

Trauma and Attachment

# PARTS OF THE BRAIN

Brain Stem (survival: am I safe?)

Limbic System (emotions and memory: am I loved?)

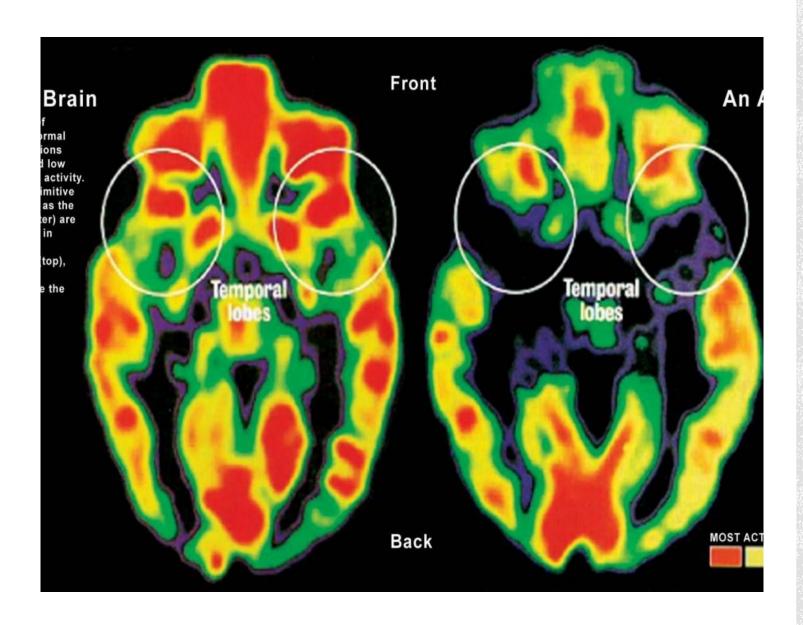
Neocortex/prefrontal cortex (executive function: what can I learn?)

Disruption in brain development due to trauma hinders a child's ability to attach, and their attachment state becomes a learned state for all relationships.









# IMPACT OF ATTACHMENT

- Human development is <u>dependent</u> on the ability to form a safe and secure attachment to a primary caregiver.
- Mother/caregiver creates the safe environment (or not). Without the mother to regulate them, the child learns unhealthy self-regulation or no regulation.
  - They live in a constant state of functional freeze
- It is undisputed today that adults as well as children need to be "attached" to their caregiver.
  - Children will always need their parents to come back to – no matter how old they get



# HOW MOM HELP OR HURTS

Regulate
baby/toddler's brain
states – upregulating
positive states and
regulating negative
states

Trauma causes both affect dysregulation and dysregulation of the emotional distance with other human beings

Hurts their ability to stay in the present and emotionally connected Interferes with their ability to process emotions as well as social information (voices, faces, gestures, etc.)



# H P



#### **HYPOTHALAMUS**

Stress prompts the release of CRH

PITUITARY GLAND

CRH signals the pituitary gland to secrete ACTH.

#### ADRENAL GLANDS

ACTH travels from the pituitary gland to adrenal glands and influences secretion of cortisol.







#### **ACUTE STRESS**

- Short term activation of HPA axis
- Cortisol increases
- Flight or fight triggered
- Levels return to normal after stressor is gone

@womanup.wellness

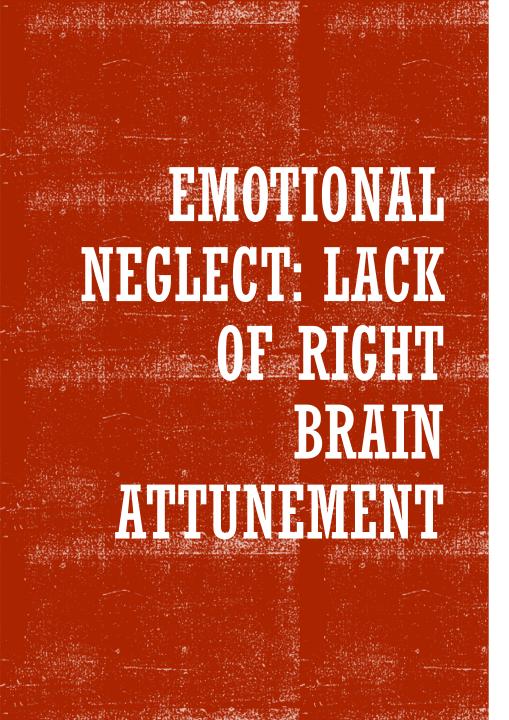
#### CHRONIC STRESS

- Sustained activation of HPA axis
- Cortisol can't keep up
- Levels could be too high or too low

# HPA AXIS GOES ONLINE IN UTERO

- How mom reacts to stress can impact the baby's developing brain (pregnancy stress as well as lifetimes stress)
- Mom imprints her internal working model onto the baby
- Pre-verbal trauma includes in utero trauma
- Ideal regulation of HPA axis involves repairing ruptures in relationship





- Repair of ruptures in relationship is as important as attunement in relationship.
  - Repair of rupture teaches the child how to tolerate negative affect
- Emotional neglect & lack of right brain attunement leads to a child not having a sense of their own core self and how that self can be activated in intimate relationships
- Parents can balance one another out

<ul> <li>Teenagers a</li> </ul>	nd adults will evoke unhelpfu
responses fr	om people around them that
	the stress and vigilance for
danger	

Horses are more		brain than
brai	in.	



@thebehaviourtherapist

### **Attachment Styles**

#### Secure



Caregiver was available, sensitive & responsive to the child

Warm & loving relationship comes naturally to you

Effectively communicate your needs & feelings

Strong at reading your partners emotional cues

#### Anxious



Caregiver was inconsistently responsive & unpredictable to the emotional needs of emotionally attunement of the child

> Very sensitive nervous system that is on high alert

Confused, insecure, need approval & reassurance. Untrusting and needy

Relationships tend to consume a large part of your emotional energy

#### Avoidant



Caregiver was very emotionally unattuned/distant, rigid to child

Feels uncomfortable when there is too much closeness + intimacy (pushes others away)

Tend not to open up to partners, emotionally distant

Often on high alert for any signs of control on your territory by your partner

#### Dis organised



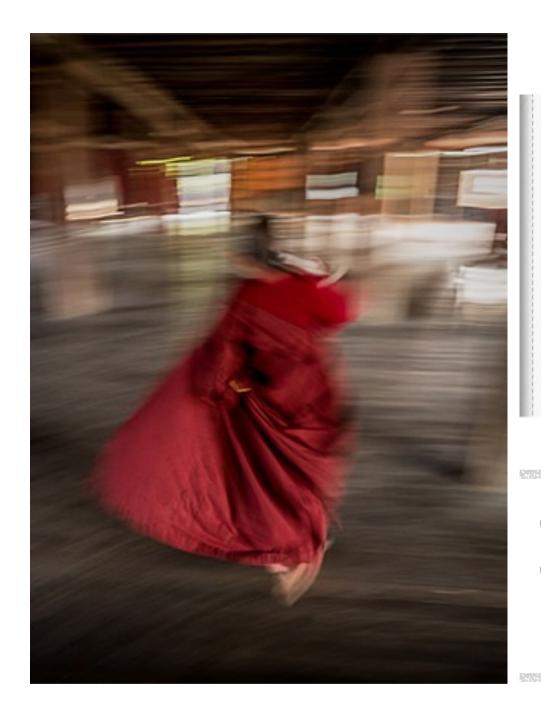
The caregiver behaved incosistently, was abusive & sometimes very intrusive, likely neglectful

Grows up confused and fears adult relationships and struggles with a disconnected sense of self

### ATTACHMENT STYLES & HOW TRAUMA IMPACTS THOSE STYLES

- Secure attachment in childhood = healthy attachments in adulthood
- Anxious: overly needy, insecure, needs constant reassurance
- Avoidant: lack of need for others, withdraws from a needy partner; discomfort with emotions
- Disorganized: selfish, controlling, untrusting, hard on self and others; craves security and safety of an intimate relationship but feels unworthy of love
  - As many as 99% of people with dissociative disorders have early childhood trauma





- Patients have lost sense of having ones consciousness
- Dissociation is an adaptive survival mechanism in the presence of overwhelming externally threatening experiences from which the victim cannot escape physically, but may escape psychologically by splitting off from the experience and associated sensations, feelings, thoughts and memories.

## DEFINING DISSOCIATION

Inspired by Healing the Divided Self by Maggie Phillips & Claire Frederick The Spectrum of Dissociative Effects The Effects of Dissociation are Commonly Labeled as: Physical Symptoms Dissociative Daydreaming Clean Disorders Identity Freak present-day cause Disorder Artistic-Creative Flow Dissociation by Post-Traumatic Violence & Substance Abuse Stress Disorder Caught Up Abusiveness in a Movie orBook A.D.D./ Attachment Borderline .... and 0 Absent-Disorders A.D.H.D Personality more... Minded Disorder Professor Excessive Bi-Polar Mood Swings Highway & Mood Ego-State Schizophrenia Disorders Hypnosis Disorders 0 Obsessive -00 Panic & Compulsive Excessive Anxiety Disorder Daydreaming Dissociative Autism Disorders DisorderNot Spectrum Criminal Otherwise Disorders Zoning Activities Paranoia Specified, Out Increasingly Intrusive Common Extreme Trauma-Related Dissociation Dissociation Dissociation MoreThanAnidea ca Copyright 2014 @ Trish Fotheringham All Rights Reserved RainbowTrish@myself.com

# DISSOCIATION ON A SPECTRUM

- Common: Daydreaming and Zoning out
- Trauma-Related: attachment disorders, excessive mood swings, PTSD
- Extreme Dissociation: schizophrenia, DID, and more





# HOW DISSOCIATION HAPPENS

- Fragmented Sense of Self
- Normal in Infancy but Changes in Development
- Without mother's support, an integrated sense of self doesn't happen
  - Dissociation is an adaptive way for abused children to cope with their reality of trauma & challenges with attachment due to an abused caregiver



#### The Burdened Internal System



Graphic by Janet R. Mullen, LCSW
Text adapted by M. Pastor from Internal Family Systems
by Richard Schwartz, PhD.

# IDENTIFYING AND INTEGRATING PARTS

- Until integration happens the part will remain isolated and interject as a means of safety and protection
- When we have to shut down in order to survive, that piece of us does not experience time because we're not present
  - Stuck in time means no maturity even as the external self matures
- The Body speaks loudest
- Not necessarily work we will do in session, but still helpful to be aware of



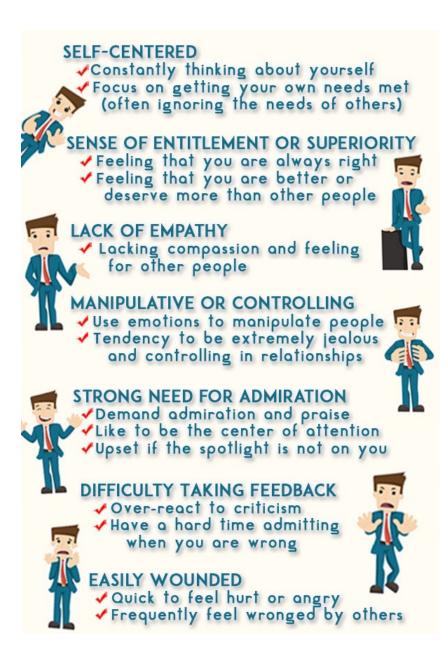




# DISTINGUISHING PARTS FROM THE DEMONIC

- Not every disruption, distortion, or toxic behavior is the result of the demonic – sometimes it's a result of sin.
- Parts are focused on protection they're open to Jesus Christ as a replacement protector (after some persuasion)
- Parts are willing to change if provided the safety and love for change.
- Demonic is focused on destruction.
- Demonic is completely against change.





# A NOTE ON NARCISSISM

- Encompasses a hunger for appreciation or admiration, a desire to be the center of attention, and an expectation of special treatment reflecting perceived higher status.
- Characterized by a grandiose sense of selfimportance
- Impacts less than 1% of the population and hasn't changed since clinicians started measuring it



# INSECURE TO SECURE ATTACHMENT

Improve communication skills

2

Grow in emotional intelligence

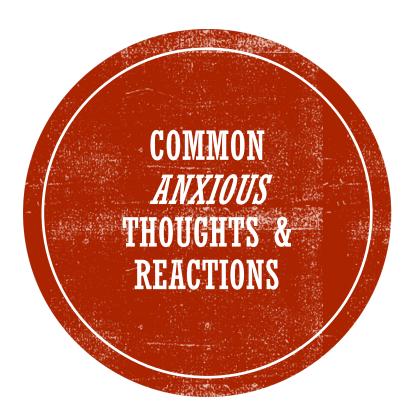
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Develop relationships with others who are securely attached



Resolve trauma



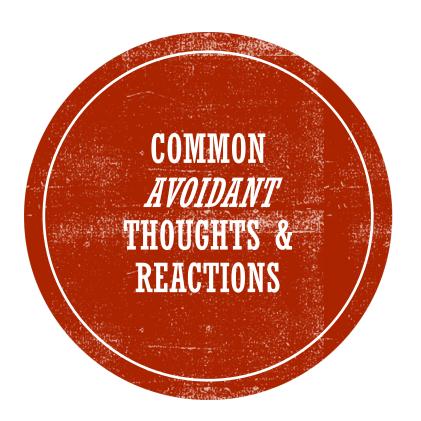


#### Thoughts

- Mind reading
- Nothing ever works out right for me
- Why would he/she want to be with me anyway?
- Remembering all the good things a partner did and said after calming down from a fight
- Remembering only the bad things your partner did when you're fighting

#### Actions

- Acting out
- Trying to re-establish contact at any cost
- Trying to make him/her jealous
- Act busy/unapproachable
- Manipulation

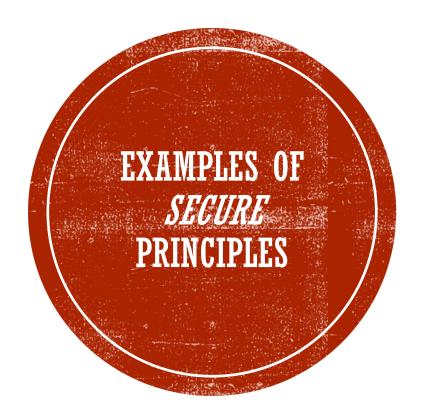


#### Thoughts

- She/he is taking over my life
- I feel suffocated
- I have to do everything his/her way
- If she/he was "the one" this wouldn't happen
- Malicious intent she/he's trying to annoy me

#### Actions

- Acting out
- Getting up and leaving
- Belittling/making critical remarks
- Withdrawing mentally or physically
- Keep emotional sharing to a minimum
- Ignoring your partner



Relationship with our clients can be part of what helps them realize that they can regulate. The experience of connection is rewiring the brain.

Being available

Not interfering

Act encouraging

No playing games

Being courageous and honest in interactions

Focusing on the problem at hand

Recognize what's your problem what's their problem

Goal: Accurate empathy, which is "Being completely at home in the universe of the patient... sensing a client's inner world of private personal meanings 'as if' it were the therapists own."

As Christ did for the church.

# WORKING WITH ADOLESCENTS



# CHILD AND ADOLESCENT DEVELOPMENT

- Still developing: verbal communication skills, emotional identification, abstract conversations, and behavior management techniques (everything done in typical counseling)
- Concrete Thinkers
- Advanced vocabulary does not mean advanced prefrontal cortex
- In many ways, adults are stuck in the child-like behavior of an insecure attachment style no matter how advanced their vocabulary.

## 2-6 YEARS OLD

Primary goal: learn and master emotion regulation

#### Play and expressive therapy is effective

- Play is the language, toys are the words
- Honors limitations of language in children and adolescents

Creates a safe place for abreaction and catharsis

Helps client experience a sense of control





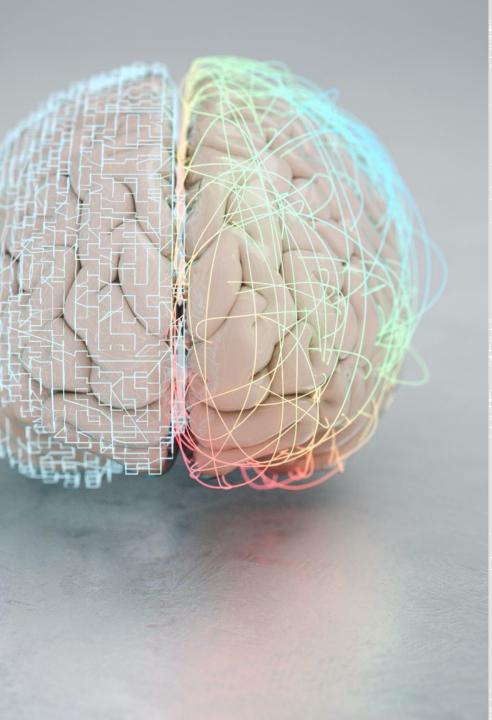
Symbolization

"As if" Quality

Projection

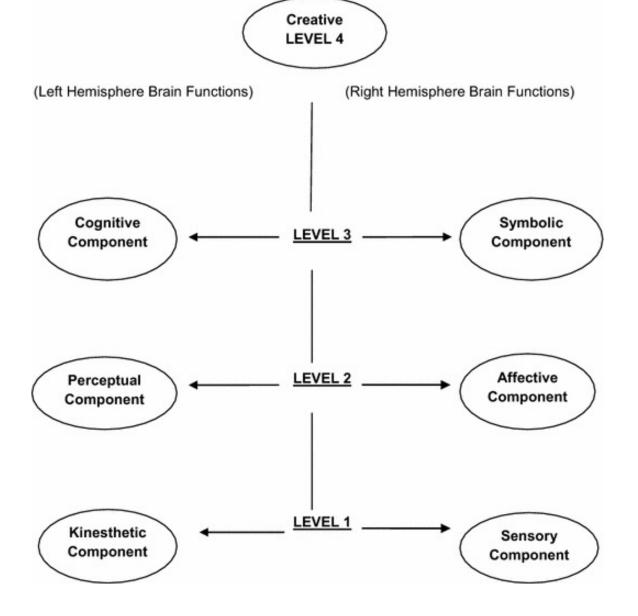
Displacement

Processing deeper neurobiological issues



# MOST HELPFUL INTERVENTIONS...

- Keep neurological development in mind
- Address relational connection, memory, sensory integration, executive functioning, and self-regulation
- Get around the brain's natural protective instinct and provide a way to process a traumatic memory without words



## EXPRESSIVE THERAPY IS:

"A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play/expressive therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development.

- Gary Landreth, "Play Therapy: the Art of Relationship"





# ASK YOURSELF...

- Is this technique/approach developmentally appropriate?
- What is the intention of using this technique?





- Helps regulate emotions and manage fear
- Having a secure attachment figure present after a traumatic event is significant in reducing escalation of PTSD symptoms
  - First trauma is the event
  - Second trauma is the lack of support to work through it
- Helps regulate the nervous system until clients can regulate it themselves
  - They can explore because they know their secure attachment is there and they can come back to it
  - People in trauma focus on survival and fear – no time to explore

## THREE-PHASE MODEL



### Safety & Symptom Stabilization

In therapeutic relationship
With self
With others



## Processing Traumatic Memories (as needed)

This may or may not be done with a traditional counselor

Working through and dealing with intense emotions, integration of self



#### **Consolidation and Resolution**

Learning new coping strategies
Navigate changing relationships
Processing forgiveness





#### Is NOT

- To change, fix, or modify a child or adults attachment style
- To make them feel safe

#### IS

- To Provide the safest environment possible physically, emotionally, mentally, and spiritually
- To demonstrate a secure attachment style no matter how they act/react to what they believe is a perceived threat
- Help the individual take comfort by another (even if it's a horse)
- Teach the adult-self to nurture, protect, and be there for the child-self



# ENDING THE THERAPEUTIC RELATIONSHIP

- The therapeutic relationship becomes a friendship or mentorship or even acquaintance
- Many clients will end contact apart from the occasional phone call, text, coffee date
- The ease with which the therapeutic relationship ends is an indicator of your effectiveness in helping them to establish a more secure sense of self



# OUESTIONS?

