

Child and Family Service PAC-UK

Working with Complex Trauma: A case presentation

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Adopted children need support

- loss of birth parents, of biological links
 - loss of cultural/ethnic community
- } Life Story Qs,
Grief & Identity
- subsequent attachment breaks
 - complex trauma
 - specific traumas
- } 'Traumas' of
varying degrees
- other issues, i.e. health, disability, learning difficulties, FASD, etc.

➔ *Various levels of emotional & behavioural difficulties*

Adoptive parents, other permanent carers need support

- Re ‘Normal’ parenting and re ‘therapeutic parenting’, in varying degrees:
mild ----- extreme
- Re parents’ own issues (re loss, attachment, traumas, self-regulation) – as these will be triggered
- Re extended family, school, wider community

Complex trauma (CT)

- many adopted children will have experienced ‘complex’ or ‘developmental’ trauma as well as discrete traumas (note the DSM-V categorises all types of trauma under ‘PTSD’; the ICD-11 due in 2017/18 will however include Complex-PTSD)
- CT is exposure to **multiple, chronic, and prolonged, developmentally adverse** traumatic events
- most often of an **interpersonal nature** (sexual, physical, emotional, DV, neglect) and **early life onset**
- exposure often occurs **in child’s care-giving system**

Complex Trauma in Children

1. Overwhelming Int. Pers. distress

5. Seven domains of long term impairments

attachment, biology, affect regulation, dissociation, behavioural control, cognition, self concept.

If 1. 2. 3. chronic, early life & in care-giving environment

2. temporary breakdown in ability to regulate, process, integrate and learn

4. impairment of capacity to

- a) relate/attach: → no basic safety, trust
- b) regulate internal states → response to subsequent stress: hyper-arousal and/or dissociation (default = fight, flight, freeze, submit)
- c) integrate sensory, emotion. & cogn. info into cohesive whole → world makes little sense

3. hyper-aroused and dissociated response

Effects of Complex Trauma: Essence



3 main and crucial areas of development are affected

- 1) development of secure **Attachment**
- 2) development of **Self-Regulation**
- 3) development of age appropriate **Competencies**

→ this has led to **ARC Model** for assessment + intervention which has ultimate aim of ‘integrating trauma experiences’ and ‘strengthening the child’s future resiliency’ (Van der Kolk and colleagues 2005, 2010).

ARC model

The ARC model has 10 ‘building’ blocks the issues that are to be targeted (with a range of different methods)

Attachment

- Caregiver Affect Management
- Attunement
- Consistent Response
- Routines and Rituals

(Self) Regulation

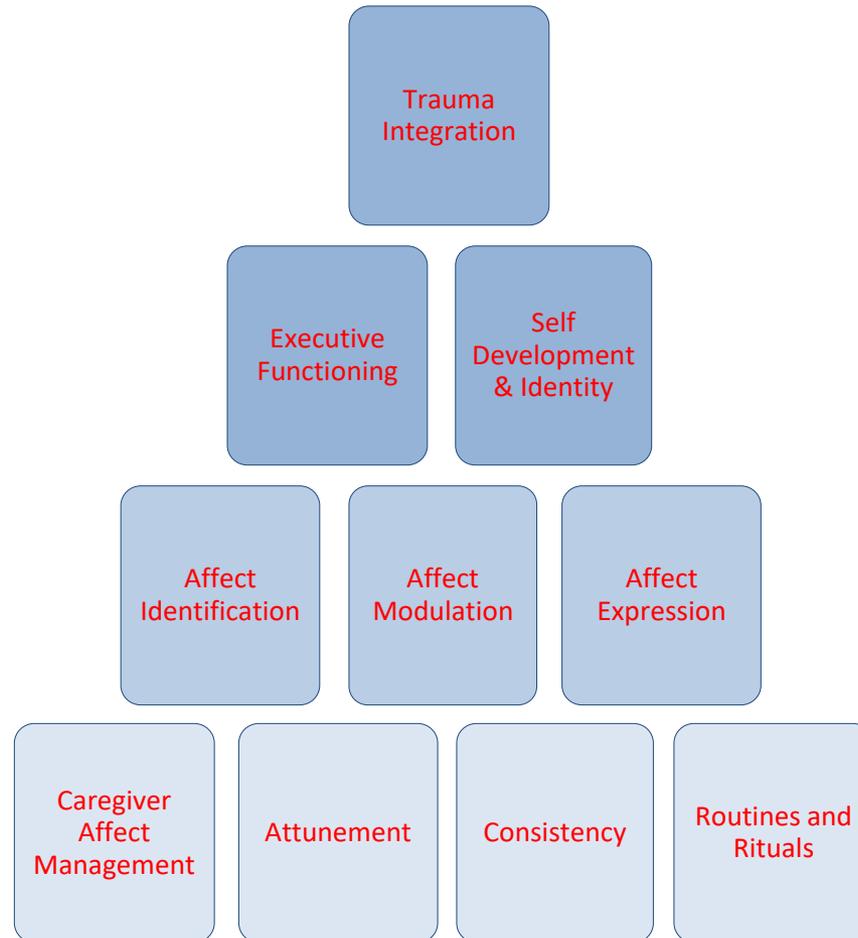
- Affect Identification
- Affect Modulation
- Affect Expression

Competencies

- Executive Functions
- Self Development & Identity
- Trauma integration

ARC model of Intervention

Blaustein and Kinniburgh, 2010



ARC model

- does not constitute a one-size-fits-all model of how to intervene
- it does provide a flexible framework (of issues to be addressed as per research on CT in children) that allows a number of different intervention methods depending on
 - 1) the case and
 - 2) on the therapist's training/skills
- interventions are therefore tailored to each client's needs and may include dyadic, individual, family therapy and groups.

A therapist's methods of intervention may include (aspects of) the following



- SI (Sensory Integration)
- SE (Somatic Experiencing)
- Theraplay
- Video feedback
- DDP (Dyadic Developmental Psychotherapy)
- EMDR (Eye Movement Desensitization and Reprocessing)
- NVR
- Social Stories

... continued

- Behaviour therapy
- ACT (Attachment Communication Training, Levy & Orlans, 1998)
- ‘Therapeutic parenting’ support (e.g. Schooler et al, 2010; Purvis et al, 2007)
- Other movement, music, art based therapies
- Innovative ways of integrating all of the above
- Key is that the therapists are ‘(developmental) trauma informed’, start with a thorough assessment, have a focus, choose approp. method/s and review regularly.

**Ultimately, Adoption can be described as:
a family to live in,
be loved in and
learn to love in,
whilst slowly recovering from trauma and
loss.**

This often needs professional support.

Case Presentation



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