



Scope Of Practice

Materials that are included in this course may include interventions and modalities that are beyond the authorized scope of practice for your profession. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

Objectives

- Understand the Impact of Developmental and Early Attachment Trauma
- Recognize Trauma Symptoms in Children, Adolescents, and Adults
- Utilize Trauma-Informed Care Approaches
- Assess Attachment Patterns and Attachment Styles
- Integrate Healing Techniques and Strategies
- Collaborate with Caregivers and Support Systems
- Enhance Professional Self-Awareness and Compassionate Practice

The Impact of Developmental and Early Attachment Trauma



The Art of Sensitive Parenting

"Children come into the world like a packet of seeds with no cover on the front. It's our job, very much like the gardeners, to provide the adequate water, air, nutrition, and light to raise that seed to its highest potential. It's not our job to raise a rose into a carnation, or carnation into a rose."

Dr. Katharine Kersey (1983)





What is Trauma?

Any unresolved autonomic nervous system response to an event.
It is not the event itself.

Levine (2010)

"Trauma is not what happens to you but what happens inside you."
Mate (2002 p.20)

Childhood Trauma

- The DSM-5 defines childhood trauma as exposure to a traumatic event that causes intense fear, helplessness, or horror.
- The DSM-5 also includes a preschool subtype of post-traumatic stress disorder (PTSD) for children ages six and under.

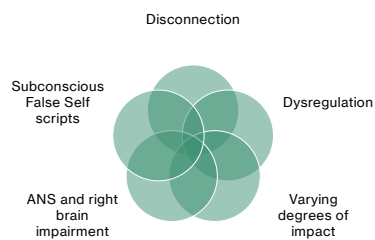
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Degrees/Types of Trauma

- Big traumas (natural disasters, sexual assault, situations that involve threatened or actual injury, etc.)
- Little traumas (divorce, job loss, emotional abuse, etc.)
- Sanctioned mini-traumas (some traditional parenting practices)
- Secondary traumas (an indirect experience of a traumatic event)
- Intrauterine and birth traumas (fetus, pregnancy, mother, instrumentation during delivery, etc.)
- Medical procedure traumas (negative experiences within a medical setting)
- Intergenerational traumas (passed down from ancestors)

Fitzgerald et.al. (2023)


Similar Neurophysiology Insecure Attachment, Trauma, & Shame



Beginning with Shame

"Like a wound made from the inside by an unseen hand, shame disrupts the natural functioning of the self. If we are to understand and eventually heal what ails the self, then **we must begin with shame...**"

Kaufman (1989, p.5)



Core shame

A primary affect induced from ruptures in interpersonal bridges that becomes a core part of one's identity.


Kaufman (1992)


The Interpersonal Bridge Ruptures

The emotional severing of the interpersonal bridge is the primary shame-inducing process.

"The bond which ties two individuals together forms an interpersonal bridge between them."

Kaufman (1992) p.13





Where are the ruptures?

Primary Caregiver	Parents	Family	Teachers
Friends	Spouses/Partners	Workplace	Body
Groups	Culture	Therapists	Healers
Physicians	Self	Others	

The First Three Years

Right brain develops
before the left

Crucial period for
developing emotional
safety and connection

Right Brain

Feeling
Creativity
Imagery
Intuition
Non-linear

Left Brain

Thinking
Logic
Reason
Linear
Analytical

Brain Architecture



Permission to use video: Center for the Developing Child (2011)

Attachment

Reciprocal **non-verbal communications** lie at the neurobiological core of attachment.

Visual-facial: I SEE YOU

Auditory-prosodic: I HEAR YOU

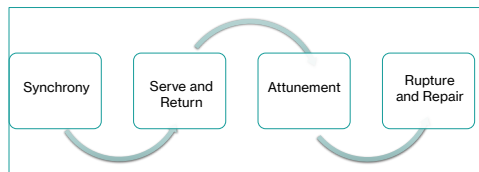
Tactile-gestural: I FEEL YOU

Co-regulating interactions between the infant and caregiver expand the developing right brain regulatory systems.

Schore (2012)



Attachment and Co-regulation



Brazelton & Cramer (1990) and
Center for the Developmental Studies

Attachment Styles

1. Secure Attachment: Characterized by comfort with intimacy and trust in relationships. Individuals with this style tend to have healthy, balanced relationships.

2. Anxious Attachment: Marked by a preoccupation with relationships and a fear of abandonment. People with this style may seek constant reassurance.

3. Avoidant Attachment: Defined by a reluctance to rely on others, often leading to emotional distance in relationships.

4. Disorganized Attachment: A mix of anxious and avoidant behaviors, often stemming from trauma or inconsistent caregiving.

Ainsworth & Bowlby, (1991)

1. **Insecure avoidant** (type A)

2. **Secure** (type B)

3. **Insecure ambivalent/resistant** (type C)

4. **Disorganized** (an extreme form of insecure attachment)

Journal of Psychosocial Nursing and Mental Health Services: Naveed, et.al. (2020)

1

Still-Face Studies



- Young infants learn early-on the "rules" of social interactions
- Parent holds a still, neutral expression while looking at the infant, and after a few seconds reinitiates interaction
- The infant's "still-face response" (SFR) includes a reduction in looking at parent, and an increase in negative affect
- Shows that Infants have expectations for reciprocity in social interactions

Tronick, E. (2009)

Poisonous Pedagogies

18th Century child-rearing texts

Shame-based systems

Goal was to "*break the will*" of the child before old enough to remember

Miller (1983)

Some "Not-Enough" Messages

- You'll never amount to anything.
- You should be ashamed of yourself.
- Stop crying before I give you something to cry about.
- Get over yourself and be happy.
- Stop that attitude.
- You need to respect me.

Sanctioned “Mini-Traumas”

- 14 generations of ancestral DNA
- Intergenerational transmission of trauma
- Not-enough messages still today
- Shame-based practices common
- Negative parental experiences contribute to shame
- Violence in media and video games

Sedghimomani, et al (2021) & Fitzgerald, et al (2020) & Youssef, et al (2018)

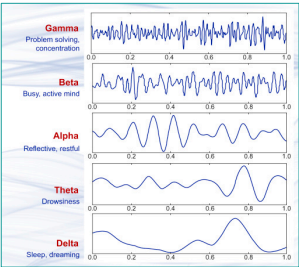
The First Six Years

Theta brain waves—relaxation, meditation, receptive to information beyond normal conscious awareness. This low frequency state is likened to hypnosis and is highly programmable.

Labov (1999)

The fundamental behaviors, beliefs, and attitudes we observe in our parents become “hardwired” as synaptic pathways in our subconscious mind.

Lipton (2005)





The “False Self” Story

By age 7, stories are set up and remain in the subconscious until they are excavated and reprogrammed.

Lipton (2005) & Whitfield (1987)

Adverse Childhood Experiences (ACEs)

- Potentially traumatic events that occur in childhood
- Violence, abuse, and growing up in a family with mental health or substance use problems
- Changes brain development and affects how the body responds to stress
- Linked to chronic health problems, mental illness, and substance misuse in adulthood

Finkelhor, et al (1998)



Permission to use video Office of the California Surgeon General

Recognizing Trauma Symptoms in Children, Adolescents, and Adults

Photo by Rafael Lemos on Unsplash



Trauma in Children

Children may have difficulty expressing their feelings or understanding their emotions, so trauma may manifest in more behavioral or physical ways.

Emotional

- Excessive fear or anxiety (e.g., fear of being separated from parents)
- Clinginess, irritability, or mood swings
- Difficulty in regulating emotions (e.g., frequent crying, anger outbursts)
- Trouble trusting people
- Feelings of guilt or shame
- Feelings of detachment or numbness
- Increased fears (e.g., fear of the dark, strangers)

Downey & Cooney (2022)

Behavioral & Physical

- Regressive behaviors (e.g., bed-wetting, thumb-sucking, or baby talk)
- Nightmares or trouble sleeping
- Trouble concentrating or performing at school
- Avoidance of reminders of the traumatic event
- Aggressive or oppositional behavior
- Hyperactivity or low energy levels
- Complaints of unexplained aches or pains (e.g., stomachaches, headaches)
- Changes in eating or sleeping habits
- Low energy or increased physical restlessness

Danese A, et al. (2020)

Trauma in Adolescence

Adolescents might have more complex reactions to trauma due to their developmental stage and the pressures of peer relationships.



Emotional

- Guilt or shame about the traumatic event
- Feelings of numbness, hopelessness, or despair
- Depression or sadness
- A sense of being "different" or isolated
- Extreme mood swings or emotional outbursts
- Low self-esteem or self-worth

Friedman & Resnick (2023); Baker & Rosen (2018)

Behavioral & Physical

- Risk-taking behaviors (e.g., substance abuse, unsafe sexual activity)
- Self-harming behaviors (e.g., cutting, burning)
- Withdrawal from family and friends
- Avoiding places or people that remind them of the trauma
- Difficulty concentrating in school or at work
- Sudden changes in friendships or social groups
- Aggression or violent behavior
- Changes in appetite or sleep patterns (insomnia, oversleeping, overeating, or loss of appetite)
- Complaints of physical discomfort (headaches, stomachaches)
- Increased substance use (alcohol, drugs)
- Panic attacks or hyperventilation

Friedman & Resnick (2023); Baker & Rosen (2018)



Trauma in Adults

Adults might express trauma symptoms differently, often influenced by their coping mechanisms and life circumstances.

The Body Keeps the Score

- Nervous system may react as if happening now
- Happens faster than mind able to process
- Unable to distinguish if memory or current
- Prefrontal cortex (time-keeper) goes off-line
- Can trigger painful emotions and sensations
- Gut-wrenching and heart-breaking sensations
- The body always wins
- Posture, gait, movement, and body language can give clues
- Somatic memories often override cognitive thought processes

van der Kolk (2014)

Reenactments

- Individuals may reenact past traumas to master them
- They also can occur from psychological vulnerabilities and defensive strategies
- Conscious awareness is key to change
- Energetic discharge
- Renegotiation
- Patience and attention
- Unconscious repetitions

van der Kolk (2014) & Levy (1998)

Neurochemicals in Trauma

- **Norepinephrine (adrenalin)** –increases bodily arousal and focuses attention to fight or flee- *High levels create anxiety, irritability and a startle response*
- **Cortisol** –inhibits protein synthesis and breaks down complex starches to sugar for energy availability –*High levels decrease hippocampal volume, cause deficits in learning and memory, and suppresses immune system*
- **Endorphins** – analgesic for physical pain if injured-*High levels distort reality and create emotional blunting, depersonalization, derealization, and can have negative impact on cognition, and may disrupt day-to-day life*
- **Dopamine**- drives hypervigilance and cognitive acuity-*High levels can be related to aggression and inability to control impulses*
- **Serotonin**- the one chemical that decreases in PTSD- Needed to support connection to others, safety, and well-being- *Chronically lower levels correlate with depression, irritability, violence, and suicide*

Casolino (2020)

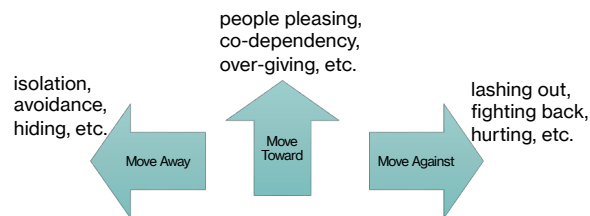
Wired for connection

- Default mode network (DMN) becomes activated when not focused on threat – (daydreaming, self-reflection, and empathic thoughts)
- If DMN chronically inhibited in early development or severe trauma in adulthood, a coherent sense of self, the ability to regulate affect, be introspective, or have empathy become impaired

Casolino (2020)

"Connection is why we're here. We are hardwired to connect with others, it's what gives purpose and meaning to our lives, and without it there is suffering." Brown (2019)

Strategies of Disconnection



Hartling, et al (2004)

Some Defenses Against Shame

narcissistic self-inflation	grandiosity
avoidance	rationalization
projecting	blaming
shaming others	rage
lying	misdirected defiance
denial	hopelessness
minimization	

Yard (2014)

Erickson's Stages of Psychosocial Development

CRISIS	AGE	TASK
Trust vs. Mistrust	0 to 1½ years	Hope
Autonomy vs. Shame	1½ to 3 years	Will
Initiative vs. Guilt	3 to 5 years	Purpose
Industry vs. Inferiority	5 to 12 years	Competency
Ego Identity vs. Role Confusion	12 to 18 years	Fidelity
Intimacy vs. Isolation	18 to 40 years	Love
Generativity vs. Stagnation	40 to 65 years	Care
Ego Integrity vs. Despair	65+	Wisdom

Erickson (1968)



Trauma-Informed Care

Trauma-Informed Approach

- Introduced in 2001
- Integrating aftereffects of trauma on mental health
- “What happened to you?”

Perry & Winfrey (2021) & Dalezel & Gibson (2022)

“We now know that the neurochemistry of sustained stress and traumatic experiences distorts our perception and cognition in ways that support our immediate survival.”

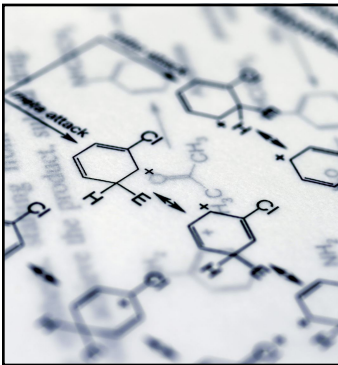
Casalino (2020), p. 132

Neuroplasticity & Epigenetics

Neuroplasticity- The nervous system can change its activity in response to stimuli by reorganizing its structure, functions, or connections.

Epigenetics- The new biology that reveals how environment and perception control genetic activity.

Mateos-Aparicio & Rodríguez-Moreno (2019) & Gustafson (2017)



Creating a holding environment

- Top-down approaches, such as talk therapy and cognitive work, in combination with bottom-up approaches that viscerally contradict the trauma response most effective
- When a client has been relationally traumatized, the right-brain sense of self that develops is a psychobiological body-based process
- Therapeutic experiences that promote safety and connection allow for the development of new neural pathways that were previously disconnected or pruned off
- New pathways help connect the damage from the early ruptures in the interpersonal bridges

van der Kolk (2014) & Shore (2012)

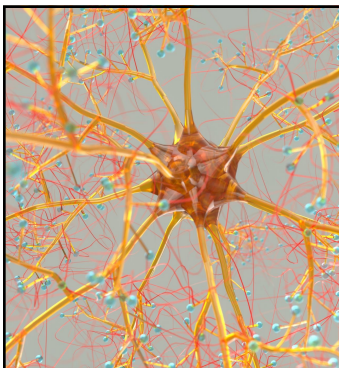
Therapists as Surrogate Attachment Figures

- Creating a holding environment
- Therapist holds space for client to no longer reexperience feelings of shame and disintegration of self
- Client experiences comfort and connection in the therapeutic setting
- New pathways fire that promote healing in the brain

van der Kolk (2014) & Shore (2012)

Types of Effective Treatment

- Cognitive Behavioral Therapy
- EMDR (Eye Movement Desensitization)
- Somatic
- Polyvagal Theory Approaches
- Other



The ANS & Polyvagal Theory

- The autonomic nervous system (ANS) is the neural platform beneath every experience.
- Stephen Porges' polyvagal theory expanded on prior understanding of the ANS.

Porges (2011)

The Vagus Nerve

- Largest of the twelve cranial nerves
- Sometimes referred to as the "wanderer," as it extends from the brainstem into the chest and abdomen
- Influences the throat, lungs, heart, digestion, and elimination
- Provides sensory input from our visceral organs to our brain about how our body is feeling
- Conveys information to the nervous system about safety, or lack thereof, in surroundings



Rosenberg (2017)

Polyvagal Theory- Three organizing principles

1. ANS Hierarchy
2. Neuroception
3. Co-Regulation

Dana (2018)

ANS Hierarchy

Dorsal Vagal -- immobilization
Sympathetic -- mobilization
Ventral Vagus -- social engagement

Dana (2018)

Neuroception

- Subconscious system for detecting threats and safety in the environment
- Autonomic responses to body cues
- Detection without awareness
- Precedes perception

Porges (2004) & van der Kolk (2014)

Co-Regulation

- loss of co- regulation results in a neuroception of threat
- misattunement violates neural expectancies regarding social connection
- left brain stories then take over such as-"I'm not enough," "I'm a failure," "I'll never get it right," and "What is wrong with me?"
- prefrontal cortex goes offline, and the amygdala, a primitive part of the brain, goes into overdrive

Porges (2017) & Levine (2010)

Emotional Safety



- Co-regulation is the requirement for feeling safe.
- Every action is a reaction seeking safety and survival.

Porges (2012)

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The Four Therapeutic “R” s

- Recognizing the autonomic state
- Respecting the adaptive survival response
- Regulating or co-regulating into a ventral vagal state
- Re-storying

Porges (2009)

Window of tolerance

- The optimal state of arousal where cortical functioning stays intact
- Clients absorb and process information more effectively
- Outside this optimal zone, the prefrontal cortex shuts down and decreases cognitive processing while increasing sensorimotor responses
- The social engagement system of the vagus nerve helps clients to put on the “brakes” and to work within their window of tolerance.
- Often a dance of co-regulation, noticing when clients may be moving in and out of their window of tolerance and helping them to find the vagal “brake” that slows the car down

Siegel (1999)

ABCs to Self-Regulate

A-----Acknowledge feelings

B-----Breathe

C-----Use one or more **C** Shovels

- Curiosity
- Courage
- Compassion
- Connection



Repairing the Ruptures

"Even if our childhood was less than ideal, our secure attachment system is biologically programmed in us--and our job is to simply find out what's interfering with it and learn what we can do to make those secure tendencies more dominant."

Dr. Diane Poole Heller
<https://traumareolutions.com>

Neurobiology of Attachment

These areas of the brain play a vital role in children's socioemotional development

1. The hypothalamus, which mediates stress hormones
2. The amygdala, which controls stronger emotions such as fear
3. The prefrontal cortex, which is responsible for emotional regulation.

Naveed, et al. (2020)

Assessing Attachment Disorders

- observations
- clinical interviews
- standardized assessments
- behavioral observations
- comprehensive-- looks at history, behavioral patterns, emotional responses, and the quality of relationships with caregivers.

Standardized Assessments and Questionnaires

- **Strange Situation Procedure (SSP):** Developed by Mary Ainsworth, this is a widely used observation-based assessment primarily for infants and toddlers.
- **Adult Attachment Interview (AAI):** This is a structured interview used for adults, especially for those with a history of attachment disruptions.
- **Attachment Style Questionnaires:** These include self-report tools that assess how people view and behave in close relationships. Examples include the **Experiences in Close Relationships - Revised (ECR-R)**.

Behavioral and Emotional Assessments

- **Behavioral Rating Scales:** These scales assess emotional regulation, social interactions, and behaviors often associated with attachment issues. Common examples include the **Child Behavior Checklist (CBCL)** and **Strengths and Difficulties Questionnaire (SDQ)**.
- **Emotional Development Assessments:** These tools assess the emotional regulation and development

Attachment Disorders Screening Tools

- **The Child Attachment and Trauma Scale (CATS):** A tool that assesses the attachment and trauma symptoms in children to identify signs of attachment disorders.
- **The Attachment Disorder Inventory (ADI):** Used to screen for symptoms of attachment disorders in children, including emotional dysregulation and difficulty forming healthy relationships.

Projective Tests



- **The Attachment Q-Sort:** This is used to assess attachment security in infants and children by observing how a child interacts with caregivers and peers across multiple behaviors and contexts.
- **The Story Stem Assessment Profile (SSAP):** This is a projective test used with children, where the child is given the beginning of a story, and they are asked to complete it. The narrative content can reveal insights into attachment patterns and emotional regulation.

Self-Report Assessments for Adults

- **Adult Attachment Scale (AAS):** A self-report questionnaire that evaluates an individual's attachment style, which can help in identifying attachment-related difficulties in adulthood.
- **Relationship Questionnaires:** These are used to assess attachment style in romantic relationships, which can be indicative of childhood attachment patterns.



Treatment Approaches to Attachment Styles

 playfulness Avoidant	 quick on your feet Ambivalent/Anxious	 soothing environment Disorganized
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DeYoung (2015)



Empathy is a Right Brain Activity

"Our shamed clients need changes in how their right brains work for them, but they cannot make these changes on their own. They need to be in sustained connection with at least one other person who is close enough to become someone who can regulate – rather than dysregulate – their right brain affective experience."

DeYoung (2015) p. 87

"To sense a client's anger, fear, or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it, is the condition we are endeavoring to describe...When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware."

Rogers (1957) p. 284

If Empathy Could Speak



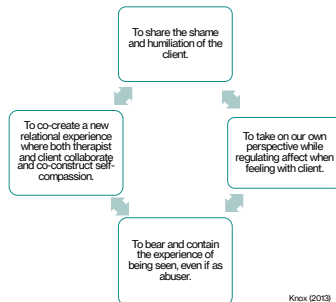
Mirror Neurons



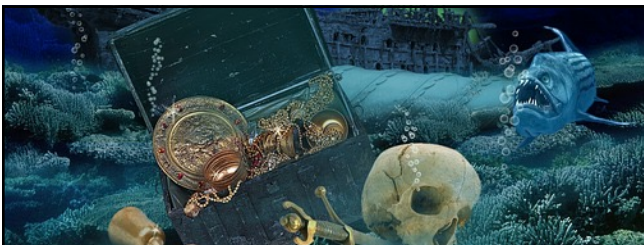
- the root of empathy
- fire in the prefrontal cortex in response to another person's experience
- automatic during intentional acts
- resonate with feelings and all sensory channels

Siegel (2003)

Therapeutic Empathy- Four Skills At Once

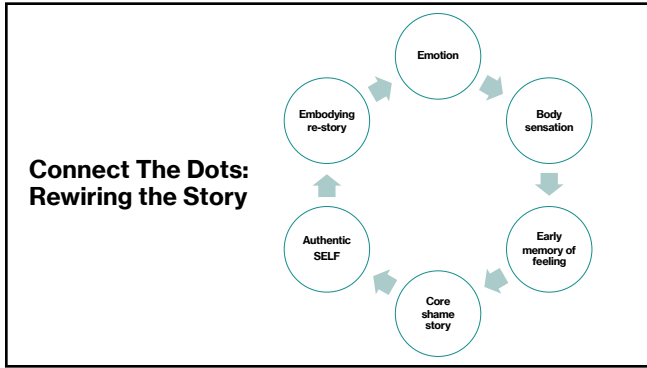


Knox (2013)



Excavation Exercise

- The Deep-SEA Dive
- Situation - Emotion - Aspired Action





Journaling

Not for everyone

Bring journal to session (if client is interested)

Homework assignments

Journal prompts

Getting power back through writing

Letter Writing

Letters NOT to send

Letters to and from
"little me"

Letters to loved ones who have died

Thank-you notes to SELF

Prosody

Prosodic sound most effective sensory
healing modality

Strongest trigger of neuroception

Music during and after session

Guided imagery/meditation with music

Listening to client's music

Drumming, toning, chanting, chimes, bowls,
gong bath, etc.

Poetry

The Guest House

This being human is a guest house. Every morning a new arrival.
A joy, a depression, a meanness, some momentary awareness comes as an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows, who violently sweep your house empty of its furniture, still, treat
each guest honorably. They may be clearing you out for some new delight.
The dark thought, the shame, the malice, meet them at the door laughing, and invite them in.
Be grateful for whoever comes, because each has been sent
as a guide from beyond.

Rumi

Find Your Brave Song



Let's be Too Much
courtesy of Rebecca Folson



Meditation & Mindfulness

- Calms nervous system
- Breathing (or sighing)
- Heart-math
- Mindfulness Apps
- Meditation Apps
- Mindful moments
- Inspirational cards
- Daily practice

"Moment to moment non-judgmental awareness."

Kabat-Zinn (1997)

Child & Martin (2000)



Nature & Animals

We find ourselves in the quiet moments when the earth pauses, and we are still.

Creative Arts Expression

- Might be shaming for some clients
- Find client's interest/medium
- Drawing/painting/other...
- Bring to session or suggest for homework
- Great for groupwork
- Paradox boxes
- Collage/vision boards

*"Often the hands know how to
solve a riddle with which the
intellect has wrestled in vain."*

Carl Jung

Dreams & Imagination

- Making the unconscious conscious
- Projective dreamwork
- *In my imagined version of this dream...*
- Imagination as compassion
- Guided imagery & visualization

*"All dreams come in the
service of health and
wholeness."*

Taylor (2009)

Yoga, Movement, and Dance

Yoga and mindfulness have
comparable effectiveness in
reducing trauma-related
symptoms.



Taylor et al (2020) & Esfeld et al (2021)

Fear Melters

Freeze- Shake
Flea- Sumo Stance
Fight- Ooze
Faint- Love Scoops



Hendricks (2016)

Play & Humor



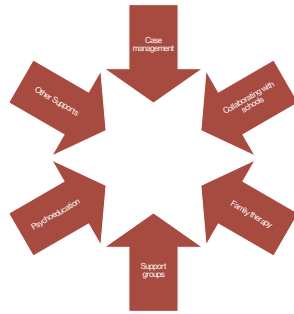
Song Courtesy of Cheryl Wheeler



Collaborate with Caregivers and Support Systems







It Takes a Village



Enhancing Professional Self-Awareness and Compassionate Practice



Creativity in Treatment

-  Goodness of fit
-  Good therapy is like art
-  Every client is unique
-  Rigid models can be problematic
-  Client-centered

Barriers to Relational Presence

- Being inflexible
- Imbalance of power
- Unconsciously enacting shaming parent
- Rigid models
- Insurance/diagnosis dictating treatment
- Fear of not being good-enough
- Difficulty tolerating shame

Tolerating Shame

Courage

Vulnerability

Authenticity

Self-Awareness

Humility

Burn-out

- **Emotional exhaustion** – fatigue that comes from caring too much and too long
- **Depersonalization** – a depletion of empathy, caring, and compassion
- **Decreased sense of accomplishment** – a sense or feeling that nothing makes any difference
- **Compassion fatigue** often includes secondary traumatic stress.

Nagroski & Nagroski (2019)

7 Things to Help Stress & Burnt-Out

1. Physical Activity
2. Breathing
3. Positive Social Interactions
4. Laughter
5. Affection
6. Crying
7. Creative Expression

Nagasaki & Nagasaki (2019)

Remember the Oxygen Mask



- Pay attention to your body's needs
- Healthy food, exercise, & sleep
- Have fun
- Ask for what you need
- Refuel
- Set boundaries on time
- Identify support systems

