

A WORD ABOUT DEVELOPMENTAL TRAUMA AND RELATED DISORDERS BY SARAH NAISH



The term developmental trauma disorder (DTD) really encompasses all of what we see in our traumatised children and more!

There has been a huge campaign by Dr Bessel Van der Kolk and his colleagues in the USA (2015) to get DTD recognised and included in the mental health diagnostics manual, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Sadly, however, despite his research evidencing the existence of DTD, it is still not included as an official diagnosis. Attachment disorder or reactive attachment disorder (RAD) is a serious symptom but a watered-down version, and even that is often not diagnosed at all.

As far as diagnoses are concerned, the experience of many therapeutic parents is that it is very rare for a thorough quality assessment to be undertaken that separates out the different diagnoses (or rather symptoms of an underlying disorder) in a child who has suffered early life trauma. Most of the behaviours and 'disorders' we see are really symptoms of developmental trauma disorder, and once Van der Kolk manages to get that recognised, we might all finally get the support our children need.

You may notice that in this book I don't mention too much about attachment, nor all the other diagnoses our children may have. There is a reason for this. Typically, developmental trauma will result in whole range of associated disorders such as:

- Post-traumatic stress disorder
- Attachment disorder (or reactive attachment disorder)
- ADHD
- Oppositional defiance disorder
- Pathological demand avoidance
- Autism
- Dyspraxia....

..Birth parents who use therapeutic parenting/trauma-informed parenting are often doing so because of pre-birth/early trauma and resulting high cortisol levels. This frequently mimics many of the conditions and symptoms that we see above.

Foetal Alcohol Spectrum Disorder (FASD) is often present and sometimes diagnosed in children who have suffered pre-birth trauma due to the effects of alcohol during pregnancy. The presenting behaviours and characteristics may appear very similar to attachment difficulties and are difficult to distinguish. I found that therapeutic parenting techniques were equally effective when parenting children with FASD as this was rarely a 'stand-alone' condition.

The majority of therapeutic parents I have contact with who are caring for children suffering from the effects of early life trauma and abuse, report that their children display many of the characteristics of the above conditions. Sometimes diagnoses may help to unlock resources, funding and assistance. Often the diagnoses are contradictory and confusing.

Furthermore, we also find that when we look at different insecure attachment styles (ambivalent, anxious, avoidant, disorganised), our children are too quickly pigeonholed into one particular style. Our children are rarely consistently functioning within the descriptors of one attachment style, but instead shift between the attachment styles depending on who they are with, how safe they feel, and where they are in their emotional development.

Interested in reading more?

You can find more information about this topic in our recommended books and also in our TIPs Magazines.

