

Authentic Parenting in a Pressured World

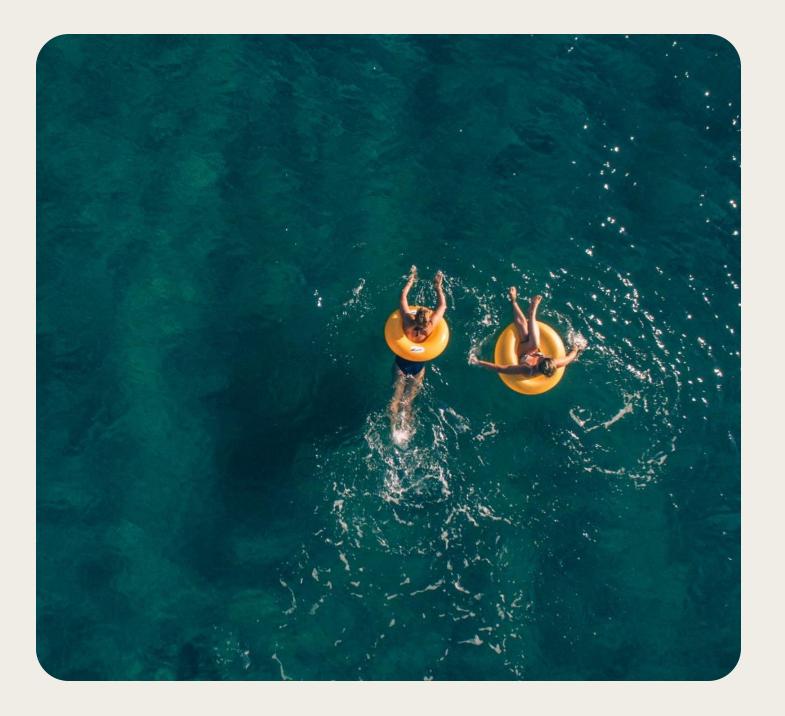
Presented by Stephanie Bogle

Introduction:

How did I end up here!?

• A tired mom of 3 drops into Dr Batycky's office.....





Agenda

- 1. Learning to parent
- 2. The pressure of social media
- 3. Boundaries are a gift
- 4. The empowered "no"
- 5. ACEs
- 6. Shame
- 7. What kids *really* need
- 8. Your authentic parenting style
- 9. Q&A

What do I need from you?

1)Participate – all you introverts yell – "yay!"

2) Ask questions or comments as we go

3) Be curious with your internal reactions

Q: Who has a really difficult job?

"The truth is, parenting as well as we can is always hard – really, truly, the hardest thing any of us has ever done."

-Dr. Laura Markham, Clinical Psychologist



How did our parents learn to parent?

-Modeling after their own parents

-Family/friends

-Culture

-Religion

-Generational norms (gender roles)

-Pamphlets

-Books, *no internet!*

How are we learning to parent?

-Modeling after our own parents

-Family/friends

-Culture

-Religion

-Generational norms

-Books

-Podcasts

-Community parenting classes

-Youtube

-Instagram

-Tiktok

-Online forums –Reddit, Whatsapp, Facebook

-Online courses/toolkits

-Apps

Then

"Good parenting" meant a clean home, fed children, and discipline

Obedience – Authoritarian parenting

Less judgment due to fewer comparisons

Now

"Good parenting" now includes emotional availability, academic support, social development, screen time management, and more

Authoritative parenting

Constant comparison via social media; parenting pressure is high and often perfectionistic

Do you feel overwhelmed yet?



Social Media & Parenting

10 20 60

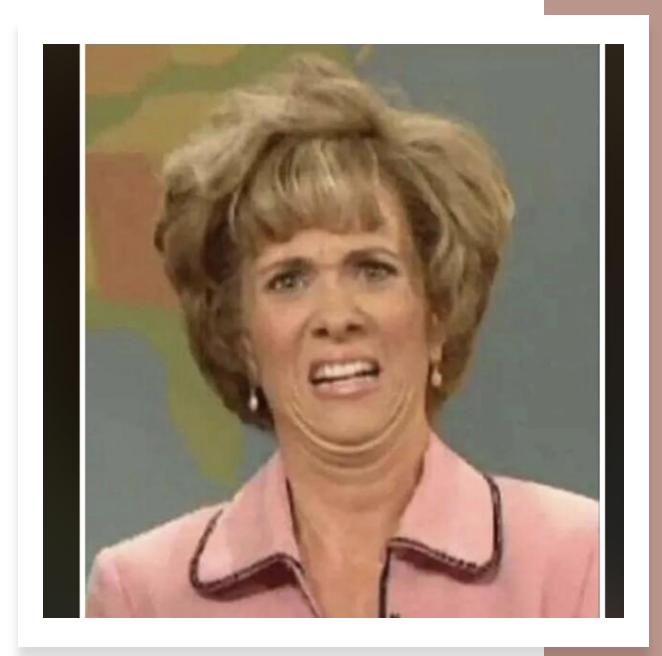


Instagram



The Listening Switch "technique"

Did a clown car of confusion just arrive?





Expert	Term Used	Core Action
Dan Siegel	Attunement/ Mindsight	Be present, reflect feelings
John Gottman	Emotion Coaching	Validate before guiding
Ross Greene	Empathy Step (CPS)	Understand the child's unmet need
Laura Markham	Connect Observative	Use connection as the foundation
Bruce Perry	Reflective Dialogue	Respond calmly, without rushing to fix
Tina Payne Bryson	Connect and Redirect	Join emotionally, then guide
Gordon Neufeld	Collecting	Build attachment before influence
Fred Frankel	Child-Directed Interaction	Reflect, praise, and follow child's lead
Scott D. Miller	Feedback-Informed Approach	Let the child's experience guide the process

3

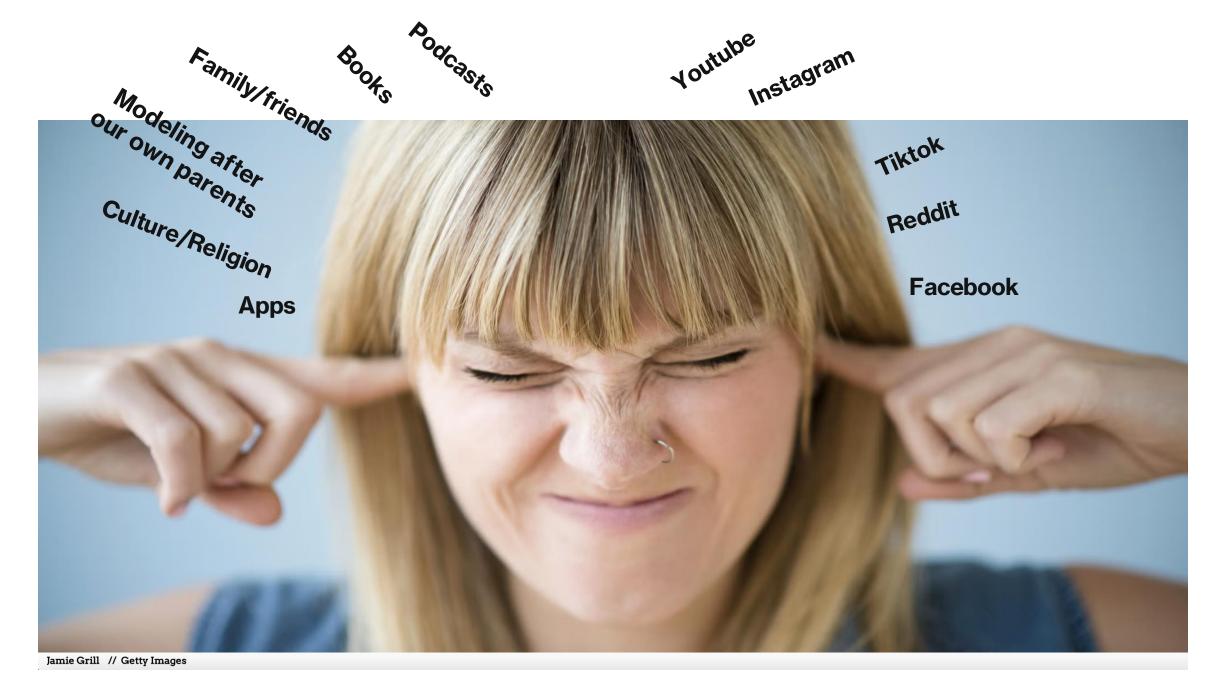
Foundational supports every child needs

to unlock

growth, learning, cooperation, emotional regulation & healing









BOUNDARIES

Boundaries are expectations and needs in different areas of human experience that help a person feel safe and comfortable in their relationships. Below are six common boundary areas with examples of what they include.

Intellectual Boundaries Preferences related to how

opinions, thou conversational shared and l

Physical Boundaries

Physical body

Personal space as experienced through your senses

Preferences for respect, privacy, closeness, and touch

Emotional Boundaries

What, where, and how much a person shares their emotional life

How your own and others' emotional needs are handled

Material Boundaries

Treatment of possessions and property

Preferences and needs regarding possessions and property

How possessions and property are shared

Sexual Boundaries

How sexual matters are talked about

When, where, and how sexual material is presented

Consent related to sexual or sexually suggestive words, jokes, images, gestures, or touch

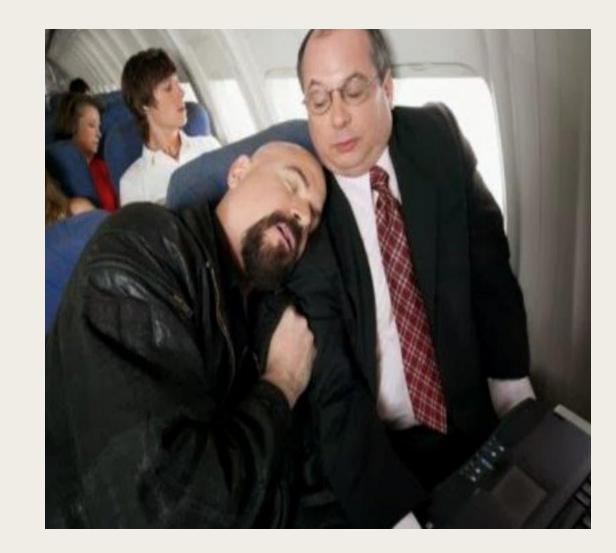
Time Boundaries

How you relate to your own and others' time

How time-related needs and preferences are handled

Why I might struggle with boundaries:

- ► Fear of rejection
- ► Fear of confrontation
- ▶ Guilt
- ► Was not taught healthy boundaries



Setting healthy boundaries is scary



How I look while setting a boundary

How I feel while setting a boundary

Emotional Boundaries

 You are responsible for your own emotions

CHECK YOURFOUNDATION!

Body Stuff

Your Environment

Situational

















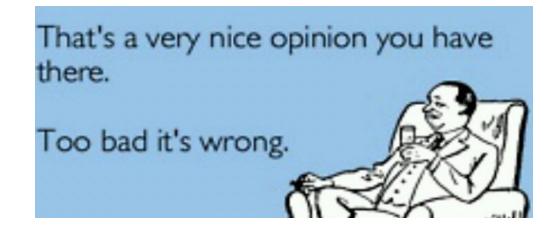




Foundation

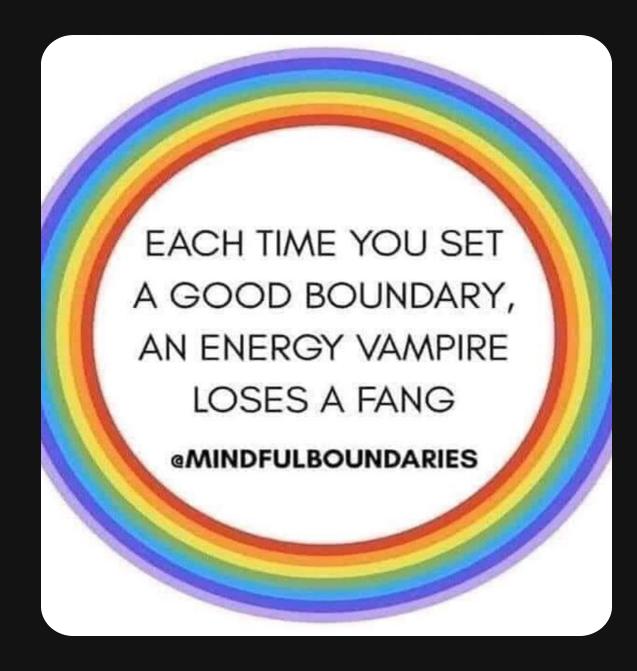
INTELLECTUAL BOUNDARIES

 We respect people's thoughts, opinions and ideas



TIME BOUNDARIES

Put time boundaries around your work, time you spend with others and time you have alone.



What do healthy boundaries look like?

-When you share your personal information it is in a gradual process

-Your physical and emotional boundaries are safe

-1) You can be assertive and are okay when others are assertive with you

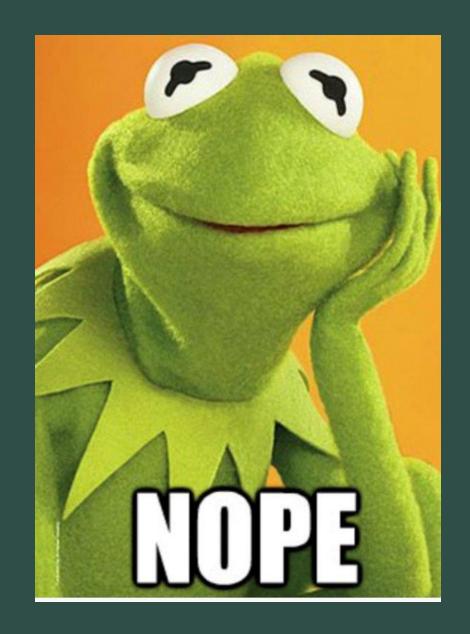
2) For example: Both parties can say "yes" and "no" and both parties will be okay with that response



Identifying your boundaries lets you define what is you, what matters to you and what does not.

Healthy boundaries is about self- respect, having good selfesteem and allows you to have healthy relationships.

GET COMFORTABLE WITH THE WORD "NO"



HOW TO

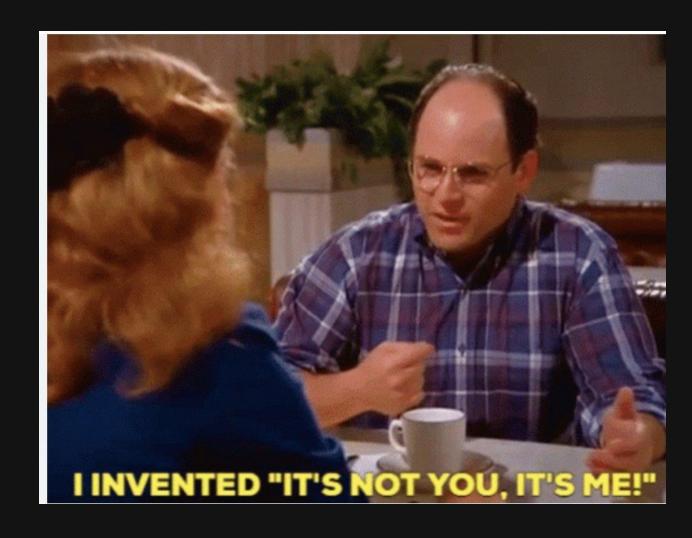
PROVIDE AN EMPOWERED "NO"

(VS. A DISEMPOWERED "NO")

"When we say "no" we are giving voice to what <u>we</u> care about and what <u>we</u> believe in." -Dr. Vanessa Patrick



Our "no" to others is about <u>our</u> beliefs, values and what we stand for.



It is not about the other person.

How to Say "No" the right way

"I can't" vs. "I don't"

"I Don't"

ls empowering!

It means you are making a choice and following your own <u>values/rules.</u>

"I Can't "

It is disempowering

 Demonstrates that you are not capable of doing something or there is an external source that is controlling you.



	DEPENDABILITY to be reliable and trustworthy 9/01	DUTY to carry out my duties and obligation	ons 9/01
ECOLOGY		EXCITEMENT	
to live in harmony with the environment		to have a life full of thrills and stimulation	
21	9/01	22	9/01
FAITHFULNESS		FAME	
to be loyal and true in relationships		to be known and recognized	
23	9/01	24	9/01
	FAMILY	FITNESS	
to	o have a happy, loving family	to be physically fit and strong	
25	9/01	26	9/01

Examples of Values

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To take an empowered stance use:

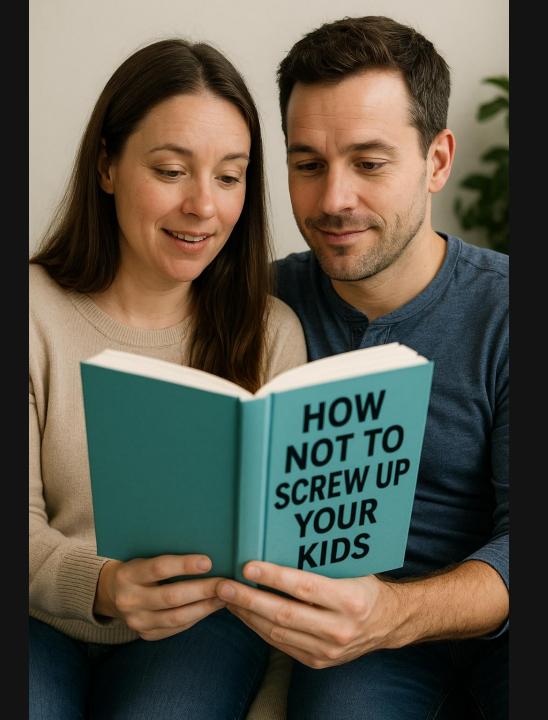
• "I don't...."

• "I never..."

"I always..."



An empowered "No" needs to be direct and concise.



Do you know your ACEs score?

Adverse Childhood Experience Questionnaire for Adults

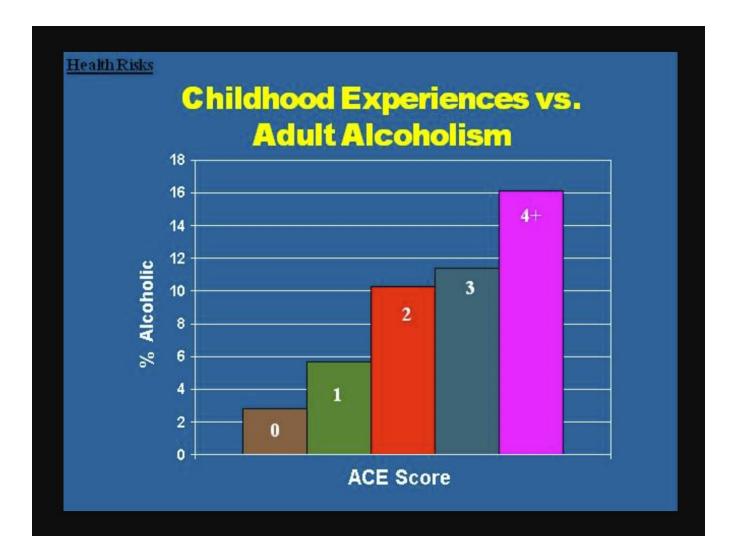
California Surgeon General's Clinical Advisory Committee



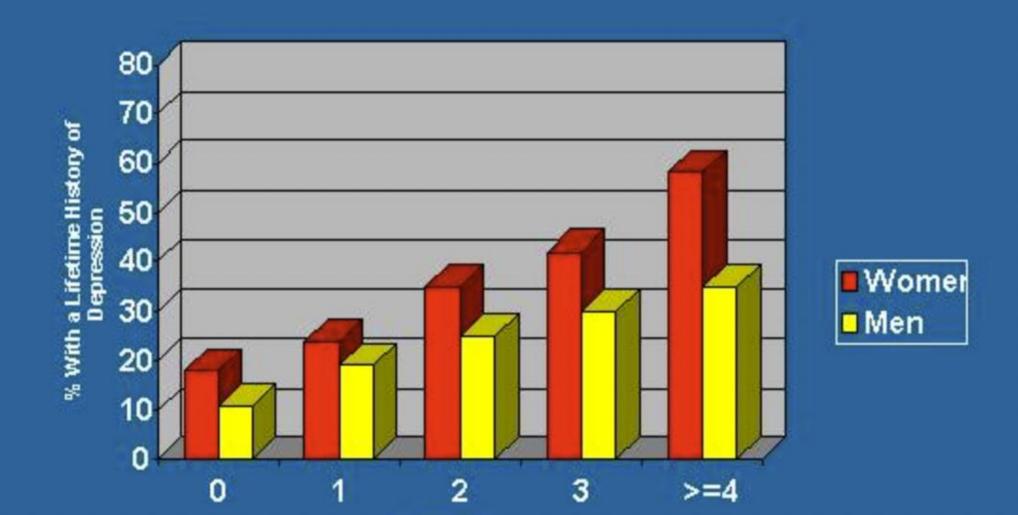
Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

below, please place a checkmark next to each ACE categories of ACEs you experienced prior to your 18 th birthday. Then, please add up the number of categories of ACEs you experienced and put the <i>total number</i> at the bottom.	
1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	
2. Did you lose a parent through divorce, abandonment, death, or other reason?	
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	
6. Did you live with anyone who went to jail or prison?	
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	
9. Did you feel that no one in your family loved you or thought you were special?	
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	
Your ACE score is the total number of checked responses	

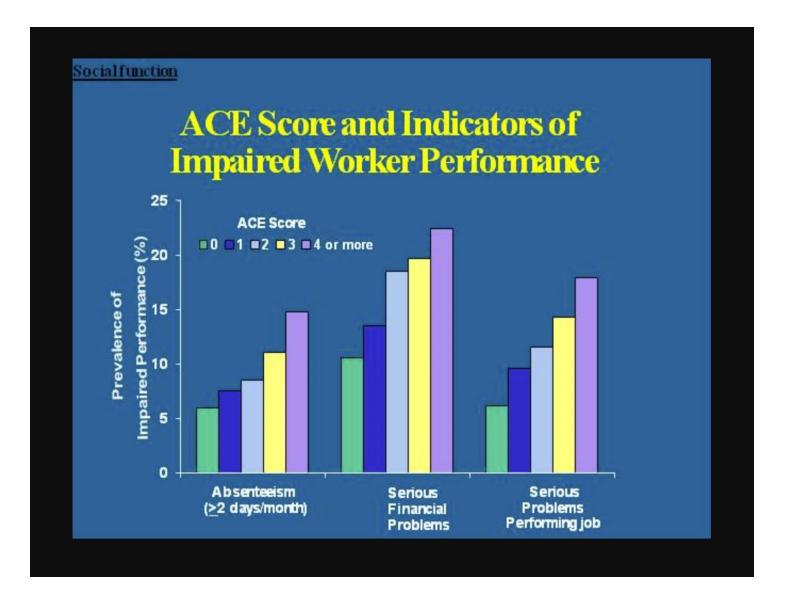
All of these graphs come from "The relationship of adverse childhood experiences to adult health, well being, social function and health care", a book chapter by Drs. Vincent Felitti and Robert Anda, co-founders of the ACE Study



Childhood Experiences Underlie Chronic Depression



 https://acestoohigh.com/ /got-your-ace-score/



• Individuals with ACE scores of 6 or more have been shown to die on average nearly 20 years earlier than those without ACEs.

https://acestoohigh.com/got-your-ace-score/



Adverse Childhood Experiences (ACEs)

Counter-ACEs

Physical abuse

Verbal abuse

Sexual abuse

Physical neglect

Emotional neglect

An alcoholic parent

A family member in jail

The disappearance of a parent through divorce, death or abandonment

A family member diagnosed with a mental illness

A mother who's a victim of domestic violence

Liking school

Teachers who care

Opportunities to have fun

A predictable home routine

Feeling comfortable with yourself

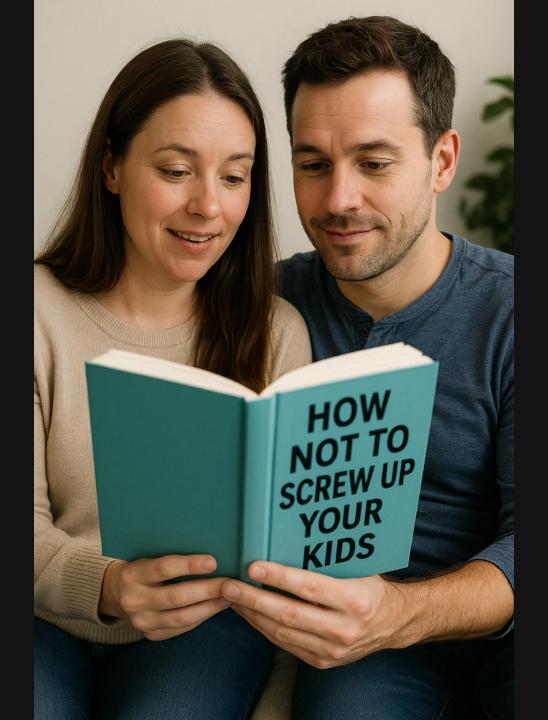
Having a caregiver whom you feel safe with

Beliefs that provide comfort

Having good friends and neighbors

Referenced from https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf and https://www.sciencedirect.com/science/article/abs/pii/S0145213419302662







"I believe that if we want meaningful, lasting change we need to get clear on the differences between <u>shame</u> and <u>guilt</u> and call for an end to shame as tool for change."



"Do you really want to go out looking like that?"

"You let your teammates down during that game."

"Why can't you get good grades like your sister?"

"Why do you hang out at home all the time instead of going out like other kids?"

"Why are you crying? It's not that bad."

Harvard health

Studies link shame with increased risk for depression, anxiety, self-harm, and even suicidality.

Nikolić M, Hannigan LJ, Krebs G, Sterne A, Gregory AM, Eley TC. Aetiology of shame and its association with adolescent depression and anxiety: results from a prospective twin and sibling study. J Child Psychol Psychiatry. 2022 Jan;63(1):99-108. doi: 10.1111/jcpp.13465. Epub 2021 Jun 16. PMID: 34132398; PMCID: PMC9292396.

Sheehy K, Noureen A, Khaliq A, Dhingra K, Husain N, Pontin EE, Cawley R, Taylor PJ. An examination of the relationship between shame, guilt and self-harm: A systematic review and meta-analysis. Clin Psychol Rev. 2019 Nov;73:101779. doi: 10.1016/j.cpr.2019.101779. Epub 2019 Oct 30. PMID: 31707184; PMCID: PMC6891258.

SHAME VS. GUILT

Understanding the difference

SHAME

Shame is feeling bad about yourself as a person.



GUILT

Guilt is feeling bad about what you did.



I DID SOMETHING BAD.

WHAT TO DO WHEN YOU EXPERIENCE ...

SHAME

- Exercise self-compassion.
- Recognize shame as a survival tactic.
- · Seek healthy connections with others.
- Talk to your therapist.



GUILT

- Admit you are wrong.
- Take responsibility.
- · Seek forgiveness.
- Change your behavior.





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Is this something they can change?

Is it important that they change it?

Is this a good place and time to say anything?

Do they want to change this behavior?

Is there a better way of changing this behavior? -claire McCarthy, MD,



Wait!? What about those 3 things???



SAFE

 Safety = A state of being in which the nervous system can rest, relationships feel secure, and behavior is guided by connection – not fear.





SEEN

 Seen = The experience of being emotionally understood, attuned to, and accepted for who you truly are – not just what you do.

Supported

• Supported = The ongoing presence of a caring, responsive adult who helps a child face challenges, regulate emotions, and grow – without shame or pressure.





Safe, Seen & Supported

Relational conditions that unlock growth, learning, cooperation, and healing





Q & A



You don't need to paddle alone

Thank you