She’s Not There

Dissociation in Young Children with Early Adversities| February 2, 2023, 1-4 PM

Rachel Hanks, LCSW, Registered Play Therapist

Therapist

Therapeutic Preschool at FamilyForward

Vision

FamilyForward leads the community in providing innovative solutions for advancing safer, healthier relationships for children and families.

FAMILY FORWARD

Mission

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

How We Help

The agency's overarching philosophy is based in the Neurosequential Model of Therapeutics (NMT), developed by Dr. Bruce Perry. NMT is a trauma-informed, developmentally sensitive approach to understanding the impact of a child's history on current functioning. Guided by NMT, FamilyForward's comprehensive services support the child, family, and broader community.

FAMILY FORWARD

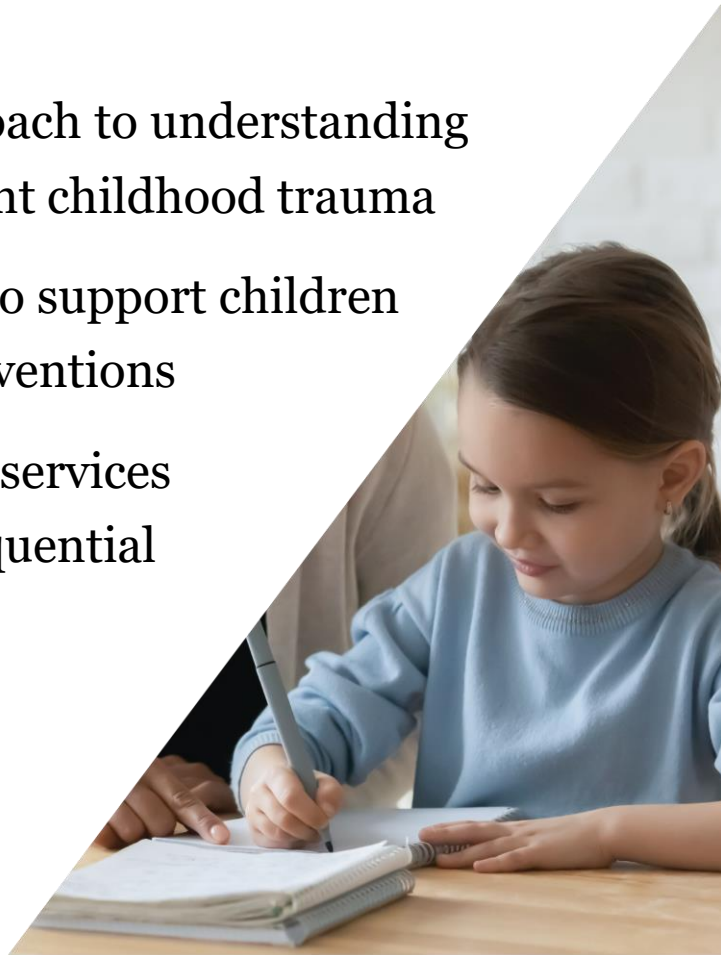
Services for Children and Families

- Trauma Assessment and Psychological Evaluation
- Therapy
- Coaching and Education
- Foster Care and Adoption
- Therapeutic Preschool

FAMILY FORWARD

Developmental Trauma Center

- Utilizes a comprehensive and respectful approach to understanding child development and the impact of significant childhood trauma
- Individualized recommendations are offered to support children at home, in school, and with therapeutic interventions
- Assessment, treatment, and parent education services provided by clinicians trained in the Neurosequential Model of Therapeutics (NMT)



Getting started: 314.968.2350

Learning Objectives

1. Identify signs of and risk factors for dissociation in young children who have experienced adverse events

2. Describe relational and environmental factors that impact a dissociative child's functioning

3. Apply trauma-informed play therapy techniques to help engage the dissociative child

Agenda

FAMILY FORWARD
safer, healthier relationships for children and families

1:00- 1:55
Part 1: Understanding development, adversity, attachment, and dissociation

1:55-2:05
Break

2:05- 3:00
Part 2: “Allie” case study and applying part 1 principles with play therapy interventions

3:00-3:10
Break

3:10-4:00
Part 3: “Ricky” case study and skills application; wrapping it up

Guiding principles and theories:

1) The brain develops in a sequential manner (Perry, 2008).

2) Attachment theory is regulation theory (Schore, 2000).

3) Play is a neural exercise (Porges, 2019).

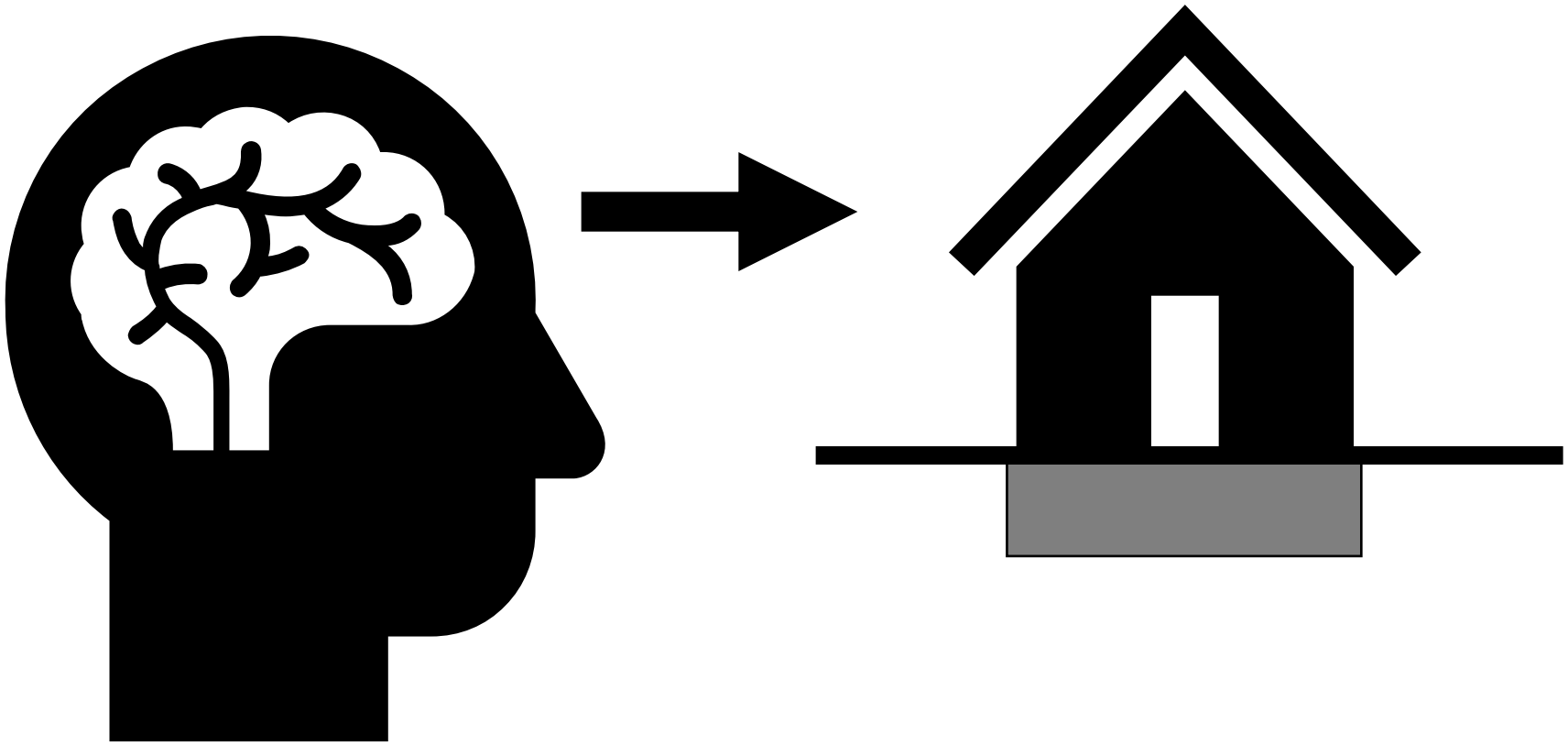
4) Play is the language of children (Gary Landreth, *Art of the Relationship,* 2012).

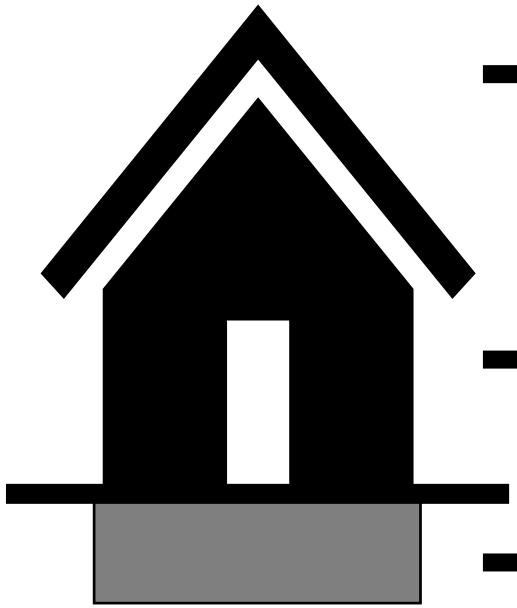
5) Play that is patterned, rhythmic, and repetitive can lead to healing (Gaskill & Perry, 2014).

6) Sometimes, safety is the treatment (Porges, 2019).

Part 1

Understanding development, adversity, and dissociation





Cortex

- Abstract thought/insight
- Sequencing
- Modulating reactivity/impulsivity
- Language

Limbic system

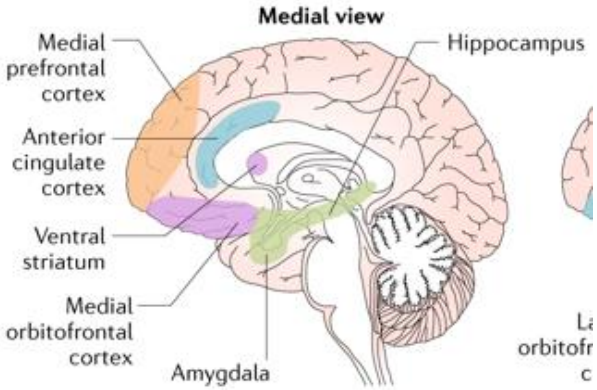
- Social behaviors
- Attachment/attunement
- Affect/mood regulation
- Short term/working memory

Brainstem/ diencephalon

- Sleep/arousal continuum
- Feeding/appetite
- Coordination/gross motor
- Core life support systems:
  - CV/autonomic regulation
  - Focus/attention/tracking/primary sensory awareness

Badenoch (2008)
Badenoch (2011)
Gaskill & Perry (2017)
Perry & Szalavitz (2008)

Middle prefrontal cortex- the stairwell of the brain



Anterior cingulate

- Attentional and emotional processing

Orbitofrontal cortex

- Relational, calming

Ventral

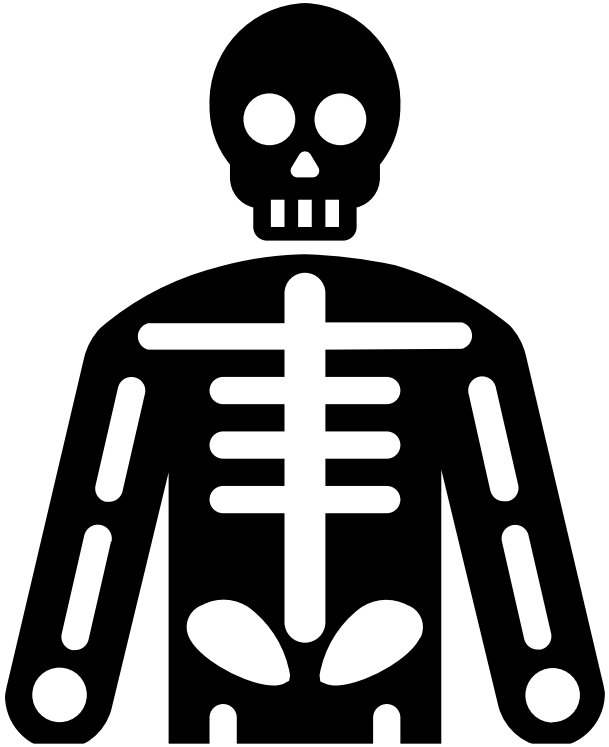
- Emotional regulation

Medial

potential awareness of self

Badenoch (2011)

The embodied brain



Brain in skull

Brain stem

Spinal cord

Heart brain

Autonomic nervous system

Gut brain

Somatic nervous system (muscles, skin, sense organs)

Badenoch (2011)

Piaget's Stages of Cognitive Development		
Stage	Age range	Function
Sensorimotor	0-2 years	Coordination of sense, motor response, object permanence, etc.
Preoperational	2-7 years	Symbolic thinking, full speech, intuition, etc.
Concrete operational	7-11 years	Conceptual thinking applied to real life; sense of time and space
Formal operations	11 +	Theoretical, abstract, reason, logic

Case study

"Johnny"

Attachment –
the enduring resonance and bond between a child and their caregiver that forms templates for future relationship

Bowlby (1969)
Ainsworth (1978)

FAMILY FORWARD

"**Attachment theory is essentially a regulatory theory**, and attachment can be defined as the interactive regulation of biological synchronicity between organisms."

-Schore (2011)

Types of attachment

Secure	Feels protected by caregiver, may be distressed when caregiver leaves but trusts they will return	**Caregivers are regulated, attuned, responsive; needs are met.**	
Insecure Avoidant	May avoid or ignore caregiver; may indicate a pattern of needs not being met; gives child semblance of control	**Emotional connections are to be ignored and not sought out**	
Insecure Ambivalent/ Resistant	Hard to soothe, may be "clingy" or nervous without parent, but may reject caregiver during interactions; could be indicative of a pattern of inconsistent nurturance and love or pattern of nurturance being withdrawn	**Caregiver can be attuned for a period of time, but may have to disengage due to some inner turmoil.**	
Disorganized	Odd, ambivalent, confusing behavior toward caregiver; may indicate pattern of fearfulness from the child in the relationship due to parental behavior	**Caregiver may be dysregulated and may be actively causing psychological or physical harm. Chaotic environment and inner landscape.**	

Ainsworth (1978)
Badenoch (2011)

Affect attunement

- In which the infant perceives themselves as the caregiver perceives them
- Matching behaviors, expressions
- Verbal and nonverbal (and vocal quality counts!)
- Creates the foundation for a child's exploration of the world and their place in it
- Intertwined with attachment

Still Face Experiment

Attunement

"Boo boo"

Alex Grey (2002)

Two different types of memories

Implicit

- Only form of memory available in the first 18 months
- Forms mental models and is mostly below our awareness
- Responsible for our guiding perceptions and actions

Explicit

- Consciously recalled information
- Episodic, autobiographical

Badenoch (2008)
Badenoch (2011)

The Intimacy Barrier

- Normal caregiving activities can be activating
- Child may simultaneously crave and reject relational interactions, particularly with primary caregivers
- Child's history may equate caregiving with threats to safety
- Can result in confusing interactions between child and primary caregiver and may ultimately lead to cycle of disruptions in relationships and placements

Info NMN. (2020, May 20.) *The Intimacy Barrier: Neurosequential Network Series on Stress & Trauma* [Video]. Youtube. https://www.youtube.com/watch?v=7crm3JcVfJs

Dissociation definition

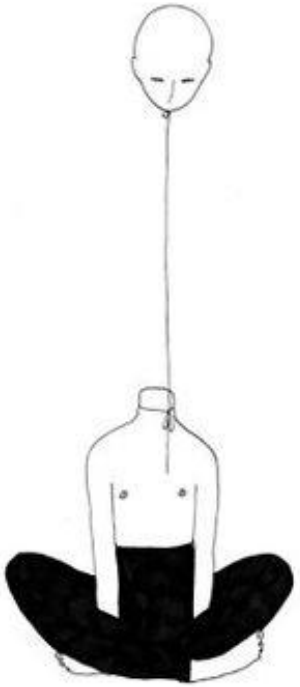
"Dissociation is the process in which a person disconnects from their thoughts, feelings, memories, behaviors, physical sensations, or sense of identity…"

"Dissociation occurs when some part of the child's mind and behavior becomes separated (dissociated) from the child's awareness as a whole."

"…dissociative disorders are caused by severe trauma, usually in early childhood."

"…an adaptive response to an abnormal situation…'

- International Society for the Study of Trauma and Dissociation



Implications of dissociation

- Triggers
- Impacts forming healthy relationships and attachments
- Delays meeting emotional, academic, and social expectations
- Dysregulation still exists under the dissociation

The NMC Ten Tips Series: Understanding Dissociation. (2018)

Healthy dissociation

- Being completely absorbed in a preferred activity
- Playing make believe
- Reading, but realizing you don't know what you just read
- Blocking out something uncomfortable without harming overall functioning

Badenoch (2008)
The NMC Ten Tips Series: Understanding Dissociation. (2018)

Types of dissociative responses

- Amnesia
- Derealisation
- Depersonalization
- Identity confusion

International Society for the Study of Trauma and Dissociation

Problematic dissociation

- Coping with multiple stressors and frightening events
- Living in a violent, neglectful, or chaotic household
- Blocking off the emotional experience when there's no physical escape
- "Trance-like" state
- Being completely unaware of one's surroundings (flashbacks)
- Being completely cut off from the bad, sad, painful, or scary event

Badenoch (2008)
The NMC Ten Tips Series: Understanding Dissociation. (2018)

Dissociative responses

- **Mild response**: spaces out in the classroom when an unexpected touch or perceived negative comment brings up reminders of the trauma
- **Moderate response**: does not have a pain response (depersonalization) or mentally blocks off from surroundings to make it feel unreal (derealization)
- **Severe response:** Total separation of self; hearing voices; unaware of actions (amnesia)

How might dissociation present across environments?

- Sporadic or inconsistent compliance
- Robotic compliance
- Sudden shifts in maturity levels and unexplainable sad/babyish/whiny behaviors
- Flat affect (SES offline)
- Demands to be addressed by another name
- Somatic complaints
- Denies misconduct, even with clear evidence of it
- Sudden fearfulness with no clear reason
- Sudden sleepiness
- Spacing out, staring off into space
- Doesn't respond to name being called
- Forgetfulness
- Time distortion
- Responds to questions with answers completely out of context
- No social boundaries
- Making inappropriate sounds in the classroom
- Extreme aggressiveness towards others
- Language shifts
- Rapid and intense emotional shifts (often mistaken for bipolar)
- Abrupt shifts in activity level
- May not be able to complete or understand school assignments that they'd previously understood

Badenoch (2008)
International Society for the Study of Trauma and Dissociation
The NMC Ten Tips Series: Understanding Dissociation. (2018)
Porges (2019)

Potential triggers for dissociation

- Unexpected touches or restraints
- Bullying; loud voices; authoritarian tones and blank affects
- Seeing reminders of traumas
- Blaming child for dissociative responses
- Expecting compliance or immediate responses when child is dissociative or seems to just be "zoning out"

Badenoch (2008)
International Society for the Study of Trauma and Dissociation
The NMC Ten Tips Series: Understanding Dissociation. (2018)

Polyvagal theory (Stephen Porges, MD)

- Dorsal and ventral vagal complexes

  We constantly and unconsciously scan for signs of safety, danger, and life threats (**neuroception**).

- Safety is a physiological state.

  Safety is a requirement for healthy development, regulation, and pro-social behaviors.

- We look for cues of safety in the faces and voices of others and connect with those who neurocept safety.

Geller & Porges (2014)
Porges (2019)

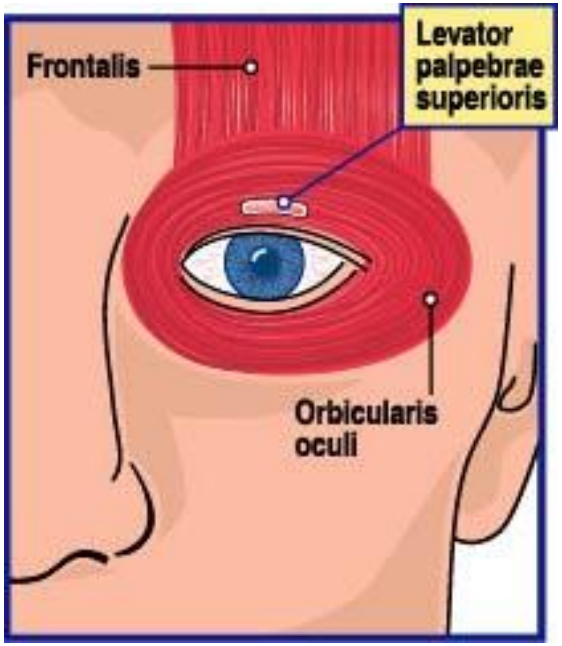
Social engagement system (Polyvagal theory)

We are constantly and unconsciously scanning others for cues of safety and danger through nonverbals:

- Facial expressions
- Vocal prosody and intonation
- Body movements
- Eye contact
- Gestures

Geller & Porges (2014)
Porges (2019

Orbicularis Oculi



FAMILY FORWARD

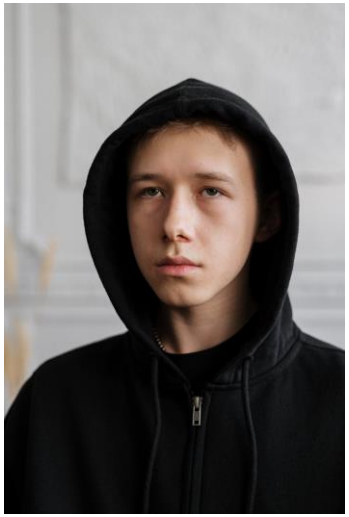
Geller & Porges (2014)
Porges (2019)

SES ONLINE

- Animated face
- Appropriate affect for the interaction
- Animated voice, natural inflections and rhythms
- Can distinguish human voices from background
- Emotions are tolerable
- Neurocepts safety
- Connection
- Can access cortex

SES OFFLINE

- Flat affect, especially drooped eyelids
- Less aware of voices
- Lack of prosody in the voice
- Less aware of social cues and behaviors from others
- Emotions are not tolerable
- Neurocepts dangers
- Overly active defense system



Neuroception

FAMILY FORWARD

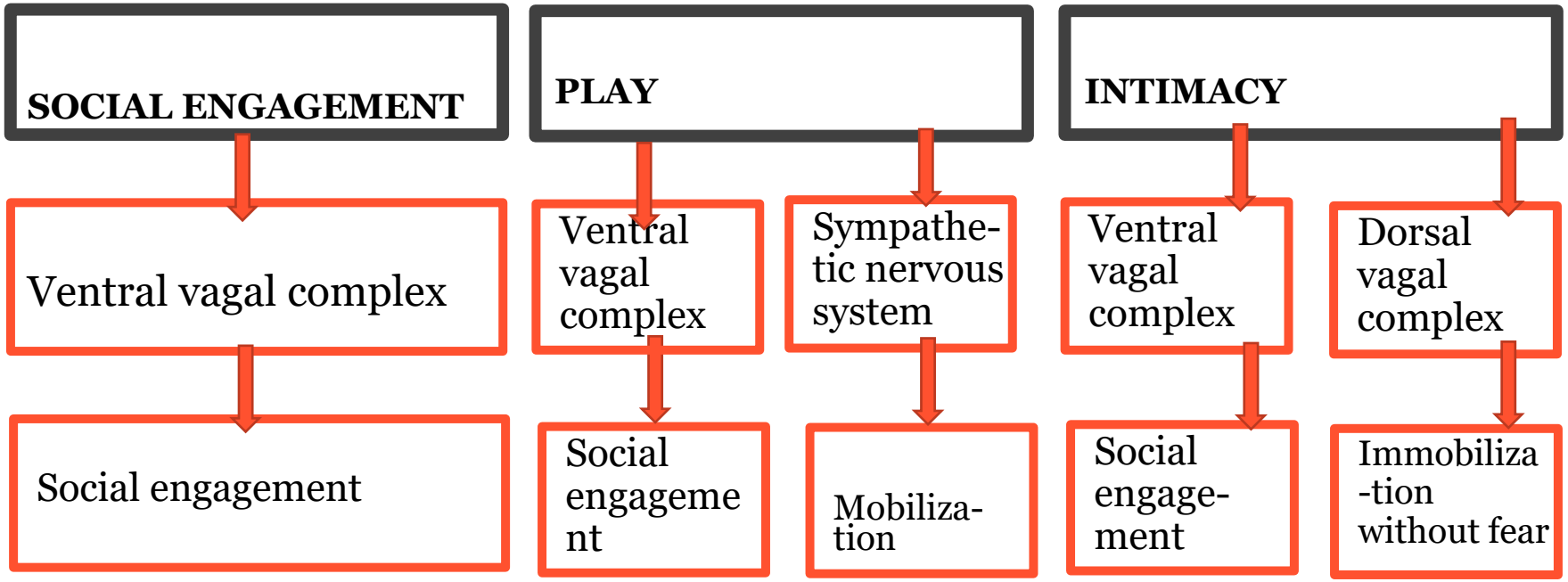
An adaptive mechanism wherein our neural circuitry is constantly and unconsciously scanning for cues of safety and danger

SIX PHYSIOLOGICAL STATES OF POLYVAGAL THEORY

SAFETY	DANGER/LIFE THREAT
▶Social engagement	▶Fight
▶Play	▶Flight
▶Intimacy	▶Immobilization

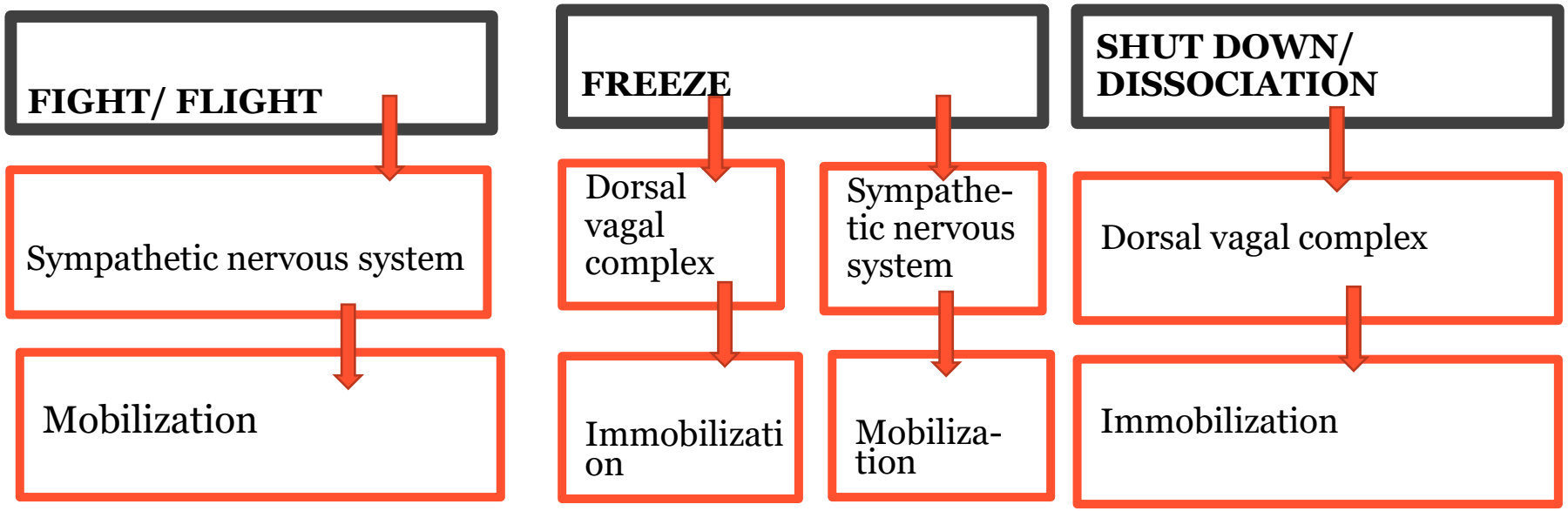
Geller & Porges (2014)
Porges (2019)

Neuroceptions of safety



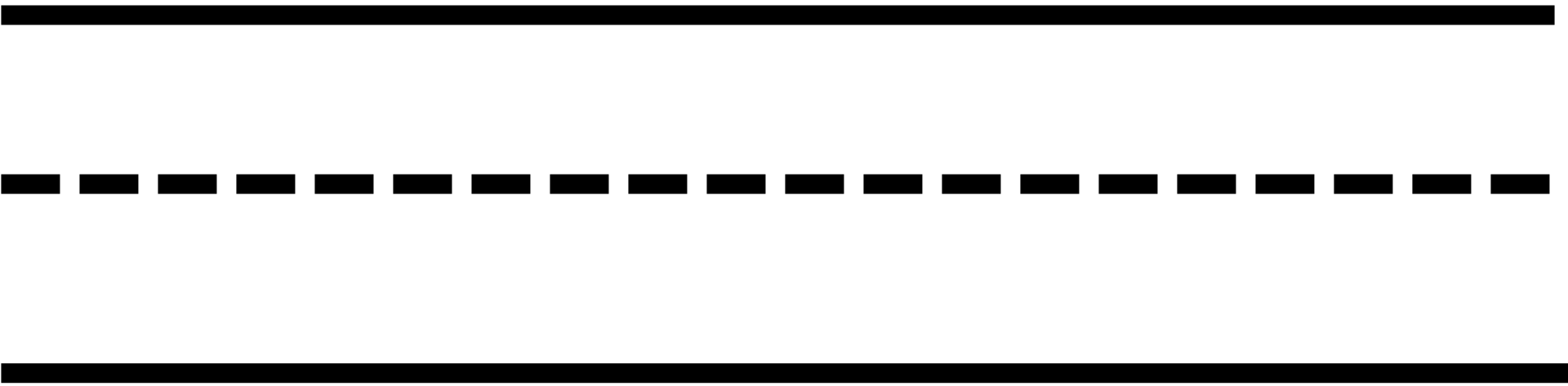
Geller & Porges (2014)
Porges (2019)

Neuroceptions of danger

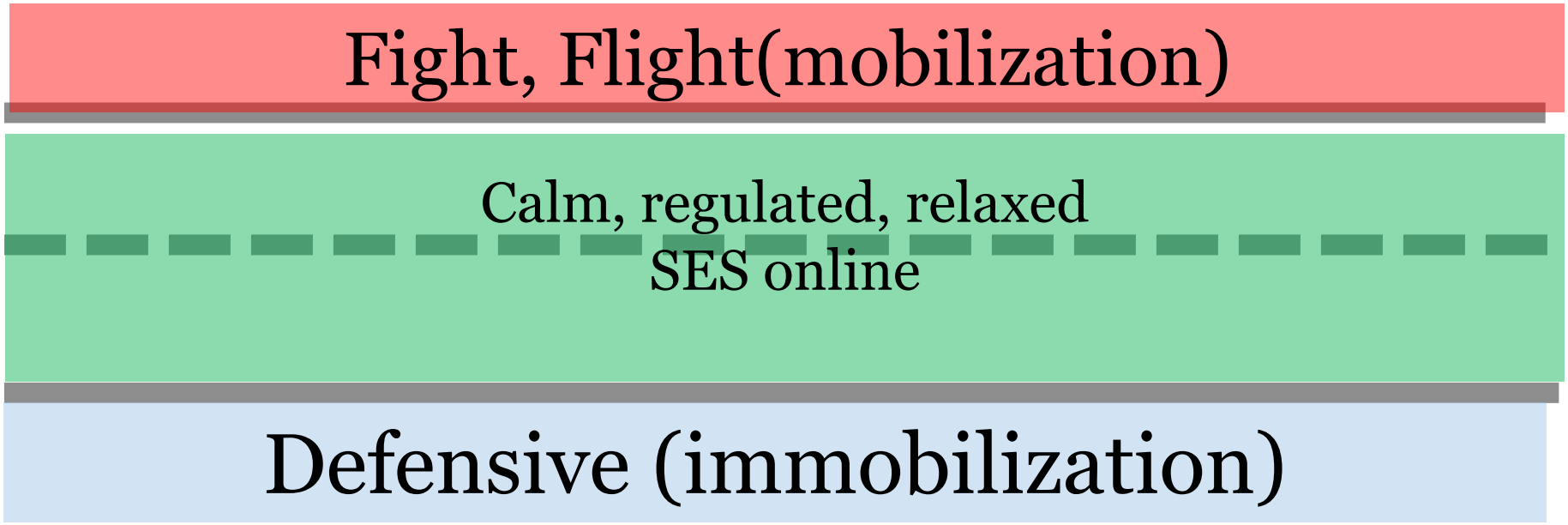


Geller & Porges (2014)
Porges (2019)

Window of tolerance



Window of tolerance



Scaffolding treatment

3. Cognitive

Develop sense of self
Integrate experience
Strengthen relationships

2. Limbic/relational interventions:

Attachment
Emotional processing
Co-regulation

1. Lower brain/foundation interventions:

Regulate ANS/defensive systems
Organizing body
Developing co-regulation
Stable, safe environment

3. Cognitive

Expressive arts therapies
DDP
TF-CBT

2. Limbic/relational interventions:
DDP
Expressive arts therapies
Theraplay
Child Parent Relationship Therapy
EMDR

1. Lower brain/foundation interventions:
Movement
Sensorimotor
Music
Sensory play
Occupational therapy
Theraplay
Animal-assisted therapies

Are the behaviors an attempt to regulate their physiology?

- What is their physiological awareness?
- How do they try to relate to the world around them?
- How can we best witness, validate, and accept the state of our clients in a way that makes them feel safe?

Part 2

Case study: “Allie”

"Allie"

FAMILY FORWARD

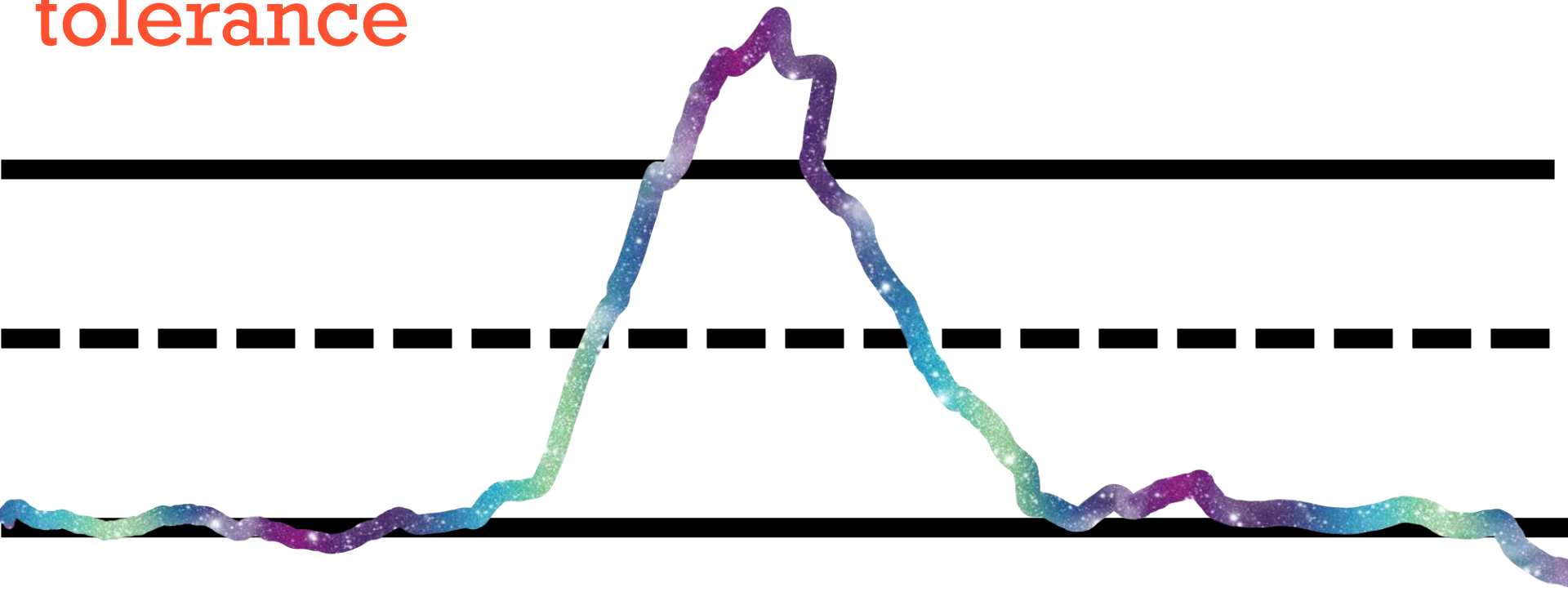
safer, healthier relationships
for children and families

- 4 years and 8 months old
- Quiet, mostly keeps to self
- Witnessed domestic violence
- Experienced sexual abuse
- Reports of alarming, unpredictable outbursts
- Reports that she doesn't listen to instructions
- "People just don't seem to like her."

Observations from the Therapeutic Preschool

- Robotic compliance
- Constricted play patterns
- Disengaged from environment
- Outbursts out of nowhere
- Few cues of social engagement
- Very little pain response
- Child dissociative checklist

Allie's window of tolerance



Where do we go from here?

FAMILY FORWARD
safer, healthier relationships for children and families

1) Increase stability and consistency across environments

2) Move Allie to a more integrated and present state

3) Strengthen Allie and Melissa's relationship

1) Increase stability and consistency across environments

FAMILY FORWARD
safer, healthier relationships for children and families

- Strengths
  - Melissa's dedication
  - Melissa's attunement
  - Increased social support
  - Allie's pride in being part of a team
  - Receptive daycare
- Challenges
  - Melissa's inconsistent work schedule
  - Ongoing visits with biological father are highly dysregulating for both children
  - Melissa's mental health and recovery

Parent coaching and psychoeducation

FAMILY FORWARD
safer, healthier relationships for children and families

1) Visual schedules and charts
2) Psychoeducation on dissociation
3) Clear routines and rituals
4) Scripted directives and responses to increase Allie's ability to take in what is being said.
5) Containing impact of visits through routines and rituals

Tips from the Neurosequential Network

FAMILY FORWARD

safer, healthier relationships
for children and families

- Know the child well enough to know the difference between "quiet and shy" and "shut down".
- They may be physiologically incapable of processing directives and instructions all the time.
- Robotic and false compliance.
- Expect partial follow through at times- they're doing their best.
- Expect to repeat yourself. Visual aids across all environments are helpful.
- Transitions and keeping track of time can be difficult. In school, it's not that they're not trying- they just pay attention in different ways.
- Some will find self-harming behaviors regulating. Be prepared to find healthier replacement behaviors and preventative regulation strategies.
- Due to rapid shifts in the stress response system, somatic issues are common and often misunderstood.
- It is common to have both a sensitized dissociative *and* arousal response.
- Contingency-based behavioral strategies, points and levels, rewards and punishment systems, are ineffective strategies for these kids.

The NMC Ten Tips Series: Understanding Dissociation. (2018).

Helpful responses to dissociation in the moment

FAMILY FORWARD
safer, healthier relationships for children and families

- "You're safe."
- Unconditional positive regard and acceptance of child's feelings
- Find alternatives to expressing difficult feelings
- Accept the whole child- don't just ask for the "good" or "real" parts of them
- Allowing them time and space to calm down with a trusted adult
- "Regulate, relate, reason"

Laying the groundwork when the child is regulated

FAMILY FORWARD
safer, healthier relationships for children and families

- Psychoeducation
- Develop a shared vocabulary or nonverbal cues around dissociation
- Eliminate triggers when possible
- Prep child for transitions or unavoidable triggers
- Calm down objects or cozy corners
- **NO SURPRISES!!!**
- Routines and rituals= predictability=safety
- Surrounding child with regulated, supportive people
- Soothing music
- Avoid points and rewards systems for behavioral management

Preventative strategies

FAMILY FORWARD
safer, healthier relationships for children and families

- Headphones/sunglasses
- Visual schedules
- Weighted vests, blankets, stuffed animals
- Quick massages
- "Fidget" or calm down items
- Bubble wrap
- Noticing and validating when child notices something
- Modeling checking in on self: "Oh my goodness, that was exciting! My heart is beating so fast!"
- Structuring healthy dissociative time

FAMILY FORWARD

safer, healthier relationships for children and families

2) Move Allie to a more integrated and present state

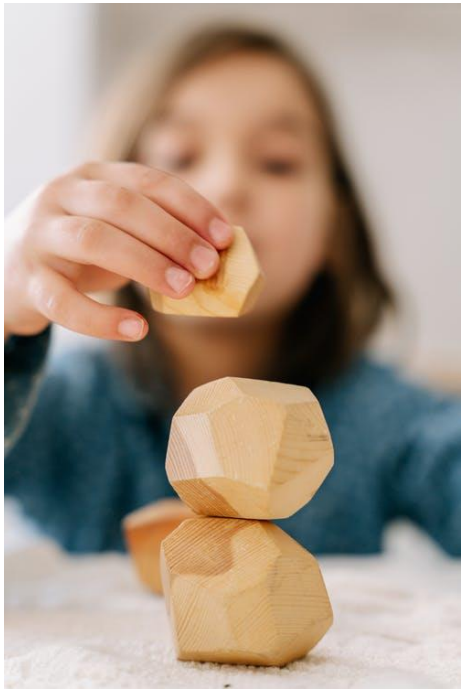
- Therapeutic classroom
  - Frequent check-ins with Allie
  - Sensory and movement breaks built into the day (i.e.: morning yoga, climbing wall, etc.)
  - Sunshine Circles for social skills
  - Use of visual aids for school day schedule
  - Transitional objects (weighted turtles or heavy work)
- Individual play therapy
  - Directive activities for grounding and regulation
  - Child-centered play therapy
  - Body scans and psychoeducation
  - Emotional identification
  - Sensory stories and interventions
  - Sandtray

FAMILY FORWARD

safer, healthier relationships for children and families

Allie's play therapy sessions

- Check-in
- Body scan activity
- Directive activities for SI/regulation
- Regulating transition to play therapy room
- Child-centered play therapy
- Transitioning activity back to the classroom



Check in/Body Scan demonstrations

FAMILY FORWARD
safer, healthier relationships for children and families

Sample supplies:

"Check in" wand, pool noodle, feather, etc.

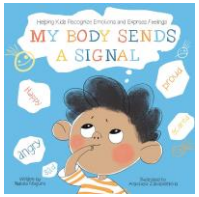
Stethoscope

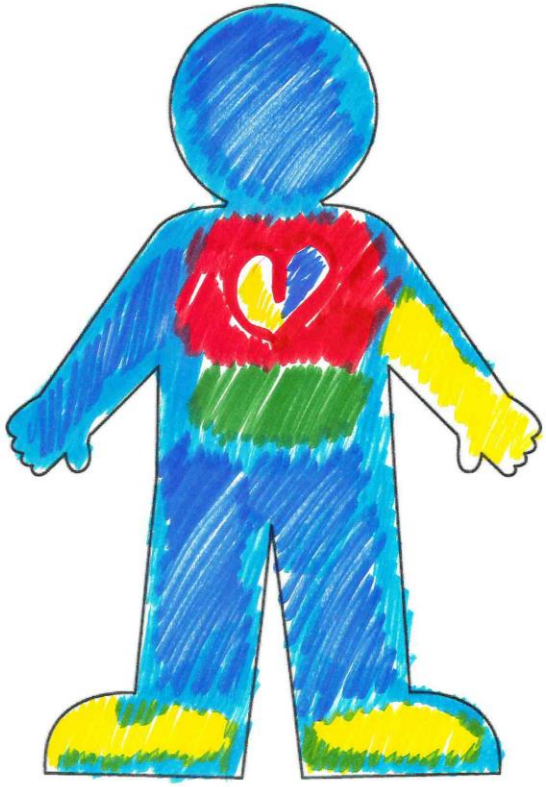
Body outline + scented markers

Books:

Listening to My Body by Gabi Garcia

My Body Sends a Signal by Natalia Maguire





What is therapeutic presence?

1) Being grounded

2) Being open and immersed in the present

3) Expansion of awareness and perception

4) Being with and for the client in service to their healing

- THERAPIST ATTUNED TO SELF

- THERAPIST ATTUNEMENT TO CLIENT

- CLIENT INCREASES FEELINGS OF FELT SAFETY AND CALM

  - Client open and engaged for therapy
  - Strengthened relationship and rapport
  - Therapist's responses and interventions attune to client's present moment

GELLER AND PORGES (2014)

8 sensory systems

Taste

Touch

Olfactory

Auditory

Visual

- **Proprioception**
  awareness of how we're positioned in space (muscles, joints, ligaments)
- **Vestibular**
- Balance and body position against gravity

Interoception
Feeling and having an awareness of our physiological states and our emotions

STAR Institute

Beacon House
Therapeutic & Trauma
Team

Possible signs of SI dysfunctions

PROPRIOCEPTION

- **Crashing, hitting, pushing**
- **Difficulties judging force**
- **Clumsiness**
- **Moving too fast for the situation**
- **Poor body awareness**
- **Chewing on whatever they can get**
- **Low muscle tone**
- **Slouching posture**
- **Lethargy**
- **Stiff or overly-floppy body movements**
- **Difficulties changing body position**

VESTIBULAR

- **Difficulties following instructions or paying attention**
- **Difficulties controlling eyes**
- **General dysregulation**
- **Clumsiness**
- **Slouching or poor posture**
- **May fall out of chairs**
- **Unsteady walk**
- **"Holds" onto the wall while they walk**
- **Spins and spins and spins and spins**
- **Cannot tolerate any body position that's not on the ground and upright**
- **Poor coordination**

STAR Institute

Beacon House Therapeutic & Trauma Team

Play therapy activities for SI (Vestibular)

- Rocking
  Jumping/skipping
  Tumbling
  Pushing/pulling games
  Swinging
  Spinning
  Rolling
  Bouncing on exercise ball

- Turning upside down
  Jumping jacks
  Leapfrog
  Wheelbarrow walks
  Yoga
  Marching
  Row, Row, Row Your Boat (partner)
  Playground activities

STAR Institute

Beacon House Therapeutic & Trauma Team

Play therapy activities for SI (Proprioception)

PROPRIOCEPTION (active)

Wall pushup
Lycra
Jumping
Pushing/pulling games
Lifting/carrying heavy objects
HIITs or heavy exercises
Animal or silly walks
Roughhousing*
Pull apart or squeeze toys
Biting, chewing, crunching food
Laying, pushing, lifting or bouncing exercise ball

PROPRIOCEPTION (passive)

Massage
Tummy time
"Roll out cookie dough"
Burrito
Pillow squish

STAR Institute

Beacon House Therapeutic & Trauma Team

Building interoceptive awareness

1. Normalize feeling disorganized.
2. Notice sensations.
3. Name it, describe it, and build a vocabulary to contain it.
4. Nurture awareness and cultivate curiosity.

- **ACTIVITIES:**

- Body scans
- Body tracing *(note: this may require greater levels of touch)*
- Happy Feet

  Yoga

  How Feelings Feel

  Simon Says with breath and touch adaptations

  Mapping My Feelings

  Visual schedules and prompts

STAR Institute

Beacon House Therapeutic & Trauma Team

Blaustein (2018)

Sensory play (Messy)

- Shaving cream
- Water beads
- Water tray
- Pasta tray
- Sand trays
- Cornstarch/water (ooblek)
- Slime
- Stress putty
- Glue
- Paint
- Oil pastels

TOYS AND TOOLS

Shovels

Toys (especially construction trucks)

Colanders/sifters

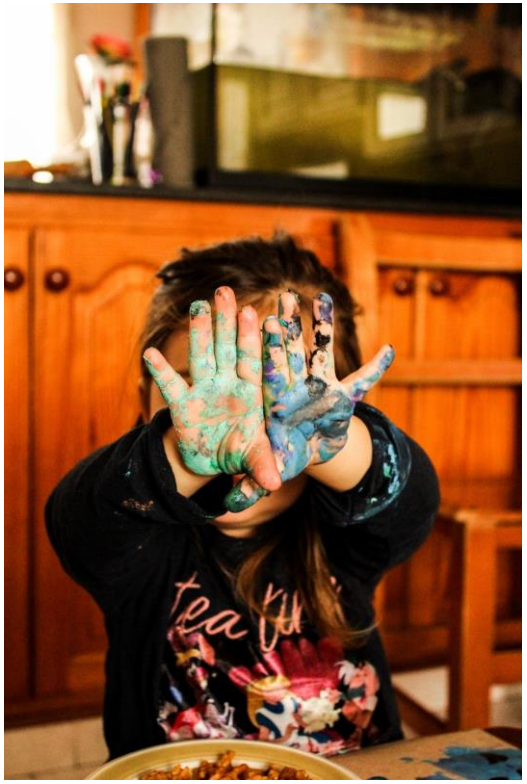
Funnels

Bowls and kitchen toys

Tubes

Small toys

Different trays



Dosing in lower brain regulation

Singing

Singing and dancing

Breathing games

Massage

Rocking

Drumming

Making sensory corners together

Bath time

Chores

Lotion games

Kneading bread dough

Smashing Play-Doh

Songs and rhymes

Obstacle courses

Coloring

Playing catch

Reading

Eating chewy foods

Using straws

Activities for regulation

Down-regulating activities

Feather blow

Sensory trays

Smell the flower, blow out the candle

Slow, calm music

Swinging

Rocking

Play-Doh

Bubbles

Sensory bottles

Up-regulating activities

Jumping

Running

Crazy dancing

Loud, fast music

Music tag

Jungle gyms

More activities for regulation

- Deep breathing

  Bunny breaths
- Freeze dance
- Mirroring
- Clapping games
- Balloon volleyball

Jumping games

Blow Bubble Smash

Obstacle course

Drumming (music)

Singing and dancing

Play therapy activities for increasing regulation and body awareness

FAMILY FORWARD
safer, healthier relationships for children and families

- Wall push-ups
- Freeze dance
- Heavy work
- Animal walks
- Sand and other sensory trays
- Breathing exercises
- Body scans and psychoeducation
- Balloon tennis
- Pool noodle fights/rough and tumble play
- Blowing and popping bubbles
- Trampoline
- Obstacle courses
- Play-Doh
- Jumping and crashing

Child-centered play therapy

Why child-centered play?

Play is communicative and takes place between the therapist and child (Landreth, 2002).

Play is a neural exercise for the social engagement system, which allows child to feel cues of safety (Porges, 2019).

Play can heal. (Landreth, 2002) (Porges, 2019)

Client feels seen, felt, heard, and accepted.

Emotional regulation

Make believe or symbolic play allows necessary distance and the experiences they're trying to communicate

- Parallel or dyadic
- Explorations of themes and internal conflicts
- Pro-social behaviors promoted
- Limit setting
- Exploration of self in a safe place with an attuned therapist

3) Strengthen Allie and Melissa's relationship

FAMILY FORWARD
safer, healthier relationships for children and families

1) Family therapy with principles of Theraplay
2) Continued parent coaching on helping with outbursts
3) "I Love You" rituals
4) Dosing in relational cues of safety

Four dimensions of Theraplay

- Structure
  - Physical
  - Verbal
  - “Adults can keep thing safe.”
- Nurture
  - Direct
  - Indirect
  - “Adults can take care of me.”
- Engagement
  - Moments of meeting
  - Meeting the child and parent where they are
  - “Adults care about and notice me.”
- Challenge
  - Self-esteem
  - “I can do hard things.”

"I Love You" Rituals

- Step 1: Learn the game and whatever rhymes or songs go with it.
- Step 2: Pick a specific time and place for the rituals (note: bedtimes, goodbye times, and transitions are perfect for I Love You Rituals)
- Step 3: Be open and responsive to the child's verbal and especially nonverbal cues. Don't be afraid to go "off script".
- Step 4: Explore the difference between the child trying to show initiative and contribute to the relationships and the child trying to control the relationship. The adult is in charge.
- Step 5: Have fun ☺

(Bailey, 2000)

FAMILY FORWARD

safer, healthier relationships for children and families

Dosing in relational enrichment across environments

- Unconditional, positive regard
- "Mirroring" games
- Sunshine Circles
- Storytime
- Build a fort
- Group compliments
- Cotton Ball Blow/ Cotton Ball Soccer
- Breathing back-to-back
- Notice what special things the child has today ("I see you have all of your freckles today!)
- Gentle massage
- Singing
- Hand games/clapping games
- Games that require face-to-face engagement
- Balloon tennis

Part 3

Case study and skills application: “Ricky”

FAMILY FORWARD

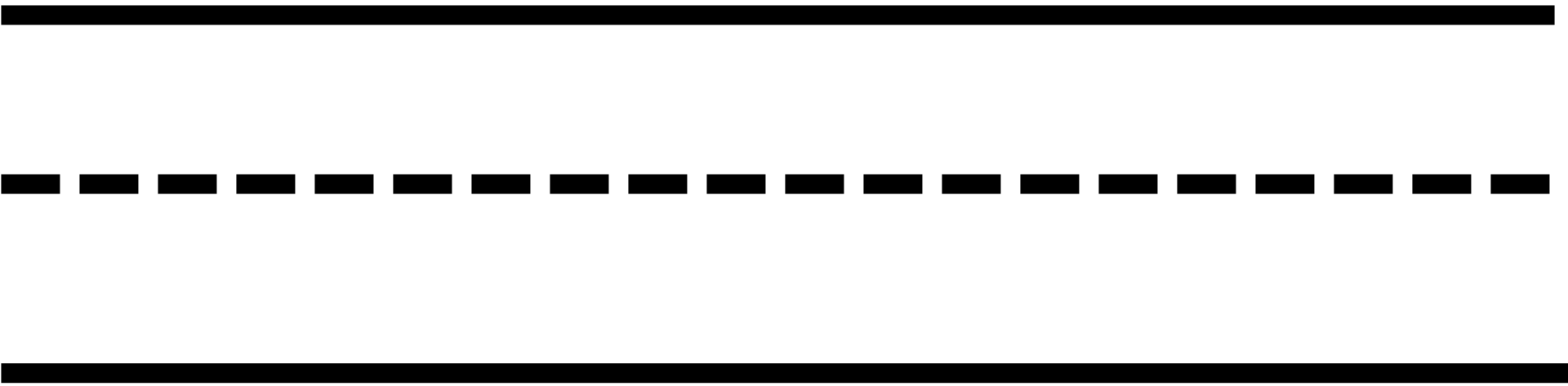
safer, healthier relationships for children and families

"Ricky"

- 4 years and 6 months old
- Very active and fast
- Impulsive, reactive
- Aggression
- Labile emotional expression
- Family history of severe mental illness

Caregiver affect attunement

Ricky's Window of Tolerance



FAMILY FORWARD

safer, healthier relationships for children and families

Where do we go from here?

FAMILY FORWARD
safer, healthier relationships for children and families

In conclusion…

- Always do a *thorough* assessment for early adversities!
- Look for signs of dysregulation in the lower brain.
- Assume all behaviors are attempts to regulate their physiology.
- Dissociation is a brilliant defense mechanism. Give them every reason to not have to use it.
- Engaging the dissociative child in appropriate play can bring them back to the present and even lead towards healing.
- This presentation was about young children. Inside every dysregulated big kid and adult may be a young child looking for safety.

Sources

Ainsworth, M., & Bell, S. (1970). Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation. Child Development, 41, 49-67. https://doi.org/10.2307/1127388

Badenoch, B. (2008). *Being a Brain-Wise Therapist: A practical guide to interpersonal neurobiology*. W. W. Norton & Company, Inc.

Badenoch, B. (2011). *The Brain-Savvy Therapist's Workbook: A companion to being a brain-wise therapist*. W. W. Norton & Company, Inc.

Bailey, B. A. (2000). *I Love You Rituals*. New York, NY: HarperCollins.

Blaustein, M. E. (2018, Oct. 2). *ARC trauma treatment for children and adolescents*.

Booth, P. B. & Jernberg, A. M. (2009). Theraplay (3rd ed.). San Francisco, CA: Jossey-Bass.

Gaskill, R. L., & Perry, B. D. (2017). A neurosequential therapeutics approach to guided play, play therapy, and activities for children who won't talk. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication* (pp. 38-66). New York, NY, US: Guilford Press.

Info NMN. (2020, May 20.) *The Intimacy Barrier: Neurosequential Network Series on Stress & Trauma* [Video]. Youtube. https://www.youtube.com/watch?v=7crm3JcVfJs

International Society for the Study of Trauma and Dissociation. https://www.isst-d.org/

The NMC Ten Tips Series: Understanding Dissociation. (2018). Neurosequential Network.

Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. B. Webb (Ed.), *Traumatized Youth in Child Welfare*. New York, NY: The Guildford Press.

Perry, B. D., & Szalavitz, M. (2008). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook : what traumatized children can teach us about loss, love, and healing*. New York: Basic Books.

Porges, S. (2019, Oct. 18). *Clinical applications of the polyvagal theory with Stephen Porges, PhD: Trauma, attachment, self-regulation, & emotions.* Retrieved from: https://catalog.pesi.com/item/clinical-applications-polyvagal-theory-stephen-porges-phd-trauma-attachment-selfregulation-emotions-52145

Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment and Human Development*.

Thank you!

Let's chat:

Rachel Hanks, MSW, LCSW,
Registered Play Therapist

Rachel.Hanks@familyforwardmo.org