

Developmental Trauma
Vermont Association of School Psychologists
October 13th, 2016

Dave Melnick, LICSW
Northeastern Family Institute, Vermont (NFI)



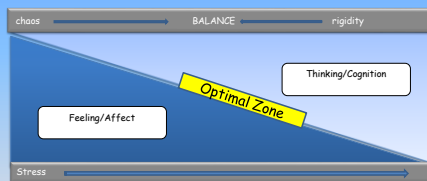
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What is “Stress”...

...any uncomfortable “emotional experience accompanied by predictable biochemical, physiological and behavioral changes.” APA

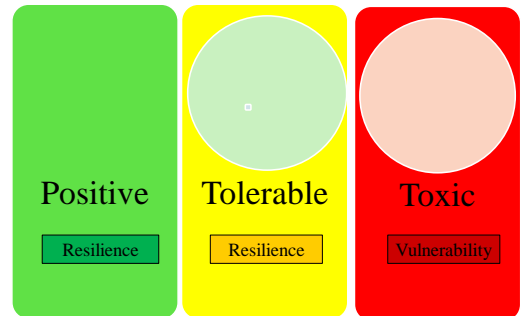
Stress: Balancing Thinking and Feeling

Informed by Daniel Siegel, M.D.



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Stress



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adapted from materials by www.ChildTrauma.org

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The ACES Study: Adverse Childhood Experiences Study

1. Adverse Childhood Experiences are directly correlated with significant increases in physical health problems later in life
2. The more ACEs one experiences, the more the risk increases for physical health problems
3. The increases in health problems are a result of both behavioral changes and direct physiological changes.

What is Trauma...

Trauma is an unexpected, body based event or experience that overwhelms a person's ability to cope.

It is an Event, Experience and Effect



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Developmental Trauma:

(focus on interpersonal trauma)

1. Multiple incidents of trauma, over long periods of time
2. Perpetrator is within the child's intimate circle of adults: "The Care-giving System"
3. The 7 Domains of Impairment

Traumatic Stress: Signature Clinical Issues

What was adaptive (survival behavior) at the time of the trauma, is now maladaptive when the threat (objective) no longer exists.



Traumatic Stress: Signature Clinical Issues

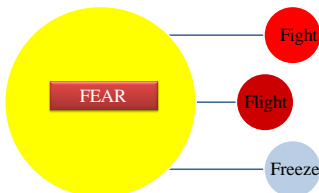
"Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past"—van der Kolk

Traumatic Stress: Signature Clinical Issues

"At the core of traumatic stress is a breakdown in the capacity to regulate internal states"—van der Kolk

Stress Response System: FFFF

"The alarm system for the emotional body is fear"



Adapted from "The Mastery of Love" Don Miguel Ruiz

"A Trauma-informed System..."

- Realizes** the widespread impact of trauma and understands potential paths for recovery;
- Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and
- Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."
- Restorative**
--SAMSA

Trauma Informed Systems

Trauma informed care is “universal precaution” to stop the spread of trauma and toxic stress (Sandra Bloom)

Safety and Security

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Trauma-Informed Systems: Primary Resources

1. National Child Traumatic Stress Network:
<http://www.nctsn.org/>
2. UCSF HEARTS: http://www.coe.ucsf.edu/coe/spotlight/ucsf_hearts_story.html
3. The Sanctuary Model: <http://www.sanctuaryweb.com>
4. THRIVE Maine: <http://thriveinitiative.org>
5. SAMSA: <http://www.samhsa.gov>
6. The Trauma-Informed Care Project:
<http://www.traumainformedcareproject.org>
7. Child Welfare Information Gateway:
<https://www.childwelfare.gov/topics/responding/trauma/>

General Concepts: Trauma-informed Caregiving, Treatment & Educational Practices

- Trauma-informed practices only work within the context of relational health
- Therapy only works with a small section of the brain
- Effective trauma treatment must address the “basic housekeeping functions of the body”
- Success is related to our capacity to help the traumatized person “look inside” or “make friendly contact with his/her body”. . . .

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General Concepts: Trauma-informed Adult Assets of the Caregiver

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. A resilient sense of self: <ul style="list-style-type: none"> <input type="checkbox"/> Open minded <input type="checkbox"/> Self reflective <input type="checkbox"/> Curious, even when stressed <input type="checkbox"/> Acceptance of emotional discomfort <input type="checkbox"/> Ability to enjoy youth 2. Offer a secure base: <ul style="list-style-type: none"> <input type="checkbox"/> with an understanding of child development and trauma <input type="checkbox"/> Identify attachment patterns and child's misuses <input type="checkbox"/> Being sensitive and able to challenge <input type="checkbox"/> Mindful 3. Relational capacity: <ul style="list-style-type: none"> <input type="checkbox"/> ability to build and sustain relationship especially in times of stress <input type="checkbox"/> Balance of authoritative and warm <input type="checkbox"/> Setting good boundaries <input type="checkbox"/> Attunement <input type="checkbox"/> Capacity to connect with emotional distress <input type="checkbox"/> Reparative focus | <ol style="list-style-type: none"> 4. Ability to manage behavior <ul style="list-style-type: none"> <input type="checkbox"/> connect then correct <input type="checkbox"/> Flexible response patterns <input type="checkbox"/> Good impulse control <input type="checkbox"/> Attune to internal experience while misbehavior is occurring 5. Ability to handle rejection 6. Willingness and openness to exploring own attachment history 7. Engaged in a reflective practice |
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Adapted from: "Assessing Adoptive and Foster Parents" Alper and Howe

The Impact of Developmental Trauma: NCTSN: The 7 Domains of Impairment

1. Physical Health: Body and Brain
2. Attachment & Relationships
3. Emotion Responses
4. Thinking and Learning
5. Behavioral Control
6. Dissociation
7. Self-Concept & Future Orientation

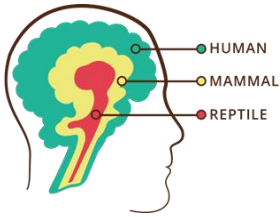
National Child Traumatic Stress Network:
Seven Domains of Impairment

 <http://www.nctsn.org/>

Impact of Developmental Trauma: Domain #1: Physical Health(Brain and Body)

We don't truly know ourselves unless we can feel and interpret our physical sensations"
(Bessel van der Kolk, MD)

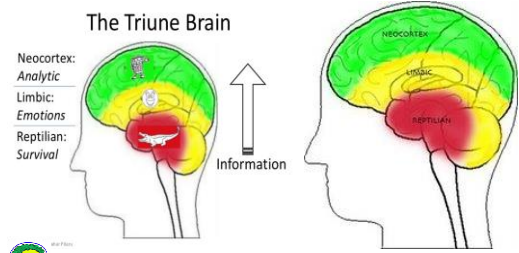
The Brain: Form and Function



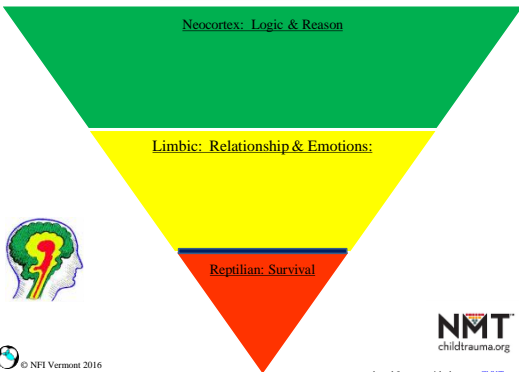
The Brain: Form and Function

The Triune Brain

Neocortex: Analytic
Limbic: Emotions
Reptilian: Survival

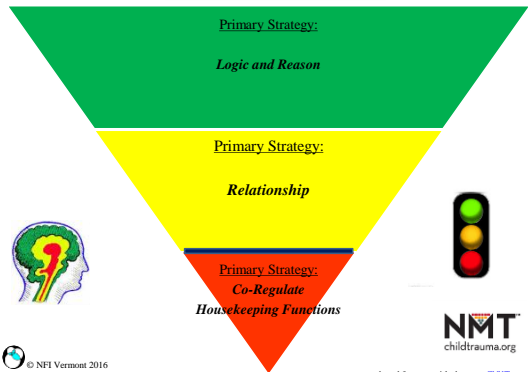


Areas of the Brain



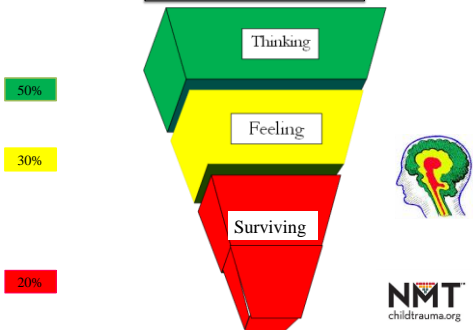
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Areas of the Brain



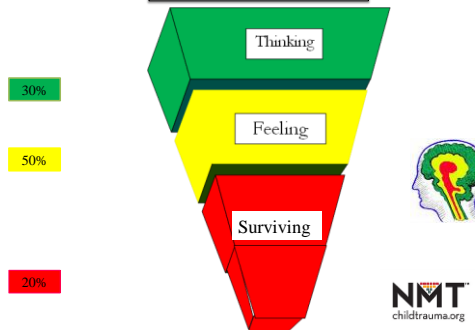
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Percentage of available resources: Regulated Child

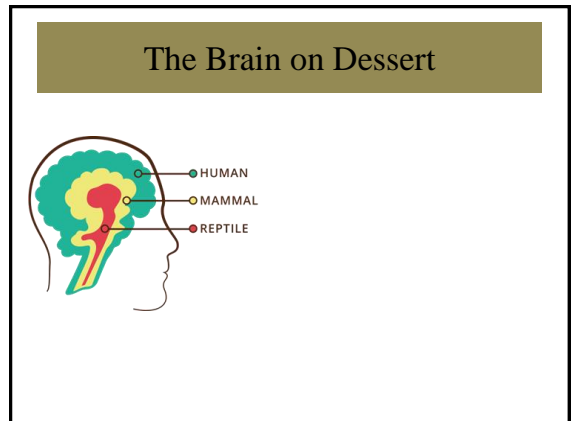
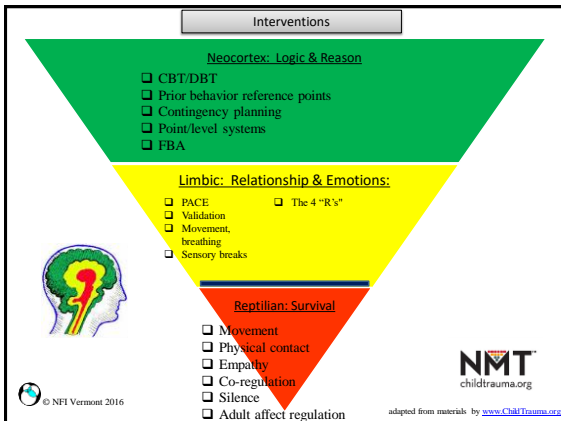
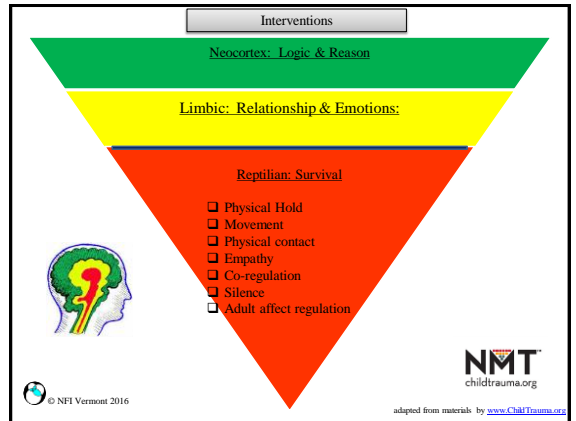
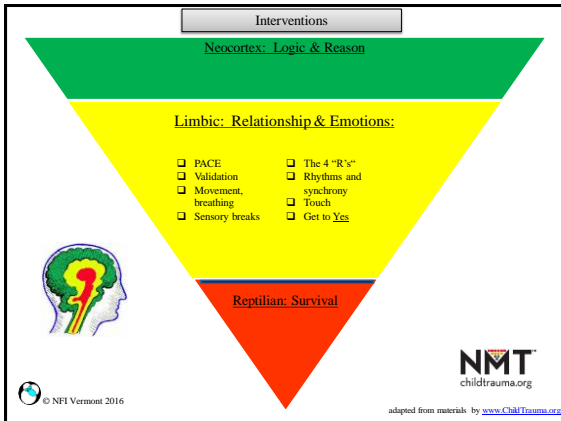
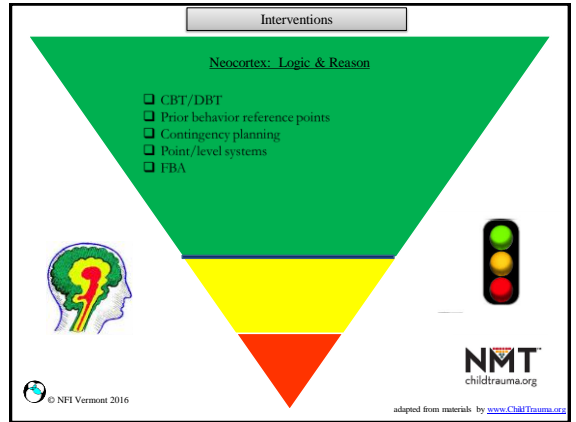
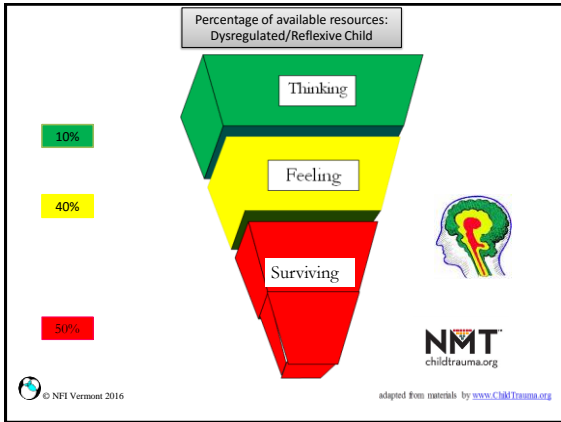


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Percentage of available resources: Distressed/Alarmed/Reactive Child



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Strategies: Biology and Brain

1. Congruence and “matching systems”
2. Provide a coherent and predictable response to their stress:
3. Enriched Relational Experiences: This leads to co-regulation
4. Get to Yes!
5. Rhythm and Movement
6. Mindfulness

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Additional strategies:

PACE (Dan Hughes, PhD.)

Playfulness:

- Generates hope
- Reduces resistance/shame and increases joy/pleasure

Acceptance/Attunement:

- Authenticates experience
- Breeds connection before correction

Curiosity:

- Decreases defensive positioning
- Helps caregivers inhibit their first reactions to a teen.

Empathy:

- Cannot exist at the same time as anger—cannot co-exist
- Emotional and body based experience
- authenticates

Impact of Developmental Trauma: Domain #2: Attachment and Relationship

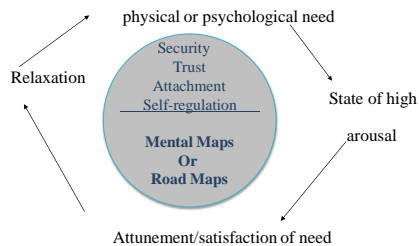
“Being able to feel safe with other people is probably the single most important aspect of mental health”
...van der Kolk

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Domain #2: Attachment and Relationship General Concepts

- “The emotional energy that lives in our home (as young children) is going to tune our emotional body to that frequency” Ruiz p. 33
- Relationships are the “firewall” that protects the virus of trauma from spreading throughout all three operating systems of our brains
- We must create a disparity between what the child expects (the rhythm of his early life) and your caregiving/professional rhythm
- We must be “bigger, stronger, wiser and kind (circle of security)— Lieberman
- We repeat strategies that have worked for us in the past, any strategy that helps us survive.

Healthy Attachment Sequence:



(Beverly James)

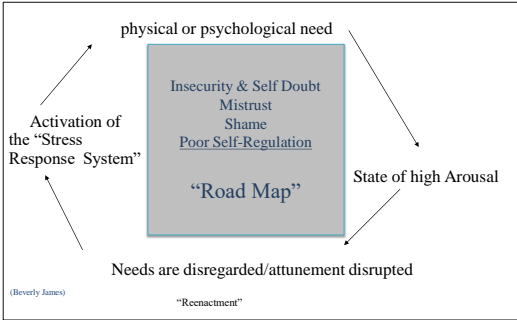
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Caregiving

“Children learn to regulate their behavior by anticipating their caregivers’ responses to them”

Alan Schore

Unhealthy Attachment:



Domain #2: Attachment and Relationship Reenactments

Why negative reenactments occurs: (Sandra Bloom)

1. Disrupted attachments:
 - direct request for comfort were not met.
 - Child learns to indirectly signal for what they need.
2. Fear Conditioning:
 - fear becomes deeply imbedded in child's mind. This emotion memory is outside of his/her conscious awareness.
 - A trauma trigger provokes a behavioral sequence from the child that originated in the "context of something frightening or life threatening"
3. State Dependent Learning:
 - The adult 'help' often repeats past patterns
4. The Addictive Potential of Arousal:
5. Loss of Language: trauma can be speechless.
6. Guilt and shame:
 - the child's original action plan did not stop the trauma.
 - The persons signals are misread by others and "are often responded to in ways that directly counter what the traumatized person requires in order to change".

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Professionals: Impact of Stress (Dan Hughes, Ph.D & Jon Baylin, Ph.D.)

1. Over-reactive to nonverbal comm.
 - Poorly evaluate the client's intentions
2. Experience their client as a threat
3. The stress activates a defensive stance:
 - Become at odds with your client (competitive, angry),

Strategies: Attachment

1. Adult Affect Regulation:
 - You must be able to understand and feel your own emotions in order to empathize with others
 - Traumatized youth are highly influenced by the affect state of adults
2. Attunement:
 - Create a "we state":
 - Relationships mediate stress
3. Enriched relationship: recreate purposeful interactional patterns of continuity, trust, containment. Be "bigger, stronger, wise and kind"
4. Co-regulate affect
5. Minimize/Prevent Reenactment: Deconstruct the relational patterns to understand what the child is playing out. It takes time.
6. "Stage Not Age"—the child's functional age is driven by the stress response system and self-regulation ability

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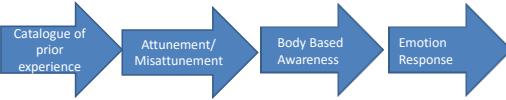
Impact of Developmental Trauma: Domain #3 Emotion Responses

Function of Emotions:

1. Tell us what is meaningful
2. Readies us for action
3. "Evokes Motion"

Emotion Regulation

Self-Regulation:



Adapted From: "Working with Emotional Intelligence", Daniel Goleman

Emotion Regulation

Our initial decisions are made by gut feelings and we cannot "dictate" what we are going to feel, but we can cultivate and increase internal awareness.

- We cannot easily control our emotions or initial physiological response. We can control our response to these emotions and physiology.
- Key components of emotional intelligence are self-awareness and self-regulation (and physiological awareness)
- Anger mobilizes energy and focuses attention to remove an obstacle to achieve a goal.

Adapted From: "Working with Emotional Intelligence", Daniel Goleman

How Trauma Effects Emotion Regulation

Dissociation:

Retreat from the external sensory world

Common Forms:

- Avoidance, Refusals, Indifference
- 'Spaced out', inattentive, 'trance like', stilling, mental escape, detached, not embodied, numbing
- Surrender, Possum, Capitulate, Retreat and Defeat, Submissive, obedience, feigned death, collapse
- Helpless, freezing, indifferent, apathy, passive, victim, lifeless

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Emotion Regulation: Strategies:

1. Getting To Yes!
2.and "Listen more and Lecture Less

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Getting to Yes

"people behave their worst when they feel the most powerless" (Mark Goulston, MD)

Goal:

1. Help move a brain from panic to control. This gives the cortex a "toe hold" and you can

Method:

Step #1: Make Contact:

- "I bet you feel that nobody really understands just how"
- "It sounds like you think I ..."
- "I bet you think that I am trying to ..."
- "It sounds as though you think that nobody understands you"

Step #2: Name it

- 1. "It seems that you are _____, is that correct?"

Step #3: "Scale it"

- "How _____ are you right now?"

Getting to Yes

"people behave their worst when they feel the most powerless" (Mark Goulston, MD)

Step #4: Link it

- "The reason you are so _____ is because _____, do I have that right". Build a bridge from cause—to—effect

Step #5: Solve it

- How can I help? What part can I playing..
- What can you do to....

Step #6: Relate and Connect

Step #7: Reflect and Plan

Emotion Regulation: Strategies:

3. Mindfulness:
 - ❑ shifts our brains emotional "set point" to attend to inner states and not just outer states (hypervigilance to inner awareness).
4. Mental rehearsal:
 - ❑ activates the same neuronal activity as the real activity—imagine and practice a different outcome.
5. Watch the "somatic narrative"
6. Tell child what they can do, not what they cant
7. Neutralize: Take the energy out of the interaction
8. Give Choices
9. Promote reflective practice with clients:
 - What do you need?
 - What is your plan?
 - What are you noticing right now?
10. Change sensory experience: move, breathe, stretch, music.

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Impact of Developmental Trauma: Domain #4 Cognition and Learning

Impact of Developmental Trauma on Cognitive Development:

1. Black and white thinking
2. Poor cause and effect
3. Difficulty sustaining curiosity and attention
4. Negative belief system
5. Cant filter out irrelevant information
6. Intellectual functioning- Often varied cognitive profiles
7. Delayed or disrupted language development
8. Difficulty with executive functioning
9. Memory challenges (distraction, misperception, poor short-term memory, overwhelmed, anxiety)
9. Focus on non-verbal information and lack of ability to accurately
10. Novelty is triggering as anything new is potentially threatening

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Executive Functioning: (see Harvard Center on Developing Child)

Impact Areas:

It is not often the task or request that leads the person to Misbehave...

It is the feeling and negative thoughts that is evokes...

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Helpful Reframes for professionals:

Client Says:

Client Believes:

- | | | |
|------------------------|---|---------------------------------------------|
| "this is stupid" | → | "I am stupid" |
| "I cant do this" | → | "I am helpless/powerless" |
| "You're an _____" | → | "I am not safe" |
| "why do you always..." | → | "I am to blame" |
| "I'm outta here" | → | "I am powerless to change how I am feeling" |
| "I won't do this" | → | "I can't do this" |
| "You can't make me" | → | "I am weak and vulnerable" |

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Impact Areas: Common Negative Cognitions

I am stupid, bad, damaged

I am unlovable

I am worthless

I am powerless, out of control, vulnerable

I am not safe

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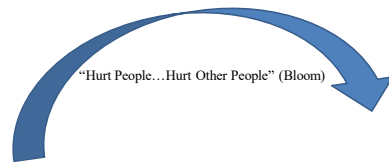
Strategies for addressing problems with Cognition and Learning

1. "Regulate before you educate"
2. Stress Management
3. Address the cognitive "self-evaluations" before the external behaviors when you can.
4. Client may require scaffolding to support executive functioning challenges
5. Many clients will need multi-disciplinary services to address learning needs
6. Predictability and Routines will rule the day
7. Executive Functioning Scaffolding

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Impact of Developmental Trauma: Domain #5: Behavioral Control

Impact of Developmental Trauma: Domain #5: Behavioral Control



Behavioral Interventions: General Considerations

1. Behavior modification/management does not typically recognize the reciprocal nature of anger and exchange of affect:
"Co-constructed"
2. Misbehaviors are strategies for self-protection
3. "Acting out is a form of remembering" (Lieberman)
4. challenging behaviors represent deficits with:
 - Language and communication
 - Attention and working memory
 - Emotion and self-regulation
 - Cognitive flexibility
 - Social thinking
5. Challenging behaviors are highly predictable

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Behavioral Interventions: General Considerations

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Misbehaviors are strategies for self-protection

"Acting out is a form of remembering" Lieberman

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The Classroom as Community: Positive Peer Culture

This is a method of creating a non-violent environment where everyone in the room has responsibilities to themselves and others

- ❑ Classrooms are naturally made communities that can be shaped to work together towards a shared set of goals: Mission
- ❑ Deliberate norms (routines and rituals that support the mission) influence how people in the community interact.
- ❑ Norms will be supported by the following methods/interventions:
 - ❑ Repetitive transition rituals that help organize the group throughout the day
 - ❑ Regular classroom meetings to address both positive and 'off mission' behavior
 - ❑ Activities that promote and support relational health
 - ❑ Ways of addressing adversity and conflict
 - ❑ Using collective thoughts, ideas and actions to solve problems
 - ❑ Positive peer pressure is used to support the mission
 - ❑ Everyone has a voice in a safe and non-threatening space
 - ❑ Helps to allow people to find words to express feelings and experiences
 - ❑ Allows for sharing of community resources

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Behavioral Interventions: General Considerations

- ❑ If professionals are not careful, and activate the client's *defensive system* instead of the social engagement then behavioral problems may escalate.
- ❑ Professionals are most competent when open-minded: this enhances self-regulating, creativity and attunement.
- ❑ Some of the professional—client problems that emerge, emerge from *within the professional—client relationship* and are not merely "behavioral"
- ❑ Discipline is not an ideal way to establish a relationship with a client.

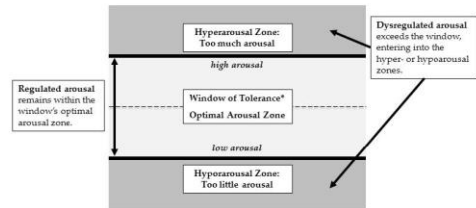
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Behavioral Interventions: General Considerations

- ❑ Make sure you know the intention of the behavior: related to survival
- ❑ Skill deficit and unmet need
- ❑ Sensory seeking or avoiding
- ❑ Traumatized adults have to be mistrustful before they can trust.
- ❑ Any evaluative process creates a defensive position (even praise)

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Emotion Regulation: Window of Tolerance (Pat Ogden, Ph.D.)



© Sensorimotor Psychotherapy Institute
* Siegel (1999)
Image from: *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*
Pat Ogden & Bruce Limerick
Forthcoming July 2014 New York, NY: W.W. Norton

"The cure for the pain is in the pain" Rumi

The Art of Evaluating Trauma:

Our evaluations are a team process:

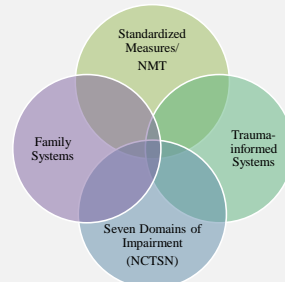
- We evaluate a child within the context of their unique trauma history, family, and community.
- we don't just evaluate the individual child.
- We are looking for *depth of understanding* and *engagement from the team* in the process of helping a child.
- A successful evaluation should have an immediate effect on perceptions. If you change perceptions you often change caregiving and treatment.

1. Inclusive and respectful of multiple voices and lens
2. Collaboration often increases buy-in
3. Collaboration often increases and improves fidelity and follow through

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Evaluating Trauma



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Evaluating Trauma: Trauma-informed Systems

Trauma-informed Systems

1. Realize, Recognize, Respond
2. "what's wrong with you?" → "what happened to you?"
3. Importance of relationships as healing
4. Understand that symptoms, misbehavior are a result of:
 - A. Unmet needs and skills deficits
 - B. Compensatory strategies that enhance survival
5. Caregiver/Workforce Training



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Evaluating Trauma

Seven Domains of Impairment (NCTSN):



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Evaluating Trauma

Family Systems:

1. Inter-related/ Reciprocal
3. "Challenge Certainty"
4. Trauma-informed family therapy



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Evaluating Trauma

NMI:

1. Provides a summary of your clinical workup
2. Increases additional credibility of evaluation:

BRAIN

3. Decreases shame
4. Decreases rigid adherence to behavioral explanations
5. Increases opportunity to cultivate treatment plans based on developmental need



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Science of assessing trauma

1. Standardized Measures
2. Clinical Interviews and observation
3. Professional experience/opinion
4. Integration of #1,2,3 → clinical formulation and treatment plan



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Assessing Developmental Trauma

	Clinical Interview	Vineland	TABS	TSCC/TSCVC	PSI/SIPA	BRIEF	CBCL	NMI	OTHERS
Physical Health	X					X		X	X
Attachment	X	X	X		X			X	X
Emotional Response	X	X		X	X		X	X	X
Cognition & Learning	X	X				X	X	X	X
Behavioral Command	X	X		X	X	X	X	X	X
Dissociation	X	X		X				X	X
Self-Concept	X		X					X	X



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Framework of the Findings Meeting

1. Similar to psychological, psycho-social or psychoeducation evaluation... ..except the presence of the Findings Meeting
2. Buy-in:
3. 2 ½ --3 hours long; Rationale
4. Pacing
5. Two goals:
 - A. Resource Building
 - B. Improve functioning of the youth, family and treatment team



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Framework of the Findings Meeting

Objectives:

- A. Deconstruct misbehavior and strongly re-frame them as compensatory strategies that are outside child's consciousness. Builds **empathy** and reduces adult reactivity.
- B. Brain info=science: depersonalize struggles
- C. Make people feel valuable
- D. Create recommendations that are "co-constructed"
- E. Communicate confidence—self-assured consultant
- F. Shift thinking from:
 - Behavioral to relational
 - Problem saturated to solution-focused
 - From individual therapy to family treatment and trauma-informed systems
- F. Reflective Process—state back and summarize what you have heard from others on the team



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Goals of assessment: Art

The "art" lies in:

1. The capacity to make the process a reflective and collaborative one
2. Integrating ideas from multiple approaches—makes the process feel less agenda driven, less "expert oriented"
3. Finding legitimate ways to build hope and optimism: Change perceptions, reframe challenges
4. Taking well-calculated risks: "challenge certainty"



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Take-away concepts

1. Developmental stage not chronological age
2. Congruence: bottom up, match operating system
3. Basic knowledge of the brain: this captures/captivates peoples attention, injects science, and reduces resistance
4. 7 domains helps clarify the work that needs to get done



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Behavioral Plans vs. Emotion Regulation plans

Behavioral Plans

- Tend to be reactive
- Focus on behavior management
- Focus on reduction of behaviors
- Little or no focus on partner behavior
- May not be developmentally appropriate
- Focuses on superficial antecedents and consequences of the behavior
- Less focused on early intervention and preventive skill building

Co-regulation Plans

- Tend to be responsive and preventative
- Focuses on and builds emotional regulation
- Focus on emotional well-being of the person
- Focus on "mutual" regulation
- Addresses the underlying function of the behavior
- Helps person learn how others can help

Based on the work of Nancy Clements, M.A., CCC-SLP; Socialthinking.com

Differential Diagnosis of Developmental Trauma and...

Bipolar Disorder

- shares some qualities of impulsivity, affect dysregulation and breaks in reality
- The associated impulsivity does not have a tension reduction goal
- Affect dysregulation (of even rapid cycling BD) occurs much slower
- Psychotic symptoms are mood congruent
- Less interpersonal impairment
- Generally respond well to disorder specific treatment

Developmental Trauma

- shares some qualities of impulsivity, affect dysregulation and breaks in reality
- The associated impulsivity does have the goal of reducing tension
- Affect dysregulation can be moment to moment
- Psychotic symptoms associated with fragmentation, depersonalization
- Impaired personal functioning and altered expectations of others
- Do not respond well to disorder specific treatment (when diagnoses with BP and trauma history), but respond well to trauma-informed practices.

From: Understanding Interpersonal Trauma in children", in Am J of Orthopsychiatry, W. D'Andrea et al.

Differential Diagnosis of Developmental Trauma and...

ADHD:

- Includes deficits in attention, hyperactivity and impulsivity
- May engage in risky behavior through dysregulated impulses
- Inattention and hyperactivity not thought to result from emotional distress
- Not typically characterized by affective, relational or somatic dysregulation
- Generally respond well to disorder specific treatment

Developmental Trauma:

- Similar deficits possible with different etiology and presentation (inattention related to dissociation, freeze response)
- May engage in risky behavior because of affective instability and attempts to self-soothe
- Inattention and hyperactivity often results from emotional distress
- Often characterized by affective, relational or somatic dysregulation
- Do not respond well to disorder specific treatment (when diagnoses with BP and trauma history), but respond well to trauma-informed practices.

From: Understanding Interpersonal Trauma in children", in Am J of Orthopsychiatry, W. D 'Andrea et. al.

Resources:

Authors to Read

1. Bruce Perry
2. Daniel Hughes
3. Pat Ogden
4. Daniel Siegel
5. Alan N. Schore
6. Stephen Porges
7. Bessel van der Kolk
8. Diana Fosha
9. Joseph LeDoux
10. Ed Tronick
11. Judith Herman
12. Beverly James

Websites to Visit

- <http://www.childtrauma.org>
- <http://www.traumacenter.org/index.php>
- <http://learn.nctsn.org/>
- <http://www.nctsn.org/>
- <http://www.trauma-pages.com/>
- <http://www.nfivermont.org>



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