



Treatment for complex PTSD in children and families

Guest: Dr Richard Kagan

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. I'm very happy to be talking to Dr Richard Kagan.

In today's interview we are exploring treatment for complex trauma in children and families, and the book series Dr Kagan wrote to guide families through that process.

Dr Kagan has extensive leadership experience in child and family services and has served as the principal investigator for two SAMHSA-funded National Child Traumatic Stress Network grants. He's the author of 10 books and numerous papers on issues concerning trauma therapy, child welfare, and adoption.

Dr Kagan, thank you for being here. I'd like to start by talking about your book series, *Real Life Heroes: Resiliency focused treatment for children and families with toxic stress and complex trauma*. How did your experience working with children and families inspire you to develop the *Real Life Heroes* series?

Dr Richard Kagan

I worked primarily in child welfare, behavioral health programs with poor, struggling families and families that have been coping with ongoing, continuous traumas that were extremely severe and where families were coming into these programs, or referred to these programs, mostly involuntarily, with a lot of pressure and almost never seeking treatment for trauma.

So one of the things we had to do was to engage them. We had to spend a lot of time engaging families, especially engaging the parents and caregivers. So one of the things we found is if we tried to introduce a trauma treatment early or use even the words trauma, we often will be rebuffed by children, for instance, in a residential treatment program, who didn't want to talk about it or learned they shouldn't talk about it or couldn't talk about the things that happened and never revealed it.

The type of kids I'm referring to often were coming in for high risk behavioral problems, dangers to themselves or to others that were so severe that they were in and out of psychiatric hospitals. And with these children the referral was for the behavioral problems and the expectation was treatment of the child for the behavioral problems, and in progress by the child and improvement.

So we would do a trauma assessment and from there we needed to find a way to engage, not only the child, but the child's family and extended family and everyone who loved and cared about that

child because typically these were children that had breakdowns in attachments, they had extreme problems with dysregulation, and they really fit the diagnostic category for complex trauma. And I'm happy that the ICD-11 now includes complex trauma.

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So these are the children that not only had severe symptoms of PTSD that would meet the criteria for the DSM-5 or the ICD-11, but they also had severe regulation problems, behavioral, cognitive, social. They had self concept and identity problems, and they had major problems in their primary relationships. And mostly what we would see is a breakdown in that primary attachment, that protective shield that psychologists, psychiatrists, social workers have been talking about for decades, that all children need to thrive.

So to engage these children in trauma informed treatment we want to look for a way we could do that that would work and not turn them off. And so a resiliency focused approach we found worked much better than trying to go immediately to the trauma. In any event, many of the children, or a high percentage of the children in these programs have not yet acknowledged what happened, the traumas. And often the reason they're in and out of psychiatric hospitals or child welfare, and child welfare and behavioral health programs or juvenile justice, is that they know that the community authorities also had not yet validated the child.

So our job, and the success of the wonderful people that I worked with, was to build up enough trust with children and their families that they were able to share. We could find out what happened. And then you can take off and then use more of the CBT approaches.

So *Real Life Heroes* was developed as a way to engage children, and especially parents and caregivers, and also practitioners, to do extremely difficult work with families that have been, not only living with trauma, but the trauma has probably been going on, in many cases, for multiple generations and in many different ways, many different types of severe traumas. So those were the part of the origin of *Real Life Heroes* is that we failed, we were not able to use the more traditional CBT approaches with these children directly. We had to do much more work to engage them. And then we could use more of the evidence based models for trauma processing.

Meagen Gibson

And did you find that most of your work, or some of your most difficult work, in that beginning stage in acknowledging the trauma of validating their experience and then also dispelling the normalization of the generational trauma that you spoke of, where people sometimes don't realize that what they've experienced is trauma?

Dr Richard Kagan

Very much so. One of the things that helped us tremendously was we became part of the National Child Traumatic Stress Network, and I want to put a plug in for nctsn.org and encourage people to go to that site to see other trauma models and to learn, especially about complex trauma.

So when we started using standardized trauma evaluation tools like John Briere's test and the UCLA PTSD Reaction Index, what we found was that we would more quickly see that there were traumas, and we would actually find that a good number of parents, caregivers and youths would actually reveal what had not yet been shared despite multiple psychiatric hospitalizations and multiple previous treatment programs, including programs that call themselves trauma informs.

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So we had to actually really show the children from the outset that we are able to talk about trauma and ask the questions, and yet not push them in a way that they were not yet safe enough to go. Because safety, as I'm sure everybody knows, is critical. And for these families, it's obviously not just the safety for the child, it's the safety for the child and everyone the child loves in their world. So if the child might be placed in foster care or residential treatment or a psychiatric hospital but if they know a sibling or a parent is still in danger, then they are in no way even temporarily safe. And they know their own placement is just temporary anyway so they're not safe.

Meagen Gibson

It's incredible work. And after what the whole world has collectively been through in the face of COVID, there's been a lot of focus on resiliency and building resiliency, and I know that that's a huge characteristic that's a part of the focus of *Real Life Heroes*. What does that word mean to you? How do we develop it in ourselves? How do we teach resiliency to children? Why focus on resiliency?

Dr Richard Kagan

Thank you. I think that's the segue to engage so many children and families that are not coming in saying we want to work on trauma treatment. It's a way to focus on strengths within the child, within the family and within their cultural heritage. And often to reconnect them to those strengths that often have been lost. Because one of the things we know with trauma is the vision gets narrowed, and the child, and the family, and often the community at the point of referral to most child welfare, juvenile justice, or psychiatric hospital programs the community has been brought in as in feeling in danger because a child or parents are acting in such dangerous ways.

So resiliency, here we look at two primary measures, and I appreciate you bringing this up because we use that as a guide at the beginning for assessment and treatment plan, service planning, but also every session. And that includes, first of all, the level of the child's self regulation. The second thing is the level of strength of the emotional support of connections or relationships the child has with primary parents and caregivers. We're looking at these two axis and quickly see, where is the child? Are they at a point where primary safety issues are paramount? Or hopefully a little bit higher point where we can address some of these things that have been going on and repeating over and over again, these crises and repeated traumas that so many of our families have been living with or expect to be living with in the future?

Meagen Gibson

Because trauma doesn't necessarily, does not discriminate. It doesn't discriminate based on socioeconomic factors. Those can all be contributing factors to trauma and CPTSD, but all people can experience trauma and complex trauma. And those two different factors that you just talked about, the capability of a child to cope and the skills that they have to cope and those tools, in addition to the evaluation of the family's ability to hold space for that child while they're coping, does the family have those skills? Do the family members have those skills? Is the environment safe? All of those different factors have to be separately evaluated, as you just said. It's fascinating.

Dr Richard Kagan

In terms of resiliency, I can't emphasize enough the importance of attachment. And I'm sure most of the people listening know that the children we see with symptoms of complex trauma very much

match the children with chaotic, disrupted attachments, and they really don't have that security. And while their behavior appears strange, I thought about it like a zebra in the zoo. It doesn't make any sense if you see the zebra in the zoo. But if you see that child and their family, you see how their behavior makes a lot of sense based on how they've been living.

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In *Real Life Heroes*, in terms of back to the resiliency, we're really trying to engage someone to be there for that child as much as they can. So hopefully it's the parent. And we want to work hard to empower and engage the parents, if not someone else. It could be an aunt or an uncle or an older cousin or a mentor or a clergy or a coach, somebody. Because one of the great things about humans is they can thrive with very little, but they need to find somebody that they can share their story with, somebody that they can feel safe enough to share how it felt to experience what happened to them.

So I often think that, and I think most trauma model developers would agree that most of our work goes back to some of the original trauma treatment models. Charles Figley's work, for instance, back in the late 70s with Vietnam veterans and then families. And mostly what we're doing is trying to find a way for the story to come out in a way the children can be held and kept safe and validated at whatever developmental level the child is.

So you might have a 15 year old who's acting like a 2 year old and therefore in a psychiatric hospital because they're so dangerous and they're big. Or you might have a 15 year old who is acting like a 13 year old because the trauma happened at 13. So often we see that when terrible traumas have happened or the worst traumas, especially those who break down those primary attachments, then the child's development stops.

And that's why people like Robert Pynoos and Bessel van der Kolk have talked about it. And others in the NCTSN Complex Trauma Groups have talked about it. This is a developmental trauma disorder that we're really focused on. And while that's not in the DSM-5, we really understand how living with complex and chronic traumas that affect regulation and self concept and relationships, that these derail development and take away what all parents know they have to do. And at a time of pandemic, people are really struggling just to get by anyway, especially families that have lost their jobs and their income and security. So this has become a much more difficult year for these families.

Taking a resiliency focused approach is we're really trying to bring out the strengths. And that's our key. And that's why the model can work and also why the model can be fun. The other thing we do is we do a lot of fun things, creative arts. We originally were doing drawing and the rhythm, because rhythm is directly tied into the limbic system, the brain. Because we are really thinking neurobiologically in terms of rebuilding those attachments. We're thinking, and we're definitely thinking about brain to brain, that neurobiological attachment that neurobiologists have talked about. And how do we rebuild that in families and communities that have lived with multiple traumas.

So we're doing rhythm and music and improv and movement and yoga. And it's fun stuff to get your body moving so that you're getting a child in their body and brain moving and reconnecting with, hopefully, a parent or caregiver that is able and willing, that we could bring in, to come in and hopefully then validate the child's experiences.

It's our goal. And our primary goal, and this has been talked about by other leaders of other trauma treatment models, I think of Alicia Lieberman in particular, talked about our goals really to find a primary caregiver or parent that's able to hear the child's pain, hear the child's distress. If the child can

feel safe enough to share their emotional experience with that parent, caregiver. And that's really our goal, to reconnect.

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And when we get that it's like magic, because then we can do a lot of the skill building stuff and CBT, and the kids, and the parents and the families take off. And you get the kids out of residential treatment and you get them out of the psych hospitals and you see the behaviors improve.

Meagen Gibson

One of the things that I imagine in all of that movement oriented integration into the program is that trauma happens in the feeling center, from what I understand. And adults often have the language to talk about difficult things, but children don't know how to language and speak or think about somatic and felt experiences. They know that they need to react in a certain way to establish safety or to try to exert control over their situations, but they don't know how to speak about, I'm acting in this way because I'm feeling unsafe. Especially if their development has been interrupted by a traumatic experience or complex or ongoing traumatic experience.

So a lot of that movement, especially with someone that you're trying to establish trust with, that you're trying to re-establish that relationship with, a lot of those exercises are in partnership with that person, that primary caregiver, hopefully, I imagine, really are just the building block from which you can start all of that development, getting re-established from a point of safety. And then being able to develop both of you together down that pathway.

Dr Richard Kagan

Yes. Very much so. I think that's what we're trying to do.

Meagen Gibson

Where did you start incorporating things like yoga? And I know I have some improv experience purely for fun, and I found it to be really developmentally important to my kids. It's the way that I can get them on my team to do just about anything, if I work it into a subtle, subversive improv exercise that they're not aware that I'm doing with them. So how did you come to that methodology to incorporate into all of this?

Dr Richard Kagan

Well, using yoga came from, first of all hearing pre-eminent trauma therapists like Bessel van der Kolk talking about using yoga studies with adults, which have been found to be helpful, extremely helpful with trauma. And then also from colleagues working with kids. From having children, and now I have grandchildren, and seeing how they can use so many great books for young children using yoga, yoga pretzels and things like that where you can find ways to engage kids. But not only just to engage the kids to learn to do slow breathing in fun ways or different ways of movement in ways that can get them reconnected to their bodies and regulated, more sufficiently regulated, but also fun activities to do because somebody is guiding it with young children.

So it's all about rebuilding attachments. You can use these fun movement activities and yoga. So in *Real Life Heroes* we use these fun yoga activities have been adapted from many of the yoga books for children at different ages, as ways that caregivers, whether that is a foster parent or a grandmother or

grandfather or hopefully a mother and father, or cousins or counselors in residential treatment can engage kids, and do fun things in safe, fun ways that gets them back in touch with their bodies.

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And improv, actually I learned from my daughter who took some improv classes, and I thought this is perfect because first of all, the principles of improv that I've learned, and I'm no expert at all, that very much match what we learn as therapists to do to engage families. We do the 'yes, and'. And the 'yes, and' actually comes from, I can't remember their names, but psychiatrists and psychologists that worked in initial projects, they used the 'yes, and' approach to engage families in impoverished areas.

And so we see the same ideas working. So if we do a 'yes, and' approach and then we add something and we accept and we go with, we are always going with the child rather than trying to force a child into a model. And that's something that's one of the differences you see in a model like *Real Life Heroes* and some of the other successful, complex trauma treatment models, is you're going with the children and the parents rather than trying to force them into a box.

Real Life Heroes has a workbook and has a structured session, but it's extremely adaptable to where the child is and where the parent or caregiver is. And often, for a lot of the families we're working with, children we're working with, we start out with there is no primary, there may not be any primary parent or caregiver who's able or willing to work concessions. They don't come, they don't show up, they have been abusive and they're still invalidating a child, or they may be intoxicated and still working on their sobriety or any number of things. And we work to try to engage them and to empower them.

In *Real Life Heroes* the idea of the heroes actually is the parent, and I took this initially from the wonderful foster parents who would take children into their homes without knowing anything about those children and then find out, when the children often acted out, what really happened to them, because the traumas were not known. And certainly biological parents and grandpa's and grandma's, being one myself, who are really playing such an important role and have always played a critical role in helping protect and guide children. So we're trying to engage and bring them back with this kind of approach.

So we're also using the heroes concept, which also comes from, if I can talk about this, this comes from Joseph Campbell. It's nothing new.

Meagen Gibson

Of course, *The Hero's Journey*.

Dr Richard Kagan

And most movies and stories, and stories and movies engage kids and engage parents. And a lot of our children when they're acting out are showing dangerous behaviors or are dangerous to themselves or others, often we see they've lost hope. So bringing in the notion of heroes and trying to find somebody, ideally in their family, a mother or father or cousin or aunt, somebody who succeeded or somebody that's linked to their cultural heritage.

Because a lot of our children have lost their connection to their own cultural heritage, or they see it as dangerous because of what's happened. We want to reconnect them to the strengths within their particular cultural heritage, whatever it is. It could be a refugee family, it could be a family from an

impoverished area or area of war or certainly many places that have had racism and persecution, violence and community violence. So we want to re-engage them with the positive parts of their heritage.

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So that's also a part of this. So we see a social actioning agenda here also.

Meagen Gibson

So you're looking to establish that safe person in their life, that if they don't have someone in their immediate family system, that it's somebody that's attached and engaged in the culture from which they have come that can serve as that attachment.

Dr Richard Kagan

And it could even be somebody they admire. So I try to use a lot of our political leaders, or Supreme Court Justices, or whoever the child is into, it might be a sports star or a singer, a rapper or actor or actress.

Meagen Gibson

Astronaut or a teacher.

Dr Richard Kagan

They all have stories, and many of them have trauma stories and have talked about how they overcame the trauma.

Meagen Gibson

Absolutely.

Dr Richard Kagan

And so we want to use their stories, particularly if they're linked to the child's own cultural heritage. See how they overcome living in the projects, violence, alcoholism or abuse? If they experienced those things. And how do they succeed when they lived with racism or persecution or war? And what did they learn and who taught them these things?

And maybe it's somebody who died. Because often we see kids where I worked, where they would be developing successfully, and then it appeared to stop. And that's one of the things at assessment we want to find out. Because some might be 17 or 7 but we might see that they did well through fourth grade and then something stopped. Or they did well to age 4 and then things seemed to stop. So what happened? When we have very little time to do an assessment, we want to cue in very quickly to the child's developmental age and try to figure out what happened, because often that's when they lost their mother or grandmother or father or grandfather or somebody critical in their lives who was holding the family together or something happened that took them away.

And that might be wars or pandemics or just life becoming too much for families. America is a hard place to live, a hard place to raise children, as all parents know, especially those raising children and I

admire parents raising children during the pandemic. That's what my own children have done and been doing.

[00:25:56] Meagen Gibson

Absolutely, not to mention the families of people who had essential workers in their families or people who lost a parent during the pandemic. There's been a lot of that going on.

How do you engage the children themselves in storytelling as a method of treatment? Obviously their stories are super important to hear. I imagine there must be a storytelling element with the children as well.

Dr Richard Kagan

Yes. And that's where we're trying to go. And that actually ties right into most models of trauma therapy, is that we see children or parents and families and communities are revolving in trauma are always hypervisual, hyper alert, hyperactive. So we're trying to get the idea that a story is a beginning, middle and an end.

So with the *Real Life Hero* storybook we ask them to draw a picture. Maybe it's a picture of remembering somebody who took care of them when they were hurt, when they were little, or somebody who taught them a skill. And then if we can ask them if it's a story about a caring relationship, we can ask them what happened before that. And then we ask them what happened after. Now you've got a three part story. Beginning, middle and an ending, and you're off getting them to think about this flow and the segue.

And we want to build that, especially for caring relationships, so that we get this really strong imagery and stories that are felt within the body and the mind and really enhancing and accentuating these memories of being loved by Mama Gram, or maybe they died, maybe they lost them, or maybe they became addicted. But if we can bring back those memories of being loved and cared for, that can be a wonderful thing.

Or even if we can't, maybe there's somebody that they see that has shown caring for them. Maybe there was a clergy or a coach or a teacher or a principal, a school that really showed them this caring, or a teacher that showed them they can do, or a therapist or foster parent that really showed them that they could do something else, and they could be more, and that they even go beyond the traumas that they've been living with.

So that's really what we're trying to pull out here.

Meagen Gibson

And I imagine that is so important, especially because of what you already said about how trauma can narrow your focus and narrow your ability to see anything but that which is most present to your safety and most vital to your safety. And by looking for what happened before, by looking for what happened after, and also by looking at the relationships that you had if you lost someone, or if they changed because of trauma and your relationship with them changed because of trauma, helping open up that story and paint a fuller picture of who that person was in your life before you lost them. Being able to grieve relationships that have changed, looking for the characteristics that you've lost in other people in your life. It's a really important part of that healing, of living a fuller life, of not having that trauma be the thing that controls you anymore.

[00:29:16] Dr Richard Kagan

Yes, the way *Real Life Heroes* works is that there's a workbook, which I will plug in, and a toolkit which guides practitioners for the workbook. But the idea is to really build up that, in the first phase, which is very similar to most complex trauma treatments, is to build up the relationships and the level of self and especially coregulation the children need to be able to then process past traumas, if the child could be safe enough and recognizing that some children may be at a point where they're really not safe enough. And other children, we can get to that point of safety, or we may get to it at different times. It may take a year or it may take 2 years to find somebody, again that relationship, to be there for the child.

It's like, you think of a baby, so a parent holds a baby with one arm and two arms guiding them, holding the baby close. Guiding and touching and relating and eye to eye and smile to smile, but really looking for that and doing that at all developmental ages geared to the developmental ages. We use this a lot.

The model was initially developed for latency age children. I should say that. It's really aimed at 5/6 year old's to 12/13. But I found where I worked we were primarily using them with adolescents with complex trauma. Adolescent's whose development and whose behaviors were more typical of younger children because of the things that happened to them and they were unable to keep moving.

Meagen Gibson

So they were older, but they were behaving as if they were in that zone that you were talking about from 5 to 15.

Dr Richard Kagan

And the traumas that happened in the 6 to 13 or even at the younger ages. So we could engage them with these activities pretty easily by encouraging them to think of ways they could help a sibling or to experiment with things that maybe tied in with things they used to do.

And then we work with adolescents at both levels. At the adolescent level where they may be acting out in some ways, but also at the emotional and social level where they might be stuck, where they're feeling desperate. All they want to do is play with somebody on a playground. They would like somebody to hug them or they would like to play with their stuffed animals or they come back from high school and they're playing with their Legos, and they need space to play with their Legos or their stuffed animals or their puppets because that's where they got stuck and they need to move on.

Meagen Gibson

Without being shamed or embarrassed. Or somebody that validates that need and that experience that they're trying to get through.

Dr Richard Kagan

And that normalizing is, of course, why it's so critical to engage the parents and caregivers up front. So in the *Real Life Heroes* workbook, in the third edition, the new edition, one of the things we've done after our pilot studies is put the psychoeducation first and put the initial safety steps and safety planning first. And it's worked really well to engage the parents and caregivers. Because I used to give

parents and caregivers reading materials. NCTSN has many wonderful things, but I couldn't get them to many parents.

[00:33:03] Meagen Gibson

Nobody reads anymore.

Dr Richard Kagan

But if you use your session in the workbook to do, basically a psychoeducation geared to a fifth or sixth grade child, I've had parents and caregivers, they get that ah-ha, that's my child or that's me, and they see how trauma works, how it's like an alarm bell, how it goes off in your body, how you do these behaviors, and what can help. Because that's the biggest part of a resiliency focused approach is how we help each other. How children and parents and grandparents and aunts and uncles help each other.

And everybody in the pandemic knows this because we saw when grandparents couldn't hug their children, when parents couldn't go in the houses of the grandparents and you couldn't hug your friends, then you really see what we've been missing. And what helps us to stay, in psychology we talk about regulation and arousal as a big factor of trauma. We see how critical it is to have these relationships, however we can do it, even through Zoom as we're doing right now. And I do that with my grandchildren. And that's wonderful.

Meagen Gibson

Yeah, those connections. Absolutely.

So for people that want to find out more about *Real Life Heroes* how can they do that? The majority of our watching audience are not necessarily practitioners, ordinary people like me that just have an interest in trauma work or in helping somebody in their life or themselves. So how can people get engaged in *Real Life Heroes*?

Dr Richard Kagan

So first of all, I have a website, of course, and it's reallifeheroes.net all lowercase no spaces. So reallifeheroes.net.

The second thing, and then you'll see on there the books, but also this would be a good segue to plug, I wrote a book that I'm hoping will be used in trauma informed schools and treatment programs. It's a fiction book. It's a fiction book written for fourth to sixth grade level, and again for adolescents who are functioning at a more lower level. But it's a fiction book to engage children, but also as a way that children and parents and primary caregivers can read together or share a story.

It's really a story about traumatic grief and multiple traumas for a child living in a small town America. A lot of people have experienced in our smaller cities and towns that have lost industry, that have not prospered in the last couple of decades and have fallen behind and where people are feeling really stressed. Whether that's community leaders or certainly schools and definitely families struggling to survive. And so that comes with a guidebook for parents and it's also for educators and for therapists on how to use the fiction book to help foster an understanding of how trauma works.

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And most of all, how we as families, how we as neighbors, how we as a school, and certainly treatment therapy programs can help children. And also how we can hurt children. Because oftentimes communities, schools do things to try to survive, families do things to try to survive that inadvertently hurt each other because we don't recognize the traumas that underlie, for instance, a child's behavior in school and instead just try to provide discipline or structure and of course, we want to keep the school safe. And yet we're not dealing with the root of the problem and it may be a problem that many of the children in the school are facing because of what's going on in their communities.

And I'm talking about parents losing jobs, parents working three or four jobs and not having the time to really be there with their children, they're exhausted.

Meagen Gibson

Especially in a year when most of America's children had to experience some sort of online learning at home. They had family members who maybe weren't able to take off work, they were trying to do that from home remotely on mobile connections and all kinds of complications that nobody ever found themselves trying to work through. It's been taxing on a lot of families.

And so, what I hear you saying is that even if you're an adult in a child's life and you're not responsible for their trauma in any way, you can still do damage by not being trauma informed, by not being able to hold that child as a person deserving of respect and love and admiration, and as a child capable of growth and learning, by not making space for that and only seeing the behavior and wanting the compliance instead of being able to hold the whole picture of who that child is and what they've experienced and also what they're becoming.

Dr Richard Kagan

That's exactly what I want to get to. And really the focus of the book, *The Heroes Mask*, is that oftentimes, and this is very normal, is that when children and parents are extremely stressed and living with extreme stress, especially for long periods of time, is that we start to get detached. Because everybody is in survival mode and because when we're struggling we don't see what we're missing. And so we start to lose that connection with our child because we're so busy. And especially when we have parents working multiple jobs and are stressed and are maybe taking care of their own parents or worried about their own parents or struggling in their relationships, primary relationships.

And then you have a pandemic on top of that where you have to worry about your parents dying or yourself becoming severely ill and having long-term effects, or your children becoming sick. So this kind of stress can often lead, unfortunately, in a very natural way, to detachment. And of course, what we're talking about here is stress on the attachment that children need, that protective shield. Parents needed it too. Parents and caregivers need it too, but we tend to go on and we plug in and then we say, why can't our children just do it? I'm doing it. I did it. Why can't they do it?

And often it's very hard to go back and see that because the child is maybe at a low developmental level, they really need that care and love that a 2 year old needs to thrive, then they can thrive. Or a 13 year old needs to thrive. Of course, all these transitions and development are very hard for all parents to manage, but especially at a time of stress.

[00:40:33] Meagen Gibson

Yes, absolutely. When you feel like you have so little left to give, even of yourself, it's a lot to ask of people, and it takes a lot of work and a lot of self awareness to know what you have to give to be able to see what you were just talking about, recognize those detachment cycles.

I definitely went through that during the quarantine period when we were both working at home. We had two small kids in virtual school. There were definitely periods of detachment where I had to wake up and recognize what was happening and reprioritize and take care of myself so that I could be taking care of everyone else as they needed.

Dr Richard Kagan

So we should all be patting ourselves on the back and hopefully getting the vaccine so we can be close to each other again and helping each other because these social connections are critical for parents as much as children.

In terms of *Real Life Heroes* it's really a child-parent didactic approach, working to rebuild and empower parents, families and then to help the parents and caregivers bring out the hero quality within the child.

And I should back up, back to Joseph Campbell. I really think it's a great metaphor for therapy that I think most therapists can see is that we try to bring children and parents into that special world, which is the therapy relationship if you're a therapist, to create that special world. But maybe you're a grandparent or a coach or a clergy, you're also creating special worlds, whether it's on the football field or in a church or synagogue or mosque where you're working with a child and where they can experiment with new ways of living and growing and developing.

Teachers, of course, do this as they set up their classroom every year. And then parents do this as we see our kids get older, how we're going to keep doing new things with them. So it's just a way to go on this journey where we're developing skills and we're going to pass, as Joseph Campbell talked about in every mythic story around the world and every culture through time, is we're going to face challenges and ordeals, and we can learn from those ordeals and we can build up alliances and relationships and hopefully come to that point where we really deal with the worst challenge.

Of course with trauma therapy we're talking about that as some of the hardest traumas. And that's typically the loss, the breakdown of relationships with people you loved and how can we rebuild those? Or can we learn to grieve those and reattach, help kids and parents reattach?

Meagen Gibson

I really enjoyed *Real Life Heroes*. I've got a copy of the new book, the fiction book that you talked about on the way here. I can't wait to read it. Thank you for your time.

Dr Richard Kagan

Thank you. Thank you so much. And thank you to everyone who is doing this work.