

Dr. Stephanie Dueger, otherwise known as **The Attachment Doctor**, is a psychotherapist, parent coach, and educator, who works with expectant and new parents and their little ones. She helps individuals, couples, and families with young children heal relational challenges and resolve trauma using an attachment-based and somatically-informed background.

Stephanie received a MA from Naropa University in Transpersonal Counseling Psychology with an emphasis in Wilderness Therapy. After meeting her husband in the same program and falling in love with their first-born daughter in 2007, Stephanie turned her focus to early somatic attachment work, training and assisting with The Brook Institute. She then earned her PhD from *The Chicago School of Professional Psychology*, with an emphasis in Somatic and Pre- and Perinatal Psychology in 2015, having a second, deeply-loved daughter along the way.

Stephanie is the Editor-in-Chief of the academic *Journal of Pre- and Perinatal Psychology and Health*, as well as a writer. Her first book—the one she wishes she'd had for herself when becoming a parent—is currently in the publishing process, and has a "due date" sometime in January, 2020. Tentatively titled Preparing for Parenthood: 55 Essential Conversations for Couples becoming Families, the book is filled with conversation-starters and helpful action items for couples to complete prior to becoming parents. These conversations and action items help couples transition into parenthood in ways that best align with their own beliefs and values, creating greater connection, understanding, and confidence for the new family.

A lover of wilderness, travel, and all creatures, Stephanie spends most of her free time with her family outdoors. She lives in Boulder, CO with her husband and two daughters. You can learn more about her at www.drduegertherapy.com

Strengthening Your Relationship with Your Partner and Baby Before Birth for Healthy Attachment and Bonding

Transition to parenthood:

- often presents unexpected challenges
- may create anxiety, stress, doubt
- can contribute to Perinatal Mood Disorders
- can strain a partnership/marriage

- can affect both the family's ability to bond well with baby and to provide secure base for baby's budding attachment relationship

Pregnancy: 9 months (=/-) gestation, fruitful time to prep for parenting

Stephanie's role as psychotherapist: help expectant and new parents and their babies resolve pieces that may not be going/have gone so well. In pregnancy/birth/postpartum time: integrating trauma, loss, relationship challenges, attachment/bonding issues.

Stephanie's role as parenting coach: help parents-to-be navigate relational changes and parenting questions, so they feel better-equipped & more confident.

The following information is taken directly from Stephanie's upcoming book, Preparing for Parenthood. These are some of the many conversations and action items included.

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How to Strengthen Relationship with Partner

1. **Communication** (one of two pillars of solid relationship)
 - a. **Conversation**: In what ways do you imagine you would like to improve your communication skills as you become parents? Consider the way you currently communicate with your partner, especially under stress, and the effects this has on each of you. Consider the ways your current communication styles might impact your child. What kinds of communication skills would you like to model for your child?
 - b. **Action Item**: Write down the communication skills you would like to model for your child and help your child develop. For example, "We'd like to model for our child that disagreements can be respectful and fair. We won't tolerate put-downs, or physical or verbal aggression."

2. **Intimacy** (second pillar)

- a. **Conversation**: In what ways do you currently connect intimately with your partner? (Sex, hugging, massage, cuddling, holding hands, etc.) How might you stay intimately connected if there are events postpartum that make it difficult to resume intercourse for longer than expected?
- b. **Action Item**: Create an intimacy plan together, anticipating a potential extended pause in intercourse postpartum. Come up with ways you feel comfortable asking for intimacy needs to be met, as well as ways you feel comfortable setting healthy body boundaries when needed. For example, partner 1: "I'd like to cuddle with you tonight." Partner 2: "I'm good with cuddling. Please don't touch my chest area, because I'm sore from nursing."

3. **Finances** (can be an increased stressor after baby arrives)

- a. **Conversation**: Many estimates of raising a child in a middle-class family in the United States run about \$14,000 per year. What plans do you have in place to cover increased expenses after your child is born?
- b. **Action Item**: Estimate these costs together by looking up averages online. In what ways might you be able to lower costs if needed? (i.e. asking for some items at a baby shower, getting some items second-hand, etc.)

Cost estimations during baby's first year:

Child care: \$ per month

Diapers: \$ per month

Formula/Baby Food: \$ per month

Baby clothes: \$ per month

Car seat: \$

Stroller: \$

Sleeping space (crib/co-sleeper): \$

Baby's room: \$

Increased health insurance costs: \$ per month

Other: \$

4. **Roles** (spoken or unspoken, may gravitate toward out of necessity or interest)

a. Conversation: How do you imagine your roles may change after your baby arrives? Will one or both of you be staying home with your baby for a certain amount of time? Are there unspoken expectations about what the role shifts will be? For example, if one person stays home with baby, are they doing all the household chores?

b. Action Item: Complete the following grid:

	<u>Partner A</u>	<u>Partner B</u>
I imagine our roles will stay the same as during pregnancy.		
I imagine our roles will shift in these ways:		
Grocery shopping		
Laundry		
Cooking Meals		
Cleaning Home		
Paying Bills		
Other		
Additional roles:		
Daily watching of baby		
Nighttime feeding/soothing of baby		
Diaper-changing		
Bathing baby		

5. **Self-Care** (necessary for physical, mental, emotional health; free time at premium)

a. Conversation: What do you currently do to take care of yourself physically? How much exercise do you get each day or week? What kinds? How do you imagine this might change after baby arrives?

b. Action Item: Each partner make a list of the top 5 to 10 activities or aspects of life that are most important for your overall health and well-being. Share these lists and discuss with your partner why they are important. Decide which needs on your self-care list are absolutely most essential to try to meet after baby is born and time is more limited.

6. **Values** (beliefs you hold, way these beliefs affect how you see/act in the world)

- a. **Conversation**: What are the most important values you hope to raise your child with? Does your partner share these same values? If not, what is your plan for working through these disagreements?
- b. **Action Item**: Write down the values you currently hold and number them in order of importance. Share your list with your partner. If there are discrepancies between your lists, is there an underlying similar value where you can find a place to compromise?

7. **Your History** (more awareness of/integration of history leads to better awareness of child's experiences/emotions & how they affect you and your child)

- a. **Conversation**: What do you know about your experiences during your first three years of life? With whom did you spend most of your time? What are your positive memories of those times? What were some of the challenges you faced, if any? For example, what do you know about your caregivers, and your experiences with eating, sleeping, and reaching developmental milestones?
- b. **Action Item**: If you have access to your caregivers when you were young, ask them to share stories, old photographs, or any other information that might be helpful in understanding your early years.

8. **Pregnancy**

- a. **Conversation**: What kind of support network can you begin building for yourselves now that could help sustain you through pregnancy, birth, and into the postpartum period? For example, you may be interested in joining a prenatal exercise class, where you may meet others who would like to connect for postpartum exercise classes.
- b. **Action Item**: Look into groups offered in your area where you could expand your support network. Consider aiming to connect with at least one person or couple with whom you could continue to connect after your children are born.

9. Birth

- a. Conversation: Where do you hope and plan to give birth to your baby (hospital, birth center, home)? From whom will you seek support during the birth (your partner, medical staff, a family member or friend, a doula, etc.)? Of these support people, whom would you like to have in the room with you during your birth?
- b. Action Item: Together, come up with a clear plan about where you hope to give birth and why you have chosen that particular place. Decide who you want to support your family during the birth experience, and what kind of support you'd like from them.

10. Postpartum

- a. Conversation: What support network will be available to you post-birth? Do you have family nearby or will they be visiting? What about friends? Are there people available to make food for your family during the first few weeks postpartum?
- b. Action Item: Create a list of family and/or friends who are suited to help your family with different needs, such as making food, doing laundry, caring for the baby so you can sleep, staying with mom and baby when mom is healing, etc. Consider asking a family member or friend to organize extended support for you through one of the many online scheduling systems.

Attachment and Bonding begin Prenatally, or even Pre-Conception

Taste and smell (intimately connected): baby will prefer foods birth mother eats (though they love sweet taste, likely in prep for mother's milk). Cultural - talk about the food choices (mom's favorite meal, grandpa's famous chili)

Touch: pregnant women often rub their bellies (esp. from 23 weeks gestation on). When something upsetting happens, they can rub their bellies to share with baby what happened, that mom is okay, and that baby doesn't need to worry.

Hearing: read a few favorite books/sing lullabies to baby. "Wow, that was scary (stressful, etc.), wasn't it? But mommy is okay and you are okay, too." Or "Mommy feels angry right now, but she is not angry with you. And you are okay." This helps with deepening connection, and with baby being allowed to have their own experience and not feeling they have to take care of birth mom.

What to Look For After Birth, if Attachment is a Problem

- Attachment issues difficult to diagnose in a baby before age 18 months, when most babies are mobile. This is when baby can move away from the attachment figure to explore the world.
- Attachment styles are observed in the Strange Situation: (usually birth mom) will leave the room, a non-threatening stranger will enter the room then leave, then mom will return. A securely-attached baby will reunite easily with mom when she returns, seeking her out for comfort and then returning to exploration. If baby is insecurely attached, they will tend to either ignore mom when she comes back into the room, or anxiously cling to mom when she returns. Barring sickness or over-tiredness, this usually shows a baby's insecure attachment.
- Easiest way to prepare for potential attachment and bonding issues (easier to see bonding issues) is by looking at what has happened that may have been challenging during conception, pregnancy, birth, and early postpartum, and addressing them immediately. Any perceived difficulty, trauma, or separation can lead to challenges in bonding for the parent or attachment for the baby.
- In early postpartum, up until baby is mobile, it is easiest to address the challenges with the parent and/or the parent-baby dyad.

- For example, if there was a traumatic birth, birth mom might have trouble connecting with baby because she feels traumatized. In therapy, would focus on helping the mom settle her nervous system and resolve her trauma first.
- Then would bring both mom and baby into a session to help mom connect with baby and resolve baby's likely trauma. That would usually look like Stephanie physically and emotionally supporting mom while she is holding baby, so they both could stay (or become) regulated.

Also work to help parents resolve their own attachment challenges before baby arrives.