

# Module Four (B) Training Notes





Risk

## Trauma Re-enactment

Re-enactment or re-victimisation

Not every traumatised child  
will go on to hurt others

Traumatised children are far **more**  
**likely** to be a perpetrator  
or victim of further trauma

# Risk

## Trauma Re-enactment

**Compelled to repeat** patterns of the past

An effort to **achieve mastery** over an experience that was done to them

**Repeatedly** being a victim and **hoping** for a different ending

A **truncated** fight/flight/freeze response: a somatic sense of resolution:

**Drawn towards similar situations:**

- Familiarity
- Stimulation

**Negative self concept**, drawn to others who resonate with this

**Inability** to recognise danger

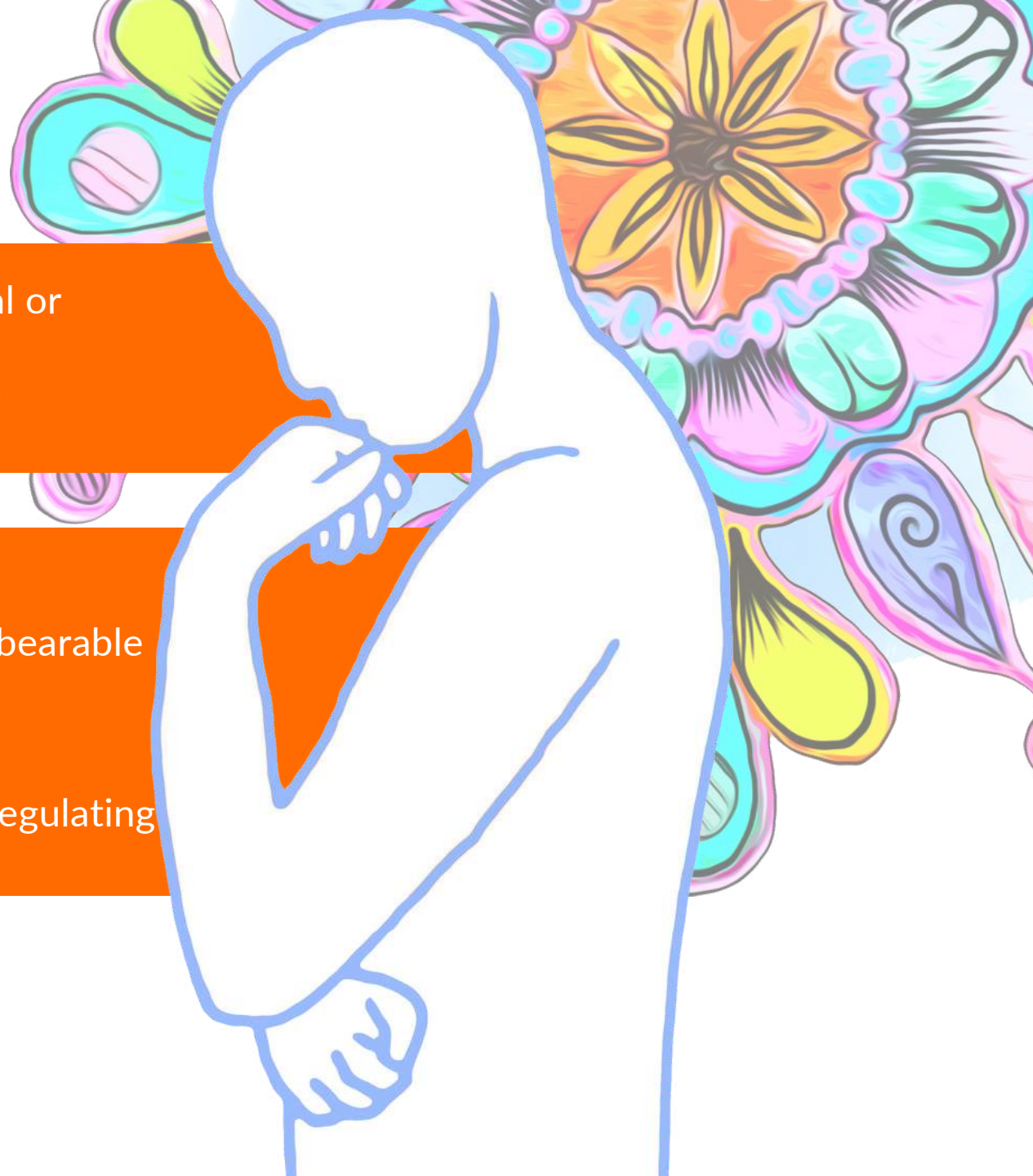


## Implications for Practice

Children may behave in ways that elicits a punitive, critical or rejecting response from all the different adults in their life.

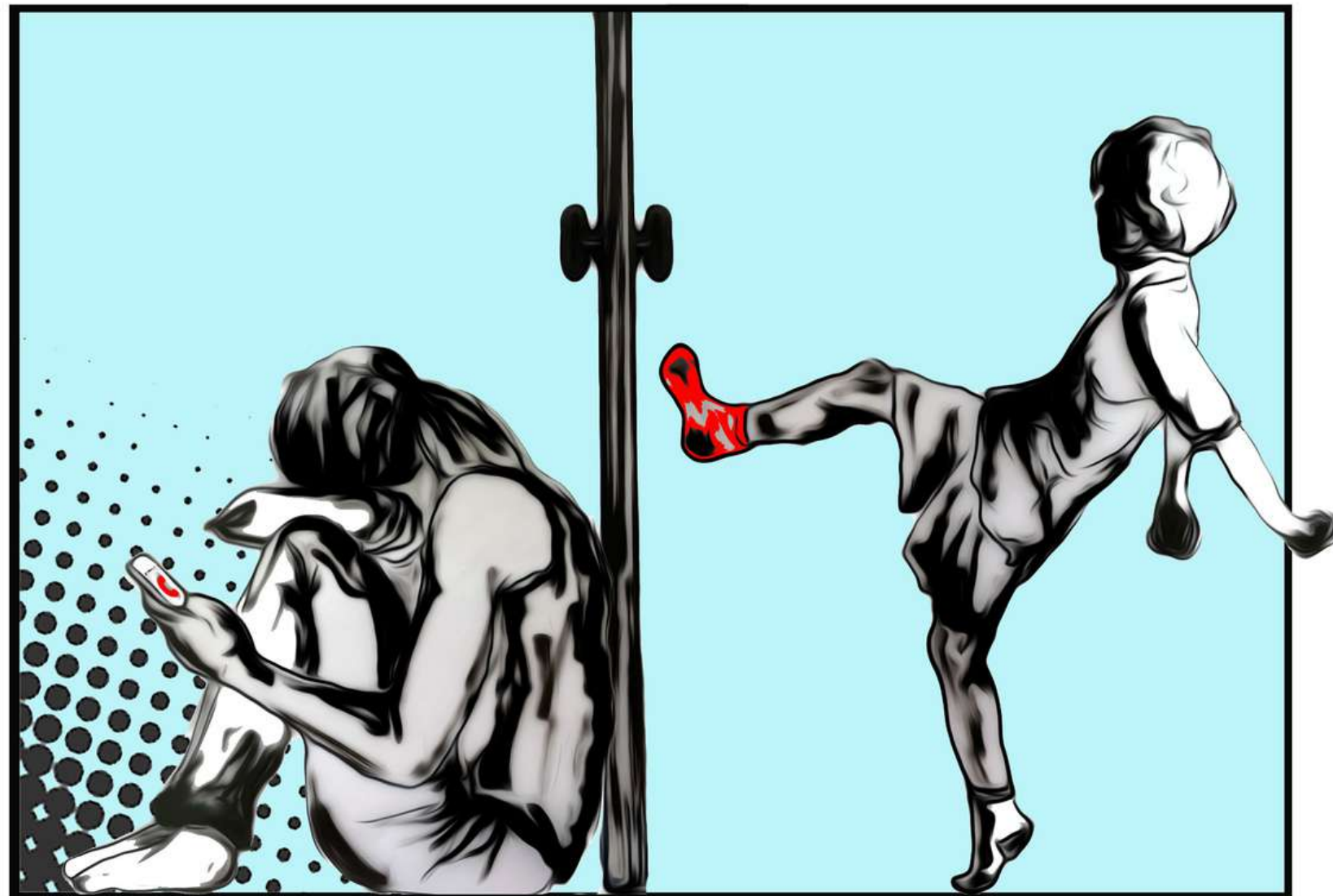
### **TRAUMA INFORMED PERSPECTIVE:**

The behaviours are not personal and are projecting the unbearable feelings onto us. Hold, sit with and regulate ourselves then respond to the child in a way that is containing and regulating



# Risk

## Child to Parent Violence (CPV)



Young person who uses **physical, psychological, emotional or financial abuse** over time to the parent or carer

CPV is under-reported due to **shame and fear** of judgement or making things worse

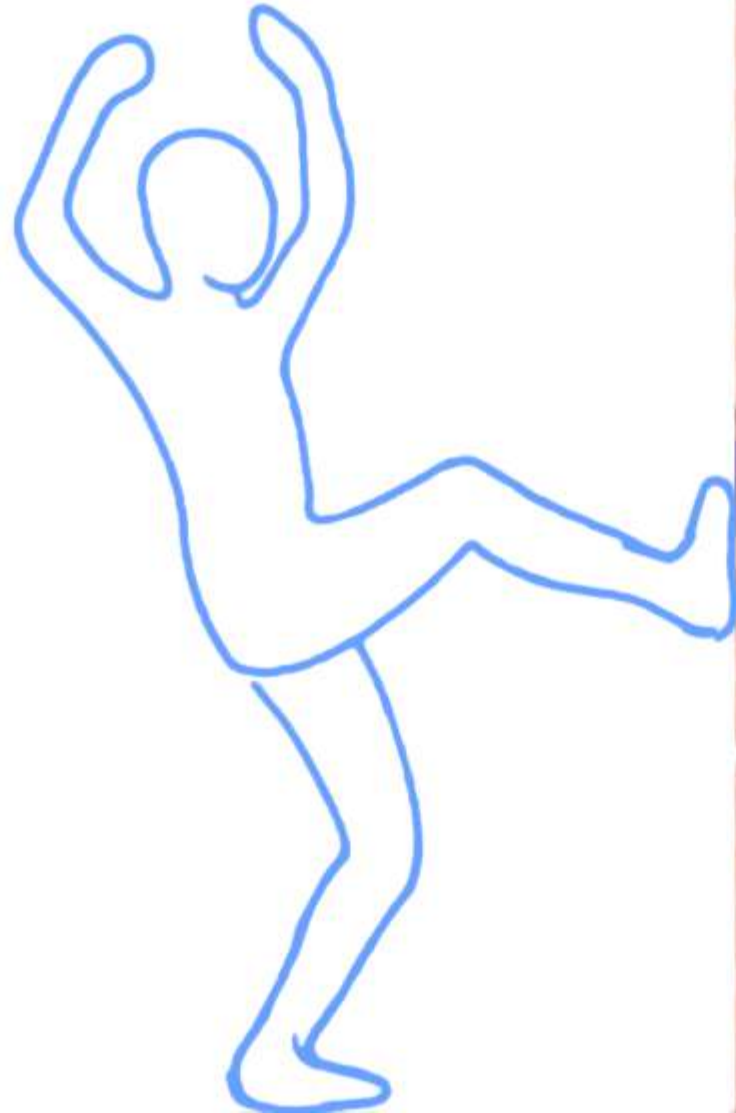
### Professionals:

- **Explicitly** hold in mind and ask about CPV
- **Notice** the parent/carer use of language e.g. unable to control their child
- **Think** about your language **avoiding** terms like victim or perpetrator

The top corners of the slide feature stylized, colorful flowers. The flowers on the left and right are rendered in a vibrant, illustrative style with thick outlines and a palette of pink, purple, cyan, yellow, and orange. The central text is written in a dark purple, cursive font.

# Blocked Care & Developmental Trauma in Adulthood

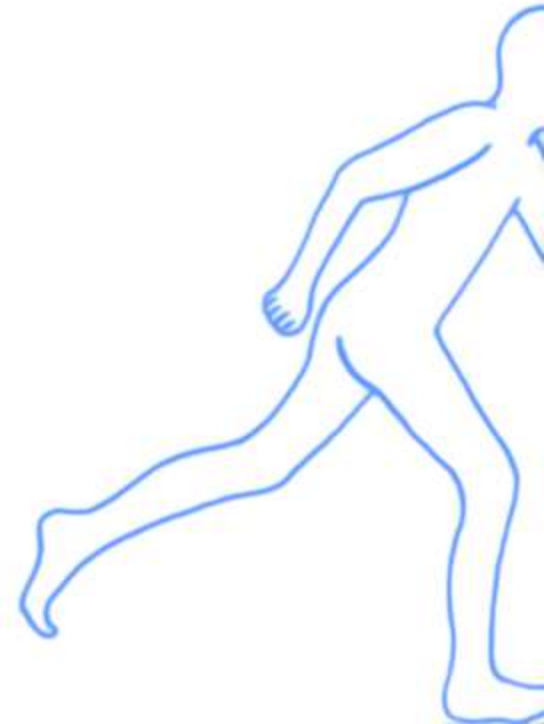
# Blocked Care



## 'Parental Blocked Care'

*Dan Hughes and Dan Siegel*

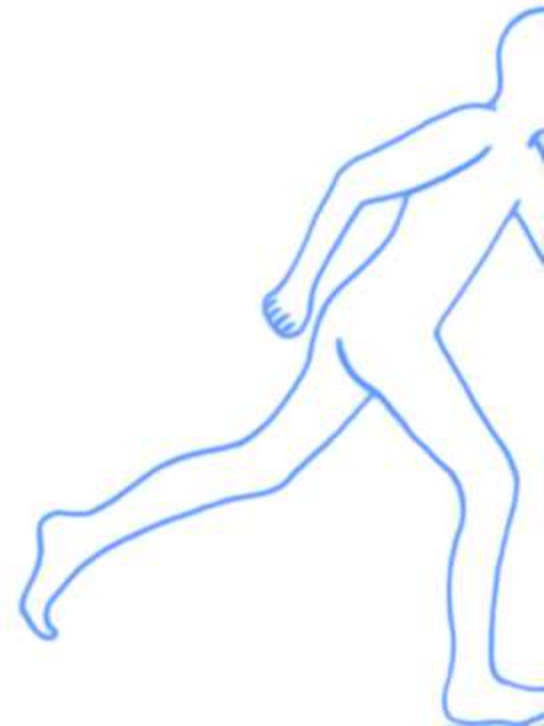
A **central feature** in Dyadic Developmental Psychotherapy (DDP) *Dan Hughe's Model*



# Blocked Care

## Blocked Care:

- The **cumulative impact** of offering love and care **continually** being rejected by the child
- A parent's own childhood traumas and disruptions are **triggered and reactivated** by the behaviours of the child





# Blocked Care

In blocked care a parent or carer will find:

- It difficult to **experience** joy or fulfilment
- They are authentically **fearful** of their child and the **impact** the child has on them
- They are likely to **negatively interpret** the child's behaviours and motivations



# Blocked Care



- A parent in blocked care will be swinging between their **fight/flight/freeze/collapse** responses
- They will be **unable** to be open and engaged to their child's emotional and developmental need
- Their cortex goes **offline** becoming **triggered** by their child's needs and behaviours
- Leads to a **self-perpetuating cycle**



*Blocked Care*

*BLOCKED CARE: THE LIVED EXPERIENCE*



*WILL ANYONE NOTICE IF I DON'T BRUSH YOUR TEETH?*



*I AM NOBODY ANYMORE*



*MY BODY MUTATES INTO A PRISON*



*I WANT SOMEONE TO PROTECT ME*



*FAILED IN THE PROMISES I MADE*





*THERE IS NOTHING*



*I AM TRAPPED BY MY LOYALTY*



*OUT OF SIGHT*



WILL ANYONE NOTICE IF I DON'T BRUSH YOUR TEETH?

## General Implications For Practice

**Ensuring the support plan** has explored and assessed the possibility of blocked care in the parent or carer

**Be thoughtful in how the sequence of support** needs to be offered. If the parent is in blocked care then the priority is to work with the parents addressing the blocked care: **a dysregulated parent is unable to regulate a dysregulated child**. The overall support package is unlikely to be effective if the blocked care is not addressed

## Blocked Care



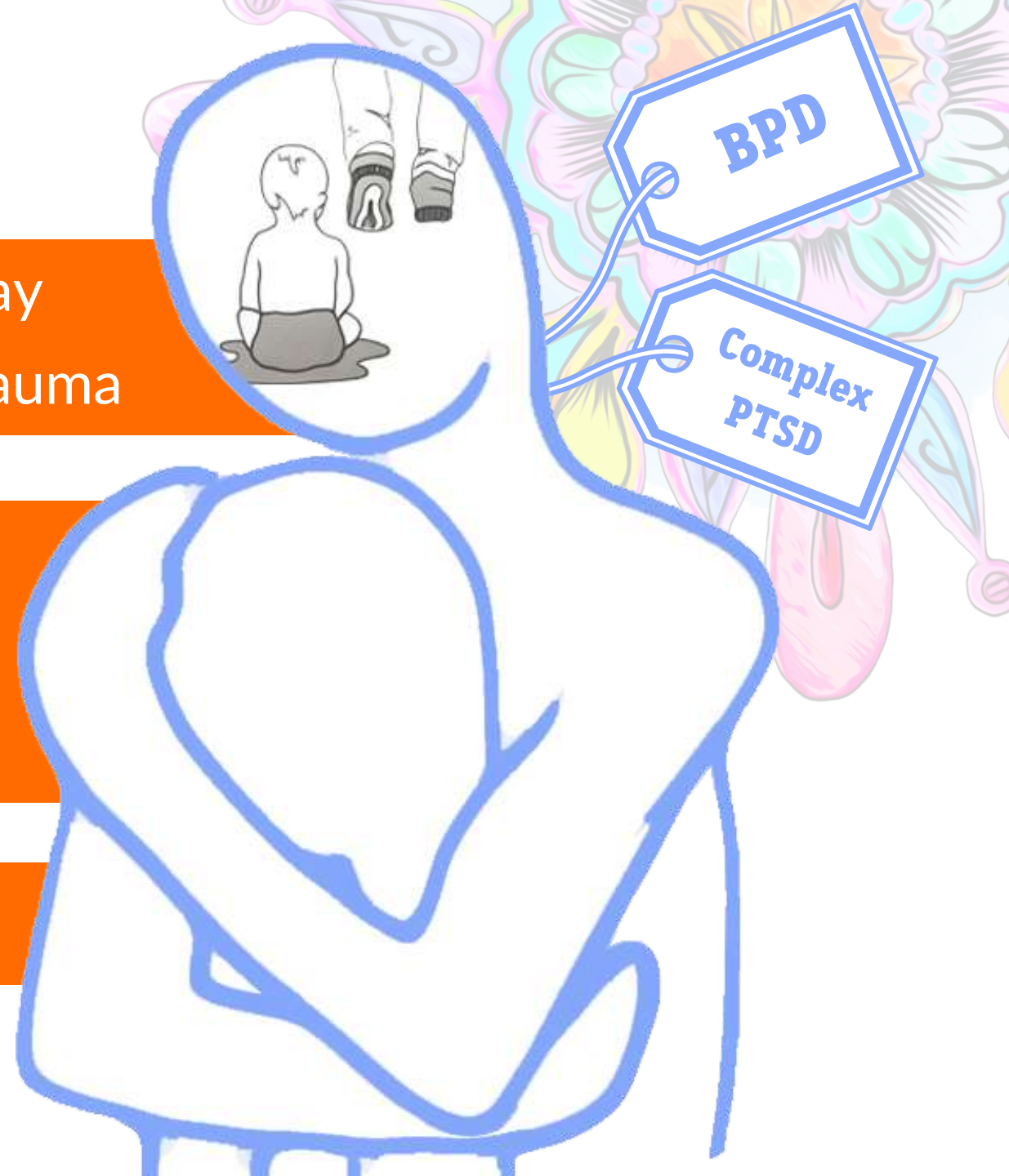
# Developmental Trauma in Adulthood

Children with Developmental Trauma may **become parents** with Developmental Trauma

## Diagnostic descriptions:

- Borderline Personality Disorder (*BPD*)
- Complex PTSD

Developmental Trauma in **adult form**





### **Attention & Consciousness**

Dissociation, amnesia, depersonalisation

### **Emotional Regulation**

Difficulties modulating anger; a tendency to self destruct; self-soothing strategies such as addictions and self-harming behaviours

### **Self-perception**

Chronic sense of guilt, ongoing shame, negative self-concept, low self worth

### **Relationship with others**

Inability to trust; inability to feel intimate; approach/avoidance

### **Systems of meaning**

Hopelessness about finding someone to understand them or thier suffering

### **Perceptions of the perpetrator**

Incorporation of his or her belief system (which allows for repeated abuse)

### **Somatization / Medical problems**

Either specifically related to the abuse or more diffuse

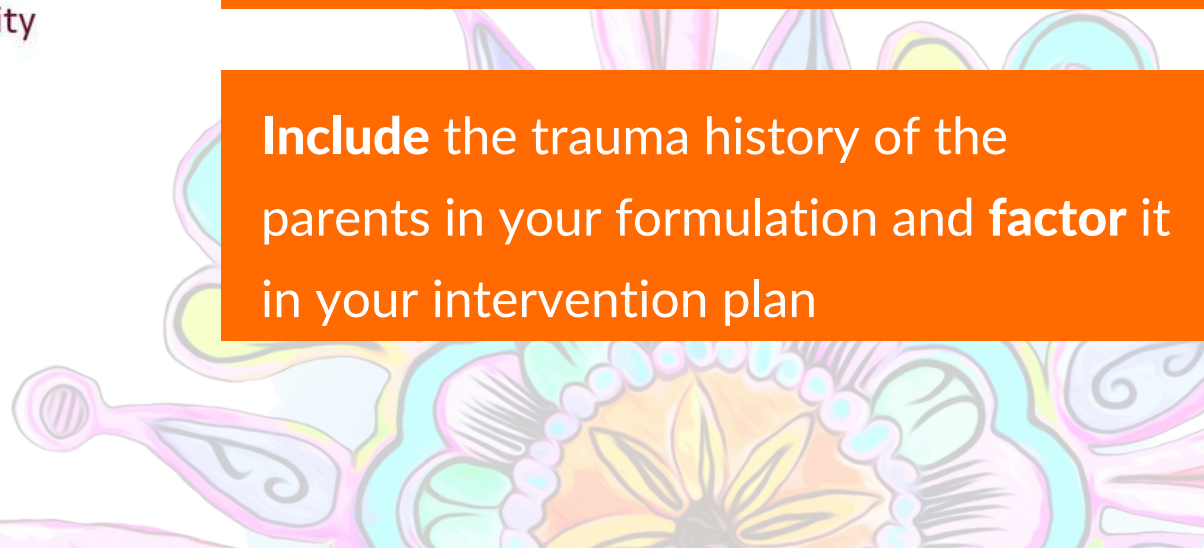


## *Developmental Trauma in Adulthood*

Developmental Trauma travels with the child to adulthood, **it doesn't disappear**

The principles of understanding trauma and a trauma informed approach **apply equally to adults** as they do to children

**Include** the trauma history of the parents in your formulation and **factor** it in your intervention plan



The image features two large, stylized floral illustrations in the top corners. The flowers are rendered in a vibrant, multi-colored style with thick black outlines. The colors include shades of pink, purple, blue, green, yellow, and orange. The petals are elongated and teardrop-shaped, with some containing internal patterns like swirls or horizontal lines. The overall style is reminiscent of pop art or mid-century modern graphic design.

# Key Principles of Intervention & Practice



# Key Principles of Intervention

**Social  
Work**

**Therapeutic  
Work**

**Education**

**Support  
Services**





I was much further out than you thought.

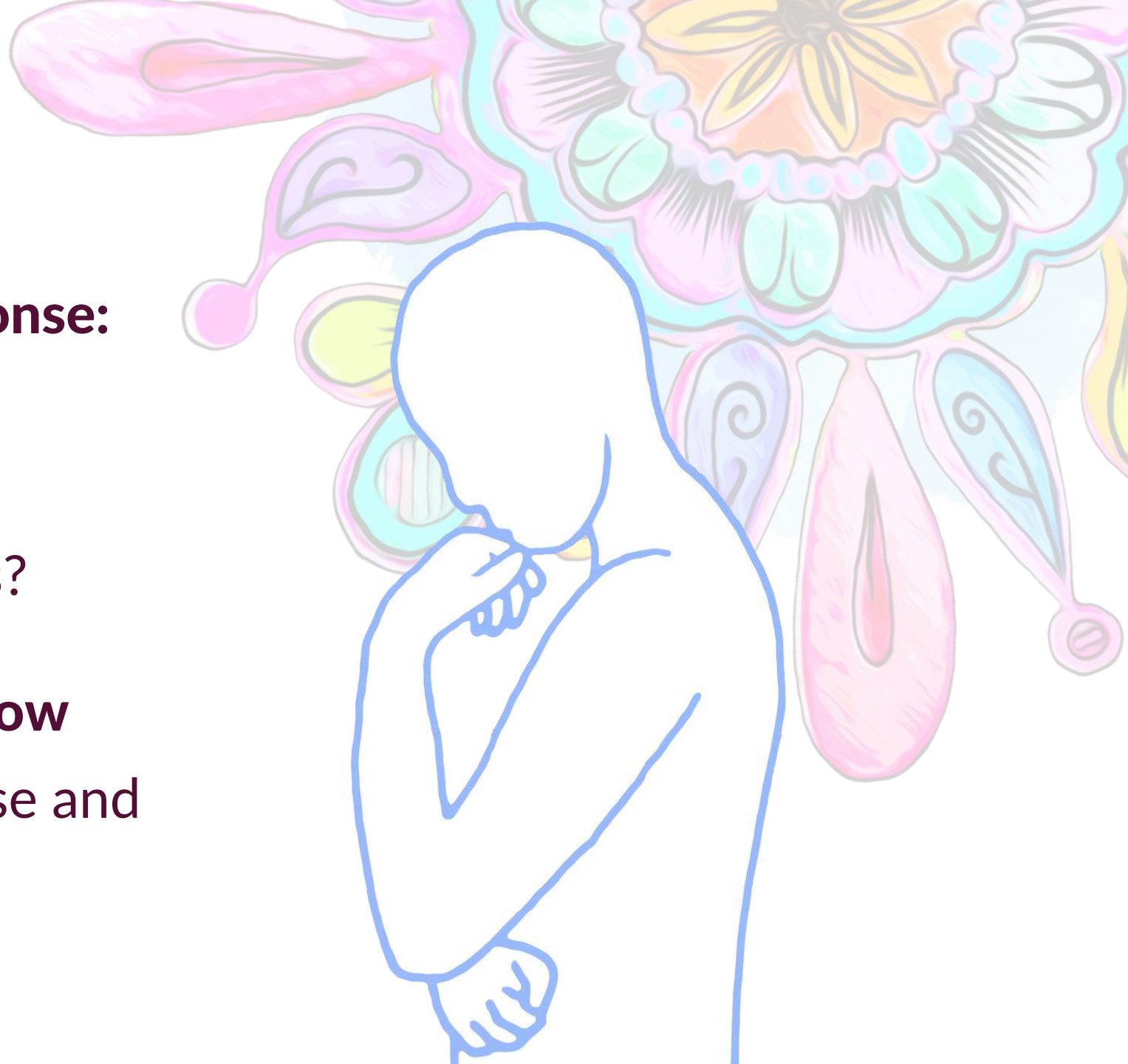
And not waving but drowning.

Stevie Smith, 1972

## Key Principles of Intervention

### Critical importance of a coordinated sequenced response:

- What **need** do we need to notice and directly address?
- What is important about **how we coordinate** our response and **how we sequence** our response?



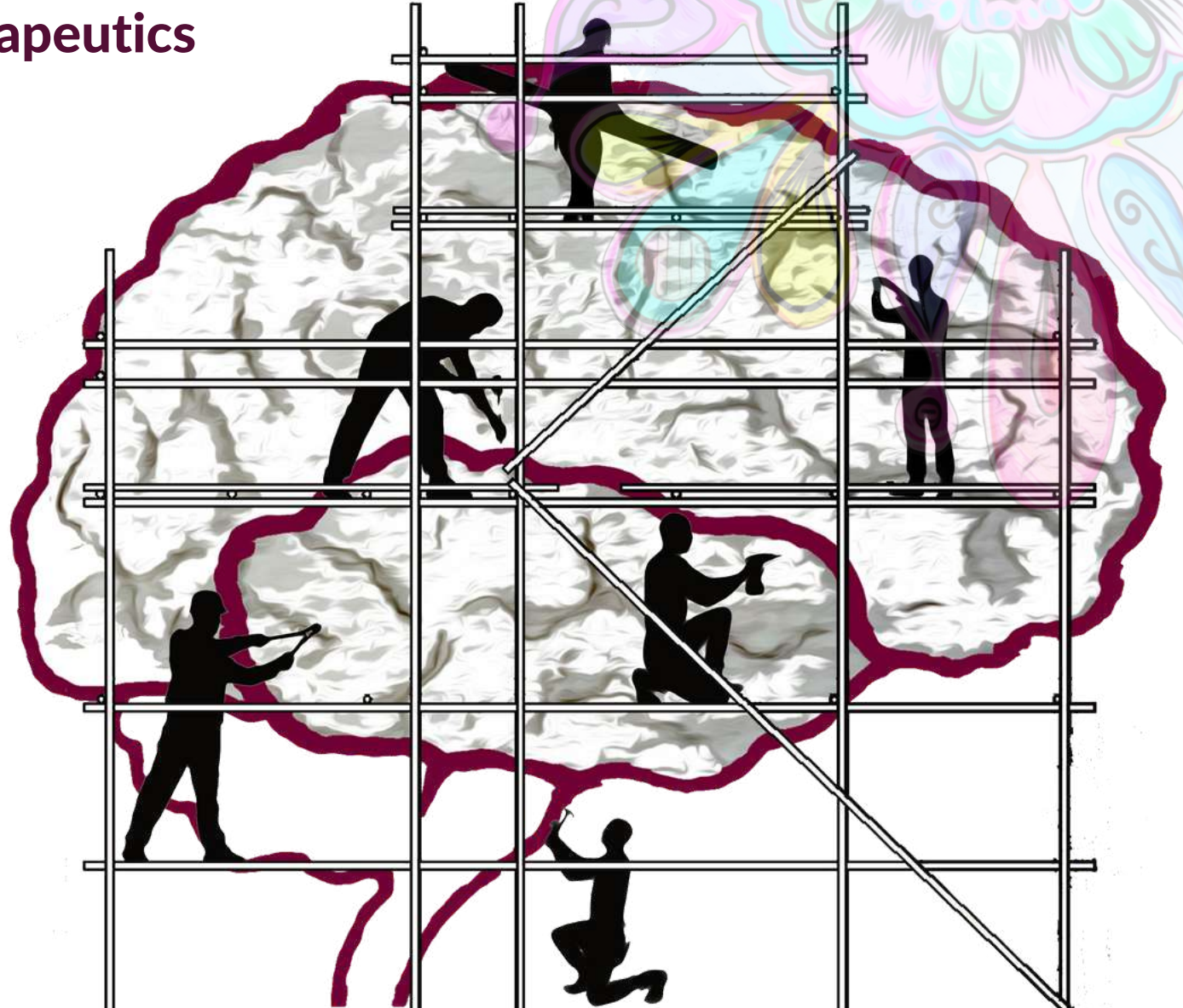
## Key Principles of Intervention

### The Neurosequential Model of Therapeutics

Gives professionals a **framework** for individuals, teams and multi-disciplinary and multi-agency working

*"Developmentally informed, biologically respectful approach to working with traumatised children"*

*Bruce Perry*

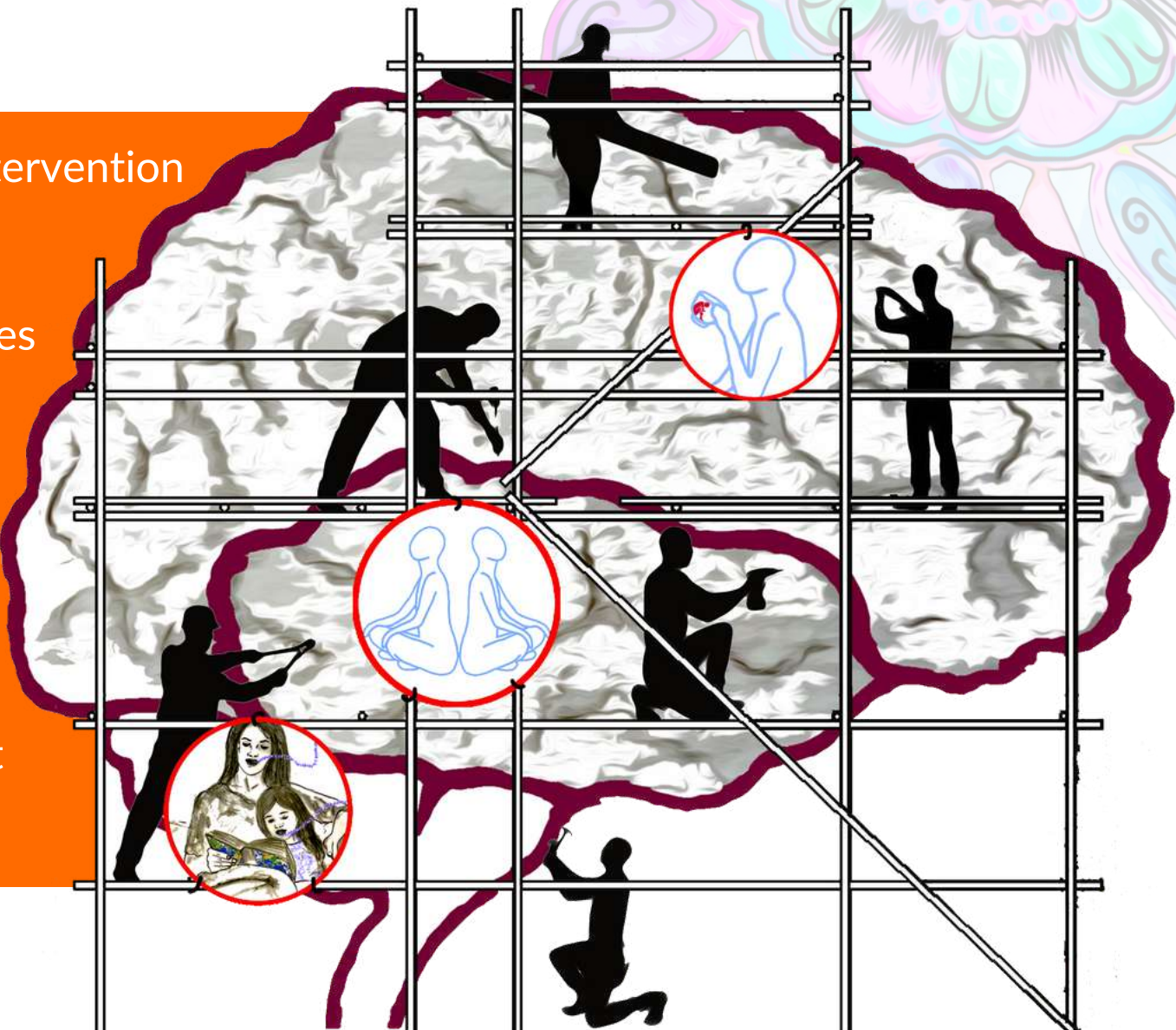


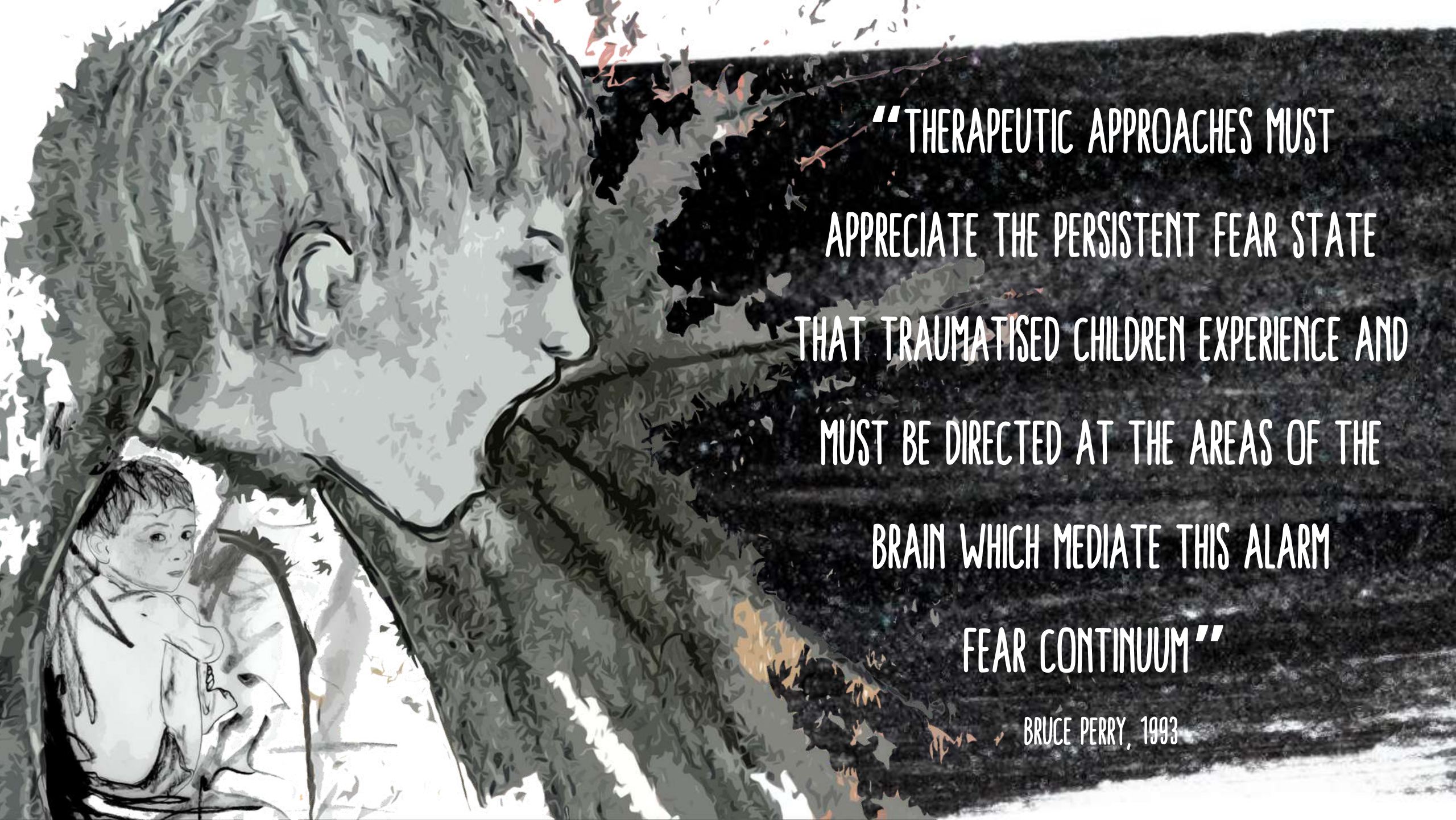
# Key Principles of Intervention

Overarching framework to inform service and intervention

The complexity of Developmental Trauma requires intervention of equal complexity and equal opportunities for a multi disciplinary approach to supporting children and families

**Activate and influence** the areas of the brain that are mediating the dysfunction

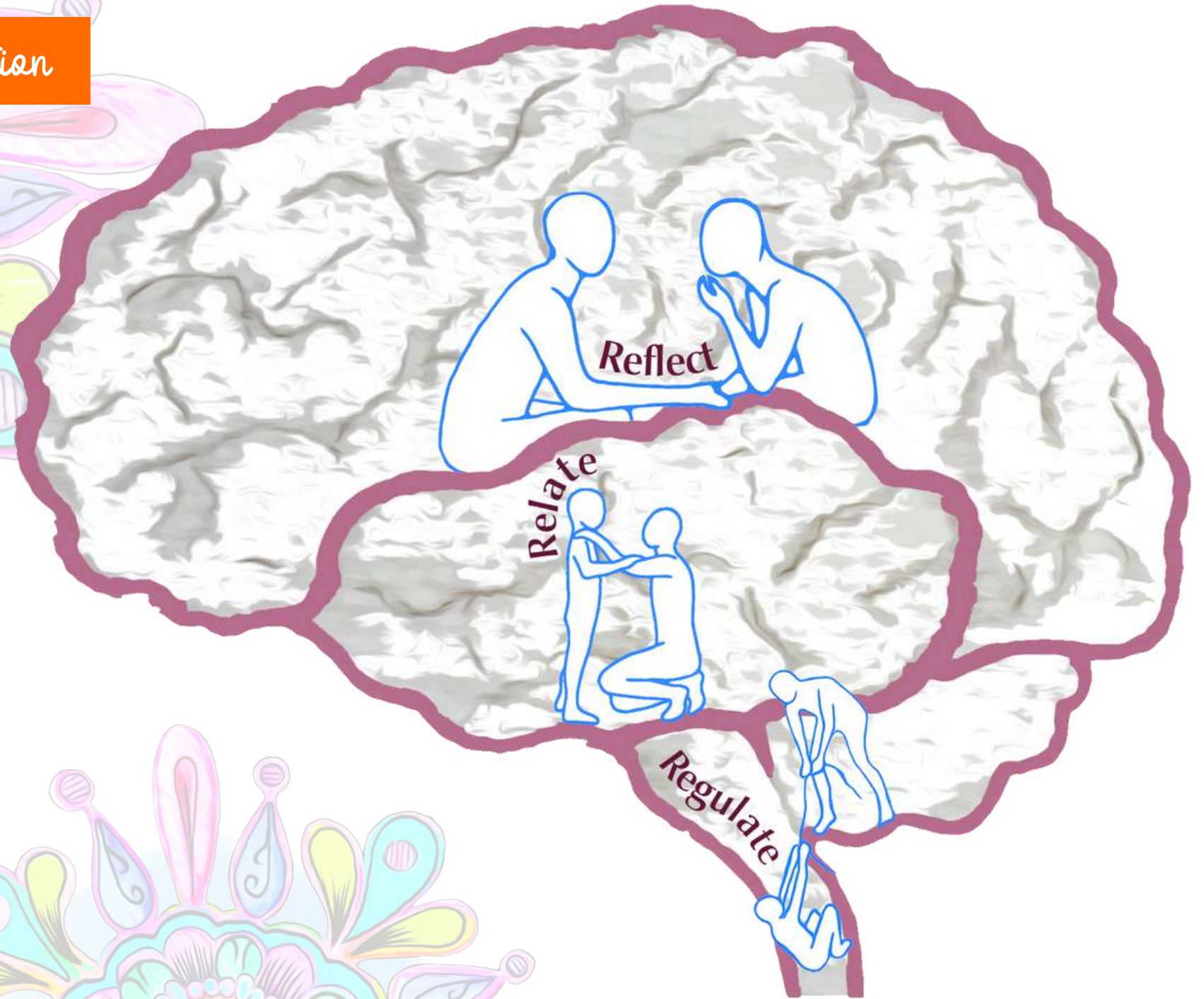




“THERAPEUTIC APPROACHES MUST  
APPRECIATE THE PERSISTENT FEAR STATE  
THAT TRAUMATISED CHILDREN EXPERIENCE AND  
MUST BE DIRECTED AT THE AREAS OF THE  
BRAIN WHICH MEDIATE THIS ALARM  
FEAR CONTINUUM”

BRUCE PERRY, 1993

# Key Principles of Intervention

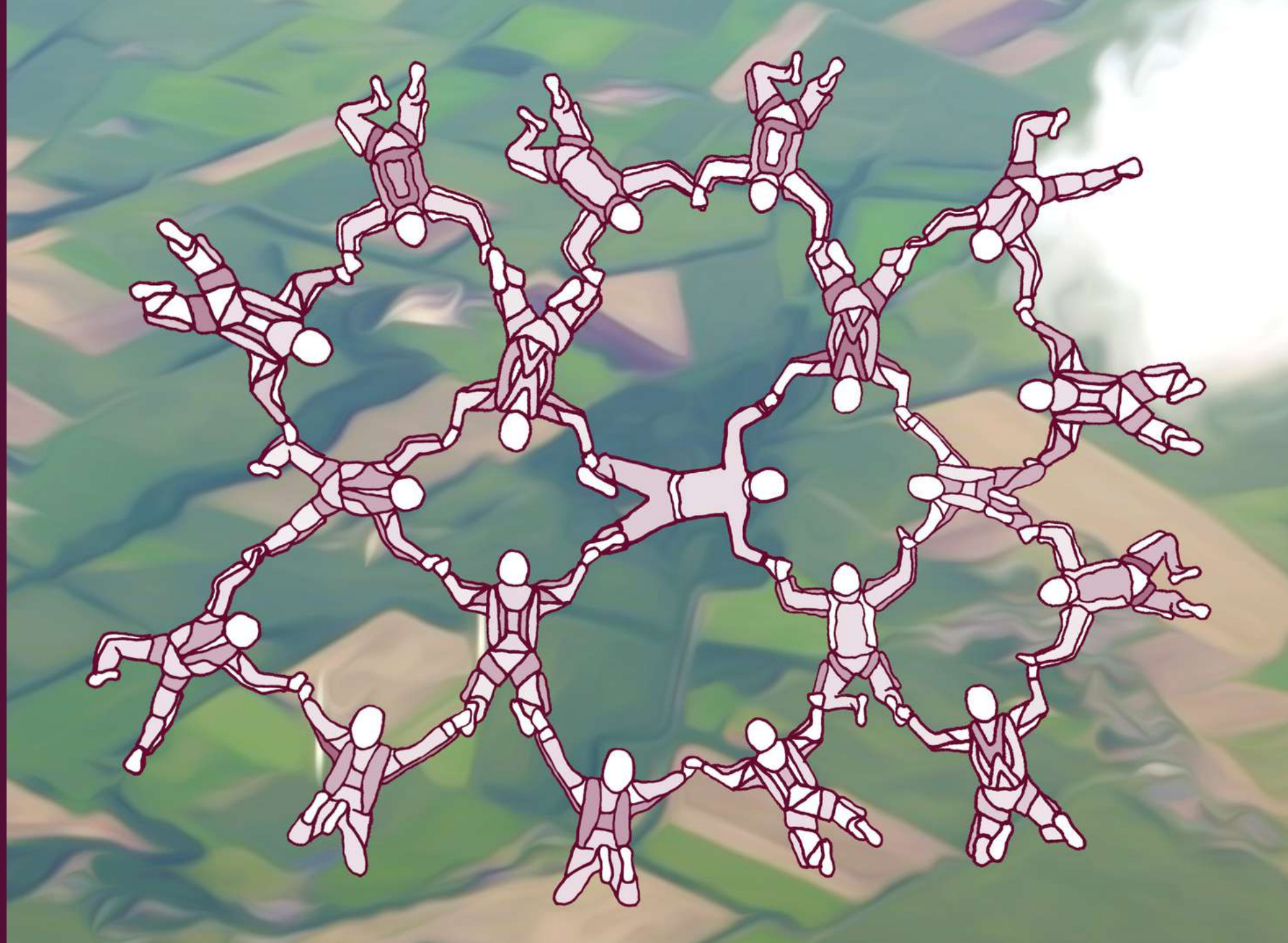


“The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive.

Relationships are the agents of change and the most powerful therapy is human love.

**People, not programmes, change people”.**

*Dr Bruce Perry*







*"See a person  
differently and  
you see a  
different person"*

*Dr Karen Treisman*

## Key Principles of Intervention



- Separation anxiety ✓
- Soiling and wetting ✓
- Behaviour problems ✓
- Not achieving ✓
- Hyper active ✓
- Self harming ✓
- Poor friendships ✓
- Day dreaming ✓

## Key Principles of Intervention



- Separation anxiety ✓
  - Soiling and wetting ✓
  - Behaviour problems ✓
  - Not achieving ✓
  - Hyper active ✓
  - Self harming ✓
  - Poor friendships ✓
  - Poor learning ✓
- ADHD & ANXIETY**

## Key Principles of Intervention



Developing services and treatment plans for a child **ideally** needs a **trauma informed assessment** from which a **trauma informed formulation** can be built, changing the **path of intervention**

## Key Principles of Intervention



“ Soiling and wetting:  
**Interoception and sensory system dysregulation** ”

## Key Principles of Intervention



“ Behaviour  
Problems:  
**Truncated  
response &  
behavioural  
and sensory  
dysregulation** ”

## Key Principles of Intervention



“ Not achieving  
at school:  
**Cognitive  
processing  
difficulties** ”

## Key Principles of Intervention



“ Not achieving  
at school:  
**Cognitive  
processing  
difficulties**

(further assessment  
might be needed)



## Key Principles of Intervention



Hyper  
activity:  
**Hyper arousal  
state and  
hyper  
vigilance**

## Key Principles of Intervention



“  
**Self harming:  
Regulating  
overwhelming  
emotions**  
”

## Key Principles of Intervention



“  
Poor  
friendships:  
**Avoidant  
attachment  
strategy**  
”

## Key Principles of Intervention



Day dreaming:  
**Dissociation**

## Key Principles of Intervention

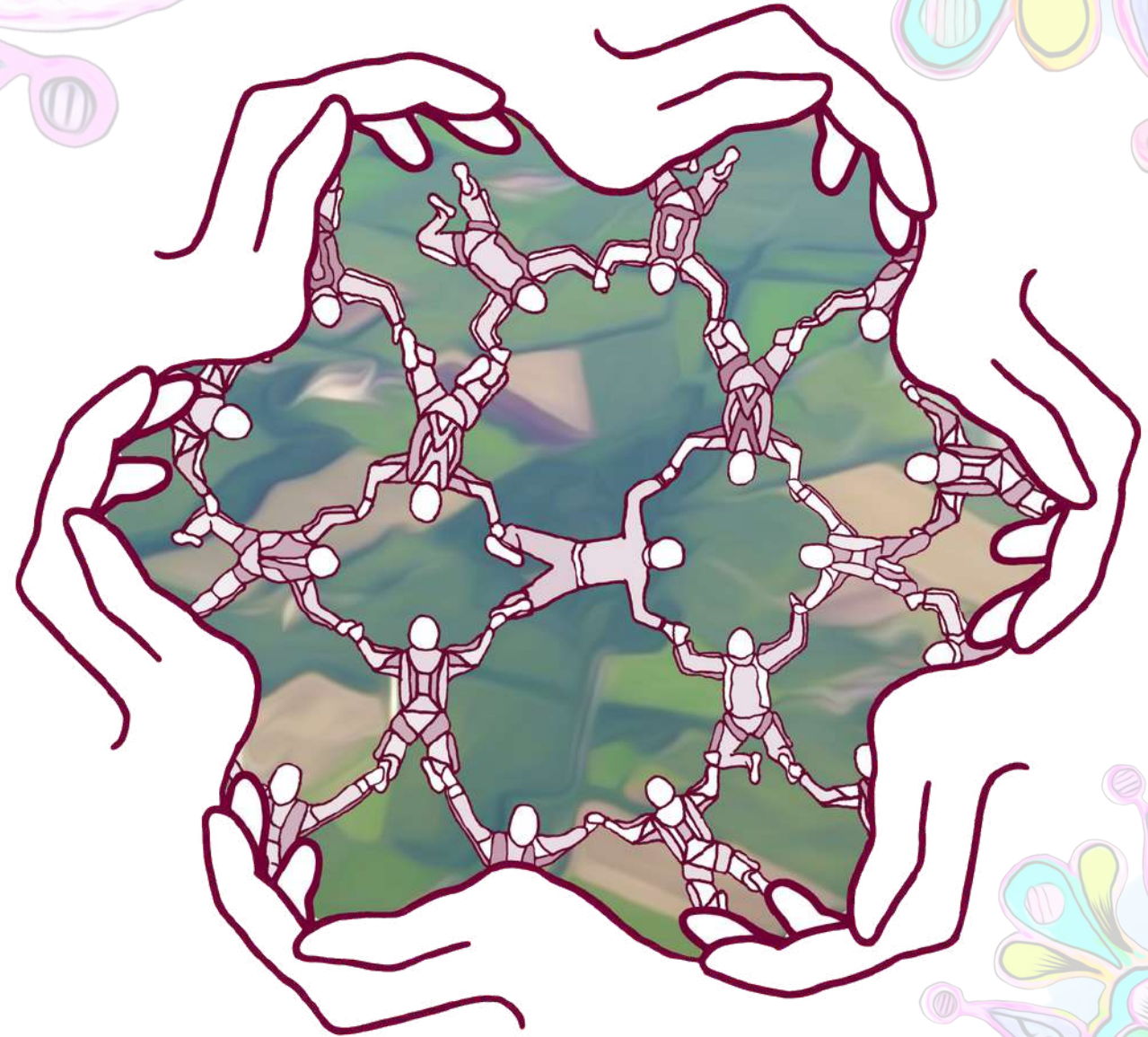


“  
Separation  
anxiety:  
**Ambivalent**  
**attachment**  
**strategy**  
”

## Key Principles of Intervention

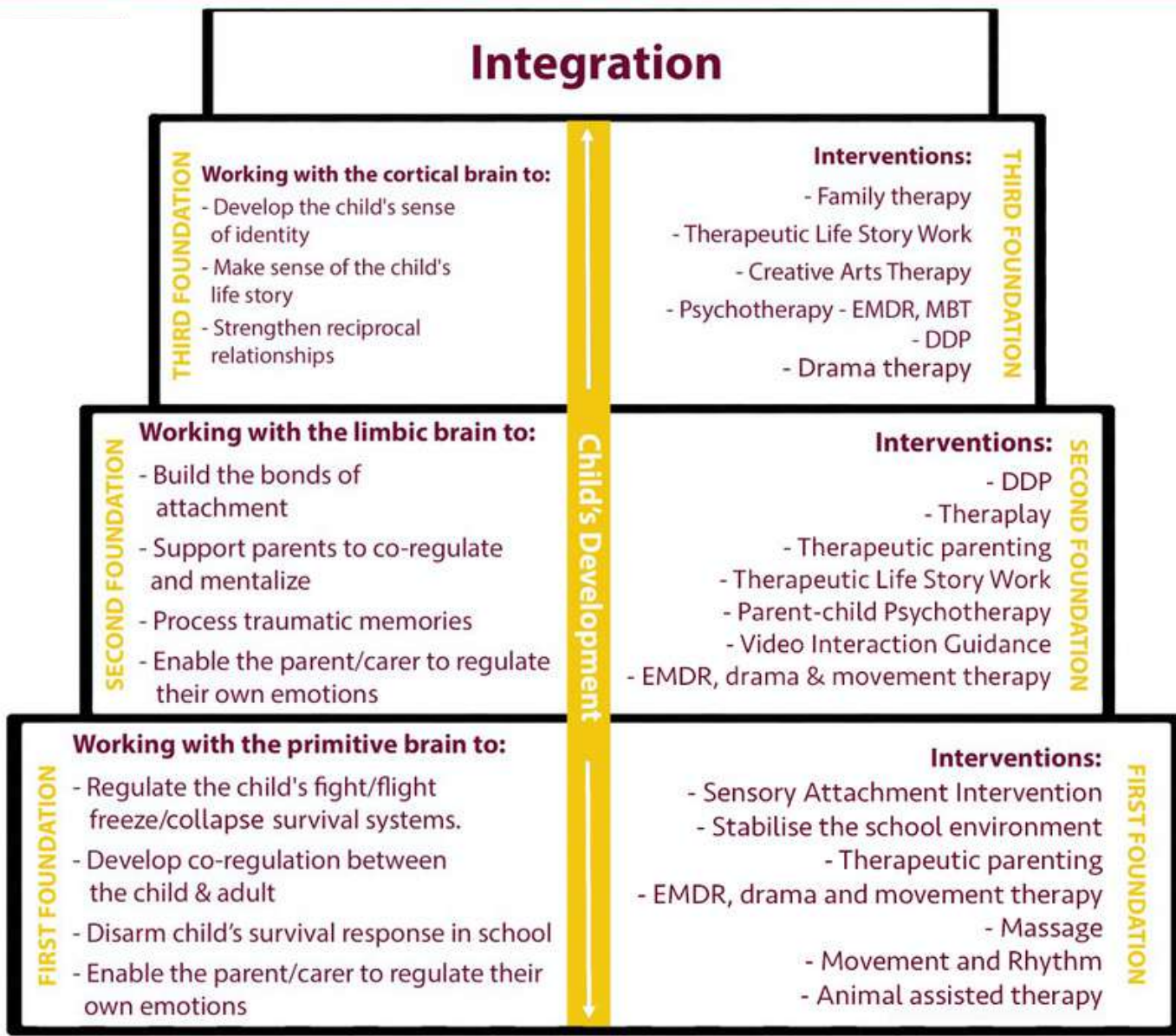
By reframing the problems within a Developmental Trauma context it paves the way for a trauma informed intervention package

Looking at the **whole child** and the child within the context of their **relationships and environments**



School

Integration




Parents / Carers



Bottom up, moving up and down

When the limbic and brainstem systems are regulated, use the blue strategies to engage the cortex  
 When the brainstem system is regulated, use the green strategies to engage the limbic system  
 When the child is in fight/flight/freeze/collapse, use the orange strategies to engage the brainstem

- Connect then re-direct
- Story telling the event
- Offer choices
- Ask curious questions
- Bring in all aspects of remembering
- Explore different perspectives
- Ask for ideas
- Break down information into chunks
- Repeat communication
- Problem solve



Strategies to engage the cortex

- Gentle, respectful touch
- Sensitive, attuned listening
- 'Motherese' talking
- Empathy statements
- Reflect back what you hear
- Naming the need beneath the behaviour
- Normalising and validating
- Curiosity
- Playfulness
- Unconditional acceptance
- Time-in
- Use of a calm space with a trusted other
- Transitional objects
- Repair



Strategies to engage the limbic system

- Walking/marching/running
- Hopping
- Drumming
- Tapping/patting
- Rocking
- Pushing/Pulling
- Singing/humming/chanting
- Story telling
- Wheelbarrow walking
- Trampolining
- Dancing
- Breathing
- Chewing/crunching/sucking
- Vibration
- Ordering
- Colouring
- Rhythmic speaking
- Touch
- Eye contact
- Mindful grounding
- Weighted blankets



Strategies to engage the brainstem



# Implications for practice

**What a bottom up approach means for the network of adults around the child**

- Education
- Work with parents and carers
- Offering therapy



# Reflections & Lessons in Practice

**A primary intervention is a web of therapeutic relationships around the child. Multiple safe attuned relationships which understand that:**

- Behaviour is communication, understanding and responding to the unmet needs behind the behaviour
- Understanding the role of brainstem calming activities
- Safe and attuned relating and communicating
- Adjusting expectations that are developmentally matched
- Consistency, predictability and coherency across the therapeutic web



# Reflections & Lessons in Practice

## Education:

- Learning needs to happen in **short bursts** with **regulation breaks**
- Have a **trauma informed school culture**, understanding the needs of trauma in children
- Discipline based on **empathy, compassion, time in** and **relational connection**
- Learning, social and behavioural expectations matched to the **developmental age** of the child
- Understanding **behaviour is a communication**
- Child's development is scaffolded by **multiple, safe, attuned relationships**
- Consider **whole school culture shift** of becoming trauma informed



# Reflections & Lessons in Practice

## Parents and carers

- Home life needs to be **stabilised as a priority**
- Parents **supported** to work closely with school, therapy and other services
- Parents need to feel **trusted and empowered** by the services around them
- **Developmentally matched** parenting
- Considering and working with **parental primary and secondary trauma and blocked care**
- Connect the parent to their **own therapeutic web**
- **Psycho-education** on Developmental Trauma



# Reflections & Lessons in Practice

## Therapy

- **Brainstem modulating** therapies and regular **brainstem enrichment** activities
- CBT, counselling and other insight-orientated psychotherapies will be **undermined** if the brainstem **isn't regulated** and the environment is **unsafe**. Brainstem regulation and environment safety need to be the **first priorities**.
- Alongside somatic, sensory interventions, the primary vehicle for change is an **attachment informed relationship**; safety, good mentalisation, attunement, co-regulation and contingency
- A dyadic framework to gift the child the opportunity to **relate to the caregiver** in new and trusting ways

