

The background of the slide is a panoramic view of Florence, Italy, featuring the iconic red-tiled dome of the Florence Cathedral (Duomo) on the right, the Campanile tower in the center, and the surrounding cityscape with red-tiled roofs and distant hills under a hazy sky.

Using the DMM to understand and respond to Developmental Trauma in Child Protection Services

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Understanding developmental trauma

- Developmental trauma occurs in the first three years of life when a child's normative development is disrupted due to the abusive or neglectful nature of their relationships with their primary carer.
- The child's early life experiences are chronically and persistently frightening, unresponsive or unpredictable.
- As social animals who are entirely dependent on adult/older caregivers for survival our physical, emotional and behavioural development is intrinsically linked to the nature of the care we receive.
- The more chaotic or frightening the relationship the child has with their primary carer, the more likely they are to have their development curtailed or delayed.

Using the DMM to understand early childhood trauma and development

Parent's response in terms of the child's 'zone of proximal development' (ZPD) will impact the child's ability to acquire or master these skills.

- When there is an ongoing or profound risk the infant or child will have to make greater adaptations for survive, and this will be evident in the child's development; emotional, cognitive and sensory development.
- The greater these adaptations, the greater need there is for the parent to recognise and respond to the child's ZPD. Where they do not or cannot, the child must make greater leaps to meet the demands of survival. This results in 'short cuts' – an overreliance on cognitive information or an overreliance on negative affect.

Regulation and arousal

The first task of a parent in DMM terms for the first three months of life is the physiological regulation by the parent of the infant's somatic state.

Changes in our arousal systems inform us about changes in our environment and our needs within this; desire for comfort, fear, anger etc

Processing and integration

- Information processing is tied to development and maturation
- Explicit memory occurs after two years of age. Prior to this implicit (pre-verbal) memory is dominant and we rely on this much more quickly than verbal or integrative memory when we feel under threat.
- Children who have had detrimental early relationships are more 'wired for stress' and rely on 'fight, flight or freeze' much more commonly than those with normative family histories. Due to this they have less opportunities for integration

Self esteem and Dispositional Representations

- The neurological process of forming developmental pathways is linked to our emotional states at that time. Due to this our sensory and arousal states are intrinsically linked to the acquisition of information (procedural, imaged, semantic and connotative)
- The outcome of this is that children who do not develop in a sensitive and caring environment are likely to have an incomplete set of data to rely on.
- Children with these experiences are more likely to have an internal model of self that is negative

Rupture and Repair

- Because A and C attachment strategies provide misinformation to the attachment figure, the ability of the parent or carer to attend to the ruptures in the attachment relationship is hampered.
- The more capacity the parent or carer has to repair the breach, the more opportunity there is for the relationship to strengthen, and for the child to function within their zone of proximal development.

A panoramic view of Florence, Italy, featuring the Duomo di Firenze (Cathedral of Santa Maria del Fiore) with its large red-tiled dome, the Campanile di Giotto, and the city's red-tiled roofs, set against a backdrop of rolling hills under a cloudy sky.

Using the DMM to inform intervention

Working with parents and foster
carers

Psychoeducational work

The Zone of Proximal Development

This allows the parent or carer to observe the child's actual capacity and capability as opposed to what they expect to see in terms of chronological age.

Dispositional Representations

This allows the parent or carer to understand the process the child has to go through to 're-learn' developmentally. This is especially important when understanding how to respond to behaviours and responses that are implicit, or pre-verbal, and whether the child is the child has over relied on affective or cognitive information

Sensory and play based dyadic intervention

- Adapting games and play tasks to give the child the opportunity to reexperience developmental stages (physiological regulation, turn taking, playing the game, reciprocal communication around objects of joint attention and incorporating language into play)
- Working with the carer to hold themselves in a sensitive and responsive space being aware of their affective and cognitive responses (face, voice, position, affection, turn taking, control and activity)

Importance of the DMM when working with trauma

- An understanding of trauma provides an understanding of what is being seen. The DMM provides an roadmap not just of how the child developed but why this was important and necessary within their context of care.
- This explanation gives parents and foster carers a way to understand the child's lived experience and how that is impacting them in the present. By understanding this and the role they can play in the repair of these developmental strategies appears to increase their sensitivity and their motivation to adapt to the child's developmental needs.
- The DMM may also be a useful guide to rewire and repair the developmental pathways within therapeutic work.



Bertinoro, 2008



Cambridge, 2010

To download program materials, click here
<https://www.iasa-dmm.org/iasa-conference/>



Frankfurt, 2012



Miami, 2015