

A short guide for dealing wisely with trauma and dissociation in residential care and in special education

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Important points:

1. Young people who have experienced repeated traumatic events in their lives such as sexual abuse, neglect and maltreatment have sometimes developed a mechanism to avoid having to feel or remember the pain and memory. We call this dissociation and it is an adaptive mechanism, but "being away" also has its disadvantages. They then develop "voices" in their heads that can take control, with the result that time is lost, pieces of events are not remembered or the young person is instructed to do things.

2. Some voices can be angry protectors, others even self-destructive ones. Voices can also be of the opposite sex, you can sometimes hear that in a changing intonation or posture. Voices can also be a small child with child-like social-emotional development. That is why taking away a cuddle, can provoke sometimes a strong reaction.

3. Young people can learn how to adapt to this internal system, but this usually takes psycho-education and a lot of time and patience. If internal cooperation succeeds and life-stressors decline, the voices come less often and fade in the course of their lives: they become less dominant.

4. When there is re-traumatization and a lot of stress in the course of life, more voices are often added, which may make the system, initially intended as protection, unstable. For example, young people can get into a psychosis, become depressed and injure themselves or try to put an end to their lives.

5. A lot of pressure and noise at the living group or in the classroom can be damaging, because then there is also pressure and noise inside the head of these young persons. Voices become afraid and panic. Large groups or classes are therefore not suitable for young people with dissociation.

6. Many young people with dissociation feel lonely and misunderstood by the outside world. Staff can do something about this by accepting and not condemning. Contact with others (including family and friends) is very important. Dealing with animals (unconditionality) often helps.

Working with behavioral control and a repressive climate creates more stress, anxiety and even more dissociation. This often results in huge fights because young people who dissociate can in panic, suddenly become very strong and aggressive. They sometimes feel less pain when in dissociation.

8. Often, young people can very well indicate what makes them calm, what helps them with their voices. Ask and listen to it, their behavior must not be labeled as manipulation but an attempt to keep the system stable. Well-intended upbringing attempts like taking away the cuddle can be counterproductive.

Explanation:

Dissociation means that when in a very anxious situation, a young person "is not completely there", so that he / she does not have to feel something painful completely. We all know this phenomenon. For example, immediately after the death of a loved one or immediately after a traffic accident, it is very common that you act in a kind of anesthetic state (trance), without feeling an emotion. Afterwards the emotions emerge and you no longer know exactly what you did or what happened. Characteristic of dissociation is, out of an urgency to sustain yourself, you are not quite there in an anxious situation, and afterwards you no longer know exactly what you have done.

Dissociation can also occur in a residential setting. When a young person has become anxious, for example because another young person becomes aggressive or gets caught, or sees in a fight at the living group, he / she cannot see any other way at that moment than to dissociate. This dissociation can take from a few minutes to hours and sometimes even days. It can take various forms: hardly responding to the environment, delayed reaction to the environment, looking dazed, sometimes it looks as they are unconscious, not responding to their name or pain stimuli, showing no emotions that make the young person look like a robot, etc. If a young person has not learned other ways to deal with anxiety, and the traumas and dissociation have not been treated, then dissociation can become very problematic. Even with less severe anxiety, the young person falls away in dissociation, so that the young person afterwards has less sharp or no memories of what he has done or where he has been. This in turn leads to new fear and shame (negative emotionality) and social isolation.

A child who is frequently sexually abused or maltreated can therefore "leave" out of the head and body during the traumatic event. It then sometimes goes to a nice fantasy world, "flies away" and then watches from a distance. After this, the child does not remember anything or just fragments of the trauma (after all, it had "flown away"), while in the meantime it has undergone the major event. A part of the child was therefore unconsciously present at the event, and another part "not". A personality part is "split off" and could function during the trauma. In severe cases, this can lead to a Dissociative Identity Disorder (DIS).

Split-off personality parts become "separate parts" of the young person. Several personality parts arise that are often called "voices" or also called "alters", are not to be confused with voices from a psychosis. They are actually not real personalities but that is how it feels. In daily life you see that the young person's system can seem to consist of several "people" (sometimes up to a 100!), each with his own preferences, skills and peculiarities. As a supervisor you experience that a young person suddenly shows different behavior, uses different voices and has different opinions. Often the young person is a "protector" who can sometimes lash out aggressively towards others. Sometimes the young person is a small child (the 'baby') or a sensible "person" who tries to keep things together. In some cases, there are also angry or revengeful individuals who want to punish the young person with automutilation, or suicide. Due to these multiple personalities, suicide attempts can also be performed unconscious of the main person. This may mean that the young person cannot remember much about the suicide attempt afterwards. It may also mean that a different personality "takes over" shortly after the suicide attempt, and that you see a young person who is "right" and not suicidal.

Sometimes previous traumas that a young person does not remember can be triggers for dissociation and unexpectedly aggressive behavior (-scared and angry-Wolf & Baglivio 2017). These triggers can be hidden in, for example, the appearance, speech or voice of a person, but also his body odor or sweat that can trigger dissociation. Often, children who had to perform sexual activities refuse to go to the dentist. The young person can do nothing about this, but it is wise to take this into account when counseling.

Recommendations for supervisors and teachers:

A positive living climate on the group and learning climate in the classroom is a first condition for recovery. Therefore, focus as much as possible on the normalization of life, learning and work. You often see things go wrong when a young person has nothing to do (that is why seclusion is very harmful in the long term) and ruminating thoughts start to grind, the system can become unstable. Introducing positive activities helps. It is especially important to understand the pain that a young person has and which impacts his behavior (Anglin, 2003 aptly speaks of 'pain based behavior'). When confronted with self-harm, try to make agreements about it, for example, cutting rather in the arms, and not taking away sharp objects by force, but trying to stay in touch. Making agreements and providing proximity can help to prevent more extreme behaviors (agree not to scratch your face, do not drink chemicals, set yourself on fire, hang up, pour hot liquids over you, etc.). Proximity is often the best medicine. Sometimes staff is told to ignore self-harm behavior but this is usually counterproductive. There is often a lot of fear and stress, sometimes young people dare not show this, but staff has to take fear seriously even if they do not know its cause (right away). Because the dissociation phenomenon seems so bizarre for employees and teachers who have no experience with it, psycho-education is a must for employees and teachers to prevent dysfunctional behavior. Of course, the young persons also need psychoeducation, trauma therapy and ego-strengthening therapy. Dialectical behavioral therapy or schema therapy are also good options.

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Finally:

The consequences of long-term trauma and dissociation are not a broken leg that you can "fix" with six weeks of plaster, but young people can learn to live with it. The questions from Jim van Os (2015) are important trauma-informed starting points for counseling:

1. What happened to you (today)?
2. What is your vulnerability and your resilience?
3. Where do you want to go?
4. What do you need?

Many of these young people, if they survive, later get families, a job and a life with a partner who supports them. Until this stabilization comes, it is our job to help them through a difficult, frightening and confusing time. Expertise, therapy, attention and understanding can make a huge difference.