What is “Stress”…

any uncomfortable "emotional experience accompanied by predictable biochemical, physiological and behavioral changes."

APA

What is Trauma…

Trauma is an unexpected, body based event or experience that overwhelms a person’s ability to cope.

It is an Event, Experience and Effect

Developmental Trauma:

Child Advocacy Center
Hope Changes Everything Conference

Dave Melnick, LICSW
Northeastern Family Institute, Vermont (NFI)

Stress

Positive

Tolerable

Toxic

Resilience

Resilience

Vulnerability

Traumatic Stress:

Signature Clinical Issues

What was adaptive (survival behavior) at the time of the trauma, is now maladaptive when the threat (objective) no longer exists.

Developmental Trauma:

(focus on interpersonal trauma)

1. Multiple incidents of trauma, over long periods of time
2. Perpetrator is within the child’s intimate circle of adults: “The Care-giving System”
3. The 7 Domains of Impairment
Traumatic Stress: Signature Clinical Issues

“Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past”—van der Kolk

Stress Response System: FFFF

“The alarm system for the emotional body is fear”

“A Trauma-informed System…”

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

- **Restorative**
  —SAMSA

Trauma Informed Systems

1. Resilient sense of self:
   - Open-minded
   - Self-reflective
   - Curious, even when stressed
   - Acceptance of emotional discomfort
   - Ability to enjoy youth

2. Secure base:
   - with an understanding of child development and trauma
   - Identify attachment patterns and child’s missteps
   - Being sensitive and able to challenge
   - Mindful

3. Relational capacity:
   - Ability to build and sustain relationship especially in times of stress
   - Balance of authoritative and warm
   - Setting good boundaries
   - Attunement
   - Capacity to connect with emotional distress
   - Reparative focus

4. Ability to manage behavior:
   - connect then correct
   - Flexible response patterns
   - Good impulse control
   - Attune to internal experience while misbehavior is occurring

5. Ability to handle rejection

6. Willingness and openness to exploring own attachment history

7. Engaged in a reflective practice

Trauma-Informed Systems: Primary Resources

1. National Child Traumatic Stress Network:
2. UCSF HEARTS:
   - [http://www.coe.ucsf.edu/coe/spotlight/ucsf_hearts_story.html](http://www.coe.ucsf.edu/coe/spotlight/ucsf_hearts_story.html)
3. The Sanctuary Model:
   - [http://www.sanctuaryweb.com](http://www.sanctuaryweb.com)
4. THRIVE Maine:
   - [http://thriveinitiative.org](http://thriveinitiative.org)
5. SAMSA:
   - [http://www.samhsa.gov](http://www.samhsa.gov)
6. The Trauma-Informed Care Project:
   - [http://www.traumainformedcareproject.org](http://www.traumainformedcareproject.org)
7. Child Welfare Information Gateway:
   - [https://www.childwelfare.gov/topics/responding/trauma/](https://www.childwelfare.gov/topics/responding/trauma/)
The Impact of Developmental Trauma: NCTSN: The 7 Domains of Impairment

1. Physical Health: Body and Brain
2. Attachment & Relationships
3. Emotion Responses
4. Thinking and Learning
5. Behavioral Control
6. Dissociation
7. Self-Concept & Future Orientation

Impact of Developmental Trauma:
Domain #1: Physical Health(Brain and Body)

We don’t truly know ourselves unless we can feel and interpret our physical sensations™
(Bessel van der Kolk, MD)

The Brain: Form and Function

Areas of the Brain

Neocortex: Logic & Reason
Limbic: Relationship & Emotions
Reptilian: Survival

Primary Strategy:
Logic and Reason

Primary Strategy:
Relationship

Primary Strategy:
Co-Regulate Housekeeping Functions

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Interventions

Neocortex: Logic & Reason
- CBT/DFT
- Prior behavior reference points
- Contingency planning
- Point/level systems
- FBA

Limbic: Relationship & Emotions:
- PACE
- Validation
- Movement, breathing
- Sensory breaks
- The 4 “R’s”
- Rhythm and synchrony
- Touch
- Get to Yes

Reptilian: Survival
- Physical hold
- Movement
- Physical contact
- Empathy
- Co-regulation
- Silence
- Adult affect regulation
Strategies: Biology and Brain

1. Congruence and “matching systems

2. Provide a coherent and predictable response to their stress:

3. Enriched Relational Experiences: This leads to co-regulation

4. Get to Yes!

5. Rhythm and Movement

6. Mindfulness

Impact of Developmental Trauma:

Domain #2: Attachment and Relationship

“The emotional energy that lives in our home (as young children) is going to tune our emotional body to that frequency.” Ruiz page 33

Relationship are the “firewall” that prevents the virus of trauma from spreading throughout all three operating systems of our brains

We must create a disparity between what the child expects (the rhythm of his early life) and your caregiving/professional rhythm

We must be “bigger, stronger, wiser and kind (circle of security) Lieberman

Additional strategies:

PACE (Dan Hughes, PhD.)

Playfulness:
- Generates hope
- Reduces resistance/shame and increases joy/pleasure

Acceptance/Attunement:
- Authenticates experience
- Breeds connection before correction

Curiosity:
- Decreases defensive positioning
- Helps caregivers inhibit their first reactions to a teen.

Empathy:
- Cannot exist at the same time as anger—cannot co-exist
- Emotional and body based experience
- Authenticates

“Being able to feel safe with other people is probably the single most important aspect of mental health” …van der Kolk
Healthy Attachment Sequence:

- Physical or psychological need
- Security
- Trust
- Attachment
- Self-regulation
- Mental Maps
- Or Road Maps
- State of high arousal
- Attunement/satisfaction of need

Unhealthy Attachment:

- Physical or psychological need
- Activation of the "Stress Response System"
- Insecurity & Self Doubt
- Mistrust
- Shame
- Poor Self-Regulation
- "Road Map"
- State of high arousal
- Needs are disregarded/attunement disrupted

Domain #2: Attachment and Relationship

Reenactments

Why negative reenactments occur: (Sandra Bloom)

1. Disrupted attachments:
   - Direct requests for comfort were not met.
   - Child learns to indirectly signal for what they need.

2. Fear Conditioning:
   - Fear becomes deeply embedded in child's memory. The emotion memory is stored in both conscious and unconscious memories.
   - A trauma trigger provokes a behavioral sequence from the child originating in the "context of something frightening or life threatening"
   - "The reward is temporary relief of the fear" p.76

3. State Dependent Learning:
   - The adult 'help' often repeats past patterns

4. The Addictive Potential of Arousal

5. Loss of Language: trauma can be speechless.

6. Guilt and shame:
   - The child's original action plan did not stop the trauma.
   - The person's signals are misread by others and 'are often responded to in ways that directly contrast what he (or the traumatized person expects) in order to stop it.'

Professionals: Impact of Stress (Dan Hughes, Ph.D & Jon Baylin, Ph.D)

1. Over-reactive to nonverbal comm.
   - Poorly evaluate the client's intentions

2. Experience their client as a threat

3. The stress activates a defensive stance:
   - Become at odds with your client (competitive, angry),

Strategies: Attachment

1. Adult Affect Regulation:
   - You must be able to understand and feel your own affect in order to empathize with others
   - Traumatized youth are highly influenced by the affect state of adults

2. Attunement:
   - Create a "we state"
   - Relationships mediate stress

3. Enriched relationship: recreate purposeful interactional patterns of continuity, trust, containment. Be "bigger, stronger, wise and kind"

4. Co-regulate affect

5. Minimize/Prevent Reenactment: Deconstruct the relational patterns to understand what the child is playing out. It takes time.

6. "Stage Not Age"—the child's functional age is driven by stress response system and self-regulation ability Brandt

Impact of Developmental Trauma: Domain #3 Emotion Responses
Function of Emotions:

1. Tell us what is meaningful
2. Readies us for action
3. “Evokes Motion”

Emotion Regulation

Self-Regulation:

- Catalogue or prior experience
- Attunement/Misattunement
- Body Based Awareness
- Emotion Response

Adapted from: “Working with Emotional Intelligence,” Daniel Goleman

Emotion Regulation: Strategies:

1. Getting To Yes!
2. ……and “Listen more and Lecture Less”

How Trauma Effects Emotion Regulation

Dissociation:
- Retreat from the external sensory world

Common Forms:
- Avoidance, Refusals, Indifference
- "Spaced out", inattentive, ‘trance like’, stilling, mental escape, detached, not embodied, numbing
- Surrender, Possum, Capitulate, Retreat and Defeat, Submissive, obedience, feigned death, collapse
- Helpless, freezing, indifferent, apathy, passive, victim, lifeless

Getting to Yes

"people behave their worst when they feel the most powerless" (Mark Goulston, MD)

Method:
Step #1: Make Contact:
- “I bet you feel that nobody really understands just how ________”
- “I bet you think that I am trying to ________”
- “It sounds as though you think that nobody understands you”

Step #2: Name it
- 1. “It seems that you are ________ is that correct?”

Step #3: “Scale it”
- “How ________ are you right now?”
Getting to Yes
“people behave their worst when they feel the most powerless” (Mark Goulston, MD)

Step #4: Link it
- “The reason you are so ______ is because ______ do I have that right”. Build a bridge from cause—>—>effect

Step #5: Solve it
- How can I help? What part can I playing.
- What can you do to….

Step #6: Relate and Connect
Step #7: Reflect and Plan

Emotion Regulation: Strategies:

3. Mindfulness:
   - shifts our brains emotional “set point” to attend to inner states and not just outer states (hypervigilance to inner awareness).

4. Mental rehearsal:
   - activates the same neuronal activity as the real activity—imagine and practice a different outcome.

5. Watch the “somatic narrative”

6. Tell child what they can do, not what they cant

7. Neutralize: Take the energy out of the interaction

8. Give Choices

9. Problem-solving practice with clients:
   - What is your plan?
   - What am I planning?


Impact of Developmental Trauma: Domain #4 Cognition and Learning

1. Black and white thinking
2. Poor cause and effect
3. Difficulty sustaining curiosity and attention
4. Negative belief system
5. Cant filter out irrelevant information
6. Intellectual functioning- Often varied cognitive profiles
7. Delayed or disrupted language development
8. Difficulty with executive functioning
9. Memory challenges (distraction, misperception, poor short-term memory, overwhelmed, anxiety)
10. Focus on non-verbal information and lack of ability to accurately

Helpful Reframes for professionals:

Client Says:  Client Believes:
“this is stupid”  “I am stupid”
“I cant do this”  “I am helpless/powerless”
“You’re an ______”  “I am not safe”
“why do you always…”  “I am to blame”
“I’m outta here”  “I am powerless to change how I am feeling”
“I won’t do this”  “I can’t do this”
“You can’t make me”  “I am weak and vulnerable”

Impact Areas:

It is not often the task or request that leads
the person to
Misbehave…

It is the feeling and negative thoughts that
is evokes…
Impact Areas: Common Negative Cognitions

- I am stupid
- I am unlovable
- I am worthless
- I am powerless, out of control, vulnerable
- I am not safe

Strategies for addressing problems with Cognition and Learning

1. “Regulate before you educate”
2. Stress Management
3. Address the cognitive “self-evaluations” before the external behaviors when you can.
4. Client may require scaffolding to support executive functioning challenges
5. Many clients will need multi-disciplinary services to address learning needs
6. Predictability and Routines will rule the day

Impact of Developmental Trauma: Domain #5: Behavioral Control

“Hurt People…Hurt Other People” (Bloom)

Behavioral Interventions: General Considerations

1. Behavior modification/management does not typically recognize the reciprocal nature of anger and exchange of affect: “Co-constructed”
2. Misbehaviors are strategies for self-protection
3. “Acting out is a form of remembering” (Lieberman)
4. Challenging behaviors represent deficits with:
   - Language and communication
   - Attention and working memory
   - Emotion and self-regulation
   - Cognitive flexibility
   - Social thinking
5. Challenging behaviors are highly predictable

Behavioral Interventions: General Considerations

- Behavior modification/management does not typically recognize the reciprocal nature of anger and exchange of affect: “Co-constructed”

Misbehaviors are strategies for self-protection

“Acting out is a form of remembering” Lieberman
Behavioral Interventions: General Considerations

- If professionals are not careful, and activate the client's defensive system instead of the social engagement then behavioral problems may escalate.
- Professionals are most competent when open-minded: this enhances self-regulating, creativity and attunement.
- Some of the professional—client problems that emerge, emerge from within the professional—client relationship and are not merely “behavioral.”
- Discipline is not an ideal way to establish a relationship with a client.

Behavioral Interventions: General Considerations

- Make sure you know the intention of the behavior: related to survival
- Skill deficit and unmet need
- Sensory seeking or avoiding
- Traumatized adults have to be mistrustful before they can trust.
- Any evaluative process creates a defensive position (even praise)

Emotion Regulation: Window of Tolerance (Pat Ogden, Ph.D.)

Behavioral Plans vs. Emotion Regulation plans

<table>
<thead>
<tr>
<th>Behavioral Plans</th>
<th>Co-Regulation Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tend to be reactive</td>
<td>Tend to be responsive and preventative</td>
</tr>
<tr>
<td>Focus on behavior management</td>
<td>Focuses on and builds emotional regulation</td>
</tr>
<tr>
<td>Focus on reduction of behaviors</td>
<td>Focus on emotional well-being of the person</td>
</tr>
<tr>
<td>Little or no focus on partner behavior</td>
<td>Focus on “mutual” regulation</td>
</tr>
<tr>
<td>May not be developmentally appropriate</td>
<td>Addresses the underlying function of the behavior</td>
</tr>
<tr>
<td>Focuses on superficial antecedents and consequences of the behavior</td>
<td>Helps person learn how others can help</td>
</tr>
<tr>
<td>Less focused on early intervention and preventive skill building</td>
<td></td>
</tr>
</tbody>
</table>

Differential Diagnosis of Developmental Trauma and…

**Bipolar Disorder**
- shares some qualities of impulsivity, affect dysregulation and breaks in reality
- The associated impulsivity does not have a tension reduction goal
- Affect dysregulation (of even rapid cycling BD) occurs much slower
- Psychotic symptoms are mood congruent
- Less interpersonal impairment
- Generally respond well to disorder specific treatment

**ADHD:**
- Includes deficits in attention, hyperactivity and impulsivity
- May engage in risky behavior through dysregulated impulses
- Inattention and hyperactivity not thought to result from emotional distress
- Not typically characterized by affective, relational or somatic dysregulation
- Generally respond well to disorder specific treatment

**Developmental Trauma:**
- Similar deficits possible with different etiology and presentation (mutations related to dissociation, freeze responses)
- May engage in risky behavior because of affective instability and attempts to self-soothe
- Inattention and hyperactivity often results from emotional distress
- Often characterized by affective, relational or somatic dysregulation
- Do not respond well to disorder specific treatment (when diagnoses with BD and trauma history), but respond well to trauma-informed practices.
Resources:

**Authors to Read**
1. Bruce Perry
2. Daniel Hughes
3. Pat Ogden
4. Daniel Siegel
5. Alan N. Schore
6. Stephen Porges
7. Bessel van der Kolk
8. Diana Fosha
9. Joseph LeDoux
10. Ed Tronick
11. Judith Herman
12. Beverly James

**Websites to Visit**
- [http://www.childtrauma.org](http://www.childtrauma.org)
- [http://learn.nctsn.org/](http://learn.nctsn.org/)
- [http://www.nfivermont.org](http://www.nfivermont.org)