

Treating Traumatized Teens and Emerging Adults in a Global Pandemic

Development, Attachment, and the Therapeutic Relationship

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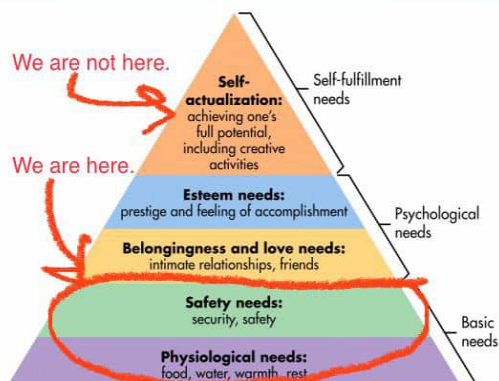
Webinar for Higher Thought Institute
October 8, 2021

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PLAN FOR THE WEBINAR

- TALK ABOUT TRAUMA/STRESS IN THE PANDEMIC
- MAKE THE CASE: DEPENDENCY IS GOOD
- EXPLORE THE ROLE OF THE THERAPIST'S ATTACHMENT STYLE/REGULATION IN HOW WE REACT TO DYSREGULATED YOUNG CLIENTS
- EXPLAIN THE 4 M'S IN THERAPY: MINDFULNESS, MENTALIZATION, MIRRORING, AND MODULATION
- TEACH AND PRACTICE THE THE REACT/REFLECT/RESPOND MODEL

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WHAT IS TRAUMA?

Trauma is not an event itself, but rather a response to stressful experiences that dramatically undermine our ability to cope.

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SOME SOURCES OF TRAUMA

- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect
- Incarceration
- Domestic Violence
- Neighborhood violence
- Terrorism
- Rape
- War
- Isolation
- Refugee dislocation
- Natural disasters
- Witnessing injury and death
- Historical, institutional racism
- Torture
- Serious Illness and Injury
- Bullying
- Prolonged exposure to stress
- Unexpected losses
- Intrauterine stress
- **Global Pandemic**

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SOME WAYS TO TALK ABOUT TRAUMA

ACUTE TRAUMA (SOMETIMES CAUSING PTSD)

-A SINGLE TIME-LIMITED EVENT: CAR ACCIDENT, RAPE, FIRE...

CHRONIC TRAUMA (CAN BE ATTRIBUTED PARTLY TO THE CASCADING EFFECTS OF POVERTY. KIDS AREN'T GRANTED SAFETY ANYWHERE)

-MULTIPLE TRAUMATIC EXPOSURES AND/OR EVENTS OVER EXTENDED PERIODS OF TIME

*COMPLEX TRAUMA aka IN KIDS— DEVELOPMENTAL TRAUMA or ATTACHMENT TRAUMA

-EXPERIENCES OF MULTIPLE TRAUMATIC EVENTS, AND THE IMPACT OF EXPOSURE TO THESE EVENTS WITHIN THE CAREGIVING SYSTEM

SECONDARY/VICARIOUS TRAUMA (THOUGHT OF AS COMPASSION FATIGUE)

-EXPOSURE TO THE TRAUMA OF OTHERS BY PEOPLE IN CLOSE CONTACT WITH THE TRAUMATIZED INDIVIDUAL (INCLUDING SCHOOL PERSONNEL)

CONTINUOUS TRAUMA: ONE LENGTHY MAJOR STRESSOR WITHOUT END: GLOBAL PANDEMIC

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DEVELOPMENTAL TRAUMA

- A psychological and neurobiological injury that results from **protracted and cascading** exposure to stressful events in the home
- Derails typical development across all domains (neurological, psychological, cognitive, social, self/identity)
- Experiences often occur in the caregiving system. **THE CAREGIVER IS UNSAFE**
- **INSECURE ATTACHMENT UNDERLIES DEVELOPMENTAL TRAUMA (AND MANY OTHER PROBLEMS)—NOT THE OTHER WAY AROUND**
 - **SECURE ATTACHMENT= REGULATION**
 - **STRESS IS TOXIC WHEN THERE IS NO ONE TO HELP MANAGE IT**
- Impact is immediate and long term

Effects will require all tiers of intervention

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NON-FINITE LOSS, GRIEF & CONTINUOUS TRAUMA

- PROLONGED ILLNESS, DEATH OF A LOVED ONE DUE TO COVID-19
- SOCIAL CONNECTIONS, HUGGING, TOUCHING, HANGING OUT WITH FRIENDS
- FAMILIAR ROUTINES: EVEN BACK-TO-SCHOOL PLAN DEFIES COMFORT OF ROUTINE
- ASSUMPTIONS OF SAFETY AND SECURITY AS WHAT WE KNOW AND DON'T KNOW, WHAT WE NEED TO FEEL SAFE ALL CONSTANTLY CHANGING
- TRUST IN SYSTEMS: GOVERNMENT, AGENCIES, MEDICAL SYSTEMS, SCHOOLS, ETC.
- THE GRIEF OF OTHERS: COMPASSIONATE GRIEF IS ALSO PERSONAL LOSS
- LOSSES ACROSS GENERATIONS—CAN'T SEE GRANDPARENTS, EXTENDED FAM
- ANTICIPATORY GRIEF: THE FEELING WE GET WHEN THE FUTURE IS SO UNCERTAIN
- DISRUPTED SCHOOL RITUALS...

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“Big T” and “little t” trauma

- PTSD KINDS OF EVENTS ARE GENERALLY CONSIDERED BIG T (THOUGH DO NOT CAUSE PTSD IN EVERYONE)
- SMALL t TRAUMAS ARE OVERWHELMING, HIGHLY DISTRESSING EVENTS THAT CAN BE CUMULATIVE AND HAVE SUBJECTIVE MEANING. DON'T FALL INTO BIG T CATEGORY BUT CAUSE STRONG, ENDURING EMOTIONAL RESPONSE, ESPECIALLY IN KIDS
 - Examples of little “t” trauma: non-life-threatening injuries, emotional abuse, death of a pet, bullying or harassment, loss of significant relationships, divorce, legal trouble, chronic pain...**CHRONIC STRESS***
 - Evidence now concludes that repeated exposure to little “t” traumas can cause more emotional harm than exposure to a single big “T” event
 - Developmental Trauma can include numerous Big and Little T Events
- **GETTING THROUGH A BIG T TRAUMA CAN BE SUFFICIENTLY STRESSFUL THAT WHAT SEEMS LIKE A LITTLE t TRAUMA CAN OVERWHELM COPING RESOURCES: THE DISTINCTION CAN BLUR BEC IT IS PERSONAL**

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Key Developmental Capacities Affected by Trauma

- Ability to modulate, tolerate, or recover from extreme affect states
- Regulation of bodily functions
- Capacity to know emotions or bodily states
- Capacity to describe emotions or bodily states
- Capacity to perceive threat, including reading of safety and danger cues
- Capacity for self-protection
- Capacity for self-soothing
- Ability to initiate or sustain goal-directed behavior
- Coherent self, Identity
- Capacity to regulate empathic arousal

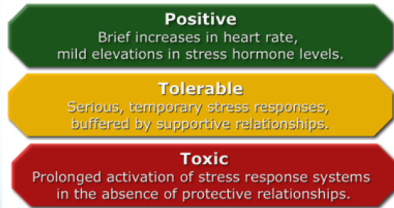
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ACUTE, DEVELOPMENTAL, AND CONTINUOUS TRAUMA

- IMAGINE YOUR YOUNG CLIENTS CONTENDING WITH ALL THREE
- ACUTE TRAUMA HAS A BEGINNING, MIDDLE AND END
- DEVELOPMENTAL TRAUMA IS RELATIONAL, OVERLAPPING, AND CASCADING
- COVID-19 PANDEMIC IS AN ONGOING EVENT
- UNPREDICTABLE, UNCONTROLLABLE NATURE OF THIS CRISIS LEADS TO SIGNIFICANT ANXIETY, SENSE OF HELPLESSNESS, DOESN'T GET BETTER
- BODY STAYS IN CONSTANT STATE OF ACTIVATION WHETHER OR NOT WE ARE IN IMMEDIATE DANGER...**TOXIC STRESS**

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EVOLUTION BRINGS US...Stress response



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1 Positive Stress Response

- Brief increases in heart rate
- Mild elevations of stress hormones
- Necessary aspect of healthy development that occurs in the context of healthy relationships

Examples:

- Studying hard for a test
- Losing a soccer game
- Overcoming fear of swimming

Possible consequences:

- Development of a sense of mastery that is critical for healthy development.



2 Tolerable Stress Response

- More prolonged activation of the stress response system

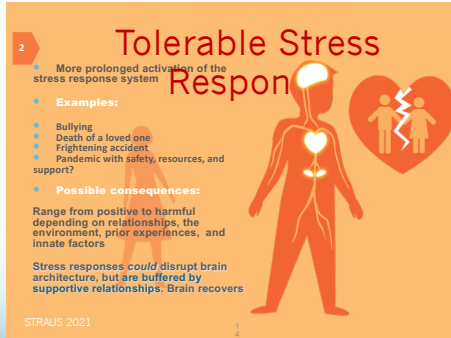
Examples:

- Bullying
- Death of a loved one
- Frightening accident
- Pandemic with safety, resources, and support?

Possible consequences:

Range from positive to harmful depending on relationships, the environment, prior experiences, and innate factors

Stress responses could disrupt brain architecture, but are buffered by supportive relationships. Brain recovers



3 Toxic Stress Response

Prolonged, unremitting activation of stress response systems

Examples:

- Physical or emotional abuse
- Chronic neglect
- Exposure to violence
- Extreme poverty
- Global Pandemic without support

Possible consequences:

Lifelong impacts on brain architecture and other parts of the body's stress response system that increase the risk of stress-related physical and mental illness later in life



A LITTLE STRESS IS GOOD

- WE ARE SUPPOSED TO REACT WHEN A TIGER SHOWS UP
 - Bodies designed to respond to stress (sympathetic nervous system)
 - Adrenalin and cortisol help us run from the tiger or hide
 - Threat of short duration, then get safe



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Normative Danger Responses Autonomic Nervous Response System

- Fight
- Flight
- Freeze
- Flock/Friend/Fold/Fawn



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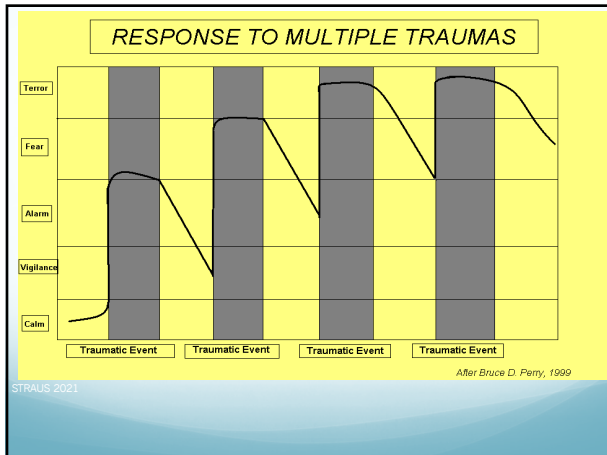
BUT THE TIGER ISN'T SUPPOSED TO MOVE IN

- LIVING WITH CHRONIC STRESS TRIGGERS STRESS RESPONSE MORE EASILY
- THEN LOWER LEVELS OF STRESS CAN SET IT OFF
- TAKES LONGER TO RECOVER/ REGULATE AGAIN
- EXPECT GREATER REACTIVITY AND SLOWER RECOVERY
 - UNCERTAINTY AND DISLOCATION
 - BODY DOESN'T DISTINGUISH BIG AND LITTLE EVENTS
- MAKES US MORE SUSCEPTIBLE TO EMOTIONAL AND PHYSICAL ILLNESS
- FIGHT FLIGHT FREEZE OVER TIME → HELPLESSNESS AND LACK OF MOTIVATION



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SIGNS AND SYMPTOMS- CHRONIC STRESS

- **PHYSICAL:** CHRONIC FATIGUE, EXHAUSTION, LOSS OF ABILITY TO FOCUS, SCATTERED ATTENTION, COGNITIVE CONFUSION, HYPERVIGILANCE, HEADACHES, STOMACH ACHES, HAIR LOSS, MUSCLE TENSION, SLEEP PROBLEMS, APPETITE CHANGES, DENTAL PROBLEMS, LOSS OF SEXUAL DESIRE, CHEST PAIN, INFLAMMATORY SX THROUGHOUT BODY AND BRAIN FROM LONG-TERM CORTISOL RELEASE (ITCHINESS, RASHES, ACNE, ACHES, MORE PAINFUL PERIODS)...

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SIGNS AND SYMPTOMS- CHRONIC STRESS

- **EMOTIONAL:** EXCESSIVE WORRY, ANXIETY, DISCONNECTION/NUMBING, ANGER EPISODES, **COMPASSION FATIGUE***, DEMORALIZATION, RESIGNATION, DISTRESSING DREAMS, OBSESSIVE/RECURRENT THOUGHTS OF CRISIS, CONFUSION/DIFFICULTY MAKING EVERYDAY DECISIONS, SADNESS, DEPRESSION, HOPELESSNESS, SUICIDALITY, VIRUS-RELATED OVERWHELM, SELF-TALK THAT DOESN'T ALWAYS REFLECT REALITY, NEWFOUND PESSIMISM, DISCOURAGEMENT, INSECURITY, RELENTLESS OUTRAGE, CRYING/VERGE OF TEARS, INCREASED SUBSTANCE USE...

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SIGNS AND SYMPTOMS- CHRONIC STRESS

- **SOCIAL:** INCREASED DIFFICULTIES IN RELATIONSHIPS, LOSS OF INTEREST IN ENGAGING HOME AND/OR WORK, IRRITABILITY, ANGER OUTBURSTS, SOCIAL WITHDRAWAL, ISOLATION, SOLITARY SUBSTANCE USE, SHORTER FUSE WITH KIDS AND OTHERS, QUICKER TO JUDGE YOURSELF AND OTHERS, EXPERIENCING EVEN SOME KINDS OF SUPPORT (FAM ZOOM) AS ANOTHER OBLIGATION, RESISTING SOCIAL SUPPORT WHEN OFFERED, DISSOCIATIVE/ZOMBIE FEELING THRU THE DAYS, FORGETTING WHAT PEOPLE HAVE JUST SAID TO YOU...

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Living with CHRONIC STRESS

- **MANY PANDEMIC STRESSORS**
 - HEALTH. FINANCIAL. RELATIONSHIP. ISOLATION. UNCERTAINTY
 - CHANGES IN HOME AND WORK RESPONSIBILITIES...
- PSYCHOLOGICAL STRESS ACTIVATES THE STRESS RESPONSE IN THE SAME WAY AS PHYSICAL THREAT
- UNDER NORMAL CIRCUMSTANCES, PEOPLE REPORT ABOUT A 50% CHANCE OF HAVING A STRESSFUL DAY... **WHAT ARE THE ODDS NOW?**
- **CULTURAL RESPONSIVITY:** THIS PANDEMIC IS AFFECTING MINORITIES AND POOR FAMILIES DIFFERENTLY: SOME HAVE BEEN IN A PANDEMIC FOR HUNDREDS OF YEARS. CHRONIC STRESS IS BAD FOR EVERYONE AND WORSE FOR SOME.

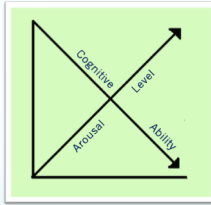
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EMOTIONAL REGULATION *DEPENDS* ON FELT CONNECTION AND SAFETY

- THE **LIMBIC SYSTEM** OR EMOTION BRAIN HAS EVOLVED TO HELP US SURVIVE
 - The amygdala triggers when we are afraid, angry, distressed, upset.
 - The amygdala is triggered by truly life threatening events *and* false alarms “flooding” “the amygdala hijack”
- THE **NEOCORTEX** HOUSES THE THINKING BRAIN
 - Allows us to plan ahead, weigh costs and benefits of options for decision making
 - Control of impulses (only possible when regulated)
- **CHRONIC STRESS INCREASES EMOTIONALITY AND DECREASES THINKING**

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AROUSAL AND COGNITION



Anyone in a hyper-aroused state can not be reasoned with!
First Job: **REDUCE LEVEL OF AROUSAL.**

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The Amygdala Hijack

It interprets messages that there's danger or it's safe. It knows nothing about reasoning or cognitive functions. *And it remembers what you're afraid of in your body...*

Amygdala scans the visual field. Searches for possible threats; it monitors every sound, smell, possibility of danger.

The amygdala "hijacks" the other portions of the brain... It gets you ready for fight or flight.

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SOME RESEARCH FINDINGS: PANDEMIC IS A BAD SITUATION MADE WORSE

- BEHAVIOR CHANGE ASSOCIATED WITH EMOTIONAL PROBLEMS
 - INCREASED SCREEN TIME/ TECHNOLOGY AND SOCIAL MEDIA USAGE
 - INCREASED SMARTPHONE USAGE (PARTICULARLY CORRELATED W SEVERITY OF ANXIETY)
 - ADHD SX INCREASED ESP FOR BOYS 5-11
 - SUBSTANCE USE AND ABUSE SIG INCREASED
- SYMPTOMS OF EMOTIONAL DISTRESS
 - A FEW LARGE STUDIES SHOW NEARLY HALF OF KIDS/TEENS WITH ANXIETY AND DEPRESSIVE SX
 - MORE ELEVATED ANXIETY IN GIRLS AND OLDER (MORE AROUND 30%)
- SLEEP DISTURBANCES COMMON: GO TO BED LATER, SLEEP LONGER, MORE WAKING
- LIFE STRESS CORRELATED WITH PARENTAL STRESS
- HIGHER RATES OF ANXIETY AND DEPRESSION IN RACIAL MINORITY, KIDS IN SPEC ED, LGBTQ, AND LOW INCOME FAMS
 - WHEN KIDS WENT BACK TO SCHOOL, PARENTS STARTED DOING BETTER BUT MANY KIDS DID NOT
 - INCREASE IN CHILD AND ADOL MH VISITS TO ER OF 30-75%

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WHAT TO EXPECT IN GENERAL

- **SOME KIDS LIKED BEING HOME:** SOME DID BETTER WITH REMOTE OR HYBRID FORMAT. THEY DID NOT MISS THE "NORMAL ROUTINE."
- **SOME KIDS WILL BE THRILLED,** ELATED, ECSTATIC, OVERJOYED, RELIEVED.
- **DISENGAGEMENT:** SOME CHILDREN HAVE BASICALLY LOST A YEAR OF SCHOOL, INCLUDING THOSE EMERGING FROM HYBRID SPRING AND SUMMER OFF. THIS WILL BE A ROUGH TRANSITION TO FULL-TIME
- **FRUSTRATION:** SOCIAL ISOLATION, LOSS OF FAMILIAR ROUTINES AND RITUALS, HAVING TO FIGURE OUT HOW TO BE IN SCHOOL AGAIN, NEW RULES AND UNCERTAINTY (AGAIN) CAN LEAD TO HOT BUTTON REACTIVITY FOR SOME KIDS
- **DYSREGULATION:** MANY OF THE TRAUMA KIDS WILL BE EASILY DYSREGULATED, "HIJACKED." THE LACK OF CERTAINTY, ROUTINE, FAMILIARITY, PREDICTABILITY...HOT NERVOUS SYSTEMS
- **ANXIETY:** LIKE US, MANY KIDS OF ALL STRIPES WILL BE ANXIOUS ABOUT WHAT HAS HAPPENED, WHAT IS HAPPENING, WHAT MAY HAPPEN NEXT.

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WHAT TO EXPECT IN GENERAL (CONT'D)

- **DISTRESS:** KIDS WHO HAVE SUFFERED, HAVE FALLEN BEHIND, HAVE MISSED OUT ON SO MUCH, WILL BE FULL OF POWERFUL EMOTIONS. EXPECT MORE TEARS, FIGHTS, MISSED CUES, HURT FEELINGS
- **ANGER:** SOME RESEARCHERS NOTE THAT ALONG WITH ALL OF THE ABOVE, OR HIDING OTHER FEELINGS, SHORT TEMPER AND ACTING OUT BEHAVIOR MAY BE MORE PREVALENT UNTIL THE ROUTINES GET MORE PREDICTABLE
- **PARENTS/CAREGIVERS:** SCARED AND RELIEVED...INCREASED CONTACT WITH FAMILIES, SHARING BACK AND FORTH ANY IMPORTANT OBSERVATIONS AND CONCERNS MUCH MORE IMPORTANT THRU THE TRANSITIONAL MONTHS

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THE ONE BIG QUESTION:

- **CAN I DEPEND ON YOU WHEN I NEED YOU?**
 - The most basic tenet is that isolation—not just physical isolation, but emotional isolation—is traumatizing for human beings.
 - There's solid evidence that our brains actually code it as danger
 - Emotional presence is essential for healthy development

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A.R.E. YOU THERE FOR ME?

ACCESSIBILITY: CAN I REACH YOU WHEN I NEED YOU?

RESPONSIVENESS: DO I MATTER TO YOU? WILL YOU COME WHEN I CALL? CAN I RISK LEANING ON YOU? CAN I DEPEND ON YOU?

ENGAGEMENT: CAN I SHARE MY EMOTIONS WITH YOU; WILL YOU ALSO SHARE WITH ME? WILL YOU SHOW UP TO SHARE YOUR EXPERIENCE? WILL YOU KEEP ME CLOSE?

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DEPENDENCY IS GOOD

- Although our culture has framed dependency as a bad thing, attachment theory suggests quite the opposite.
- Attachment theorists believe that being able to turn to others for emotional support is a sign and source of strength. Teens and EAs, Too!
- *In this frame, there is no such thing as codependence, independence, or overdependence: there is only effective and ineffective dependence*
- PARADOX?: THE MOST INDEPENDENT PEOPLE ARE SUCCESSFUL AT BEING DEPENDENT

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IMPLICATIONS FOR THERAPY

- HOW DO YOU FEEL ABOUT YOUR YOUNGER CLIENTS DEPENDING ON YOU? ATTACHING TO YOU?
- WHERE'S YOUR LINE? IS IT FLEXIBLE? HOW DO YOU KNOW IT HAS BEEN CROSSED? CLIENT NEEDS

NOBODY ONLY YOU

- **DEVELOPMENTAL ATTAINMENT:** ASKING FOR HELP AND EXPECTING IT. YES, IN ADOLESCENCE AND EA, TOO
- RESEARCH ON SINKERS, TREADERS, AND SWIMMERS IN TRANSITION TO ADULTHOOD

WHAT IF YOU ARE THE FIRST RELIABLE ADULT?

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We are Hardwired to Attach in Caregiving Relationships

- **COMPELLING LIFELONG DESIRE FOR SECURE LOVE**
 - IN THESE RELATIONSHIPS: BOTH REAL ATTACHMENT PULL AND TRANSFERENCE AT WORK
 - THE NEED FOR PROTECTION, COMFORT, REGULATION—AND THE FEAR (REAL OR IMAGINED) THAT IT WON'T BE AVAILABLE DETERMINE WHAT HAPPENS
- **SAFE HAVEN**
 - BUFFER FROM STRESS, UNCERTAINTY
 - PROXIMITY IS THE NATURAL ANTIDOTE TO FEELINGS OF ANXIETY AND VULNERABILITY
- **SECURE BASE**
 - MAKES IT POSSIBLE TO BE CURIOUS, EXPLORE THE WORLD
 - HELPS US REACH OUT, OFFER SUPPORT TO OTHERS
- **THIS DESCRIBES GOOD THERAPY AND LASTING INTERVENTIONS**
- **THESE ARE ATTACHMENT RELATIONSHIPS AND THUS CONTAIN ALL THE SAME QUALITIES AND ELEMENTS.**

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DEVELOPMENTAL-RELATIONAL THEORY (DRT)

- **HUMAN INTERDEPENDENCE AND CONNECTION** NOT SEPARATION AND INDIVIDUATION : SECURE LOVE HEALS
- **CORRECTIVE RELATIONAL EXPERIENCES** TO CHANGE INSECURE INTERNAL WORKING MODELS IN REAL TIME. NOT ENOUGH TO UNDERSTAND IWMS. HAVE TO FEEL IT, TOO.
- **EMOTION CHANGES EMOTION:** RH THEORY/INTERPERSONAL NEUROBIOLOGY (IPNB) INFLUENCE ON WORK WE DO
- **AUTHENTIC ADULT PRESENCE:** EXPERIENCE, OPINIONS, COMMITMENT—THERAPY IS A REAL ATTACHMENT RELATIONSHIP, AND THESE ARE NOT FULLY “ADULT” CLIENTS
- **CO-REGULATION** BEFORE SELF-REGULATION: TWO PERSON RELATIONAL SYSTEM—CORE OF ALL THERAPY SUCCESS
- **THERAPIST SECURITY:** HAVE TO BE MORE SECURE, PRESENT, REGULATED THAN OUR CLIENTS: DO OUR OWN WORK

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IN IT TOGETHER

- **DYADIC THEORY:** THERAPISTS ARE SHIFTING “FROM A CLASSICAL ONE-BRAIN NEUROSCIENCE TOWARD A NOVEL TWO-BODY APPROACH” (DUMAS, 2011)
- PEOPLE IN RELATIONSHOPS BOTH EXPERIENCE NEUROLOGICAL CHANGE AS A RESULT OF THEIR CONNECTION: DEEP STUFF: THEY CHANGE US, TOO.
- THE MIND DOESN'T EXIST WITHIN A SINGLE ENTITY/ORGAN—MIND AND ITS DEVELOPMENT INSEPARABLY LINKED TO THE MINDS OF OTHERS
- RELATIONSHIPS SHAPE MIND AND BRAIN DEVELOPMENT, OVER WHOLE LIFESPAN
- GENERAL THEORY OF LOVE P. 144 “WHO WE ARE AND WHO WE BECOME DEPENDS, IN PART, ON WHOM WE LOVE”

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ATTACHMENT CLASSIFICATIONS

INFANT/CHILD	ADOLESCENT/ADULT
A: INSECURE-AVOIDANT	DISMISSIVE/AVOIDANT
B: SECURE	SECURE
C: INSECURE AMBIVALENT/ANXIOUS	PREOCCUPIED/ENTANGLED/ANXIOUS
D: INSECURE-DISORGANIZED/DISORIENTED	FEARFUL/UNRESOLVED/DISORGANIZED

THERAPY AND ATTACHMENT TRAUMA

- WITHOUT SECURE LOVE, WE HAVE LIMITED STRATEGIES FOR FEELING SAFE IN RELATIONSHIPS

FIGHT, FLIGHT, FREEZE.

- Anxious attachment (UP-REGULATED—bring energy down)
- Avoidant attachment (DOWN-REGULATED—bring energy up)
- Disorganized/Fearful attachment (MIXED, TRAUMATIZED DYSREGULATION—staying present, relaxed, responsive)

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DYSREGULATION IN ATTACHMENT TRAUMA

- **AFFECTIVE AND/OR BODY DYSREGULATION**
 - CAN'T TOLERATE OR RECOVER FROM NEGATIVE STATES
 - EXTREME PERCEPTUAL SENSITIVITY (E.G., NOISE, TOUCH)
 - SOMATIC COMPLAINTS ("FEELING MEMORIES")
 - TROUBLE RECOGNIZING AND DESCRIBING EMOTIONS
- **ATTENTION AND/OR BEHAVIORAL DYSREGULATION**
 - AVOIDANCE OF THREAT-RELATED SIGNALS
 - HYPERVIGILANCE, RISK-TAKING, EXECUTIVE PROBS
 - SELF HARM, IMPAIRED SELF-SOOTHING STRATEGIES
- **SELF AND RELATIONAL DYSREGULATION**
 - VIEW OF SELF AS DAMAGED, HELPLESS, IMPAIRED
 - CAREGIVER DISTRUST, AGGRESSION, OPPOSITIONALITY
 - EMPATHIC COMPLEXITY: DO HAVE EMPATHY, CAN'T TOLERATE IT
 - EXTREMES OF SELF RELIANCE/DEPENDENCY IN RELATIONSHIPS

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SYMPTOMS ARE BODY MEMORIES

- **THE CLIENT WITH ATTACHMENT TRAUMA HAS SYMPTOMS INSTEAD OF MEMORIES—THEY ARE MEMORY EQUIVALENTS**
 - Anxiety and Panic as “feelings flashbacks” (If he could remember trauma the way we remember non-traumatic events, he could tell you why he hates a time of day, or a smell, or the way a room looks, or it feels to be touched)
 - Thinking of symptoms as memories adds control and develops narrative of survival in face of fear
 - “Because memories of trauma are encoded sensorially, not linguistically, the patient relives the dread as inexplicable generalized anxiety, or even as a panic attack” (Janina Fisher)

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SYMPTOMS MAKE PERFECT SENSE

Convey: she had ability as child to survive these terrible experiences, so she has all the resources she needs to recover from the symptoms of those experiences

- **The symptoms make perfect sense as a response to traumatic experience**
- Each symptom represents either a deeply encoded memory, or an attempt to solve a challenge or danger she faced as a child
- Each was an ingenious solution to an overwhelming environment—**that worked, because she's here now**
- De-shame and empower: she's smarter, more creative, resourceful, in control of her destiny than she feels

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DOES THE THERAPIST NEED TO BE SECURE?

- Ideally, yes (or at least earned-secure). **OR** at least reflective and mindful about less secure styles
- Secure models of attachment result in an open, flexible, and non-defensive approach to attachment related issues.
- This in turn translates into approaches to others that are open, receptive and collaborative. These characteristics are likely to facilitate a positive therapeutic alliance.

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THERAPIST INSECURITY

- Studies report poorer therapeutic alliance with therapists assessed as insecure.
- Insecure therapists tend to intervene in such a way that fails to challenge the client's customary affect regulation strategy.
- Insecure therapists report more problems in their therapy with clients.

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IT IS (TWO) PERSONAL

- YOUR CLIENTS AREN'T GOING TO GET "GENERALLY HEALTHIER" (IS THERE SUCH A THING?)
- THEY WILL BECOME MORE LIKE YOU
 - THEY WILL LEARN ABOUT LOVE, REPAIR, PROBLEM-SOLVING, REGULATION FROM HOW YOU DO THOSE THINGS
 - IT MATTERS GREATLY HOW YOU LIVE IN THE WORLD
- THIS SPECIFIC, UNIQUE ATTACHMENT RELATIONSHIP
- THE CORRECTIVE RELATIONAL EXPERIENCE IS FOUNDATIONAL—THE THERAPY DEPENDS ON IT

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NAME IT TO TAME IT

- FOCUSING ON YOUR OWN SUFFERING MIGHT SEEM CONTRARY TO DEVELOPING THE RIGHT ATTITUDE FOR TAKING CARE OF CLIENTS.
- WE TEND TO SAY, "YES BUT I AM SO LUCKY AND SHOULDN'T COMPLAIN." SOME CALL THIS **"TOXIC POSITIVITY:"** DENYING, MINIMIZING, INVALIDATING FEELINGS
- BEFORE YOU CAN DEVELOP EFFECTIVE STRATEGIES FOR COPING AND SUPPORT, FIRST NEED TO KNOW HOW YOU FEEL NOW.
- THE SHAME, JUDGMENT—AND SELF-JUDGMENT—INCREASES ISOLATION. ISOLATION INCREASES CHRONIC STRESS. FEELING BAD ABOUT FEELING BAD!
- CHRONIC STRESS INCREASES HOPELESSNESS AND ILLNESS...NAME IT TO TAME IT NOW

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TIME FOR PERSONAL REFLECTION

- HERE ARE THE FIVE EMOTIONS MOST FREQUENTLY NAMED BY THERAPISTS THESE DAYS, TAKE A FEW MINUTES AND WRITE ABOUT THESE FEELINGS:

- **ANXIOUS:** I AM FEELING ANXIOUS BECAUSE _____
- **FEARFUL:** I AM FEELING FEARFUL BECAUSE _____
- **WORRIED:** I AM FEELING WORRIED BECAUSE _____
- **OVERWHELMED:** I AM FEELING OVERWHELMED BECAUSE _____
- **SAD:** I AM FEELING SAD BECAUSE _____

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UNEXPECTED GRACE AND JOY

- HOLD THE SUFFERING AND MAKE ROOM FOR THE PLEASURES AND ODD SELF- DISCOVERIES OF QUARANTINE AND THIS STRANGE NEW WORLD.
- TAKE A MOMENT TO SEE BOTH THE DEATH, SUFFERING, TERROR AND THE LOVE AND MOMENTS OF UNEXPECTED GRACE AND JOY (GARDENS, BROWNIES, KIDS, WOODS, PETS, ACTS OF GENEROSITY AND COURAGE)....
- **“SUFFERING AND GRACE LIVE SIDE BY SIDE, AS THEY ALWAYS HAVE”**
-Leslie Jamison

PLEASE USE THE CHAT FUNCTION TO *WRITE* IN A FEW WORDS ABOUT THE MOMENTS OF GRACE AND JOY YOU HAVE EXPERIENCED. WE WILL ALL CREATE AND ENJOY THIS LIST TOGETHER

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COMPASSION FOR OURSELVES, TOO...

“If you are continually judging and criticizing yourself while trying to be kind to others, you are drawing artificial boundaries and distinctions that only lead to feelings of separation and isolation.”

--KRISTIN NEFF-SELF-COMPASSION RESEARCHER

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MIRRORING, MENTALIZATION, MINDFULNESS, & MODULATION

- Traumatized clients need relationally based interventions that help them learn to first co-regulate and then self-regulate emotions.
- To become more regulated, they first need empathically attuned, mindful, and reflective caregivers.
- They need the best-possible YOU.

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MENTALIZING

- THINK ABOUT FEELING, FEEL ABOUT THINKING
- LEARN ABOUT OUR OWN STATES OF MIND AND BODY AND THE MINDS AND MOODS OF OTHERS
- CURIOUS, NONJUDGMENTAL, INQUISITIVE OPEN-MINDED
- WHAT IS THEIR SUBJECTIVE EXPERIENCE
- WHAT ARE THEIR THOUGHTS, FEELINGS, PERCEPTIONS, BELIEFS
- REFLECTIVE FUNCTIONING, INSIGHT

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CULTIVATING MINDFUL AWARENESS

Mindfulness in therapy depends upon the therapist becoming more mindful: slowing the pace of thinking and talking, refraining from interpretation in favor of observation, helping the patient begin to focus on the flow of thoughts, feelings, and body sensations as these unfold

Because **mindful attention is present moment attention**, we use "retrospective mindfulness" to bring the client into present time: "As you are talking about what happened then, what do you notice happening inside you now?"

Cultivate curiosity by wondering about the interplay across thoughts, feelings, body sensations (Fisher):

"I feel unsafe"

COGNITION: I AM NEVER SAFE, THE WORLD IS NOT SAFE

EMOTION: I AM SCARED AND LONELY

BODY SENSATION: MY HEART IS RACING, MY CHEST IS TIGHT, I'M HAVING TROUBLE BREATHING

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THE MINDFUL THERAPIST

Attend to the Storyteller, Not the Story

SAY, "I NOTICE THAT..."

TONE, BODY: CURIOUS, WITHOUT JUDGMENT

INVITATION TO EXPLORE: "I WONDER IF YOU CAN FEEL THE REACTION YOU ARE HAVING INSIDE WHEN WE TALK ABOUT YOUR ROOMMATE?"

START LOOKING FOR TRIGGERS AND SEQUENCES WHEN A STORY STARTS TO DISORGANIZE:

"OKAY, LET'S SLOW DOWN SO I CAN FOLLOW. YOU WENT TO THE CAFETERIA FOR LUNCH AND SAW THREE PEOPLE AT THE TABLE YOU WANTED TO SIT AT. YOU STARTED TO FEEL REALLY UNCOMFORTABLE, LIKE MAYBE YOU COULDN'T EVEN STAY IN THE BUILDING?"

"I AM CURIOUS ABOUT WHAT TRIGGERED YOU HERE. CAN WE START BACK BEFORE YOU GOT TO THE CAFETERIA? LET'S RETRACE YOUR STEPS...."

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MINDFUL CONVERSATION

LESS CURIOUS

- WHY DO YOU THINK THE TEACHER SINGLED YOU OUT LIKE THAT?
- MAYBE YOU CAN JUST TELL HER YOU WON'T HAVE THE PAPER DONE
- YOU THINK SHE'LL JUST SAY IT'S ALL YOUR FAULT YOU AREN'T DONE
- SOUNDS LIKE YOU'RE PRETTY ASHAMED YOU DIDN'T PLAN YOUR TIME BETTER

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MORE MINDFUL

- I CAN SEE THAT WHEN YOU TRY TO TELL ME ABOUT HER, YOU START GETTING PRETTY TENSE AND UPSET.
- NOTICE WHAT HAPPENS IN YOUR BODY WHEN YOU IMAGINE TELLING HER YOU WON'T BE DONE
- SO THE THOUGHT COMES UP, "IT'S ALL MY FAULT" AND THEN WHAT HAPPENS?
- WHEN YOU THINK IT'S YOUR FAULT AND YOU GET ASHAMED, THE FACT THAT THE TEACHER PUBLICLY MOCKED YOU ISN'T EVEN IN YOUR AWARENESS? IS THAT RIGHT?

(BASED ON WORK OF JANINA FISHER)

MINDFULNESS HELPS WITH TIME SEQUENCING

THE TEEN SAYS

- THE TEACHER JUST HAS IT OUT FOR ME
- I GET SO MAD WHEN I GET CALLED OUT FOR NO REASON
- I FEEL LIKE I'LL GET IN TROUBLE FOR TELLING HER IT WASN'T ME THAT WAS TALKING
- PEOPLE IN MY FAMILY ALWAYS BLAMED ME FOR STUFF I DIDN'T DO

A MINDFUL RESPONSE

- ARE YOU REMEMBERING THAT RIGHT NOW?
- WHAT DO YOU NOTICE WHEN YOU THINK OF THAT?
- SO THE THOUGHT COMES UP THAT YOU MIGHT GET IN TROUBLE FOR SPEAKING UP FOR YOURSELF?
- WHAT HAPPENS, RIGHT HERE AND NOW, WHEN YOU REMEMBER THAT?

(BASED ON JANINA FISHER)

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MIRRORING

- **ROOTS OF EMPATHY: PERCEIVE THE EMOTIONAL STATE OF THE OTHER—THEIR PAIN OR JOY IN YOUR HEART AND MIND**
- **OUR MIRROR NEURONS SIMULATE THE MENTAL STATE OF THE TEEN**
- **OUR BODY CHANGES IN RESPONSE TO THE EMOTIONAL STATE (GETTING HOOKED)—THEY HAVE TO GET TO YOU—AND BOTH OF YOU HAVE TO KNOW IT!!!**
- **WE NOTICE THE PHYSICAL CHANGE IN OUR BODIES (REACTING)**
- **WE LABEL THAT CHANGE (ANGER, SADNESS, FEAR, CONFUSION, TERROR, SURPRISE, DISGUST, JOY, EXCITEMENT)**
- **WE FEEL THE EMOTION—CORE OF EMPATHIC ATTUNEMENT**
- **IS THIS ME OR IS THIS YOU I AM FEELING NOW?**
- **EMOTIONAL EMPATHY INVOLVES LEARNING TO CONNECT WITH YOUR OWN EMOTIONS FIRST!!! NOT SO EASY TO DO BUT ESSENTIAL. THEN MIRRORING BACK THE AFFECT SO THE TEEN CAN “FEEL FELT”—THEY LEARN HOW THEY FEEL FROM HOW YOU MIRROR FOR/WITH THEM.**

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MODULATION

HYPERACTIVATED

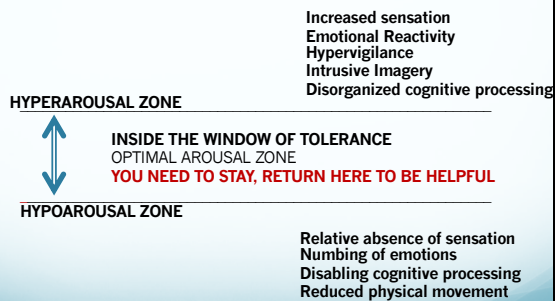
- ◆ Intrusive thoughts
- ◆ memories
- ◆ worries
- ◆ preoccupations
- ◆ impulsive behavior and thoughts that distract the mind
- ◆ Need for reassurance
- ◆ Irrational/poor reality testing
- ◆ Very emotional

HYPOACTIVATED

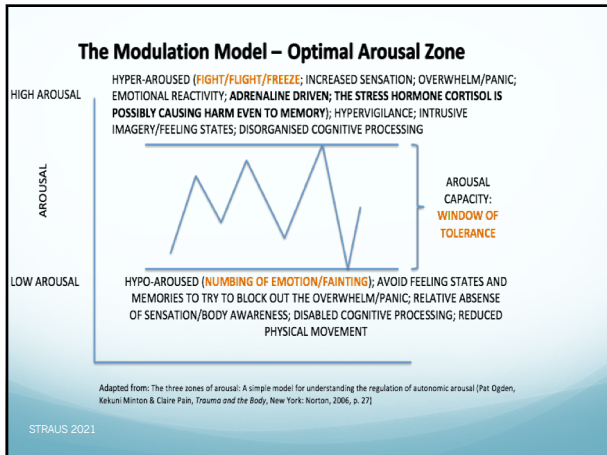
- ◆ shutdown
- ◆ disconnected from body
- ◆ unmotivated
- ◆ depressed
- ◆ repeated thoughts of obsessive nature
- ◆ Rigid
- ◆ Disconnected from others
- ◆ Unemotional

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SHARING THE WINDOW OF TOLERANCE



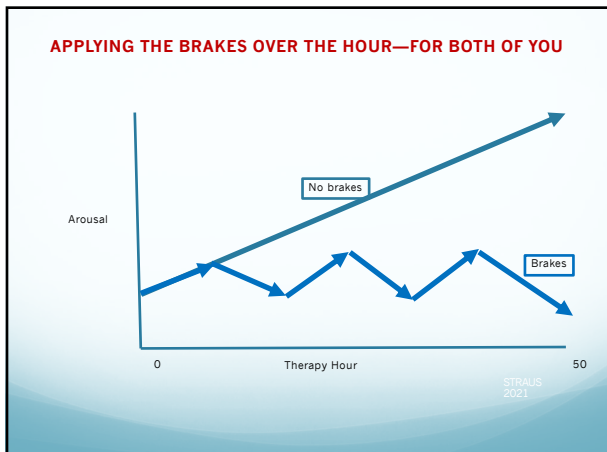
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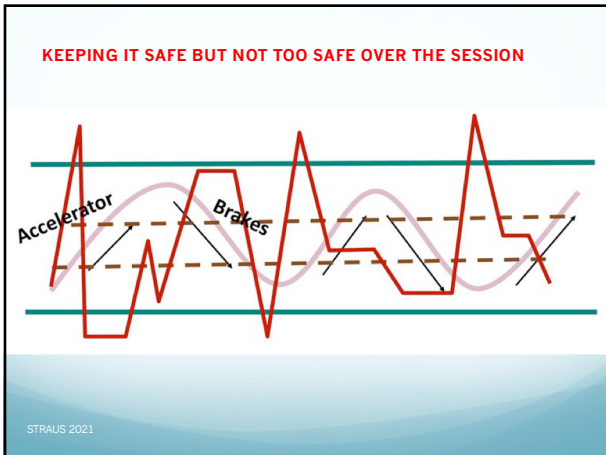


WORKING AT THE EDGE OF THE WINDOW

- KEEPING IT SAFE—BUT NOT TOO SAFE
- REATTUNING IN THE MOMENT: WHAT'S HAPPENING WITH US RIGHT NOW? AND NOW?
 - MINDFULNESS IS RELATIONAL
 - HOW DO YOU NOTICE THE ENERGY LEVEL/AFFECTIVE SHIFTS IN YOUR OWN BODY?
- PUTTING ON THE BRAKES
 - AFFECT, EVEN POSITIVE AFFECT, CAN GET TO BE TOO MUCH OVER TIME
 - DO NOT WANT TO HAVE A TEEN/EA LEAVE MORE DYSREGULATED
 - ACTIVITIES AND STRATEGIES FOR GETTING BACK INTO CO-REGULATION AND CONNECTION
 - GROUNDING, BREATHING, MOVEMENT, PLAY, PRACTICE COMING BACK IN

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TWO GROUNDING IDEAS TO PUT ON THE BRAKES

1: — SOS

- **Slow down:** (sit back, relax, take a deep breath, pay attention to breathing, have one thought at a time)
- **Orient** (pay attention to where you are, what you are doing, who you are with)
- **Self check** (ask yourself how you are feeling and rate yourself on a scale of 1-10 for how stressed and in control you feel using the Personal Thermometer)

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GROUNDING EXERCISE TWO

- **LOOK AROUND YOU AND IDENTIFY:**
 - **5 THINGS YOU SEE**
 - **4 THINGS YOU FEEL**
 - **3 THINGS YOU HEAR**
 - **2 THINGS YOU SMELL**
 - **1 THING YOU CAN TASTE OR ENJOY EATING**

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SOME SPECIAL THERAPIST HOOKS

- **HELPLESSNESS**—what if there's nothing I can do to make this better?
- **FAILURE**—what if I crash and burn? Make it worse?
- **DISSOCIATION**---what should I have for dinner?
- **REJECTION**—what if I can't get him/her/them to like me?

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HOW DO YOU KNOW YOU ARE GETTING HOOKED?

- **NEGATIVE THOUGHTS** (I'm being manipulated, I'm being weak...)
- **DIFFICULT FEELINGS** (frustration, hurt, shame, helplessness, guilt, sadness, despair, impatience...)
- **BODY SIGNS** (tight muscles, clenched jaw, fast pulse...)
- **DISTRESSED BEHAVIORS** (yelling, threatening, silence...)
- **OTHER WARNING SIGNS** (trouble elsewhere-people, substances, sleep, help rejecting, long recovery time...)
- **WHAT ARE YOUR HOOKS? GOOD TO KNOW THEM AND TO WORK ON THEM. THEY GO WAAAAAY BACK.**
 - **WHAT DOES THIS HOOK SAY ABOUT YOU AND YOUR RELATIONSHIP?**
 - **WHAT DOES THIS HOOK DO TO YOU AND FOR YOU?**

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WHY IS THIS SO HARD FOR US?

- **IMAGINE IF YOU WERE THIS TEEN/EA THAT YOU WOULD BEHAVE JUST THE SAME WAY: HOW COME? GO DEEPER...**
- **DOES THE TEEN/EA BELIEVE THEY ARE NOT SAFE, PEOPLE ARE OUT TO GET THEM, PEOPLE HAVE OR MOTIVES, PEOPLE DON'T REALLY WANT TO HELP, THEY HAVE NO CONTROL, NO ONE CARES....? WHAT DO THEY BELIEVE IS TRUE?**
- **DOES THE TEEN/EA STILL HAVE SIGNIFICANT SKILL LAGS IN IDENTIFYING, EXPRESSING, MANAGING FEELINGS AND BODY STATES, HANDLING TRANSITIONS, CONTROLLING IMPULSES, PAYING ATTENTION ESP WHEN WORRYING, THINKING LOGICALLY, READING DANGER, REGULATING EMPATHIC AROUSAL....?**
- **WHY ARE YOU GETTING HOOKED BY THIS BEHAVIOR? WHERE DOES YOUR OWN DYSREGULATION COME FROM?**

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REMEMBER: YOUR EXPLANATION FOR WHAT IS HAPPENING HERE
SHAPES EVERYTHING THAT FOLLOWS: IF YOU SEE THIS AS A
DESIRE, FEAR, OR SKILL LAG VS. AS A POWER GRAB OR
MANIPULATION...

TRY TO REPLACE THE JUDGMENTAL WORDS LIKE
"MANIPULATION," "POWER," "ATTENTION"
WITH THE WORD: "RELATIONSHIP"

"SHE'S JUST DOING THIS FOR RELATIONSHIP"

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HEALING TAKES TIME AND SEASONS

- EXPECT WOBBLES, REGRESSIONS, FIGURE EIGHTS, DIPS.
- IT TOOK A LONG TIME TO HURT THIS BAD, CAN TAKE A WHILE TO MEND
- TEENS/EAS OFTEN GET STUCK IN ONE STAGE FOR MONTHS, AND THEN MAKE A SOARING, OLYMPIAN LEAP AHEAD, AND THEN FALL BACK DOWN, AGAIN, MAYBE SHORTER, LESS INTENSELY THIS TIME
- THINGS SOMETIMES GET WORSE ON THE WAY TO GETTING BETTER. TRUST THE PROCESS.
- TRAUMA PERMANENTLY CHANGES THE MIND, BRAIN, BODY, HEART: THERE IS NO SUCH THING AS "GETTING OVER IT"
- THE IMPACT OF THE PANDEMIC IS CONTINUOUS: PRESENT AND FUTURE: BE GENTLE ON YOURSELVES AND THE PEOPLE YOU CARE ABOUT

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**"You cannot save people;
you can only love them"**
-Anais Nin

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