Childhood trauma and it's impact

Breaking the Silence

8th June 2018

Trauma is not just what was done nor what it did but what was missing.

Difference between stress and trauma!

Resilience or compliance?

Dissociation not dissasociation!

The behaviour is the answer not the problem e.g. control/not able to trust or relax?

When you can’t control if you can only control when – another explanation for self-blame

Type I Trauma

Short-term, unexpected, single blow, isolated, sudden, surprising.

More likely to lead to typical PTSD symptoms.

More likely to have a quicker recovery.

e.g. natural disaster, car accident, rape.

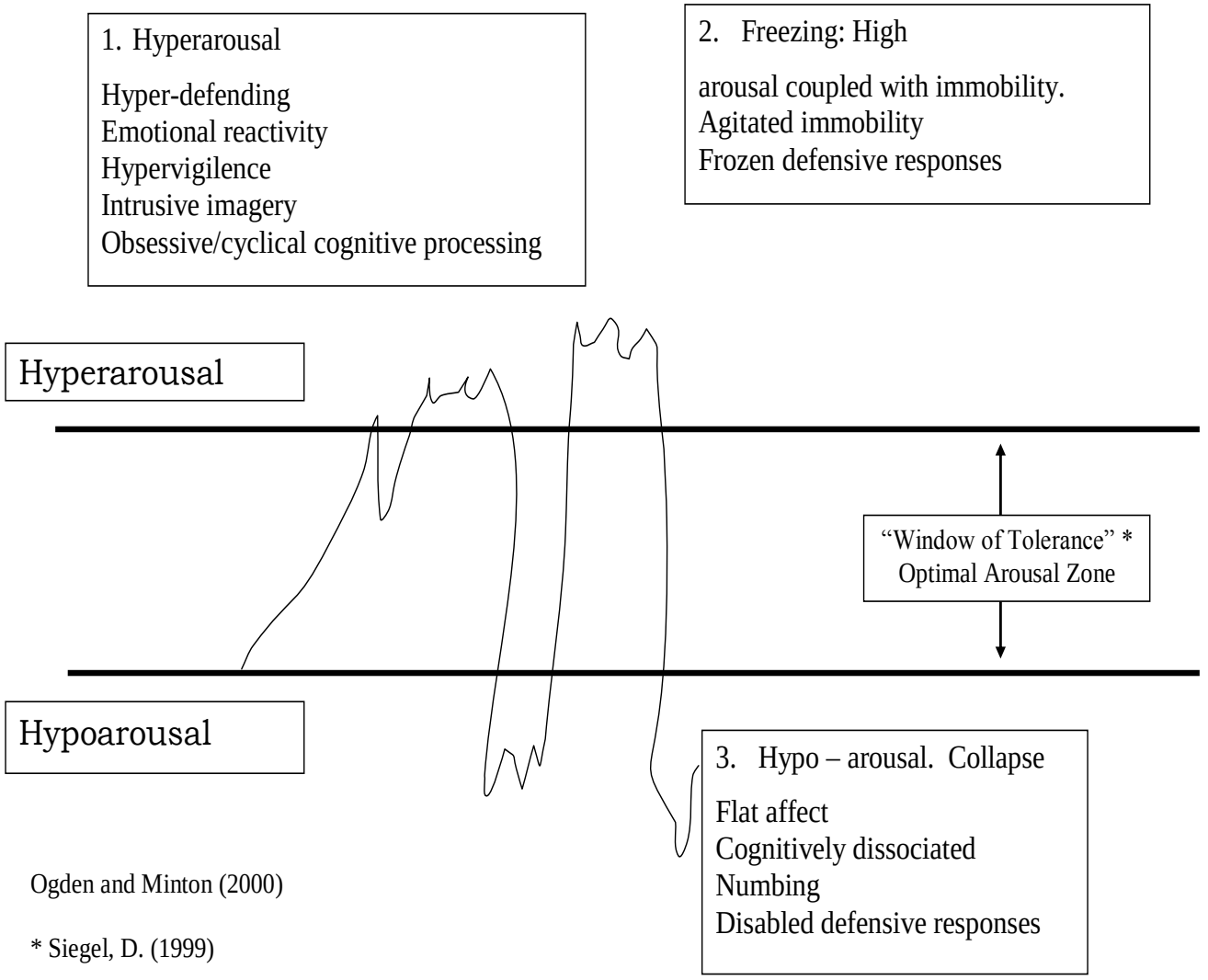
Type II Trauma

Chronic, long standing usually of intentional human design. May lead to altered view of self and of the world and accompanying feelings of guilt, shame and worthlessness.

More likely to lead to long-standing interpersonal problems and/or what Herman (1992) calls Complex PTSD Reaction. More likely to have poorer recovery e.g. ongoing physical or sexual abuse.

Type III Trauma? – no relationship expected or wanted.

Trauma response chart



Ogden and Minton (2000)

* Siegel, D. (1999)

Early abusive memories are stored in the right hemisphere outside of conscious awareness, and this realm represents the traumatic memories in imagistic form along with the survival behaviour employed as a result of the abuse. The cortical hemispheres contain two different types of representational processes and separable, dissociable memory systems, and this allows for the fact that early emotional learning of the right hemisphere, especially of stressful, threatening experiences can be unknown to the left hemisphere.

Schore, 2002

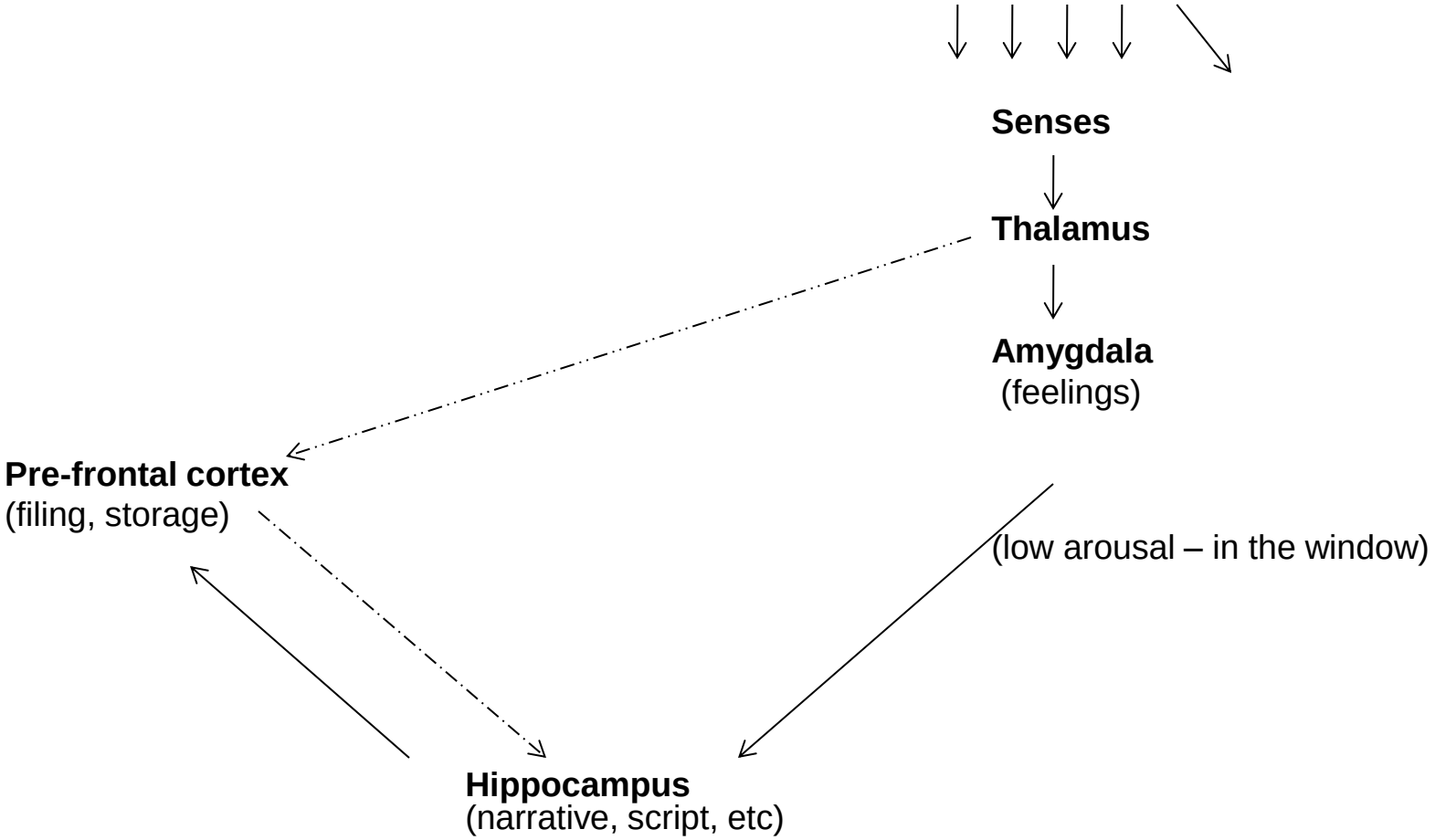
A history of early relational traumatic stress is specifically imprinted into the right brain, which is dominant for "autobiographical“ or "personal“ memory. Terr writes that literal mirroring of traumatic events by behavioural memory can be established at any age, including infancy. This developmental model suggests that traumatic attachments, occurring in a critical period of organisation of the right brain, will create an enduring vulnerability to dysfunction during stress and a predisposition to posttraumatic stress disorders. Lanius work with epigenetics identifies different forms of PTSD which could lead to different assessment, treatment and outcomes for this and other ‘mental health’ diagnoses.

Common misdiagnoses

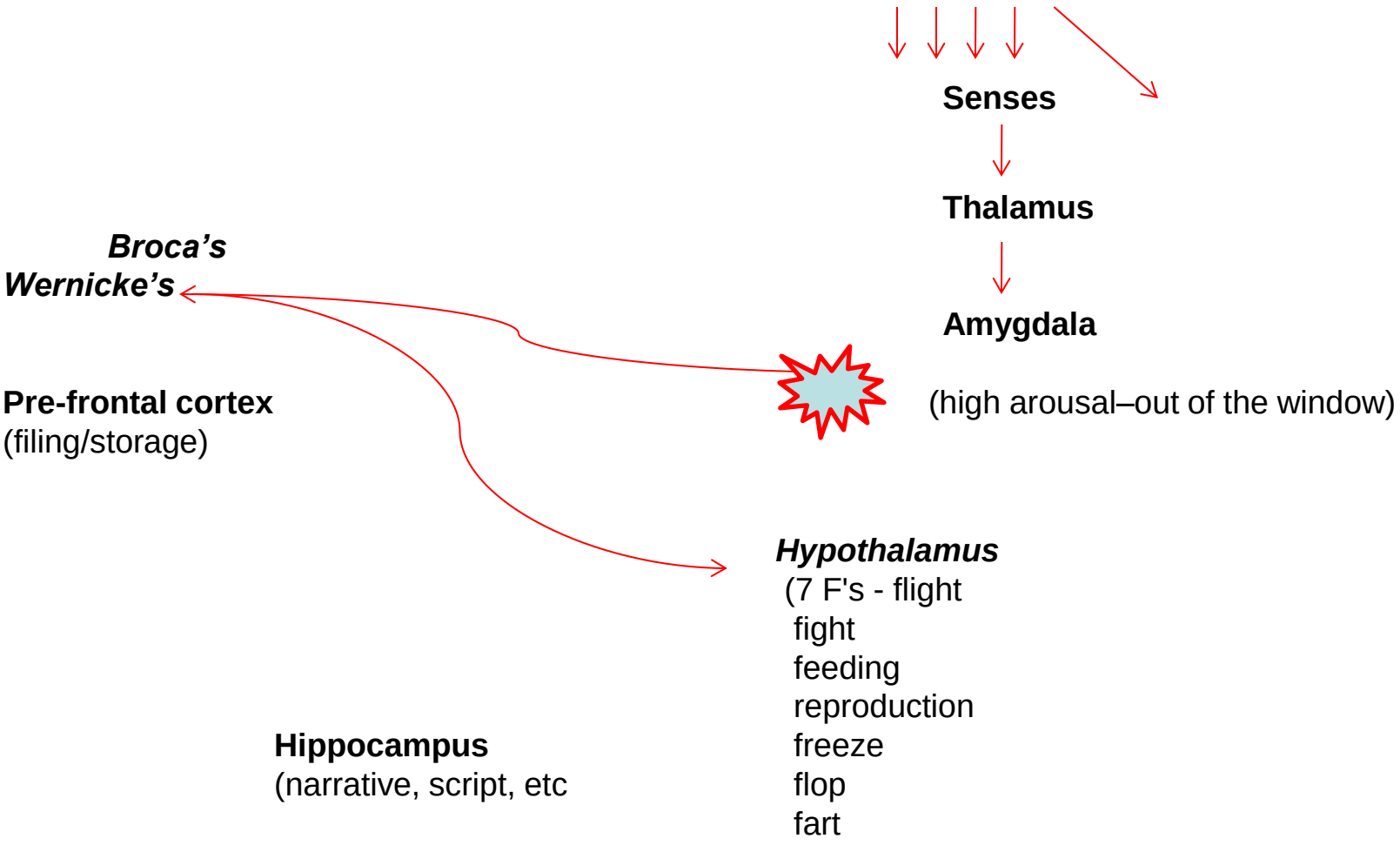
Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder, Depressive Disorder, early onset schizophrenia or even Bipolar Disorder. Most common misdiagnosis - Borderline Personality Disorder.

Clue is medication does not work.

Non traumatic memory



Traumatic memory



- Fight = increased muscle tension, the fists, arms and shoulders
- Flight = tension and movement impulses in legs and feet
- Feed = hand on stomach, look queasy, feel sick
- Reproduction = suddenly need the loo, masturbate, glassy eyed
- Freeze = immobilisation of extremities, agitated arousal, eyes
- Flop = postural collapse, hypoarousal, head down
- Fart = suddenly need the loo, fart
- Attachment = eyes, hands and arms, head and neck, but more arousal and muscular tension accompany the Attachment Cry system

- Minute micro movements easily missed – empathic attunement crucial.

Dissociation:

Dissociation is extraordinarily creative, unconscious process which protects body and mind from too much physical or psychological pain. It enables traumatic events to be ‘unremembered’, but, because they are ‘unremembered’ are also unforgettable. It is reasonable to suggest that early childhood trauma will have been coped with using dissociation and that any adult abused as a child will have used and will probably be continuing to use this process to cope. The more everyone knows about dissociation the better for everyone.

BASK model - Bennett Braun

B = BEHAVIOUR
A = AFFECT
S = SENSATION
K = KNOWLEDGE

Peter Levine – SIBAM model

S = SOMA/SENSATION
I = IMAGE
B = BEHAVIOUR
A = AFFECT
M = MEANING

When all are congruent they fit together. Trauma, dissociation, high arousal, double binds and double thinks -> no congruence -> dissociation.

Dissociated memory

Because stays now

Stays is

Same impact

Internal traumatisation

Integrated memory

Becomes then

Stays then

Less impact

As one child said: Three kinds of memory: now:now, now:then, and then:then.

Measuring level of trauma:

History,

Worker's interview together with

TSCC

TCYC

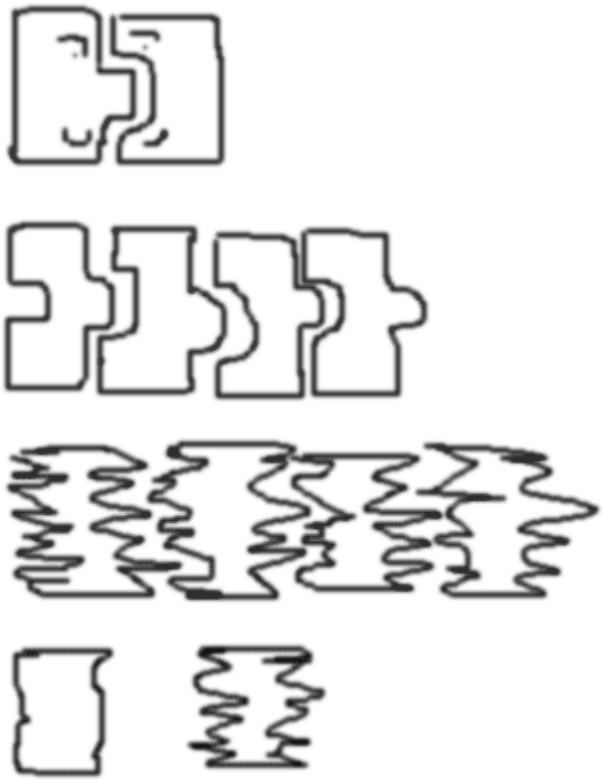
TSI (1) and TSI (2)

CDC

A-DES

DES.

Who is attracted to who?



Developmental issues:

- empathy vs attunement,
- sentimentality and empathy,
- guilt vs shame,
- attachment vs trauma bond vs BPD,
- healthy vs problematic coping strategies,
- diagnosis vs coping strategy
- thinking errors vs the truth - sticking vehemently to the opposite to control the terror - locus of control shift.
- hyper-alert vs ADD/ADHD vs manic
- hypo-alert vs dissociation
- resilient vs compliant
- trauma model vs medical model
- pathologise the behaviour vs normalise the event

Attachment	vs	Trauma Bond
Love		Terror
takes time		instantaneous
reciprocal and caring		domination and fear
person needed for survival		**person needed for survival**
proximity = safety		proximity = alarm
separate and independent person		not separate - extension of other
self mastery		mastery by others
autonomy and individuation		obedient
separation managed		separation intensifies bond

John Briere

Briere (1992) identifies the following adaptations:

1 Initial reaction to trauma: PTSD symptoms (numbness, detachment, poor concentration, hyper-alert, flashbacks), delay in development, thinking errors, behaviour problems,

2 Accommodation to the ongoing abuse: to increase safety to decrease pain

3 Long term: impact on psychological development, coping strategies informing behaviour.

Awareness of wounded healers.

Supervision vs personal therapy.

Therapeutic self awareness, mindfulness, supervision and bubble-wrap enable empathic attunement to continue.

"Our brains will continue to take in new information and construct new realities as long as our bodies feel safe. But if we become fixated on the trauma, then our ability to take in new information is lost, and we continue to construct and re-construct the old realities."

van der Kolk, 2003