Attachment, Self-Regulation & Competency (ARC): Repairing the Traumatized Brain

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Complex Trauma

- The dual problem of children’s exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes.
- Includes children’s exposure to multiple traumas – including emotional abuse, neglect, sexual abuse, physical abuse, and witnessing domestic violence.
- The traumas occur within the caregiving system.

White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force
Available at www.nctsn.org
Complex Trauma

- Initial trauma
- Emotional dysregulation
- Loss of safe base
- Inability to respond to danger cues
- Trauma re-exposure
Domains of Impairment

“The earliest and possibly most damaging psychological trauma is the loss of a secure base.”

van der Kolk (1987)
Domains of Impairment

- Attachment
- Biology
- Affect Regulation
- Dissociation
- Behavioral Regulation
- Cognition
- Self-Concept
Domains of Impairment: Attachment

- Uncertainty about the reliability and predictability of the world
- Problems with boundaries
- Distrust and suspiciousness
- Social Isolation
- Interpersonal difficulties
- Difficulty attuning to other’s emotional states
- Difficulty with perspective taking
- Difficulty enlisting other people as allies
Domains of Impairment: Biology

- Sensorimotor and developmental issues
- Hypersensitivity to physical contact
- Problems with coordination, balance, body tone
- Difficulty localizing skin contact
- Somatization
- Increased medical problems: pseudoseizures, asthma
Domains of Impairment: Affect Regulation

- Difficulty with emotional self-regulation
- Difficulty with describing feelings and internal experience
- Problems knowing and describing internal states
- Difficulty communicating wishes and desires
- Struggle to identify internal emotional experiences
- Difficulty with the safe expression of emotions
- Impaired capacity to modulate emotional experience
Domains of Impairment: Dissociation

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Two or more distinct states of consciousness, with impaired memory for state-based events
Domains of Impairment: Behavioral Control

- Poor modulation of impulses
- Self-destructive behavior
- Aggression
- Pathological self soothing behaviors
- Sleep disorders
- Eating disorders
- Substance abuse
- Excessive compliance
- Opposition
- Trauma re-enactment
- Difficulty understanding or following rules
Domains of Impairment: Cognition

- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems processing novel information
- Problems with task completion
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding own contribution to what happens
- Learning difficulties
- Problems with language development
- Problems with orientation in time and space
- Acoustic and visual perception problems
- Impaired comprehension of complex visual spatial patterns
Domains of Impairment: Self-Concept

- Lack of continuous predictable sense of self
- Poor sense of separateness
- Disturbed body image
- Low self-esteem
- Shame and guilt
Bessel van der Kolk

• Trauma changes the way we perceive the world
  • Brain becomes “fear driven”
  • Attend to everything – unable to filter what’s important
  • Impacts attention
  • Experience of self is blunted
  • Unable to “feel” their body - feel alive only in danger
  • Pleasure and pain become confused
  • Difficulty finding pleasure in small things e.g. raindrop
  • Struggle to access imagination as an escape from boredom
Flashbacks

• Child behaves “as if it’s happening again.”
• Triggers are not necessarily “cognitive”
• NOT – “my boyfriend said so it reminded me”
• Just start behaving as though it’s recurring

• Brain – “That was then this is now” goes OFFLINE and can’t reassure you that you’re actually okay.

• Broca’s area goes OFFLINE – words defy the process
  • Words are limited in the capacity to talk about the trauma
Amygdala

• Smoke detector of the brain
• Overreacts with trauma
• How to rewire:
  • Notice the landscape of your body ---- mindfulness
  • BE SILENT - Notice your internal world
  • Be still and learn to tolerate sensations
Dissociation

• Attachment – “No one picked me up and provided soothing.”
• Dissociation is a coping style for insecure attachment.
• Treatment is about healing connections.
Treating Traumatic Stress in Children and Adolescents: How to foster resilience through attachment, self-regulation, and competency

MARGARET E. BLAUSTEIN & KRISTINE M. KINNIBURGH
GUILFORD PRESS 2010
ARC

“The ARC framework is a flexible, component-based intervention for treating children and adolescents who have experienced complex trauma.”
Theoretically grounded in attachment, trauma, and developmental theories and specifically addresses three core domains impacted by exposure to chronic interpersonal trauma:

• Attachment
• Self-Regulation
• Developmental Competencies
Core building blocks of ARC

- Traumatic Experience Integration
  - Executive Function
  - Self Development and Identity
  - Affect Identification
  - Modulation
  - Affect Expression
  - Caregiver Affect Management
  - Attunement
  - Consistent Response
  - Routines and Rituals
Attachment building blocks

• Caregiver management of affect
  • The ability of caregivers to recognize and regulate emotional experience.
  • Caregivers must be able to manage their own experience.

• Key clinical skills
  • Psycho-education about the nature of trauma
  • Normalization of the caregiver’s response
  • Build self-monitoring skills
  • Build caregiver affect management skills
  • Enhance caregiver supports
Attachment Building Blocks

• Attunement
  • Capacity to accurately read children’s cues and respond appropriately
  • Positive engagement is critical for the development of a rewarding dyadic experience
  • Children who have been traumatized may struggle to communicate feelings, wants, and needs.

• Key clinical skills
  • Psycho-education about the role of child vigilance
  • Psycho-education about trauma triggers and their expression
  • Build skills to understand children’s communication
  • Build reflective listening skills
Attachment Building Blocks

• Consistent Response
  • Children do better when they have a clear understanding of rules and when there is predictability in adult and environmental response
  • Children may exhibit rigidity to gain a sense of safety and may resist or resent imposed rules
  • Typical parenting practices may trigger strong responses
  • Caregivers may be anxious about imposing consequences on hurt children or be overly restrictive
  • Caregivers with a history of trauma themselves may have no model of safe parenting

• Key clinical skills:
  • Build effective parenting strategies and caregiver mastery
Attachment Building Blocks

• Routines and Rituals
  • Routines provide coherence and predictability to our days
  • Disruptions in routine are unsettling
  • Complex trauma associated with lives filled with chaos and unpredictability
  • Predictability builds safety and allows children to focus energy on healthy development

• Key skills:
  • Help family build routines
  • Particular focus on bedtime routines and transitions
Self-Regulation Building Blocks

• Developmental trauma significantly impacts child’s ability to regulate:
  • Physiological experiences
  • Behavioral experiences
  • Cognitive experiences

• The absence of a caregiving system that supports development of skills or provides external regulation, children disconnect from feelings or use unhealthy coping skills.

• These areas target the child’s understanding of internal experience, ability to modulate that experience, and the ability to safely share the experience with others.
Self-Regulation

• Affect Identification
  • Traumatized children disconnect from emotional and physical experiences
  • Struggle to differentiate emotions – help connect emotions and events
  • Learn to recognize physiological states and connect them to emotions and behaviors.
• Key Clinical Skills:
  • Build a feelings vocabulary
  • Psycho-education about alarm response and trauma triggers
  • Normalize experience of mixed emotions
  • Teach child to be a “feelings detective” by encouraging identification of emotions in self and others
  • Connect emotions to body sensations
Self-Regulation

• Modulation
  • Complex trauma causes children to struggle to regulate physiological and emotional experiences
  • Chronic stress causes chronically high and dysregulated arousal levels
  • Impaired caregiving leaves child to struggle with emotions

• Key Clinical skills:
  • Build understanding of degrees of feelings
  • Help child tolerate moving through different arousal states to comfortably increase and decrease arousal
  • Develop feelings toolboxes
Self Regulation

• Affect Expression
  • Traumatized children struggle with the ability to safely and effectively express internal experiences
  • Sharing emotions creates vulnerability so they hide feelings to gain sense of control
  • Fail to communicate or communicate emotions ineffectively
  • Confused about how to build safe relationships

• Key Clinical Skills:
  • Help child effectively and safely share emotions with others
  • How to “pick your moment” and initiate conversations
  • Physical space and boundaries awareness
  • Tone of voice, eye contact, “I” statements
Competency Building Blocks

• Competency building blocks focus on helping children and families build internal and external resources that foster healthy development
• Develop social connections, community involvement, and academic engagement
• Help children achieve felt mastery and success
• **Key Clinical Skills**
  • Promote feelings of executive functions to increase ability to problem solve, plan, and anticipate. Understand link between actions and outcome and evaluate choices
Competency

• Executive functions
  • Help child “try” “do” and “choose”
  • Highlights the role of problem solving skills that result in positive outcomes
  • Make effective choices and become and “active player” in your own life

• Key clinical skills:
  • Ability to actively evaluate situations, inhibit response, and make thoughtful decisions
  • Help differentiate “acting” and “reacting”
Competency

• Self Development and Identity
  • Growth of a coherent and positive sense of self is a struggle for traumatized children
  • Trauma often results in children internalizing negative experiences and self-values
  • Experiences become fragmented and state-dependent
  • There is often a lack of sense of “future”

• **Key clinical skills:**
  • Exploration and celebration of personal attributes
  • Building internal resources and identifying strengths and successes
  • Self before and after trauma
  • Capacity to imagine the self in the future and explore possibilities
Trauma Experience Integration

• Integration of specific memories and fragmented self states is framed as a process that occurs over time and within treatment
• The integration is embedded within the caregiving system
• Help child build a coherent and integrated sense of self and the capacity to fully engage in present life.

• Key Clinical Skills:
  • Target traumatic memories and reminders, triggered arousal and freeze states, and trauma related self-attributions and cognitions.
• ARC grounds treatment in three ways:
  • Increases caregiver attunement to build a secure base to support the development of competencies
  • Enhances the caregiving system’s ability to support the child in the implementation of effective self-regulation strategies
  • Teaches and encourages caregivers to support the development of a positive sense of self and mastery
“So how do I do ARC?”

• Begin with good case formulation
  • A child is struggling in school
  • Why is the child struggling in school?
    • Inattention?
    • Difficulty modulating arousal?
    • Underlying learning problem?
    • Unable to focus due to trauma?
  • We must strive to understand the root cause.
Formulation

• Good formulation
  • Offers understanding about what is underlying the presenting concerns
  • Supports empathy for the child and the family’s circumstances
    • The mother is depressed and overwhelmed
    • She is struggling with her own history of having been sexually abused
    • She has little family or community support
    • Mary is an active, social little girl who desires to be around the family
    • She refuses to go to her room when told because it feels too isolating for her
    • Her resulting demands for her mother’s attention and support are not met and she takes out her stress on her younger siblings
Core building blocks of ARC

Traumatic Experience Integration

Executive Function

Self Development and Identity

Affect Identification

Modulation

Affect Expression

Caregiver Affect Management

Attunement

Consistent Response

Routines and Rituals
Formulation

• What has the child/family experienced?
• Consider:
  • Cultural variables
  • Caregiver functioning
  • Strengths/ vulnerabilities
  • Economic issues
  • Child’s role in the family
• Impact on child?
  • Developmental issues, attachment, self-regulation, relationships
• How do we make sense of current behaviors?
  • Historical or danger triggers?
• Family strengths
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Handouts available at:
www.utahchildrenscenter.org