

Developmental Trauma in Children: New Strategies for Healing

25th Statewide Child Abuse Prevention Conference
Litchfield Park, Arizona

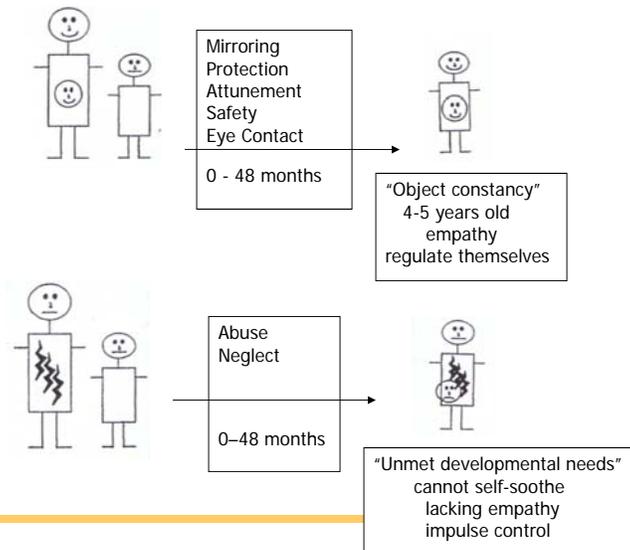
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OBJECT RELATIONS THEORY

"What starts outside, goes inside"



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STAGES OF “THE SAFETY INSIDE”

- **BIRTH:** Womb-based memories of the infant's experience of the caregiver only, limited 5 senses experience.
- **“CHECKING BACK”:** By 7 months of age the infant has enough safety inside to be away from the parent for several minutes, exploring the environment and then check back for a sensory (visual) connection of safety before continuing.

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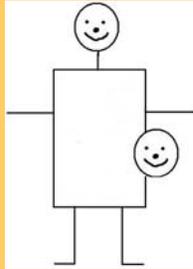
STAGES OF “THE SAFETY INSIDE”

- **TRANSITIONAL OBJECTS:** By 15-18 months, the child has enough stored bodily-based experiences of security, comfort and warmth with the caregiver to allow an object, the “blankie”, to evoke the experience of the connection to the parent. “The softness of this cloth against my skin evokes the memory of my parent's security, comfort and warmth”
- **COLLABORATION AND PARTNERED LEARNING:** The child has enough safety and sense of a separate self to allow the perspective of another person's point of view inside themselves; they can hold the connection to self and other and share the other's point of view

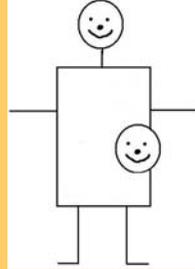
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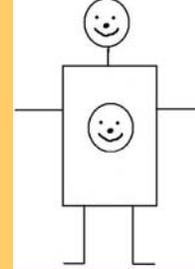
**INCREASING AMOUNTS OF BODILY-BASED
SAFETY, COMFORT AND WARMTH:
RE-PRESENTATION INSIDE THE BODY OF CHILD**



7-10 months
"checking back"



18-36 months
"transitional objects"



Object constancy
"Container of safety"
all skills intact

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**UNDERSTANDING THE GENERATIONAL TRANSFER
OF ATTACHMENT PATTERNS**

"The Attachment status of the child reflects the capacity of the dyad to regulate intense affective experience while simultaneously maintaining mutual connection. - Diane Fosha

Infants with organized strategies (both secure and insecure) encounter fear that has a solution.

- **Secure infants:** reach out to the caregiver, stabilize, return to play
- **Avoidant infants:** defensively turn attention away from the fear and focus on exploration
- **Ambivalent infants:** exaggerate attachment behaviors to gain attention of an inconsistently available caregiver
- **Disorganized infants:** fear the caregiver that they rely on for protection and thus face fear without a solution.

Fear constricts and safety expands the child's options. Without the safety of parent-generated connection, the child copes with fearful states and utilizes "defensive exclusion" to protect themselves and maintain connection (survival) with the parent.

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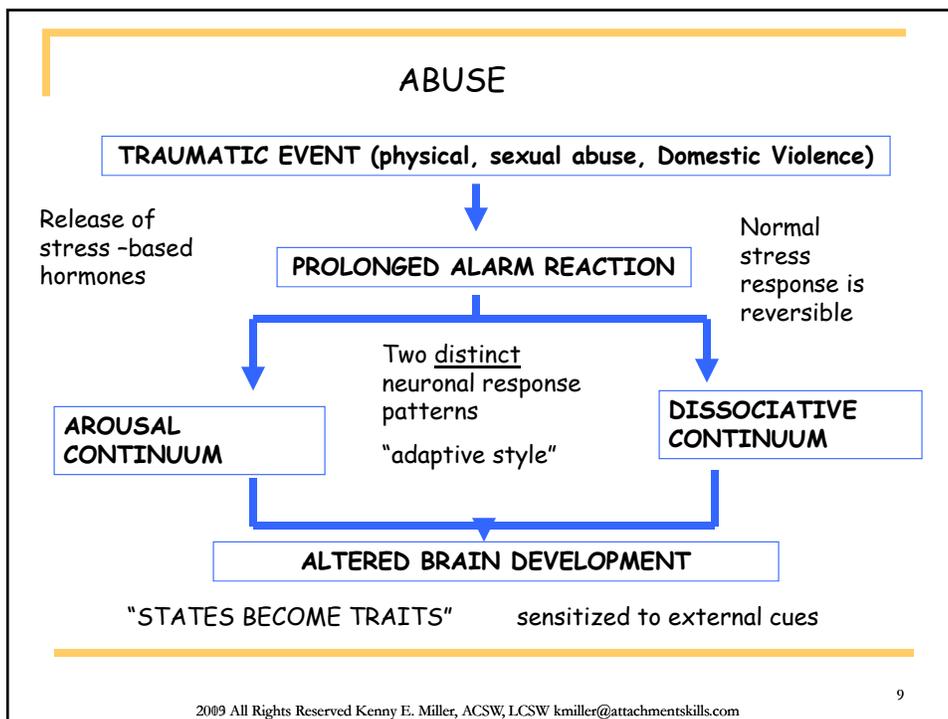
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SHOW VIDEO

Tronick - Split Screen Mom and Baby

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DISSOCIATIVE – AROUSAL BALANCE

TWO VERY DIFFERENT WAYS THAT HUMANS HAVE EVOLVED TO SURVIVE THREAT

Hyperarousal Continuum

- ◆ Traditional flight or fight response
- ◆ Blood pressure, pulse rate increase
- ◆ Hyper-vigilance to external, non-verbal cues

Dissociative Continuum

- ◆ Freeze, compliance, surrender response
- ◆ Blood pressure, pulse rate decreases
- ◆ Withdrawal of awareness from external cues
- ◆ Opioids distort reality, time sense, pleasure

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DISSOCIATIVE – AROUSAL BALANCE

TWO VERY DIFFERENT WAYS THAT HUMANS HAVE EVOLVED TO SURVIVE THREAT

Dissociation	Arousal
Females	Males
Young Children	Older Children
Torture/Pain	Observation
Inescapable Helplessness	Action Active Role

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THE THREATENED CHILD

From Traumatic Experiences and Children: CIVITAS Child Trauma Programs, Bruce Perry

When we are under threat, our minds and bodies will respond in an adaptive fashion, making changes in our state of arousal (mental state), our style of thinking (cognition) and in our body's physiology (e.g., increased heart rate, muscle tone, rate of respiration). To understand how we respond to threat, it is important to appreciate that as we move along the arousal continuum – from calm to arousal to alarm, fear and terror – different areas of our brain control and orchestrate our mental and physical functioning. The more threatened we become, the more 'primitive' (or regressed) our style of thinking and behaving becomes. When a traumatized child is in a state of alarm (because they are thinking about the trauma, for example) they will be less capable of concentrating, they will be more anxious and they will pay more attention to 'non-verbal' cues such as tone of voice, body posture and facial expressions. This has important implications for understanding the way the child is processing, learning and reacting in a given situation.

The key to understanding traumatized children is to remember that they will often, at baseline, be in a state of low-level fear – responding by using either a hyperarousal or dissociative adaptation – and that their emotional, behavioral and cognitive functioning will reflect their (often regressed) state.

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The POLYVAGAL THEORY

Steven Porges, Ph.D.

Important development for understanding the experience of trauma survivors.

A third alternative to fight or flight, and sympathetic/parasympathetic models of ANS responses.

The "social engagement system" or ventral vagal as well as the "shut down", "death feign" dorsal vagal.

The body makes the decision: completely autonomic, not intentional or voluntary or learned.

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The POLYVAGAL THEORY

Steven Porges, Ph.D.

- https://www.youtube.com/watch?v=SRTkkyjQ_HU&t=412s

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**Developmental Trauma Disorder:
Bessel Van der Kolk, MD
Complex PTSD/Disorders of Extreme Stress:
Spinnazzola, Ph.D; Courtois, Ph.D**

Overwhelming Experience (Trauma) that occurs:

- 1) Consistently and chronically over extended time.**
- 2) During the earliest years of development.**
- 3) At the hands of intimate caregivers.**

Changes across six domains of experience:

- 1)regulation of affect and impulses; 2)self-perception; 3)relations with others; 4) somatization**
- 5)attention or consciousness 6)systems of meaning**

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BARRIERS TO TREATMENT-COMPLEX TRAUMA

The Internal Working Model

- Decisions made about self, other, emotion and relationship
- Used to anticipate relationships, what to expect, organizes and keeps safe, despite the loss of functioning required for that safety

Implicit Memory

- Memory and learning about the procedures involved in "how relationship works" prior to the development of language.

"THE FISH IN THE OCEAN" METAPHOR

As the fish lives in the ocean, the water is the fish's world, and he cannot wake up one day and say what is the temperature of the water? There is no awareness of being something separate from the water, even though he is separate from the water.

Our emotional world from 0-2yo is the water we swim in, stored in our body, out of our awareness, yet powerfully determining our expectations and responses.

"Hidden in plain sight"

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BARRIERS TO TREATMENT – COMPLEX TRAUMA

- **The Attachment - Trauma Interface**
 - Attachment is relational and rooted in relationship and connection with others.
 - Trauma is stored within an individual body-mind experience.

Developmentally, it is the relationship inside (object relations) that allows the “being with” and the containing/organizing, language-based representation of trauma.

Conventional models process trauma at the individual level: EMDR (Ana Gomez)

Ego-State Therapy (John Watkins)

Play therapy techniques

RESOLVING ATTACHMENT TRAUMA

The Power of “Being With”

“At the heart of developing a secure attachment is the knowledge that your caregiver is emotionally available to ‘be with’ you during times of need.”

“Having someone here ‘with me’ in this bad feeling allows me a way out of feeling bad.”

“Please let me know that you get what I’m feeling, and that you will wait here ‘with me’ until things change.”

“I feel all alone without anyone here to help me with these feelings that are too big for me on my own.”

from the circleofsecurity.org

ATTACHMENT-BASED PSYCHOTHERAPY

SUPERVISION

THERAPIST

PARENT

CHILD

"BEING WITH"
(Holding Environment)

- Attunement
- Mirroring
- Validation
- Support

A universal understanding of how we grow as human beings

- ❖ We offer the parent the same experience we want them to offer the child
- ❖ Provides support, sort out and organize the emotional world
- ❖ Rescue from overwhelming, stuck and powerless place
- ❖ Together create a plan, problem-solve, find a way out
- ❖ We need the same exact experience for our own growth as providers!
(Without effective supervision we burn out!)

**Developmental Attachment-Based
Psychotherapy (DAP)® is based around the
following principle for both children and
their parents/caregivers.**

**The focus of therapeutic intervention is to
provide for each member of the dyad:**

**"A relationship-based CONTAINMENT
and RESCUE from OVERWHELMING
experience"**

STRUCTURE OF WORK WITH CAREGIVERS

CREATE "REFLECTIVE SPACE"

Where parents lose their boundary and cannot be separate, it is often about old overwhelming experiences that are being evoked. Identify that explicitly and offer them assistance at helping them to hold, organize and explore their emotional world, to "be with" them.

Parallel process: what we want the parent to offer the child, we will also model and offer the parent the very same assistance.

From the Therapist's Perspective

- ❖ A bodily-grounded, open-hearted presence.
- ❖ Curiosity, Compassion, Confidence: "together we can contain and find resolution to this situation."
- ❖ Patiently being with our clients from the deepest core of our Being.
- ❖ As much integration in the therapist as possible.
- ❖ The willingness to repair ruptures:

"Clinical work progresses and grows through ruptures, misunderstandings, confusion, subtle conflicts, power plays, and disappointments within and between the client and clinician-which are then REPAIRED."

Richard Schwartz, Ph.D.

From the Child's Perspective:

Caregiving experiences that build the missed developmental skills of birth to 4 yrs. At any given point drop down to offer:

1st Year of Life - Theme: "Shared Joy"

Sensory Play-Games of covering and uncovering
Rearrange the world to meet needs of child

2nd Year of Life - Theme: "Interactive Repair"

Cannot stay at the Center of the World!
Learn limits, socialization, sharing, others needs

3rd-5th Years of Life - Theme: "Perspective Taking"

Partnered Learning
Transfer attachments to the outside world

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Teaching Developmental Skills

❖ **Elijah -1st Year of life -Shared Joy**
"The lumps game"

❖ **Ellie -2nd Year of Life -Interactive Repair**
"The limit sandwich"

❖ **James -3rd to 5th Year of Life -Partered Learning**
"Proximity, Language, Touch" for transitions

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BUILDING THE “CONTAINER OF SAFETY”

1st Year of Life Theme: Shared Joy
Self-Parent Permanence (0-18 months)

The capacity to hold the connection to the parent's sensory-based security, comfort and warmth, even when out of sensory contact with the parent.

Someone treasures, enjoys, takes delight in me: therefore my BEING is treasured and delightful, deepest affirmation of WORTH, quickest road to SELF-ESTEEM.

- ❖ **“PLEASURE INSTEAD OF PRAISE”** Offering the child the caregiver's delight, joy and pleasure in the child's behavior, instead of offering the child something good about themselves. (Praise)

Three powerful consequences that limit the effectiveness of praise.

BUILDING THE “CONTAINER OF SAFETY”

1st Year of Life Continued....

The **“Relationship Bridge”** - For daily life transitions: offer a sensory-based, physically close connection to the caregiver when needing a daily life transition.

Games of Covering and Uncovering - Hide and seek; treasure hunts, the “lumps game”, etc. Make a daily ritual of one.

Use of Transitional Objects - Each of the sensory channels is available to evoke the connection to the Caregiver:

- ❖ Photographs of caregiver and child together on sheets, lanyards, lockets, dogtags, etc.
- ❖ T-shirt worn first by parent and then placed on the body of the child at night to evoke the scent, and thus the safety.
- ❖ Objects belonging to parent, stuffed animals, taken to school and used to evoke the memory/image of parent in the child.

BUILDING THE "CONTAINER OF SAFETY"

1st Year of Life Continued....

"Claiming Your Body" - Outline of the child's body on butcher paper: then cataloguing/inventory of body appearance details, first recorded on paper then transferred to the butcher paper.

Full Range of Theraplay Interventions: - find the age level their body enters the world with pleasure, sensory-based play is what "lights them up".

- ❖ "Match the Moves" face game
- ❖ "Hand Stacking"
- ❖ "Simon Says/Mother May I"
- ❖ "Trace Messages"

BUILDING THE "CONTAINER OF SAFETY"

2nd Year of Life Theme: "Interactive Repair" Self-Parent Constancy (18-40 months)

The capacity to hold the connection the valued and valuing parts of both self and parent, even when the connection is lost.

"I remain safe, valued and loved by you, even when I have broken the rules."

"The Discipline Sandwich" - As soon as possible after the loss of emotional regulation and:

- ❖ When caregiver state of mind is valued and valuing of both self and child
 - ❖ When the child has returned to a calm and regulated state
- Then sit with the child and offer the following "Sandwich of Repair:

BUILDING THE "CONTAINER OF SAFETY"

2nd Year of Life Continued.....

- ❖ Start with a statement of genuine and specific delight that the parent has recently felt about the child.
- ❖ Follow with the limit and/or rule involved and the caregiver's feelings about what happened, honest and personal.
- ❖ Ask for the child's feelings about what happened, their "perspective".
- ❖ Mirror back and Validate the child's perspective: "I understand how you felt." (Without agreement of why)
- ❖ Together discuss a consequence, if indicated.
- ❖ Close with a statement of future positive, connected state, activity or VALUE about the child .

The "Sandwich" = value/limit/value - Wrap the limit in valuing Child can accept limit, and has their "perspective" validated

BUILDING THE "CONTAINER OF SAFETY"

2nd Year of Life Continued.....

"Parts Work" - Every person has many, many "parts of self"

- ❖ Drawings of parts of self, scenes w/ parts in action: "Big brother vs. share daddy part"
- ❖ Stuffed animals which are chosen by child to represent different parts of self
- ❖ The "Box of Jesse" - identify and label parts each day and keep in a container the child decorates
- ❖ "Cootie Catchers" - easily made to identify parts of self the child is working on holding the connection to.

The "**Mastery Box**" - file card holder filled with a notation of every single growth, milestone, change, accomplishment the child has ever done since living with caregiver, each on its own card. Review these each time a desired new experience is met with resistance.

Constancy of Self Parts Drawing - All The Parts Together



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“It’s Safe to Tell the Truth to My Mom” Posters placed around the home/room



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COMPLEX TRAUMA AND DISSOCIATION

- **A continuum of dissociation in children**

All trauma by definition involves some dissociation

Ego-states (younger parts of self) versus more pervasive "amnesiac barriers" (presence of a "perpetrator introject")

Dissociative Experiences Scale for Children

Long term, intensive work- requires advanced training.

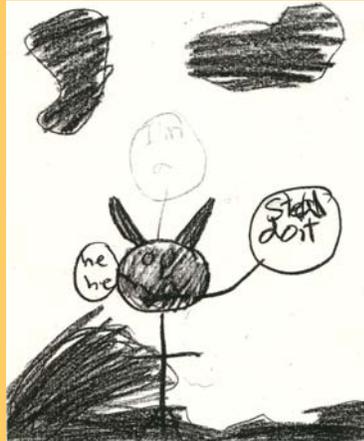
International Society for the Study of Trauma and Dissociation (ISST-D.org)

Ana Gomez, MA Locally offers consultation and training, EMDR-based.

VIDEO

Parts Work Stealing

Parts of Self
Savannah: 2 year old



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Parts of Self
Savannah: 9 year old



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Other Models of Intervention

- ❖ **EMDR Eye Movement Desensitization and Reprocessing**

Ana Gomez and Debra Wesselman

- **“Resource installation” to grow the “container of safety” before trauma processing.**
- ❖ **Theraplay - A very powerful, natural and shared theoretical base, in combination with object relations/parent support: a very effective attachment-based therapy.**