Developmental Trauma Disorder

THE NEUROPATHOLOGY OF CHILDHOOD TRAUMA AND ADDICTION
Agenda

- What is developmental trauma & why does it matter
- What is the “clinical presentation” and what do we see in people
- Just a little bit of neuroscience.....
- How to begin to build resilience
The past is the past…..right???

“If you don’t heal the wounds of your childhood, you bleed into your future”

-Oprah Winfrey
PTSD was introduced in 1980, but we know now that there is a parallel emergence of symptoms that need to be classified and addressed.

Kids will get 3-7 different diagnoses that are really Developmental Trauma Disorder.
Currently, the system looks at punishing or controlling childhood behavior instead of focusing on the underlying problem(s).

When a child feels safe, their brain focuses on play and exploration. When they do not feel safe, they focus and organize around survival and self-protection.
The purpose of including Developmental Trauma Disorder in the DSM-5: to capture the reality of the clinical presentation so children and adolescents that are exposed to chronic interpersonal trauma and thereby guide the clinician to develop and utilize effective interventions and for researchers to study the treatment, neurobiology and transmission of chronic interpersonal violence.
Adverse Childhood Experiences

- Mid-1980s weight loss program through Kaiser Permanente found that pts that were losing weight were most likely to drop out of the program.
  - Dr. Felitti accidentally asked “How much did you weigh when you were first sexually active?” instead of “How old were you...”
  - Answer: “40 pounds”
  - Food and obesity was masking childhood abuse, particularly sexual
- Collaborated with Dr. Anda at the CDC
- Felitti and Anda asked 26,000 people who came through the San Diego Kaiser Permanente weight loss department “if they would be interested in helping us understand how childhood events might affect adult health,” says Felitti. Of those, 17,421 agreed.
The Study

- Population-based analysis 17,000 middle-class American Adults.
- A questionnaire about adverse childhood experiences was mailed to 13,494 adults with 7 categories of adverse childhood experiences:
  - psychological/physical/sexual abuse
  - violence against mother
  - living with people that were substance abusers or mentally ill
  - having a parent in prison.
- Continued through 1997
- Examines the base causes of the 10 most common causes of death
- The ACE study compared adverse childhood experiences against the health status of the adult (average of 50 years later).
Demographics

“It’s not ‘them’, it’s ‘us’”—Dr. Anda

- The ACE Study participants were average Americans
- 75% were white
- 11% Latino
- 7.5% percent Asian and Pacific Islander
- 5% percent were black
- Middle-class, middle-aged
- 36% percent had attended college; 40% had college degrees or higher
- Since they were members of Kaiser Permanente, they all had jobs and great health care
- Average age was 57.
The Results

- The number of categories of CAs exposure showed a graded relationship to the present of adult diseases (heart disease, cancer, chronic lung diseases, liver diseases).
  - The more CAs, the more health problems as an adult.
- One participant stated: “Overweight is overlooked, and that’s the way I need to be.”
- “Turning to drugs is a normal response to serious childhood trauma, and that telling people who smoke or overeat or overwork that these are bad for them and that they should stop doesn’t register when those approaches provide a temporary, but gratifying solution.”
The Results

- Persons with 4+ CAs (compared to those that had none):
  - 240% more likely to have hepatitis and other STDs
  - 390% more likely to have COPD
  - Twice as likely to be smokers
  - 12 times more likely to attempt suicide
  - 4-12 fold increase in health risks (substance use, depression, and suicide attempt)
The Results

- Persons with 4+ CAs (compared to those that had none):
  - 10 times more likely to inject street drugs
  - Have more marriages
  - More likely to be violent
  - Have more drug prescriptions
  - More auto-immune diseases
  - More work absences.

- Children with 4 or more CA are 32% more likely to have behavior & attention problems in school
The Results

- ACEs have transformed from a psychosocial experience into disease, social malformation, and mental illness. ACEs are the main determinant of the health and social well-being of the nation.
- ACEs do not typically exist in isolation (i.e. if dad is an alcoholic, he was also likely to be verbally abusive)
- Unrecognized ACEs are a major determinant of who turns to psychoactive materials and become “addicted.”
- Chemical Dependency is the short-term relief of the ACEs
- Addiction is experience-dependent and not substance-dependent

The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study, Vincent Felitti, MD
The ripple effect

- The cortisol released by prolonged stress alters the genetic expression of disorders and weakens the immune system leaving an individual more susceptible to genetic predispositions and immune-related chronic conditions.

- Harvard Medical School found that childhood adversities (CAAs) explain 41.2% of disruptive behavior disorders, 32.4% of anxiety disorders, 26.2% of mood disorders, 21% of substance use disorders.
The ripple effect

- The # of categories of CAs exposure showed a graded relationship to the presentation of adult diseases (heart disease, cancer, chronic lung diseases, liver diseases).
  - The more CAs, the more health problems as an adult.
  - The more exposure to violence as a child, the more likely to be violent as an adult.
“Remember? Ohh... I wouldn’t do that! Remembering is dangerous.”

- Emotions are felt in the body
- People with emotional problems have physical symptoms (headache, constipation, ulcers).
  - Traumatized people have more somatic problems: the body keeps score of our wounds
- Body language parallels our emotions.
  - The distance between our vocal chords and brain stem are so close that they can’t lie
  - 80% of the nerves in the vena cava go from gut to brain, not the other way around; “gut feelings”, “I just feel that way.”
    - e.g. “Fat Day”
Traits in an abusive/dysfunctional household

- Secrecy
- Inaccessibility of parents/caregivers
- “Parentification” of children
- Shame-Based
- Don’t make anyone mad
- Don’t feel
- Don’t make mistakes
“It is often said that a traumatic experience early in life marks a person forever—pulls her out of line as if to say ‘Stay there—don’t move.’”

**Children Learn**

- My feelings aren’t valid
- My feelings are bad
- The world is not safe
- I don’t know what I need
- I don’t know how to feel

**Adults Become**

- Seek escape
- Unable to identify true needs or feelings
- Unable to trust
- Emotional dysregulation
- Poor self-esteem and poor self-efficacy
What we see in our clients

- Isolation
- Hopelessness
- Worthlessness
- Always waiting “for the other shoe to drop”
- Somatic complaints
- Emotional reactivity
- Difficulty trusting or accepting help from others
- Poor boundaries
- Emotional disconnect
“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.” – Minstral’s Kiss

- Poor boundaries
- Poor communication Skills
- Inability to trust
- Difficulty with faith
- Difficulty accepting love and support
- Elevated defense mechanisms
The “Personality Disorders” aka—grew up in an abusive/neglected environment.

- Antisocial
- Borderline
- Narcissistic
- “Psychopath”
- “Sociopath”
Causes of Pathology

- Only 3 ways to view these disorders:
  - Born that way
  - Not born that way—the environment did it
  - Born that way and the environment made it worse.
Causes of Pathology

- Uncompleted developmental tasks lead to complex defense mechanisms: irresponsibility, impulsivity, thrill-seeking, poor decision-making, undeveloped value and moral structure.

- They are “stuck” in an underdeveloped age & emotional deficits.....acting like a child.

- The absence of needs being met leads to emotional deficits which leads to disorders.
Just a little bit of neuroscience....

- The brain is composed of three parts—brain stem, limbic system and the cerebral cortex—that control all the bodily functions from breathing and digesting food to thinking and controlling emotions.
Limbic System

- 1953 27 year old Henry Molaison; surgery removed his hippocami
- Explicit memory: specific events
- Implicit memory: memory we don’t know we have, procedural, generalized, classical conditioning, iceberg beneath the water
Addiction is a Disease of Survival

Mid-Brain = primitive, survival
This is what makes survival feel good
(food, sex)

Frontal Cortex = thoughts, memories, emotions, choice
Traumatized and neglected individuals are constantly in a state of fight/flight/freeze. The brain is seeking survival
What were you thinking?!!?!

When beliefs are irrational, the thought patterns are irrational, and behavior frequently results in (un)expected negative consequences.

We need to change the question to “what were you thinking?!?” to “what were you feeling?”

People that have problems can have hope that they can solve them. People who ARE problems see themselves as fundamentally flawed and unchangeable.
Goals of Therapy

- **Goals:** Building master experiences, increasing self-efficacy, building affiliation with others, capacity to separate self from environment (ability to interpret and respond to environmental context in choices).

- **Change the locus of control:** Learning to respond instead of react. By feeling that I am more likely to succeed, I will be more likely to incorporate that into healthy self-image.
  - They live in the “reactive” limbic system of fight/flight/freeze
  - Can you argue or reason with someone in the limbic system?
  - “What’s wrong with you?” must become “What happened to you?”
Attachment

- Building predictability through rituals and routine. This includes setting limits and providing structure.
- Increasing rhythmical attunement with caregivers through games and sensory integration.
- Learn to effectively manage internal affect.
- Finding Strengths—knowing when to use positive praise and reinforcement.
Modalities and Tasks for Treatment

- Strengths based
- Motivational interviewing
- Grief & Anger work
- Assertiveness Skills
- EMDR or other Trauma Work
- Build Attachments
- Enhance self Regulatory Capacities
- Trauma Processing
Listening Skills are Key

- Active Listening
- Be aware of non-verbal communication (esp tone and volume)
- Clarify, repeat, and validate
- Non-threatening
- Non judgmental
- Respect
Some Sobering Thoughts (pun completely intended....)

- 2010 Nearly 9 percent of Americans aged 12 and older—an estimated 22.6 million people—reported using illicit drugs in the month prior to the survey.
- Drug abuse is linked to nearly half of all crimes in the US—typically 2/3 of those in jail & prison are there for substance-related crimes.
- 71% of all illegal-drug users are employed.
- Alcohol accounts for 500 million lost work days/year.
- 4 out of 10 US AIDS deaths are due to drug abuse.

“Every dollar spent on treating addictions will save 5 dollars in healthcare (AIDS, HTN, diabetes, STDs, anxiety, depression......)”

---Patrick J. Carnes, PhD
Costs
Released by the CDC in 2012

- **One year** of confirmed cases of child maltreatment costs $124 billion over the lifetime of the traumatized children.
- The researchers based their calculations on only confirmed cases of physical, sexual and verbal abuse and neglect, which child maltreatment experts say is a **small percentage of what actually occurs.**
- The breakdown per child is:
  - $32,648 in childhood health care costs
  - $10,530 in adult medical costs
  - $144,360 in productivity losses
  - $7,728 in child welfare costs
  - $6,747 in criminal justice costs
  - $7,999 in special education costs
SAMHSA has identified child maltreatment & neglect as one of the biggest national health threats.

Dr. Anda notes that we tend to treat the abuse, maltreatment, violence and chaotic experiences of our children as an oddity instead of commonplace.

As a society, we believe that these experiences are adequately dealt with by emergency response systems such as child protective services, criminal justice, foster care, and alternative schools.

Many of these current systems only re-traumatize.

To address the issue, educational, criminal justice, healthcare, mental health, public health, and corporate systems need to collaborate and work together.
The rain to the wind said
"you push and I’ll pelt"
And they so smote that garden bed
That the flowers actually knelt....
And lay lodged, tho not dead.
I know how those flowers felt.

-Robert Frost
Thank you!

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What defines us is how well we rise after falling.
Resources


Therapeutic Techniques

- We create resistance when we set the agenda: utilize MET techniques.
- Clients may not change because they don’t want to (too scary....) or they may believe that they are incapable of change (“I’ve always been this way” “it’s what I’ve been told”); they may not know how to change