Complex Trauma
Developmental Trauma Disorder

Association for Treatment and Training in the Attachment of Children: Heal the Children. May 16, 2008, San Antonio, TX

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Center For Family Development
What is Complex Trauma?

Complex Trauma (aka Developmental Trauma Disorder) refers to the effects of:

- EARLY
- CHRONIC
- MALTREATMENT
- IN A CARE-GIVING RELATIONSHIP
What is Complex Post-Traumatic Stress Disorder?

The experience of multiple traumatic events within a care giving relationship.

Maltreatment = physical, emotional, and sexual abuse, neglect, and the witnessing of domestic violence or other violent interpersonal interactions.
OVERVIEW

Key Statistics and Issues

- 2% of the population is adopted.
- Generally children adopted before the age of 6 months fare no differently than other children.
- 30% of the children adopted from Eastern Europe & the former Soviet Union have been severely traumatized and are significantly disordered.
OVERVIEW

Key Statistics and Issues

- Frequently the issues presented by adopted families are misdiagnosed and mistreated.
  - National Adoption Center: 52% of adoptable children have attachment disorder symptoms
Common Issues

Other Mental Health Issues.

Mood Disorders.

- 50 – 60% of children in US foster care who have RAD also have Bipolar I Disorder.
Common Issues

- Prenatal Exposure to Chemicals
  - FAS, FAE
    - No safe level
  - Other drugs

- Sensory Integration Disorders

- Neurological involvement
  - Learning problems
Child Trauma Exposure Duration

Duration of Trauma

- Multiple-event or chronic trauma: 77.6%
- Single Event or Acute Trauma: 19.2%
- Unknown: 3.2%
Complex Posttraumatic Sequelae: Most Frequent Difficulties

- Affect Dysregulation: 61.5%
- Attention/Concentration: 59.2%
- Negative Self Image: 57.9%
- Impulse Control: 53.1%
- Aggression Risk-taking: 45.8%
CAUSES OF CPTSD
Development of Disorganized Attachment

The attachment relationship is the major environmental influence on limbic system, orbitofrontal cortex, and right brain development.

Severe disruption of attachment bonds in infancy leads to a regulator failure expressed as:

- Disturbed limbic activity.
- Impaired autonomic homeostasis.
Disorganized Attachment

This form of “attachment” is associated with a caregiver’s frightened, frightening, or disoriented behavior with the child (Main & Hesse, 1990).

These parents usually have AAI of unresolved trauma or grief. Their narrative accounts of childhood are disorientated.
Disorganized Attachment

The repeated exposure to an environment that is dysregulating and a misattuning caregiver results in disorganized attachment.

Such caregivers induce extreme levels of arousal:

- Too high in abuse or too low in neglect.
- Without interactive repair, the infant’s negative emotional states last for long periods of time.
Disorganized Attachment

Early abuse and neglect create a hyper-aroused state.

- Persisting fear state becomes a trait.
- Hypersensitivity of key sympathetic pathways and/or parasympathetic pathways.
- Child easily moved from being mildly anxious to feeling threatened and terrorized.

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Disorganized Attachment

Children who have experienced early physical and sexual abuse show EEG abnormalities in frontotemporal and anterior brain regions.\(^1\)

Stress alters the development of the prefrontal and orbitofrontal cortex.

- Fewer synapses and fewer neurons

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Role of Amygdala I

Impulses from eyes or ears reach the amygdala before they are processed by the neocortex, and orbitofrontal cortex.

If, in the past, eye/ear input has preceded stress, then the amygdala feeds the brain circuits with stress hormones before the higher brain knows what is happening.
Orbitofrontal Cortex

- Enters a critical growth period during the last quarter of the first year through the middle of the second year.

- Social adjustment
- Control of mood or affect regulation
- Face recognition
- Processing interpersonal information
Orbitofrontal-Amygdala

- The connections between these two systems develop postnatally.
- Severe trauma results in an over pruning of interconnections between these two systems.
- The result is that amygdala driven states such as fear-flight, are expressed without cortical inhibition.
Orbitofrontal-Amygdala

Pathological responses to stress, such as PTSD, reflect the functions of a hyperexcitable amygdala.

Relational trauma lead to amygdala-dominant behavioral responses. The higher corticolimbic areas would be inefficient in regulating a response and there would be a tendency to dissociate under stress.
DOMAINS OF IMPARIMENT & EFFECTS ON DEVELOPMENT AND RELATIONSHIPS
Domains of Impairment

- Attachment
- Biology
- Emotional Regulation
- Dissociation
- Behavioral Regulation
- Cognition
- Self-Concept
Domains of Impairment: ATTACHMENT

- Problems with relational boundaries
- Lack of trust
- Social isolation
- Difficulty attuning with other’s emotional states
- Lack of empathy
- Lack of secure base
Domains of Impairment: BIOLOGY

- Sensory-motor developmental dysfunction.
- Analgesia
- Sensory-integration dysfunction
- Somatization
- Increased medical problems (CDC’s ACE’s studies).
Domains of Impairment: EMOTIONAL REGULATION

- Poor affect regulation
- Difficulty identifying and expressing emotions.
- Difficulty identifying and describing internal states: Undeveloped Reflective Function (Peter Fonagy)
- Difficulty communicating needs and wishes.
Domains of Impairment: DISSOCIATION

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Discrete states of consciousness with discrete memories, affect, and functioning.
- Impaired memory for state-based events
- Really a defense against overwhelming stress.
Domains of Impairment: BEHAVIORAL REGULATION

- Difficulty regulating impulses. Poor impulse control.
- Self-destructive behavior
- Excessive risk-taking behavior
- Aggression
- Pathological self-soothing behaviors
- Sleep problems
Domains of Impairment: BEHAVIORAL REGULATION

- Disturbances of eating
- Substance abuse
- Excessive compliance
- Excessive defiant behavior
- Problems complying with rules.
- Reenactment of trauma in behavior or play.
Domains of Impairment: COGNITION

- Difficulty with regulating attention
- Difficulty with Executive Functions: planning, judgment, initiation, use of materials, self-monitoring, etc.
- Difficulty processing new information
- Difficulty focusing and completing tasks
- Difficulty with object constancy (+ shame = “crazy lies.”)
Domains of Impairment:
COGNITION

- Difficulty planning and anticipating: problems with cause-effect thinking.
- Learning lags
- Difficulty with language development: gap between receptive and expressive communication abilities.
Domains of Impairment: SELF-CONCEPT

- Fragmented and disconnected autobiographical narrative
- Poorly developed sense of separateness
- Disturbed body image
- Low self-esteem: internal working model of self as unloved/unlovable, not valued/valuable, as “garbage.”
- Excessive shame.
Other effects of chronic maltreatment

- Delay of social and emotional development.
  - Often receptive communication lags expressive; looks like ODD. (see Vineland)
  - Interpersonal relationships often delayed
  - May have higher functioning in daily living skills.
  - Overall adaptive level often several years behind chronological age.
Changes in Parent-Child Relationship after Trauma

- Impaired affect regulation
- Mutual negative attributions
  - Changed mental representations
  - Traumatic expectations
- Parent and child as traumatic reminders for one another
Domestic Violence in Infancy and Early Childhood

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Contradictory feelings toward the parent

(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)
What are Adverse Childhood Experiences?

Growing up (prior to age 18) in a household with:

- Recurrent physical abuse.
- Recurrent emotional abuse.
- Sexual abuse.
- An alcohol or drug abuser.
- An incarcerated household member.
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
- Mother being treated violently.
- One or no parents.
- Emotional or physical neglect.
Link between ACE’s and health

- Death
- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
**Adverse Childhood Experiences Are Very Common**

Percent reporting types of ACEs:

**Household exposures:**

- Alcohol abuse: 23.5%
- Mental illness: 18.8%
- Battered mother: 12.5%
- Drug abuse: 4.9%
- Criminal behavior: 3.4%

**Childhood Abuse:**

- Psychological: 11.0%
- Physical: 30.1%
- Sexual: 19.9%
# Estimates of the Population Attributable Risk* (PAR) of ACEs for Selected Outcomes in Women

<table>
<thead>
<tr>
<th><strong>Mental Health:</strong></th>
<th>PAR</th>
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<tbody>
<tr>
<td>Current depression</td>
<td>54%</td>
</tr>
<tr>
<td>Depressed affect</td>
<td>41%</td>
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<tr>
<td>Suicide attempt</td>
<td>58%</td>
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<table>
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<tr>
<th><strong>Drug Abuse:</strong></th>
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<tbody>
<tr>
<td>Alcoholism</td>
<td>65%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>50%</td>
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<tr>
<td>IV drug abuse</td>
<td>78%</td>
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**Promiscuity**

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<th>Crime Victim:</th>
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<tr>
<td>Sexual assault</td>
<td>62%</td>
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<tr>
<td>Domestic violence</td>
<td>52%</td>
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*Based upon the prevalence of one or more ACEs (62%) and the adjusted odds ratio > 1 ACE.
ACE’s & Smoking

Percent Presently Smoking

ACE Score

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ACE's & COPD

Percent with Problem

ACE Score vs. Chronic obstructive pulmonary

Percent with Problem

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ACE's & IV Drug Use

% Who have injected drugs

ACE Score and IV Drug Use

0 1 2 3 4+

% Who have injected drugs

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Convergence of Types of Violence

Children exposed to domestic violence
- 15 times more likely to be abused than average
- 30-70% overlap with child abuse
- Serious risk of sexual abuse

Battered women
- Twice more likely to abuse their children than comparison groups
  (Osofsky, 2003; Edleson, 1999; Margolin & Gordis, 2000; McCloskey, 1995)
Children Exposed to Domestic Violence

- Double the rate of psychiatric problems than comparison groups
- Psychiatric problems persist
- Increased risk of adult family violence
- Younger children more vulnerable
Impact of Trauma on Caregivers

- Loss of felt security
- Changed view of self/other
  - Victim
  - Perpetrator
  - Helpless bystander
- Traumatic reminders
- Traumatic expectations
IMPLICATIONS FOR TREATMENT: PARENTING AND PSYCHOTHERAPY
Forming & Maintaining Alliance

Without an alliance there can be no secure base. Without a secure base there can be no exploration. Without exploration there can be no integration. Without integration there can be no healing.
Core Components of Complex Trauma Treatment

- Safety
- Self-regulation
  - Across domains of emotion, behavior, cognitive, and physical
- Self-reflective information processing
- Traumatic experience integration
- Relational engagement
  - The repair, restoration, or creation of effective working models of attachment.
- Positive affect enhancement
Family & Community Factors

SAFETY FIRST. In the absence of a physically safe environment, healing and treatment is nearly impossible.

Cultural Dimension. Key trauma related constructs may be defined differently:
- Flashbacks = visions
- Hyperarousal = nerves
- Dissociation = spirit possession.
Implications for Treatment

- Attunement
- Repeated cycles of attunement – intense affect and disengagement – reattunement or interactive repair
- Affect regulation through the sharing of intersubjective experience. DYADIC
- Facilitating the development of a coherent autobiographical narrative
Implications for Treatment

- Direct and physical interventions
- Experiences count
- Facilitating an integrated autobiographical narrative
- Revisiting trauma in order to integrate right and left hemispheric memories...reduces dissociation
Engaging the Parent: Key Concepts

- Focus on being an ACE therapist
- Intersubjectivity
- Behavior has meaning and purpose
- Focus on what is causing, driving, motivating the behavior: through the child’s eyes, through the parents’ eyes.
ACE Therapist

- Accepting
- Curious
- Empathic
Intersubjectivity

This is a moment with your child or partner when you are sharing some experience. Enjoying working in the garden or recalling grandpa’s death or listening to a story of abuse.

- Share emotion: attunement
- Share attention
- Share intention
Treating Young Children

- Young children develop in relationships
- Young children use relationships with caregivers to:
  - Regulate physiological response
  - Form internal working models of relationships
  - Provide secure base for exploration and learning
  - Model accepted behaviors
Child-Parent Psychotherapy Goals

- Encouraging normal development: engagement with present activities and future goals
- Maintaining regular levels of affective arousal
- Establishing trust in bodily sensations
- Achieving reciprocity in intimate relationships
Child-Parent Psychotherapy

Trauma-related goals

- Increased capacity to respond realistically to threat
- Differentiation between reliving and remembering
- Normalization of the traumatic response
- Placing the traumatic experience in perspective
Effective Treatment

Goals of treatment include:

- resolution of early losses,
- development of trust,
- modulation of affect,
- development of internal control,
- development of reciprocal relationships,
- learning appropriate responses to external structure and societal rules,
- correcting distorted thinking patterns,
- developing self respect.
THERAPY PRINCIPALS

- Attunement...becoming emotionally in-sync with the child
- Avoid power struggles
- Focus on here & now: working model
- Actions & experiences...not words
- Co-regulation of affect
- Reflective capabilities
Effective Therapy

For therapy to be effective, problematic affect has to be evoked, brought into awareness, and then set in a new context of meaning.

Successful therapy requires affect arousal and the assimilation of feelings into a new therapeutic narrative.

Dyadic Developmental Psychotherapy: Basic Principals

- Focus on caregiver’s and therapist’s own attachment strategies.
- Emphasis on caregiver’s and therapist’s attunement to child’s subjective experiences and the reflection on those experiences with the child in an empathic manner.
- Therapist’s attunement to and acceptance of the caregiver’s subjective experiences.
Co-regulation of affect through intersubjective sharing of affect and subjective experiences.

Therapist maintains a healing PACE (Playful, Accepting, Curious, Empathic).

Caregiver maintains a healing PLACE.
Dyadic Developmental Psychotherapy: Basic Principals

- Emphasis on the development of the reflective function. Directly address the inevitable misattunements and conflicts that arise in interpersonal relationships.

- Caregiver’s use of attachment-facilitating interventions.
DDP: Sound Casework Practices

- Respect and attention to client dignity and client experiences by ACCEPTANCE
- Starting where the client is.
- Focus on process and relationship
- Focus on there and then as alive in here and now.
BASICS

Two hour sessions

Parents & Youth Workers central and involved in session or watch.

PACE

Coercion is not an aspect of treatment (see informed consent document)
Attunement

Attunement is an affective process in which two people are in emotional synchronicity.

Connection is conveyed through verbal and nonverbal communication in a responsive and emotionally sensitive manner.
Attunement

The central therapeutic process of Dyadic Developmental Psychotherapy is empathic responsiveness.
Emotional Proximity

A secure base arises out of emotional proximity. The arousal of affect is *the essential* means by which emotional proximity is achieved and comes from your efforts at attunement.
Reflective Function

- The thinking mind.
- Understanding and empathy to develop a new meaning that leads to new choices of action that lead to healthier functioning.
Reflective Function

Promote the child’s experience of existing in the heart and mind of the parent, thereby enhancing the reflective self-function, security of attachment and resilience.

Help the child to not feel alone in the face of intense emotions.
Reflective Function

The therapist actively demonstrates and models attunement with the parent, thereby helping the parent to develop empathic and reflective capabilities.
Reflective Function

Focus is given to both the caregiver’s and the therapist’s own attachment strategies, as they may affect the interpretation of the child’s expressed (acted out) experience.
Reflective Function

Negative attributions to behavior are explored and new meaning is developed.
Reflective Function

- The thinking mind.
- Understanding and empathy to develop a new meaning that leads to new choices of action that lead to healthier functioning.
Reflective Function

Promote the child’s experience of existing in the heart and mind of the parent, thereby enhancing the reflective self-function, security of attachment and resilience.

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References


References


Perry, B., & Szalavitz, M., (2006), The Boy who was raised as a dog, NY: Basic Books.