

Transforming Trauma: An Introduction to the NeuroAffective Relational Model (NARM)



Transforming Trauma: *The NeuroAffective Relational Model for Working with Complex Trauma*

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WEBINAR TOPICS COVERED

- ✓ **Complex Trauma: Shock & Developmental Trauma**
- ✓ **5 Adaptive Survival styles**
- ✓ **Overview of NARM Therapeutic Process:
NARM Relational Model and 4 Pillars**
- ✓ **Demo Video**
- ✓ **Q & A**
- ✓ **Opportunities for Further Learning**



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3

Transforming Trauma: An Introduction to the NeuroAffective Relational Model (NARM)

Working with Complex Trauma: Differentiating Shock and Developmental Trauma & NARM™ Organizing Principles



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4

***What is the primary biological
imperative for humans?
It is to be connected...***

(Stephen Porges)



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The essence of trauma is disconnection...

***So the real question is:
“How did we get separated and
how do we reconnect?”***

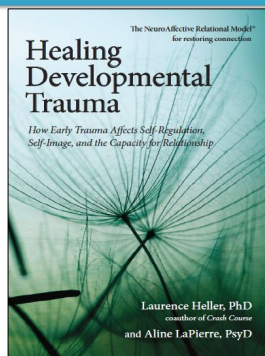
(Gabor Maté)



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Connection – Our Deepest Desire, and Greatest Fear

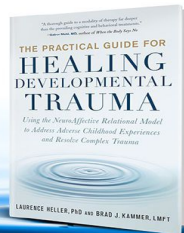
Heller and LaPierre



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Transforming Trauma: An Introduction to the NeuroAffective Relational Model (NARM)

NARM is one of the
first therapeutic models
that provides a framework and
clinical guidelines specifically
designed for the treatment
of **Complex Post-Traumatic
Stress Disorder.**



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8

A NEW DIAGNOSIS

The diagnosis of 'Post-Traumatic Stress Disorder'...does not fit accurately enough...In survivors of prolonged, repeated trauma, the symptom picture is often far more complex.

Survivors of abuse in childhood...develop characteristic personality changes, including deformations of relatedness and identity...in addition, they are particularly vulnerable to repeated harm, both self-inflicted and at the hands of others.

The syndrome that follows upon prolonged, repeated trauma needs its own name. I propose to call it: '**Complex Post-Traumatic Stress Disorder.**'

(Judith Herman)



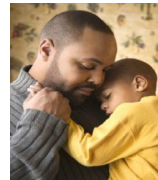
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DEVELOPMENTAL TRAUMA, ACEs & C-PTSD

- **Environmental failure** focuses on attachment disruption but also covers:
 - Systemic failures such as community violence, discrimination, war, famine, etc.
 - Anything that disrupts secure attachment, healthy development and Self-Organization



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DEVELOPMENTAL TRAUMA, ACEs & C-PTSD

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



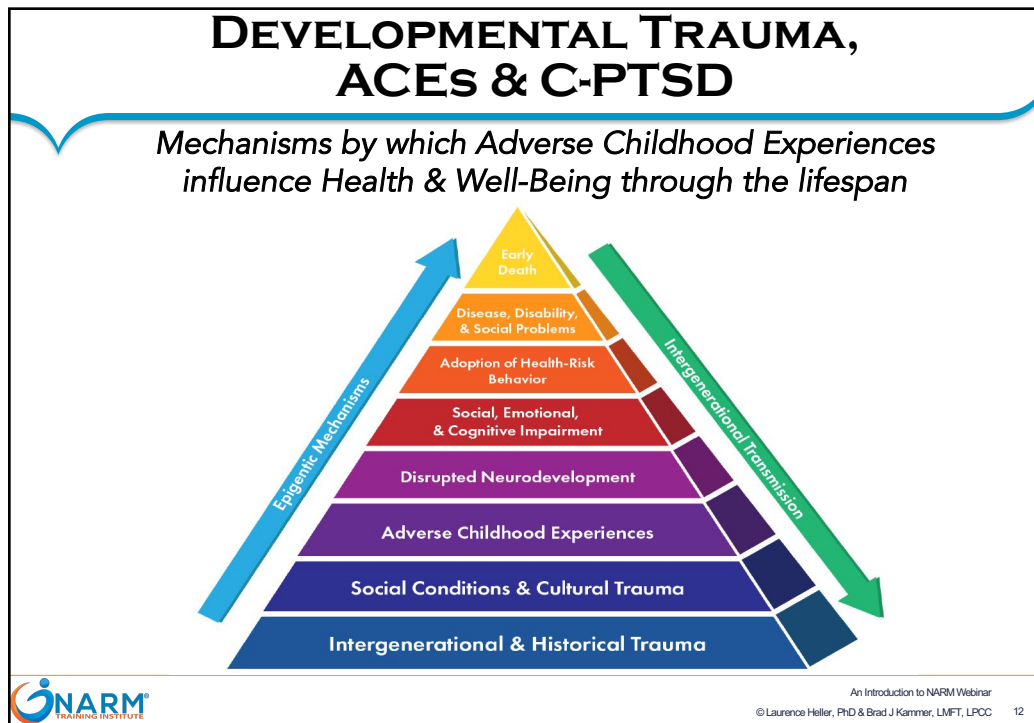
Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://www.aceconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACEsConnection



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DEVELOPMENTAL TRAUMA, ACEs & C-PTSD

- **Complex Trauma** results from chronic, long-term exposure to **relational and emotional trauma** in which an individual has little or no control (**agency**) and from which there is little or no hope of escape (**helplessness**)
- Disrupted development that occurs in response to childhood trauma (ACEs) provides a framework for understanding:
 - ADHD, RAD, Conduct and other childhood disorders
 - Mood and Anxiety disorders
 - Substance Abuse and other addictive disorders
 - A host of medical disorders, learning difficulties, and behavioral issues


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**DEVELOPMENTAL TRAUMA,
ACEs & C-PTSD**

NARM
provides a comprehensive therapeutic
model for working with the
psychobiological patterns shaped by
Complex Trauma
attachment, relational, developmental,
cultural & intergenerational trauma

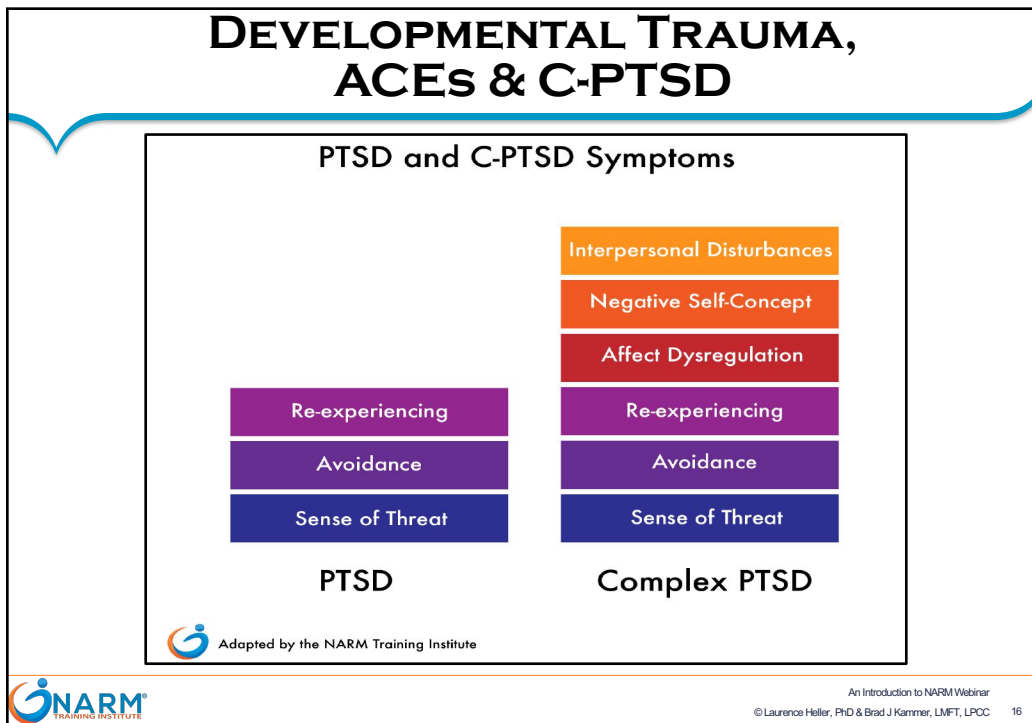
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**DEVELOPMENTAL TRAUMA,
ACEs & C-PTSD**

- While there are areas of overlap between Shock (PTSD) and Complex (C-PTSD) Trauma, NARM is a model specifically for addressing C-PTSD
- For working directly with PTSD, we recommend models such as Somatic Experiencing, EMDR, Neurofeedback, and other somatic-based models

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DEVELOPMENTAL TRAUMA, ACEs & C-PTSD

Threat of Attachment Loss:

When attacked by a bear, you
don't worry about losing the love
of the bear.

But when it is our caregivers that
attack us, we will do anything to
not lose our parents' love.

So we face an impossible bind



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DEVELOPMENTAL TRAUMA, ACEs & C-PTSD

PEOPLE HAVE 2 NEEDS

ATTACHMENT
AUTHENTICITY

WHEN AUTHENTICITY THREATENS ATTACHMENT
ATTACHMENT TRUMPS AUTHENTICITY

GABOR MATÉ

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A NEW DIAGNOSIS

It is a continuing anomaly that current established guidelines for the treatment of trauma relate to post-traumatic stress disorder (PTSD) and are inadequate to address the many dimensions of complex trauma.

Research also establishes not only that 'the majority of people who seek treatment...have histories of multiple traumas', but that those who experience complex trauma 'may react adversely to current, standard PTSD treatments.'

There is thus a clear and urgent need for clinical guidelines which are directed to treatment of the multifaceted syndrome which is complex trauma.

Adults Surviving Child Abuse (ASCA) funded by the Australian Government



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NARM ADVANCING THE TRAUMA-INFORMED MOVEMENT

Common/Traditional View

"What's wrong with you?"

Symptoms/problems are pathological;
clients are sick, ill or bad

Use labels to describe client pathology

Helping professionals are the experts
providing services to broken survivors

Goals are defined by helping professional
and focus on symptom reduction

Help is provided reactively, generally
focused on managing crises

Treatment aimed at managing or eliminating
symptoms and behaviors

Trauma-Informed

*"What happened to you? And how have you
adapted to what happened to you?"*

Symptoms/problems are survival strategies
clients use to deal with unresolved trauma

Humanize clients by understanding trauma

Helping professionals collaborate with
clients, supporting choice, agency and
control in the healing process

Goals are defined by client and focus on
recovery, self-efficacy and healing

Help is provided proactively, generally
focused on preventing further crises

Treatment aimed at resolving underlying
trauma and fostering resiliency



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The NARM® Five Adaptive Survival Styles



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ADAPTIVE SURVIVAL STYLES

Virtually everything that is 'wrong with you'
began as a compensation, as a
survival mechanism in childhood.
Therefore, it deserves nothing but
respect and compassion.

Gabor Maté



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ADAPTIVE SURVIVAL STYLES

- The Adaptive Survival Styles provides a framework for understanding long-standing, mostly unconscious patterns of being
- They also support helping professionals gain greater awareness of their own patterns and ways of being
- ***As you're learning, we invite you to:***
 - ***Reflect on how you relate to these developmental stages and themes***
 - ***How it might impact your work with clients***



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SECURE AND INSECURE ATTACHMENT: THE PROCESS OF DEVELOPMENTAL TRAUMA

Secure Attachment



Attachment, Relational & Developmental Trauma



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ADAPTIVE SURVIVAL STYLES

- Themes of Self-organization
 - Not a categorization system
 - A framework for mapping psychobiological patterns of nervous system dysregulation, disrupted emotions and distorted beliefs that develop in response to environmental failure
 - Describes developmental stages and themes
 - Adaptive survival (non-pathological) orientation
 - They are ego-syntonic
 - They show up more clearly under distress



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ADAPTIVE SURVIVAL STYLES IN HISTORICAL CONTEXT

<u>Character Structures</u>	<u>NARM Adaptive Survival Style</u>
Schizoid	CONNECTION
Oral	ATTUNEMENT
Psychopathic	TRUST
Masochistic	AUTONOMY
Rigid (Phallic & Hysteric)	LOVE/SEXUALITY


❖ *Each NARM Adaptive Survival Style is a developmental theme named for a core need and missing or compromised core capacity*




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ADAPTIVE SURVIVAL STYLES: <i>CONNECTION SURVIVAL STYLE</i>	
Developmental Period	Prenatal to 6 months
Survival Need	Existence, Safety, Connection
Survival Threat	Self & others are a source of pain/threat
Compromised Core Expression	<i>"I have a right to exist"</i>
Core Dilemma	<i>Can I be connected? To myself and to others?</i>
Survival Adaptation	Forecloses connection; disconnects from body and social engagement

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CONNECTION SURVIVAL STYLE <i>CASE STUDY</i>	
Bring to mind a client that might fit the description of the Connection Survival Style:	
• Relationship to Connection needs:	_____
• Symptoms:	_____
• Coping Strategies/Behaviors:	_____
• Physical Appearance/Mannerisms:	_____
• Your "Countertransference" Feelings/Reactions:	_____

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ADAPTIVE SURVIVAL STYLES: *ATTUNEMENT SURVIVAL STYLE*

Developmental Period	Birth to 1.5 years
Survival Need	Need, Attunement
Survival Threat	Needs are a threat
Compromised Core Expression	<i>"I have a right to get my needs met"</i>
Core Dilemma	<i>Can I attune to my own needs? Or must I attend to everyone else's needs?</i>
Survival Adaptation	Forecloses the awareness and expression of personal needs



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ATTUNEMENT SURVIVAL STYLE *CASE STUDY*

Bring to mind a client that might fit the description of the Attunement Survival Style:

- Relationship to Attunement needs: _____
- Symptoms: _____
- Coping Strategies/Behaviors: _____
- Physical Appearance/Mannerisms: _____
- Your "Countertransference" Feelings/Reactions: _____



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ADAPTIVE SURVIVAL STYLES: *TRUST SURVIVAL STYLE*

<i>Developmental Period</i>	1.5 to 4 years
<i>Survival Need</i>	Trust, Dependency
<i>Survival Threat</i>	Trusting others is a source of pain/threat
<i>Compromised Core Expression</i>	<i>"I need your help"</i>
<i>Core Dilemma</i>	<i>Can I trust and depend in a healthy way?</i>
<i>Survival Adaptation</i>	Forecloses trust and healthy interdependence



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TRUST SURVIVAL STYLE *CASE STUDY*

Bring to mind a client that might fit the description of the Trust Survival Style:

- Relationship to Trust needs: _____
- Symptoms: _____
- Coping Strategies/Behaviors: _____
- Physical Appearance/Mannerisms: _____
- Your "Countertransference" Feelings/Reactions: _____



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ADAPTIVE SURVIVAL STYLES: *AUTONOMY SURVIVAL STYLE*

Developmental Period	1.5 to 4 years
Survival Need	Autonomy, Independence
Survival Threat	Autonomy of Self & is a source of pain/threat
Compromised Core Expression	<i>"I am my own person"</i>
Core Dilemma	<i>Can I express my authenticity and still be accepted and loved?</i>
Survival Adaptation	Forecloses authentic expression, responding with what they think others expect or want



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AUTONOMY SURVIVAL STYLE *CASE STUDY*

Bring to mind a client that might fit the description of the
Autonomy Survival Style:

- Relationship to Autonomy needs: _____
- Symptoms: _____
- Coping Strategies/Behaviors: _____
- Physical Appearance/Mannerisms: _____
- Your "Countertransference" Feelings/Reactions: _____



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ADAPTIVE SURVIVAL STYLES: *LOVE-SEXUALITY SURVIVAL STYLE*

Developmental Period	3-6 years, puberty
Survival Need	Love, Intimacy
Survival Threat	Open-heartedness is a source of pain/threat
Compromised Core Expression	<i>"I fully love"</i>
Core Dilemma	<i>Can I love and be loved? Can I be open-hearted and intimate?</i>
Survival Adaptation	Forecloses one's open heart, intimacy, and the integration of love and sexuality



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LOVE-SEXUALITY SURVIVAL STYLE *CASE STUDY*

Bring to mind a client that might fit the description of the Love-Sexuality Survival Style:

- Relationship to Love-Sexuality needs: _____
- Symptoms: _____
- Coping Strategies/Behaviors: _____
- Physical Appearance/Mannerisms: _____
- Your "Countertransference" Feelings/Reactions: _____



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ADAPTIVE SURVIVAL STYLES

A lot of things that Mental Health Professionals try to exterminate and fix have their origins as *solutions* to very complex problems.

Bessel van der Kolk



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The NARM® Therapeutic Process

*Your task is not to seek for love,
but merely to seek and find all the barriers
within yourself that you have built against it.*
-Rumi-

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THE NEUROAFFECTIVE RELATIONAL MODEL

Our greatest longing is to feel alive.

Meaninglessness, depression, and many other symptoms are reflections of our disconnection from our core vitality. When we feel alive, we feel connected, and when we feel connected, we feel alive.

Although it brings mental clarity, aliveness is not primarily a mental state; nor is it only sensory pleasure. It is a state of energetic flow and coherency in all systems of the body, brain, and mind.

In NARM, working with the roadblocks that are in the way of reconnecting with aliveness is a key organizing principle.

Heller & LaPierre



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NARM CLINICAL MODEL

NARM Clinical Approach <i>IS NOT</i> :	NARM Clinical Approach <i>IS</i> :
Protocol Based	Organizing Principles Based
Historically Focused (<i>Child Consciousness Focused</i>)	Present-Moment Focused (<i>Adult Consciousness Focused</i>)
Pathologically-Oriented	Resource-Oriented
Focused on Symptom Reduction	Focused on Shifting Underlying Patterns
Focused on Behavioral Modification	Focused on Psychobiological Processes
Focused on Distinct Parts	Focused on the Organizing Self
Goal Driven	Inquiry Driven
Cathartic	Containment-Oriented
Provider Driven, with Client following their lead	Client Driven, with Provider offering new opportunities for exploration
Mind-Centered	Heart-Centered



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NARM CLINICAL MODEL

**The past is never dead.
It's not even past.**

William Faulkner

- Trauma is not about what happened to us in the past
 - It is in the adaptations to past experiences that we carry forward
 - **Adaptive Survival Styles**

❖ *What are the patterns that are preventing me from being present to myself and others at this moment and in my life?*



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NARM CLINICAL MODEL

- Use of Story and Personal History
 - Current research in complex trauma demonstrates that treatment should focus beyond the traumatic event(s)
 - Explicit memory is unreliable
 - Implicit memory consists of psychobiological networks responsible for organizing our physiology, emotion, cognition, behavior and relational patterns



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NARM CLINICAL MODEL

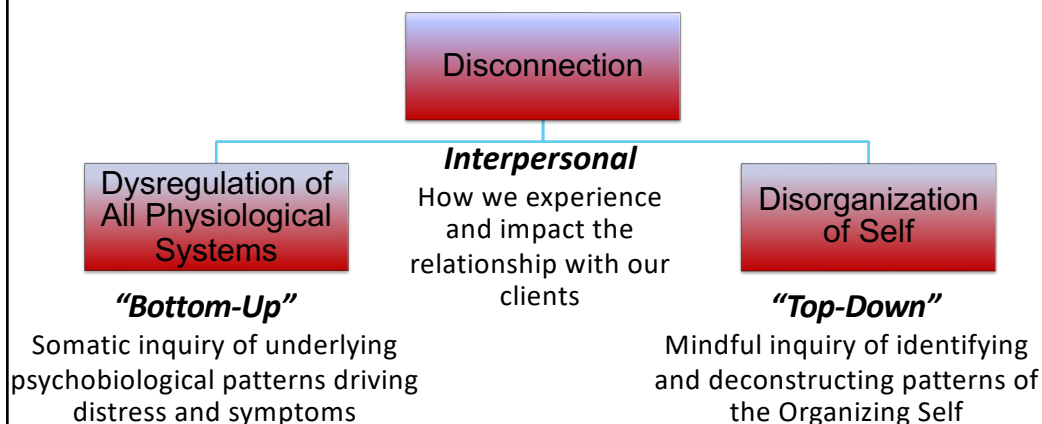
- Trauma is not about what happened to us in the past
 - It is about the adaptations (psychobiological patterns) to past experiences that we carry forward
 - These psychobiological patterns (**Adaptive Survival Styles**) are part of implicit memory, they perpetuate internal disorganization and lead to a host of symptoms



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NARM CLINICAL MODEL

- NARM is a trauma-informed approach that integrates *Somatic* (“bottom-up”) & *Psychodynamic* (“top-down”) theory with our current understanding of *Interpersonal Neurobiology* within a context of *Mindfulness-based* practice



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NARM CLINICAL MODEL

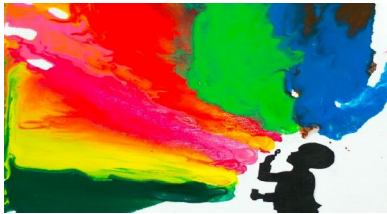
- NARM offers a humanizing perspective that views symptoms (maladaptive behaviors, thoughts, emotions, physiology) through the lens of adaptive survival strategies
- NARM is not focused on symptoms and behaviors
 - NARM focuses on the internal states that are driving these symptoms and behaviors



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NARM CLINICAL MODEL

- NARM is not a goal-oriented model focused on fixing
- ***NARM is an inquiry-based model that supports Connection***



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NARM CLINICAL MODEL

- NARM reframes the therapeutic relationship
 - The NARM Relational Model reduces the disparity of power dynamics between practitioner and client
 - A practitioner's expertise is in staying connected to themselves and helping clients re-connect to themselves



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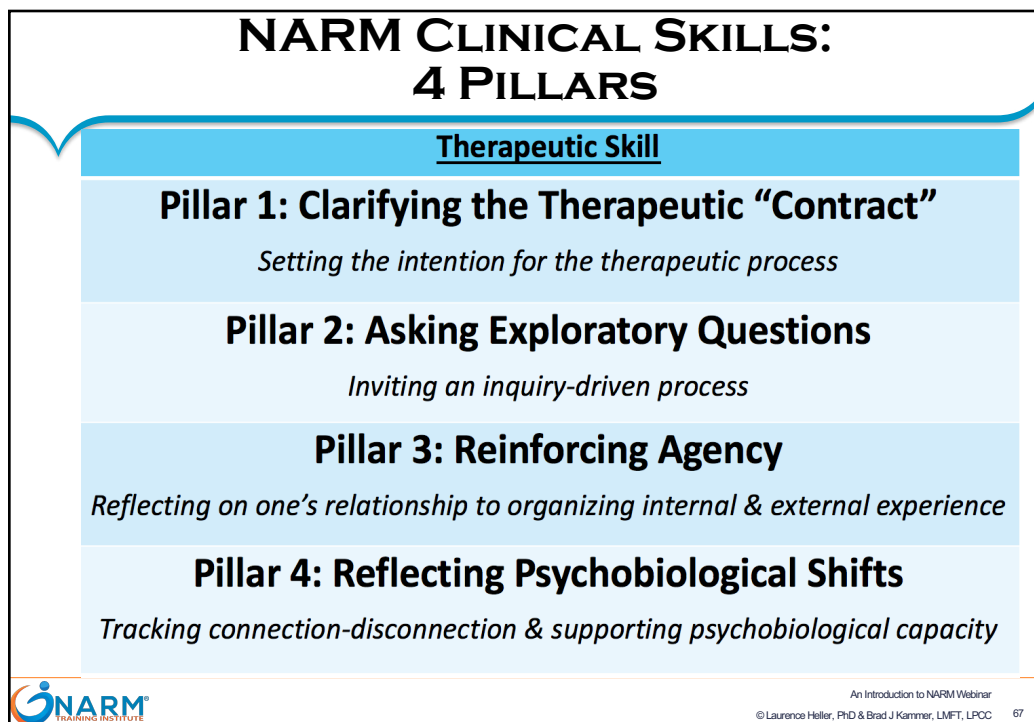
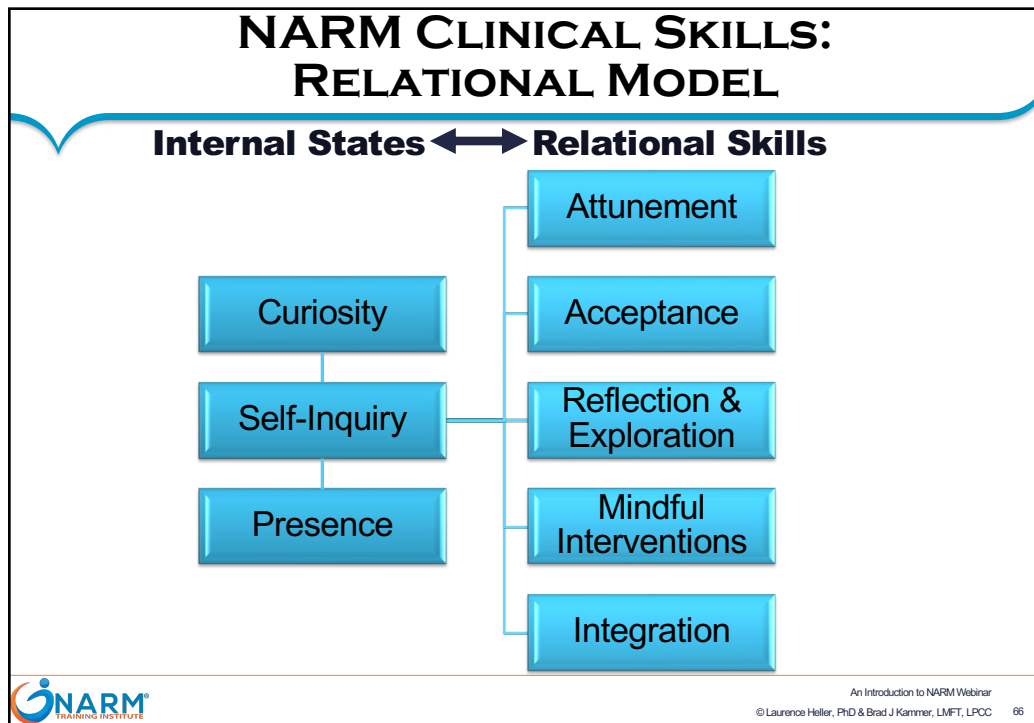
NARM CLINICAL MODEL

- NARM is process-oriented
 - Working in the present moment
 - We inquire into the patterns that are being enacted in the here and now
 - Brings in a transpersonal/spiritual dimension to the nature of the Self
 - *Who am I if I'm not who I've always taken myself to be?*



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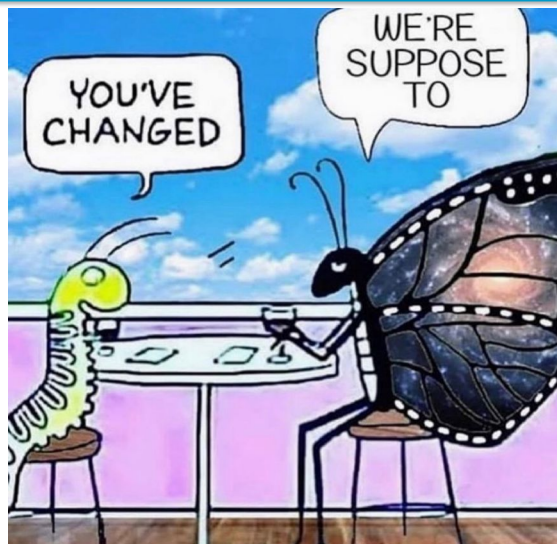
NARM CLINICAL MODEL

- NARM supports Post-Traumatic Growth
- *Helping people develop increasing psychobiological capacity*



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NARM CLINICAL MODEL



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NARM CLINICAL MODEL: *HEARTFULNESS*

- We consider childhood trauma to be about heartbreak - so the resolution of childhood trauma is about heartfulness
- There may be a feeling of opening a door to a place within oneself that has long been shut



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NARM CLINICAL MODEL: *HEARTFULNESS*

- Although it is difficult to define, we describe **Heartfulness** as:
 - An experience of depth of connection in the present moment with self and others
 - This is often experienced as a somatic sensation and/of emotional feeling
 - Full range of emotions: not having to guard against any particular “positive” or “negative” emotion



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NARM CLINICAL MODEL: *HEARTFULNESS*

- Heartfulness is a deep expression of *being with* oneself & another person



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NARM CLINICAL MODEL



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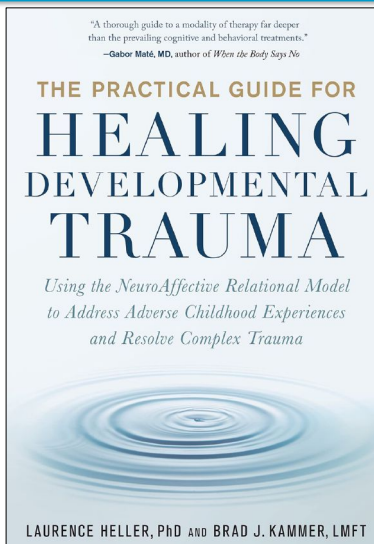
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Opportunities for Further Learning of NARM®



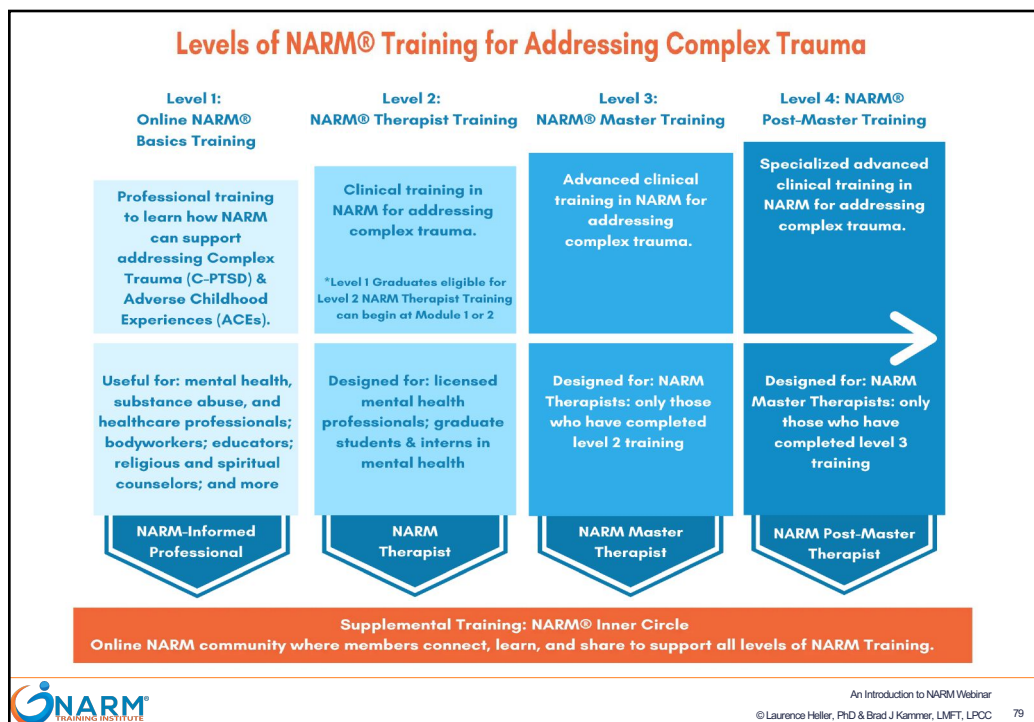
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NEW NARM BOOK!!!



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Transforming Trauma: An Introduction to the NeuroAffective Relational Model (NARM)

Level 1: NARM® Online Basics Training



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Level 1 NARM® Online Basics Training

- ✓ 4 Online Modules (Friday thru Sunday - 1 weekend a month over 4 months)
- ✓ 60 CEU Hours for NARM-Informed Professional Certificate
- ✓ Group Case Consults
- ✓ Discount toward Inner Circle Membership
- ✓ For all Professionals working with Complex Trauma

★ Apply for the Level 1 NARM Online Basics Training:

www.narmtraining.com



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Level 2: NARM® Therapist Trainings



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Level 2 NARM® Therapist Training

- ✓ 4 Live Modules (In person & Online Options)
- ✓ Individual Experiential Consults
- ✓ Individual & Group Case Consults
- ✓ Active Coaching Groups
- ✓ Study-Practice Groups
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Transforming Trauma: An Introduction to the NeuroAffective Relational Model (NARM)

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NARM® Podcast: *Transforming Trauma*



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Dr. Laurence Heller
in conversation with
Dr. Richard Schwartz
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TRANSFORMING TRAUMA
Episode 075:
Dr. Laurence Heller
and Brad Kammer
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Bonus Episode:
Connection, Community &
Transformation During Crisis
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TRANSFORMING TRAUMA
Episode 007:
Dr. Laurence Heller &
Dr. Gabor Maté
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TRANSFORMING TRAUMA
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