you help her with her emotions, the less she's going to have this problem at school. So it's not just what happens at the school, it's really how you help her now.

Parent:

I see that it's all connected. Absolutely.

- Dr. Laura Markham: Yeah. Yeah. That's what's going to make a big difference.
- Parent: How do I not whine back at her? I just came home from work and-
- Dr. Laura Markham: That's all about your own self-regulation. It is hard.
- Parent: She's like, "I want pasta." I'm like, "Don't say it like that." I'm like, "Great, we're off to a good start."
- Dr. Laura Markham: Okay. And that's the answer. You've got your answer. You've got your answer to her behavior at school. It's, how can she not fall apart at school? How can I not whine back at her? How can I self-regulate? And if you can be self-regulating, you can model it. And then you extend that to her by giving her the opportunity to heal and to really cry. She actually really needs to cry, and she'll get to that point. The more she laughs. Right? You'll see that the two big problems you're struggling with really will melt away as you do your own self-regulation and as you give her a chance to process.

### Question 11:

- Dr. Laura Markham: 00:48:37 This is a question from a parent who says, "I'm worried that it's too late. Our son, nine, popped out raging. Even before he was born, there was lots of kicking. His anger has drained us, and there's a lot of anger and shouting in this house on all sides." Well, a nine year old is certainly not too old to benefit from peaceful parenting. No one is born raging. Certainly a baby could be in pain in utero and in infancy. It might be one of those situations. If your son seemed like he was raging, he was expressing distress, and I don't know what that distress was from, but I would leave no stone unturned to find out what was causing your son to be so unhappy. I mean, if it were colic, it would be gone now, he's nine. So it might be a sensory issue. It might be an allergy issue.

Dr. Laura Markham:

It might be anxiety, but something clearly was getting in your son's way. Peaceful parenting will not solve what was getting in your son's way, or is getting in your son's way, but what peaceful parenting is good for, is learning to regulate your own emotions.

Now I totally get, he's very challenging. Any parent might want to yell at him, but the point of peaceful parenting is for you to calm the drama, even with a difficult child. It sounds like until now you've been escalating it, so peaceful parenting can really help, and a lasting change really can be made to everyone's behavior, absolutely, positively -- but you have to make the change.

You don't have to be perfect, but you do have to find ways to stay calm even when your son is upset. That won't change your son right away, given that he's already nine. But over time, as you change how you respond to him, he will change also. And if you could figure out what it is that's actually making him distressed, and has been since he was tiny, it seems to me, you will be really on the way to creating the home life you want, that doesn't have all the drama in it.

### Question 12:

Parent:

00:51:30

My question is how do you essentially become an insta-parent? I'm with someone, he has physical custody of his ex-wife's, high-functioning autistic teenage son. And the biological mother suffers from mental illness, and he's totally pumped to have a mother figure. And so I feel a lot of pressure, but I've just had to do that instantly with someone that I haven't raised from a baby. He's a teenager already.

Dr. Laura Markham:

Right. Right.

Parent:

Any tips on that, and for dealing with parental alienation from the other parent?

Dr. Laura Markham:

So describe the special needs to me a little bit.

Parent:

So he goes to regular classes and he has the help of aides. He has some trouble focusing and thinking things through. He tries really hard and he's a really good kid. I guess for myself, I feel a lot of anxiety because he struggles in school, and I came from a background where school is super important. Getting good grades was the most important thing. So I think I have a lot of anxiety around that area.

Dr. Laura Markham:

Right. So it's always so interesting to me how we get the kid we need to help us notice our own unhealed places. Right? I'm somebody also, like you, for whom academic achievement was really important. When you have a kid who's not that interested in academics, and I can speak from experience from my daughter, it pushes all your buttons. So it's such a great thing that you have that opportunity to work that out. But from what I've noticed is it's true whether kids come to us by birth, or adoption, or like you, come into our lives at the age of 14. So you asked how to become sort of an instant parent.

Dr. Laura Markham:

I think the answer is you show up, and you're present, and you are warm, and unconditionally loving. And you listen to who he is and what he's coping with. I think that you would do this if you were, maybe, his aunt. So what's different about being a parent is that you have a higher level of responsibility, really, to show up and love unconditionally. But also to guide. I would say you're not the guider here. Your partner is the guider, but you are able to be unconditionally loving, and in a way that frees you up to be unconditionally loving. Right? And that's what all kids need most.

It's possible that he will bring with him issues from his birth mom, his mom who's been raising him, I guess, and he'll project those onto you. So it is important for you to notice if he's overreacting to you in some way, because that would be a projection on his part.

Dr. Laura Markham:

But I think mostly it's actually just a great opportunity to learn to love more. And when he does something that annoys you, because 14 year old kids are sort of famous for not really noticing other people's needs, and leaving their dishes in the sink, and tracking mud across the floor, and whatever. When he does those things, that you can use that as an opportunity to say, can I find a way to suggest that he not do this thing, that's loving, and humorous, and completely unconditionally accepting of him at the same time. And I think if you have that as your aspiration, you'll be giving a huge gift to him. Is that helpful?

Parent:

Thank you. Yeah. Not being the guider part is helpful.

Dr. Laura Markham:

Yeah. You're not the one who has to do the discipline. In fact, I'm a strong advocate about this. I'll say this, but I don't know why because when you read the research, it turns out that step-parents should never be doing the correction and discipline. You can do it in mild ways. You can do it like, "Oh, my goodness, who tracked all this mud across the floor?" Or "I see some dishes in the sink still." You can do that stuff, but serious discipline, it's not your job to do, and it will get in the way of your building a relationship with him. So yeah, good luck. Enjoy him.

Parent:

Thank you.

### Question 13:

Parent:

00:56:06

I have a nine year old son. He has dyslexia and dysgraphia. But honestly, our biggest challenge tends to be those big emotions that come with being gifted. The high sensitivity, the high empathy level. And he's a boy. He's gone to school for six years and school has taught him to shove it all down and not cry, and just be angry when you feel upset. And the wrestling during the day, I'll see he'll get triggered by something that will happen.



- Parent: It reminds him of all the years of teasing on the playground. And then I'll say, "Well, let's go wrestle." And he'll go wrestle with me, and he'll laugh. He won't talk about his emotions, but it'll help him.
- But then at nighttime, something will happen and he'll remember all the things that have happened, and he shuts down. And he just makes an angry face and he won't cry. Even if he feels like crying, he'll go to his art table, and make a mask and put it over his face. And unfortunately, the last school, when he was eight, kind of broke our bond because he lost his trust in me because I was sending him to a rough school.
- Dr. Laura Markham: It broke your bond. Is that what you just said?
- Parent: I really feel it did.
- Dr. Laura Markham: What broke the bond?
- Parent: He lost a lot of trust in me, that I was sending him to a school, it was full of a lot of really rambunctious boys, and my boy is a sensitive, snuggly, feel everything boy. He'd much rather play with girls.
- Dr. Laura Markham: So you're saying sending him to the school that you sent him to, really, lessened his trust in you. He did not feel he could trust you to protect him and listen to his needs because you insisted on sending him to a school that he didn't want to go to. Is that correct?
- Parent: Yeah. We switched schools. I drive him an hour now to a different school. I've seen a lot of healing happen. He looks more like his old self and I see the course working. The work I'm doing is helping a lot. But he's still not acknowledging his emotions. So I can't emotion coach him through it.
- Dr. Laura Markham: Right. Right. Sure.
- Parent: And I'm trying to figure out how to get him to open up.

Dr. Laura Markham:

Great. Okay. So first of all, it's true that a nine year old can talk, can articulate feelings often, and doesn't have to do the crying. But it's also true that if there are deep feelings, which it sounds like there are, then the crying is probably necessary to do. But you've said that, first of all, he's not at that same school. You have him in a new school now, and you're now doing, you said the course has helped a lot. So this has been a change in your parenting. So it's only been three months and he's nine. If you go on the Facebook group for this course, and you notice the posts that people make, people who have four year olds or three year olds, this course changes things for them, right away.

Dr. Laura Markham:

But if you have a nine year old, it can take many months. You can do this kind of parenting faithfully for two months, three months of the course, and then the course can end, and you can be like, "Well, wait a minute, why isn't my kid opening up and crying?" But it can take another three, four months before. And you'll see this on the Facebook page, that people will say, "My nine year old finally began to cry." Right? So it can take a while of building trust with them again. And in your case, you felt that your bond was, I wouldn't say it broke your bond probably, which is the language you used, but I would say that his trust in you has lessened. And so he has a harder time trusting you. So if he's having a harder time trusting you, he's not going to want to show you all of those feelings, right?

Dr. Laura Markham:

So it's going to take him a little bit of time that you have to do repair work, and basically earn back his trust. So I would say the peaceful parenting tools are exactly what you need to do this. I would start with laughter. I would start with laughter and rough housing, and also any kind of expression on his part of unhappiness. You mentioned him whining, because I know you pre-submitted your question also, and talked about how much he whines. So he won't cry, he'll only whine. So acknowledge the whining, right? And use empathy with the whining and how awful everything is for you today. And you can do that empathically, and you can also get him to the point where he's laughing about how awful stuff is. And if he can't laugh about it, he'll move toward tears. So I think that just

using the tools you're going to find is going to help him feel safe enough to empty his backpack.

Dr. Laura Markham:

But it will take some time. With a nine year old, they don't just suddenly feel okay. It takes a certain amount of courage, and they've gotten used to using anger as a defense. But the anger will melt away once he actually is willing to express the other feelings that are under the anger. So your job is really to just use the tools very faithfully so that he does begin to trust you again and to feel like you're really there for him and understood. And I think he's still young enough that you will see that breakthrough. It takes longer when they're already nine, that's all. And good for you for moving him to another school.

Parent:

Yes. I would say, I wish we had understood that it wasn't normal for a kid to cry everyday going into school. That was a bigger sign, not just separation anxiety. We were attachment parenting before, so he was actually really close to me. But then when they go to school all day long, and when you have those big emotions, they get upset more. And I think as a boy, you kind of learn that anger is acceptable, but crying is not. The school expects boys to kind of use that defensive anger shield, but then to bring it home and empty it.

Dr. Laura Markham:

Mm-hmm (affirmative). And it is one of the problems with masculinity in our culture is that we give boys the very explicit message that anger is fine but vulnerability, fear, sadness is not, and so they channel it that way and that's one of the big problems in our culture that we as parents who are parenting differently are starting to transform.

#### Question 14:

Parent:

01:03:01

I have two daughters. An almost nine year old and a three year old and they are polar opposites from each other. My nine year old still struggles with Lyme Disease and some

neurological stuff that's made it really tricky for her with learning, picking up on social cues, frustration tolerance, and that executive functioning area.

Parent: We're struggling with how to parent two completely different children who are six years apart, where the oldest one is having a lot of combustible emotions from little frustrations whereas the three year old is also having those, but because she's three rather than because she hasn't developed the capacity. She's littler.

Parent: It's hard to toggle between the two. It feels like emotional whiplash. How do we work with the older one? Whenever we try to ask her what's going on or what happened in her day or what her feelings about something are, I always get the standard, "I don't know." If we try to press her, she gets very angry and upset saying, "I can't remember" or "I don't know what happened." So we're trying to meet their needs and I just wanted to see if you had any insights on any of that.

Dr. Laura Markham: It's not unusual for a nine year old to say, "I don't know. I don't remember. Nothing happened." And yet big things did happen, but that's not how their mind works. A kid who has had executive function and neurological issues could also have some self-consciousness about her expression of stuff. So there may be some self consciousness and self awareness that she might express it wrong. There could be that. It could just be that she's in the moment, she's not really remembering her day, or whatever.

Parent: I really do think a lot goes over her head.

Dr. Laura Markham : Yes. So she misses stuff. Also, when did you start this kind of parenting? Just with this class? This course?

Parent: Yes.

Dr. Laura Markham : So there could also be issues with trust, that if you've been conventionally parenting, even if you didn't ever spank and you just did the occasional timeout or whatever, kids

do absorb a fair amount of feeling like they're bad and not good enough. Feeling shame and feeling like my parents really just don't quite understand me. That may not have happened, but to the degree that one conventionally parents, it often happens.

Dr. Laura Markham :

In that case, there's repair work to do, and the repair work is not necessarily easy. It could involve some crying as she shows you that old pain. But it is simple in a sense. It's really just increasing the amount of safety she feels. You can do that by being empathic in the ways I've been describing in this call so far. You don't have to know what happened to her at school today to be able to be empathic when you're with her. To just say, "Ouch, that must of hurt." Or "That seems frustrating." Or "This day really isn't going the way you wanted it to." Or "I love hearing you sing that song. It just makes my heart lift the way you sing that song that you love so much and you belt it out." Whatever.

Dr. Laura Markham :

As you empathize that way, she feels seen, she feels like she matters to you, and that you're noticing what she's expressing, you're responding to it in a way that cares about how she feels and is making room for how she feels. That's responsiveness.

Dr. Laura Markham :

All of those things help her feel more trust, and therefore she's more willing to show you the old baggage and to tell you the current upsets that maybe she accumulated in school today.

Dr. Laura Markham :

I think as you do that with her over the next few months, you're going to see her building more frustration tolerance probably. I know she has neurological issues, but you're going to see a little more frustration tolerance on her part and she'll start to build up a little more executive function just from the way you're parenting, just from your being more responsive in your parenting.

Dr. Laura Markham :

Kids do develop more emotional self regulation. That's what happens more. They get more emotionally intelligent and therefore, even if she still has some delays in

frustration tolerance, she will get more emotionally intelligent and she'll start to act a little less like her three year old sister and she'll start to gain more emotional maturity as she gets older.

Parent: Her sister I think knows that she has low frustration, so she acts up and that's when I lose it. It's really with her younger sister, because it's like we worked so hard to get your older sister calm and now you're pushing her buttons and freaking out.

Dr. Laura Markham : And that makes it a lot harder for you. I understand it. It would be very frustrating for you. But she is only three. Three year olds cannot resist power. Three and four year olds, they're dealing with how do I get what I want in the world? And they don't really understand that there are things that they shouldn't be doing to get what they want in the world, and they can't resist that feeling of power. It's like giving them a remote control.

Dr. Laura Markham : Using the tools with the three year old will actually help because she'll feel more bonded to you and less likely to act up to enjoy that feeling of power. I think you'll see some of her acting up in that way diminish.

Dr. Laura Markham : And of course the other part of this course is self-regulation for you. Even though it would try the patience of a saint to finally get the nine year old calmed down, and then the three year old pushes their buttons, it's still part of what you're being asked to handle as a parent. That you can handle, actually, as long as you're aware that your three year old is not a terrible human being. She's a normal three year old. This is what they do. It'll mean you can be a little more patient with her as well.

Parent: Thank you.

Dr. Laura Markham : You're welcome.

Parent: We didn't go through any of this the first time around. So it's all new.

Dr. Laura Markham : Yes. Because every kid is different. They bring up different things.

### Question 15:

Dr. Laura Markham : 01:09:47 A parent has a question about her 10 year old who has tantrums on a regular basis but never really cries. She says that she realizes that it's because she herself gets angry when he gets upset and she can't calm down when she's with him. So she has to leave, to go calm down. And then she's of course leaving him to calm down, and she realizes that she's leaving him with his big feelings. And so he's probably got a full backpack.

Dr. Laura Markham : Not only that, he just got diagnosed as being on the high functional end of the autism spectrum, so she feels like she's made a lot of mistakes with him she says.

Dr. Laura Markham : I would just say, don't beat yourself up. He's a challenging kid if he's on the spectrum. Kids like that are just harder and you didn't know because he's high functioning. Thank goodness you found out because it will help you to understand him, to help him, and support him better.

Dr. Laura Markham : I remind you that our main job when a kid has big feelings is to help them feel safe, so they can shift out of fight, flight, or freeze. It does mean we need to try to stay close to them if possible. I wouldn't torment them by staying close. If your 10 year old goes in his room and slams the door, I would stay on the other side of the door. But I would say really clearly, loudly once, I am here when you're ready with a hug. Then you might slip him a little note in under the door that says, I'm so sorry you're having a hard time. I love you so much. Because if he's 10 he can read that. But I wouldn't slip it through immediately. I would slip it through when the noise on the other side subsides.

- Dr. Laura Markham : He's 10, so it's going to be hard for him to cry and it makes sense he just gets angry. It's also because he's on the spectrum, it's hard for him to process emotions verbally, unfortunately. Whereas other 10 year olds could process emotions verbally.
- Dr. Laura Markham : Your willingness to stand on the other side of that door for a 10 year old and talk to him through the door about how much you love him and how sorry you are that it's hard for him, that can really make a huge breakthrough for a 10 year old. He can sit there on the other side and tear up. But for a kid on the spectrum it's harder. I think it's also harder because they go into fight, flight, or freeze more easily. They attack first and I think they just get emotionally overwhelmed more easily.
- Dr. Laura Markham : It is a lot. And again, preventive maintenance works wonders. If you can get him to laugh, that will make a tremendous difference. I would just say laughter, as much laughter as you can, will empty a lot of that fear. Again, the empathy will increase his sense of safety.
- Dr. Laura Markham : When he starts to get upset at you, just as you would for any explosive kid, ratchet up your empathy. Because if you acknowledge his perspective, then it will keep his rage from escalating. That's true for all children. No matter what age they are, no matter who they are. It's true for all humans. When we acknowledge the other person's perspective, it keeps their anger from escalating. So you want to do that as he gets angry.
- Dr. Laura Markham : If he does walk away from you, it's okay to let him go. You can say, sweetie I'm not going to leave you alone with these big feelings. But of course you want to talk with him about this before it happens and tell him that you're going to do this. If he says, "No, don't follow me," even when he's not angry, if he says it, you can say, "Okay, but I want you to know I'm going to be there. How can I signal you that you're safe and I'm there?"
- Dr. Laura Markham : Many kids when they're not angry, will say, "Come, but don't come too close," and then that's what you do. You



can use their own words, "I'm coming, but I'm not being too close. Just where you want me. I'm right here with a hug when you're ready." And then you shut up.

Dr. Laura Markham :

I want to add, we can let them walk away and just stay a little bit away from them as we follow, but we should never walk away from them. I think that's what you've been doing, that you feel bad about. Don't feel bad about it. Just change it. Just don't ever walk away from him when he's upset.

Dr. Laura Markham :

I understand that you get upset. You're normal. You're human. We all do. But if you find you can't be with him when he's upset without getting too upset yourself, then in that case, I think you should work a few sessions with a counselor, just to work on that. They'll help you breathe through it, imagine that feeling, and work through a little bit of that feeling. Help you empty anything in your backpack around that upset. They'll help you develop a happy place you can go to, so you can shift gears from upset to calm when you're in that place with your son.

Dr. Laura Markham :

Anyone who's listening to this who feels like you can't control your upset when your child gets upset, just have a few sessions with a counselor to work this out.

### Question 16:

Dr. Laura Markham : 01:14:33

A parent asked the question, "How do you find support for ADHD that works with peaceful parenting? The mainstream recommendations are medication and behavior management." You're right. I'm so sorry that this is the case. We're in the dark ages, I think, about this stuff. I just hope that parents who start using peaceful parenting techniques will bring those into the ADHD world.

Dr. Laura Markham :

For now I would just say what happens at home is still the most important. That's what matters most. You can gradually introduce teachers to these ideas, or OTs, or

whoever you deal with. I recommend anything by Becky Bailey. She writes about education from a peaceful parenting perspective. She's terrific and teachers tend to like her. I also recommend Heather Forbes, who does work with kids with trauma. She came out of the adoption field, her book, *Why Billy Can't Learn*, is specifically about schools. It's for kids who've experienced trauma, but I think it works for ADHD kids too. I think it's a great book for teachers to read.

Dr. Laura Markham :

If you're a teacher, hopefully you'll like those books. But if you've got a kid who has ADHD or anything else that's causing you to have to navigate the system, I am really sorry. I encourage you to consider homeschooling if that works for you, but don't do it if it's going to overload you and you won't be able to do self care.

Dr. Laura Markham :

I also encourage you to consider finding support groups of people who are gentle parents who have kids with the same issues your kid has. And then I encourage you to just be the protagonist for your child, to stick up for your child as an advocate, and try to protect them from the wrong headedness that so often characterizes our society's views of children in general, and kids with special needs in specific.

Dr. Laura Markham :

I'm so sorry I don't have a better answer for you. I'm hoping that 10 years from now there's going to be somebody just like me who has had a child with ADHD and who is able to offer courses and offer mainstream society alternatives, and maybe you'll end up being that person. Or maybe someone else listening will be that person. I know that person's in our future. I'm holding that intention for our universe to bring that person forth. Things will get better for kids when we're able to bring peaceful parenting ideas into mainstream life for all children, no matter who they are or what their special needs are.

**Question 17:**

Dr. Laura Markham : 01:17:08

A parent asked about her 11 year old and six year old who are adopted and is there a way to deal with pervasive shame and still set limits? I'm going to suggest EMDR. Adopted kids usually have issues that came with them. If your child joined the family when she was five and your other child when she was two, those kids are going to come with issues.

Dr. Laura Markham :

I would say the EMDR would be really helpful. It's really helpful in overcoming the deep seated belief that there's something wrong with you that is associated with shame. It's not the only way to get rid of shame. There's a lot on shame in the course. If you've been through the whole course and if you've done all of the healing meditations, the four minute daily inspirations, you'll see a lot about shame. But it is really great with adopted kids, EMDR, so I would just encourage you to do that.

**Question 18:**

Dr. Laura Markham : 01:18:01

A parent says "Our four year old has anxiety and SPD, which is sensory processing challenges. We're using laughter, roughhousing, special time, et cetera, daily. But she still has two or three hour meltdowns that are related to anxiety."

Dr. Laura Markham :

That's a lot of meltdowns, two or three hour meltdowns is a lot. You don't say how often she has a two or three hour meltdown, but that's still a long meltdown. You also don't mention what happens at the end of the meltdown. Does she end up feeling safe enough that she cries in your arms? If so then she's actually doing some really important backpack emptying and I think you'll see that the meltdowns will get shorter and shorter over time.

Dr. Laura Markham :

Again, is this a new thing that just started, or has this been going on for a long time? I want to tell you that there was one mom who I was coaching back in the days when I was

taking coaching clients, and she told me that her daughter, your daughter's age, would come home from preschool and lash out at her. She would hit her. And she started saying, I think you just need to cry. And her daughter would hurl herself into her mother's arms and sob. It would go on for an hour every time.

Dr. Laura Markham :

And she said, "Well, how long is this going to go on?" And sure enough, it was just backpack emptying, because it began to get shorter. It began to get less frequent. Instead of every day, it was every other day. Instead of an hour, it was 45 minutes, then half an hour, then 15 minutes.

If this is just a new thing and it's backpack emptying, then I don't think you have to worry about it. This is great -- You're creating enough safety for her to show you her upset -- as long as she's actually **crying**. But if it's all anger and lashing out and she's not actually crying, then I think you need to use the laughter -- which you're already using -- the rest of the time, and you need to increase her feeling of safety **in that moment** by really resonating with her and helping her feel. Just ratchet down any upset you feel so that you're resonating with her in her upset and speaking not to the anger she's expressing, but to the unhappiness that's behind the anger, disappointment, or whatever.

Dr. Laura Markham :

If you're feeling like you're doing all the laughter you can and she's really laughing, and yet she's still having two or three hour meltdowns frequently where she doesn't get to tears, I would call that a tantrum, not a meltdown, but she doesn't get to tears and they're not getting shorter and they just keep going on, then I'm going to say you need to have her assessed by an anxiety specialist.

Dr. Laura Markham :

If you think you could use some help with the laughing part and getting your approach tweaked, use a parenting coach, but otherwise if you really think you've got that nailed, then go to an anxiety specialist and let's see whether they can assess her. I think they can give you some specific tools to help with a kid with anxiety.

**Question 19:**

- Dr. Laura Markham : 01:20:51      A parent asks about her eight year old who's on the spectrum and yes, first, you don't have to discipline when he's disrespectful. I know your husband thinks you should, but you can simply acknowledge it and set limits.
- Dr. Laura Markham :                      Second, keep trying to talk to your husband about peaceful parenting. Don't give up. Keep modeling. And third -- School. Yes, peaceful parenting does work in the classroom. Kids love it because they set the rules, because they expect each other to repair, because they actually get help solving the problems they're having.
- Dr. Laura Markham :                      Of course, teachers can't do scheduled meltdowns, but they rely on empathy, respect, laughter, and meeting needs, and they see the child's behavior as a communication. It really works.
- Dr. Laura Markham :                      There's an article on my website called "10 Tips For Peaceful Classroom Teaching" that you can check out that I think you'll like. I would also say for your son's teacher, in addition to that article, the person to send her to is Becky Bailey. Becky Bailey has written a number of books. She's very much in sync with me and she's a specialist. She was a teacher for years and she's a specialist in using this approach in the classroom.

**Question 20:**

- Dr. Laura Markham : 01:21:57      This question is from a parent who has a son who has Asperger's and a younger son, and they fight. It sounds to me like you're doing great here. Special time and other connection tools are going to reduce the feelings of resentment that lead to the unkind comments.
- Dr. Laura Markham :                      Yes, you can now take this to the next level with more coaching that helps your kids express hurt instead of

lashing out. In other words, express their needs without attacking each other. I would teach them to stop, drop, and breathe, and I would talk to them alone, and together also, repeatedly about what happens when they do lash out. Does it work? How does it make them feel? How does it make the other kid feel? What might they try instead? Do a lot of role modeling. And finally keep nurturing their relationship with each other.

Dr. Laura Markham :

One important tool is to support the connection with positive interactions. Remember the five to one ratio. You want to make sure you set up things that are fun opportunities for your boys together. That's the best indicator for the sibling relationship to thrive long term. It's not whether they fight, but how many positive interactions they have.

#### Question 21:

Dr. Laura Markham : 01:23:03

This parent is saying her five year old's emotions escalate so quickly that she's kicking and screaming before the parent even understands what's happening. What I would say is yes, you're right, that's not a scheduled meltdown. That's an unscheduled meltdown. The reason we do scheduled meltdowns is to avoid that.

Dr. Laura Markham :

Obviously yes, it's pretty hard to empathize when someone is kicking and screaming, and it's impossible to feel okay when you're in public and this happens because you're mortified, you're just trying to get your kid to a safe place, and you feel like the worst parent in the world, or at least you feel like everyone's judging you that way. It's awful.

Dr. Laura Markham :

This is the single best reason I know to do preventative maintenance. Because that kicking and screaming thing in public, that's the breakdown lane. The only way to avoid the breakdown lane is preventive maintenance. Once again, we're back to, do you have predictable routines? Do

you do daily laughter for 15 minutes a day with rough housing? Do you do daily special time minimum 50 minutes a day with each child? Longer, if possible. Are you doing empathy as much as possible 24/7?

Dr. Laura Markham :

These are a lot to add these tools to your life, but if you use these tools your child will begin to cry. And if you allow those emotions, embrace those emotions at home -- when you **can** empathize -- then you'll find you have a lot fewer times in the breakdown lane.

Dr. Laura Markham :

Because kids, once you use these tools, kids are in a good mood most of the time and when a meltdown is building, you'll be able to see it. It no longer is unpredictable. It doesn't come out of nowhere and just slam you. If you see the meltdown building, like she's been in a crabby mood all afternoon, you're not going to take her to the grocery store.

Dr. Laura Markham :

And if you do, because you absolutely have to go buy more milk, when you go to the grocery store, you will know inside yourself that, okay, I'm going to have to jolly her through this until I get home. I'm going to pull out all the stops. I'm going to work very hard to be connected. I'm going to make sure I wear the toddler so that I can jolly the four year old through, hold her hand, and really connect with her -- because otherwise she's going to fall apart in the grocery store. I'm going to just get the milk and get out of there. I'm going to bribe her with a sugar free lollipop. Whatever you have to do, to get her through the grocery store, because you know what's coming. You know there will be a public meltdown unless you do these things, because you have used the tools and so you start to see the signs. They start to show you the signs. It doesn't come out of nowhere.

Dr. Laura Markham :

If you're using the tools daily, as I said, and I mean really with integrity, you're using those tools daily, and your child still has meltdowns out of nowhere, or tantrums out of nowhere, and my distinguishing that is a tantrum can be just rage, whereas meltdowns actually involve tears and really processing the emotion. Well, if that's true, that

your child does this out of nowhere, when you're really faithfully using all of these tools, then I would say there's an additional special needs issue that needs to be assessed. Maybe your child has sensory issues. I would say in that case, get them assessed immediately if you see signs of that.

Dr. Laura Markham :

You can do a little checklist online to see if your child has sensory issues if you're wondering about that, but you probably know because either they react to sounds being too loud for them, or every tag in their clothing or seam of their sock bothers them. You'll probably know if they have sensory issues.

Dr. Laura Markham :

If they do, do not wait, get an OT, a good OT, immediately to intervene while you can still change your child's brain. That's one reason I've seen kids do this out-of-nowhere tantrum thing.

Dr. Laura Markham :

Another possibility is a dietary allergy and then the tantrums can come out of nowhere because they ate a pear and they're allergic to the salicylates in the pear. You thought you were giving her a healthy snack in the grocery store and 15 minutes later she's screaming on the floor of the grocery store.

Dr. Laura Markham :

If you think your child reacts to certain foods, don't wait. Immediately, leave no stone unturned to figure this out, because it is possible for that to be influencing your child. I've seen kids react really badly to gluten for instance. All kids react really badly to red dye.

Dr. Laura Markham :

The Feingold Association, you can find them on the Aha! Parenting website, or you can just look them up online. I read their newsletters and every single one has these amazing success stories of kids who used to have tantrums either all the time or coming out of nowhere unpredictably, and when they got the food act straightened out, the child transformed. So I would just say, don't wait if you think that's an issue.



- Dr. Laura Markham : These Aha! Parenting tools, the peaceful parenting tools, they work. I've never seen them not work. Sometimes they're not enough, and that's always when there's an additional issue. So if you think there's an additional issue, don't wait. Just leave no stone unturned until you figure it out.
- Dr. Laura Markham : The final part of this parent's question was, "It seems my daughter can't reach the sadness or disappointment under the anger and I can't help her because she's unwilling to listen to my calm voice or have me near her when she's angry."
- Dr. Laura Markham : First of all, if you're talking, you probably shouldn't be. Even if you're in a calm voice, which is fantastic because it shows that you're working hard to self regulate in the face of your daughter's anger. But remember when we talk to them while they're upset, it pulls them out of their heart and their gut where they're feeling these feelings and into their mind and that just shuts down the feelings, so there's no backpack emptying.
- Dr. Laura Markham : All we're trying to do is talk enough to make them feel safe. She doesn't have to listen to anything you're actually saying. You're not really talking in the sense of anything that she needs to understand or listen to. It's more like, "You're safe. I'm here". That's it. "You're safe. I'm here." That's all you're doing when someone's in a rage, because you're trying to stop the rage, stop the feeling of fight, flight, or freeze that's causing them to be in fight and to attack you.
- Dr. Laura Markham : Yes, you can teach -- later. You can explain later why she can't throw everything in the aisle on the floor in the grocery store, but you can't talk to her about it now. There's no point in trying to talk sense into her now. All you're doing now is interrupting the behavior by creating safety.
- Dr. Laura Markham : You can create safety more readily if you're doing the preventive maintenance. Because if you're connected on a daily basis, if she has a less full backpack, if you're doing

more laughter, then in that moment she's more likely to cry instead of just being angry. She's also more likely to let you in, to be willing to stay close to you. But really all you're doing at that moment is creating safety.

## Question 22:

Dr. Laura Markham : 01:30:00

A parent is asking, "Is it really possible to connect with two children at the same time when they both need me to help them get grounded. In those challenging moments, I usually help my six year old who has sensory challenges because otherwise he's going to escalate."

Dr. Laura Markham :

Yes it is possible, but no, it's not easy. I would suggest think of a master teacher. A master teacher might have their arm around one child, be looking in the eyes of a second child, and then with the eyes in the back of her head, raise her voice to yet a third child where she momentarily shifts her glance to them and says, "Henry, use a step stool," or whatever. That teacher is somehow fully engaged and present in the classroom with more than one child and that's the image to keep in your mind when you do this.

Dr. Laura Markham :

It makes sense to me that you're going to focus more on the kid with sensory challenges so he doesn't escalate, but then work to stay connected to your other child, also. You can touch one but talk to the other. Or touch them both.

Dr. Laura Markham :

You said, the way you phrased it was, they need me to get grounded. I love that. That's exactly right. If you can stay calm, you're radiating calm and love to both of them at the same time. And you can also say, "We're all upset. Let's breathe together to feel better." So you're helping them both get grounded.

Dr. Laura Markham :

Remember that when you try something like this, kids will reject this if they think you're trying to fix them. "Take three deep breaths to calm down." Most kids reject that.

It's like, "Don't you try to control me to calm down. I'm upset and I want to tell you about it." But if you practice the deep breathing every time you have even a momentary upset, "I'm worried we're going to be late. I think I need to do three deep breaths. Will everybody breathe with me so I can breathe better? It's more effective if we all work together and we all breathe together. Let's breathe three times, deep."

Dr. Laura Markham :

What ends up happening is that kids practice that with you and then when you use it when people are upset in your family, you can say, "I need your help. Let's all breathe together. Three deep breaths." They're more likely to do it because they see it, not as you trying to control them, but they remember it felt good, it made them happy when they did it, and also they're helping you.

Dr. Laura Markham :

I would just finally say, be sure you're connecting enough with your four year old too so that child doesn't always feel like he comes in second. We've mentioned different ways to connect in this call. Look on the Aha! Parenting website, but really work at that connection also in every way you can so that he doesn't doubt how much you're there for him to meet his needs, also.

### Question 23:

Dr. Laura Markham : 01:32:48

Our next question is from a parent who says, "Our almost five year old son has intense outbursts, anger and frequent grumpy moods, often wakes up on the wrong side of the bed, and then is difficult to interact with and responds by growling or snarling. This is exacerbated by asking him to do something and frequently escalates to fits of rage when he doesn't get his way. His tantrums at his worst involve throwing himself down, tensing his body, and screaming at the top of his lungs. Is this normal behavior? What can I expect as we do peaceful parenting?" Well, this sounds like a worse version of what we just talked about, waking in a bad mood, and in this case it's escalating, which is

either because of the way you're handling it with your son, or because it was worse to begin with, or maybe because your son has fewer coping resources.

Dr. Laura Markham :

Let's talk about how you can handle these moods to de-escalate them, because that of course is always our goal as parents, de-escalate the drama. And of course we also want to give you ways to increase your son's internal resources.

Dr. Laura Markham :

You asked if this is normal behavior. It would be unusual behavior for a human who is happy. But it is completely normal behavior for a human who is having a really hard time, especially for somebody who's not even five years old.

Dr. Laura Markham :

His behavior of snarling, tensing, screaming when you interact with him, or ask something of him, that tells us this is a person who feels completely overwhelmed and unable to cope. So your request becomes the straw that breaks the camel's back. I hear how difficult it must be to have a kid who responds to being asked a simple thing by throwing himself on the floor and screaming, or by snarling when you tell him he needs to get ready to go to school or something. But he's actually is not trying to give you a hard time. He's actually having a hard time. Our first job is to figure out what's so wrong.

I don't think this is a full backpack issue, at least not only, just because it sounds so pervasive. If it is, then it's because you've been using conventional parenting, but lots of people use conventional parenting, and their child doesn't respond this way. Even once they begin using peaceful parenting, the child doesn't necessarily disintegrate to this degree, even if they start to show their parents the tears and fears that they've been carrying around.

Dr. Laura Markham:

I think this is a highly sensitive child and therefore he's having an extreme reaction, and it would be great if we could figure out what's causing this extreme sensitivity. Luckily, using the basic preventive maintenance tools, the

24/7 empathy, half an hour of belly laughter every day, special time, and welcoming those meltdowns and creating safety during them, that will clear up a lot of this behavior. If you use these tools faithfully daily, you are going to see a major shift within a couple of months because he's still very young. He's not even five.

Dr. Laura Markham:

I do hear how explosive your son is and, as I said, I understand, it's distressing. Your job though is to stay calm and supportive yourself. I know that's a tall order. You must feel that his outbursts are attacks, often. But in fact, thank goodness, he's not attacking you. Actually, he's throwing himself to the ground like an overwhelmed toddler. He needs to know that you're in his corner, that you understand, and you will help him when he's at the end of his rope. Since he's out of resources at that moment, the resource of your support will actually help him a lot. It builds safety at those moments. Instead of having to use rage to defend himself, he can let himself feel the overwhelm and the pain because I'm actually betting that your son could be in physical pain. At the very least, it's emotional pain. But I'm wondering if there's physical pain here.

Dr. Laura Markham:

But if you can do what I'm describing and stay calm, and if there's no ongoing stressor, then your son will slowly heal as you offer understanding during these upsets. I want to emphasize that you will also need to be using laughter and empathy the rest of the time, or he won't feel safe enough. I'm mentioning the possibility of an ongoing stressor because your son does sound so overwhelmed and maybe that comes from an earlier life trauma that you already know about. Maybe it comes from a sensory issue, but it might be something physical. I'm going to suggest that you start by looking at his diet if you don't know of any other cause.

Dr. Laura Markham:

Finally, I would be remiss if I didn't raise the possibility that there could also be some other serious ongoing stressor. Tiny chance, but it's the kind of thing you don't want to ignore. He's clearly showing you that he's in some sort of pain. If it's not physical, it would be emotional. One

question is, do you ever leave him with anyone else unsupervised who could be mistreating him in some way? That's obviously unlikely; I don't mean to alarm you, but I would leave no stone unturned to experiment and figure out what's going on. It might just be that you've been doing a different kind of parenting, and your son needs your help to work out that past stressor. But just make sure there's no current ongoing stressor.

#### Question 24:

Dr. Laura Markham: 01:37:51

The next question is from a parent who says, "My six-year-old seems withdrawn most of the time. I need to repeat to her four to seven times any given task, even simple ones like brushing teeth. Her teacher complains about that too and says she's very forgetful at school. How can I help her to be more present and cooperative? How many times is it okay to repeat something? What's the strategy I can use to make us more connected?"

First of all, you don't need to repeat something. If you say it once, and she doesn't hear you, you get in her face in a friendly way so that she can look at you while you say it. You touch her, and the way to do that is outlined in the article "How to Get Your Child to Listen", which is on the Aha! Parenting website.

I'm a little worried that this is not just connection because she also is forgetful at school. I think this is not just about your lack of connection with her. If you're asking about how you can be connected with her, no worries, just use the peaceful parenting tools, special time, roughhousing, empathy. Those will help you to connect with her so that she wants to follow your lead and cooperate with you.

But here's what concerns me, I don't think this is just about her being more present. Children are present, they're very present in the moment. Now, they can be present with what they're doing, so they don't take in what you're asking them to do. It may be she's just in her own world. That's entirely possible.

But that's not a question of being present. Then you're asking her to pay attention to what she's being asked to do. And in that case, again, it's about not giving the instruction until you're making eye contact with her, and about how you would have her repeat back to you what you asked. And you would do all of that not in a punitive way or a ridiculing way, but more in a supportive, fun, humorous, connecting way, where you're laughing with her.

Dr. Laura Markham:

“What did I just ask you to do? Yes, give me five! And did I ask you to do that while you're walking upside down on the ceiling, or while you're walking outside” or whatever? You want to make it lighthearted as opposed to you're grilling her about what you asked because she's incompetent. That's the difference.

But if that's it, if it's just that she's marching to her own different drum inside, and she just needs the instructions given in a different way, then this will work.

But if it doesn't, then I would say it's something else. It might mean she's not taking in the information at all because, well, she could have a hearing issue. Has she had a hearing test? Or she could have an auditory processing issue so that she can't take in complicated instructions. Or she could have a sensory processing issue, which means that too much is coming in and flooding her all at once, so she can't take in the instructions from you or from the teacher. She never really takes them in, so she forgets them.

If you try the things I've suggested, the peaceful parenting tools, and read that article, and give her instructions only when you're there face-to-face with her, and you make it fun, and you connect with her as you're giving the instruction -- If you try all that, and it still doesn't work, then I'm going to say she needs to be tested for an auditory issue of some sort because if that's what's going on, then you need to uncover that now. She's only six, thank goodness. But for school, she'll really need to have this understood. The earlier you intervene on any kind of

sensory processing or auditory issue, the better because you have more influence on the brain the earlier you intervene. I wouldn't wait on this, I would give it a month of trying the techniques that I've suggested, and then I would get her tested if necessary. Good luck.

### Question 25:

Dr. Laura Markham: 01:42:09

A parent asks, "How do I help our three-year-old cope during a sensory overload meltdown? She doesn't know why she's overwhelmed, so I sit there with her empathically. But is there more I can do? If she's violent, is it okay to put her in a room and stay outside the door? How do I process with her afterward? How do I help her release sensory buildup when she seems stressed? How can I help her with preventive maintenance?"

Dr. Laura Markham:

The best preventive maintenance you can do is laughter. Just like highly sensitive or anxious kids, kids with sensory issues tend to feel overwhelmed by the world a lot, and they need therefore to do a lot of laughing. Otherwise, they get anxious. When she gets super upset and has an overload meltdown, sit with her with compassion, tell her you're there when she's ready for a hug, reassure her she's safe, and use your words to acknowledge her experience. But be brief. "It's all too much, isn't it, sweetie? I'm right here. You're safe." That's probably the most important thing, you can say, "You're safe." And for that reason, I would not leave her alone with the door between you. That makes her afraid and induces shame, which is the fear that you'll be disconnected because you're bad. Instead, if she's violent, acknowledge what she's angry about, so she can de-escalate because she feels heard.

Dr. Laura Markham:

If she's violent, hold her with her back to you. She's only three, so you should be able to do this just so she can't hit you. But remember, you're not holding her to control her, only to stop her from hitting you. Afterwards, process by telling her the story. "The noise was so loud, it was too



much for you. You felt like you couldn't handle it, right? You got so upset. You got angry, and you stomped and yelled. It was so hard, but mommy stayed right here. And then you let mommy hold you, and that helped you calm down. It helps when mommy holds you, doesn't it? I will always hold you. I will always help you feel better."

Finally, if your daughter has sensory issues, I'm hoping that you're seeing an OT. An OT can give you strategies to help your daughter avoid and process sensory buildup so she doesn't have to explode. And early intervention can actually rewire the brain, but it has to happen early, and your daughter is three, which is the perfect time for an OT intervention. I think you'll see a real difference.

#### Question 26:

Dr. Laura Markham: 01:44:40

A parent asks, "My five-year-old daughter slouches, wriggles, even growls on the floor when she should be sitting down. Sometimes this is at meals at home, but particularly when we eat at friends' houses, or a kids' show, or a short christening, or a school hall meeting. She can sit still when she's coloring, and she can sit still at school although she has struggled on the carpet, or at least she did last year when she was four. She is getting exercise and sleep."

I'm hearing that your daughter has a hard time sitting still. I'm glad she's getting exercise, I'm glad she's getting sleep. I don't think this is about pushing limits, or wanting attention, or her body having an issue with strength. I think she is having a hard time sitting still. I would make sure that before she goes anywhere, and before you have dinner even at home, that she gets a roughhousing session so that she gets physical activity and the ability to shift her body chemistry so that she's not feeling too adrenalized.

Dr. Laura Markham:

It'll get rid of those stress hormones that give you the wiggles, that make kids anxious, and she might be able to sit for longer, more still, then. But she's only five, and she

had a hard time at four years old at school sitting still. I think any time she's the least bit bored, that anxiety will come up and will make it hard for her to sit still. I hear you, table manners are important. I hear she's knocked things over, I hear she's hurt herself. The hurting herself I think is good. Honestly, I think that is fine because it's not seriously hurting herself, but she learns that in fact if she's crawling around on the floor, she can get hurt, and so she's less likely to want to do it. In terms of table manners, I think if she's going to eat, she needs to sit up to eat at the table. And when she's done eating, she can get down, and I would send her outside to play if there's a way to be outside, or out from under the table so that people don't think she's weird or bizarre.

Dr. Laura Markham:

But I do think it's going to be hard to get rid of the behavior altogether because I think she can't sit still for as long as other kids. But I do think if you do a lot of laughter before these events, you'll see that she's able to sit still a lot better. You said, "Is it a problem with pushing limits?" I don't think so. I think she's just got the wiggles, from what you're describing, it's not like she's defiant or something. If she were trying to push the limits, you would see her being defiant when you ask her to come sit down. What you really have seen is that she can't sit still.

### Question 27:

Parent: 01:47:38 Thank you so much for your support and guidance and wisdom and being unbelievably helpful. Thank you.

Dr. Laura Markham: I'm so glad.

Parent: My daughter who's eight, she's an only child, I only have one child. She's always been a big crier, just always cries, she's never had a problem with crying, and there was a time a few years ago when I felt she was always crying at the slightest opportunity and it started to make me feel really anxious. This was before I come across any of this.

And I went through a relatively short period of time telling her to stop crying. And I realized what I was doing after, I don't know how long it was, maybe a few weeks, maybe a month or so, and I stopped doing it, but I'm always really worried about that. But anyway, she didn't stop crying. She does still cry.

Dr. Laura Markham:

That's good.

Parent:

So that's good. But I do sometimes feel, since I started doing this, she has had some really massive outbursts and it's been really helpful to have the mantras in my head to help me get through her outbursts. And I feel like our relationship is really improving as a part of it. But there are times when she goes quickly from anger into tears and then she almost stays stuck in tears. It's not like she cries for a period of time and then melts into my arms. But mostly what happens is she starts with the tears and it almost looks like she's kind of working herself up and wanting to cry, and that comes before anything else. She did it the other night, we were having this lovely bedtime and all of a sudden she got herself really upset and worked up about something. She was crying for ages and she never really seems to relax after it.

Parent:

She just keeps crying, almost winds herself up more with it. And as part of that, the week on mastery that we had recently, I've been thinking a lot about this because she tends to be very on the negative side, she really struggles to see the positive side of things. And so they seem to be related to me. I just wondered if you had any advice.

Dr. Laura Markham:

She's eight already. Is that what you said?

Parent:

Yeah.

Dr. Laura Markham:

Okay. It would be good to teach her a coping mechanism to shift gears when she feels terrible. I think you're right about the inability to come to a better place after she's cried and she's getting into this negative loop that she's having a hard time getting out of. I would say teach her some basic skills and I'll give you one on this call, but I can

give you a book with more of them in it. Some basic skills to shift gears when she's having a hard time and is either seeing things negatively or it feels like she's stuck and she wants to feel better. Before I tell you this, I want to say to everyone else who's listening. Most of the time, children need to cry and they need us to empathize, so you would not do these things. These are things you do when you have a child who's a big crier and is already getting older, six years old or up, and also has negative thinking. And also once they cry, they don't feel better.

That's the constellation that I'm responding to right now for this parent. This is not for kids who are three or four or five and are crying, but then they do feel better and you just feel like it's too much crying. Because those kids just need to cry.

But for a kid with this constellation, I would say she's got a regulation issue where she gets dysregulated and can't get herself out of it, and that's where we want to help her. The quick tool I would give you is this. In fact for everybody who is listening to this call, if you can do this just right now, it's very quick. It's a good thing for you to know how to do for self regulation.

Close your eyes, take a few deep breaths and let them out. Just let your day go. Now I'm going to ask you to find a time, a memory where you felt really happy. You felt calm, you felt safe, you felt happy. Just feel those feelings.

Dr. Laura Markham:

Feel how you felt in your body. See what it looked like around you, maybe there's a light breeze. Maybe the sun is shining, maybe you've got a big smile on your face. Feel how lovely this feels, just feel this. Breathe in and out a few more times and say, "This is my happy place. I'm safe. I'm calm."

Now, for this parent, teach that to your daughter and when she has been crying for a while, you can then say to her, "Sweetheart, you feel so bad about this and you've been crying for a while and I think you've got all those sads and angries out. Would you like a way to feel better?"

Remember we did that happy place thing? Remember we had that happy memory when you thought about being at the beach with me? Sweetheart, that's what I want you to think of right now. Close your eyes and let's get that happy memory back, that happy place."

Dr. Laura Markham:

And then when you do this with her, if she can then summon up that happy place, she'll feel a lot better and it will transition her out of that sobbing and sobbing. I think the sobbing she did at bedtime after you had that nice time with her was completely because she felt safe with you. I think it was old stuff. Did she have an early medical procedure or a difficult birth or anything that you can think of that seems like it would be a hard thing for her in the past?

Parent:

She didn't have an easy birth, but I think the thing that I found really traumatizing was when she was about a year old, I was really on my knees exhausted and I tried to stop feeding her at night and the way we did it was by her being with my husband and me being another room and it was an unmitigated disaster. And so I went back to feeding her and then several months later I managed to do it when she understood what I could say. But then when I stopped feeding her about 22 months ago, it happened again. And so our relationship really suffered both those times, it took me a long time to build back my relationship with her. That's the only thing really that I can think of.

Dr. Laura Markham:

I'm going to actually make a suggestion. I'm going to suggest that you see if there's anybody in Bristol who does EMDR, which I talked about earlier in this call, so I'm not going to talk about it more now because that's a trauma that she could work through even though she was pre-verbal when it happened. That's the first thing. The second thing is I think that she was crying because she got to someplace safe and deep and happy with you and that's what that was about. But I think she just got too deep into it because it is a past trauma and therefore she got too dysregulated and she couldn't get out of it. And so I think teaching her "Sweetheart, when you get into a dysregulated place like that, that's too deep and you can't

climb out. The way to do it is to use your happy place to get out.” And I think you'll find that over time she's going to see that work for her and she will be able to use it, but the trauma won't go away unless you deal with it with something like EMDR.

Dr. Laura Markham:

I would do that, but I would also give her this tool so that she can use it when she's dysregulated and hopefully that will help her feel better. And then finally, I want to give you one book, Tamar Chansky's book. She has three books out, she's a therapist with children, she specializes in anxiety. One of her books is on negative thinking, one's on anxiety in general and one's on OCD. Get your hands on the negative thinking book. I think you'll find it really helpful for your daughter.

Parent:

Okay, thank you. Thank you so much.

### Question 28:

Dr. Laura Markham: 01:56:16

Welcome. What's your question?

Parent:

My son is a very spirited high needs kid with SPD and he seems to have some trauma around being held down physically or forced to do anything like get in the car seat if he doesn't want to get in a car seat. We think it might stem from when he had a couple of medical procedures when he was really young, but obviously we have to intervene physically sometimes when nothing else is working. We try transition updates and giving choices and making games out of it. And a lot of times he just sees through all of it. Obviously, sometimes we have to get somewhere by a certain time, so we have to just physically pick him up and plug him into the car seat and buckle him in. Setting compassionate limits and emptying the backpack works fine for some things. But this is like a different kind of fight, like fear for my life cry.

Parent: It can even escalate into gagging and stuff like that and it just doesn't really seem like a healthy release. My question is how do we not re-traumatize him when no other strategy is working and we need him to cooperate in a timely manner?

Dr. Laura Markham: Okay. How great that you have the opportunity to clear this up for him now instead of letting him go through his life with this trauma still active. It's great that you actually get that opportunity now. I think the way you're going to have to work on this is to give him a gradual way in so that, I think you're right that he is fighting for his life in a sense. That's how he experiences it when he's held down. I think you need to give him a way to work through that and heal it. I'm going to suggest you get your hands on the book, *Trauma-Proofing Your Kids* by Peter Levine. There's a really wonderful depiction in the beginning of the book about a little boy who had been through medical procedures and was held down. Peter Levine is one of the foremost experts on trauma in the country today.

Dr. Laura Markham: He invented something called somatic experiencing and he works mostly with adults, but this particular anecdote gives you the step by step process where they work this out with this little boy and basically they do it through play. They do it very gradually so that he is the rescuer to rescue the stuffed animal who's being imprisoned or held down. And the child is at first afraid and he's terrified to even go to look at the stuffed animal who's being held down. And then in the end he's the hero who rescues this stuffed animal, but it's a process that he goes through. I'm going to suggest that you read that and then you try that process with your two year old and I think you'll see a big difference. If you don't, if as you do this, you don't see that you're getting traction and you feel like you're not getting anywhere then I would take him actually for therapy with someone who understands trauma.

Dr. Laura Markham: I've seen it over and over again with kids who have medical interventions at a young age. I mean, way before the child is verbal, it can be a birth, they can end up with the trauma that you're talking about. And I think it's still

relatively unexplored in the sense that, we work with adults on trauma healing every day and there are people being trained in somatic experiencing every day, but they almost all work with adults. But there are people who work with children and there are people who use not just somatic experiencing but also Francine Shapiro's rapid eye movement desensitization. But again, I would want them to be trained to work with children, not just to work with anybody. That's your backup If you feel like you're not getting anywhere. But it may well be something that you can do yourself.

Dr. Laura Markham:

When you try to get him into the car seat, that's just a symptom that's sort of like, you're not going to focus on the symptoms if your child has a fever, you're going to focus on getting rid of the infection. That's the same thing here. I would really focus on that and I think you'll see a total difference in his ability to cooperate with you. But in general, if you're having a hard time, obviously give him choices when you can do that. I think he's not even at the point, to be rational. He's really going to feel like he has to fight for his life until he works on this a little bit more. Does that make sense?

Parent:

Yeah. And believe it or not, he actually does go on logic most of the time. He's a very, very intelligent kid. That logic works for us a lot of times but you're right. In these moments, it's beyond him.

### Question 29:

Dr. Laura Markham: 02:01:44

A parent asked about trauma. This was specifically a feeding trauma from her son, but other people asked about trauma from medical procedures and trauma when the child was an infant. I will just tell you, I swear by EMDR for trauma, make sure you go to the international association for EMDR, which is the EMDRIA, international association. EMDR stands for Eye Movement Desensitization Response. These are therapists who are



trained in trauma, it's not an ongoing thing. It's a short thing, meaning a couple of sessions usually. And they specifically use the eye movements that we use during REM sleep, which helps us to resolve incidents. The reason we have trauma, briefly, is that we have an incident that we couldn't process at the time. And so we don't process it. Let's say Mrs. Jones yelled at your kid and he comes home and he's upset about it, and he talks to you and he sort of works it out, maybe even cries a little, and then he goes to sleep that night and he dreams about it.

Dr. Laura Markham:

And he may dream about it in the form of a monster yelling at him or chasing him. But he's dreaming about Mrs. Jones and that scary encounter and his eyes are going back and forth in REM sleep with fluttering eye movement. And what we're doing during that time is the hippocampus is processing that memory and filing it away in your mental filing system. And what happens during that filing process is the emotions are deactivated. They're taken away from it and we let them go. That's the really good news. When your son wakes up the next morning, or at least a week later, because this takes a week of processing usually. Small incidents can take one night and we feel a lot better the next day. Big incidents can take as much as a week, but a week later he's not going to remember. He'll remember what happened, but he will be able to talk about it without being so upset about what Mrs. Jones did.

Dr. Laura Markham:

And the reason is because it got filed away and it's all done. It's finished. Yay. That's what we're supposed to do.

But sometimes it's such a big incident that it's too traumatic and the brain doesn't process it. It's basically stuck in this emotional backpack of unprocessed stuff. And so if it's a big trauma, the way to handle it is to go to an EMDR therapist. They will use that same eye movement stuff. There are certain techniques that they use and they will help disassociate the emotion from the trauma, even a pre-verbal trauma, and they will help your child file the trauma away and they will help you if you have your own traumas, file that trauma away appropriately. You'll still

remember the trauma, or if you were an infant when it happened, you won't remember. But let's say you were in a car accident, you'll still remember the car accident, but you'll no longer flinch every time a car comes towards you while you're driving.

Dr. Laura Markham:

The emotions are detached from it. I'm a big fan of EMDR. I don't do EMDR myself because I have never had the full training, but I have seen lots of great results from it. Make sure you get somebody with actual training from the EMDRIA. And make sure that they've worked with children before, and I think you'll see a big difference. So if you have any suspicion of your child having trauma, enough said. Just do it.

### Question 30:

Parent:	02:05:04	I'm a single mom and my daughter's father just split up from his very stable relationship, and she was kind of more related with his lady friend.
Dr. Laura Markham:		Oh, that's hard.
Parent:		Yeah, it's really hard.
Dr. Laura Markham:		Tell me how old your daughter is. Tell me again.
Parent:		She's seven.
Dr. Laura Markham:		She's seven, okay.
Parent:		I'm also doing a lot of special time. But she's getting very worked up at the end, which she never did before, but maybe that's just temporary. But suddenly she's very aggressive at the end. She gets very upset and we do long, half an hour special times when she's really upset. There's another special kind of meltdown, like 10 minutes, 15 minutes she's so angry that we have to stop, which she never had before. I've been doing this for half a year and I

think it's probably, I'm thinking it's related. But I'm just wondering, am I giving too much space?

Parent: You mentioned in the call about special time that yes, you take space for a meltdown. But then I'm just wondering how much?

Dr. Laura Markham: I think you're probably right about the connection. So she's experiencing a loss. She was very attached to this woman who was like a second mom to her, right?

Parent: She was. Yeah, she says that also, "This is my second mom," and we're making dates with her, so that's good.

Dr. Laura Markham: Wonderful.

Parent: That's all working out. So she looks forward to that. With her dad, he also got into a new relationship immediately, which is very confusing. At first he was gonna keep it low key, but suddenly this was more confusion. And so I told him, "This is not a good idea."

But the thing is she feels everything. She's very sensitive. So she already knows everything even though he didn't tell her. It's confusing for me. I'm a little bit at a loss.

Dr. Laura Markham: Of course I think it's great that you're setting up times for her to see her second mom. And I think you can expect some fallout because it's a big loss. She has lost a family. She had two families. She had your family and her dad's family. And even though she still loves her father and even though she'll still see her second mom, she's just lost a family. That's a tremendous loss. And it's not just a loss of a family. She's worried about losing that person, even though she's going to be able to see her. So it makes perfect sense to me that when you spend one on one time with her and you're pouring your love into her and then you say, "Okay, we have to stop special time," that she's like, "No, I can't lose you, too." And I think you're right, that probably is the source of her freaking out about special time ending.

- Dr. Laura Markham: So when special time ends and she gets upset, what exactly happens?
- Parent: Well, she's really never been aggressive so this is a new thing. I'm surprised. But she slams the door. "Don't come in here." And I stay outside, then we write letters underneath the door. Then she laughs, she starts laughing again. Sometimes like today she was very upset. It's also hard for her to get close. Then I can't really get her crying and she stays quite angry. And she was even throwing things, which she has never done in her whole life. I'm like, "Wow, you must be feeling really terrible."
- Dr. Laura Markham: I think that it makes perfect sense that she would be aggressive, because it's easier to be angry than to feel so hurt, right? So it'd be great if we could get her to cry. Does she laugh much?
- Parent: Yeah, we laugh. I mean, we do it in the special time, always. And it's funny because she has these wild games and these very intense special times, like she always plays theater pieces. So it's like I get the scene, kind of. Then I have to be ridiculous, today was a ridiculous day and then she laughs a lot. I'm wondering how long do I have to do this, let her be angry or something. I don't know. When do I stop or should I then go down and fix dinner or something?
- Dr. Laura Markham: Hmm...I see what you're asking. So anger doesn't help her empty her backpack. And this is a really important thing to understand about backpacks. What's in there is not anger. Anger is a defense. What's in there is all of her fear of losing this other person, now fear of losing you. If she can lose that other person, she could lose you. Sadness, grief that she doesn't want to feel. That's what's in the backpack. So if she's just angry and she's not crying, you're not actually emptying the backpack. The question is whether the way you deal with the anger can move her closer to emptying the backpack. That's really the question.

- Dr. Laura Markham: So at this point when she's angry and slams the door and says, "Don't come in here," and you can write her a note a say, "Sweetheart, you are so upset. I'm so sorry. I know it's really hard to stop special time." And you could even say in another note, "You've lost a lot of things lately. You lost being able to go to your dad's house and see your second mom. You've lost the way it used to be in your life. And now we have to stop special time. But thank goodness that's only for today." So you're even drawing a parallel. You can do that with her a little bit.
- Dr. Laura Markham: Now, if she starts laughing, how fantastic. Then you're done. If she stays angry at you, she might get her hackles up and say, "I don't want to deal with you, because you're making me feel like crying." And you know, I would probably stay and be understanding until she starts to cry. But if she doesn't, that's okay. Kids will cry when they need to, if you can make enough safety, right? And so I think if you just create safety, eventually she is going to cry. She'll probably accidentally hurt herself, like doing roughhousing with you or something, and then blame it on you and it's all your fault. And then she'll sob and sob." But she will probably cry eventually.
- Dr. Laura Markham: So your question about how long should you let it go on, I mean, I guess you don't have to stay there. You can go start dinner. You can write her a note and say, "Sweetheart, I'm gonna go ahead and start dinner, but I am in the kitchen waiting to hug you whenever you're ready." And you could go. And you could see what happens. She might get furious that you left her. You know what I'm saying? Because this is about loss. It's about loss and abandonment.
- Parent: Yeah. Also she wants to sleep with me and I let her just sleep, because she's having nightmares. So it is quite intense, like you say. It's good to hear that.
- Dr. Laura Markham: Yeah, this really is about loss and abandonment. I think that's what this is about. And remember, it's about losing her second mother who she's close to, but it's also about

the fear of losing you. If she could lose her, she might lose you.

Parent: Right, right.

Dr. Laura Markham: And I would talk with her about that, that she's never going to lose you.

Parent: Right. Oh, that's good you say that, yeah. I think that will help, because she says a lot, "Oh, I miss you so much." She comes at night and then she's like, "I miss you so much. I miss you." It never happened before. So she sleeps in my room now. But yeah, so that's good you say that. Thanks. Thank you so much. That's a great mindset also to put that parallel.

Dr. Laura Markham: And it won't last forever. She's going through a traumatic time at the moment, so I think it's completely fine for her to sleep with you again, like for now. And she's going to be showing you this stuff and she has to see that no matter what, you're not going to leave. And she will relax into it. She will be okay. But you know, it's a big loss.

Parent: Yeah, thank you so much. Thank you.

### Question 31:

Dr. Laura Markham: 02:13:39 A parent asks, "Is there anything in this parenting philosophy which needs to be changed when using it with kids from hard places? Our two youngest are from foster care and often their aggression from trauma during pregnancy is very high. How can we lessen that frequency? How can we interact better? They are two and four."

Dr. Laura Markham: So as you know, Peaceful Parenting has three main ideas. The first is you regulate your own emotions. The second is you connect with your child. And the third is that you coach your child instead of trying to control them through punishment and even rewards.

So let's think about how each of those ideas applies when we have kids who come from a trauma background. Parental self regulation is the origin of the name Peaceful Parenting. It's the foundation of this approach. Self regulation is critical because it keeps the drama from escalating. You can expect all children to have childish behavior and you can expect a child from a trauma background to have behavior that is really reminiscent of a child who is much younger. Their brain has developed differently than other children, and some of their capacities for self control are delayed because they're always in a state of vigilance and worry. They don't feel safe in the world.

So that can be true from past experience once they've been born. And during pregnancy, of course, when the brain and the body is forming, if the child has endured trauma during pregnancy -- and that could be from exposure to drugs, it can be from the mother enduring trauma -- and the biochemicals that were raging through her body at that moment also went through the blood of the fetus and the baby felt the same trauma at the time. And we know, we don't know much about it, but we do know that when a baby is developing inside the mom, if the mom is traumatized, all kinds of things change in the baby's biology. And so the baby is basically better equipped to survive once they are born, because they've already taken into account that they're being born into a very difficult circumstance where happiness is really not on the agenda, it's just about survival.

Dr. Laura Markham:

So these kids are going to push every button a parent has. And a parent who can't self regulate is going to have a real problem raising them. I think self regulation is imperative for every parent, but for these kids especially, who have been given the message that the world is a dangerous place, they can't have a parent who raises their voice to them. They have to have parents who are really saintly, who have the patience of saints. So nothing in this approach changes when you're working with a child with any kind of special need, whether that's a trauma background, or sensory issues, or being on the spectrum.

Anything that's going to increase the child's sense of being unsafe in the world. Sensory issues do that, for instance. Those kids above all need a parent who can stay regulated.

So our second big idea is about connection in the Peaceful Parenting approach. We rely on the child's connection with the parent to influence the child, to be able to move our child through the schedule, to be able to impart our values, and to bring the sweetness back into the parent/child relationship. If you have a child who has special issues, connection might not be as easy to come by as for a neurotypical child. So kids who have sensory issues, sometimes don't like you to hold them or touch them. Kids who are on the spectrum may want to be close, but sometimes they have a hard time tolerating closeness or expressing the ways that they like to be close.

Dr. Laura Markham:

And kids who have trauma often don't feel safe being close. Remember, the attachment relationship starts at birth or before and the child reacts to the people around him and decides whether they can trust that person. How does it feel to be close to that person? So those early experiences influence every other relationship we ever have and although we can learn through reflection and therapy and good experience, we can learn a more secure attachment, we're still influenced by those early experiences, so kids with trauma may have learned pretty destructive ideas about closeness.

Dr. Laura Markham:

And sometimes when there's been trauma during pregnancy, the child has some differences neurologically and they might have a hard time being close. So if we in this approach are relying on connection to have our child cooperate with us and behave, we could run into a problem with a child who has a compromised ability to connect.

But let's think about this more deeply for a minute. What else would you do? Would you control your child with punishment instead? That to me is dehumanizing. And no matter what your child's background, trauma background, SPD background, whatever, your child is a human being



who still craves tenderness, who craves caring, who craves to be seen, which is a very foundational form of connection. Your child craves connection. It just may be super hard to figure out how to do that connection and how to build it when your child is guarded against it possibly, if they have a trauma background.

Dr. Laura Markham:

I do think you might end up using more rewards with a child who doesn't find as much reward in the connection. Your child might need that for motivation. But I would be careful of that, because there are drawbacks to rewards. That's why we don't recommend them. The drawbacks are just not nearly as big as the drawbacks from punishment. So I think connection is still going to be the thing you want to build with your child. It may be a lot harder, but it is in fact your main goal with your child, building that connection. In some ways, that's your entire job with your child, is to repair their ability to connect with other human beings and to love, to feel cared about by someone else. If you can make that repair, your child can have a good life.

And what about our third idea, coaching instead of controlling? Well, all children need coaching to be their best selves. They need emotion coaching to learn about emotions and to develop the neural capacity to regulate their emotions.

Of course, for a child who's had trauma during pregnancy, they may have a reduced capacity to self regulate, and therefore emotion coaching is even more important for these kids. And a kid who has a trauma background is going to have a harder time understanding their own big feelings, their own behavior. So they need emotion coaching more than other kids. But I do think there are differences in how you would emotion coach a child who has trauma in their background.

Dr. Laura Markham:

It's sort of like a therapist working with someone who has PTSD. If someone comes into your office and they don't have PTSD, you can help them go into a past experience where they felt big emotions and you can be confident

that you can help them through that. You hold the light and they can walk through those big emotions, and those emotions will begin to go away, dissipate, evaporate. But when you have a client with PTSD, you don't just start excavating. Your client needs support to learn how to manage what's going to come up. You need to build a relationship of safety before you can ask them to go anywhere near those experiences.

So to extrapolate from that to your child, if you have a child with a trauma background, you really need a relationship of trust and safety first. Before you can go anywhere near those old experiences. You're never doing scheduled meltdowns. Of course you're trying to distract. You're doing whatever you need to do to help your child regulate. Now, the problem with that -- and now we're back to the original question, you asked how you can lessen the frequency of your children's aggression. The only way to lessen the frequency of the aggression really is to get to the heart of the feelings that are causing the aggression, the tears and fears. But you can't do that until you've built a relationship of trust and safety so the child is willing to go into those tears and fears. So it's a long and gradual process to get rid of the aggression. So you may have to hold your child, if they're hitting you, to stop them from hitting you. I'm not a big fan of holding. I don't think you should do it cavalierly. The only reason I would hold a child is if they're hitting me and they won't stop and it is the only way to get them to stop.

Dr. Laura Markham:

But in general, you can get them to stop by helping them feel heard. So you've heard a lot in my course about how to recognize rage, I mean verbally recognize rage to your child, how to acknowledge their rage and help the rage begin to dissipate. But at the core, you have to go into the tears and fears causing the rage, which means you have to go into that backpack and let the child cry. And remember, rage is not in the backpack, it's a defense against the more vulnerable feelings in the backpack. A child with a trauma background has a backpack full of terror as well as pain, and so it's fear and it's grief, and pain, and also powerlessness, which is a really awful feeling for anyone.

It's a form of fear, because we can't protect ourselves. And it's an unbearable feeling.

Dr. Laura Markham:

So kids who have a trauma background often have that. Now if the trauma was only during pregnancy, it's different. It's a neurological situation. But the child may still have a hard time tolerating their feelings. So I would say it's best if you have someone who you can work with who is an expert on attachment and an expert on trauma, who can help your child to work through the issues that are coming up that are causing the aggression.

Dr. Laura Markham:

This is the work of the angels. Living with your child is very hard. There is no shame in having help from a professional. You do not have to do this yourself. So I would look for somebody who has EMDR training with children, which has been shown to be very helpful with trauma. So yes, use the Peaceful Parenting tools, all the basic tools, meaning roughhousing, laughter, routines to create safety, special time, empathy 24/7. The only tool I wouldn't use is scheduled meltdowns. The reason is that you need to give your child a structure to be able to feel safe doing that if they have a trauma background. But you'll find that meltdowns will happen despite that and the best way to deal with them is to try to create safety at that moment and ride out the storm.

Dr. Laura Markham:

And your child needs you to be the calm adult to help them through that storm so that they can actually get through it and move through those feelings and let them go.

### Question 32:

Dr. Laura Markham: 02:25:51

Our next question is from a parent who says that about nine months ago, her four year old broke her collarbone falling off a stool at the library. It was very painful. They went to the emergency room. They tried to talk about it at the time, but she doesn't really say much when the

parents brings it up, but over the last four months, her reaction to falling over or getting minor scrapes is just really extreme. She screams, she cries, she goes into a state of panic or she hyperventilates. This can go on for an hour or so. And then for the rest of the day can come in waves. And yet the cuts and scrapes are usually very tiny.

Dr. Laura Markham:

So mom says she can feel herself getting triggered and she says, "Come on, it's fine now," because who wouldn't want to say that, when your child is hyperventilating two hours later over a tiny scrape. But really this is a trauma and I would say you need to do trauma treatment with her, which means take her to a therapist who is experienced with EMDR and help her work out the trauma. Really, it's not something you should try to do alone. It's now been months. It's not something she can even put into words clearly. And actually, she's only four, so it would be hard for her to put it into words. But clearly she's just re-traumatizing herself with these reactions. It's not working to work them out. Sometimes when kids are able to talk about them or to re-experience them, these traumas, they work them out and then it's done. But it sounds to me like that's not what's happening here, that somehow it's becoming more traumatic for her. So I would say it's time to seek professional help on this.

Dr. Laura Markham:

In the meantime, when your daughter does get upset from a minor owie, your job is to self regulate, be patient, and to provide the external regulation. So you hold her and you say, "That hurt. You're scared. Take a breath. You can handle this. I'm right here to help you." So in other words, the message you're giving her is, "It's okay to feel that, but you can handle it. I'm right here." So she's less likely to verge into panic. But as I say, she does need professional help to work through this trauma. Don't wait.

### Question 33:

Dr. Laura Markham: 02:28:11

Our next question is from a parent who says, "Do you have any other advice to help us connect with our kid when we're already at our wits end and really just struggling?"

We're doing our best to fake it till we make it, but even that's a struggle when we're constantly dealing with controlling, bossy, anxiety ridden, trauma based behaviors. Our kiddo was adopted from the foster care system. And even though she was very young at the time, there's just so much trauma that comes from being involved in the system for everyone."

Dr. Laura Markham:

So this is a special needs child who had trauma and controlling, bossy, anxiety ridden trauma based behaviors are going to go along with the territory. So I would say number one, take care of you. You can't stay self regulated with a child like this unless you do a lot of self care. Then I would focus on connection. Peaceful Parenting techniques depend on a parent/child connection, because that's what motivates the child to want to cooperate with you if you're not using force.

Dr. Laura Markham:

So your child has trauma, your child is adopted, although apparently at a very young age. I'm hoping that you are able to have an actual strong attachment to her. If you feel your attachment to your child is compromised, then you need to make therapy to rebuild your attachment your top priority. Because without that, your child will not follow your lead. You'll continue to see behaviors that will drive you crazy and it's hard for you to feel good about parenting this child who's so challenging. So you want to read something about attachment -- there's a lot on the Aha! Parenting website -- and assess the strength of your relationship with your daughter. And I know that part of your question was, how can you all connect and relate to her when she's being so difficult. You say "How do we connect when we're at our wit's end?"

Dr. Laura Markham:

I would say of course you want to do daily special time. And you want to do roughhousing because the laughter not only makes your child feel connected and more cooperative, but it makes you feel more connected. And it makes you feel better. You're releasing oxytocin. So definitely the Peaceful Parenting tools that are designed for connection will help you feel more connected as well as your child feel more connected.

Then I would try to see things from your child's point of view. As you say, even at a very young age, there was trauma. Trauma from wondering if maybe there's something wrong with you that your birth parents didn't keep you. Trauma from being in the foster care system and having different caregivers. Possibly trauma from prenatal exposure. Just trauma as you say from being involved in the system.

Dr. Laura Markham:

So your child has lots of trauma and what that means is, she can't self regulate. She gets easily threatened. Everything is a threat to her wellbeing, even a threat to her survival. And when we feel threatened, what do we do? We move into fight, flight, or freeze. This is a child who's in fight or flight a lot of the time. That's what the anxious behavior is, the bossiness, the controllingness. In other words, the full backpack. And from this course, you know how to help a child empty the backpack. Lots and lots of laughter. Like more than you would ever think possible. Every single day -- that will help a lot. And it will lead to more crying and as much crying as possible, I'm sorry to say, as much crying as possible.

Dr. Laura Markham:

Not anger, right? You want to get under the anger to the tears. But there will be some anger because the fear when it comes up will be accompanied by something that looks like anger, like franticness. So the more you can do to help your child actually work through the trauma, the better. If your child is not in therapy with a somatic experiencing therapist or an EMDR therapist, I would look for somebody who is trained and experienced and licensed in those modalities to help your child work through the past trauma. And then I hear you're doing your best to fake it till you make it, and that's because when somebody is bossy and controlling and nasty to you, naturally you feel attacked and it's pretty hard to feel connected.

Dr. Laura Markham:

So I'm going to say don't take it personally, your child has trauma. Your child is dysregulated. Your child feels like the world is a threat all the time. Think about the amount of pain she's carrying around. Tremendous, right? If you can stop taking personally her behavior and instead when she

gets to that point, be as compassionate as you can. Really see it from her point of view that she's worried about surviving. I think you might find you feel a lot more connected at those moments. You might even find that there are tears in your eyes. And I guarantee you that that's when your child will feel understood and will really let you in, and the trauma will heal at a much deeper level.

Dr. Laura Markham:

And that's all our questions for today. Thank you for listening. And I hope this was helpful. If you still have a burning question that wasn't answered on this audio, please submit it for possible inclusion on my podcast. Just go to [AhaParenting.com/podcast](https://AhaParenting.com/podcast) and leave your question as a voice memo. This is Dr. Laura Markham wishing you less drama and more love. Goodbye for now.