

Children Previously in Care: Developmental Trauma

Developmental Trauma describes the impact of repeated trauma and loss within a child's relationships, usually early in life.

Neurological research shows that unborn babies can suffer trauma to their mind and body when they are in the womb and a history of severe trauma in the parents can even change the unborn baby's genetic makeup.

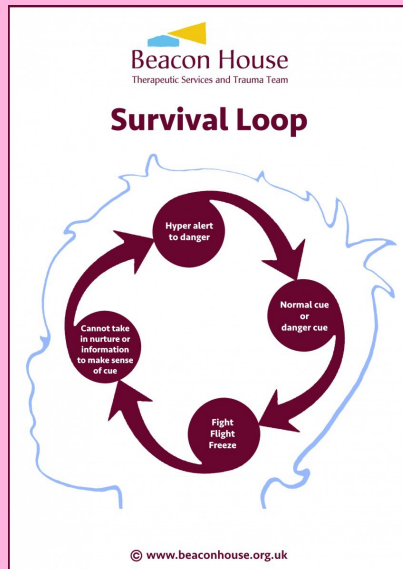
Although experiences within the first 4 years of life and while in the womb cannot be remembered, research shows that these shape later development and wellbeing.

Children who have experienced developmental trauma cannot behave, feel, relate and learn like other children their age.



Brainstem Calming activities

Children's brains organize from bottom to top, with the lower parts of the brain (brainstem aka "survival brain") developing earliest, and the cortical areas (thinking brain) much later. Traumatized children's brain become stuck in the brainstem, and they therefore swing between their survival modes of fight/flight/freeze/collapse.



One of the most helpful ways to move children from these super-high anxiety states, to their calmer 'thinking brain', is patterned, repetitive rhythmic activity.

Creating a therapeutic web of relationships around the child together with regular brainstem calming activities can, over time, help a child's brain and body to learn that they are safe.

-

Brainstem calming activities need to be:

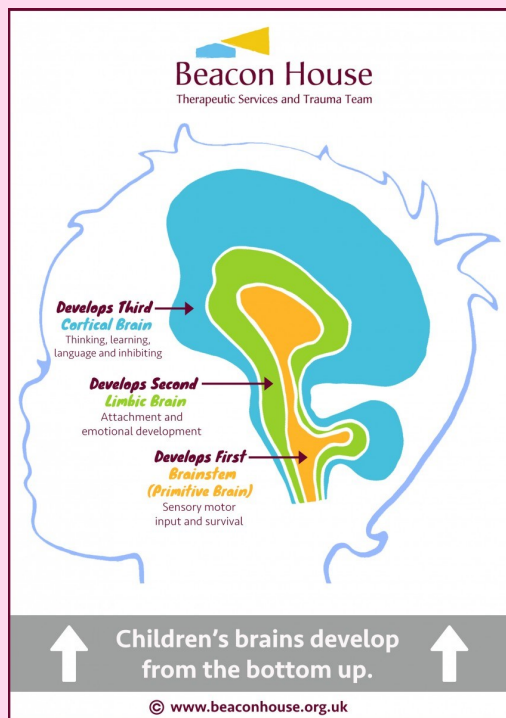
- Relational (offered by a safe adult)
- Relevant (developmentally-matched to the child rather than matched to their actual age)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (of the child and family)

Brainstem calming activities can be offered at home or school, individual or as a whole class.

The best way to use these activities is to weave them into the child's daily routine so that they have them little and often, every-day.

- Dancing
- Drumming
- Trampolining
- Swinging forwards and backwards on a large gym ball
- Walking, running, hopping,
- Tapping
- Breathing rhythmically
- Singing/rapping/listening to music

There are seven areas of impact that we see in children who have experienced Developmental Trauma. These can be mapped on to the order in which the brain develops, in other words, from the bottom of the brain (the brainstem) up to the top (the cortical brain).



Brainstem

1. Somatic/sensory— e.g. sensory processing difficulties,

Limbic Brain

2. Attachment,
3. Emotional regulation,
4. Behavioural regulation

Cortical Brain

5. Self Esteem
6. Disassociation
7. Cognitive problems

Attachment Development

Children who start life in a frightening or neglectful environment, or who are removed at birth, adapt to their environment. Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) keep danger at bay; and other behaviours increase the chances of danger. They therefore develop a range of attachment strategies. Attachment strategies are there to (1) prevent harm and danger but also to (2) keep a parent/carer as close as possible even if the parent/carer is also the danger, whilst not allowing them too close.

A pioneering Clinical Psychologist, Dr Patricia Crittenden, has shown us that all children are very instinctive and wise at organising their behaviour around the danger. Crittenden has taught us that: Attachment is not the problem. Danger is the problem – attachment is the solution.

Traumatised children tend to develop one main attachment strategy, which could be either Insecure Avoidant or Insecure Pre-occupied. Here's what these terms mean:

Avoidant children: These children learn early on that showing their feelings and having needs brings on danger or makes their parent/carer withdraw. They learn the mantra "To keep safe and to keep others close, I must hide my emotions and look as if everything is okay". Inside they feel frightened, vulnerable, worthless, grieving and hopeless but on the outside they often seem bright, fine, competent and often even the 'clown of the class'. These children are often not a concern to parents/carers and teachers until later childhood because they do not show 'behavioural problems', until they are triggered by something stressful or a developmental milestone and then they emotionally 'fall apart'.

Pre-occupied children:

These children learn early on that showing feelings and 'big behaviours' is the only way to get noticed, and keep parents/carers nearby. They learn the mantra "To keep safe and others close by, I must exaggerate my behaviour and emotions and I must be angry/upset for as long as possible as if I lose my parent/carer I don't know when I will get them back again". Inside these children feel petrified, anxious, worthless and unlovable; on the outside they appear rageful, aggressive, hostile, disruptive and rude. These children bounce from one irresolvable crisis to the next. To have an adult solve the crisis would be too frightening, as it means the adult might disappear. Children who use this strategy are often successful at disarming the adult's angry response by becoming vulnerable or needy.

Some children swing between the avoidant and pre-occupied strategies depending on what works best in that particular environment. This leads to school seeing one part of the child, and the parents and carers seeing the other. Although this can appear as disorganised, it is highly adaptive.