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Developmental Trauma **Close Up**



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Summary

This article has been written for parents, carers, friends and family of children who have experienced early loss, trauma and attachment disruption. It has also been written for professionals who are working hard to support or teach vulnerable children, but who often feel disarmed and at a loss with how to effectively help the profound and complex difficulties they observe. Last but not least, this article is for adults who experienced loss or trauma during their own childhood, and who may find that the information here deeply resonates with their own life story. We will draw on current evidence and thinking to re-frame the 'problems' often seen in these children as 'wise adaptations' to the lessons that life has taught them. We will unpick and explain the spectrum of challenges traumatised children face, known as 'Developmental Trauma', and share ideas for how to help the repair of early trauma.

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

- *Who might experience Developmental Trauma?*
- *What does Developmental Trauma look like?*
- *What can parents/carers and professionals do to help?*



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', 'ADHD' or '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.

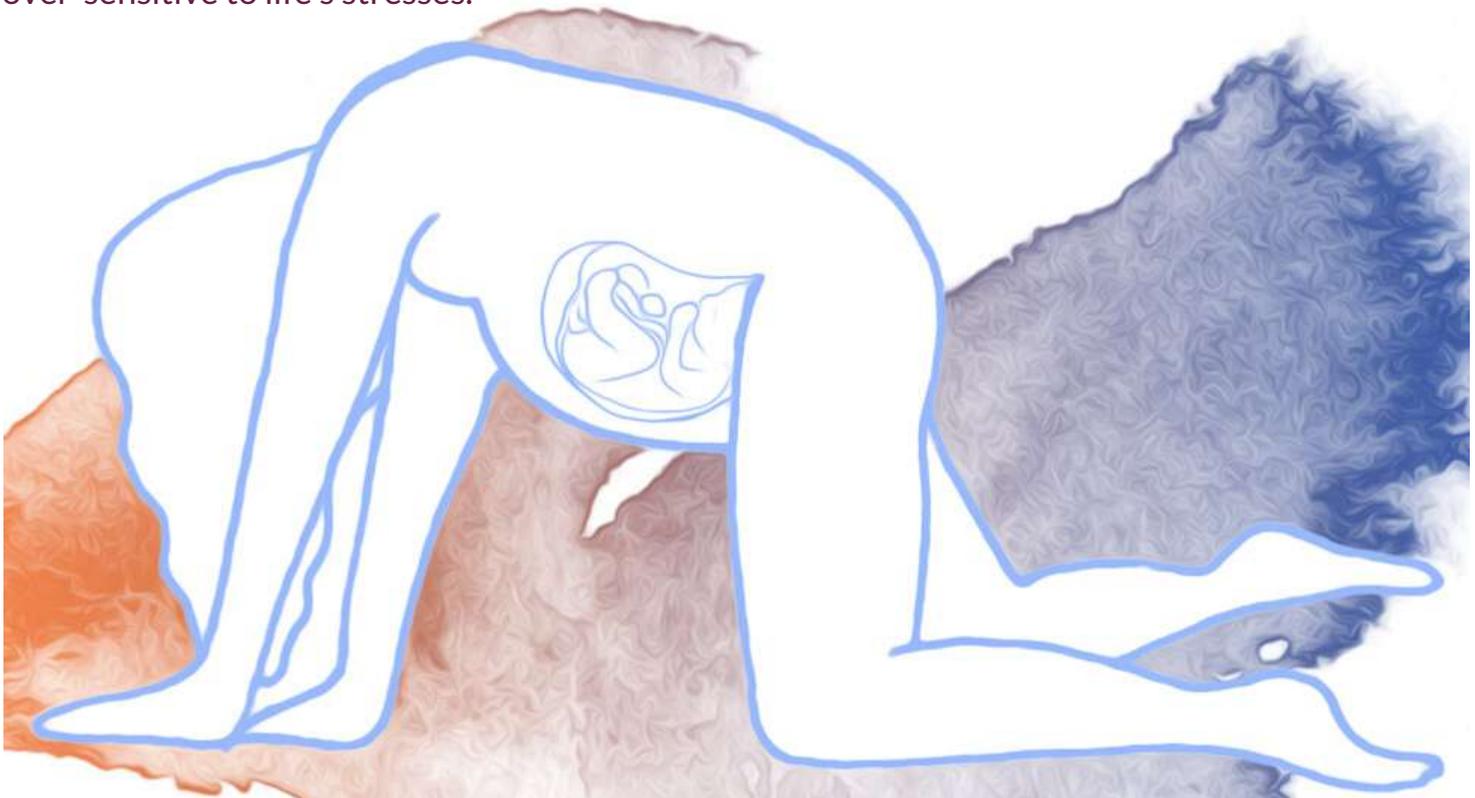
Who can suffer developmental trauma?

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. We also often see professionals not paying attention to a child's early adversity because there is a common belief that early adversity is not related to current problems, particularly if the problems do not look like typical trauma or the individual does not see themselves as having been through trauma. The child's complex and challenging behaviours as they grow up can then become quite a mystery, and can lead to very high levels of distress within families, hopelessness in professionals and unmet needs in young people that can lead them to be at risk.

The story of **who suffers trauma** paints a very different picture. Pioneering research has shown us with 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 makeup¹; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses².



Who can suffer developmental trauma? (cont)

Experiences that happen during pregnancy or within the first four years cannot be explicitly remembered by the individual, however, research is very clear that it these very experiences which shape our later development and well-being. The body remembers, even when the mind cannot.

Early trauma can arise from things happening that shouldn't have happened (e.g. abuse, separation, medical interventions), and from things that didn't happen that should have happened (emotional and physical neglect). Neglect is often invisible, because children whose parents are emotionally unavailable and cold for example, do not know any different and have no 'incidents' to disclose to adults.



It's not all about what happened



Recent research by Dr Bruce Perry³ and his team has shown us that the experience of early loss and trauma does not dictate a child's future, in isolation from other important factors. In other words, there are other very influential experiences which can buffer the impact of early adversity. In particular, the presence of safe and available adults at the time of the trauma.

The age of the child when the trauma(s) occurred also influences the impact on their later well-being.

Adversity, stress and loss in the **first 8 weeks of a baby's life** has the most influence on their later well-being.

More influential for the child than their early trauma, is the quality and quantity of their safe relationships. This is a very hopeful message from the research.

What is Developmental Trauma?

Developmental Trauma is the term used to describe the impact of early, repeated trauma and loss which happens within the child's important relationships, and usually early in life.

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 child who experienced severe health problems and multiple medical interventions

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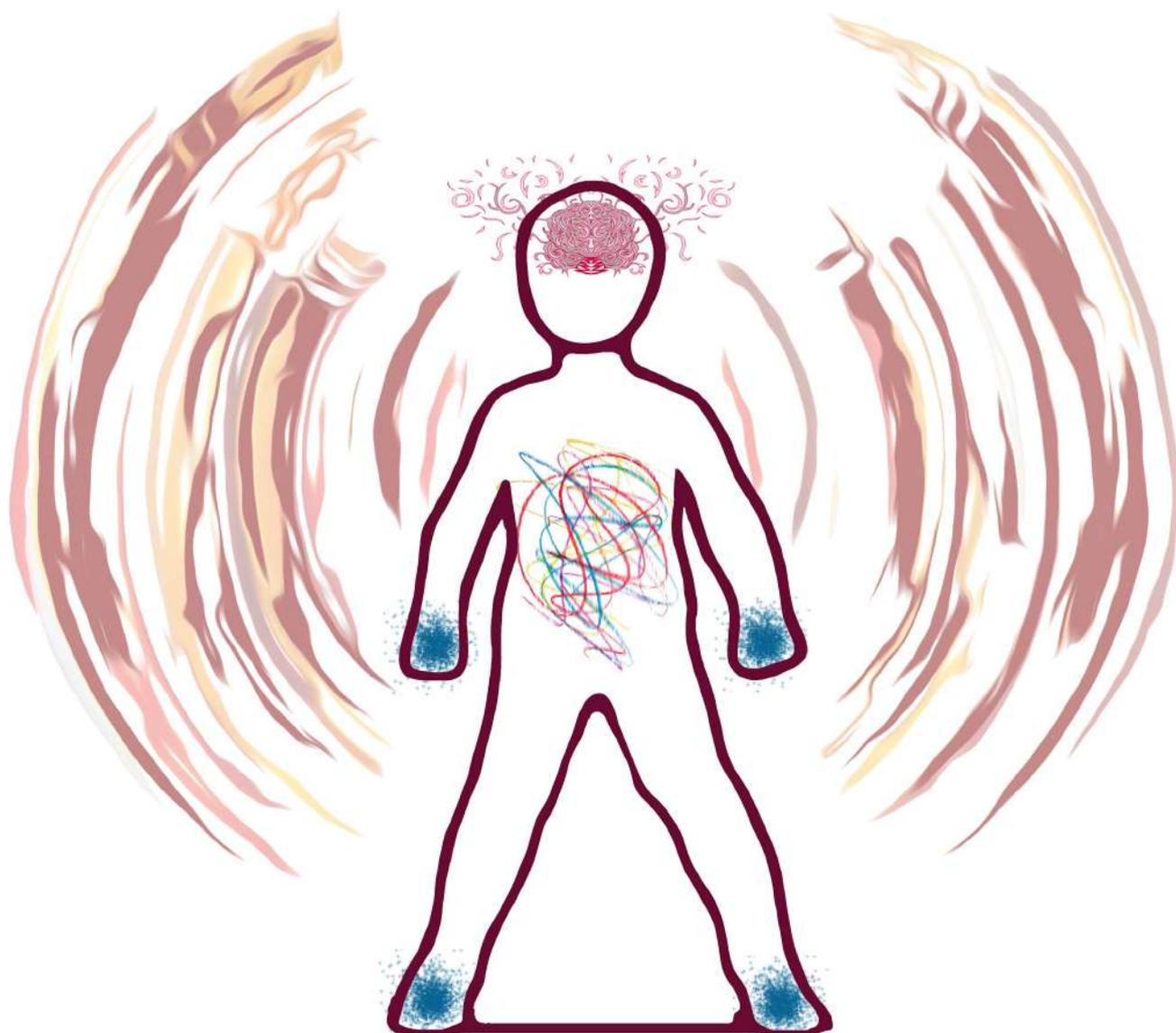
A psychiatrist, Professor Bessel Van der Kolk, showed us that early trauma creates an 'assault' on the child's development over time. Not only do traumatised children develop a range of unhealthy coping strategies which is how they adapted to threat, they also do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems or learn new information.

The bottom line is: a child who does not feel safe primarily 'lives' in their fight/flight/freeze/collapse responses in order to survive the real or perceived danger they face.



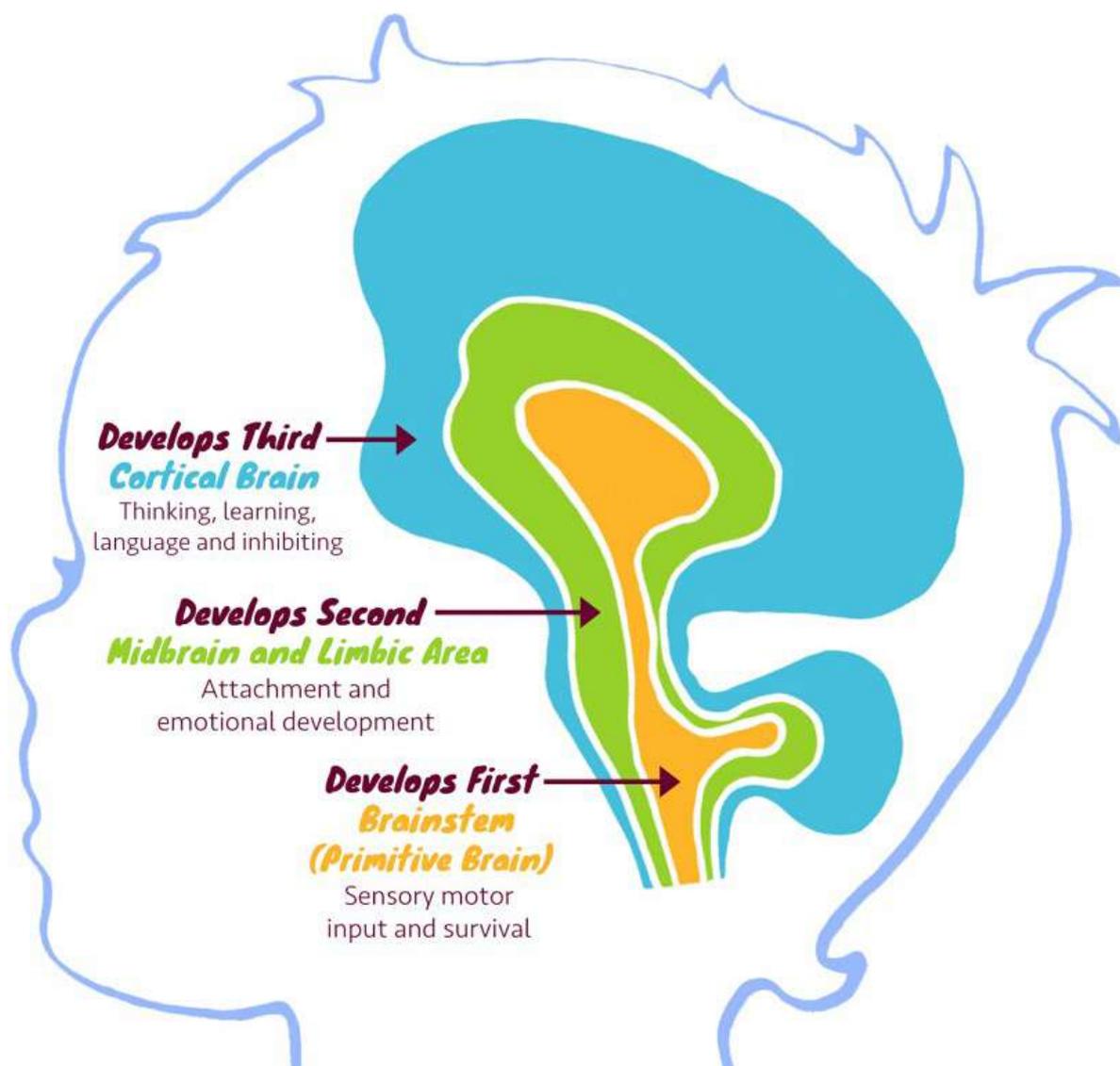
What is Developmental Trauma? (cont)

One 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.

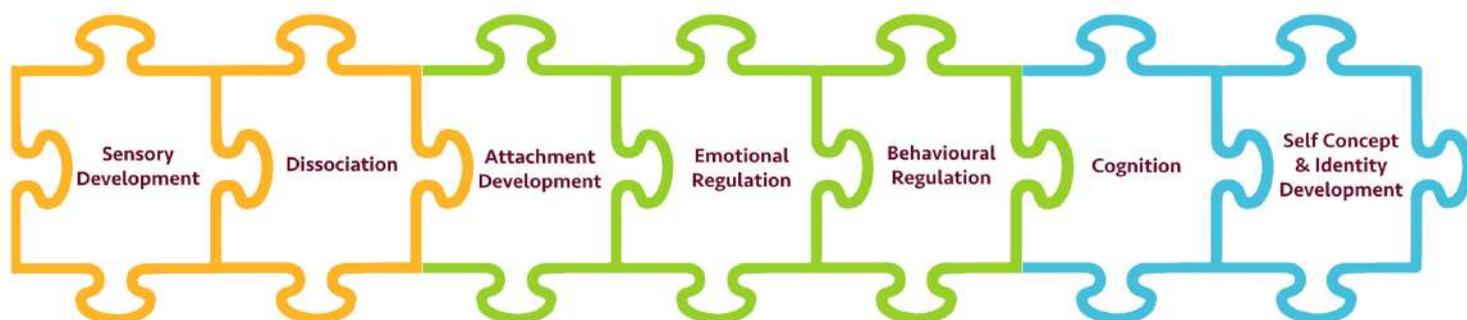


The seven impacts of Developmental Trauma

There are seven areas of impact that we see in children who have experienced Developmental Trauma. These 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.

1. 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 communicating it verbally as the memory has no language ‘attached’ to it.

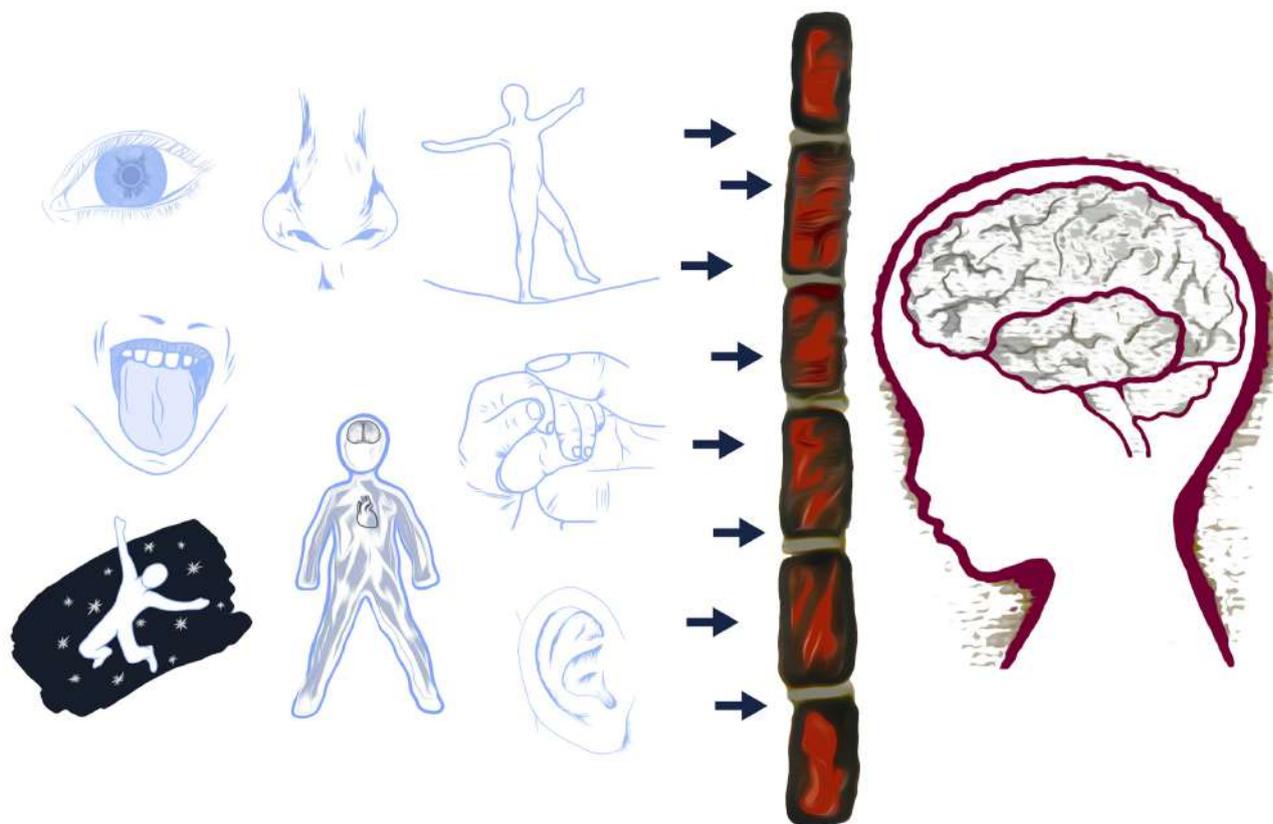


Sensory Development (cont)

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.

We have written a comprehensive article on the relationship between attachment, trauma and sensory processing difficulties which is available to download at: www.beaconhouse.org.uk/useful-resources/



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

2. Dissociation



Dissociation is a survival mechanism, and one that is so often overlooked in traumatised children. Imagine a child who is being physically abused by a parent – in that moment of violence they cannot fight back and nor can they physically run away, *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 flashback 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.

Dissociation (cont)

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

Amnesia

- 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

Derealisation

- 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.

Depersonalisation

- 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

Identity Confusion

- 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 misunderstood by adults as day-dreamy, being a liar, or problems with concentration. ***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

3. Attachment Development

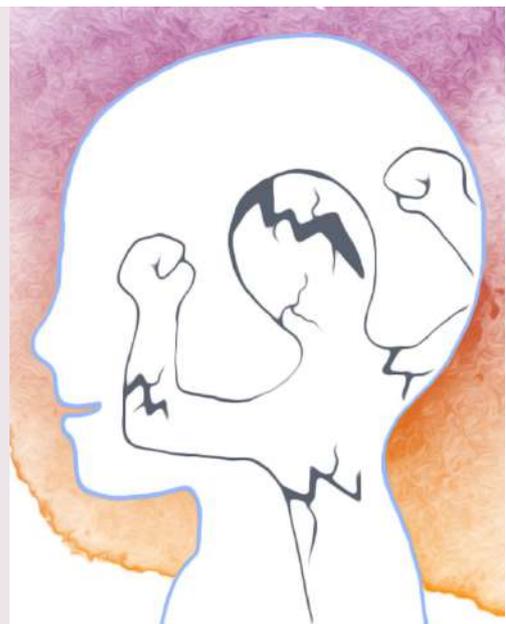
Children who start life in a frightening or neglectful environment, or who are removed at birth, adapt to their environment, and thank goodness they do. Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) keep danger at bay; and other behaviours increase 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, whilst not allowing them too close.

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A pioneering Clinical Psychologist, Dr Patricia Crittenden, has shown us that all children are very instinctive and wise at organising their behaviour around the danger. Crittenden has 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 or a developmental milestone and then they emotionally 'fall apart'.



Pre-occupied children: These children learn early on that showing feelings and 'big behaviours' is 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. Children who use this strategy are often successful at disarming the adult's angry response by becoming vulnerable or needy.

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 of disruptive behaviour in class

4. Emotional Regulation

‘Emotional regulation’ is a skill that children learn in their early childhood. It means that by the time they are around ten years old 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’.



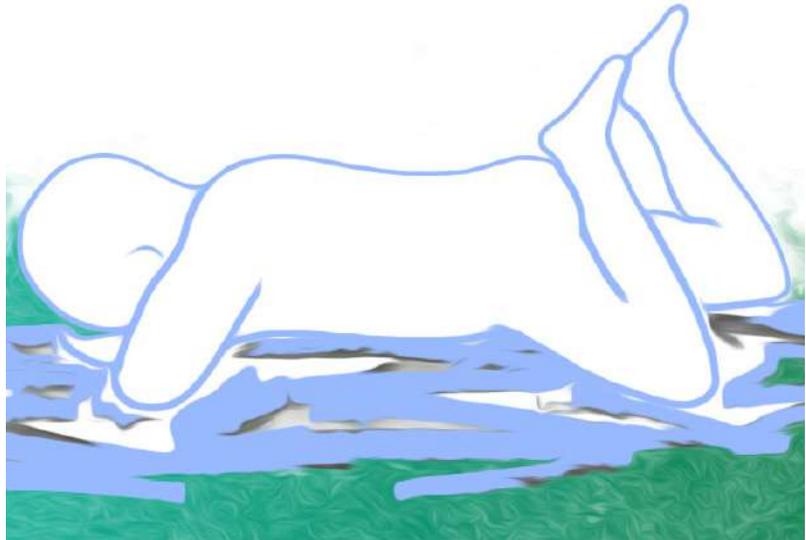
Imagine now, a baby or toddler whose crying is repeatedly met with being hit, ignored, mocked or by panic in the parent. Instead of being soothed, they learn ‘my feelings are dangerous, they hurt others, they hurt me’. This then becomes their “rule for emotions” which they may well carry through life.



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, at times 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. These attempts to regulate their feelings might also lead them into situations of risk, such as making them vulnerable to exploitation by others.

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

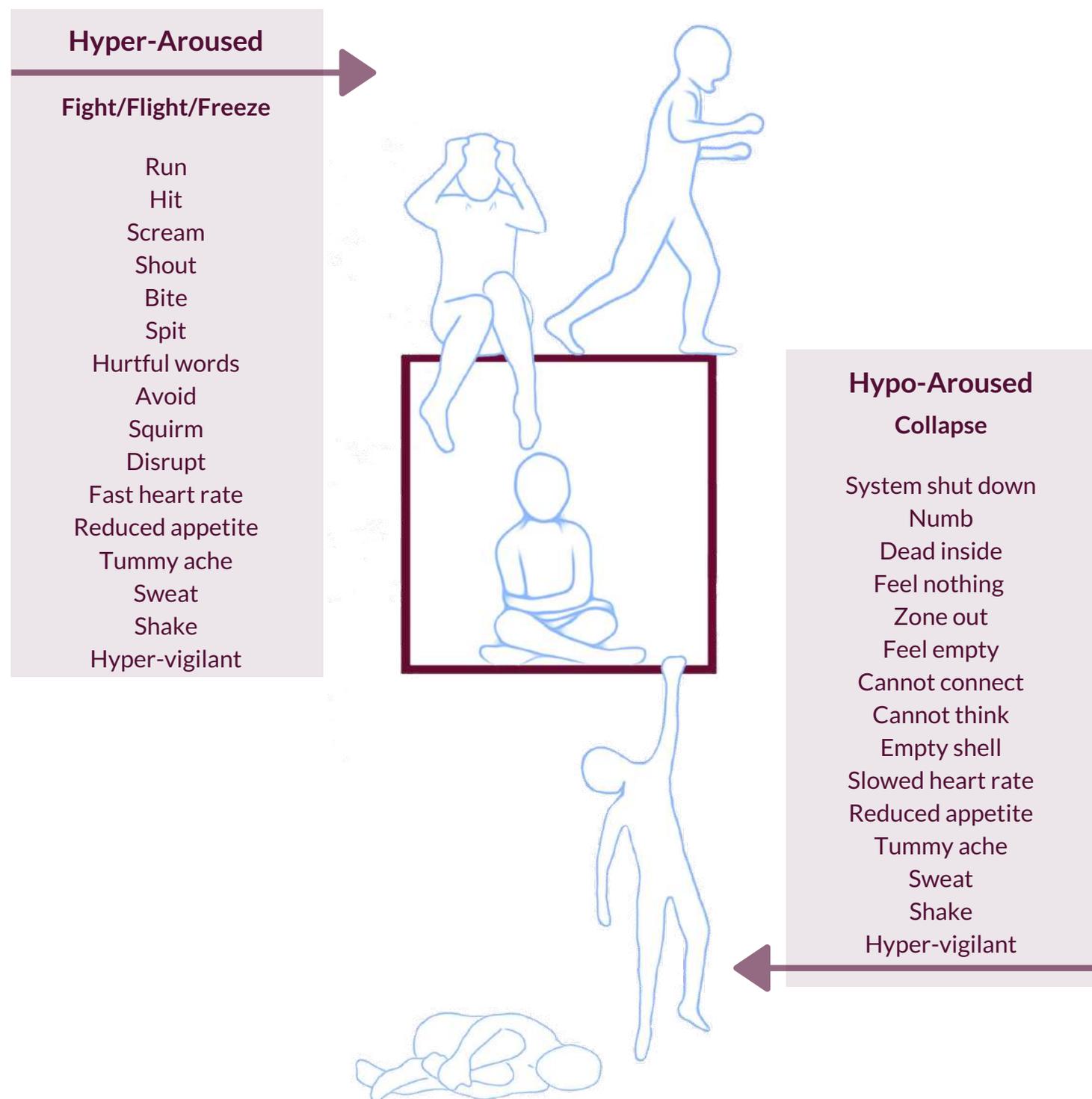
- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running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

5. Behavioural Regulation

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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 in the same way as their peers 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/freeze. They run, hit, scream, shout, bite, spit, say hurtful words, avoid, squirm and disrupt. If they are in freeze, they might appear overly-compliant or very quiet. The brain says, "I'm in danger" and their body responds. Under-aroused children experience 'system shut down' (known as 'collapse'). They go numb, dead inside, feel nothing, zone out, feel empty, cannot connect and cannot think. They are like an empty shell. For children who are over-aroused – their heart rate is going as fast as a soldier in battle; their appetite is reduced; they sweat and shake and their muscles are primed to run or remain invisibly still. For children who are under-aroused, their heart rate drops and their breathing slows right down. It's as if their body 'feigns death' in the hope that the danger will pass them by.



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 for example, 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 dangerous 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 BEHAVIOUR DYSREGULATION AT SCHOOL

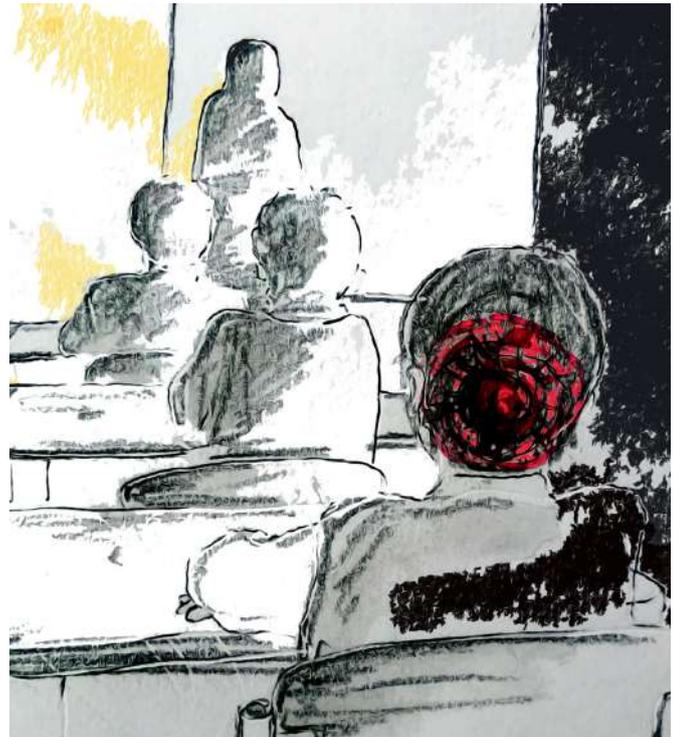
- Lying, stealing, hoarding
- Disruptive in class
- Restless, fidgety, moves about the classroom lots
- Slowed down, unresponsive

6. 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 is compromised.

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.

Many children who have suffered early trauma appear to not fit this picture. In other words – they are bright, focussed and achieve well academically. Often these children are actually pre-occupied with success and achievement because they feel that being loved is dependant on it; and yet what they do struggle with is emotional intimacy and emotional literacy. Being able to articulate emotions and make decisions that are good for them is tough, even though they are academically successful. Recent research by Hambrick³ and her team has shown us that for children who experienced early trauma – the gap in learning and well-being between them and their peers widens over time. In other words, a child may seem 'fine' in early childhood but as they reach key developmental milestones (such as transitioning school) they struggle in a number of profound ways. This is because the skills needed to master the developmental milestone are built on fragile and missing neurological foundations.



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

7. 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. Children with a poor sense of identity struggle to know simple things like what they like, what they enjoy, what they want to do, who they like and dislike, and what they want for the future. Knowing 'what I'm like' is probably something that many of us take for granted, but for traumatised children that sense of 'me' just is often not there.



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

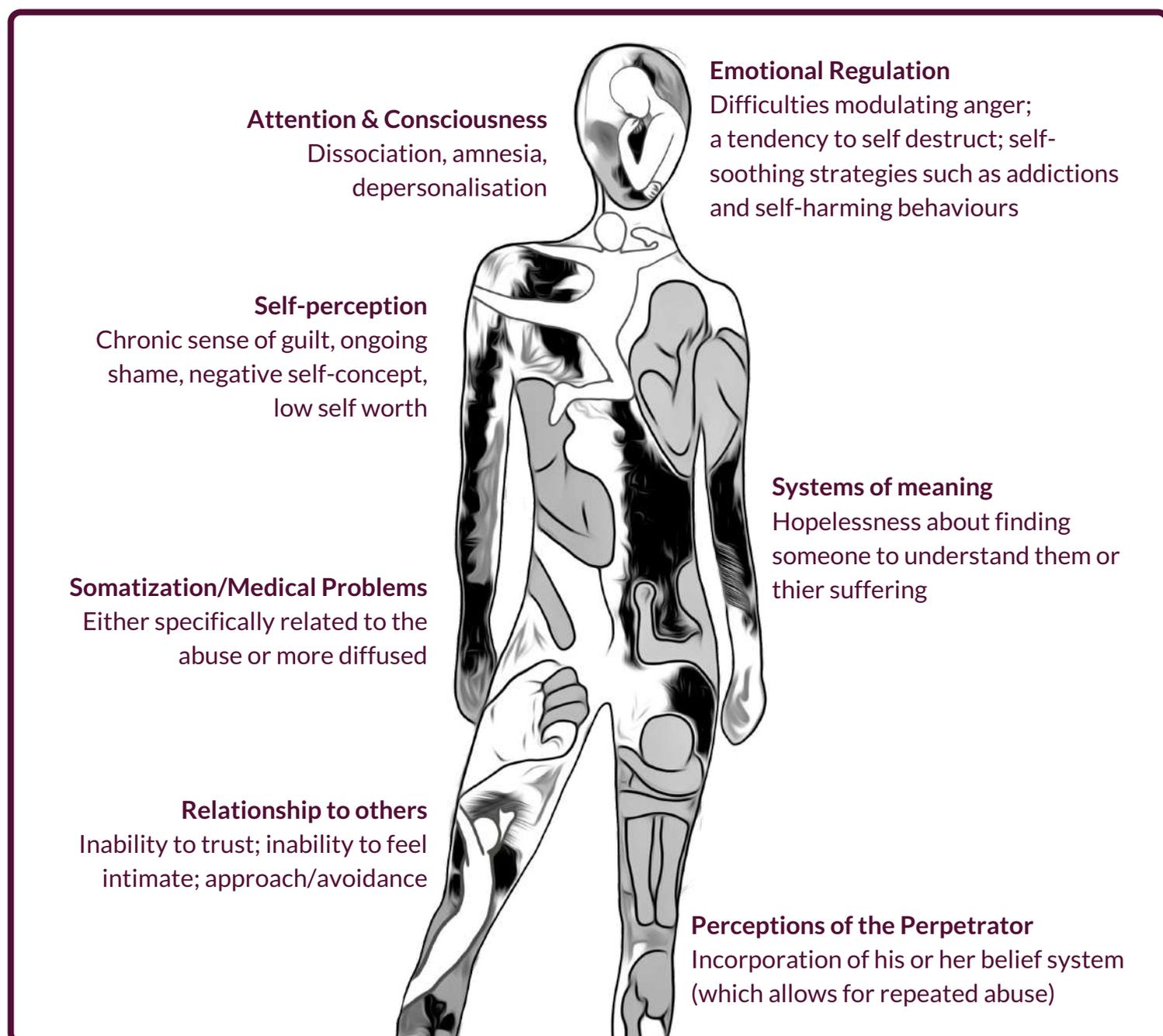
Developmental Trauma is an umbrella term for these 7 areas of impact.



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 difficulties as part of an overall picture of Developmental Trauma is the key.**

When a Traumatized Child Becomes an Adult

The difficulties described here under the umbrella of 'Developmental Trauma' of course do not disappear when the individual becomes a young adult. Adults who have experienced childhood trauma very often continue to struggle with profound difficulties in ways that map onto the 7 areas of impact in Developmental Trauma. The image below shows the ways in which adults can carry the impact of their trauma, which is often described as Complex Post Traumatic Stress Disorder (C-PTSD).



As with children, there are a number of effective therapy approaches which (when offered in the right sequence by a specialist in Complex Trauma) can enable the adult to heal and repair their early wounds.

The Good News!

Dr Allan Schore,⁹ 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", is a brilliant quote from Dr Karen Triesman.¹⁰

Dr Bruce Perry,¹¹ 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 and interpersonal neurobiology 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?



In this next section we will look at the following ideas for how parents/carers can help themselves and their child:

- Survival/Self Care
- Safety & Mastery
- Regulation of Emotions
- Calming or Alerting the Brainstem
- Repair
- Connection
- Going Backwards To Go Forwards
- Understanding and accepting that all behaviour is a communication
- Working towards the right balance of nurture and structure for your family
- Share this information with friends, family and school
- Seek help as early as possible
- What therapy or support works best and why?

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.



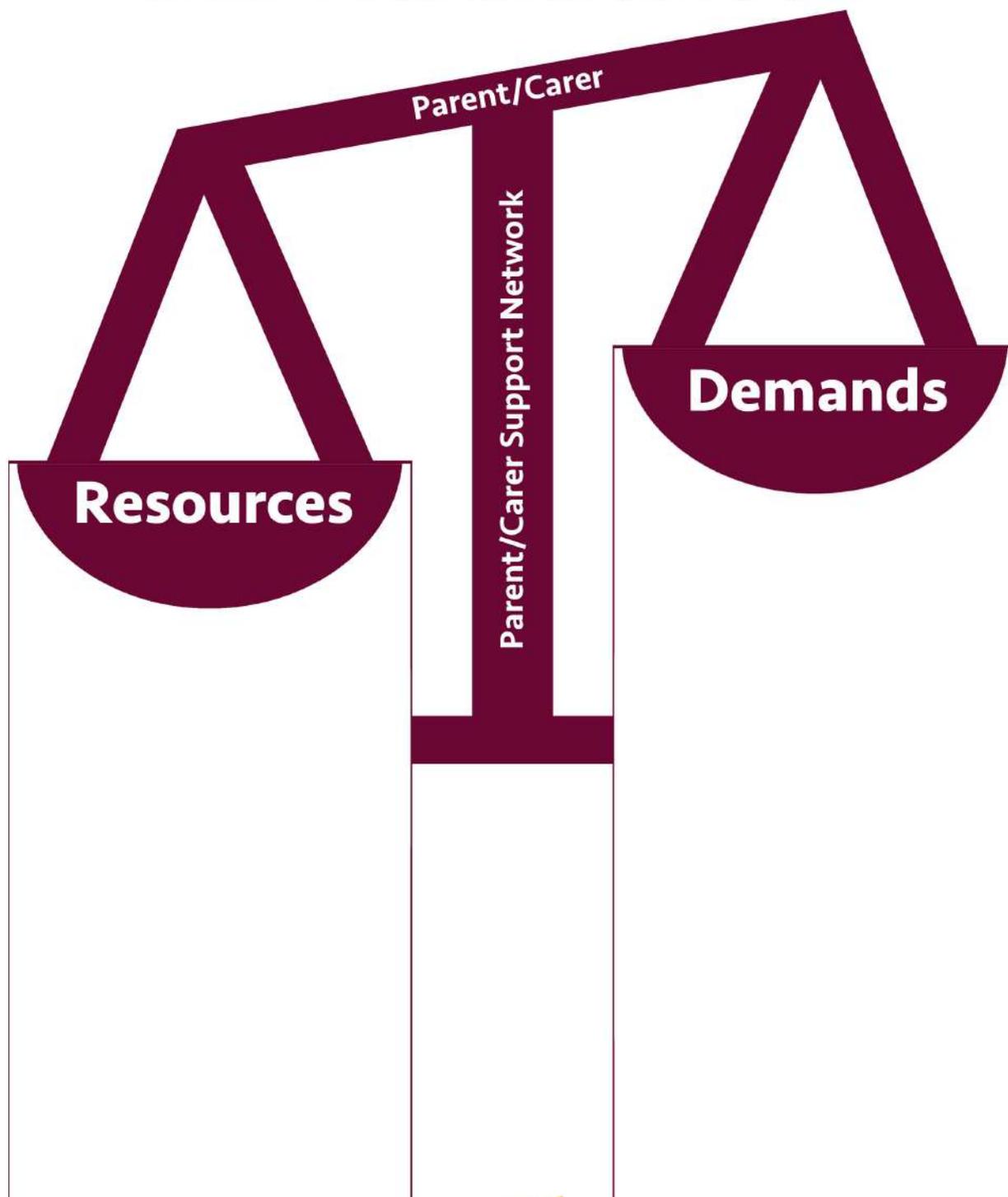
Survival/Self Care (cont)

Demands vs Resources

What does that look like for you?

Take a look at all your demands and all your resources, are they out of balance?

Do your demands outweigh your resources? Can you create a better balance by reducing demands and increasing your resources, or even a bit of both? What this looks like in practice will differ for every single parent and family and might take some getting used to.



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.

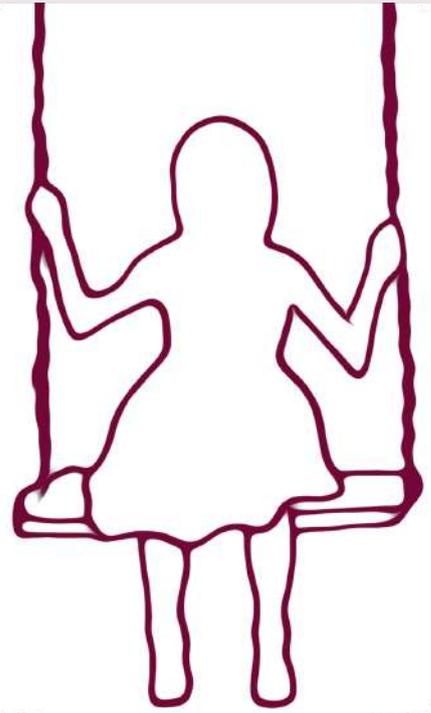
Having a multiple selection of strategies and activities that work for your child in their various environments e.g. home, school, park, friend's house, is very helpful.

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

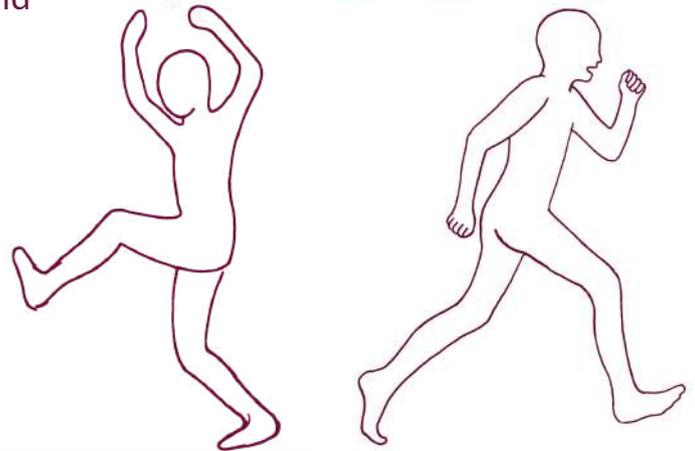
<p>Spotting Fight</p> <ul style="list-style-type: none"> Disrespectful, disregarding of others, pushing away friends, family members Argumentative, angry and aggressive, shouting, loud, noisy, confrontational Unable to follow house rules Immature, unable to concentrate on one thing Hot and bothered Lie or blaming Controlling, demanding, inflexible 	<p>Regulating Fight</p> <ul style="list-style-type: none"> Deep breathing Really chewy foods Hanging, swinging, climbing Warm bath with lots of bubbles Warm milk or hot chocolate Hot water bottle Super soft blanket/toy Give me an 'important' task Create a safe space where I can go to self soothe Keep me safe 	<p>Spotting Flight</p> <ul style="list-style-type: none"> Hyperactive, manic, chaotic, silly, baby talk, silly voices, loud, disruptive, clumsy, bumping into people Aggressive, threatening, stiffening up, clenching fists Running away escaping, disappearing, hiding Can't cope with free play or follow house rules Keeps super busy Needing to get to car, home, school, park first 	<p>Grounding Flight</p> <ul style="list-style-type: none"> Keep me close by Deep breathing Tell me I'm safe Hanging Lap/Shoulder Pads Give me a familiar and easy chore Crunchy foods e.g. carrot sticks Happily and patiently find me Create a safe space for me to hide in Tug of war Warm milk or hot chocolate Hot water bottle and soft blanket/teddy
<p>Spotting Freeze</p> <ul style="list-style-type: none"> Bored, not interested. Distracted, not listening, day dreaming, staring into space Confused, forgetful Clumsy Subject change, talking about something else Not moving to where they've been asked Scanning the room Wide eyed, dilated pupils 	<p>Grounding Freeze</p> <ul style="list-style-type: none"> Stay with me, don't leave. Wonder where I've gone and invite me back. Tell me I'm safe. Watching TV Deep breathing Spinning on a swing, climbing, hanging, rolling or cycling down a hill, jumping on a trampoline Digging in mud or sand Hot chocolate and toast Warm bath and warm towel Soft blanket/teddy 	<p>Spotting Collapse</p> <ul style="list-style-type: none"> Unhappy, low mood Alone, withdrawn, removing myself Fidgety but not disruptive, anxious. Never questioning or asking questions. Yes or no answers - doing just enough to avoid being noticed, unable to think. Never drawing unnecessary attention Quiet and passive, compliant Easily bullied 	<p>Grounding Collapse</p> <ul style="list-style-type: none"> Lap/Shoulder Pads Playing with lego or play-doh Give me small repetitive things to do Tell me I'm safe, spend some quiet time with you Hot chocolate and a crunchy biscuit Deep breathing Swinging Soft blanket & TV Warm bath and a warm towel Warm pyjamas

Calming or Alerting the Brainstem

The Neurosequential model teaches us that children who are swinging between fight/flight/freeze/collapse often benefit from activities which either calm high levels of arousal or 'wake up' the under-arousal state. Bruce Perry talks about the need to weave into a child's daily life activities which are:

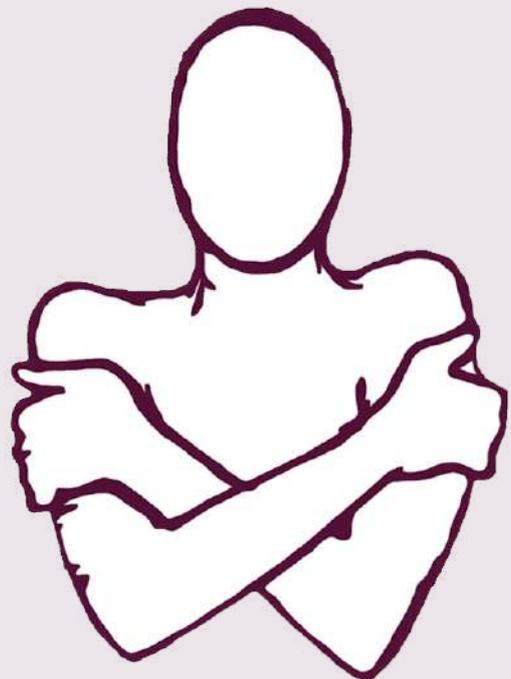


- Relational (offered by a safe adult)
- Relevant (developmentally-matched to the child rather than matched to their actual age)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (of the child and family)



Examples of brainstem calming activities include:

- Drumming
- Dancing
- Trampolining
- Swinging forward and backward on a large gym ball
- Walking, running, hopping
- Tapping
- Breathing rhythmically
- Singing/rapping

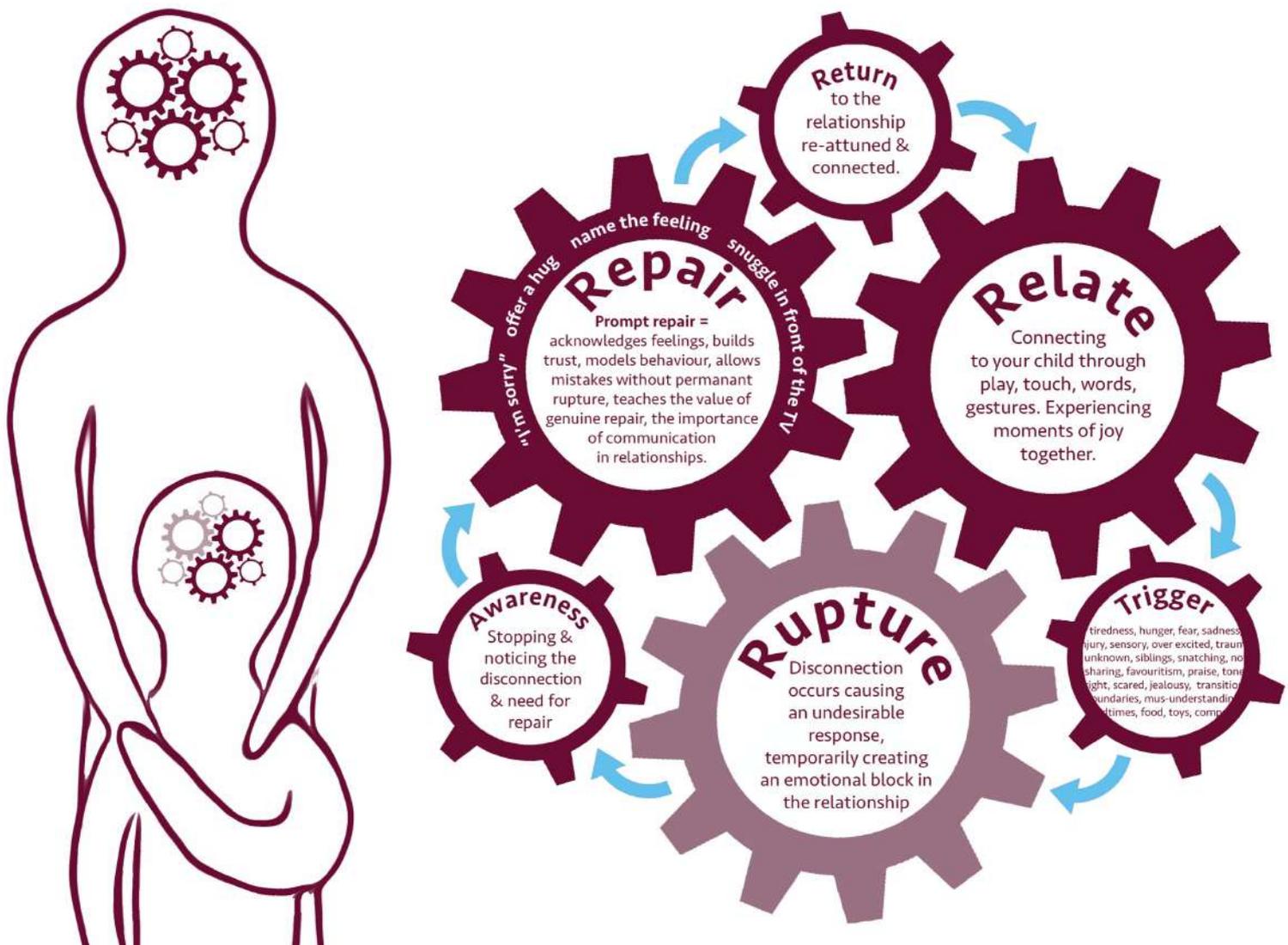


Repair

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”¹². 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.



Connection



For any therapeutic parenting strategy to work, some kind of connection and attunement must be present within the relationship. However, connection can be challenging as it can be rejected - and often is by children who have had early experiences of inconsistent or unsafe relationships. Therefore we might start with developing a connection in a way that feels tolerable to both child and adult. Developing or repairing a connection can start at a distance and move in over time as attunement and trust grows.

Connection From A Distance

Show them you are holding them in mind even when they are not with you

- A note in their bag: this could be a loving thought about them, a drawing, a poem, a silly joke - or a mixture. Give them blank note cards so they can give you a note too.
- Surprise them for no reason with their favourite biscuit/cake/snack in their lunch box.
- Text/WhatsApp message: simply let them know that you're thinking of them - or even just send a silly picture.
- Play a 3 word story game over text: Create a story together 3 words at a time. Take turns adding 3 words at a time to create a silly story.
- Have a special ring tone on your phone and let them know it belongs to them.
- Buy them a photo keyring to put on/in their bag - let them know it's because you want them to know you are always thinking of them.
- Reverse a baby monitor and put it in their room so they can hear/see you as they go to sleep.
- Spray your scent on to the sleeve of their uniform or let them use your moisturiser before school.
- Draw a symbol on their hand and yours, every time you press it it sends a virtual hug/kiss/love to the other person.

Tolerable Nurture

Connecting with a child who perhaps has been rejecting/violent towards you can be daunting.

Tolerable nurture offers re-connection in a manageable way and shows them you are holding them in mind - even if you are in a different room!

- Sitting next to them to watch a film/TV.
- Playing on their games system with them.
- Touching their hand/shoulder/back briefly when they are eating dinner.
- Putting recent photos up of you together in every room.
- Visible/explicit memory box of the things they have made, copies of nice texts that they have sent you etc, kept in this special place.
- Spontaneous home disco/karaoke.
- Go swimming and dive for weights together.
- Sing happy, loving songs from another room and change a key word to include their name.
- Co-create a bucket list of manageable mini dates you want to do together and surprise or schedule this in at various moments.
- £5 gift challenge. Each of you has £5 and 1 hour to find a gift for each other, it ends with hot chocolate and gift giving.
- Mutual face painting/make up/nail painting.

Going Backwards To Go Forwards

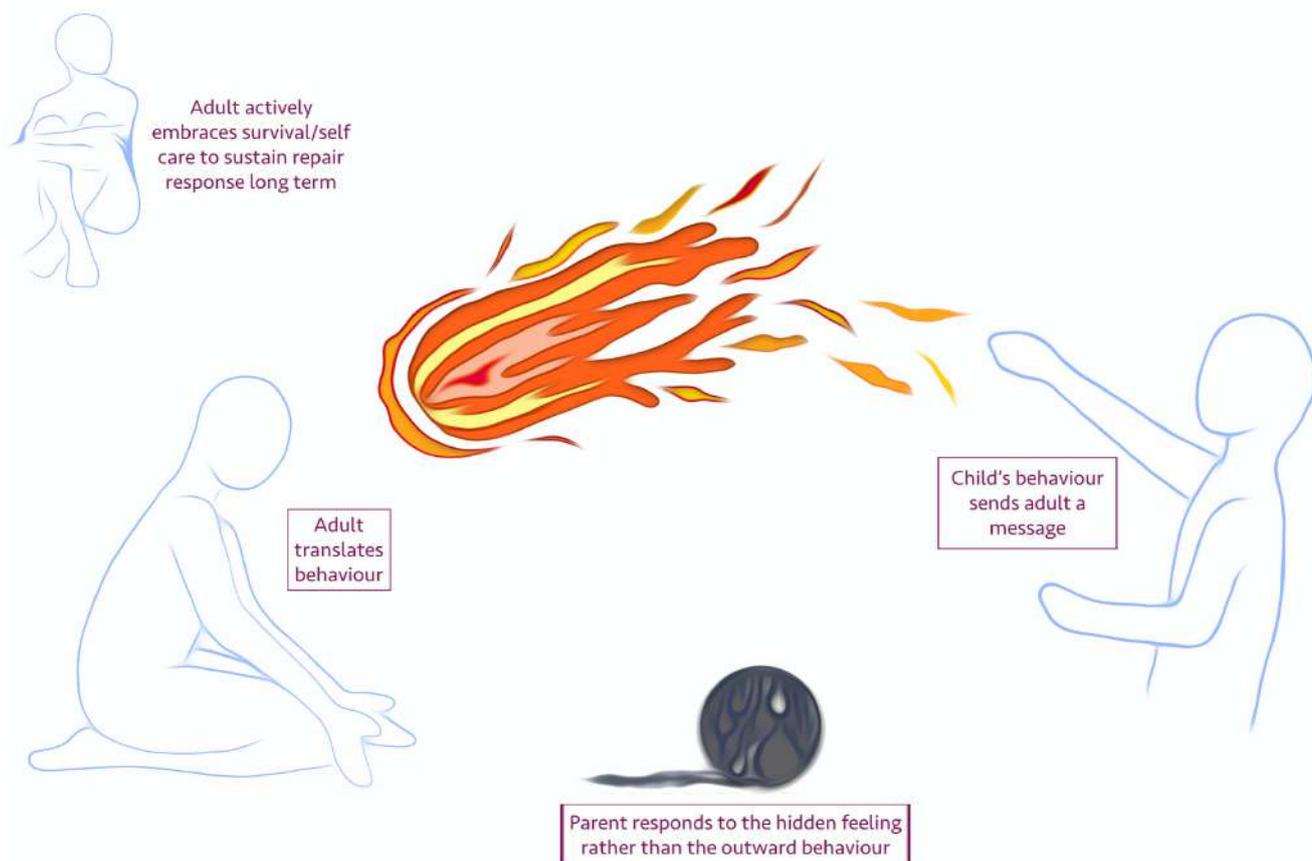


It can be disheartening when you feel like you have had a significant shift in your relationship with your child and then it all seems to fall apart again. In fact, this is normal and not a step backwards at all. There will be significant developmental gaps in your child's foundations that need to be 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

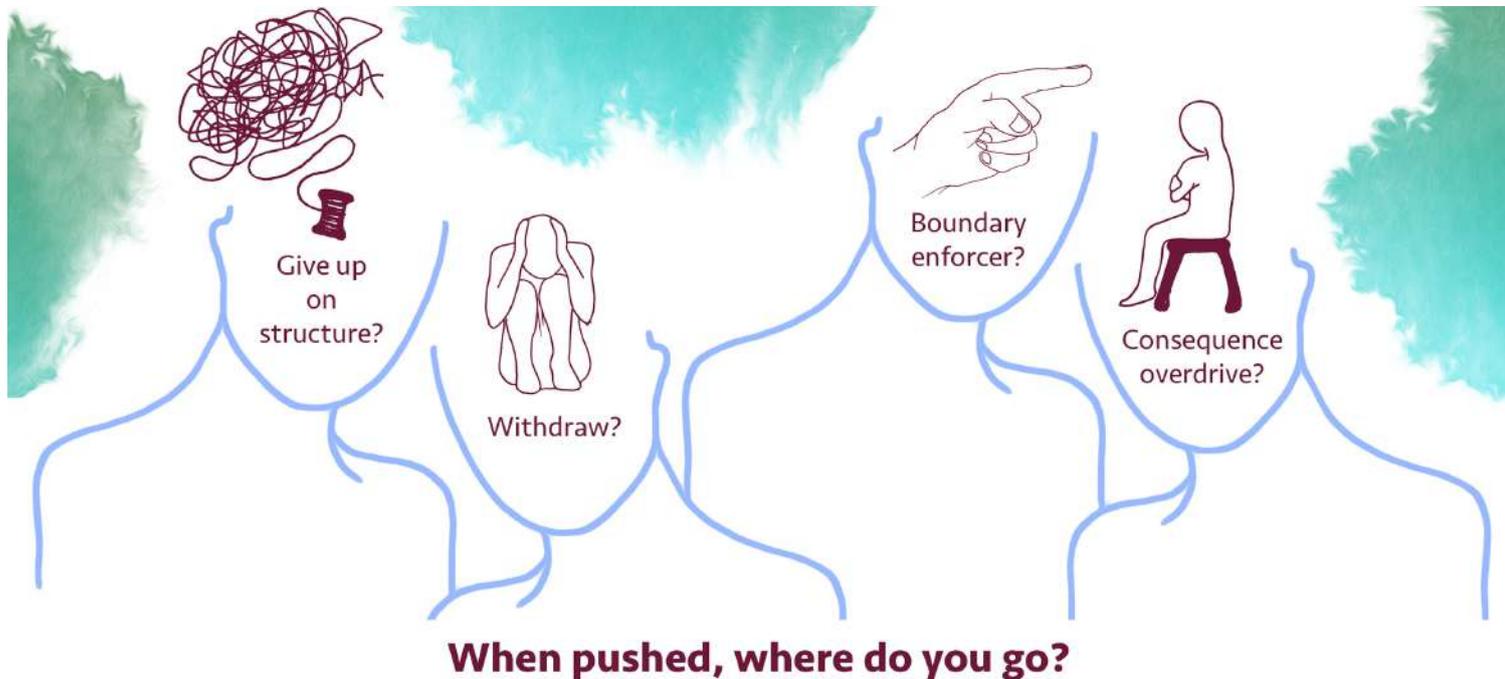
When children feel right they can behave right; however this takes some time. As the adult in the relationship, if you can help them make sense of their behaviour by naming the underlying hidden feeling, and responding to them in a calming and safe way; then over time, you are repairing their trauma. Parents need good self-care to keep up this tough but important task! A really great book which explains more about parenting strategies like this is Dan Siegel's "Whole brain child".



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

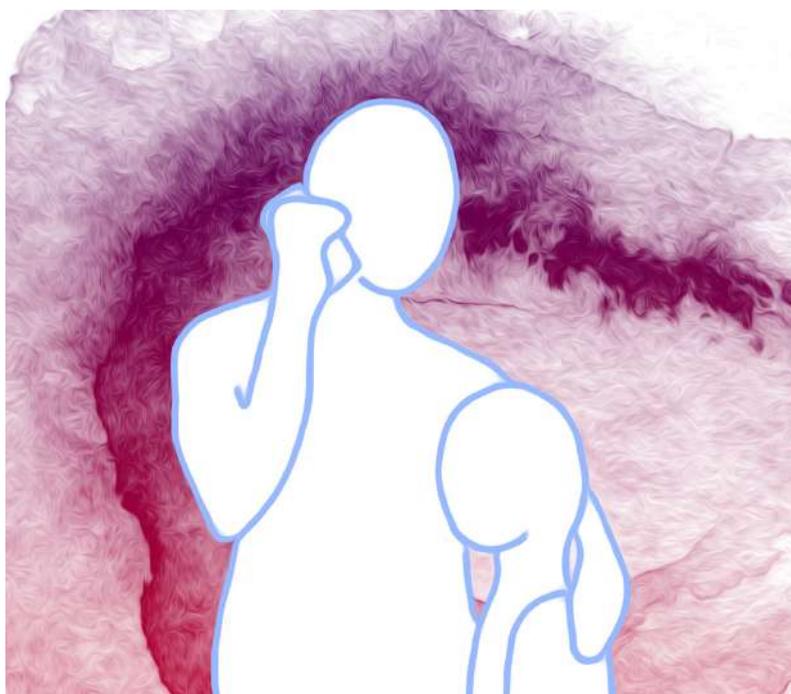
It can often feel very isolating for parents/carers who are struggling with the fall out of Developmental Trauma in their child. Others often misunderstand the child as 'naughty' because they do not yet understand the brain science behind early trauma. If you feel able to, share this article with school, 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

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

Seek help as early as possible



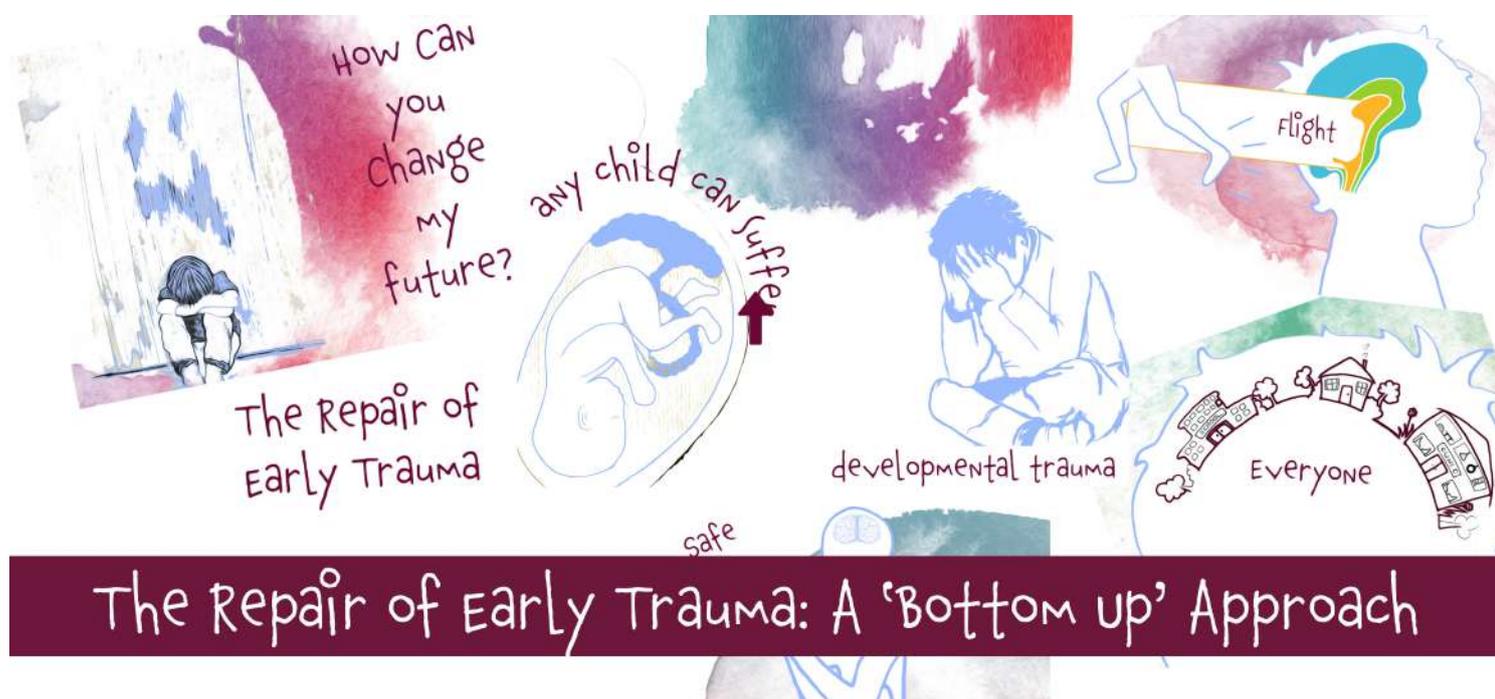
Therapeutic intervention can help at any point in the child's life, so if your child is now a teen or even heading towards early adulthood, don't despair. Interventions are still helpful, it is never too late. Having said this - the earlier support is offered the better. Don't sit and wait, if you feel 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, our assessments and therapeutic approach are informed by the Neurosequential Model (Bruce Perry)¹¹.



For further details on the Neurosequential Model, watch our animation, download the article and free resources please click here:
<http://beaconhouse.org.uk/useful-resources/>

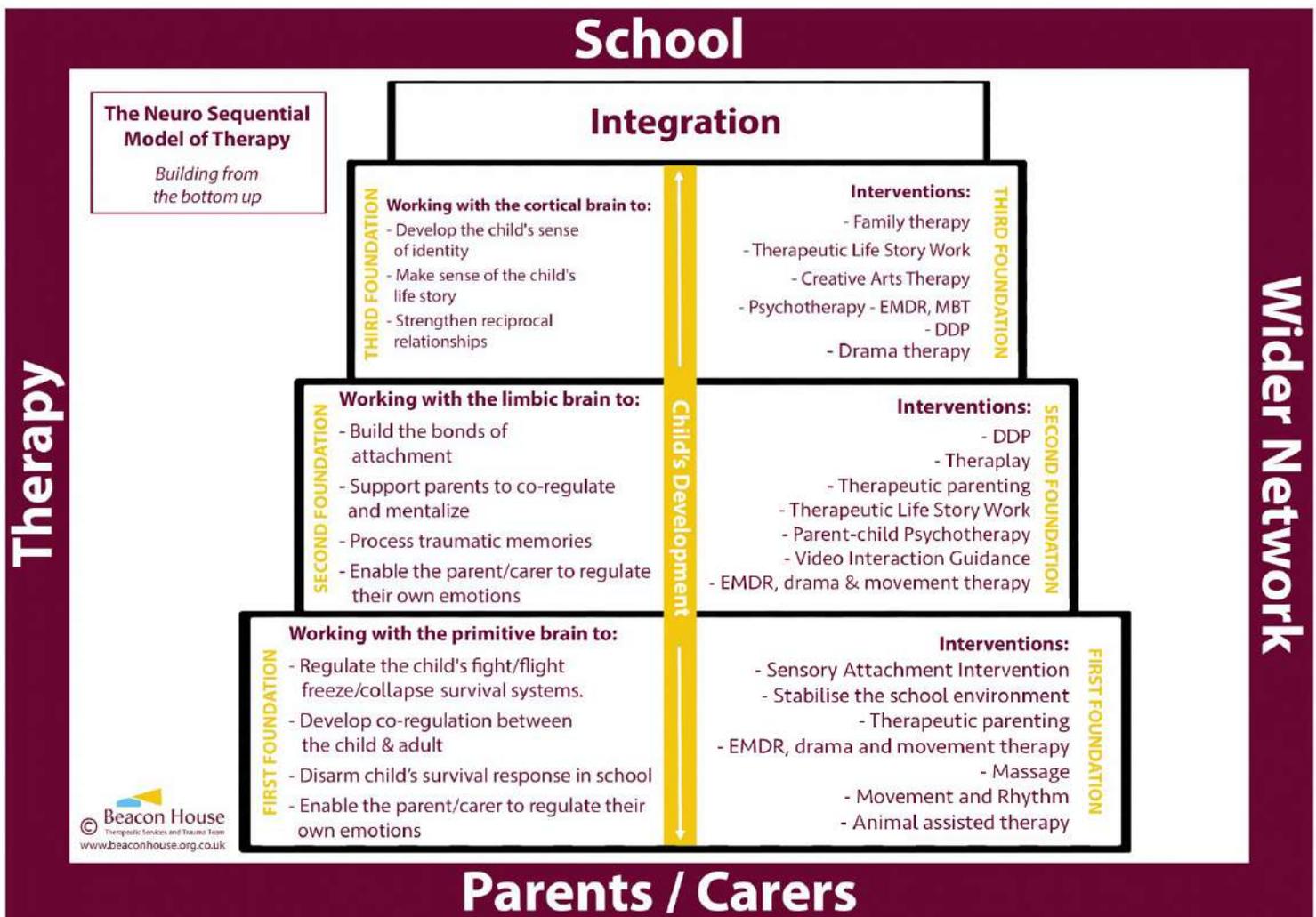
Like the developmental period from 0-3, the therapeutic model will sometimes involve a process of work over 3 years. This will include gaps for children and families to consolidate progress and have a break from the sometimes intense work of therapy.

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

The Neurosequential Model states that work with children whose development has been compromised through traumatic experiences, attachment disruptions and other complex factors often need 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 and mid-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, identity 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:



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

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.



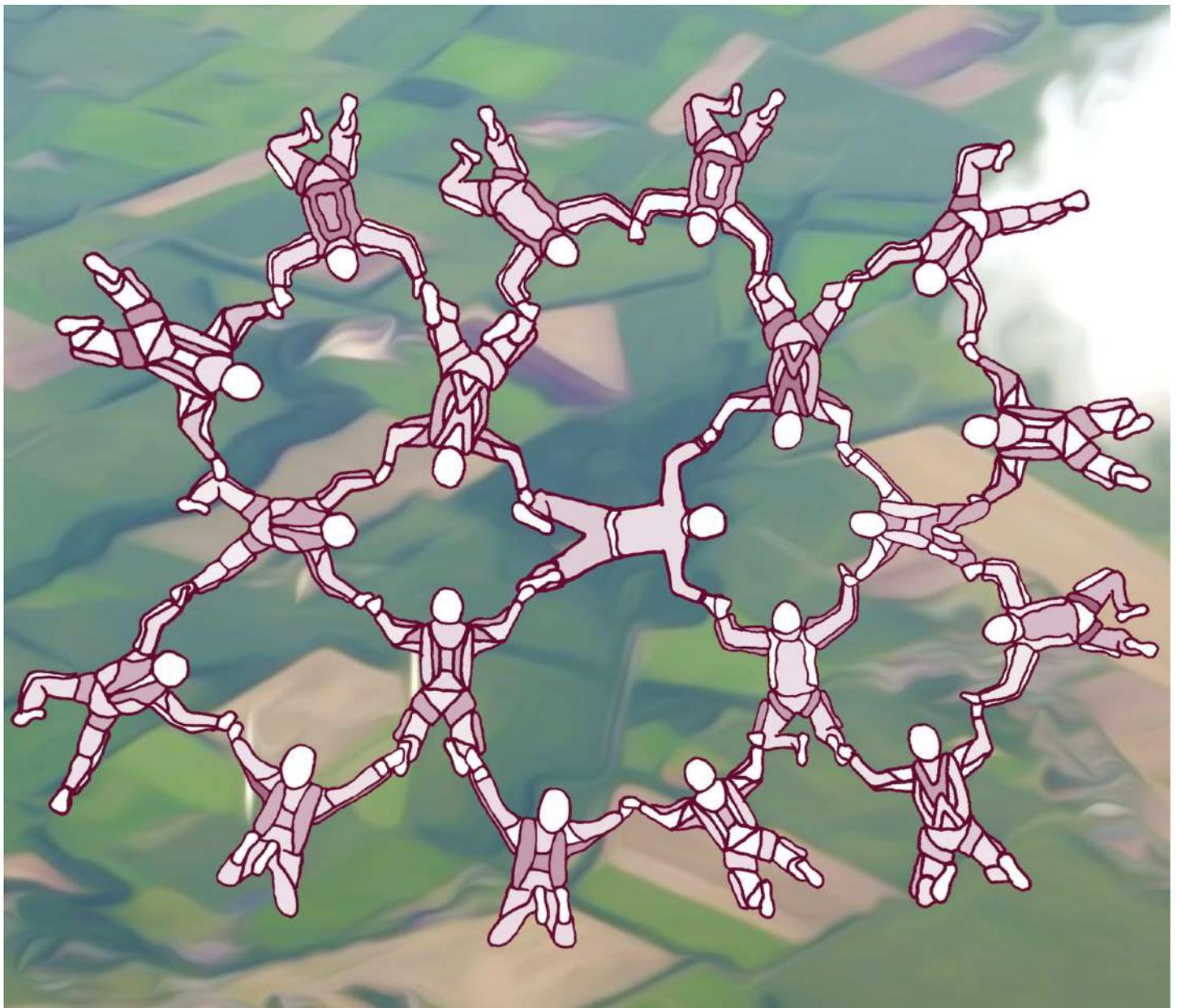
The aims of therapeutic work with chronic trauma in children are to:

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

Finally...

This is, above all, an article of hope.

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



About the authors

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(www.beaconhouse.org.uk/useful-resources) Version 2, January 2020

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2. Cognitive Neuroscience Society; Prenatal stress changes brain connectivity in-utero: New findings from developmental cognitive neuroscience. (2018, March 26).
3. E. Hambrick, T. Brawner and B.D. Perry: Timing of Early Life Stress and the Development of Brain-Related Capacities, Behavioural. Neuroscience., 06 August 2019
4. Bessel van der Kolk: Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories (undated, found online www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf)
5. Bessel van der Kolk; The Body Keeps the Score, Mind, Brain and Body in the Transformation of Trauma (Penguin 2015)
6. Patricia Crittenden; Raising Parents (Routledge, 2015)
7. Daniel Siegel; The Developing Mind: How relationships and the brain interact to shape who we are (Guildford Publications, 1999)
8. Pat Ogden; Trauma and the body: a Sensorimotor Approach to Psychotherapy (Norton, 2006)
9. Allan Shore; Affect regulation and the origin of self (Psychology Press and Routledge Classic Editions, 2015)
10. Karen Treisman; Working with Relational and Developmental Trauma in Children and Adolescents (Routledge 2016)
11. Bruce D Perry – Applying principles of neurodevelopment to clinical work with maltreated and traumatised children (in Nancy Boyd Webb: Working with traumatised youth in child welfare, Guildford Press, 2005)
12. Daniel Hughes, Kim Golding & Jill Hudson Dyadic Developmental Psychotherapy: Healing Trauma with Attachment-focused Interventions for Children and Their Families. New York: Norton. (2018).

Where to find out more

If you would like to find out more about Developmental Trauma and how to heal early wounds, please take a look at the following books and resources:

BOOKS

- A Therapeutic Treasure Box for Working with Children and Adolescents with Developmental Trauma: Creative Techniques and Activities (Therapeutic Treasures Collection) by Dr Karen Triesman
- Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools by Louise Bomber
- The Kids' Guide to Staying Awesome and In Control: Simple Stuff to Help Children Regulate their Emotions and Senses. Lauren Brukner
- Attachment in common sense and doodles: A practical guide by Miriam Silver
- The Simple Guide to Child Trauma Betsy De Thierry
- The Whole-Brain Child: 12 Proven Strategies to Nurture Your Child's Developing Mind by Dr Tina Payne Bryson and Dr. Daniel Siegel, 2012
- Brainstorm: the power and purpose of the teenage brain by Daniel Siegel, 2014
- No-Drama Discipline: the bestselling parenting guide to nurturing your child's developing mind (Mindful Parenting) by Daniel J. Siegel & Tina Payne Bryson (2015)

BOOKS FOR YOUNG PEOPLE

- Help I've got an Alarm Bell Going off in My Head! By KL Aspden
- The Mermaid Who Couldn't: How Mariana Overcame Loneliness and Shame and Learned to Sing Her Own Song by Ali Redford
- The Boy Who Built a Wall Around Himself by Ali Redford
- A Terrible Thing Happened by Margeret M. Holmes
- Today I'm a Monster by Agnes Green
- The Scared Gang books and Cards by Eadaoin Bhreathnach
- Listening to My Body: A guide to helping kids understand the connection between their sensations (what the heck are those?) and feelings so that they can get better at figuring out what they need by Gabi Garcia
- A Niffleloo Called Nevermind: A Story for Children Who Bottle Up Their Feelings by Margot Sunderland
- Elfa and the Box of Memories by Michelle Bell and Rachel Fuller

Where to find out more (cont)

WEBSITES

- www.innerworldwork.co.uk
- www.safehandstinkingminds.co.uk
- www.childtrauma.org
- www.childmentalhealthcentre.org
- www.traumasmart.org
- www.developingchild.harvard.edu
- www.northstarpaths.com
- www.pac-uk.org
- www.celandt.org
- www.fabparents.co.uk
- www.acamh.org
- www.nctsn.org
- www.adultadopteesupport.org
- www.albertafamilywellness.org
- www.annafreud.org
- www.familyrelationsinstitute.org
- www.attach.org
- www.seasinternational.org
- www.childreninscotland.org.uk
- www.thetraumatheapistproject.com
- www.ptsduk.org
- www.besselvanderkolk.net
- www.traumacenter.org
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- www.istss.org
- www.drdansiegel.com
- www.birthtraumaassociation.org.uk
- www.janinafisher.com
- www.sensorimotorpsychotherapy.org
- www.estss.org
- www.youngminds.org.uk
- www.ukpts.co.uk
- www.emdrassociation.org.uk
- www.childmind.org
- www.apa.org
- www.complexttrauma.ca
- www.aimh.org.uk
- www.rip.org.uk
- www.70-30.org.uk
- www.trauma.jbsinternational.com
- www.acesconnection.com
- www.thenationalcouncil.org

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