

# A Developmental Trauma Approach to Helping Traumatized Children and Parents Achieve Resilience

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# Disclosure

**I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc.,  
Sole Licensee of the  
University of Connecticut  
for the TARGET©  
Treatment/Training Model**

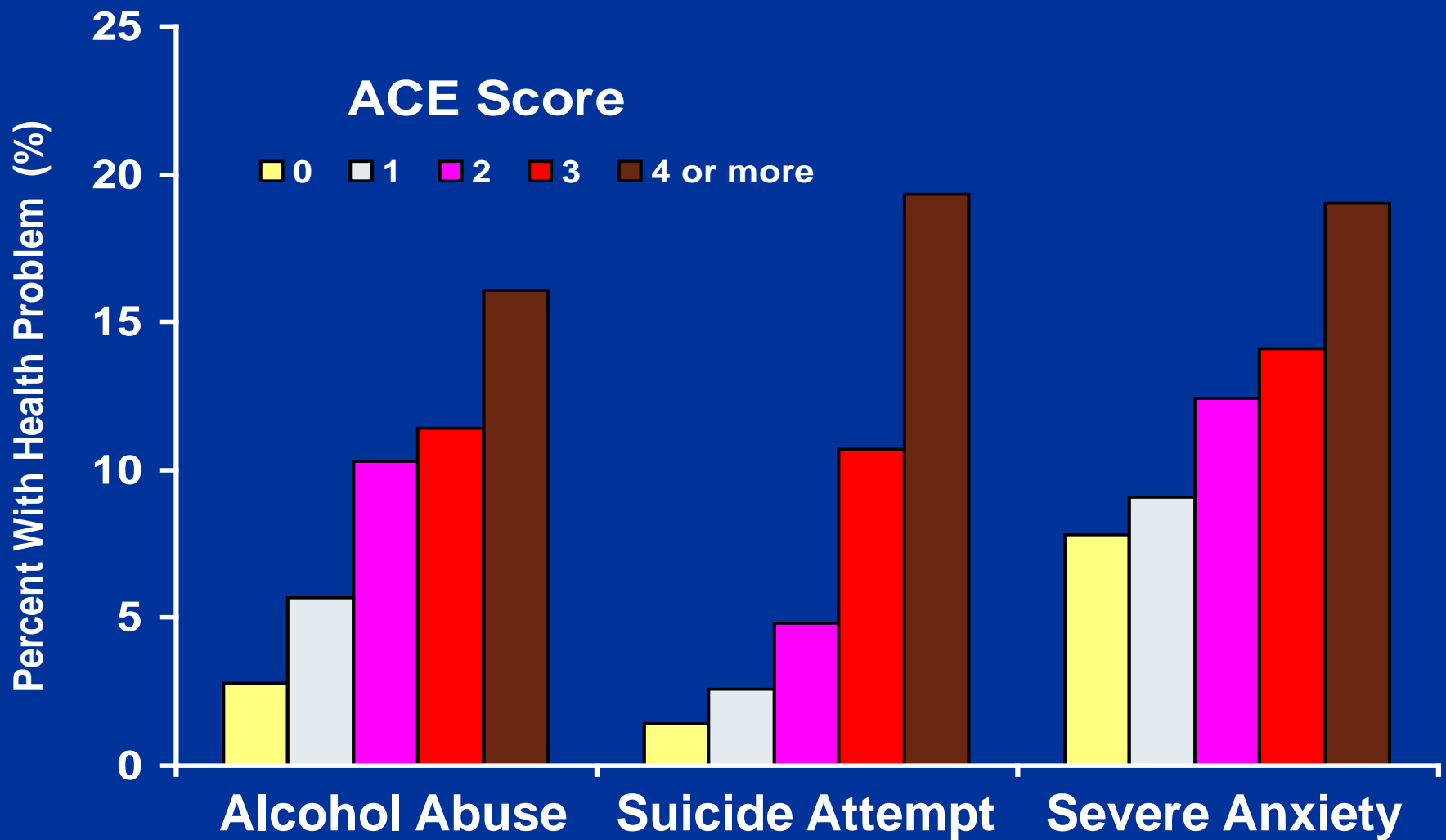
# Types of Potentially Traumatic Victimization

- Sexual abuse
- Physical abuse
- Neglect
- Emotional abuse
- Verbal abuse
- -Bullying
- Dating Violence
- Witness to Murder
- Community Violence
- Hate Crimes
- War
- Torture
- Terrorism
- Rape/Sexual Coercion
- Kidnapping
- Assault/Mugging
- Robbery
- Ethnic Cleansing
- Property Destruction
- Witness to Family Violence

# Exposure to Traumatic Stressors and PTSD are Prevalent and Associated with Internalizing/Externalizing in Childhood

- 61% of nationally representative sample of U.S. children exposed to victimization *in the past year* (Finkelhor et al., 2009)
- 62% of nationally representative sample of U. S. adolescents had lifetime histories of exposure to traumatic stressor(s), 5% had developed PTSD (McLaughlin et al., 2013)

# Adverse Childhood Experiences and Serious Behavioral Health Problems in Adulthood



© Kaiser Permanente HMO (Anda et al., 2006)

# Polyvictimized Children: A Large Sub-Group of Children and Adolescents Experience Multiple TYPES of Traumatic Victimization

- Nationally representative sample of 2,030 U.S. children, 22% had 4+ types of victimization in *past year* (Finkelhor, Ormrod, and Turner, 2007)
- Nationally representative sample of 3351 U.S. teens, 8% had experienced on average 5-10 (of 24 possible) types of victimization lifetime (Ford, Elhai, Connor, & Frueh, 2010)

# Polyvictimized Children/Youth: Prevalence

- Nationally representative sample of 2,030 U.S. children, 10% were poly-victims: 9+ (age 3-6) to 15+ (age 15+) types (of 30 possible) of victimization *lifetime* (Finkelhor et al., 2009)
- Nationally representative sample of 3351 trauma-exposed U.S. adolescents, LCA found 8% poly-victims (6-11 *types* traumatic events including physical or sexual abuse → at risk for PTSD, depression, and delinquency (Ford et al., 2009)

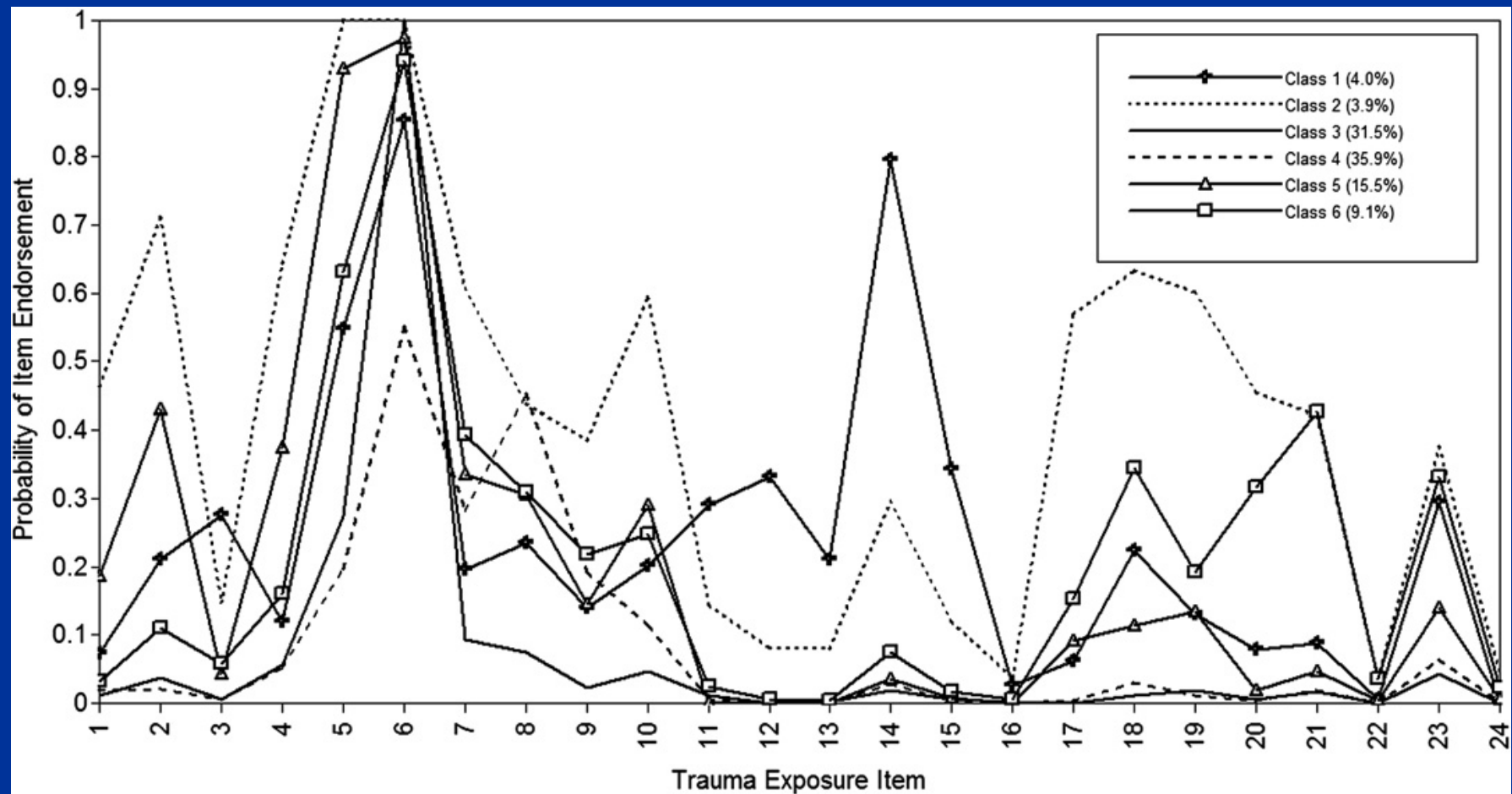


Figure 1. Latent classes of adolescents identified based on self-reported exposure to psychological trauma: witnessing someone: 1, shot; 2, cut or stabbed; 3, sexually assaulted; 4, mugged or robbed; 5, threatened with a weapon; 6, physically assaulted; Personal exposure to: 7, serious accident; 8, natural disaster; 9, serious injury; and 10, incident involving fear of death. Unwanted sexual activity involving: 11, perpetrator's penile penetration; 12, digital or object penetration; 13, oral sex; or 14, molestation; 15, victim's forced touching of perpetrator's sexual organs; and 16, victim's forced penetration of perpetrator. Personal exposure to: 17, attack with a weapon; 18, attack without a weapon; 19, threat with a weapon; 20, physical assault with object; 21, physical assault with fists; 22, spanking requiring medical care; 23, physical assault leaving marks; and 24, being physically burned (Ford et al., 2010)



# Types of Behavioral Health Problems Associated with Traumatic Poly-victimization

- Reactive Aggression
- Delinquency
- Delinquent Peer Affiliations
- School Problems/Failure
- Impulsivity
- -Oppositionality-Defiance
- Withdrawal/Isolation
- Addictions
- Non-suicidal Self-harm
- Reckless/Extreme Risk Taking
- Unresolved Grief
- Suicidality
- Depression
- Panic
- Obsessions/Compulsions
- Sexual Problems
- Eating Problems
- Sleep Problems
- Self-blame/hatred and Shame
- Hopelessness

# The Common Denominator in All Forms Of Adolescent Post-Traumatic Behavioral and Emotional Problems

## *Chronic Survival Coping*

- Hypervigilance (Distrustful/On Edge)
- Reactive Aggression (Overt or Covert)
- Hopelessness Masked as Indifference

# *Posttraumatic Survival Coping – A Learning Brain Shifts to Survival Mode*

- *Can't stop and think, or think past the immediate problem or threat*
- *Can't let go of grudges/resentments*
  - *Can't set/stick with goals*
  - *Can't trust, especially caregivers*
  - *Can't tell who is trustworthy*
- *Can't remember to use anger management, skills, especially when very angry!*

# The Toll that Post-Traumatic Survival Coping Takes on Poly-victimimized Children's Lives

- School absence, suspension, disengagement, retention, drop-out
- Delinquent affiliations, attitudes, acts (including gang membership)
- Sensation seeking and coping via substance use, other risky behavior
- Depression, shame, hopelessness, self-as-damaged, self-harm, suicide
- Volatile, enmeshed, victimizing and /or enabling /rescuing relationships



# Developmental Trauma Disorder

## Criterion A.

Traumatic victimization (physical, sexual) +

Attachment disruption (primary caregiver separation/loss, or *rejection* (neglect, verbal abuse))

# Developmental Trauma Disorder

## Criterion B.

### Affective/Physiological Dysregulation

- B. 1.*** Inability to modulate or tolerate extreme affect states (e.g., fear, anger, shame, grief), including extreme tantrums, immobilization)
- B. 2.*** Inability to modulate/recover from extreme bodily states: aversion to (a) touch, (b) sound; (c) unexplained bodily problems

# Developmental Trauma Disorder

## Criterion B.

### Affective/Physiological Dysregulation

***B. 3.*** Diminished awareness/dissociation of emotional or bodily feelings

***B. 4.*** Impaired capacity to describe emotions (alexithymia) or bodily states



# Developmental Trauma Disorder

## Criterion C.

### Attentional/Behavioral Dysregulation

*C. 1. Attention-bias toward or away from potential threats*

*C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking*



# Developmental Trauma Disorder

## Criterion C.

### Attentional/Behavioral Dysregulation

*C. 3.* Maladaptive self-soothing

*C. 4.* Habitual (intentional or automatic) or reactive self-harm

*C. 5* Inability to initiate or sustain goal-directed behavior

# Developmental Trauma Disorder

## Criterion D.

### Self and Relational Dysregulation

- D. 1.* Persistent extreme negative self-perception—self-loathing or viewing self as damaged/defective
- D. 2.* Attachment insecurity: attempt to care for caregivers, or difficulty tolerating reunion after separation from primary caregiver(s)

# Developmental Trauma Disorder

## Criterion D.

### Self and Relational Dysregulation

*D. 3.* Extreme persistent distrust, defiance or lack of reciprocal behavior in close relationships

*D. 4.* Reactive physical/verbal aggression

# Developmental Trauma Disorder

## Criterion D.

### Self and Relational Dysregulation

- D. 5.*** Psychological boundary deficits  
(excessive intimacy seeking or reliance  
on peers/adults for safety/reassurance)
- D. 6.*** Dysregulated empathic arousal  
(intolerant/indifferent or overly reactive  
to others' distress)

# Developmental Trauma Disorder Field Trial Clinician Survey

S = 303 International, 1018 United States

82% female, 82% White, 7% Hispanic

Median age = 45

34% Psychology, 29% Social Work, 27%  
Counseling, 13% MFT, 7% Psychiatry, 6%  
Child Welfare, 6% Educators, 4% Case  
Managers, 4% Pediatrics

# Developmental Trauma Disorder Field Trial Interview Study

$N = 236$  ages 7-18 years old; 50% female

□ 30% African American/Biracial, 17%  
Hispanic, 3% Asian American

□ Trauma Histories: 9% No trauma, 11% one  
type trauma, 38% poly-victim, 62% traumatic  
loss, 45% family violence, 24.5% neglect, 21%  
sexual abuse, 21% emotional abuse, 17%

# Early Life Stress, Maltreatment, PTSD, and the Brain (Teicher & Samson, 2013, p. 1127)

“Briefly, the thalamus and sensory cortex process threat[s] ... and convey this information to the amygdala. Prefrontal regions ... modulate amygdala response, turning it down with the realization that something is not actually a threat or ... irrationally amplifying it. The hippocampus also processes this information and plays a key role in retrieving relevant explicit memories ... [and] modulates ... response to psychological stressors. ... The amygdala integrates this information and signals [lower brain areas, e.g., locus ceruleus], which regulates autonomic, [HPA], and noradrenergic response.”

# A Transtheoretical Transdiagnostic Framework

## *Trauma Affect Regulation: Guide for Education and Therapy© (TARGET)*

### 1. Psychoeducation:

- ❑ the brain's stress response system becomes stuck in a survival “alarm” state in PTSD/DTN – our inner “Alarms” need a re-set

### 2. Strengths-based self-regulation skills:

- ❑ Focusing (SOS) – building the ability to stop and (really) think
- ❑ FREEDOM – 7 steps to thinking clearly under stress



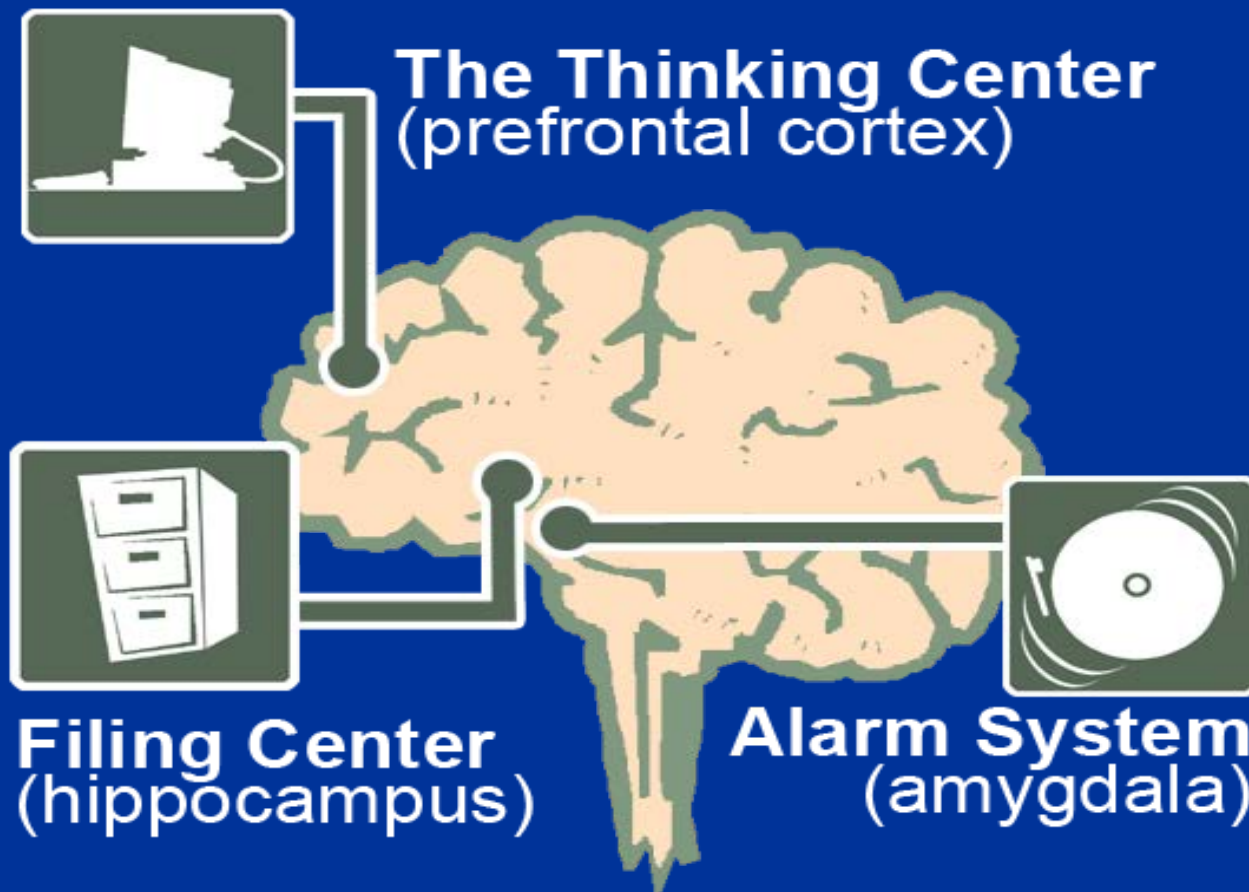
HIJACKED *by Your* BRAIN  
How *to* Free Yourself  
When Stress Takes Over

Dr. Julian Ford and Jon Wortmann

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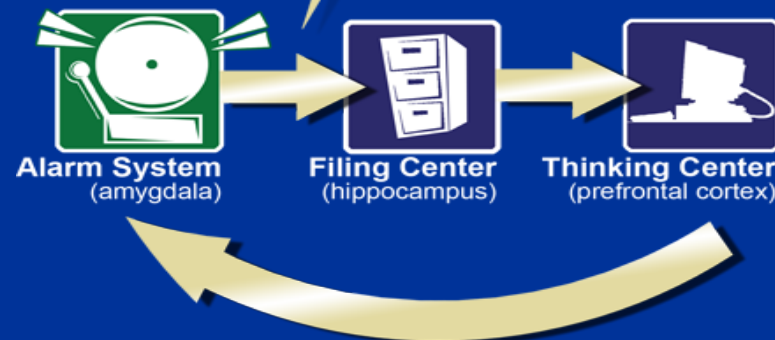
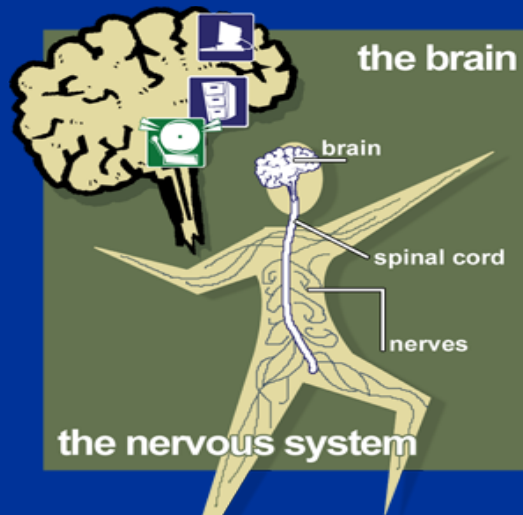
# The Brain Under Normal Stress



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# normal stress

The Brain & Body Working Together

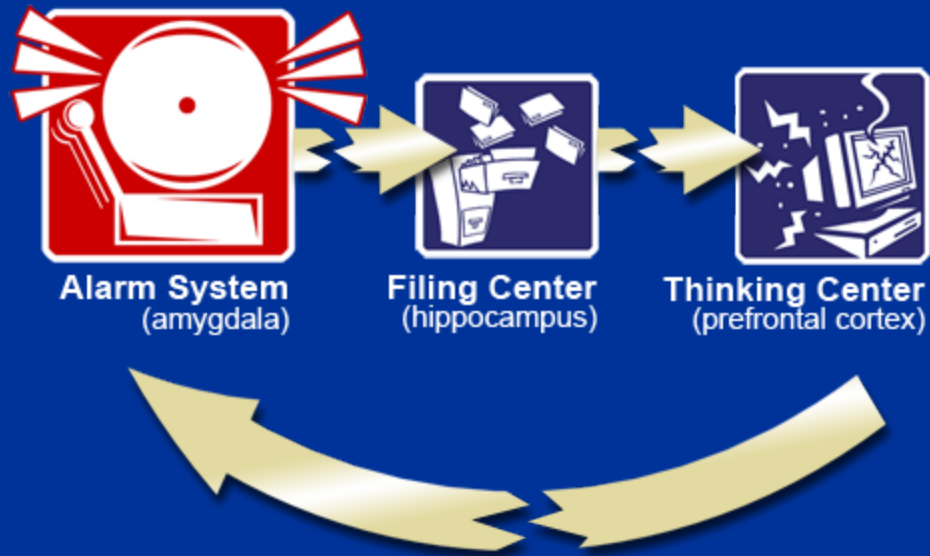


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extreme stress / trauma

# The Alarm Takes Control

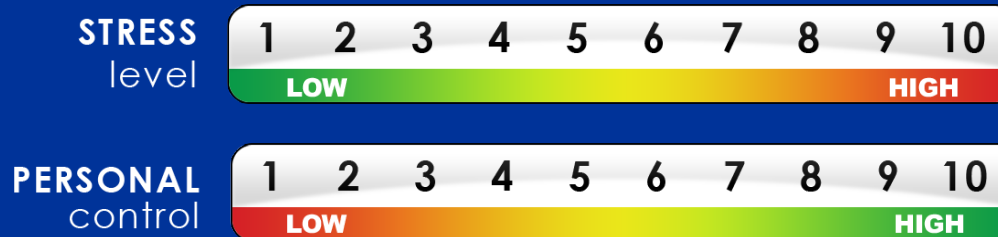


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# First Step to Re-Setting the Brain's Alarm: SOS (Mental Focusing)

- **Step I: Stop, Slow Down, Sweep Your Mind Clear**
  - Notice how your body feels as you breathe in and out
  - Let your mind be a river that carries every thought away
- **Step II: Orient Yourself**
  - Focus your mind on just one thought that you choose
  - The hope, goal, or relationship that you value most in your life
- **Step III: Self Check Your Level of Alarm and Focus**
  - How Much Stress? How Much Focused Personal Control?



# 7 Steps to Re-Setting Adolescents' Alarms & for Adults Working with Youths

## **FREEDOM** steps

**FOCUS**

*Slow down, Orient, Self-Check*

**REGOGNIZE**

*Stress Triggers*

**EMOTION**

*One MAIN Emotion*

**EVALUATE**

*One MAIN Thought*

**DEFINE**

*One MAIN Personal Goal*

**OPTIONS**

*Build On Your Positive Choices*

**MAKE A CONTRIBUTION**

*Make the World a Better Place*





# TARGET Outcome Studies

## Randomized Clinical Trial Effectiveness Studies

1. Frisman, L. K., Ford, J. D., Lin, H., Mallon, S., & Chang, R. (2008). Outcomes of trauma treatment using the TARGET model. *Journal of Groups in Addiction and Recovery*, 3, 285-303.
2. Ford, J. D., Steinberg, K., & Zhang, W. (2011). A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-related PTSD. *Behavior Therapy*, 42, 661-578.
3. Ford, J. D., Steinberg, K., Hawke, J., Levine, J., & Zhang, W. (2012). Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency. *Journal of Clinical Child and Adolescent Psychology*, 41, 27-37.
4. Ford, J. D., Chang, R., Levine, J., & Zhang, W. (2013). Randomized clinical trial comparing affect regulation and supportive group therapies for victimization-related PTSD with incarcerated women. *Behavior Therapy*, 44, 262-276.

# TARGET Connecticut Juvenile Detention

## Quasi-Experimental Time Series Study

- ♦ 394 Juvenile Detention admissions (75% minorities; 91% male; 21% full/partial PTSD)
- ♦ 50% receive TARGET 50% receive Usual Services
- ♦ For each group TARGET session received in first week:
  - **54% fewer dangerous incidents in 2-week stay ( $p < .001$ )**
  - **72 minutes less seclusion in 2-week stay ( $p < .001$ )**
- ♦ **Recidivism decreased ( $p < .001$ ) in TARGET vs. Usual Services**

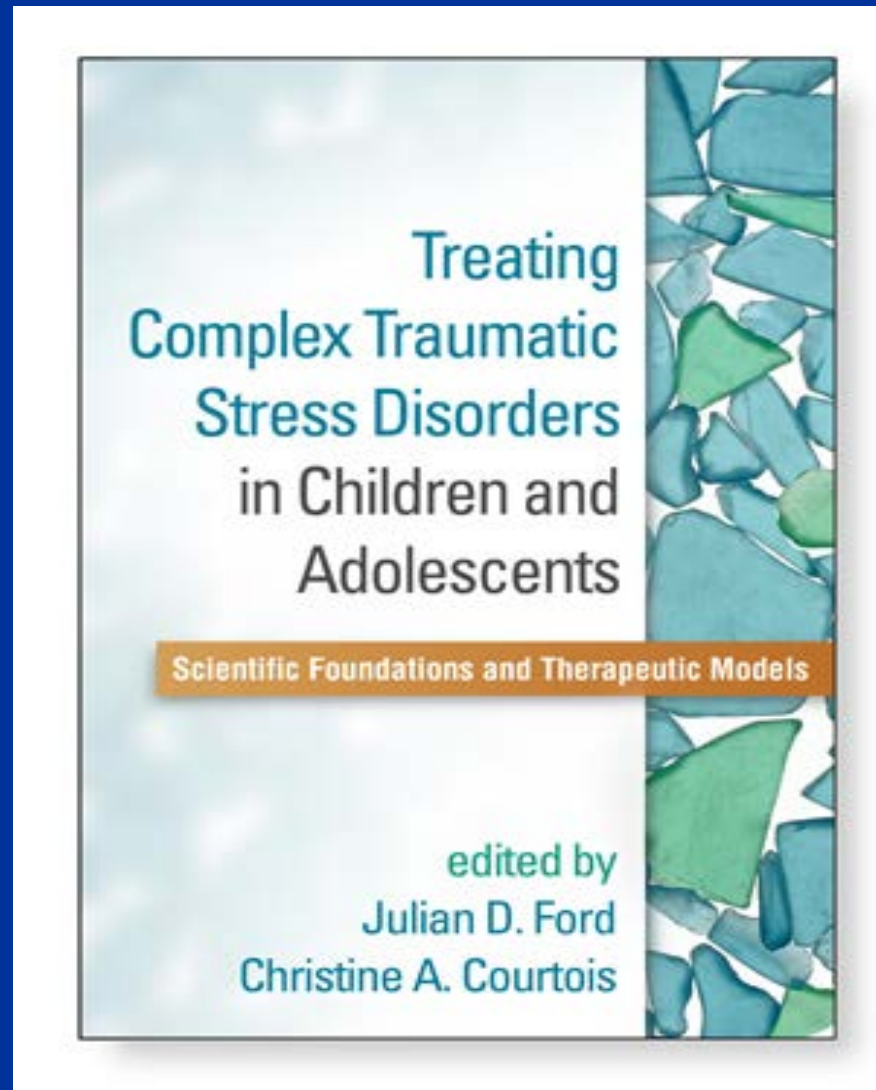


# TARGET In-Home Foster Family Therapy Illinois State ACYF Effectiveness Study

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- ◆ 65 System of Care DCFS Counselors Statewide Trained 2013-2015 — 90% achieved proficiency in 2+ cases
- ◆ 200 children in foster care randomized to TARGET or SAU 12-16 session in-home therapy w/child, foster & bio parents
- ◆ Placement stability/reunification = primary outcomes in an independent evaluation by Northwestern University/Westat
- ◆ Preliminary outcomes: Abbreviated Dysregulation Inventory
  - N = 36 foster children – Change between Sessions 4 and 10 (Completion)
  - 20% reduction in emotional dysregulation
  - 15% reduction in behavioral dysregulation
  - 10% increase in cognitive self-regulation

Published 2013, co-edited



Published, 2009, co-edited

