

Supporting Adoptees and Suicide Prevention

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- ▶ Santel and Kerr, LLC
- ▶ Camp Lionheart

- ▶ Adoptee
- ▶ Psychotherapist

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Why Adoptees and Suicide?

Why is Adoption Trauma?

What is Trauma?



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Defining Trauma

- ▶ It refers to extreme stress that overwhelms a person's ability to cope.
- ▶ *It is a person's subjective experience* that determines whether an event is or is not traumatic.
 - ▶ The individual's ability to integrate his/her emotional experience is overwhelmed with no repair
 - ▶ The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.
 - ▶ (Pearlman & Saakvitne, 1995, p. 60)
- ▶ **Too Much, Too Big, Too Fast**
- ▶ **Too Little, Too Late, Too Small**

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Responses to Events

- ▶ Aces- not just events
- ▶ Responses
- ▶ Repair to the Rupture
- ▶ How this applies to adoptees

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Adoptees

- ▶ Domestic Adoption
 - ▶ Relinquishment
 - ▶ Removal
 - ▶ Kinship
 - ▶ Etc.
- ▶ International Adoption
 - ▶ Forced Migration, Refugee
 - ▶ Child Laundering/Trafficking
 - ▶ Etc.

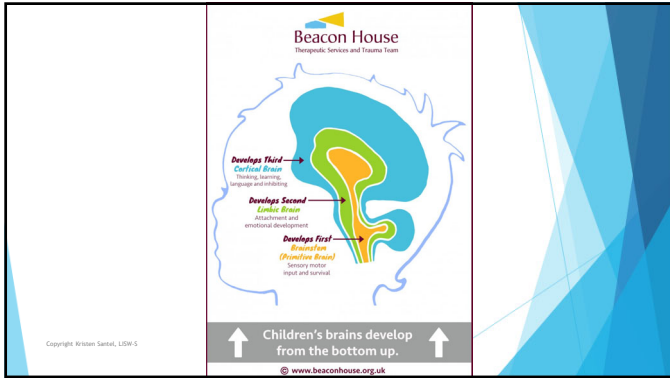
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How do we get from adoption to suicide?

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When we are born:

- ▶ What do babies need for optimal brain development?
 - ▶ Safety
 - ▶ Nourishment
 - ▶ Comfort
 - ▶ Attunement
 - ▶ Predictability
- ▶ Mirroring
- ▶ Co-regulation
- ▶ Dependency
- ▶ Etc.

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Right Brain, Left Brain, Orbitofrontal Cortex

- ▶ Right Brain:
 - ▶ Procedural memory, sees the whole, implicit, spatially oriented, emotions, relationships, coherent and contextual meanings
 - ▶ Starts developing womb through year one and on
 - ▶ Affect, attachment, regulation, etc.
 - ▶ Holds the SELF- the embodied self
 - ▶ Self: psychobiological, right-lateralized bodily based process (Schoore)
 - ▶ Example: Music as a whole
- ▶ Left Brain:
 - ▶ Explicit, analytical, language, detailed, narrative, linear organization, logical interpretation, cause and effect
 - ▶ Develops beginning after year one and on
- ▶ Orbitofrontal Cortex: Development begins in year one:
 - ▶ Emotion, reward, decision making, empathy, has connections to amygdala, **INHIBITING RESPONSES**, context specific responding, encoding contingencies in a flexible manner, encoding and assigning value, learning changes in contingency, emotional appraisal, altering behavior through somatic experience, driving social behavior, and representing state change, upregulating and downregulating autonomic nervous system activity, etc.

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Attachment

- ▶ We come to know we exist through our early attachment with others
- ▶ It is in relation to others in early years that we grow to believe we are good, we are wanted, we exist at all, and that our needs are worth meeting (and that we are “good enough” to get our needs met)
- ▶ Early childhood experiences of mirroring, attunement, and positive regard build our sense of self in the right brain, and the messaging of who we are is attached to that

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Attachment and Formation of Self:

- ▶ It's not just HAVING an attachment figure in the first several years of life that forms a self in the right brain and helps build regulation and brain development
- ▶ The caregiver's capacity to manage the infant's tolerance for high arousal states and thereby experience POSITIVE affects regulates the intensity and rate of attachment bond formation.
- ▶ The caregiver maximizes and expands opportunities for positive affect and positive self regard, “unconditional delight”
- ▶ Joy and interest in first year of life motivates attachments and are major indicators of affect attunement and REGULATION
- ▶ Psychobiological attunement drives the attachment process and brain development
- ▶ These patterns of attachment guide all future socioemotional functioning.

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Attunement

- ▶ First year of child's life, most important for development (brain, ANS, etc.)
- ▶ Caregiver attunes to child's needs with affect synchrony, nurture, and safety, and repairs and re-attunes when there is disconnect and mis-attunement. “Secure base.”
- ▶ With attunement, mis-attunement, and re-attunement, an infant becomes a person, achieving a “psychological birth.”
- ▶ Connect, break, reconnect (regulate, repair, “rupture, repair”)
- ▶ First regulated by caregiver, then by self
- ▶ Attunement builds attachment, safety, co-regulation, brain health, etc.

▶ Schore, 2012

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Self and Other

- ▶ We only come to know we exist through an other
- ▶ Object relations begin in the first year of life
- ▶ We begin to know oneself by knowing *our experience* with an “other,” and how the “other” experiences us
- ▶ We begin to develop a sense of self.. Or a “nonself”
 - ▶ Schore
 - ▶ Benau

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Memory

- ▶ Implicit vs Explicit Memory
- ▶ Explicit:
 - ▶ Episodic, semantic, i.e.: events that can be consciously and intentionally recalled, facts and figures
 - ▶ Left Brain
- ▶ Implicit:
 - ▶ Experiential or functional, conditioning, procedural
 - ▶ “Body Memories”
 - ▶ “Knowing How”
 - ▶ Right Brain

▶ Dr. Allan Schore, 2003

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Adapted from *The Polyvagal Theory in Therapy* by Deb Dana

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Survival Responses

- ▶ Fight
- ▶ Flight
- ▶ Freeze/Collapse/Submit

- ▶ APPEASE
- ▶ FAWN

- ▶ Porges, Dana

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Emotional responses and Trauma

- ▶ Children who have experienced complex trauma often have difficulty identifying, expressing, and managing emotions, and may have limited language for feeling states. They often internalize and/or externalize stress reactions and as a result may experience significant depression, anxiety, or anger.
- ▶ Their emotional responses may be unpredictable or explosive. A child may react to a reminder of a traumatic event with trembling, anger, sadness, dissociation, acting out, or avoidance.
- ▶ Having learned that the world is a dangerous place where even loved ones can't be trusted to protect you, children are often vigilant and guarded in their interactions with others and are more likely to perceive situations as stressful or dangerous.
- ▶ Alternately, many children also learn to "tune out" (emotional numbing) to threats in their environment, making them vulnerable to revictimization.

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What is Shame?

- ▶ I am bad/defective/trash/gross/wrong/humiliated/inhuman/etc
- ▶ "Black hole, bottomless pit, the upside down, the whirlpool, the well to hell, the void, I'm in the black, etc."
- ▶ Disorder of the self/nonself
- ▶ The self is both inner and inter.. If BOTH are not attuned this can lead to chronic shame.
- ▶ Implicit and Explicit origins and experiences of shame

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Chronic Shame and Suicidality in Adoptees

“The Disintegration of Self in the Presence of a Dysregulated Other.”

-DeYoung

- ▶ “A powerful modulator of interpersonal relatedness”
- ▶ Ruptures the attachment between individuals AND self
- ▶ Inter and Intra
- ▶ “Intersubjective disjunction”
- ▶ Leaves the child turned in on himself, communicating to the world a greater or lesser degree of request.

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Shame

- ▶ SHAME evokes when CG does not attune to child’s hyperaroused state- no repair!
- ▶ At it’s earliest, the etiology of shame is based on the activation of the parasympathetic system (“NO!”) in the face of a highly charged sympathetic system (like the brake is slammed).
- ▶ Parasympathetic activation alone is not damaging- the development of shame requires anger, lack of repair, lack of attunement, abuse, neglect, etc. which leads to **humiliation** and is toxic to the child’s developing brain and sense of self.
 - ▶ “I am bad”
 - ▶ “Something about me is defective”
- ▶ Child turns toward caregiver, arms up, gaze, to repair and reattach, modulate the physiological stress response, to regulate the shame state of deflation, etc.
- ▶ When recovery does not happen, the child learns they are powerless to change, the self is inadequate, one’s deficiencies are to blame for one’s powerlessness, and there is no hope that others will come to the rescue.

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SHAME and GUILT:

- ▶ Keeps the hope for the future of relationship alive
- ▶ Allows the child/part of self to keep the control
- ▶ Allows for the part of self that has love and attachment to the figure to remain alive or have hope
- ▶ Keeps the child from having to reconcile something that is irreconcilable
- ▶ Is lodged in the brain and body- stored implicitly
- ▶ Keeps the child in proximity

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Shame and Suicidality Inside of Developmental Trauma

- ▶ Shame in the right brain structure
- ▶ Implicitly stored
- ▶ Body-brain connection to shame
- ▶ No narrative
- ▶ Felt-sense experience
- ▶ Messaging: "Worthless. Disgusting. Empty. Void. Dead. Humiliated. Rageful. Undead. Unalive. Nonhuman. Unfound."
- ▶ **Note about humiliation**

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Adoption and Attachment Trauma and Shame

- ▶ The explicit nature of SHAME in adoption and attachment trauma:
- ▶ What we know to be true, examples:
 - ▶ Relinquishment (this is abandonment and trauma any way you slice it, "I am not good enough for love, not worthy of care, defective")
 - ▶ Abuse/neglect ("I am not worthy of love or care, I did something to deserve it, I am not a good enough child")
 - ▶ Removal from home ("If I was a better child they would have stopped using drugs")
 - ▶ I am not good enough to make my adoptive/foster parents happy
 - ▶ Abandonment=Love ("they loved you so much they gave you up")
 - ▶ I am not what they wanted
 - ▶ I do not look like my family, people don't believe me, etc.
 - ▶ TRA, disconnection, loss of culture, ethnicity, community, genealogy, human trafficking, forced migration, etc.
 - ▶ No medical histories, no desire of others to "care whether they live or die"
 - ▶ Separation from siblings, half siblings, not given information about one's own entry or existence in the world
 - ▶ ETC.

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What Does Shame Look Like?

<ul style="list-style-type: none"> ▶ Lying ▶ Stealing ▶ Food hoarding/binging/restricting/disordered eating/strange habits ▶ Issues with wetting/soiling/toileting/withholding/etc ▶ Apparent narcissistic traits (veil, mask for shame) ▶ Rage/Anger ▶ Codependency/regulating self by regulating others ▶ Aggression ▶ CONTROL 	<ul style="list-style-type: none"> ▶ Running/Fleeing ▶ Self harm/suicidality ▶ Substance use ▶ Dissociation/parts of self challenges ▶ Attachment challenges (fear of abandonment, trust, "sabotage," fawning response) ▶ Severe affect regulation difficulties ▶ Perfectionism ▶ WHY???????? ▶ Etc.
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Defense Systems in Attachment Trauma

- ▶ **The EXPLICIT triggers the earliest adaptive IMPLICIT survival responses**
- ▶ Nonverbal defenses:
 - ▶ **TO HIDE:**
 - ▶ Conceal, shell, be made small or invisible, etc
 - ▶ Hypo response
 - ▶ "dissociative narcissism"
 - ▶ **TO DESTROY THE EYES of the WORLD:**
 - ▶ "Narcissistic rage"
 - ▶ Hyper response
 - ▶ "Burn it all down"
 - ▶ Humiliation
- ▶ Neurobiologically, repression of shame inhibits expression of all emotion and the maturation of self
 - ▶ Can lead to "alexithymia"

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Applying These Concepts to School Settings

- ▶ Attachment triggers
- ▶ Self with triggers
- ▶ Defectiveness triggers
- ▶ Shame
- ▶ Implicit triggers

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Why Suicide?

- ▶ Parts of self that are attempting to "protect"
 - ▶ Ease pain
 - ▶ Eradicate suffering
 - ▶ Disappear
 - ▶ Disconnect from trigger/attachment
 - ▶ Internal attachment system
 - ▶ Do I even exist to begin with?
 - ▶ Dysregulation feels too big and too hard to manage
 - ▶ Think infant neurobiology

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Grief, Traumatic Grief, and Loss

- ▶ Trauma is grief
- ▶ Grief is never ending, always changing, and forever
- ▶ There must be room for grief in adoption. If, as a caregiver, you do not make room for this, you will be enemy #1.
- ▶ "Kristen, why does adoption have to be traumatic? Why does it have to be about loss? Why can't everyone just be grateful?"
 - ▶ Adoption CAN be dialectical, among many other things, but at it's genesis and core it is loss. It can be two things at one time. Do not try to fix this.
 - ▶ Be aware of your own need to make yourself feel better in this schema and then projecting it on the child.
 - ▶ The adopted child is not the answer to anyone's problem.
 - ▶ Adoptees are not to be fixed.

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Proactive and Retroactive Skills for Helping Adoptees with Suicidality

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Rando:

- ▶ The Five P's of Attitude:
- ▶ Presence: I'll be there for you.
- ▶ Permission: It's O.K.
- ▶ Patience: I can take the time you need.
- ▶ Predictability: You can count on me.
- ▶ Perseverance: I'll stay as long as you need me.

▶ Terese Rando

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What Adoptees Say:

- ▶ “We already feel like we don’t ever belong anywhere. Don’t make us feel like that even more.”
- ▶ “Sometimes I want to die because I can’t find myself.”
- ▶ “If I have a feeling or emotion don’t fix it or tell me how to feel about myself. Just validate it and be there.”
- ▶ “When something bad happens at school I feel a really quick pull to just disappear. Like I am invisible and I don’t even exist in the first place.”
- ▶ “Everything negative feels like a confirmation about who I am.”
- ▶ “My suicidal part is my most reliable caretaker.”
- ▶ “A part of me already feels dead.”

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Helpful Interventions

- ▶ Safety spots, in your room/building, specific people
- ▶ “Unconditional delight”- positive regard mirror
- ▶ Sensory help
- ▶ Grounding and up or down regulating
- ▶ Journaling
- ▶ Affect Regulation
- ▶ Helping with transitions
- ▶ Etc.

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Shifting Language

- ▶ Shift the way staff uses language to give commands
- ▶ Inviting vs telling- being CURIOUS
- ▶ Reminding kids of their worth and value in the school/class
 - ▶ Research on positive remarks
- ▶ Reminding kids that you want them there
- ▶ Their importance to what you are doing
- ▶ “Unconditional Delight”- emphasis on the positive
- ▶ Be the “Secure Base”
- ▶ Manage your own triggers and your own dysregulation first
- ▶ **Using parts language**

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Regulate Up/Regulate Down

- ▶ Up:
 - ▶ Music
 - ▶ Jumping jacks
 - ▶ Connective statements
 - ▶ “find this color...”
- ▶ Down:
 - ▶ Music
 - ▶ Grounding in the body on the floor
 - ▶ Slow butterfly tapping, slowing down
 - ▶ Drawing

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Intentional Use of Regulation Strategies

- ▶ Up Regulating vs Down Regulating
 - ▶ Sharing this with other staff
 - ▶ Throwing too many strategies at a student is overwhelming and reduces likelihood of use
- ▶ Engaging the left brain
 - ▶ Puzzles, mazes, word searches
- ▶ Brainstem Calmers (Perry)
 - ▶ Engage the senses, rhythm, movement, music, sensory bins
 - ▶ Rainbow loom, catch, walking, water beads, dancing, drumming, singing, rice bin, kinetic sand, mad matter
 - ▶ <https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmers-Activities.pdf>

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Equipping Students with Knowledge

- ▶ Best tool we can give is to teach students about how their brain/bodies work
- ▶ Emotions/feelings no longer have to be taught as an intangible experience
- ▶ Students feel more empowered to manage emotions when they understand them and people around them also engage safely with their emotions

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Regulation/stabilization

- ▶ Rituals
 - ▶ Managing expectations
 - ▶ Reliability, consistency, predictability, safety. Be the same person.
 - ▶ The same. The whole building.

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Beacon House
Therapeutic Services and Community Care

The Three R's: Reaching The Learning Brain
Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.

Second: We must relate and connect with the child through an attuned and sensitive relationship.

First: We must help the child to regulate and calm their fight, flight or freeze responses.

Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

www.beaconhouse.org.uk

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See Websites and Podcasts:

- ▶ NCTSN www.nctsn.org
- ▶ Beacon House <https://beaconhouse.org.uk/>
- ▶ National Center on Safe Supportive Learning Environments: <https://safesupportivelearning.ed.gov/training-technical-assistance/training-products-tools/guides>

Podcasts:

- ▶ The Baffling Behavior Show
- ▶ Attachment Theory in Action- Robyn Gobbel
- ▶ Dr. Becky
- ▶ AdopteesOn

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