Voices of Trauma

- It is like swirling in a tornado full of anxiety, sadness and fear... It is overwhelming. (18 yr. old)
- I go into the comforting darkness, where emotions can’t exist. (14 yr. old)
- I lost my remembering. (5 yr. old)

Nightmare Exercise
### Goals of Nightmare Exercise
- Engage you in an interactive, empathy-building exercise
- To help you develop a frame of reference for the experience of trauma
- To help you broaden your understanding of how your clients may have felt

Child Study Center Yale School of Medicine, 2019

### Components of a Nightmare
- Acute reactions
- Search for protection
- Hypervigilance
- Reasserting safe reality
- Return to sleep

### Sources of Danger
- Loss of one’s own life
- Loss of the life of a significant other
- Loss of love or another or of oneself
- Damage to the body
- Loss of control of impulses, affects or thoughts
- Loss of control or sense of agency
Trauma

Trauma is the subjective experience of an adverse experience. The event creates a overwhelming emotion and a feeling of utter helplessness.

Bessel van der Kolk

The impact of trauma is upon the survival or animal part of the brain...

“We become like frightened animals. We cannot reason ourselves out of being frightened or upset.”

Trauma

Leads to dysregulation of
Cognitive
Emotional
Behavioral functions

The traumatic event leaves behind complications of memory
Autonomic Nervous System

- Ventral Vagal: Safe calm
- Sympathetic: Mobilization
- Dorsal Vagal: Immobilization

FREEZE & FIGHT & FLIGHT

Hyperarousal:
- Fight, flight, freeze: panic, rage, terror, agitated immobility

Hypoarousal:
- Feigned death: despair, disgust, hopelessness, helplessness, shame, etc.

Regulate Dysregulated Arousal and Trauma-Related Affects

Hyperarousal:
- Window of Affect Tolerance

Hypoarousal:
- Feigned death: despair, disgust, hopelessness, helplessness, shame, etc.
### Simple Trauma vs. Complex Trauma

<table>
<thead>
<tr>
<th>Simple Trauma</th>
<th>Complex Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-interpersonal</td>
<td>Interpersonal</td>
</tr>
<tr>
<td>Limited exposure</td>
<td>Multiple types of trauma</td>
</tr>
<tr>
<td>Shorter duration</td>
<td>Longer duration</td>
</tr>
<tr>
<td>Support of caregiver</td>
<td>Less/no support of caregiver</td>
</tr>
<tr>
<td>Secure attachment</td>
<td>Insecure attachment</td>
</tr>
<tr>
<td>Onset typically at later stages of development</td>
<td>Onset typically at earlier stages of development</td>
</tr>
</tbody>
</table>

### All Children Need

#### Secure Attachment

The reciprocal emotional and physical relationship between "mother" and child.

- Provides the child a safe base and sense that his/her caregivers are trustworthy
- Trust how they feel and understand the world

### Attachment

- Ensures survival
- Stimulates brain growth and development
- Template (implicit memory) for future relationships
- Gateway for exploration, learning and mastery
- Influences moral development, empathy, social skills, ability to read social cues, self esteem, language development, problem solving, and reasoning
- Predicts achievement, stability of future relationships, and quality of parent-child relationships when you are grown.
- Provides traumatized child with a relationship based recovery
Disrupted Neurodevelopment

Grow up feeling safe and loved:
- brain specializes in exploration, play and cooperation

Grow up feeling frightened and unwanted:
- brain specializes in managing feelings of fear and abandonment

Developmental Trauma or Complex Trauma

- Not a DSM diagnosis
- Conceptualization to better organize the sequelae of childhood trauma
- Many forms of interpersonal trauma do not meet criteria under PTSD as a traumatic event
- Does not blame the child

Developmental Trauma

- Early relational trauma
- High exposure to multiple forms of trauma, greater severity of symptoms across a variety of developmental domains
- Creating dysregulations in behavior, affect, perception, relationships and somatic experiences.
Developmental Trauma

When child attempts to minimize threats and emotional distress:

<table>
<thead>
<tr>
<th>Symptom expression</th>
<th>Caregiver perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor behavioral regulation</td>
<td>Aggressive/angry</td>
</tr>
<tr>
<td>Poor emotion regulation</td>
<td>Moody</td>
</tr>
<tr>
<td>Inattentive/Hyperactive</td>
<td>All over the place</td>
</tr>
<tr>
<td>Dissociation</td>
<td>There is nothing in his eyes</td>
</tr>
</tbody>
</table>

Child’s response to traumatic event

- Insight and understanding about the origins of their behaviors and reactions has little impact on changing them for children with DTD
- This is why traditional talk therapy is sometimes not effective
- Reduce exposure to triggers, increase feelings of safety and give them activities that increase pleasure and mastery feelings
**Children’s symptoms should not be viewed as incidental to their life histories.**

Concept from D’Andrea, et al. (2012)


### Symptoms Associated with Trauma

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Dissociative symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Intrusive memories</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Physiological</td>
</tr>
<tr>
<td>behaviors</td>
<td>hyperarousal</td>
</tr>
<tr>
<td>Hypervigilance</td>
<td>Shame and self-hatred</td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td>Nightmares</td>
</tr>
</tbody>
</table>

### How Problems Present in Children

- Significant impact of trauma is the inability to self regulate and self soothe
- Is the source of pain, agitation, fear is your caregiver, body stays in state of hyperarousal
- Find your own way to calm self by self destructive behaviors
  - Shutdown, masturbate, beat head, cutting, eat, drugs
- Role of therapist “affect regulator”
- Help feel safe in their body.
Trauma Diagnoses

- PTSD
- Anxiety
- Depression
- Dissociation

Trauma does not necessarily equal PTSD

Remember...

Talking about trauma often re-activates the implicit memories causing dysregulation, psychological and emotional arousal and animal defenses

The child who has experienced repeated trauma...

- Does not expect adults to be helpful or supportive
- Comes with a brain that expects negative experiences and is focused on defense and survival
- Has minimal experiences with empathy, comfort, planning ahead, or focused attention
- May have frequent illness and discomfort
WHAT BEHAVIORS TELL US

- Acts like a bully or aggressive
  I am in emotional pain and I want to hurt others like they hurt me. I have no way to express my anger.

- Acting angry
  Terrified only trying to protect myself. I must be in control I do not know any trustworthy adults.

- Hoards/steals food
  I am hungry and haunted by the fear of not having enough to eat.

- Can’t sleep
  Must be awake to protect and defend myself. My brain is on fight or flight mode.

TREATMENT

Historical View
Beverly James, LCSW
Bessel Van Der Kolk, MD
Jan Hindeman
Francine Shapiro, PhD
Esther Deblinger, PhD
Pat Ogden, PhD

1980 1990 2000
Consistent Components for all Modalities

• Assessment
• Developmentally appropriate/sequenced
• Safety
• Involvement of the Caregiver
• Stabilization
• Development of Resources
• Trauma Processing

Developmentally Sequenced Treatment

Recognize as the child matures his/her experience will take on new meaning

Lay the ground work for future treatment

All Children Need

Safety

• Cornerstone for healthy development

• Must have emotional and physical safety
### What Children Need

Without sense of safety child may react with:

- Anger
- Aggression
- Can’t sleep
- Depression
- Disobedience
- Dissociation
- Restless
- Withdrawal
- Compulsive behaviors to self-soothe

### Fearful Children

- Can not focus
- Can not process lectures
- Can not believe they are safe just because you tell them
- May not react in a manner which seems logical to you
- Will react to triggers or their trauma bonds

### Safety

- **External environmental factors**
  - Undisclosed abuse
  - Ongoing chaos
  - Exposure to domestic violence
  - Impact of parent’s substance abuse
  - Lack of basic necessities
  - Poor psychological boundaries
Safety (cont.)

- Child’s destructive behavior towards self or other
  - Suicidal thoughts
  - Sexually aggressive behaviors
  - Physical aggression towards others
  - Self harm

Therapy Room is Child’s Safe Place

- Explain routine
- Model calm
- Model consistency
- Model predictability
- Determine if parent’s presence in their safe place is disruptive

Connection

THE INVISIBLE MAGIC CORD

Must be present with presence
Role of the Caregiver

- Provider
- Protector
- Guide
- Nurturer

Emotion driven parenting
Lecturing, Scolding and Punishment Foundation

- Attunement
- Lecturing/Scolding
- Punishing

Integrative Parenting
Attunement and Empathy are the Foundation

- Attunement and empathy
- Calming and pre-teaching
- Consequences
Limbic Level Communication

- Touch
- Tone of voice
- Facial expression
- Music
- Smell
- Rocking, other rhythmic motion

Caregiver Involvement (cont.)

- Parent may need own therapist
- Parent may need to develop new skills
  - Individual therapy  PCIT
  - Mentoring  ABC
  - Incredible Years
- Parent prepared for disturbing behaviors which could lead to overreacting
- Provide safe place for parent to vent frustration

Interventions with Parents

*Individual Clinically Astute Individual Trauma-Focused Therapy:*

- Addressing affective memory
- Identifying and addressing misperceptions
- Providing concrete strategies
- Using patience and perseverance
Treating Trauma in Children and Their Families with Nancy Berson, LCSW

Interventions with Parents

*Identified Mentor:*

- Ongoing emotional support
- Nurturance
- Modeling

Evidence-Based Parent-Child Interventions

*ABC – Attachment and Biobehavioral Catch-up*

- 10-24 months, can be adapted for 25-36 months
- Focus on helping parents develop secure attachment by teaching parent to read and understand child’s response

*The Incredible Years*

- 0-12 years, group intervention of 8-12 parents
- Focuses on specific parenting skill each week

*Parent-Child Interactive Therapy*

- 2-6 years,
- Focuses on attachment between parent and child, working with children with challenging behavior, teaching parents specific skills
Stabilization and Affect Regulation

- Child and parent educated about symptoms
- Teach child how to recognize, anticipate and manage emotions
- Decrease shame
- Emphasis the way reactions were bodies effort to protect

Traumatized Child has a Narrow Window of Tolerance

- Cannot process trauma if outside of their window
- Make it safe but just “safe enough”
- Work to expand the window

Stabilization

- Teach Strategies for handling intense feelings
- Be creative and fun
  - Bracelet/nail polish
  - Music/Dancing/Yoga
  - Mindfulness techniques
  - Identification of safe place
  - Jitter Basket
- Developing containers
Identification of Resources

Treatment Modalities

TF-CBT
- Trauma Focused Cognitive Behavioral Therapy

EMDR
- Eye Movement Desensitization Reprocessing
- Integrative Parenting
- EMDR plus Family Therapy

Referral to Psychopharmacology
- Reasons to refer:
  - Depression
  - Anxiety
  - Aggression
  - Extreme hyper and hypo arousal
  - For second opinion

To calm the waters
If chaos reigns ...

Work for stress inoculation

Do not move forward with trauma processing

“What is really important is to remind kids that are suffering from traumatic experience or abandonment is to remind them that they’re not alone and that they’re loved.”

- Lady Gaga

Helpful Sites

- http://www.ohiocando4kids.org/
- http://www.johnbriere.com/
- http://tfcbt.musc.edu/
- http://www.emdr.com/
- http://www.isst-d.org
- http://www.sensorimotorpsychotherapy.org/home/index.html
- http://emdria2.affiniscape.com/displaycommon.cfm?an=1&subarticlenbr=120
- http://www.traumacenter.org/