

UNC Chapel Hill School of Social Work Clinical Institute

HEALING DEVELOPMENTAL TRAUMA

Transforming Developmental Trauma's Impact on Emotion Regulation & Connection

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What is *Developmental* Trauma?

- “Where **trauma** meets **attachment**”
- Developmentally adverse experiences in a child’s life:
 - ✓ Usually of an interpersonal nature
 - ✓ May be chronic and prolonged
 - ✓ Often occurs in the *context of a child’s relationship with a caregiver where something happened or did not happen* that caused harm
 - ✓ May be subtle, frequent events that involve relational and energetic disconnects between parent and child

(van der Kolk, 2014; Parnell, 2013; Heller & LaPierre, 2012)

Adverse Childhood Experiences that can Lead to Developmental Trauma:

- **Neglect:** Physical and/or Emotional
- **Abuse:** Physical, Emotional and/or Sexual
- **Household Dysfunction or Dysregulation**
 - Parental mental illness
 - Parental addiction
 - Witnessing domestic or community violence
 - Divorce, incarceration or abandonment
- Long separations from caregiver; adoption; foster care system
- Ongoing misattunement*
- Pre- and perinatal trauma
- Being made to feel like a burden, feeling rejected, blamed or disliked/hated/not loved by either parent

Behavioral Outcomes:	INCREASED RISKS
Lack of physical activity	
Smoking	67% of population had at least 1 ACE
Alcoholism	12.6% (1 in 8) had 4 or more ACEs
Drug Use	
Missed Work	Dose Response Relationship between ACEs & Health Outcomes
	➤ The higher the ACE Score, the worse health outcome and the lower impulse control
Physical & Mental Health Outcomes:	
Severe obesity	<u>People with an ACE score of 4 or higher:</u>
Diabetes	• 2.5 x risk of COP
Depression	• 4.5 X risk of depression
Suicide attempts	• 12x risk of suicidality
Sexually transmitted illnesses	<u>People with an ACE score of 7 or higher</u>
Heart disease	• 3x lifetime risk of lung cancer
Cancer	• 3.5x the risk of ischemic heart disease, the #1 killer in the US
Stroke	
COPD	
Broken bones	(The Truth About ACEs, 2017; Harris, 2014)

Today's Intentions:

Explore ways we as clinicians can:

(1) Help adults with a history of ACEs learn to

- Make sense of their own struggles & begin a process of healing with
 - ❖ Self-awareness
 - ❖ Self-compassion
 - ❖ Safe re-connection in present relationships
- Reduce sympathetic arousal, overwhelm and helplessness
- Increase capacity to negotiate stress and trauma
- Use the therapeutic relationship to create safety and promote reconnection

(2) Practice Self-Care & Presence in Session

UNDERSTANDING ATTACHMENT

What is Attachment?

- Enduring emotional and psychological connectedness between human beings
- Includes a tendency to seek and maintain closeness, especially during distress
- A biological imperative
- Infant must form an attachment relationship with at least one caregiver in order to develop and survive physically and emotionally
- Communicates that the child is seen, heard, understood

(Bowlby, 1988)

Attachment can be thought of as:

- **Behaviors** that serve to:
 - Form the attachment bond
 - Protect child from harm, fear
 - Assist in safe exploration of the world
- **Emotional bonding** that occurs through parent-child interactions and relationship with child

Attachment Theory proposes the parent-child bond:

- Influences our life narrative as adults
- Shapes how our minds develop in infancy & childhood
- Forms basis of coping
- Functions as regulator of baby's nervous system
- Shapes development of infant's capacity for regulation and negotiation of future relationships
- Impacts personality development

(Siegel 2011; Heller & LaPierre, 2012)

Bowlby's Four Characteristics of Attachment

1. **Proximity maintenance:** desire to be near those to whom we are attached
2. **Safe Haven:** the attachment figure to whom we return for safety and security when faced with fear or threat
3. **Secure Base:** the attachment figure's role to provide security for child to explore environment
4. **Separation Distress** (or Protest): anxiety that arises in absence of attachment figure

(Bowlby, 1988)

Attachment Theory - Ainsworth

- Attachment figure = **secure base** from which the infant can explore the world
- Without that secure dependence on parent(s), the child has greater difficulty dealing with *unfamiliar* situations

• Securely attached infants:	-> cry less, explore more while in the presence of mother or CG
• Insecurely attached infants:	-> cry more frequently even when held by mother & explore less
• Strong correlation b/w Secure attachment & maternal sensitivity:	-> ability of mother/caregiver to pick up on subtle cues of the infant/child

(Ainsworth, Blehar, Waters & Wall, 2015)

Benefits of Secure Attachment

Through the relationship with the mother/caregiver:

- Our capacity for self-regulation develops
- Our relationship to self, body, others & the world is shaped
- Our ability to manage life stressors improves
- We develop greater capacity to regulate our nervous system
- We feel greater connection to the parts of ourselves

How does Attachment happen?

Caregiver learns about the infant and modifies their behavior accordingly through:

- Nonverbal **VISUAL-FACIAL,**
- **TACTILE-GESTURAL, &**
- **AUDITORY-PROSODIC** Communication

(Schore, 2010)

How Attachment Happens (cont'd)

<p>NONVERBAL VISUAL-FACIAL COMMUNICATION</p> <p>GAZE between infant & caregiver</p> <ul style="list-style-type: none"> ❖ Helps infant track mother ❖ Evokes the mother's reciprocal gaze ❖ Allows for mother to be attuned to infant's: <ul style="list-style-type: none"> ➤ Needs ➤ Emotional states ➤ Vacillating internal states of ANS arousal <p>Through this attunement, child learns to</p> <ul style="list-style-type: none"> ❖ regulate arousal ❖ develop a sense of self-agency in the world 	<p>TACTILE-GESTURAL COMMUNICATION</p> <ul style="list-style-type: none"> • Approaching baby to soothe, hold, feed • Correctly interpreting baby's body gestures, allowing baby and mother's bodies to cradle <p>Auditory-Prosodic Communication</p> <ul style="list-style-type: none"> • "Prosody" = rhythm, intonation & stress of speech <ul style="list-style-type: none"> • Reflects emotional state of speaker • Indicates a statement, question, or command • Indicates if there's sarcasm • Activates the right hemisphere of the infant which stores <ul style="list-style-type: none"> • Facial expressions, gestures, speech melody and tone
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(Schore, 2010)

Stress to an infant can include:

- Anything NEW, DIFFERENT
- Unwanted separations from caregiver
- Events that create anxiety, fear, sadness
- Misattunement, neglect, abuse

Children do not learn to SELF-SOOTHE until around age 2 so...They Rely upon their Caregiver(s) to:

- Be attuned to subtle & not-so-subtle cues of needs
- Maintain own ability to self-regulate, to be present and not become overwhelmed as caretaker(s)
- Tolerate distress of baby's cries
- Respond appropriately & consistently to baby's cues
- Guide them to a more settled state via attunement
- Consistently meet their emotional & physical needs

Influences on Attachment:

- ❖ Caregiver sensitivity/responsiveness
- ❖ Consistency of responsiveness
- ❖ Infant's temperament, Caregiver's temperament
- ❖ Caregiver's psychological well-being
- ❖ Illness, special needs of infant
- ❖ Level of support available to caregiver
- ❖ Social support available to child (outside of parents)
- ❖ Experiences between infancy & adulthood
- ❖ One's perceptions about quality of:
 - One's relationship with parents
 - Parent's relationship with each other
- ❖ Internal Working Models

(Hazan & Shaver, 1987)

"Internal Working Models"

- Thinking processes built on past experiences
- Internalization of parent-child experiences to form schema or thoughts which serve as a reference for future experiences
- Expectations about self, others and relationships
- Influence the way we:
 - Perceive events, others' emotions & behaviors
 - Understand our environment
 - Forecast the future
 - Create plans of action
 - Engage in "survival-promoting behaviors"
 - Think, feel & behave in adult relationships

Internal Working Models, cont'd

- Include content about self & attachment figures, as well as the details & affect involved
- Involve processes around:
 - what info we attend to
 - how we interpret events
 - what we remember
- Operate *outside* of conscious awareness
- Remain stable over time but may change
- Are formed from our beliefs re: *how acceptable we are in the eyes of our early attachment figure(s)*

Factors that Compromise Attachment

- CG's compromised capacity for self-regulation
- Chronic inadequate responses to baby especially during 1st year of life

Inconsistent Responses

➔

Rejection of or Ignoring Needs

➔

Children who tend to **AVOID CONTACT**

- Interference by CG of child's activities

➤ Attachment is strengthened as parent & child transition from:

POSITIVE AFFECT

➔

NEGATIVE AFFECT

➔

POSITIVE AFFECT

➤ This helps the child learn that:

- Distress can be tolerated, endured, moved through
- It's okay to have own sense of self, own emotions
- Attachment relationships can be safe, secure, settling

➤ Grief & mourning occurs when attempts at attachment are met with an **UNavailable** attachment figure

➤ (Bowlby, 1988)

Misattunement as Developmental Trauma

CG's ability to regulate **infant's internal state of arousal** requires infant **be attuned to own emotional states & arousal**

MIS-attunement can be seen in CG as:

- Flat, absent, fear-inducing or incongruent facial expressions
- Not vocalizing or mirroring infant's vocalizations & emotional communication
- Harsh, loud, dysregulated tone of voice
- Approaching baby too fast
- Responding in a threatening or fear-inducing manner
- Handling baby roughly
- Misinterpreting baby's gestures and communications
- Not attempting to respond to/soothe baby
- Inability to tolerate own negative feelings
- Responding in anger, irritation, frustration

(Schoore, 2010)

Where there's misattunement, there is....

- Loss, frustration and distress in infant
- Chronic lack of fulfillment of needs

This leads to....

- > Psychological and physiological resignation
- > Parasympathetically dominant collapse state*
- > Difficulties attuning to and expressing one's own needs throughout life
- > Limiting one's needs to match what is available
- > Ignoring or disconnecting from one's own needs (numbness)
- > Difficulties taking in experiences of being loved and cared for
- > Difficulties bonding and trusting others
- > Difficulties regulating intense emotions
- > Belief that they are undeserving of having needs

(Heller & LaPierre, 2012)

Styles of Attachment

- 1) Secure
- 2) Ambivalent-insecure
- 3) Avoidant-insecure
- 4) Disorganized-insecure

(added in 1986 by Main & Soloman)

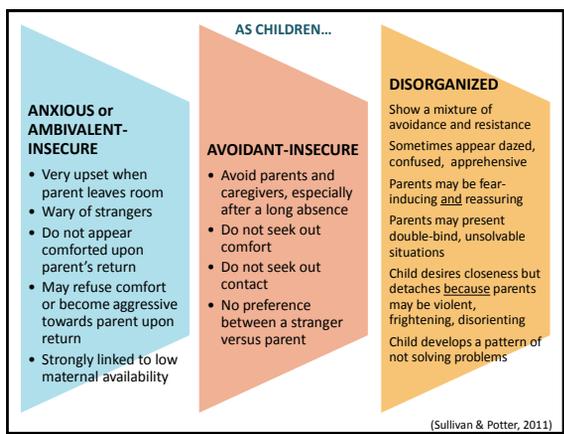
Securely-Attached Children:

- Have parents who are present, safe, protective, consistent and playful
- Firmly established sense of trust
- Receive a consistent nurturing response
- Become upset when parent leaves, but able to separate
- Upon return, greet parent(s) positively
- Seek out parent(s) for comfort if scared
- Prefer parents' over strangers' comforting
- More empathetic as older child
- Are less aggressive, less disruptive, more mature

(Poole-Heller, 2009)

SECURELY ATTACHED ADULTS

- Generally optimistic, believe romantic love is enduring
- Relationships are trusting, lasting
- Greater capacity for attunement & clear communication
- Higher self-esteem
- Level-headed
- Bounce back, are resilient, especially in relationships
- Share their emotions with partner & friends
- Initiate & receive attempts at relationship repairs
- Seek out social support
- Have good radar for danger
- Have internal working model of self as *acceptable and worthwhile*



AMBIVALENT (aka ANXIOUS) ATTACHED ADULTS

- Reluctant to get close, yet in love often w/ frequent breakups
- Question/doubt partner's love & need frequent reassurance
- May become highly distressed when relationships end
- May become clingy to their own children
- May be chronically dissatisfied, anxious, frustrated with relationships, expect abandonment
- May project their family of origin history onto relationships
- May replay inconsistent emotional availability and intrusiveness
- (not used to receiving love) They may pull back when other becomes available to give love, and tend not to ask clearly for what they want
- Believe security = pleasing partner at all times
- Have difficulty trusting themselves, partner & the relationship
- Loss of self and Over-focused on unpredictable others

(Poole-Heller, 2009)

AVOIDANT ATTACHMENT

❖ Parents may not have had capacity to be present in their own skin, or in their own relationships

❖ Children pick up message:

“There is NO INTERNAL INTENTION OF MY CAREGIVER TO KNOW ME”

This can lead child to:

- ❖ Feel a deep sense of emptiness
- ❖ See the world only on the physical level
- ❖ Have difficulty accessing the mental, emotional, internal, subjective side of reality;
- ❖ Have a “blindness to the sea inside” of their experiences

(Siegel, 2011)

AVOIDANTLY-ATTACHED ADULTS

- Difficulty forming close or intimate relationships
- May invest little emotion in connections (connect = distress)
- Minimize importance of relationships
- View love as rare and temporary
- Feel isolated, while wanting connection
- May be unaware of how disconnected they are from others
- Believe in extreme autonomy or independence
- May feel proud about not needing anyone
- May avoid intimacy or fantasize about others during sex
- More likely to have casual sex
- Less likely to support partners during stressful times
- Have greater difficulty expressing their thoughts, feelings
- May feel initial relief upon separation or break-ups, but become more depressed when loved one is gone too long
- Normalize the level of neglect they experienced in childhood

(Poole-Heller, 2009)

DISORGANIZED-ATTACHED ADULTS

- Desire intimacy yet fear intimacy = danger
- May experience panic, rage when becoming close to another in relationship
- Extreme mood shifts and act out reactively
- Unclear circumstances or agreements, leading to feelings of frustration, fear or despair = triggers
- Relationships = triggers for unresolved childhood relational trauma
- May become self-absorbed due to inner turmoil
- Autonomic activation → Difficulties modulating affect, Hypervigilance & Hypersensitivity
- May feel unprotected or highly vulnerable even when protection is offered or available
- Faulty or insufficient "radar" for danger
- May become easily triggered and/or trigger other into *fight & flight*

(Poole-Heller, 2009)

Danger, Distrust & Emotion Dysregulation

How do we learn to assess for danger?

What part of the brain assists us in this?

What experiences teach a child to DISTRUST self, others, the world?

Attachment happens while...

- Infant's total brain volume is increasing by 101%
- Infant's volume of the subcortical areas is increasing by 130%
- This growth is "experience-dependent"
- Cortex grows to 90% of adult size during the first 3 years of life
- CG plays a role in:
 - Altering the infant's brain activity levels
 - Establishing & maintaining limbic system (**emotional brain**)

(Lipari, 2000; Schore, 2010)

Attachment & Right-Brain Development

Right hemisphere of the brain specializes in:

- Unconscious processing of social & emotional info
- Regulation of bodily states
- Attention
- Perception of intonation & facial expressions
- Tactile information

The highest center of this hemisphere is related to our ability to:

- ✓ **Sense our emotional & bodily self**
- ✓ **Form attachments**
- ✓ **Develop empathy**
- ✓ **Regulate affect and modulate emotional stress**

Early relational emotional experiences directly affect the networks and connections of the right hemisphere.

(Schore, 2010)

TRAUMA, THE BRAIN & ASSESSING FOR DANGER

PREFRONTAL/NEO-CORTEX: responsible for executive functioning:

- planning complex cognitive bx
- personality expression
- decision making
- moderating correct social behavior

LIMBIC SYSTEM: Sends messages to the SNS to get ready to run/fight; Sees, hears & thinks about danger & controls

- ✓ Sensory perception
- ✓ Generation of motor commands
- ✓ Spatial reasoning
- ✓ Conscious thought
- ✓ Language

FREEZE → when fight/flight is not an option or ineffective

AMYGDALA: brain's "alarm system;" part of limbic system & has a role in:

- **processing emotional reactions;**
- **detecting & evaluating** stimuli for **danger**; threat;
- the experience of **negative affect;**
- **enhancing memories of emotionally traumatic events &** recalling memories to an **excessive** degree.

HIPPOCAMPUS: part of limbic system,

- plays an important role in the consolidation of information from short-term memory to long-term memory and spatial navigation;
- cognitive aspects of experiences are stored here

Autonomic Nervous System

Regulates key functions of the body - activity of the heart muscle, smooth muscles (e.g., muscles of the intestinal tract) and glands.

Sympathetic Nervous System	Parasympathetic Nervous System
<ul style="list-style-type: none"> • "Fight & Flight" • Dilates pupils • Inhibits flow of saliva • Accelerates heart rate • Dilates bronchi • Inhibits peristalsis & secretions • Converts glycogen into glucose • Secretes adrenaline and noradrenaline • Inhibits bladder contraction <p style="text-align: center;">(detection of danger + activation of mobilization response)</p>	<ul style="list-style-type: none"> • "Rest & Digest" • Stimulates flow of saliva • Slows heart rate • Constricts bronchi • Stimulates peristalsis & secretion • Stimulates release of bile • Contracts bladder <p style="text-align: center;">(settling down and safety)</p> <p style="text-align: center;">...but this doesn't take into consideration the POLYVAGAL THEORY</p>

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FIGHT-FLIGHT-FREEZE

Nervous system in **chronic state of HIGH SNS arousal**, vigilance, yet fight or flight are NOT options

↓

Chronic threat + No possibility for resolution (e.g., in child abuse)

↓

FREEZE state = numbing, shut-down, **parasympathetic COLLAPSE**, disconnected / dissociated from bodily experiences, emotions, conscious awareness, one's environment

MORE ON FREEZE:

- Collapsed, *parasympathetic* response of last resort when fight/flight is not possible; **typical in developmental trauma**
- Immobility as feigned death despite a highly autonomic charge, used as a *defensive, protective* reaction to avoid being noticed; typical in shock trauma but **can also be present in developmental trauma**

FREEZE = STANDSTILL = "Tonic Immobility"

SNS is fully engaged (foot on gas pedal) to mobilize fight/flight energy

AND

PNS is fully engaged (foot on brakes) to cope with high SNS arousal

Polyvagal Theory (Porges)

TWO distinct branches of the vagus nerve, a primary component of the PNS

VENTRAL VAGAL RESPONSE
Social Engagement for seeking Help, Safety, Protection;
 Vagus Nerve is linked to nerves that regulate social engagement (ears, facial expressions, swallowing, breathing, vocalizing, eyes)
 Promotes
 • engagement behaviors
 • positive affective experiences,
 • relationship building,
 • opportunities for spirituality
We can only operate from Ventral Vagal IF WE FEEL SAFE

(affects the gut, heart rate, Breathing/respiration)

DORSAL VAGAL RESPONSE
(Emergency brake)
 Immobility, Freeze;
 Older evolutionary (reptilian) response

It is more the *physiological* response to trauma than the memory itself that has an impact

(Porges, 2011)

Polyvagal Theory (cont'd)

We respond in a **hierarchical (top-down) manner** (opposite order of evolutionary development):

1. **Social Engagement**
2. **Mobilize Sympathetic (Fight/Flight) Response**
3. **Freeze = Parasympathetic, Dorsal (Dumb) Vagal Response**

Help clients mobilize:

- ✓ Ventral Vagal response when appropriate
- ✓ the sympathetic response to avoid freeze and help them access **healthy aggression/self-protection and boundary-setting** (vs.. freeze)

(Porges, 2011)

Early trauma → systemic arousal

The ongoing harmful experiences of developmental trauma tend to lead to:

- Chronic, long-term **patterns** in **autonomic activation**
- Physiological & psychological developmental **deficits** such as
 - **Long-lasting identity distortions**
 - **Systemic dysregulation**
 - **A life-long sense that the world is unsafe**
 - **Distrust in self and others**

(Heller & LaPierre, 2012)

Three Ways Trauma Can Change the Brain

- Threat perception system is stuck on “on”
- Filtering system doesn’t work well
- Self-Sensing system - devoted to your experiences of yourself - gets blunted

Threat/terror → intense discomfort → numbing to cope, to dampen internal response to self

(This also dampens pleasure, sexuality, excitement, connection)

(van der Kolk, 2014)

Common Symptoms of Developmental Trauma

- May feel constantly threatened
- Hyperarousal
- Acting out of aggression
- Thwarted fight response
- Freeze-dissociation-hypoarousal
- Diminished aliveness
- Numbing, splitting, fragmentation

(Heller & LaPierre, 2012)

IMPACT OF TRAUMA ON EMOTION REGULATION SKILLS

- Disrupts child’s ability to regulate their moods
- Negatively affects ability to recover from trauma over time
- Emotion dysregulation is particularly common among survivors of BETRAYAL TRAUMA; such dysregulation is also more easily triggered by traumatic material cues

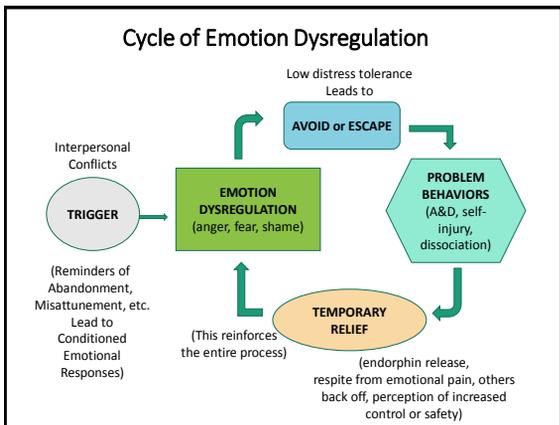
Attachment Trauma leads to:

- Learning fear and shame-based behaviors
- Social isolation and separation as protection, self-regulation
- Increased sense of helplessness & vulnerability
- An overwhelm of one’s capacities to cope
- Defining the attachment relationship as a source of danger vs. security

(Goldsmith, Chesney, Heath & Barlow, 2013)

IMPACT OF DEVELOPMENTAL TRAUMA (cont'd)

<p>PROBLEMATIC EMOTION REGULATION SKILLS</p> <ul style="list-style-type: none"> • Smoking: temporarily reduces anxiety & depressive symptoms • Overeating • Alcohol & Drugs • Reactivity, Raging • Overworking • Disconnecting • Other Self-Harming Behaviors • Dissociating – from emotion...overly cognitive...and/or numbing body's experiences 	<p>SIGNS OF EMOTION DYSREGULATION</p> <ul style="list-style-type: none"> • <i>Difficulty feeling</i> emotions • <i>Intensity</i> of the felt emotions is disproportionate or creates greater distress and difficulties coping • Being <i>overwhelmed</i> by our emotions • Remaining <i>stuck</i> in our emotions
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Without effective treatment and/or adequate protective factors, traumatized children have an increased risk of developing:

- Antisocial personality disorder
- Narcissistic personality disorder
- Borderline personality disorder

All of these personality disorders

- have core difficulties with human relationships
- may stem from chronic maltreatment in early caregiver relationships

Therefore most helpful approach to working with clients with developmental trauma includes both:

Relational treatment + Focus on Body-Mind Regulation

REBUILDING SAFETY, TRUST & EMOTIONAL SKILLFULNESS

SAFETY: In your body, emotions, thoughts, environment, relationships

Therapeutic Window

- To do this work, emotion must be present, but not so much that the client becomes dysregulated.
- Cues of being within window of tolerance can be:
 - **Somatic:** regulation, signs of ease, groundedness, lower pain symptoms lower
 - **Mental-Emotional:** calm, curious, playful, relaxed, relational
 - **Behavioral:** cooperation, completion of tasks, spontaneity, creativity, empathy is available

Our job is to maintain this while:

- Providing **unconditional positive regard**
- Being **accepting** of the emotion and the experience, being **nonjudgmental**
- Being **curious to understand client's experience** from their point of view
– increases empathy, helps normalize their experience

(Vanderheiden, B., 2017)

Increase sense of safety by working within clients' "RANGE of RESILIENCY" or Window of Tolerance

An individual's

- overall capacity to cope via self-regulating and self-soothing behaviors, thoughts, images, etc.
- ability to access one's "core energy" or "basic life force"

What compromises our range of resiliency?

High levels of

- arousal
- freeze
- dissociation

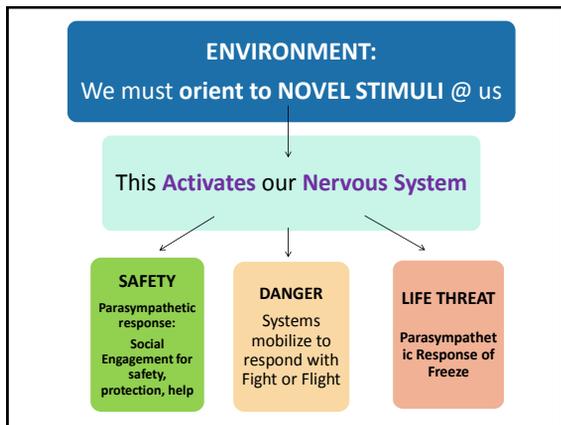
early dev'l developmental → *narrowed* range of resiliency → difficulty accessing healthy aggression, trauma including fight-flight response

Want to help clients increase safety & self-trust in ability to orient, identify & respond in a regulated manner

(Heller & LaPierre, 2012)

WHEN UNDER STRESS, IF CLIENTS:

<ul style="list-style-type: none"> Feel helpless Feel immobilized Feel shut down Feel frozen Become passive... <p>↓</p> <p>PNS is overcharged</p> <p>↓</p> <p>Need to:</p> <ul style="list-style-type: none"> ✓ UP-regulate them in order to feel more vitality of life ✓ Get them back into their bodies in a way that feels safe <p><small>(Typical of neglected, ignored, under-stimulated children, or children whose default was to go into a freeze response)</small></p>	<ul style="list-style-type: none"> Become anxious Feel activated, hypervertal Become hypervigilant Are easily startled <p>↓</p> <p>SNS is overcharged</p> <p>↓</p> <p>Need to:</p> <ul style="list-style-type: none"> ✓ DOWN-regulate them so that they are better able to access the PNS to settle the activation
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DEFENSIVE ORIENTING RESPONSE

- You're home alone, relaxing and not expecting anyone then hear a loud noise.
- What is the first thing you notice in your body?
 - ✓ Startle-arrest response (contraction, hold breath, become still, focus attention on senses, especially hearing and vision)
 - ✓ Search to identify the source of the real or possible danger
 - ✓ If actual danger is identified, leads to F/F/F
- If you identify the sound as the wind blowing a tree branch against the house, what happens in your body now?
 - Exploratory-Orienting Response
 - You relax – tension dissolves – there is no threat
 - You return to a state of relaxation, open curiosity
- When the DOR (defensive-orienting response) doesn't get completed...
 - ✓ Continual sense of threat: hypervigilance

For those individuals with a history of developmental trauma, such incompleteness leads to increased vulnerability to later traumas because they

- Have a more narrow range of resilience
- Have difficulty accessing healthy aggression for fight-flight
- May freeze as a last resort

(Heller & LaPierre, 2012)

REBUILDING SAFETY

- In developmental betrayal trauma, an ***INCOMPLETE defensive or protective response*** leaves the child sympathetically or parasympathetically OVER-charged
- In such a state, the neocortex can't function at its best
 - Problems with learning & memory
 - May become **disoriented and/or freeze**
- Help clients practice ORIENTING so that they can more accurately assess their environment

Address hypervigilance

- We orient to locate and identify the threat/danger
- Continue to scan environment for danger
- High arousal in the nervous system hasn't been discharged

Address hypovigilance (can be a dissociative reaction)

- Diminished, inadequate awareness of threat

REBUILDING SAFETY, cont'd

Incomplete FLIGHT response seen as

- Attempts to get away from one's own feelings, sensations, images, memories, etc. through sympathetic over activation OR parasympathetic dissociation (PNS shut-down)

Help client **visualize** being able to get away, escape, flee the danger (SNS flight) and move towards something or someone safe (PNS social engagement)

Incomplete FIGHT response may be seen as

- Anger
- Aggression or passive-aggression
- Depression or collapse
- Judgments, bitterness
- Self-injury
- Emotional lability
- Risk taking behaviors

- Help **mobilize** their anger *about what happened* by imagining protecting a small child (not themselves) in similar circumstances

Safe & Secure Attachment in Therapy

Just as the primary caregiver learns about the infant & modifies behavior as needed through:

- Nonverbal **VISUAL-FACIAL** Communication,
- **TACTILE-GESTURAL** Communication and
- **AUDITORY-PROSODIC** Communication,

we as therapists can model and develop a **safe and secure attachment in the therapeutic relationship** by:

1. Providing **consistent and reliable attunement** to clients'
 - ✓ Needs
 - ✓ Emotional states
 - ✓ Vacillating internal states of activation and settling
2. **Self-regulating, being present & not become overwhelmed** as therapist
3. **Tolerating distress** of our clients' emotions
4. **Responding appropriately & consistently** to clients' cues
5. Guiding clients to a more **settled state via attunement** and in-session interventions

(Schore, 2011)

REBUILDING SAFETY, cont'd

Safety as PREDICTABILITY
Our nervous system craves uncertainty/novelty **IF** there's SAFETY
What is positively predictable and reliable

- in client's life?
- in us as therapist? (do we greet them with warmth & a smile? Are we providing reliability in appointment availability?)
- about the waiting room? the therapy room? our work together?

Encourage OPEN CURIOSITY (a non-traumatized state)
Encourage an exploratory-orienting response which may have been disrupted in childhood

Allow clients to retell their painful stories from a safe place in the present moment (vs. reliving, flashback) with an empathic therapist through use of: *Grounding, Resourcing, Pacing, Titration, Pendulation*

Before focusing on traumatizing material, we must ensure clients have the **capacity to settle, ground and self-regulate** which also increases their TRUST in the process and SELF-TRUST

REBUILDING SAFETY, cont'd

SIGN OF COHERENCE	SIGNS OF ACTIVATION
<ul style="list-style-type: none"> • Slow & deep breathing • Muscles are at ease • Steady, rhythmic breath throughout body • There is positive cooperation between all systems • Sense of ease, organization and unity throughout the body • Results from integration of Internal and External resources 	<ul style="list-style-type: none"> • Rapid, strained breathing • Braced OR Slack muscles • Breath doesn't seem to flow throughout body • Disorganization, detachment within the body and between the body's systems

(Heller & LaPierre, 2012)

REBUILDING SAFETY, cont'd

Requirements for Social Engagement (Ventral Vagal) response:

1. Self-resonance
2. Internal & External Resources
3. Coherence

We therefore want to work on developing these 3 qualities in work with clients

SAFETY IN THE BODY:

Reducing SNS Activation Using BREATH RETRAINING

- 1) Inhale and exhale through nose rather than mouth (ideally, but adjust if needed).
- 2) Each breath "normal-sized" (breathe fully and completely, not necessarily deeply).
- 3) Add pause before you inhale and before you exhale.
- 4) Pace your breathing by slowly saying to yourself:

"Inhale—2—3—Relax—Exhale—2—3—4—5—Relax."

(pause) (pause)

GROUNDING EXERCISES

Help you:

- Feel more focused in the present moment experience
- Stay present in your body
- Activate the left side of your brain
- Steady your mind by drawing attention to noticing physical sensations

During trauma & triggering of trauma memories we:

- operate from right side of brain
- have difficulty processing all of the incoming information of the experience

Dual Awareness

- awareness of activation + awareness of safety/presence in the now
- awareness of past + present to avoid danger of reliving (versus remembering & processing) a trauma

Guided Standing Exercise

Another Means of Grounding...

FIRST: LOOK UP

- ✓ When we are tense, anxious stressed, we tend to look DOWN, putting us into a more internally-focused state
- ✓ Look up towards the sky and take a deep breath in

SECOND: FEEL YOUR CONNECTION

- ✓ TO THE EARTH, THE GROUND
- ✓ Feel your feet on the floor – walk, stamp them

THIRD: FEEL YOUR FRAME

- ✓ Slightly bend your knees
- ✓ Put your hands on your thighs
- ✓ Feel your solidity
- ✓ Pat your arms and legs up and down your body – feel your physical self

Grounding Exercises

- o **Remind yourself where you are:** "Today is __ and I am in __ (location). I am safe; I'm not back in _____."
- o Remember that **you are not as young** as you feel when being triggered. Your emotional body thinks it's a certain age (**age of trauma**).
- o Pay attention to your body
 - ✓ Pay attention to your Breathing
 - ✓ Notice the feelings of pressure of your feet on the floor, the support of the chair in which you may be sitting
- o Pretend you are connected to a string that is weighted and connected to the ground below you. Imagine it going through the center of your being, keeping you connected to the earth
- o Imagine that your feet are like roots, spread to the ground, gripping the roots of the ground.

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Grounding Exercises

(continued)

- o Find something that smells good to you that is NOT triggering, but is comforting.
- o Grab a piece of ice and transfer from one hand to the other – helps with feeling a different sensation than what is triggering you.
- o **Pay attention to your surroundings:** Start counting the number of objects in the room, describe the colors, shapes, etc.
- o Can use "I'm safe" or "I'm okay now" as a mantra to feel grounded.

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Resourcing

- Ask about **positive:**
 - **Relational resources** – supportive figures
 - **Relational resources** – models
 - **Mastery experiences**
 - **Metaphors, symbolic resources**
- Have clients **elaborate** on the resource
- **Track & provide feedback on how clients respond** while identifying such resources (signs of relaxation, discharge of arousal)
- Encourage client to **track their own body's** response as they access these resources, identifying associated positive sensations, imagery, meanings and emotions

Grounding Through Resourcing

- When having clients go into their bodies, we want them to FIRST do so in a manner that pays attention to what feels safe, settled, etc.
- Noticing the “felt sense” of an experience when someone has felt more safe, more present, more in charge/able to choose
- Remember a (+) time when....what do you notice in your body ?
- **When a client self-resources, self-regulates, SPEND LOTS OF TIME looking at/noticing that in session** (“Look at how your body is able to do that!”)
- When in session clt experiences over-activation (fight/flight) or under-activation (freeze), use somatic resourcing to help clients settle the nervous system.

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Pacing

- Do not push a client to trust before they are ready
 - This ignores how frightening connection can be for them
 - This may cause some clients to freeze or flee
- Slow down the pace of the session to:
 - Give attention to sensations & emotional responses as they are experienced in the moment
- Have clients take their time when they are able to resource, truly taking time to absorb the positive sensations, images, meanings and feelings, etc.
- Consistently convey to clients they are in charge of how fast or slow things proceed, while not allowing them to rush through the process so as to avoid overactivation and shut-down

Titration

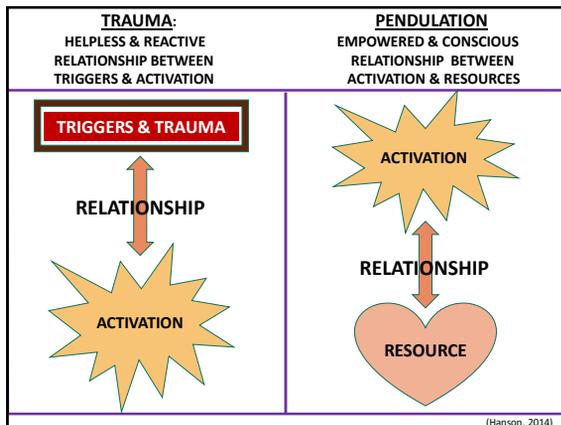
- Titration involves approaching highly charged emotional material SLOWLY, one manageable piece at a time
- This prevents catharsis (explosion) and helps facilitate integration of the highly charged affect
- **Titration as the opposite of trauma:** Trauma is *too much, too fast*. **Titration is a little bit, slowly.**

Pendulation

“primal rhythm expressed as movement from constriction to expansion, but gradually opening to more and more expansion. It is an involuntary, internal rocking back and forth between these two polarities.” –Peter Levine

Pendulation = shuttling between then and now, activation & settling. It is the ebb & flow between SNS and PNS

(Heller & LaPierre, 2012; Levine, 2010; The Art of Healing Trauma Blog: www.new-synapse.com)



With trauma, we cannot sustain FULL contact with the pain if there's not enough space and safety

- Need to create genuine quality of **openness**
- Can **inquire**:
 - What wants attention here?
 - What wants acceptance here?
 - What is the most difficult part about this?
- Practice **loving-kindness & compassion for self**

THREE COMPONENTS OF SELF-COMPASSION:

1. **Self-Kindness (vs. Self-Judgment):** particularly when in a moment of struggle, talk to yourself like someone you love
2. **Common Humanity (vs. Isolation):** We are not alone; others have experienced the emotions of being in pain, shame, struggle
3. **Mindfulness (vs. over-identification):** neither pushing away nor exaggerating/clinging to our emotions; allowing self to feel and move through the emotions

(Brach, 2005; Neff, 2003)

Core Capacities for Well-Being

- **Connection:** capacity to be in touch with our body & emotions; capacity to be in connection with others
- **Attunement:** capacity to attune to our needs & emotions and to identify, reach out for and *take in* physical and emotional *nourishment*
- **Trust:** capacity for healthy dependence & interdependence
- **Autonomy:** capacity to set appropriate boundaries, speak up without fear or guilt
- **Love-Sexuality:** capacity to have an open heart, and combine a loving relationship with sexuality

(Heller & LaPierre, 2012)

Five Adaptive Survival Styles

1. **Connection:** need for contact & fear of it
2. **Attunement:** conflict b/w having personal needs & rejecting such needs
3. **Trust:** longing for and fearing healthy trust and interdependence
4. **Autonomy:** desire for and fear of setting limits and expressing independence
5. **Love-sexuality:** wanting to love and be loved, yet fearing vulnerability; splitting of love and sexuality

(Heller & LaPierre, 2012)

REBUILDING TRUST

When we can trust self and others, we feel:

- Safer in the world
- More secure
- Less alone
- More confident
- Less at risk

When we do NOT trust ourselves we:

- Question our decisions
- Blame ourselves for what went wrong in our life
- Ignore our body's signals/internal messages of danger
- Have difficulty distinguishing between comfortable and uncomfortable, safe and unsafe situations
- Have difficulty protecting and caring for ourselves
- Increase our risk for future victimization

To Trust or Not to Trust? Four Factors to Weigh:

This affects how much WEIGHT we give to the evidence

The "Evidence"

- The degree of our **need**
- The degree of **risk**
- Our **past experiences** with trust
- Additional **information** we have about a person and/or situation

If we trust *ourselves* but not others → Relationship difficulties

If we trust *others* but not ourselves → May become dependent upon others and/or have difficulty w/ self attunement

(Rosenbloom & Williams, 2010)

REBUILDING TRUST IN OTHERS

In relationships, the question of trust is:
“Are you there for me?”

Opportunities in relationships for building trust:

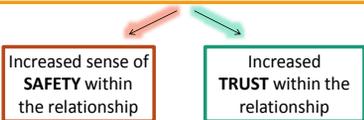
1. **Everyday interactions**
2. **Regrettable incidents and past emotional injuries in the relationship:**
3. **Conflict interactions**

(Gottman, 2011)

Recall....ATTACHMENT IS STRENGTHENED between parent & child as they transition from:

POSITIVE AFFECT→ **NEGATIVE AFFECT**→ **POSITIVE AFFECT**
In **ADULT RELATIONSHIPS**, the same is true
This includes the *therapeutic relationship*

The ability to **RECONNECT EMOTIONALLY** after an argument



- Distress can be tolerated, endured, moved through
- It's okay to have own sense of self, own emotions
- Attachment relationships can be safe, secure, settling

TOP-DOWN APPROACH TO REBUILDING TRUST

- Identify your **beliefs** @ trust & ask to what degree are these beliefs
 - **Helpful?**
 - **Calming?**
 - **Flexible?**
 - **Safe?**
 - **Essential?**
- What are the **pros & cons** of these beliefs?
- What are some **alternative meanings** or explanations? And what are the pros & cons of such alternatives?
- Check out the **accuracy** of your beliefs

(Rosenbloom & Williams, 2010)

Bruce Perry's Neuro-Sequential Model:

Treat early trauma in the order the brain develops —from the bottom up!

- **Brain stem:** Motor & Sensory Input
- **Limbic brain:** Attachment, Emotions, Behavior
- **Cortical brain:** Thoughts, Inhibition, Learning

If stuck in primitive/brain stem area:

- > Life feels threatening/dangerous
- > Chronic survival mode
- > Higher brain isn't receiving needed messages & it's very challenging to:
 - Think, Learn, Understand
 - Manage emotions and responses
 - Be in relationships

Makes it difficult to process conversations, so talk therapy will not work until higher/rational brain is back online and client is feeling safe, calm.

Treatment needs to

- be reliable, predictable, patterned, repetitive
- Focus on settling client's threat response
- Help clients reattune to safe, important relationships
- Center around sensory work before other material can be processed in therapy

Keeps me alive & safe

Responses from this area of the brain can get triggered during times of transition or major life changes

"Be a safe, healthy, caring & consistent adult for your clients."

(Lyons, S., 2017)

BOTTOM-UP Approach to Rebuilding Trust

Safety through grounding, resourcing, pacing, etc., increases clients' abilities to:

- TRACK & SETTLE their own activation
- Practice compassionate self-mirroring, validation of their experiences

Increased awareness of internal signals of REAL danger + Internal awareness of external cues

☰ Clients are better able to TRUST THEMSELVES

- act accordingly to protect themselves,
- seek out help or support,
- activate healthy aggression

EMOTION REGULATION
(when no longer stuck in primitive brain & client is able to ground)

- **First-line interventions:**
 - Emotion regulation strategies – these reduce suffering but do not necessarily resolve the emotions
 - Narration of trauma memory
 - Cognitive restructuring
 - Anxiety and stress management
 - Interpersonal skills training
- **Second-line approaches:**
 - Meditation
 - Mindfulness interventions

(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach & Green, 2011)

SELF-REGULATORY CAPACITY

refers to one's "ability to actively control arousal and emotional responses"

- shifting attention away from a negative stimulus to contain arousal and emotion
- shifting attention towards a positive stimulus to enhance or maintain arousal and emotion

Those with greater control over attention have an advantage YET trauma can negatively impact our attention

(Derryberry & Rothbart, 1988)

WHAT IS EMOTIONAL SKILLFULNESS?

- Healthy ways of regulating one's nervous system
- To be emotionally skillful, we must be able to:
 - Identify our emotions (& body) sensations
 - Use that information to understand our needs
 - Communicate our emotions
 - Take action to get our needs met
 - Regulate our feelings (& body's) responses
- In relationships:
 - The better able both partners are in *identifying and communicating their emotions*, the greater the likelihood of *relationship satisfaction*
 - This is mediated by one's sense of intimacy safety

(Cordova, Gee & Warren, 2005)

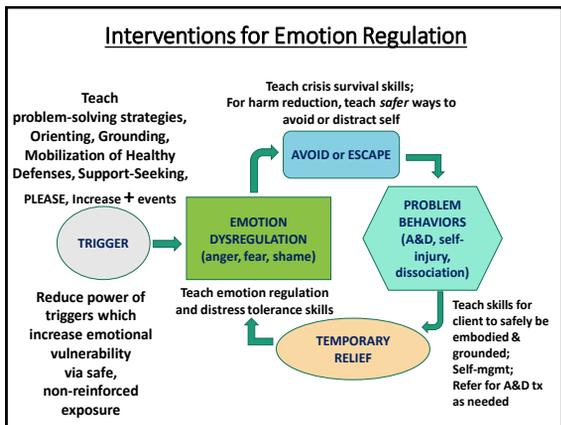
Unhelpful Therapist Interventions for Emotion Regulation Building with Clients

- Overanalyzing
- Focusing heavily or primarily on what has "gone wrong"
- Pathologizing the client's unhelpful behaviors or attempts at self-regulation
- Poorly timed solution-focused interventions
- "Merging" with the client

Helpful Therapist Interventions for Emotion Regulation Building with Clients

- Resonance: joining client in an attuned manner; providing a safe container
- Self-Regulation: teaching clients how to self-regulate, settle their activation through the felt sense
- Interactive Regulation
- Tracking: recognizing activation, dissociation, freeze in order to help client work through such states

(Poole-Heller, 2009)



- ### We can reduce vulnerability to negative emotions and emotional distress using "ABC PLEASE"
- Accumulating positive experiences
 - Building mastery; recognizing daily small successes
 - Coping ahead of time – having an emotional first-aid kit available with helpful responses, resources, etc. in advance of triggering situations
 - Treating Physical illness
 - Balancing our Eating
 - Avoiding mood-altering substances
 - Getting enough Sleep
 - Getting Exercise
- (Linehan, 1993)

- ### Taking in the Good
- Assists with orienting to what is available, in the present moment, safe(r), nourishing (vs what is threatening)
 - Quiets down the amygdala and increases blood flow to the calming, "rest & digest" functions of the parasympathetic nervous system
 - Proactively reduces getting triggered by expanding awareness of "what else" is there and in need of attention
 - By reducing that which triggers emotional dysregulation, the less often we may then turn to avoidance, numbing, problematic coping behaviors
 - We want to increase clients' capacity to take in positive lived experiences
 - Explicit memory: recollection of specific events
 - Implicit memory: emotions, sensations, sense of self and others
- Experiences to Practice "Taking In"**
- Safety, security
 - Strength, grit, resilience
 - Gratitude, appreciation
 - Feeling loved, cared about, receiving kindness, empathy
 - Worth, value, competence
 - Your innate goodness
- (Hanson, 2005)

EMOTION REGULATION SKILLS...

- **Observe** your Current Emotion
- **Describe** your Current Emotion (“I have the feeling of _____” vs.. “I am _____.”)
- Do not push away/resist or cling to your Current Emotion
- Remember you are NOT your emotion
- Recall times when you have felt **different** emotions
- Notice **other emotions** that are also present
- Practice **accepting** your emotion
 - Don’t judge your emotion
 - Practice willingness (allowing into awareness) your emotion
 - Radically accept your emotion

(Linehan, 1993)

MORE EMOTION REGULATION SKILLS....

- Build **mastery** – do one thing a day to feel competent and in control
- Build **Positive Experiences**
 - Do pleasant things now that are possible
 - Accumulate positives as you work toward goals
 - Attend to relationships
 - Repair old relationships (if safe to do so)
 - Put effort into creating new connections
 - Work on improving and maintaining current relationships
 - Avoid avoiding and avoid giving up
- Be **Mindful** of Positive Experiences
- **Distract** from Worries & Judgments
- **Opposite Action** to Emotion
- Check the Facts
- Cope Ahead
- Problem Solve

(Linehan, 1993)

DISTRESS TOLERANCE SKILLS

- **Wise Mind ACCEPTS** (Distraction by...)
 - **Activities** (be with others w/o talking about it, exercise, reading, watching a movie, hobby, an activity you’d do if not in crisis)
 - **Contributing** (activities that help others)
 - **Comparisons** (recall more difficult times you’ve survived and been able to cope; crises worse than yours)
 - **Opposite Emotions**
 - **Pushing Away** (imagine putting it on a shelf, in another room, turning down the volume of it, temporarily putting a wall between you and the problem)
 - **Thoughts** (fill your mind with other thoughts – song lyrics, counting/mathematics, games, etc.)
 - **Sensations** (example – TIPS)

(Linehan, 1993)

Opposite Action To Emotion

- Identify the emotion
- Is this emotion, its intensity and duration appropriate and effective for the situation?
- What behaviors, actions, urges go with that emotion?
- Identify and carry out the OPPOSITE actions, facial expressions, body language and posture, thoughts, tone of voice, etc.
- Continue doing this until the unhelpful/unwanted emotion is reduced

(Linehan, 1993)

DISTRESS TOLERANCE SKILLS (CONT'D)

<p>DISTRACT</p> <ul style="list-style-type: none"> • Do something else • Imagine something else • Sense – redirect your focus away from the pain and towards others senses • Think about something else • Remember better times • Accept pain is part of life • Create meaning • Take opposite action <p>Self-soothing (use the 5 senses); Don't wait until you're in a crisis to start doing this</p>	<p>IMPROVE the moment</p> <ul style="list-style-type: none"> Imagery Meaning Prayer Relaxing – progressive muscle relaxation, self-care, breath retraining, taking a break (not avoiding) One thing in this moment With a brief Vacation Encouragement <p>Radical Acceptance</p> <p>Willingness</p> <p>Turning the Mind</p> <p>Pros & Cons</p>
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(Linehan, 1993)

“TIP” Skills For Reducing Emotional Distress

T = Temperature Change

- Pass ice cubes back & forth between hands
- Dunk your head in a sink or bowl of ice water for as long as you can safely hold your breath (body will begin to slow down non-essential survival functions, such as our emotions)
- Take a warm/hot bath or shower

I = Intense Exercise

- Run around the block
- Do jumping jacks
- Turn on music and dance like no one's watching

P = Progressive Relaxation

- Progressively move from head to toes (or vice versa), tightening or squeezing one area at a time for a few seconds, then release

(Linehan, 1993)

EXPANDING CAPACITY IN RELATIONSHIPS

Trauma → Affect Dysregulation → Relational Problems

- The impact of developmental trauma (often showing up as complex PTSD) compromises one's ability to regulate affect



- How you regulate your emotions influences *how you communicate* & **what emotional signals you send your partner**
- If partner's emotions & emotional signals are *unpredictable, distorted, shut-down* (because of dissociation, numbing) or *extreme*, the other partner may feel: Off-balance, Helpless, Triggered, Uncertain how to relate

(Johnson, 2013)

Relationship Traumas Stir up Attachment Injuries

- Feeling unrecognized, disconnected or helpless to change things in relationship = trigger (Solomon, 2003)
- May be experienced as:
 - an abandonment,
 - a violation of trust,
 - a betrayal
- Lead to questioning/doubting one's beliefs about self, other, relationship itself
- Occurs when one partner doesn't respond to the other when attachment needs are most important
- Tend to occur at times of transition, loss, danger and uncertainty
- If traumatized partner, while seeking out comfort, experiences abandonment, betrayal or other harm, they will further Become disengaged, Feel helpless, Isolate self, Have their protective defenses reinforced

(Solomon & Siegel, 2003; Johnson, 2002)

EXPANDING CAPACITY IN RELATIONSHIPS, cont'd

If traumatized partner is numbing or dissociating, they miss out on opportunity to:

- Get corrective information (feedback that does NOT confirm their internal working model)
- Feel safe enough to connect with their partner

We want to help couples

1. Better regulate and work with their emotions
2. Send clear signals to one another
3. Create a more secure, loving bond

(Johnson 2003)

What *else* can make adults feel insecure?

- Being alone
- Being too emotionally close to others, especially for those who value their independence
- Preferring not to be alone during times of stress: **attachment anxiety**
- Feeling more secure when keeping a comfortable emotional distance from others = **attachment avoidance**
- We all experience some degree of attachment avoidance and attachment anxiety

Our ATTACHMENT SYSTEM is our brain's mechanism for "tracking and monitoring the **safety and availability** of our attachment figures"

- An ANXIOUS-INSECURE attachment system is a sensitive attachment system that can detect subtle:
 - ✓ shifts in the relationship dynamics
 - ✓ cues of emotional expression in others
- This can lead to misinterpretation of others' emotional states
- If there's a history of abandonment, rejection, violation of trust, once this sensitive attachment system is activated, it may be more difficult to settle this system, even with corrective information or reassurance from partner
- What then gets activated are efforts to reestablish closeness with partner (*activating strategies*)

(Levine & Heller, 2010)

SECURE ATTACHMENT STYLE

- LOW in *both* attachment anxiety & attachment avoidance
- Tend to have close relationships in which each partner values & respects one another
- Can be flexible and responsive to one another
- Feel comfortable expressing their feelings
- Depend on one another as needed but are able to operate independently as well

(Maunder & Hunter, 2012)

ANXIOUS STYLE
 (aka Support-Seeking, Ambivalent, Preoccupied)

- Low attachment avoidance, High attachment anxiety
- Feel most secure when physically & emotionally close to partner
- Being alone feels insecure
- May seem clingy or dependent which increases fear of rejection & separation
- Attachment system is “too ON”
- May associate a calm attachment system with boredom, so secure partner is boring
- Too externally focused in to settle, regulate system or get needs met
- Verbosity, lot of emotions, may complain often or have lot of negativity
- May be highly focused on past and present
- Express sadness and fear easily, Can get easily flooded
- Abandon the self, then attempt to get self back through others

(Mauder & Hunter, 2012; Poole-Heller, D., 2017)

ANXIOUS ATTACHMENT ACTIVATING STRATEGIES

<ul style="list-style-type: none"> <input type="checkbox"/> Excessive attempts to reconnect <input type="checkbox"/> Withdrawal <input type="checkbox"/> Keeping score <input type="checkbox"/> Hostility <input type="checkbox"/> Threats to leave or end the relationship <input type="checkbox"/> Manipulation <input type="checkbox"/> Attempts to make the other jealous 	}	<p>PROTEST BEHAVIORS: Attention-getting actions for The purpose of re-establishing Connection with one’s partner</p>
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WORK with such CLIENTS on learning to EXPAND THEIR CAPACITY TO:

1. Express their needs
2. If dating, give several people a chance without hyperfocusing on one person too early

CORRECTIVE EXPERIENCES:

- Develop sense of self; increase awareness of internal sources of satisfaction, fulfillment
- Boundaries work, not abandon the self
- Practice receiving and taking in
- Focus on and connect with caring behaviors and what is consistent, reliable

(Levine & Heller, 2011; Poole-Heller, D., 2017)

AVOIDANT STYLE (aka Dismissing, Self-Reliant)

- Low in attachment anxiety, High in attachment avoidance
- Gravitation towards things not people, even “addiction to alone time”
- Feel most secure when they keep their distance
- May experience others’ approach w/ startle response and as attack
- Acutely sensitive to emotional and/or physical advances by others
- Keep feelings to themselves, use few words with future focus
- Partners complain they’re too distant or unwilling to commit
- Tend to dismiss importance of close attachments & mistake self-reliance for independence
- Use auto-regulation to settle oneself: over focus on self-soothing, self-stimulation, can be dissociative; this dissociation may get in the way of tuning into bids for connection from other

(Mauder & Hunter, 2012; Poole-Heller, 2017; Tatkin, 2009)

AVOIDANT ATTACHMENT DEACTIVATING STRATEGIES

- Commitment avoidance
- Letting small imperfections in partner get in the way of romantic feelings
- Flirting with others
- Mentally checking out when partner is attempting to connect or talk with you
- Keeping secrets
- Avoiding physical closeness
- Pulling away when things are going well

DEACTIVATING STRATEGIES:
Unconscious behaviors or thoughts
Used to squelch intimacy,
To suppress our attachment system

WORK with such CLIENTS on EXPANDING THEIR CAPACITY TO:

1. De-emphasize self-reliance & focus on both turning towards others for and being available as support for partner
2. Learn to identify deactivating strategies when in use
3. Recognize tendency to negatively misinterpret behaviors
4. Create a relationship gratitude practice
5. Use healthy distractions of shared activities to let down their guard and better access loving feelings towards other

CORRECTIVE EXPERIENCES:

- Kind Eyes (attachment gaze) exercise
- Welcome to the World exercise

(Levine & Heller, 2011; Poole-Heller, D., 2017)

DISORGANIZED STYLE
(aka Cautious, Fearful)

- High in both attachment anxiety and attachment avoidance
- Afraid of being alone AND reluctant to approach others and ask for help
- Stuck between push-pull of conflicting feelings
- Suffer silently OR may express themselves in a way that pushes others away
- Amygdala tends to get stuck in trauma
- Regulates high arousal via dissociation
- In session they may:
 - be difficult to follow;
 - may mix up tenses;
 - have long pauses or loss of words, be unable to find their voice or recall words

(Mauder & Hunter, 2012; Poole-Heller, 2017)

DISORGANIZED ATTACHMENT

In double bind of conflict between 2 psychobio drives:

- The need to attach to a safe attachment figure
- The strong drive to survive

A missing resource is the quality of safety

Corrective Experiences:

1. Thaw their Freeze response
2. Complete defensive responses
3. Find a safe relational field
4. Finding/installing a competent protector
5. Uncouple survival instinct from love and/or attachment

(Levine & Heller, 2011; Poole-Heller, D., 2017)

ENCOURAGING RE-CONNECTION

- Explore how clients experience DISCONNECTION
 - Where did these patterns first develop?
 - How does this pattern show up now in relationships?
 - How does this pattern show up now in your THERAPEUTIC relationship with client?
- Identify and process the value of client's survival styles and coping mechanisms
- Explore how this enables continued DISconnection in the present

Reconnection (cont'd)

- How is clt's survival style:
 - HELD in the BODY?
 - EXPRESSED via BEHAVIORS, URGES?
 - DEFINING OR LIMITING their self-concept or identity?
- Practice mindfulness of these patterns
- Challenge clients to DISidentify from these patterns which continue to re-enact their past
- **Reconnect with missing internal resources** and original core self-expression

(Heller & LaPierre, 2010)

When Working with Couples...

Create A Secure Base

Helps couples identify how trauma has affected and/or defined their relationship & sense of self

- Take a NON-pathologizing, normalizing approach to SYMPTOMS & THEIR FUNCTIONS around the trauma(s) and in the relationship
- Collaborate with the couple to create SAFETY RULES, BOUNDARIES/LIMITS to increase felt sense of safety within the relationship
- Educate partner about the effects of trauma on interpersonal interactions
- Invite feedback in sessions about therapeutic process and talk openly about couple's expectations

(Johnson, 2002)

COUPLES, cont'd

Clarify Interactional Patterns & Emotional Responses

GOAL: DE-ESCALATE the personal & relationship distress

- Track & identify negative interactional cycles that maintain relationship distress
- Specify how each partner's emotional response reflects the impact of the trauma and attachment insecurity
- Help couple form a big-picture of their interactions and emotional responses in a way that helps them become more of a team, allies for one another

For example, show couples the pattern they're caught in:
"when he gets angry, you go into a (freeze/fight/flight) response...this then leads to....."

(Johnson, 2002)

COUPLES, cont'd

Expand & Restructure Partners' Emotional Experiences In Relationship

Clients' emotions often indicate their most significant wants, needs.

Assist clients in:

- Identifying, owning and expressing their avoided or "unformulated" experiences
- Integrating such experiences into their sense of self and how they define the relationship with the other partner
- Creating:
 - ✓ Sense of safety in protecting self, while exploring fears and insecurities that hold each partner back in the relationship
 - ✓ Opportunity to clarify one's attachment needs
 - ✓ Opportunity to begin interacting with partner in a different, healthier way
- Moving between exploring and containing emotion
- Expanding self with other:
 - ✓ For trauma survivors, their sense of self may be more negatively defined (e.g., negative core beliefs that formed or were reinforced by trauma)
 - ✓ To reduce SHAME, must help partner provide safety and reliable & consistent compassion, acceptance, care and support

(Johnson, 2002)

COUPLES, cont'd

Restructure Interactions toward Accessibility and Responsiveness

- Therapist looks for ways that trauma survivor reaches out for support re: attachment insecurities or trauma issues – these are indicators of growing trust and connection

Focus on Integration

- Integrate newly processed emotional experiences, new self-concept, into both partners' sense of self.
- Integrate new ways of interacting
- Help couple develop a new affirming story of their journey
- Explore continued growth expectations, goals
- GOALS are for couples to be better able to:
 - ✓ Identify & be clear about their own needs,
 - ✓ See the other's point of view and come up with effective solutions for recurring triggers and day to day issues
 - ✓ Identify how their relationship is meeting their needs and is a secure base

(Johnson, 2002)

Therapist Self-Care & Presence in Session

<p>BURNOUT</p> <ul style="list-style-type: none"> • Exhaustion, frustration, anger and depression associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. • usually has a gradual onset • can reflect the feeling that your efforts make no difference • can be associated with a very high workload or a non-supportive work environment • "A result of the general psychological stress of working with difficult clients vs.. having a traumatic reaction to specific client-presented information" <small>(Trippany, et al., 2004, pp. 31-32).</small> 	<p>SECONDARY TRAUMATIC STRESS</p> <ul style="list-style-type: none"> • STS is a negative feeling driven by fear and work-related secondary exposure to (i.e. knowledge about) a traumatizing event experienced by another. • STS is focused on symptoms that parallel PTSD; combines PTSD and burnout symptomatology explaining sudden adverse reactions to survivors • STS is seen as a condition that is usually rapid in onset & associated with a particular event. • sx may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.
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PREVENTION of Burnout & STS

If you have a history of traumatic events

- a. What are your triggers?
- b. Can you reduce their potency by therapy or other positive means?
- c. Are you practicing grounding skills b/w sessions and "shuttling" within sessions?

Stressor load outside of work environment

- Do you do things that refresh you?
- What tasks do you have to do that use your energy?
- Is there a way to share the load with friends or family?
- What can you "not do" (e.g., should you alter expectations of what is "necessary?")

Stressor load within the work environment: Do you need:

- (1) clinical supervision?
- (2) more training in treating trauma?
- (3) case consultation with colleagues?
- (4) to alter your caseload or schedule?

<http://www.proqol.org>

Check Your Self-Care Practice!

- **“Feel-Good Self-Care”** = activities that give immediate gratification
- **”Smart Self-Care”**= strategies we cultivate around
 - ✓ Vulnerability
 - ✓ Boundaries
 - ✓ Unhealthy/toxic relationships
 - ✓ Numbing
 - ✓ Scarcity
 - ✓ Comparison
 - ✓ Failure/success
- **What’s working well? What’s not (even if it used to)?**
- **What gets in the way or prevents you from doing these?**
- **What needs to change?**
- **How do you currently invest your time?**
- **What permission would you need to give yourself to shift towards greater self-care?**

(Juvenile Justice Information Exchange, 2017)

Empathy not Sympathy

- Therapeutic for clients
- A practice in self-care as therapists
- EMPATHY has four attributes:
 - Being **Nonjudgmental**
 - **Perspective-taking**
 - **Understanding the emotion**
 - **Communicating our understanding of the emotion**
- **PLUS**
- **Mindfulness** : not jumping in the hole with our clients or taking on their pain; having healthy boundaries of where you end and I begin

Practice **Empathy** for Others AND **Self-Compassion!**

(Wiseman, 1996; Neff, & Dahm, 2015)

Practice Healthy Boundaries

- Create, communicate and maintain phone, email, scheduling boundaries
- Set realistic expectations for self and your clients
- Know when to say “no”
- Practice self-care on a daily basis
- Check in with yourself regularly to reassess and attend to what is needing attention

“SWITCHING ON AND OFF”

- A resilience coping strategy for maintaining empathy and preventing burn out.
- Provides maximum **protection while working** (*switched off*)
- Provides maximum **support while resting** (*switched on*)

This is not denial or dissociation.

Practicing switching on and off:

1. Talk to yourself while switching so it is a conscious process.
2. Use imagery to evoke in you a sense of safety and protection (switch off)
3. Use imagery to evoke sense of connection & being cared for (switch on)
4. Create rituals that assist you in switching as you start and stop work.
5. Breathe in slowly, fully and exhale completely to calm yourself

From http://www.proqol.org/Helper_Pocket_Card.html

Therapist Self-Care & Presence

- **Presence**
- **Resonance**
- **Self-Regulation**
- **Interactive Regulation**
- **Tracking**
- **Recognizing Countertransference**

THERAPIST SELF-REGULATION

- Shuttling Attention
- Grounding
- Awareness of Countertransference
- Identification of “Resonance” within session (*not our issues*)
- Identification of Countertransference (*our issues*)
- Seeking out Support, Supervision, Consultation, our own personal Therapy
- Self-Care
- Non-attachment to Outcome
