Trauma Interventions for Young Children and Their Families

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4th BIENNIAL TRAUMA CONFERENCE
Addressing Trauma across the Lifespan: Integration of Family, Community, and Organizational Approaches
October 3rd & 4th, 2013

Trauma Training Academy
The Family Center
at Kennedy Krieger Institute

NCTSN The National Child Traumatic Stress Network

- SAMHSA
- NCTSN
- Early Trauma Treatment Network

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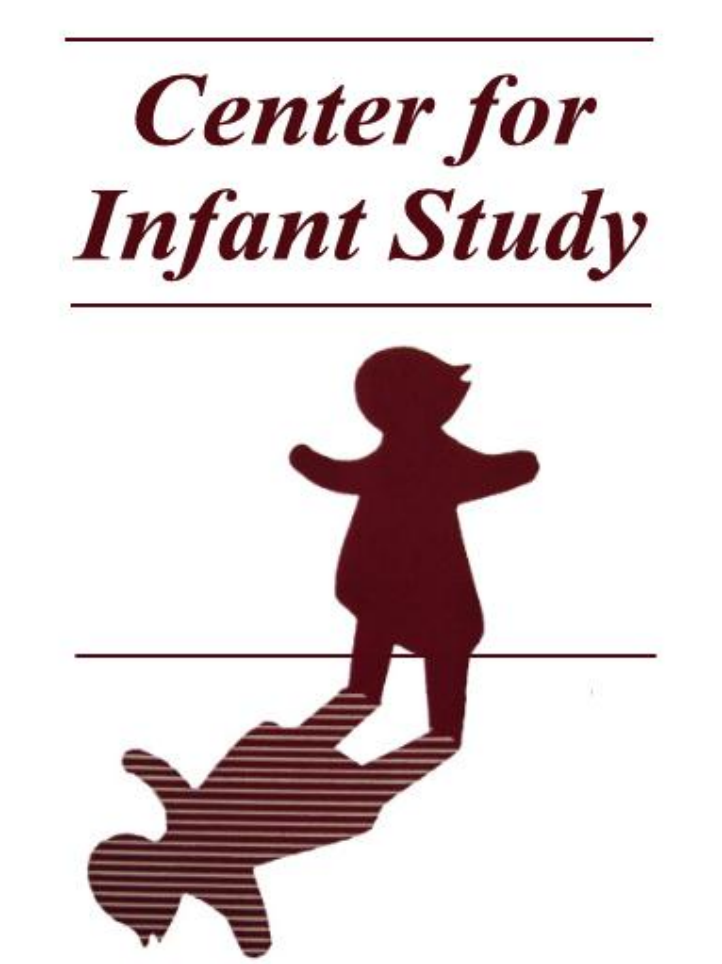
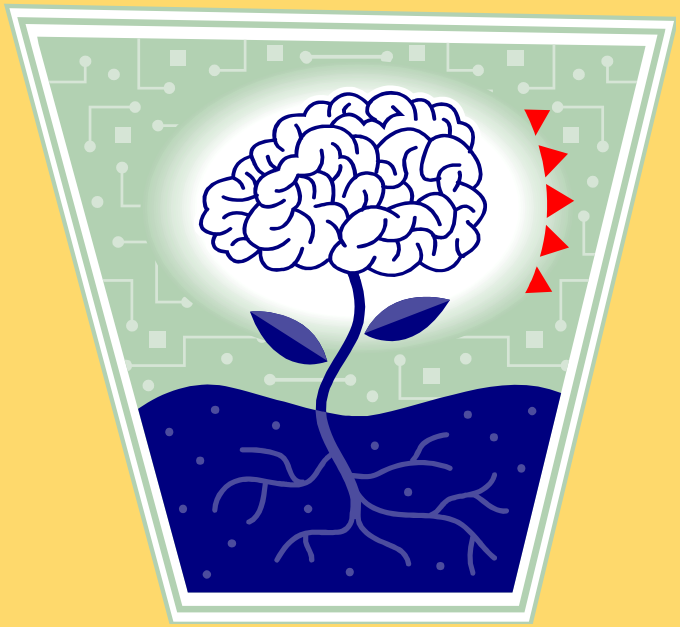
University of Maryland Department of Psychiatry



Objectives

- 1. Understand how trauma, loss and disrupted attachment impact young children's mental health and brain development.
- 2. Learn screening and treatment strategies to identify trauma exposure and symptoms in young children.

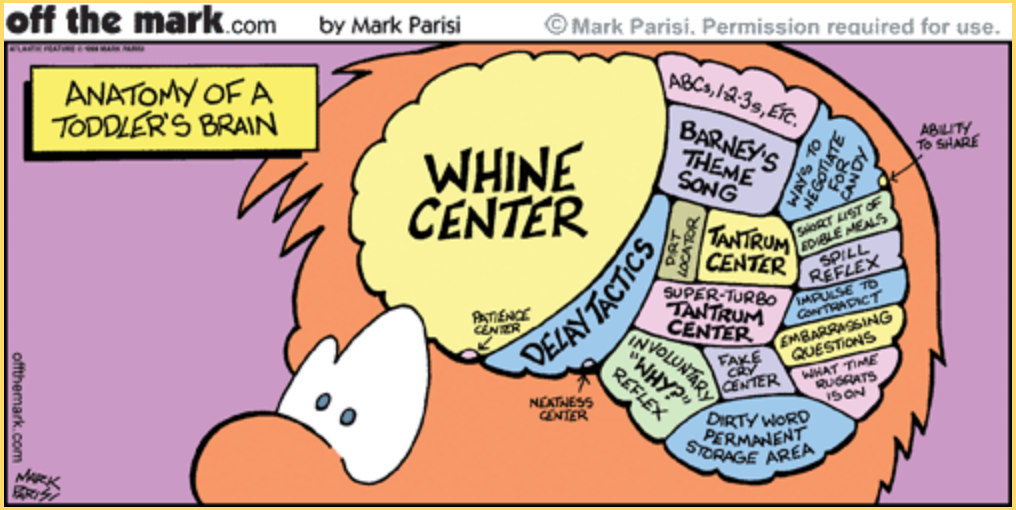
Lifespan Perspective



- Brain circuits stabilize with age, making them increasingly more difficult to alter.
- It is more efficient, both biologically and economically, to get things right the first time rather than to try to fix them later.
- The window of opportunity for adaptive development remains open for many years, but the costs of remediation grow over time.

Biological Impact of Trauma:

- Brain Development
- Epigenetics
- Poor Health outcomes



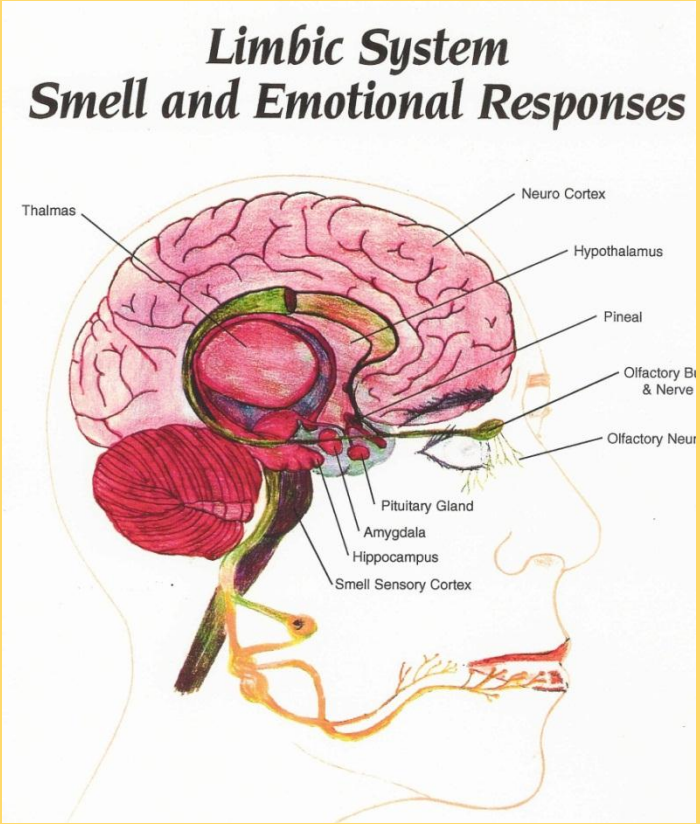
Early development

- **Center for the Developing Child http://developingchild.harvard.edu/resources/multimedia/videos/inbrief_series/inbrief_science_of_ecd/**

(Center on the Developing Child, Harvard University, n.d.)

The Stress Response:

- Located in limbic brain
- Nearly mature at birth
- Fully mature by one year
- Assesses threat cues
- Brain sends alarm message via nerves and hormones (i.e. adrenaline and cortisol) to signal the body to prepare for action
- Flight, fight, or freeze response
- Threat ends and body returns to normal



The Stress Response:

- Brain connections set the stage for encoding information potentially for the rest of life
- Experience wires the brain to match the needs of the environment

When the alarm doesn't turn off or is on too often, stress can negatively effect a person's wellbeing

Neurobiology of Stress:

- Shifts the body's priorities
- Puts on hold planning, learning, future-oriented responses
- Focuses on support of vigilance, focused attention, increased muscle tone and heart rate
- Behavior dysregulation

Nature gets Nurtured:

- The genes are the hardware and epigenetics is the software that operates “above the genome” and tells the hardware what to do, how and when to do it.
- The genome can be marked by ‘nurture’ or experience.
- This process influences behavior and the consequent development of the maturing offspring.

http://www.epigenome.eu/

Moshe Szyf, 2005: (*McGill University, Quebec*)

- The genes we inherit from our parents remain with us throughout our life.
- Epigenetic changes such as DNA methylation can shape their effects on us.
- Epigenetic changes can be environmentally triggered and change the course of our development in both positive and negative directions and back again.

Genetic Imprint of Trauma:

- Children who have experienced violence might really be older than their years.
- Twin study found to show wear and tear normally associated with aging.
- Telomeres are "master integrators," connecting stress to biological age and associated diseases.
  - "Exposure to Violence During Childhood is Associated with Telomere Erosion from 5 to 10 Years of Age: A Longitudinal Study," Idan Shalev, Terrie Moffitt et al. Molecular Psychiatry, April 24th. doi:10.1038/mp.2012.32 available at http://genome.duke.edu/press/news/post.php?s=2012-04-24-violence-puts-wear-and-tear-on-kids-dna

Developmental and Health Impact Example:

- Infants and toddlers in foster care who were referred to Part C showed higher rates of need for developmental and medical services than the general population, but many children are not receiving them.
  - *http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/need_early_intervention/early_intervention.html*

Adverse Childhood Experience Study
(Felitti et al, 1998):

- The ACE Study was initiated at Kaiser Permanente from 1995 to 1997, and its participants are over 17,000 members who were undergoing a standardized physical examination.
- Emotional Abuse 10.6 %
- Physical Abuse 28.3 %
- Sexual Abuse 20.7 %
- Emotional Neglect 14.8 %
- Physical Neglect 9.9 %

Reference: http://www.cdc.gov/nccdphp/ace/prevalence.htm

ACE Study:

http://www.cdc.gov/nccdphp/ace/

ACAP Practice Parameters
April, 2010

1. **Routinely screen** for trauma exposure and symptoms
2. If screening is positive, conduct formal **PTSD assessment**
3. Consider differential diagnoses that mimic PTSD (i.e. ADHD, ODD, Substance Abuse, Psychosis, Anxiety Disorders)
4. Comprehensive treatment planning
5. Treat any co-morbid disorders

ACAP Practice Parameters April, 2010

1. **Trauma focused therapies are first line treatments**
2. **SSRI's can be considered in children and adolescents**
3. Other medication may be considered
4. Treatment planning may consider school based accommodations
5. "Use of Restrictive "Rebirthing" Therapies and Other Techniques That Bind, Restrict, Withhold Food or Water, or Are Otherwise Coercive Are Not Endorsed" (p. 426)
6. Schools and other community providers should screen for PTSD and risk factors after a traumatic event affect a significant number of children.

Screening Questions in Routine Care

- **Screening for Traumatic Events:** What is the most upsetting or overwhelming event that has ever occurred in your child's life?... Or…Since the last time I saw you, has anything really scary happened to you or your family?
- **Psychoeducation**: After a very upsetting event children sometimes change in the way they act.
- **Posttraumatic reaction**: Can you tell me whether your child has experienced any of these behaviors since that most overwhelming or very upsetting event in his or her life, …if so did it last for more than one month?

(Graham-Bremann, 2008; Cohen, Kellener, & Mannarino, 2008 *)*

Criteria A screening tool

- **Semi structured questions:** *" What is the most upsetting or overwhelming event that has ever occurred in your child's life?.. After a very upsetting event children sometimes change in the way they act. Can you tell me whether your child has experienced any of these behaviors since that most overwhelming or very upsetting event in his or her life, …if so did it last for more than one month? (Graham-Bremann, 2008)*

Exploration of Traumatic Events

- Type of traumatic event(s): Single, complex, chronic
- Exposure: frequency x proximity x duration x intensity
- Outcomes: injuries, separation, death of loved one

Cultural perspective:

Developmental Perspective: Am I safe?

Abbreviated UCLA PTSD Reaction Index under age 8 (Graham-Bermann, et al., 2008)

1. When something reminds my child of what happened he or she gets very upset, scared or sad.
2. My child has upsetting thoughts, pictures, sounds of what happened come into his or her mind when he or she does not want them to
3. My child feels grouchy, angry, or mad.
4. My child tries to stay away from people, places, or things that make him or her remember what happened.
5. My child is more aggressive (hitting, biting, kicking, or breaking things) since this happened.
6. My child has trouble going to sleep or wakes up often during the night.

Diagnostic Infant and Preschool Assessment (DIPA) (Scheeringa, 2009)

- Interview and observation of the primary caretaker and the child, includes interview for caregiver's own PTSD symptoms.
- Symptoms measured by the interview include those similar to the Diagnostic Classification of Mental and Developmental Disorders in Infancy and Early Childhood (DC: 0–3).
- Includes 18 DSM-IV criteria
- The median test–retest intraclass correlation was 0.69, mean 0.61, and values ranged from 0.24 to 0.87.
- The median test–retest kappa was 0.53, mean 0.52, and values ranged from 0.38 to 0.66. Concurrent criterion validity show good agreement between the instrument and DSM-based Child Behavior Checklist scales when the DSM-based scales

Diagnostic Infant and Preschool Assessment (DIPA) (Scheeringa, 2008)

- Exposures
- Symptoms (onset, duration, frequency)
- Functional Impairment
- Accommodations
- Emotional Distress

Diagnostic Infant and Preschool Assessment (Scheeringa, 2009)

- ***Accident or crash with automobile, plane, or boat***
- ***Attacked by an animal***
- ***Man-made disasters (fires, war, etc)***
- ***Natural disasters (hurricane, tornado, flood, stayed through the storm)***
- ***Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed***

DIPA

- Physical abuse
- Sexual abuse, sexual assault, or rape
- Accidental burning
- Near drowning
- Hospitalization, emergency room visit, and/or invasive medical procedures
- Kidnapped
- Other: _____ (came back after a storm)

DIPA

- *IF MORE THAN ONE EVENT, ASK FOR WORST EVENT:*

- ***"Which of these do you think caused the most emotional for your child?"***

Example of Symptom

- **AVOIDANCE OF PEOPLE, PLACES OR THINGS:**

"Does s/he try to avoid any things or places that might remind him/her of the trauma?"

"I mean, can you tell that s/he is trying to avoid a reminder before s/he becomes upset?"

DIPA Functional Impairment and Accommodation

- **Functional Impairment:**
  - Parental relationships
  - Sibling Relationships
  - Daycare providers/teachers
  - Relationships with peers
  - Ability to act appropriately outside home or daycare
- **Accommodation:** *"Do you make any accommodations ….*

Trauma Symptom Checklist for Young Children (TSCYC) *(Briere, 2000)*

- 90-item parent-report
- Children ages 3-12 years old
- Clinical utility The instrument contains eight clinical scales: Posttraumatic Stress-Intrusion (PTSI), Posttraumatic Stress-Avoidance (PTS-AV), Posttraumatic Stress-Arousal (PTS-AR), Sexual Concerns (SC), Dissociation (DIS), Anxiety (ANX), Depression (DEP), and Anger/Aggression (ANG).
- The instrument rates symptom based on how frequently it has occurred in the last month on a 4-point scale.
- Strong evidence for reliability and validity.

The Preschool Posttraumatic Stress Symptoms Inventory (PPSSI)

- Sandra Graham-Bermann, Ph.D. (2001)
- 17 items
- Instrusions/reexperiencing, Emotional reactivity, Fears, Total trauma symptoms score
- Some evidence for reliability and validity

Developmentally Specific: The Importance of Intervening Early

- Experience is biology…Parents are the active sculptors of their children's growing brains."
  - Daniel Siegel, MD and Mary Hartzell, M.Ed

Relational Perspective:

- Strong link between parent/family responses to child outcomes
- Conflict between parent and child is inevitable, can be repaired, and serve a valuable developmental function when handled lovingly.

Child Parent Psychotherapy

- Support and strengthen the relationship between a child and his or her parent (or caregiver)
- Restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning.

Why CPP?

- History of CPP
- Attachment based
- Trauma informed
- Developmentally Specific

History: Ghosts in the Nursery

"In every nursery there are ghosts. They are the visitors from the unremembered past of the parents: the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling. . . . There are, it appears a number of transient ghosts who take up residence in the nursery and do their mischief. . . .specializing in such areas as feeding, sleep, toilet training or discipline, depending upon the vulnerabilities of the parental past."

-Selma Fraiberg's article, "Ghost in the Nursery: A psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships"

- *To learn more about Selma Fraiberg's life, read Sharpiro, V. Reflections on the Work of Professor Selma Fraiberg: A Pioneer in the Field of Social Work and Infant Mental Health (2009) Clinical Soc Work J: 37:45–55*

Infant-Parent Psychotherapy:

- What predicts whether the parent's past will be repeated with the child?
  - Repression and isolation of the affect associated with childhood suffering
  - Remembering saves the parent from repeating the past
  - Remembering allows the parent to identify with the child rather than the aggressor

Fraiberg, 1980

The Intersection of Ghosts and Trauma:

- Parent experiences traumatic event in childhood
- Parent develops traumatic expectations as a result of the event
- Parent's personality develops in line with defenses and expectations based on trauma
- Early trauma becomes a ghost in the nursery

Impact of Domestic Violence on the Child:

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Contradictory feelings toward the parent
  - (Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

Impact of Trauma on Caregiver-Child Relationship:

- Either partner may develop new negative attributions based on trauma experience
  - Changes in the way they perceive each other
  - Traumatic expectation
- Caregiver and child may serve as traumatic reminders for one another
  - (Pynoos, 1997)

The Meaning of Children's Behavior

- Young children's behavior has a meaning
- Often the parent's developmental agenda conflicts with the child's
- This conflict is worsened when the parent doesn't understand the meaning behind the child's behavior

Developmental Tasks of Early Childhood:

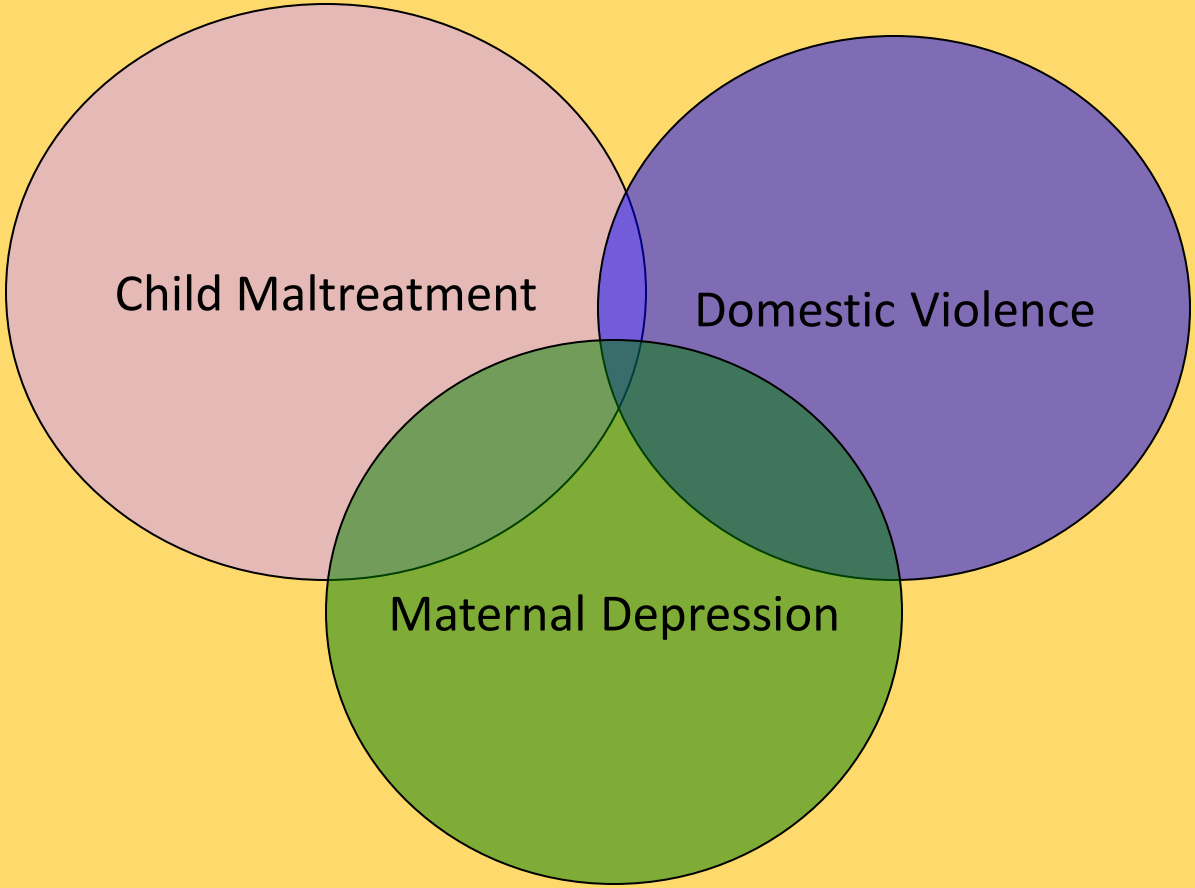
- Attachment - social development
- Self-regulation – emotional development
- Problem solving – cognitive development
- Developmentally salient anxieties:
  - Fear of annihilation (onset at birth; diminishes as sense of self coalesces)
  - Fear of loss: separation anxiety (onset: 6-8 months; peak: 18 months)
  - Fear of losing love and approval (onset: 12 months; peak: 24 months)
  - Fear of body damage (onset: 12 months)
  - Fear of internal badness/social rejection (onset 24 months; peak 36-48 months)

Evidence-base for CPP:

- How do we know CPP works?
- With whom does CPP work?
- How can knowing the evidence-base help us in our work?
  - With families
  - Within organizations

Presenting concerns in treatment evaluations

- ETTN and Mount Hope Research Teams

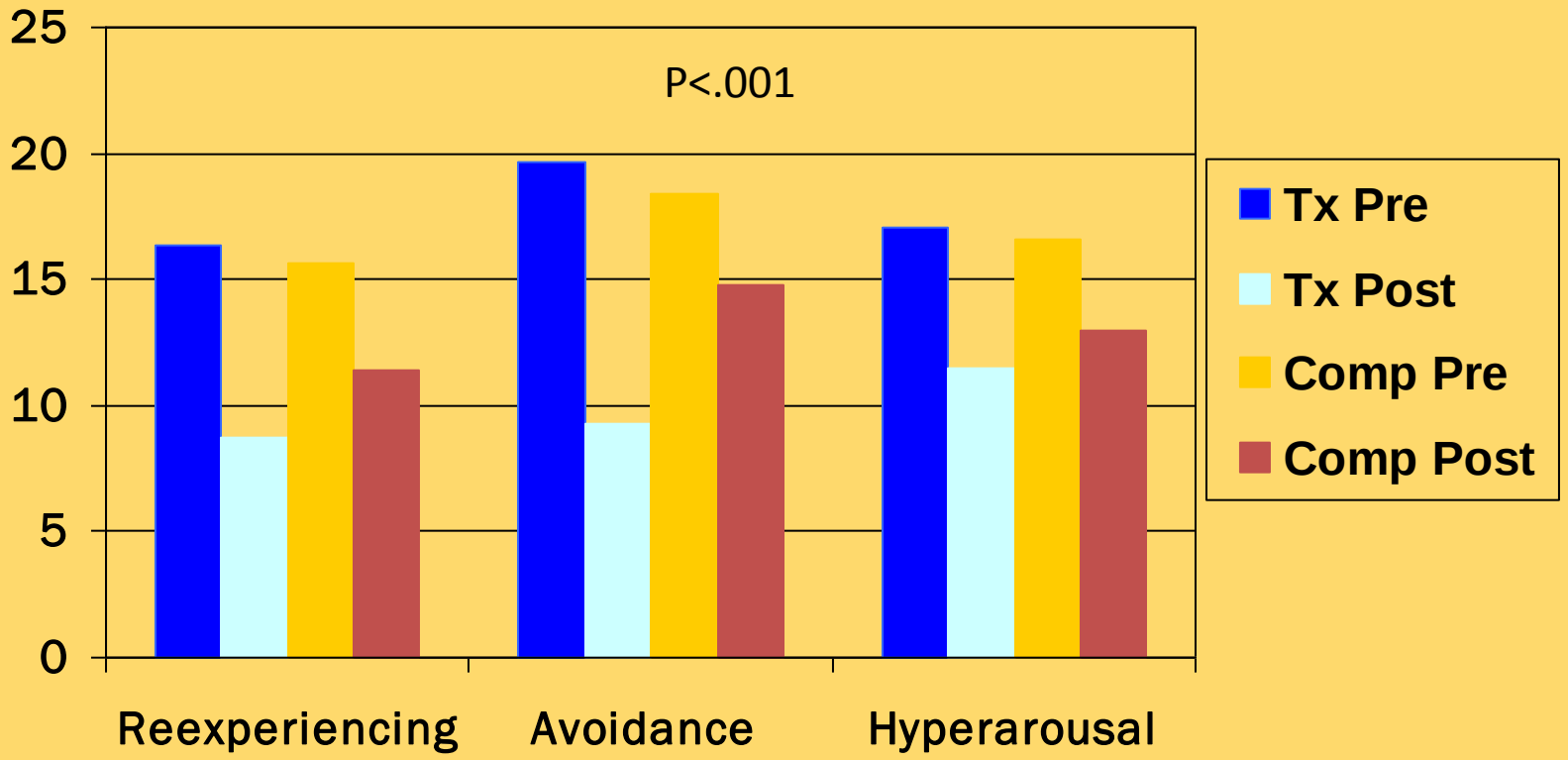


Randomized Trial with Families Affected by Domestic Violence in California:

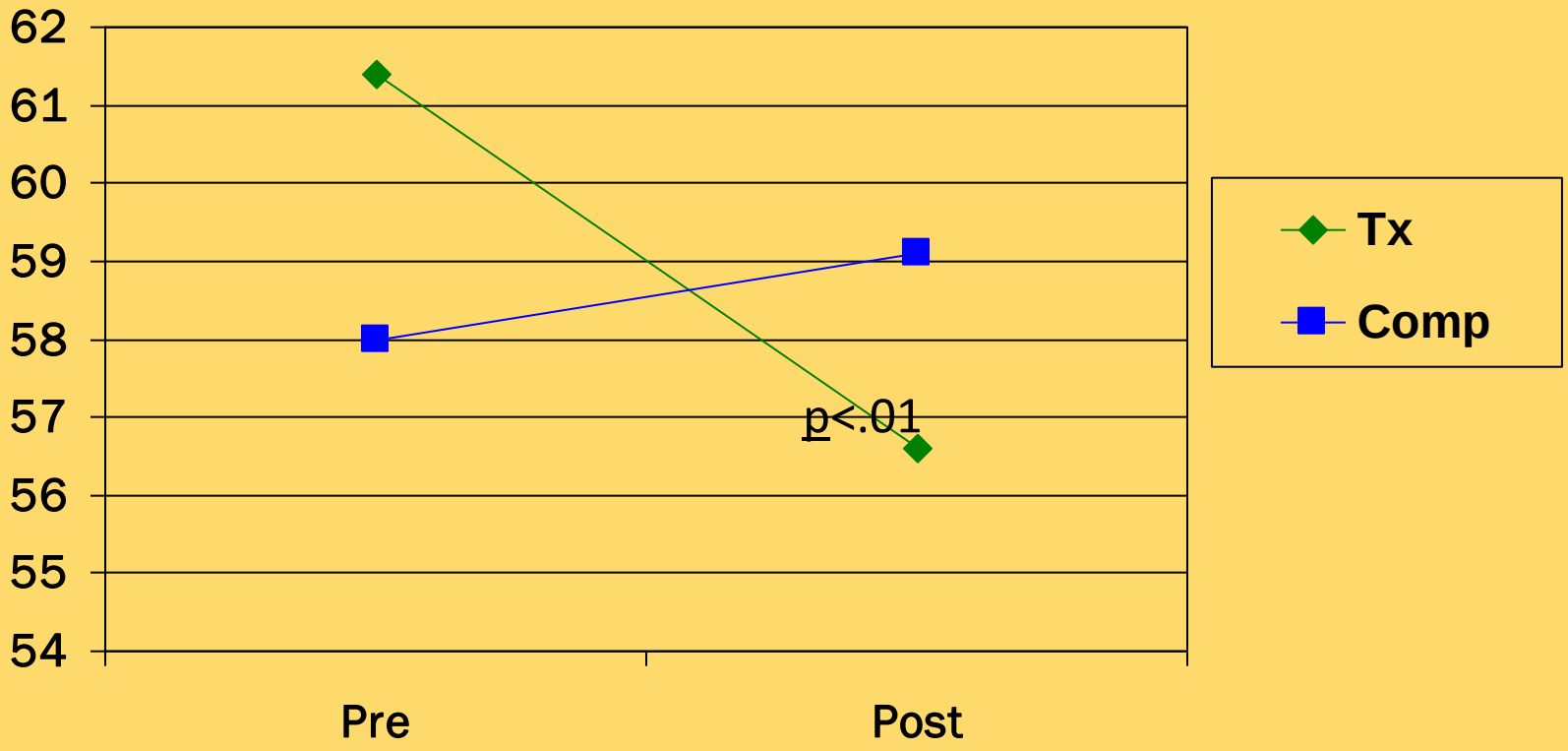
- Treatment mothers show greater improvement
  - Avoidant symptomatology
  - Total PTSD symptomatology
  - General symptomatology
- Treatment children show greater improvements than comparison group children
  - Traumatic stress symptomatology
  - Diagnosis of Traumatic Stress Disorder
  - Behavior problems

(Lieberman, Van Horn, & Ghosh Ippen, 2005;
Lieberman, Ghosh Ippen, & Van Horn, 2006)

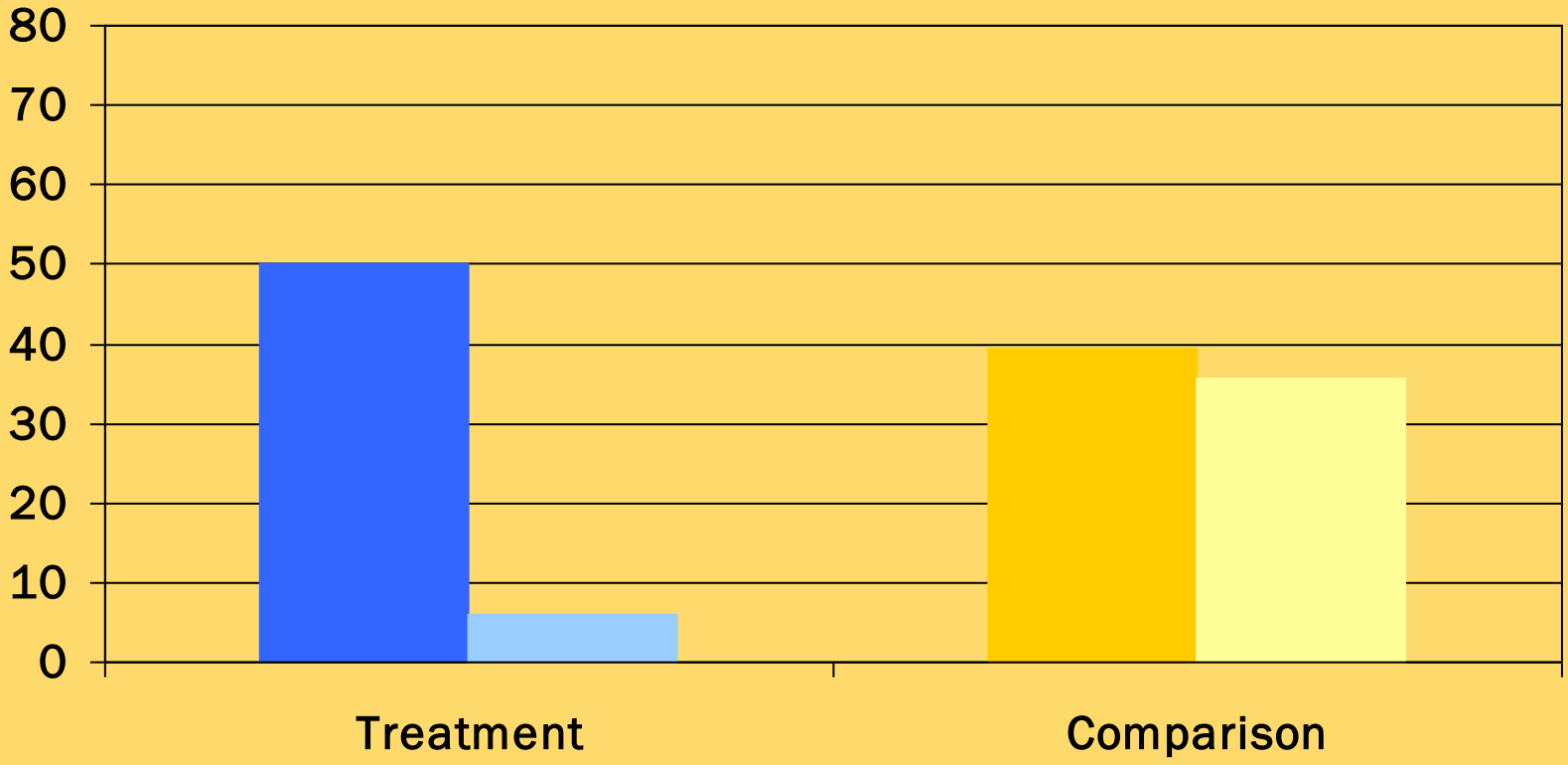
Maternal Symptomatology: PTSD (CAPS)



Child Behavior Problems: Total Problems (CBCL)



Child Diagnosis:
Traumatic Stress Disorder



Guiding Principles of CPP:

- Create a bridge between parent and child
  - The relationship is your client and focus of change.
  - Acting as a conduit
  - Help to interpret the meaning of children's behavior from developmental, attachment, trauma and safety lens

Acting as a Conduit:

- Children's behavior has meaning
- Children's behavior may be motivated by developmentally salient anxieties
- Children's emotional expression may be a displacement of feelings from earlier losses or traumas
- Consider how each party to the dyad will respond to the intervention
- Assess parent's readiness and acceptance of the translation

Acting as a Conduit :

- Young children need adults to help them make sense of events and to construct a narrative
- The parent is the child's natural guide
- Child and parent have had different experiences of the trauma
  - Their developmental perspectives are different
  - Their emotional needs are different
  - Their prior experiences and expectations are different

Acting as a Conduit:

- Positive Reframing of Parent's Motives
- Useful when parent and child are caught in a power struggle
- Therapist explains the parent's motive to the child in benign and positive terms
- The explanation to the child clarifies the motive for the parent as well

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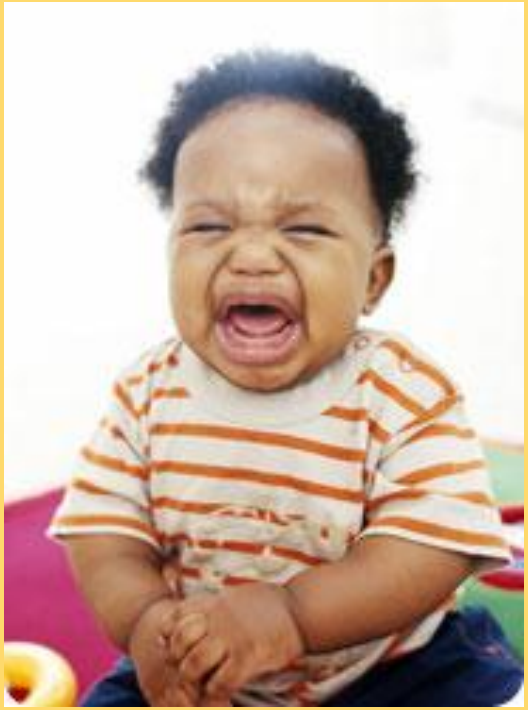
Meaning of Children's Behavior:

- Young children cry and cling in order to communicate an immediate need for parental proximity and care.
- Separation distress is an expression of the child's fear of losing the parent.
- Children want to please their parents, fear their disapproval, and respond well to praise.

Meaning of Children's Behavior:

- Young children are afraid of being hurt and of losing parts of their bodies.
- Young children feel responsible and blame themselves when the parent is upset or angry for whatever reason.
- Children imitate their parents because they want to be like them.

Meaning of Children's Behavior:



- Young children say no to establish autonomy, not to be disrespectful.
- Young children harbor the conviction that parents know everything and are always right.
- Young children need clear and consistent limits to their dangerous or culturally inappropriate behaviors in order to feel safe and protected.

Meaning of Children's Behavior:

- Memory starts at birth. Babies and young children remember experiences before they can speak about them.
- Young children need their parents' help in learning to express strong emotions without hurting themselves or others.
- Conflict between parent and child is inevitable, can be repaired, and serve a valuable developmental function when handled lovingly.

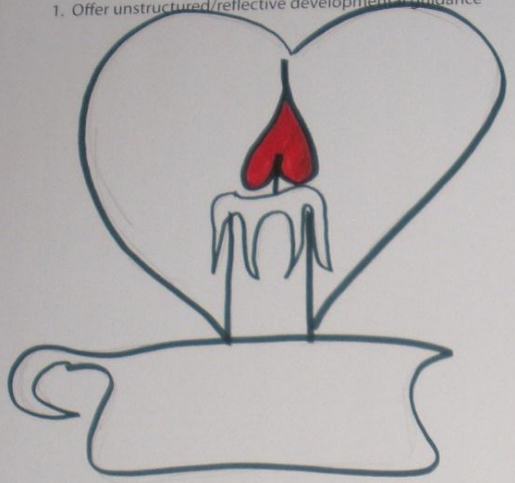
CPP Elements:

1. Offer unstructured/reflective developmental guidance
2. Provide concrete assistance with problems of daily living
3. Help parents provide physical safety, modeling protection when needed
4. Help parents provide emotional safety
5. Construct a joint trauma narrative
6. Interpret feelings and actions: Link past to present
7. Remember that the past includes ghosts as well as angels
8. Participate in reflective supervision.

Create a [bond] between parent and child

Attend to the family's

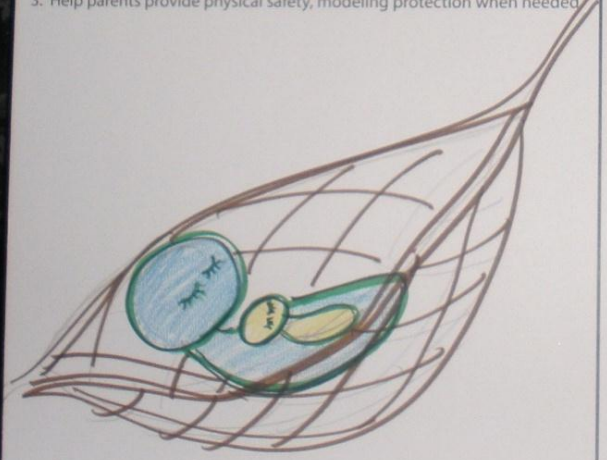
1. Offer unstructured/reflective developmental guidance



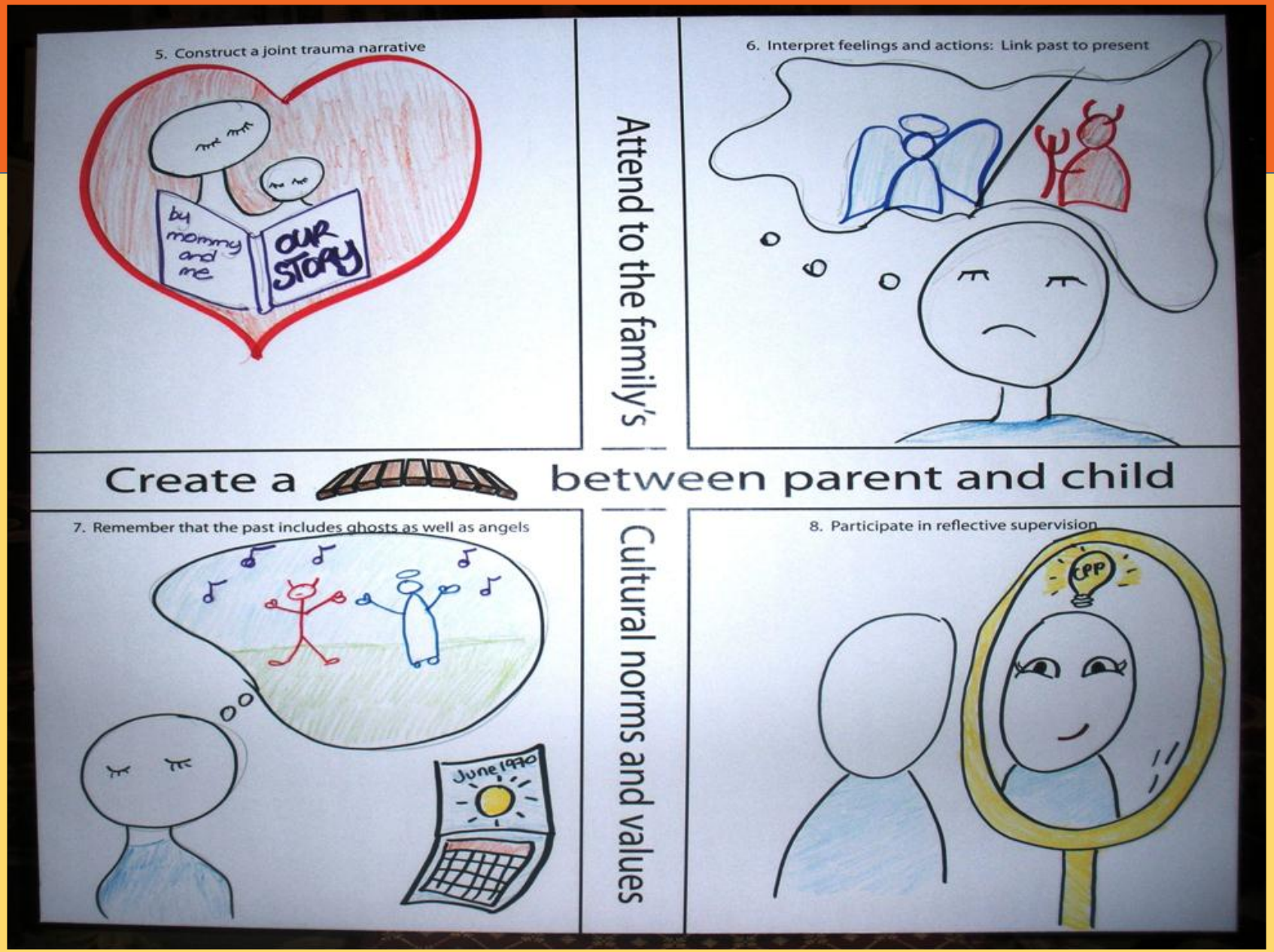
2. Provide concrete assistance with problems of daily living

Cultural norms and values

3. Help parents provide physical safety, modeling protection when needed



4. Help parents provide emotional safety


5. Construct a joint trauma narrative
by mommy and me
OUR STORY
6. Interpret feelings and actions: Link past to present
Attend to the family's
Create a
between parent and child
7. Remember that the past includes ghosts as well as angels
June 1990
Cultural norms and values
8. Participate in reflective supervision
EPP

Considerations for Developmental Guidance and Assistance in Daily Living:

- Loss of sense of security and self efficacy
- Changed view of self and others and reduces likelihood of seeking or trusting help
- Relationships are traumatic reminders and intergenerational patterns alter expectations

Mapping Resource:

- Know your ECMH System of Care Activity

Physical and Emotional Safety:

- Help parents provide physical safety, modeling protection when needed
- Help parents provide emotional safety

Construct a Joint Trauma Narrative:

- Play based trauma narratives
- Interpret feelings and actions: Link past to present
- Clinical demonstration

Ghosts and Angels in the Nursery:

- Role of Intergenerational Transmission of Attachment and Trauma
- The caregiver may act frightened of the child (i.e. “He is just like his father.”) or may frighten the child.
- Caregiver may frighten the child
- Rejection: Infant’s behavior’s may look contradictory because the person who should protect them is scaring them

Angels in the Nursery:

- Do you have a memory of a time when you were little when you felt especially loved, understood or safe? What is the content of the memory?
- Do you have another memory involving your __" *enter name"*_____
- Are there memories of feeling especially loved, understood, or safe with anyone else?
- How do you feel now as you speak about these memories?
- **Ask only if the participant has spoken of memories:** Is there anything about these memories that you use to sustain you as you raise your child? Or that you use to help you raise your child?
- **Ask only if the participant has spoken of memories:** As we work together, is there anything about your memories that you want to use in raising your child, to help you bring that kind of feeling to you and your child?
- If I were to see your child 20 years from now, what would you like him/her to tell me about you?

Rate on a scale of 1-6: How difficult was it for the participant to provide answers without prompts?

Reflective Supervision:

"Do onto others as you would have others do unto others." -Jeree Pawl, Ph.D.

Bringing CPP to Families:

- A major goal of our RCT's has been to bridge research and practice.
- Too often, the results of interventions that have been found to be effective in RCT's are not transported to families most in need.
- CPP has been shown to be effective in fostering positive attachment relationships with at risk children.
- CPP can be provided in community settings.
- Knowing that CPP is efficacious can bring hope to clinicians and families.
- The provision of evidence-based services to vulnerable children and families must be a societal priority.

Training: The Infant Brain

- http://www.childtraumaacademy.com/amazing_brain/index.html
- The Amazing Human Brain and Human Development -- A Free, Online Course
  Course author and instructor Dr. Bruce Perry, M.D., Ph.D. has created brief lessons with practical information to help professionals and caregivers understand this and other interesting topics. Participants can discuss course content with fellow students and Dr. Perry online via the message boards. The self-paced courses are offered at no cost to participants. Simply register as a student at www.ChildTraumaAcademy.com, enroll in the course or courses of your choice and return to complete each lesson at your leisure
- Enroll now!
  http://www.childtraumaacademy.com

Screening and Assessment

Scheeringa, M. assessment tools

- http://www.infantinstitute.org/measures-manuals/

Online Resource

To learn more about CPP listen to audio version and view the accompanying power point slides developed by Alicia Lieberman; scroll to the Child-Parent Psychotherapy resources: http://nctsn.org/nccts/nav.do?pid=ctr_train_archive

Online Resources

- National Childhood Traumatic Stress Network http://www.nctsn.org and http://nctsnet.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf
- NCTSN Child Welfare Toolkit http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008
- Zero to Three http://www.zerotothree.org
- Chadwick Center http://www.chadwickcenter.org/
- Center on the Developing Center-Harvard University http://developingchild.harvard.edu/
- California Evidence-Based Clearinghouse for Child Welfare http://www.cebc4cw.org/