

# Traumatic Events- why it matters when they happen

Dr Pat Frankish

# Introduction

- ▶ Background in disability services as a professional
- ▶ History - an early life in disability services
- ▶ Research - finding the meaning of emotional development and the impact of arrested or delayed development on the life of the individual - when is important

# Early Trauma

- ▶ Before an established sense of self is established
- ▶ Before agency is developed
- ▶ Before social development is progressed

# Later Trauma

- ▶ After a sense of self is securely established
- ▶ More in common with PTSD
- ▶ More cognitive elements relevant

# Double Trauma (or more)

- ▶ If before and after the establishment of secure self, the trauma is compounded and the picture much more complex
- ▶ This group is the most frequently seen in services
- ▶ Failure to recognise the early trauma will impede progress to recovery.

# Specific Stages - birth to three months

- ▶ Symbiotic stage - the need for bonding and a very reliable attachment figure
- ▶ Need awareness of the impact of traumatic birth experience
- ▶ Need awareness of the impact of feeding difficulties
- ▶ Older children or adults with trauma at this stage will be seriously withdrawn and/or unable to relate to people

# Three to 10 months

- ▶ Differentiation stage
- ▶ Need for close bond and reliable other at all times
- ▶ Older children and adults with trauma at this stage will seek and need confirmation of self at all times. Their ability to hold on to reality is severely impaired. They must have certainty to function

# 10 to 15 months

- ▶ Practicing Stage
- ▶ Presence of a safe adult is essential
- ▶ Activities are repetitive and not goal oriented
- ▶ Older children and adults with trauma at this stage will engage in repetitive behaviours, will not seek contact from others but will function better if guided. If no adult attention given they will do less.



# 15-24 months

- ▶ Early Rapprochement stage
- ▶ Presence of a safe adult still essential
- ▶ The beginnings of initiation behaviours, refusal to cooperate and two way interaction
- ▶ Older children and adults with trauma at this stage will need a lot of attention, will be demanding of activities and things, will challenge most of what is said to them and will engage at times in meaningful two way games and other activities

## 24 - 40 months

- ▶ Late rapprochement stage
- ▶ Knowledge of where the safe adult can be located is essential
- ▶ The development of social awareness and sharing happens at this stage with meaningful two way interactions
- ▶ Older children and adults with trauma at this stage will probably have been labelled as “manipulative” as they seek to find the boundaries in relationships.

# Individuation

- ▶ If all stages progressed successfully the child will reach a sense of self, an individuated person, with manageable anxiety, around the age of three and half or four.
- ▶ Once individuated a child can relate to others, trust themselves and others, develop resilience in response to events that may be potentially traumatic.
- ▶ Older children and adults who have individuated, at whatever level of intellect, will be able to tolerate things they don't like, be able to ask for things they want or need, will be able to be alone without distress, will be able to make choices and consider others in those decisions.

# Trauma after Individuation

- ▶ More like PTSD in response to a single event
- ▶ Repeated trauma can result in dissociation or blunting of the personality
- ▶ More likely to respond to cognitive interventions than people with early trauma

# Therapeutic Responses

- ▶ For anyone at the pre-individuation stage there must be:-
- ▶ The presence of a reliable significant other at all times
- ▶ The type of interaction from these significant others that matches the stage of development - so staff training is essential
- ▶ Individual therapy to address the trauma with recognition of how deep this will be as it happened very early in life
- ▶ Correct identification of the stage, as addressing it makes the difference. If there is no improvement it has been wrongly allocated.

# Therapeutic Responses

- ▶ For people who have individuated and had later trauma the intervention is usually individual therapy and protection from further trauma
- ▶ The maintenance of trusted relationships helps
- ▶ Some may be able to use and benefit from group therapy

# Some examples of conditions associated with the stages

- ▶ Symbiotic - profound disability, psychosis, extreme PD
- ▶ Differentiation, serious SI, pica, eating disorders, addictions, psychosis
- ▶ Practicing - ASD, ADHD, some of the PDs, OCD
- ▶ Early rapprochement - EUPD, Bipolar, Histrionic PD, S/H
- ▶ Late Rapprochement - depression, anxiety, Dependent PD,
- ▶ After Individuation - PTSD, anxiety, reactive depression, adjustment disorders

# Summary

- ▶ Recognising the impact of early events is crucial to recovery
- ▶ Facing the pain of realisation of the trauma in the lives of people with ID is an essential part of our work
- ▶ We've learned a lot in the last thirty years
- ▶ We can measure and design interventions that work
- ▶ We can make sure what we do is holistic and relevant



# What next?

- ▶ Infant mental health is the key area - we must work on prevention
- ▶ Identifying the trauma at the time gives opportunities for prevention of further distress
- ▶ Recognising the vicarious trauma for parents, families and staff is essential
- ▶ With commitment it can change
- ▶ We owe it to the adults we know to help them

# The Measurement Tool - FAIT - Frankish Assessment of the Impact of Trauma

- ▶ Available from Pavilion in November
- ▶ Training available if required and support on request
- ▶ Contact details - [pat.frankish@patfrankish.co.uk](mailto:pat.frankish@patfrankish.co.uk)
- ▶ Accompanied by a staff guide for use
- ▶ “Nought to Three-Becoming Me” will also be available

# Examples of use of the theory

- ▶ Young woman with serious trauma history of physical abuse as a child resulting in brain damage and ID. Fostered, then institutionalised 5:1 staffing, injuries to her and staff. Assessed as functioning at differentiation with some practicing behaviours. Offered safe house, with safe room and safe staff. Within a year down to 2:1 staffing, no restraint, safe room used properly, meds reduced to safe limits. Moved on the early rapprochement within 3 years. Supported one to one now with another available if needed, and shares some of her living space with others. Interacts, laughs, is mischievous. No injuries to her or staff.

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# Children

- ▶ 7 year old boy referred for extreme fears and refusing to go to school. ASD and ID. Assessed as functioning at practicing level. Emotional support put in place. Individual therapy sessions revealed nightmares and fears. Clear link with arrival of baby sister. Approached mum who confirmed that she saw him react when introduced to the new baby. Brought out into the open and talked. Soon moved on the rapprochement and continues to do well at school.
- ▶ 6 year old boy, repetitive speech and clingy behaviour. Being cared for by grandparents after abuse by parents. Assessed as differentiation with some practicing. Put in place safe people at school and home, making contact more specific and clear. Responded well and moved into rapprochement in two terms.