

# Can We Teach These Kids to Dance



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# Clinical Assumptions

- Children do well if they can
- We are sexual beings from the time we are born until we die
- Sexual behavior like most basic human behavior meets a range of needs

# Clinical assumptions

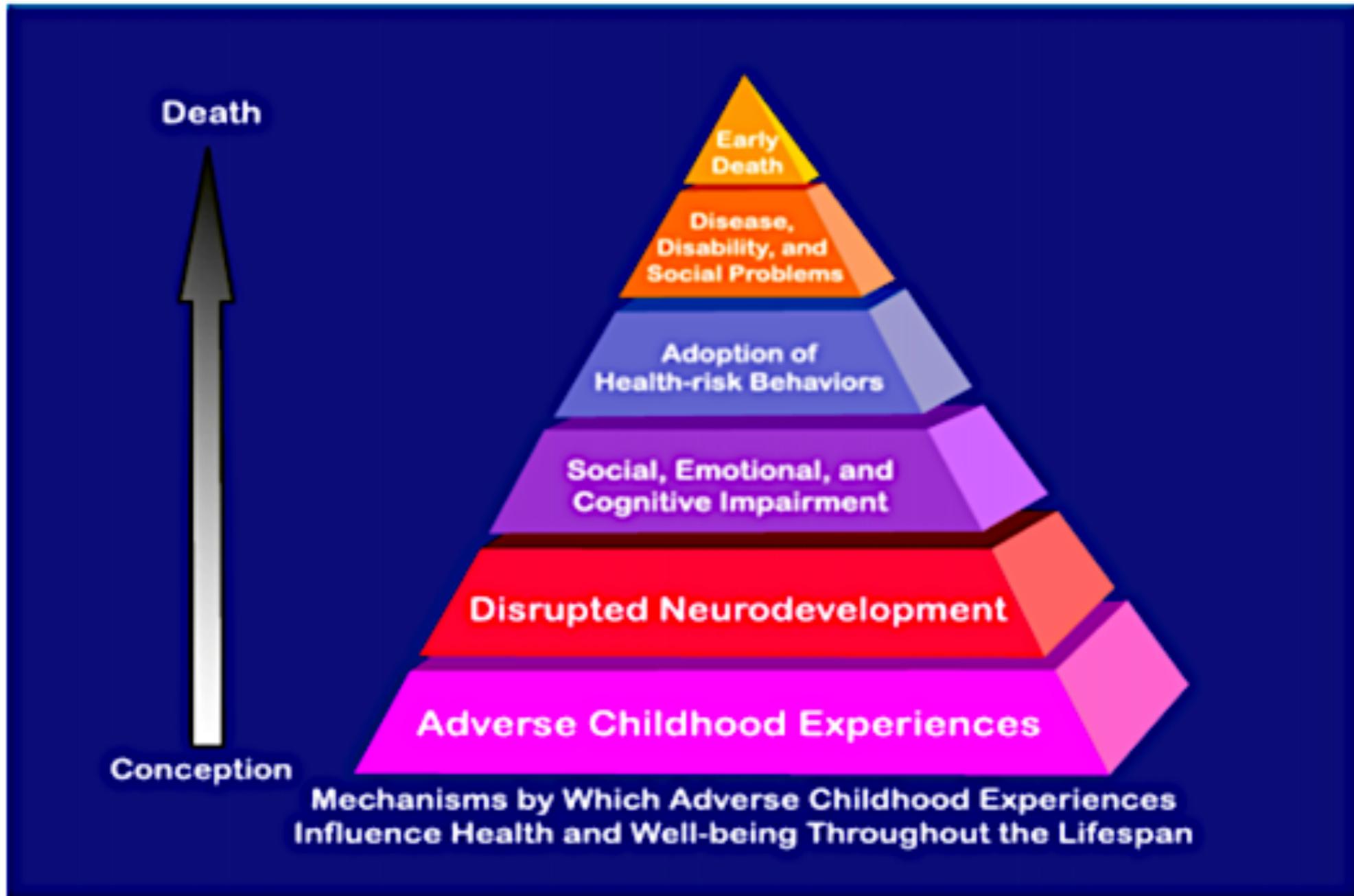
- Trauma in childhood has a neuro-developmental impact
- These neuro-developmental consequences can create obstacles or differences in the way in which these individuals process and integrate information and life experiences

# Clinical Assumptions

- There is a physiological response to trauma cues that effects processing, cognitions, emotional response, and behavioral response
- Without addressing trauma-associated symptoms, the integration of new learning and new narratives will not effectively occur
- It is impossible to discuss trauma in children without addressing the quality of parental attachment (van derKolk, 2003)

# *Developmental Approach*

- development proceeds from simple to complex
- early developmental tasks provide critical skills and traits that are the foundation of later more complicated skills
- understanding the “foundation” skills that are missing directs the focus of intervention



# Cumulative Harm

# Developmental Insults

## Most Common in Behavior Problems

- Emotional abuse (59%)
- Loss of important emotional relationship (56%)
- Impaired caregivers (47%)
- Domestic violence (46%)
- Sexual abuse (41%)
- Neglect (34%)
- Physical abuse (28%)

NCTSN, 2003

Kids Have To Think That You Care  
Before

They Care What You Think

# Attachment Theory

- **Assumption:** maintenance of proximity to a secure and trusted figure is needed and sought by humans throughout the lifespan and particularly during periods of perceived danger or stress
- Behaviors related to attachment seek to both **engage** and **maintain** proximity
- Goal: **safety and affiliation**

# Attachment and Brain Function

- Positive experiences of attunement develop neurophysiological mechanisms that allow for:
  - emotional regulation
  - responsiveness to social cues
  - evaluation of meaning
  - response flexibility

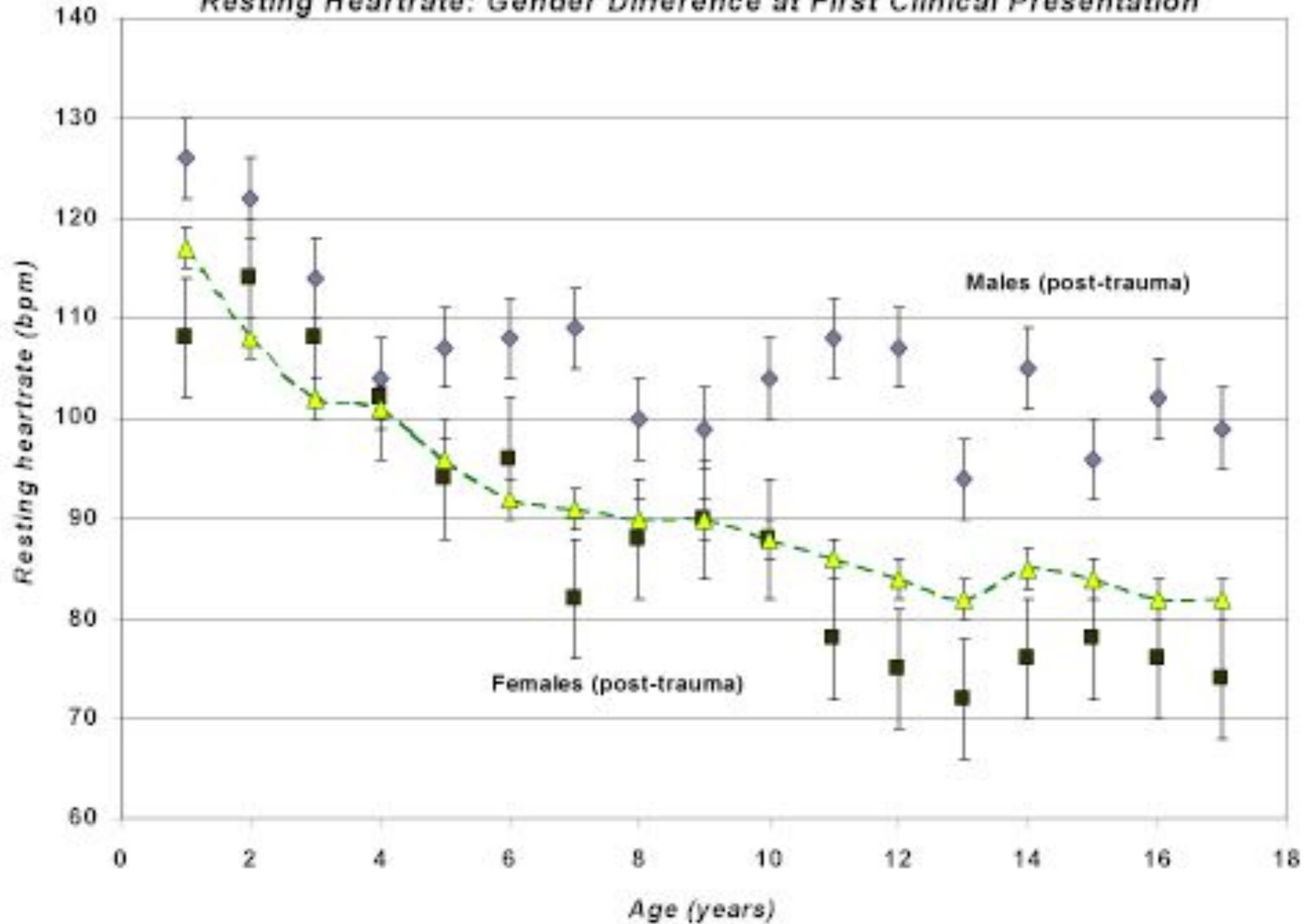


# Impact of Trauma

- Hypervigilance
- Immune to Internal Cues
- Affective Dysregulation
- Attachment Difficulties
- Memory Disturbances



*Resting Heartrate: Gender Difference at First Clinical Presentation*



# Differential Response to Threat

## Dissociation

- Detached
- Numb
- Compliant
- Decrease HR
- Suspension of time
- De-realization
- 'Mini-psychoses'
- Fainting

## Hyperarousal

- Hypervigilance
- Anxious
- Reactive
- Alarm response
- Increase HR
- Freeze: Fear
- Flight: Panic
- Fight: Terror

# Trauma Impact

- Learning Difficulties
- Numbing of Responsiveness
- Intrusive Re-experiencing



# Learning Problems

Traumatic experiences can lead to a range of learning disabilities including:

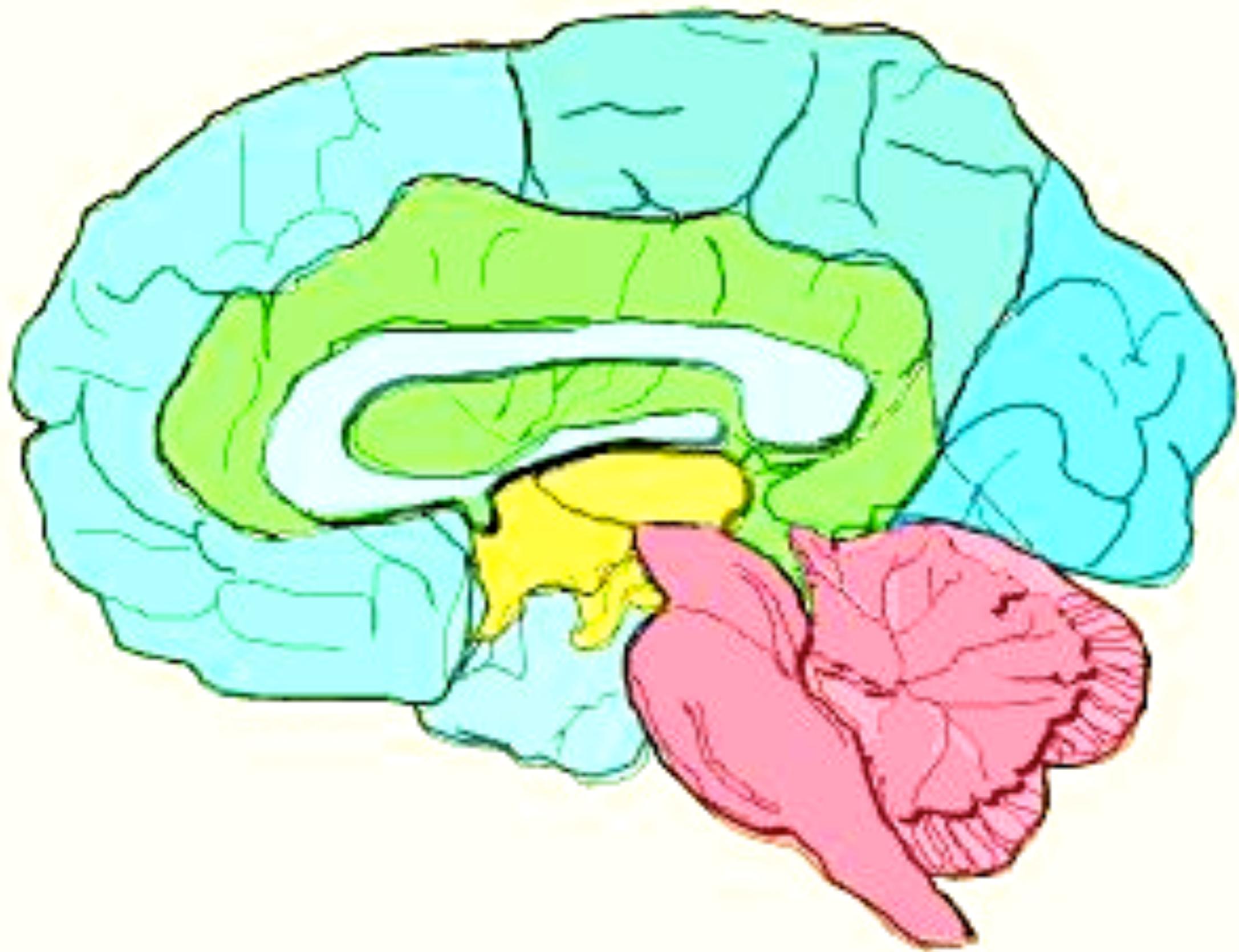
- \* significantly lower IQ
- \* specific problems in reading and mathematics
- \* problems with complex visual attention and visual memory
- \* language
- \* verbal memory and learning
- \* planning and problem solving

(DeBellis, et al, 2009)

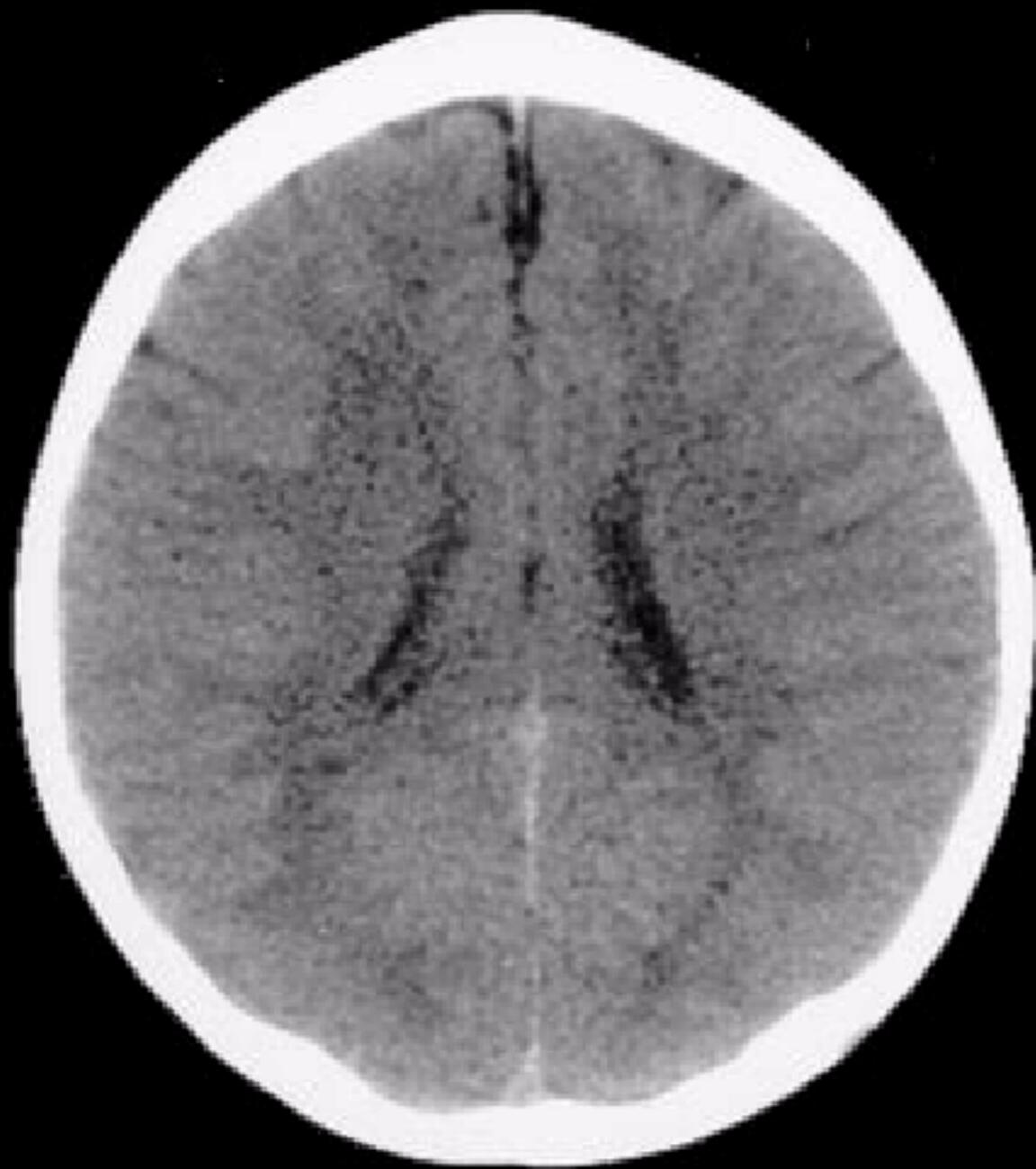
# Experience of Trauma

- Developmental stage
- Temperament
- Context
- Response / Support





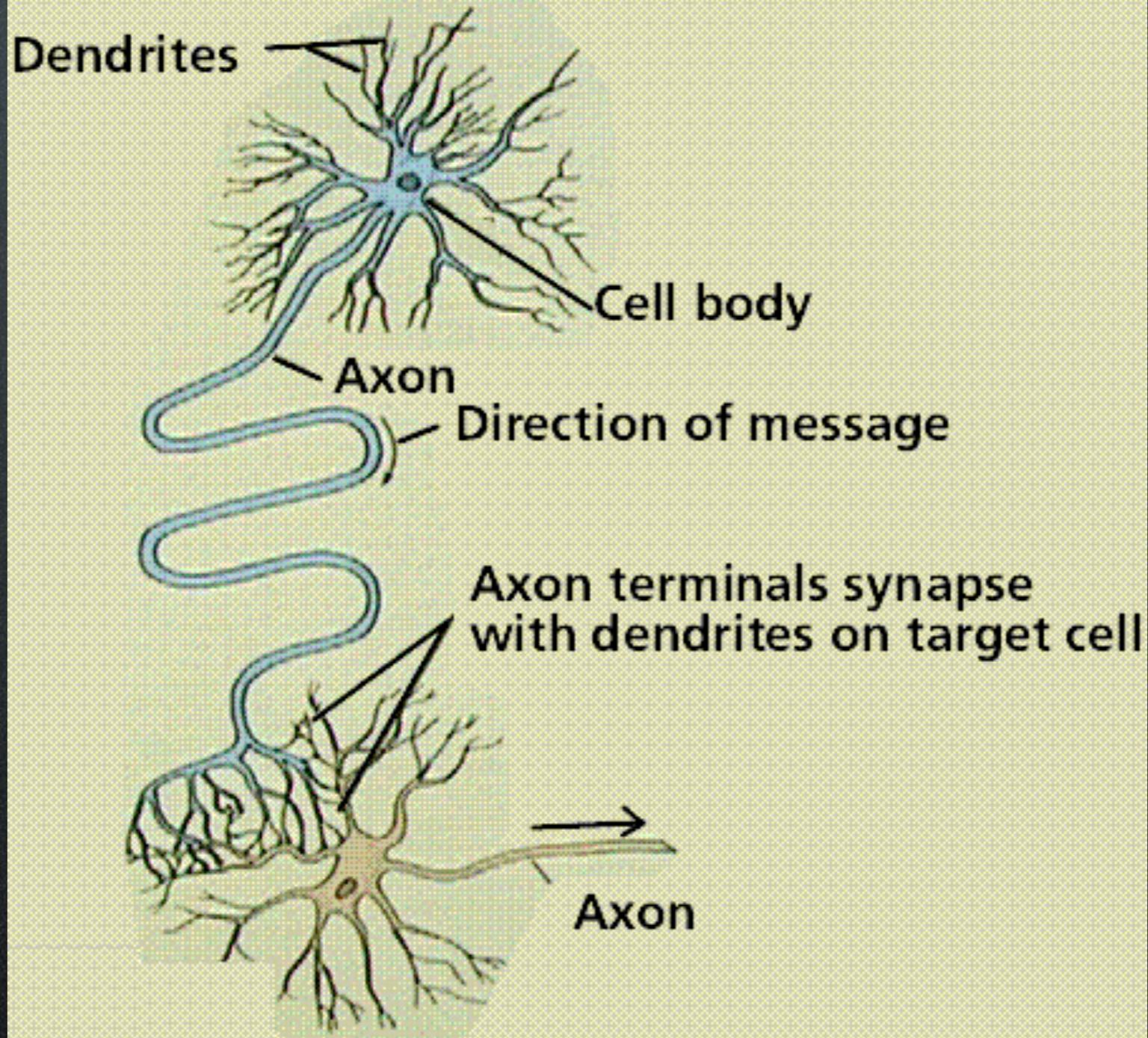
# 3 Year Old Children



Normal



Extreme Neglect



# Role of the Prefrontal Cortex

- Right pfc
  - ✓ recognize faces and the meaning of expressions
  - ✓ interpret others emotions from tone, posture, and gesture
  - ✓ assist in interpreting stimuli and coordinating the feeling of risk states

# Role of prefrontal cortex

- Left pfc
- analyze information
  - ✓ synthesize information
  - ✓ plan and prepare to execute plans
  - ✓ identify obstacles and adjust solutions
  - ✓ interpret experience and modify emotions

# MC CLOSKEY MODEL OF EXECUTIVE FUNCTION



## SELF-CONTROL: SELF REGULATION

PERCEIVE  
FOCUS  
INITIATE  
ORGANIZE  
STORE  
TIME

MODULATE  
INHIBIT  
GAUGE  
GENERATE  
RETRIEVE  
MONITOR

SUSTAIN  
HOLD  
MANIPULATE  
ASSOCIATE  
PACE  
CORRECT

INTERRUPT/STOP  
FORSEE: SHORT-TERM PLAN  
SHIFT  
BALANCE  
EXECUTE BEHAVIOR

PERCEPTION

EMOTION

COGNITION

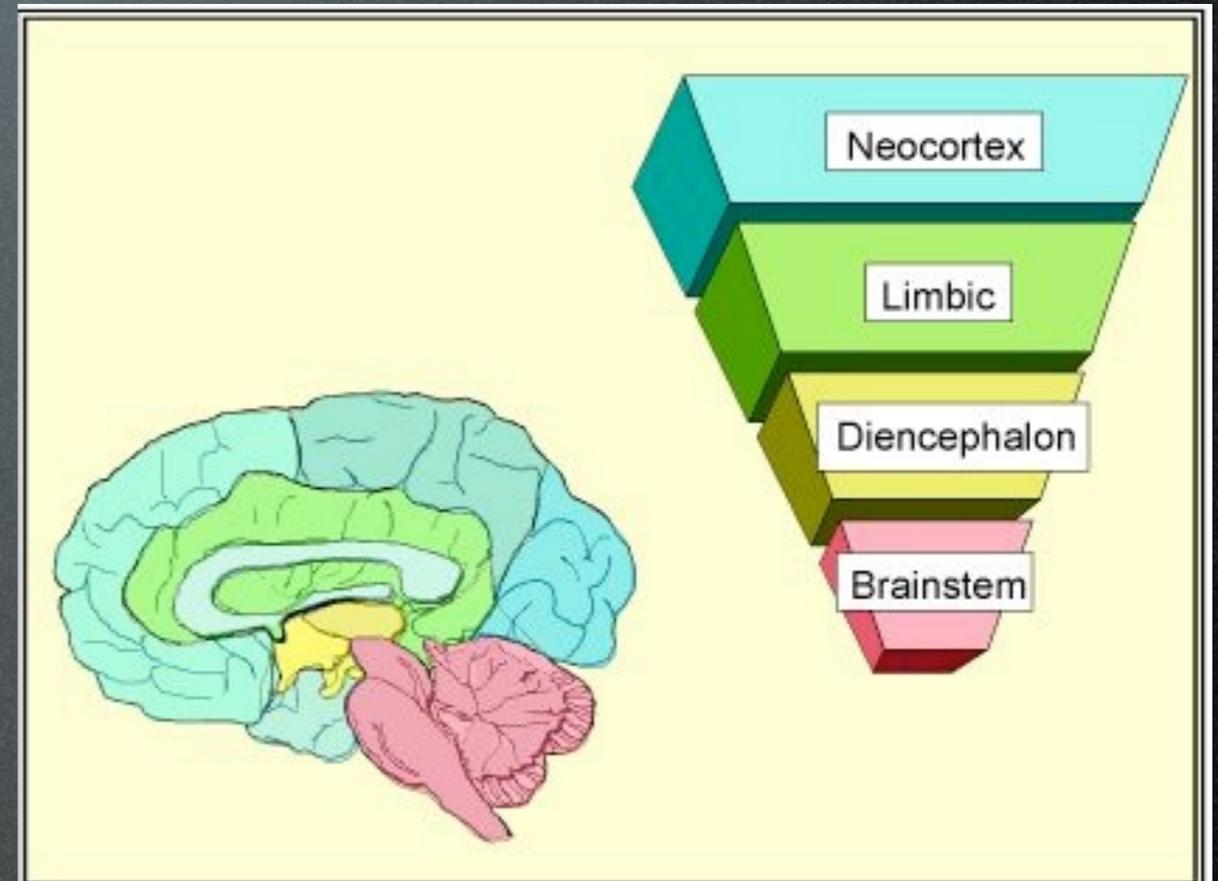
ACTION

# Elements of Attachment

- Permanence
- Attunement
- Showing kids they are special
- Share feelings
- Establish routines
- Responsibilities and limits
- Building competence

# Neurodevelopment and Trauma

- Increased limbic irritability
- Decrease left hemisphere development
- Decrease left/right hemisphere integration
- Limited activation of cerebellar vermis in self-regulation



**The Human Brain:** The brain can be divided into four interconnected areas: brainstem, diencephalons, limbic and neocortex. The complexity of structure, cellular organization and function increases from the lower, most simple area, the brainstem to the most complex, the neocortex.

**Hypothalamus:** controls appetite, hormones, and sexual behavior

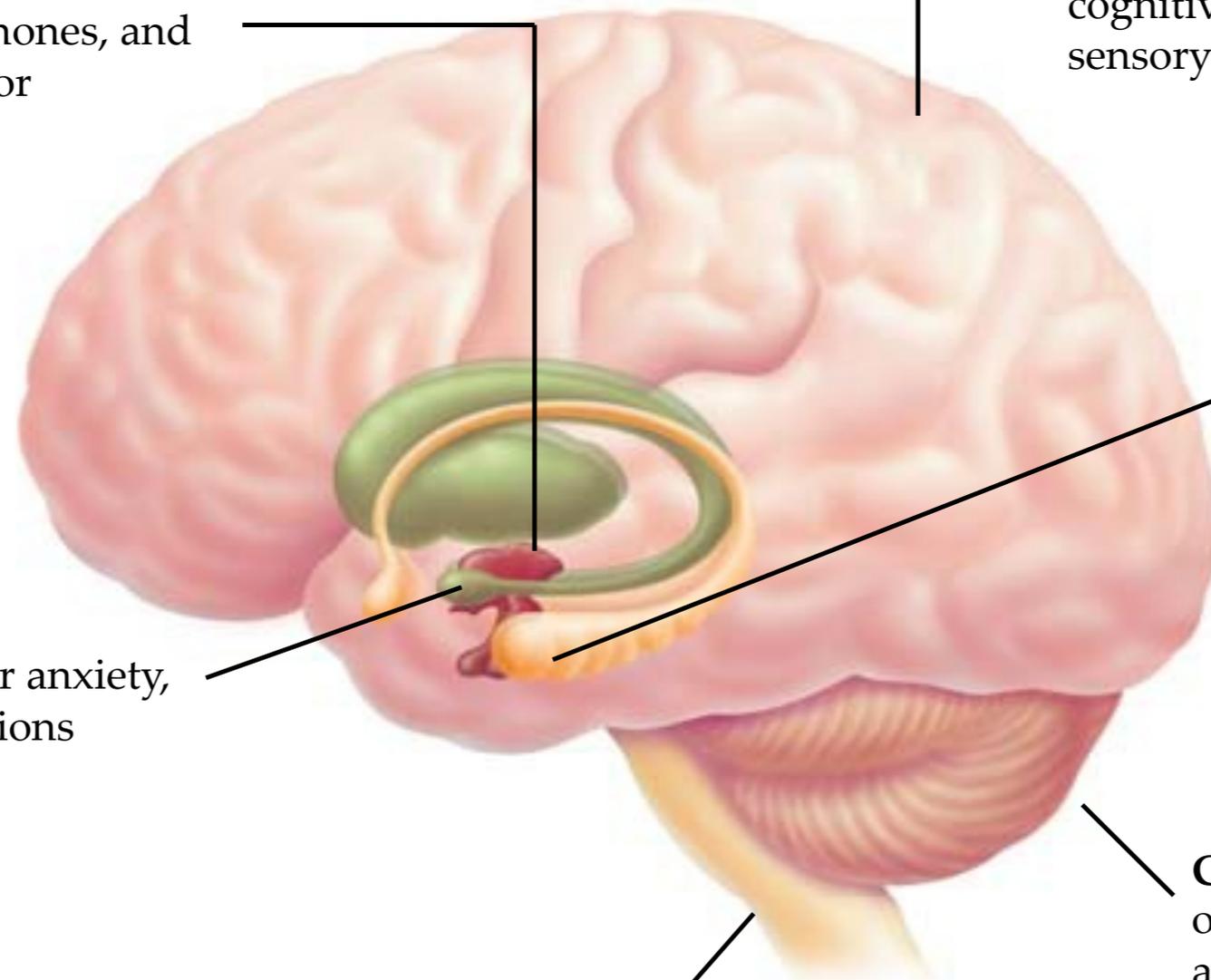
**Neocortex:** Site of higher cognitive functions and sensory integration

**Hippocampus:** crucial to memory and learning facts

**Amygdala:** responsible for anxiety, fear and emotions

**Cerebellum:** seat of motor control and coordination

**Brain stem:** responsible for sensory input and physiological responses



<b>Brain Structure</b>	<b>Function</b>	<b>Impairment</b>
<i>Amygdala</i>	fear conditioning; aggressive behavior; triggers fight/flight	Increased arousal, impaired fear conditioning
<i>Hippocampus</i>	Retrieval of verbal and emotional memory	Memory impairment, especially verbal memory
<i>Left hemisphere</i>	Regulate analytical responses; mediate emotional responses; language processing	Difficulties in accurate, effective reading of situation; language processing
<i>Corpus Collosum</i>	Communication and integration between hemispheres	Poor integration and modulation of responses to daily interactions
<i>Cerebellar Vermis</i>	Production and release of neuro-transmitters	Problems regulating physical activity, attention, emotions
<i>Prefrontal cortex</i>	Center for executive functions	Poor organization, rigid problem solving; increased impulsivity

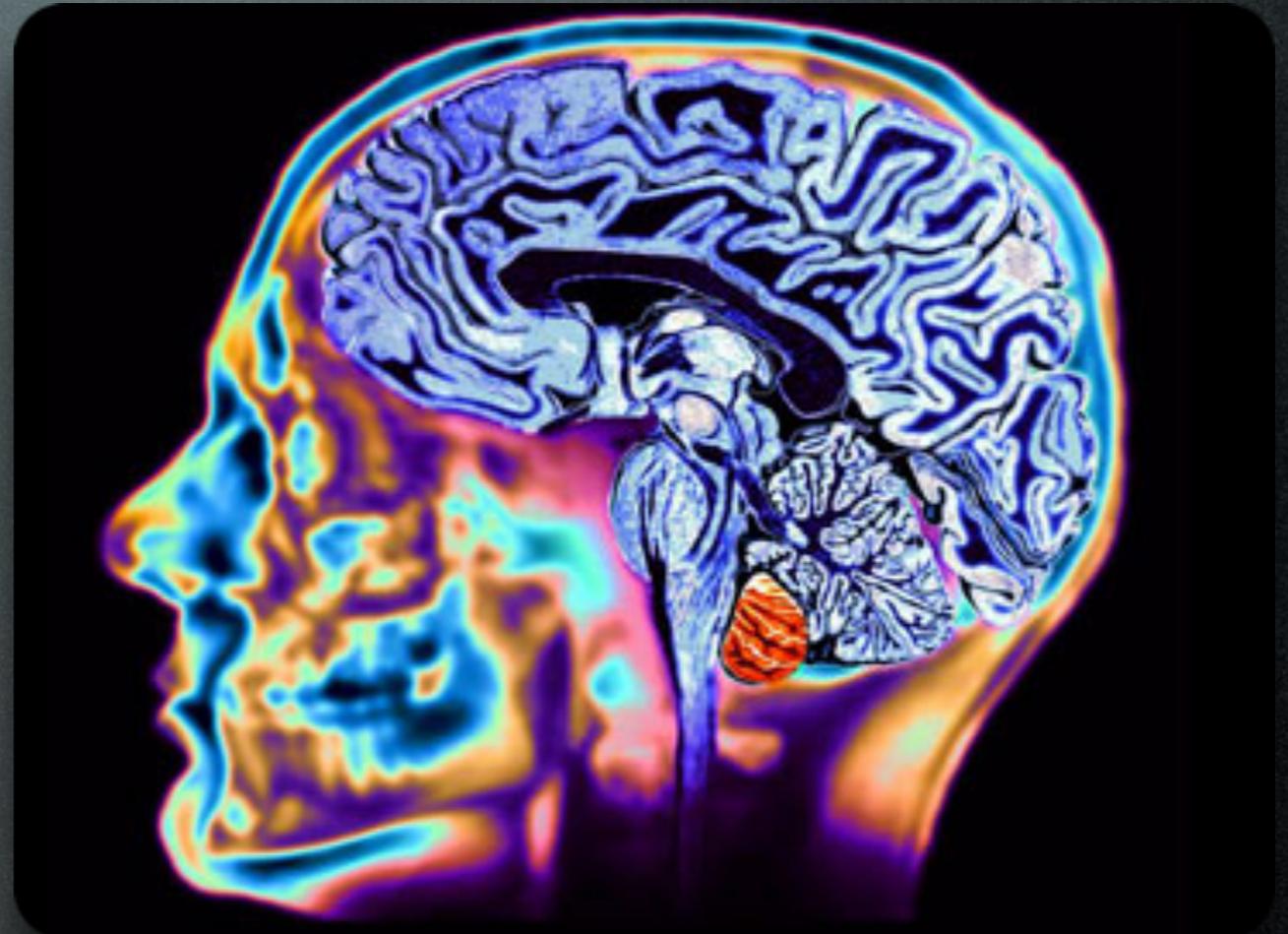
# Factors Supporting Resiliency

- Positive attachment to emotionally supportive and competent adults
- Development of cognitive and self-regulation abilities
- Positive self- concept
- Motivation to act effectively



# Brain-based perspective

- Pre-exposure (education) increases learning and motivation
- You need the opportunity to practice what you learn in order to integrate
- Distress minimizes learning and creative thinking



# Intervention

## Containment/Safety

Working on Trauma  
thoughts, feelings,  
triggers

Attachment



Self-Regulation

Structure

# Resources

- Bath, H.I. (2008). Calming together: The pathway to self-control. *Reclaiming Children and Youth*, 16, 4. pp. 44-46.
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- van der Kolk, B. (2005). *Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories*.

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- Child Development and trauma guide: [www.secasa.com.au](http://www.secasa.com.au)
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