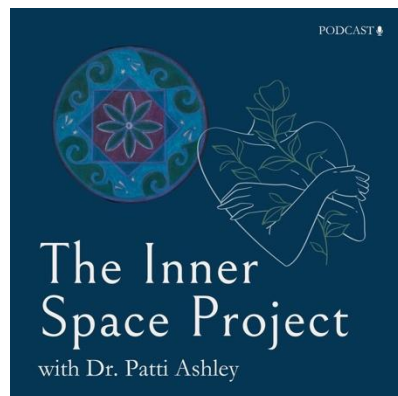
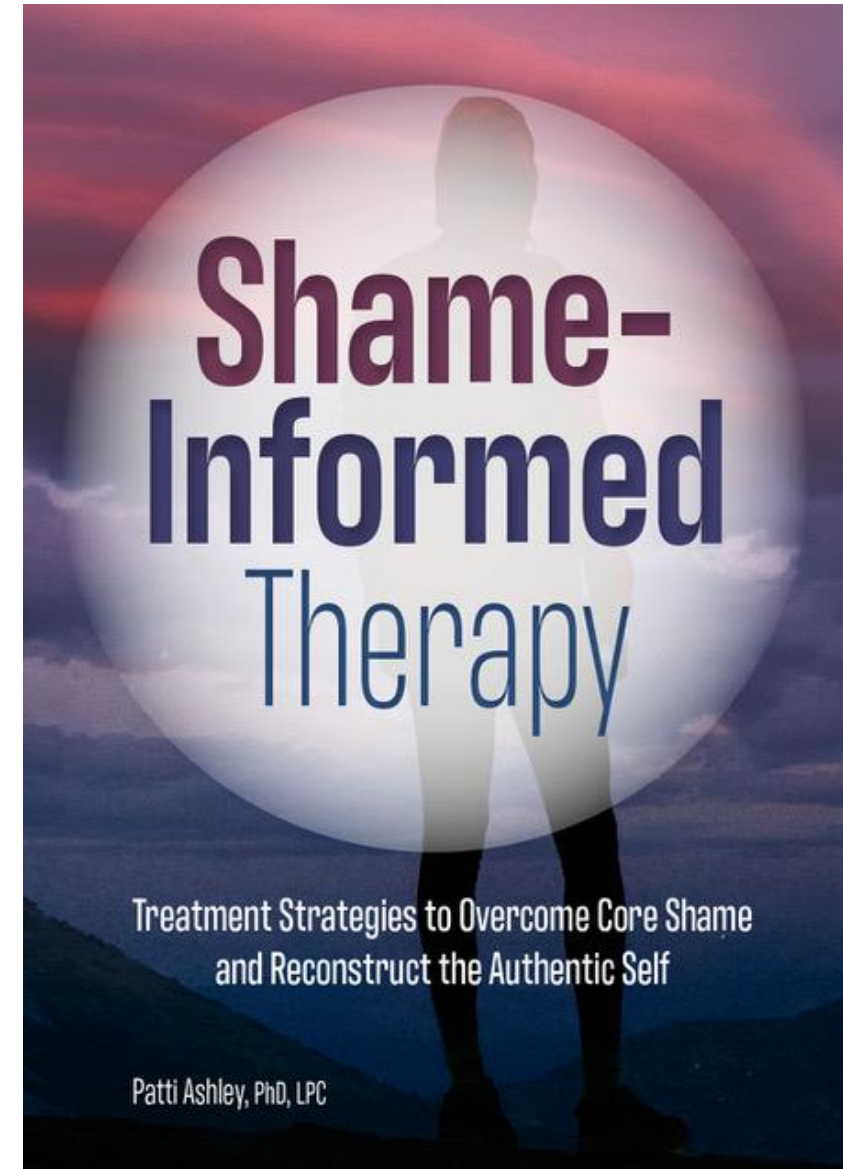
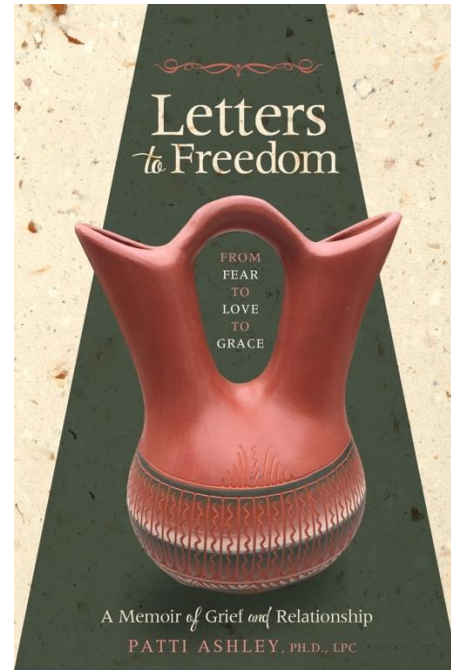
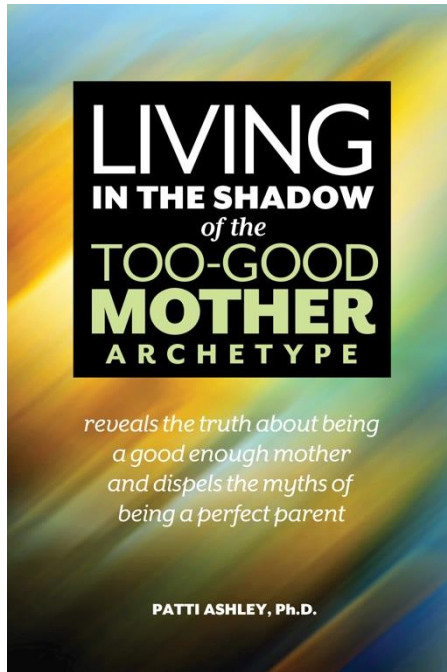


Addressing Developmental and Early Attachment Trauma

Patti Ashley, PhD, LPC

Jack Hirose & Associates
Inc.





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

A black and white photograph of a young child, possibly a toddler, with their face partially obscured by their hands. The child's eyes are closed, and their hands are pressed against their face, a gesture often associated with distress, crying, or a desire for comfort. The lighting is soft, highlighting the texture of the child's skin and hair. The background is dark and out of focus.

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)



DR. KATHARINE KERSEY



"Every child needs at least one person who is always there for them, never gives up on them and can't resist the urge to kiss their dirty face."

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

Levine (2010)

What is Trauma?

“Trauma is not what happens to you but what happens inside you.”

Mate (2022 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.
- Currently, **developmental trauma** and **attachment trauma** are **not recognized as distinct diagnoses** in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.

Concept	DSM-5-TR Status	Typical Age/Context	Core Symptoms
Developmental Trauma	Not a DSM diagnosis	Early childhood	Dysregulation, relational trauma, identity disturbance
Attachment Trauma	Not a DSM diagnosis	Infancy–early childhood	Disrupted caregiver bond, trust, emotional regulation issues
Reactive Attachment Disorder (RAD)	DSM-5-TR recognized	<5 years	Withdrawal, lack of attachment behaviors
Disinhibited Social Engagement Disorder (DSED)	DSM-5-TR recognized	<5 years	Indiscriminate sociability
Complex PTSD	Not DSM , in ICD-11	Any age	Chronic relational trauma, emotional and self-concept dysregulation

Developmental and Early Attachment


Trauma refers to disruptions in the formation of secure emotional bonds and healthy development during infancy and early childhood. This kind of trauma can deeply influence a person's emotional regulation, relationships, and overall psychological functioning across the lifespan.

APA (2022); van der Kolk, B. (2005); and Schore, A. (2012)

Developmental Trauma

Developmental trauma occurs when a child experiences chronic stress, neglect, abuse, or inconsistent caregiving during critical periods of brain and emotional development. DTD is characterized by symptoms related to the inability to modulate, tolerate, or recover from extreme affect states, such as fear, anger, or shame

APA (2022); van der Kolk, B. (2005); and Schore, A. (2012)



Proposed Diagnostic Criteria for Developmental Trauma Disorder (DTD)

- Bessel van de Kolk proposed DSM diagnosis for DTD in 2005 but hasn't happened yet
- Exposure to multiple, chronic interpersonal traumas, such as neglect, violence, and attachment disruptions
- Affective and physiological dysregulation
- Disturbed attention and behavior regulation
- Negative self-concept
- Difficulties in relationships and trust

van der Kolk, B. (2005); and Bremness, A., et. al. (2014)

Attachment Trauma

Attachment trauma specifically arises when early relationships with primary caregivers (often before age five) fail to provide safety, attunement, and emotional responsiveness.

van der Kolk, B. (2005) and Schore, A. (2012)

Reactive Attachment Disorder (RAD)

- Applies to children who experienced extreme neglect or inconsistent caregiving
- Characterized by inhibited, emotionally withdrawn behavior toward caregivers
- Typically diagnosed before age five

APA (2022); and van der Kolk, B. (2005)

Disinhibited Social Engagement Disorder

- Involves indiscriminate friendliness or lack of appropriate boundaries with familiar adults
- Linked to severe neglect or institutional care
- Increased risk for psychopathology and difficulties with peers

APA (2022) and Davidson, C. (2024)



Symptoms of PTSD

Recurrent, intrusive, and distressing memories of traumatic event

Recurrent, distressing dreams of the event

Acting or feeling as if the traumatic event were recurring

Intense psychological distress when exposed to reminders of the traumatic event and consequent avoidance of those stimuli

Numbing of general responsiveness (detachment, estrangement from others, decreased interest in significant activities)

Persistent symptoms of increased arousal (irritability, sleep disturbances, poor concentration, hypervigilance, anxiety)



PTSD & Children

- PTSD in children may present clinically differently than the adult presentation
- Specific criteria for children 6 years of age and younger, distinct from those older than 6.
- Medication approaches to PTSD are not as efficacious in pediatric PTSD
- Psychotherapy is encouraged as the first-line treatment

Complex PTSD (C-PTSD)

- Not officially recognized in DSM-5-TR
- Included in ICD-11 (World Health Organization classification)
- Broader relational and self-regulatory disturbance seen in developmental trauma
- Normally forms in adulthood due to chronic sexual, psychological, physical abuse and neglect
- Characterized by a range of symptoms, including difficulty regulating emotions, difficulty trusting others, and a heightened sense of threat
- Can also lead to feelings of guilt, shame, and self-blame



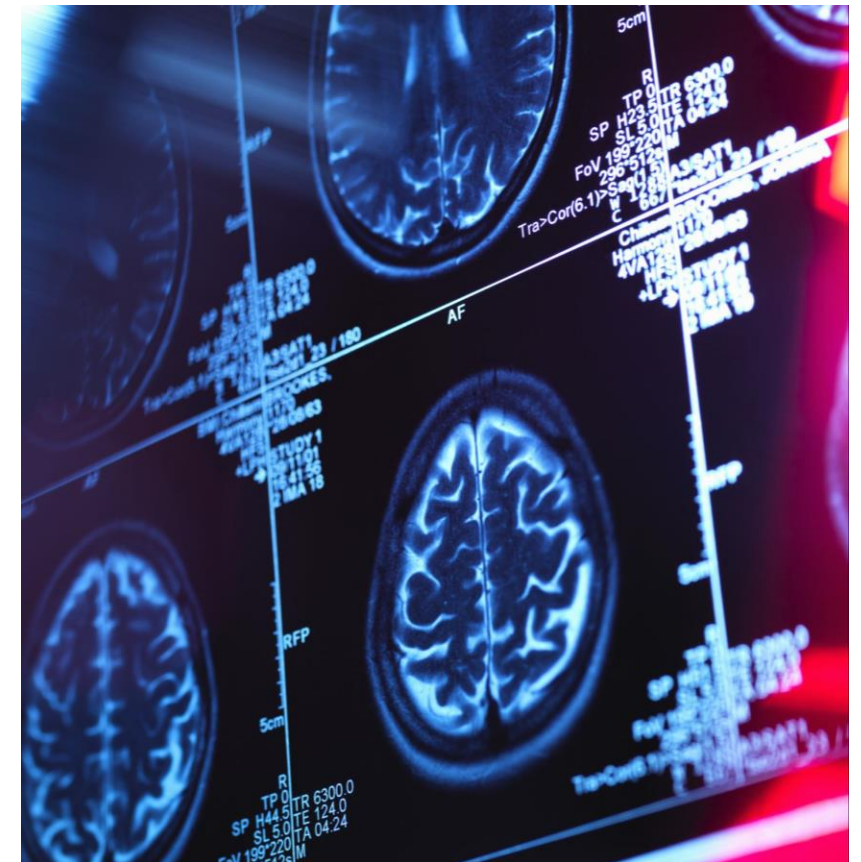
Core Characteristics of DTD and Attachment Trauma

- **Disrupted attachment patterns:** Insecure or disorganized attachment styles (e.g., avoidant, anxious, ambivalent, or disorganized).
- **Emotional dysregulation:** Difficulty identifying, expressing, and managing emotions due to underdeveloped self-soothing skills.
- **Hypervigilance or dissociation:** Overactive stress responses or emotional “shut down” to cope with overwhelming experiences.
- **Negative self-concept:** Internalized shame, guilt, or sense of unworthiness.
- **Interpersonal difficulties:** Struggles with trust, empathy, or intimacy in later relationships.

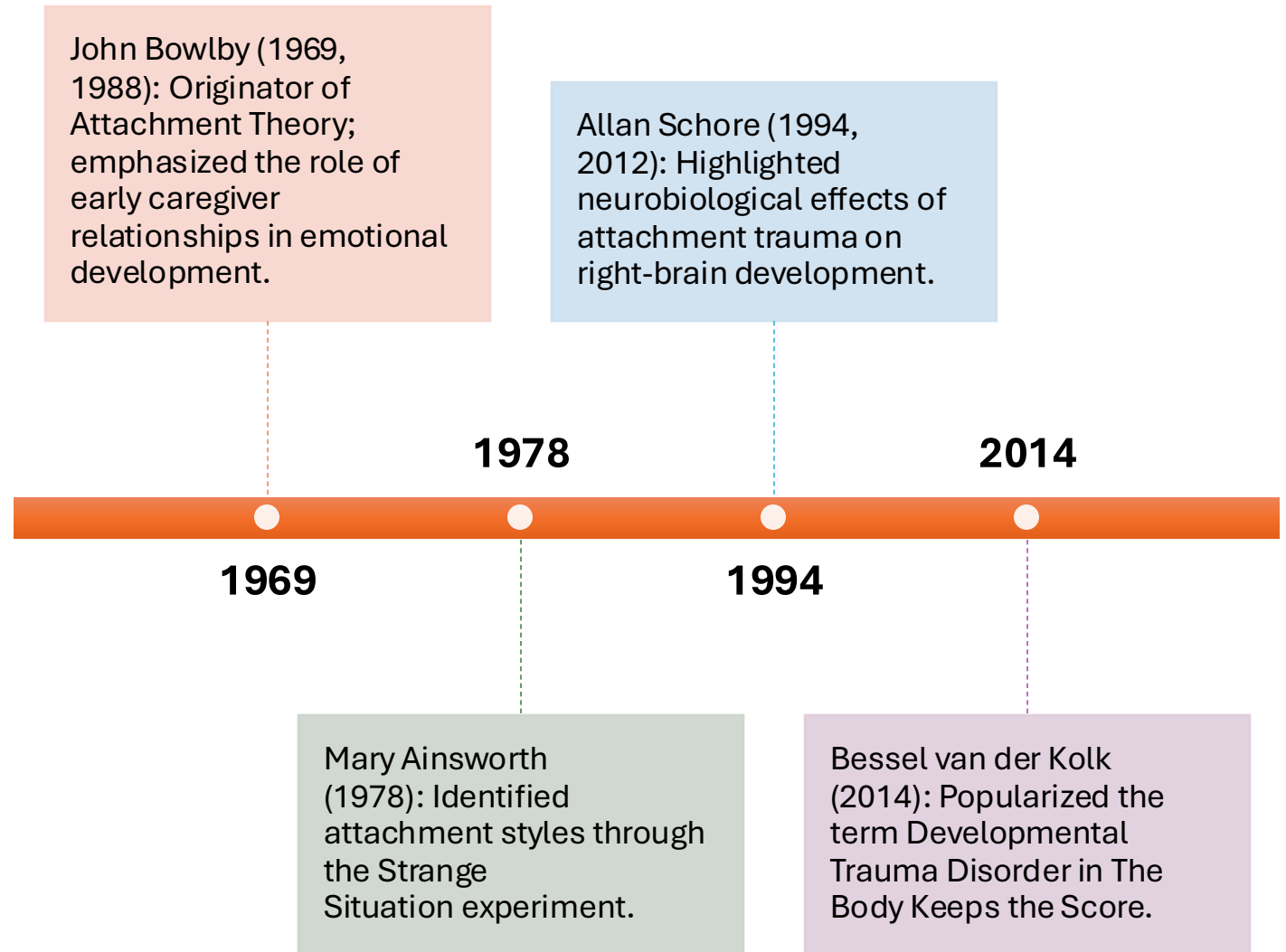
Alters Brain Development

- Early trauma alters the architecture of the developing brain—especially the **amygdala**, **hippocampus**, and **prefrontal cortex**—affecting stress regulation, memory, and impulse control
- Chronic activation of the **fight-flight-freeze system** (via cortisol and adrenaline) can impair cognitive growth and executive functioning
- Increased risk of anxiety, depression, PTSD, or personality disorders
- Somatic complaints and chronic health issues
- Academic and behavioral difficulties
- Challenges in parenting or maintaining relationships later in life

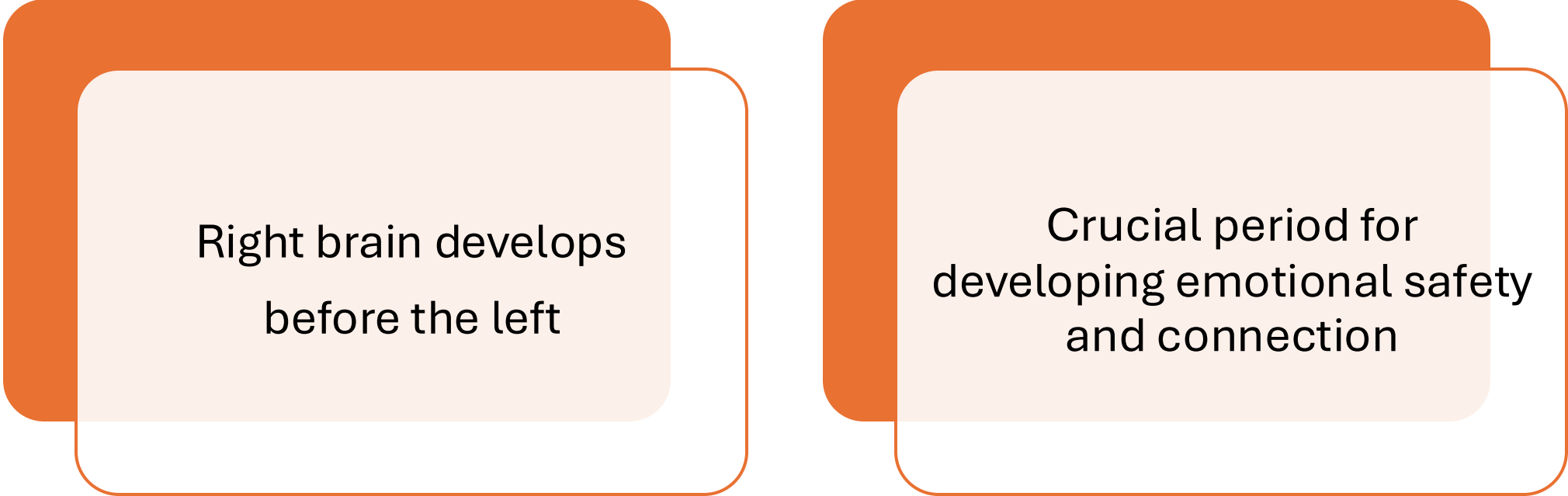
Bick, J., & Nelson, C. A. (2016)



Key Theorists



The First Three Years



Right brain develops
before the left

The diagram consists of two identical graphic elements side-by-side. Each element features a solid orange rounded rectangle in the background. Overlaid on the bottom-right portion of this orange rectangle is a white rounded rectangle with a thin orange border. The text is centered within this white rectangle.

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)

Trauma & Shame

- A primary affect induced from ruptures in interpersonal bridges that becomes a core part of one's identity
- Typically occurs with trauma
- Implicit rather than explicit

Kaufman (1992)

*“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)

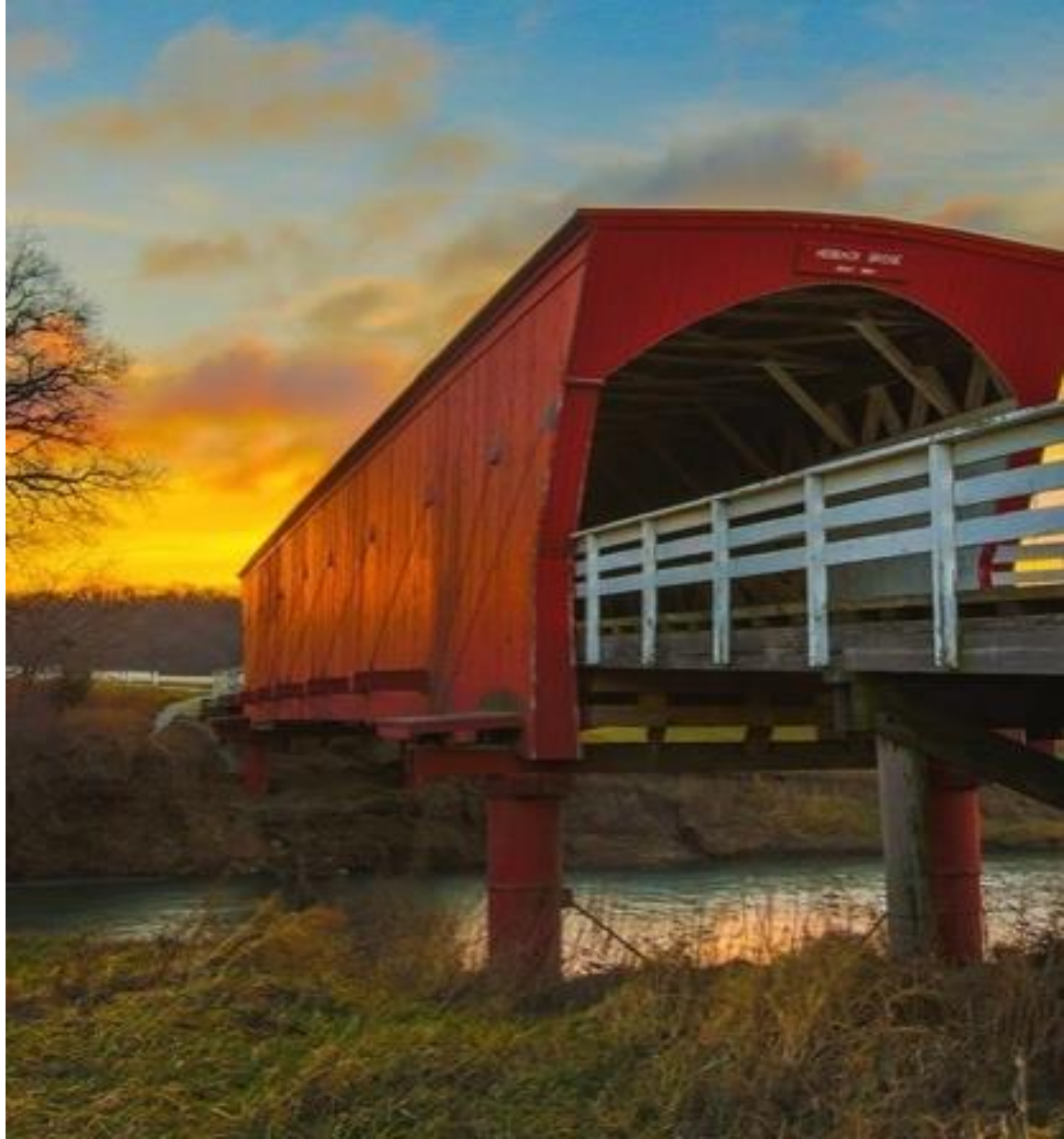


The Interpersonal Bridge Ruptures

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



Poisonous Pedagogies

18th Century child-rearing texts

```
graph TD; A[18th Century child-rearing texts] --> B[Shame-based systems]; B --> C[Goal was to “break the will” of the child before old enough to remember];
```

Shame-based systems

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

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.



Today's Sometimes Unaddressed 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

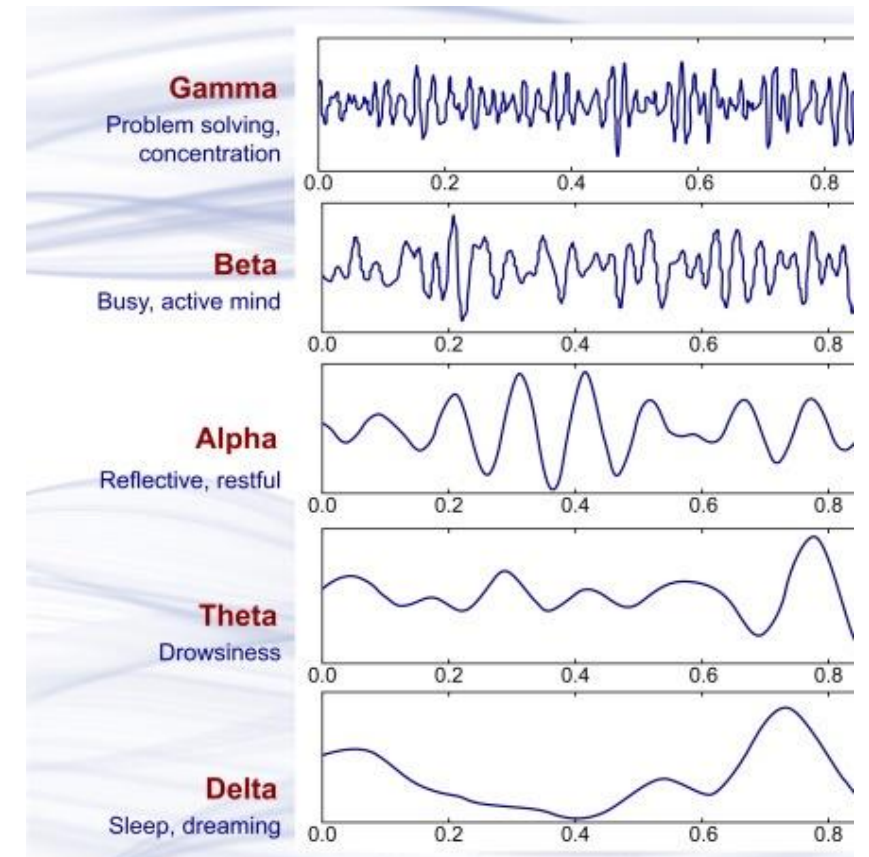
The First Six Years

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

Laibow (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)



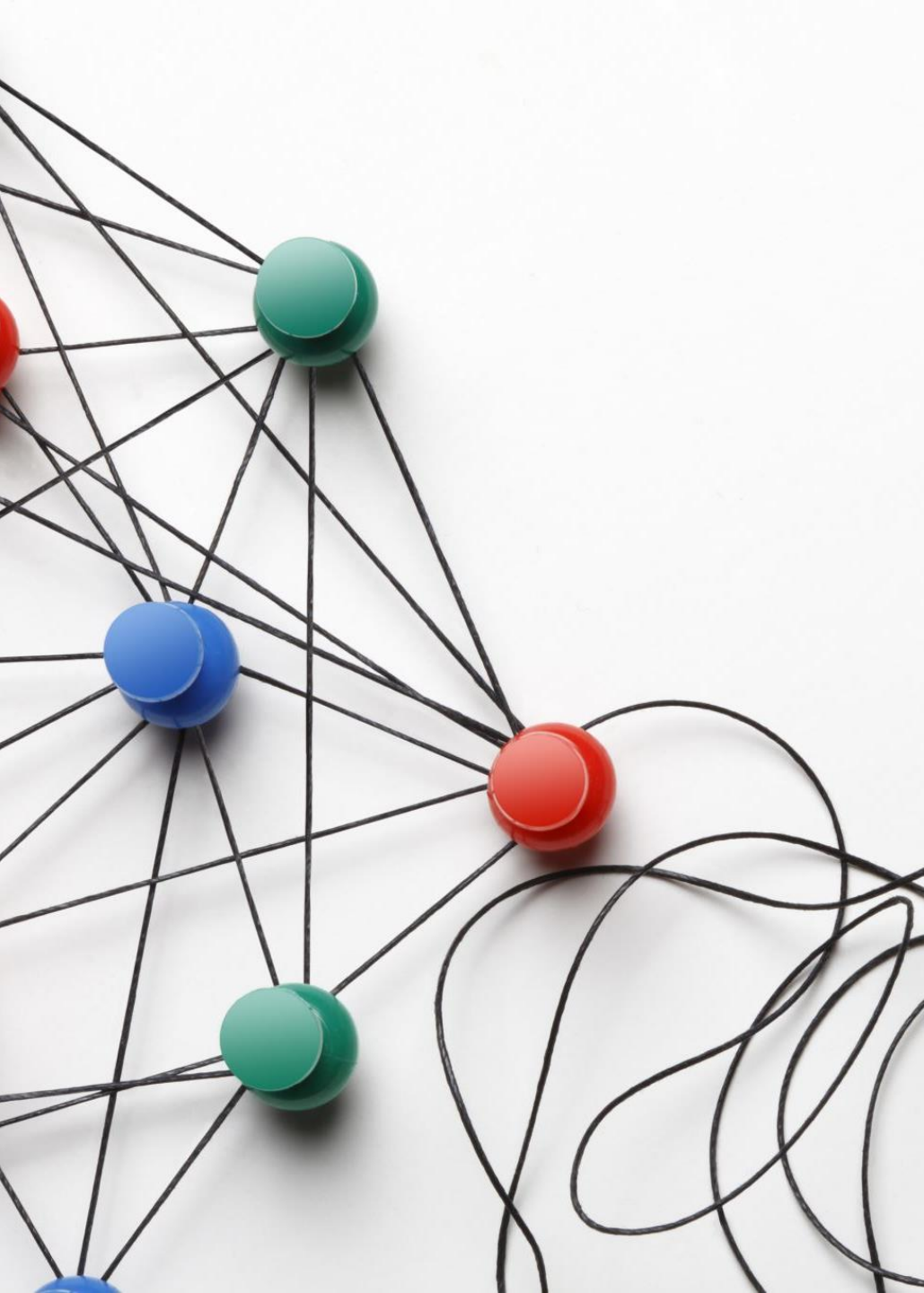
Adverse Childhood Experiences (ACEs)

- Kaiser- Permanente Study 1995-1997
- 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



Recognizing Trauma Symptoms in Children, Adolescents, and Adults

Photo by [Gadiel Lazcano](#) on [Unsplash](#)



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

Cozolino (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 (2015)



Trauma in Children

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

Siegel, D. J. (2012)

Purposes of Misbehavior-Trauma Responses

- **Attention Seeking**

Children may misbehave to gain attention from adults or peers. Even negative attention can reinforce the behavior if a child feels unseen otherwise.

- **Power Seeking**

Misbehavior may occur as an attempt to gain control or assert independence, especially if the child feels powerless in other areas.

- **Revenge or Retaliation**

When children feel hurt or mistreated, they may act out to "get even" or communicate emotional pain.

- **Avoidance or Display of Inadequacy**

Some children misbehave (or withdraw) when they feel incapable of meeting expectations, using misbehavior to escape feelings of failure.

Trauma in Adolescence

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

Siegel, D. J. (2012) and Baker, S. J., & Rosen, R. J. (2018).



Suicide and Children

USA--

- As of 2023, Suicide was the second leading cause of death for young people aged 10–14 and for young adults aged 15–34.
- In 2023, the crude rate of suicide for children aged 10–14 was 2.3 per 100,000.
- In a study published in 2024, researchers found that suicide rates among preteens aged 8–12 have been increasing by about 8% annually since 2008.

Canada--

- Suicide is the second leading cause of death among young Canadians aged 10 to 19, and the suicide rate is disproportionately high among First Nations, Métis, and Inuit youth
- While recent statistics show a slight decrease in the overall rate for adolescents, Canada's youth suicide rate remains higher than most other countries.

School Shootings

- Shooter drills as secondary trauma
- Fear of shootings impacts nervous system
- Emotional safety and physical safety challenged

Anderson, G. S., et.al. (2020)



Trauma in Adults

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

Levine, P. (1997)



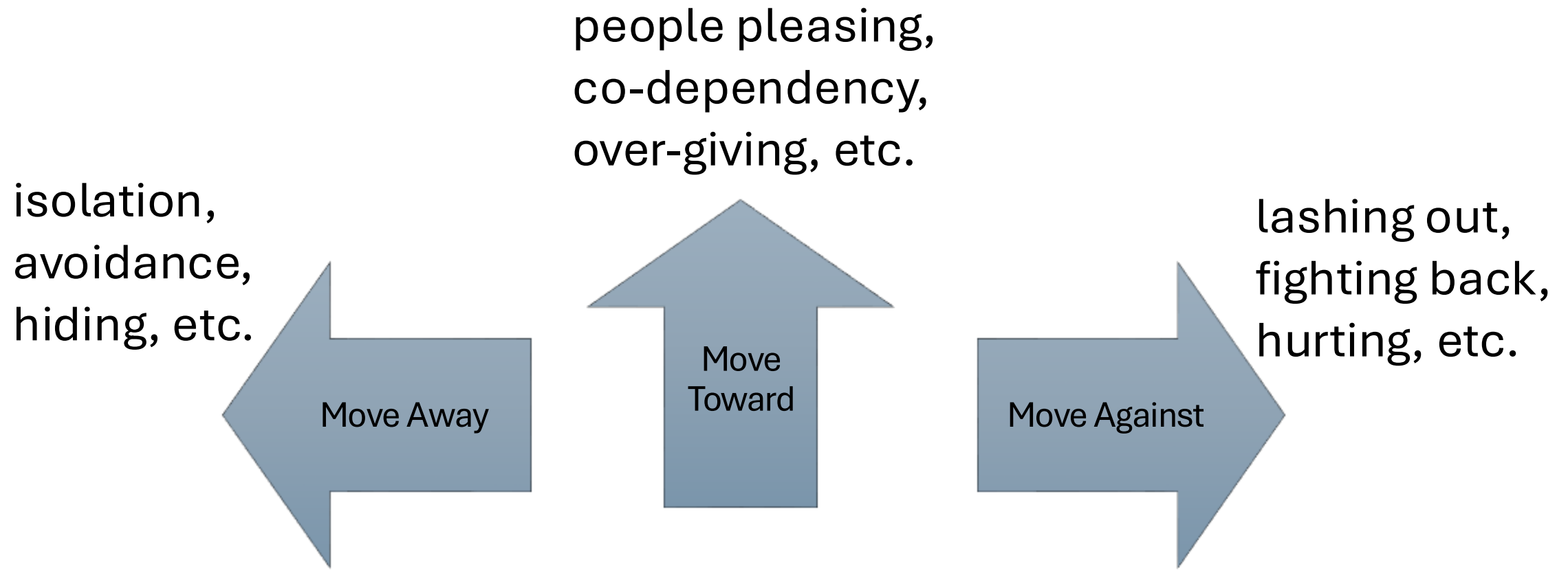
The Body Keeps the Score

- 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

Reenactments

- Individuals may reenact past traumas to master them
- Can occur from psychological vulnerabilities and defensive strategies
- Conscious awareness is key to change
- Renegotiation
- Unconscious repetitions of patterns

Strategies of Disconnection






Research related to trauma and altered states of consciousness in *Healing the Traumatized Self*

Frewen & Lanius (2015)

A photograph of a therapist and a client in a library setting. The therapist, a man with glasses wearing a maroon sweater, sits in a light-colored armchair, resting his chin on his hand and holding a blue clipboard. The client, a woman with brown hair in a dark green top, sits on a sofa, gesturing with her hands while speaking. The background is filled with white bookshelves packed with books of various colors. A wooden coffee table in the foreground holds a white box of tissues and some papers.

Trauma-Informed Care



Trauma-Informed Approach

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

Perry & Winfrey (2021) & Dolezal & 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.”

Cozolino (2020, p. 132)



Erickson's Stages of Psychosocial Development

CRISIS	AGE	TASK
Trust vs. Mistrust	0 to 1 ½ years	Hope
Autonomy vs. Shame	1 ½ 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

Creating a holding environment

- When a child 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

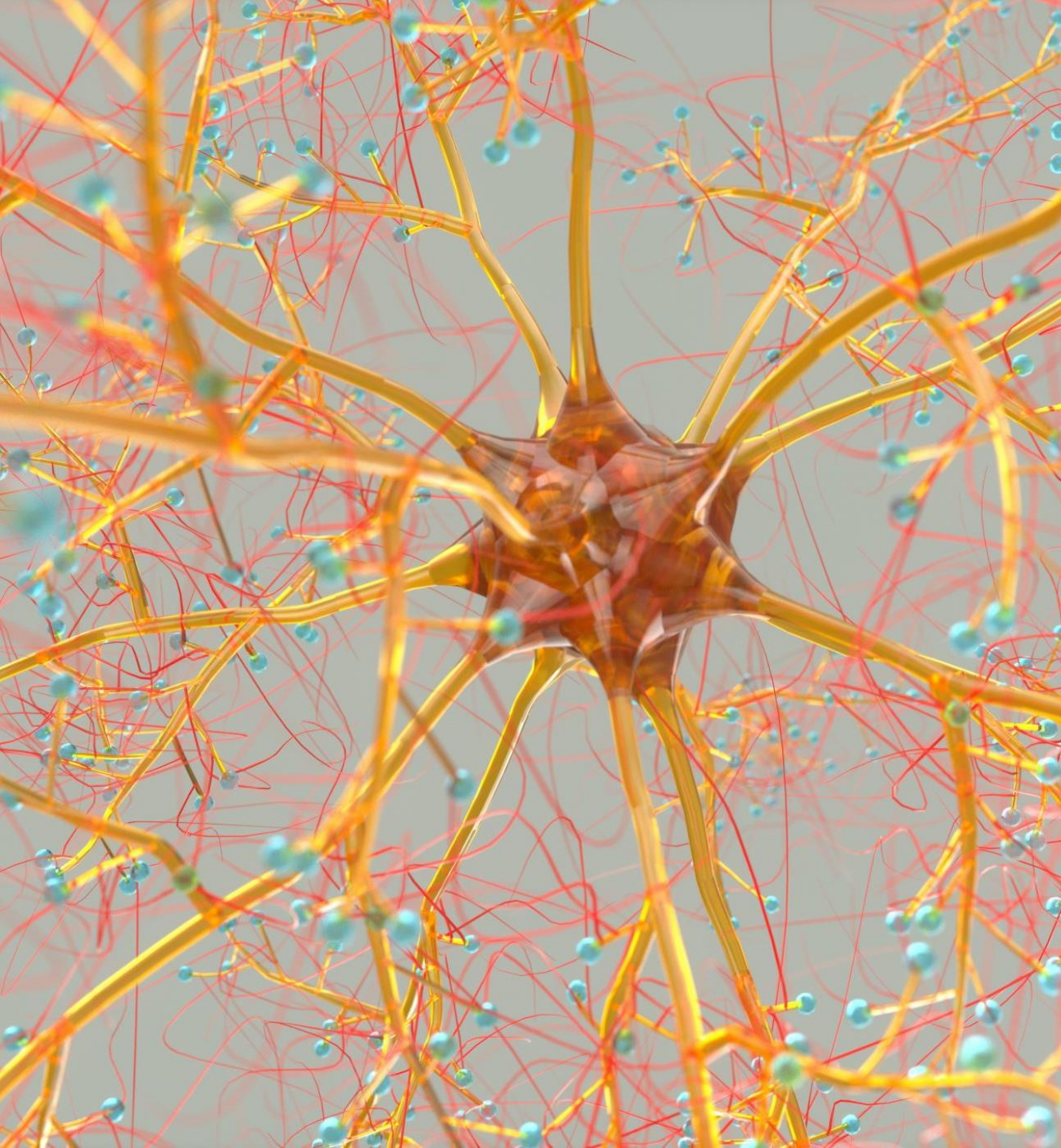
van der Kolk (2014) & Shore (2012)



Therapists & Teachers as Surrogate Attachment Figures

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

van der Kolk (2014) & Shore (2012)



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

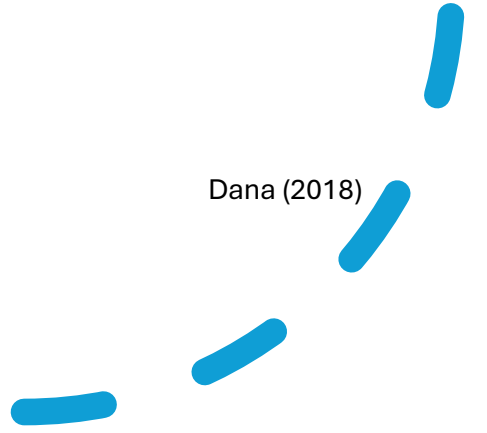
- Largest of the twelve cranial nerves
- Sometimes referred to as the “wanderer,” as it extends from the brainstem into the chest and abdomen
- Influences the throat, lungs, heart, digestion, and elimination
- Provides sensory input from our visceral organs to our brain about how our body is feeling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



Polyvagal Theory- Three organizing principles

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

Dana (2018)

A series of four thick, hand-drawn style blue brush strokes arranged in a diagonal line from the bottom left towards the top right, located in the bottom right corner of the slide.

ANS Hierarchy

Dorsal Vagal -- immobilization

Sympathetic -- mobilization

Ventral Vagus -- social engagement

Porges (2012) & Dana (2018)

Neuroception

Automatic Detection of Safety and Threat

Neuroception is how the nervous system senses safety or danger without conscious thought, guiding our reactions.

Impact on Physiology and Behavior

Neuroception shapes our bodily state and influences whether we are socially engaged, defensive, or emotionally withdrawn.

Environmental and Social Cues

Our nervous system interprets signals from surroundings and others to decide if we should connect, defend, or shut down.



A lifebuoy with orange and white segments and a white rope, floating on a surface of deep blue water with ripples. The background transitions from the water texture to a solid white area on the right side of the slide.

Emotional Safety

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

Porges (2012)

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)

Porges' on Social Engagement

Permission granted by PsychAlive
<https://www.youtube.com/watch?v=lxS3bv32-UY>



The Four Therapeutic “R” s

- **R**ecognizing the autonomic state
- **R**especting the adaptive survival response
- **R**egulating or co-regulating into a ventral vagal state
- **R**e-storying



Assessing Attachment Patterns and Attachment Styles



Attachment

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

Visual-facial: I SEE YOU

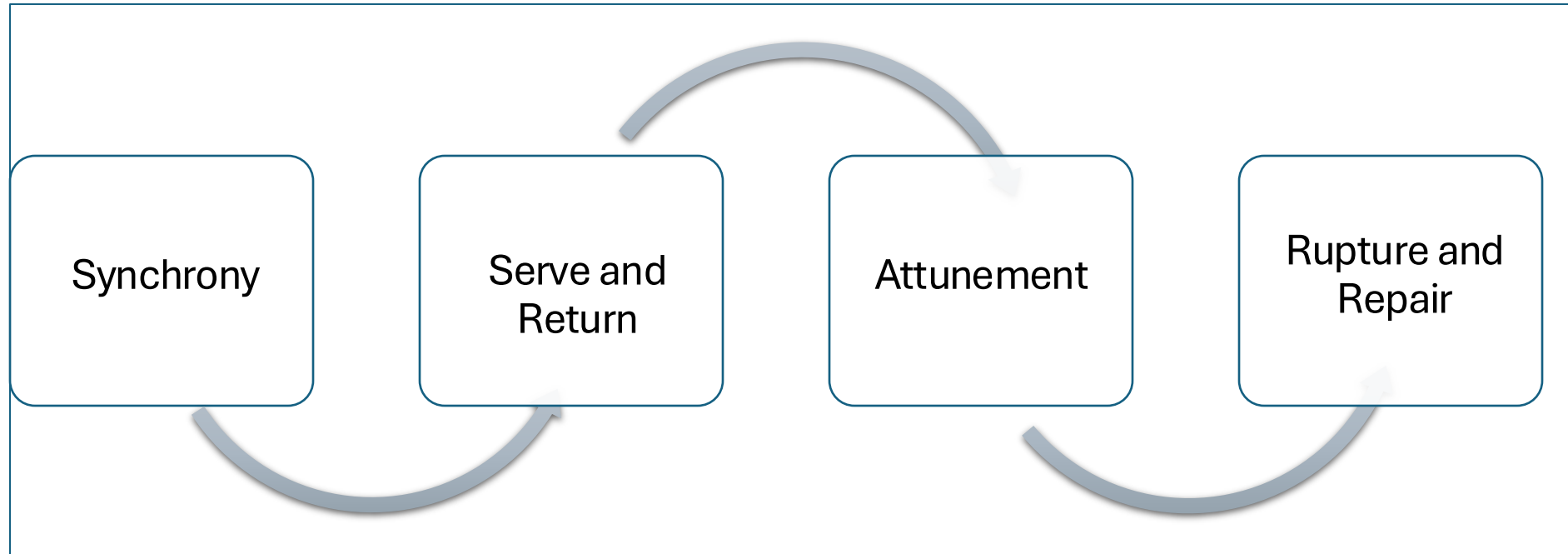
Auditory-prosodic: I HEAR YOU

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



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)

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/Ambivalent Attachment:** Marked by a preoccupation with relationships and a fear of abandonment. People with this style may seek constant reassurance.
- 3. Avoidant/Insecure 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.

Approaches to Attachment Styles



playfulness

Avoidant



quick on your feet

Ambivalent/Anxious



soothing environment

Disorganized

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.




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

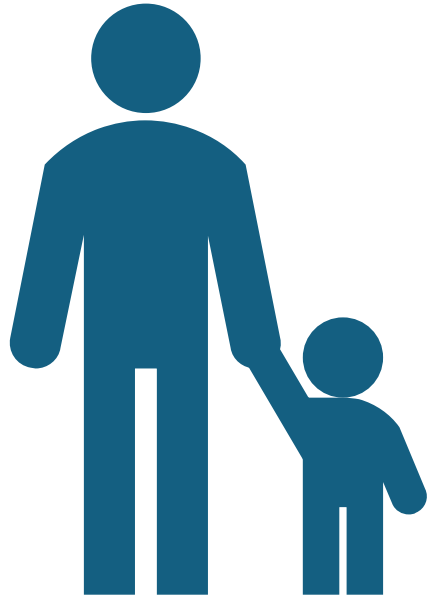
- **The Attachment Q-Sort:** This is used to assess attachment security in infants and children by observing how a child interacts with caregivers and peers across multiple behaviors and contexts.
- **The Story Stem Assessment Profile (SSAP):** This is a projective test used with children, where the 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.

A microscopic image of a neuron, showing a central cell body with multiple branching processes extending outwards. The image is in grayscale and has a slightly blurred, artistic quality. The text is overlaid on the central part of the neuron.

Healing Techniques and Strategies



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.”

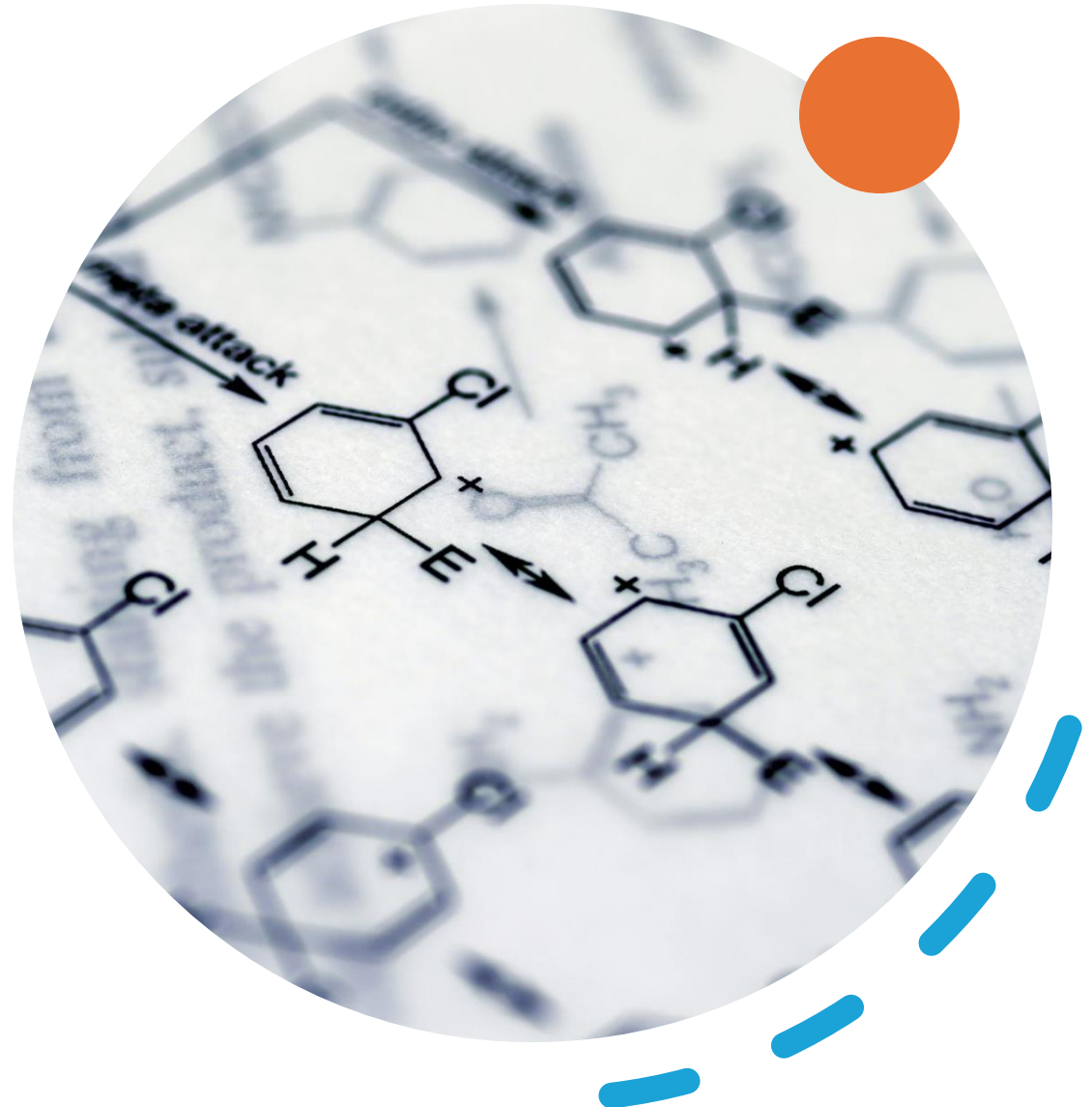
Dr. Diane Poole Heller
<https://traumasolutions.com>

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) and Gustafson, C. & Lipton, B. (2017)



The Power of Play

Boosts Cognitive and Physical Growth

Play enhances cognitive abilities and physical skills, supporting creativity and problem-solving in daily life.

Supports Emotional Well-Being

Play reduces stress, promotes happiness, and builds resilience for emotional health.

Promotes Social Skills

Play teaches cooperation, communication, and empathy, strengthening connections among children and adults.

Brown, S. (2010b); and Ginsburg, K.R. (2007)



Play therapy

- Play is a child's natural language
- Helps child express thoughts and emotion they can't verbalize
- Improves social skills, self-esteem, and coping mechanisms
- Facilitates healing from trauma, shame, grief, and stress
- Typical age range is 3-12 years

American Academy of Pediatrics (2018).

Non-Directive Play therapy

- Based on Virginia Axline's principles, influenced by Carl Rogers
- Child leads the play
- Therapist observes, reflects, and supports
- Goals are to promote self expression, self-esteem, and insight
- Common tools are dolls, sand tray, art materials, puppets, and building blocks

Axline, V.M. (1969) and Storch, C. (2020)

Directive/Structured Play Therapy

- The therapist guides activities with specific goals
- Techniques may focus on behavior management, social skills, or problem-solving
- Examples are Theraplay, Cognitive-Behavioral Play Therapy and Filial Therapy

Jernberg, A. M., & Booth, P. B. (1999); Knell, S. M. (1995); and Hutton, D. (2004).

Integrative Play Therapy Approaches

- Combines directive and non-directive methods tailored to the child's needs
- Often used in schools or clinics to balance structure and expression
- Can be used for SEL, conflict, resolution, and behavioral support in school
- Techniques could be storytelling, role-playing, cooperative games, express
- Supports inclusion of children with anxiety or developmental differences
- Educators can integrate short, structured play therapy sessions in the classroom to enhance relationships and emotional regulation

Social Work Institute (2023); and Kenney-Noziska, S. G., et. al. (2012)

Healing Through Adult Play



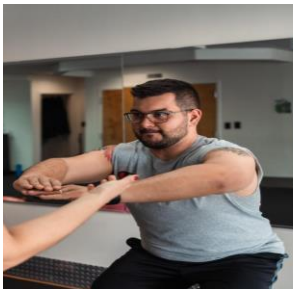
Boosting Creativity and Stress Relief

Participating in playful activities as adults encourages creativity, releases stress and contributes to overall personal growth and well-being.



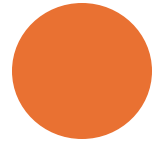
Emotional Benefits of Play

Playful activities can reduce anxiety, improve mood, and strengthen social connections, fostering emotional well-being in adults.



Therapeutic Uses of Play

Therapists can use play to help adults express emotions, build resilience, and develop effective coping strategies in a safe, non-judgmental setting.





The Fantastic Five

- Look around and identify 5 things that feel safe.
- Such as-*the sun, the birds, your pets, your comforter, a stuffed animal, etc.*
- Pay attention to them throughout the day when in fear.

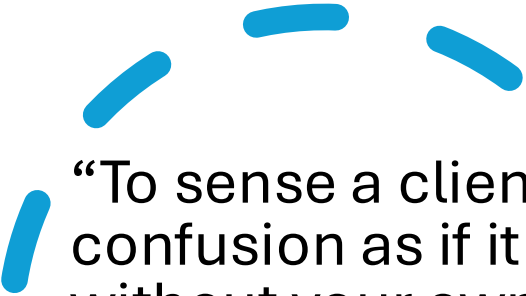
Empathy



Empathy is a Right Brain Activity

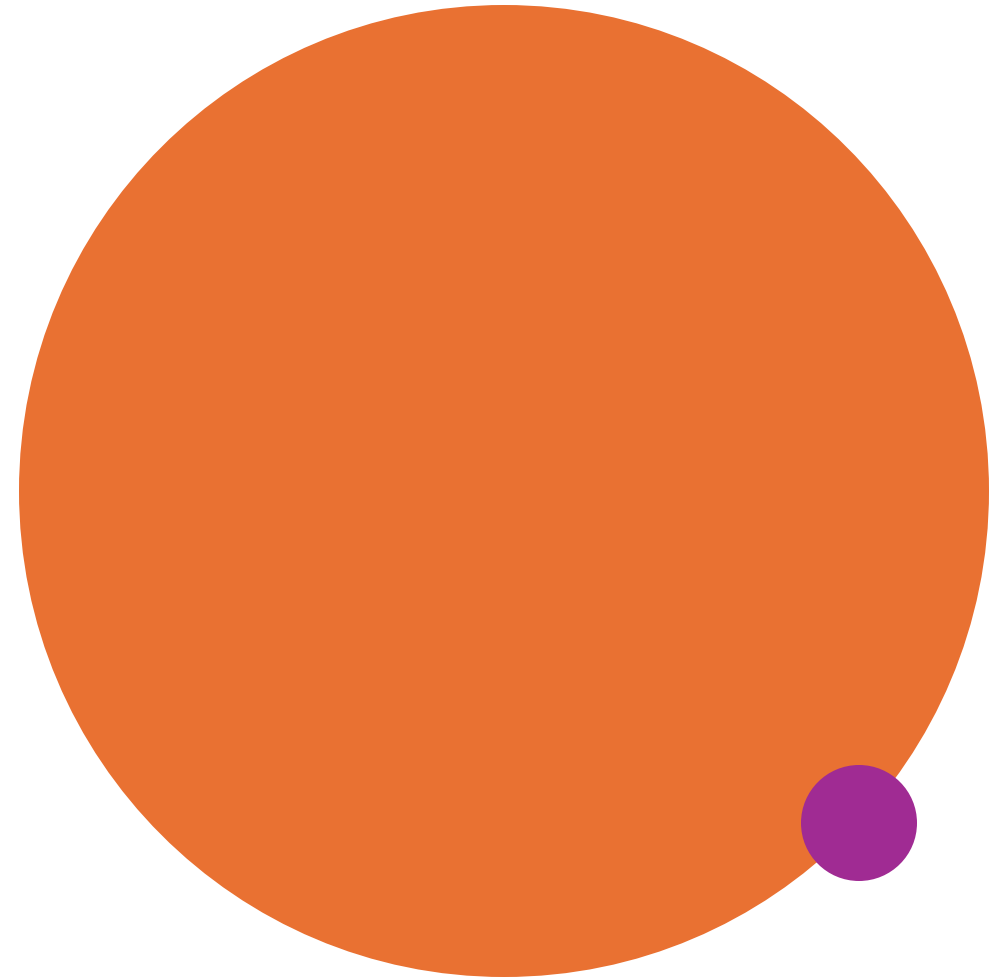
“Our shamed clients need changes in how their right brains work for them, but they cannot make these changes on their own. They need to be in sustained connection with at least one other person who is close enough to become someone who can regulate—rather than dysregulate—their right brain affective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



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 (2010)

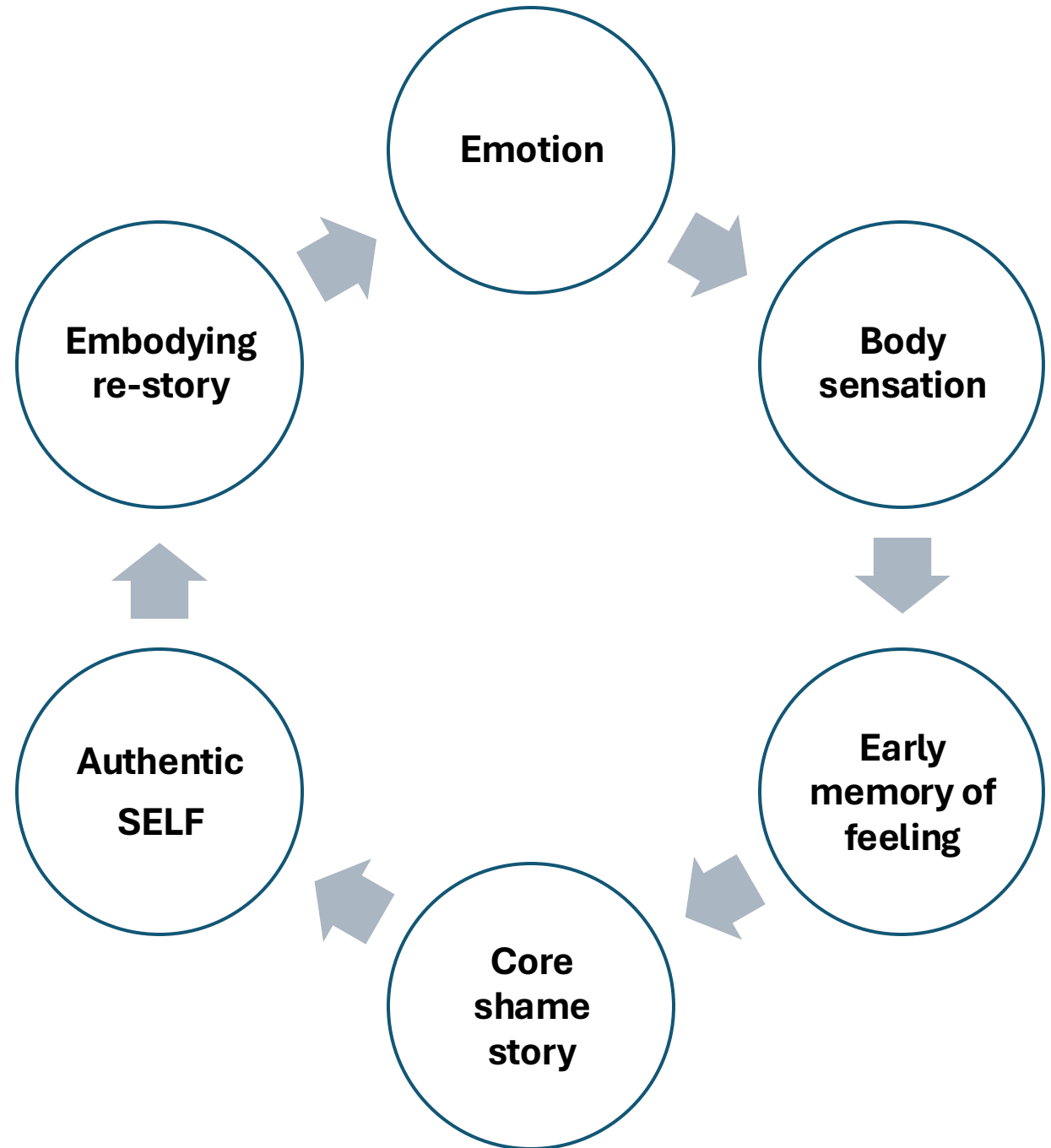




Excavation Exercise

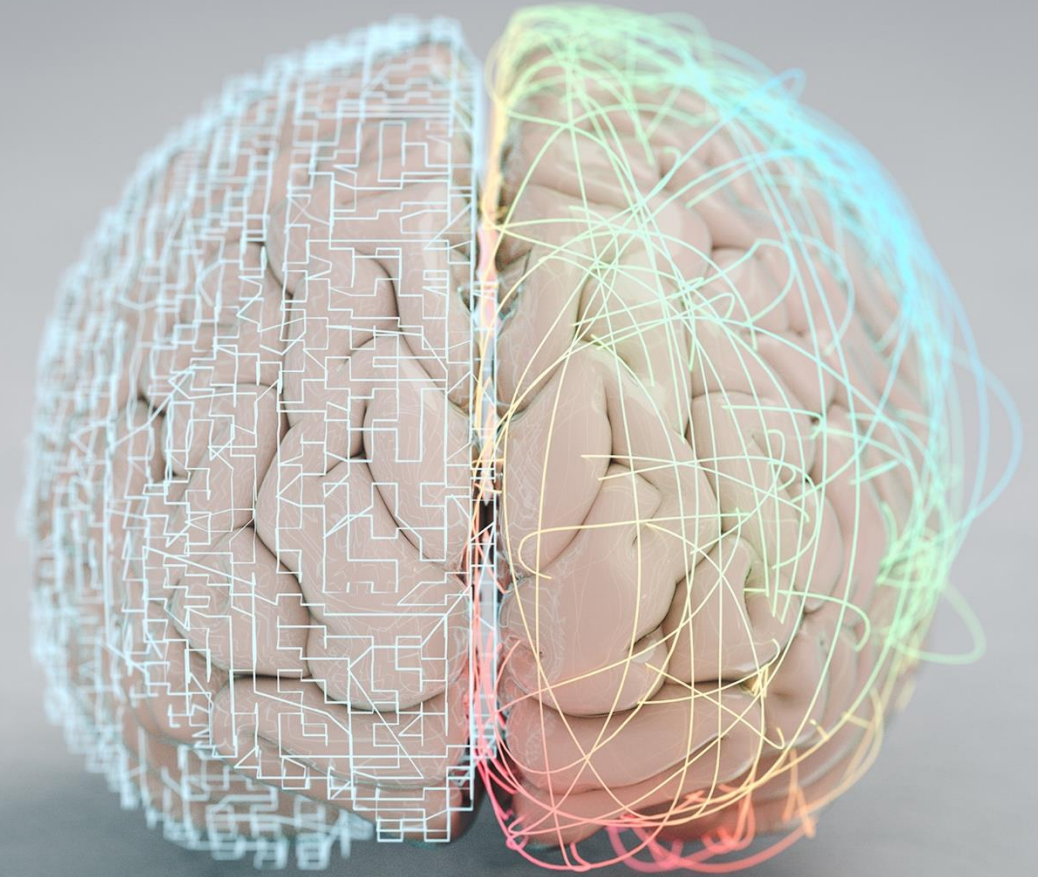
- The Deep-**SEA** Dive
- **S**ituation - **E**motion - **A**spired Action

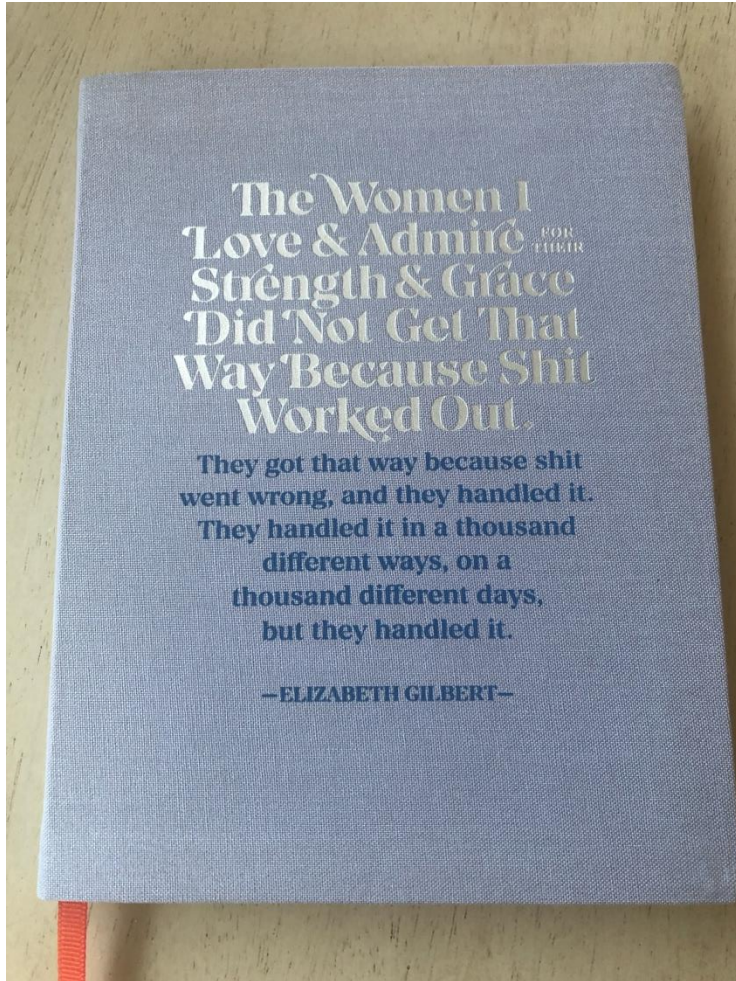
Connect The Dots: Rewiring the Story



Activating the Right Brain

- Journaling & Letter-writing
- Prosody, Poetry, Music, & Sound
- Meditation, Mindfulness, Nature, & Animals
- Creative Arts, Mandalas, Coloring, & Play
- Yoga, Movement, Dance, & Ritual
- Dream-work, Imagination, & Visualization





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!

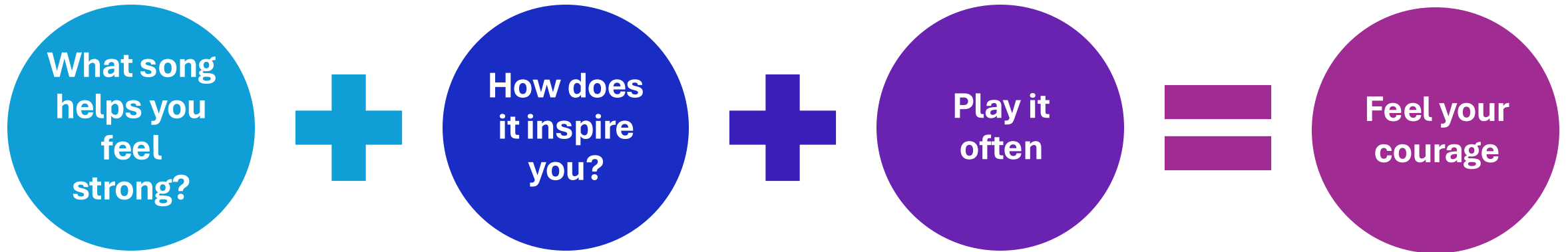
Even if they're a crowd of sorrows, who violently sweep your house empty of its furniture, still, treat each guest honorably. They may be clearing you out for some new delight.

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 Folsom



Meditation & Mindfulness

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

Child & Martin (2000)

*“Moment to moment
non-judgmental
awareness.”*

Kabat-Zinn (1997)

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, Dance, & Ritual

- Yoga enhances self-awareness and regulation through breath and posture
- Movement and somatic practices strengthen the ability to recognize and articulate emotions
- Dance facilitates symbolic expression and has been shown to improve psychological well-being
- Ritual provides structure and meaning, allowing safe containment and transformation of emotions

Gard et al. (2014); Scully et al. (2017); Fogel (2009); Payne & Brooks (2019); & Koch et al. (2014)

Freeze- Shake

Flea- Sumo
Stance

Fight-Ooze

Faint-Love
Scoops



Fear Melters

Video courtesy of Rebecca Folsom from Hendricks, G., & Hendricks, K. (2016)

Hendricks (2016)

Play & Humor

Song Courtesy of Cheryl Wheeler



I AM A NUFF

Drawing by Laura Martinez

A close-up photograph of several hands of different skin tones stacked together in a circular formation, symbolizing unity, teamwork, and support. The hands are positioned in a way that suggests a group hug or a collective gesture of solidarity. The background is slightly blurred, focusing attention on the hands.

Collaborating with Caregivers and Support Systems

It Takes a Village



Case management

Collaborating with schools

Family therapy

Support groups

Psychoeducation

Other Supports

A close-up photograph of two hands, palms up, holding a small, bright yellow flower with a dark center. The hands are positioned in the center of the frame, with the fingers slightly spread. The background is blurred, showing indistinct shapes and colors, suggesting an indoor setting with other people present. The text is overlaid on the image, centered horizontally and partially covering the hands and the flower.

Enhancing Professional Self-Awareness and Compassionate Practice

Barrers 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

Self-Awareness Exercise

Stepping into the right-brain experience of our clients/students may present some challenges. These can include feeling vulnerable; feeling like a fraud; agitation; frustration; worrying about outcomes; sustaining connection when stressed ourselves; holding space for whatever comes up; making mistakes; etc.

Here are some thought questions for you to explore. You can always add more as you notice your process of holding space for empathy.

Empathy to me feels like...

When my client is getting dysregulated I feel my body...

Some clues that my client has triggered my own shame is...

It is difficult for me to notice my own shame because...

What helps me self-regulate is...



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.



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

Nagoski & Nagoski (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

Do your own inner work



② Permission Slip for Life

●
②
●
I give myself permission to:

