

- ★ UCLA & Duke National Center for Child Traumatic Stress
- Treatment and Services Adaptation Centers
- Community Treatment and Services Centers
- ▲ Affiliate Member Organizations and Individuals

This project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).



NCTSN

The National Child  
Traumatic Stress Network

## Complex Trauma in the National Child Traumatic Stress Network 复杂创伤在全国儿童创伤应激网络中的作用

Joseph Spinazzola, Ph.D., Julian Ford, Ph.D., Margaret  
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Bessel van der Kolk, M.D.,



# Child Trauma Exposure History

## 儿童创伤暴露史

- Age of Onset 发病年龄
  - Mean Age: 5.22 years 平均年龄
  - Range: 1 – 10 Years 范围: 1-10岁
- Number of Types 种类数量
  - Mean: 3.36 均数
  - Range: 1 – 11 types 范围
- Duration of Trauma 创伤持续时间
  - Multiple-event or chronic trauma 多种事件或慢性创伤: **82%**
  - Single Event or Acute Trauma 单一事件或急性创伤: 13%
  - Unknown 未知: 4%

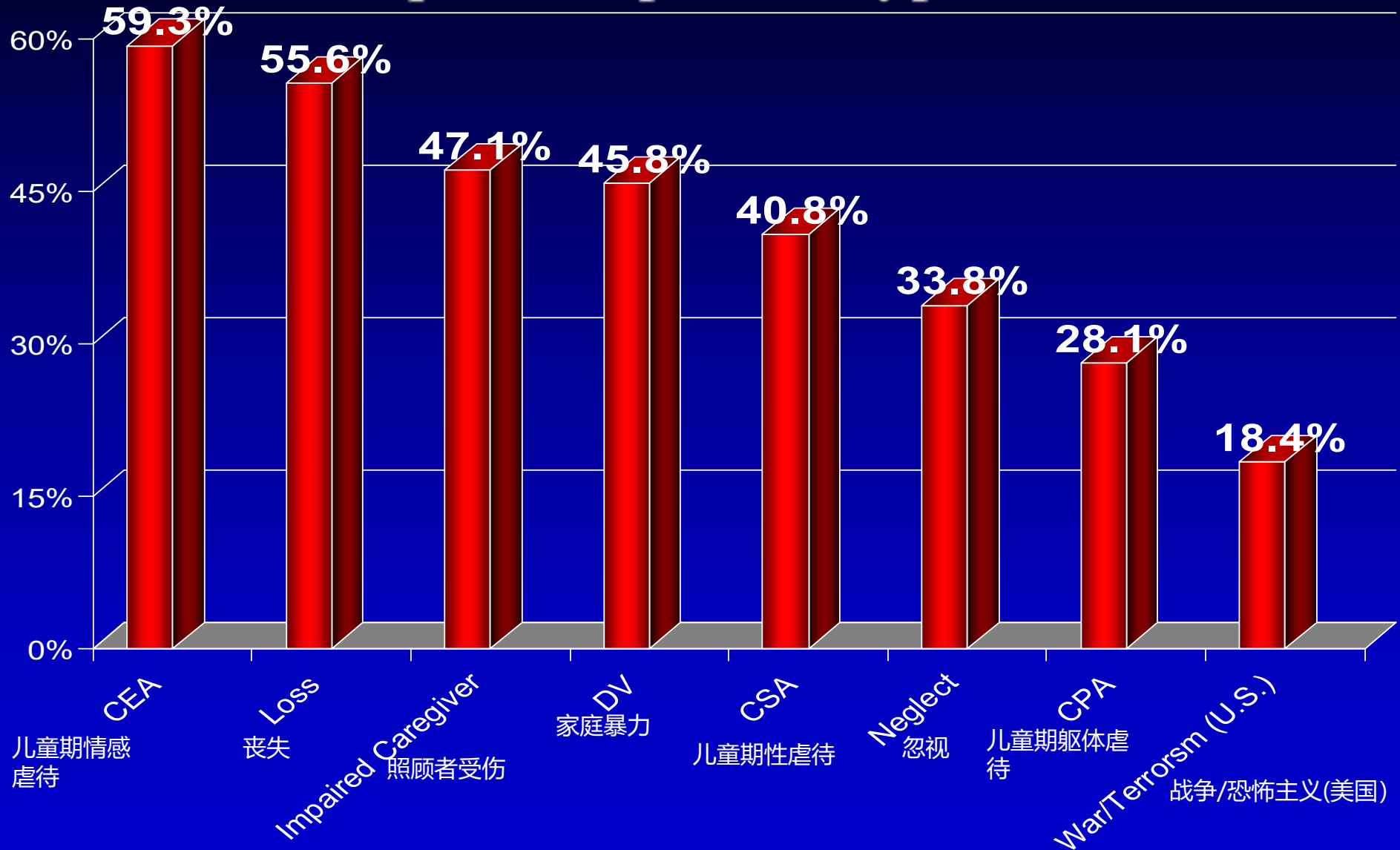
**Early Exposure: 1/3 of the sample is adolescent and yet all children experienced trauma prior to age 11**

早期暴露: 1/3的样本是青少年, 但所有的儿童在11岁之前都经历过创伤。

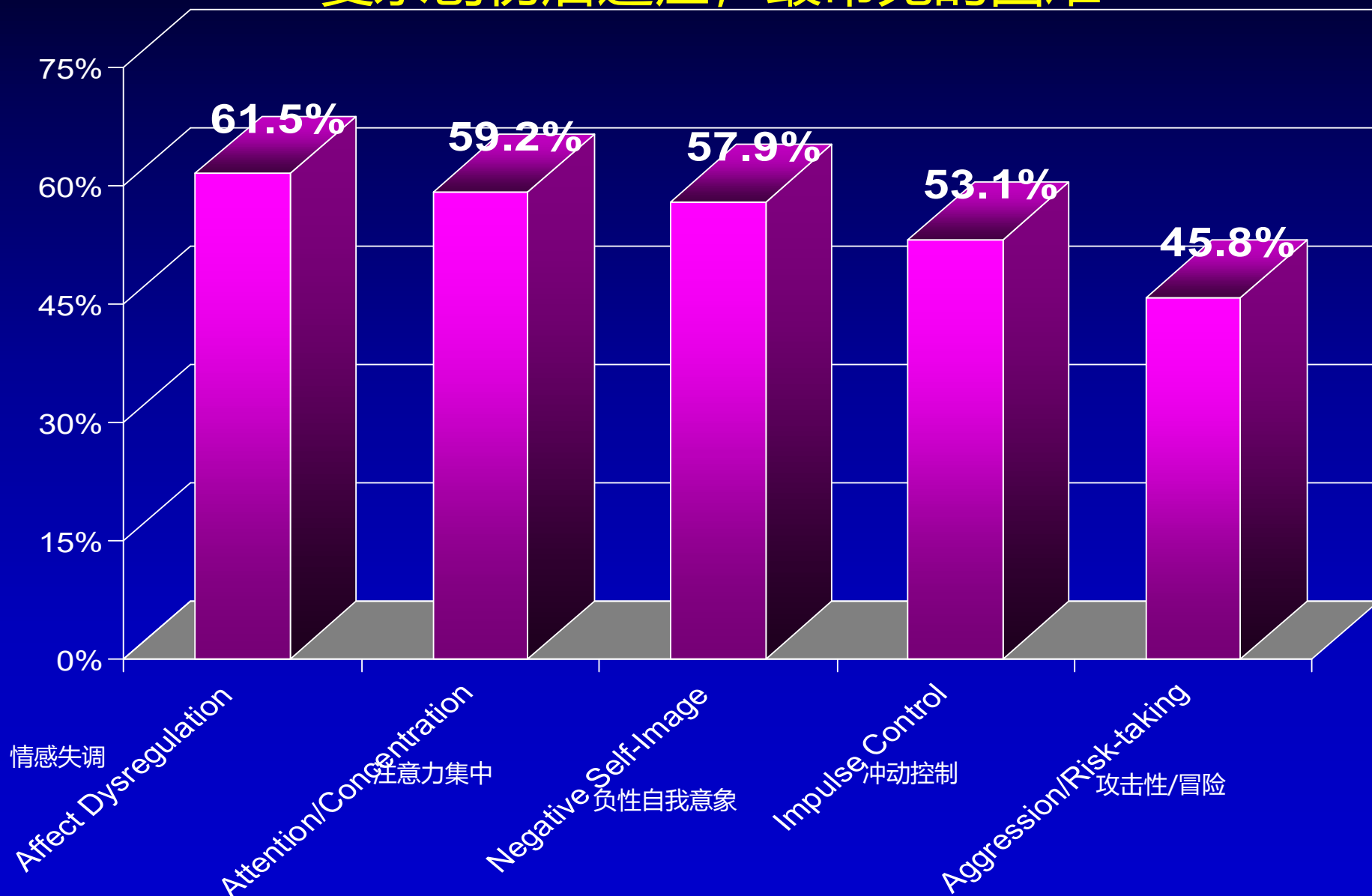


# Child Trauma History: 儿童创伤史

## Most Frequent Exposure Types 最多类型



# Complex Posttraumatic Sequelae: Most Frequent Difficulties 复杂创伤后遗症，最常见的困难



# Proposal to include Developmental Trauma Disorder in the DSM V

## DSM V中包括发展性创伤障碍的建议

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December 1, 2008

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Dear Colleagues:

The National Association of State Mental Health Program Directors (NASMHPD) and the NASMHPD Medical Directors Council strongly urges the APA to promote research into the impact of ongoing trauma in children and adolescents by developing a set of specific criteria to evaluate this dimension and tools that better identify and address it in the DSM V development process.

The National Association of State Mental Health Program Directors (NASMHPD) is a 501(c) (3) that represents the \$29.5 billion public mental health service delivery system serving 6.1 million people annually in all 50 states, 4 territories and the District of Columbia.

The Commissioners/Directors of state mental health agencies make up the membership of NASMHPD and are those individuals, many of who are appointed by the Governors of their respective states, who are ultimately responsible for the provision of mental health services to citizens utilizing the public system of care. There are approximately 235 state operated psychiatric hospitals nationwide and they serve 50,000 patients at any given point in time.

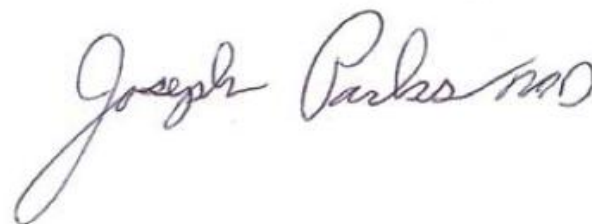
Science increasingly supports the enduring impact of early trauma upon self-regulation and clinical studies document that developmental trauma is associated with a wide range of psychopathology, not captured by the current diagnostic construct of PTSD. This fact influences daily diagnostic decision-making and treatment planning in the provision of mental health services to children and adolescents.

We urge the APA to add developmental trauma to its list of priority areas for further research to clarify and better characterize its course and clinical sequelae and to emphasize the strong need to address developmental trauma in the assessment of patients.

Sincerely,



Robert W. Glover, Ph.D  
Executive Director  
NASMHPD



Joseph Parks, M.D.  
Chair,  
NASMHPD Medical Directors Council;  
Director, Comprehensive Psychiatric Services  
Department of Mental Health  
State of Missouri





## CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER

**A. Exposure.** The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:

- A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
- A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse

### 达成共识并提出的发展性创伤障碍诊断标准

#### A. 曝露在

从儿童期或青春期早期开始，儿童或青少年在至少一年的时间内经历或目睹了多次或长期极度紧张的创伤事件，包括：

- 1) 直接经历或目睹重复和严重的人际暴力事件，和
- 2) 由于主要照顾者的反复变化，与主要照顾者的反复分离，或暴露于严重和持续的情感虐待，导致保护性照顾的显著中断。



**B. Affective and Physiological Dysregulation.** The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:

- B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization
- B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions)
- B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states
- B. 4. Impaired capacity to describe emotions or bodily states

## B.情感和生理失调

儿童表现出与唤醒调节相关的能力受损，包括至少两项：

- 1) 无法调节，忍受或恢复极端情感状态（例如恐惧，愤怒，羞耻），包括长时间和极度发脾气，或固着
- 2) 身体功能调节的干扰（例如，睡眠，进食和消除时的持续干扰;对触摸和声音的过度反应或反应不足;常规过渡期间的混乱），
- 3) 感觉，情绪和身体状态的意识/分离减少，和/或
- 4) 描述情绪或身体状态的能力受损。



**C. Attentional and Behavioral Dysregulation:** The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:

- C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues
- C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
- C. 3. Maladaptive attempts at self-soothing (e.g., rocking and other rhythmical movements, compulsive masturbation)
- C. 4. Habitual (intentional or automatic) or reactive self-harm
- C. 5. Inability to initiate or sustain goal-directed behavior

## C.注意力和行为失调

儿童表现出与持续关注、学习或应对压力相关的规范发展能力受损，包括至少以下三项：

- 1) 专注于威胁或感知威胁的能力受损，包括误读安全和危险线索，
- 2) 自我保护能力受损，包括极度冒险或寻求刺激，
- 3) 自我舒缓的适应不良尝试（例如摇摆和其他有节奏的动作，强迫性手淫），
- 4) 习惯（故意或自动）或反应性自我伤害，和/或
- 5) 无法发起或维持目标导向的行为。



**D. Self and Relational Dysregulation.** The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:

D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation

D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness

D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers

D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults

D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance

D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others



## D.自我和关系失调

儿童在其个人身份和人际关系方面表现出常规发展能力受损，包括至少以下三项：

- 1) 强烈关注照顾者或其他亲人的安全（包括早熟护理）或分离后难以与他们团聚，
- 2) 持续的负面自我意识，包括自我厌恶，无助，无价值，无效或缺陷，
- 3) 与成年人或同龄人的亲密关系中存在极端和持续的不信任，蔑视或缺乏互惠行为，
- 4) 对同龄人，看护人或其他成年人的反应性身体或语言攻击，
- 5) 不恰当（过度或滥交）尝试实现亲密接触（包括但不限于性或身体亲密），或过度依赖同龄人或成年人以确保安全和放心，和/或
- 6) 通过对他人的痛苦表达缺乏同情或不宽容，或对他人的痛苦的过度反应来证明，调节共情唤醒的能力受损。





**E. Posttraumatic Spectrum Symptoms.** The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, & D.

**F. Duration of disturbance** (symptoms in DTD Criteria B, C, D, and E) at least 6 months.

**G. Functional Impairment.** The disturbance causes clinically significant distress or impairment in at two of the following areas of functioning:

- Scholastic: under-performance, non-attendance, disciplinary problems, drop-out, failure to complete degree/credential(s), conflict with school personnel, learning disabilities or intellectual impairment that cannot be accounted for by neurological or other factors.
- Familial: conflict, avoidance/passivity, running away, detachment and surrogate replacements, attempts to physically or emotionally hurt family members, non-fulfillment of responsibilities within the family.
- Peer Group: isolation, deviant affiliations, persistent physical or emotional conflict, avoidance/passivity, involvement in violence or unsafe acts, age-inappropriate affiliations or style of interaction.
- Legal: arrests/recidivism, detention, convictions, incarceration, violation of probation or other court orders, increasingly severe offenses, crimes against other persons, disregard or contempt for the law or for conventional moral standards.
- Health: physical illness or problems that cannot be fully accounted for physical injury or degeneration, involving the digestive, neurological (including conversion symptoms and analgesia), sexual, immune, cardiopulmonary, proprioceptive, or sensory systems, or severe headaches (including migraine) or chronic pain or fatigue.



## E.创伤后谱系症状

该儿童在三种PTSD症状群B，C和D中的至少两种中表现出至少一种症状。

## F.紊乱持续时间

标准B，C，D和E中的症状持续至少6个月。

## G.功能障碍

紊乱导致至少两个以下功能区域的临床显著痛苦或损害：

- 1) 学习：表现不佳，不上学，纪律问题，辍学，未能完成学位/证书，与学校人员发生冲突，学习障碍或智力障碍，不能通过神经系统或其他因素来解释，
- 2) 家庭：冲突，回避/被动，逃跑，脱离和替代，企图在身体或情感上伤害家庭成员，不履行家庭责任，
- 3) 同伴群体：孤立，离经叛道，持续的身体或情感冲突，回避/被动，参与暴力或不安全行为，年龄不合适的隶属关系或互动方式，
- 4) 法律：逮捕/再犯，拘留，定罪，监禁，违反缓刑或其他法院命令，日益严重的犯罪，针对他人的犯罪，无视或蔑视法律或传统道德标准，和/或
- 5) 健康：身体疾病或无法完全解决的问题，身体伤害或退化，涉及消化、神经（包括转换症状和镇痛），性，免疫，心肺，本体感觉或感觉系统，严重头痛（包括偏头痛），或慢性疼痛或疲劳。



**Table 1. Data Sources**

<b>Dataset</b>	<b>Contributors</b>	<b>N</b>	<b>Sample Source</b>
NCTSN Survey	Spinazzola, J., Ford, J.D., Zucker, M., van der Kolk, B.A., Silva, S., Smith, S.F., and Blaustein, M.	1699	Clients at NCTSN sites
NCTSN Core Data Set	Pynoos, R.S., Ostrowski, S., Fairbank, J.A., Briggs-King, E.C., Steinberg, A., Layne, C., and Stolbach, B.	4435	Clients at NCTSN sites
CANS Dataset	McClelland, G., Fehrenbach, T., Griffin, E., Burkman, K., and Kisiel, C.	7668	All Illinois Foster Care system
CCTC Dataset	Stolbach, B.C., Dominguez, R.Z., and Rompala, V.	172	All PTSD criterion A-exposed; none have risk to self or others
Western Michigan Dataset	Richardson, M., Henry, J., Black-Pond, C., and Sloane, M.	209	Foster care
Ford (In press, Journal of Clinical Psychiatry)	Ford, J.D., O'Connor, D.F., and Hawke, J.	397	Child psychiatry inpatients
NSA re-analysis	Ford, J. D., Elhai, J. D., Connor, D. F., and Frueh, B. C.	4023	National random
Juvenile Justice	Ford, J. D., Hawke, J., and Chapman, J.	1825	Juvenile Detention Centers
Ghosh Ippen and Lieberman	Ghosh Ippen, C.G., Harris, W.W., Van Horn, P.J., and Lieberman, A.F.	89	Preschoolers exposed to domestic violence

# NCTSN Core Data Set

## 核心数据表

Core Data Set Symptom Measure	Mean for DTD+ <sup>a</sup> Children	Mean for DTD- <sup>b</sup> Children	<i>t</i> =	<i>P</i> =	Controlling for PTSD <i>P</i> =
<u>Indicators of Severity (Scale 0-2)</u>					
Academic Difficulties	.8185	.8078	-.419	.675	NS
Alcohol Abuse	.1062	.0500	-5.823	.000	.000
Behavior Problems at Home	.9514	.7741	-7.187	.000	.000
Criminality	.1270	.0661	-5.669	.000	.000
Attachment Problems	.7766	.4345	-15.139	.000	.000
Behavior Problems at School	.7136	.6748	-1.539	.124	NS
Other Medical Problems	.3431	.1806	-8.786	.000	.000
Prostitution	.0090	.0055	-1.135	.256	NS
Running Away	.1064	.0508	-5.660	.000	.000
Substance Abuse	.1425	.0676	-6.367	.000	.000
Self-injurious Behaviors	.2197	.1322	-6.150	.000	.009
Skiping School	.2034	.1723	-1.922	.055	
Suicidality	.2663	.1595	-6.982	.000	.000
Inappropriate Sexualized Behaviors	.2885	.1667	-7.609	.000	.000



## Core Data Set Symptom Measure

	Mean for DTD+ <sup>a</sup> Children	Mean for DTD- <sup>b</sup> Children	<i>t</i> =	<i>P</i> =	Controlling for PTSD <i>P</i> =
<b>Self Report</b>					
<i>UCLA PTSD Reaction Index for DSM-IV</i>					
Total Score	28.738	23.914	-6.825	.000	
Cluster B (Re-experiencing)	8.228	6.822	-8.290	.000	
Cluster C (Avoidance)	10.650	8.569	-8.415	.000	
Cluster D (Hyperarousal)	10.045	8.524	-8.605	.000	
<b>Clinician Report</b>					
<i>Clinical Evaluation (Scale 0-2)</i>					
ADHD	.4459	.4259	-.896	.370	NS
Attachment	.6494	.3049	-17.252	.000	.000
Conduct	.1233	.0986	-2.115	.034	.057
Depression	.7940	.6252	-7.555	.000	.000
Dissociation	.2549	.1391	-8.075	.000	.000
Generalized Anxiety	.5653	.4537	-5.395	.000	.046
General Behavior Problems	.8115	.6965	-4.441	.000	.000
OCD	.0428	.0307	-1.851	.064	NS
ODD	.3440	.3221	-1.134	.257	NS
Panic Disorder	.0570	.0326	-3.515	.000	.008
Phobic Disorder	.0205	.0249	.809	.418	NS
PTSD	1.023	.5833	-19.354	.000	NS
Substance Abuse	.2002	.0922	-7.466	.000	.000
Separation Disorder	.1902	.1410	-3.662	.000	.002
Inappropriate Sexualized Behavior	.2620	.1301	-8.556	.000	.000
Sleep Disorder	.1995	.1558	-3.045	.002	.147
Somatization	.2362	.1639	-4.767	.000	.021
Suicidality	.2048	.0931	-8.391	.000	.000
Traumatic Grief	.4538	.4156	-1.793	.073	NS





# The DSM 5 taskforce response to proposal to include DTD in the DSM5

## DSM 5工作组对DSM5中包含DTD的建议的回应

“The consensus was that there is just too little evidence, at this time, to include DTD in the DSM-5”

共识是，目前只有太少的证据将DTD包含在DSM -5中。

“The notion that early childhood adverse experiences lead to substantial developmental disruptions is more clinical intuition than a research based fact. This statement is commonly made but cannot be backed up with prospective studies”.

童年早期的不良经历导致重大的发展障碍，这个观点比较是临床的直觉而非实证的。常常有这样的说法，但无法得到前瞻性研究的支持。



# DSM5 – a veritable smorgasbord of random trauma-related “diagnoses”

## DSM5中与创伤随机相关的疾病 “诊断” 的大杂烩

PTSD创伤后应激障碍

Disruptive mood dysregulation disorder破坏性情绪失调障碍

Reactive Attachment Disorder反应性依恋障碍

Dissociative Identity Disorder解离性身份障碍

Non-suicidal self-injury非自杀性自伤

Intermittent Explosive Disorder间歇性爆发性障碍

Disinhibited Social Engagement Disorder不受抑制的社交投入障碍

Oppositional Defiant Disorder对立违抗性障碍

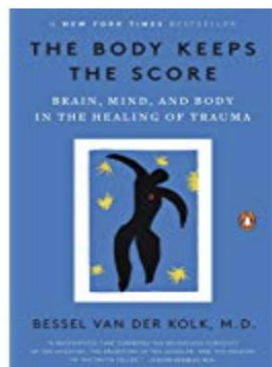
Conduct Disorder品行障碍

Borderline Personality Disorder边缘型人格障碍



# Best Sellers in Psychiatry

#1



The Body Keeps the Score: Brain, Mind, and Body...

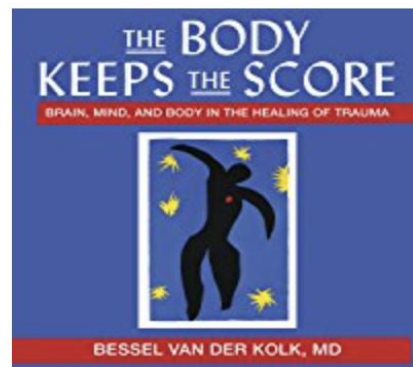
Bessel van der Kolk M.D.

★★★★★ 1,706

Paperback

\$15.94 ✓prime

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The Body Keeps the Score: Brain, Mind, and Body...

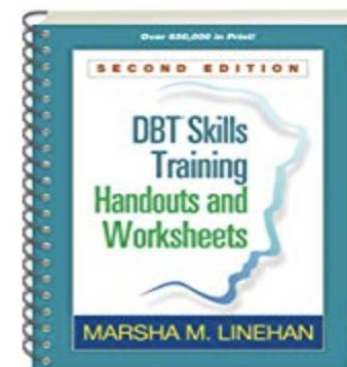
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#3



DBT® Skills Training Handouts and Worksheets...

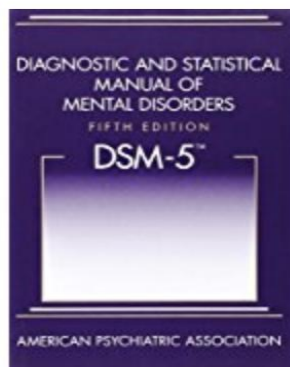
› Marsha M. Linehan

★★★★★ 419

Spiral-bound

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#4



Diagnostic and Statistical Manual of Mental...

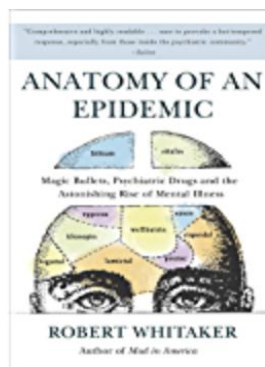
American Psychiatric Association

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#5



Anatomy of an Epidemic: Magic Bullets,...

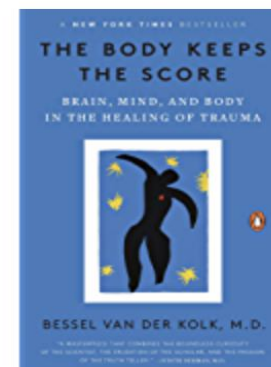
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The Body Keeps the Score: Brain, Mind, and Body...

Bessel van der Kolk MD

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# Dealing with trauma: opening up new possibilities by fostering imagination

## 处理创伤：通过培养想象力开拓新的可能性

- 1) Art therapy 艺术治疗
- 2) Sandtray 沙盘
- 3) Theraplay 戏剧治疗
- 4) Theater 剧院
- 5) Improv 即兴表演
- 6) PBSP 派索
- 7) etc 以及其它





# Frontiers of trauma treatment: Stabilization and self-regulation

## 创伤治疗前沿: 稳定化和自我调节



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# Overcoming trauma 克服创伤

1. (re-)establishing community (重) 建社交
2. Effective action 有效行动
3. Dealing with affect regulation 处理情感调节
4. Accessing the emotional brain- knowing one's self  
接近情绪脑-了解自身
5. Dealing with parts 处理各部分
6. Processing traumatic memories 加工创伤记忆
7. Re-wiring neural circuits 重新布线神经环路  
(neurofeedback) 神经反馈



# Overcoming trauma 克服创伤

1. **(re-)establishing community** (重) 建社交
2. Effective action 有效行动
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(neurofeedback) 神经反馈





**Social support – connection- reciprocity**  
**社会支持-连接-互惠作用**



# Establish Basic supports

## 建立基本支持

- Intimate partners 亲密伙伴
- Family 家庭
- “Tribes” (people with common interests, backgrounds).
- “部落”（具有共同兴趣，背景的群体）





# Support groups 支持小组

Meeting like-minded people gives  
community, words & connection

结识志同道合的人：共同体，言语&连接





Can traditional Chinese practices help?  
中国传统实践能否提供帮助？

That's for you to find out!!  
这需要你们来找到答案！！





*Ms. Lisa Hwa*





Synchrony foundational to human  
nature and recovery from trauma

同步性既是人类本性也是  
创伤恢复的基础











# Social Dissolution 社交瓦解



# Synchronicity同步性

? Being attuned provides a visceral experience of reciprocity. 被同步产生了一种内在的交互体验

? When we play together we feel physically attuned and experience a sense of connection and joy. 当我们一起玩耍，我们感到身体同步，体验到一种连接和快乐感

? Improvisation exercises (<http://learnimprov.com/>) tango dancing,

singing in a choir & playing volleyball all help people connect in joy and exploration. 即兴表演，探戈舞蹈，在唱诗班歌唱 & 玩排球，所有这些都帮助人们快乐地连接和探索。

? Parent-Child Interaction Therapy (PCIT) SMART (Sensory Motor Arousal Regulation Treatment). 父母-儿童互动治疗(PCIT) SMART (感觉运动唤醒调节治疗)

? The moment you see a group of grim faced people break out in a giggle you know that the spell of misery has broken. 当你看到一群面无表情的人爆发出哈哈大笑时，你知道痛苦的咒语被破解了。




















# Safety and synchrony within the family

## 家庭中的安全感和同步性



A woman with short grey hair, wearing a bright green long-sleeved shirt and dark trousers, stands on a blue exercise mat in a room. To her left is a bed with a red headboard and blue bedding. A large red exercise ball is on the floor near the window. In the background, another person in a white lab coat is visible near a window. The room has light-colored walls and a wooden door.

I'm really happy today.



# Group safety vs. individual identity

## 团体安全感vs.个体独特性



# Overcoming trauma 克服创伤

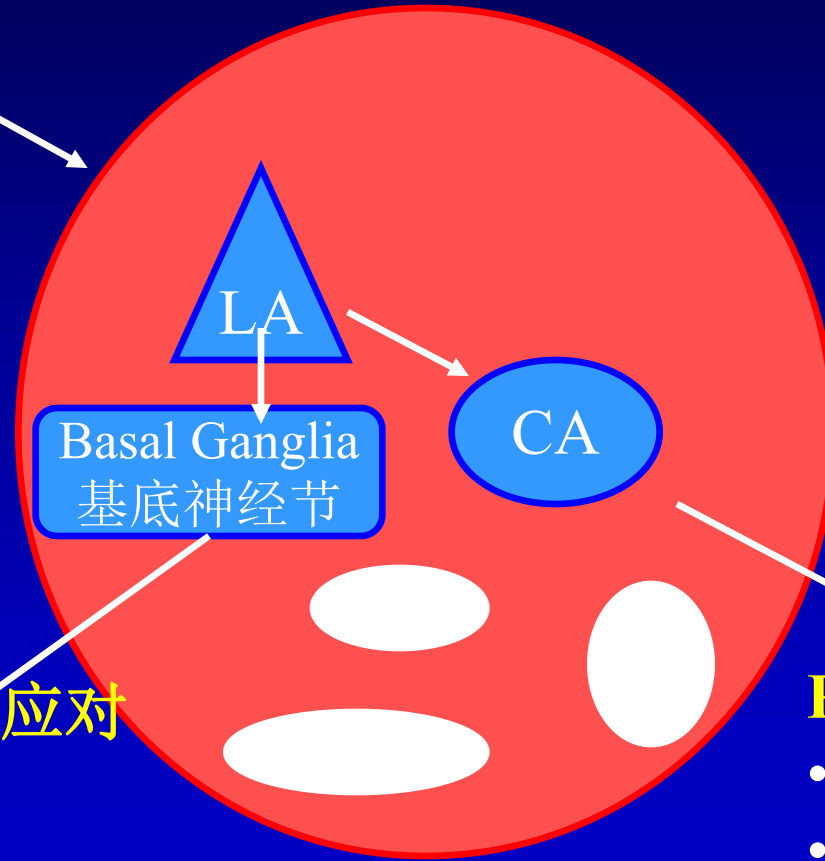
1. (re-)establishing community (重) 建社交
2. Effective action 有效行动





# How the brain “gets on with life” 大脑如何 “影响生活” (LeDoux, 2003)

## Threat 威胁



### Active coping 积极应对

- Planning 计划
- Action 行动

### Passive coping 消极应对

- Freezing 冻结
- Despondency 意志消沉



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**Vamik Volkan**

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美国精神分析学院前主席  
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## 关系创伤的动力学治疗 全过程及临床操作步骤

**Janet Bachant**

创伤治疗顶尖专家  
纽约精神分析中心督导师  
纽约灾难咨询联合会主席



## 复杂发展创伤的形成 及如何治疗

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纽约灾难咨询联合会主席



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