

# Complex Developmental Trauma: Implications for Intervention

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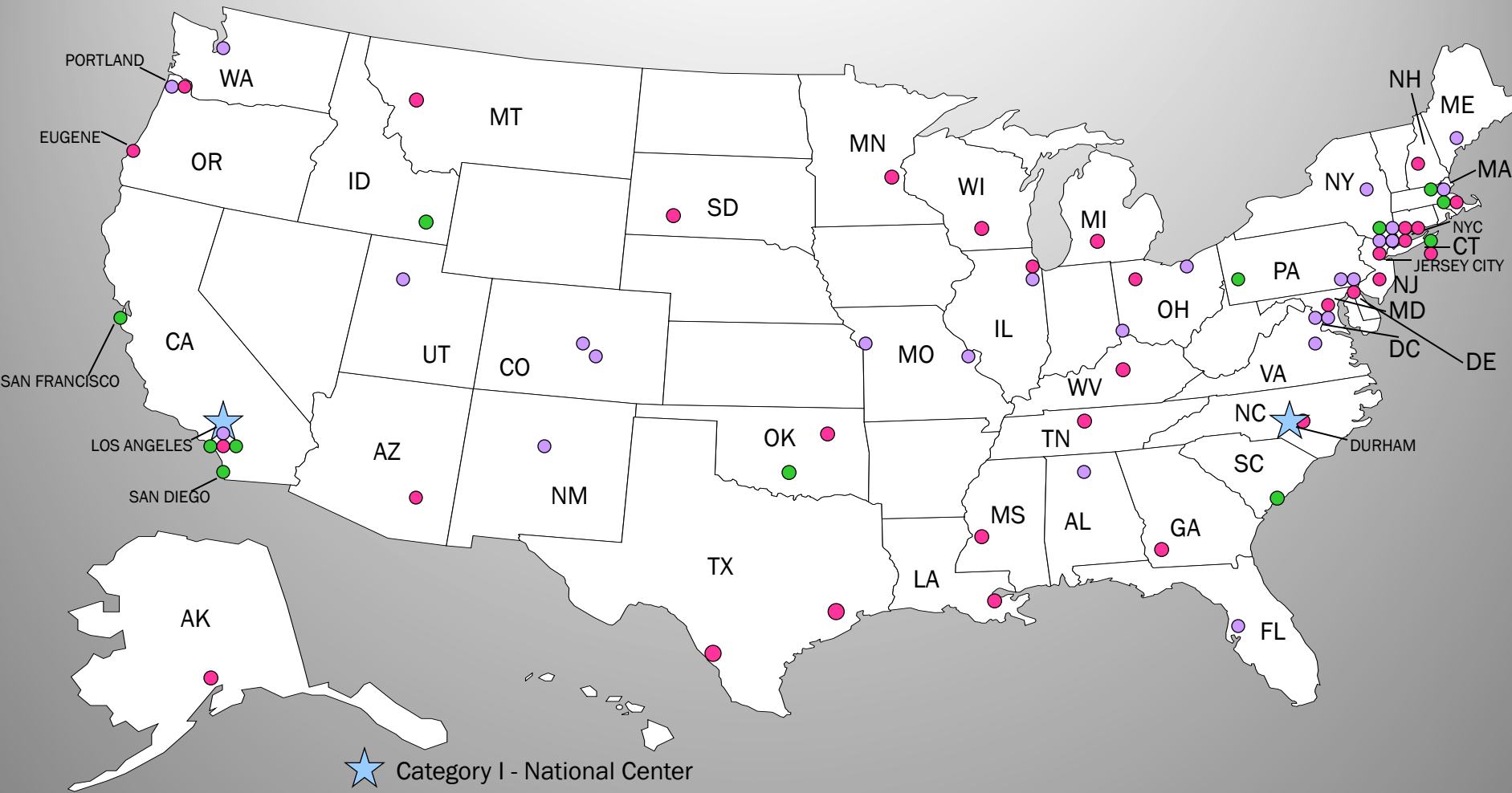
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**NCTSN**

The National Child  
Traumatic Stress Network

# National Child Traumatic Stress Network (NCTSN) Sites

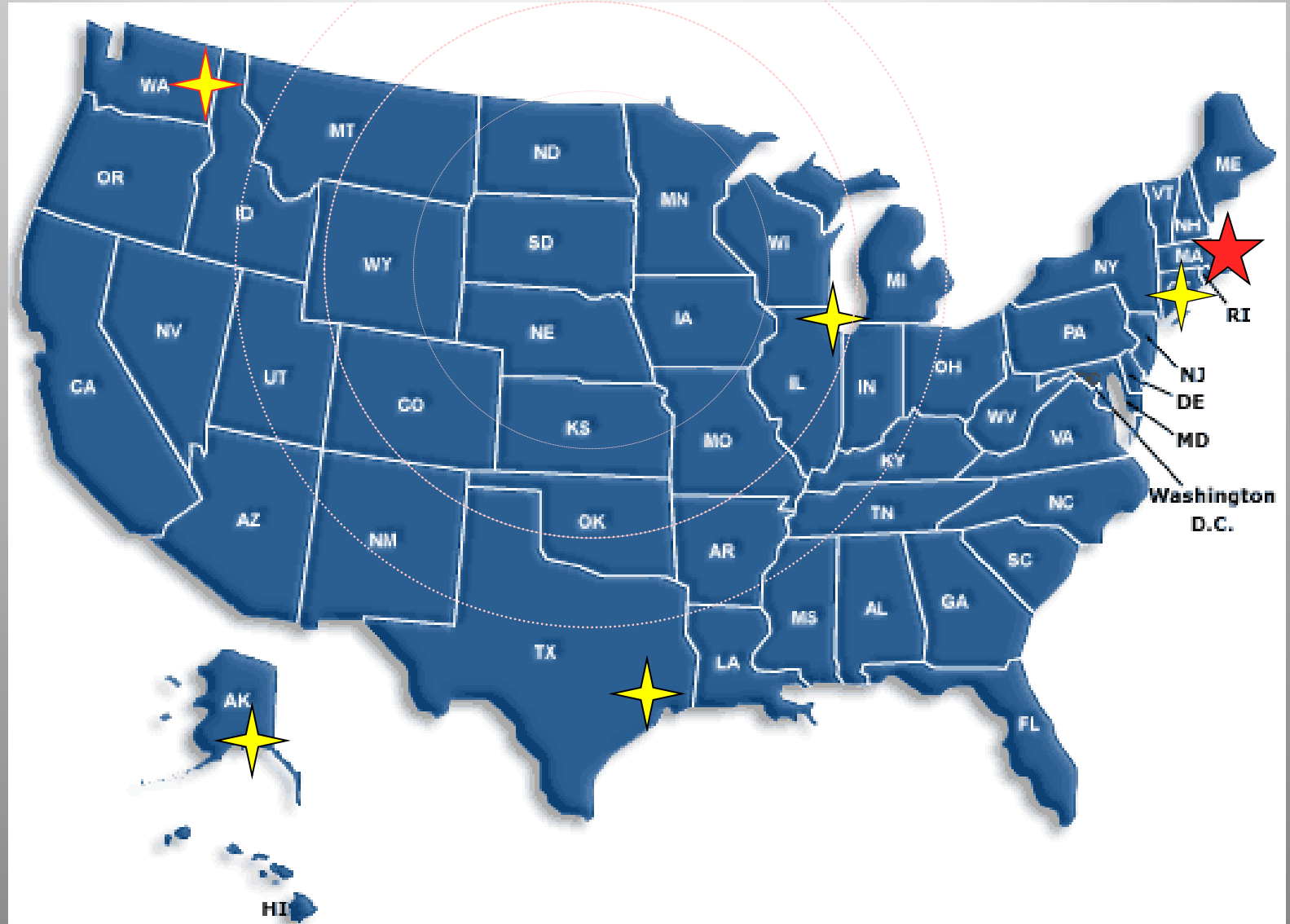


- ★ Category I - National Center
- Category II - Intervention, Development, and Evaluation Centers
- Category III - Community Treatment and Service Centers
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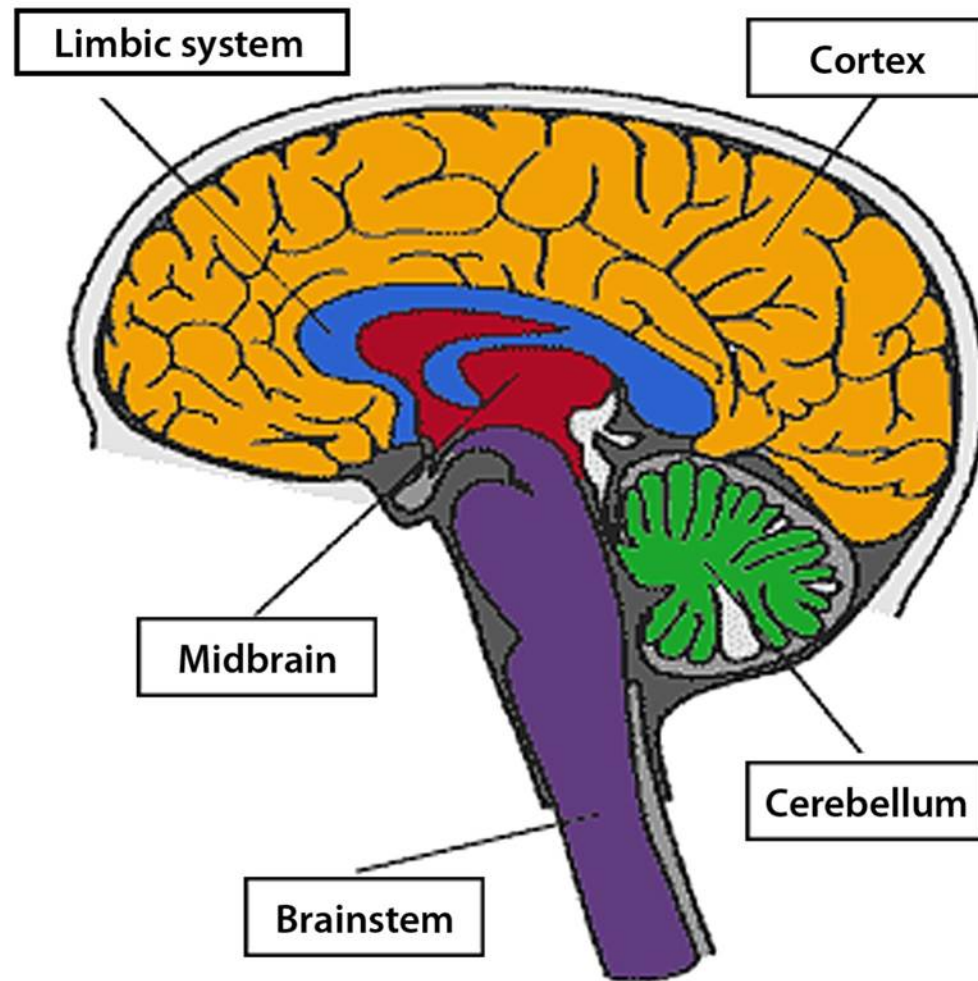


**NCTSN** The National Child Traumatic Stress Network  
Avidson, 2017

# Complex Trauma Treatment Network (CTTN)



# Physiology of Trauma



# Area of Scientific Advancement

## Physiology of the Human Stress Response

### THREAT

- Activation of Threat Appraisal and Response System
- Increased Limbic System Activity
- Alarm system “flood”

### SURVIVAL RESPONSE

- Fight, Flight or Freeze
- Survival Oriented Behavior

### POST- STRESSOR

- Continued Arousal
- Difficulty Modulating

## Adaptation of Brain Processes and Structure

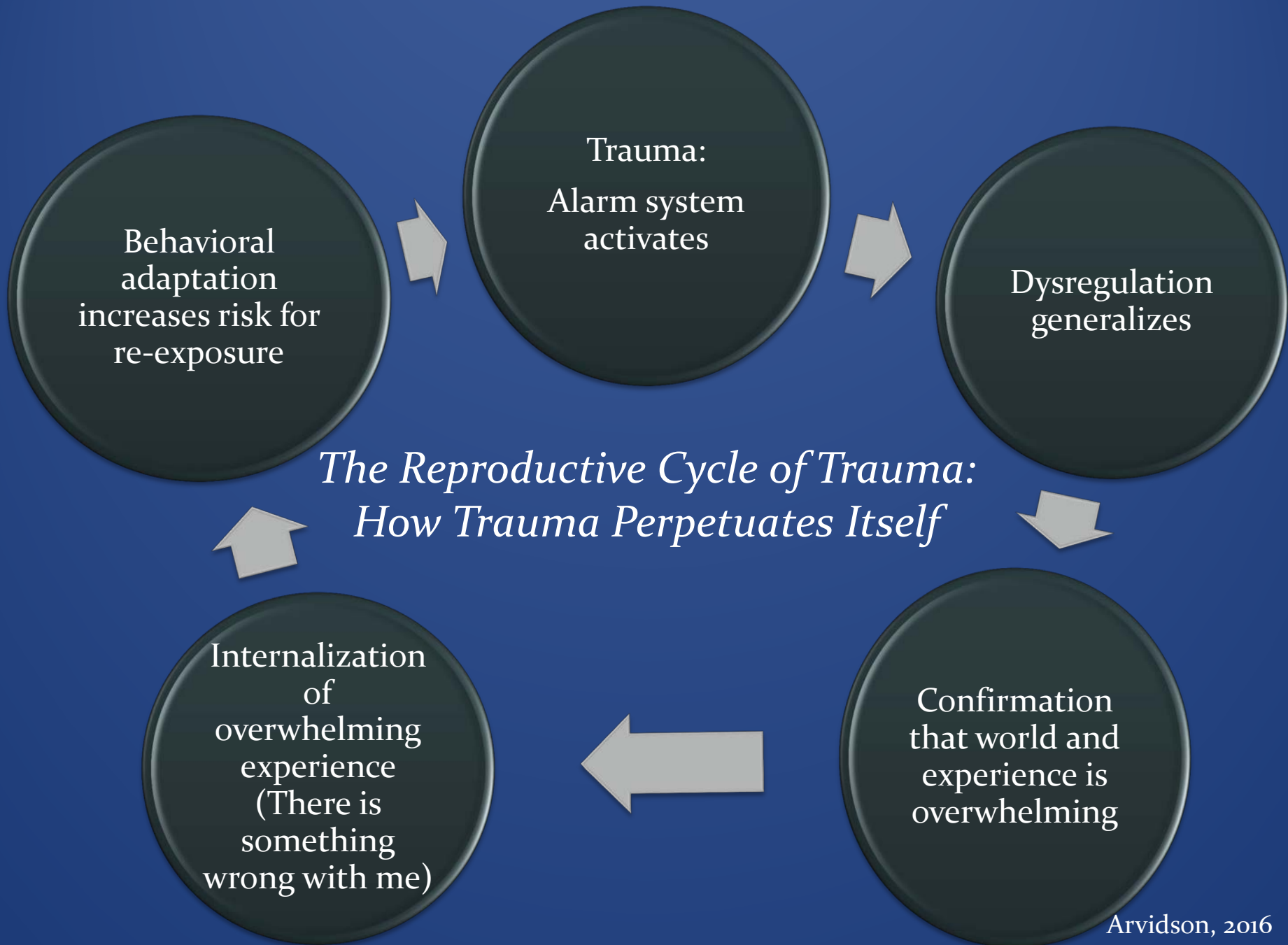
- Physiological Changes in Brain Structure and Function, Decreased Volume of Amygdala and Hippocampus, Prioritization of Stress Pathways

## Chronic Exposure to Stress Hormones

- Significant challenges to Regulatory Capacity, Dysregulation, State and Trait Characteristics.

## Physiological Adaptations

- Hypervigilance, Hyper and Hypo Arousal, Survival (as opposed to developmental) based orientation. Trauma turns a learning brain into a surviving brain.



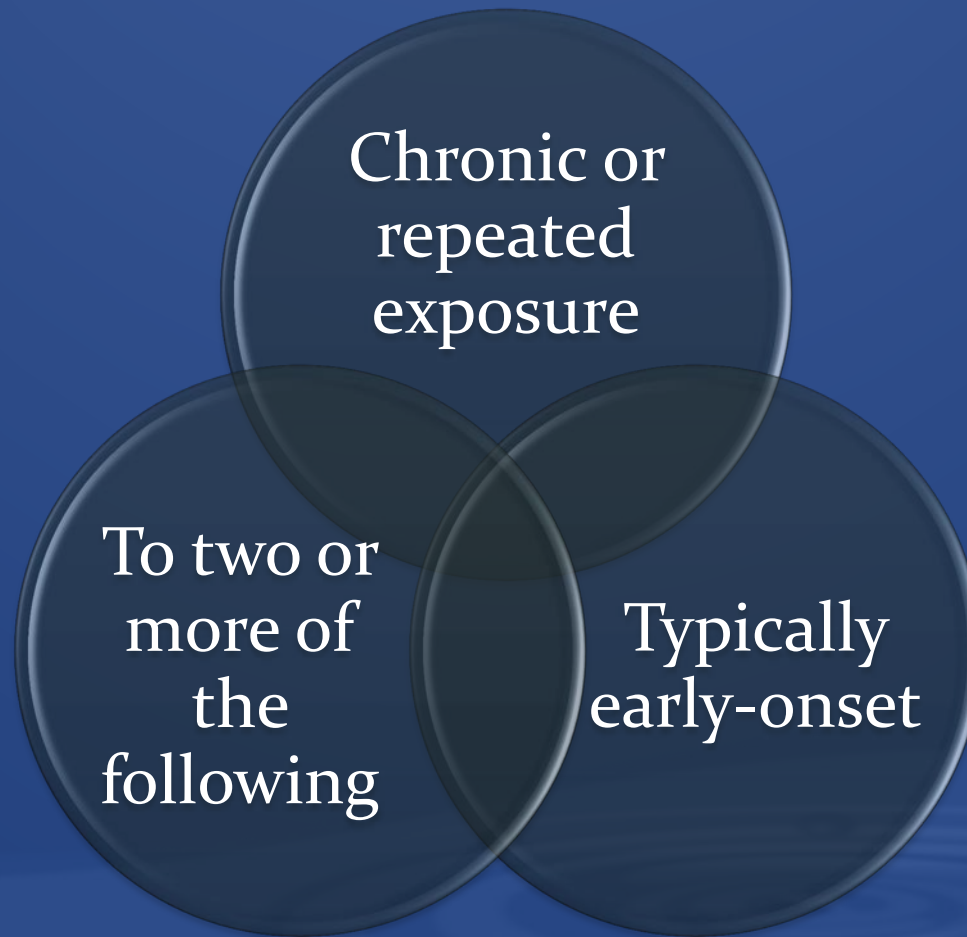
# What is “Complex Trauma”?

- Dual Definition:
  - Exposure to multiple traumatic events, frequently within a caregiving system that is supposed to be the source of safety and stability
  - Impact of those events, across domains of development, on both immediate and long-term outcomes



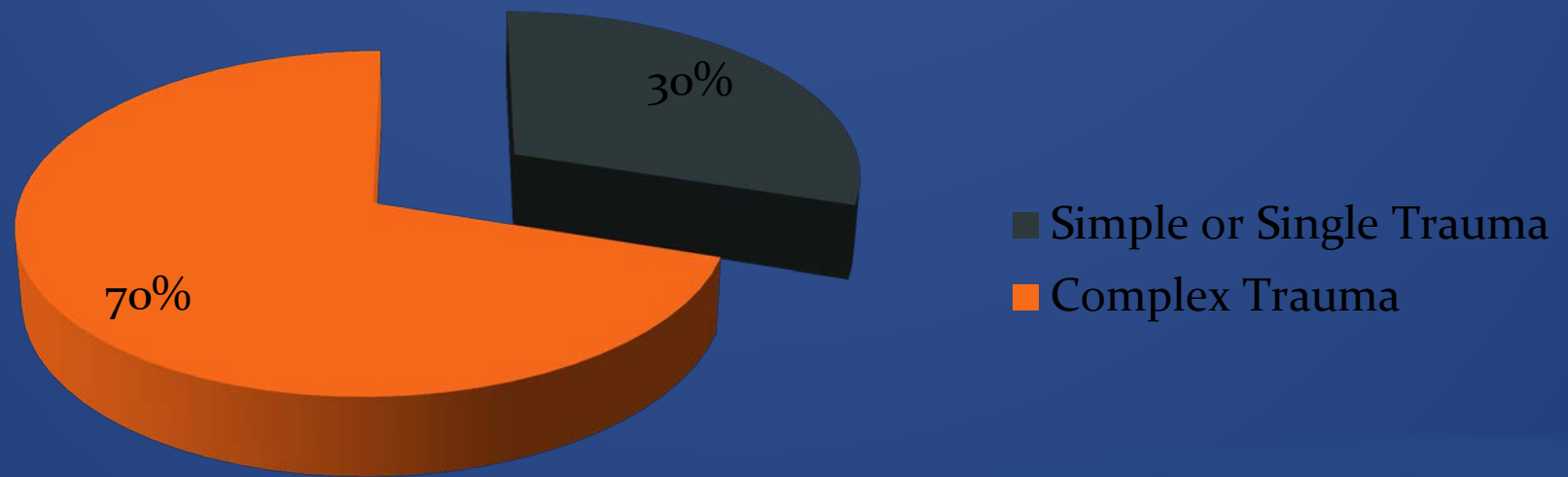
# What is “Complex Trauma”?

From Kisiel et al., 2009.



# National Sample of over 2,200 children in the child welfare system

Greeson et al. 2011





# Areas Impacted by Complex Trauma

Physiology  
and brain  
development

Control  
impulses and  
concentrate

Safely negotiate  
conflict and  
differentiate  
safe from unsafe

Form a positive  
and cohesive  
sense of self

Tolerate, control  
and express  
emotions and  
sensations

Form healthy  
attachments  
and social  
relationships

Learn and  
engage in goal-  
directed  
behavior

*The fundamental problem of chronic exposure to traumatic experiences in childhood is that overwhelming stress turns a learning brain into a surviving brain.*

*But, the brain and the physiological impact of trauma, is only the beginning of the story. Development is the context in which the impact of childhood trauma is fully realized...*

*...The developmental necessities of childhood: formation of healthy attachments and social development, attentional capacity and cognitive development, mastery, competency, and regulation, (the ability to control one's body, emotions and behaviors) are compromised by chronic exposure to overwhelming stress...*

*...Childhood trauma can be understood, fundamentally as developmental derailment. Thus, trauma-informed care for children is about helping the child and parent “put the train of healthy development back on the tracks.”*

*...Trauma-informed care is about helping children and families chart new developmental trajectories that promote healthy development, build resiliency and restore functioning.*

*- J. Arvidson*



## Complex Trauma and Co-morbidity

In a sample of 1420 children and adolescents, Copeland et al. (2007) found that interpersonal trauma and repeated trauma predicted multiple psychiatric symptoms above and beyond PTSD.

The DSM-IV field trial (Roth et al., 1997; van der Kolk et al., 2005) found that early onset abuse was related to a complex trauma diagnosis more than late onset abuse, and that late-onset abuse was more related to a complex trauma diagnosis than non-interpersonal traumas.

# Developmental Trauma Disorder Taskforce's Proposed Child-Focused Trauma Diagnosis for DSM-V

## Existing PTSD Diagnosis

An event that threatens the life of the individual

*Fire, accident, natural disaster*

*Impact ~ Traumatic Stress Response, typically associated with triggers linked to traumatic event*

## Developmental Trauma Disorder

Chronic or Recurring Trauma, such as child maltreatment

*Chronic physical, sexual or emotional abuse, domestic violence*

*Impact across multiple Domains of Development*

# Proposed Criteria for Developmental Trauma

**Disorder** (Source, DTD Taskforce, National Child Traumatic Stress Network, APA presentation, February 2009.)

- 1) Exposure to childhood interpersonal trauma, including emotional abuse, neglect and other disruptions in caregiving and~

## Symptoms in the areas of

- a) *Affect and Impulse Regulation;*
- b) *Attention, Cognition and Consciousness;*
- c) *Self-perception and Meaning;*
- d) *Interpersonal Relationships;*
- e) *Somatization and Biological Dysregulation.*

## *Affect Dysregulation and Impulse Control*

following exposure to interpersonal trauma is manifested in a broad spectrum of symptoms.

Affect dysregulation may include lability, explosive anger, self-destructive behavior, psychic numbing and social withdrawal, dysphoria depression and loss of motivation.

Impulse dysregulation is associated with self-injury, risk-taking, aggression, eating disorders, substance use, oppositional behavior and re-enactment of trauma.

Affect dysregulation and impulse dysregulation are interwoven problems: impulsive behavior represents a failure of affect regulation, while self-injury, substance abuse and eating disorders can be understood as ill-fated attempt at self-regulation. Affect and impulse dysregulation not only includes overt disruptive behaviors, but also behavioral and emotional “shutting down” in the face of overwhelming stress. Furthermore, the triggers for such dysregulation may be broad and only subtly reminiscent of trauma stimuli.

*Disturbances of attention, cognition and consciousness  
functionally manifested as cognitive and academic performance.*

Dissociation

Depersonalization

Memory disturbance

Inability to concentrate (regardless of whether the task evokes trauma reminders),

Poor executive functioning,

Lack of curiosity,

Learning difficulties,

Problems with space and time orientation

Poor language development.

Over 400 studies have documented the association between childhood victimization and dissociative symptoms

(Calamari & Pini, 2003; Coons, 1994; Cromer, Stevens, DePrince, & Pears, 2006; Farber, 2008; Friedrich, Jaworski, Huxsahl, & Bengtson, 1997; Kaplow, Hall, Koenen, Dodge, & Amaya-Jackson, 2008; Kisiel & Lyons, 2001; Koopman et al., 2003; Macfie, Cicchetti, & Toth, 2001; Neumann, Houskamp, Pollock, & Briere, 1996; Putnam, Guroff, Silberman, & Barban, 1986; van Ijzendoorn & Schuengel, 1996).

In, *Review of Developmental Trauma Disorder: Towards an Empirically-Based Diagnosis for Children Exposed to Interpersonal Trauma*  
Bessel van der Kolk MD, Julian Ford, Ph.D., Wendy D'Andrea Ph.D., Joseph Spinazzola Ph.D.

# *Distortions in self-perception and systems of meaning.*

Poor self-worth and self-esteem

Poor body image

Poor sense of separateness

Shame and guilt

Learned helplessness and expectations of victimization

Lack of sense of meaning and belief system.

Over 50 studies document the occurrence of distorted self-perception resulting from childhood trauma

(e.g., Bolger, 1998; Sachs-Erricson, 2006; Feiring & Taska, 2005; Burack, 2006).

In, *Review of Developmental Trauma Disorder: Towards an Empirically-Based Diagnosis for Children Exposed to Interpersonal Trauma* (In press)

Bessel van der Kolk MD, Julian Ford, Ph.D., Wendy D'Andrea Ph.D., Joseph Spinazzola Ph.D.



# *Somatization and biological dysregulation.*

Digestive distress

Migraines

Sexual symptoms

Chronic pain

Poor energy,

Sensory integration difficulties

Affective Dysregulation

Increased somatization and biological dysregulation have been documented in maltreated children and adults maltreated as children in at least 100 quantitative studies.

(Colegrave, Holcombe, & Salmon, 2001; Egger, Costello, Erkanli, & Angold, 1999; Ehlert, Heim, & Hellhammer, 1999; McLean, Toner, Jackson, Desrocher, & Stuckless, 2006; Sar, Kundak, Kiziltan, & Dogan, 2004). In, *Review of Developmental Trauma Disorder: Towards an Empirically-Based Diagnosis for Children Exposed to Interpersonal Trauma* (In press)

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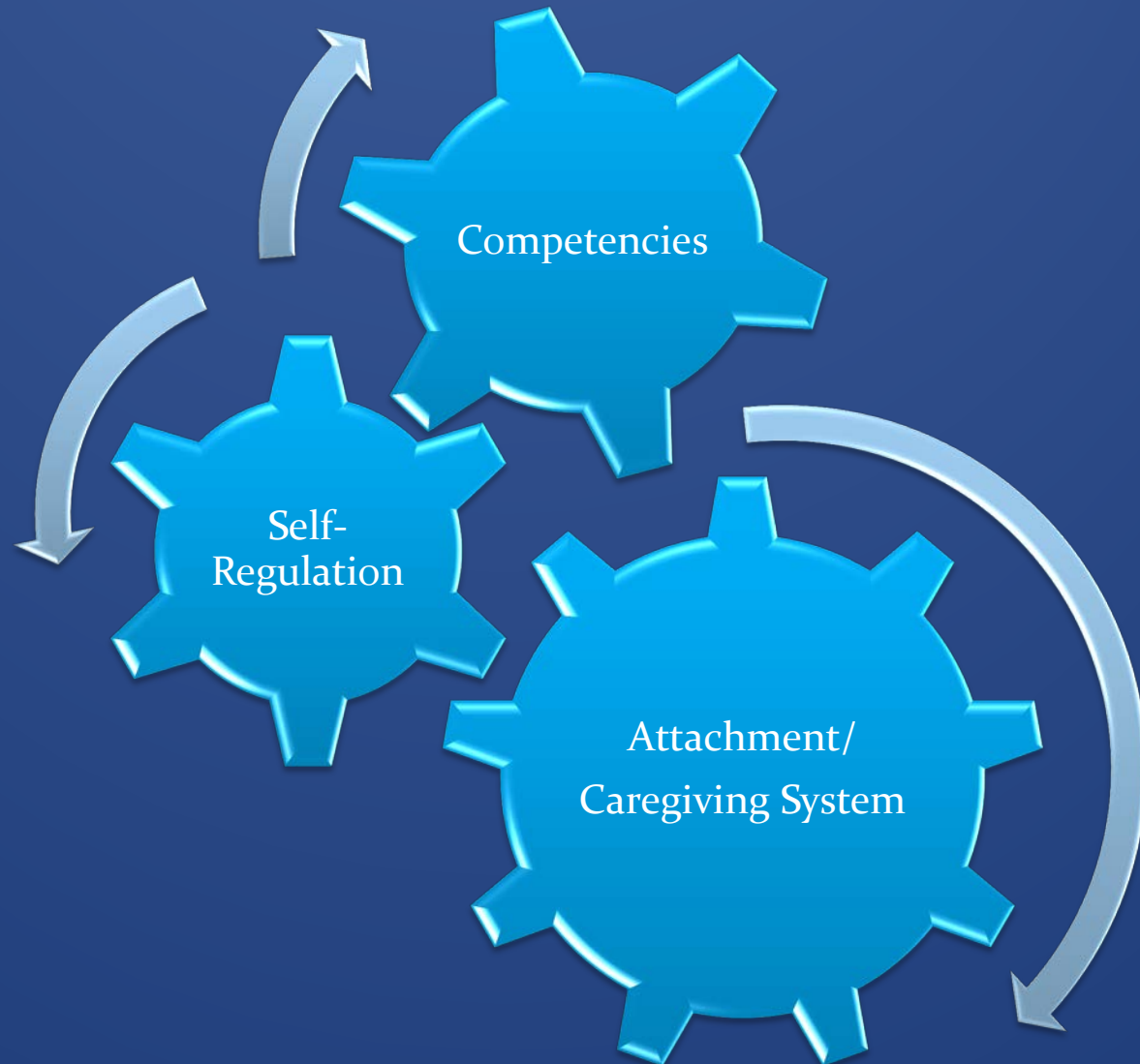
*Treatment outcomes improve when focusing on DTD symptoms, adding attachment and trauma-focused interventions.*

Copping et al. (2001) Amongst children who experienced childhood interpersonal trauma, intervention which targeted trauma reaction and attachment reduced DTD symptoms.

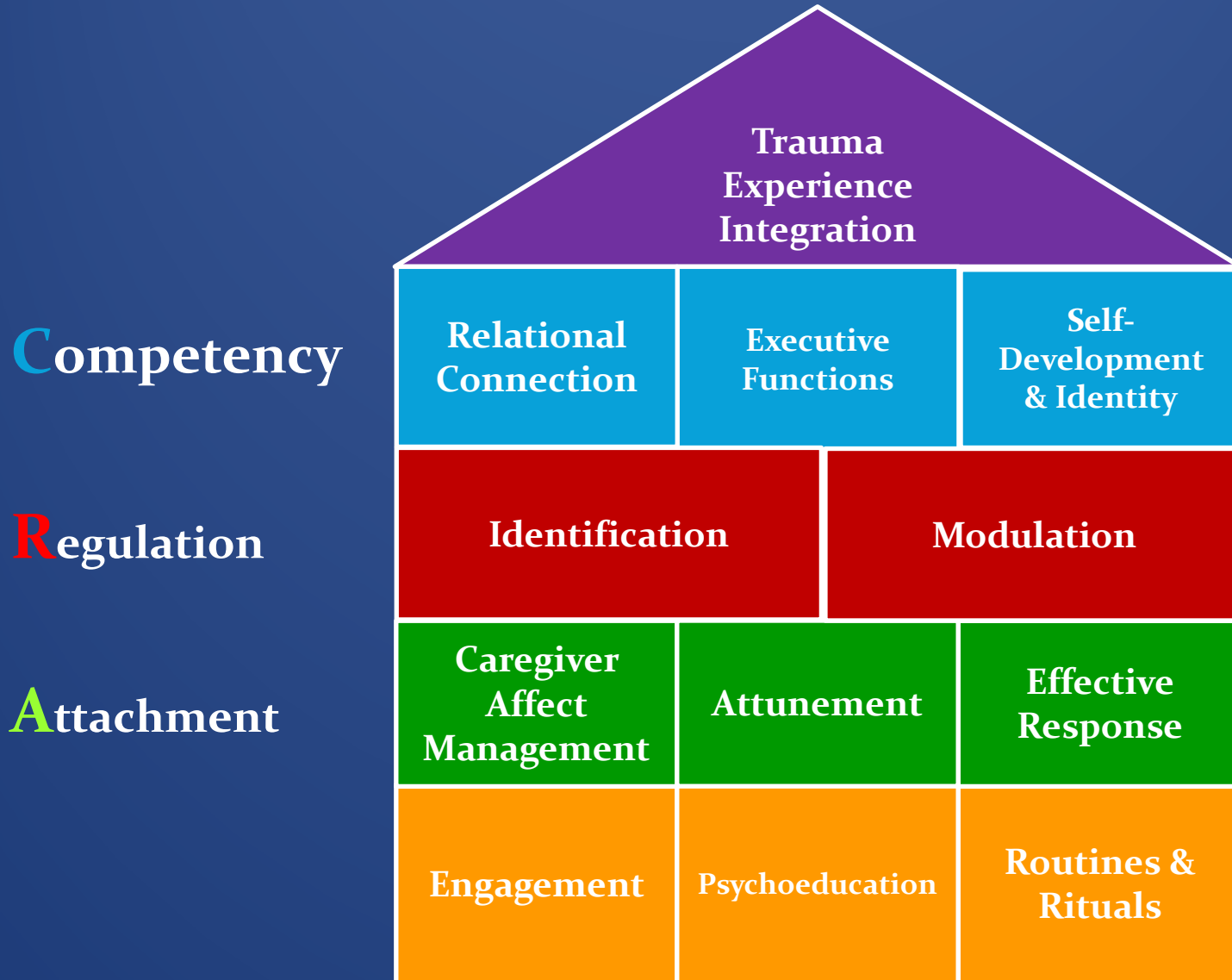
Alaska Child Trauma Center, trauma and attachment focused treatment reduced trauma symptoms and reduced caregiver reports of behavior problems (84<sup>th</sup>-49<sup>th</sup> percentile, baseline versus discharge for children completing ARC treatment.)

*Source, Alaska Child Trauma Center Outcomes Report, UAA, Lamar, Atkinson, 2008.*

**Study Conditions: Complex Trauma Treatment using ARC Framework at a clinic serving predominantly child welfare involved clients.**



# ARC Framework



## Treatment of Complex Trauma in Young Children: Developmental and Cultural Considerations in Application of the ARC Intervention Model

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*The Attachment, Self Regulation, and Competency (ARC) Framework is a theoretically grounded, evidence-informed, promising practice used to treat complex trauma in children and adolescents. This article introduces the ARC model and describes its application with young children of diverse ethnocultural backgrounds involved in the child protection system due to maltreatment. Examination of the clinical application of the ARC model with this population underscores the importance of grounding child complex trauma treatment in the caregiving system. Strategies for successful clinical intervention are identified, with attention devoted to cultural and systemic resources to advance the treatment process. This article presents preliminary evidence of the effectiveness of the ARC model derived from program evaluation conducted at a community-based clinic.*

**Keywords** complex trauma, attachment, regulation, trauma, ARC

Early development takes place largely within the context of the caregiving relationship. The impact of trauma on infants and young children is unique because it occurs within a critical developmental period and is vastly influenced by the nature and quality of the caregiving system (Scheeringa & Zeanah, 2001). The primary attachment system provides the security and safety necessary for children to master an array of competencies including the ability to self-regulate (Schore, 2001a), develop positive relationships (Schneider, Atkinson, & Tardif, 2001), and acquire cognitive skills relevant to learning (Meins, Fernyhough, Russel, & Clark-Carter, 1998). Additionally, it provides the foundation for self and identity formation (McCarthy, 1998).

When the caregiving relationship is characterized by uncertainty, unpredictability, or fear, it affects a child's basic sense of safety within relationships and in the world (Hesse & Main, 2006). Young children's sense of themselves develops within the context of their perception and internalization of the relationship with their caregiver. If a child's perception

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# Trauma Capable System

- Trauma informed care should be distinguished from trauma-specific treatment. The latter involves specialized treatments that some individuals also may need, to address complex trauma-related consequences. Trauma informed care, in contrast, is not highly specialized and can be provided in multiple settings by committed professionals who understand trauma without the expertise to offer trauma-specific treatment, which can be offered as needed by designated staff or through referral.

Gordon R. Hodas MD