Childhood Trauma: A Multi-Dimensional Approach

by
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Understanding

Complex Trauma, as defined by the National Child Traumatic Stress Network, refers to the experience of multiple, chronic and prolonged, developmentally adverse events, most often of an interpersonal nature, such as physical and sexual abuse or community and environmental violence. Treatment for such trauma has long been misunderstood by many professionals and often believed by the general public to be curable through therapy. However, miraculous cures do not come easily with the complex clientele that we see at the Children’s Mental Health Clinics of Kinship Center. In therapy, we do not “cure” or erase trauma. At best, we assist our clients in coming to some form of resolution about what has happened. In addition to alleviating acute symptoms, this means children are no longer being held back by their traumatic experiences. In other words, we are not just addressing what is, but what could be, by moving beyond the trauma.

Cognitive and/or behaviorally oriented therapies may assist in alleviating symptoms associated with trauma. A classic example is a client who complains of nightmares, and no longer complains of nightmares by the time treatment has continued. This approach has been helpful to many and should not be discounted. However, what we are curious about in our clinics is the actualizing of true potential with each of our child clients. What type of person could he/she become in spite of, or because of, this trauma? To access and address this profound question, we believe treatment must go deeper.

It has been well studied that traumatic memories are stored multi-dimensionally. For a developing child, beginning in utero through approximately the first three years of life, the development of the right hemisphere of the brain, rather than the left, is primary. Because language is largely a left brain function, people who have experienced early life trauma are generally not able to consciously recall or talk about their traumatic memories. If they later seek “talk” therapy, it is often difficult to work on the trauma because there is not a medium to access the chain of events, or the root pain caused by them. What we also know about the way traumatic memories work is that storage of these memories occurs in an emotionally primitive state. Because an event (or events) was so shocking and painful, the person is either overcome with raw emotion or may be dissociated from the pain because it is simply too difficult for the psyche to process. Imagine watching a child or parent killed or tortured in front of one’s eyes. How could anyone’s system make sense of this experience? Consequently, the body receives the memory, but the brain does not experience it in a coherent way and it is stored accordingly.

Working

Treatment that gets to the root of trauma must access it multi-dimensionally. Effective therapists are good historians, who seek the known details about traumatic events from places other than the client in order...
to learn about potential trauma triggers or to fill in missing memories. Trauma frequently occurs in a particular context, so it is important to find out as much as possible about that context. A simple example is that of a child who experienced traumatic events at a particular time of year. As a result, subtle seasonal changes related to that time of year may trigger traumatic memories for the child. Having knowledge of those exacerbating factors can provide the therapist with opportunities to incorporate them into the child’s treatment, to prevent or neutralize potential triggers and, in some cases, even find meaning in the traumatic experience(s).

Effective therapists are also keen observers of their clients. In addition to the client’s verbal recall, they may ask what parts of the body the client feels or doesn’t feel when the trauma is brought forward. Where is there pain or lack of feeling? What is the quality of that pain or lack of feeling? Children cannot always respond verbally to questions like these, but they can be prompted to imagine, draw or give texture and color to their feelings and memories. Because traumatic memories are also stored in a pre-verbal state for older children and adults, these same non-verbal techniques can be effective in accessing both memory and pain for those individuals as well.

Unfortunately, many therapists rush in to “solve” the pain the client is experiencing before assessing what the pain actually is for a client. Further, an assessment needs to be made about what this pain means for a client. Is there an emotional representation such as a lost loved one or one’s own identity wrapped into that pain? If the pain of the traumatic event is taken away, what else might the client then be losing? Therapists could experience this client as resistant, not willing to do the work, or simply not showing up for therapy. Making peace with trauma also means making peace with all parts of the self affected by that trauma. In other words, the branches that have grown out of that trauma will often need tending in treatment as well.

One of the ways in which traumatic memories are stored in the body is through the senses. The auditory and olfactory senses are two of the keenest for memory storage and access. As an example, consider how an old song puts one right back in the time and emotional place when one heard that song meaningfully played. At our clinics, we have found that sensory-oriented therapies not only access memories more successfully, but they help us to understand the memory in a more primitive form. Once we can hold that root memory, however fragmented, therapy can move it to a coherent, rational place in the brain, where it can be reflected upon, filled out and worked with verbally. This process allows for integration of both hemispheres of the brain and, in so doing, inherently diminishes or even extinguishes the presenting symptomatology. One such experiential and body-oriented therapy is yoga, which we practice with meaningful results in our clinics. To learn more, read *Yoga as Mental Health Treatment with Children*. Clients who experience multi-sensory therapies that move both the body and spirit are able to report not just a resolution of symptoms, but a “freeing” from what held them back. Possibilities beyond imagination are reached because, in many ways, the imagination itself has become freed.

**Healing**

With children, once the old memory and pain have been accessed, it is critical to create new memories in their place. This is an important step which often goes unaddressed in therapy. This is most beautifully and effectively done within the context of family life. If the trauma occurred within the family, however, the family system itself will likely need to create new experiences with the assistance of others. Experiential therapies create new neuronal pathways in the brain to replace those that have been compromised.
Consider a child’s development to be like a record…the grooves on the record will be deepest where a song has been most played. If a scratch has been made on the record (trauma), the needle finds the scratch rather than the planned grooves of normative child development. Through experiential therapies, we are able to make new grooves; perhaps not the ones nature originally intended, but some that are hearty enough to supersede the scratches, and perhaps with even greater potential.

Just as with all child development, it is critical that trauma treatment for children be occurring within the context of the relationship with the primary caregiver(s). Sadly, because many therapists find it more difficult to work with parents in the therapy room, the majority of parents are left in the waiting room while children work with the therapist alone. In actuality, the most progress occurs with loved ones present to support the child’s healing process. In fact, the child trusts the therapy process more fully with a loved one present. Therapists will struggle if parents have difficulty being emotionally present for children when such raw and painful work is at hand. Separate time with parents before, during, and after sessions will be essential to increase their capacity to provide support during treatment and to shore up their critical role at home.

The benefits of using a family therapy model abound. Parents learn how to create much needed structure for children who have experienced trauma, within the context of the child’s current experiences, rather than falling prey to their own feelings of guilt and sadness over their child’s history. In addition, the parent understands the child’s behavior better and more compassionately, and both take the shared experience and knowledge outside to the 24/7 of “real life.” Optimal trauma treatment for a child is when the natural order of things is restored, when a child gets to be a child and caregivers are freed to do their jobs as parents.

Endnotes

1 To learn more, read the work of Allan Schore and Alicia Lieberman et al.

2 To learn more about interpersonal neurobiology, read the work of Daniel Siegel.

3 To learn more about such techniques, access the work of Pat Ogden.

4 To learn more about this research, read the work of Stephen Porges.

5 To learn more, read the work of Bessel van der Kolk.

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