

---

## The Neurosequential Model in Caregiving<sup>®</sup>

### *The NMC Ten Tip Series* The Intimacy Barrier

If the child you are living or working with has a history of severe early life disruptions such as abuse or neglect in context of his or her primary caregiving relationships (often manifesting as “attachment” problems, *it is highly likely he or she will demonstrate fear-related behaviors in relational interactions.* These children have made an ‘association’ between intimacy and threat. Common social engagement and especially nurturing behaviors are likely to elicit a range of inappropriate behaviors including 1) avoidance, 2) escalation, and potentially verbally or physically abusive or threatening behavior.

There are three key elements to understanding this abnormal ‘intimacy barrier.’ First is controllability; if the child controls the timing and nature of the interaction it feels less threatening to him. Second, these children are very sensitive to physical proximity and usually require more ‘distance’ to feel that someone is NOT in their personal or intimate space. Finally, they are also ‘sensitive’ and fearful of abandonment. They will over react if you are too close and if you seem to be emotionally or physically disengaging.

The end result is a child that makes the adults very confused about how to interact; the very same interaction that seemed so good on one day leads to a meltdown and abusive language the next day. Caregivers begin to feel like they are ‘walking on egg shells.’ No other problem with maltreated children leads to more misunderstanding and placement disruption than problems with attachment and these ‘intimacy barrier’ sensitivities.

Here are few practical tips for those living and working with children demonstrating this kind of ‘relational sensitivity.’

1. Watch your proximity. It is not unusual for these children to feel you have crossed into their personal space long before you do. Typically give them about 2 more feet of ‘space’ than you might for a child with no history of maltreatment.

2. Present, parallel and patient. Despite the way they treat you, they do want you to be there. It is much more effective if you avoid face-to-face interactions. Being in parallel is much less threatening and allows you to have some positive and bonding interactions (e.g., coloring, walking and talking, working with Legos, washing dishes or cooking together, and going for a drive in the car). And then be patient. Quiet presence can be very regulating for these

children. Invite them to 'shadow' you – follow you around while you are engaged in some activity (e.g., working in the yard, doing errands).

3. Let them come to you. This is one of the most difficult tips to act on consistently. We want to comfort and sooth these children. Yet so often if we move to do this, they push back. Remember – present, parallel and patient. Rather than running over when they seem upset and asking 'what's wrong?' slowly walk closer. Sit and let them move towards you. If they control it – and they want your comfort – they will come to you. Do this even with conversation; if you ask how school was – make sure you are either parallel or that you both are doing some kind of regulating activity such as walking or sitting in the car. And then don't ask more. One question. If you get, "Fine.", let it go. Don't keep probing. It feels intrusive to these children. Silence is more powerful than you realize.

4. Don't take it personally (easy to say, hard to do). The person that the child loves the most – wants to be connected to the most – will be the one who gets the most abusive language and behavior. As hard as it is, remember their thinking and behavior is 'fear' based. Don't let their behavior 'break' your empathic bond. When you feel yourself pulled into a negative 'co-dysregulation' step back. Disengage verbally and physically. Use other adults to help you with this. No one person can ever handle this level of challenge alone.

5. Give them 'elements' of control. Control over physical proximity, touch and discussion of emotionally charged topics is essential for these children. Keep clear and unambiguous boundaries (such as expectations about physical harm to others or destruction of property) but within these 'pick your battles.' If they don't want to eat something, or do their homework, let them live with the consequences of their choices; be hungry and fail the class. Give them options when there are important tasks for them – learn how to use such approaches as reflective listening – or Collaborative Problem Solving (CPS: see ThinkKids.org). Their route through childhood and into adult life will not be typical.

6. Give them adequate time to make choices. Remember that these are often very dysregulated children; their ability to 'think' clearly is fragile. When they get upset, they can't reason well. So when they are oppositional and resistant to a directive or over-controlling, it is related to their sensitized fear response. When they are more regulated, they will make better choices. Often they need time to 'calm' a bit before they choose.

7. Give them warnings and options when touch or proximity is necessary. The more you narrate and give them adequate 'notice' that you are going to be close and touch them the easier the interaction will be. "Now we are going to wash our hands. When you are ready come over the sink and we can wash our hands together." "Ok, I'm going to rub some soap onto your hands." "

8. Understand that relational interactions ARE their "evocative cues." Most of you are familiar with the 'trauma' cues that are often seen with PTSD: a loud noise may be an evocative

cue for a combat veteran – who will have a profound fear response when he hears an unexpected loud noise (such as a car backfire or a firecracker). Evocative cues that cause intense fear reactions can come from many things; for these children and youth, human relational interactions are filled with these evocative cues. Because their traumatic experiences took place in their family and often at the hands of their primary caregiver, relationships become ‘mine fields’ filled with emotional landmines. And unfortunately, they bring this into your home. You never know when the next ‘step’ or interaction will blow up the family.

9. Remember they are also ‘sensitized’ to abandonment. Simple ‘notifications’ like, “I’m going to my room to get a sweater” will help decrease dysregulation – and melting down. Do this even for older children; the more you narrate and announce transitions, let them know where you are or give them ways to contact you (e.g., if you do leave, give them permission to text or call you anytime). Many of these children have not developed the ability for ‘store’ you in their mind; they benefit from visual cues and reminders such as photos. In general, the kind of reassurances you give toddlers about where you are – and where you will be – and when you are coming back – are helpful (even for older children and youth).

10. Regulate yourself before you can expect to regulate them. Humans are ‘contagious’ to the emotions of others. If you feel exhausted, overwhelmed, frustrated, it is likely that rather than helping your child calm so she can connect and reflect, you may (unintentionally) be escalating her. Take care of yourself (a future NMC Ten Tip topic will be on self-care).

From: Perry, B.D., Hambrick, E. & Perry, R.D. (2016) A neurodevelopmental perspective and clinical challenges: in: Transracial and Intercountry Adoptions: Culturally Sensitive Guidance for Professionals (Eds: Rowena Fong & Ruth McRoy) Columbia University Press New York pp. 126-153

