

The Impacts of Early Life Trauma & The Use of Trauma-Responsive Therapeutic Care

Early Life Trauma

Trauma, which results from experiencing a traumatic event and lacking the resources and supports necessary to effectively process the experience, impacts every part of a person's life and can cause debilitating and lifelong effects. When trauma is experienced in the first three years of a child's life, there is additional detriment to a child's ability to form or maintain attachments with their caregivers. This is often referred to as attachment trauma. The first three years of a child's life (conception to around a child's third birthday) are crucial years for emotional, social, and psychological development, and without healthy attachments during these years, children are unable to reach their full developmental capacity.

Risk factors that can increase a child's likelihood of trauma and resulting attachment difficulties can be biological, social, relational, and/or environmental. These have a cumulative effect, with more risk factors leading to a higher likelihood of the development of a disorder. Risk factors include (but are not limited to):

- Loss of primary caregiver (adoption, foster care, illness, death)
- Physical, sexual, and/or emotional abuse
- Physical and/or emotional neglect
- In-utero exposure to alcohol, drugs, or trauma
- Patterns of intergenerational trauma
- Severe mental illness of primary caregiver

Outcomes of Early Life Trauma

When trauma has been experienced within the first three years of life, the results can be trauma and attachment disorders that carry behavioural, emotional, cognitive, and developmental deficits. Two such disorders are Reactive Attachment Disorder and Developmental Trauma Disorder, which are defined as:

- Reactive Attachment Disorder (RAD): a serious condition in which an infant or young child does not establish healthy attachments with parents or caregivers. RAD may develop if a child's basic needs for comfort, affection, and nurturing are not met and loving, caring, stable attachments with others are not established.
- Developmental Trauma Disorder (DTD): a disorder resulting from exposure to early ongoing or repetitive trauma (as infants, children, and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child's care giving system and interferes with healthy attachment and development.

Behavioural, Emotional, Cognitive, and Developmental Deficits

Throughout childhood and adolescence, a child will continue to experience life through the lens of trauma and lack of attachment. This affects every area of a child's life and causes both internal and external difficulties and chaos. Some of the common effects and behaviours seen with RAD/DTD and other trauma and attachment disorders include:

- Difficulties with empathy and conscious development: children often display a lack of remorse or guilt when their actions cause harm to another person, and they struggle to relate deeply with others.
- Negative self-image & low self-esteem: children often hold the belief that they are unlovable, "bad," and at fault for their traumatic experiences and lack of attachment. This leads to a negative view of self and difficulties seeing oneself as lovable and worthy of care.
- Difficulties with coping & self-regulation: children who lacked opportunities for attachment in early life also lacked opportunities to learn co-regulation, the precursor to self-regulation. Without the foundation of co-regulation, children develop maladaptive coping strategies and cannot effectively regulate their emotional experiences.
- Aggression (physical or psychological): children who do not feel connected to or loved by parents due to a lack of attachment often react to life with the cover emotion of anger. This can be expressed through physical violence and aggression or more "passively" through bullying, manipulation, and triangulation.
- Academic difficulties: when the brain has been affected by adverse early life experiences, there are developmental delays that can lead to difficulties engaging the learning centres of the brain. This leads to difficulties with attention, memory, problem solving, executive functions, and social skills, all of which are necessary to learn and excel academically.

Behaviours result from feelings of unsafety, insecurity, and a lack of trust in caregivers. A child's world is based around the need to control their environment in order to survive. This results in two common categories of behaviours:

- Push-away behaviours: these are behaviours used by a child to push away their parents or primary caregivers. When relationships, connection, and attachment are viewed as hard and scary due to early life attachment trauma experiences, children will push away relationships in order to avoid further feelings of abandonment or hurt, or retraumatization by loss. These behaviours can include manipulation, lying, acting superficially engaging and charming to those outside the immediate family, targeting parent's emotional buttons and triggers, creating chaos in the home, and being destructive to self, others, and material things.

- Control behaviours: these behaviours are used by a child in an attempt to gain control over a life that feels out of control. Because of a lack of attachment, a child lacks trust in adults to take effective control. These behaviours can include sabotaging family events, being overly bossy or controlling, asking constant nonsense questions, constant interrupting, and control and manipulation of siblings, home life, and peers.

Trauma-Responsive Therapeutic Care

These early life experiences and resulting deficits and behaviours mean that children with RAD/DTD and other attachment and trauma disorders require specific care to help them overcome their trauma and developmental deficits and to create healthy attachments. Trauma-responsive therapeutic care is based on practices that facilitate healing and attachment. The techniques used by parents and caregivers are based on meeting a child's developmental needs that were disrupted or neglected in the early years of life. Some of the key foundations of trauma-responsive therapeutic care include:

- Felt safety: creating an environment that provides physical, emotional, and psychological safety with close supervision and in-home safety measures.
- Intentional bonding with primary caregivers: using nurturing practices that reflect those typically used in the first three years of life, including hugs, cuddles, eye contact, movement, and pizzazz (positive excitement).
- Building self-esteem and self-respect: these are foundations to healthy development, attachment, empathy, and conscience development, and are fostered through positive reinforcement, opportunities for responsibility and accountability, and opportunities to experience success.
- Brain-based behaviour management: using programs such as the Safety Check Protocol allows opportunities to change behaviours, increase adaptive brain functioning, build self-esteem, connect with caregivers, and create better habits and more adaptive behaviours.
- Structure and routines: these provide a child with predictability essential to fostering felt safety and attachment and to build trust with caregivers and the world around them. This includes set bedtimes, mealtimes, school and activity schedules, and daily routines to promote predictability and success.
- The 6 Jobs of Strong Kids: "My job is to be respectful, responsible, and fun to be around, and to do my work fast and snappy, right the first time, the adult's way." This promotes resilience, healing, success, and a growth mindset to foster healing and attachment.

-- Karen Poitras; Founder & Program Director of *The RADish Ranch*

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