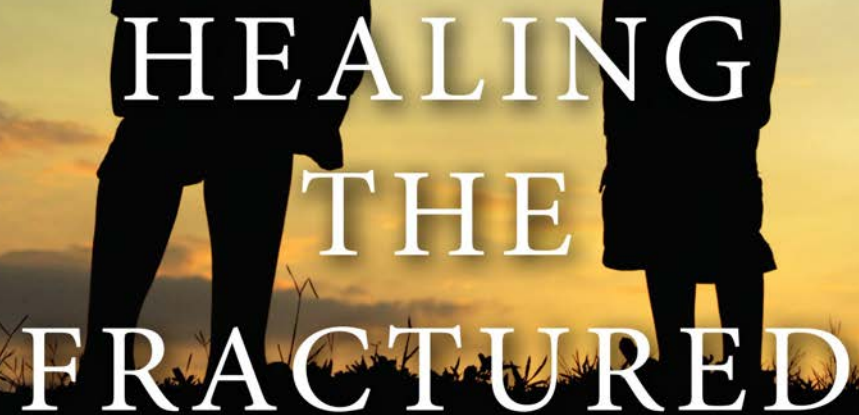


STAR Theoretical Model for Assessing and Treating Dissociative Youth

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German Society for Study of Trauma & Dissociation
Berlin, Germany



HEALING THE FRACTURED CHILD

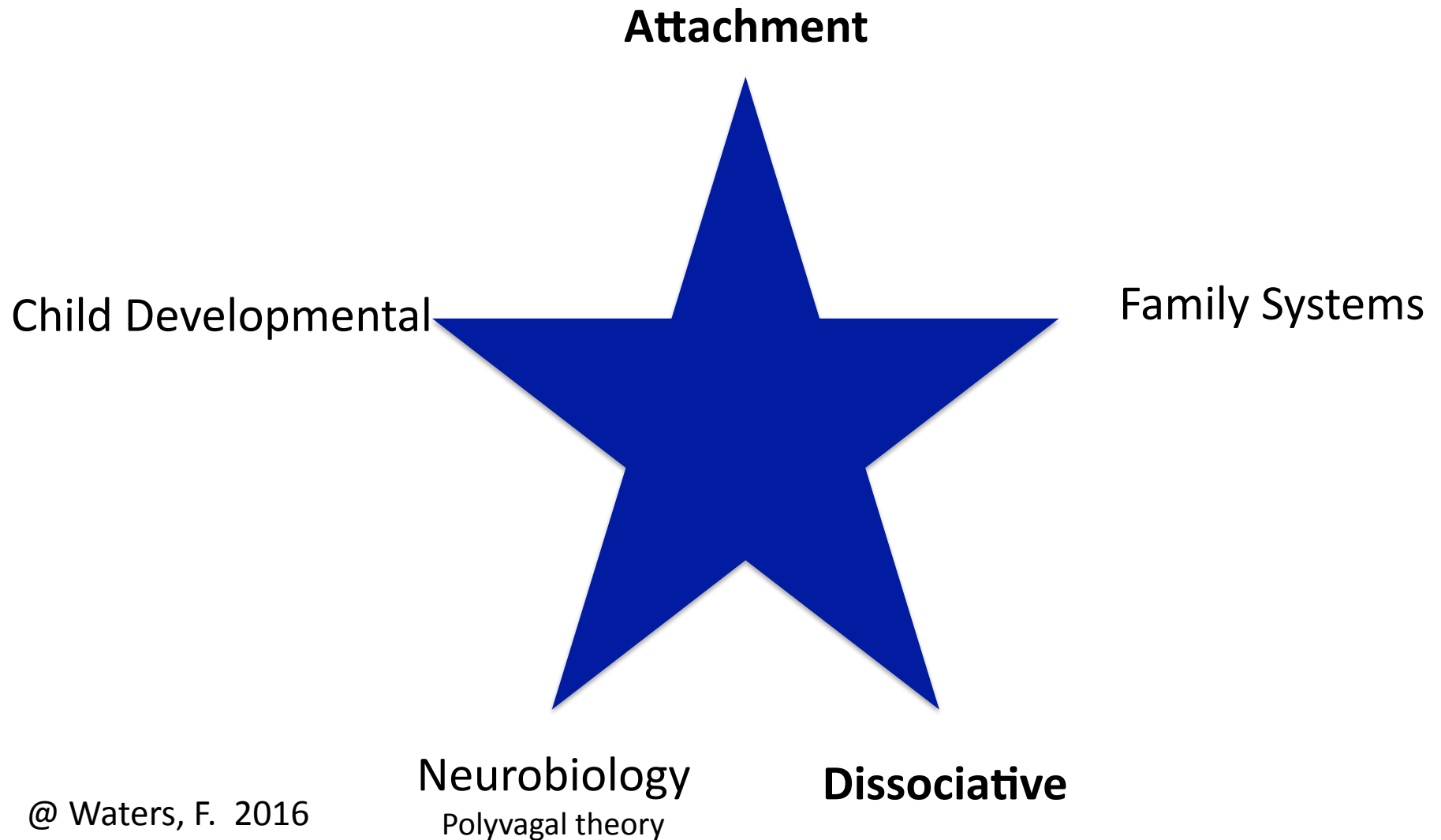
DIAGNOSIS AND TREATMENT OF
YOUTH WITH DISSOCIATION

FRANCES S. WATERS

SPRINGER  PUBLISHING COMPANY


STAR Theoretical Model

Assessing & Treating Children with Dissociation



STAR Model

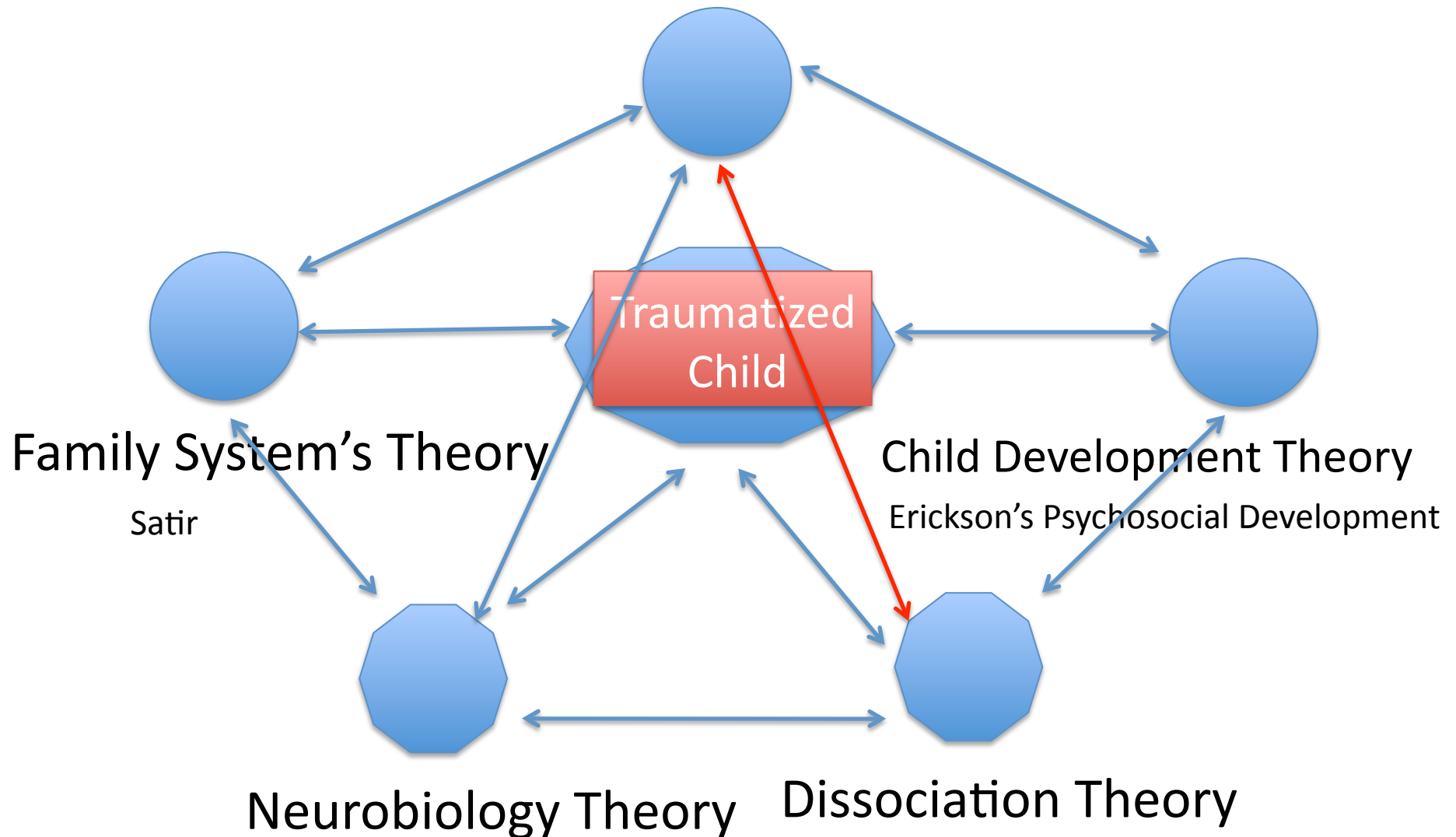
Comprehensive Model

- Not one theory is sufficient
 - Combines 5 theories
 - Attachment
 - Child developmental
 - Family systems
 - Neurobiology
 - Dissociation
- 
- Intersect
&
Overlap**
- Different pathways toward developing dissociation & healing the dissociative child
 - This model guides the assessment & treatment process

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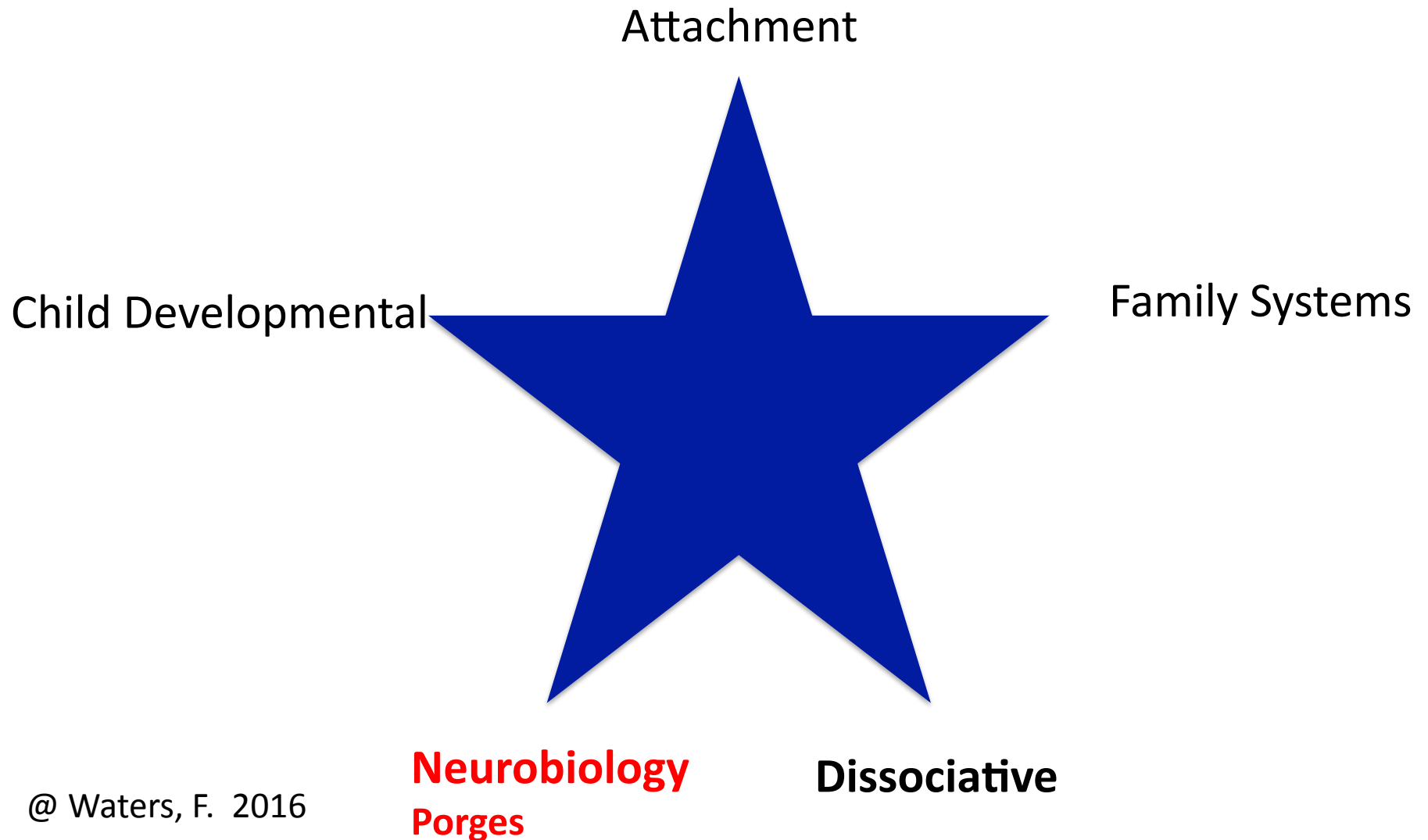
Attachment Theory

Bowlby- DA Attachment, Shore



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Neurobiology of Trauma

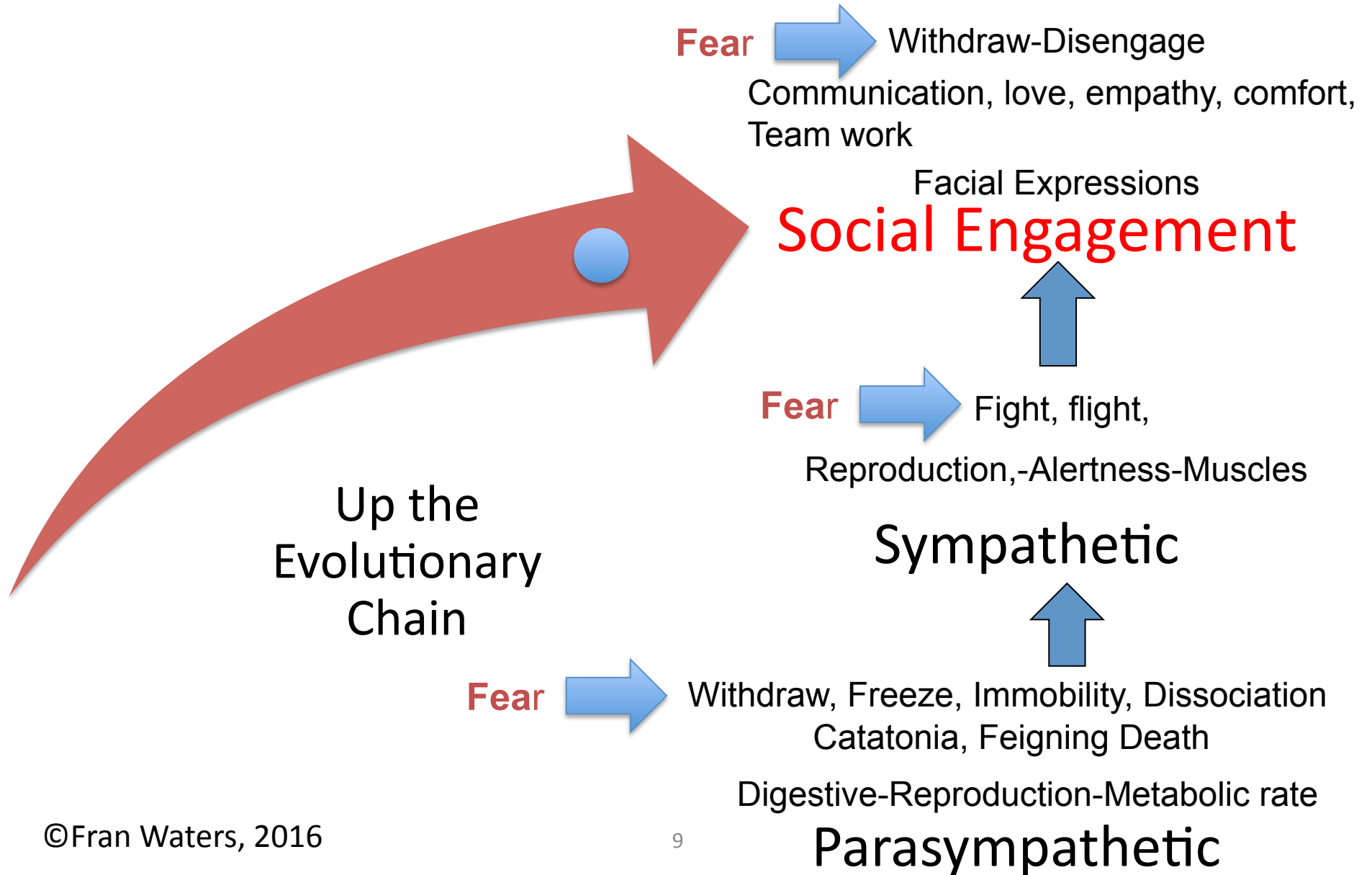
Polyvagal Theory & Triune Autonomic Nervous System

Stephen Porges, PhD

The TRIUNE Autonomic Nervous System (ANS), Porges

- Contrary to the prevailing popular idea, ANS the has three branches, not two!
- The three are phylogenically sequential, reflecting increasing survival effectiveness at each stage.

TRIUNE ANS-3 Vagal Nerves



Social Engagement System

- Mylenated vagus nerve contains sensory fibers that go directly from the heart to upper part of the face and ear muscles.
- It is linked with the regulation of all of the facial muscles including those used for listening and engaging with others.
- Maintain engagement
 - Prosaic voice
 - Nicely modulated
 - Soft, warm eyes

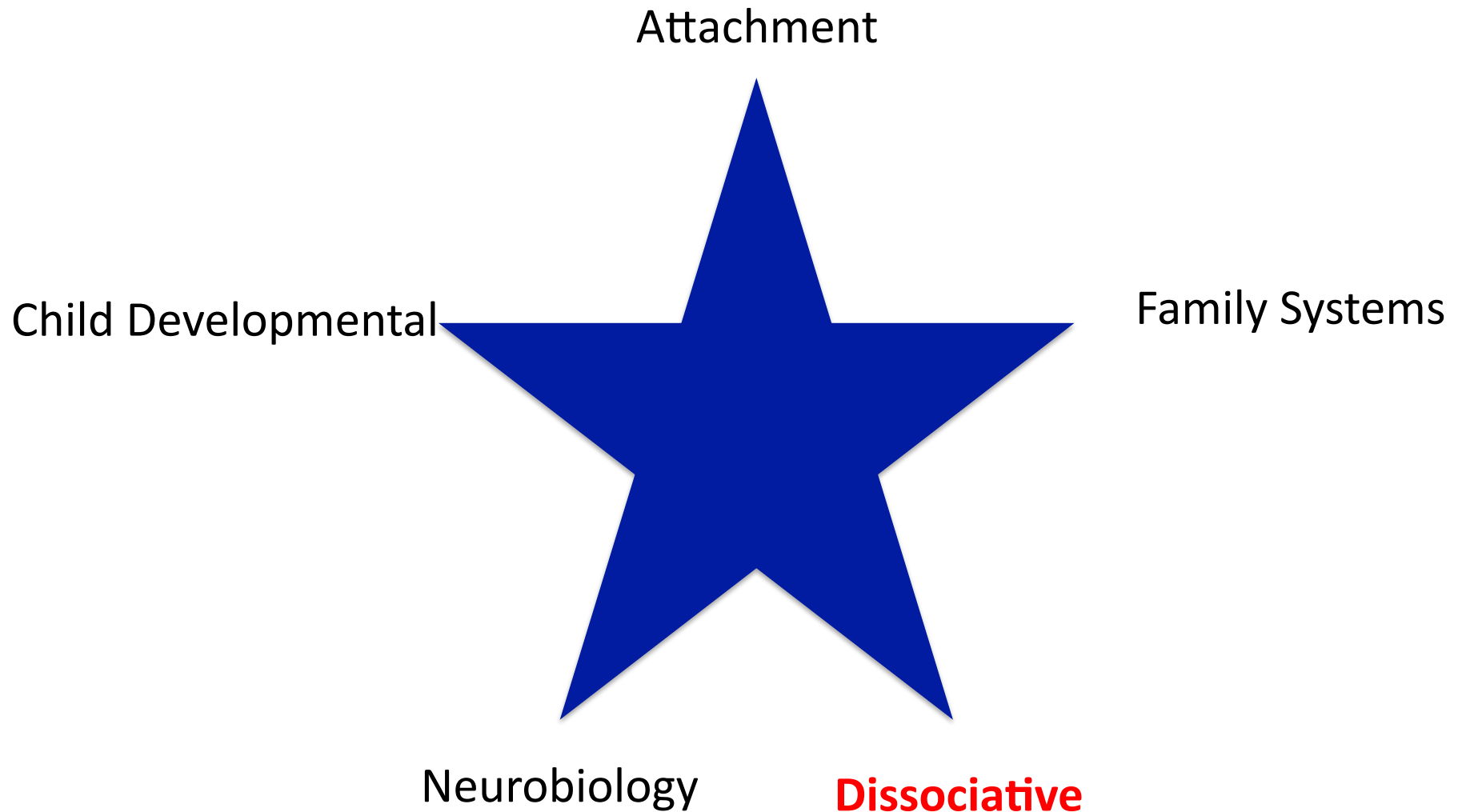
Social Engagement System

- Role of vocal inflections and facial expressions (involving facial muscles above the nose)
 - Low sounds
 - Furrowed forehead
 - Defensive reaction
 - Fight
 - Flight
 - Freeze (dissociative)



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DISSOCIATION AS A DEFENSE

Dissociation

- Instinctive, biological and most primitive self-defense when faced with overwhelming threat and fear of annihilation
- Dissociative Theories: e.g. Janet, Putnam, van der Hart, Nijenhuis & Steele, Watkins & Watkins, Silberg

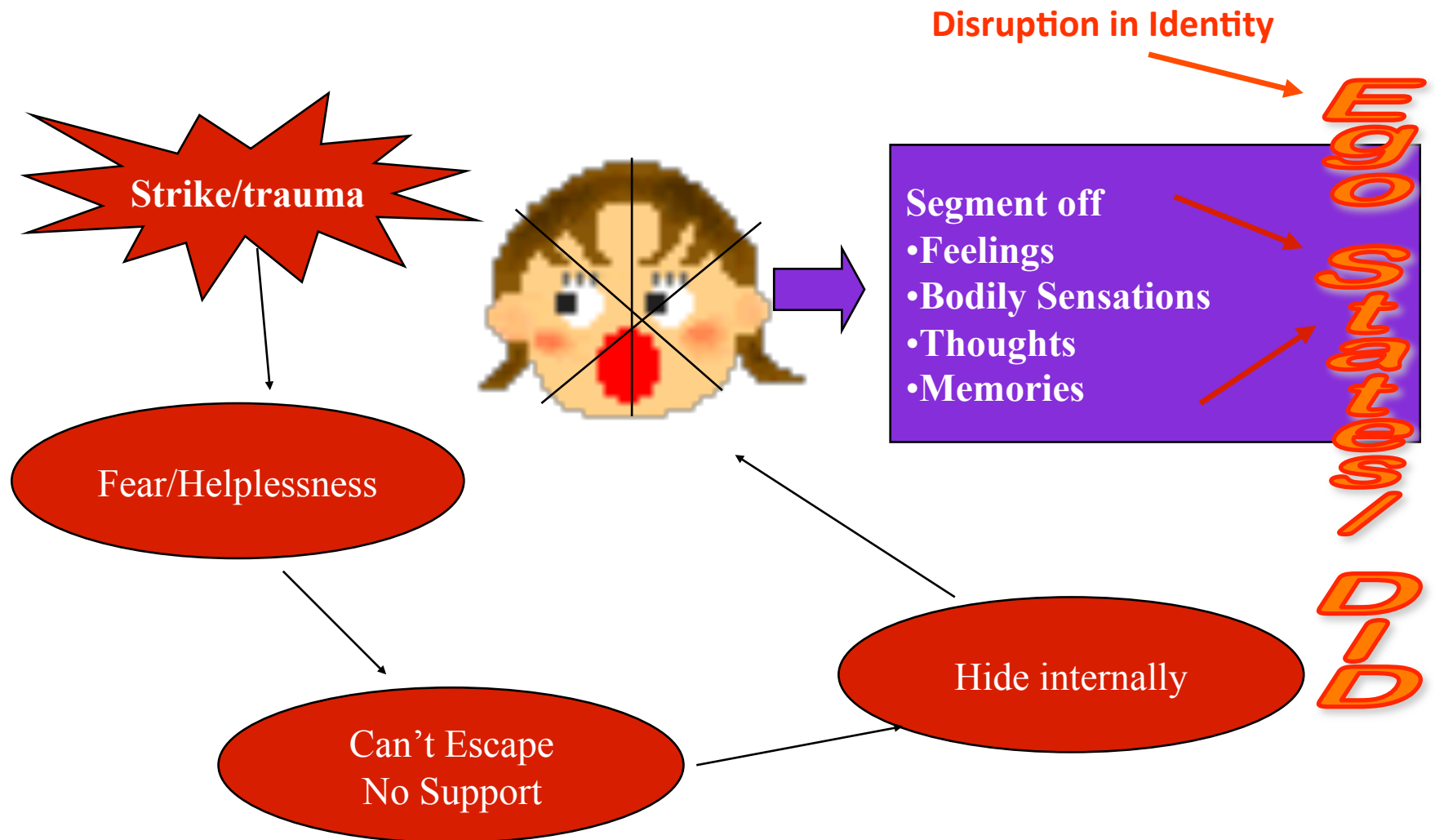
THREE MAJOR TASKS OF DISSOCIATIVE DEFENSES

- Putnam, F. (1997), Dissociation in Children and Adolescents
 - automatization of behavior in the face of psychologically overwhelming circumstance
 - compartmentalization of painful memories and affects
 - **estrangement from self** in the face of potential annihilation-self protection

**Disruption
in Identity-
Depersonalization,
Ego/Dissoc. States**

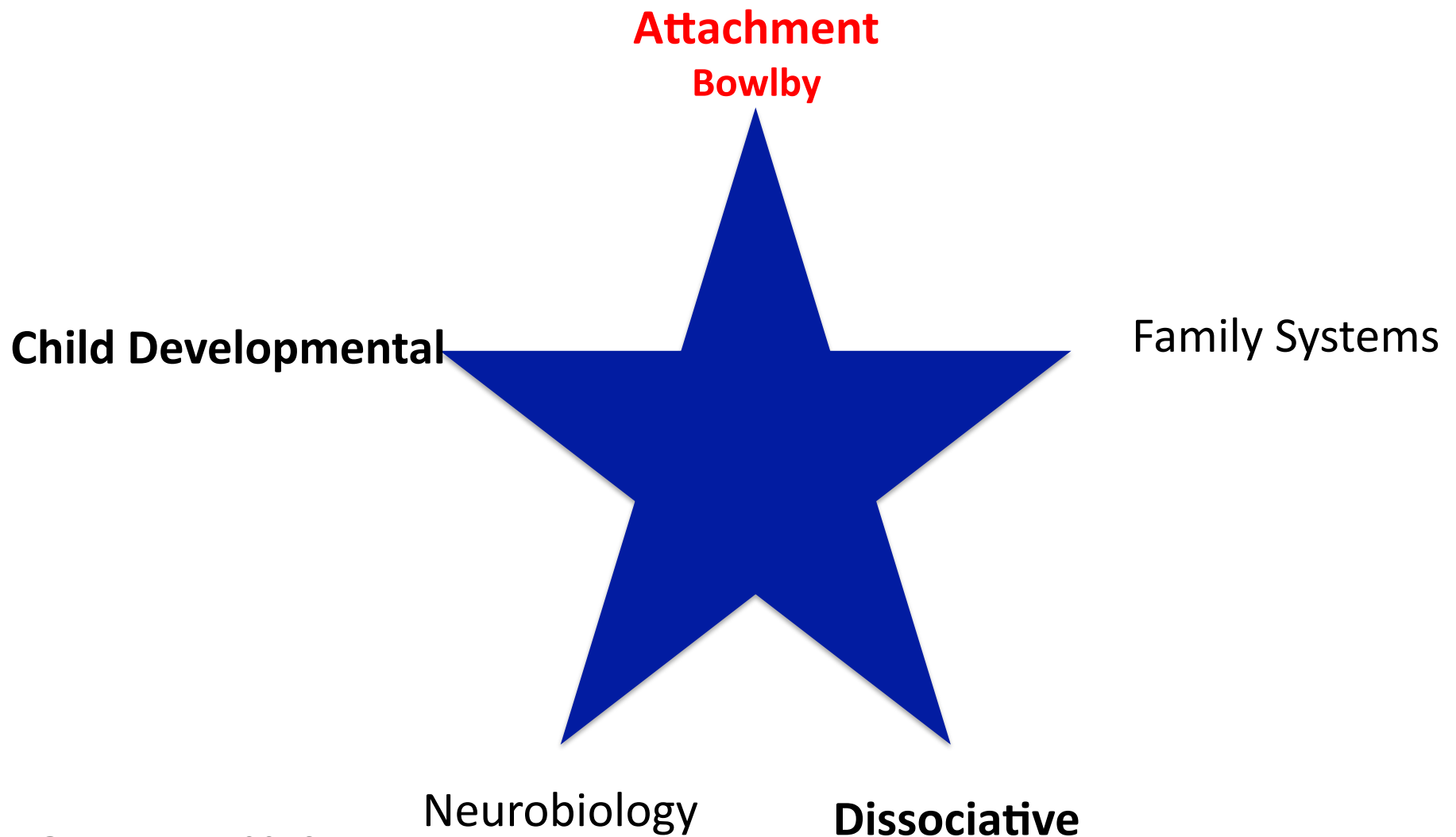


Understanding and Dissociation as a Defense Mechanism



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Bowlby

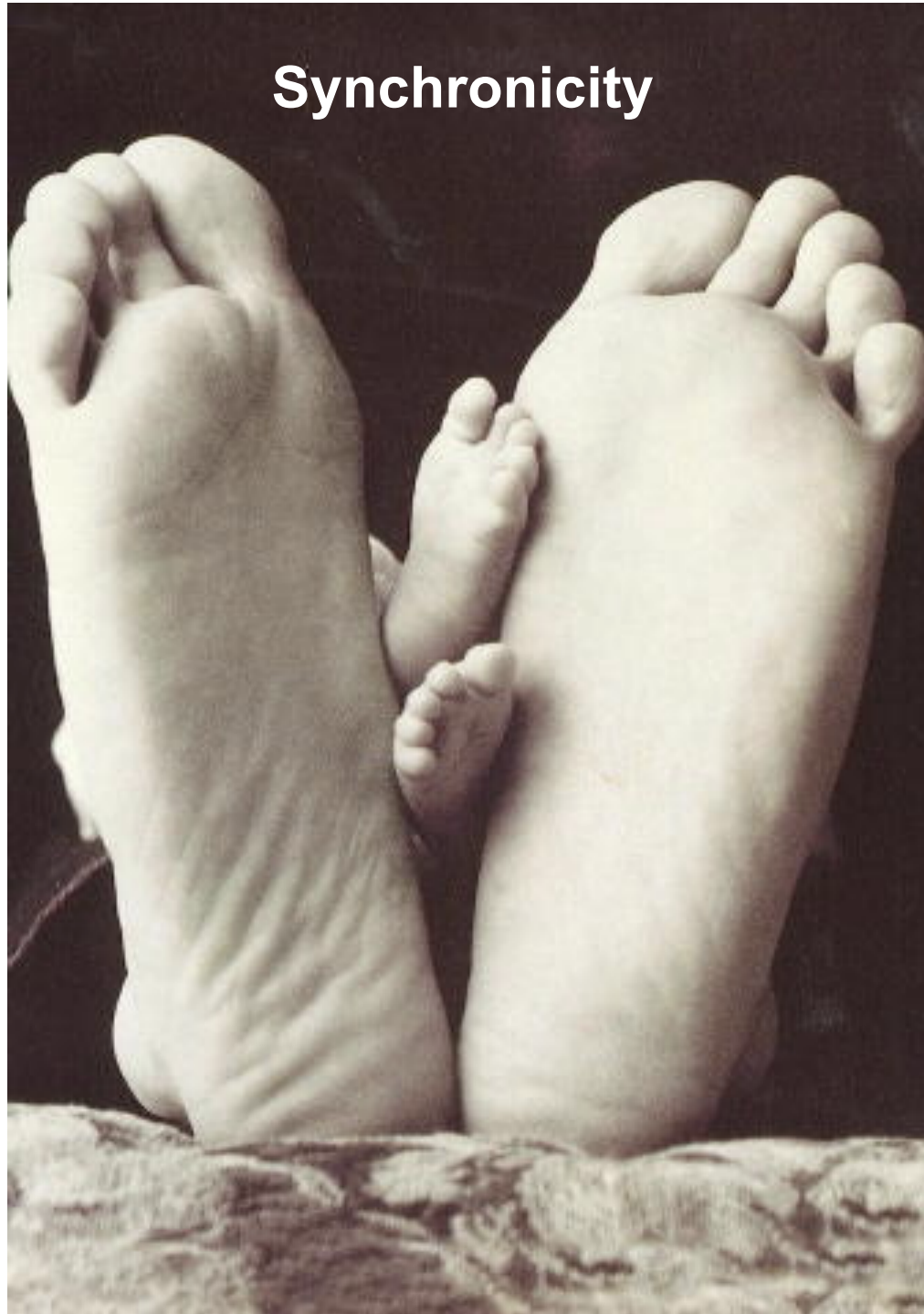
Father of Attachment Theory

- Attachment is described as an emotional bond to another person
- Attachment behavior as an instinctual drive of the infant to connect to the parent for survival.

Attachment Theory

“Attachment theory is essentially a regulatory theory...interactive regulation of biological synchronicity between organisms.” (Shore, 2000)

Synchronicity



Attachment Theory & Internal Working Models (Bowlby, 1973)

- It is through this interplay (whether positive or aversive) that the child **develops internal working models of representation of the self** and attachment figure (Bowlby, 1973)
- Unconscious process
- Forms child's identity

Incompatible Internal Working Models (Bowlby, 1961; Putnam, 1997) & Dissociation

- Based on fear
- Parent is frightening, neglectful or abusive & loving at times
- Child develops segregated states
 - **Splits off experiences & memories**
 - Unconscious, instinctive survival mechanism
 - Protects the self to stay “attached” to parent

A COMPARISON OF ATTACHMENT THEORY RESPONSES TO ATTACHMENT - TRAUMA - DISSOCIATION RESPONSE MODEL

Developed by

Frances S. Waters, DCSW (1996)

A COMPARISON OF ATTACHMENT THEORY RESPONSES TO ATTACHMENT - TRAUMA - DISSOCIATION RESPONSE MODEL

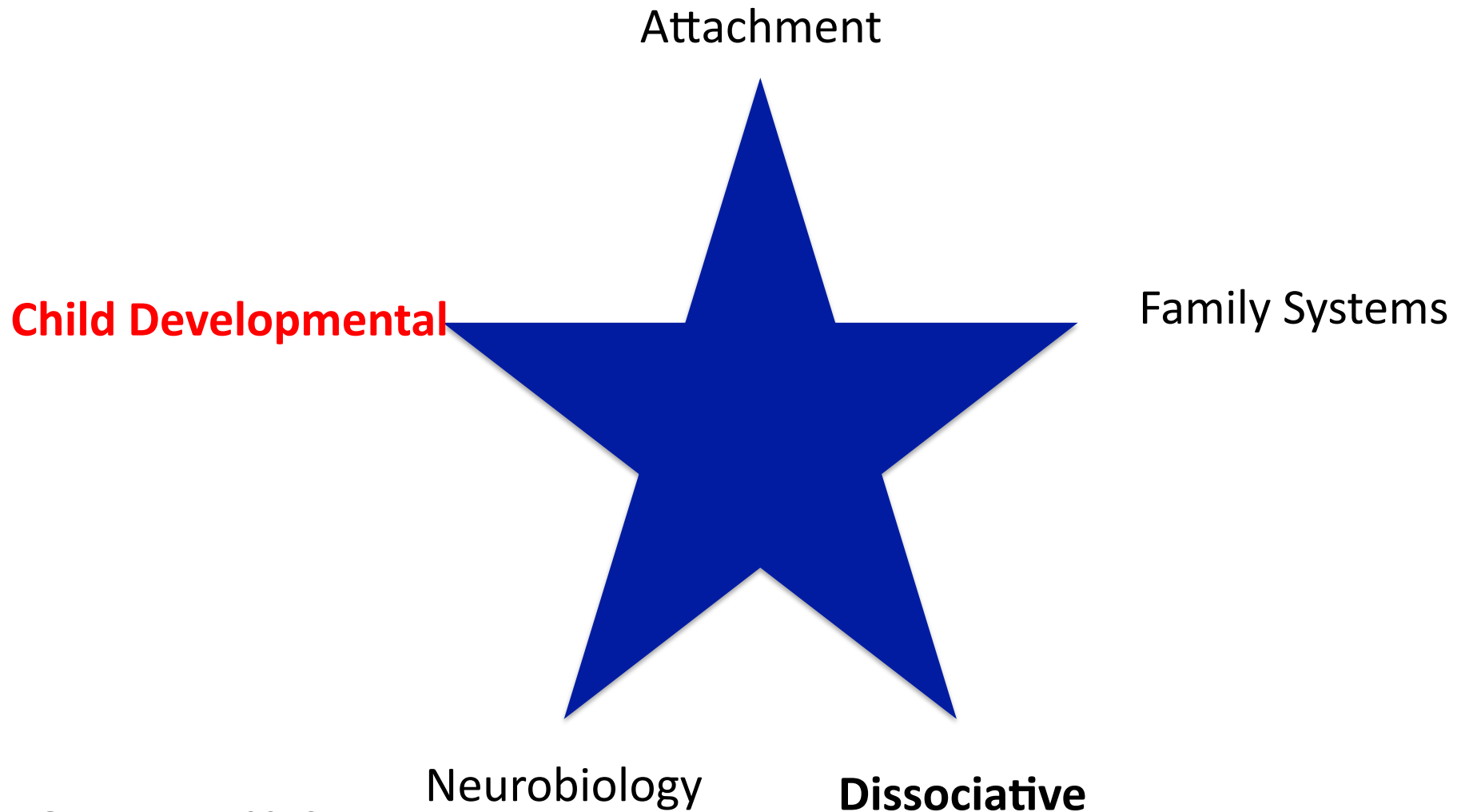
- Responses to maternal loss & abandonment, Bowlby
 - Pain, grief & mourning are seen in **unique stages**: seeking the mother → hostility → appeals for help → despair, withdrawal, regression & disorganization → reorganization & directed to a new object
- Same responses with other forms of interpersonal trauma that become segregated
 - Development of parts: e.g. internal maternal helpers/ heroes, angry/aggressive/protector perpetrators; young parts stuck at time of trauma; depressed parts, parts that want to attach and those that fear closeness

Attachment Implication for Treatment

Quality of attachment contributes to
development of and healing from dissociation

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Child Development Theory

Erickson, 1968

- Development of ego identity
- *Conscious sense of self* that is developed through social interaction

Child Development Theory

Erickson

- 8 Psychosocial Stages of Development
 - Across life span: birth to old age
 - Daily interactions with others impact competency in each stage
 - Each stage is mastered within context of significant relationships
 - Overlaps with attachment & family systems theory

8 Psychosocial Stages

Erickson

Encompass: Development of trust, autonomy, initiative, competency, identity, intimacy, concern for others and integrity

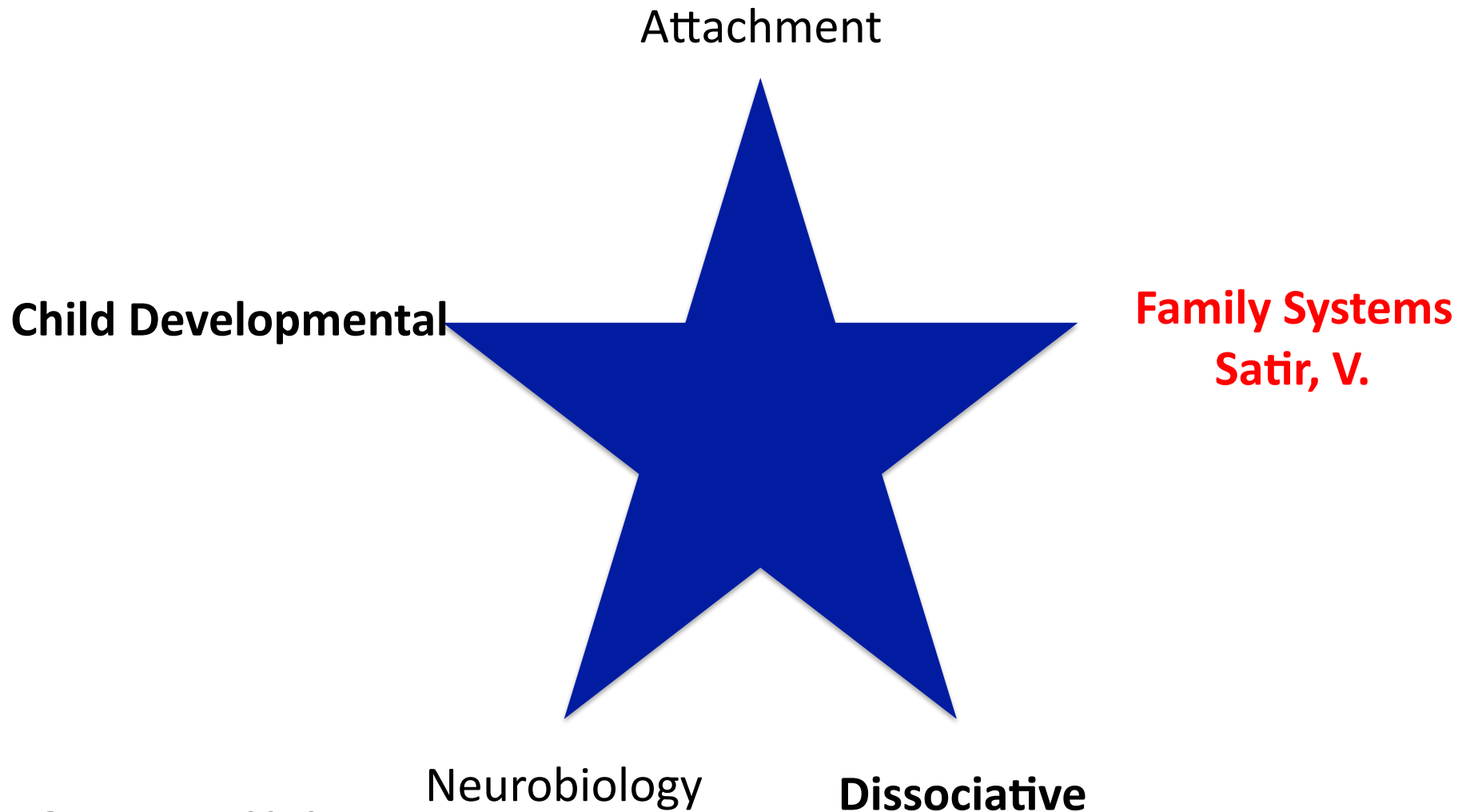
Impact of Trauma on Psychosocial Stages

Waters, 2016

- Trauma disrupts developmental stage
- Parts of self are arrested at that stage of development
- Segregated parts of self form at time of trauma
- Need to access that part to successfully process and achieve that developmental milestone, i.e., 3 y.o. sexually abused part

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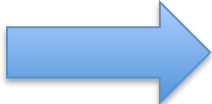


Family Systems Theory

Virginia Satir

- Family interactions play a significant role in the pathology of children, who are often the identified patient
- Compliments Bowlby's & Erickson's Models
- Involve entire family
- Examine values, rules & communication
- Healthy family-openness flexibility, appropriate family rules

Family Systems Theory

- Closed family-trauma, double binds
 - distortions, denial, secrecy, and maintaining the status quo
 - maintain past, ineffective ways of interacting
 - Contributes to segregated, incompatible working models of self  **Dissociative States**



As we treat children & families, the Star Theoretical Model is a guide toward resolution of trauma, integration of the child and integration of a healthy family.