

## **Bonus 9**

# **Advanced Master Program on the Treatment of Trauma**

## **Strategies for Helping Families of Trauma Survivors Repair Ruptures**

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## How Past Trauma Can Leave an Imprint on the Nervous System and Affect Present Intimate Relationships

**Dr. Buczynski:** Just like we talked about in Module 5, trauma can leave an imprint on the nervous system that often affects a person's future relationships.

This can take a unique toll on the family unit because intimate partner relationships and attachment relationships can be particularly dysregulating for survivors of trauma.

Here's one reason why . . .

**Ms. Dana:** Intimate relationships are often much more challenging for trauma survivors than colleague relationships or even friendships because this intimate partner relationship comes along with a story of what families are, what relationships, what those close relationships are. And it comes along with an autonomic story about that. Your autonomic nervous system was shaped in a family and took in the information about what happens in relationships and close relationships. Observing parents connecting, your nervous system feels, neurocepts danger or safety. And if that relationship was a noisy one, was a scary one, you wire that into your nervous system. And then your nervous system also connects with your brain. Your brain then is going to make up a story to make some sense of that.

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The other thing about intimate partner relationships is that person that we are in that intimate relationship with is supposed to be our anchor, one of the ways that we can find ventral and feel ventral, and is supposed to be the person that we can safely co-regulate with.

This intimate partner is the person that our nervous system is longing to feel safe with and connected to. And that doesn't happen all the time with any of our intimate partner relationships. And for people who have a trauma history, there's an autonomic sensitivity to those ruptures and those disruptions, and it's harder to come back into repair.

**Dr. Buczynski:** So how might you help your patient identify the deep-seated patterns from past trauma that often interfere with their current intimate relationships?

**Ms. Dana:** So one of the things that we do with trauma survivors when we're trying to figure out what are the family rules that they have taken in, is that exercise “In this Family.” In this family . . . fill in the blank. In this family, sympathetic fight is common. In this family, moms go to dorsal vagal escape. In this family, ventral vagal was rarely seen. You begin to hear the story through the nervous system. And then as you're looking at the current intimate partner relationship, you're looking at how those rules, so to speak, are playing out now. And let's look at them one at a time and see, are they needed now, or is this simply the old tape that's running because your nervous system was shaped in that way from your family?

**Dr. Buczynski:** That's one simple exercise that you can use with your patients to help them become aware of how old relationship patterns are being reenacted in their current relationships.

## How to Work with a Parent-Child Relationship that Has Been Disrupted by Trauma

So now let's zero in on the parent-child relationship, where the child might have experienced trauma. Specifically, how might we resource parents to help their children when they become dysregulated?

**Ms. Dana:** The parent is the regulating energy in the family system. And parents – when kids are suffering, when they're dysregulated, when they are traumatized in some way – parents

have a hard time staying anchored and in ventral. And it is the key to success, to helping the family system heal, because the child's nervous system needs that predictable, safe anchor all the time.

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Not that we're brilliant at it or perfect at it, nor do we have to be. And that's the thing that I really want parents to remember and understand, is that we don't have to be in that ventral vagal matching place all the time. And in fact, Ed Tronick's brilliant research says only

30% of the time we need to be in that place. It's that we make a repair, we recognize that, "Oh, boy, did I not bring my ventral presence to that interaction," and I go make a repair. And so that really is the basic formula for parents and kids in a family system where the kids are really struggling. Bring your ventral and make a repair when you fall out of ventral, because your holding capacity is then going to allow your child to be able to find their own regulation, to find ventral.

**Dr. Buczynski:** This is a key point for parents to remember – that it's okay if they sometimes become dysregulated around their child. What's even more important is that when a parent recognizes this, they then follow up by giving their child a safe space to re-regulate.

## Two Simple, Engaging Ways to Help Families Understand their Nervous System Reactions

Now, nervous system education can be crucial for helping your patients become more self-aware of their reactions. So how might you help families understand their nervous systems in a more concrete way?

To start, you might have your patients create a "map" of their nervous system reactions. Deb uses this tool to help parents and their children pinpoint what they and others in the family are feeling.

**Ms. Dana:** I'm in favor of mapping, and everybody has a map, and the maps are hung somewhere where everybody knows where they are and can say, "Ooh, where is mom right now? Because it's not feeling very ventral to my system." And it begins to become a family language.

We create this language that's not about, "Oh, you're a bad kid." It's about, "Your nervous system is dysregulated." It's not about, "I'm a terrible mother because this happened." It's, "My nervous system is dysregulated right now and the story it's bringing is, 'I'm a terrible mother.'" So again, the story comes out of the state. So we want to

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regulate the state and then be able to, from that place, make new choices, create new boundaries, create safety in the house, and integrate a new story about what's happened and what we're doing moving forward.

**Dr. Buczynski:** So you see, mapping the nervous system can be an effective way to help patients view their reactions in a more objective, less judgmental way.

Here's another strategy that can be helpful for parents and their children when an experience of past trauma affects the current family dynamic . . .

**Ms. Dana:** One family I've worked with, a single mom with a child who was struggling to not act out both at home and in school. And mom really was going to that place of self-criticism, judging herself as a mom thinking that she was not a good mom and she was a single mom and couldn't provide for her child. So we had all of those stories going on in the beginning. So the beginning work was really to help mom be able to come to her own regulated system and from there, be able to create a different story about herself in how she's moving through the world. So that was step one. And then, we worked with mom and child together and trying to understand the child's nervous system, which really was the place to start. Not understand the behaviors or the feelings or any of that, but just starting with the nervous system.

For this particular mom and child, we did a lot of getting to know the system through games. So we get to know – this child was an acting-outer, so a lot of sympathetic – so getting to know the sympathetic nervous system and giving it a name and playing it out in the office. And this child found an object, one of the Sand Tray toys, that would represent his

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sympathetic. And then he took that with him. And then we got to know dorsal, which was more of an unfamiliar experience for this child. But obviously all three states live in the system, and he found an object for dorsal. And then we got to know ventral and he found an object for ventral. And then mom did the same. So they each had three of these little toys.

And then we began to have them have discussions between the toys so that mom's ventral would come and talk to her child's sympathetic because ventral brings curiosity.

“Here I am” and, “Tell me what's going on,” and, “Oh, I know this is really tough.” And so they started having these conversations through the toys, and it was really lovely. And they took them home, and they started to leave them out on the kitchen counter. And they'd go grab one if they were feeling that, and they'd start having conversations. And it was mom's job to always bring her ventral toy to talk to the little one's sympathetic or dorsal toy. And pretty soon it was so fun. They came in one weekend and mom said that mom was feeling a little dysregulated. She was more in her sympathetic. And the little guy brought his ventral to talk to her sympathetic. It was just so sweet.

So you get this flavor of, oh, here's a way that has some play, has some fun. It's more externalized so I don't have to go in here. And it's something I can concretely do and is easy to do. And those are the elements that we need when we're creating exercises. It has to be enjoyable, it has to be easy to do and easy to access, and it has to be available in the moment. So these objects just fit all of those requirements. And as we kept checking in with mom and the little guy, they enjoyed doing it. So it became sort of not this thing you had to do for therapy to get better, but this thing that was fun to do.

So again, simple little things. And if you just follow the nervous system and find ways for two nervous systems to have a conversation with each other, you're going to end up in a much better place because these nervous systems are going to get to know each other and going to get to come into connection. And especially when you've got the adult nervous system that's able to access that ventral vagal regulating safe energy.

**Dr. Buczynski:** So I want to point out two strengths of Deb's approach. . .

Instead of talking abstractly about the nervous system – because that could be confusing for both children and their parents – instead, Deb helped her patients conceptualize their reactions in a simple, external way.

Not only that, her method was creative, engaging, and fun for both the parent and her child.

In the next bonus, we'll look at how focusing on a person's physiological state can transform your patient's – and perhaps even your own – understanding of trauma. I'll see you there.