Developmental Trauma and Self-Soothing

Developmental Trauma and Self-Soothing by Keely Knapp and Rachel Isgar, Assistant Psychologists from Hillcrest Children's Services

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Introduction

Developmental Trauma is defined by Perry (2011) as a psychologically distressing event that occurs during a child's or young person's development and is outside the range of usual human experience, often involving a sense of intense fear and helplessness. All children and young people at some point during their development can experience stress. If there is positive support such as a consistent attachment figure and positive relationships provided to the child or young person, this can in fact be a positive experience by helping to promote resilience.

However, children and young people who experience developmental trauma or those who have interpersonal experiences, such as the primary care giver being the source of trauma (for example - abuse, neglect or violence), do not have a consistent attachment figure. The child and young person would also not have been provided with a positive relationship and appropriate strategies to deal with any trauma they have experienced. These traumatic experiences may manifest in behavioural difficulties, therefore they need adults around them who are able to provide containment, safety, positive relationships and emotional regulation strategies and support.

Exposure to complex trauma can cause neurobiological changes that impact on the child or young person's development and can result in significant changes to the brain. In turn, this can lead to losing core capacities for self-regulation and self-soothing. Furthermore the lack of nurturing experiences in childhood and lack of being taught how to look after oneself also contributes to difficulties in managing distress. Teaching children and young people strategies to manage distress and to self-sooth are important skills for them to acquire. Self-soothing boxes are a tool that can be used to help support emotional regulation and to manage distress.

Complex Trauma and Neurobiological Changes

Children and young people who have experienced complex trauma are increasingly responsive to relatively minor stimuli, this is due to a decreased frontal lobe functioning (learning and problem solving) and increased limbic system sensitivity (impulsiveness) (Streeck-Fischer and Van Der Kolk, 2000).

The limbic system is also referred to as the 'emotional brain', as it controls emotions that are fundamental for survival (McLean Hospital, 2000). It is also responsible for the fight, flight or freeze response when a threat is experienced. A study by Teicher et al. (1993) found a 38% increased rate of limbic abnormalities following physical abuse, 49% after sexual abuse and 113% following abuse of more than one type combined (cited in Streeck-Fischer & van der Kolk, 2000).

Phased treatment is the current best practice for complex trauma. This staged approach includes; 'Phase 1 - Safety and Stabilisation', 'Phase 2 - Processing' and 'Phase 3 - Integration'. Phase 1 - Safety and Stabilisation underpins all therapeutic work, it is essential for effective treatment (BlueKnot Foundation) and can include self-soothing techniques.

Children and young people with developmental trauma and the ability to self-regulate

When a child or young person experiences trauma, it is suggested that they have a reduced ability to control their emotions. Mollon (2005) suggested that the experience of trauma deregulates the individual's ability to regulate emotional experience and manage physical arousal. Therefore, it is important when working with children and young people with developmental trauma, that they are supported to develop and enhance strategies for emotional regulation and self-soothing. This allows them to have an understanding and a capacity to be able to manage any difficulties they may experience.

Children and young people need individuals who are able to co-regulate with them and to be able to teach them how to self-regulate. Those who are unable to self-regulate need access to a caregiver who is able to provide them with a safe base to be able to explore and learn. Therefore, the child, young person and adult can become attuned. Furthermore repeated co-regulation with a trusted caregiver allows them to be able to develop their ability to self-regulate. The caregiver is around to help the child or young person to make sense of themselves and those around them. This can then lead to the caregiver helping to promote and build on safe relationships and within social environments.

Why use self-soothing techniques?

During infancy, parents will help their children to self-soothe and manage their own emotions. If a child or young person has experienced a history of trauma, it is likely that they would not have been taught appropriate ways to manage their emotions. Therefore, they may display risk taking or harmful behaviours to manage their own emotions. As a result, it is important for them to be taught how they can self-soothe and manage their emotions.

For example, a child or young person may benefit from being provided with a sensory box for self-soothing. These boxes are filled with items that can be used as sensory play to stimulate the five senses: touch, sight, smell, hearing and taste. By attending to each sense, the child or young person becomes grounded in the present which can help them to feel calm and relieve any anxieties they may have.

Creating a personalised self-soothing kit can be a fun and beneficial activity to help support an individual. To create the kit all you need is a box that can be used to keep the items in. The child or young person can also decorate their box to make it more personalised. Make sure there are items that engage each of the five senses, below are some ideas to try:

Sight: Glitter jar, images of places the young person feels safe, disco light lamp, bubbles.

Taste: Mints, crunchy snack, lollipop, flavoured

tea bags, fruit snacks.

Touch: Playdough, stress ball, fluffy blanket, fidget toy, tactile beads.

Smell: Aroma playdough, scented lotion or spray, aromatherapy oils, lavender bags.

Sound: Bells, chimes or mini gong, CD of soothing sounds.

Conclusion

Children and young people who have experienced Developmental Trauma can display challenging behaviours, therefore it is important to understand and support their needs and to be able to respond consistently and thoughtfully. Working with the child or young person and supporting them to regulate their emotions through techniques such as self-soothing has been seen to be hugely beneficial for the individuals that we support.

Hillcrest Children's Services provide therapeutic training around emotional regulation and provide carers with resources to help support children and young people to self-soothe and to support their ability to self-regulate. The children and young people we support can be provided with a sensory box when moving into a service and are shown how to use the objects so they can choose what would work best for them. They are then encouraged to use their self soothing box when they are feeling upset, angry or scared, to help them to develop the ability to emotionally regulate.

The people we support are also offered access to therapy from our multi disciplinary clinical team. When working with children and young people who have experienced Complex Trauma, therapy should attend to cognitive, emotional and sensorimotor processing; i.e. physical sensations, responses and movement. Individuals who've suffered from complex trauma are vulnerable to their lower brain stem being overwhelmed, this supports further the importance of self-regulatory skills.

The value of having a self-soothing box means all the objects are kept in one accessible place. They are an effective tangible resource that can be used to distract and self-soothe in times of distress and help to calm the senses.

Resources of Websites/ Books

- Fischer. S & Kolk. V.D (2000) Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. - PubMed - NCBI. [online] Ncbi.nlm.nih.gov. Available at: https://www.ncbi.nlm.nih.gov/pubmed/11127621 (Accessed 15 Aug. 2018).
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- McLean Hospital (2000) McLean Researchers Document Brain Damage Linked to Child Abuse and Neglect. Available at: http://www.nospank.net/mclean.htm (Accessed 15 August, 2018).
- Mollon, P. (2005). EMDR and the Energy Therapies: Psychoanalytic Perspectives (pp. 36-37). London: H. Karnac (Books).
- Perry, B. D. (1999). Stress, trauma, and post-traumatic stress disorders in children. Child Trauma Academy Materials, 2(5). Child Trauma Academy Interdisciplinary Education Series.

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