

UNDERSTANDING TRAUMA FROM A DEVELOPMENTAL PERSPECTIVE



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DEFINING TRAUMA

The National Child Traumatic Stress Network defines trauma as an event or series of events that involves fear or threat.

www.nctsnet.org

DEFINING TRAUMA

“Trauma is the unique individual experience of an event or enduring conditions in which the individual's ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family.”

(Saakvitne et al., 2000)

DEFINING TRAUMA

“Traumatic events are external, but quickly become incorporated into the mind.”

(Terr, 1990)

“Traumatisation occurs when both internal and external resources are inadequate to cope with external threat.”

(van der Kolk, 1989)

DEFINING TRAUMA

- We are physiologically designed to function best as an integrated whole.
- There are individual, family, and community factors that promote resiliency and wholeness.

“The most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent.”

(Osofsky, 1999)

DEFINING TRAUMA

- Children do not have the option to report, move away, or otherwise protect themselves – they depend on their caregivers for their survival.
- Traumatic experiences will impact the entire person: the way we think, learn, remember things, feel about ourselves and/or others, the way we make sense of the world.

WHAT CAUSES TRAUMA ?

Traumatic events can include experiencing and/or witnessing of:

- Physical Abuse
- Domestic Violence
- Emotional Abuse
- Neglect
- Sexual Abuse or Sexual Assault
- Parental Mental Health
- Community Violence
- Natural disasters
- Traumatic grief
- Terrorism, Refugee Trauma
- Witnessing a War, Genocide

WHAT CAUSES TRAUMA ?

Studies have shown that adverse childhood experiences are vastly more common than acknowledged, and that most of these exposures occur within the child's care giving system.

HOW IS TRAUMA EXPERIENCED TODAY?

- A single event
- Cumulative (strain)
- Complex trauma
- Historical/Intergenerational trauma

TRAUMA COMPLEXITY

- When trauma emanates from within the family, children frequently experience a crisis of loyalty and organize their behaviour to survive within their families.
- Being prevented from articulating what they observe and experience, traumatized children are likely to organize their behaviour around keeping the secret, deal with their helplessness with compliance or defiance, and accommodate in any way they can to entrapment in abusive or neglectful situations.

TRAUMA COMPLEXITY

A child is faced with an exceptional complexity when the family environment itself is responsible for the victimization and the child-caregiver relationship becomes the source of trauma.



TRAUMA COMPLEXITY

Child's experience of different traumatic events will vary on:

- Age of onset
- Severity
- Frequency
- Duration
- Extent of injury
- Relationship to the offender

TRAUMA COMPLEXITY

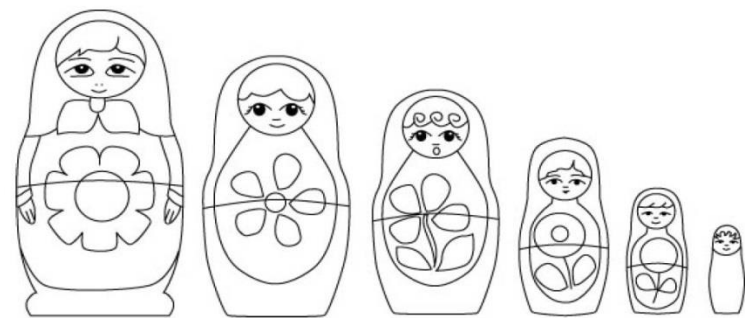
Trauma always happens
in a **developmental context.**

TRAUMA HAPPENS IN A DEVELOPMENTAL CONTEXT

Each age and stage carries its own critical developmental periods; if missed, can be very difficult to compensate.

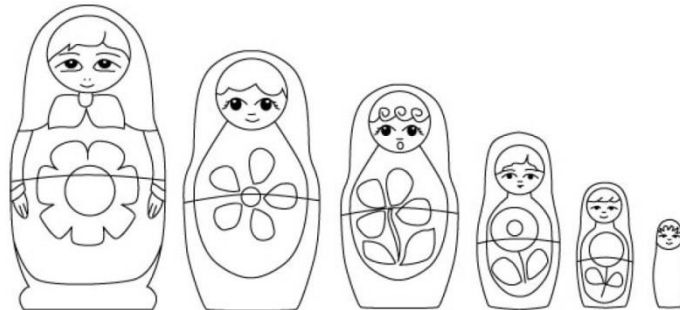
Important developmental tasks include:

- Regulation, self-soothing
- Seeing the world as a safe place
- Identity
- Trusting others, relationships
- Organized thinking for decision-making



TRAUMA HAPPENS IN A DEVELOPMENTAL CONTEXT

- Disruption of these tasks in childhood can result in adaptive behaviour, which may be interpreted in the mental health system as “symptoms.”
- Depending on the age and stage of the onset of trauma, child’s brain development, memory, narrative and verbal capacities, will be affected, as well as the child’s opportunities for recovery.



TRAUMA HAPPENS IN A DEVELOPMENTAL CONTEXT

- For those children whose traumatic experience becomes the norm rather than the exception, the responses to trauma will interfere with, and/or override, the processes of healthy development.
- The consequences of traumatic event(s) are highly likely to derail child's healthy biological, emotional, cognitive and social development.
- They oftentimes do not have a chance to develop coping skills, a sense of self, or a sense of self in relation to others.

ATTACHMENT



The cradle of early development is in the dyadic relationship of the caregiver and infant, in which early functions of arousal regulation, social engagement, and cognitive development evolve.

www.dhs.vic.gov.au

(child development and trauma guide)

ATTACHMENT

- At the biological level = Survival
- At the level of mind = Creating of “internal maps,” sense of self, self-regulation

The attachment is the building block of the foundation of mental health.

“Investigations into the physiology of relatedness now tell us that attachment penetrates to the neural core of what it means to be a human being.”

(Lewis et al., 2000)

ATTACHMENT

What happens when things “do not go well”:

- “X + Y + Z” = the “going on being” and repair;
In case of trauma, despair.

(Winnicott, 1960)

- *“Traumatic experience in adults alters the organized brain, whereas in infants and children it organizes the developing brain.”*

(Perry & Pollard, 1998)

ATTACHMENT & TRAUMA

- The security of the attachment bond mitigates against trauma-induced terror.
- When trauma occurs in the presence of a supportive, if helpless, caregiver, the child's response will largely mimic that of the parent:

The more disorganised the parent, the more disorganised the child.

ATTACHMENT & TRAUMA

- When the very people that a child is attached to are also the people violating the child, then children are likely to suffer not only a disrupted attachment but a disruption to all of their developmental systems.
- When many critical developmental competencies are severely disrupted, children become unable to process and/or integrate what is happening.

MAMMALIAN HERITAGE

Evolution has equipped us, on a physiological level, with an automatic response that continues to profoundly impact our responses to stress:

Fight – Flight – Freeze – Faint



MAMMALIAN HERITAGE

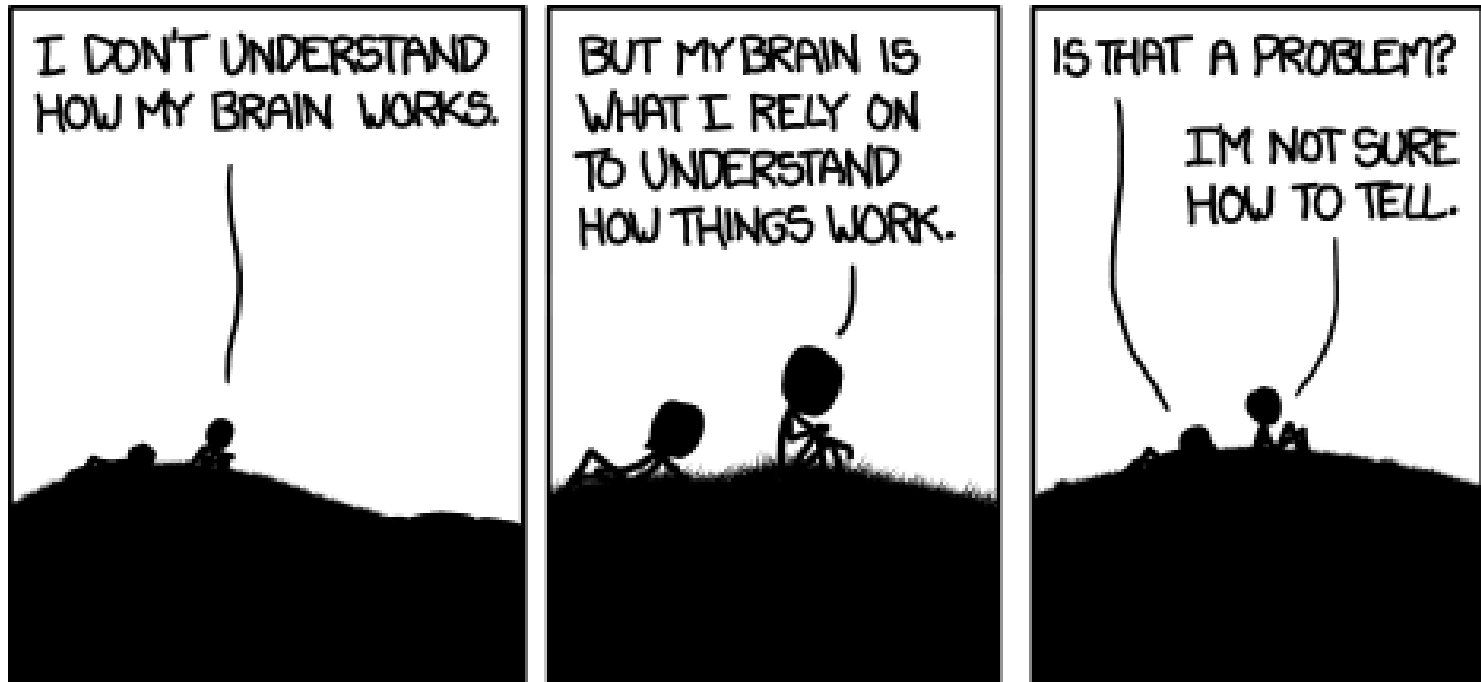
- Our complex brains and nervous systems also leave us vulnerable to the effects of trauma, such as flashbacks, body memories, nightmares, reenactments.
- Fragmentation that accompanies trauma degrades this integration, as well as protects from overwhelming stress.

MAMMALIAN HERITAGE

It is not just the trauma itself that impacts an individual; it is equally important to understand how an individual's mind and body react, in its own unique ways, to the traumatic experience(s), in combination with the unique responses of the individual's environment (family, friends, society).

COMMON REACTIONS TO TRAUMA

Trauma Alters the Way the Brain Works



COMMON REACTIONS TO TRAUMA

ANGER

CONFUSION

SADNESS

WORRY

NUMBNESS

HURT

FEAR

BELIEF

SHOCK

DISBELIEF

RAGE!

ANXIETY

MINIMIZATION

DENIAL

REVULSION

GUILT

SHAME

BETRAYAL

WITHDRAWAL

EMBARRASSMENT

JEALOUSY

DESPAIR

SELF-BLAME

PANIC

DOUBT

REVENGE!

COMMON REACTIONS TO TRAUMA

- It is important to remember that every child is unique, and a number of factors will influence the range of reactions the child may or may not experience.
- Children may react to trauma in a number of different ways, including the following symptoms, which can be fluctuating in presentation.

COMMON REACTIONS TO TRAUMA

What We Say:

“That kid just can’t sit still!”



What We See:

Hyperactivity, constant movement, fidgeting.

COMMON REACTIONS TO TRAUMA

What might be going on...



Trauma Causes Hypervigilance.

Traumatized people are ALWAYS on the outlook for danger!

Survival: staying on the move keeps you stay safe.

Good survival skill gone wrong!

COMMON REACTIONS TO TRAUMA

What We Say:

“Oh my, so many stories shared and some don’t even make sense.”

What We See:

It is so easy to “get caught!”



COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma causes gaps in the memory.

Survival: we need things to make sense; when we are missing pieces, we fill them in.

Th_s W_binar is _bout Trau_a.

Good survival skill gone wrong!



COMMON REACTIONS TO TRAUMA

What We Say:

“She just can’t make any friends.”



What We See:

Poor social skills, difficulties in relationships.

COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma causes disrupted attachment.

Survival: if loving and trusting leads to pain, I won't do it!

Good survival skill gone wrong!



COMMON REACTIONS TO TRAUMA

What We Say:

“This kid is going to get in trouble...”

What We See:

Aggression.



COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma causes fight or flight.

Survival: the most basic instinct!

Good survival skill gone wrong!

COMMON REACTIONS TO TRAUMA

What We Say:

“Things go in one ear and out the other.”

What We See:

Difficulty retaining material.



VIA 9GAG.COM

COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma results in attention to threat.

Survival: only things that are tagged for danger are important or attended to.

Good survival skill gone wrong!



COMMON REACTIONS TO TRAUMA

What We Say:

“It is like a tornado hits where ever she goes!”

What We See:

Causing chaos, provoking others.



COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma can result in addiction to endorphins.

Survival: adrenaline kicks in to give us extra strength and speed.

Good survival skill gone wrong!



COMMON REACTIONS TO TRAUMA

What We Say:

“It doesn't take anything to set him/her off!”



What We See:

Irritability, hyper arousal dysregulation of affect
(*behavioural problems*).

COMMON REACTIONS TO TRAUMA

What might be going on...

Trauma can result in flashbacks.

Survival: traumatic memory gets stored in a different part of our brain and even in our body.

Good survival skill gone wrong!



COMMON REACTIONS TO TRAUMA

- **NIGHTMARES**
- **PHYSICAL SYMPTOMS** (difficulty sleeping, eating, headaches, stomach aches; lowered immune system; disrupted toilet training/wetting)
- **HYPERVIGILANCE** (chronic physical arousal)
- **HYPERSENSITIVITY** (responding as if threat to life)
- **DIFFICULTY CONCENTRATING**

COMMON REACTIONS TO TRAUMA

- **DISSOCIATION**
- **AVOIDANCE** (staying away from places, people, things that remind him/her of the traumatic event)
- **ISOLATING** oneself from family or friends
- **INTENSE FEAR** and **WORRYING**
- **ANGER**
- **INTENSE SADNESS**



COMMON REACTIONS TO TRAUMA

- **FLASHBACKS** (when seeing, hearing, or smelling something that reminds one about his/her experience)
- **REENCATMENT** (living in the unremembered past)
- **ALEXITHYMIA** (no words for feelings)
- **SILENCE** and/or **LOSS OF ACQUIRED COMMUNICATION SKILLS**



COMPLEXITY OF ADAPTATION

Younger children more likely to exhibit:

- Somatic symptoms
- Separation anxiety
- Sexualized behaviors
- Behavioural problems at home
- ADHD-like symptoms
- Dissociation

COMPLEXITY OF ADAPTATION

Adolescents more likely to exhibit:

- Conduct problems
- Substance problems
- School problems
- Risk behaviors; running away
- Self-harm and self-injury
- Depression
- Dissociation
- Somatic symptoms

COMMON REACTIONS TO TRAUMA

All are normal responses to distressing or difficult experiences. These reactions become a concern when they begin to impact the daily functioning of children and youth.

COMPLEXITY OF ADAPTATION

- Posttraumatic memories, emotions, sensations, perceptions (of self, others and the world) become “stuck” in neuronal bundles of fragmented and split-off “not me” states.
- These states remain vulnerable to reactivation/triggering in the face of perceived threat.
- When activated, these states often involve developmentally younger coping, behavior, and emotional expression.

COMPLEXITY OF ADAPTATION

Increased complexity of trauma =
Increase in complexity of adaptation

COMPLEX TRAUMA

Complex trauma involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary caregiving system.

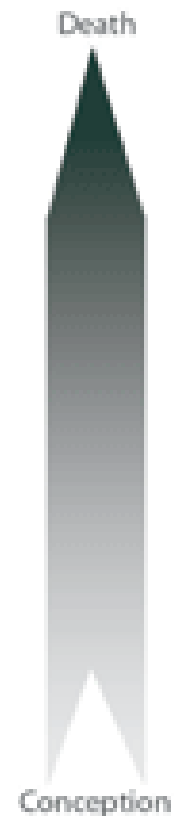
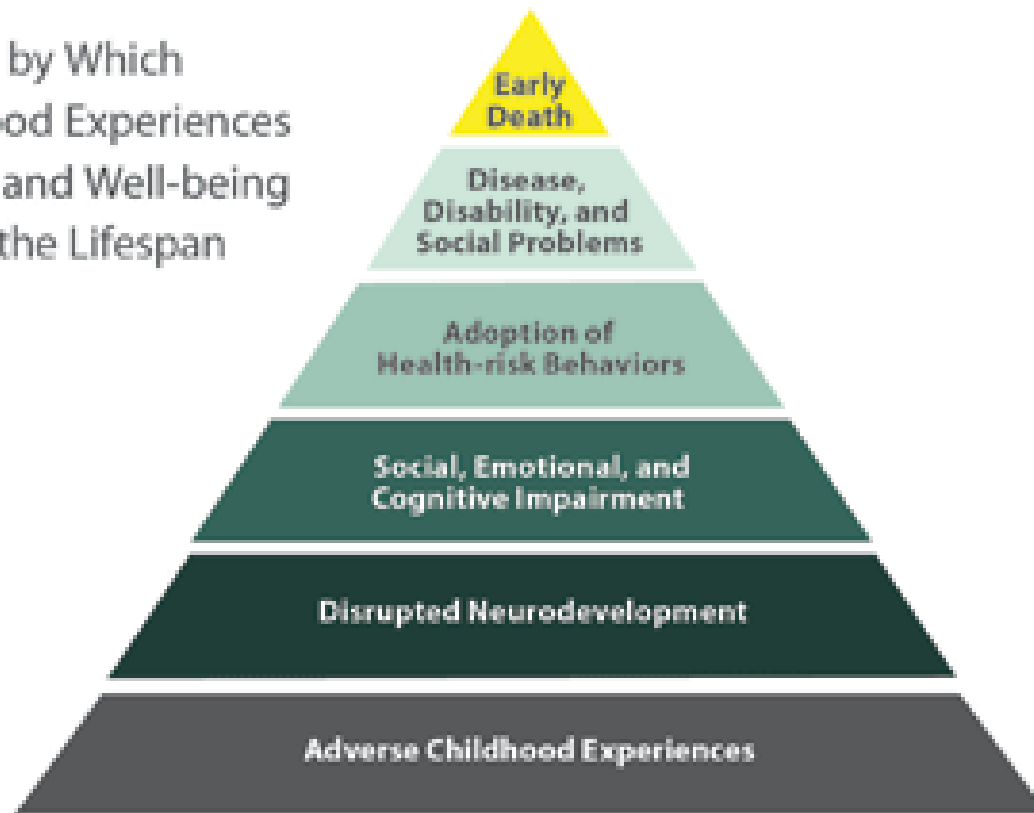
COMPLEX TRAUMA

Exposure to these initial traumatic experiences—and the resulting emotional dis-regulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

www.nctsnet.org

IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON WELLBEING & LIFE

Mechanism by Which
Adverse Childhood Experiences
Influence Health and Well-being
Throughout the Lifespan



(Felitti et al., 1998)

COMPLEX TRAUMA

Complex trauma can affect the child's:

- **ATTACHMENT**
- **BIOLOGY** (arousal system dis-regulated, poor sensory-motor coordination)
- **AFFECT REGULATION** (inability to experience, identify, express, modulate emotions)
- **BEHAVIORAL CONTROL** (too much or not enough inhibition)
- **COGNITION** (academic and socio-emotional realm)
- **SELF-CONCEPT** (highly negative, shame, guilt)

COMPLEX TRAUMA: Case Example

Case Example:

- Chronic sexual abuse; disclosed at 17 years of age
- Family history of SA, DV and witnessing PA
- Numerous life transitions and instability (homes, schools)
- History of being bullied, mugged, scary surgical procedure
- No PTSD symptomology

However...

- Avoidance, inability to sleep, panic attacks, health problems, unexplainable physical pains

COMPLEX TRAUMA: Case Example

What We See:

- Struggles with trust
- Struggles with anyone in authority position
- Procrastination, struggle to complete or follow up
- Reenacting
- Poor boundaries
- Risky behavior
- Struggles with self-esteem and self-worth
- Struggles with relationships
- Feeling he doesn't belong

What We Also See:

- Honesty, courage
- Creative, artistic
- Family support
- Intelligent
- Positive outlook
- Friendly, all inclusive
- Hope & desire to live
- Engaged in treatment

COMPLEX TRAUMA

DSM-V has only one diagnosis that specifically identifies trauma: PTSD

PTSD Major Symptoms



COMPLEX TRAUMA

- What we see shares the most overlap, however is not fully captured by PTSD definition, particularly among children
- A multi-symptom clinical presentation (depression, anxiety, ADHD, borderline, suicidal; “seeking attention,” unable to complete tasks, procrastination)
- Adult in chronology, but lack in developmental capacities and external supports to thrive

COMPLEX TRAUMA

- PTSD: **hyperarousal**
(affect and impulse dysregulation);
interpersonal difficulties
(as a result of PTSD symptoms)
- CT: **hyperarousal**
(impulse dysregulation, risky behavior, hypervigilant; oftentimes self-soothing);
interpersonal difficulties
(long-standing insecure attachment, distorted perceptions of others)

(D'Andrea et al., 2012)

COMPLEX TRAUMA

- ADHD: **inattention** (deficit in focus); **hyperactivity**, **impulsivity** (risky behavior however not due to emotional distress), poor self-esteem
- CT: **chronic dissociation** (depersonalization, breaks with reality, freeze); **risk-taking, dysregulation** (affect instability, self-soothing); **affective/interpersonal/ somatic dysregulation**; **poor self-esteem & negative expectation of caregivers**; **drastic changes in presentation** (hyperaroused/flat)

(D'Andrea et al., 2012)

COMPLEX TRAUMA

- Bipolar: **impulsivity, affect dysregulation, breaks with reality; depression** (mood-related); **manic states** (grandiosity)

CT: **impulsivity** (tension-reducing), **affect dysregulation, breaks with reality** (occur in more rapid-cycling than bipolar, moment-to-moment state shifts); **depression** (fragmentation, dissociation);
no manic states/**sense of self as damaged**

(D'Andrea et al., 2012)

APPROACHING TREATMENT

From

“What’s wrong with you?”

To

“What happened to you?”

(Bloom, 1999)

APPROACHING TREATMENT

At the center of our work with children who have been abused is helping them create a safe space to look at the traumatic experiences, make sense of their emotional, cognitive and physical reactions, and help them find new ways of coping.

APPROACHING TREATMENT

Children and youth come with varied histories, experiences, unique family systems, cultural norms and expectations that will impact their understanding and the meaning they derive from their abuse experience(s).

APPROACHING TREATMENT

Effective intervention takes into account:

- Stage not Age
- Earliest coping mechanisms
- Impact of childhood maltreatment can be delayed
- Developmentally linked symptom expression

APPROACHING TREATMENT

Deepening our understanding of the context of trauma and the complexity of impact that trauma has on children, youth and families can provide us with a powerful platform when addressing the adverse events our clients bring forth.

The therapeutic and child-welfare context oftentimes opens up the first possibility for some secure connection to be experienced.

APPROACHING TREATMENT

Respect, positive regard and a strength based approach to understanding the impact of the trauma on the child/youth:

“...abuse-focused therapy suggests that the client is not mentally ill or suffering from a defect, but rather is an individual whose life has been shaped, in part, by ongoing adaptation to a toxic environment. Thus the goal of therapy is less the survivor’s recovery than his or her continued growth and development – an approach that utilizes the survivor’s already existing skills to move beyond his or her current level of adapting functioning.”

(Briere, 1992)

HEALING JOURNEY



“Making this dragon is a good representation of who I am and who I will become.” (Age 18)

CONTACT INFORMATION

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