



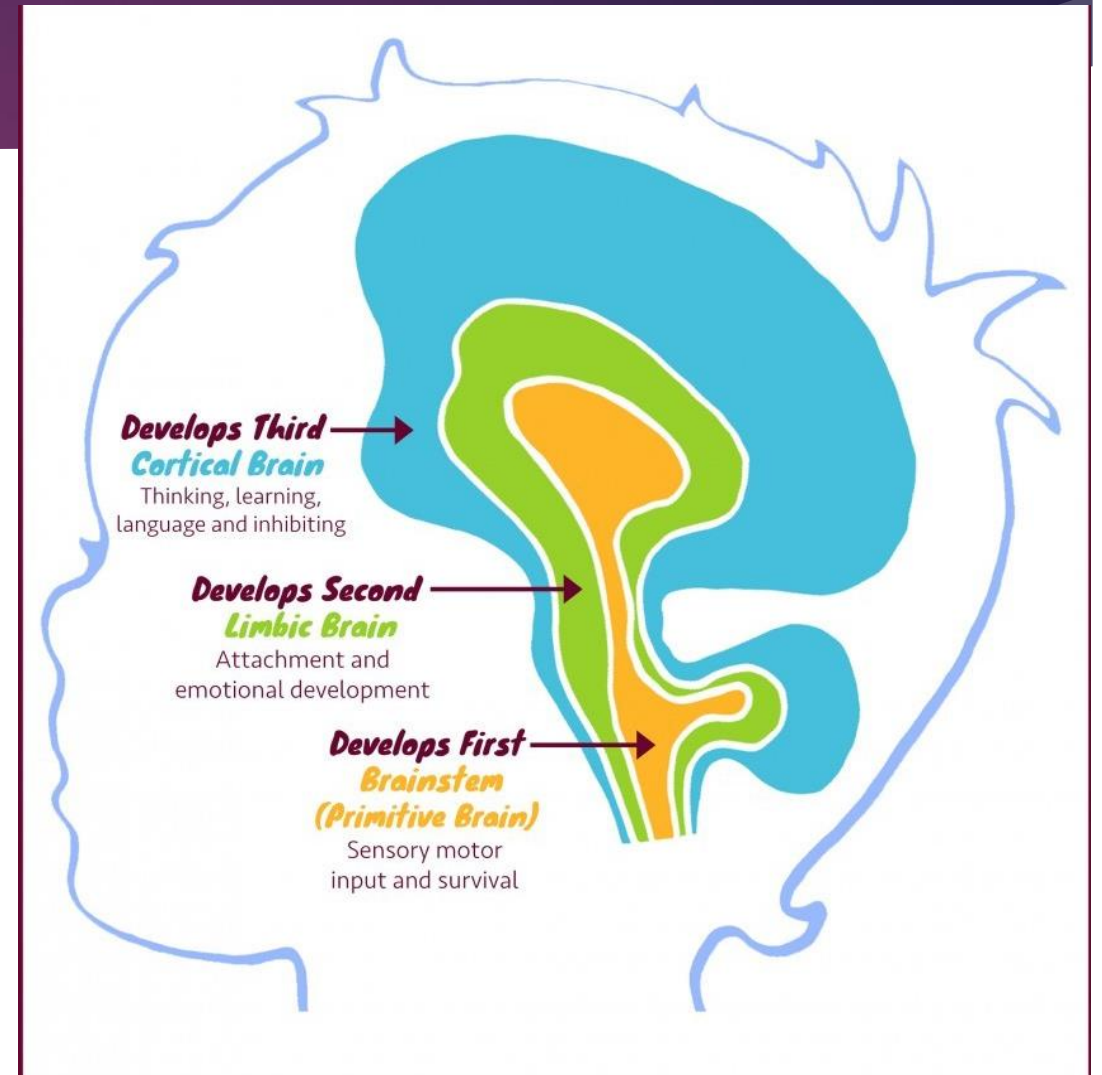
# DEVELOPMENTAL TRAUMA IN JUVENILES

PRESENTATION TO THE COOK COUNTY JUVENILE COURT – DEC 2020

DR. SEDEÑO

# DEVELOPMENTAL TRAUMA

- ▶ Children need **safe, predictable, available, and nurturing caregivers for the brain to develop** in a healthy, normal sequence.
- ▶ The brain develops from the bottom upward. Lower parts of the brain are responsible for functions dedicated to survival and stress response. Upper parts are responsible for executive functions, like **making sense of experiences and exercising moral judgement**.
- ▶ When stress responses (due to consistent neglect or abuse) are repeatedly activated for an extended period in a child, **development of the brain is disrupted**.



# TYPES OF TRAUMATIC EVENTS

- ▶ PHYSICAL EMOTIONAL OR SEXUAL ABUSE
- ▶ ABANDONMENT & NEGLECT
- ▶ SEPARATION FROM FAMILY
- ▶ COMMUNITY VIOLENCE/ VICTIMIZATION
- ▶ DOMESTIC VIOLENCE
- ▶ TRAUMATIC LOSS
- ▶ PROSTITUTION/SEX TRAFFICKING
- ▶ MEDICAL TRAUMA, INJURY, ILLNESS
- ▶ SERIOUS ACCIDENT OR FIRE



# TRAUMA EXPOSURE

Among high-risk youth in urban areas, greater than 90% have experienced Trauma.



# ACE STUDY: Long-term Impact of Adverse Childhood Experiences



## ABUSE



Physical abuse



Emotional abuse



Sexual abuse

## NEGLECT



Physical neglect



Emotional neglect

## HOUSEHOLD STRESS



Mental illness



Substance abuse



Domestic violence



Incarceration



Parental separation /  
Divorce

# MORE ACES



INCREASED RISK OF:



Health risk  
behaviors



Mental  
illness



Chronic  
disease

# How does trauma and neglect affect the brain?

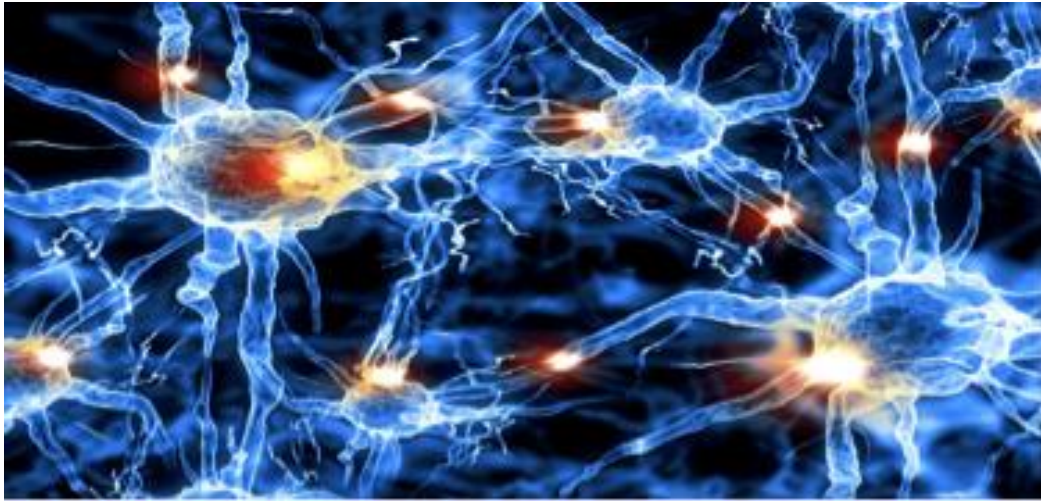
- If the attachment region of the brain is not properly stimulated at the critical period of development, then that region and all other regions below and above it are affected



2005 Bruce Perry



# EVERY INTERACTION COUNTS



The neural networks mediating our stress responses, reward, social interaction, communication, empathy and the capacity to bond with others are intertwined – and all are shaped by the nature, quantity and timing of early life experiences (especially relationally-mediated experiences).

# TREATMENT OF DEVELOPMENTAL TRAUMA

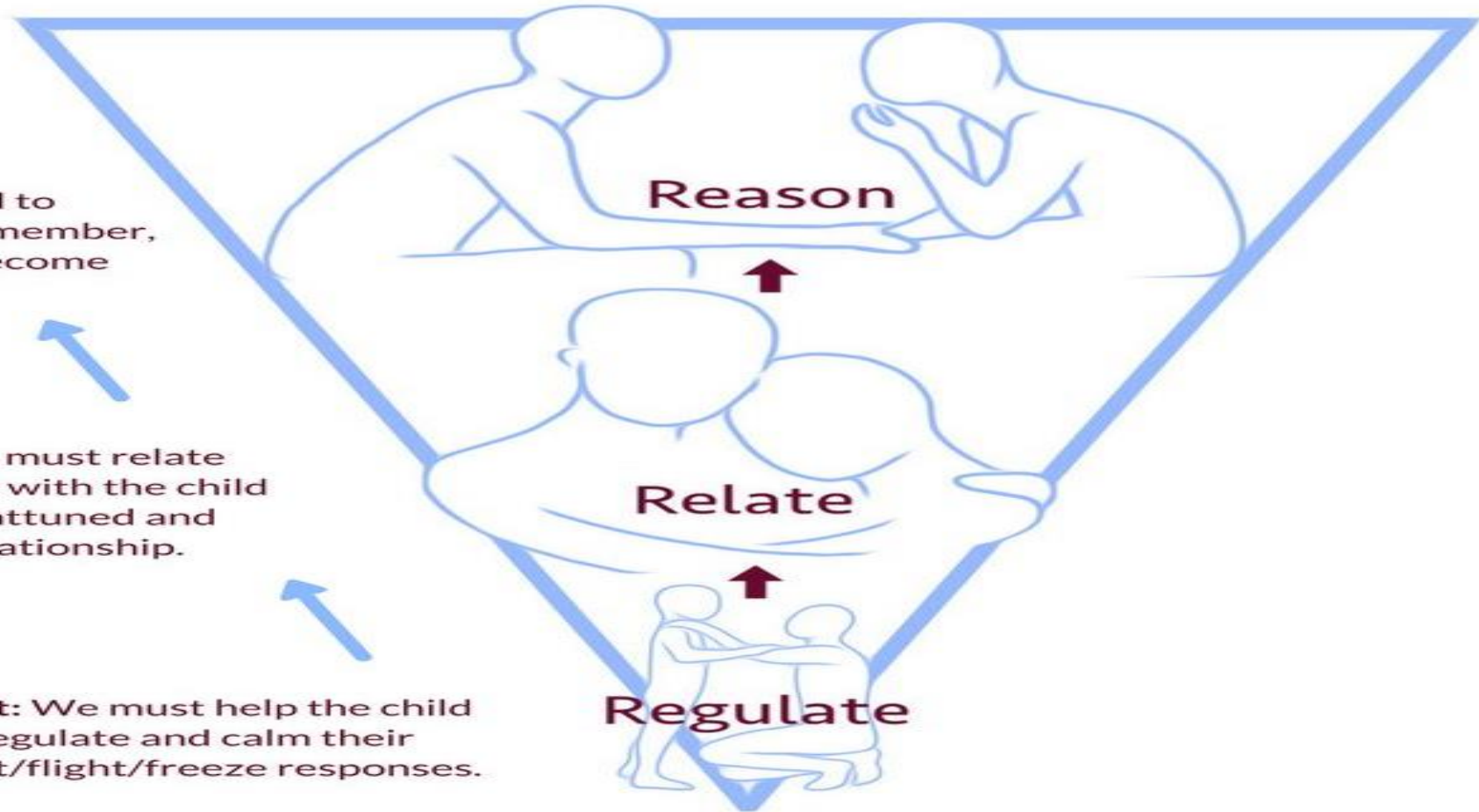
- ▶ **Establish a sense of safety and competence.** Engage with survivors in activities that do not trigger trauma responses and that give them a sense pleasure and mastery while facilitating self-regulation (van der Kolk, 2017).
- ▶ **Therapeutic activities** include expressive arts, yoga, mindfulness, aromatherapy, journaling, art, rhythmic movement, etc.
- ▶ Attunement Is Key in Developmental Trauma Integration. **Attunement** is a process of giving complete, non-judgmental, responsive attention to another person through eye contact, and other more or less nonverbal forms of attention and response.

# REGULATE – RELATE - REASON

**Third:** We can support the child to reflect, learn, remember, articulate and become self-assured.

**Second:** We must relate and connect with the child through an attuned and sensitive relationship.

**First:** We must help the child to regulate and calm their fight/flight/freeze responses.



# TRAUMA INFORMED PRACTICES

Minimize re-traumatization

Maintain and restore a sense of safety.

Provide reassurance and orientation.

Maintain Routines.

Provide factual information.

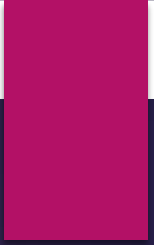
Provide positive, reliable interactions.

Listen empathically and identify emotions.

Help the youth make sense of their experience and decisions.

# IMPACT OF PROLONGED CONFINEMENT OR ISOLATION ON TRAUMATIZED YOUTH

- ▶ **Neurological development is enhanced** by stimulation, relational positive interactions, coaching, modeling, processing, healthy conflict resolution, and family contact.
- ▶ Prolonged confinement denies the **youth support in regulating, soothing** and understanding their emotions and behaviors, and social emotional skill building.
- ▶ It denies opportunities to enhance **social connection and neural development**.
- ▶ May **traumatize and re-traumatize** youth and exacerbate previous mental health issues.
- ▶ May **trigger feelings** of abandonment, rejection, despair and suicidality.
- ▶ Removal of all human contact for extended periods is the **antithesis of the therapeutic** need of the child/minor.
- ▶ Such prolonged isolation is even **more challenging for youth with complex trauma histories and cognitive impairments**.



“There is no more effective neurobiological intervention than a safe relationship.

The most powerful buffer in times of distress is social connectedness.”

BRUCE PERRY, M.D., PH.D.

# RESOURCES

- ▶ AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (AACAP.ORG)
- ▶ ILLINOIS ASSOCIATION FOR INFANT MENTAL HEALTH (ILAIMH.ORG)
- ▶ **NATIONAL TRAUMATIC STRESS NETWORK (NCTSN.ORG)**
- ▶ The Child Trauma Academy, [www.ChildTraumaAcademy.org](http://www.ChildTraumaAcademy.org)
- ▶ The ACE Study, [www.cestudy.org](http://www.cestudy.org)
- ▶ Burke Harris, N. (2018). The deepest well.
- ▶ Sonu, S. (2017). The Science of Adversity and the Case for Systemic Empathy.