This story began when Hilary was 7 years old and she found herself elder sister to twins whom her mother could not really care for without help. Her sister was looked after by a “nanny” and Hilary took over the care of her brother. So began her career in attunement in infant care!

Her Creation VIG is now used in more than 18 countries and by at least 5000 practitioners in helping professions (social work, education and health).
How my trip to Mexico's street children brought me here ...
Another celebration in 2011 in Mexico
Dan says, "When we **attune** with others we allow our own internal state to shift, to come to resonate with the inner world of another. This resonance is at the heart of the important sense of “feeling felt” that emerges in close relationships.

- Children need attunement to feel secure and to develop well, and throughout our lives we need attunement to feel close and connected and to **empathise** with others.
“Our minds are created by the functioning of our brains and the ways in which information and energy flows within us and between us”.

“It is a complex open system tending naturally towards complexity and well-being - unless it is ‘stressed’” (Siegel, 2003)

Toxic stress ie chronic trauma damages our capacity to attune and thereby mentalise and empathise.
WHAT IS TRAUMA?

- We have learned that trauma is not just an event that took place sometime in the past: it is also the imprint left by that experience on mind, brain and body. This imprint has ongoing consequences for how the human organism manages to survive the present.
- Trauma results in a fundamental reorganisation of the way mind and brain manage perceptions… and the way we think.

*Van der Kolk 2015*
Human destructive behaviour begins at home

- Yes, we do have a remarkable brain capable of wondrous achievements but it is a social brain and relies on our ability to connect through our attachment system and resulting emotions.

- When traumatised, specially in childhood, the human brain switches to “self preservative behaviour with its emphasis on power and control” while “species preservative behaviour”, is associated with attachment, attunement and empathy (J.P.Henry, 1997).
**Hyperarousal-Related Symptoms:**
High sympathetic arousal leading to impulsivity, risk-taking, poor judgment
Perceptual and muscular hypervigilance, post-traumatic paranoia, chronic dread
Intrusive images, sensations, emotions; racing thoughts
Obsessive thoughts and behavior, cognitive schemas focused on safety and responsibility

**Hypoarousal-Related Symptoms:**
Flat affect, numb, feels dead or empty, “not there”
Cognitively dissociated, slowed thinking process
Collapsed posture, psychomotor retardation
Disabled defensive responses, victim identity

Ogden and Minton (2000); Fisher, 2006
*Siegel (1999)
VIG is good with infants and children because it promotes resilience

- Increases the parent’s sensitivity and emotional attunement to the infant or child - key transmitter of secure attachment
- Increases parental reflective function and mind-mindedness - key transmitter of secure attachment
- Whilst it simultaneously
  - reduces stress and increases self-confidence
  - inspires hopefulness and joy, even in disadvantaged contexts
  - activates clients to solve their own problems and therefore empowers them
**VIG PROVIDES A TURBO-CHARGED ATTUNEMENT EXPERIENCE**

- Not only does it does it emphasize the importance of the 4 principles of attuned interactions and guidance,
- It also captures this wonderful positive and often moving experience by videoing it,
- And then replaying it to the parent with the empathic support of the guide in the shared review,
- which provides in an ingenious way a triangle that includes the parent and guide resonating together in front of happy child in a moment of joyous attunement (with the likely release of Oxytocin to boost!).
Potential role of Oxytocin in VIG

- Is a neuropeptide that facilitates parental caregiving and mother infant bonding
- It stimulates emotional empathy, mentalisation or mind reading, trust and in-group altruism.
- It promotes responsiveness to infant crying by reducing activation of the neural circuitry for anxiety and aversion and increasing the activity of regions involved in empathy. (Riem et al. 2011)
JUCONI CLIP short
The Mexican Violent father and his son
**VIG is seen to work in adult survivors of child abuse and neglect because:**

- Within the context of an *attuned relationship*, it offers them the opportunity to:
  - 1) Enhance their *sensitivity and attunement* towards their infant, child or partner
  - 2) Develop the ability to *mentalise* about their own and the other’s mental states in the *shared review*
  - 3) Leading to emotional *regulation* between them and their child or partner
The case for the treatment of trauma through the use of VIG

- It promotes attunement and empathy, emotional regulation and mentalisation and thereby heals the traumatised attachment of survivors of toxic stress in childhood.
- Maximises the release of oxytocin to assist in achieving change.
- Is evidence based, effective and cheap.
- It can be used cross culturally and across the social classes.
- It is strength based improving self esteem.
Definitions of Adverse Childhood Experiences

- Definitions of Adverse Childhood Experiences
- Adverse Childhood Experiences (ACEs) are toxic stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence)
- (Bellis et al 2016)
Our story begins in a GP practice in the US where Dr Vincent Felitti is interviewing one of his patients who had successfully attended his weight loss program and then, as she reached her goal, she had dropped out and regained the 100lbs she had managed to lose.

Wanting to understand why this happened, he asked about her weight changes during her life and slipped as he said “and your weight when you first became sexually active?”

She responded “40 lbs”.. and after a long silence she revealed “at 4 years old with my father”.

Felitti was shocked as he never expected this response but following many interviews with his other patients he discovered that many had been abused or neglected.
ACE study in Kaiser Permanente and CDC by Felitti & Anda (1998)

- 1. Physical abuse
- 2. Sexual abuse
- 3. Physical neglect
- 4. Emotional neglect
- 5. Mother treated violently
- 6. Household use of drugs or alcohol
- 7. Presence of mental illness
- 8. Parental separation or divorce
- 9. Incarcerated household member
- 10. Emotional abuse
The more adverse Childhood Adverse Experiences an individual had endured, the greater the incidence of:

- Smoking, Severe Obesity, Alcohol and Drug use,
- Ischaemic heart disease, stroke, chest diseases
- Diabetes, hepatitis, sexually transmitted diseases.
- Depression, attempted suicide.

17,471 patients, 70% caucasian, 70% went to college
Dose relationship between ACEs prevalence and health

Prevalence of Health Risks per # of Adverse Childhood Experiences

- Considers self an alcoholic
- Ever used illicit drugs
- Ever injected drugs
- Had 50 or more intercourse partners
- Ever had a sexually transmitted disease

Prevalence (%)
Comparing ACE scores to 0 ACEs

- With 4 or more ACEs:
  - 21/2 x more likely to have COPD or Hepatitis
  - 41/2 x more likely to suffer depression
  - 12 x more likely to suffer from Suicidality

- With 7 or more ACEs:
  - 3 x more likely to suffer from lung cancer
  - 31/2 x more likely to suffer from Ischaemic heart disease
ACE’s effects on the life course
**Trauma-Informed Care**

- Can be implemented by any type of service or organisation and is distinct from trauma-specific interventions.
  - Realises the widespread impact of trauma and potential paths of recovery
  - Recognises the signs and symptoms of people involved in the system including staff.
  - Responds by fully integrating knowledge about trauma into policies.
  - Seeks to actively resist re-traumatisation.
THE 3 BASIC PRINCIPLES OF TIC
Trauma-informed child- and family- services
(National Child Traumatic Stress Network)

- All parties involved recognise and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers and service providers.
  - 1. Routine screening for trauma exposure and related symptoms.
  - 2. Culturally appropriate evidence-based assessments and treatment for traumatic stress and associated symptoms when available ie Inner child work.
  - 3. Make teaching resources available to children, families and providers on effects of trauma exposure and its treatment.
Trauma-informed child- and family-services continued:

4. Strengthen resilience and protective factors of children and families impacted by and vulnerable to trauma building executive function and self-regulation skills.

5. Address parent and caregiver trauma and its impact on the family system.

6. Emphasize continuity of care and collaboration across child services systems.

7. Maintain environment of care for staff that addresses, minimises, and treats secondary traumatic stress and that increases staff resilience.
Resilience as a see-saw

NEGATIVE OUTCOMES

POSITIVE OUTCOMES
Engagement in change

Every conversation is underpinned by the values of:
Trust, Hope, Respect, Compassion, Co-operation and Appreciation

Starting from what the clients want towards working out how they can make the changes they want
To read and see...

- The Deepest Well: healing the long term effects of childhood adversity by Nadine Burke Harris.
- Her you tube; Fantastic!
- ACEs Connection on line