

# ReAttach as a Salutogenic Systemic Intervention for Adverse Childhood Events: Integrating M.I.S.T., ConFusion, and the Emotional Symptom Regulation Model (ESRM)

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## Abstract

Early childhood trauma and Adverse Childhood Experiences (ACEs) act as a profound disruption to both individual neurobiological development and the well-being of family members [1]. Blended insights from the Emotional Symptom Regulation Model (ESRM) and ReAttach Mapping the Individual State of Mind (M.I.S.T) encouraged the researchers to enhance the previously published ReAttach protocol for early childhood trauma and formulate further clinical guidelines for ReAttach Affect Coaches [2,3]. Recent findings suggest that the impact of ACEs is mediated by underlying autonomic states: specifically, the fight, flight, and freeze responses, which manifest as seven distinct emotional phenotypes: Distress, Shutdown, Activation, Anger, Social Isolation, Resilience, and Ambivalence [4,5]. Unlike traditional trauma treatments focused on pathology, ReAttach emphasizes self-regulating sensory modulation and hypervigilance through the Wiring Affect with ReAttach (W.A.R.A.) framework, along with the Forgive and Forget Hood (FFH) and ConFusion technique [6,7,8,9]. During ReAttach face-to-face sessions, cognitive restructuring helps patients move from a fixed mindset to adaptive schemas and a flexible growth mindset [3,10,11]. By aligning the M.I.S.T. questionnaire with the seven autonomic phenotypes [4,5], the ReAttach Affect Coach can tailor individual interventions to the "State of the Nervous System." This approach utilizes the Emotional Symptom Regulation Model (ESRM) to address the displaced regulatory setpoints that maintain pathology [5]. Through the stabilization of co-regulation within the family system [10] and the application of New Mind Creation (NMC), ReAttach fosters resilience and updates maladaptive predictive models [3,11]. This process changes the "displaced regulatory setpoint" of the autonomic nervous system, thereby interrupting the cycle of intergenerational trauma transmission [12,5]. Eventually, integrating the ReAttach New Mind Creation (NMC) reinforces adaptive schemas, supporting Positive Childhood Experiences (PCEs) that build resilience [3].

**Keywords:** *Adverse Childhood Experiences (ACEs), ReAttach, W.A.R.A., Forgive and Forget Hood (FFH), Salutogenesis, Transdiagnostic, Sensory Modulation, New Mind Creation*

## Introduction: The Psychobiosocial Architecture of Resilience

Adverse Childhood Experiences (ACEs) pose a major public health challenge with lifelong effects [1]. The impact extends

far beyond childhood, as ACEs are a primary driver for adult psychopathology [14], increase suicidal behavior in those with affective disorders [14], and greatly raise the risk of post-traumatic stress disorder [15]. In addition to these effects, trauma often passes from one generation to the next. Parental ACEs can harm child development and health through intergenerational

mechanisms [12], while these experiences also influence trajectories of social frailty into middle and older age [16]. When children face ongoing toxic stress, their stress response systems stay highly active. This constant alertness harms healthy brain development by causing ongoing tension and disturbing normal brain signals [3]. Such disruption often leads to Sensory Over-Responsivity (SOR). This blocks healthy growth, social skills, and long-term health [2]. Children with neurodevelopmental disorders are statistically more likely to have exposure to ACEs [17]. This makes trauma-informed screening and care in primary settings a clinical necessity [18]. If left unaddressed, these experiences are linked to increased police contact [19], ongoing loneliness [20], and a higher risk of substance use [21]. In response to this complexity, ReAttach provides a strategic, salutogenic compass. The Mapping the Individual State of mind (M.I.S.T.) instrument (reattachmist.com) is central to this approach. Unlike traditional diagnostic tools, M.I.S.T. identifies transdiagnostic factors, including sensory overresponsivity, cognitive flexibility, and arousal levels. These insights allow for highly personalized interventions that address underlying contributors to difficulties and promote adaptive functioning [2]. M.I.S.T. also gives deep insight into co-regulation dynamics within family relations, enabling ReAttach Affect Coaches to build strategic sessions that enhance the family's collective autonomic health [10]. This strategic mapping has a neurobiological counterpart. It can identify seven distinct emotional phenotypes: *Distress*, *Shutdown*, *Activation*, *Anger*, *Social Isolation*, *Resilience*, and *Ambivalence* [4]. These phenotypes reflect an individual's autonomic "regulatory setpoint." Painter et al. (2026) established that the "Nervous System in State" perspective suggests ACEs can lock individuals into survival-oriented states. These states dictate their capacity for emotional regulation [5]. The Emotional Symptom Regulation Model (ESRM) complements this. It explains that chronic symptoms result from a "displaced regulatory setpoint" caused by neurobiological interference [5]. ReAttach does not require people to relive their trauma. Instead, it focuses on creating safety and clearing interference through quick self-regulation tools such as W.A.R.A. (Wiring Affect with ReAttach) and the Forgive and Forget Hood [6,7,8,9]. Research shows this method can greatly reduce emotional and behavioral issues in children. The effect size is strong, at  $d=1.19$  [10]. ReAttach therapy centers on building foundational safety and promoting Positive Childhood Experiences (PCEs). This helps close developmental gaps. The New Mind Creation (NMC) process further develops healthy thinking patterns and a Growth Mindset [11]. It supports a child's return to discovery and play. This overall shift moves children from survival to neurological openness. It lays a foundation for resilience that persists into young adulthood [22] and later life [23].

## ConFusion: Training Autonomic Balance and Safety

A significant clinical challenge arises when a child or parent is locked in a high-arousal phenotype (such as Anger or Activation, meaning a state of intense emotional activation) or a chronic Shutdown state (where the body's system is overly inhibited and calm, and relaxation feels unsafe). In these states, a "resting state" (being calm and at rest) is often perceived as a threat rather than a comfort. In such instances, ConFusion is employed as a specialized ReAttach technique to train the balance between sympathetic (activating the body for action) and parasympathetic (calming or relaxing the body) activation.

The technique utilizes a rhythmic alternating cycle:

**Brief Sympathetic Activation:** A rapid, 2-second stimulus that allows the patient to "flight" from a resting state that is not yet trusted. This acknowledges the need to mobilize the existing autonomic phenotype.

**Extended Parasympathetic Activation:** Immediate subsequent "pressing" or deep inhibitory tactile input.

With each cycle, sympathetic activation remains brief (2 seconds), while the pressing time (the period for applying deep, calming touch corresponding to parasympathetic activation) progressively increases. This process allows the ReAttach Affect Coach to gently habituate (help the nervous system get used to) the nervous system to a state of rest. By repeatedly "resetting" the autonomic drive (the part of the nervous system controlling automatic functions), ConFusion breaks the rigid regulatory setpoint described in the ESRM, creating a neurobiological bridge (connection) to the social engagement system (brain processes that help with social interaction) and foundational safety [2,5].

## The Clinical Journey: A Narrative Approach for the ReAttach Affect Coach

The transformation starts with the ReAttach Affect Coach as navigator. They use the M.I.S.T. manual and online training to define the intervention's focus. Rather than just picking a patient, they decide who is the "main client"—the person whose autonomic state causes the most disruption in the family. This step sets the viewpoint for the mapping process and matches the real co-regulation dynamics at play [10]. If a parent is the main dysregulator, the coach starts there, knowing a child's success relies on creating a systemic Secure Base.

After the M.I.S.T. profile is developed, the coach looks for signs of an "autonomic lock." Here, the nervous system loses flexibility and often shows sensory over-responsivity and cognitive rigidity. The coach recognizes the resting state as a threat rather than a source of comfort. To handle this, the clinical work begins with the ConFusion technique. This trains autonomic flexibility. The coach matches sympathetic bursts to the client's type, then provides longer parasympathetic pressing. This helps re-teach

the nervous system to find safety in stillness.

Once the regulatory setpoint begins to shift and receptivity is established, the ReAttach Affect Coach introduces the Forgive and Forget Hood to clear neurological noise and provides immediate safety [9]. This is complemented by W.A.R.A., which re-wires affective responses toward resilience by neutralizing the emotional load of sensory stimuli [6,7].

As the client moves into Phase II, the ReAttach Affect Coach conducts individual face-to-face sessions through a structured 7-step model. This process optimizes neurobiological tension and activates mirror neurons to establish deep contact. By resolving sensory over-responsivity and teaching social cognitive skills under these optimized conditions, the ReAttach Affect Coach facilitates the retrieval of long-term memories and modifies cognitive biases. The ultimate goal of this phase is to shift the self-schema from a fixed mindset of victimhood to a growth mindset of self-responsible discovery.

Finally, the ReAttach Affect Coach guides the client into New Mind Creation (NMC). Here, the focus turns toward long-term resilience by retraining the amygdala to function as it would under secure attachment conditions [11]. The ReAttach Affect Coach helps the client establish an internal Secure Base and a shared "Loving Observer" perspective, effectively replacing survival-based hyper-reactivity with the neurological openness required for healthy social engagement [3,11]. This systemic shift moves the family from the shadows of intergenerational trauma into a future defined by agentic growth and play.

## Discussion: ReAttach in the Landscape of Trauma-Informed Care

The clinical landscape for addressing ACEs has historically been dominated by pathology-focused models. However, the integration of ReAttach with the ESRM and M.I.S.T. marks a shift toward a transdiagnostic approach. Traditional interventions often rely on cognitive-heavy approaches to address adult psychopathology [13] and suicidal behavior [14]. While effective for some, these methods can be challenging for individuals locked in "Shutdown" or "Anger" phenotypes [4,5], where the prefrontal cortex is effectively offline. Standard trauma treatments often require patients to relive traumatic memories, risking re-traumatization [15]. In contrast, the ReAttach Affect Coach utilizes the FFH and W.A.R.A. to clear "neurological noise" without necessitating a narrative recount [6,9]. This aligns with findings that ultra-fast interventions achieve significant efficacy by focusing on sensory modulation rather than trauma processing [7,10]. While research underscores the gravity of intergenerational transmission [12], many models treat the child in isolation. ReAttach addresses this by identifying the "main client" as the primary source of systemic interference [2]. By stabilizing the parent's autonomic state, the ReAttach Affect Coach creates the "Secure Base" necessary for children, especially those with neurodevelopmental disorders who are at higher risk for ACEs [17]. Unlike models focused solely on social frailty

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[16] or loneliness [20], ReAttach promotes a "Growth Mindset" through NMC [11]. By building resilience and correcting the "displaced regulatory setpoint" [5], the ReAttach Affect Coach provides a neurobiological reset that ensures the legacy of ACEs is superseded by a future of self-responsible wellbeing [22,23].

## Conclusion: A Path Toward Integrated Vitality

In conclusion, combining the ReAttach M.I.S.T. framework, the ConFusion technique, and the Emotional Symptom Regulation Model (ESRM) creates a new approach for treating Adverse Childhood Experiences. This method moves beyond traditional talk therapy. It focuses on the neurobiological "Nervous System in State." The ReAttach Affect Coach can thus dismantle rigid regulatory setpoints that maintain trauma. This approach does not just suppress symptoms. Instead, it helps bring positive change by reducing sensory over-responsivity. It clears the way for New Mind Creation. The ReAttach Affect Coach guides families toward a secure internal base and encourages a growth mindset. As a result, the cycle of intergenerational trauma is broken and replaced with resilience and discovery. Ultimately, this protocol helps individuals move from survival to neurological openness. It ensures the legacy of ACEs is replaced by self-responsible wellbeing and social connection.

## Declaration of interest

Paula Zeestraten-Bartholomeus is the developer of ReAttach, the W.A.R.A., the Forgive and Forget Hood, New Mind Creation and ConFusion. Steven Painter is the developer of the ESRM Model.

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