Complex Trauma in Children and Adolescents:
Trauma, Attachment Disruption and Dissociation

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Agenda

• Complex Trauma is Complex
• Redefining Childhood Trauma
• Domains of Impact
• Phase Oriented Treatment
• Dissociation
• Neurological Growth and Integration

Check in

• Roles of Participants
• Complex Trauma
• New Neurobiology of Trauma and Attachment
• Pre-verbal Trauma
• Hidden Trauma
• Dissociation
• Phase Oriented Models
• Attachment Work
Trauma

- Secure relationships.
- Relatively normal developmental base.
- Single or contained series of traumatic events.
- Ability to use supports, skills and resources
- Overwhelming.

Complex Trauma

- Multiple / Chronic traumas
- Disrupted attachment.
- Often pre-verbal trauma;
- Chronic overwhelm as an ongoing state.
- Dissociation.

Redefining Childhood Trauma

- Trauma is about experience
- Interpretation/intention
- Being overwhelmed
- Human beings are interdependent
- Abandonment is a survival threat
- Helplessness
- Lack of rescue
Neurobiology Check-In

- Impacts of trauma and attachment disruption on brain development and chemistry
- Neurosequential Brain Development (Bruce Perry)
- Window of Tolerance (Dan Siegel)
- Polyvagal Theory (Stephen Porges)
- Somatic Memory (Peter Levine)
- Blocked Trust (John Baylin and Dan Hughes)

<table>
<thead>
<tr>
<th>Part of Brain</th>
<th>Function</th>
<th>Type of trauma researched</th>
<th>Identified impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontal Lobe</td>
<td>Social filters; affect regulation; impulse control; social interaction; self-awareness; Neural Integration; Stress Modulation;</td>
<td>Neglect; Attachment Disruption; Youth with PTSD</td>
<td>Thinner; less Developed; shows less activity</td>
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<tr>
<td>Corpus Callosum</td>
<td>Connection between left and right hemisphere</td>
<td>Neglect; Physical and Sexual abuse</td>
<td>Less developed</td>
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<tr>
<td>Right Hemisphere</td>
<td>Attachment; Affected regulation; Stress modulation; Emotion; Creativity; Music; colour</td>
<td>Relational Trauma</td>
<td>Structural changes; Lower volume</td>
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<tr>
<td>Hippocampus</td>
<td>Declarative memory; Visual spatial skills; Memory Formation; Connecting emotions and senses to memory</td>
<td>Sexual abuse</td>
<td>Deficits can lead to excessive cortisol; affecting ability to turn off an excessively stimulated amygdala</td>
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<tr>
<td>Amygdala</td>
<td>Center for conditioned fear responses.</td>
<td>Sexual Abuse</td>
<td>Appears to be on hyper-alert mode; Larger right smaller left</td>
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<tr>
<td>Neuro-Chemistry</td>
<td>Controls on the body's response to stress including impacts on vigilance-allivating behaviours and memory processing</td>
<td>Abused and neglected children</td>
<td>Impacts levels of cortisol and norepinephrine</td>
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</tbody>
</table>

Neurosequential Brain Development

Perry's Neurosequential Model
Different Worlds, Different Realities

Safe Connected World
• Infant is safe, loved, protected and cared for.
• Needs are met.
• Attachment is secure.
• Infant learns trust, connection, interdependence.
• Child’s resources are directed towards learning and growth.

High Risk World
• Infant is unsafe, in danger and/or neglected.
• Needs are not met.
• Attachment is insecure or disorganised.
• Trust is blocked; Infant learns mistrust and independence.
• Resources are directed towards identifying and avoiding danger.

There are costs to both

Domains of Impact
• Attachment
• Biology
• Affect Regulation
• Dissociation
• Behavioural Control
• Cognition
• Self Concept
• World View
• Social Development
Trust

The most common trap for therapists, particularly those unfamiliar with the treatment of trauma survivors, is the assumption of the presence of trust. "


Building Trust

- Not trusting is a basic survival skill
- When a child or adult has been betrayed by everyone they should have trusted, mistrust is healthy and adaptive
- Respecting this mistrust is the beginning of a therapeutic relationship
- You can’t build trust without respecting mistrust and acknowledging a history of betrayal!

Interdependence

- I can rely on others
- Others can rely on me
- We are in this together
- It’s OK to need help
- If I make a mistake, I can learn from it
- I can trust others to guide me.
- I’m responsible to the group.

Independence

- I can do it myself
- Others should do it themselves too
- It’s weak to need help
- If I make a mistake, it’s a failure
- I can rely on no-body
- I’m responsible only to myself
Traumatic Memory

- Fragmented
- Non-narrative
- Affective
- Sensory
- Survival based

Na’ama’s Rule

- If there is more than one diagnosis--consider dissociation possible.
- If there are several diagnoses--consider dissociation plausible.
- If there are multiple diagnoses and a known trauma history--consider dissociation highly probable.

Common Diagnosis

- ADHD
- ODD
- Depression
- Anxiety Disorders
- Bi-polar disorder
- Borderline personality disorder
- Psychosis
- Autism spectrum disorders
- Developmental disorders
- Behaviour disorders
- Really bad kid disorder.
Dissociation

- Dissociative symptom’s are difficult to spot.
- Dissociation does not resolve organically through generic treatment.
- Dissociation is more common than initially believed.
- Children who have many diagnosis and do not respond to treatment often are using dissociative coping.

Dissociative Symptoms

- Dissociative Amnesia
- Depersonalisation
- Derealisation
- Identity Alteration
- Age Regression

BASK Model of Dissociation

- BEHAVIOUR
- AFFECT
- SENSATION
- KNOWLEDGE
What Dissociation Looks Like

- Unusual forgetfulness.
- Lost time
- Subtle or obvious shifts in presentation.
- Eye rolling – Sometimes disguised.
- Age regression.
- Sudden disconnection or “blankness”.
- Losing the flow of conversation

Assessing Dissociation

- Child Dissociative Checklist (CDC)
- Adolescent Dissociative Experiences Scale (A-DES)
- Children’s Dissociative Experiences Scale and Post Traumatic Stress Index (CDES/PTSI)
- MID
- SCID-D
Parts

- Different types and different degrees of dissociation
- Parts can range from compartmentalised experiences to full dissociative identity disorder
- Not everyone who dissociates has “alters”
- It is important to engage and include all dissociated aspects or parts

What We Need to Get

- Somehow what they do makes sense.
- They might not be able to explain the reason.
- They have more reasons NOT to trust us.
- They don’t feel safe if they are not in control.
- It’s safer NOT to follow rules.
- Telling them things doesn’t help.
- MAKING them co-operate makes it worse.
What We Really Need to Get

• We are the adults, they are the children.
• Society has failed them.
• We are responsible to them BEFORE they are responsible to us.
• Throw out what “should” work or what they “should” be able to do.
• Connecting before correcting
• At first it’s counter-intuitive.
• They DO NOT have behaviour problems.
Necessary Interventions

- Hope
- Safety and stability
- Neurological integration
- Attachment
- Respect for symptoms
- Sleep
- Focus on physiological arousal and regulation
- Somatosensory engagement
- Direct engagement with dissociation

Attachment

- The attachment partner is co-therapist and support for the child.
- Co-regulation
- Empathic communication
- Connection before correction
- Understanding symptoms
- Soothing.
- Atunement focuses on the child’s state and child’s needs.

Neurological Integration

- Work in ways that engage as many brain parts as possible at the same time.
- Be aware of, notice, and draw attention to body reactions
  - Facial expressions; postural changes; emotional reactions, heart rate, breathing
• Use sensory toys and tools
• Exercise ball
• Draw attention to the child’s felt and sensed experiences
  – Ask lots of questions
• Use multiple forms of expressive interaction
  – Drawing, coloring, music, writing, speaking,

Tools and Techniques

• Multi-sensory questions
• Questions need to be asked more than answered
• Scaling questions
• Cards and lists
• Heart rate monitor
• Physical engagement
  – Exercise ball, playing catch, physical support from caregivers in session

Phase 1

<table>
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<tr>
<th>Phase Oriented</th>
<th>Attachment Focused</th>
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<tbody>
<tr>
<td>Basic Ego Building</td>
<td>Engaging adult and child</td>
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<td>Coping</td>
<td>Strengthening attachment</td>
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<tr>
<td>Relating</td>
<td>Creating Hope</td>
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<td>Behaviours as Symptoms</td>
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<td>Meltdown management</td>
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<td>Affect regulation</td>
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<td>Sleep Management</td>
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<td></td>
<td>School Stabilization</td>
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<td>Neurological Integration</td>
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Hope

• They should leave every session with something they didn’t come in with.
• It can be a skill, a new understanding, a plan, a solution to a problem, a letter for the school, a new way of seeing something…

Strengthening Attachment

• Mostly you know this.
• Shared goals
• Dismantle attributions
• Address parental shame and trauma
• Shift parenting goals
• Dialectical thinking

The Iceberg Experience
“So much discomfort does shame produce, that people will go to great lengths to avoid it.”


Window of Tolerance


Affect Regulation

• A lot of these kids can’t self-soothe
• None of them can when upset
• They need co-regulation
• Acceptance of their feelings
• Development of affective language and body awareness
• As many sensory connections as possible/as many brain parts as possible
Affect Regulation

- Limbic regulation
- Heart rate and breathing
- Adrenaline and cortisol release
- Physical release
- Grounding
- Slothwork

Sloth to Meerkat Scale

Emotional Integration

- Feelings cards
- Scaling questions
- Lists
- Stones
- Body Scans
Fractionated Problem Solving

1. Identify Problem
2. Co-regulate and soothe
3. Empathic communication
4. Empathic communication
5. Discuss Issue
6. Problem Resolution
7. Co-regulate and soothe

Smells

- Smells as triggers
- Smell as communication of danger
- Using smell to prevent flashbacks and panic

Dissociation

- Attachment across parts
- Co-operation across parts
- All voices have something important to say
- All parts have value
- Getting rid of parts causes problems
- Teamwork
Dissociation

- Attachment across parts
- Co-operation across parts
- All voices have something important to say
- All parts have value
- Getting rid of parts causes problems
- When parts go away it is not an indication of health
- Teamwork

Supported Parts Work

- Psycho-education for caregiver and child around parts.
- Parts exploration and tracking
- Empathy around disremembered behaviors and actions
- Whole person accountability
- Appreciation of the role of difficult parts.
- Direct engagement with dissociated parts
Meltdown Management

- Parenting to sleep
- Somatic soothing
- Bedtime routines
- Bedtime reading together
- Exercise no less than 90 minutes before bed
- Progressive relaxation techniques
- Medical options

Sleep Management

- Meet with school staff
- Psychoeducation
- Reframe behaviour as symptom
- Teach meltdown management
- Non Verbal and tone of voice calming.
### Phase 2

**Phase Oriented**
- Memory work
- Trauma processing
- Parts work
- Integration

**Attachment Focused**
- Dyadic work
- Exploring trauma history
- Re-creating shared meaning
- Parts and integration work supported by parent

### Phase 2

**Trauma Work**
- It's not about narrative
- PUSH – but only a little
- Trauma narrative – includes integration of experience
- Parental support and soothing throughout
- May never know the “story”
- Pre-verbal processing
- EMDR

### Pre-verbal or non-verbal
- Preverbal trauma memories are stored somatically and affectively.
- Access through family stories, pictures, imagination, triggers, emotional states, somatic experiences.
- Sometimes parts have stories.
- If memories are dissociated, clarity may improve.
Restabilising

The slower you go the faster you get there!

- **SLOW DOWN!**
- Grounding
- Soothing
- Affect Regulation
- Caregiver Support

Co-creating Meaning

- Shared meaning develops spontaneously for most of us.
- Young children interpret and understand experience based on other’s reactions.
- When processing trauma with a child and caregiver, it gives them the opportunity to co-create a new meaning to the experience.

Dissociation and Parts Work

- Who’s holding what
- Parts of experience
- Differing and conflicting meanings
- Internal conflict
- Conflicting memories
- Focusing on integration of experience.
### Phase 3

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<td>• Consolidation</td>
<td>• Creating a Childhood</td>
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<tr>
<td>• Termination</td>
<td>• Establishing a developmental trajectory</td>
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<tr>
<td></td>
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### Creating a Childhood

- Strangers in a strange land
- The mystery of friendship
- What have they not learned
- School isn’t everything

### Developmental Trajectory

- Children and adolescents, not adults.
- Mistakes, challenges, pitfalls and risks are part of growth, not symptom’s of trauma.
- Real kids are not always balanced, regulated, well behaved and insightful.
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<td>• Braun, B.G., (1988a) The BASK model of dissociation: Part I &amp; II Dissociation, 1(1) 4-2 &amp; Dissociation, 1(2) 16-23</td>
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• Teicher, M. (2010, October) Does Child Abuse Permanently Alter the Brain? Plenary at 27th Annual Conference of the International Study of Trauma and Dissociation. Atlanta, Georgia.