TAKE IT EASY BUDDY
WE'RE ALL IN THIS TOGETHER
“My question is: Are we making an impact?”
The Challenge of Caring for Traumatized Children

“It may be when we no longer know what to do, we come to our real work, and when we no longer know which way to go, we have begun our real journey.” (Wendell Berry)
I Don't Have An Attitude Problem.....
...You have a PERCEPTION problem!
What is trauma?

A. Overwhelming event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

B. Internalization of the experience that continues to impact perception of self, others, world, and development.
Factors affecting traumatic impact

- Age when it happened
- Frequency of traumatic event
- Parents role in trauma
Trauma Symptoms in young children

- Mood shifts
- Traumatic Play
- Nightmares
- Developmental regression
- Constricted play
- Increased interest in objects
Trauma Symptoms in young children

• Tantrums
• Difficulties sleeping
• Paying attention
• Maintaining concentration
• New Fears
• Aggression
Rescuing Hug

This is a picture from an article called "The Rescuing Hug". The article details the first week of life of a set of twins. Apparently, each were in their respective incubators, and one was not expected to live. A hospital nurse fought against the hospital rules and placed the babies in one incubator. When they were placed together, the healthier of the two threw an arm over her sister in an endearing embrace. The smaller baby’s heart rate stabilized and her temperature rose to normal.

Let us not forget to embrace those whom we love.
Intergenerational transmission of maltreatment

Latest research: Approximately 30% of parents who maltreat their children have histories of their own maltreatment

Kim (2009)
Intergenerational transmission of maltreatment

• Mothers who were neglected as children:
  – Very rarely succeed in establishing positive interactions with their child (Zurawin, 1987)
  – Had attachment issues
  – Were not very empathetic
    (Connell-Carrick & Scannapieco, 2006; Gaudin, Polansky, Kilpatrick, & Shilton, 1996)
Intergenerational transmission of maltreatment

Mothers, with neglect history, were also more prone than others:

• to use arbitrary, inconsistent and punitive discipline, and...
• had unrealistic expectations towards their child

Connell-Carrick & Scannapieco (2006)
Dong, et al. (2004)
Intergenerational transmission of maltreatment

• Mothers who succeed in breaking the intergenerational neglect transmission cycle:
  – Are those living a positive marriage relationship
  – Benefit from a strong social support network
  – Have access to skilled therapists

Egeland (1997)
Intergenerational transmission of maltreatment

- To stop the intergenerational neglect transmission cycle, a nurturing and supportive cycle must be established, not only for the children, but also for the mothers who were themselves neglected as young children

Lombardo & Polonko (2004)
Polonko (2006)
Intergenerational transmission of maltreatment

Most prevention and early intervention programs promote and target an increase in the quantity and quality of language stimulation offered to the child.
Intergenerational transmission of maltreatment

- Results suggest that particular attention should be given to other environmental factors, specifically the mother’s psychological availability and her sensitivity towards the child, not specific language skill building.
Intergenerational transmission of maltreatment

- Among parents who were physically abused as children, individuals high in “Avoidance of Past Traumas” were at heightened risk of physically abusing their own children relative to those low in Avoidance.
Intergenerational transmission of maltreatment

• Findings revealed that maternal maltreatment risk was associated with lower levels of children’s regulation, which in turn significantly predicted pre-academic skills and behavior problems (Schatz, 2008).
Brenda and Sara Vignette
The Real Game of Life: Cumulative Risk Version

- Prenatal Exposure to Alcohol and Drugs; Maternal Stress
- Infancy: Unresponsive Caregiver; Insecure attachment
- Toddler: Physical Maltreatment
- Aggressive Child Behavior
- Child: Emotional Dysregulation
- Child: Exposure to Domestic Violence
- Child as Bully
- Child being Bullied
- Child: DSM Label ODD, RAD, Bipolar
- Child: Academic Failure
- Child enters Juvenile Justice system
The Real Game of Life: Adult Trauma Risk

- Need to be loved
- Seeking out risky relationships
- Getting Pregnant
- Expect child will meet my needs
- Demands of child overwhelm caregiver
- Child born - Adult frustration begins
- Finding adult relationships that increase helplessness & high risk for aggression
- Child continues to escalate in aggression and dysregulated
- Adult reactivity increases risk of harm to child
- Ongoing unconscious triggering by child of adults past trauma
- Adult reactivity resulting in disengagement or aggression
- Demands of child overwhelm caregiver

Seeking out adult relationships to mitigate stress

Finding adult relationships that increase helplessness & high risk for aggression
Listen, honey, the title is SOCIAL WORKER, not miracle worker!
New Research: The Trauma Factor

- Trauma symptoms mediate the relationship between childhood experiences of physical abuse and parent perpetration of physical abuse

Millner et al (2010)
Trauma robs relatedness

- Our parents can learn new parenting skills that translate into “activities,” but the parent’s ability to **relate, nurture, and empathize**, which are foundations of parenting, are often absent or impaired due to early traumatic experiences.

  – EXAMPLES
When parent involved in trauma

- Parent becomes source of protection and also represent harm:
  - “fear without solution”
  - “caught between approach and avoidance”
  - “intractable emotional dilemma”
  - “source of solution and source of alarm”
  - “parent as traumatic reminder”
Toddlers and Preschoolers

Van der Kolk: “The earliest and possibly most damaging psychological trauma is the loss of a secure base.”
Trauma: Past & Present

• Need to assess for traumatic experiences directly affecting infant as well as traumatic experiences of parent’s recent experience as well as cumulative traumatic effects from their own childhood
Recognition that fear due to unresolved early childhood trauma may curtail parents conscious deployment of attention to infants fear signals (to avoid their own retraigging)
• Quality of child-mother relationship and the mother’s ability to be the child’s ally in coping with trauma predicted reduced symptoms
Impact to Children Ages 0-5, N=526

- Developmental: 39% (No Concern), 44% (Moderate Concern), 47% (Significant Concern)
- Behavioral: 15% (No Concern), 12% (Moderate Concern), 20% (Significant Concern)
- Family: 11% (No Concern), 42% (Moderate Concern), 47% (Significant Concern)
- Trauma Index: 46% (No Concern), 43% (Moderate Concern), 47% (Significant Concern)
Moderate to Major Concerns (Age 4-6)
CTAC children (n=133) vs. Community Sample
Neurodevelopmental Status
Ages 0-3, N=155
Parenting

• Punitive parenting linked to internalizing and externalizing behaviors in children
Parenting

- Negative parent child interactions, negative control, or harsh discipline at an early age children are more likely to exhibit externalizing behaviors
Coercive parenting associated with higher levels of aggression in early life and slower levels of aggression reduction.
Assessment

• Strange Situation for Young Children Under two years of age.

• Marschak Intervention Method (Therapy Play)

• Handout
Assessment Handout
Child traumatic resolution when:

1) intensity of trauma and accompanying horror in not too overwhelming

2) attach figures provides adequate ongoing comfort, communication, and protection regarding fear evoking experiences
Interventions

Surrounded in Controversy due to the intensity and challenges of the continuum of insecure attachment.

Rewiring someone’s relational brain can take a lifetime
Intervention Keys

• Psychoeducation about attachment, trauma, and its impact on not only to the child but to them as well.

• Teaching caregivers attunement skills to respond not to the behaviors, but what is underneath that behavior.
Intervention Models

- Child Parent Psychotherapy
- ARC
- Theraplay
Child Parent Psychotherapy

- Attachment system main organizer of children’s response to danger and safety
- Early mental health problems addressed in context of primary attachment relationship
- Child outcomes emerge in context of transactions between child and caregiver
Interpersonal violence is a traumatic stressor with harmful relational and behavioral repercussions to those who witness or who are recipients.

Therapeutic relationship is a key factor in treatment.
ARC Treatment Goals

1) Build/Rebuild healthy attachments between children and their traumatized parents

2) Creating a safe environment for the child that facilitates healthy recovery
Four Basic Principles of ARC

1) Creating a safe and predictable environment by establishing rituals and routines.

1) Adults being in Control
2) Rules are defined for keeping everyone safe
3) Bedtime rituals
4) Objects of Affection
5) Daily Schedules
Basic safety and security a child is provided is the key to all developmental competencies including regulation of emotion, behavior, and relationships.
2. Increasing caregivers ability to manage the child’s intense affect
Self Regulation: Identification

- Ability to identify what one is feeling
- Ability to connect these feelings to experience
- Ability to read emotional cues of others
Self Regulation: Expression

- Build capacity to safely express emotions and emotional experiences
Self Regulation: Modulation

- Ability to recognize and shift from emotional experiences
- Ability to return to a comfortable state of arousal
3) Improve caregiver attunement so as the caregiver is responding to the child’s underlying affect and not behavioral manifestations

- Teaching parents not to personalize
- Teaching parents how to recognize their own triggers
- Teaching parents how to absorb affect
So Now What?

www.wmich.edu/traumacenter
4. Increase PRAISE of the child to facilitate the child’s identification with competencies not deficits.
• Must consider an ecological approach that targets all three areas
  – Individual child
  – Family system
  – Larger system
• Such children are likely to be frequently disconnected to their own relational experiences (not being aware of what they are doing during the intense affect dyregulation moment.)
Competency

- Building or restoring efficacy
- Fostering developmental competencies
  - Planning
  - Social skills
  - Impulse control

Building familial and systemic supports
• Helping child gain mastery over their environment
  – What can you tell the child that he or she does that demonstrates this?
    • School success
    • Physical success
    • Relational success
    • Emotional regulation success
• Create opportunities for child connection with peers and adults and community
  – Extracurricular school activities
  – Play groups
  – Church youth groups
  – Orchestrating relational opportunities
• Build on child’s strengths to foster self esteem
  – Creating specific opportunities for success based on what you know the child does well
• Encourage practice and learning from outcomes
  – Spending the times to talk about what happened
  – What went well, what didn’t
  – How come this may have happened?
  – How could there have been a different outcome
Adult Attachment

- Research: Best Predictor of Child’s Security of Attachment:
  - is not what happened to the child’s parents...
  - But... how the parents made sense of their childhood experiences.
Adult Style

• Dismissing Mind (Avoidant as Child)
  – Left side dominant (factual) versus Right side autobiographical details (relationships)
  – Minimization of the need for others
  – Left adaptation so as not to feel the pain of missed connections
  – Integration of right hemisphere. Feelings become more available
Adult Style

• Preoccupied: Confused state of self
  – Inability due to ambivalent attachment to develop sense of self (fears of abandonment)
  – I need others but I cannot depend on them
  – Inability to become differentiated from parent affects adult relatedness of not being able to see the other as separate (Hyperarousal of A.S.)
  – Understanding the origins to integrate left side with the dominant right (}
Adult Style

• Disorganized: Fear without solution
  – Child self becomes fragmented
  – Often result of unresolved trauma and dissociation and betrayal
  – Specific triggers create an exaggerated survival response
  – Bringing terrified right hemisphere images into relationship with left brain ability to understand them; Developing a narrative
Interventions

Interventions must strengthen individual and familial resiliency factors.
Resiliency

Relatedness

STOP

Adverse Child Experience
Resiliency

Mastery/Efficacy

- Intelligence
- Sports
- Art
- Music

Adverse Child Experience

STOP
Shifting from being victim... to being empowered
Resiliency

Affect/Regulation

• Ability to calm
• Ability to regulate
• Ability to contain affect

Adverse Child Experience
LASSIE! GET HELP!!