Harness Bottom-Up Tactics For Trauma Transcript

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Introduction to attachment trauma

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie. We're here exploring the trauma disease connection. And in this interview, we're talking about attachment and attachment trauma.

I teach on attachment pains. There are attachment ruptures and this happens when there is any form of abuse and neglect, but all the way down to just micro that don't get repaired.

And so we're going to have that conversation today. This is actually where I started. So I started as a foster parent and then as an adoptive parent. And so I started with reading and learning about attachment so I could help Miguel. And then from there it grew into all of this other stuff around stored trauma in the body.

But attachment is where I started, so it's where I would say my first love is. And I even teach of biology, of trauma, biology, of attachment and neurodevelopment module because it's really the foundation for us.

So if you're interested in the topic of attachment and our foundation neurodevelopment, maybe you haven't thought of that piece for attachment before.

I want to share a resource for you that's on my website and if you go to my website, trauma healing accelerated dot com you come here to the home page and when you scroll down you will find a section that says Resources at the very top attachment trauma roadmap for Rewiring and Healing.

And this would be an excellent overview of the healing process for attachment trauma, because it's not just love, it's not just time. There's actually things that because this got wired in as our foundation, it sets sets the tone sets the nervous system tone for the rest of our life.

And it needs a specific approach with different elements. Now, there is also a biology of trauma health coaching session that you can have. And so my biology time and health coaches are do attachment focused sessions.

Myths about abuse, resilience, and neglect

And so if you want to have an attachment focused health coaching session, you can also find that on the website you would actually come over to the professionals, biology of trauma professionals, and then a biology of trauma health coaching session.

And you can actually have a attachment focused health coaching session where we actually bring in the neuro development. And so we'll have you fill out a number of assessment forms to look at your attachment regulation.

All of those pieces and be able to give you some recommendations. And with that, I'm so excited to jump into this interview with my good friend Ginger Healy.

Now, she is an incredible woman. She is a social worker who started her career as a child abuse investigator, hospital social worker and school therapist.

She spent 15 years as the social service supervisor at an international adoption agency where she learned about developmental trauma and attachment needs in children.

She has also an adoptive mother of an international child. She is currently a clinical social worker and the director of program at the Attachment Trauma Network.

She co-anchors the podcast Regulated and Relational with Julie Beam, executive director of the Attachment and

Trauma Network. And Ginger speaks and teaches across the nation on trauma informed schools, therapeutic parenting and community engagement.

I am so excited to have Ginger on and let's dove into this interview. Ginger, with your background, which I am every time I read this, I'm impressed with it.

Like I just have to sit for a and be like, Wow, she's done all of this. She's seen all of this. You've been a child abuse investigator, hospital social worker, school therapist, mom.

And of all of these experiences, I know that you have started to see some big problems and and maybe patterns. What would be, from your experience, like those big things that have jumped out at you through these experiences?

You know, I sadly have seen a lot of children who have experienced adversity. And we know from the study that that with VERSITY is probably higher than we want to admit than we even recognized or knew about.

But that is what really struck me as a child abuse investigator is that the abuse is there, it is rampant, it is happening even still today. And so that's that's tough.

But it's also very it helps me know what we need to do, that we need to continue working, that this is not something that has gotten better. As far as the numbers, the numbers have not decreased.

So that really fuels me, charges me to keep going, to keep learning, to keep spreading resources, knowledge, education and support. Because I think there's a lot of myths out there, you know, as well, regarding why things are happening, how things are continuing to happening.

Even though we know all we know why we haven't made a dent in certain areas and how we can do that. So you use that word myths and I'm and I love that and I'm fascinated by that.

And what are the myths that you see still being misunderstood? Yeah, I think it's easier to say, well, they're just a drug addict or oh, well, they don't have education or they live in a low socioeconomic status or things that we can say, well, we don't understand, or we would never do that and those kind of things, or that children are resilient or they don't remember what happened to them or that it happened to them when they were too young to remember, or that it won't affect them.

Regulation begins before birth

All of those are myths. And so when we understand who's in the room, what happened to them that brought on whether intergenerational trauma or epigenetics or the lack of resources support education.

And then that's just when I'm talking about someone who has abused or in fact inflicted abuse, when I'm talking also about the child, we know that we as humans are not born resilient.

And so we have to break that myth so that then we can help them build resilience and scaffold it and create it and be the one to help them heal in a, you know, in a and foster that resilience, but not just expect them to pull themselves up by their bootstraps or be gritty or persevere through something that would have made them stronger.

That that's not the direction I want to go in at all. And even when I look at just stories, experiences of adoption, where there may not have been abuse, and I see many families having this myth that, well, if I adopt them at birth, they won't remember.

It will affect them. And and yet everything that we know, Ginger, everything that we know about neuroscience tells us that we are actually born very fragile.

That's right. Very fragile. And every life experience is already being imprinted because our nervous system is adapting to is my world safe and secure, right.

Or is my world not safe and not secure? We're adapting either way. Right. And that's not that's not resilience. Rhino horn, quite fragile. And so now we have to bring in this word around regulation. Yes.

So talk to us about regulation and how this is at the at the key at the center of this conversation around attachment, childhood trauma. Right? Yeah. Because what you're referring to also starts before birth.

It starts in the womb. So, you know, a mother being exposed to stress, a mother being exposed to. So I just lost the word. But any substances or anything like that, there's so many things that impact that child even prior to birth.

And that is when the regulation starts, our ability to move fluidly between emotions and navigate changes and transitions, our nervous system, being able to manage and control them, not necessarily stop adversity because adversity is a part of life.

Stress is a part of life. Stress isn't necessarily a bad thing, but we need the ability to handle it, to modulate it and navigate it and control it. And that's what self-regulation is.

But one of the myths about self-regulation, again, going back to being gritty or just handling it on our own, is that we are not born with self-regulation skills.

Those also have to be built and they're built by being regulated by another adult, a safe, attuned, responsive adult. And so it starts in the womb by that motion, that rhythm of the mother's heartbeat, of just the walking and swaying and moving back and forth.

That is a calming rhythm, right? That's repetitive and rhythmic and relational. And then when we're born, when our needs are met consistently over and over, that attachment cycle that regulates us, that soothes us, that tells us that we are worthy, that we are valued, that we have that we if we make our needs known because we are vulnerable, we can't do it on our own.

We make our needs known. And then if the needs are met, it suits us and comforts us and we start to learn regulation skills. But if there is a break in attachment, whether it be through something like adoption or a hospital stay, or all the many reasons a mom not being or father or any caregiver not being able to immediately meet those needs, then we experience some dysregulation and we have to learn how to handle that.

But it's not also, I want to say that we have to meet those child's needs 100% of the time, because that's not possible either. So I don't I don't want to shame a child for not having their needs met.

I don't want to shame a caregiver for not meeting the needs all the time. This is the dance. This is the dance of attunement and attachment. And it's a pull and a push and a tug and a and a rhythm of going back and forth and then repairing it if it breaks.

Repair, healing, and buffer relationships

And all of those things lead with repetition can lead to self-regulation skills, but that takes a lifetime. It really is about the CO regulation before this.

Self-regulation. What you have mentioned, I think I want to highlight for people because when we consider attachment and attachment breaks or attachment trauma, talk about attachment pain.

It's not just those who've experienced abuse. Right. Or were adopted. This is also your kids who went to the nick, you who had life saving measures, who maybe had to have surgeries, who maybe had to have these good things necessary. Yes.

And yet in the process, just create enough of a rupture that didn't have a repair soon enough that they experienced overwhelm in their tiny, fragile body at that time.

And so this conversation around attachment and regulation is just as critical for someone with that history, with someone who their mother was under a large amount of stress while they were pregnant or were exposed to substances or and I'm using that substances not just as drug substances, but just so general that we should not be exposed to.

But it's a much wider conversation. Gender than just abuse, neglect or adoption. Exactly. Yeah. There's so much there. We started off talking about abuse.

I think we are all aware and we understand that abuse causes rupture in that attachment cycle. But you're right, there's so many more situations where there is a break where we cannot meet that child's need immediately.

And there's that just that awareness is very important because there are things that can be and should be done, but it also should give a little hope or a little that there's some good news in that.

And that's where I want to go with the good news, because it's not something a lot of things that happen to us in this life are not our fault. When we don't have to get stuck there, we can move forward with that repair, knowing that, making it okay, showing how to overcome, building that support resource system.

It is it can even do more good than the harm that it caused. And I don't want to downplay the harm, but I don't want to downplay how good it is to repair the rupture and to continually fix our mistakes and recover from them.

Because as we have this conversation, we can't go back and fix the past, we can't change the past. And so that's not where the solutions lie. And resolutions lie in the present moment so that we can actually create a different tomorrow and future for us.

But the key is actually not dwelling on the past. Right? Being able to do the work of regulation and learning how to develop regulation, build regulation in the present moment, because that's where the that's where the solutions are.

And I want to just say that for those people who have these other histories in their in their childhood. Right, maybe they were that premature baby or maybe they were the baby that had to go to the NIC or for whatever reason.

And they've always wondered why they are the way they are. Why are they more sensitive? Why are they more reactive? Why do they not seem to be able to handle and navigate?

Use that word, navigate. I love that word when it comes to navigate change and stress and emotions like other people seem to. And and this is this is why.

Right. Really remember a moment in my life where I was invited to an Al-Anon meeting? The Al-Anon is the 12 step meetings for those who are family members or friends of addicts.

And I remember going there because I wanted to spend time with my friend. But when I sat in that room, Ginger, what overcame me was I relate to everything these people are saying, and I didn't know why, because that was not my family.

I didn't I didn't have that in my history. And so for people who are listening to this or who have wondered that in their lifetime, like, why am I like these other people who seem to have this very harsh background?

And I don't so I shouldn't be this way. And it's like, no, there's so much more to the conversation when we look at it through this lens of regulation and how regulated were you as a young child?

An infant, right? Right. Yeah. When we when those cues or are missed or something happens prior to birth or early on, we're talking about very early on things that we might not even know that happened or, you know, that weren't

considered anything at the time.

It sensitizes our nervous system, plain and simple. It changes the brain. It wires us in a certain way. And so that explains a lot of things, you know, that aha moment of, oh, I'm not crazy, I'm not alone.

It's very validating and it takes the shame out of it and that's where we need to go because then we can move on to the healing rather than getting stuck in that.

So let's talk about the healing gender and and I do want you to talk about the work that you're doing with Julie Beam. I feel like that's such an important piece of resources for people.

But from your lens, from all of your practice and experience now, what have you seen as these are the core pieces to healing from this kind of childhood with attachment trauma?

Yeah. It really comes down to buffer relationships. Relationships that cushion the blow that mitigate the adversity. We are not born into this world. We're able to care for ourselves.

We've we've talked about that. We need someone else that need never ends. We are not meant to go through this world alone. It's not healthy to do that. Right.

Loneliness is a start, a form of starvation. And we always need someone else that other. And it can be a village. It can be so many, but it really only takes one.

That's what Dr. Shankar from Harvard tells us. It just takes one. You know, that was a safe, committed, tuned response of adults. And it doesn't even necessarily have to be an adult.

I've seen kids go regulate each other, someone that you trust, someone that you perceive as safe. It's all about relationship and connection when you boil it all down, that really is that, that you've got to have somebody to go to and lean on physically, emotionally, see and release those stress hormones that they don't build and become toxic in your system.

Attachment Trauma Network and support resources

That's how the healing occurs that we let in the good neurotransmitters and we release the bad ones and we need them all, but just not at those crazy high toxic rates, you know.

So we have to love that's where that word buffer comes in. The shielding, the buffering, it comes through others safe, others. And when we have had these adaptations from our early childhood, it actually can be hard to let in the good oh.

So hard. I mean, I'm over here. I'm probably making it sound so simple. Let in. The good, let go of the bad Let the. Sun shine in No, the reality is. And you hit it perfectly when you said adaptations.

We have done all these things all our life to survive and good on us because survival is so paramount. But then there was adaptations can become maladaptive and so we really have to be vulnerable to write books and get out of our comfort zone that has served us well so far, but is now not serving us and go, okay, I'm going to have to really, you know, get vulnerable here and let somebody in and take risks that might I can't guarantee that that person who we perceive as safe might not hurt us.

It's it's possible. There's so many possibilities there. This is risky, but. Oh, my goodness. How is it working for us now? This it makes me think of a quote and I and I may mess it up.

So my apologies if I if I don't get it perfect. But the bird does not land on the branch because it thinks it won't break. The bird lands on the branch because it knows it can fly.

Oh, my gosh. I love that. Right? I mean, this is what you're talking about, Ginger, where we go, we have to try this relationship thing. And it's not that that we are.

Well, hopefully we have enough self self-regulation to be able to say, even if this person ends up not being that safe person for me, I'm still going to be okay.

Yeah. So that it allows me to try without putting my whole expectation on them and have the crash and the devastation when they let us down. Right. That's so good because it it speaks to this concept of our window of tolerance, how we really have to expand it.

It doesn't mean overnight, but just stretch it a little and then have those experiences where we go, wow, that is tough. But I survived it. And how did I do that?

You know, that self reflection and all those different ways. There's so many strategies and tools and techniques and ways to be able to kind of push us a little, get us out of that safety comfort zone because that is a great space for us to go back to.

But we cannot stay there. We we don't grow, we don't change, we don't meet our potential. And it does not build resilience for us just to stay in that one little safety spot.

It becomes almost harmful to us if we stay there too long. Well, then it really is a false safety, Ginger. Yes, because that's a safety that keeps me small and guarded.

It's not a safety that opens me up and expands me. And so as we look at really the foundation then is the regulation piece, because as we can maintain our regulation as we expand, that's when that is safe expansion and healthy and healthy safety, maintaining that healthy safety as we expand, not a safety that keeps us small, hidden and guarded.

Right. Oh, I. That is such a good way to discuss that false. Sense of. Safety. Yeah. Now you've because you're so passionate about this, you've kind of linked up with Julie Beam and have been doing some amazing work over with the Attachment and Trauma Network.

What is that? And what are you guys doing? Yeah, I love I love the attachment and trauma network they have are a nonprofit agency that has been around for almost 30 years.

It was started by a group of moms who had adopted children internationally and quickly found that, oh, that all you need is love, that I work in, I need help.

And so they banded together to go, Am I crazy? What what has worked for you? Try this, you know, this whole safety and each other and comfort in each other and and networking of resources and being there for each other.

And then it expanded into the school system. And so we have a schools program where we're doing, you know, PD, we have our annual trauma sensitive schools conference every year.

And that is now worldwide and just reaches far in between. It's wonderful because it has both the in-person and the virtual so that everybody can attend.

And the schools program has gotten really big and really helpful. We support educators of all forms and then of course, we still have that parenting caregiver piece where we're providing support network resources groups, ongoing education.

Then we're expanding into communities as well because we all need each other. And this child, the Attachment and Trauma Network, was started on behalf of these children who have experienced early adversity.

Right. Trauma and attachment adversity. And so the child is going to spend most of their time in the home and at

school and then out there in the community.

And we just can't be all things everywhere. And and a lot of times that child grows up. We are the that child. Right? So we're talking about everybody here and just being able to provide net networking and support and resources and ongoing education for these families, for these children, for these educators and all those child serving professionals.

So we have a lot of great programs and a lot of great resources and it's just, you know, it's an excellent resource out there. Well, and I remember when I was early in my adoption experience with Miguel, and that's exactly what I needed, because you're right, like I based on what was happening, I'm like, am I going crazy now?

Oh, yeah. This is not normal parenting. No, I don't even know what this is. I didn't even have a word for it. Yeah, and I hadn't even learned all of this attachment trauma stuff because I.

Those that just thought that my love. Yeah. Time would be enough for him. Yeah. Well. I mean, I was in that exact same spot. So just so much for what you do and providing education and resources and a network because again, that community is is our buffer for this.

Amazing. Right. And that's how I came to it as well. I came to it as a mom way before I came to it professionally because of our son that was adopted internationally.

Parenting, self-reflection, and co-regulation

And then I have two other children with that are Neurodivergent and I just needed help and support and someone to talk to who got it, who wouldn't judge me and who I just felt safer around because I didn't have that with family and friends, not because they didn't want to.

They just didn't know how. They couldn't speak the same language and and it was overwhelming. And I had a lot of pride that I didn't want to ask for help or I didn't.

I thought that I should know everything. I don't know. You know, that's a whole other conversation. But it brought me to my knees and, you know, saved our family. So.

Yeah, it brought me to my knees. And in the process, Ginger, finally, when I finally when I did feel like I had some, some support and a network, then it allowed some space where I could see like, oh, some of this stuff is I have some attachment issues myself.

Well. Yeah, we could go there. You. Oh. I get it. I'm here. Yeah. So it became. For me very much a self learning process, which again at the time I was very overwhelmed by the whole experience.

And now I look back and see that I'm so I'm so glad, right? Like I'm so glad that I made that decision to foster parent and then adopt Miguel. And it was the hardest thing that I've done.

And men and the best the best thing for me because it it allowed me to learn all of this stuff. I mean, I don't I know that I would not even be able to do what I do today without having learned things like regulation, because I was living disregulated and I did it right.

Like I didn't even know what that was at the time. And yet here I am a medical physician. You know, I'm a medical student. And and these concepts, I feel are so important to understanding the human body and behavior and the nervous system.

And it's just not at all in our conventional training. No, in education. Yet, I would say either on the mental health side or the medical side. And so that's that's why I do what I do and bridging those worlds, trying to bring this information in.

But you're element of bringing it to the parents and to the teachers like this is this is huge. I couldn't agree more. I just feel like I mean, it all starts with the adult who is surrounding that child.

And if the adult is not okay, how can the child be okay? Right. It's it's that child cannot self-regulate. The adult has to regulate the child. That is the co regulation piece.

But the adult cannot co regulate with the child unless they are regulated. It's just this cycle that can go this way or it can go this way. You know, it's contagious.

Dysregulation is contagious, but so is regulation and co regulation. So we are the controlling factor. And if we can be okay and continue on our healing journey, then we can help heal the child.

But it has to go in that order. We are the strategy, the adult is the strategy. So we got to start with us and get vulnerable and be honest with where we're at and where we need to go.

Yeah, I mean, this is so important and also everything, everything that I've learned experientially and that as parents and as teachers. Right. Because they step into that role in the classroom.

Now it's more important of who we are then the behavior strategy. Oh, my God. It's it's who we are. How are we showing up? And that was what I had to learn in the process, is that, oh, I needed to become a different a different kind of parent.

Miguel needed a different kind of person and parent than I was when I first adopted him. And that was the process that I got to learn. That's right. And then it's so hard not to focus on the behavior.

I get that we want that behavior to stop. We want that behavior change. I get that there are just moments when I cannot handle that. But it's a it's a shift.

And when we can make that paradigm shift, that if you focus on the relationship, if you focus on that connection, it does change the behavior. It does change what the situation is and how the child responds and how we responds it.

It changes everything. So it's hard because we just want to control things and stop and we want everything to be better. You know, our heart is in the right place, but we often make things worse.

And so we have to just pause and really respond rather than react. And we do that by getting ourselves in a good, calm place first, not just calm. I don't necessarily like the word calm. It's not about.

Just not it's not calm. No, it's not calming. It's the soothing, the steadiness, the balance, you know, the just being able to be in control so that we can see what is that behavior communicating?

Why is that child doing that? What is the unmet need or the lagging skill? There's so many different ways to say it and to look at it, but just stopping it doesn't fix anything, you know?

It just postpones it or even makes it worse. So focusing on the relationship. Hey, hey. I'm right here. I got you. What's going on? What can we do? What do you need?

Then that behavior can stop. And then we have really gotten to the root and the underneath of it. But it's hard. I'm not at all saying I'm an expert. I'm saying I, I, I know what we can do and what what will help.

Yeah. Yeah. And whether we're talking about adults or children, behavior is just a superficial symptom. It's not the root cause of what's driving that behavior.

So I well, and I just want to thank you so much for what you and Julie are doing. And how can people find you Ginger? How can they find how can they find the Attachment and Trauma Network?

Yeah, attachment trauma network dot org is the website and we are on social media. Every form of social media pretty much you can find us under attachment and trauma network.

You can find, you know, our web site and resources, we are available. My email is ginger at attached trauma dot org and we are just so happy to troubleshoot and provide support and link to resources and and be there.

So please reach out to us. We are so happy to accommodate. What a powerful interview and so much good stuff. So much gold. Remember that you can purchase all these recordings so that you can have this information at your disposal.

You can come back to as many times and if you're looking for that sense of regulation, if that is something that you don't feel that you even understand, know or have or have experienced, then that is where I teach.

In the 21 day journey is the process of becoming regulated through the essential sequence. You can find those resources as well on my website, 21 day journey, the essential sequence roadmap.

But this is the process and this is how we become new people, different People. The better version of ourself is through regulation and I guide you through that process in that 21 day journey.

I look forward to seeing you on the next interview, and thank you for sharing this with friends, coworkers, family members, anyone that you feel would be interested in this attachment topic.

I'm Dr. Aimie, your host for this summit. And this is The Biology of Trauma Summit 3.0 Exploring the Trauma Disease Connection. I will see you on the next interview.