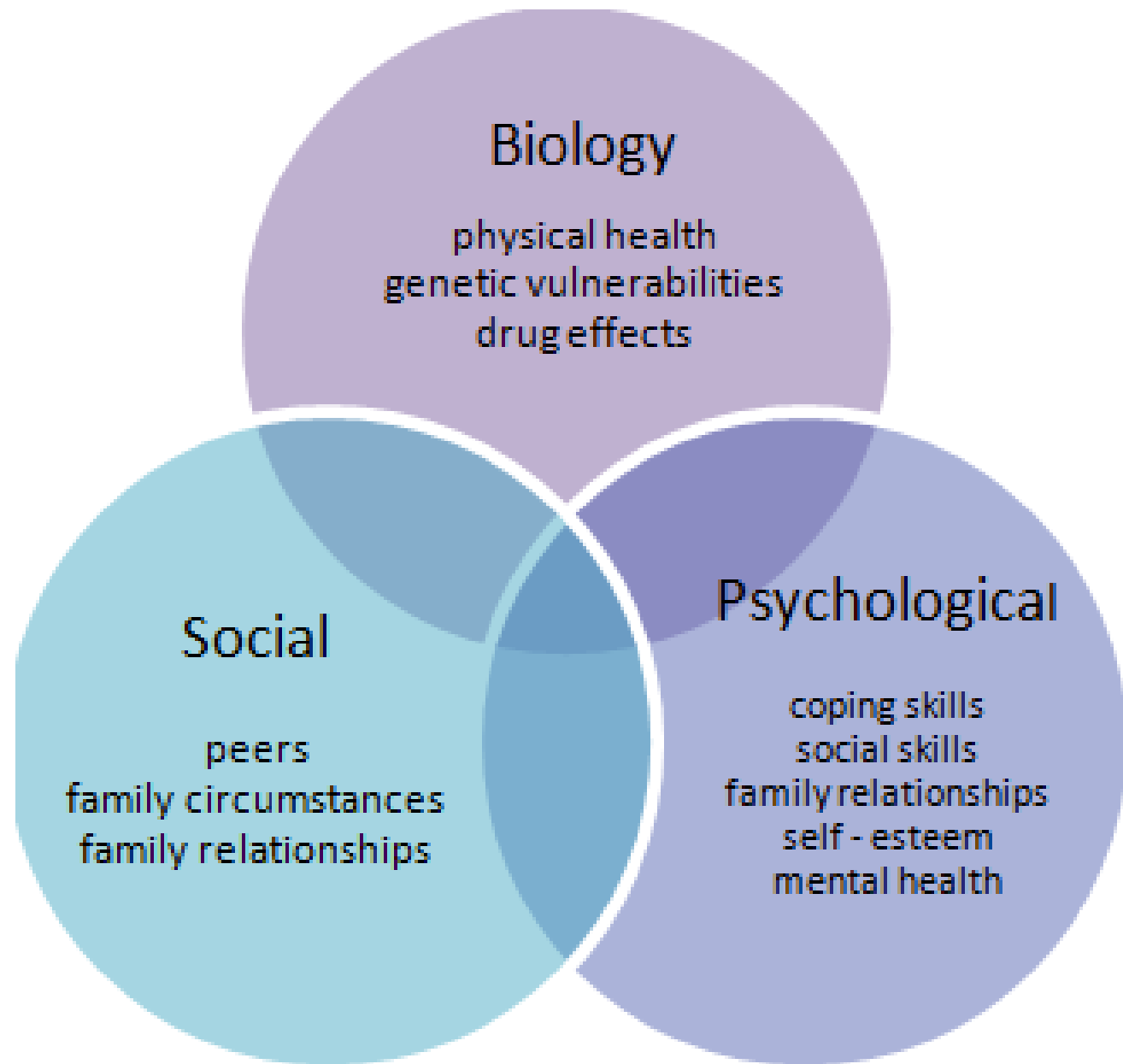




# Trauma & Development

Presented by Erin Wertheimer, LCSW, RPT-S, ACS (slides adapted from Lou Felipe, PhD)

# Biopsychosocial Assessment



# Developmental trauma

Developmental Trauma D/O expands understanding of traumatic experiences to include overwhelming experiences of childhood that often occur in caregiver-child relationship

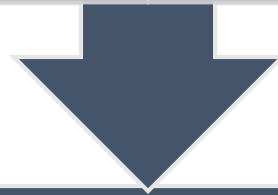
(Blaustein & Kinniburgh, 2010)

Neglect

Psychological  
maltreatment

Attachment  
separations

Impaired  
caregiving systems



The proposal of developmental trauma disorder recognizes that development is dynamic and that developmental tasks build upon one another

(Blaustein & Kinniburgh, 2010; Van der Kolk, 2005)

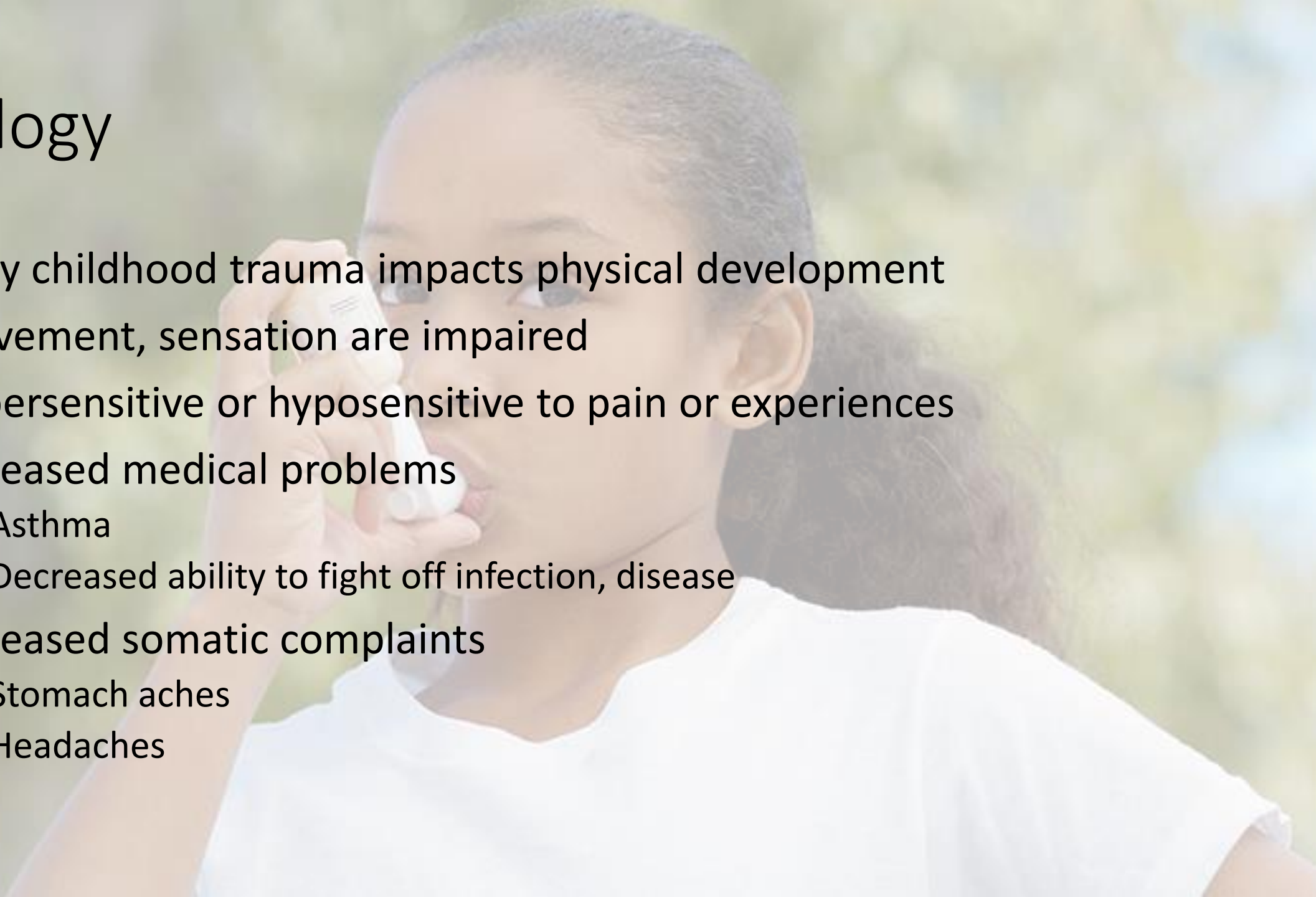
## Domains of Functioning Impacted

- (Cook et al., 2005)

Domain	What it looks like
<b>Attachment</b>	Disrupted relationships (friends, caregivers)
<b>Biology</b>	Delays in development Impaired sensation and movement
<b>Affect Regulation</b>	Difficulties with managing mood
<b>Dissociation</b>	Impaired consciousness, memory
<b>Behavioral Control</b>	Poor impulse control, increased risk-taking
<b>Cognition</b>	Delays in language and learning; impaired memory
<b>Self-Concept</b>	Poor self-image, body-image, identity

# Biology

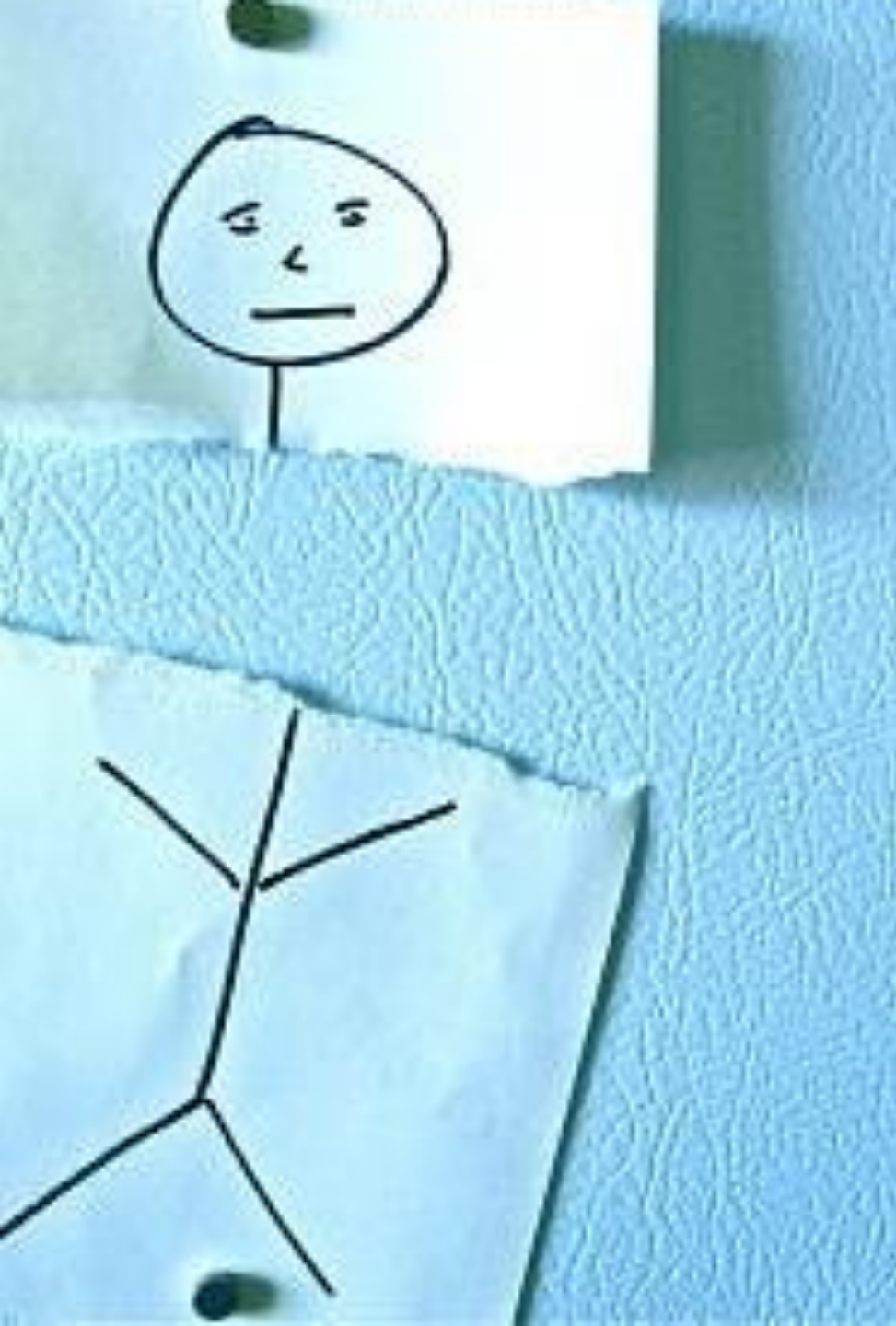
- Early childhood trauma impacts physical development
- Movement, sensation are impaired
- Hypersensitive or hyposensitive to pain or experiences
- Increased medical problems
  - Asthma
  - Decreased ability to fight off infection, disease
- Increased somatic complaints
  - Stomach aches
  - Headaches



# Affect Regulation

- Ideally, caregiver and child co-regulate difficult emotional states until child can do so independently
- Traumatized children have difficulties with
  - regulating moods
  - self-soothing
- Emotions can become intense, overwhelming
- Sometimes children withdraw, become internal when experiencing intense emotion; other times they are emotionally labile





# Dissociation

- With trauma, emotional component is separated from episodic component
- Traumatized children cannot integrate their emotions with the episodic events
- Impaired consciousness
- Impaired memory, especially for highly affective events
- Repetitive behaviors
  - Reenact maltreatment as perpetrator
  - Repetitive themes in play
  - Ex: What does one do when witnessing a car accident?



# Behavioral Control

- Aggression
- Impaired impulse control
- Affect dysregulation
- Difficulties with attention
- Increased risk-taking
- Children of color at increased risk for negative labeling







# Cognition

- Difficulty with attention, focus
- Capacity to take in information and move it from working memory to short term memory and eventually into permanent memory is impacted
- Stress response system is always active, impairing neural connections important for:
  - Language
  - Memory
  - Learning
- Intellectual development can be delayed, stunted as a result of repeated psychological and physical injury
- Toxic Stress: <https://www.youtube.com/watch?v=rVwFkcOZHJw>



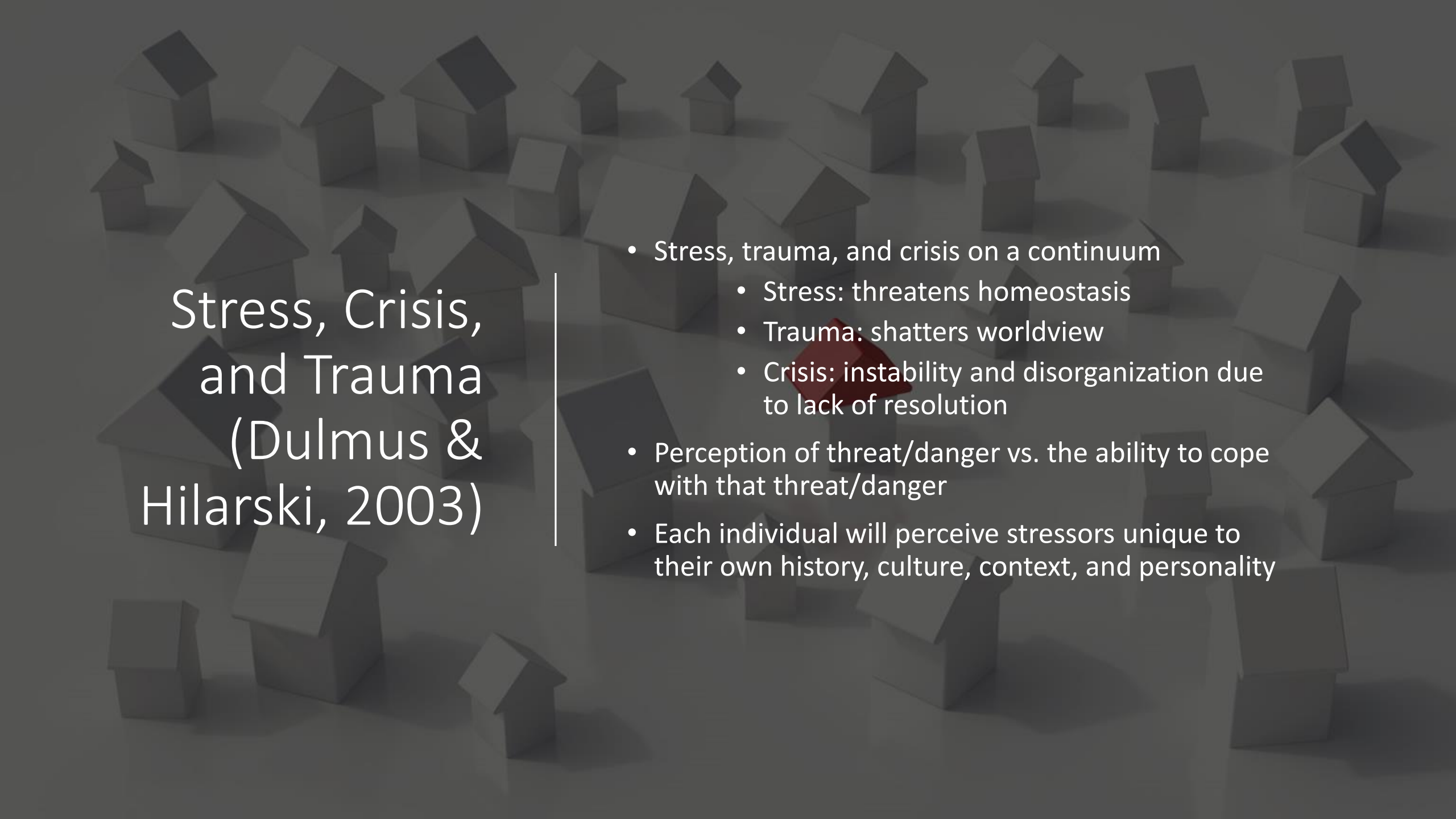
# Self Concept

- Distorted body image
- Decreased self-value
- No sense of control, agency
  - Motivation is impaired
- Identity development is impacted
  - Internalized oppression: racism, sexism, classism
  - Increased risk for future abuse and trauma

A close-up photograph of two hands holding a red string, creating a complex, interlocking pattern that resembles a knot or a braid. The string is a vibrant red color, contrasting sharply with the skin tones of the hands. The background is blurred, showing indistinct shapes and colors, which emphasizes the hands and the string. The overall composition suggests a theme of complexity, entanglement, or the intricate nature of human experience, particularly in the context of trauma and stress.

# Trauma and Stressor-Related Disorders





# Stress, Crisis, and Trauma (Dulmus & Hilarski, 2003)

- Stress, trauma, and crisis on a continuum
  - Stress: threatens homeostasis
  - Trauma: shatters worldview
  - Crisis: instability and disorganization due to lack of resolution
- Perception of threat/danger vs. the ability to cope with that threat/danger
- Each individual will perceive stressors unique to their own history, culture, context, and personality

# Trauma Challenges Attunement

Children who have experienced trauma often lack capacity to communicate needs or to identify and cope with difficult emotions

**They often communicate via behaviors instead of words**

- Need to learn how to interpret the function of the behavior

**Triggers** may elicit intense emotions and/or numbing responses





# Reactive Attachment Disorder

- Children < 5yo
- Unable to form stable attachments
- Usually grossly neglected and/or persistent disregard for basic needs
- Symptoms: detachment, unresponsive or resistant to comforting, holding back from others, socially withdrawn, mix of approach/avoidance behaviors

# Post-traumatic Stress Disorder (PTSD)

- A: Exposure to trauma
- B: Reexperiencing
- C: Avoidance
- D: Negative alterations in cognitions and mood
- E: Arousal
- F: Duration (lasts for more than 1 month)
- G: Causes significant distress or impairment
- H: Not attributable to substance use or other condition

# 4 main symptom clusters

**Re-experiencing the traumatic event**

**Numbing, negative cognitions and mood**

**Avoidance of the trauma-relevant stimuli**

**Hyperarousal and hyperreactivity**

# Stress Response System

(adapted from Blaustein & Kinniburgh, 2010)

<b>FIGHT</b>	<ul style="list-style-type: none"><li>• Aggression</li><li>• Irritability/anger</li><li>• Trouble concentrating</li><li>• Hyperactivity, “silliness”</li></ul>
<b>FLIGHT</b>	<ul style="list-style-type: none"><li>• Social isolation</li><li>• Avoiding others</li><li>• Running away</li></ul>
<b>FREEZE</b>	<ul style="list-style-type: none"><li>• Constricted emotional expression</li><li>• Stilling of behavior</li><li>• Overcompliance and denial of needs</li></ul>

