Treating Developmental Trauma Disorder in Children & Adolescents

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Affiliations

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Developmental Trauma Disorder

- Baseline capacity deficits and triggered patterns of dysregulation across domains of self-regulatory functioning
- Symptoms often manifest in response to threat, daily life stressors, and triggers that are often subtle and thematic in nature (e.g., changes in routines, perceived unfairness, injustice, shame)
- Underlying structure of DTD construct is robust and stable across age, gender, race/ethnicity
- Symptoms are primarily dimensional in nature
- Symptom expression varies widely based on client developmental stage, family context and personal characteristics

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DTD Criterion B: Affective & Physiological Dysregulation

"Bottled Emotion" by Kristen Kerwin

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DTD Criterion B: Affective/Physiological Dysregulation

B.1. Inability to modulate or tolerate extreme affect states

B.2. Inability to modulate/recover from extreme bodily states: aversion to (a) touch, (b) sound; (c) unexplained bodily problems

B.3. Diminished awareness/dissociation of emotional or bodily feelings

B.4. Impaired capacity to describe emotions or bodily states

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DTD Criterion C:
Attentional & Behavioral Dysregulation

"I Walk Alone" by Turin Orod Lenn

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DTD Criterion C:
Attentional/Behavioral Dysregulation

- *C.1.* Attention bias toward or away from potential threats
- *C.2.* Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
- *C.3.* Maladaptive self-soothing
- *C.4.* Habitual or reactive self-harm
- *C.5* Inability to initiate or sustain goal-directed behavior

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DTD Criterion D: Self and Relational Dysregulation

"Yelling at You Yelling at Me" by Paul Ashby

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DTD Criterion D: Self and Relational Dysregulation

- *D.1.* Persistent extreme negative self-perception
- *D.2.* Attachment insecurity: attempt to care for caregivers, or difficulty tolerating reunion after separation from primary caregiver(s)
- *D.3.* Extreme persistent distrust, defiance or lack of reciprocal behavior in close relationships
- *D.4.* Reactive physical/verbal aggression
- *D.5.* Psychological boundary deficits (excessive seeking of intimate contact or reliance on peers/adults for safety or reassurance)
- D.6. Dysregulated empathic arousal (intolerant, indifferent or overly reactive to others' distress)

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The Maleficent Eight

- 1. Emotional dysregulation (B1)
- 2. Inability to engage in goal-directed behavior (C5)
- 3. Inability to describe emotions or bodily states (B4)
- 4. Somatic dysregulation (B2)
- 5. Boundary deficits (D5)
- 6. Misperception of danger (C1)
- 7. Dissociation of emotions/physical sensations (B3)
- 8. Extreme negative self-perception (D1)

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The Maleficent Eight

- 1. Can't tolerate feeling strong emotions (B1)
- 2. No plans, no goals, no future, just give up (C5)
- 3. Can't recognize or communicate body feelings or states (B4)
- 4. Can't tolerate sensory input: world is too much (B2)
- 5. Never feels safe on one's own or trusts own decisions (D5)
- 6. Drawn to danger; hides from life (C1)
- 7. Numb: doesn't feel feelings or body sensations (B3)
- 8. Hates self: "it's all true what they say about me" (D1)

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What is Needed to Overcome DTD?

Innovative, strength-based, developmental capacity building interventions that help children and youth:

- Recognize, feel, tolerate, describe, modulate and make sense of their emotions and bodily sensations
- Foster meaningful and lasting relationships with adults and peers and recognize, set and maintain healthy boundaries
- Differentiate and respond effectively to actual danger versus false alarms
- Learn to accept, befriend, trust and love themselves

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Treatment of Developmental Trauma Disorder IS the Repair of Disrupted Attachment & Developmental Milestones

- Successful Intervention
  - Is Comprehensive
  - Integrative
  - Capacity-Building
  - Strengths-Based
  - Tailored to the Youth's Developmental Stage(s) of Functioning
    - At Baseline
    - When Triggered
  - Culturally Responsive
  - Begins --whenever feasible, to the fullest extent possible-- with Intervention with the Child's Caregiving System(s)

Yemayá No. 12 ©Lucious Smith

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Evidence-based & Innovative Practices to Consider in Treatment of Development Trauma Disorder with Children & Adolescents

ARC: Attachment, Self-Regulation & Competency
TARGET-A: Trauma Affect Regulation: Guide for Education & Therapy for Adolescents
SMART: Sensory Motor Arousal Regulation Therapy
RLH: Real Life Heroes child trauma intervention model
SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress
ITCT: Integrative Treatment of Complex Trauma
TST: Trauma Systems Therapy
EFT-CT: Equine Facilitated Therapy for Complex Trauma
Complementary Practices:
Trauma Sensitive Yoga, Clinical Neurofeedback, Trauma Drama

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The Maleficent Eight

- Emotional dysregulation (B1)
- Inability to describe emotions or bodily states (B4)
- **Boundary deficits (D5)**
- **Extreme negative self-perception (D1)**
- **Misperception of danger (C1)**
- **Inability to engage in goal-directed behavior (C5)**
- **Somatic dysregulation (B2)**
- **Dissociation of emotions/physical sensations (B3)**

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Featured Interventions Targeting Unique Facets of DTD

ARC: Attachment, Self-Regulation & Competency

TARGET-A: Trauma Affect Regulation: Guide for Education & Therapy for Adolescents

SMART: Sensory Motor Arousal Regulation Therapy

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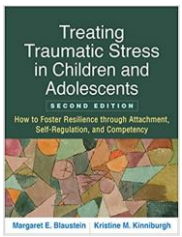
ARC: Attachment, Self-Regulation & Competency



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D5. Excessive Reliance on Peers or Adults for Safety and Reassurance

- Rethink traditional behavioral health intervention paradigms that view "attention-seeking" behaviors as negative and seek to extinguish them.
- Work with caregiving systems to increase:
  - **Attunement** to understand the adaptive function of problem behaviors, and
  - **Effective Response** to meet underlying needs (e.g., connection, reassurance, agency, containment, etc.) driving the maladaptive behaviors to reduce the need for these behaviors over time
  - **Repetition** to shift deeply ingrained, trauma-driven child/family response patterns
  - **Proactive** efforts to meet these needs in strengths-based ways
- As youth get older and build their own capacity for self-attunement and self-reflection (**Identification**), work with them to recognize their needs and identify ways to get them met (**Relational Connection**, **Modulation**) and to tolerate the dysregulation that comes with perceived abandonment.

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D1: Persistent extreme negative self-perception: self-loathing or view of self as damaged/defective

- Help youth and their caregivers recognize the explicit and implicit negative self-attributions that have been internalized as a result of surviving trauma
- Work with youth and caregiving systems to foster **Self-Development & Identity**:
  - Make sense of challenging behaviors and traits in context of trauma adaptation: **Cohesive Self, Trauma Experience Integration**
  - Identify the value, purpose and function of these behaviors and traits: **Unique Self**
  - Promote recognition and cultivation of other facets of youth not driven by trauma and survival-based adaptation: **Positive Self**
  - Help youth make choices and envision and work toward new goals: **Future Self**

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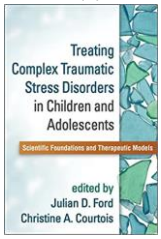
TARGET: Trauma Affect Regulation: Guide for Education & Therapy for Adolescents



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C1. Attentional Bias To Threat
C5. Inability to Sustain Goal-Directed Behavior

- TARGET's FREEDOM model guides the client in a step-by-step approach to restoring emotional and behavioral self-regulation (B1, B4) to reduce emotional distress and impulsive or avoidant behavior and **shift from attentional preoccupation with threats (C1)** to a **focus on value-based and self-affirming goals and behavior (C5)**. Clients learn to:
  1. Recognize behaviors & emotions that are based on a sense of threat and vulnerability
  2. Accept these nonjudgmentally by reappraising them as survival-based "alarm reactions" that are manageable, self-protective reactions to trauma triggers (vs. signs of personal deficiency)
  3. Develop their ability to respond by thinking clearly using the Focusing skill (the "SOS"), which re-orients them to their core values. These are the F and R skills in the FREEDOM acronym, which then are further developed using the same process (recognizing reactivity, shifting to a focus on core values) in the remaining EEDOM skills.

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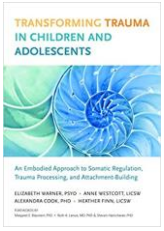
SMART (Sensory Motor Arousal Regulation Therapy)



Finn, Warner, … Spinazzola, J. (2018). The boy who was hit in the face: The role of somatic regulation and trauma processing in treatment of preverbal complex trauma. Journal of Child & Adolescent Trauma, 11(3), 277-288.

Warner, Spinazzola, et al. (2014). The body can change the score: Empirical support for somatic regulation in the treatment of traumatized adolescents. Journal of Child & Adolescent Trauma, 7(4), 237-246.

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B2. Somatic Dysregulation
B3. Dissociation of Emotions & Body Sensations

- SMART therapy approach begins with movement and sensation, exploration and curiosity as routes to better regulation
- Does not rely on language as entry point
- Allows integration of affect through 'embodied' play
- Uses present moment new experience to expand and create new capacity for attachment through co- and self- regulation

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SMART Intervention Tools

- **Deep Pressure**
  - Tactile sensation through pressure to the skin provides calming, e.g., pressure given while underneath weighted blankets, pillows, etc.
- **Proprioceptive Input**
  - Strong proprioceptive input through use of the muscles and joints via activity such as *pulling* and *pushing*, *jumping*, *bouncing*, *crawling* and *running*, *chin ups* and *weightbearing*, or *cartwheels* can bring the arousal system into an optimal state of alertness through either up or down regulation.
- **Vestibular Input**
  - These activities stimulate the neurological systems for knowing where one is in space; special orientation is essential to evaluating safety. Strong vestibular input can be grounding and regulating through connectivity to the ANS.
- **Sensory Satiation**
  - Attainment of sufficient sensory experiences in *Intensity, Duration* or *Frequency* to meet the neurological need, resulting in more flexible motoric, emotional, and cognitive responses.
- **Rhythmicity**
  - Rhythmic movement fosters organization, brings the child into attunement or better interpersonal contact with others, regulates nervous systems, and activates the cerebellum and hence the limbic system through neuronal connections.

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For More Info About These Treatment Models & Other Complex Trauma & DTD Resources

Visit www.complextrauma.org

- **Psychoeducational resources for clients, consumers, caregivers, families, loved ones and service providers.** *examples of featured resources include:*
  - **What is Complex Trauma: A Resource Guide for Youth & Never Give Up: A Complex Trauma Film by Youth for Youth**
  - **Turning the Tide: Parenting in the Wake of Past Trauma**
  - **COVID Coping Resources for Youth, Adults, & Seniors with Histories of Complex Trauma**
- **Diagnostic tools for DTD, C-PTSD and complex trauma exposure history**
- **Scholarly research articles, essays, glossary of terms, videos, and resource links**

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