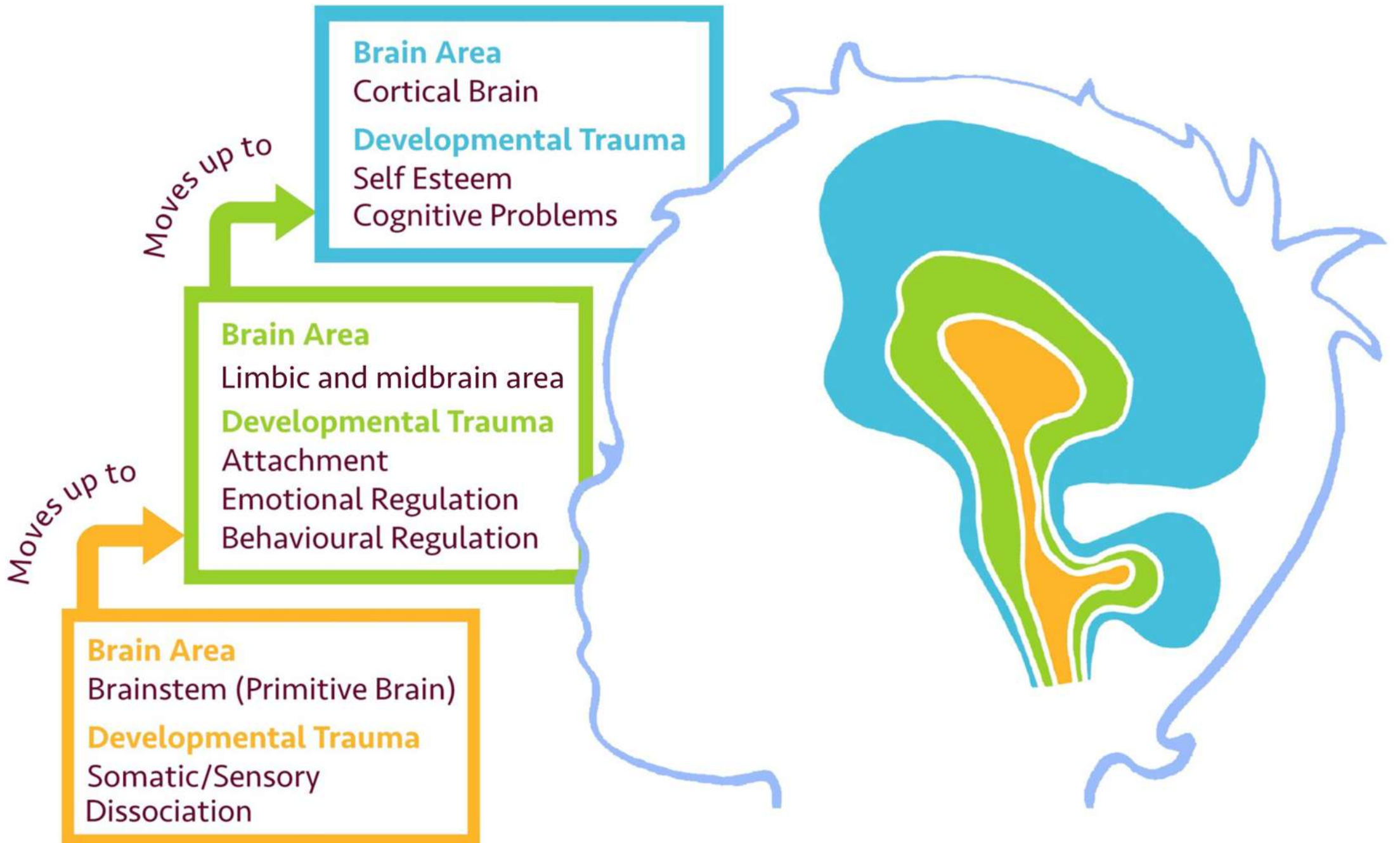


Module Two Training Notes







Mapping the areas of Developmental Trauma

Step by step through the seven different areas of impact

Experiential exercises to embed learning

Implications for practice

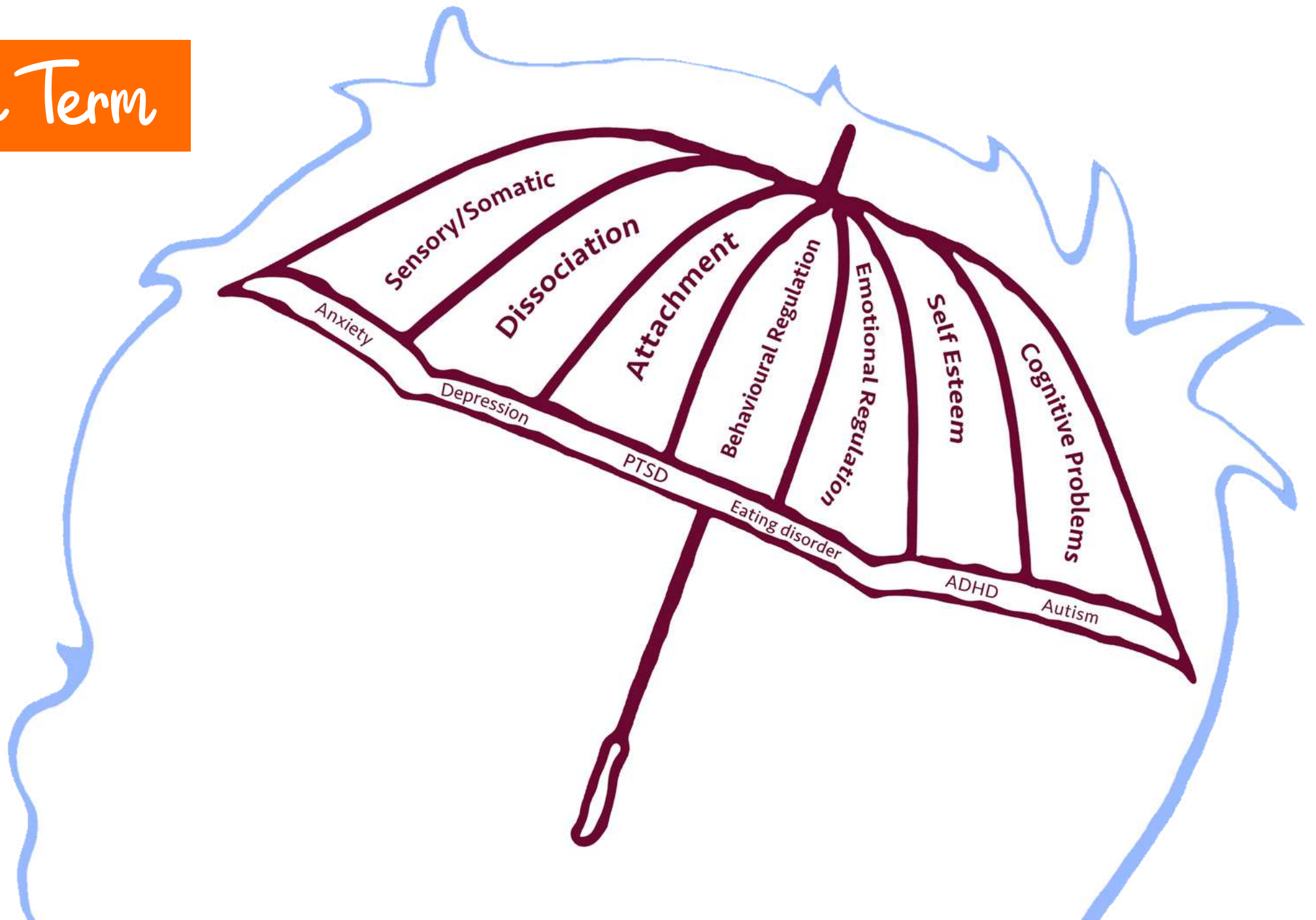


Diagnostic and Statistical Manual of
Mental Disorders (DSM-5)

ICD-11 International Classification
of Diseases 11th Revision

The concept 'Developmental
Trauma' is invaluable in **formulating**
and **understanding** a traumatised
child needs

Umbrella Term



Key Questions

In what ways have their experiences impacted them?

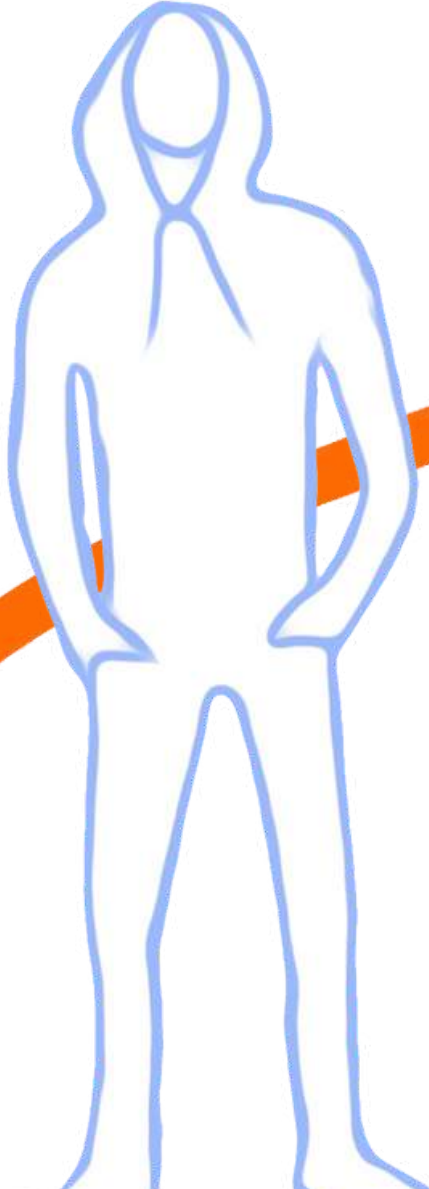
Where on the spectrum of Developmental Trauma are they?

Which areas of Developmental Trauma are they most struggling with at this point in their development?





Grow



Milestones



Social and family context



Seven Areas of Impact

M

Brain Area

Limbic and midbrain area

Developmental Trauma

Attachment

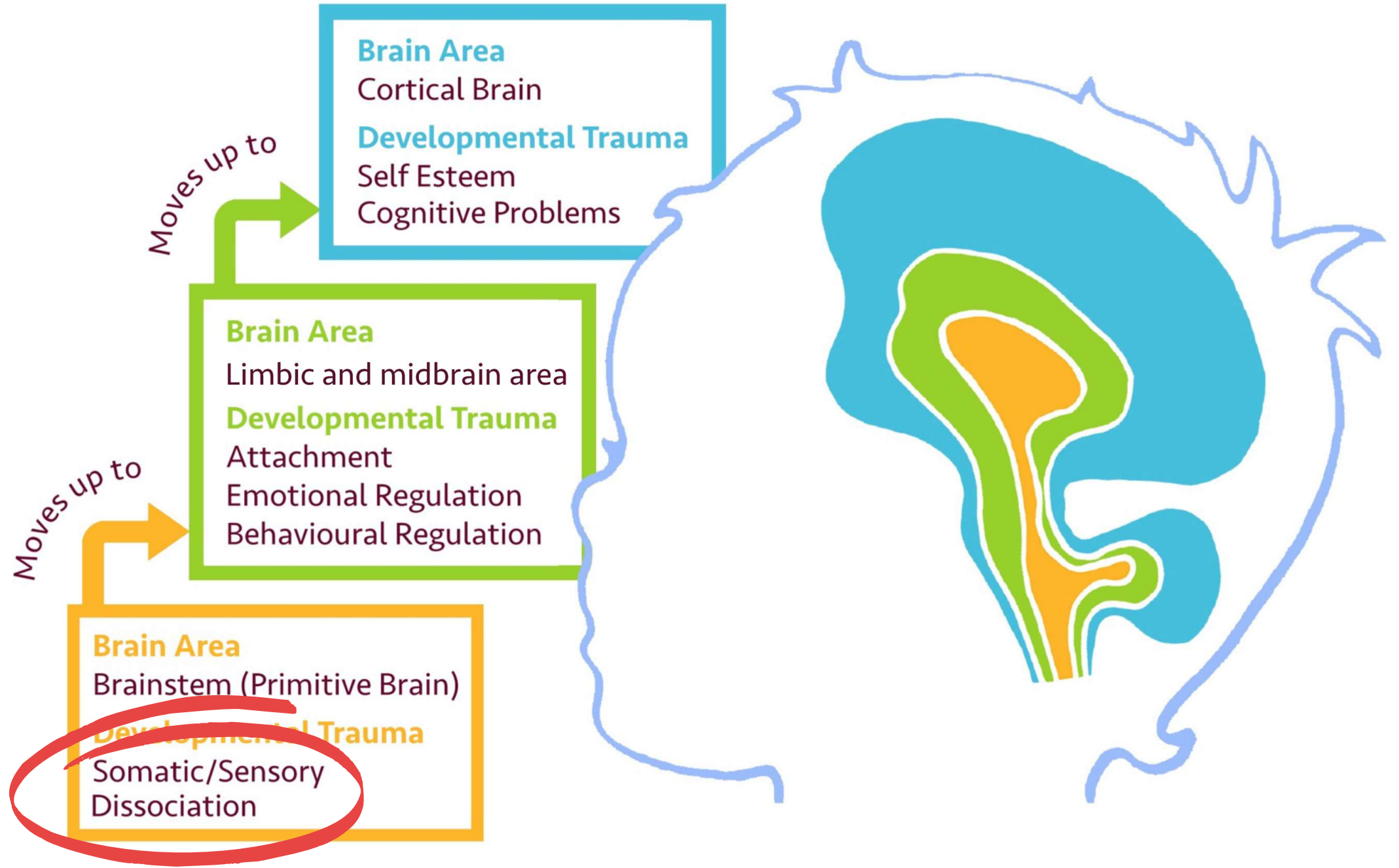
Emotional Regulation

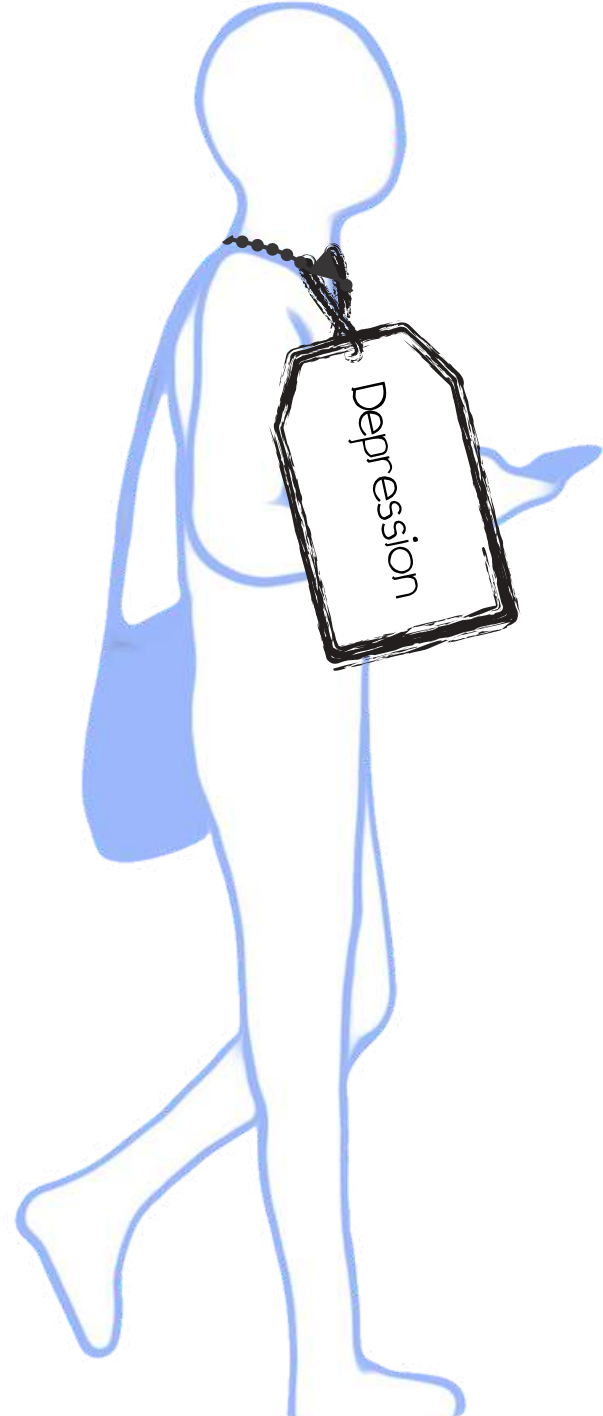
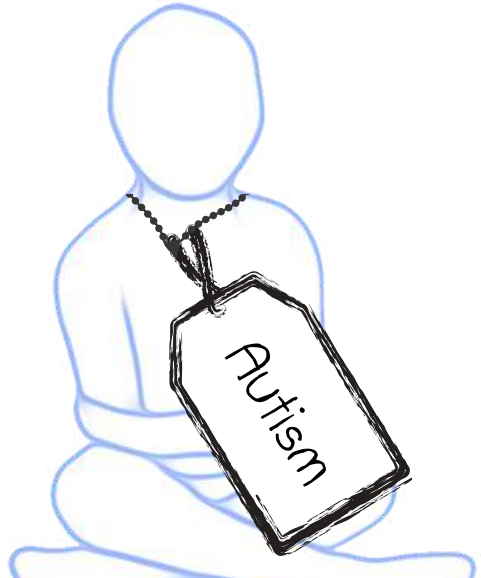
Behavioural Regulation

Moves up to

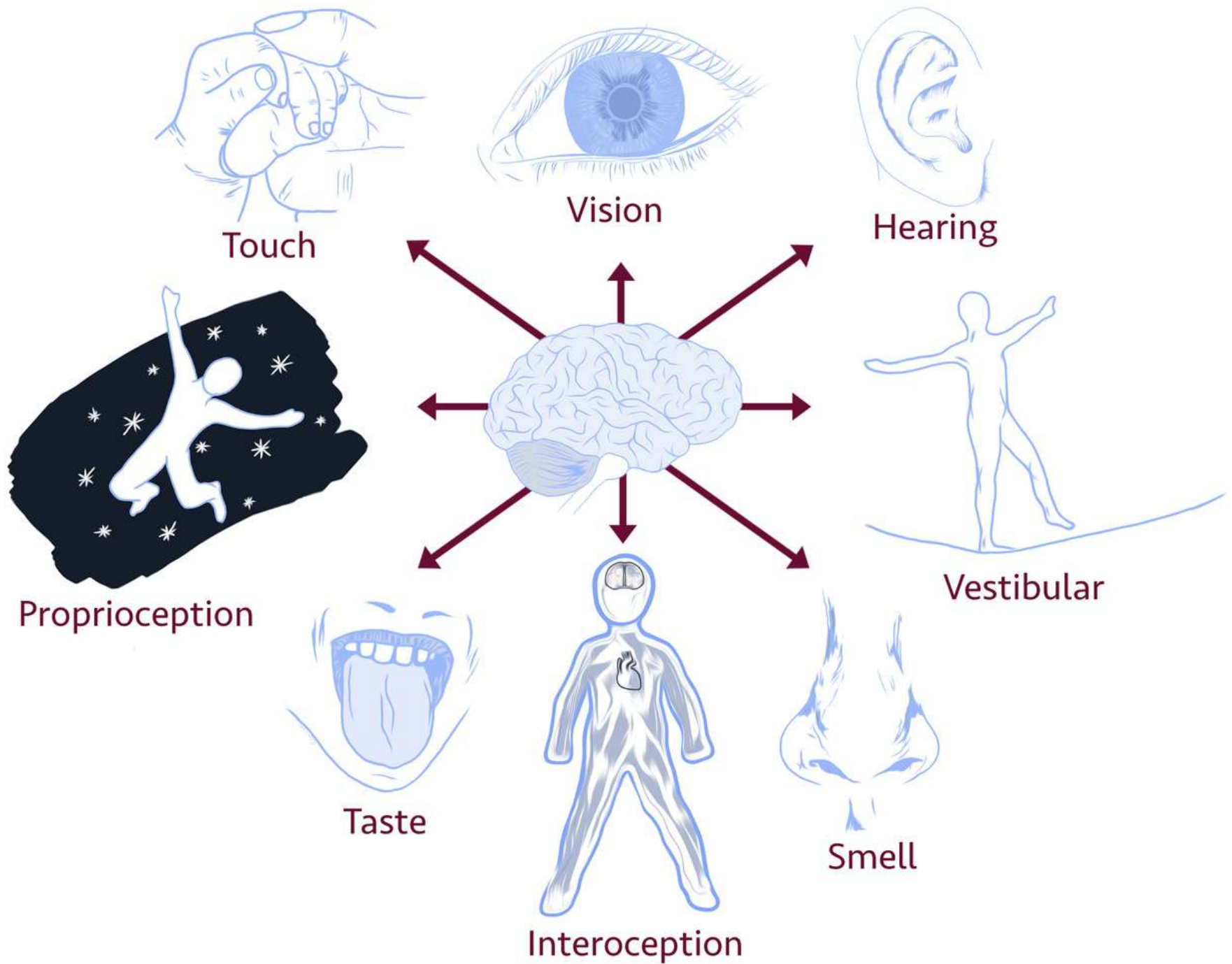
Brain Area

Brainstem (Primitive Brain)





1. Sensory



1. Sensory

Early sensory experiences form the platform from which they see and relate to the world as they grow up



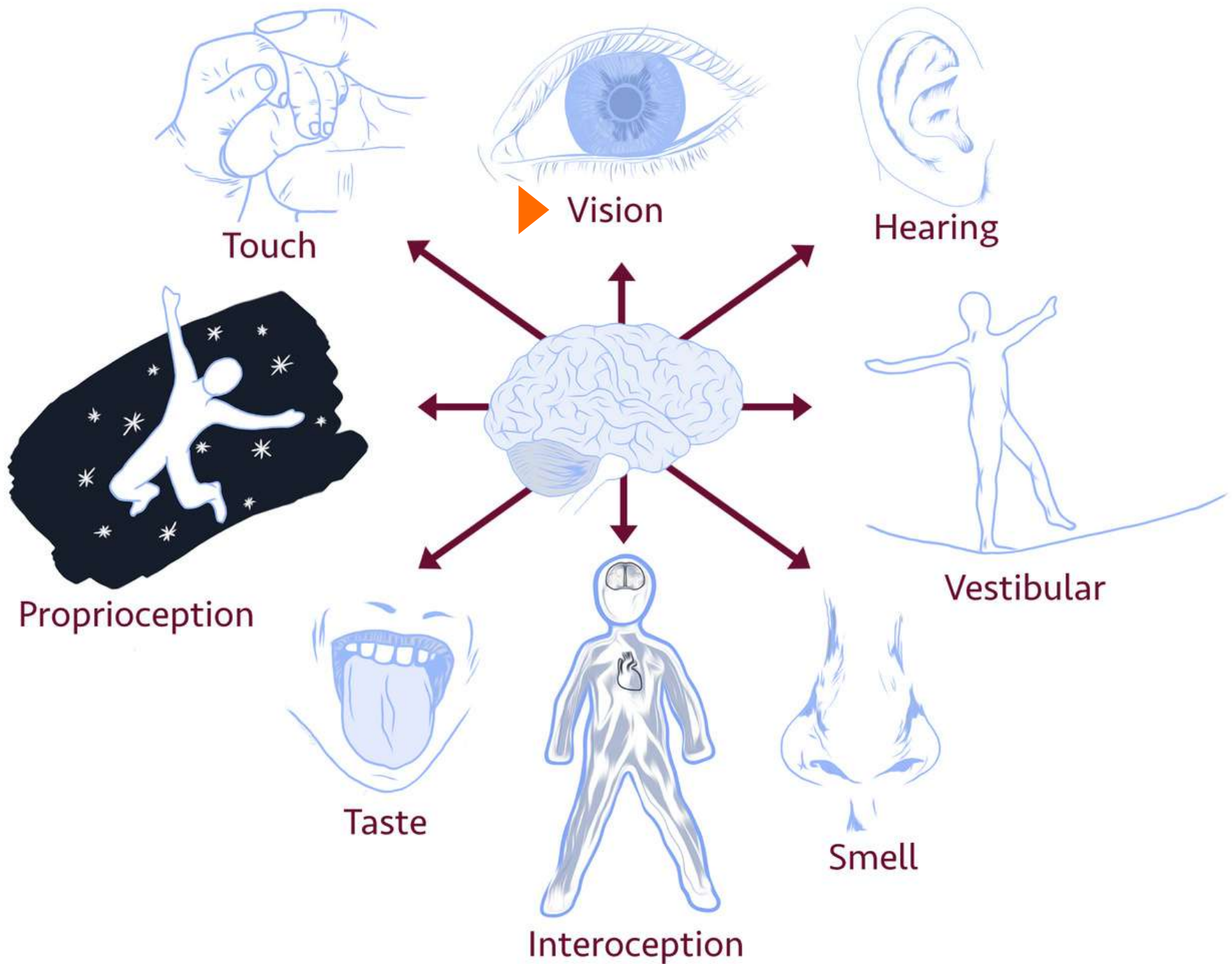
1. Sensory

Impact on sensory system development

Sensory memories become frozen in the nervous system



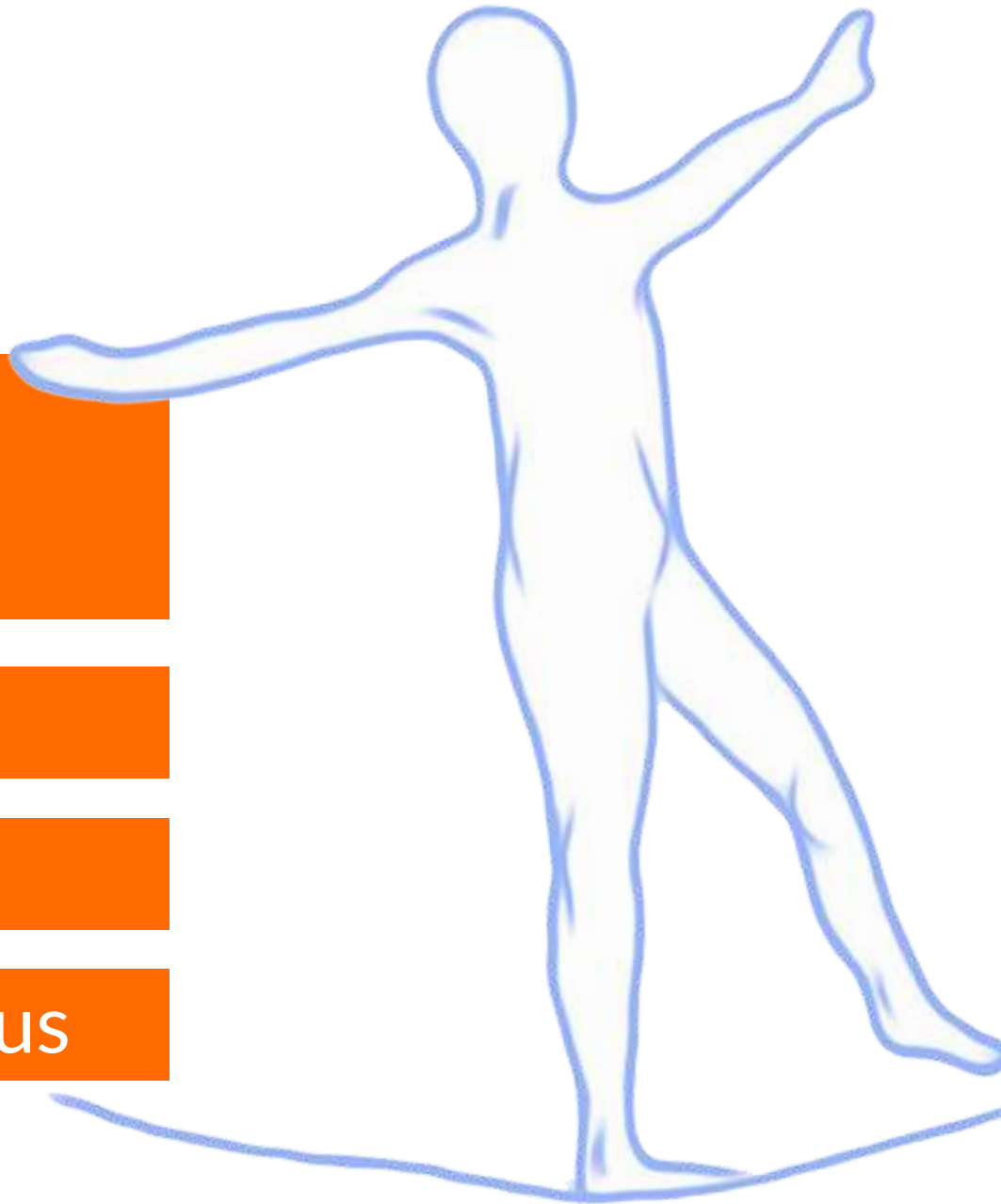
1. Sensory



1. Sensory

Vestibular System

- Where our head is in relation to gravity
- Upright posture
- Coordination
- Reach, grasp and focus



1. Sensory

Vestibular System

Early experience of being rocked back and forth by the primary caregiver

Missing this early experience impacts the vestibular system

Regulate emotional and behavioural responses



1. Sensory

Hyper Responsive System

Sensory input is hard to tolerate and may even be painful and dysregulating



Hypa Responsive System

Need more input to register and process the experiences seeking out more input



1. Sensory

Hyper Responsive Vestibular System

- Difficulty leaning backwards
- Cannot tolerate spinning or becomes nauseous when spinning or moving fast
- Hearing loss/glue ear - seek medical advice



1. Sensory

Hypersensitive Vestibular System

- Fidgeting and can't sit still
- Seeks lots of spinning and hardly notices they are doing it – the over stimulation can result in high level of dysregulation/nausea



1. Sensory

Proprioceptive System

- Where our limbs are in space
- Pressing, pushing and pulling
- Coordination
- Force e.g. holding a pencil, throwing a ball



1. Sensory

Proprioceptive System

Early experiences of being cuddled and swaddled by the primary caregiver along with the tight space in the womb



1. Sensory

Hyper Responsive Proprioceptive System

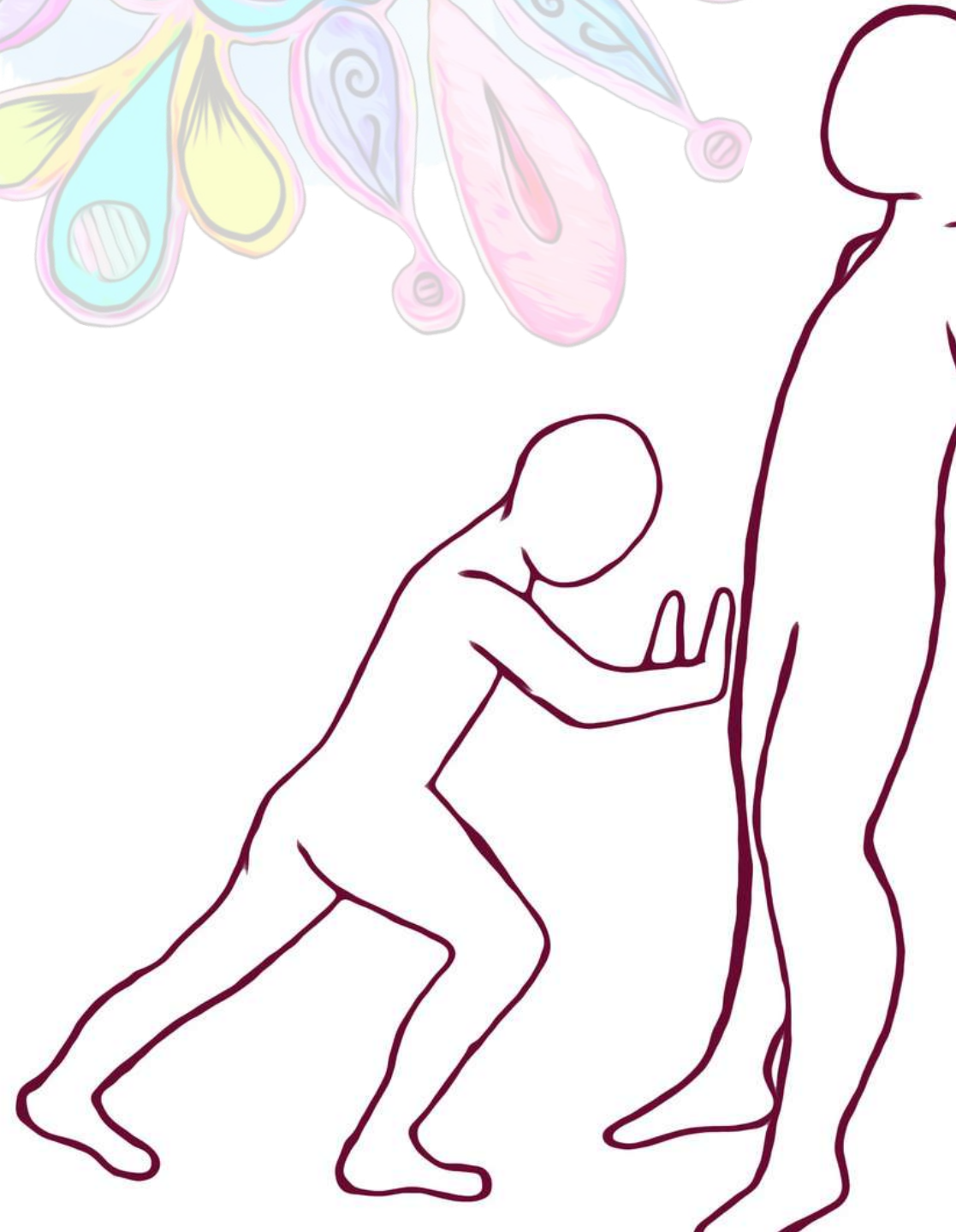
- Presses too lightly and cannot tolerate pressure - OT assessment recommended
- Linked with weak muscles and hyper mobile joints – seek medical advice



1. Sensory

Hypo Responsive Proprioceptive System

- Sensory seeking
- Seeks out high impact activity
- Loves rough and tumble
- Stamp and push hard with poor body awareness
- Difficulty aiming a ball
- Bites things and seek things to chew
- Cannot tell how hard they are pressing (using a pencil or giving someone a hug)
- Breaks things
- Can be linked with hyper mobile joints (seek medical advice)



1. Sensory

Interoception System

- What's happening inside our body e.g. hungry or full, toilet needs, headaches, heartbeat, breathing
- Care for ourselves properly
- Meet our basic safety needs



1. Sensory

Hyper Responsive Interception System

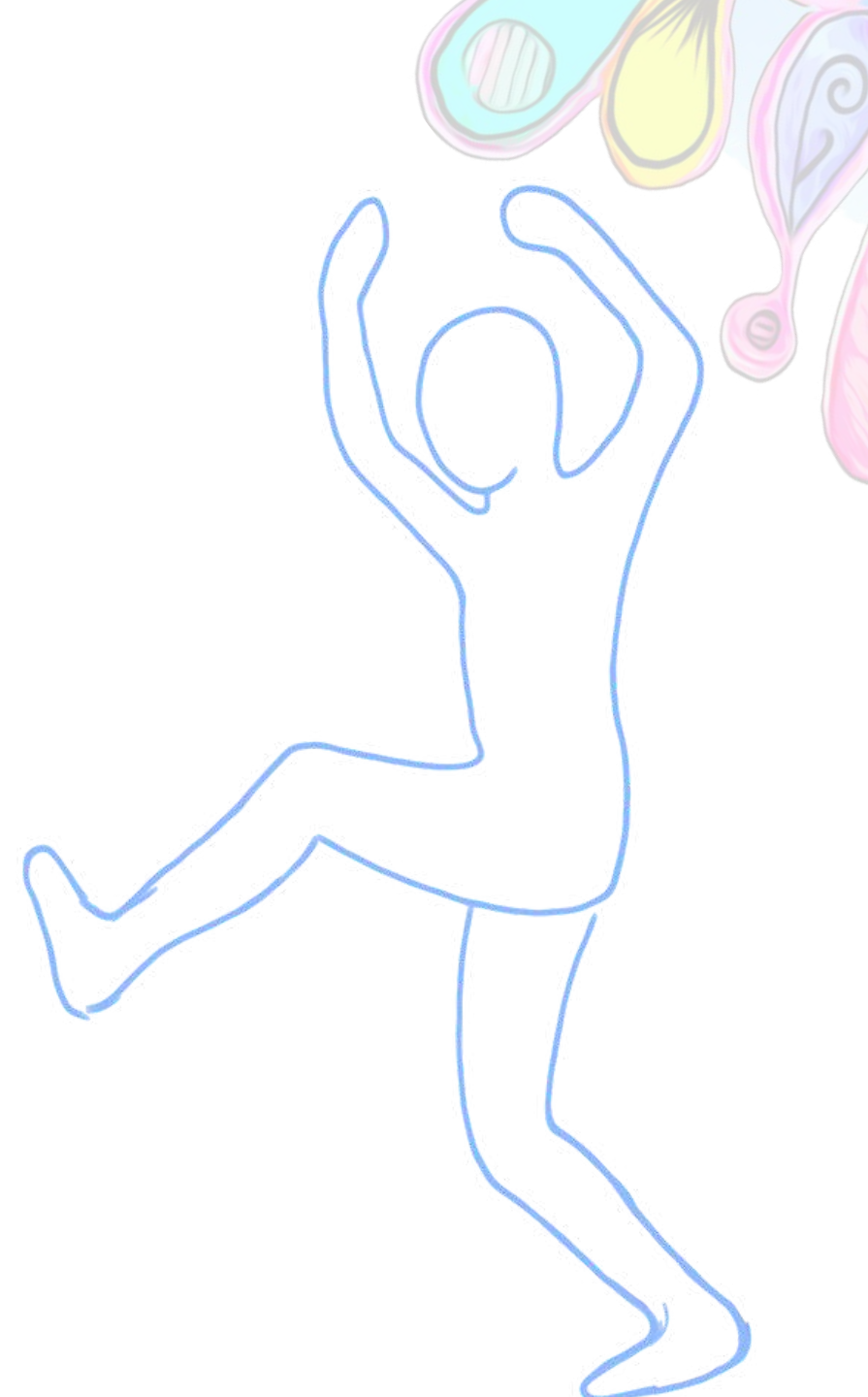
- Overly aware of their bladder/bowels
- Feel full easily
- Feel pain acutely and cry easily/feel ill often
- Emotionally sensitive



1. Sensory

Hypa Responsive Interception System

- Not realising they need to go to the toilet
- Hold themselves until the last minute and then wet /soil themselves
- Not noticing if they are hungry or full
- Not noticing that they are in pain/ill
- Hard time understanding emotional state



1. Sensory

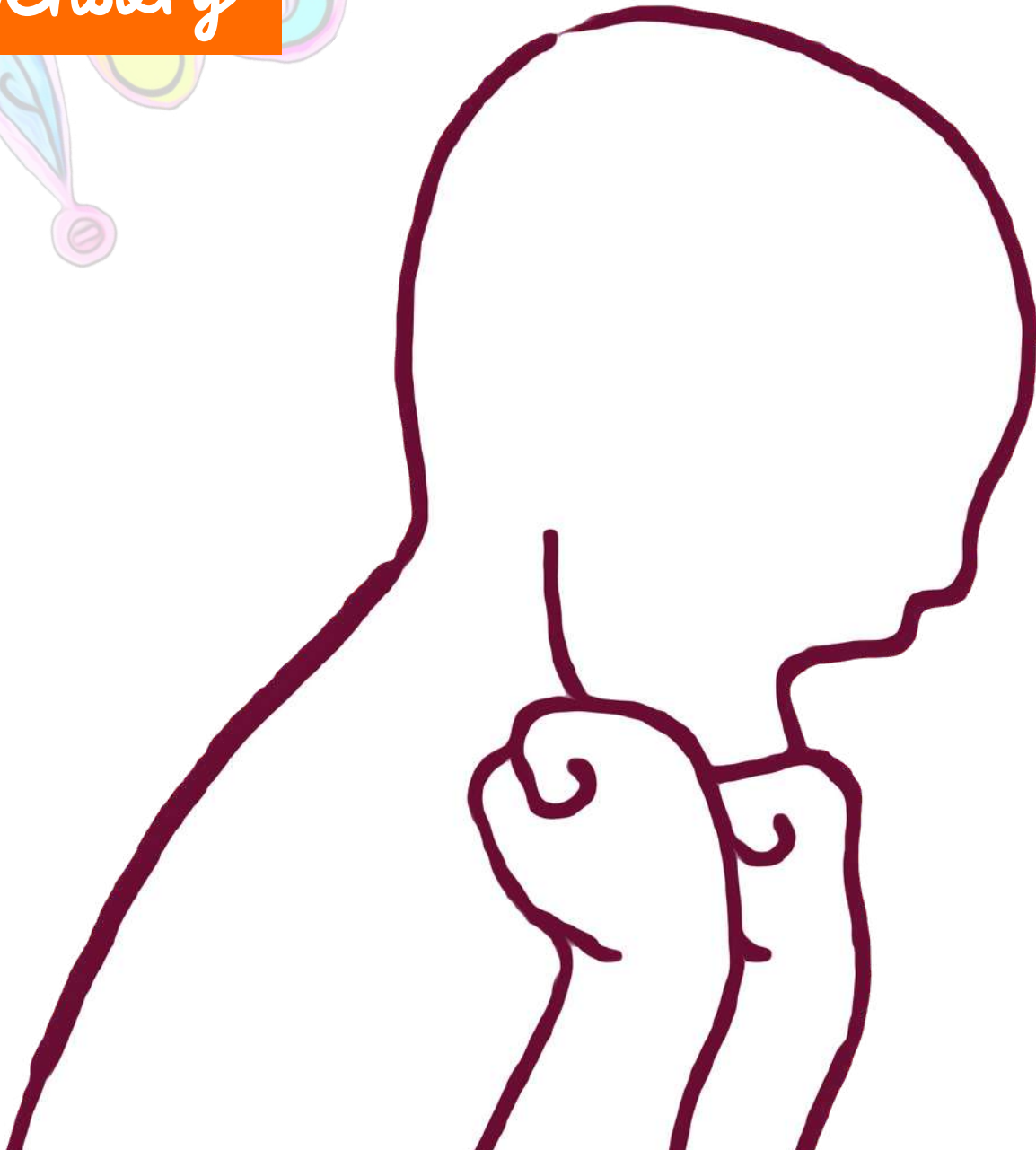
Key Message

Early experiences of sensory stimulation impacts the way in which each of their sensory systems function

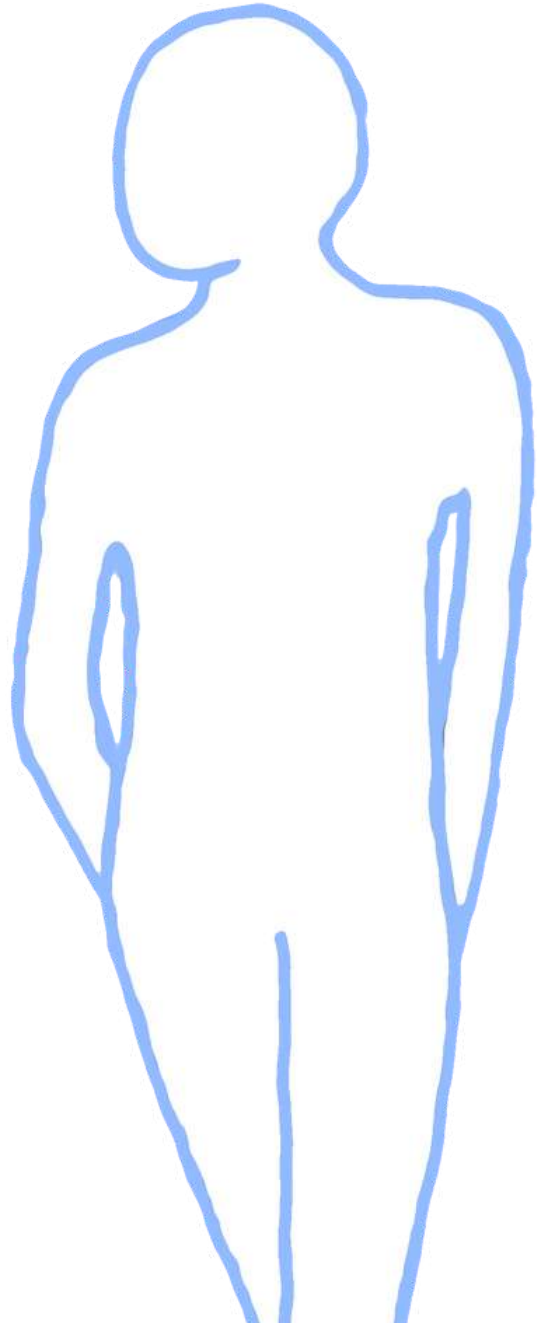


1. Sensory

Overreact to a
normal amount of
sensory stimulation
feeling overloaded
and may experience
hyper sensitivity



1. Sensory



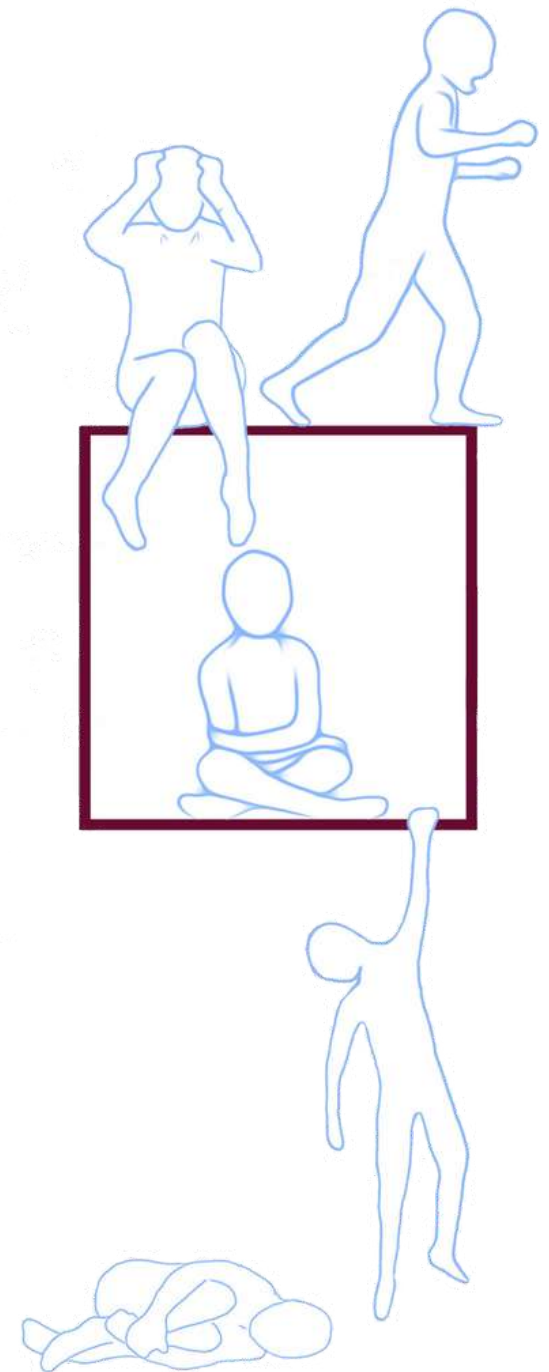
Not receiving enough stimulation to one or more of their sensory systems. They need **additional input** to that sensory system to become **aware** of what is happening

1. Sensory

Core Principle

Traumatised children are likely to have sensory systems that are **under developed** leading to **over or under** arousal.

Leading to **high levels of sensory dysregulation**



1. Sensory

Care Principle

Examples of signs and symptoms:

- Highly distractible
- Over excitable
- Sensory defensiveness
- Require extra stimulation

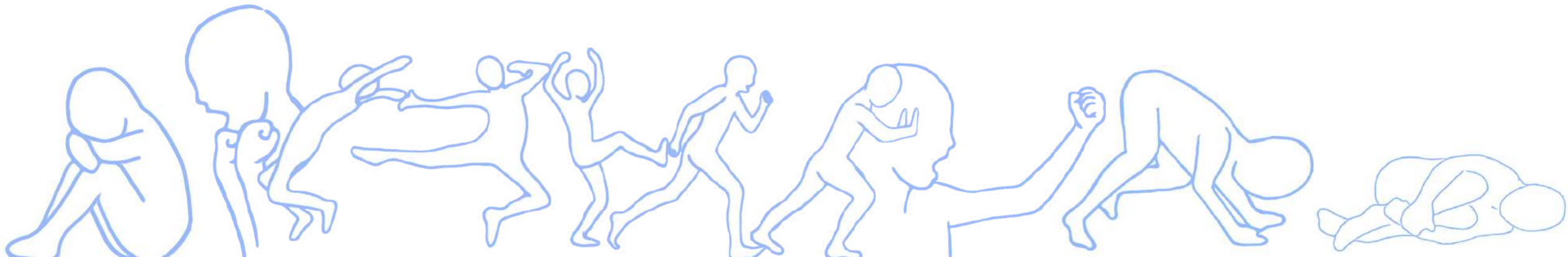


1. Sensory

Care Principle

Complex sensory profile:

- Developmental delay e.g. poor postural control, coordination, spatial awareness, learning
- Sensory discrimination
- Inappropriate physical or emotional responses



1. Sensory

Experiences before the age of approx. 3 years old cannot be **explicitly** remembered

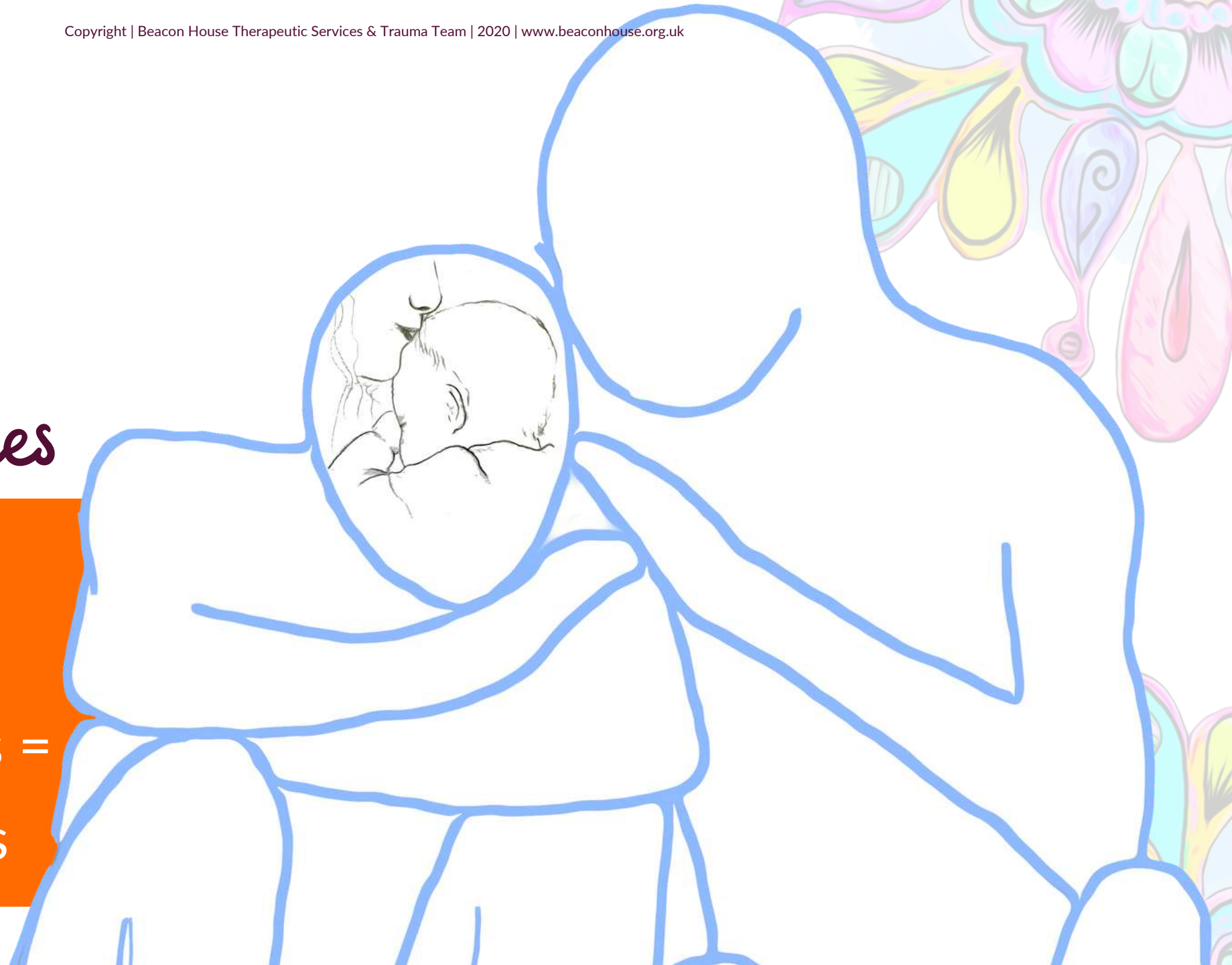
Experiences from in-utero until 3 years old = the **greatest influence** on our self concept, relating to the world and our mind and body functioning



1. Sensory

Sensory Memories

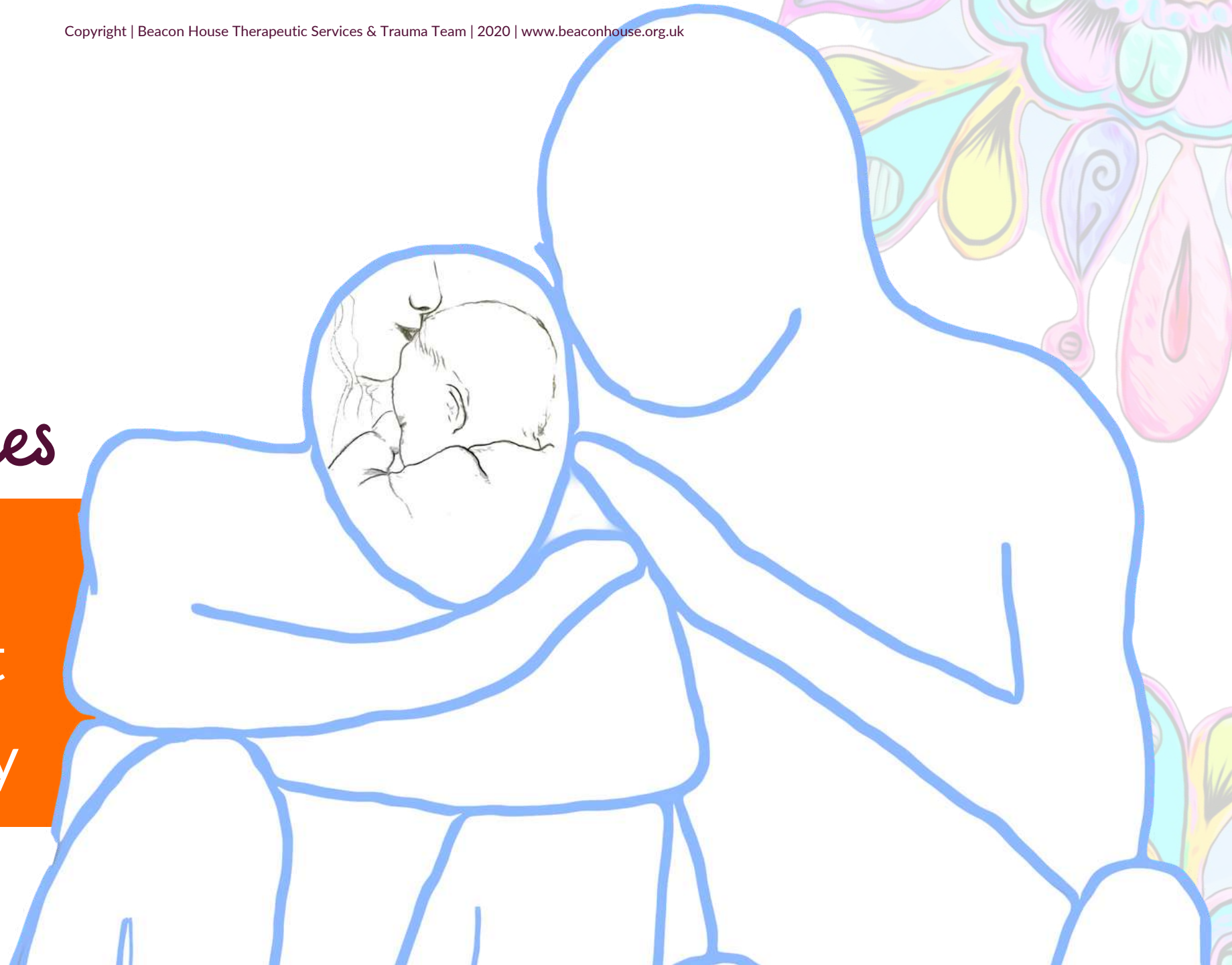
Early experiences
are formed as
implicit memories =
sensory memories



1. Sensory

Sensory Memories

These form the rules for life that we are guided by



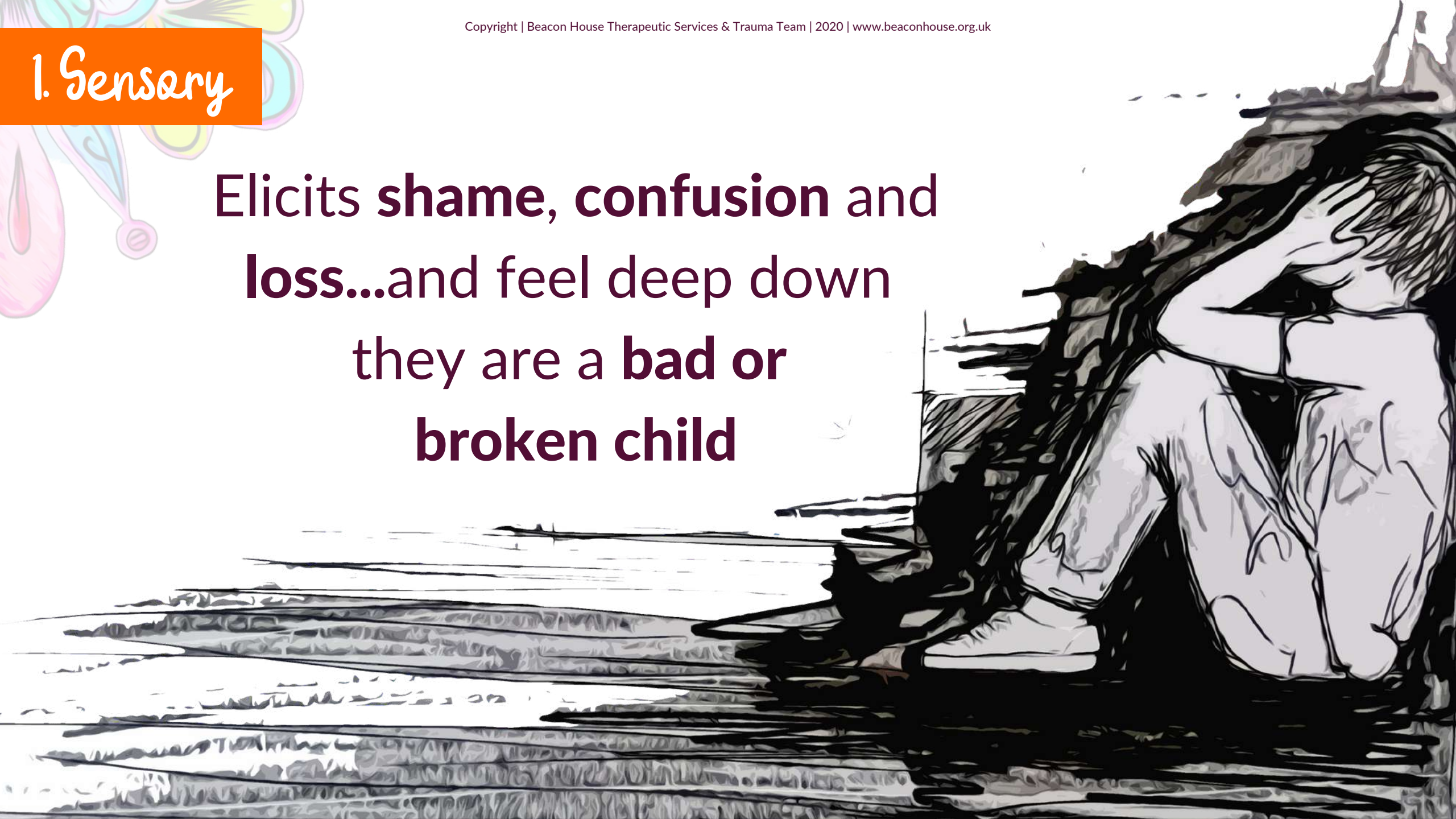
1. Sensory

The child will have **no memory** and will not be able to **make sense** of what triggered their behaviour



1. Sensory

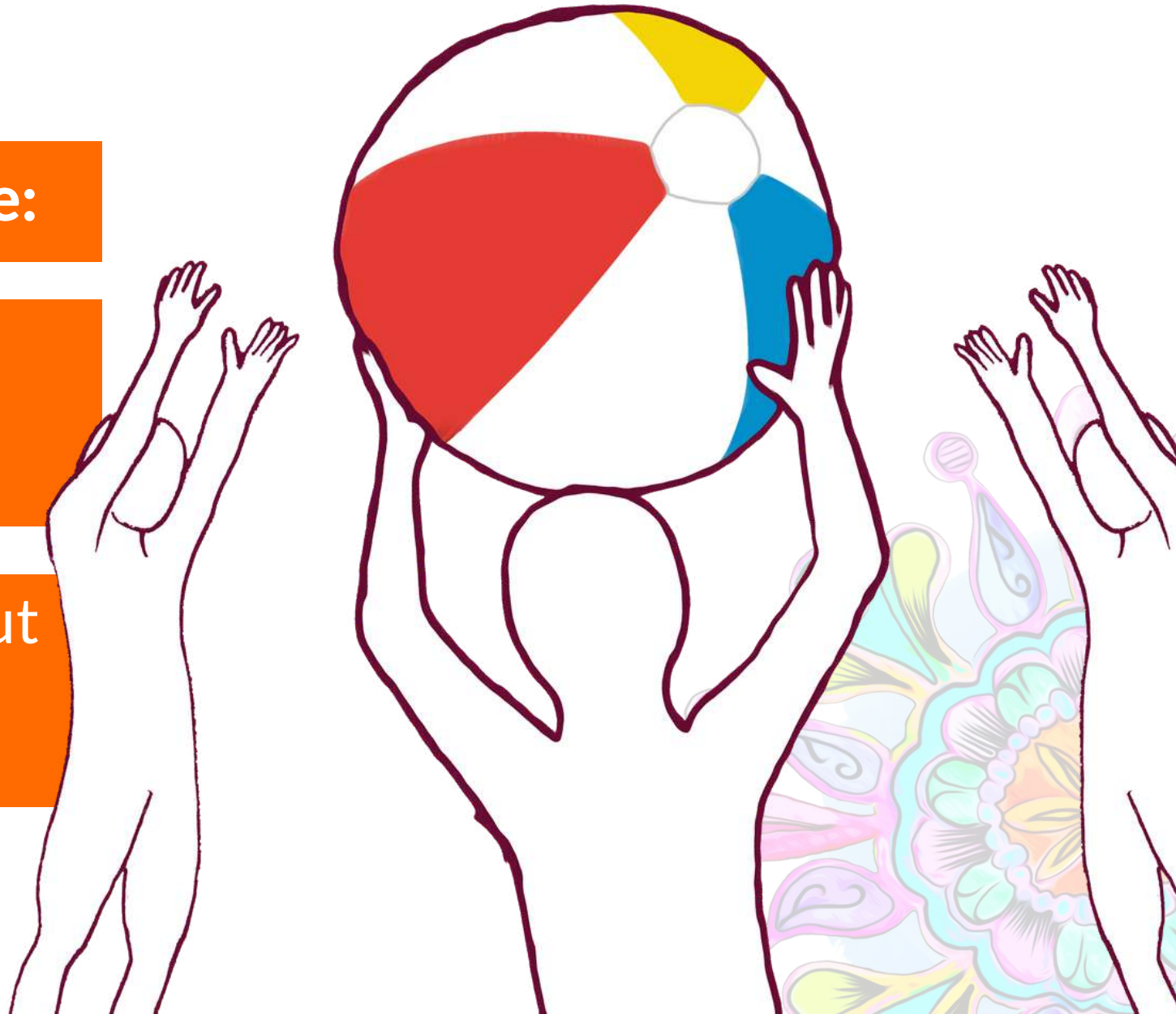
Elicits **shame, confusion** and
loss...and feel deep down
they are a **bad or**
broken child



1. Sensory

Hold in mind strategies will be:

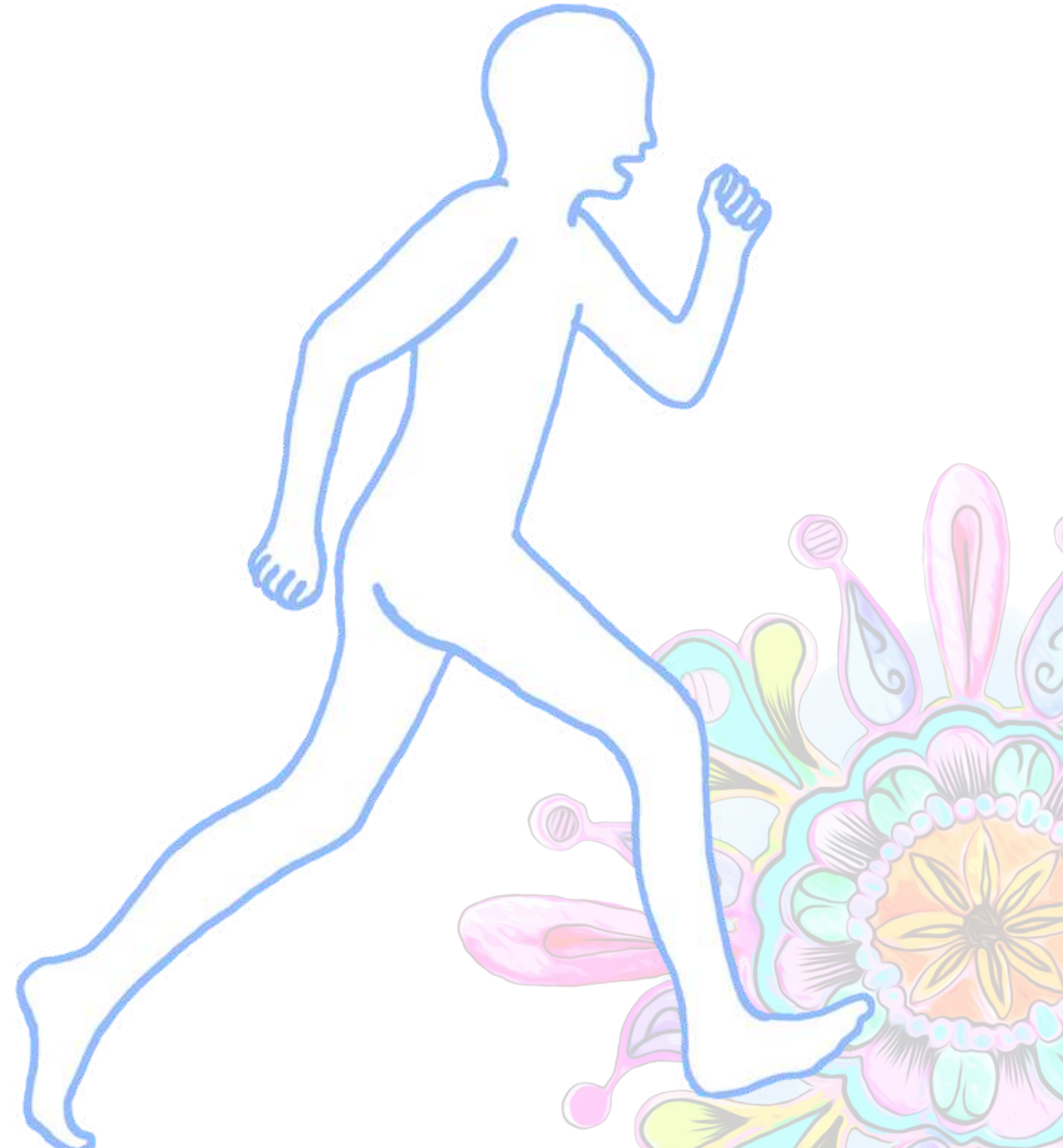
- Effective for some children and not others
- Effective in one moment but not in the next moment



1. Sensory

Observe the impact:

- Does the strategy help the calm and regulate the child?
- Does the strategy push the child into hypo arousal or hyper arousal?



General Implications For Practice

Critical importance of recognising difficult behaviours may be manifestations of sensory dysregulation problems

- **Understanding the problem**

Is the behaviour we are seeing actually a problem in a sensory system?
This changes the intervention that we offer the child and family.

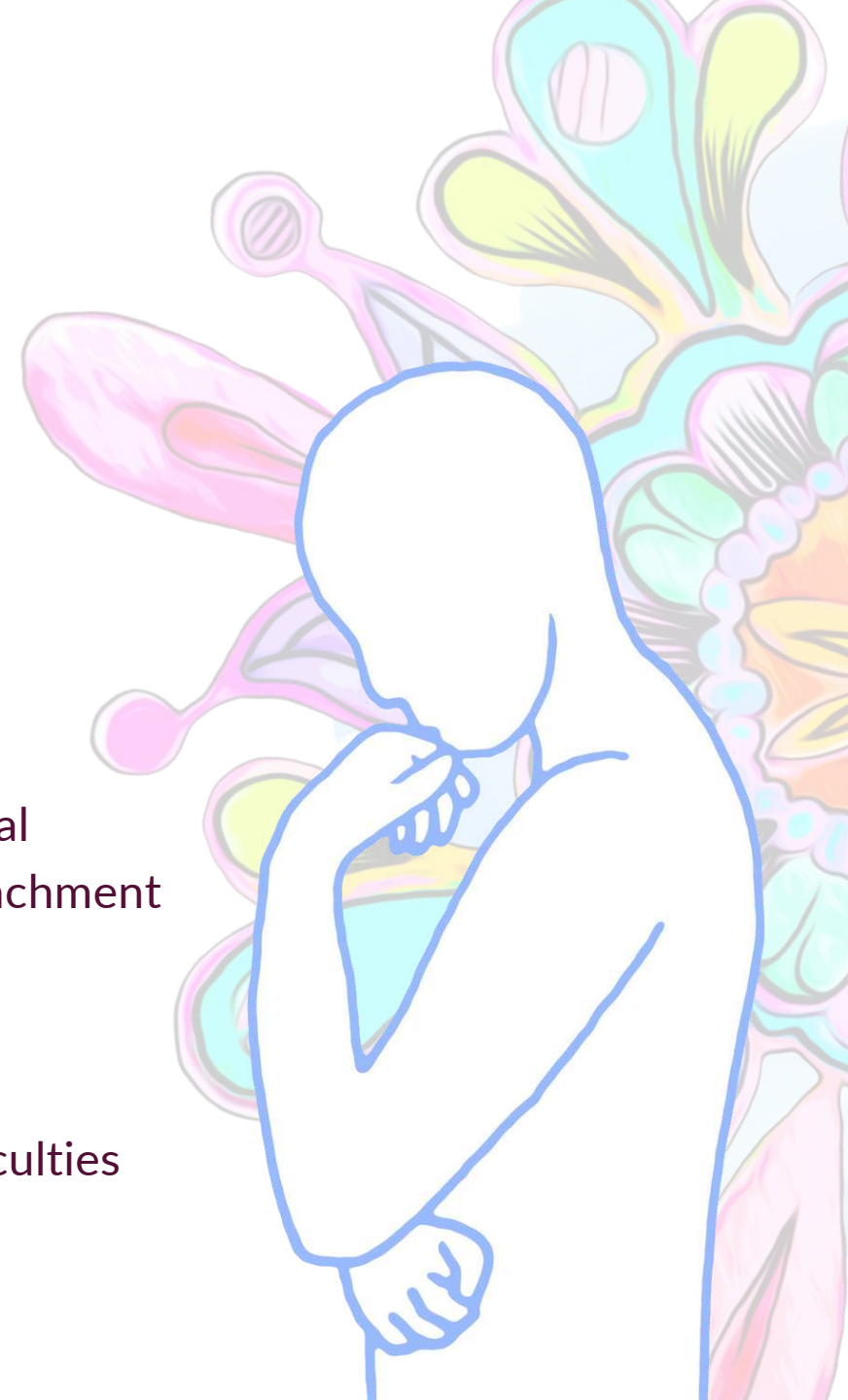
- **Specialist Assessment**

If you suspect the child has sensory dysregulation, a specialist occupational assessment is needed to map out the child's sensory profile. Sensory Attachment Intervention (SAI): www.sensoryattachmentintervention.com/

- **Priority of intervention**

If the formulation is that the problem is based in sensory processing difficulties then the intervention must start here.

- **Sensory Attachment Intervention (SAI)**



Primary Principle for Practice

Behaviours of a chronically traumatised child may be a **manifestation of sensory processing difficulties** at least in part. In order for them to **meet their potential**, their sensory needs must be **understood and addressed** as a first target for intervention.



2. Dissociation

Normal

e.g.

- *Getting lost in a book*
- *Playing video games*
- *Day dreaming*
- *Driving hypnosis*

Dissociation Spectrum

Pathological

e.g.

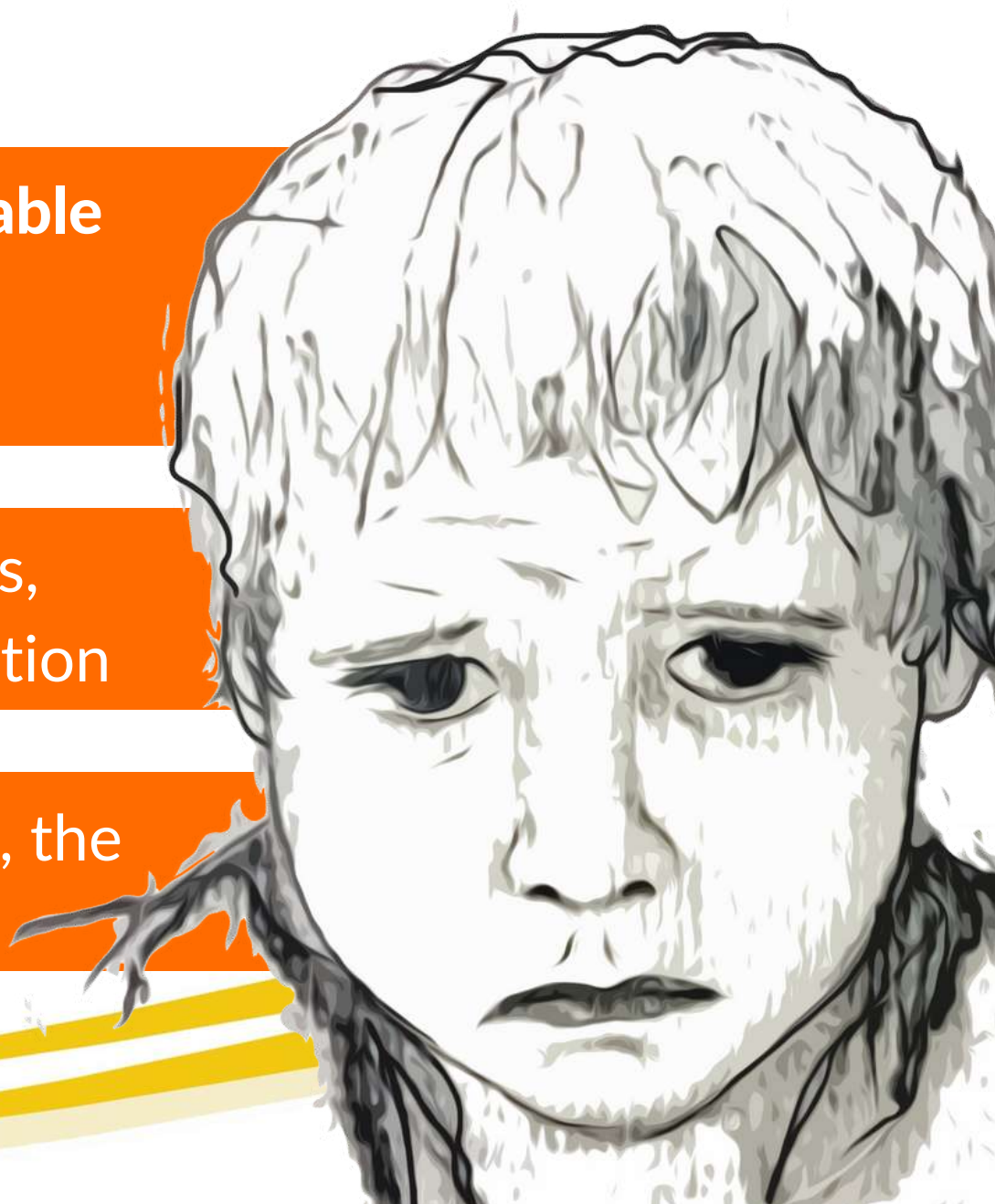
- *Identity confusion*
- *Memory loss*
- *Numbness*
- *Mood switching*

2. Dissociation

The **earlier** the trauma starts, the more **vulnerable** they are to becoming dissociative as a way of **coping** with overwhelming feelings

The more **severe** and **threatening** the trauma is, the more **likely** the individual is to use dissociation

The more **frequent** the traumatic incidents are, the more **likely** the individual is to use dissociation



2. Dissociation

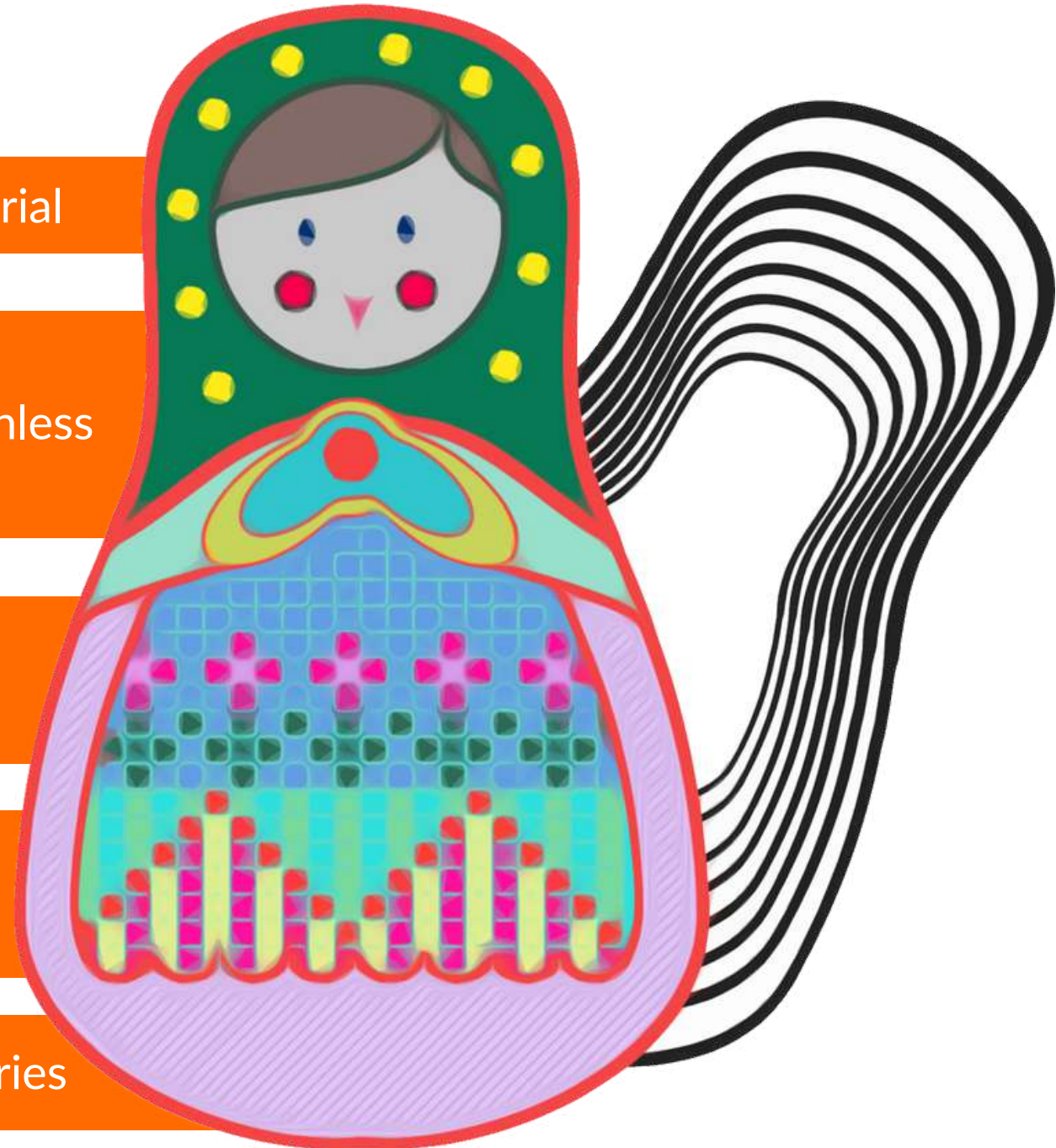
Different parts carry the unwanted traumatic material

Automatically and unconsciously places different experiences in compartments that **remain closed** unless they are **triggered and activated**

The memory may be present but the feelings are **dissociated** from the memory

The connection between the behaviour and the memory are **dissociated** from another

Bodily experiences are **dissociated** from the memories



2. Dissociation

Dissociative Response in Action

"It didn't hurt"

"It didn't happen to me"

"I don't care that it happened"

"I don't really remember"

"It didn't bother me"

2. Dissociation Challenges

The dissociative cutting off... **fluctuates** depending on the **extent** that they are **triggered**



2. Dissociation Challenges

They learn to **dissociate** in
the face of **danger...**



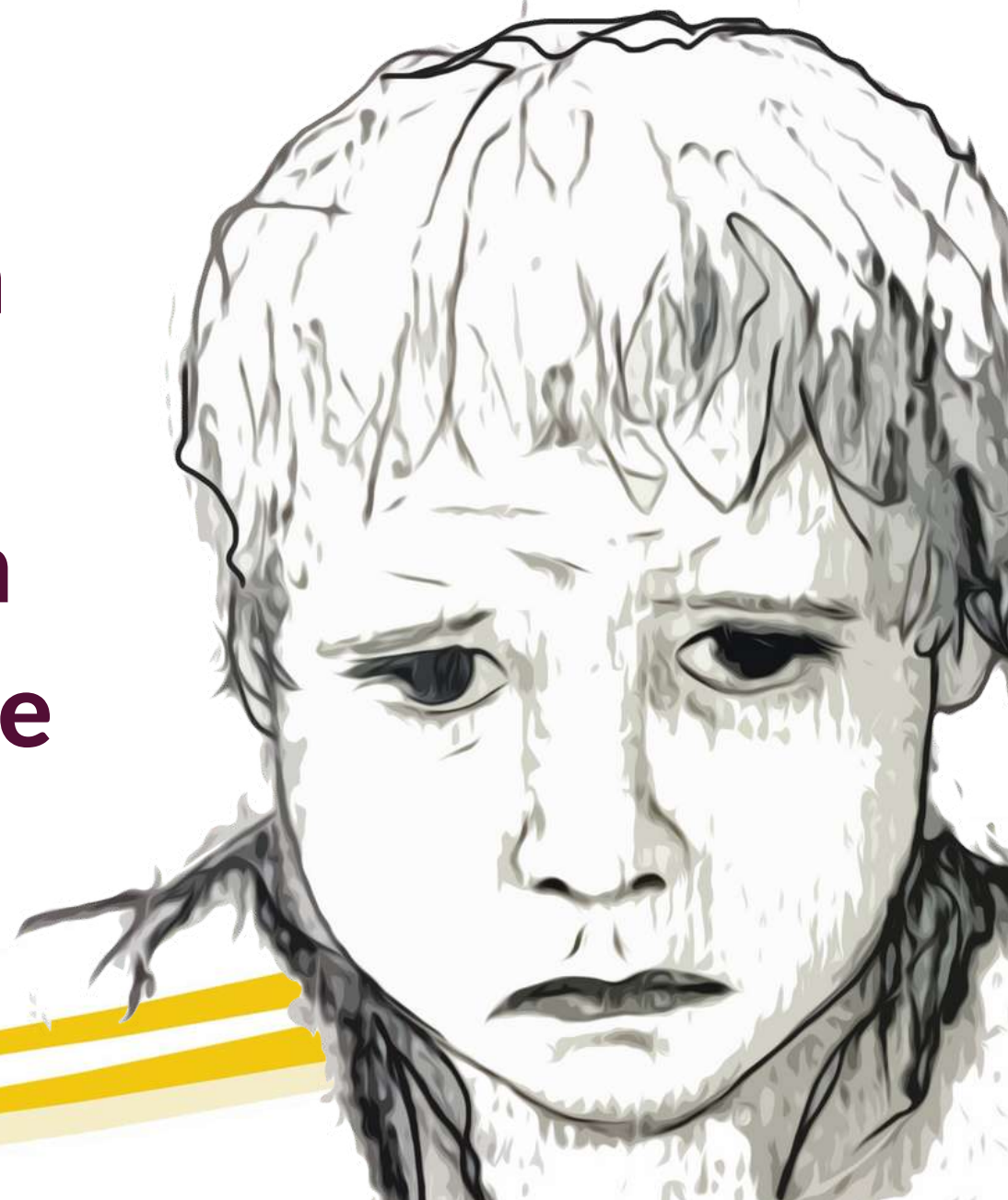
2. Dissociation Challenges

Dissociation can be **celebrated**, it is how they **survived** the threats that they faced



2. Dissociation Challenges

They learn to **dissociate** in the face of **danger...** and have the tendency to go in and out of dissociation, **time and time again** every day



2. Dissociation

Signs of Dissociation

- Glazed look, blank
- Eye roll, flutter
- Hearing voices - a dissociative part that tends to be the voice of the perpetrator
- Internal hallucinations - a dissociative part
- Regressed, unpredictable behaviour - reverting back to trauma time
- Extreme mood switches
- Extreme behavioural changes - voice, language, dress, handwriting, facial expressions
- Disavowed witness behaviour - denying actions they have clearly carried out but have no memory of



2. Dissociation

Types of Dissociation

- **Dissociative amnesia** - retrospective amnesia and memory lapses in day to day life
- **Derealisation** - *"Everything around me is unreal"*
- **Depersonalisation** - looking down on themselves from above and feeling disconnected
- **Identity confusion** - losing control to someone else inside them



2. Dissociation

Grounding Techniques

Grounding techniques to bring the child back to the 'here and now'

- **Physical movement** e.g. throwing something back and forth
- **Touch** e.g. your hand on their hand/shoulder and gently but firmly squeeze
- **Mindfulness** to the body e.g. notice the feeling of your feet on the floor
- **Grounding**, familiar questions e.g. Where are you? What is your pet's name?
- **Anchoring** to objects in the room e.g. name 3 things you can see...
- Use of familiar **grounding objects** and **sensory triggers** e.g. a stone, a smell
- **Laughter and playfulness**

General Implications For Practice

Critical importance of understanding what you're seeing, that their dissociative processes are identified and addressed

- **Specialist Assessment**

If you suspect the child is dissociating a thorough psychological assessment should ideally take place

- **Support**

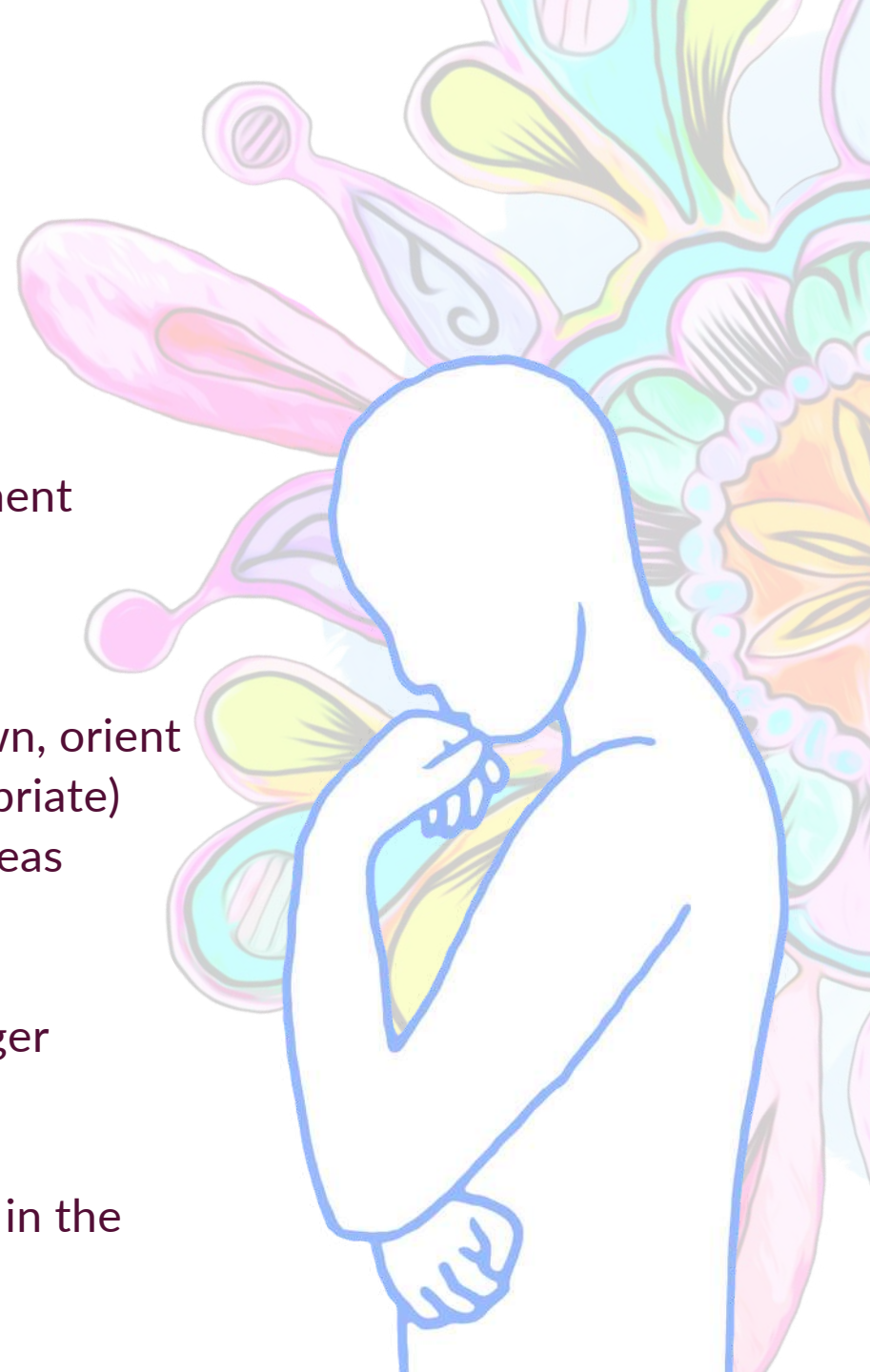
The primary goal is to ground them to the here and now: stop, slow down, orient them to the time and space, move closer and use simple touch (if appropriate)
Please see the dissociation resource included in your pack for further ideas

- **Check for current threat**

The child will hold on to important dissociative responses whilst in danger

- **Psychoeducation**

Help educate the child, family and school about dissociation and its role in the past and the present



3 & 4. Emotional & Behavioural Regulation

Chronically
traumatised children
struggle to regulate
their senses, emotions
and behaviours



3 & 4. Emotional & Behavioural Regulation

Emotional regulation =
Child's ability to **notice** they are
having an emotional experience,
manage the experience and
communicate it in a way that is
developmentally and socially
appropriate



3 & 4. Emotional & Behavioural Regulation

Self regulation is a key milestone in development

Children whose early experiences have taught them that feelings are:

- **Not** going to kill them
- **Not** going to push others away
- **Manageable and digestible**



3 & 4. Emotional & Behavioural Regulation

With **predictable, sensitive and attuned** responses from early infancy, the child **learns in time to self regulate.**



3 & 4. Emotional & Behavioural Regulation

A child with adverse early experiences learns that:

- When they express emotions, bad things happen
- There is no-one to capture, digest or hold the emotions

OR

- Their parent/carer has a negative, punitive and critical reaction to their emotion



3 & 4. Emotional & Behavioural Regulation

Children with
good enough
parenting early
on in life learn to
self regulate



3 & 4. Emotional & Behavioural Regulation

Children with **mis-attuned and unpredictable** parents or carers struggle to regulate their emotions because the fundamental building blocks of self regulation were not laid down early on in life



3 & 4. Emotional & Behavioural Regulation

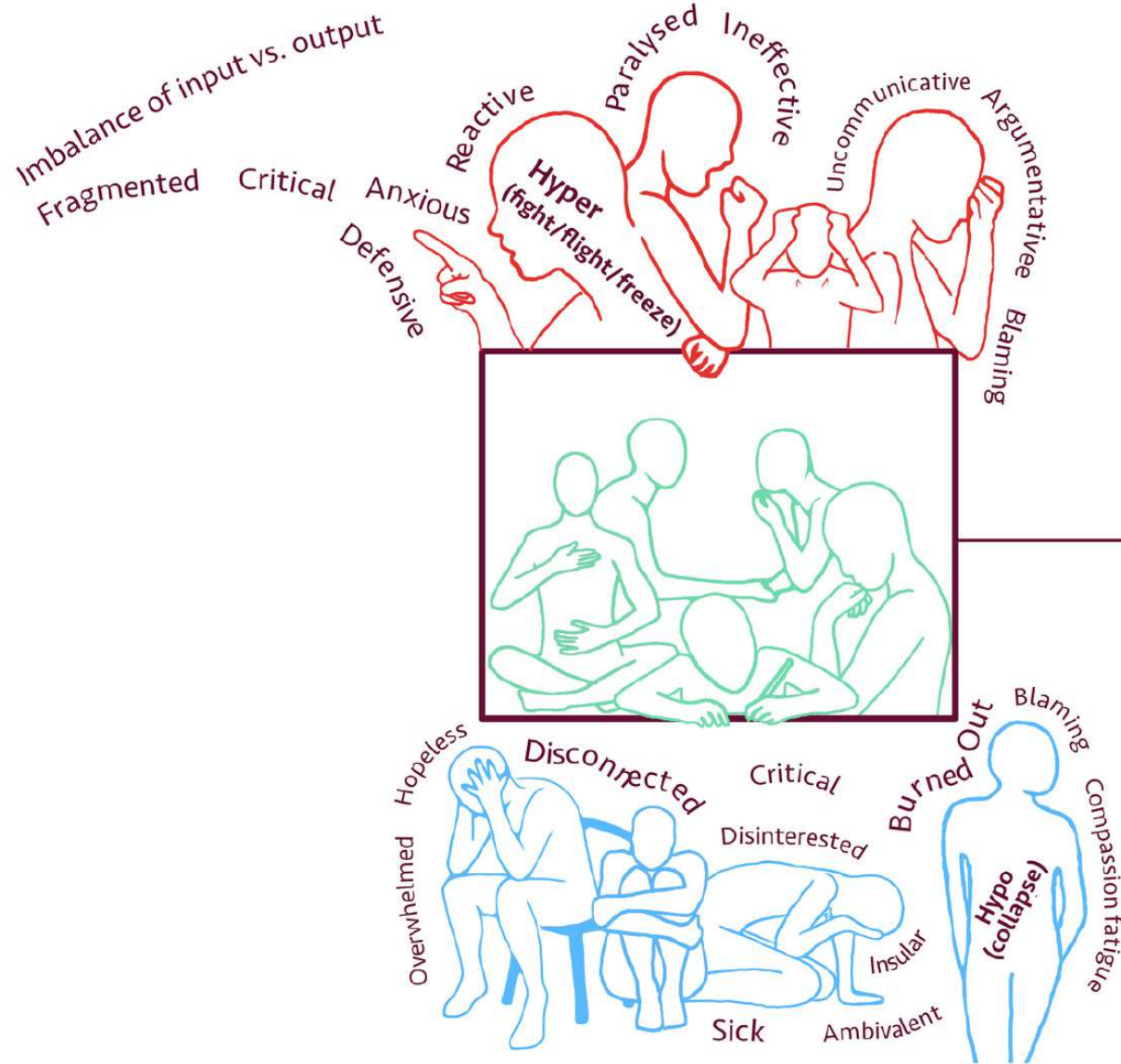
What **resonated** most with you?

An idea that you **knew** but had forgotten?

An idea that has **added** to your understanding?



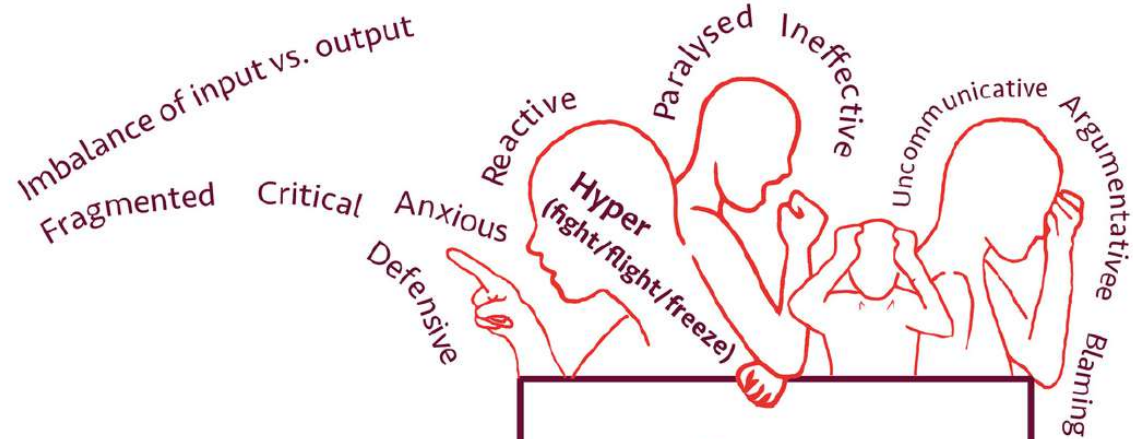
3 & 4. Emotional & Behavioural Regulation



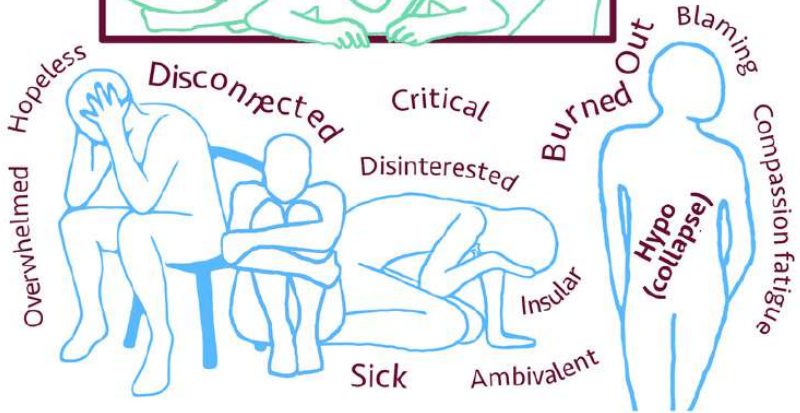
Clearly defined roles and responsibilities, equality of effort and commitment, visible results, creative, positive risk-taking, curious, responsive, open to different perspectives, flexible, adaptive.

3 & 4. Emotional & Behavioural Regulation

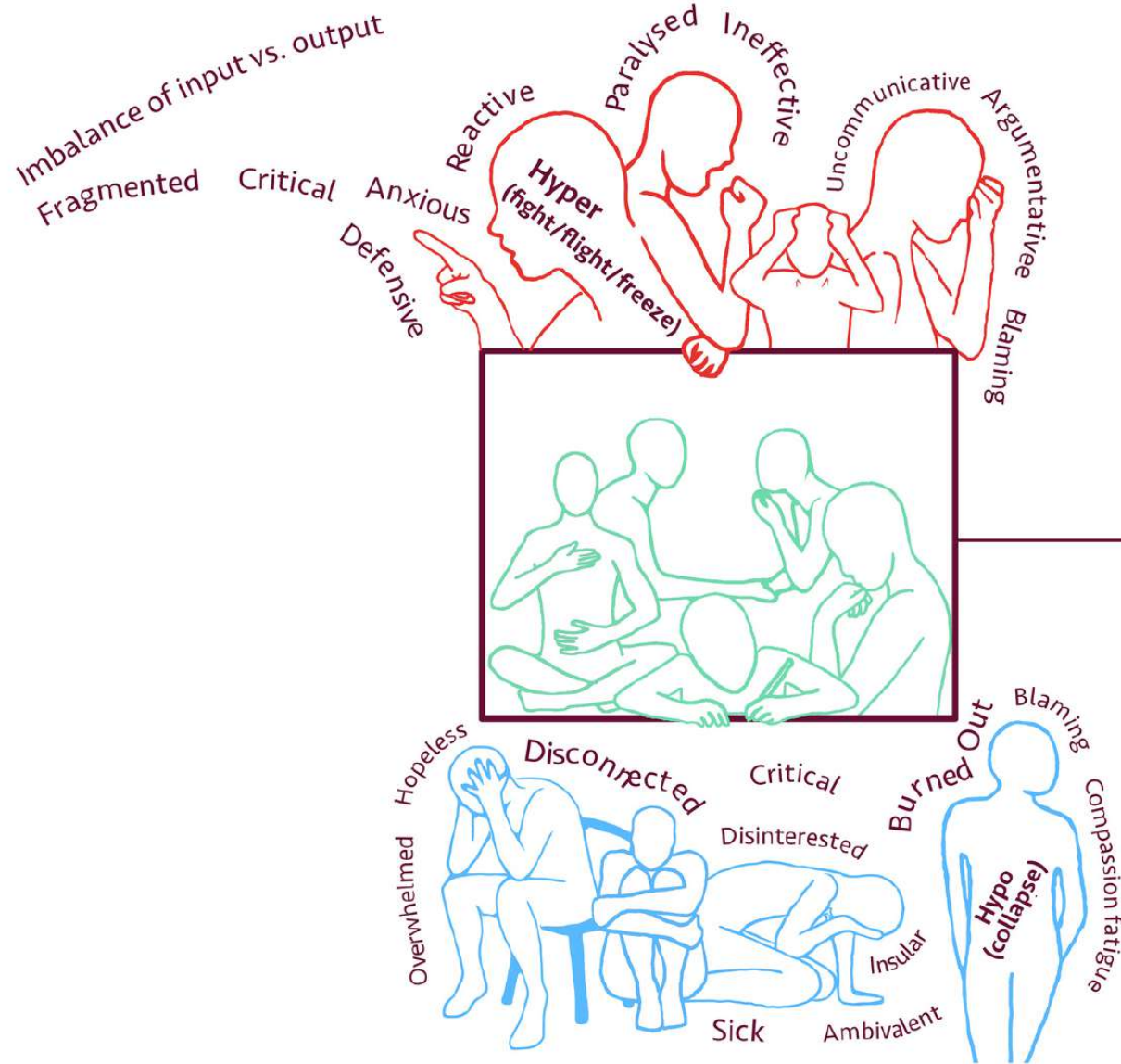
Hyper →



Clearly defined roles and responsibilities, equality of effort and commitment, visible results, creative, positive risk-taking, curious, responsive, open to different perspectives, flexible, adaptive.



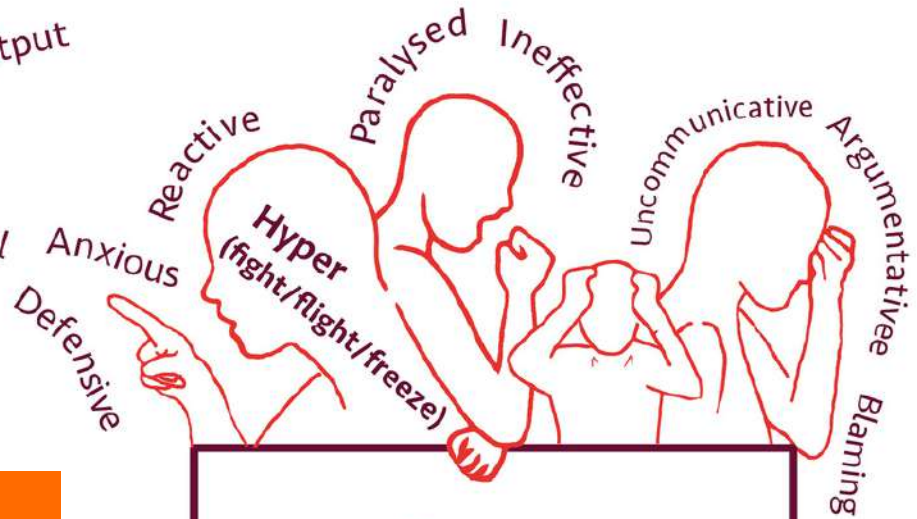
3 & 4. Emotional & Behavioural Regulation



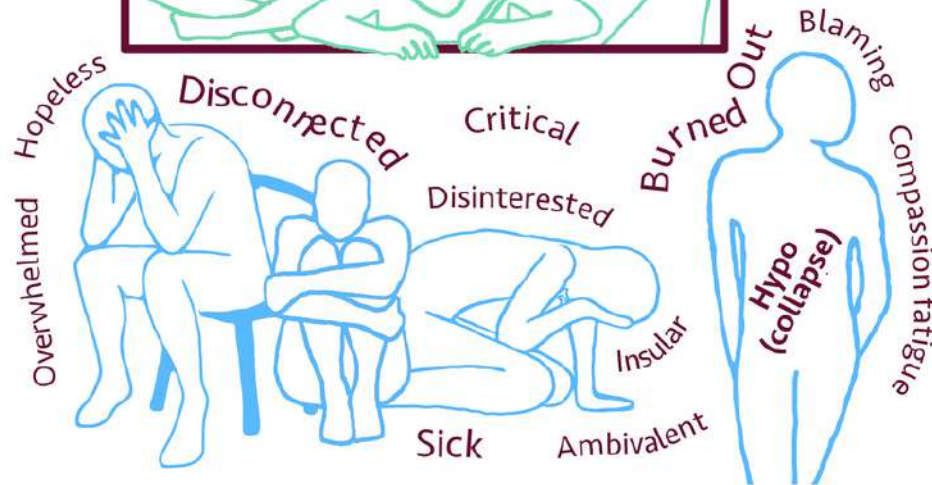
3 & 4. Emotional & Behavioural Regulation

The critical importance of our own window of tolerance
"When I am stressed, where do I tend to go?"

Imbalance of input vs. output
Fragmented



Clearly defined roles and responsibilities, equality of effort and commitment, visible results, creative, positive risk-taking, curious, responsive, open to different perspectives, flexible, adaptive.



3 & 4. Emotional & Behavioural Regulation

Dr Stephen Porges

www.stephenporges.com/



Polyvagal Theory:

How the **sympathetic** and **parasympathetic** nervous systems work together to create a range of survival responses in the face of danger

3 & 4. Emotional & Behavioural Regulation

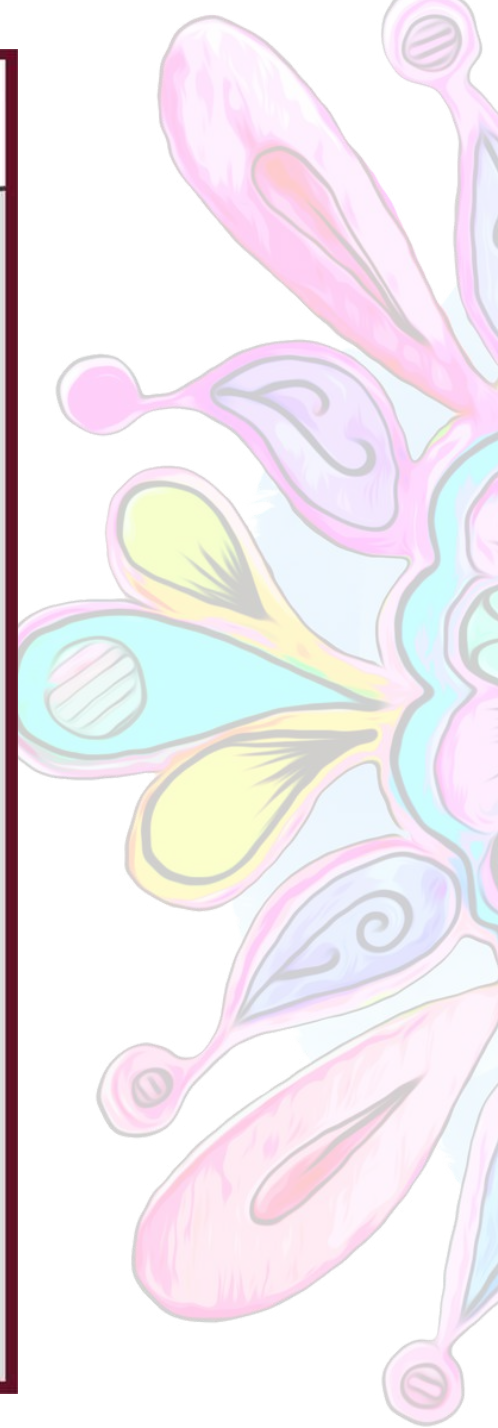
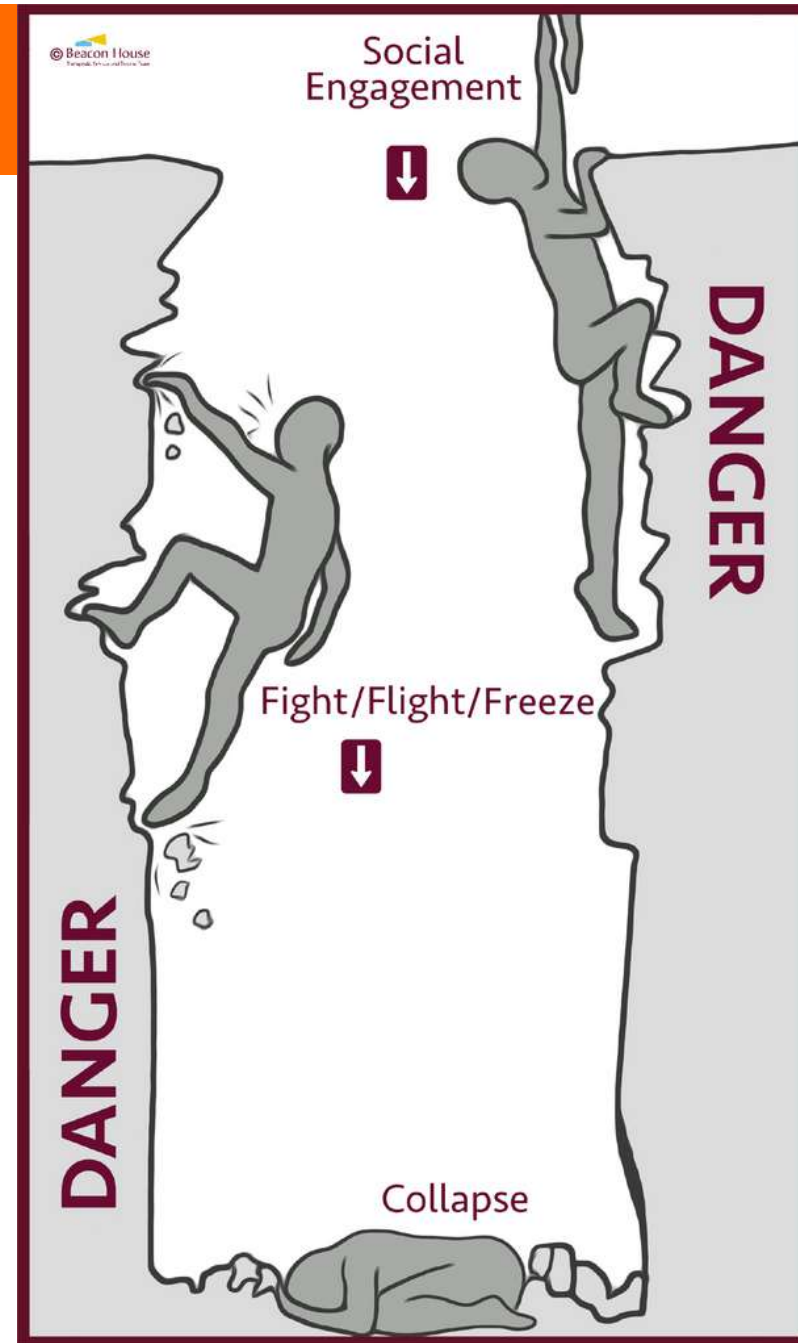
Social engagement



Fight/Flight/Freeze



Collapse



3 & 4. Emotional & Behavioural Regulation

Emotional & Behavioural Regulation Strategies

Notice a child is **outside** their window of tolerance

Offer **strategies** and responding in a way to get them **back** in to their window of tolerance

The child can **connect** and benefit from **co-regulation**