

Developmental Trauma Close Up

*This article is a Beacon House collaboration between
Dr Shoshanah Lyons, Dr Kathryn Whyte, Ruth Stephens and Helen Townsend.*

Summary

Our previous article “The Repair of Early Trauma: A Bottom Up Approach” described Bruce Perry’s ‘neuro-sequential’ approach to working with early trauma. The article also discussed how early separation, loss, abuse and neglect leads to something known as ‘Developmental Trauma’. Developmental Trauma is a seven piece jigsaw puzzle – understanding and repairing each piece of the puzzle is key to helping traumatised children heal.

This article takes a close up look at Developmental Trauma Disorder where we explore:

- *What are the seven pieces of the jigsaw?*
- *What do they look like at home and at school?*
- *What can parents/carers do to help?*



You will find a summary page of the article at the end, for quick and easy reference along with supporting resources on our website: <http://beaconhouse.org.uk/useful-resources/>

Why is this article important?

Our experience of working with children who have suffered early trauma and loss is that they are often misdiagnosed and misunderstood - by professionals, friends and family who have the best interests of the child at heart, but who don't yet know about the impact of early trauma. Labels of being ‘naughty’, ‘autistic’ or ‘ADHD’ or a child with ‘behavioural problems’ often lead to adult responses which, at times, can hold back the child from progressing and developing. This article aims to help adults around the child to understand their behaviour and their hidden needs from a ‘trauma-informed’ perspective.

Who can suffer developmental trauma?

We hear many parents and carers tell us that their child was too young to remember the traumatic events in their early life; or indeed that their child was removed from their birth mother within days of being born and placed with loving and safe foster carers. It is understandable then, for parents and carers to hope and believe that the child has not suffered *trauma*. The child's complex and challenging behaviours as they grow up can then become quite a mystery, and are often thought to be 'behavioural problems' or 'misdiagnosed' ADHD or Autism.

The story of *who suffers trauma* paints a very different picture. Pioneering research has shown us with very robust neuro-scientific evidence ***that unborn babies can suffer trauma to their developing mind and body when they are in the womb***; for example, if their birth mother:

- Was in a violent relationship with a partner, friend or family member
- Used alcohol and substances
- Has a history of trauma herself
- Suffered serious mental health problems or toxic stress

Research has shown us that a history of severe trauma in the parents can even change the unborn baby's genetic makeup; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses.



While babies who are removed from their mothers at birth or toddlers who are removed from safe and loving foster carers, do not remember their experience; their body freezes the memory in time and this leads to their development going 'off track'. **Neglect (the absence of adequate care) causes trauma in the same way as active abuse and loss.**

What is Developmental Trauma?

Developmental Trauma is the term used to describe the impact of early, repeated abuse, neglect, separation and adverse experiences that happens within the child's important relationships. Common stories include:

- A baby or child relinquished by birth parents
- A baby or child removed or relinquished from birth parents because they have been physically/sexually/emotionally abused
- A baby or child who has been neglected
- A child who lives between harmful birth parents and safe friends/family over a long period of time.
- A child removed at birth and who goes on to experience multiple adverse experiences, such as death of a carer; bullying; physical illness.
- A child living with a safe and loving family, but who suffers sexual abuse from outside the family from a young age.
- A baby or child removed from safe foster carers placed into a safe adoptive family

A psychiatrist, Professor Bessel Van der Kolk, showed us that early trauma creates an 'assault' on the child's development over time. Not only do traumatised children develop a range of unhealthy coping strategies which they believe will help them survive, they also do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems and executive functioning.

The bottom line is: a child who is in danger operates out of their 'primitive brain'. This is the part of the brain responsible for the child's survival systems of fight/flight/freeze.

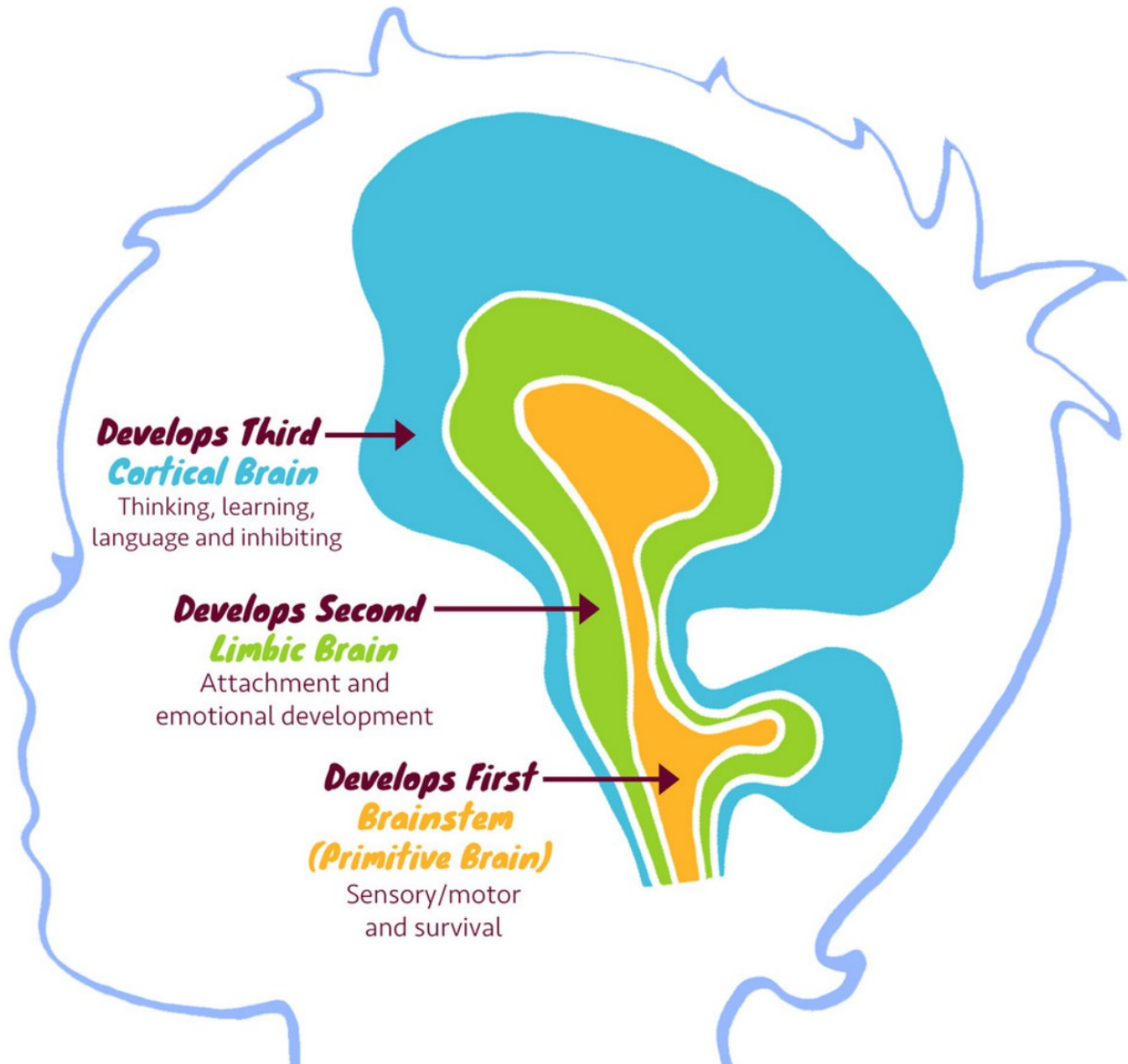


The problem for traumatised children is that when they transition into a safe environment, the survival responses do not turn off. The child is continually in survival mode, and even small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger'. As our previous article explained, (*The Repair of Early Trauma: A Bottom Up Approach*) the traumatised child is developmentally stuck in their primitive brain, and very little information can get passed up to the higher parts of their brain where rationalising happens. All their resources are 'used up' on staying alive physically and staying in the minds of their adults.

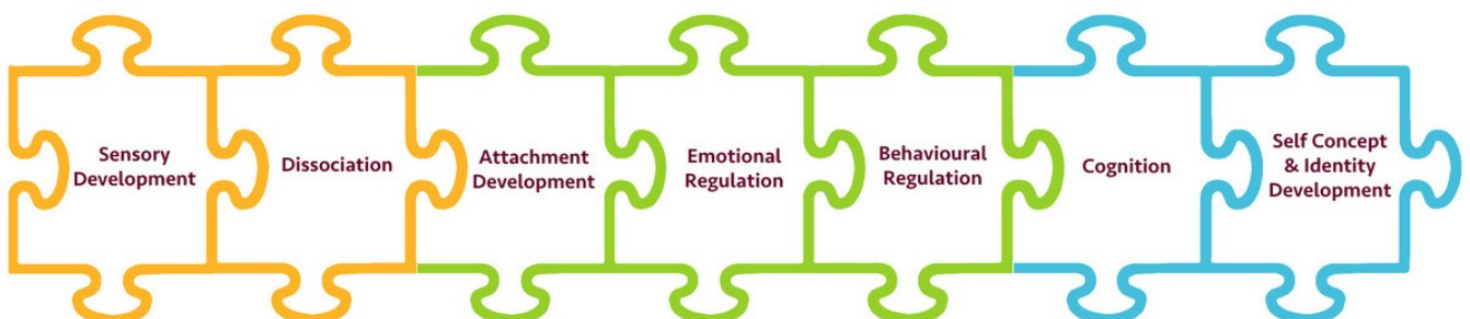
This means there is little left over for the development of 'luxuries' such as processing and retaining new information; reasoning; sharing with siblings or peers; empathy or a sense of the intentions of adults as being positive or even neutral.

What are the seven pieces of the puzzle?

The seven areas of Developmental Trauma can be mapped on to the order in which the brain develops; in other words, from the bottom of the brain (the brainstem) up to the top (the cortical brain).



The seven pieces of the Developmental Trauma puzzle are:



Dissociation is caused when the three areas of the brain disconnect from each other, which results in the primitive brain shutting down as a way of protecting the self from harm.

Sensory Development

Infants and toddlers have not yet developed language to make sense of their experiences. All of their memories are therefore **sensory memories**; and the baby operates mainly out of their brainstem – the bottom part of the brain which is responsible for basic functions such as heart rate, temperature and behaviours which aim to keep them alive.

Memories before language are known as ‘implicit’, which means that while the child cannot later recall and talk about them, their body has stored the memories in its sensory systems. Because traumatised children are stuck in ‘fear mode’ as they grow up, their hyper-vigilance to signs of danger reduces their ability to filter out "irrelevant" sensory experiences such as background sights, sounds and textures. This can mean that the child’s sensory system becomes overloaded and overwhelmed, and they feel there is danger imminent, even when they are completely safe.

When a traumatised child is feeling stressed, they may have a sensory flashback which means that they re-experience the **bodily feeling of immediate danger**, with no way to make sense of it or communicate it verbally as the memory has no language ‘attached’ to it.

Children will often either over respond or under respond to incoming sensory information because their brain cannot find the ‘middle ground’ of working out what information is needed, and what information means ‘danger’. They may also struggle to know how much force to press on things; find it hard to recognise the nature of textures (e.g. rough, smooth, heavy, light) and they may struggle to find good balance and co-ordination.

In summary, many traumatised children with sensory problems cannot regulate their fear response or their body’s reaction to fear; nor can they regulate their primitive bodily functions like heart rate and temperature.



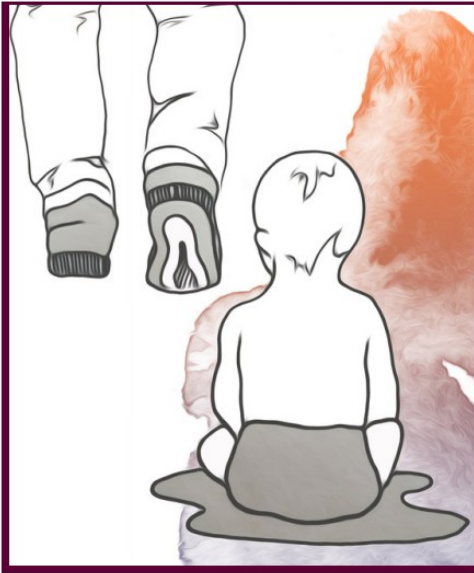
SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

Dissociation



Dissociation is a survival mechanism, and one that is so often over-looked in traumatised children. Imagine a child who is subjected to physical abuse – in that moment of violence they cannot physically escape, *but they can escape in their mind*. All humans have a natural ability to mentally ‘leave the room’ when their trauma is utterly unbearable. Babies and toddlers dissociate when they are in danger or when their experience is intolerable. Dissociation is vital for infants and children who are suffering frightening things, it enables them to keep going in the face of overwhelming fear.

Dissociation is a separation or disconnection between thoughts, feelings and behaviours; and a separation between the mind and body. It is the mind’s way of putting unbearable experiences and memories into different compartments. For example – a child may remember a traumatic event but have no feelings attached to the memory; or may show challenging behaviour but have no memory behind the behaviour; or suffer a stomach ache but feel no anxiety underneath it. These different parts of the child’s experiences are of course connected, but they learn to survive by becoming unaware of the connections.



In Developmental Trauma, the child often continues to dissociate even when they are no longer in danger. Their brain cannot turn it off. Because memories are fragmented into lots of little pieces by dissociation, children can often have a flash back to a memory, a feeling, a behaviour or a physical pain with no understanding of why or what triggered it. This can feel disorienting and confusing for the child – all they know is that they feel in immediate danger.

The more frightening the child’s traumas were, the more likely they are to dissociate; and children in ongoing danger will develop more and more sophisticated ways to dissociate.

Psychologists have found that there are different types of dissociation, and each one gives the child unique experiences. Here are some examples:

<h3>Amnesia</h3>	<ul style="list-style-type: none"> • No memory of long periods of time in their childhood • In day to day life, the child may have memory lapses for seconds, minutes or hours of time
<h3>Derealisation</h3>	<ul style="list-style-type: none"> • A feeling that everything around them is unreal, like they are in a dream • Feeling as if other people are not real, or that they are like robots.
<h3>Depersonalisation</h3>	<ul style="list-style-type: none"> • Having an out of body experience and looking down on themselves from above • Feeling disconnected from their body as if their body belongs to someone else • Feeling as if they are floating away
<h3>Identity Confusion</h3>	<ul style="list-style-type: none"> • Speaking in different voices with different ages • Feeling as if they are losing control to 'someone else' inside them • Acting like different people from moment to moment • Feeling as if there are different people inside them

Children are usually not aware that they dissociate or 'zone out', and they cannot put into words what is happening. From their perspective, their experiences are the same as everyone else's. Dissociation leads to a range of behaviours which can often be understood by adults as challenging, naughty or lazy. ***In fact, dissociation is the child's brain keeping them safe by momentarily removing them from perceived threat in their day to day life.***

SIGNS OF DISSOCIATION AT HOME

- The child appears as if s/he is not listening to requests from the parent
- Rapid regressions in age-level behaviour, e.g. suddenly acting like a baby.
- Normal punishment and consequences for misbehaviour do not work, as the child cannot learn from their experiences
- Voice hearing
- Relationships are so changeable it is hard to keep up for the adults
- Denying behaviour which adults know they have engaged in

SIGNS OF DISSOCIATION AT SCHOOL

- Frequent 'day dreaming' & lack of focus; leading to under achievement
- Abilities to read, write, learn change drastically from one task to the next
- The child is forgetful or confused about things s/he should know, such as friends' names
- Confusion about day and time
- They get back homework that they have no memory of doing
- Voice hearing
- Sometimes seems very young for their age

Attachment Development

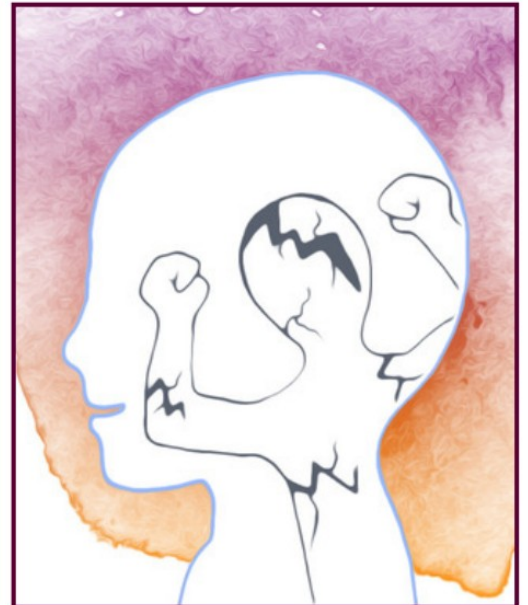
Children who start life in a frightening or neglectful environment, or who are removed at birth, adapt to their environment, and thank goodness they do. Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) keep danger at bay; and other behaviours increase the chances of danger. They therefore develop a range of **attachment strategies**. Attachment strategies are there to (1) prevent harm and danger but also to (2) keep a parent/carer as close as possible, even if the parent/carer is also the danger.

A pioneering Clinical Psychologist, Dr Patricia Crittenden, has shown us that children are very clever at organising their behaviour around the danger. Crittenden taught us that:

Attachment is not the problem. Danger is the problem – attachment is the solution.

Traumatised children tend to develop one main attachment strategy, which could be either Insecure Avoidant or Insecure Pre-occupied. Here's what these terms mean:

Avoidant children: These children learn early on that showing their feelings and having needs brings on danger or makes their parent/carer withdraw. They learn the mantra "To keep safe and to keep others close, I must hide my emotions and look as if everything is okay". Inside they feel frightened, vulnerable, worthless, grieving and hopeless but on the outside they often seem bright, fine, competent and often even the 'clown of the class'. These children are often not a concern to parents/carers and teachers until later childhood because they do not show 'behavioural problems', until they are triggered by something stressful and then they emotionally 'fall apart'.



Pre-occupied children: These children learn early on that showing feelings and 'big behaviours' are the only way to get noticed, and keep parents/carers nearby. They learn the mantra "To keep safe and others close by, I must exaggerate my behaviour and emotions and I must be angry/upset for as long as possible as if I lose my parent/carer I don't know when I will get them back again". Inside these children feel petrified, anxious, worthless and unlovable; on the outside they appear rageful, aggressive, hostile, disruptive and rude. These children bounce from one irresolvable crisis to the next. To have an adult solve the crisis would be too frightening, as it means the adult might disappear.

Attachment Development (cont)

Dr Crittenden tells us that there is no such thing as a disorganised attachment - children always organise their behaviours around danger. Some children swing between the Avoidant Strategy and the Pre-occupied Strategy, depending on what works best in that particular environment. Although this can appear disorganised, it is in fact highly adaptive.

This can explain why so often the school sees one part of the child and parents/carers see another part, which can be very confusing for both sides.



SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance or disruptive behaviour in class

'Emotional regulation' is a skill that children learn in their early childhood. It means that by the time they are around six or seven they know how to (a) notice they are having an emotional reaction (b) know what emotion it is (c) express it in a healthy and clear way and finally (d) manage the emotion well so that they start to feel calm.

Babies and toddlers cannot regulate their emotions, they rely on their parent/carer to 'co-regulate'. This means that the way the parent/carer responds to the child's emotions regulates the emotions **for them** which trains their brain how to respond to emotions in the future.

Through this co-regulation, babies learn 'my feelings are okay; my feelings are manageable; my feelings won't kill me, my feelings don't push others away'.



Imagine now, a baby or toddler whose crying is repeatedly met with being hit, ignored, mocked or by panic in the parent. Instead of being soothed, they learn 'my feelings are dangerous, they hurt others, they hurt me'. This then becomes their "rule for emotions".



Emotional Regulation (cont)

In children who move frequently between carers or who have harmful parents, the part of the brain that is responsible for emotional regulation does not develop as it should do – **it gets stuck in the toddler phase of emotional regulation where they can't do it alone and they need adults to co-regulate for them.** In children with Developmental Trauma - be they 7, or 9 or 15 years old, their brain's ability to regulate their emotions is quite literally the same as a 3-year-old's. The child cries, shouts, sulks, stomps their feet, slams doors, bites, hits, runs away, explodes with no warning, over-reacts to small things and more!

This helps us to see why these children are often described as 'naughty' or 'attention seeking', because to others all that can be seen is the toddler-like behaviour. The emotional need is hidden. If teachers and parents/carers can respond to the child's emotional age (not their actual age) then the child can be co-regulated and learn the skill over time that they missed out on.



It may be helpful to think of them as 'attachment seeking' instead of 'attention seeking'.

Children who have poor emotional regulation often turn to unhealthy regulation coping strategies, which will wax and wane as they grow into adolescence. These might include thumb sucking; head banging; skin picking; self-harming; drug and alcohol misuse; and sexual encounters. These “challenging behaviours” function to either ‘wake them up’ out of feeling dead inside, or ‘bring them down’ from high levels of anxiety.

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

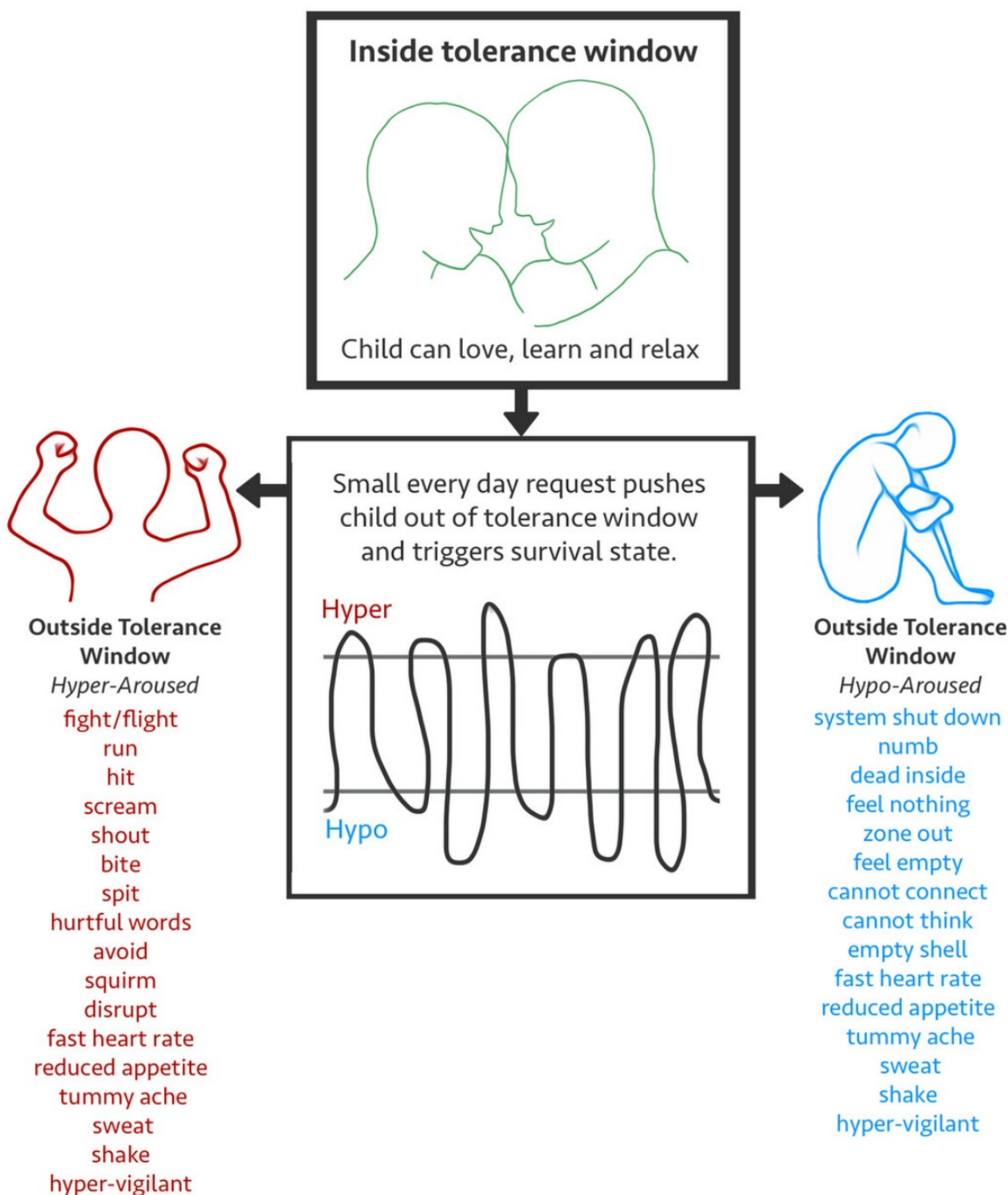
SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

Behavioural Regulation

Every individual has what is known as a 'window of tolerance'. This means that there is a state of physical and emotional arousal that is tolerable and bearable, and when a child is within his or her window of tolerance, she or he can think, learn, love and relax.

For traumatised children, small 'every day' things (like a parental request to brush their teeth, or a change of one classroom to the next) spirals them out of their window of tolerance. Traumatized children then swing into being hyper-aroused (overly aroused) or hypo-aroused (under aroused).



Behavioural Regulation (cont)

You can expect traumatised children to be over or under aroused for most of the time and, in either state, their behaviour is out of their hands; they simply cannot control it no matter how hard they try. Their brain is not wired right and they do not have the ability to switch off behaviour. They are in automatic survival mode and they cannot think, reason or rationalise when feeling under threat.

Children who are overly-aroused are in fight/flight. They run, hit, scream, shout, bite, spit, say hurtful words, avoid, squirm and disrupt. The brain says, "I'm in danger" and their body responds. Under-aroused children experience 'system shut down'. They go numb, dead inside, feel nothing, zone out, feel empty, cannot connect and cannot think. They are like an empty shell. ***In both over and under arousal*** the child's heart rate is going as fast as a soldier's in battle. Their appetite is reduced, their tummy hurts, they are in a sweat, they shake, and they are hyper-vigilant to every tiny little detail in their environment.



It can be helpful to remember that at the core of a trauma experience - is a loss of control. If children could stop their abuse, or the removal from their mother - then they would. Traumatized children become experts at regaining the very control that they lost. Controlling behaviours often cause big challenges for adults. **While the child does not know it, they are so often trying to resolve their primal feeling of being helpless in a punishing world.**

SIGNS OF BEHAVIOUR DYSREGULATION AT HOME

- Lying, stealing, hoarding
- Over-eating or under-eating
- Aggression or lethargy (often seen as laziness)
- Unresponsive to day to day requests (often seen as non-compliance)

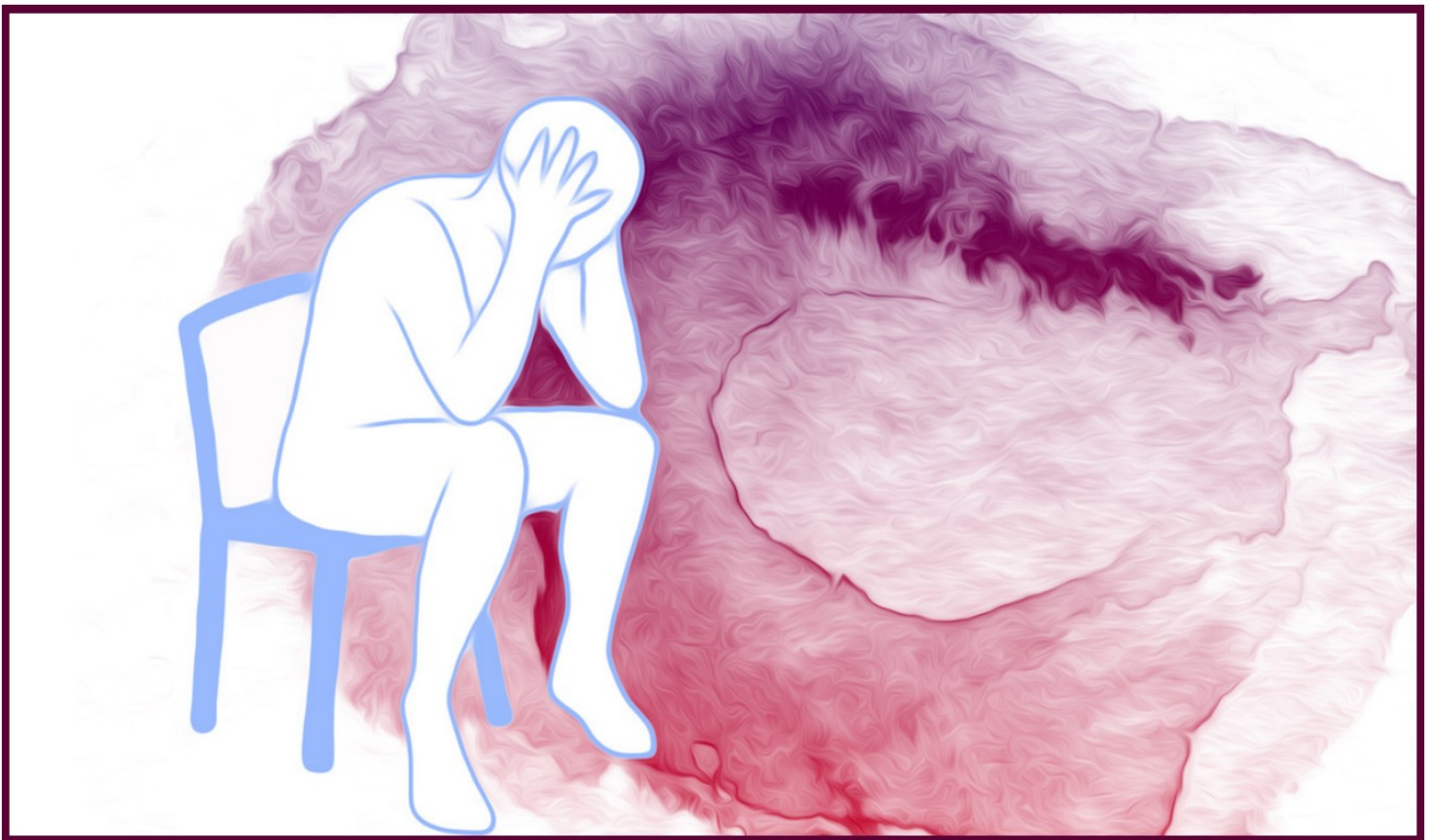
SIGNS OF BEHAVIOURAL DYSREGULATION AT SCHOOL

- Lying, stealing, hoarding
- Disruptive in class
- Restless, fidgety, moves about the classroom lots
- Slowed down, unresponsive

Cognition

Chronically traumatised children often struggle with under-developed cognitive skills, which means the child's ability to do things like plan ahead, problem solve, organise themselves and learn from mistakes.

This is because they are often 'stuck' in their brainstem or limbic brain, and use up all their resources trying to stay safe and work out whether adults can be trusted or not. This leaves little resources for the 'higher brain' skills which are needed for good cognitive functioning.



Children with chronic trauma often struggle with a range of problems, which can include:

POOR COGNITIVE SKILLS AT HOME

- Unable to learn from mistakes
- Cannot organise themselves for the morning and evening routines
- Forget complicated instructions
- Cannot be reasoned with
- Black and white thinking
- Ego-centric – can only see the world from their own perspective

POOR COGNITIVE SKILLS AT SCHOOL

- Difficulties problem-solving
- Struggles to complete a task
- Unable to process information quickly
- Cannot remember new information
- Cannot put into words what they are thinking
- Poor ability to read social cues
- Cannot organise their belongings

Self Concept & Identity Development

Our self-concept starts forming from the very first messages we received about ourselves from the adults in our lives, and it grows from there. If children get the message that they are not worth keeping safe, that they are disposable or that their crying pushes others away; their self-concept will reflect this.

Children who have suffered early trauma often live with a very deep sense of being 'bad' and 'unwanted', and this becomes their template for how they see themselves, and how they think others see them. No matter how many times they are told that they are wanted and loved, while their head might know this – their heart is stuck in trauma-time. Accepting that they are lovable and worth keeping safe can take a very long time.



Chronically traumatised children often feel confused and lost. They don't feel they belong with anyone or anywhere and are often in search of some validation from others that they are deep down okay.

This can make them very vulnerable to being exploited in relationships or present as 'social butterflies' flitting between friends and groups to try and to fit in.

SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT HOME

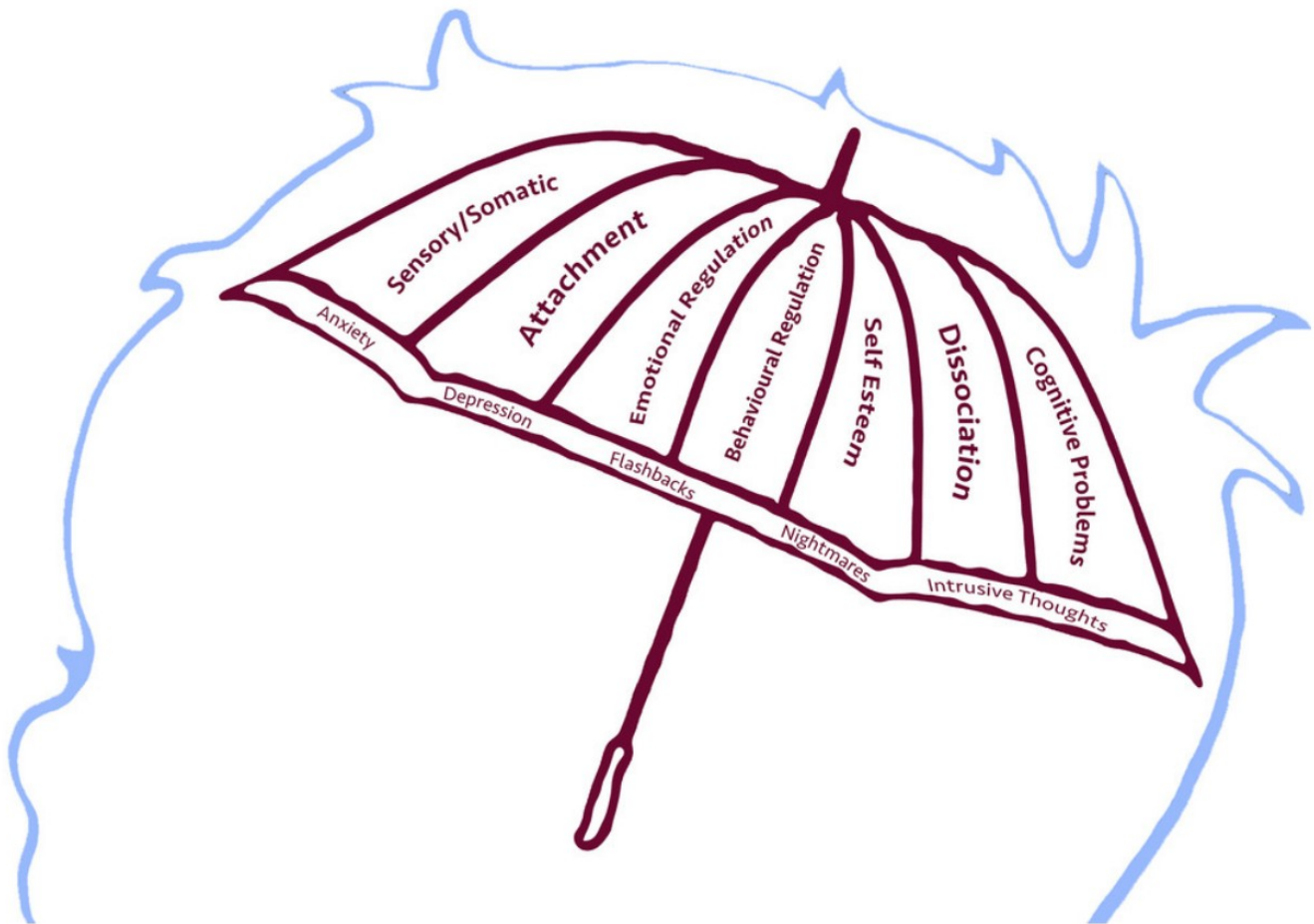
- Not feeling worthy of accepting love and nurture
- Becoming upset at small 'tellings off'
- Becoming jealous when their parent/carer pays others attention
- Saying "I'm stupid" or "everyone hates me"

SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT SCHOOL

- Being knocked back easily
- Becoming upset at failure
- Self doubt and self criticism
- Not trying for fear of failure

Mental Health Symptoms

Developmental Trauma is an umbrella term for these 7 areas of impact. As well as these developmental difficulties the child can also experience discrete mental health difficulties, often connected to episodes of anxiety, depression, and specific traumatic symptoms (e.g. flashbacks, intrusive thoughts, nightmares). So often these symptoms are understood and treated as isolated 'anxiety' or 'depression'; however, for chronically traumatised children this does not tend to be an effective way to address their difficulties. Seeing mental health symptoms as part of an overall picture of Developmental Trauma is the key.



The Good News!

Dr Allan Schore, a pioneering psychologist, is very clear that as Developmental Trauma happens within key relationships, it can also be repaired within relationships. Relationships heal relationship trauma.

Dr Bruce Perry, another innovative researcher in the area of abuse and neglect, has told us that Developmental Trauma can be repaired - if the right intervention is offered at the right time, in the right order and over a long period of time.

Children are resilient and adaptable, and neuro-science is showing us all the time that the brain is flexible and open to being re-sculpted if given the opportunity.

What can I do as a parent/carer?



Survival/Self Care

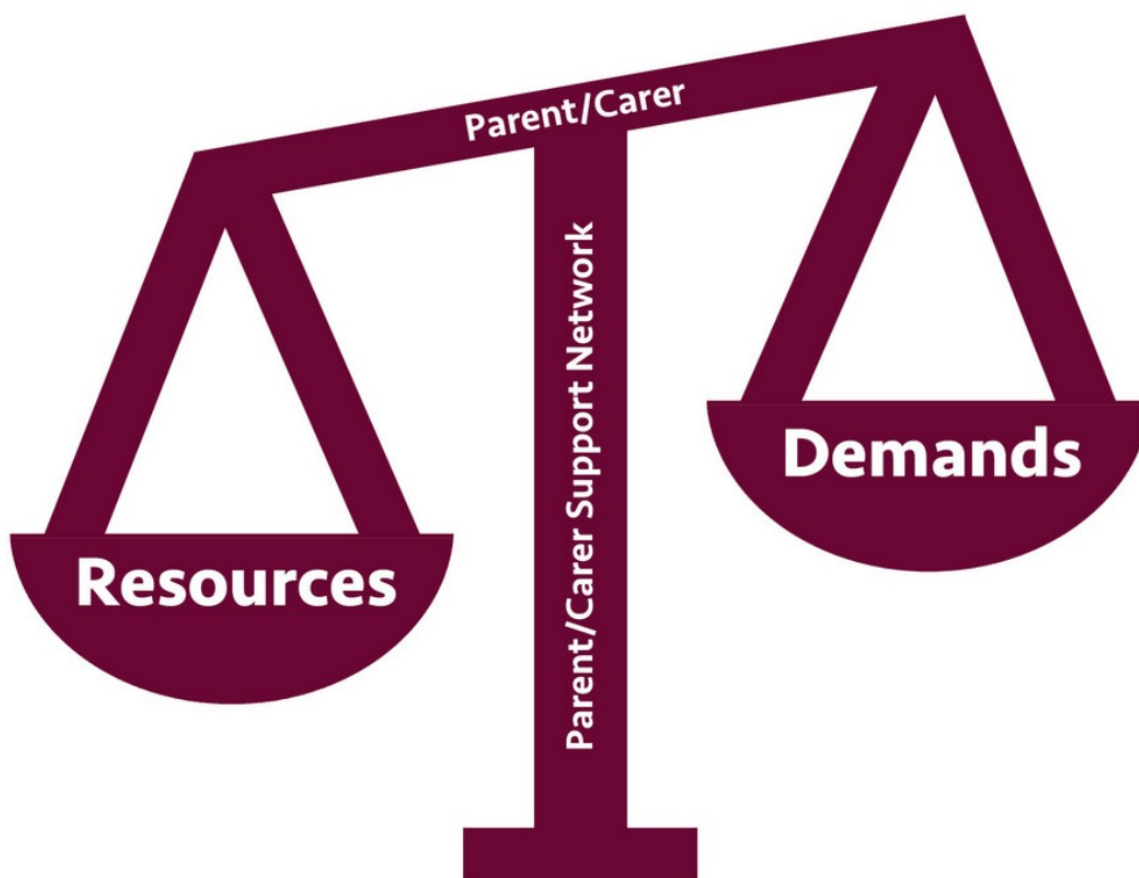
The most important first step for parents/carers is to take care of themselves and each other. We know that this sounds much simpler than it is in practice. A good way to start is to take a look at all your demands and all your resources. If they are out of balance with demands outweighing resources, re-balancing can happen by reducing demands, increasing resources, or a bit of both.

What this looks like in practice will differ for every single parent and family and might take some time to achieve. Can you choose not to feel guilty if, instead of doing chores while your child is at school, you read a book, go for a walk or have a coffee with a friend? Can you set aside the fact that you are perfectly capable of doing the ironing/gardening and instead see if you can afford to pay someone else to do it or ask someone for help? Can you prioritise the time to fit in a guilt-free yoga class or walk around the block three times a week? Caring for a child with trauma can lead to blocked care, secondary trauma and PTSD in the adult. **It is not selfish to look after yourself and to prioritise your needs. If you are okay then your family can be okay too.**

Parent/carer self-care is like laying down the foundation blocks for the family.

Demands vs Resources

What does that look like for you?



Safety & Mastery

Helping children who have had traumatic early starts to develop a sense of safety, pleasure and mastery are the first goals according to the Psychiatrist, Van der Kolk.

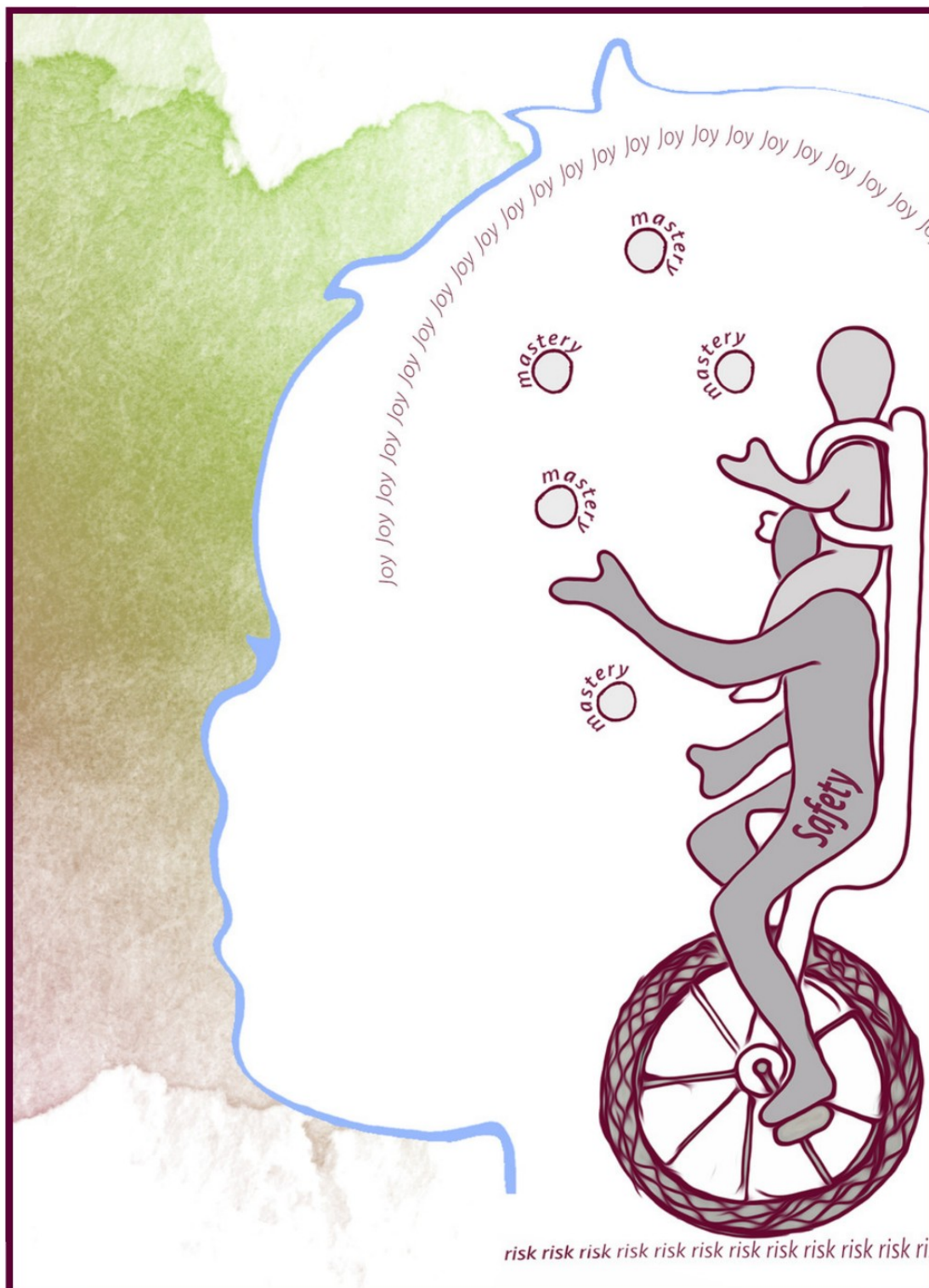
And so, growing opportunities for your child and you to enjoy even a moment together - and to notice and talk with each other about the enjoyment - is a great way to help them heal.

Again, this is easier than it sounds!

How much both you and your child can tolerate will change from day to day, month to month and that is only natural.

We're not talking a day at Thorpe Park here, more a joint laugh at the TV or YouTube, throwing stones into the sea, trying to sing karaoke (it's funnier the worse you are!) or remembering fun times you've had together in the past.

It may be worth keeping a note of your 'joy' moments to authentically remember through tricky periods.



We can think of these as 'joy moments' and they keep both parent/carer and child going in terms of finding togetherness rewarding enough to risk keep doing it.

Regulation of Emotions

It can be helpful to understand that part of your role as a therapeutic parent/carer to a child with Developmental Trauma, is to regulate your child's big emotions for them.

By observing and trying different things out, in time, you can discover which strategies and activities help to calm your child, and which help to 'wake them up' from being shut down.

All of these strategies take practice, patience, and persistence; and you will find that no one strategy works every time your child needs regulating.

Having a multiple selection of strategies and activities that work for your child in their various environments e.g. home, school, park, friend's house, is very helpful.

The chart on the right gives you some regulatory ideas, however, there will be many more you can use by observing what works for your individual child.

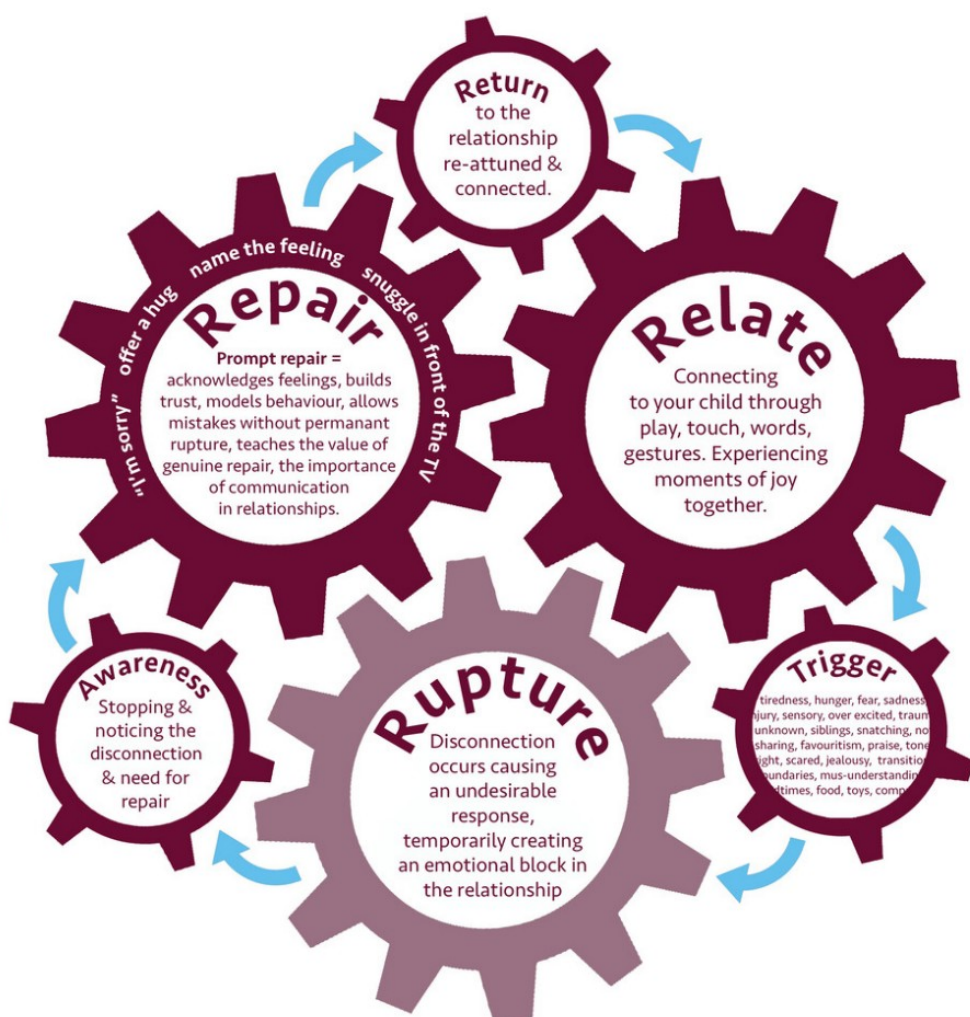
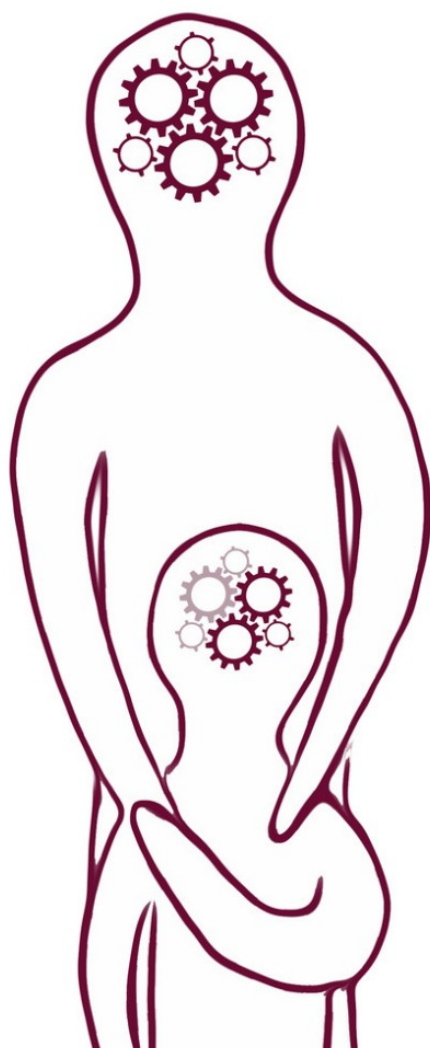
<p>Spotting Flight</p> <p>Hyperactive, manic, chaotic, silly, baby talk, silly voices, loud, disruptive, clumsy, bumping into people</p> <p>Aggressive, threatening, stiffening up, clenching fists</p> <p>Running away escaping, disappearing, hiding</p> <p>Can't cope with free play or follow house rules</p> <p>Keeps super busy</p> <p>Needing to get to car, home, school, park first</p>	<p>Grounding Flight</p> <p>Keep me close by</p> <p>Deep breathing</p> <p>Tell me I'm safe</p> <p>Hanging</p> <p>Lap/Shoulder Pads</p> <p>Give me a familiar and easy chore</p> <p>Crunchy foods e.g. carrot sticks</p> <p>Happily and patiently find me</p> <p>Create a safe space for me to hide in</p> <p>Tug of war</p> <p>Warm milk or hot chocolate</p> <p>Hot water bottle and soft blanket/teddy</p>
<p>Spotting Fight</p> <p>Disrespectful, disregarding of others, pushing away friends, family members</p> <p>Argumentative, angry and aggressive, shouting, loud, noisy, confrontational</p> <p>Unable to follow house rules</p> <p>Immature, unable to concentrate on one thing</p> <p>Hot and bothered</p> <p>Lie or blaming</p> <p>Controlling, demanding, inflexible</p>	<p>Regulating Fight</p> <p>Deep breathing</p> <p>Really chewy foods</p> <p>Hanging, swinging, climbing</p> <p>Warm bath with lots of bubbles</p> <p>Warm milk or hot chocolate</p> <p>Hot water bottle</p> <p>Super soft blanket/toy</p> <p>Give me an 'important' task</p> <p>Create a safe space where I can go to self soothe</p> <p>Keep me safe</p>
<p>Spotting Freeze</p> <p>Bored, not interested. Distracted, not listening, day dreaming, staring into space</p> <p>Confused, forgetful</p> <p>Clumsy</p> <p>Subject change, talking about something else</p> <p>Not moving to where they've been asked</p> <p>Scanning the room</p> <p>Wide eyed, dilated pupils</p>	<p>Grounding Freeze</p> <p>Stay with me, don't leave. Wonder where I've gone and invite me back.</p> <p>Tell me I'm safe.</p> <p>Watching TV</p> <p>Deep breathing</p> <p>Spinning on a swing, climbing, hanging, rolling or cycling down a hill, jumping on a trampoline</p> <p>Digging in mud or sand</p> <p>Hot chocolate and toast</p> <p>Warm bath and warm towel</p> <p>Soft blanket/teddy</p>
<p>Unhappy, low mood</p> <p>Alone, withdrawn, removing myself</p> <p>Fidgety but not disruptive, anxious.</p> <p>Never questioning or asking questions. Yes or no answers - doing just enough to avoid being noticed, unable to think.</p> <p>Never drawing unnecessary attention</p> <p>Quiet and passive, compliant</p> <p>Easily bullied</p>	<p>Lap/Shoulder Pads</p> <p>Playing with lego or play-doh</p> <p>Give me small repetitive things to do</p> <p>Tell me I'm safe, spend some quiet time with you</p> <p>Hot chocolate and a crunchy biscuit</p> <p>Deep breathing</p> <p>Swinging</p> <p>Soft blanket & TV</p> <p>Warm bath and a warm towel</p> <p>Warm pyjamas</p>

Repair

Prioritising the *repair* part of the attachment cycle is another important way for parents/carers to support healing in their children. As the psychologist, Dan Hughes would say, “you make a mistake, you fix it”. Being confident that you can continually ‘fix your mistakes’ can be very freeing for parents and children and facilitates safe risk taking in future.

It’s something that securely attached children and adults can usually manage, even if the mistake is a big one. Children who haven’t developed the sense that making mistakes won’t permanently jeopardise the relationship often respond with a defensive shame response instead.

Having parents/carers who can compassionately say “it’s okay, things went wrong, I said something I shouldn’t have, you said something you shouldn’t have, I still love you”; models the message of “no matter what” that early traumatised children are still learning.



Going Backwards To Go Forwards

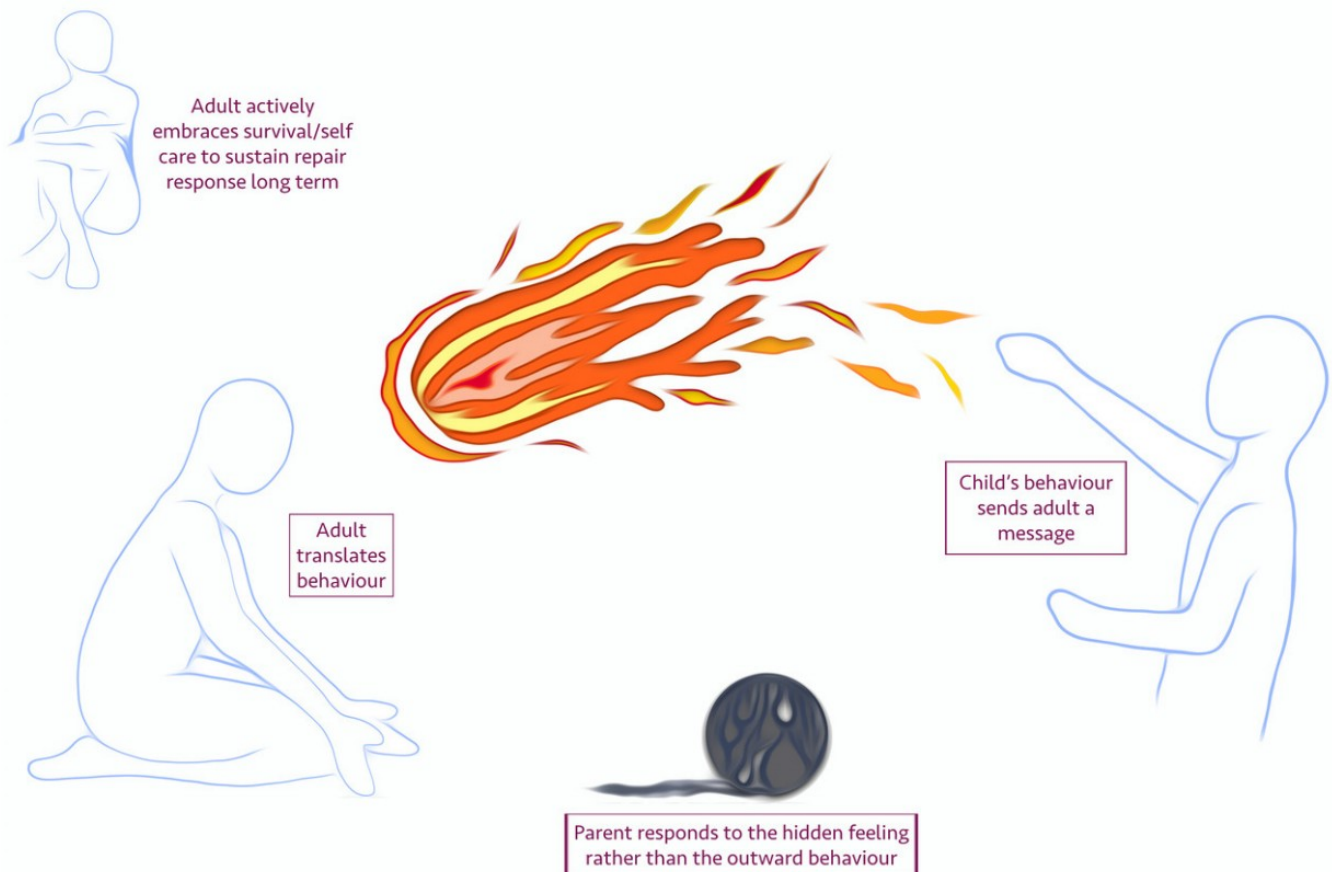


It can be disheartening when you feel like you have had a significant shift in your relationship with your child and then it all seems to fall apart again. In fact, this is normal and not a step backwards at all. There will be significant developmental gaps in your child's foundations that need to be filled before or alongside them making progress in skills that are typical for their actual age.

It can be helpful to think of your child as their emotional age not their actual age. Think about what toddlers need (predictability, cuddles, nurture, play, co-regulation, appropriate stimulation, help with social relationships) and offer that to your child when they are 'dysregulating'.

Understanding and accepting that all behaviour is a communication

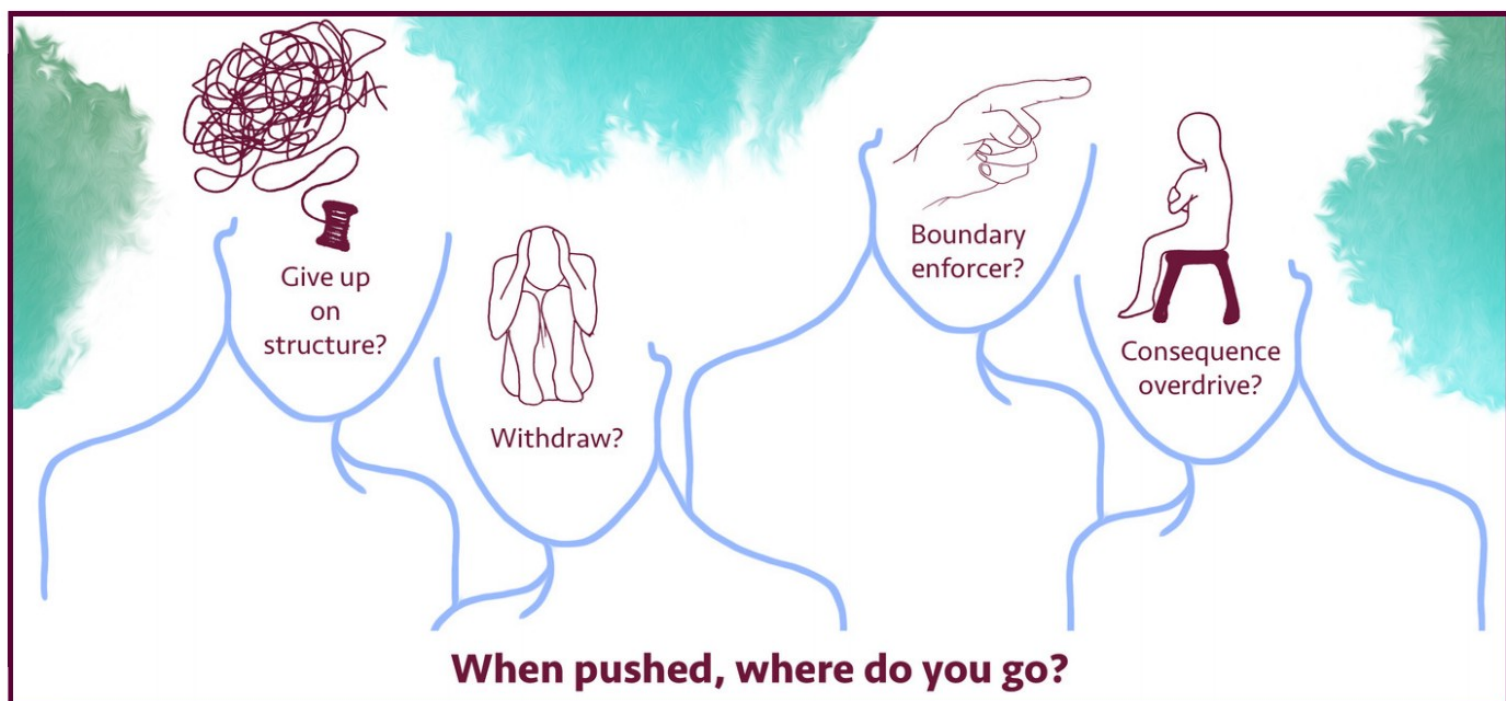
When children feel right they can behave right; however this takes some time. As the adult in the relationship, if you can help them make sense of their behaviour by naming the underlying hidden feeling, and responding to them in a calming and safe way; then over time, you are repairing their trauma. Parents need good self-care to keep up this tough but important task!



Working towards the right balance of nurture and structure for your family

Children who have had chaotic starts in life usually need high levels of both nurture and structure. This is to support their sense of life and relationships as predictable and consistent and that others are kind or at least neutral.

There are lots of ways of achieving this in practice but knowing where you 'go to' when stressed is an important part of the picture.



For example, when you feel pushed to the limit by your child's challenges, lies or withdrawal - are you more likely to give up on structure and withdraw yourself or go into boundary and consequence over-drive? What about your partner?

Knowing where you go is a first step to staying connected when times are tough.



Share this information with friends, family and school

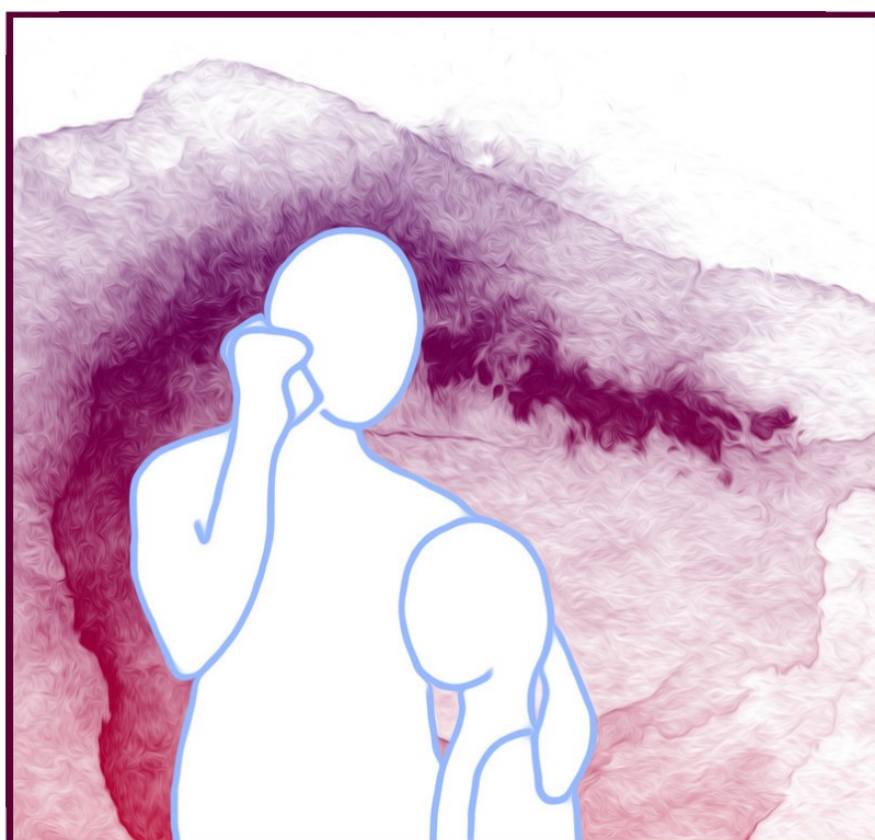
It can often feel very isolating for parents/carers who are struggling with the fall out of Developmental Trauma in their child. Others often misunderstand the child as 'naughty' because they do not yet understand the brain science behind early trauma. If you feel able to, share this article with school, friends and family so that they can begin to understand your child in this way too. Having a shared view rather than opposing views can help to build bridges in the network of adults around the child and begin to repair Developmental Trauma.



Developmental Trauma Close Up

Click here to download: <http://beaconhouse.org.uk/useful-resources/>

Seek help as early as possible



Therapeutic intervention can help at any point in the child's life, so if your child is now a teen or even heading towards early adulthood, don't despair. Interventions are still helpful, it is never too late. Having said this - the earlier support is offered the better. Don't sit and wait, if you feel that your child is struggling then seek out specialist support as soon as you can. Prevention is better than crisis response for the child and their adults.

What therapy or support works best and why?

The first task for children who have had traumatic experiences in early childhood is to establish safety. For many who access therapy this goal has been at least partly achieved already in the context of a stable, loving and attuned family placement, adoptive or foster home or a therapeutic residential home.

Because we are talking about development as the casualty of the trauma, it is essential that we start at the foundations and work our way up. Careful and detailed assessment arriving at a formulation of what happened when; what impact did it have then and what is the effect now is therefore the first step.

At Beacon House, we base our assessment and therapeutic approach on the Neuro-Sequential Model.



For further details on the Neuro Sequential Model, watch our animation, download the article and free resources please click here:

<http://beaconhouse.org.uk/useful-resources/>

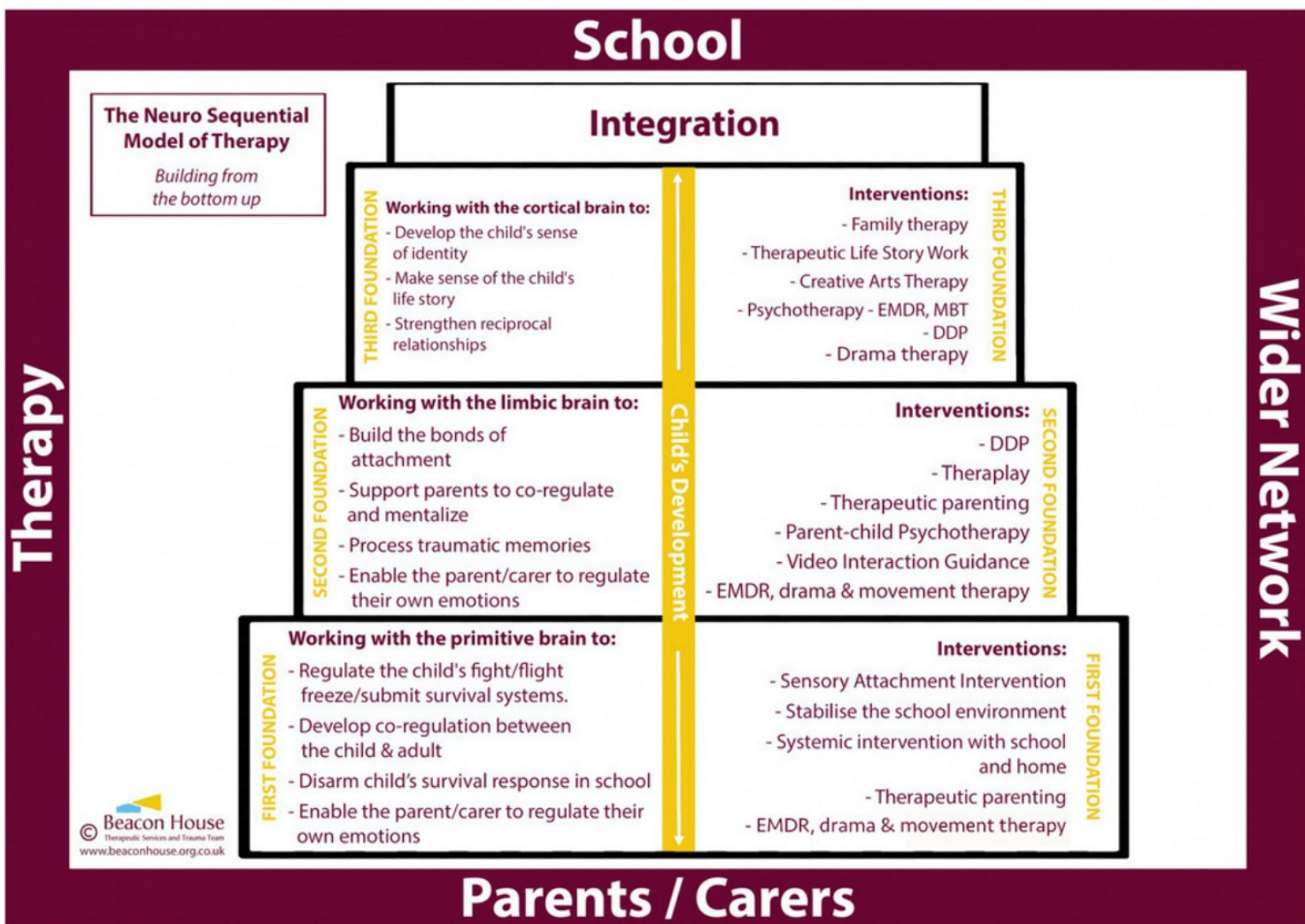
Like the developmental period from 0-3, the therapeutic model will sometimes involve a process of work over 3 years. This will include gaps for children and families to consolidate progress and have a break from the sometimes intense work of therapy.

What therapy or support works best and why? (cont)

The Neuro-Sequential Model states that work with children whose development has been compromised through traumatic experiences, attachment disruptions and other complex factors needs to start by intervening at the level of the 'primitive brain' and supporting stabilisation and sensory regulation.

The next phase, once children (and parents/carers) are stable and more able to regulate, is work connected to limbic brain functions – attachment, mentalization and emotional regulation and then the third and final phase would be those working with the cortical brain, aiming to promote sense making, identify formation and cognitive processing of emotional information.

Different therapies are good for working with different areas of brain development. Our diagram here explains this a little more:



The actual therapeutic style will depend on the nature of each assessment and formulation. For some children, individual work is recommended for them whilst their parents/carers are having therapeutic parenting support. For other children, they will benefit from working with their parents/carers in sensory attachment interventions, Theraplay or dyadic developmental psychotherapy (DDP).

An essential part of the model and the Beacon House way of understanding what helps is John Bowlby's statement that "if we value our children, we must cherish their parents". We know that great therapists can make a real difference to children's lives but **a parent/carer who feels valued and empowered to keep taking the risk of offering love, care, consistent presence and boundaries to their traumatised child can change their world.**

The aims of therapeutic work with chronic trauma in children are to:

1. Stabilise the child's home and school by making them feel safe and predictable
2. Help both the child and the parents/carers to regulate their emotions, behaviours and senses.
3. Promote secure attachment between the parents/carers and the child
4. When indicated, offer the child the opportunity to process traumatic memories, whether held in the conscious memory or just in the body; and work with any specific symptoms.
5. Help the child and family to develop a full and coherent story of their life.
6. Support the child to develop a range of essential 'living skills' such as social communication, problems solving, planning and inhibiting behaviours that do them harm.

This is, above all, an article of hope.

We know that with permanent, safe and loving parents/carers and a sequenced therapy programme; combined with a sensitive school environment and plenty of room to make 'mistakes and poor choices' - traumatised children can, and do, flourish.

You can get in touch with Beacon House Therapeutic Services by emailing us on:

admin@beaconhouse.org.uk or visiting us at www.beaconhouse.org.uk

You can also follow us on Twitter and Facebook @BeaconHouseTeam

With thanks to: The innovative psychologists and psychiatrists who have pioneered research into the impact of early trauma and who have developed therapies to repair and heal. To name a few – Bessel Van der Kolk; Bruce Perry; Daniel Hughes; Stephen Porges; Patricia Crittenden; Allan Schore and Daniel Siegel.

This article was written by: Dr Shoshanah Lyons and Dr Kathryn Whyte (Clinical Psychologists), with invaluable contributions from Ruth Stephens (Occupational Therapist). Thank you to Helen Townsend (Adoptive Parent, Author and Illustrator) for her artistic talent and flair.

SIGNS OF DEVELOPMENTAL TRAUMA AT HOME & SCHOOL

When children experience early loss, separation, abuse or neglect their brain development is affected in significant ways. They often experience what is known as Developmental Trauma, which means their development has gone off track and they cannot behave, feel, relate and learn like other children their age. Developmental Trauma can be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance or disruptive behaviour in class

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

SIGNS OF DEVELOPMENTAL TRAUMA AT HOME & SCHOOL (CONT)

SIGNS OF BEHAVIOUR DYSREGULATION AT HOME

- Lying, stealing, hoarding
- Over-eating or under-eating
- Aggression or lethargy (often seen as laziness)
- Unresponsive to day to day requests (often seen as non-compliance)

SIGNS OF BEHAVIOURAL DYSREGULATION AT SCHOOL

- Lying, stealing, hoarding
- Disruptive in class
- Restless, fidgety, moves about the classroom lots
- Slowed down, unresponsive

SIGNS OF DISSOCIATION AT HOME

- The child appears as if s/he is not listening to requests from the parent
- Rapid regressions in age-level behaviour, e.g. suddenly acting like a baby.
- Normal punishment and consequences for misbehaviour do not work, as the child cannot learn from their experiences
- Voice hearing
- Relationships are so changeable it is hard to keep up for the adults
- Denying behaviour which adults know they have engaged in

SIGNS OF DISSOCIATION AT SCHOOL

- Frequent 'day dreaming' & lack of focus; leading to under achievement
- Abilities to read, write, learn change drastically from one task to the next
- The child is forgetful or confused about things s/he should know, such as friends' names
- Confusion about day and time
- They get back homework that they have no memory of doing
- Voice hearing

POOR COGNITIVE SKILLS AT HOME

- Unable to learn from mistakes
- Cannot organise themselves for the morning and evening routines
- Forget complicated instructions
- Cannot be reasoned with
- Black and white thinking
- Ego-centric – can only see the world from their perspective

POOR COGNITIVE SKILLS AT SCHOOL

- Difficulties problem-solving
- Struggles to complete a task
- Unable to process information quickly
- Cannot remember new information
- Cannot put into words what they are thinking
- Poor ability to read social cues
- Cannot organise their belongings

POOR SELF CONCEPT/IDENTITY AT HOME

- Not feeling worthy of accepting love and nurture
- Becoming upset at small 'tellings off'
- Becoming jealous when their parent/carer pays others attention
- Saying "I'm stupid" or "everyone hates me"

POOR SELF CONCEPT/IDENTITY AT SCHOOL

- Being knocked back easily
- Becoming upset at failure
- Self doubt and self criticism
- Not trying for fear of failure