Developmental Trauma's Impact on Therapeutic Group Participation and Potential Interventions to Address Client Trauma History Related Barriers

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Abstract

Group treatment interventions are regarded as beneficial methods of treating psychosocial challenges. Some benefits of group therapy include the opportunity for members to meet others with similar challenges, the ability to see dynamics members experience in their lives occur in a safe container, and the space to build community (Gitterman & Salmon, 2008). While group interventions can be regulatory, emphasis is placed on group composition. Group workers are conscious of qualities that are potentially detrimental to the group and may contraindicate certain individuals for group intervention. Some examples of individuals who may be barred from group interventions are those who cannot tolerate group settings, abide by group contracts, are in acute crisis, have low frustration tolerance, are self-focused, are cognitively impaired, are actively experiencing addiction, have psychotic symptoms, or cannot tolerate ambiguity (Flores, 2007). These individuals may also remove themselves from group settings due to challenges groups present (MacNair & Corazzini, 1994). While it is true that individuals who exhibit these behaviors may be detrimental to the group, it is not true that these individuals need always be unable to participate in group. With the appropriate treatment interventions and preparation, it is possible that those who could not participate in group may eventually participate in group therapies (Flores, 2007).

Recently, research has revealed that developmental trauma can impact a person's ability to engage in groups (Perry & Szalavitz, 2017). The time a trauma occurs in a person's life can impact that person's neurodevelopment. Those who experience trauma anytime between the intrauterine period of development and early adulthood, the time that the brain is primarily developing, may experience negative consequences in their sensory integration, self-regulation, relational, and cognitive skills (Perry & Dobson, 2013). If an individual experienced a significant trauma that impacted their sensory integration, self-regulation, or relational skills, it is likely that person will experience challenges in a group setting. The challenges they experience may present as sensitization to verbal communication, an inability to regulate when experiencing negative feelings, challenges in adhering to group contracts, and many of the other contraindicating factors described above. (Perry & Szalavitz, 2010). While these individuals may experience barriers to group modalities, the plasticity of the brain allows for interventions to be implemented so that these skills can reach typical development (Perry & Dobson, 2013).

This poster aims to explore the impact of developmental trauma on an individual's ability to engage in group treatments. By assessing an individual's trauma in relation to their development, social workers are able to support them in their overall healing with a goal of better relational health. Some examples of interventions that can be implemented to prepare for groups include massage, meditation, art therapy, movement therapy, play therapy, etc. While not all people are ready or able to participate in groups, all humans are inherently relational (Perry & Szalavitz, 2010). By working with clients to prepare them to participate in groups, social workers can honor this relational need and hopefully prepare them for more future success.

Background

Group interventions have been utilized in mental health treatment for a significant period of time. There are many diverse reasons for utilizing groups in social work settings. Some of the reasons that groups are utilized are that group treatment can be pragmatic and affordable. If clinicians are able to conduct groups, they are able to see more clients due to seeing numerous clients at one time as opposed to one over the course of the hour. For this reason, numerous insurance companies have begun to require that clients in mental health treatment are offered group treatment as well as individual. In some cases, the insurance provider will insist that a client begin group treatment instead of seeking individual counseling. Aside from pragmatism there are numerous reasons that groups are popular methods of treatment. Group treatment allows for many positive experiences for clients such as building community, building a support network, and having corrective emotional experiences. Client are able to recreate challenging moments from their day to day lives in the group setting and witness different outcomes. Group settings also provide clients with a safe container to engage in challenging feelings and moments that they may not have in other settings.

While group settings are valued for a variety of reasons, not everyone has been able to participate in groups. Certain clients have personality types or challenges that have historically caused them to be contraindicated for groups. Some of these personality types or challenges include, but are not limited to, having a low tolerance threshold for stress, actively using substances or actively experiencing psychosis, having cognitive impairments, being in acute crisis, and/or being highly self-focused. Commonly, these types of individuals are seen as causing more harm than good to the group setting and are referred out to individual services. While these personality types and challenges can certainly be negative to the group, it is unfair to contraindicate someone from group settings if they are able to receive individual services that can prepare them for the group setting. One consideration that has come to my attention in the past year is how developmental trauma can impact someone's ability to participate in a group. Many individuals who have experienced significant trauma exhibit the personality types and challenges that tend to contraindicate someone for group participation. However, with the implementation of individual interventions, it is possible that these traits and challenges will subside and allow an individual to participate in a group and gain the many benefits of group intervention.

Trauma and the Stage of Development

All human being progress through the stages of development. During each developmental stage, a different brain area is developed which allows humans to navigate their day to day experiences. The first stage of development is the intrauterine period. While humans are in utero, their brainstem begins developing. The brainstem is responsible for sensorimotor functioning which includes heart rate, breathing, circadian rhythms, feeding, and movement. If a person experiences trauma during the intrauterine period, it is likely that they will experience challenges in these areas of functioning. Intrauterine trauma includes, but is not limited to: maternal substance use, maternal distress, poor nutrition, lack of stability, etc.
The next stage or development is the perinatal period which is from birth to 3 months. During the perinatal period, the diencephalon experiences rapid development. This brain region is responsible for self-regulation which includes someone's ability to regulate their stress in times of distress. Additionally, someone with poor self-regulation will experience a heightened stress response for smaller stimuli. If a person experiences trauma during the perinatal period, it is likely that they will need support in self-regulation. Trauma during the perinatal period may look like: lack of attention from the primary caregiver – typically the maternal caregiver, caregiver substance use, lack of stability, insufficient positive communication, etc. The next stage of

development is the infancy period which is from 3 months to 1 year. The infancy period continues the development of the diencephalon.

The next stage of development is early childhood which occurs from age 2 to age 4. During this stage of development, the limbic system experiences rapid development. The limbic system is responsible for one's relational skills. Someone with underdeveloped relational skills may experience challenges in group settings due to an inability to manage numerous perspectives at one time, a need for one on one parallel interactions, and a highly impacted intimacy barrier, one's intimacy barrier reflects their perceived safety of varying levels of relationships. Some people who have impacted intimacy barriers may become too intimate too quickly with those who may not need or desire a high level of intimacy. Conversely, others who have impacted intimacy barriers are unable to trust others. Trauma experienced early childhood may include physical, verbal, or sexual abuse, lack of stability in the home, lack of stability in their caregiving systems, neglect, etc. The next stage of development is childhood which occurs between the ages of 5 and 10. The limbic system continues to develop during this time period.After childhood, the next stage of development is youth which occurs between the ages of 11 and 18. During this time frame, the cortex experiences the most development. The cortex is responsible for concrete cognition which is related to basic reasoning. Those who experience trauma during youth may experience challenges in school systems, be unable to focus in education settings, and may be diagnosed with a learning disability. Trauma in youth may look similar to the trauma described above, but can also include trauma in social groups, educational groups, and relationships.

The last stage of neurodevelopment is early adulthood which occurs between the ages of 19 and 24. During the time frame, the neocortex experiences the most development. The neocortex is responsible for abstract cognition which allows for creativity, critical thinking, innovation, etc. Someone who experiences trauma during this time frame may not be able to manage their cognitive distortions and may not be able to integrate their overall historical experiences into their own identity. Trauma experienced during this time frame reflects the trauma described above but may also include transitional trauma.

Developmental Stage Specific Interventions

While the brain experiences development as described above, the brain is also able to grow and change with appropriate interventions. This means that if someone has experienced developmental trauma, they are able to later on heal some of the harms. That said, neurodevelopment is sequential, meaning that if someone experienced trauma in the perinatal period and early childhood, the perinatal trauma will need to be addressed first with sensorimotor specific interventions. Below is a table of various interventions that can be used:

Sensorimotor	Regulation
• Whole body deep pressure/ proprioception activities • Movement – walks, run • Oral proprioception – chewing gum • Tactile activities – drawing, playdough	• Sand trays • Drumming • Story telling • Art Therapy • Music Therapy • Coloring pages
Relational	**Cognitive**
• Parallel connection – challenging conversations on walks • Cooking exercises • Gardening • Animal Assisted Therapy	• Cognitive Behavioral Therapy • Acceptance Commitment Therapy • Trauma Narrative Development

Group Integration

Knowing about a client's trauma history can greatly inform your knowledge of how they will be able to function in a group setting. When possible, clinicians should assess their client's trauma history and utilize that information to inform their treatment. One way to assess a client's trauma history is through the utilization of Dr. Bruce Perry's Neurosequential Model of Therapeutics. Once the client's trauma history is known, the clinician can incorporate individual interventions until the client has age-appropriate or near age-appropriate sensorimotor, regulation, and relational skills. In addition to implementing individual interventions, group clinicians can incorporate interventions in the group space. Some of these interventions may include patterned, repetitive interventions, short and frequent interventions, and self-regulation tools available during the session. Some of these self-regulation tools may include silly putty, breathing exercises, coloring pages, etc. As the group experience continues, clinicians should continue to re-evaluate the client's trauma experience integration every 3 to 6 months as appropriate.

Limitations

There are various limitations to incorporating the impact of developmental trauma into one's experience of group treatment. One limitation is that the Neurosequential Model of Therapeutics (NMT) can only be utilized by clinician's who are certified in NMT. The certification process is lengthy and costly meaning that not all agencies or providers have the flexibility or resources to allow their staff to become trained in the model. Another potential limitation is that not all agencies have the capacity or resources to provide individual interventions to those clients who may need individual support prior to group treatment. Lastly, not all insurance policies will cover individual services prior to group services. For an individual to receive individual care, they may have to pay out of pocket which is not a possibility for most clients.

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