Trauma Specific Interventions for 0-6 Part 1: What do you need to know?

We Can't Wait

14th Annual Early Childhood Mental Health Conference

September 2023

Jeffrey Rowe, MD

Julie Alley, PSY.D.

Ansley Curtis, LMFT

Kelly Curtis-Hughes, LMFT, RPT

Iliana Giudici, LMFT

Trauma Specific Interventions

- The course of Trauma Informed Care
- The evolution of Trauma Specific Interventions
  - Use of EBP→ Evidence Based Kernels
  - Ability to have a “method of methods”
- Experience of using different “methods” with diverse populations
- Experience of treating multiple people over time

Today's activity- What to Know

- A Complex Case
- Discussion of 5 knowledge areas
  - Developmental processes and associated symptoms
  - Impact on attachment; effects of placements
  - Internal working models, multigenerational trauma, perinatal health
  - Neurological development and in utero exposure
  - Therapist characteristics and supports
- Questions and comments

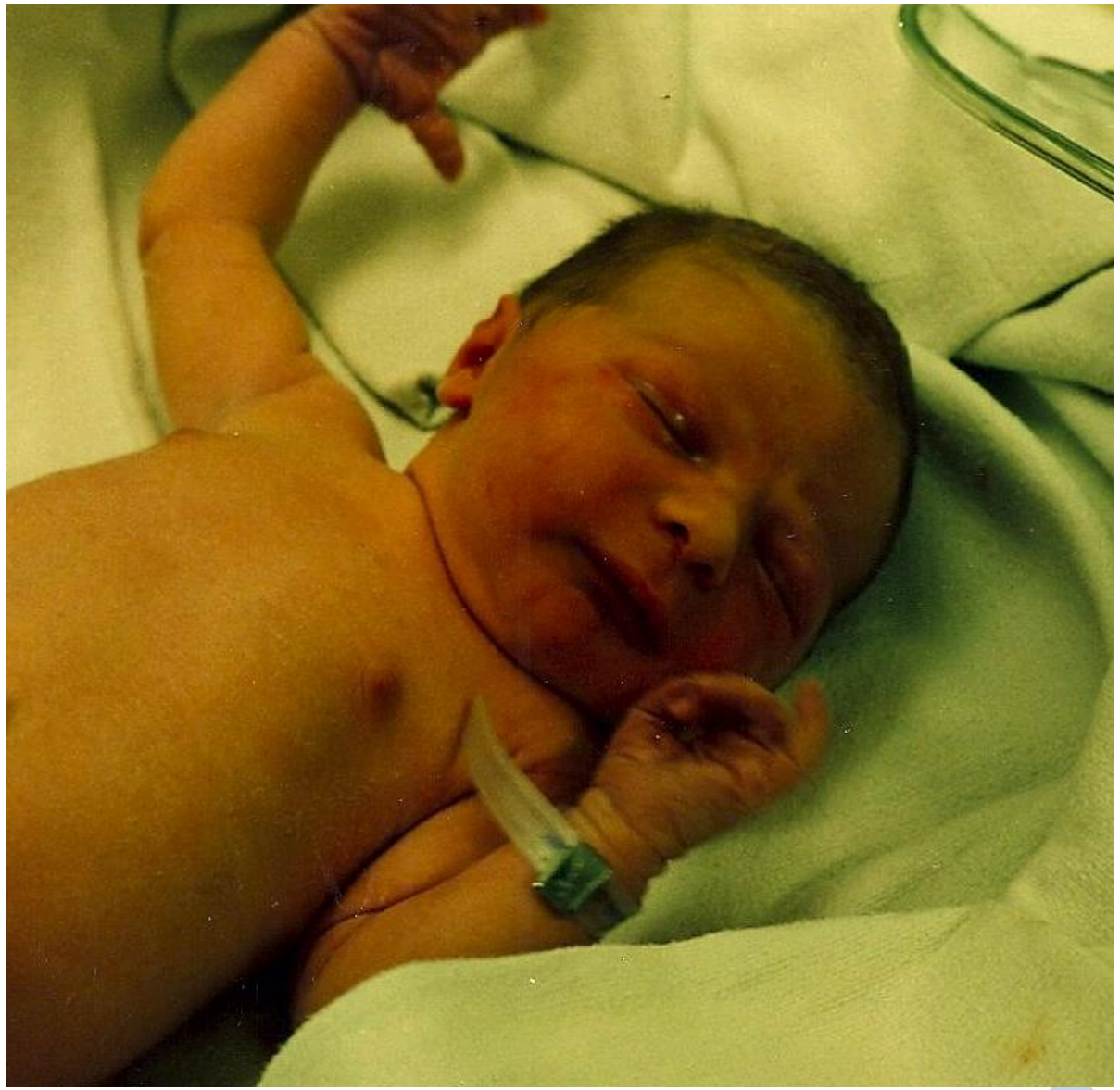
The case of 4-year-old Maria

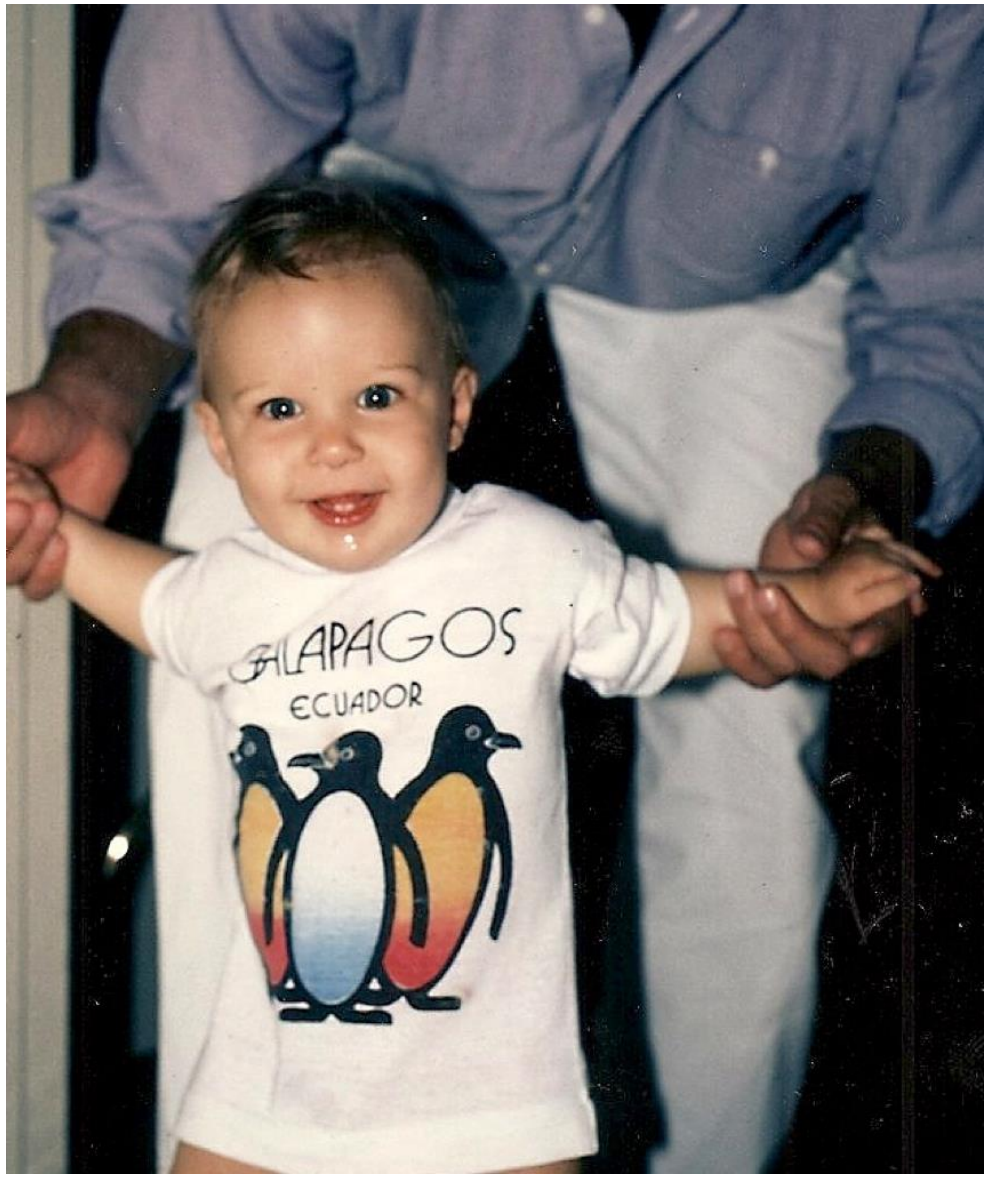
- Lives with adoptive parents and ½ brother. Attends pre-school
- Adopted at 2 ½ after chaotic early childhood- removal at 6 months, 10 placements before adoption. Neglect, abuse
- Multiple symptoms- attention, impulse, hyper, oppositional, stabbing, breaking, emotional dysregulation, aggression, mood quality & quantity, anxiety
- PTSD symptoms- memories, flashbacks, dissociation, startle, hypervigilance, sleep
- Self harm when dysregulated
- Eating- satiety problems
- Speech and language delay
- Attachment- anxious and also disinhibited
- Parental efforts at odds--> conflict and blow ups
- Temperamental mismatch
- Gross and fine motor delay
- Course- improvement, but frequency, duration, and intensity still high
- Cultural issues- children from mixed backgrounds (Latin, Polynesian, African American). Parents are White European
- Strengths- intelligent, charismatic, loving relationships, close sibling bond, financial stability, eager to get help

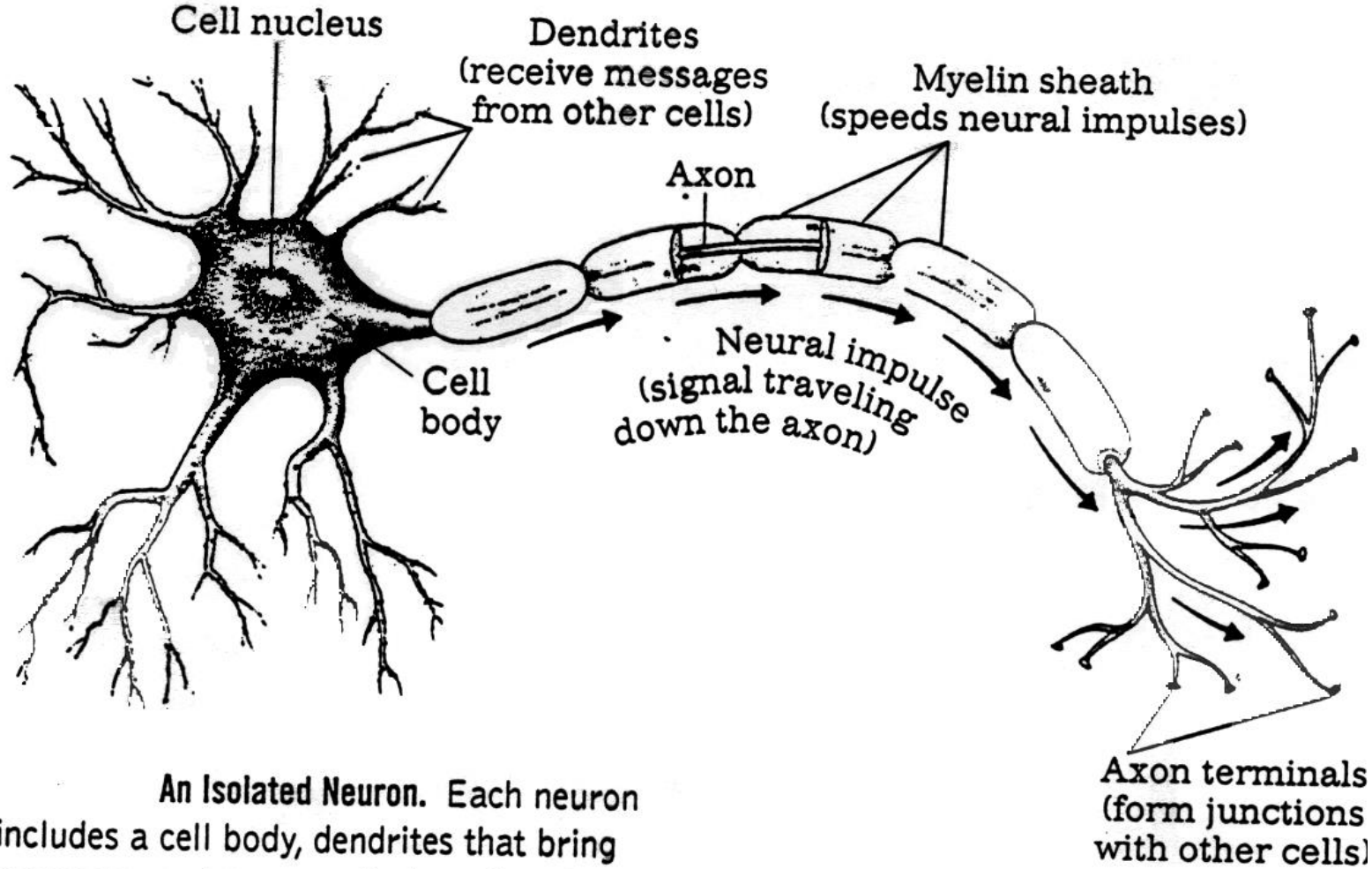
Neurodevelopmental Processes and Associated Symptoms

Jeffrey Rowe, MD

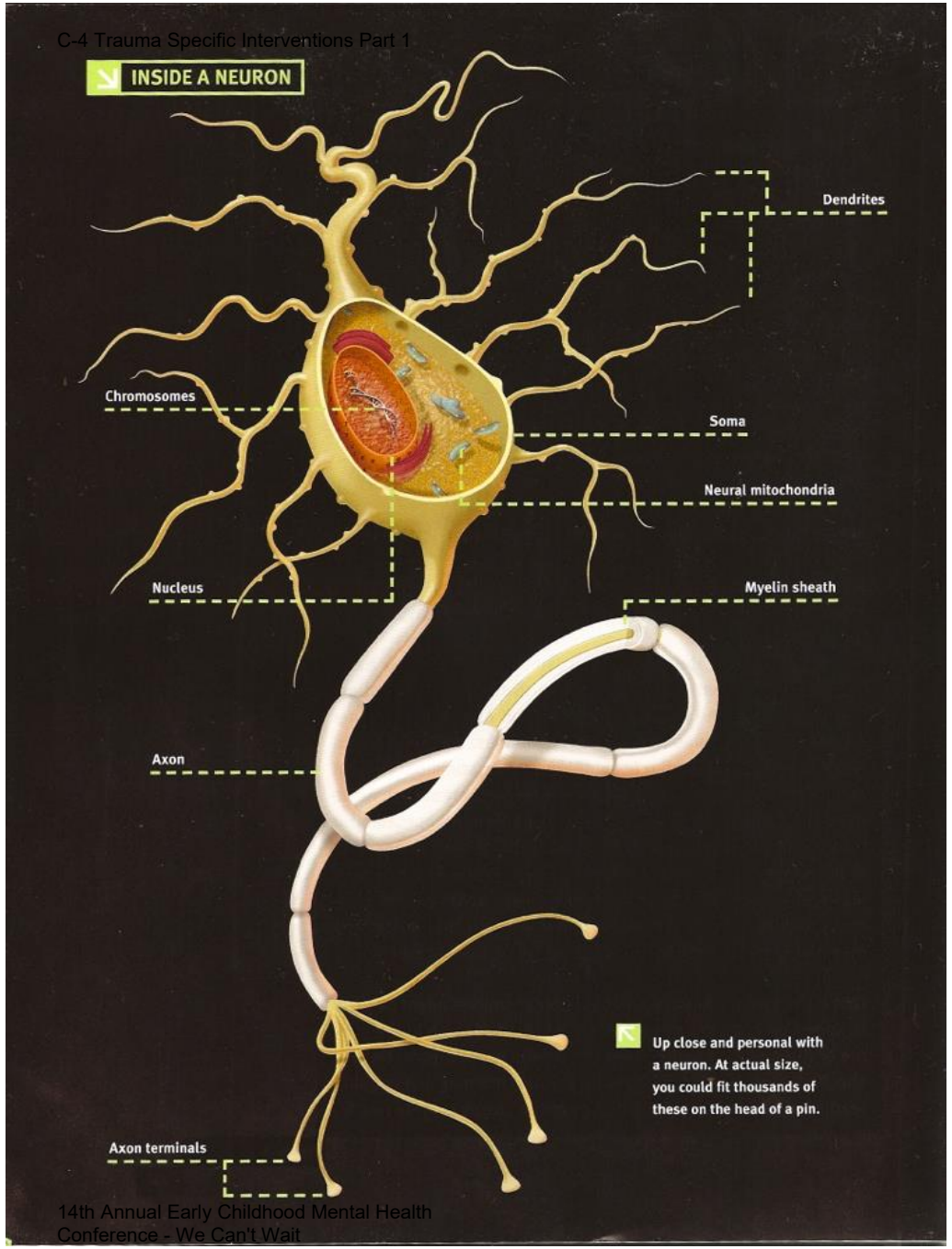
Child and Adolescent Psychiatrist

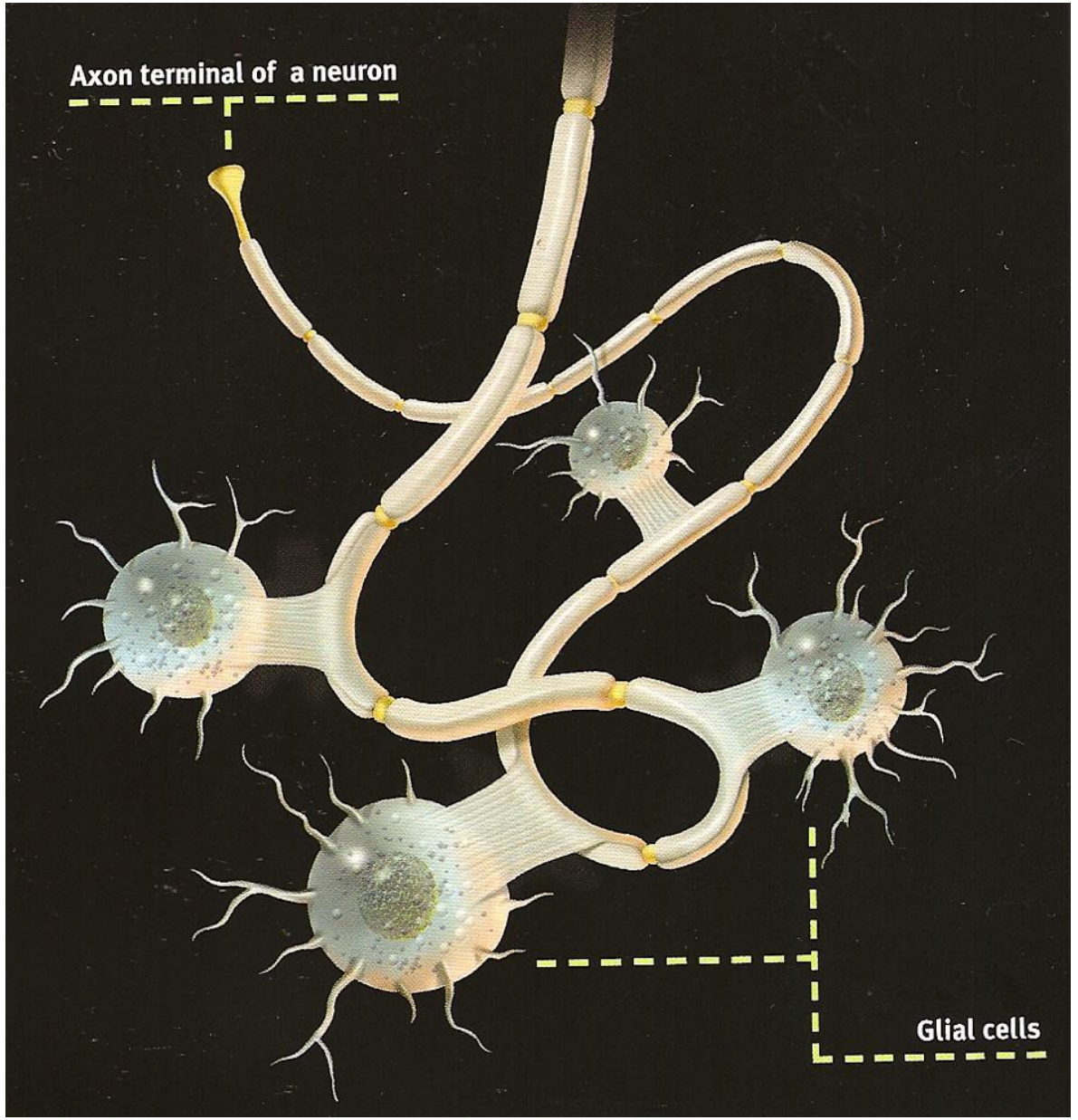



GALAPAGOS
ECUADOR



An Isolated Neuron. Each neuron includes a cell body, dendrites that bring messages, and an axon that sends messages.



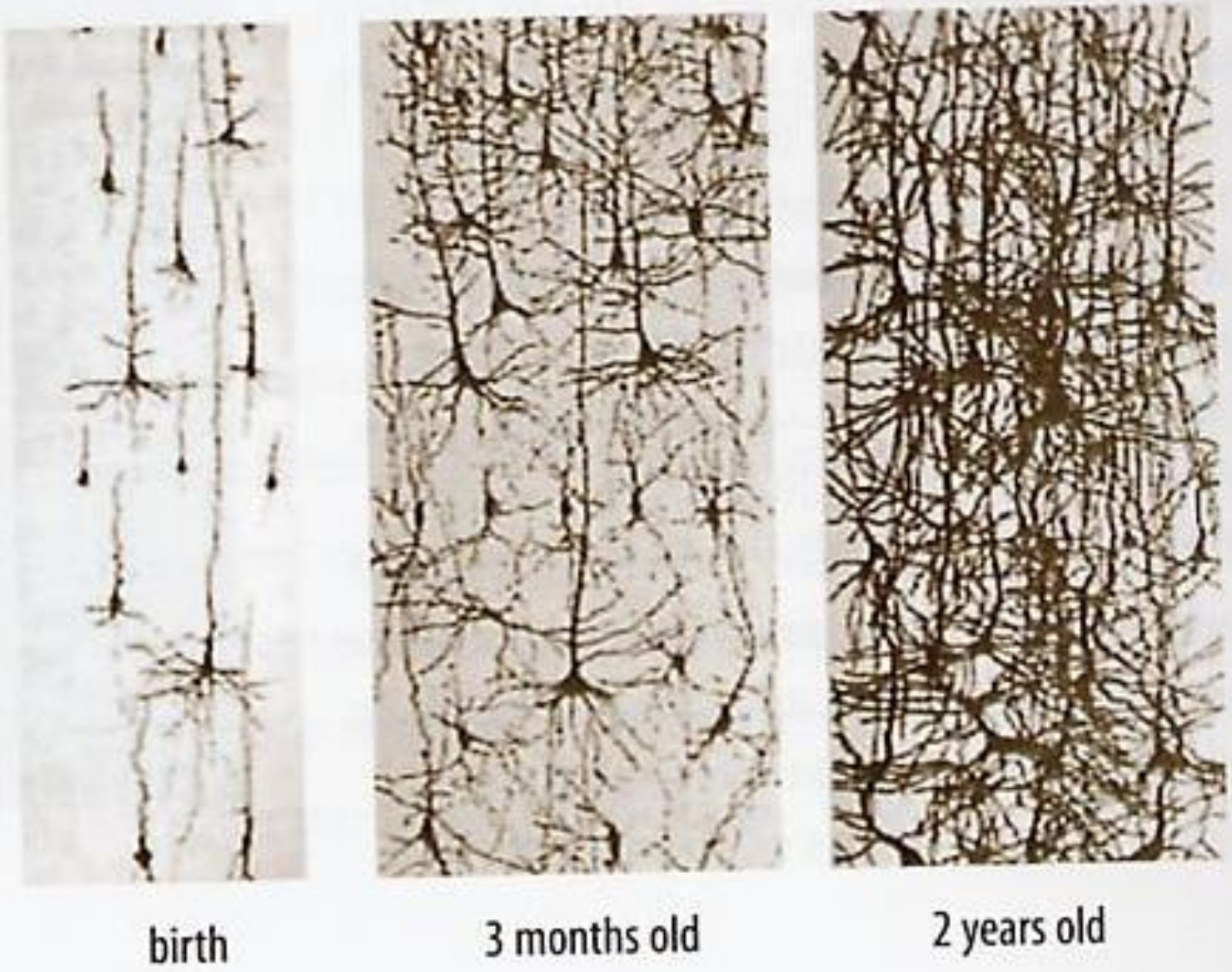


Connection

Influence

Integration

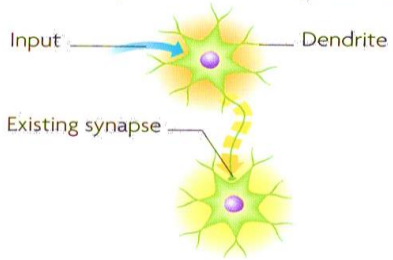
Regulation



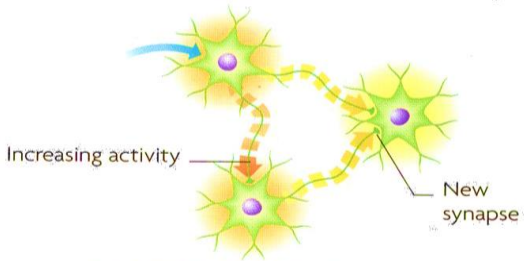
-from Mapping the Mind

FORMING MEMORIES

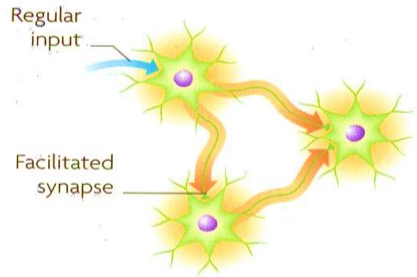
To create memories, neurons (nerve cells) are thought to form new projections (axons) and interconnections. Information is constantly monitored for its significance by parts of the brain such as the thalamus and cortex. Certain facts, feelings, and sensory data, such as a smell, are selected for inclusion in the initial stages of memory formation by parts such as the amygdala and hippocampus. Various aspects of the memory are assigned to their relevant areas. Nerve cells form new links, or synapses, that create a new circuit, called a memory trace, or engram, for that particular aspect of the memory.



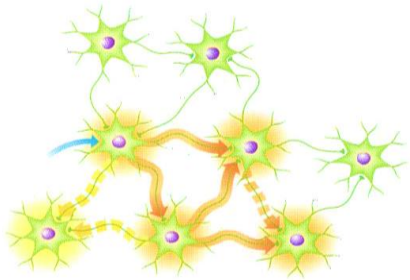
1 INPUT
A neuron receives a memory-associated input as nerve impulses collected by its dendrites. It outputs a corresponding series of impulses to a second neuron.



2 CIRCUIT FORMATION
The second neuron forms new links with a third, as does the first. The new synapses are established by growth of the axon terminals and dendrites.



3 INCREASING ACTIVITY
Further activity creates more synapses, which gradually become established (facilitated). Recalling the memory "refreshes" the circuit to prolong retention.



4 INTEGRATION
Through continued activation,the memory circuit is assimilated into a network of surrounding neurons. The full web represents a single memory.

Connections

Influence

Integration

Regulation

Building the neurological regulatory system

- What is best
- What happens when toxically stressed?
- Can this be corrected?

Substance exposure

- The substances
- The trimester
- The damage

- Can it be repaired?

The functions we wish to rebuild

- Homeostasis of the neurological systems
- Allostasis- the ability to temporarily change to restore homeostasis
- Allostatic load- the bends and breaks that happen when the systems are stressed
  - How we work to ”repair” these bends and breaks

Healing from a neurological perspective- what you need to know

- Relationship
- Corrective emotional experience
- Regulating emotions so natural developmental processes can occur the way they are coded by DNA

- Allows new synaptic connections to be built if the stimulation is repetitive and rhythmic and regulating

Signs and Symptoms of Complex Trauma

Kelly Curtis-Hughes, LMFT, RPT

Early Childhood Mental Health Therapist

KidSTART Clinic

Rady Children's Hospital, Chadwick Center for Children and Families

The Importance of Early Childhood Development

90% of the brain's nervous system connections are successfully established within the first 5 years of life!

3-year-olds know 300 words

By 5, they will know 2,500 words

0-5 is a crucial age for brain plasticity

National Childhood Traumatic Stress Network (NCTSN), www.nctsn.org

Developmental Milestones

- Houses and brains are built from the “bottom up”
- Normative fears of early childhood
- The foundation is the most important part
- What happened to Maria’s foundation?
- Resources:
  - CDC
  - Zerotothree.org
  - Center for the Developing Child
  - NCTSN

How is Early Childhood Trauma Unique?

- Profound sensory impact
- Less able to anticipate danger or to know how to keep safe
- Cannot express in words whether they feel afraid, overwhelmed or helpless
- Early childhood trauma has been associated with reduced size of the brain cortex
- Exclusive dependence on parents/caregivers for survival and protection—both physical and emotional

National Childhood Traumatic Stress Network (NCTSN), www.nctsn.org

Symptoms and Behaviors Associated with Exposure to Trauma

- Fear of being separated from parent/caregiver
- More clinging and dependent behaviors
- More aggressive behaviors
- More withdrawn behaviors showing little emotion
- More crying, whimpering, screaming, tantrums
- Aimless motion, disorganized behaviors, and/or freezing
- Unable to comfort self
- Difficulty falling asleep, night waking
- Less ability to tolerate frustration
- Behavioral Regression

National Childhood Traumatic Stress Network (NCTSN), www.nctsn.org

Posttraumatic Stress

- Re-experiencing and acting out the traumatic event
- Numbing of emotions and responsiveness (dazed expressions, showing little emotion)
- Avoidance (avoiding situations or reminders of the event)
- Anxiety and hypervigilance (jumpy, scared)
- New fears unrelated to the event and being afraid of things that have recently been mastered
- Nightmares/night waking
- Eating concerns
- Diarrhea/somatic complaints
- Limited exploration of the environment
- Interference with normal developmental tasks*

National Childhood Traumatic Stress Network (NCTSN), www.nctsn.org

Relative Risk

- Not all children who experience a traumatic event will develop child traumatic stress/PTSD
- Risk most pronounced after exposure to interpersonal violence
- Biopsychosocial model
- Threat identification/biases as a survival instinct
  - Heightened sensitivity to anger/hostility
  - Survival brain vs. Learning Brain

- Buffers of risk:
  - Supportive, safe, consistent relationship with a caregiver/(s)
  - Increasing sensitivity to rewarding/positive information

The Impact of Trauma on Attachment Relationships

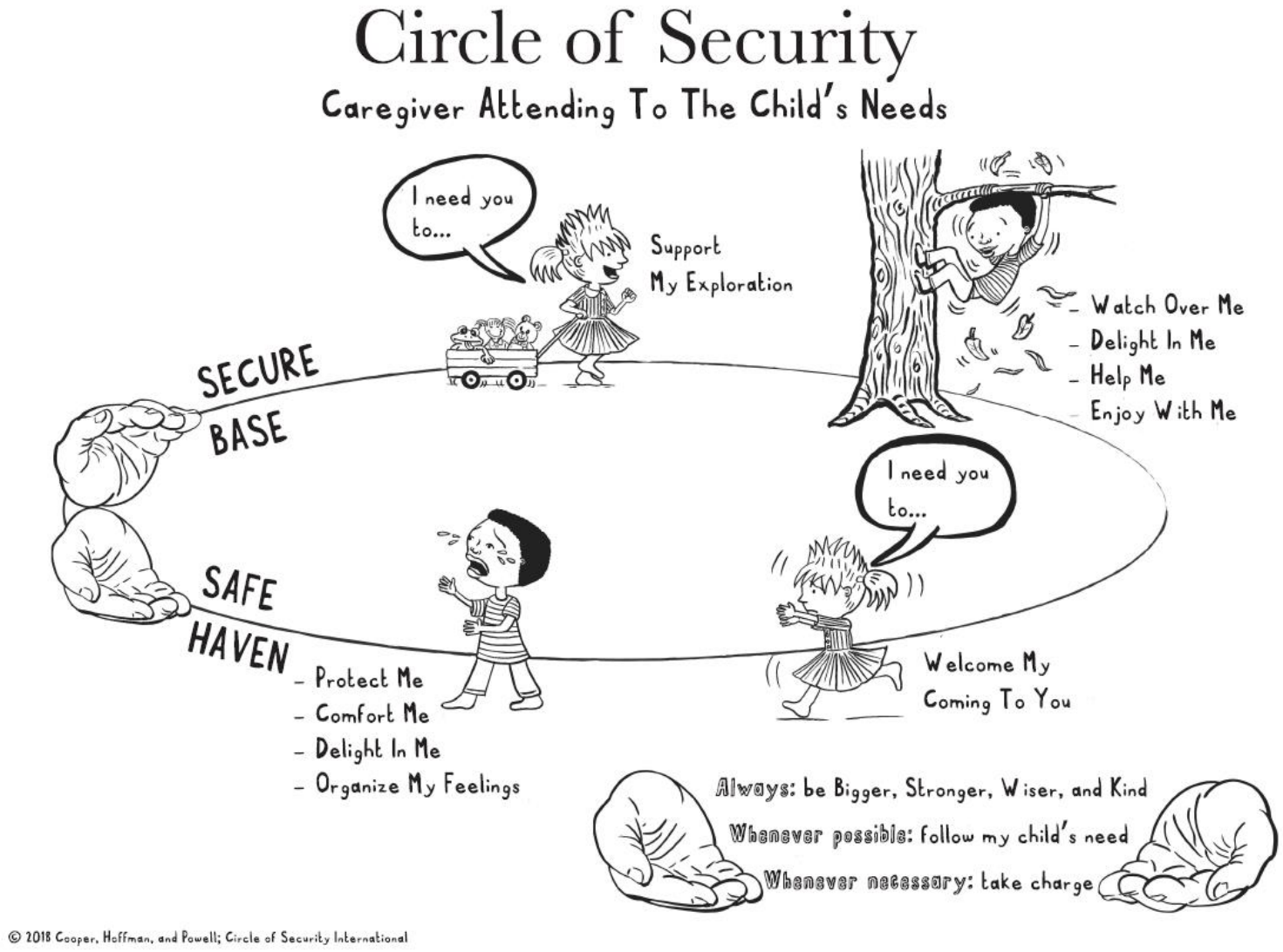
The Impact of Multiple Placements and Lack of A Stable Environment on Maria

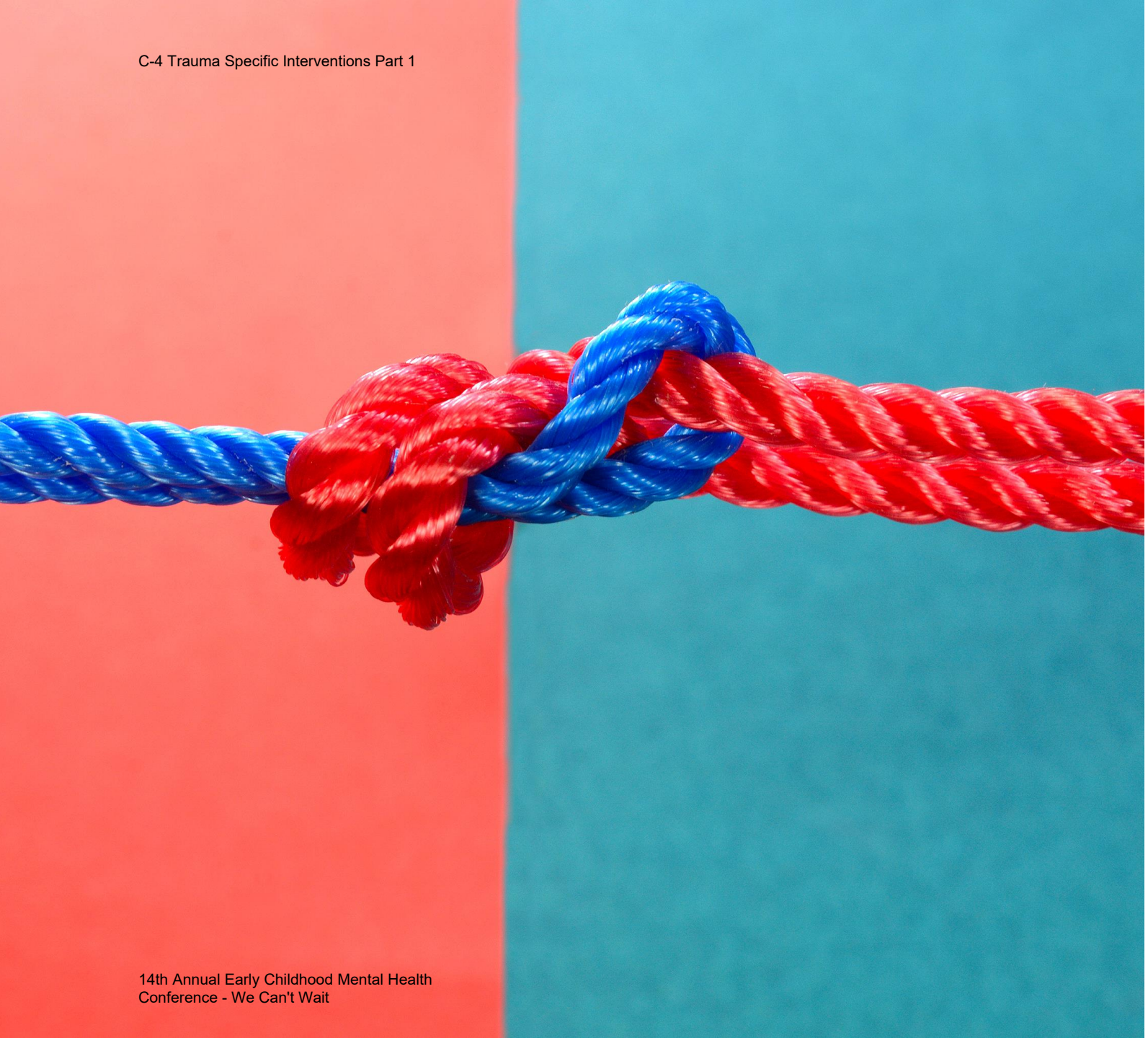
Iliana Giudici, LMFT

Trauma Counseling Program

Rady Children's Hospital, Chadwick Center for Children and Families

A Quick Reminder: Attachment Is…





Factors that can put strain on (even secure) attachment relationships

- Perceptions of the child (even before birth!)
- Temperament mismatch
- Parenting styles and differences
- Stress in the household

Attachment Dysfunction: When part of the trauma *is* the relationship

- The infant will adapt to the caregiver's style and internalize what can be tolerated within the relationship.

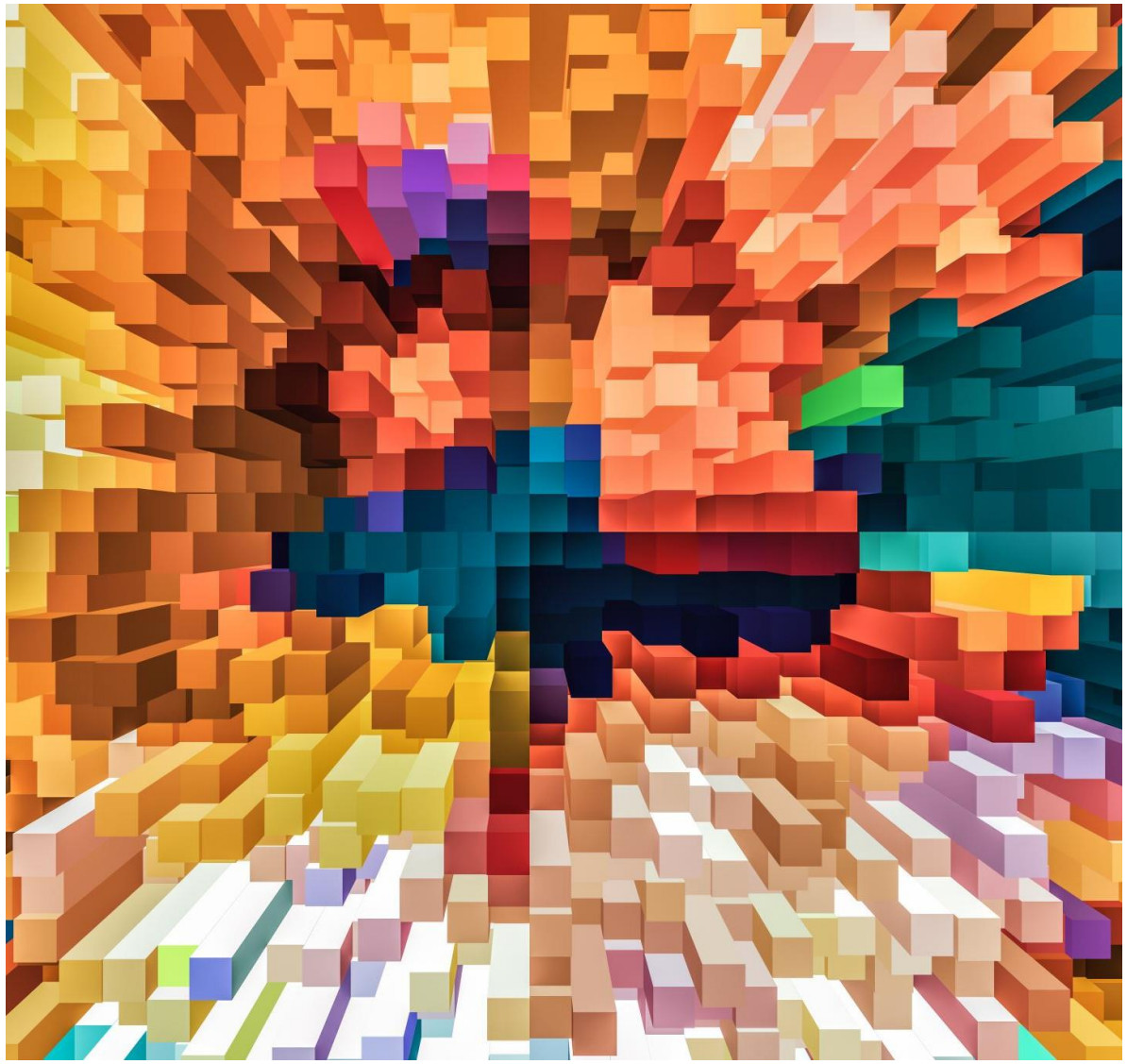
- What cannot be held within the attachment relationship will be avoided.

What can happen to the relationship when trauma occurs?

- Secure Base: Is the caregiver still able to support the child's individuation, exploration in a potentially dangerous world?
- Safe Haven: Is the caregiver still emotionally available to recognize the child's needs? Support their coming in for comfort? Organize the child's emotions when their own emotions might be disorganized?
- Is the caregiver still able to be, or be perceived as Bigger, Stronger, Wiser, and Kind?

The Impact of multiple placements (lack of safe, stable, nurturing environment)

- Different caregivers with different attachment styles may teach different things
- A child may have the same experience over and over of being rejected for things that are outside of their control (like their symptoms)
- They may never have the experience of a secure base and safe haven



How this applies to Maria

- A tornado on a good day…You can see how her presentation can add tension to her relationship with adoptive family.
- Adoptive parents have secure attachment patterns while Maria has anxious attachment patterns and sometimes indiscriminate.
  - *Her attachment behaviors may not make sense to them.*

How this applies to Maria, continued:

- Her dysregulation has lead to her being hurt physically and emotionally, as well as loss of caregivers/placements.
  - "I often lose control of my body, especially when I'm excited or upset. This can lead to me getting hurt or shamed by those that are supposed to help me organize my experiences."

- Given her past, Maria's anxious attachment with her primary caregivers makes sense.
  - "I'm deathly afraid of losing my loved ones and the people that care for me. Sensing that someone is upset at me is very threatening to me and works me up even more."

- Her indiscriminate attachment behaviors with others also makes sense.
  - "When I'm calm I'll do anything to get someone to like me and be close to me. I've learned that I need to make connections with people very quickly, so I don't understand boundaries very well."

- Healing needs to happen within the context of Maria's attachment with current caregivers. Understanding these dynamics helps us to facilitate that healing.

What is the impact to the child?

Implicit Learning
Internal Working Models (IWM)

Ansley Curtis, LMFT
Trauma Counseling Program
Rady Children's Hospital
Chadwick Center for Children and Families

Implicit Learning

Related to child development

- A process by which information is learned without conscious awareness
- Helps to organize responses and provides a notion of predictability to exchanges

Related to trauma

- The brain stores traumatic experiences in implicit memory (or body memory) – in sights, sounds, smells, touch, etc.
- Over time, conditioned reactions to trauma become survival mechanisms for the child

Internal Working Models (IWM)

- A mental representation formed by a child's early experiences with their primary caregiver
- IWMs are not diagnoses; however, they do impact a child's Bxs.
- While IWMs can be impacted by attachment dynamics, they can also be impacted by traumatic experiences that may impair a child's trust in the caregiver's capacity to provide protection and a secure base.
- When a child feels chronically alienated, abandoned, or terrified within a caregiving relationships, the result is often a sense of pervasive shame (often experienced in the context of negative IWMs

Internal Working Models (IWM)

Common IWMs of traumatized children:

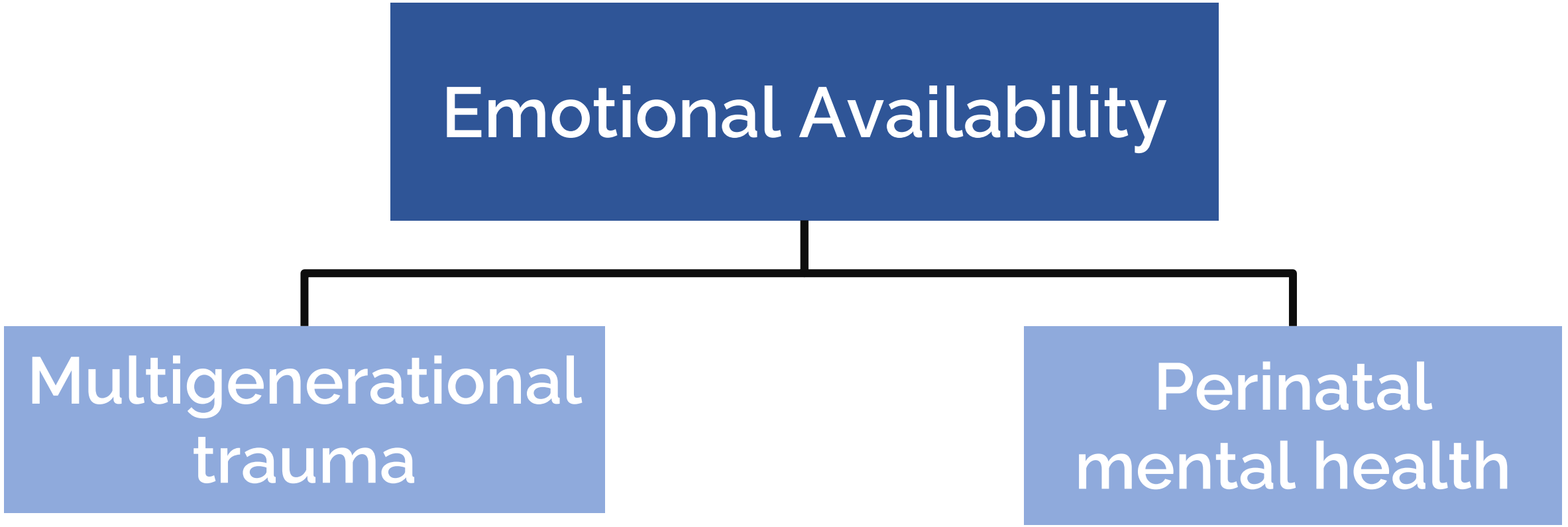
- It’s all my fault
- I’m no good
- I shouldn’t be here
- No one really cares about me
- I don’t deserve anything good
- The world is dangerous and hostile
- No one and nothing can be trusted

McKenna Greenleaf Faulk, 2022

How is this process impacted by caregiver factors?

Multigenerational trauma

Perinatal Mental Health



Multigenerational Trauma/Caregiver's Own Trauma History

- It's normal and natural for the child's experience of trauma to bring up for parents their own experiences of trauma
- Unresolved issues from previous trauma make the parents more vulnerable to being more reactive to the child's trauma responses and can thereby inhibit their ability to be emotionally available for processing and nurturing/comfort
- It's tremendously challenging to give to your child what you yourself haven't received –why trauma work is inherently relational and experiential

Perinatal Mental Health

- Perinatal Mood and Anxiety Disorders (PMADs) impact 1 in 5 moms (and 1 in 10 new dads) *(and increasing)*
- 60% of PMADs in birthing individuals go undetected
- Research shows that PMADs impact attachment processes/patterns and mother-child bonding
- Parents with PMADs may perceive their child in a more negative way, experience more parenting stress, experience a sense of rejection toward their child and assess them as less securely attached than others.

Trauma Specific Interventions Therapist Characteristics

Julie Alley, Psy.D.

Trauma Counseling Program

Rady Children's Hospital, Chadwick Center for Children and Families

What Do You Need to Know…

Therapist Characteristics

- Training
- Experience over Time
- Supervision and Support
- Self Awareness

Essential Training

Child Development	Attachment Theory and Therapeutic Lens	Child abuse & Neglect	Complex Trauma Intergenerational trauma
Historical Trauma Racism Social hierarchies	Complex Trauma- 12 Core Concepts www.nctsn.org	Play Therapy Posttraumatic Play	Modalities- CPP, PCIT-TC, Circle of Security, etc.
DC 0-5	Culture	Interpersonal Neurobiology	Secondary Traumatic Stress Vicarious Trauma

Our breath of experience over time matters

Working with children and families impacted by complex trauma while receiving quality supervision and support deepens our understanding about the work and about ourselves as therapists

Use of EBP Kernels

**Central parts of our learnings*

**Knowing when and how to use practices*

**Based on Assessment and the Unique Client Picture*

Example:

- From Child Parent Psychotherapy (CPP)
  - Use of “triangle” of explanations to link symptoms, experiences, and treatment
- From Parent Child Interaction Therapy (PCIT)
  - Use of PRIDE skills

Self Awareness

- *What are my racial and cultural experiences?*
- *What did I experience in my family?*
- *What is my attachment style?*
- *What traumas did I experience?*
- *Do I have my own children, are they the same age as my clients?*
- *How do I deal with stress?*

Supervision and Support

- Regularly scheduled and ongoing
- Reflective Component to support Self awareness and Self Regulation
- Secondary Traumatic Stress and Vicarious Trauma
- TEAM WORK!

Thank you!

Questions?