



COMPLEX TRAUMA
THERAPISTS'
NETWORK IN THE UK



UNIVERSITY
of York

Working Systemically with Adoptive Families

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**International & Multidisciplinary Perspectives
on Complex Trauma and its Treatment**

A brief bio...

- Not looked after, but a history of trauma as a child
- Trained as a General Nurse, then a Mental Health Nurse in the 1980s
- University Lecturer (Universities of Leeds and Hull) 1994-2012
- New Zealand 2001-2003 CAMHS / H.E.
- Training and work in Systemic Family Therapy over many years, qualified in 2007
- Worked in NHS as a Family Therapist from 2013 in CAMHS and Adult Services – honorary contracts Relate, NSPCC and CAMHS
- Lecturer/Tutor for Relate Institute/Relate 2012-2018
- Self employed from 2017, working on contract for a local Council to support adoptive families for three years

Some initial thoughts

- As a systemic psychotherapist, my natural inclination is to view difficulties as relational and socially constructed
- Working with young people who have developmental trauma has challenged some of my assumptions
- Developmental trauma has a physical impact upon the developing brain of the child, however, it is also socially constructed
- While I tend to be collaborative, curious and neutral in my practice, there is often a need to step outside of that and be more directive and use psycho-education or offer advice

Some initial thoughts

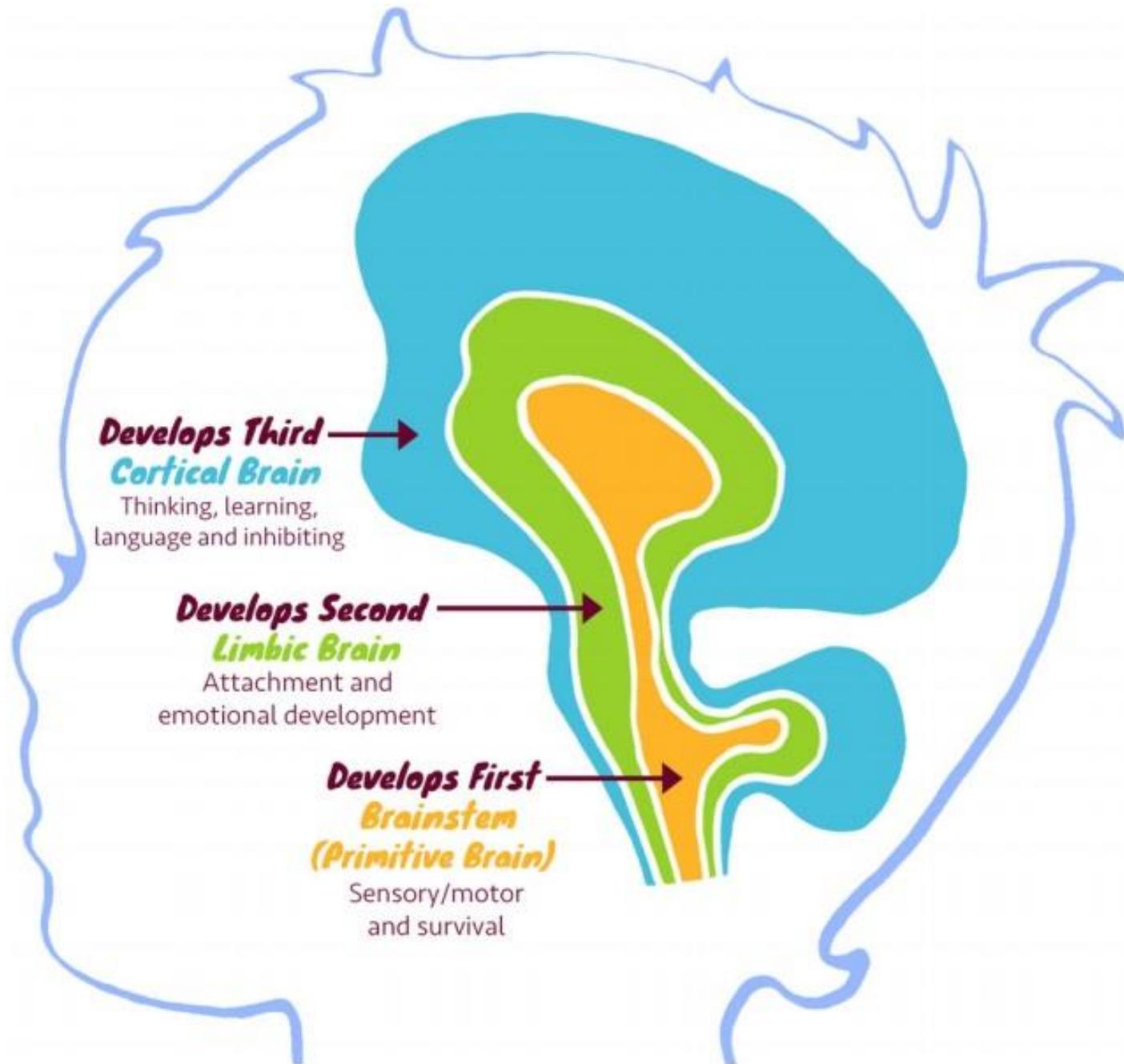
- I struggle with the concept of psychiatric diagnoses or labels of 'disorder' – most mental distress can be linked to trauma and the consequent survival strategies the individual utilises out of necessity
- The question should not be 'What is wrong with you?' but 'What happened to you?' (Johnstone et. al., 2018)
- Much trauma (particularly ACEs) is connected with wider contextual issues of poverty, inequality and structural violence
- ACEs do not predict poor outcomes – what about resilience and protective factors?

Developmental Trauma - ACEs

- In the Adverse Childhood Experiences (ACE) study by Kaiser Permanente and the Center for Disease Control (Felitti et. al., 1998), 17,337 adults responded to a questionnaire about adverse childhood experiences, including childhood abuse, neglect, and family dysfunction
- 11.0% reported having been emotionally abused as a child, 30.1% reported physical abuse, 19.9% sexual abuse; 23.5% reported being exposed to family alcohol abuse, 18.8% to mental illness, 12.5% witnessed their mothers being battered and 4.9% reported family drug abuse

The impact of ACEs

- Prolonged exposure to these adverse circumstances can lead to 'toxic stress' for a child which changes the child's brain development, sensitises the child to further stress, leads to heightened activity levels and affects future learning and concentration
- Most importantly, it impairs the child's ability to trust and relate to others
- When children are traumatised, they find it very hard to regulate behaviour and soothe or calm themselves
- Developmental trauma can begin in the womb - children removed at birth still can be affected



The impact of trauma on the child's brain

- Reduced activity in Broca's area (the area for speech) can make it difficult to talk about trauma and describe it with detail – note that much trauma occurs pre-verbally
- The hippocampus becomes smaller and its structure is interrupted, which can affect attention, learning and memory
- The corpus callosum which connects the left and right sides of the brain, is reduced, preventing the two sides of the brain working in a coordinated way
- Changes to amygdala function can make the child more likely to react to triggers, especially emotional ones and the child can experience emotional extremes and struggle to regulate their emotions (dysregulation)
- Reduced activity in different parts of the cortex- frontal lobe can mean survival responses can be triggered in the absence of danger
- Changes in reward pathways can mean that the child will anticipate less pleasure from different activities, and may appear less motivated

The impact of trauma on the child's brain (2)

- Children who have experienced childhood trauma often react to minor triggers, because trauma sensitises the amygdala to the perception of threat. This means that fear responses are triggered over time by less and less stress
- Extreme stress means there is more cortisol in our system which can stop the hippocampus working and reduce its volume. This is associated with poorer declarative memory, depression and physical inflammations
- The prefrontal cortex and the 'higher' brain are very vulnerable to traumatic stress, which impacts upon our ability to think and to learn. This is because we are in survival mode. Under traumatic stress, the 'lower' brain stem responses predominate, and impair the child's ability to be calm, learn, think, reflect and respond flexibly

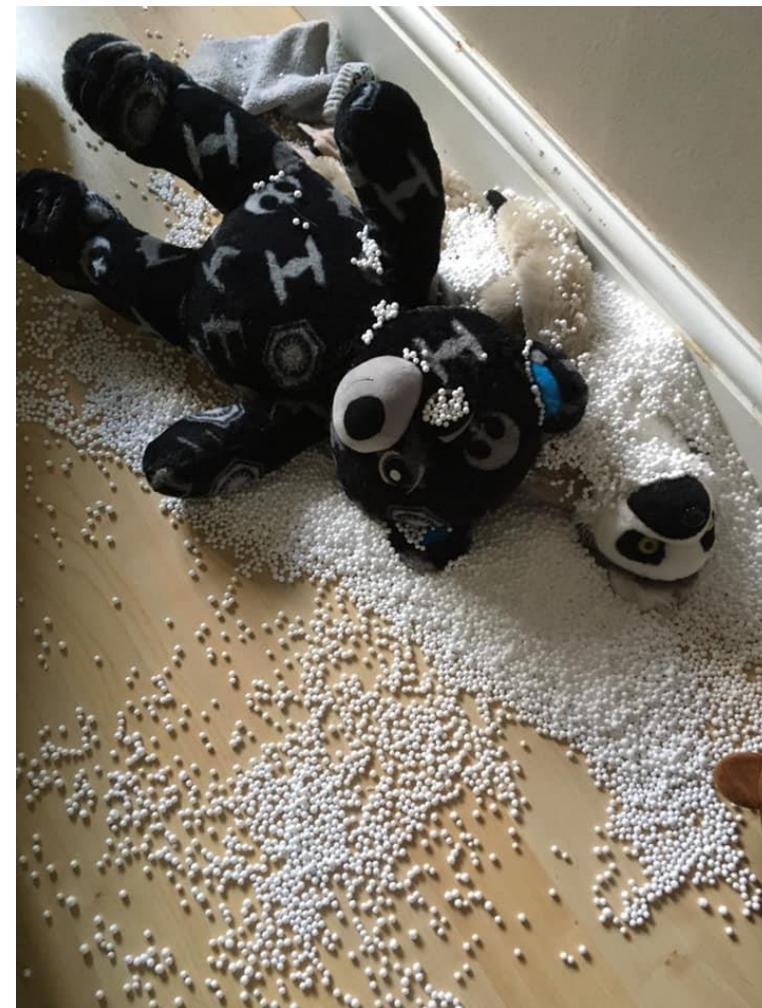
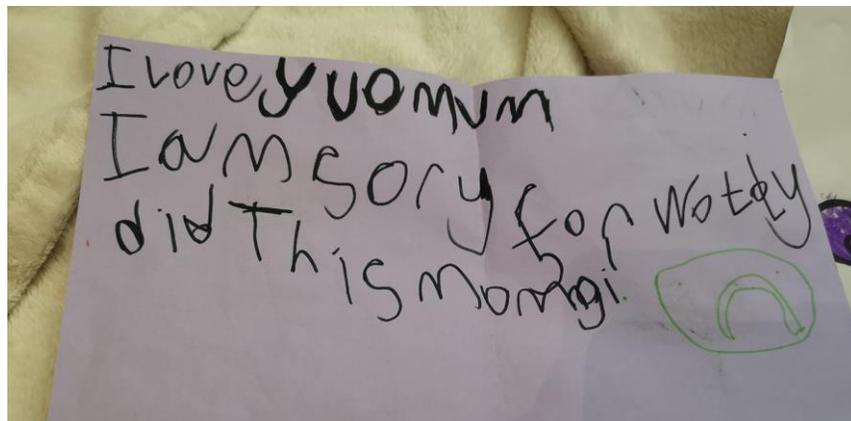
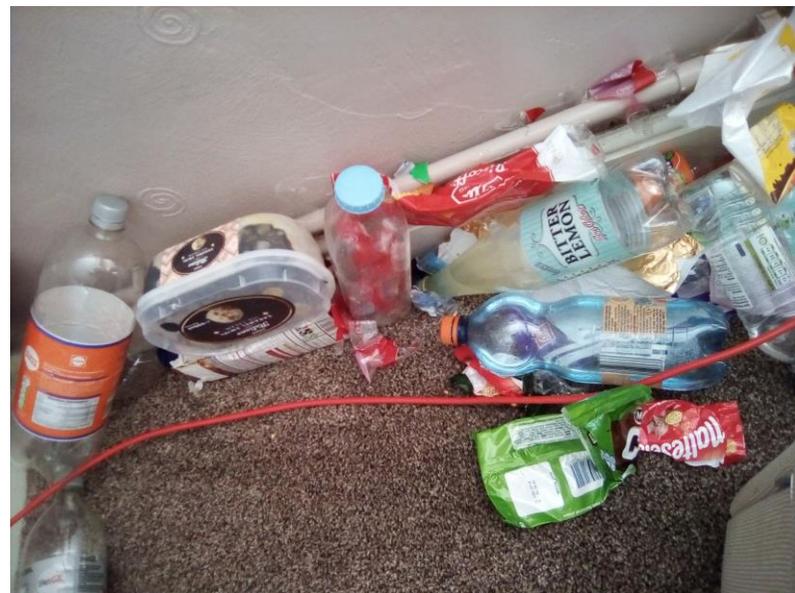
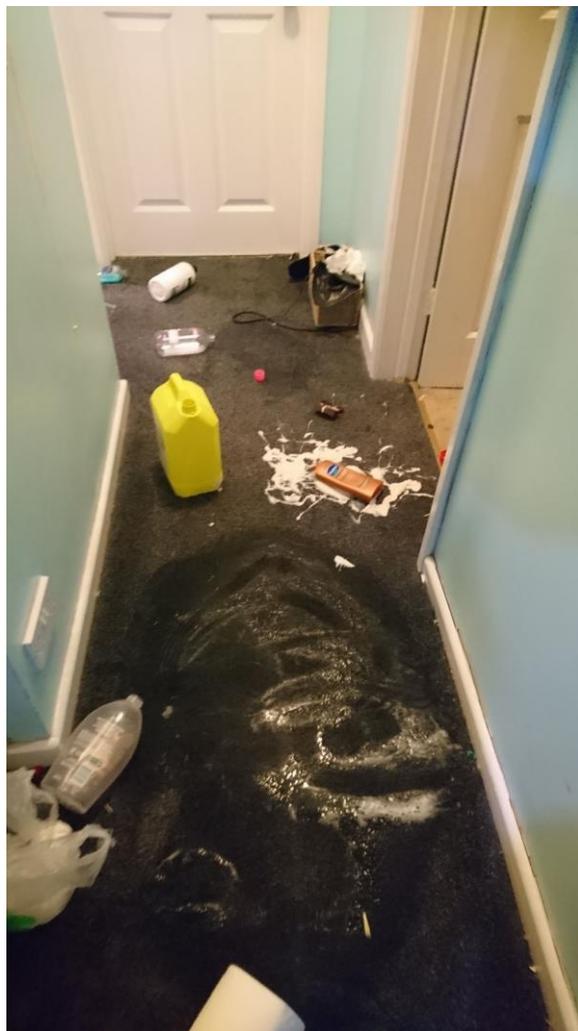
Stuck in fight/flight/freeze/fawn

- Because the child is stuck in these primitive brain responses, very little information gets passed up to the higher parts of their brain where rationalising happens
- All their resources are focused upon on staying alive, which makes it problematic for the child to process and retain new information, to reason, to share with siblings or peers, to develop empathy (for themselves, as well as others) and to understand that adults care for them
- A child who is in danger operates out of their brain stem, the part of the brain responsible for the child's survival systems of fight/flight/freeze and the more recently identified – fawn (www.pete-walker.com)
- When traumatised children transition into a safe environment (i.e. foster care or adoption) they remain in survival mode, so that small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger'

A child with developmental trauma can:

- Be violent/have meltdowns/damage property
- Hoard food
- Be unable to verbalise
- Regress
- Feel intense shame
- Be impulsive
- Chatter incessantly
- Self-harm
- Be unable to comprehend instructions
- Steal
- Lie
- Run away
- Dissociate
- Have limited or no empathy
- Engage in risky behaviour

What does it look like?



My role

- I am contracted by a local authority to support adoptive families who are struggling with their child(ren)
- I also do one day a week consultancy for Foster Carers, Fostering Social Workers and staff from the two Children's Homes in the locality
- To do the above, I needed to become an approved provider for One Adoption Yorkshire and Humber
- I am primarily work to support parents, but have the option of working with families or individually with older adopted children (usually in parallel with parent work) depending on what I believe to be indicated
- Usually contracted for 10 sessions, but this can be extended

Effective support needs to consider

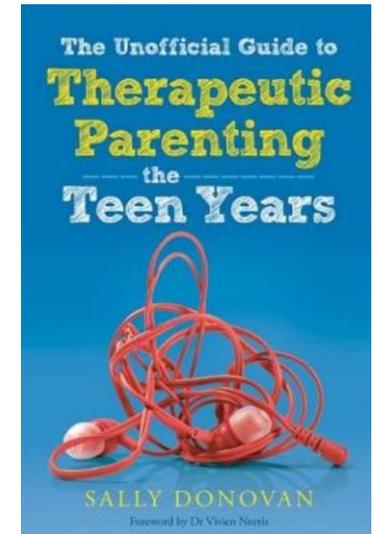
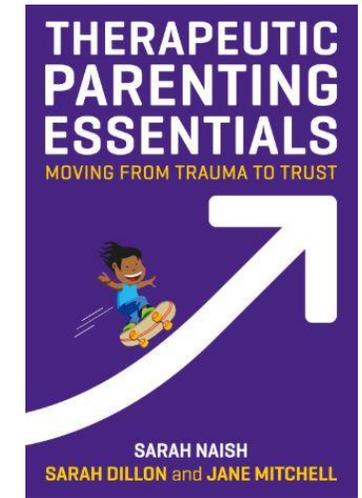
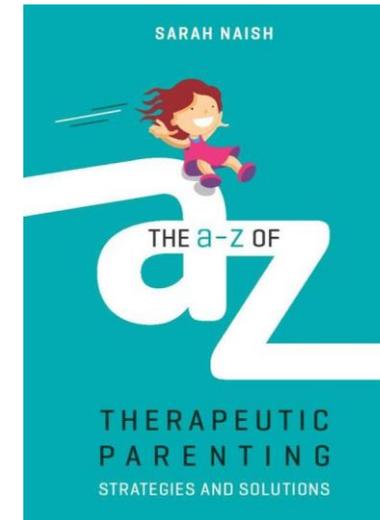
- Supporting the parents to help the child:
 - Develop a secure attachment
 - Develop a sense of safety
 - ‘Catch up’ emotionally
 - Develop a sense of identity
- Supporting the parents themselves
 - To find and utilise strategies for self care and support from family/friends
 - To recognise the successes
 - To manage compassion fatigue and secondary trauma
 - Providing a safe space to ‘vent’
 - Providing resources and support to help parents deal with school issues
- **That the parenting IS the therapy the child needs**

What do I actually do?

- In my work supporting parents I try to be flexible, meeting the presenting needs and issues raised
- Providing a safe space for parents to vent – about their child, school, social workers and so on. Usually school!
- Identifying and appreciating successes
- Remind the parents it is ok to sometimes get things wrong
- Offer psychoeducation about the impact of trauma on their child
- Providing and tailoring therapeutic parenting techniques that might work for their unique family situation and challenges, using principles from Dyadic Developmental Psychotherapy (DDP) - especially PACE, and from the National Association for Therapeutic Parents

More that I do....

- I usually provide or recommend reading material for parents
- I recommend the parents join the **National Association of Therapeutic Parents** for access to resources and support
- Signpost parents to support and resources regarding education
 - Virtual School
 - Resources from NATP
 - Other resources



Supporting parents

- Help parents understand how their own attachment history and early trauma may 'trigger' their own responses
- Support parents in the rare cases when an adoption breaks down
- Support the parent's own relationship – adoption can put relationships at risk and adopters often find their friends and family evaporate
- I am often told that I am the only person that 'gets' them and/or believes the levels of disruption and challenge they live with – which says less about me and more about the context for these families and the need for validation
- Provide a safe environment where parents can process: "I wish we'd never adopted" ... "We were misled by the adoption agency" ... "I feel more like a carer than a parent"

Common issues parents bring

- Stealing
- Regression
- 'Meltdowns' – violence, swearing, destruction of property
- Can contain self at school, but not at home (rarely vice versa)
- Lying
- Jealousy
- Sexualised behaviour
- Risk taking
- School:
 - Rules and sanctions
 - Sarcastic/shaming teachers
 - Homework
 - Bullying
 - Exclusions
- Trauma can look like:
 - ASD, ADHD, 'Conduct Disorder'
- Additional Problems:
 - FASD, Neurological problems

The Therapeutic Parenting Relationship

- To enable the child to begin to develop and respond to the relational experiences that were missed in their early years, it is a therapeutic relationship with the parents that is best suited to facilitate this process
- A therapeutic parenting relationship is central for the child to thrive
- Therapeutic parenting lasts for years; the time it takes for the child's brain to form more useful connections often means until early adult life – it is a long haul!

The Therapeutic Parenting Relationship

- This relationship is important for children who have experienced trauma in their primary attachment relationship, and probably had transitions from foster care to adoption
- For these children, it is crucial that the relationship provides safety
- It is also crucial that the relationship offers new learning about the worth of the self, since the shame associated with parental abuse and neglect will have undermined any sense of worth
- It can be very hard work for parents to remain therapeutic, and compassion fatigue is common

Support from Neuroscience

- Within a safe relationship, the brain is able to function in a more integrative and restorative manner, relying on a trusted other to help to make sense of highly stressful events in order to reduce their impact on one's life
- Stephen Porges (2012) describes regions of the brain that make up the Social Engagement System that allows individuals to learn about themselves and others
- This System is activated when a person experiences safety and this sense of safety is enhanced when the individual feels accepted by the other person

Support from Neuroscience

- With safety and acceptance, an individual is more receptive to learning from the other person
- They learn who they are as well as how best to manage the events of their life
- When the parents are able to establish safety and acceptance, the child is less likely to become defensive
- They are more likely to become open and engaged with the adult and allow the adult to have a positive influence on them and their development

Support from Neuroscience

- Jim Coan (2010) found that the human brain functions in a much more integrative manner and manages stress significantly better when in the presence of someone with whom the individual is securely attached
- The findings of neuroscience overwhelmingly demonstrate the importance of a few key relationships in the young child's development in all areas of their functioning
- These relationships, if they are to be effective, need to provide the child with continuing experiences of safety and new learning about self, other, and the world
- Developmental trauma occurred within a relationship that impaired the structure and functioning of the young child's brain and new relationships that enable the child to heal and restore the neurological skills that they need to develop well are central to a successful life

At the most basic level

- To heal, a child with developmental trauma needs a relationship that provides for them:
 - To feel safe
 - To be loved
 - Consistency and predictability
 - Boundaries
 - Not to feel shamed
- Therapeutic Parenting addresses these needs

Dyadic Developmental Psychotherapy - PACE

- The relational attitude that the parent needs to adopt is characterized by **playfulness, acceptance, curiosity, and empathy** (PACE)
- These features are core characteristics of a parent's attitude toward their child
- Acceptance, along with the others, facilitates the open and engaged state of mind to have the best influence on a child
- Within PACE the parent can deepen the relationship through their genuineness as they convey their intersubjective experience of the child, their strengths and vulnerabilities

Playfulness, acceptance, curiosity, empathy

- PACE also facilitates the therapeutic alliance between parent and child by emphasizing the reciprocal nature of the relationship, along with empathy and positive regard (acceptance and non-judgmental curiosity)
- PACE helps the parent to create safety through the joint development of the child's narrative within the dialogue by maintaining an attuned interaction (known in DDP as follow-lead-follow)
- This attuned relationship stresses the need for the parent to continuously repair the relationship while gently initiating exploration of difficult themes and respectfully moving away from these themes when the child signals "enough".

Playfulness, acceptance, curiosity, empathy

- Since children who have experienced developmental trauma often are not able to communicate their inner life well they have difficulty finding the words necessary for them to become engaged in the a-r dialogue (affective-reflective) in order to develop new meanings for their life stories.
- They are “at a loss for words” and the parent will need to take the lead in speaking for the child or speaking about him within the attitude of PACE.
- Such therapeutic initiatives are presented as guesses rather than interpretations or facts and the child determines whether or not they reflect her inner life.
- “I’m wondering if you took that money was because you were feeling...[]”

Playfulness

- Playfulness conveys a sense of optimism and hope for the family's journey forward together
- It provides context so that the problems are not experienced in isolation from the routines and special events of daily living
- At times it conveys lightness and laughter, looking for ways to experience and enhance the positive qualities of their relationships
- This enables the child to experience a bit of happiness and companionship which she is going to need if she is to move beyond her isolation, fears, and shame

Acceptance

- Acceptance represents the process of not judging the child's inner life of thoughts, feelings, and wishes, while limiting evaluations of the child to their behaviours
- This helps the child know that they are safe to express their inner life and will not be scolded for being angry with their parents or not liking them
- They will only be scolded if they demonstrate their experience of anger, frustration etc. with certain behaviours (hitting, swearing)

Curiosity

- Curiosity is also nonjudgmental; it enables the parent to begin to know the inner life of the child and in the process, help the child to develop the reflective functioning needed to become aware of and be able to express their inner life
- Curiosity is not intrusive but rather represents a desire to understand how the child experiences their life; the parent is fascinated with who they are.
- What is the story that the child has created to manage the hard parts of their life and make sense of them? How have they found ways to feel safe? What do parents, peers, and others mean to them?

Empathy

- Empathy is the experience of the child's struggles with the events of their life and their developing sense of self which is then expressed to the child so that they experience the other's experience along with their own. They are not alone in their distress and they have the experience that the parent understands them
- With PACE, the child may, for the first time, experience someone who truly wants to understand them and their life, with no evaluation of it being right or wrong
- Their sense of self, identity, how they have made sense of things is not being questioned so when others challenge them, they are questioning only their behaviour, not the person
- The parents do not add to the shame they experiences for who they are

Rewards and Punishments do not work

- Traumatized children feel bad inside (that is their “go to” internal working model), so unconsciously they can only let a reward chart succeed for so long before there is an impulse to sabotage the good and return to the more comfortable bad working model (all unconscious, of course)
- Sending a previously abandoned child to a separate room for a time out is triggering to one who has already been rejected so thoroughly by a biological parent
- Therapeutic parents/carers do not reject, banish, shut out, close out, or abandon children as a consequence. The magnitude of the internal pain inflicted by such is hugely disproportionate to any childhood transgression that could have occurred.

Natural and logical Consequences

- Punishment does not teach a child anything except that the punisher is more powerful and maybe even cruel or mean. Unrelated consequences make no sense to a child, therefore natural consequence is the only way to teach cause and effect
- A consequence is a result of something a person does; letting children experience the natural or logical consequences of their actions is one way to teach responsibility
- Natural consequences are the inevitable result of a child's own actions. For example, despite Dad's urging him to put on his coat, Tommy goes outside when it's cold without wearing a coat. The natural result is that Tommy gets cold. This result is a consequence of a choice Tommy made. In this example, natural consequences are:
 - The responsibility of the child — Tommy decided not to wear his coat
 - Not administered by the parent — Dad didn't send him outside without a coat on

Logical Consequences

- Logical consequences happen as a result of a child's action, but are imposed by the parent or caregiver
- For example, 5-year-old Sandy rides her bike into the street after she was told not to. The logical consequence for Sandy's mother to impose on Sandy is to take her bike away for the rest of the morning. *Logical consequences are most useful when a child's action could result in harm to the child.* It is important to make sure that logical consequences are reasonable and related to the problem, and to let both the child and the parent keep their self-respect
- Natural and logical consequences result from choices children make about their behaviour. In effect, they choose the consequence they experience
- Sometimes the consequence which naturally or logically follows the child's behaviour is unpleasant, but allowing children to experience the pleasant or unpleasant consequence of their behaviour, parents help children learn what happens because of the behaviour choices they made

Other tips

- Routines are key. Surprises are overwhelming. Keep to a schedule and when you change it consider the child and give a bit of advanced coaching. “In 10 minutes we are going to go to the supermarket. I will remind you when it is time to put your shoes on”
- Too much advanced notice will create high anxiety, so the child may emotionally meltdown, sabotage, badger, or question you to death; telling a child about an event a month in advance will cause anxiety
- Too much praise is too much. It could tip the child over into mistrust or dismissiveness of your words. Show low key interest in things your child produces or does. Keep praise for appearance to a quick fact – i.e. “You look good in that”

Also...

- No homework policy (although some children do enjoy it)
- School is school, home is a place of safety, not an extension of the school's authority; parents do not sanction because of school issues
- Don't
 - Ask a child why they did something
 - Insist a child 'owns up' and stops lying to you
 - Have discussions about behaviour
 - Engage in long explanations and extracting promises around future behaviour
- Do
 - Treat the child according to their presenting emotional age rather their biological age – a 10 year old might need cuddles for their inner 3 year old

(almost) finally...my wishes...

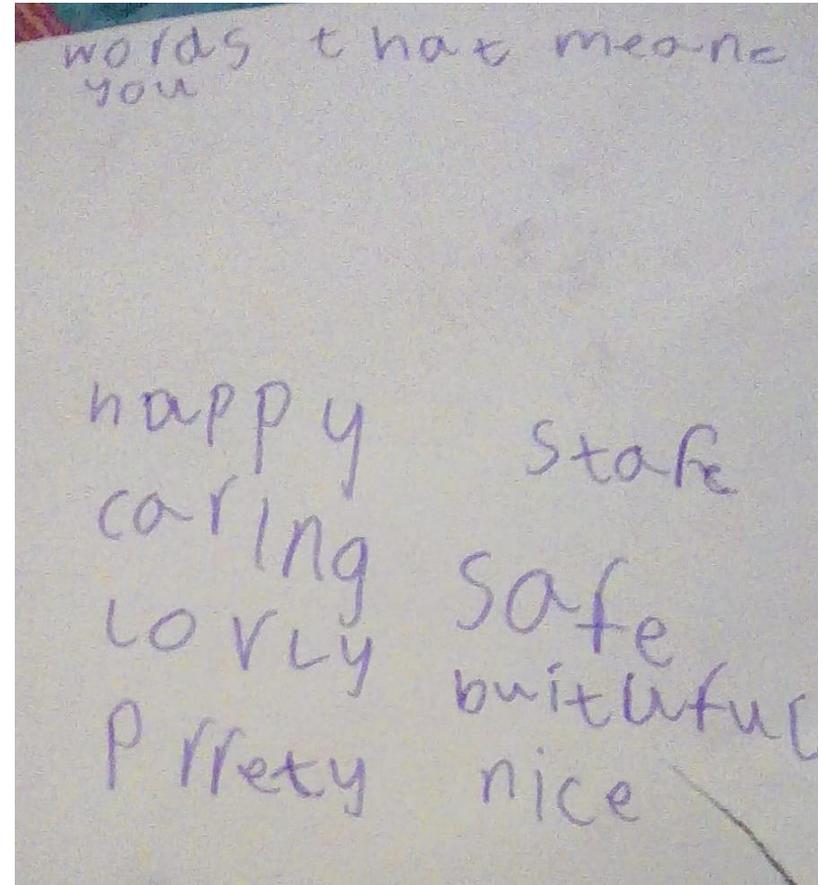
- For trauma informed schools in every Local Authority that focus upon emotional, rather than academic development, and have:
- Primary and Secondary provision (not necessarily on the same campus, although same campus = less transition)
- Plenty of space to run around and lots of sport (many children with developmental trauma regulate using exercise)
- A focus on practical skills for older children (garage, construction, hair/beauty etc. etc.)
- And.....(Not *quite* finally)
- That developmental trauma is seen as an significant issue for resources in healthcare (especially CAMHS) and education

BENEATH EVERY BEHAVIOR THERE IS A FEELING. AND BENEATH EACH FEELING IS A NEED. AND WHEN WE MEET THAT NEED RATHER THAN FOCUS ON THE BEHAVIOR, WE BEGIN TO DEAL WITH THE CAUSE, NOT THE SYMPTOM.

ASHLEIGH WARNER



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