Plan for Today

• Review of our underlying assumptions about developmental processes, brain development and relationships.
• What do we mean by ‘trauma’ and how does it affect children’s development and relationships?
• What does trauma look like?
  – In children
  – In their parents
• Introduction to strategies for working with children and parents affected by trauma

The need for a developmental lens

• Development is cumulative
  – Each stage builds on the last
  – Is impacted by past stages
  – All domains of development are interdependent
• Development is transactional
  – It occurs within the interactions between the child and primary caregiver.
  – The child is an active participant in eliciting responses from the caregiving environment.
Development unfolds within relationships

- All early learning occurs in the context of relationships—it is how we are wired to assure the survival of our species.

- The quality of the relationship between the [parent] and the child is the single most important predictor of a child’s developmental outcomes. (NICHD, 2000)

Brain Development is Dependent on Experience

- Brain development happens from the bottom up—from primitive (heart rate, respiration...) complex (abstract thinking, planning).

- The brain develops by forming based on experience

- The more an experience is repeated the stronger the connections become.

Relationships, Regulation and Stress Hormones

- Healthy development requires a ‘match’ between the developing child’s emerging physiological capacity to manage the response to stimuli and the intensity, complexity and timing of the stimuli.

- The very young child is dependent on the caregiver to buffer him from experiences which are beyond the capacity of the child’s developing regulatory systems.

- The cortisol studies—relationships & stress biology
Trauma impacts the child’s developmental trajectory
 Development is transactional and occurs within the interactions between the child and primary caregiver, so...

Trauma anywhere within the system impacts the whole system.

What do we mean by ‘trauma’?
• Events that are perceived as threatening the life or physical integrity of a child or someone important to that child;
• Causing an overwhelming sense of terror, helplessness, and horror;
• Producing intense physical effects such as a pounding heart, rapid breathing, trembling;
• And completely overwhelming the child’s available coping strategies.

What do we mean by trauma?
• Direct abuse and/or neglect
  — Physical abuse—assault, being beaten
  — Sexual abuse—including inappropriate exposure
  — Deprivation of basic needs—perceived as trauma by very young children dependent on adults for care
• Witnessing violence
  — Domestic violence
  — Community violence
• Separation from important people
• Complex trauma—Caused by adults who should have been caring for and protecting the child
• Acute trauma—single events, e.g. car accident, dog bite, medical procedures
The Trauma/Stress Continuum

- **Positive stress** refers to moderate, short-lived stress responses (e.g., mild elevated heart rate or mild changes in stress hormone levels) that are normal part of life. With adult support, the child develops a sense of mastery.

- **Tolerable stress** is related to something that happens (not ongoing) and can be managed with social support. May affect brain architecture but allows time for brain to recover and potentially harmful effects.

Toxic Stress: Another way to say ‘trauma’

- **Toxic stress**—excessive, prolonged activation of the brain’s stress response system that overpowers and interferes with development. Can change stress response system so it responds at a lower threshold increasing risk for stress-related physical and mental illness.

Stress de-activates the problem-solving part of the brain and activates part of the brain which automatic behavior.

And this can look like:

- **Fight**—dysregulated, aggressive efforts to manage (Brother #2, age 3.5yrs)
- **Flight**—withdrawal (Brother #3, age 22 months)
- **Freeze**—dissociate (Little Sister, age 4yrs)
- **Tend or befriend**—cling, caretake (Brother #1-5yrs)
And can also result in--

Perceptual distortions—interpreting situations based on experience

Desperate solutions—provoking adult reactions that perpetuate stress and maladaptation—Will the same things happen here?

Stress Biology

- Stress/trauma affects our functioning at any age, but for children it actually affects the way the brain develops.
- The body stays activated to accommodate to perceived danger and fear. (Michael)
- Trauma memories are different than other kinds of memory—very young babies remember.
- Trauma triggers—(the mom’s reaction to her children; being told ‘no’)

Setting the Alarm System

Acute episode of threat

1) Brain releases hormones that help body respond to threat—fight, flight, freeze
2) If threat is removed everything returns to normal

Chronic or repeated threat

1) Brain releases hormones that help body respond to threat—fight, flight, freeze
2) If the threat continues or is repeated, the alarm system stays on alert
Seeing danger everywhere.....

Hi—I’m your new home visitor!

Adverse Childhood Experiences (ACEs):
Another perspective on trauma

The more ACEs a child has:

- Emotional/physical abuse/neglect,
- Sexual abuse
- Household domestic violence
- Parental substance abuse
- Parental mental illness
- Parental incarceration
- Divorce/separation

The higher the risk to grow up and experience:

- Alcohol and/or drug abuse
- Risk for domestic violence
- Depression, mental illness
- Early initiation of sexual activity & multiple partners
- Unplanned pregnancies
- Adolescent pregnancy
- Chronic disease in adulthood
Very young children can have posttraumatic stress disorder (PTSD)

- Exposure to a traumatic event
- Re-experiencing the traumatic event—evident in play, recurrent recollections, nightmares, physiological distress, flashbacks, dissociation
- Numbing or interference with developmental momentum, e.g. social withdrawal, decreased interest in activities, avoidance of trauma reminders
- Increased arousal—difficulty sleeping, hypervigilence, irritability, temper tantrums, increased startle
- Persistence of symptoms for at least a month

(Zero To Three DC: 0-3R)

Developmental effects of trauma

- Infants respond with sensorimotor disorganization and disruption of biological rhythms (e.g. sleep, eating)
- Toddlers and preschoolers engage in fight or flight mechanisms in response to the perception of danger:
  - Recklessness and accident proneness
  - Little focused exploration and/or hyperactivity
  - Precocious competence in self care—seem “grown”

(Lieberman and Van Horn)
Difficulty reading emotional cues
Pollak, et al. 2000
Preschool children matching facial expressions to an emotional situation:

- **Neglected children** had more difficulty discriminating between emotional expressions in general and more often interpreted as 'sad';
- **Physically abused children** more often interpreted emotional expressions as ‘angry’; and
- **Both groups** tended to interpret neutral facial expressions as ‘sad’ or ‘angry’

*This offers promising insight into why maltreated children tend to develop many social and emotional problems*

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Young children, birth to 5
National Child Trauma Stress Network  [www.nctsn.org](http://www.nctsn.org)

**Key Developmental Tasks**

- Development of visual and auditory perception
- Recognition of and response to emotional cues
- Attachment to primary caregiver

**Trauma Impact**

- Sensitivity to noise
- Avoidance of contact
- Confusion about what’s dangerous and who to go to for protection
- Fear of being separated from familiar people/places

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School-aged children, (6-12)
National Child Trauma Stress Network  [www.nctsn.org](http://www.nctsn.org)

**Key Developmental Tasks**

- Managing fears, anxiety and aggression
- Sustain attention for learning and problem-solving
- Control impulses and manage physical responses to danger

**Trauma Impact**

- Emotional swings
- Learning problems
- Specific anxieties & fears
- Attention-seeking (often negative or clingy)
- Reversion to younger behavior
Adolescents, 13-21
National Child Trauma Stress Network  www.nctsn.org

Key Developmental Tasks
• Think abstractly
• Anticipate and consider consequences of behavior
• Accurately judge danger/safety
• Modify & control behavior to meet long term goals

Trauma Impact
• Difficulty imagining or planning for the future
• Over or underestimating danger
• Inappropriate aggression
• Reckless or self-destructive behavior

Rats and the neurobiology of parenting

Lack of resources  Maternal chronic stress
Inter-generational transmission  Abnormal mothering behaviors
Chronic stress in pups

A history of trauma may make it difficult for a parent to:
• Recognize what is safe and what is unsafe, and keep himself/herself and the children from harm
• Stay in control of his/her emotions, especially in stressful situations with the children
• Deal with stress in healthy ways
• Trust other people—more likely to respond consistent with past negative experiences

And may experience her own child as a ‘trauma trigger’—Ghosts in the Nursery
When a parent experiences ‘trauma reminders’

- **Physical feelings:** rapid heartbeat, shallow breathing, or tense muscles
- **Emotional over-reactions:** anger, fear, irritability in situations or toward people – without even realizing it (I assume the world/people are dangerous)
- **Avoiding:** Staying away from others or putting off daily tasks– in order to avoid more reminders
- **Using alcohol or drugs** to try to feel better

Trauma impact on the parent-child relationship

- Child may not trust that parent can keep him safe
- The parent and child may remind each other of the traumatic event.
- The parent may not recognize when his/her children’s behaviors are caused by reactions to trauma reminders and think they are misbehaving on purpose to make him/her mad.
- May associate child with the aggressor, experiencing child as victimizer resulting in feeling helpless to set limits or disciplining harshly.

Differentiating Trauma from Trauma Effects

- **We don’t need to figure out the trauma:** We need to be aware of how trauma arousal (stress biology) and memory affect the present. (Gearity)
- **Joining the child/parent** is the first step to ANY trauma intervention– we need to look for the underlying meaning of the behavior and respond accordingly.
- Our task becomes helping the child make sense-- not about the past, but about the present: *How do I understand what happens to me?*
Thinking about Development:

How do we set expectations? *Think younger*

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What do children and parents who have experienced trauma bring out in us?

- We tend to react ‘in kind’ —
  - if the child/parent avoids contact, we tend to react as if they don’t need us
  - If the child/parent resists our attempts to care for them, we may tend to react negatively

- We need to break this negative cycle by re-interpreting their behavior to see the neediness underlying resistant or avoidant behavior (pushing away). *(Dozier)*

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The Need for Multiple Perspectives

*What’s it like to be the....*

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You have been doing home visiting with a mother and her 15-month-old toddler for about two months. There are frequent ‘no shows’ and you dread the visits. Mom is very hard to engage in conversation and complains that her son is a ‘spoiled monster’ and ‘just like his dad.’ The little boy is clingy and whiny and cries when you leave.
What do children need to know?

- I am worthy of nurturing and care.
- I am capable of getting my needs met.
- Adults can be trusted to take care of kids.
- The world can be a safe and interesting place to be and explore.
- All my feelings are okay; it’s how I express them that matters.

*And if this is how it works here, maybe I can expect this experience in other places too.*

Young children who experience trauma need regulating partners who:

- Are able to reinterpret the child’s confusing cues;
- Help the child’s cues become readable to match what the child needs;
- Provide nurturance even when the child’s behavior is challenging;
- Will be a regulating/organizing partner

Becoming an “organizing partner” for children

- **Organizing relationships**
  *You can expect help here.*
- **Organizing routines**
  *This is how it works here.*
- **Organizing language**
  *Words help me regulate.*
Managing children’s stress
(and promoting resiliency)

Stress can be reduced by 3 things:
- **Predictability**—organizing routines and repetition
- **Controllability**—Respecting and supporting children’s individual coping strategies
- **Social supports**—
  - Building secure relationships between children & teachers
  - Promoting parent-child relationships
  - Foster and support peer relationships

Following the child’s lead whenever possible...
- Following a child’s lead promotes her self-esteem and sense of control;
- Which promotes development of independence;
- And helps the child feel that they have some control over their world.

Pay attention to your own feelings and reactions because:
- How we react depends on our own experience: working with young children is arousing—biology!
- Working with children and their parents who have experienced trauma may evoke our own trauma history or stir up our protective urges.
- Our feelings and reactions can inform our work with young children and families—
  - *How does this person experience me?*
  - *What does that tell me about what he or she needs?*
Secondary trauma

The emotional duress that results when an individual hears about the firsthand trauma experiences of another

- Symptoms mimic PTSD:
  - Re-experiencing of personal trauma
  - Hypervigilence
  - Hopelessness
  - Inability to embrace complexity
  - Inability to listen, avoidance of clients
  - Chronic exhaustion, sleeplessness, physical ailments
  - Minimizing, guilt

Strategies for Prevention of Secondary Trauma

- Multidimensional approach most effective—individual, supervisors, organizational policy
- Need for triad of psycho-education, skills training, and reflective supervision
- Self-care groups in the workplace with accountability ‘buddy system’
- Use of evidence-based practices
- Personal self-care—exercise, good nutrition, etc.

Never, ever, underestimate the importance of how you are and what you do for children in the everyday moments you spend with them. You are planting seeds that have the potential to change the world in ways you may never see.

Thank you for all you do for children and their families.