

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



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Abstract

This poster describes how developmental trauma may impact a person's ability to participate in group. Additionally, it provides interventions to implement with clients to prepare for group participation. It describes how to determine if a client's sensory integration, self-regulation, and relational skills are developed so that they can participate in a group and not be contraindicated.

Background

Benefits of Group Participation

- Community building
- Positive support network
- Corrective emotional experiences
- Safe container

Historical Contraindicators for Group Participation

- Low tolerance threshold
- Active substance use or psychosis
- Low frustration tolerance
- Cognitive impairment
- In acute crisis
- Highly self-focused

Trauma and the Stages of Development

- **Stages of Development**
 - Intrauterine (pregnancy) – Primary stage of development for brainstem (sensorimotor skills)
 - Perinatal(1mo-3mo) – Primary stage of development for diencephalon (self-regulation skills)
 - Infancy (3mo-1) - Primary stage of development for diencephalon (self-regulation skills)
 - Early Childhood (2-4) – Primary stage of development for limbic system (relational skills)
 - Childhood (5-10) – Primary stage of development for limbic system (relational skills)
 - Youth (11-18) – Primary stage of development for cortex (concrete cognition)
 - Early Adulthood (19-24) – Primary stage of development for neocortex (abstract cognition)
- **Trauma's Impact**
 - Sensorimotor skills
 - Bodily challenges in regulating internal systems such as heart rate, sleep, feeding, etc.
 - Self-Regulation Skills
 - Heightened stress response system
 - Developmentally delayed stress management practices (i.e. an older child rocking himself to self-sooth)
 - Relational Skills
 - Challenges in group settings due to inability to manage multiple perspectives at one time
 - Need for one on one parallel interactions
 - Highly sensitized intimacy barrier which indicates the perceived safety of varying levels of relationships
 - Cognitive Skills
 - Inability to regulate or manage cognitive distortions
 - Challenges in integrating historical life experience into current life experience

Developmental Stage Specific Interventions

Sensorimotor	Regulation
<ul style="list-style-type: none"> • Whole body deep pressure/ proprioception activities • Movement – walks, run • Oral proprioception – chewing gum • Tactile activities – drawing, playdough 	<ul style="list-style-type: none"> • Sand trays • Drumming • Story telling • Art Therapy • Music Therapy • Coloring pages
Relational	Cognition
<ul style="list-style-type: none"> • Parallel connection – challenging conversations on walks • Cooking exercises • Gardening • Animal Assisted Therapy 	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy • Acceptance Commitment Therapy • Trauma Narrative Development

Group Integration

- Prior to group participation, assess client's experience of trauma
 - Can utilize the Neurosequential Model of Therapeutics (NMT) assessment tool via an NMT certified clinician to determine trauma's impact on certain stages
- Incorporate individual interventions until client has appropriate sensorimotor, regulation, and relational skills
- Utilize NMT concepts to improve group setting
 - Patterned, repetitive interventions
 - Short and frequent interventions
 - Self-regulation tools and interventions throughout session (i.e. silly putty or breathing exercises)
- Consistently reevaluate trauma experience integration
 - Every three to six months as appropriate

Limitations

- Not all agencies are able to provide individual interventions prior to group participations
- Not all agencies have access to a clinician with the Neurosequential Model of Therapeutics certification
- Not all insurance plans will allow for individual services prior to group interventions