

FINDING CONNECTIONS:

Integrating adoption data, neuroscience,
and attachment theory to heal relational
trauma via wilderness therapy

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• what is it that shaped this

→ beliefs that we are dealing w/
attachment + attachment and

① subset is adoption.

Why is the adoption an issue? [?]
why are we so concerned

• ~~ATT~~ Break in

- identity, belonging, culture / ethnicity
- break from

FINDING CONNECTIONS...

- Adoption vs. Attachment
- What does the research say about wilderness therapy students *who were adopted*?
- What does the neuroscience research and theory say about treating attachment issues?
- What does outcome research say about adoptees who have completed wilderness therapy?
- How does WT incorporate healing elements from neuroscience research and attachment theory?

ADOPTION VS. ATTACHMENT



Where are the similarities and differences?

Adoption Issues VS. Attachment Issues

- Loss
 - Rejection
 - Guilt/ Shame
 - Belonging
 - Identity
 - ▣ Ethnicity
 - ▣ Culture
 - ▣ Values/Beliefs
 - Intimacy/ Relationship
 - Control
 - Trust
- Detachment
 - Unresponsive or resistant to comfort
 - Holds back or inhibits emotions
 - Withdrawn or mixture of approach and avoidance
 - Struggles with managing emotions- Anger problems
 - Defensive/Reactive at times
 - Control
 - Trust



Adoptees make up 2% of the US child population under 18.

25%- International

37%- Foster

38%- Private domestic

- 2007 National Survey of Adoptive Parents, 2007 National Survey of Children's Health.



10% to 15% of the children in residential care facilities and inpatient psychiatric settings were adopted. - Brodinsky, 1993

...preliminary analysis of 49 RTCs and Wilderness programs indicated over 30% current census for adopted youth. -Brodinsky, 2014

SECOND NATURE

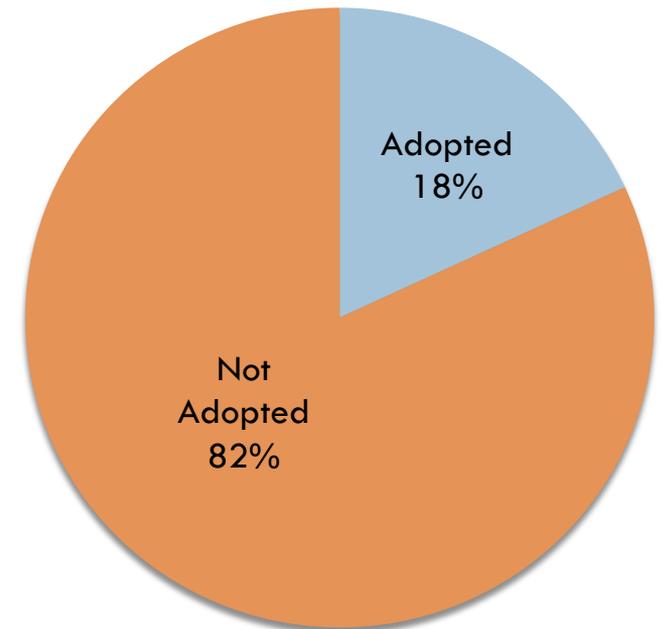
RESEARCH:

Data on Adoptees



Rates of Adoption at Second Nature

- Outcome Study enrolled from June 2011-June 2012
 - 4 programs
- 659 Adolescents and parents participated
- 18% of adolescents (118/659) were adopted



2% VS. 18%



Why is there such a discrepancy?

Type of adoptions

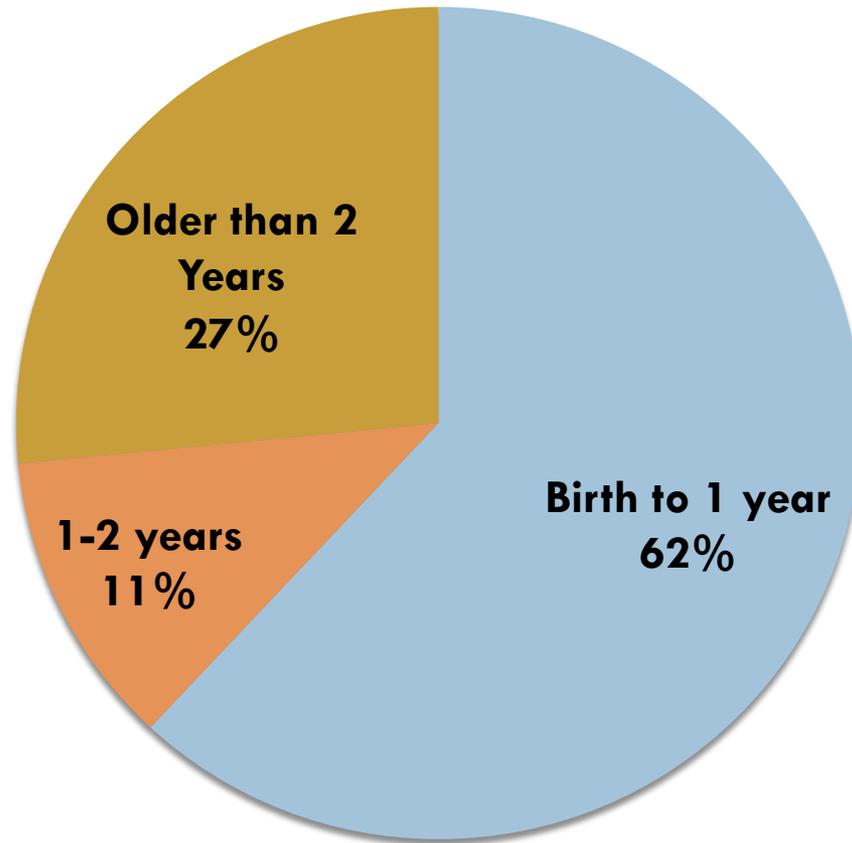
Nationally

- 75% Domestic
 - ▣ 38%- Private
 - ▣ 37%- Foster
- 25%- International

Second Nature

- 81% Domestic
 - ▣ 56% likely private
 - ▣ 25% likely foster
- 19% International

Age at Adoption



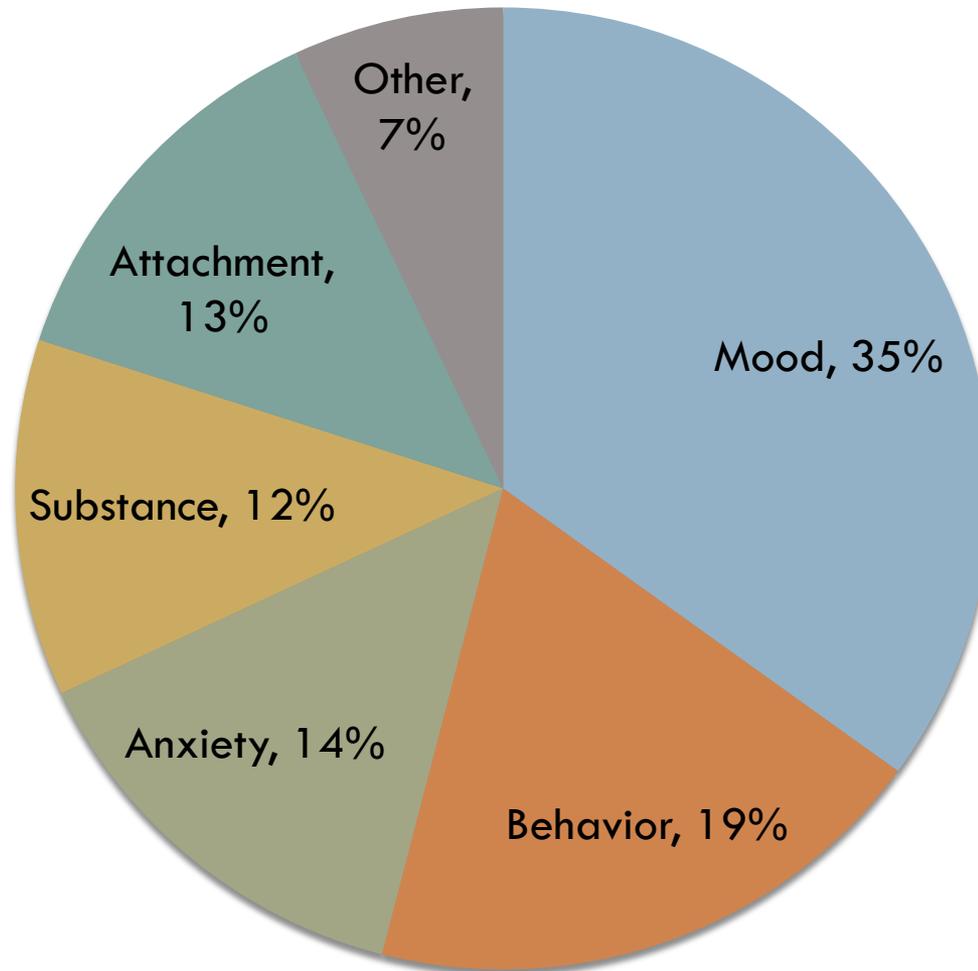
Demographic Comparisons

- Age
 - 15.7 years for adoptees and 15.8 years for non-adoptees
- Parent's Marital Status
 - More parents whose child was adopted are still together
 - (78% vs 63%; $t = 3.43$, $p = .001$, $df = 199.6$)
- Gender
 - 22% of females and 16% of males were adopted
- Length of Stay
 - Adoptees do not stay as long - about .48* weeks shorter
 - ($t = -2.04$, $p = .042$, $df = 654$)
- Attending Aftercare
 - 81% of non-adoptees and 84% of adoptees went to AC

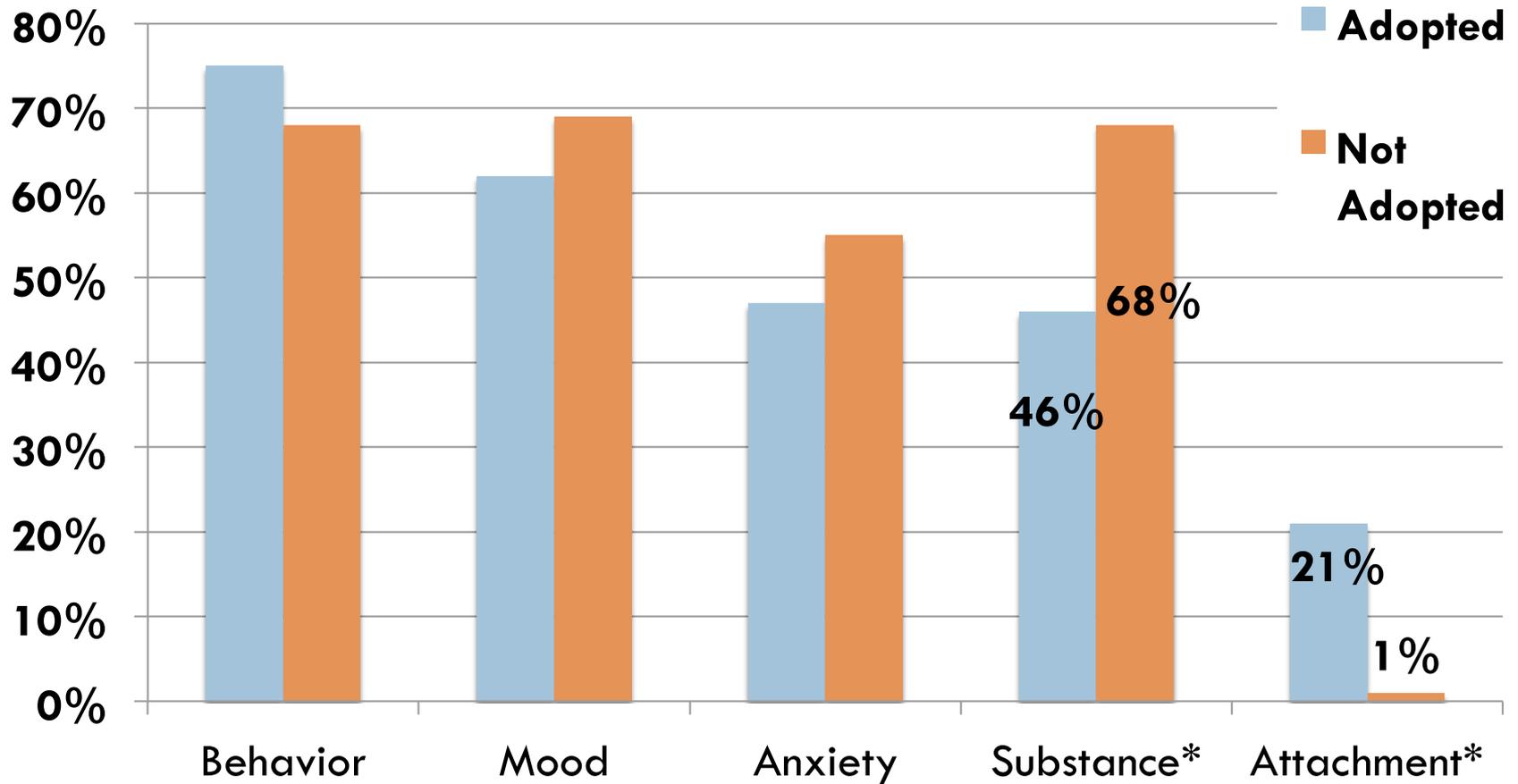
Comparing diagnoses for adoptees and non adoptees



Primary Diagnosis for Adolescents who were Adopted



Comparing diagnoses for all participants



Attachment Diagnoses for Adoptees

- 29 of 659 students had attachment diagnosis*.
 - 25 of the 29 diagnoses were adoptees
 - So, 86% of attachment diagnoses were adoptees
 - But, only 21% of adopted students had an attachment diagnosis
- **Take home:**
 - Most attachment issues are happening in adoptees, but the majority of adoptees do not have attachment issues.

* Diagnoses included DSM-IV RAD and Disorder of Infancy, Childhood or Adol. NOS.

Attachment Diagnoses in adoptees

- Does age at adoption make a difference?
 - ▣ Adopted in first year of life: 10% with Attachment
 - ▣ Adopted after 1 year old: 42% with Attachment
- Does type of adoption make a difference?
 - ▣ 17% of domestic adoptions
 - ▣ 41% of international adoption

What happens in healthy attachment?



TREATING ATTACHMENT:

Right Brain to Right Brain connection and Wilderness Therapy

“INVISIBLE THREADS
ARE THE STRONGEST TIES.”

— FRIEDRICH NIETZSCHE

Left Brain VS Right Brain

- ○ Logical brain vs. Emotional brain
- ○ Linear vs. Intuitive brain
- ○ Explicit vs. Implicit self systems
- ○ Conscious vs. Unconscious
- ○ Words vs. Imagery
- ○ Sequential vs. Holistic/gestalt thinking
- ○ Linguistic vs. Social

The Right Brain

- Dominant hemisphere for:
 - Body Regulation
 - Non-verbal emotional communication
 - Empathy
 - Understanding of another person's thinking

(Newton, 2008; Saxe and Wexler, 2005; Schore, 2013)

ATTUNEMENT & ATTACHMENT: Seeds for Emotional Regulation

When does affect regulation and attunement begin?

- It begins during earliest infancy
- It takes place beneath conscious awareness
- It occurs within a dyadic relationship, where the “information” is processed through non-verbal realms (Schoore, 2013).

In a broader sense, rather than an attachment theory, it may in fact be more of a regulatory theory

This all occurs at a R-b “pre-verbal” level. Dependent on mother’s capacity to process, as emotional stimuli activated the R-b NOT the L-b.

Inside the Attunement Process

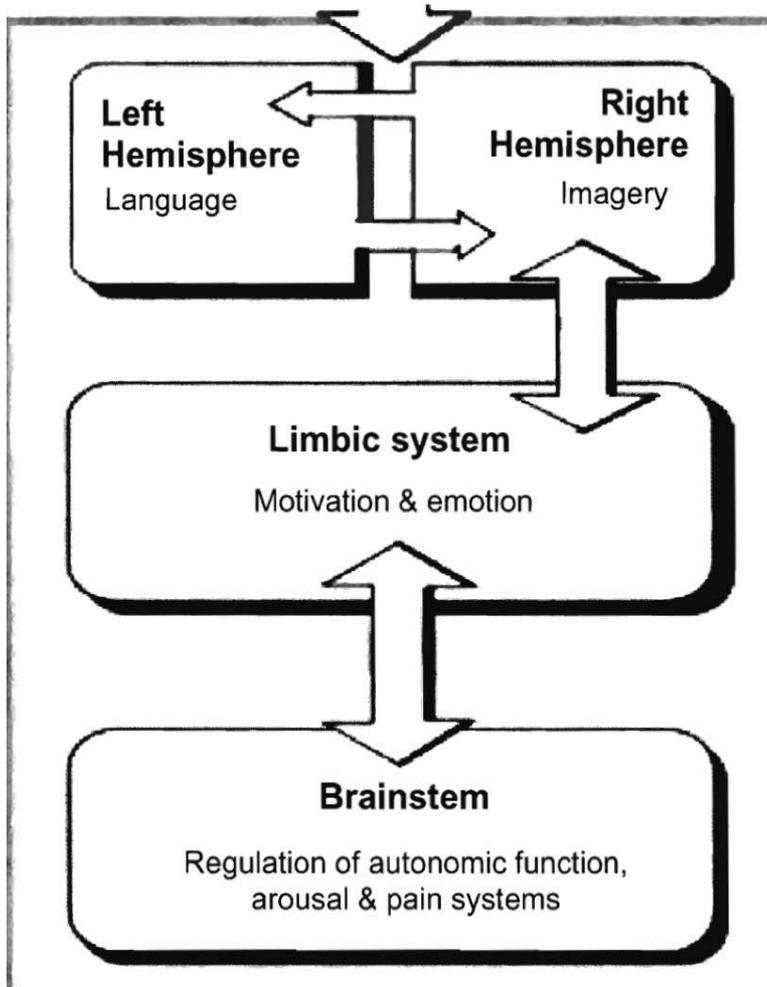
- Resonance- when one's is emotionally “gotten” or understood by another. The shared emotional state amplifies emotional experience. (inflections laughter of a child; mother understanding baby's cue of sadness.) (Newton, 2005)
- Synchrony- when two peoples emotions become “in sync”.
Dad synchronizes his behavior toward what his child is needing.
(Newton, 2005)
- Entrainment- When the parent's system is synchronized in a way that allows them to “regulates” the child's system, “entraining” the child's system for optimum emotional regulation.

Resonance + Synchrony = Amplification and regulation of shared feeling state. (Intersubjective experience)

What does this mean for those who did not get “enough”?

- The level of brain maturation is immature due to early attachment failures and consequential excessive pruning.
 - ▣ Shore (2002)- “Early relational trauma interferes with critical period organization of r-b cortical subcortical limbic circuits and compromises attachment, capacity to play, empathy, and affect regulation.”
- Treatment works to support the re-structuring of the R-brain by providing R-b to R-b resonance.
- In these individuals change is NOT mediated by “insight” or cognitive awareness or cognitive verbal processing.
- Change MUST occur at the level of R-brain resonance.

How does treatment work?



Schore, (2009)

The therapeutic work occurs through exchanges between the therapist's relational UCS and the patient's relational UCS.

- Empathy
- Attunement
- Authentic emotional exchange/ resonance.

What is the result?

Therapeutic attunement promotes new accessibility and opportunity for emotional regulatory experience



Cliffnotes:

The more the therapist facilitates the affective experience and the expression of affect, the more the patient exhibits positive change. 😊

The therapist's ability to facilitate affect of the patient is the most positive predictor of treatment.

OUTCOME RESEARCH:

DATA ON ADOPTEES AND NON-
ADOPTEES IN WILDERNESS

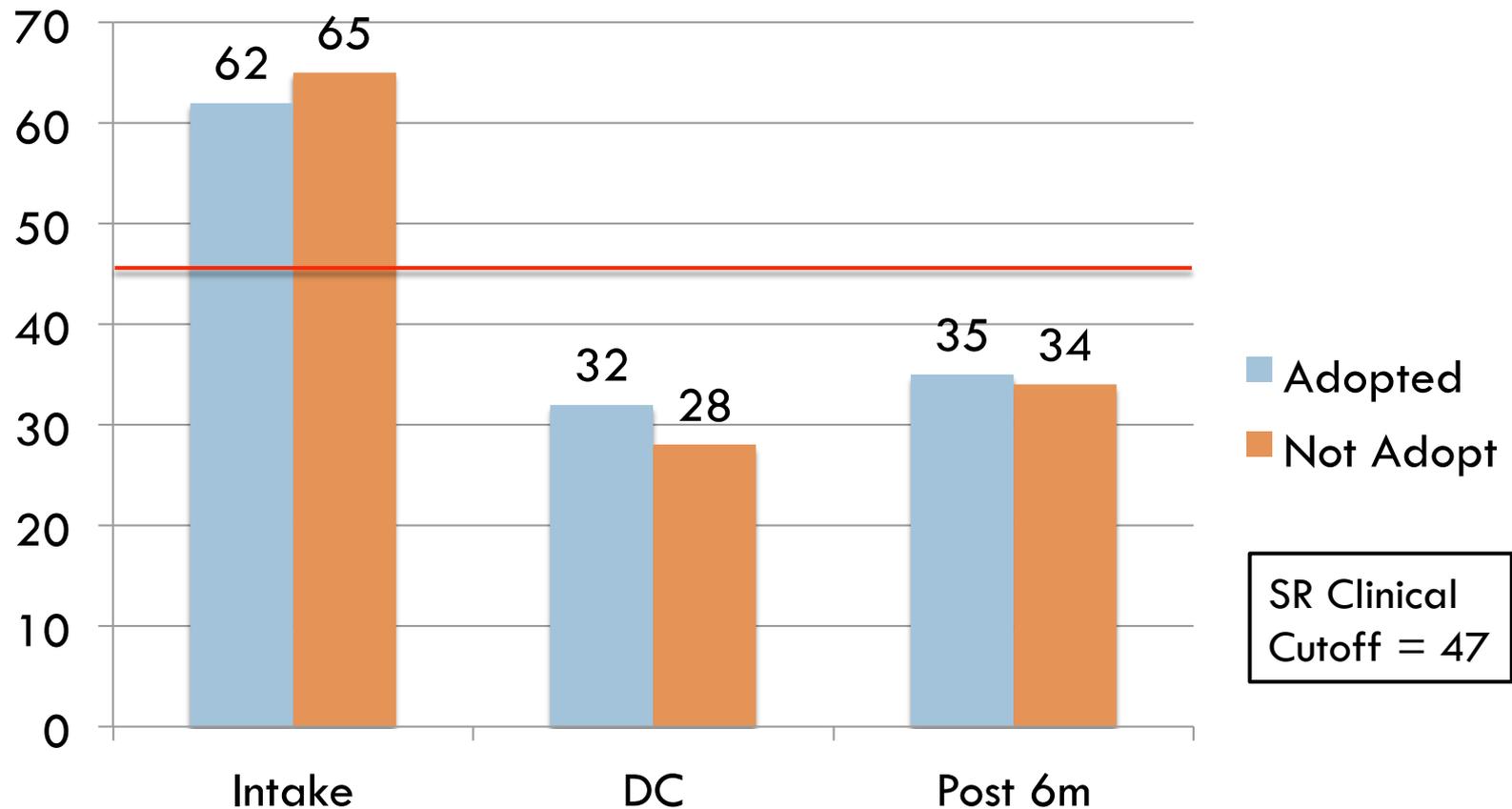


*Do kids who were adopted
do better or worse?*

Parents and student self-report on the YOQ
throughout treatment and post-treatment

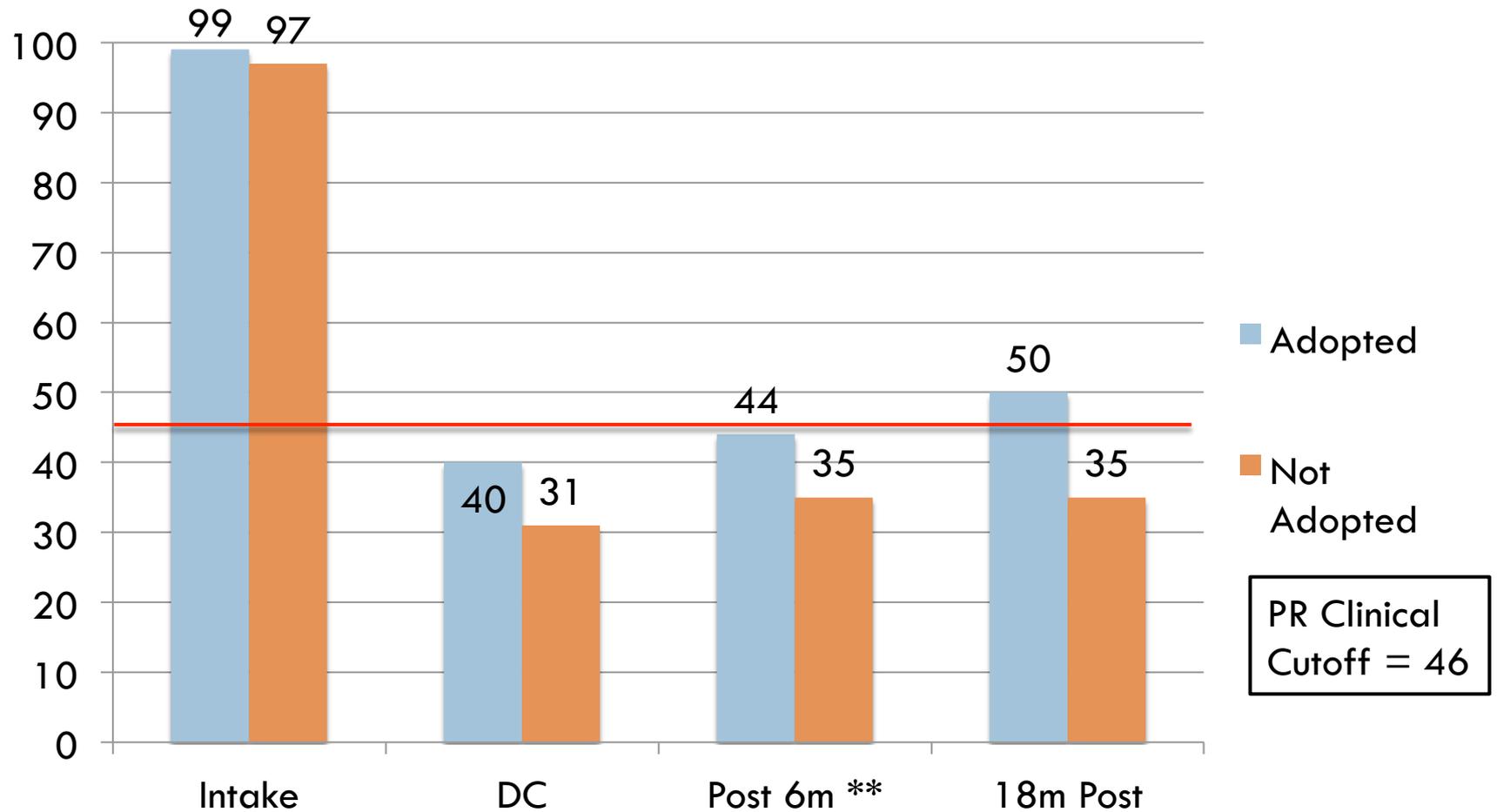
Adoptees and Non-adoptees

Student report



Adoptees and Non-adoptees

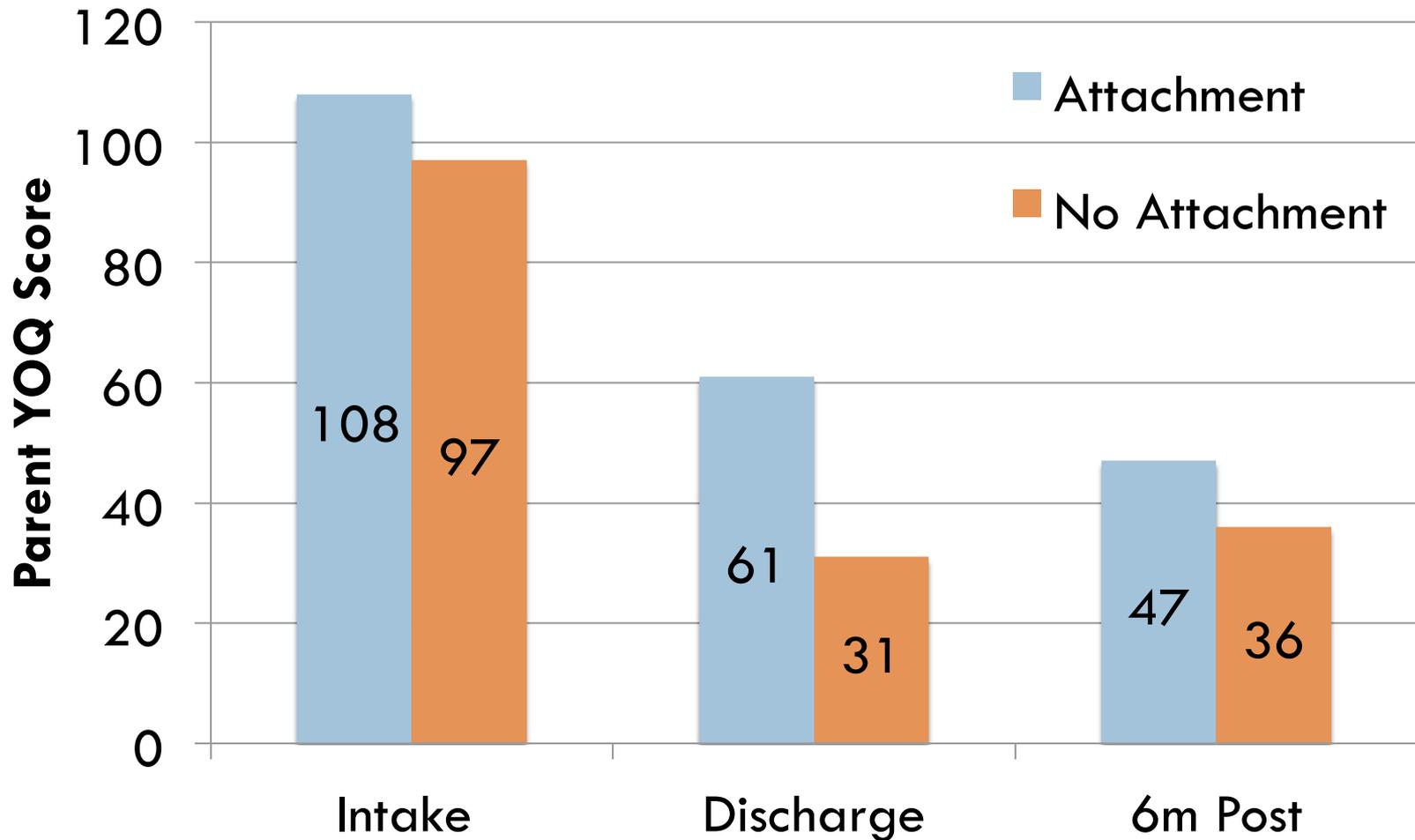
Parent report



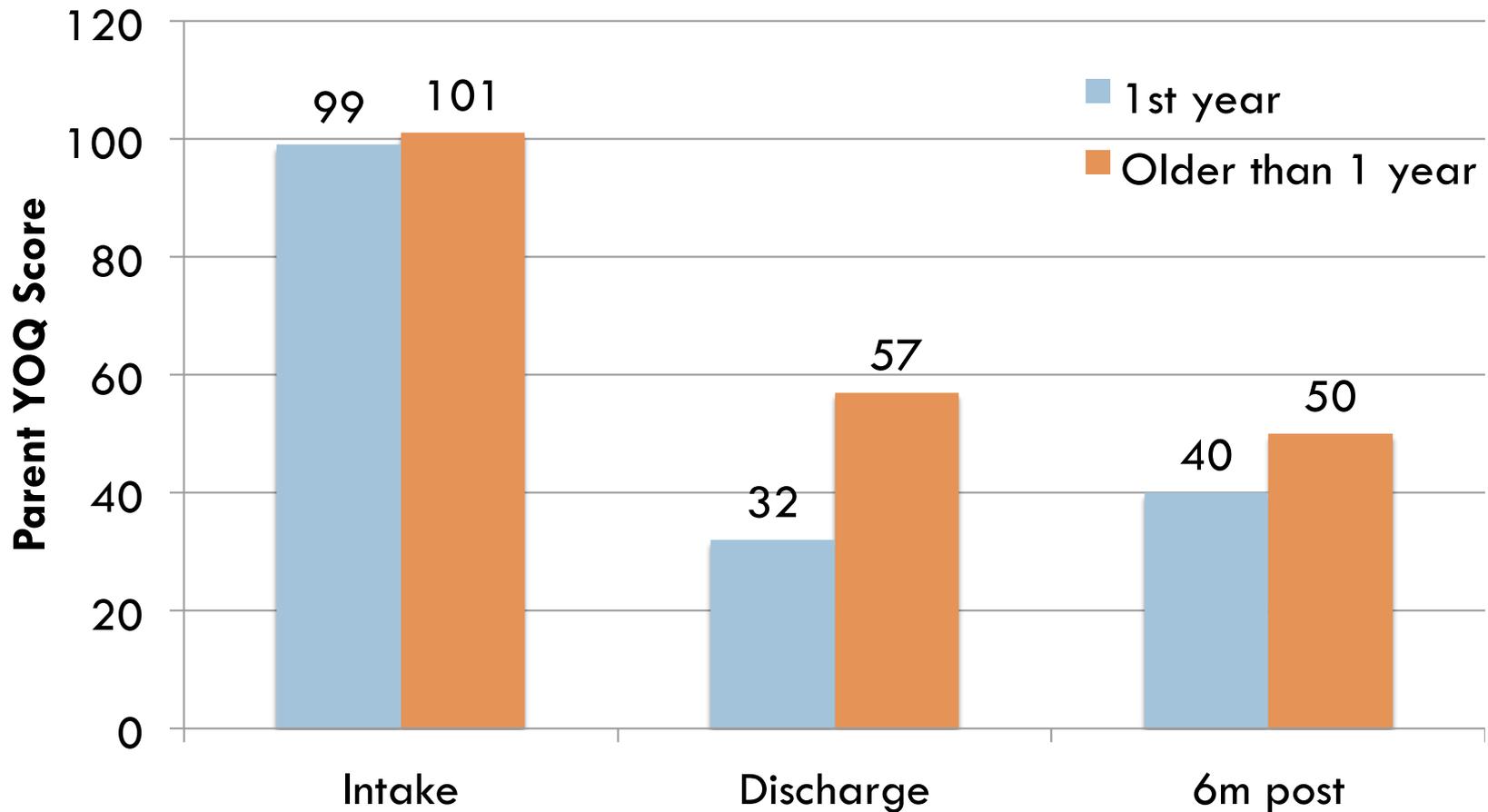
What about attachment issues impacting outcome?

- Students – No differences at intake or discharge
- Parents – Differences!

Parent YOQ – Attachment vs No Attachment



Outcome by age at adoption





How does
Wilderness Therapy
integrate attachment
principles?

What are the Right-brain based components of Wilderness Therapy?

- **Body-based activities:** shared experiences that heavily rely on UCS exchange.
- **Opportunity for moderated & manageable stress:** “pendulum-ing stress w/o overwhelm” (trauma tx).
- **Necessity of “Enactments”:** (milieu work) interactive regulation of disorganized high or low levels of autonomic arousal.
- **Wilderness Container/ Emotional Container:** provides “physical container” in order to provide the “emotional container”.

Attachment components of WT

- 1) **Structure** – limits, rules, boundaries that are consistent and predictable.
- 2) **Attunement** – non-verbal connection (R, S, E).
 - Resonance
 - Synchrony
 - Entrainment
- 3) **Empathy** – R-brain to R-brain activation, social connection, compassion.
- 4) **Consistent primary caregivers** – consistent figure for 8 days , often mimicking ‘mother/ father’ dyad, with primary therapist holding 2 days/wk consistency.

Goals for treatment...

- Treatment recapitulates the physical, emotional, and interpersonal characteristics of the attunement process.
- Through co-created experience of R-brain to R-brain resonance, new patterns for emotional regulation begin.
- Help our students encounter their previously intolerable feelings in affectively tolerable doses in the context of the safe environment.

How do we help them get ready for the plunge?



Finding Connections...

- Differences between Adoption and Attachment issues.
- Significant proportion of WT population are adoptees, 5-10x greater than Nat. Avg.
- Attachment issues are primarily within adopted clients, however most adopted client do NOT have attachment issues. Adoption at later ages increases attachment issues.
- Importance of R-brain → R-brain connection in Tx.
- While adoption does not clearly impact outcome, attachment issues and age at adoption do.
- WT model incorporates elements from neuroscience research and attachment theory.

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