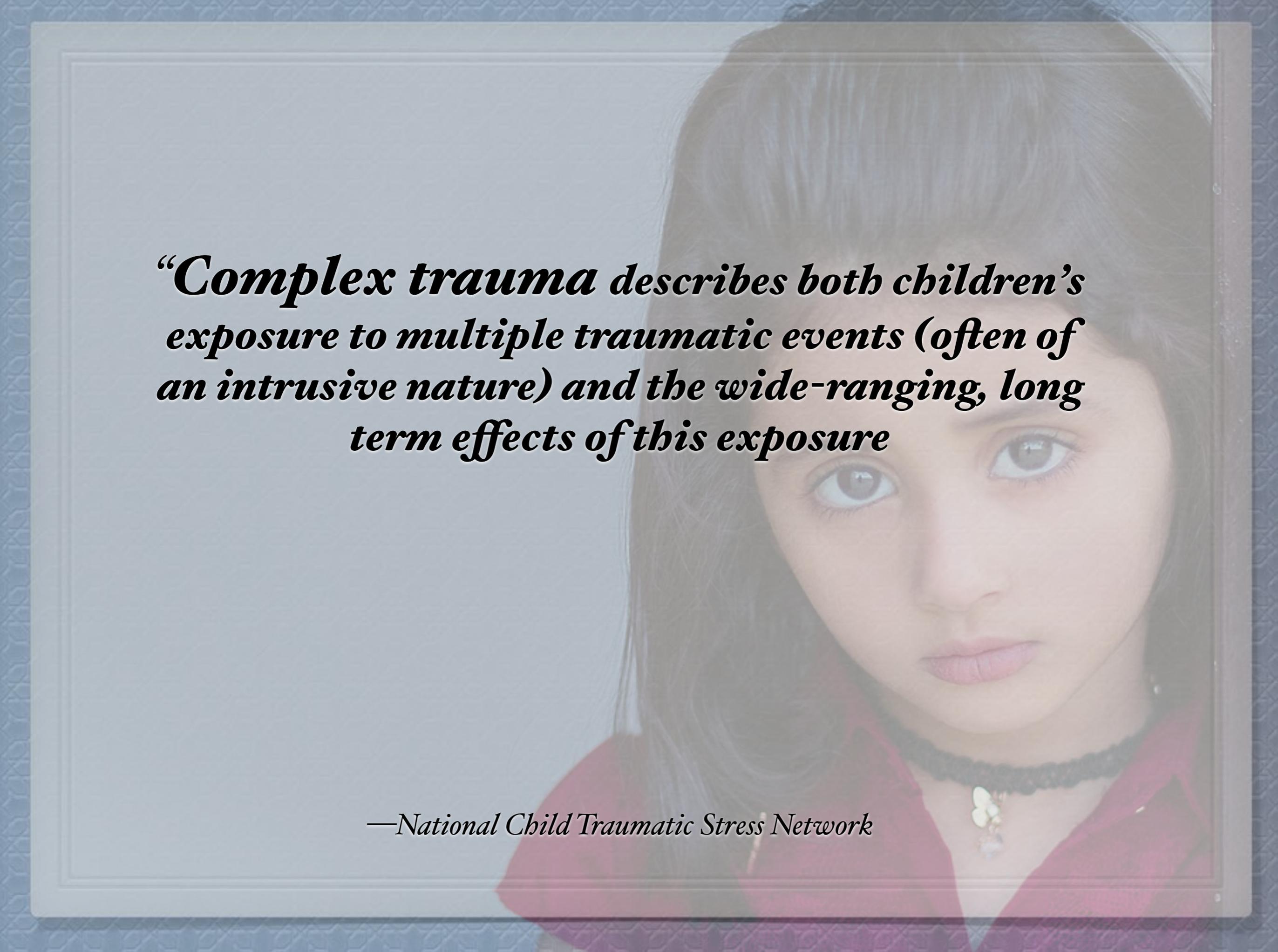


# Complex Trauma Theory & Clinical Applications Part I

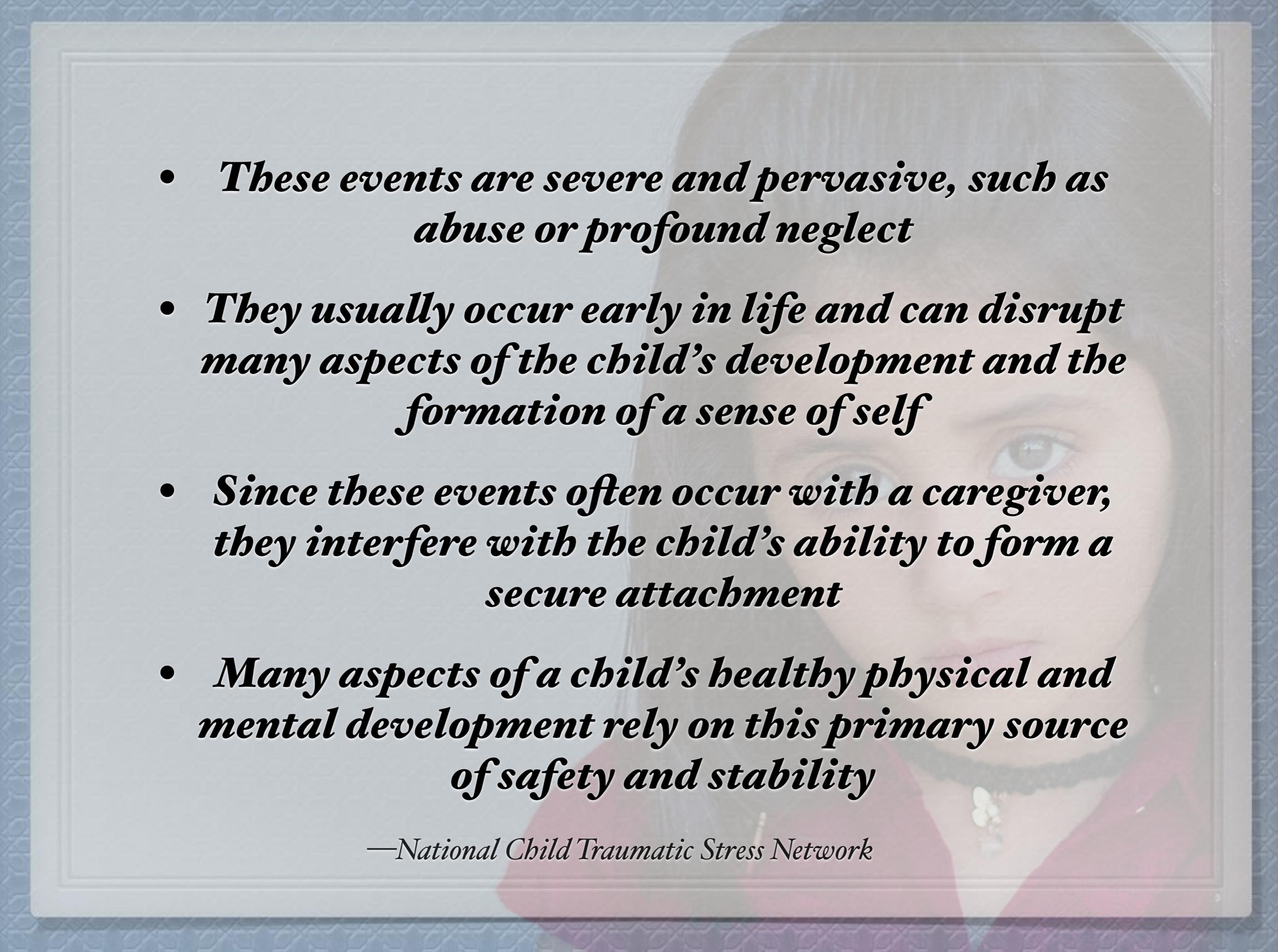
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*By Valerie Hamaker,  
MA, NCC, LPC, SATP, CPT*



***“Complex trauma describes both children’s exposure to multiple traumatic events (often of an intrusive nature) and the wide-ranging, long term effects of this exposure***

*—National Child Traumatic Stress Network*

- 
- ***These events are severe and pervasive, such as abuse or profound neglect***
  - ***They usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self***
  - ***Since these events often occur with a caregiver, they interfere with the child's ability to form a secure attachment***
  - ***Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability***

—National Child Traumatic Stress Network

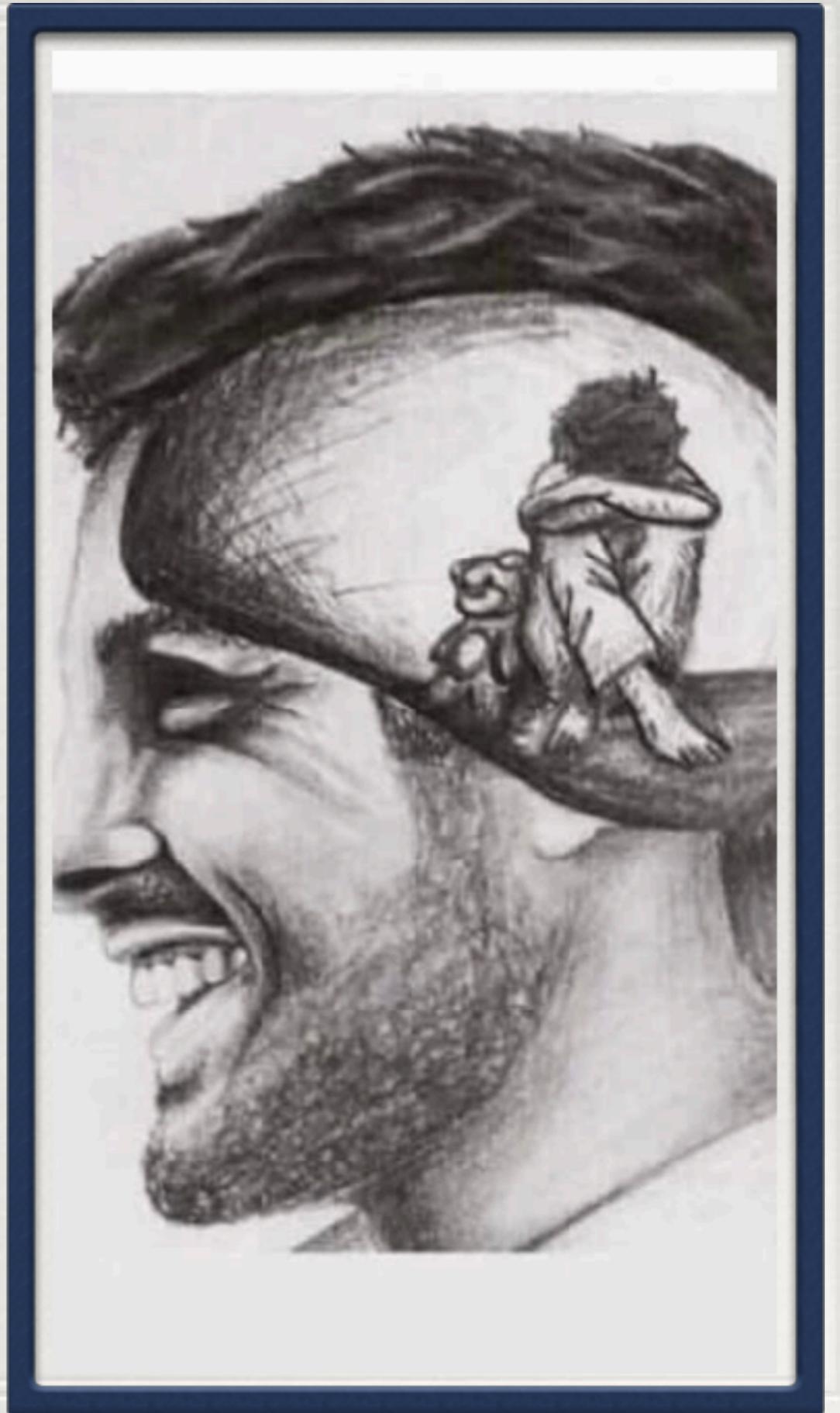
*“Developmental  
trauma is the  
trauma of  
nonrecognition”*

*–Philip Bromberg*





*“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”*



*“Developmental trauma is a core phenomenon and invariably shapes personality in every human being. It contributes to every human being’s potential for affect regulation, **which is always a matter of degree even in those for whom secure attachment has led to relative stability and resilience***

*–Philip Bromberg*

*“Most patients for whom developmental trauma is a big issue have already settled for relative stability through believing that ‘the only safe hands to be in are my own, and you are not me,’ which is why the heart of therapy is about negotiation of otherness.”*

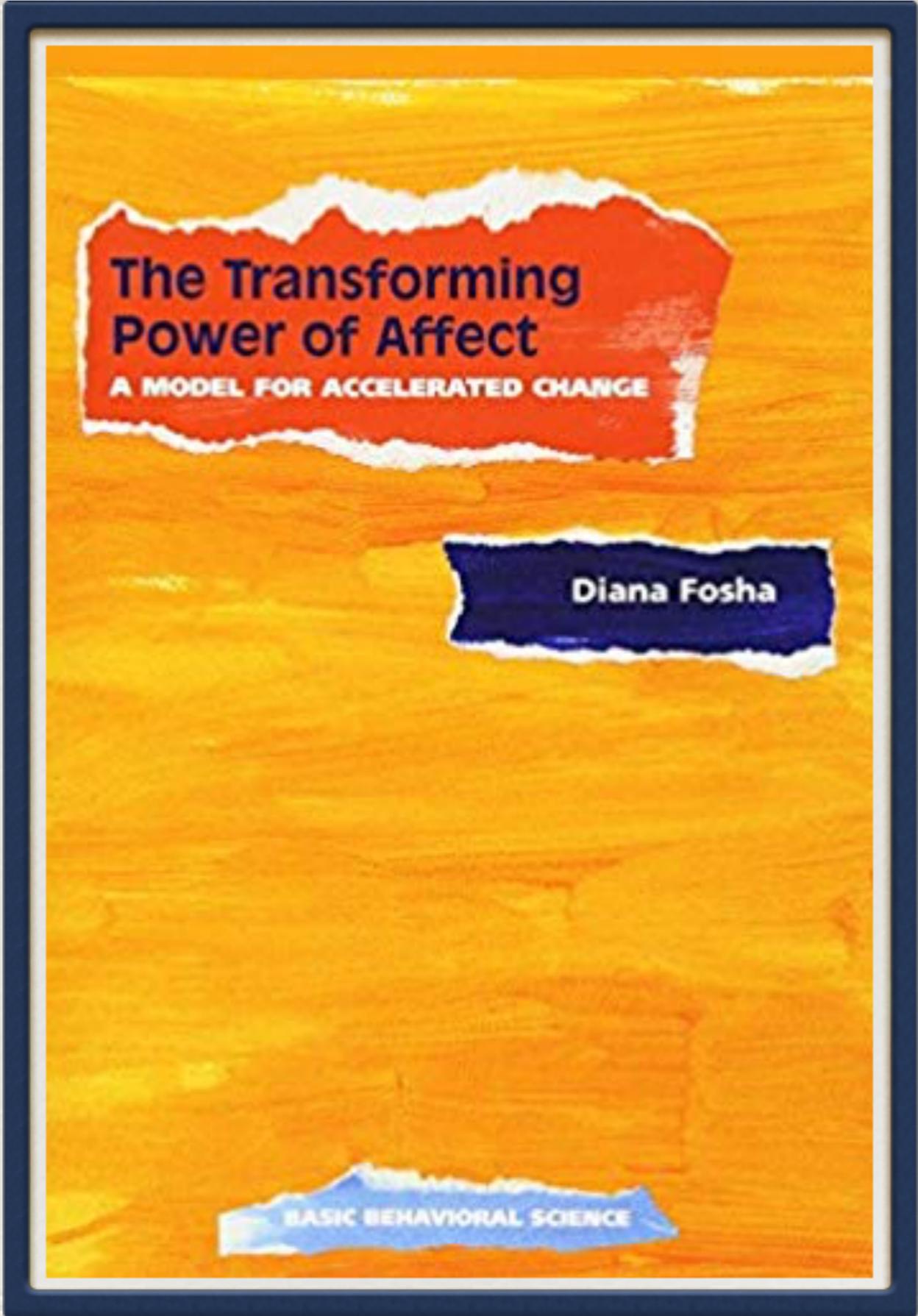
*–Philip Bromberg*

# THE EXPERTS

- ✦ *DIANA FOSHA*
- ✦ *BESSEL VAN DER KOLK*
- ✦ *PETER LEVINE*



DIANA FOSHA



**The Transforming  
Power of Affect**

**A MODEL FOR ACCELERATED CHANGE**

**Diana Fosha**

**BASIC BEHAVIORAL SCIENCE**

*“People have a fundamental need for transformation. We are wired for growth and healing and we are wired for self-righting and for resuming impeded growth.*

*We have a need for the expansion and liberation of the self, for letting down of defensive barriers and for the dismantling of the false self. We are shaped by a deep desire to be known, seen and recognized, as we strive to come into contact with parts of ourselves that are frozen. ”*

*—Diana Fosha, Psychotherapy 2.0 2016*

# Fundamental #1: Healing is Wired In

- ✿ *We are wired for healing from the cradle to the grave*
- ✿ *We only need the proper environment to unleash innate desires for self-righting*
- ✿ *This is neural-plasticity in motion*
- ✿ *Can only happen in conditions of safety*

# Fundamental #2: Dyadic Affect Regulation

- ✦ *Psychopathology is almost invariably created in the context of aloneness in the face of overwhelming suffering*
- ✦ *In our therapeutic work, we seek to **undo the aloneness** experientially; emotions that are stuck, frozen, or otherwise inaccessible because of the terror of feeling them in isolation*
  - ✦ *“Stay with it”...expel these trapped emotional and visceral experiences from the body*
  - ✦ *“Stay with ME” ...WE can do this THIS TIME because we are together*
- ✦ *Practiced **EXPLICITLY** (brought up to client over and over again during trauma working through) so that all parts of the brain (not just implicit/procedural portions) can get the benefit of knowing*

—Diana Fosha, *Psychotherapy 2.0* 2016

# Fundamental #3: All Emotion has Adaptive Action Tendencies

- ✿ *Emotions are wired into our brains/bodies for **adaptive functions** for evolutionary reasons*
- ✿ *When these emotions are **suppressed** they inevitably cause **internal emotional shut down***
- ✿ *When they are allowed to be processed through to completion, we will always arrive at an **adaptive action tendency***
  - ✿ ***anger** can become a sense of **worthiness**, strength, assertion*
  - ✿ ***sorrow** can become a grieving to beauty, love, **connection***
- ✿ ***Continue** working through emotions associated with trauma until a **shift** from the negative to the positive (adaptive action tendency) emerges*
  - ✿ *This will naturally **emerge** with support, **safety** and facilitation* Diana Fosha, *Psychotherapy 2.0* 2016

# In the “Background” of AEDP

- ✿ *This model makes the experiential **EXPLICIT** on every level. Explores the process at every step (both around relationship itself or around emotions experienced)*
- ✿ *Always **look for signs** of resilience, healthy, truth, goodness, strength*
- ✿ *When we find them, stop everything else and move these transformational affects from **BACKGROUND** to **FOREGROUND***
- ✿ *This will “**surprise the unconscious**” as client comes in look at all of his deficiencies, brokenness, defeat, etc. and finds resilience and strength instead*

# In the “Background” of AEDP

- ✦ *Focuses deeply on the process of transformation because transformation itself is transformational*
  - ✦ *Called “**Meta-Processing**”*
  - ✦ *This protocol moves limbic right-brain to right-brain experiencing to left brain **consolidation** and the ‘time stamping’ of new dyadic corrective experiencing*
- ✦ *This all can only take place only in conditions of **co-constructed safety** where the dyadic attachment relationship works to undo previous unwilled and unwanted aloneness*

*Diana Fosha, Psychotherapy 2.0 2016*

# In the “Background” of AEDP

- ✦ ***Transformance*** manifestations are always accompanied by ***positive somatic affective markers***:
  - ✦ ***Mastery: Pride and Joy***
  - ✦ ***Mourning of Self: Emotional Pain for what one has suffered***
  - ✦ ***Affirming Recognition of transformation: Feeling “moved” or “touched” within oneself and gratitude/love for the other***
  - ✦ ***Taking in or “Getting” it: The “aha”, ‘wonder’, ‘amazement’ of transformation in progress***



BESSELL VAN DER KOLK

- ✿ *EMDR (proven helpful in single-incident trauma)*
- ✿ *Somatic Therapies (Somatic Experiencing, Sensorimotor Psychotherapy)*
- ✿ *Other body-mind integration therapies (yoga, tai-chi, chi-gong, meditation practices)*
- ✿ *Neurofeedback*
- ✿ *Drama*
- ✿ *Rhythm and dance oriented practices (drumming, etc.)*

# THE BODY KEEPS THE SCORE

BRAIN, MIND, AND BODY  
IN THE HEALING OF TRAUMA

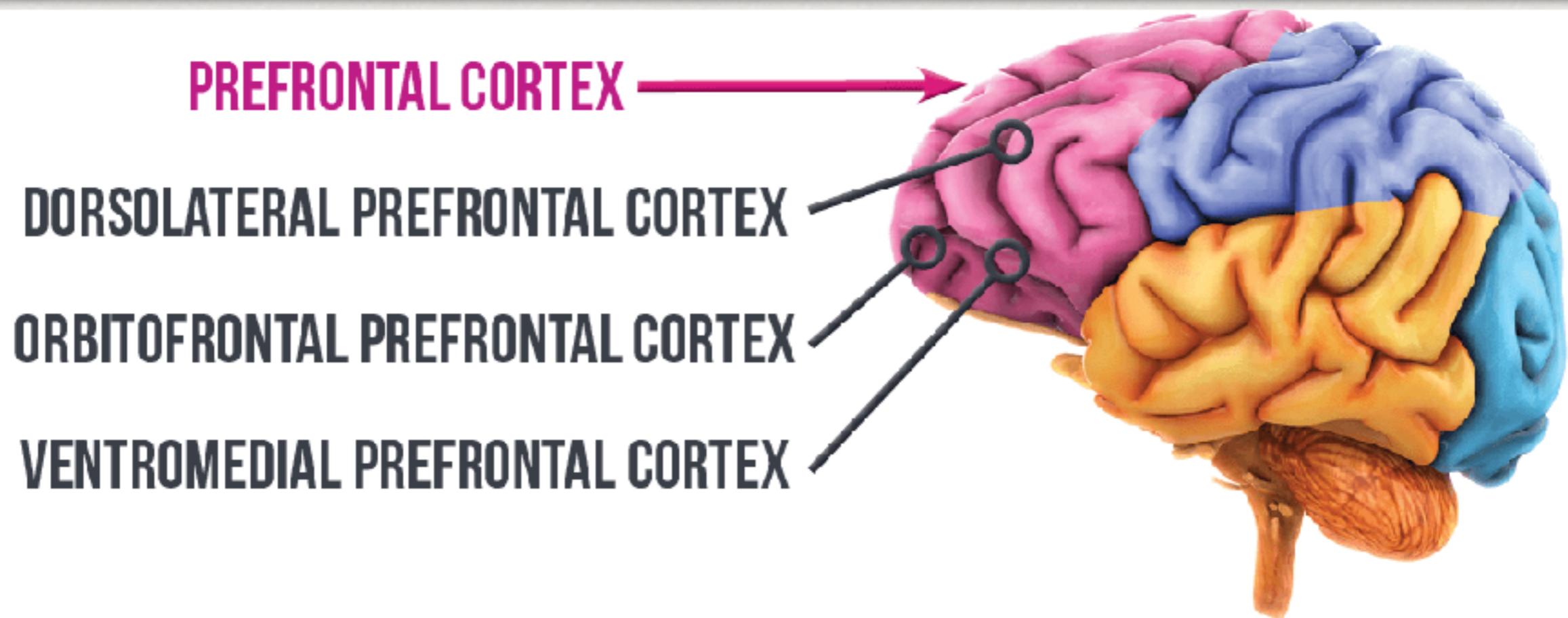


BESSEL VAN DER KOLK, MD

*Those who have experienced complex trauma suffer from a variety of functional malfunctions in multiple parts of the brain*

*Bessel van der Kolk*

## *Ventromedial Prefrontal Cortex*



# VENTRAL PRE-FRONTAL CORTEX

## ★ “WATCHTOWER”

- ★ *In the upper left side of the PFC*
- ★ *Part of the brain that discerns feeling*
- ★ *Often called the “observing self function” or the “reflective self function”*
- ★ *This function is the foundation of mindfulness*
  - ★ *It is the only part of the PFC that has direct access to the limbic brain*
- ★ *The more one is aware of what they are feeling, the more she can master & monitor her internal state* van der Kolk, Psychotherapy



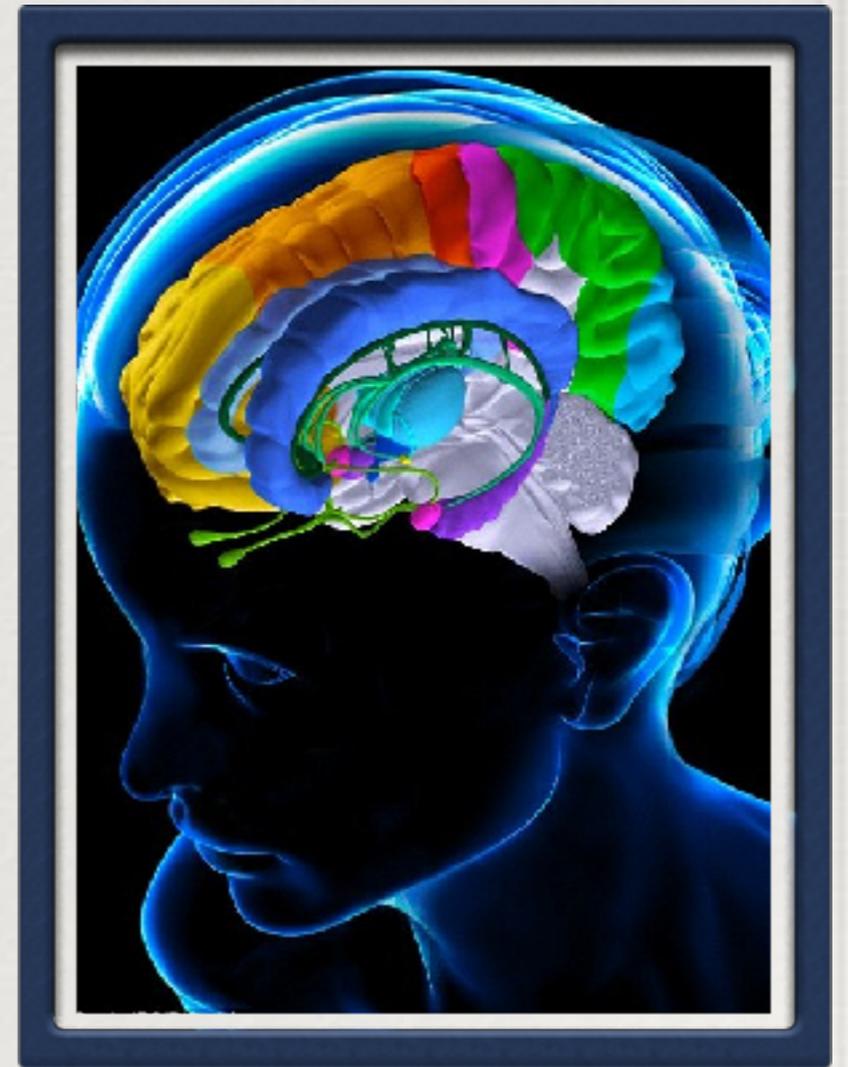
# Strengthening the Ventral Pre-Frontal Cortex:

- ✿ *Meditation*
- ✿ *Yoga*
- ✿ *Mindfulness Activities*
- ✿ *Synchronous Activities*

# ORBITAL PRE-FRONTAL CORTEX

- ✦ *Upper left section of the brain*
- ✦ *Portion of the brain responsible for impulse control*
- ✦ *VERY impacted by childhood abuse and neglect*
- ✦ *“Anger Management” does not work because this portion of the brain stops functioning when one gets angry*

*Bessel van der Kolk, Psychotherapy 2.0, 2016*



# Strengthening the Orbital Pre-Frontal Cortex:

- ✿ *Meditation*
- ✿ *Yoga*
- ✿ *Mindfulness Activities*
- ✿ *Synchronous Activities*

*Mindfulness is the opposite of post-traumatic stress. One who has experienced complex trauma will sometimes get angry or frightened and this part of the brain (which has no language function) will take control.*

—*Bessel van der Kolk*

*A traumatized person will feel ashamed of these emotions but they have very little control over this part of their brain. The only way to control this part of the brain is by developing a strong observing self-function (not by 'understanding' or 'thinking')*

—*Bessel van der Kolk*

*Fundamental to the healing of trauma is  
the establishment of a loving relationship  
with one's own body*

*—Bessel Van Der Kolk*



PETER LEVINE

# TRAUMA AND MEMORY

**BRAIN AND BODY IN  
A SEARCH FOR THE LIVING PAST**

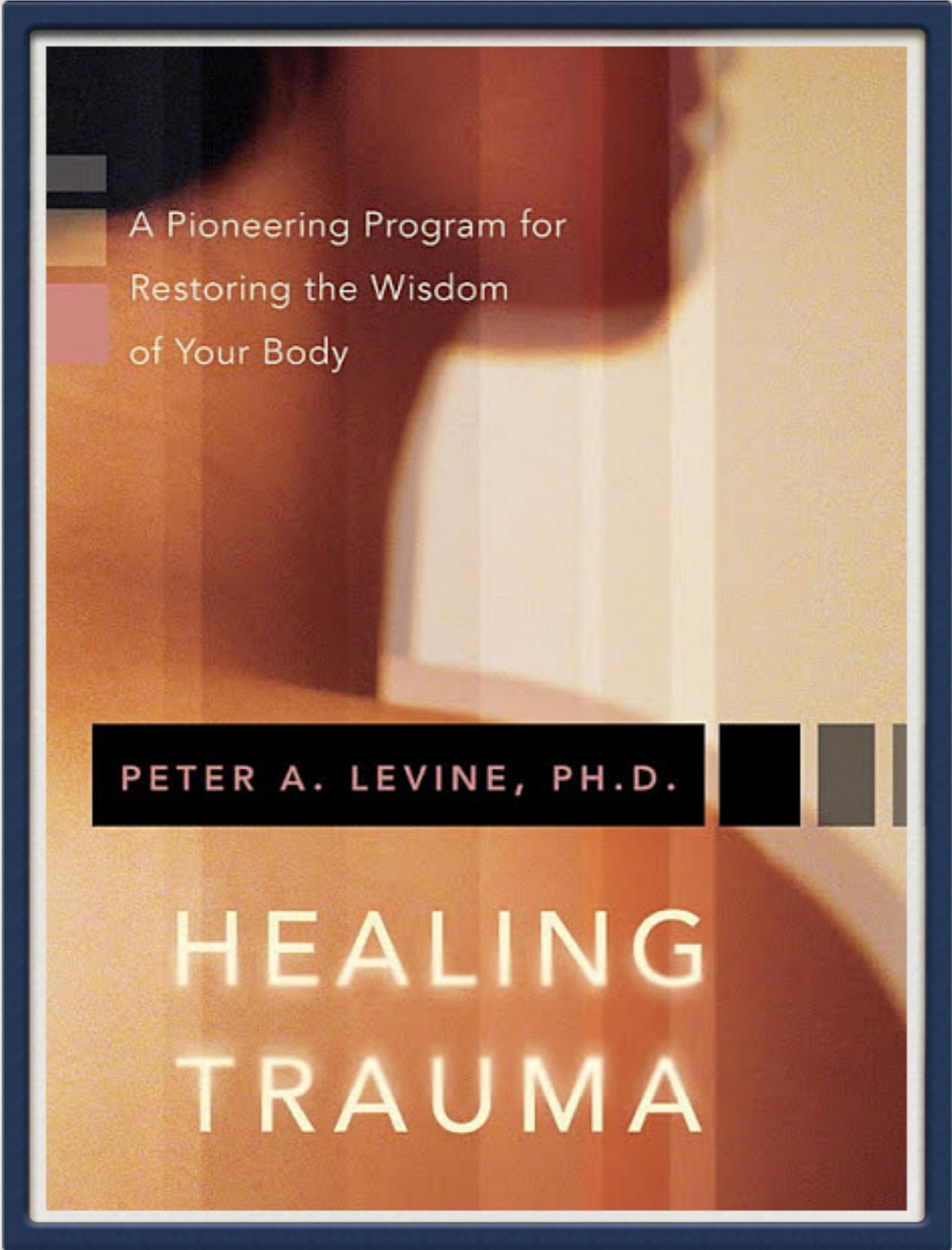
*A Practical Guide for  
Understanding and Working  
with Traumatic Memory*



**PETER A. LEVINE, PhD**

*Author of In an Unspoken Voice and Waking the Tiger*

FOREWORD BY BESSEL A. VAN DER KOLK, MD



A Pioneering Program for  
Restoring the Wisdom  
of Your Body

PETER A. LEVINE, PH.D.

# HEALING TRAUMA

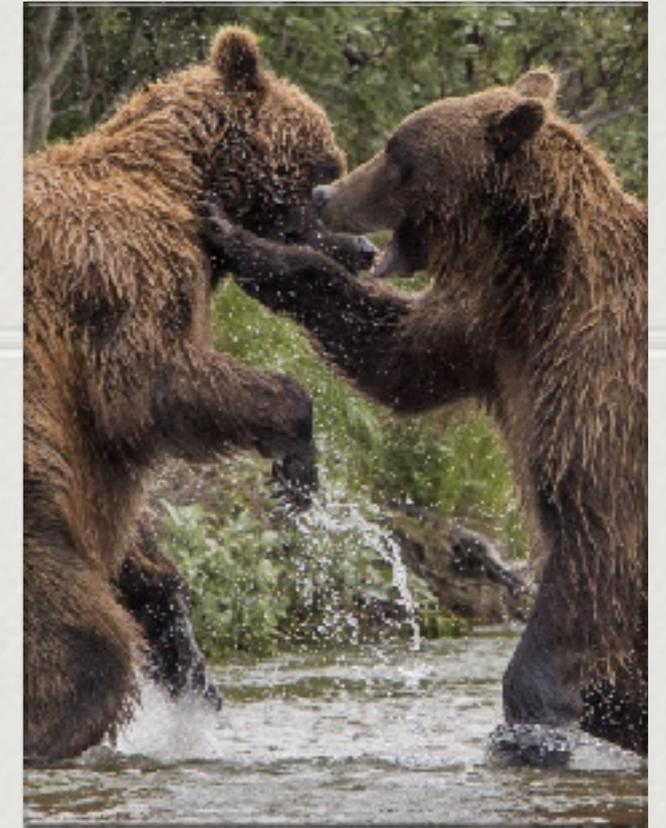
*“Trauma is not what happens to us,  
but what we hold inside in the  
absence of an empathetic witness .”*

*–Peter Levine*

*“For over a century... we have understood that the imprints of trauma are stored not as narratives about bad things that happened in the past, but as **physical sensations** that are experienced as immediate life threats.”*

*—Bessel van der Kolk*

# Fun (and true) FACTS



- ✿ *Animals without cortices DO NOT experience trauma*
- ✿ *After an overwhelming experience of intense stress (where cortisol and adrenaline flood their bodies) they instinctually shake and quiver, breath deeply and quickly, and then relax*
- ✿ *The stress has completed its cycle and they return to play and exploration*
- ✿ *If conditions are right and our cortices allow us to recover in the same way—humans can experience the same response spontaneously*

*Kate Pearson shows us how its done...*



Trauma  
is more  
*PHYSIOLOGICAL*  
than  
*PSYCHOLOGICAL*

*Peter Levine*

# TYPES OF MEMORY

- ✦ *EXPLICIT*

- ✦ *Declarative*

- ✦ *Episodic*

- ✦ *IMPLICIT*

- ✦ *Emotional*

- ✦ ***Procedural***

# PROCEDURAL MEMORIES

- ✿ *Are persistent, powerful, and long-lasting and therefore critical to any trauma therapy protocol*
- ✿ *These instinctual survival reactions are the deepest, most compelling, and (in times of threat and stress) generally override other implicit and explicit memory subtypes*
- ✿ *Persistent maladaptive procedural (and emotional) memories form the core mechanism that underlies all traumas, as well as many problematic social and relational issues* Levine, Trauma and Memory

# THE ESSENCE OF SENSORIMOTOR APPROACHES IS THREE-FOLD:

- ✿ *To draw out the sensory information that is blocked and frozen by trauma*
- ✿ *To help patients befriend (rather than suppress) the energies released by trauma renegotiation*
- ✿ *To complete the self-preserving physical actions that were thwarted when they were trapped, restrained, or immobilized by trauma*

*Bessel van der Kolk*

*Is not about simply reliving a traumatic experience. It is rather the gradual revisiting of various sensory-motor elements comprising a particular memory constellation*

*Peter Levine*

*Renegotiation* occurs by accessing  
procedural memories associated with the two  
dysregulated states of the autonomic nervous system:

*Hypo-arousal*  
*Hyper-arousal*

*Peter Levine*

# BASIC STEPS TO RENEGOTIATION

- ✿ *Create a here-and-now experience of relative **calm** presence, power, grounding*
- ✿ *Generally work with more **recent memories** first (typically all procedural memories with similar elements & similar states of consciousness tend to merge into a composite constellation)*
- ✿ *Help client slowly visit **positive** body sensations & **traumatically** based sensations*

# BASIC STEPS TO RENEGOTIATION

- ✦ *Help client gradually shift back and forth between positive & negative memories (**pendulation**)*
- ✦ *Through this sensate tracking, traumatic procedural memory emerges in its traumatic but **thwarted** (incompleted) form*
- ✦ *Create a here-and-now experience of relative **calm** presence, power, grounding*

# BASIC STEPS TO RENEGOTIATION

- ✿ *Continue to monitor for hyper- or hypo- arousal*
- ✿ *Having accessed thwarted form of procedural memory, therapist encourages further sensate exploration and **development of protective action** through to its intended and meaningful completion*
- ✿ *This is often accomplished through imagery and subtle (inner) movement, often accompanied by an **autonomic discharge** in the form of heat, gentle trembling, tears, and other spontaneous movement*

# BASIC STEPS TO RENEGOTIATION

- ✦ *Once the biological completion has occurred, these memories lose their intense charge and they may now **integrate** into the hippocampal (autobiographical) timeline like 'ordinary' memories*
- ✦ *They become linked with emotional, episodic, and narrative functions of memory—living in the “**time stamped**” past, rather than the somatic present*

*“Somatic Experiencing is not primarily about ‘unlearning’ conditioned responses to trauma by rehashing them, but about creating novel experiences that contradict overwhelming feelings of helplessness and replacing them with a sense of ownership of physical reactions and sensations.”*

*—Bessel van der Kolk*

*“Only after we become capable of standing back, taking stock of ourselves, reducing the intensity of our sensations and emotions, and activating our inborn physical defense reactions can we learn to modify our entrenched maladaptive automatic survival responses and, in so doing, put our haunting memories to rest.”*

*—Bessell van der Kolk*

# References

- ✿ Bromberg, P. (2011) The shadow of the tsunami and the growth of the relational mind. New York: Routledge.
- ✿ Fosha, D. (2000). The transforming power of affect: A model for accelerated change. New York: Basic Books.
- ✿ Levine, P. (2015) Trauma and memory: brain and body in a search for the living past: a practical guide for the understanding and working with traumatic memory. Boston:North Atlantic Books.
- ✿ National Child Traumatic Stress Network. [www.nctsn.org](http://www.nctsn.org)
- ✿ Psychotherapy 2.0 (2016). [soundstrue.com](http://soundstrue.com). Online summit.
- ✿ Van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Viking.

# Complex Trauma Theory & Clinical Applications Part II

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*By Valerie Hamaker,  
MA, NCC, LPC, SATP, CPT*

# From Dissociation to Integration: The Journey Towards Relational Wholeness

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*By Valerie Hamaker,  
MA, NCC, LPC, SATP, CPT*

*“Developmental  
trauma is the  
trauma of  
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*–Philip Bromberg*

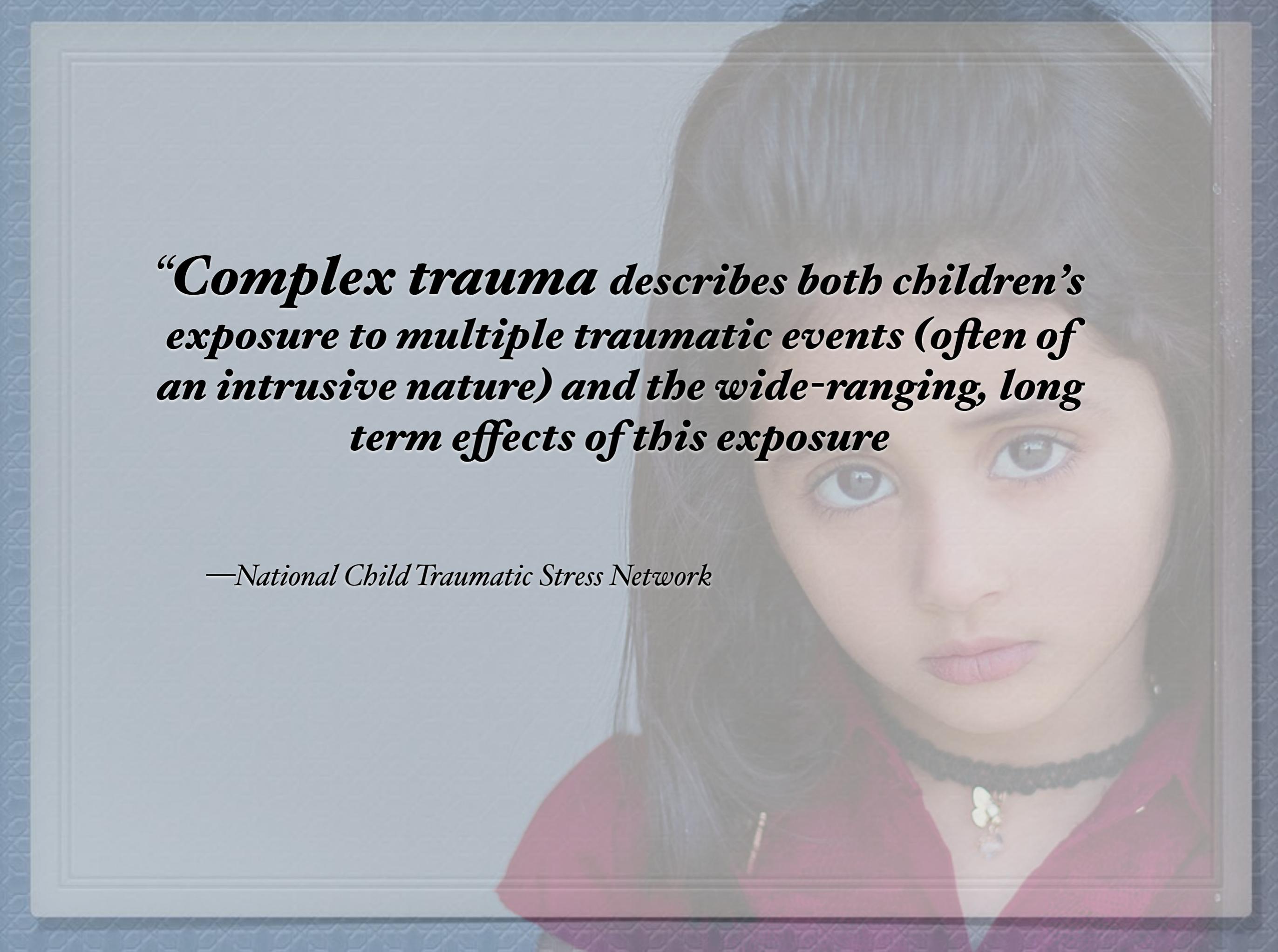




Phillip Bromberg

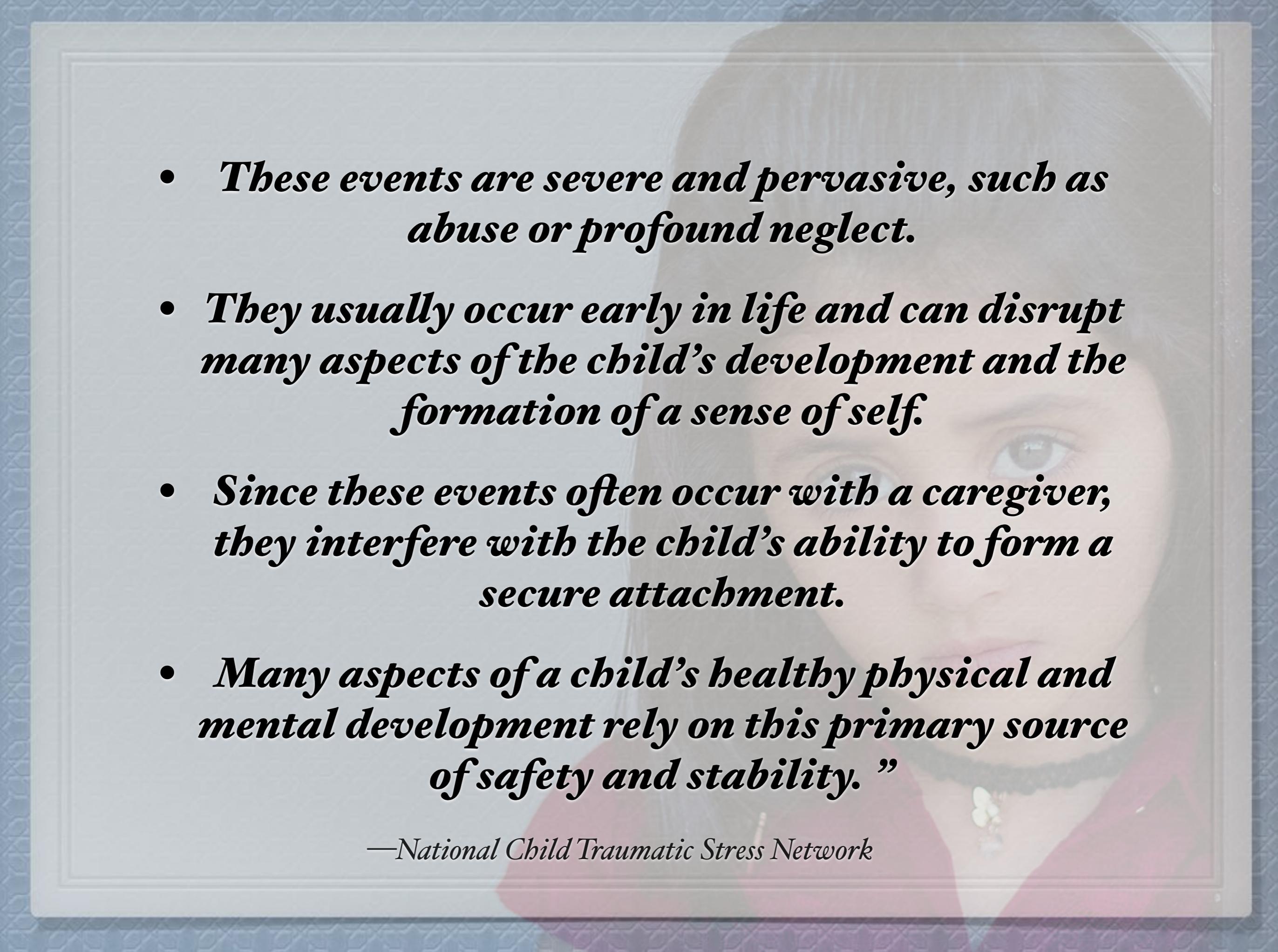


Allan Schore



***“Complex trauma describes both children’s exposure to multiple traumatic events (often of an intrusive nature) and the wide-ranging, long term effects of this exposure***

*—National Child Traumatic Stress Network*

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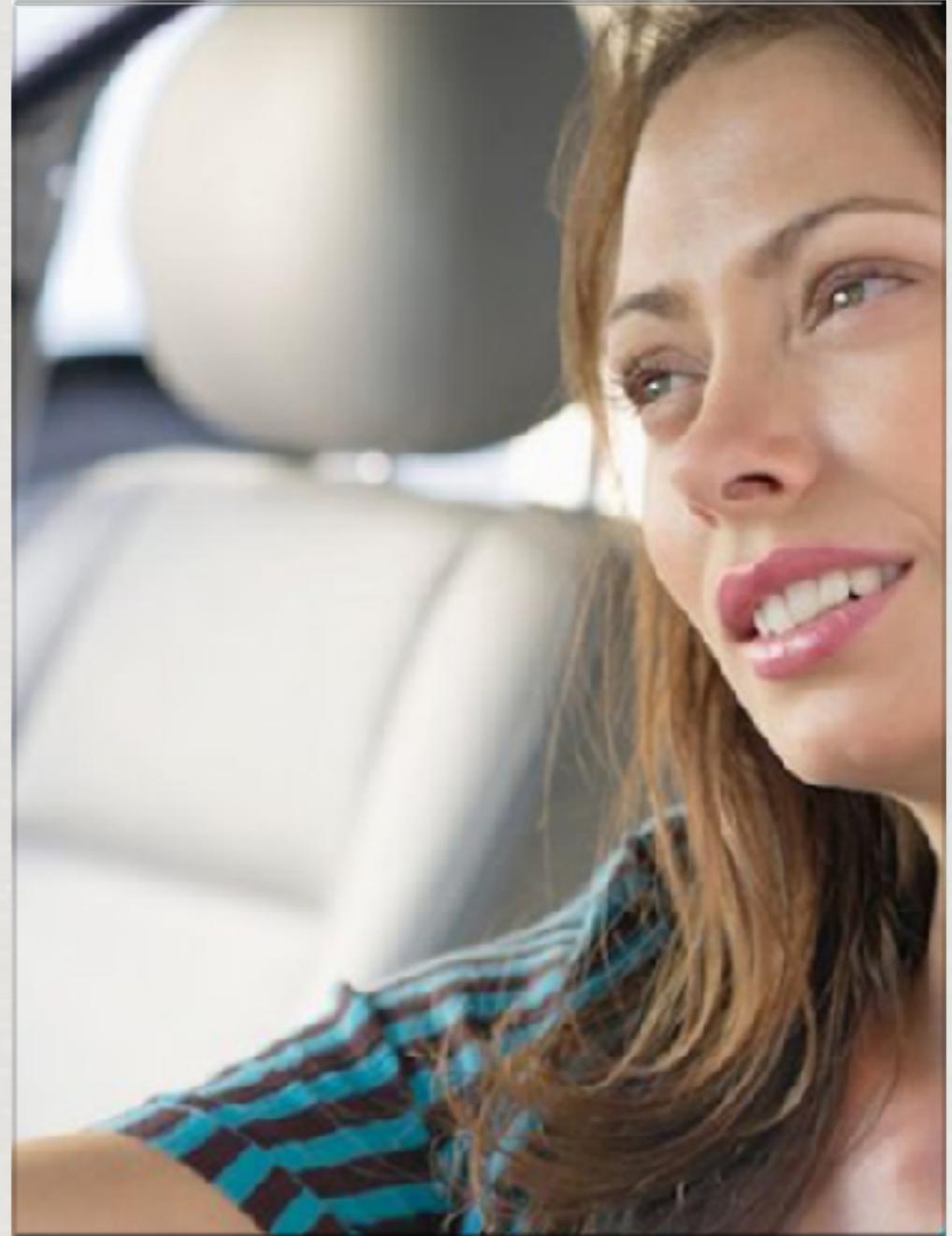
*“Trauma is associated with autonomic sympathetic hyperarousal, and dissociation is a response to hyperarousal.”*

*Bromberg, Shadow Preface*

*“I argue that for all patients, enduring personality growth in analytic treatment is interwoven with the ability of the patient/analyst relationship to increase a patient’s threshold for affective hyperarousal”*

*–Philip Bromberg, The Shadow of the Tsunami*

# Creating a “Frame” around the concept of Dissociation



# “Me” Self States

- ✦ *All human being's ability to live a life that allows both authenticity and self-reflection requires an ongoing dialectic between separateness and unity of one's self states*
- ✦ *Optimally, this occurs when each self state functions without foreclosing communication and negotiation between them*
- ✦ *Each self state is part of a functioning whole, informed by a process of internal negotiation with the realities, values, affects, and perspectives of the others*
- ✦ *Under normal conditions, dissociation enhances the integrating functions of the ego by screening out excessive or irrelevant stimuli*

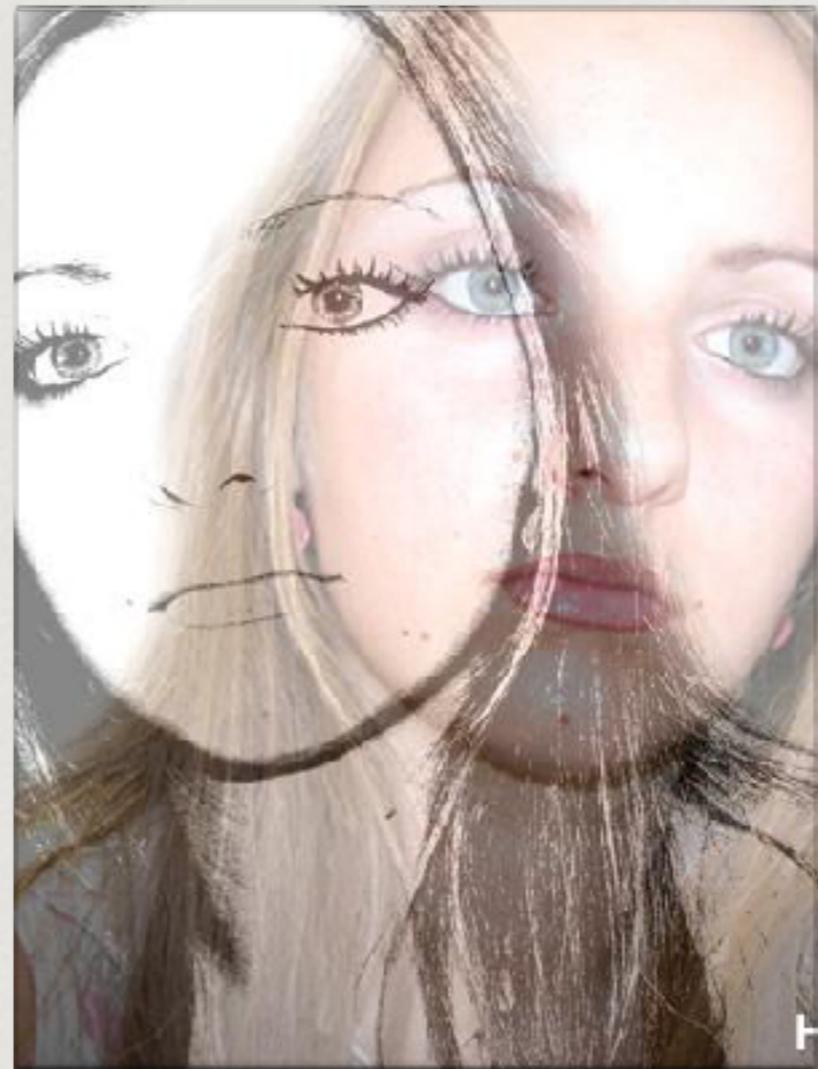
*—Philip Bromberg, The Shadow of the Tsunami*





# When Things Go Wrong

- ✿ *Failed Attachment (leads to)*
- ✿ *Right-Brain Structural and Functional Compromise*
- ✿ *Pathological Dissociation*



A black and white photograph of a baby in a crib, crying. The baby is lying in the crib, which has metal bars. The baby's face is visible, and they appear to be in distress. The text "Failed Attachment" is overlaid on the image in a blue, serif font.

# Failed Attachment

# Failed Attachment

- ✦ *A person's core self—the self that is shaped by early attachment patterns—is defined by who the parental objects both perceive him to be and deny him to be*
- ✦ *Maternal lack of regulation during an infant's stressful arousal is associated with a child's use of dissociation as a strategy for relieving fearful arousal*
- ✦ *The affect evoked by this disorganizing hyperarousal threatens to overwhelm the mind's ability to reflect, think, and process experiences cognitively*
- ✦ *—Allan Schore, The Shadow of the Tsunami Foreward*

# Failed Attachment

- ✦ *That part of the self that are denied by the attachment figure become relationally nonnegotiable because the subjective experiences that organize those self-states cannot be shared and compared (mirrored) with how they appear to another mind.*

*—Allan Schore*



*This is the core of relational trauma...*



# Right Brain Compromise



# Right Brain Compromise

- ✦ *Dissociation may be interpreted as representing a nonverbal response to a traumatic memory and is associated with impaired competence of the **right- hemisphere** emotional processing due to high arousal*

*—Allan Schore, The Shadow Foreward*

# Right Brain Compromise

- ✦ *Dissociation is...the fragmentation of what should be experienced as a whole—the mental separation of components of experience that would ordinarily be processed together...suggesting a **right hemisphere problem***

✦ *—Allan Schore, *The Shadow Foreward**

# Right Brain Compromise

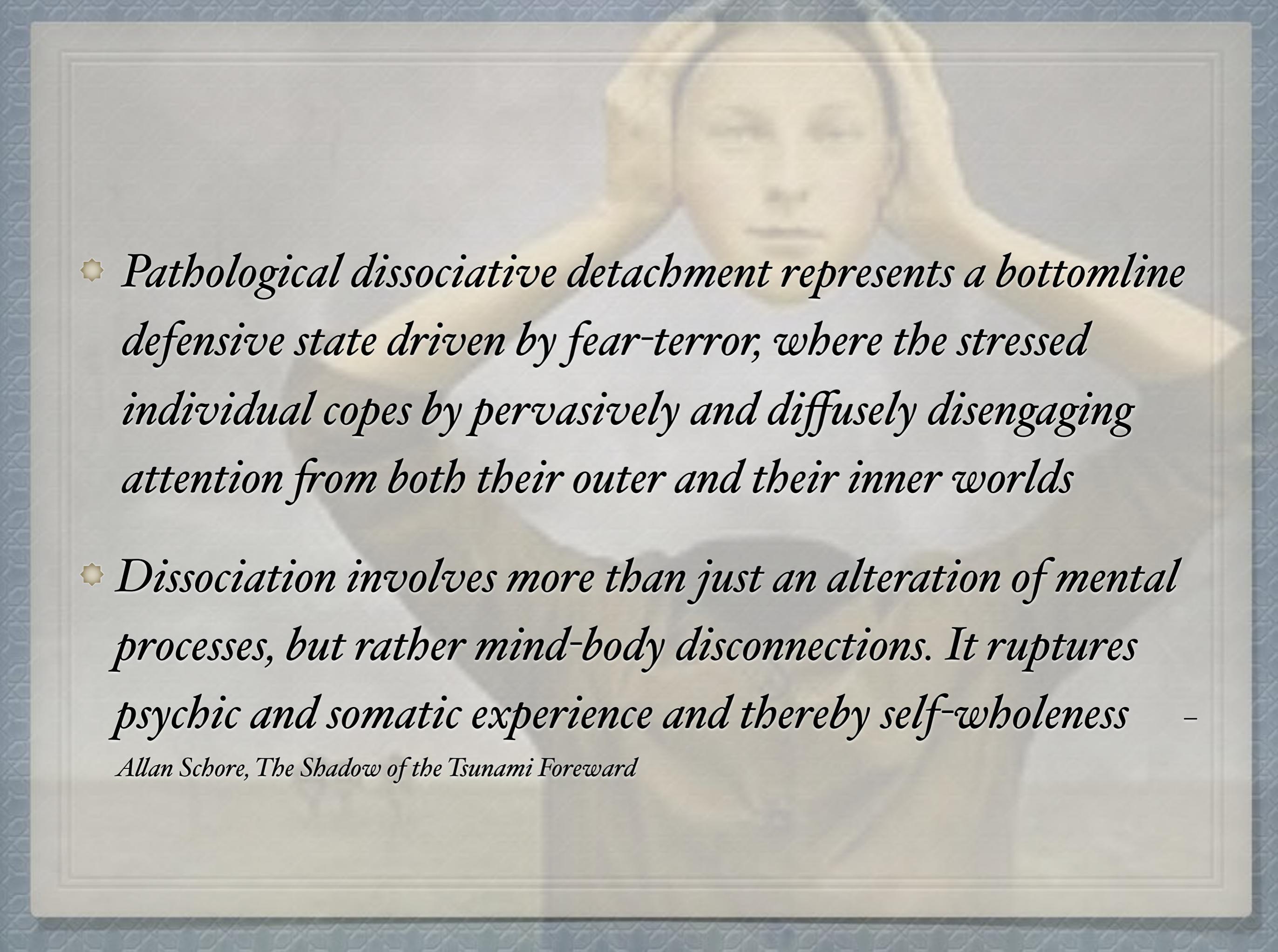
- ✿ *Pathological dissociation is an enduring outcome of early relational trauma and is manifested in a maladaptive highly rigid, **closed brain system***
- ✿ *The right hemisphere interprets not only the mental state of its own brain, but the **minds of others***

*—Allan Schore, The Shadow of the Tsunami Foreward*

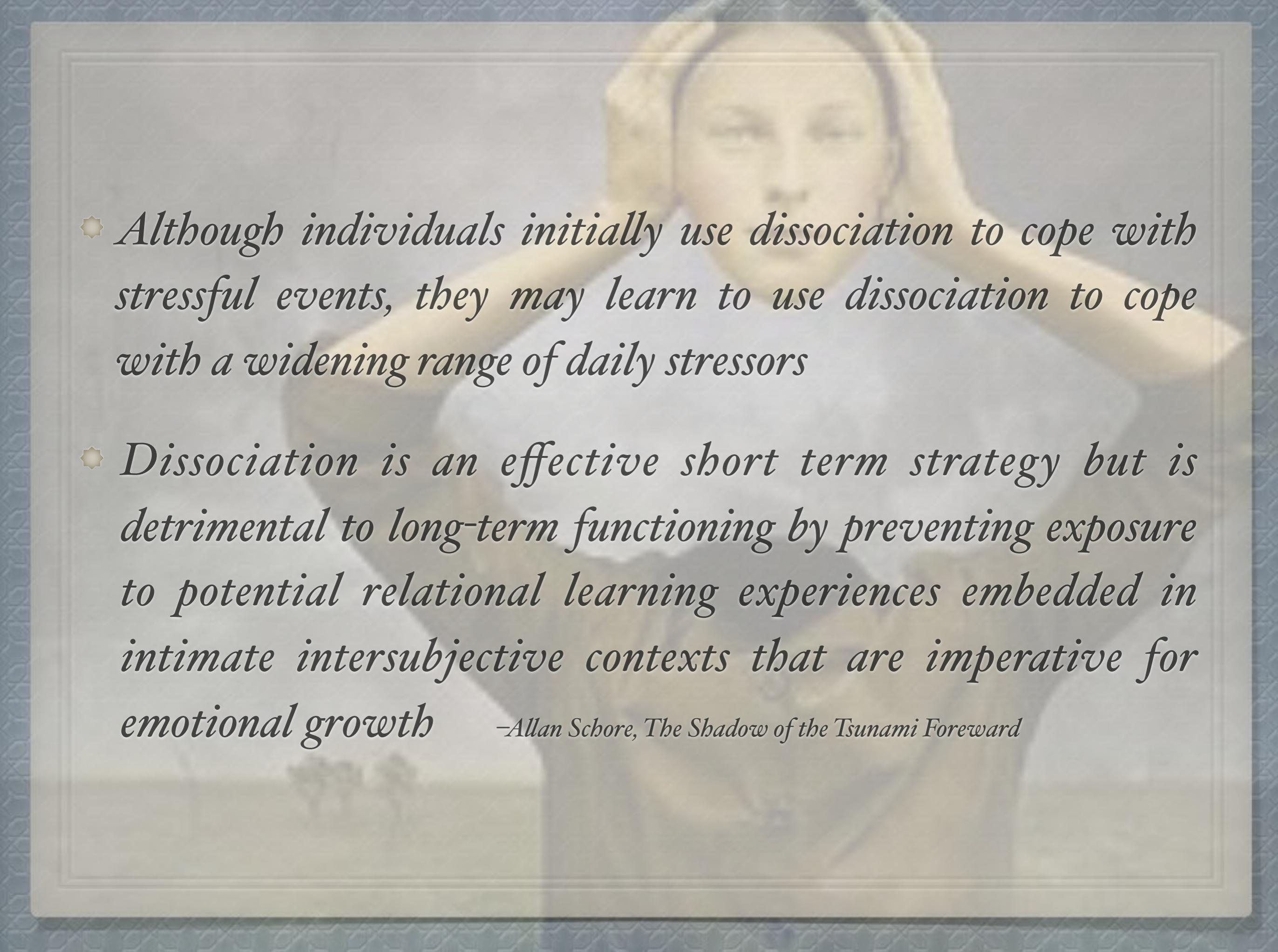
✿ *—Allan Schore, The Shadow Foreward*

An Unfortunate  
Outcome:  
**Dissociation**



- 
- ✿ *Pathological dissociative detachment represents a bottomline defensive state driven by fear-terror, where the stressed individual copes by pervasively and diffusely disengaging attention from both their outer and their inner worlds*
  - ✿ *Dissociation involves more than just an alteration of mental processes, but rather mind-body disconnections. It ruptures psychic and somatic experience and thereby self-wholeness* –

*Allan Schore, The Shadow of the Tsunami Foreward*

- 
- ✦ *Although individuals initially use dissociation to cope with stressful events, they may learn to use dissociation to cope with a widening range of daily stressors*
  - ✦ *Dissociation is an effective short term strategy but is detrimental to long-term functioning by preventing exposure to potential relational learning experiences embedded in intimate intersubjective contexts that are imperative for emotional growth*

*—Allan Schore, The Shadow of the Tsunami Foreword*

**Trauma-Induced  
Dissociation  
Brings about the Creation  
of Multiple  
“Not Me” States**



# “Not Me” Self States

- ✦ *Stressful affects, especially those associated with emotional pain are not experienced consciously and become “not-me” self states.*
- ✦ *Dissociation controls potentially traumatic experiences by turning each self state into a discontinuous constellation apart from the other self states*



✦ *These walled off self states, or “not me states” tend to have a life of their own and can shape a person’s destiny even more than the accepted and acceptable “me” states that can be cognitively and linguistically symbolized*

- ◆ *The individual's inability to interact intrapersonally impacts ones ability to interact interpersonally and to correctly perceive how others perceive him*  
–Philip Bromberg, *The Shadow of the Tsunami*

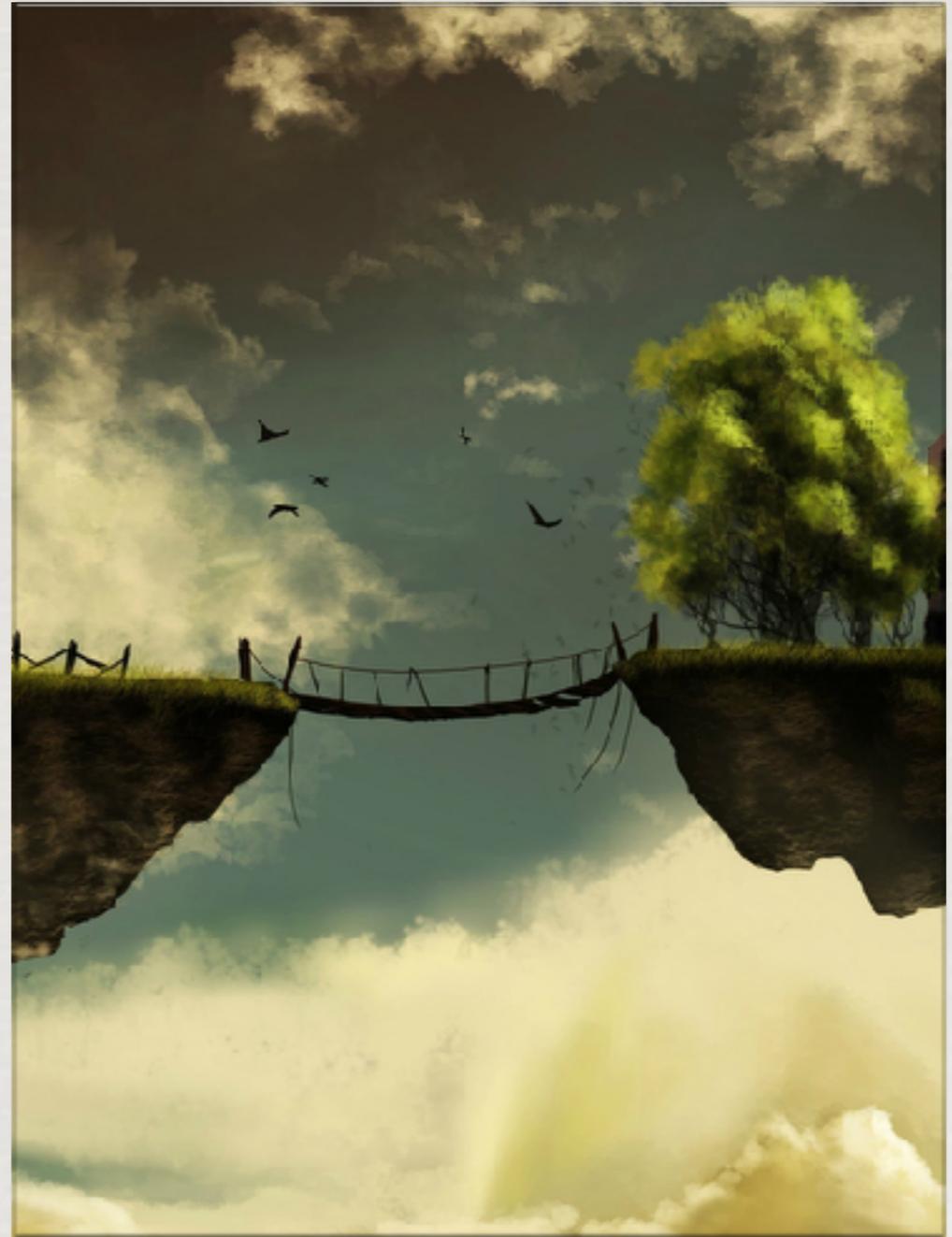


# Clinical Conceptualization

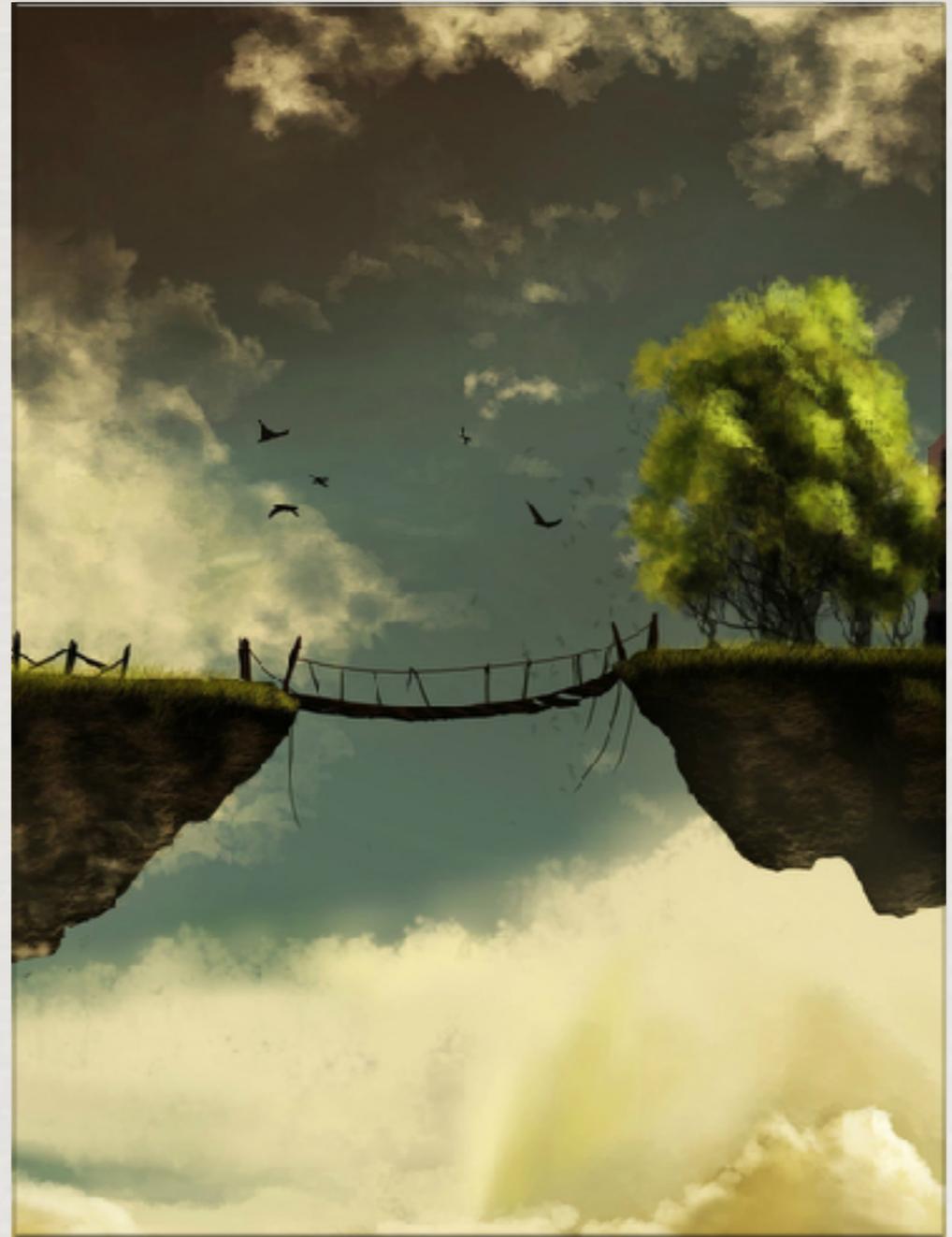
*“Psychoanalytic growth is the obstinate attempt of two people to recover the wholeness of being human through the relationship between them.”*

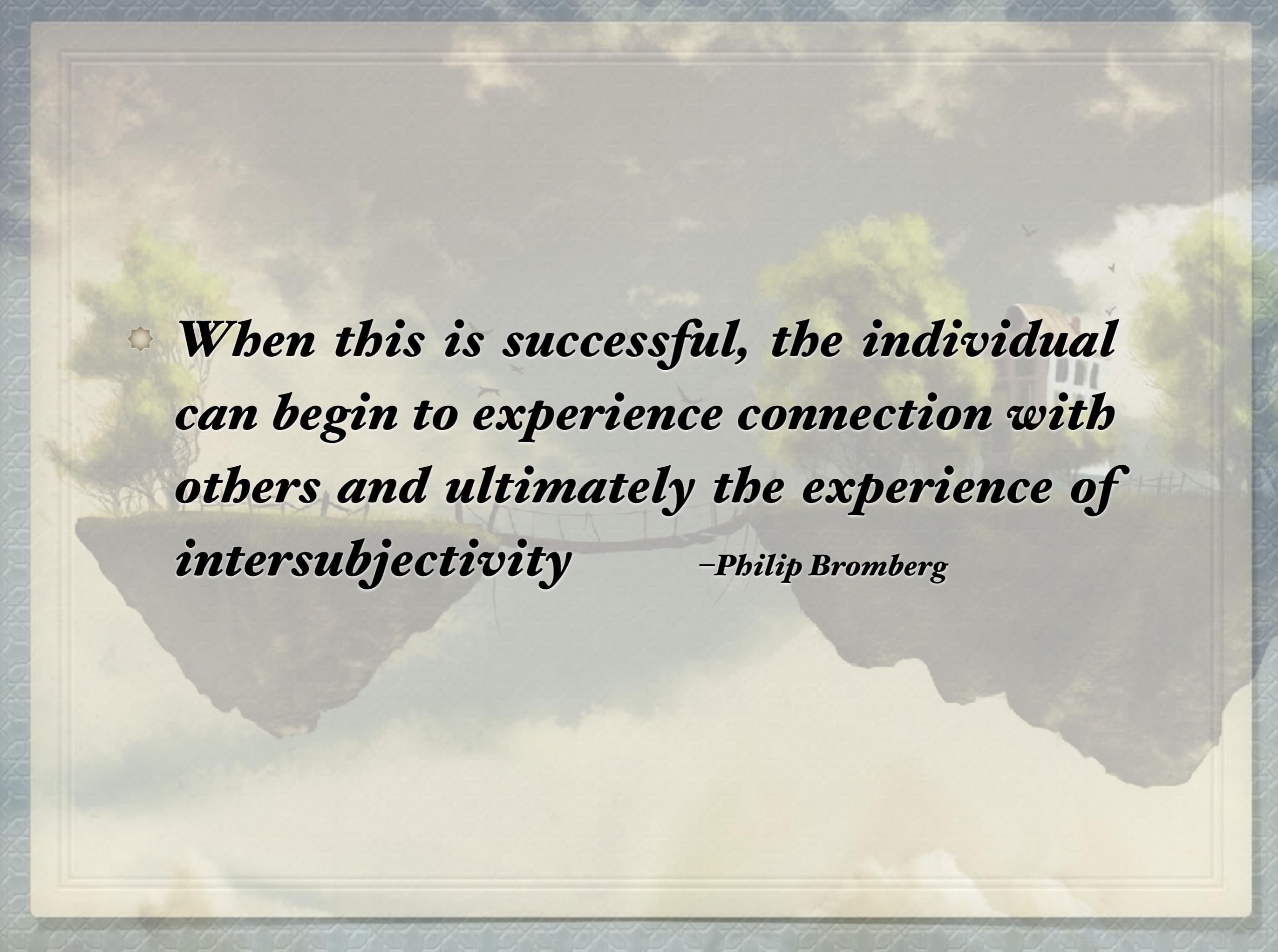
*—Ronald Laing, Quoted in The Shadow of the Tsunami*

- ◆ *The therapeutic relationship helps patient “stand in the spaces,” or form bridges between “islands” that consist of the multiple “not me” self states*



◆ *For “not me” self states to be merged, they must become cognitively and then linguistically symbolized in the therapeutic relationship*





✿ *When this is successful, the individual can begin to experience connection with others and ultimately the experience of intersubjectivity*

*—Philip Bromberg*

# Quest for Intersubjectivity



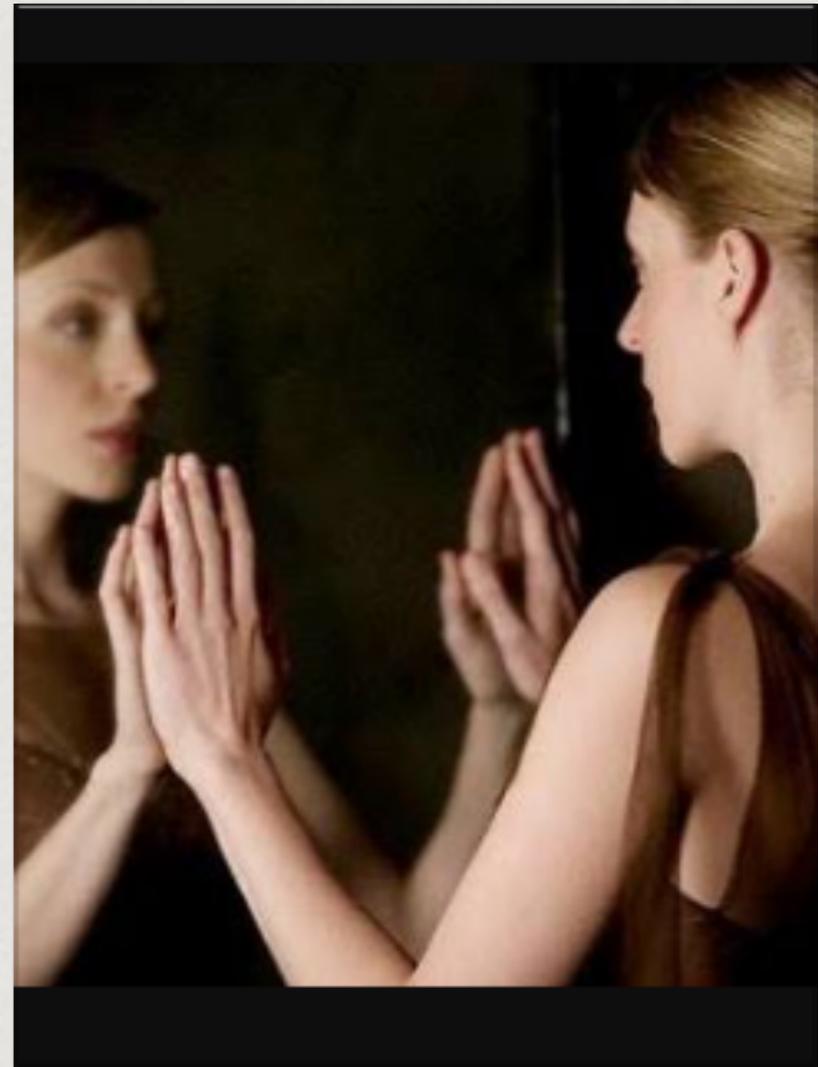
# Intersubjectivity

- ✦ *One of the outcomes of dissociation is a struggle with intersubjectivity, or the inability to see one's self as others see them*



# Intersubjectivity

- ✦ *Within a shared mental state, previously frozen attachment patterns (that helped a patient adapt to early relational trauma) become available to be experienced conjointly and processed cognitively and linguistically in a shared mental space*
- ✦ *This slowly develops the patient's capacity for intersubjectivity* —Philip Bromberg

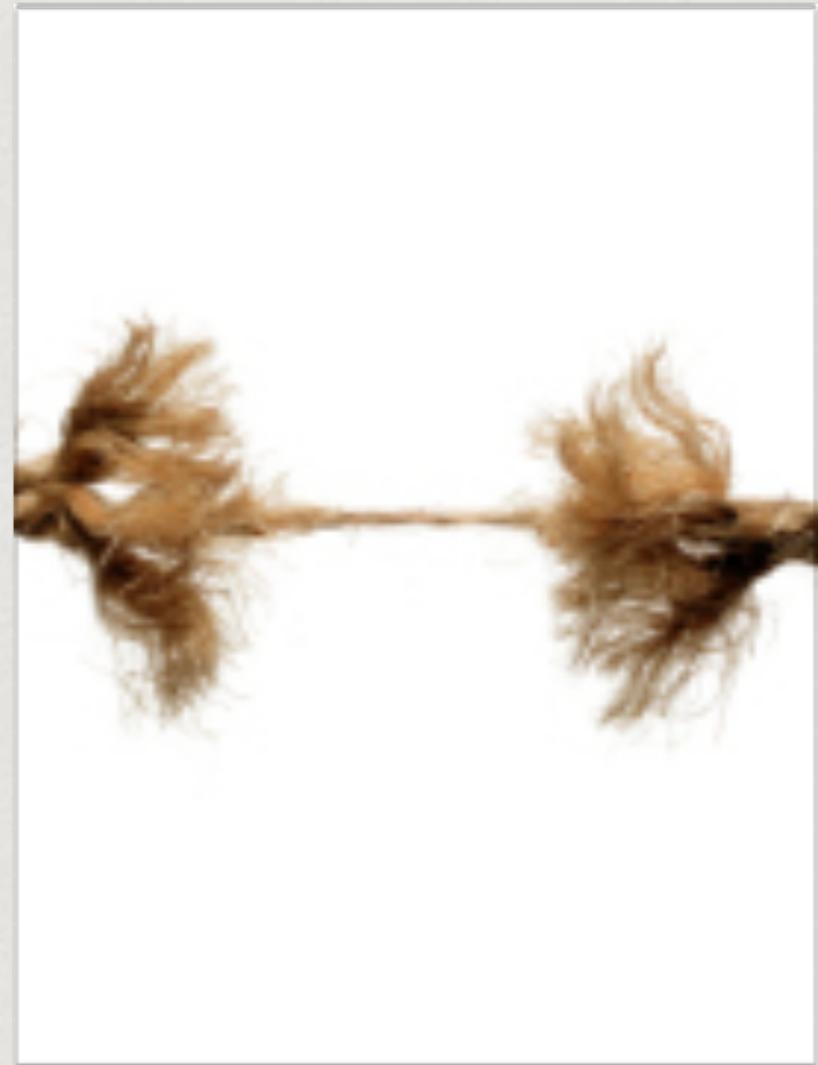


**How do early attachment traumas  
become available to be experienced  
conjointly within the therapeutic setting?**

# Therapeutic Enactment

# Therapeutic Enactment

- ◆ *Dissociation (though observable at many points in every treatment) is the most apparent in enactments between therapist and patient*





# Therapeutic Enactment

- ✦ *An enactment is an unconscious communication process that reflects those areas of the patient's self experience where trauma has to one degree or another compromised the capacity for affect regulation in a relational context and thus compromised self-development at the level of symbolic processing by thought and language*



# Therapeutic Enactment

- *Enactment is characterized by ongoing and inevitable dyadic collisions wherein the therapist and patient experience clashing subjectivities but instead of being mentally overwhelming, they become an experience of “safe surprises” where affect can be tolerated by both parties*



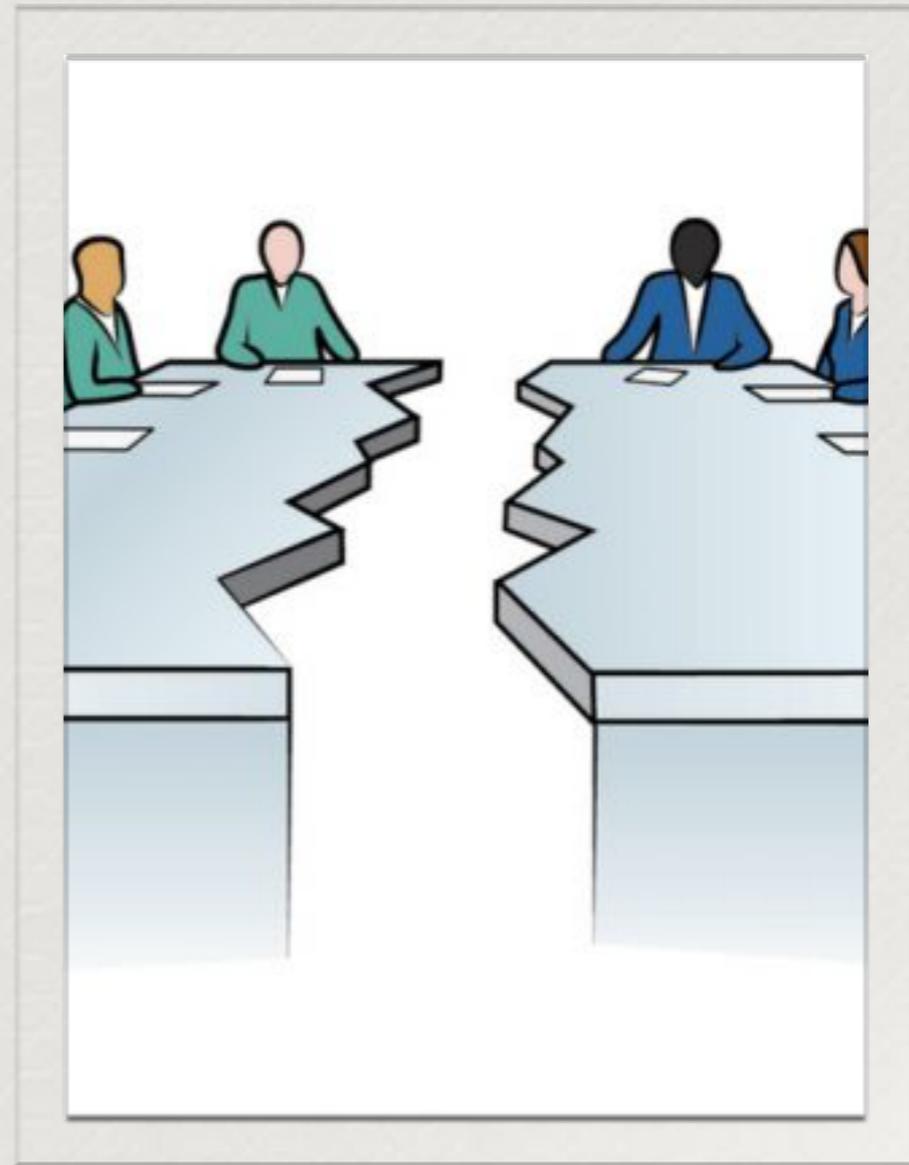
# Therapeutic Enactment

- ✿ *This allows unthinkable 'not me' self-states to be enacted in here-and-now events that can be played with interpersonally, then **explicitly compared** with the therapist's subjective experience of the same event, and become part of the patient's overarching sense of "me"*



# Therapeutic Enactment

- ✿ *During an enactment, the therapist must pay close attunement to unacknowledged affective shifts in his own and his patient's self-states*
- ✿ *The core dimension of using enactment therapeutically is to increase the patient's competency in regulating affective states* *Allan Schore*



# Therapeutic Enactment

- ✦ *This happens when the therapeutic relationship becomes a place that supports risk and safety simultaneously—a relationship that allows the painful reliving of early trauma, without the reliving being just a blind repetition of the past*

*—Philip Bromberg, *The Shadow of the Tsunami**



# Therapeutic Enactment

- ✿ *This 'safe but not too safe' relationship is played out effectively by a therapist who shows ongoing concern for her patient's affective safety while also showing commitment to the value of the inevitably painful process of reliving unprocessed affective trauma*



# Therapeutic Enactment

- ✦ *The goal of enactment is to help a patient recognize the difference between 'feeling scared' and 'feeling scarred'*

—Philip Bromberg, *The Shadow of the Tsunami*



- *The patient's fear of dysregulation, as relived in the enacted present with therapist, becomes increasingly containable as a cognitive event, enabling the mind/brain to diminish its automatic reliance on dissociation as an affective cognitive "smoke detector"*





# Applications

- ✿ *Be deeply present—client needs more to be ‘recognized’ than ‘approved of’*
- ✿ *Be aware of your own possible dissociative self states...what ‘not me’ self states are impacting interactions?*
- ✿ *Speak in “parts” language to acknowledge different self states in client*
- ✿ *Anticipate different energies from session to session depending upon which self states participate*
  - ✿ *A “rough” session might follow a “smooth” session when a previously-sequestered self-state arises to fend off what feels like reckless trust of another self state*
  - ✿ *In cases like this, attempt to facilitate the communication between previously sequestered self states*
  - ✿ *Allow for the presence of all self states*
- ✿ *Following the co-creation of a more efficient right-brained dyadic communication system, the therapist can act as an affect regulator of the patient’s conscious and unconscious (dissociated) dysregulated affective states*

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