



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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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
 - 80% of abused/maltreated infants exhibit attachment disorder symptoms (disorganized/disoriented type) Cicchetti & Barnett, 1991.

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

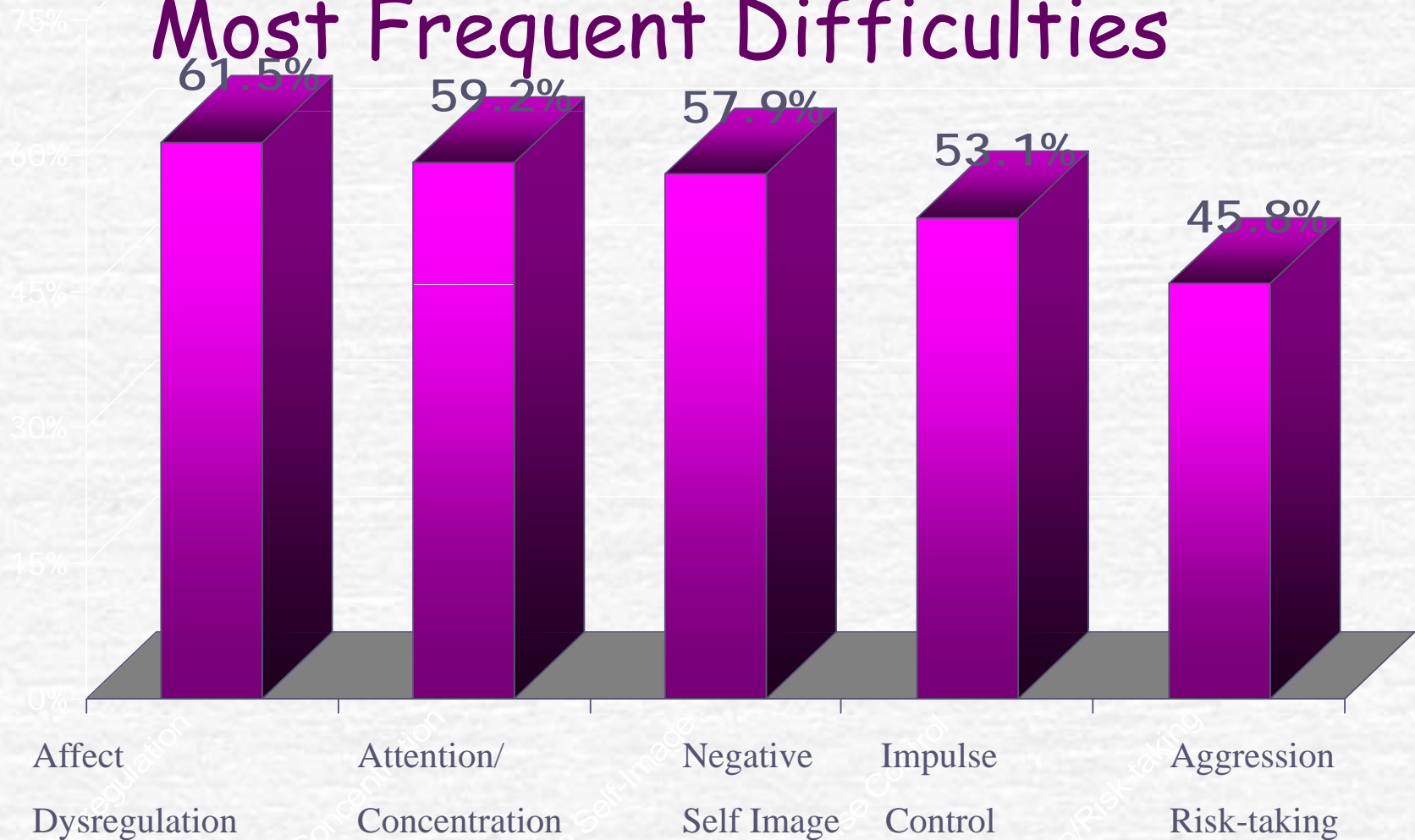
- ☞ Prenatal Exposure to Chemicals
 - FAS, FAE
 - No safe level
 - Other drugs
- ☞ Sensory Integration Disorders
- ☞ Neurological involvement
 - Learning problems

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



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.

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

1. Teicher, M.H., Ito, Y., & Glod, C.A., 1996, "Neurophysiological mechanisms of stress response in children." In C.R. Pfeffer, Ed., Severe stress and mental disturbances in children, pp. 59-84. Washington, D.C., American Psychiatric Press

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 IMPAIRMENT & 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 Fonegy)
- ✦ 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

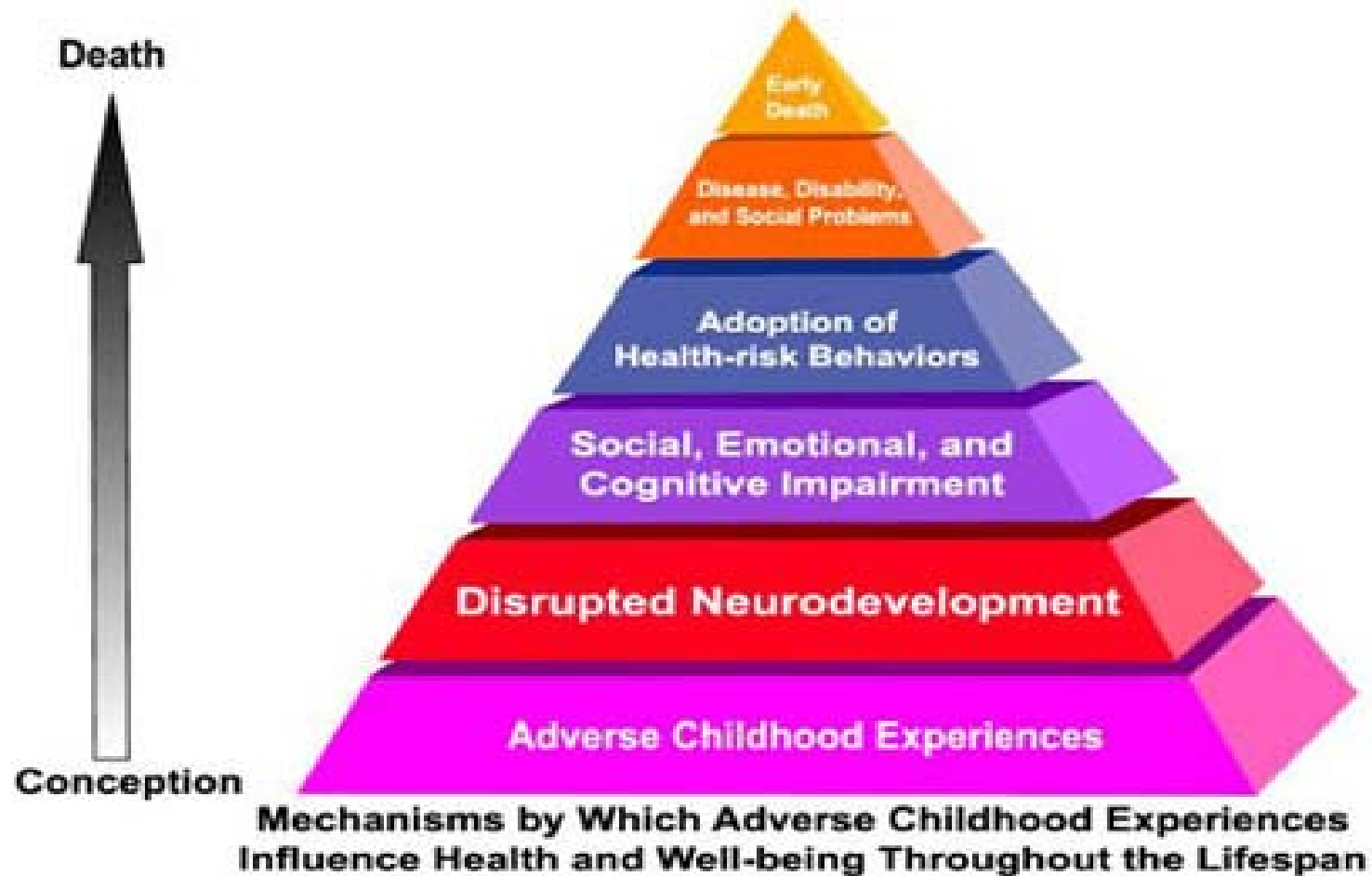
(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

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



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:

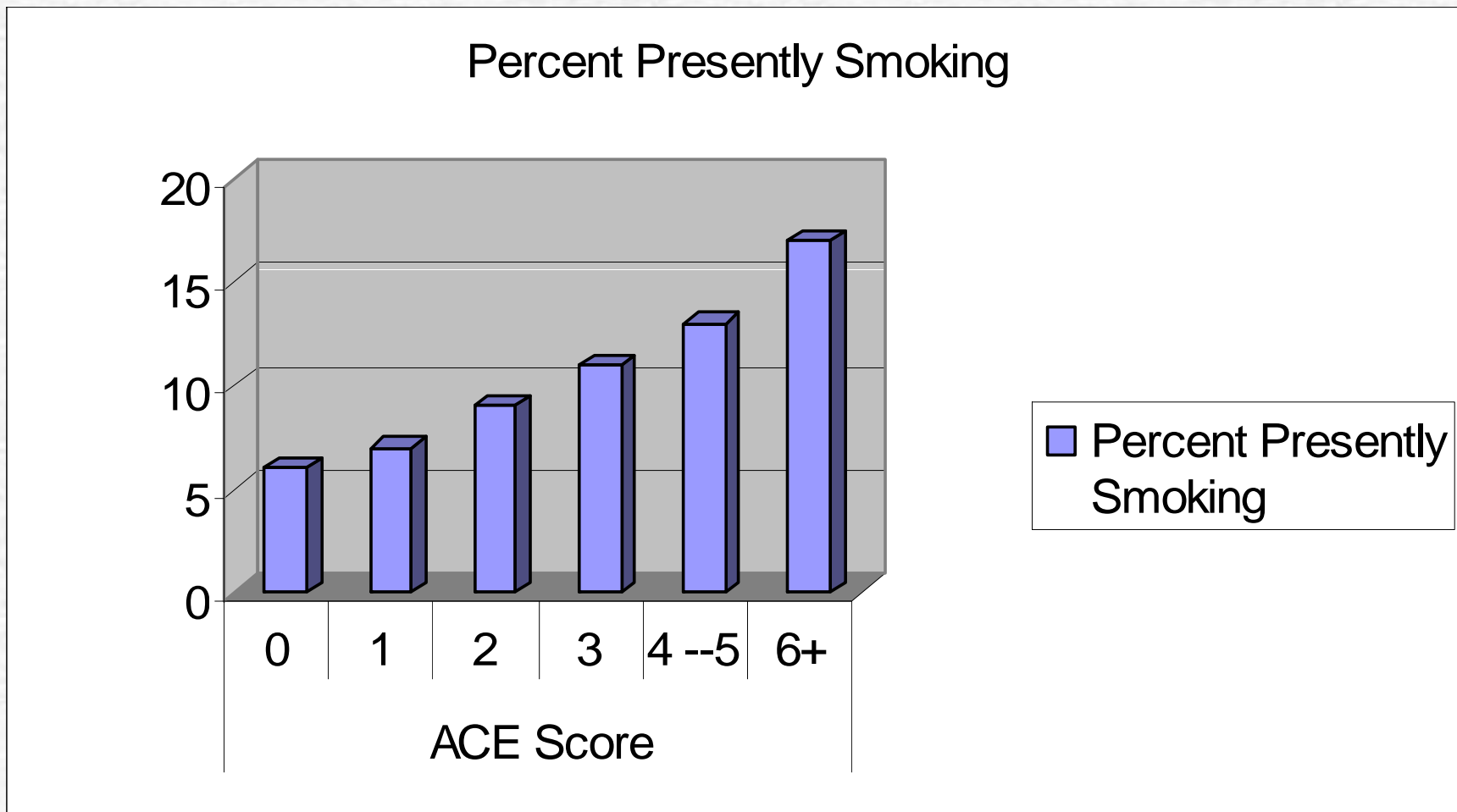
Psychological	11.0%
Physical	30.1%
Sexual	19.9%

Estimates of the Population Attributable Risk* (PAR) of ACEs for Selected Outcomes in Women

<u>Mental Health:</u>	<u>PAR</u>
Current depression	54%
Depressed affect	41%
Suicide attempt	58%
<u>Drug Abuse:</u>	
Alcoholism	65%
Drug abuse	50%
IV drug abuse	78%
<u>Promiscuity</u>	48%
<u>Crime Victim:</u>	
Sexual assault	62%
Domestic violence	52%

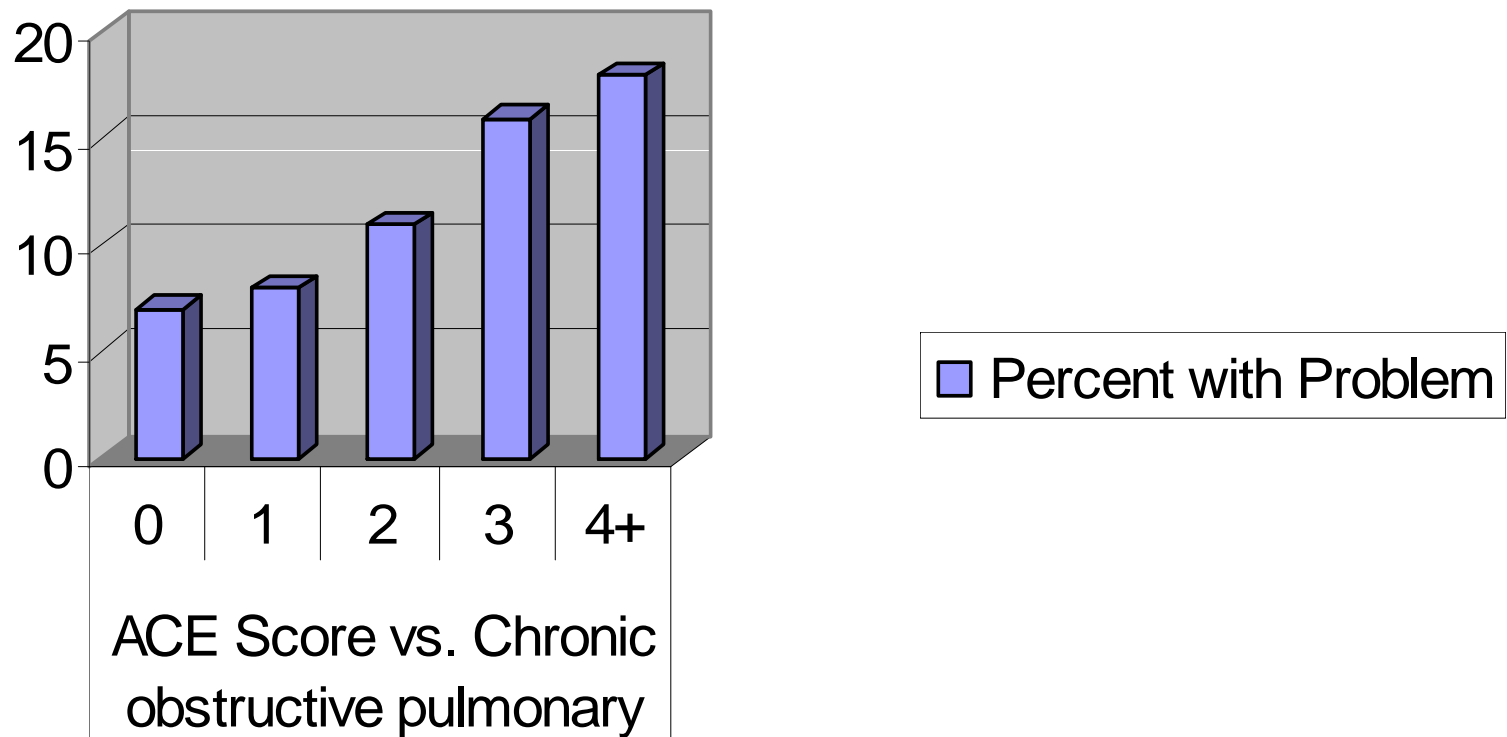
*Based upon the prevalence of one or more ACEs (62%) and the adjusted odds ratio ≥ 1 ACE.

ACE's & Smoking

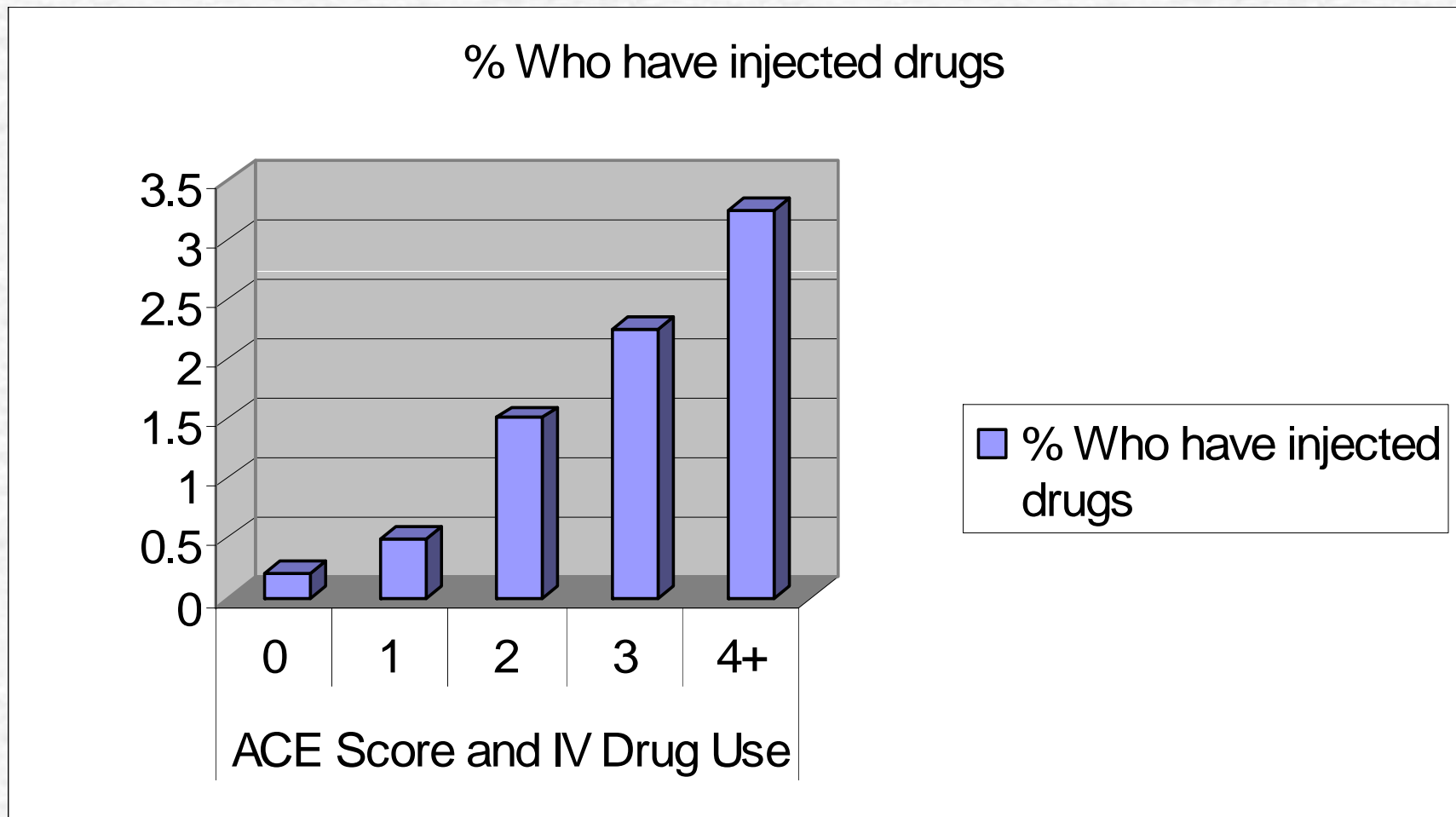


ACE's & COPD

Percent with Problem



ACE's & IV Drug Use



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 of 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.

(See van de Kolk & Fisler, 1996. Dissociation and the fragmentary nature of traumatic memories: overview. *British journal of psychotherapy*, 12, 352-61).



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.

Dyadic Developmental Psychotherapy: Basic Principals

- 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.



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