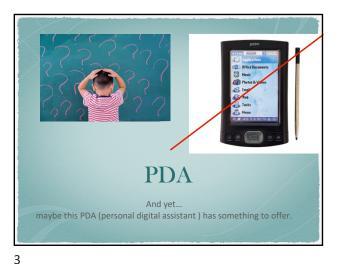


In this session:

- Look at PDA (pathological demand avoidance); RSD (rejection sensitivity dysphoria); HSP (highly sensitive person) as descriptions of something that is (internal) and is happening (transactional).
- Explore why these terms matter now (in the age of social media).
- * Explain to parents to shift from labels to helpful insights.

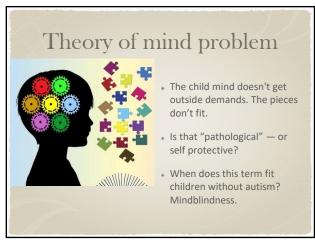
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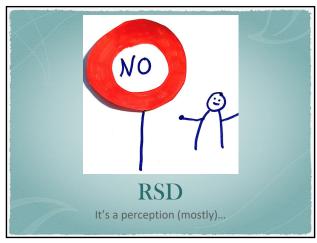


Unpacking to the function

- * Pathological demand avoidance what a terrible name.
- To the child's brain, demand doesn't make sense/ doesn't compute, feels confusing.
- The energy of the demand coming from the outside becomes overwhelming and feels endangering.
- * Avoidance —what to do when it is too much, too hard, too confusing= refuse.

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Unpacking the function

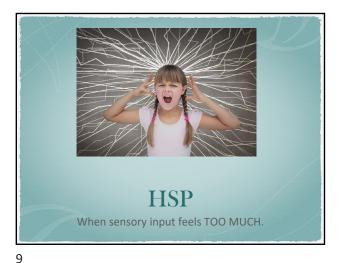
- * RSD is associated with ADHD.
- Children (especially with ADHD) are mixed up about in their feelings, thoughts and bodies/ and often feel everyone is mad at them.
- * Anger can feel like rejection.
- And over time this becomes internalized as a sensitivity—an expectation that it will happen.
- * Dysphoria = unhappy, uneasy, unsatisfied that IT can't work (it = relationships).
- Often coupled with oppositional behaviors to stay connected and fulfill the expertation

Self fulfilling prophesy

How expectations "seal the deal" for kids...and sometimes parents. So change the interactions.

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The dysfunction of HSP

- * Being sensitive can be a blessing— and also a burden.
- Sensory stimuli needs regulation; when it FEELS too much, then person can experience overload that is both neurologically and psychologically "painful".
- In children, pain is often experienced as happening to them—so they either collapse or explode.
- * Functioning becomes difficult when they are so overcome.

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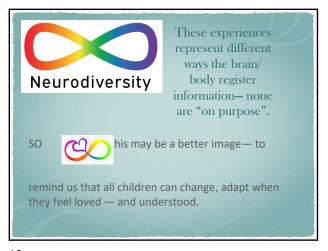
Bring in the bubble wrap



- HSP needs extra protection and needs to learn how to find this protection.
- When sensory overload lessens, then the body can relearn regulatory tolerance.
- Parents start as the coregulators but eventually this must belong to the child.



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Advice for parents...and

- 1. Children always need parents who are interested: what is happening for you/inside you? Children show distress when they are feeling distressed.
- 2. Parents also benefit from asking <u>how are we doing?</u> The transactional nature of these "maladies" is significant— the child perceives (sometimes with accuracy) that parents are distressed, frustrated—without clear
- 3. Provide explanations AND practical ideas about what might reduce stress
- 4. The goals are to feel their parents' understanding and then help the child function— with these challenges.

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For children...

- * Explain what is happening in
- * Help them know this is how they perceive/ and why it is hard.
- * Rebuild their connections with often there is damage that must be
- * Work for deals— ways they will try to manage better (mastery) if/when their parents help them.
- * Parents need to be USEFUL.



A word about mental health on the web...

* Alphabet soup

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- * Descriptions tend to be broad, inclusive, engaging.
- * Mental distress vs. disturbance vs. persistent disease// rarely delineated.
- * Especially teens are self diagnosing—+ increased awareness but sometimes at
- * Always talk about functions— how your brain, mind is working. Keep it accessible. Think mastery.



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