

Living and Working with Traumatized Children

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and the Child Trauma Academy

Trauma is

- a psychologically distressing event that is outside the range of usual human experience. Trauma often involves a sense of intense fear, terror, and helplessness.
- Trauma should not be confused with stress.
. stress is an inevitable component of everyone's life. Trauma is an experience that induces an abnormally intense and prolonged stress response.

From www.childtraumaacademy.com online course titled
“Surviving Childhood: An Introduction to the Impact of Trauma”

The sequential development of six core strengths

- Attachment
- Self regulation
- Affiliation
- Attunement
- Tolerance
- Respect



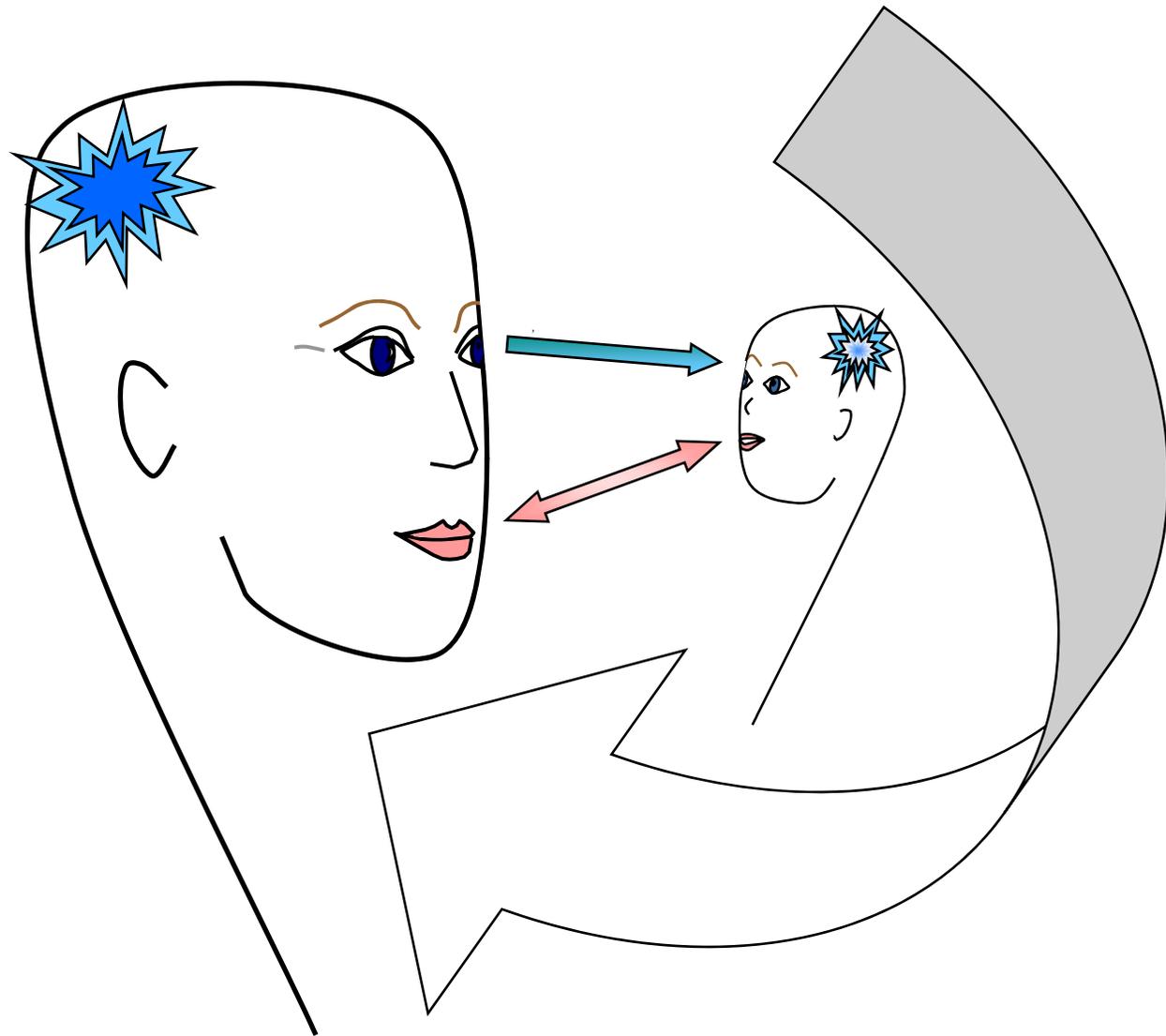
Attachment

- A unique and specific form of bond
- The attachment bond becomes the template for an individual's capacity to form and maintain relationships
- Crucial to healthy development in all domains



The Attachment Bond

- Special enduring form of “emotional” relationship with a specific person
- Involves soothing, comfort and pleasure
- Loss or threat of loss of the specific person evokes distress
- The child finds security and safety in context of this relationship



Somatosensory Bath

- Touch, taste, sight, smell, sound and movement in the caregiver-infant interaction
- These primary sensations play a major role in providing the **patterned, repetitive sensory stimulation and experiences that help organize the child's developing brain**

What We Know About The Traumatized Children and Youth With Whom We Live and Work :

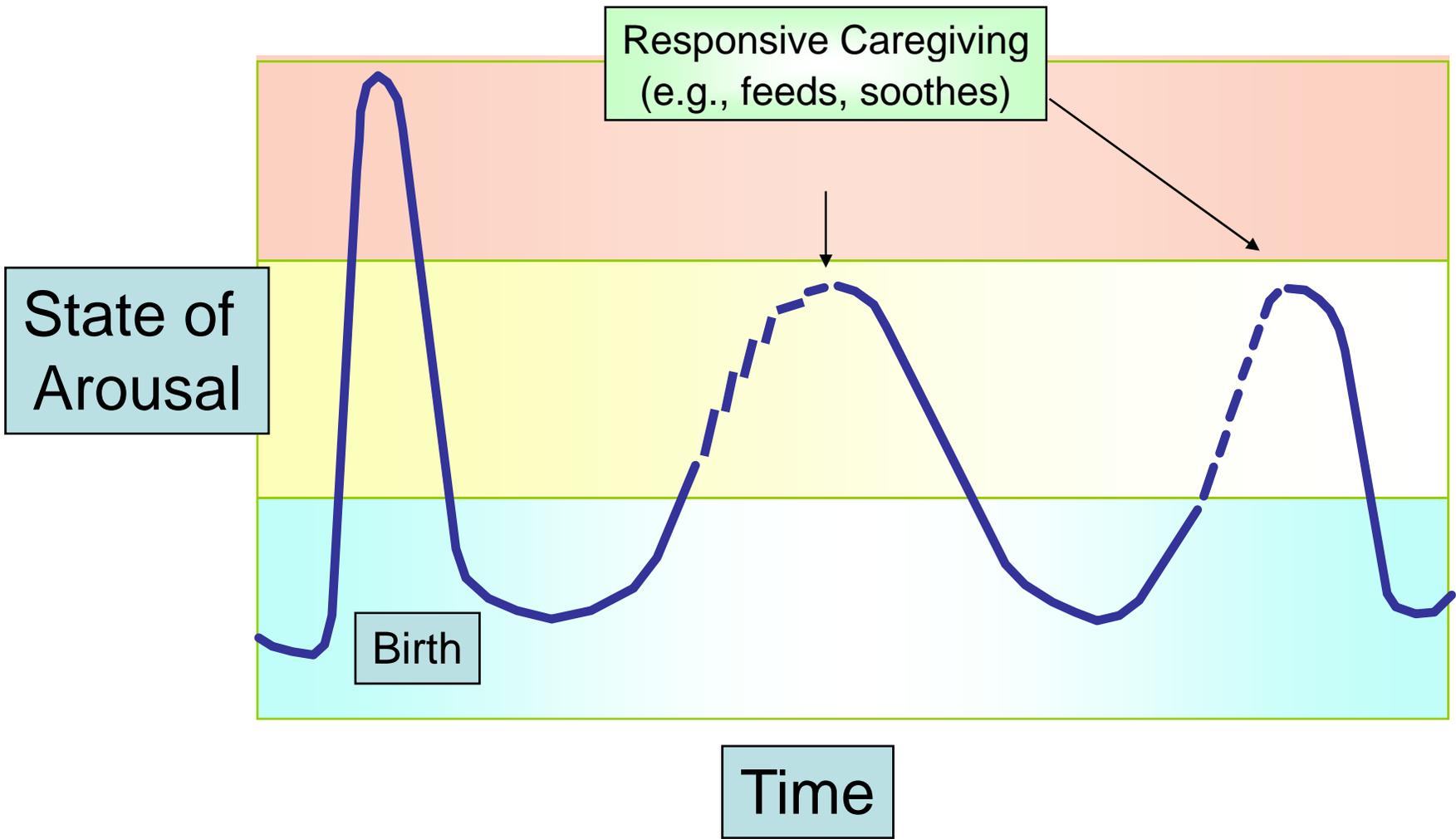
- Some lived in inutero stress/chaos.
- Many have had a bio parent with attachment deficits.
- Many have lost a primary caregiver multiple times.
- Some feel limited connection to any other human, and have difficulty accepting care or nurturing.
- Few lived in the somatosensory bath with patterned repetitive experiences that help organize the brain.

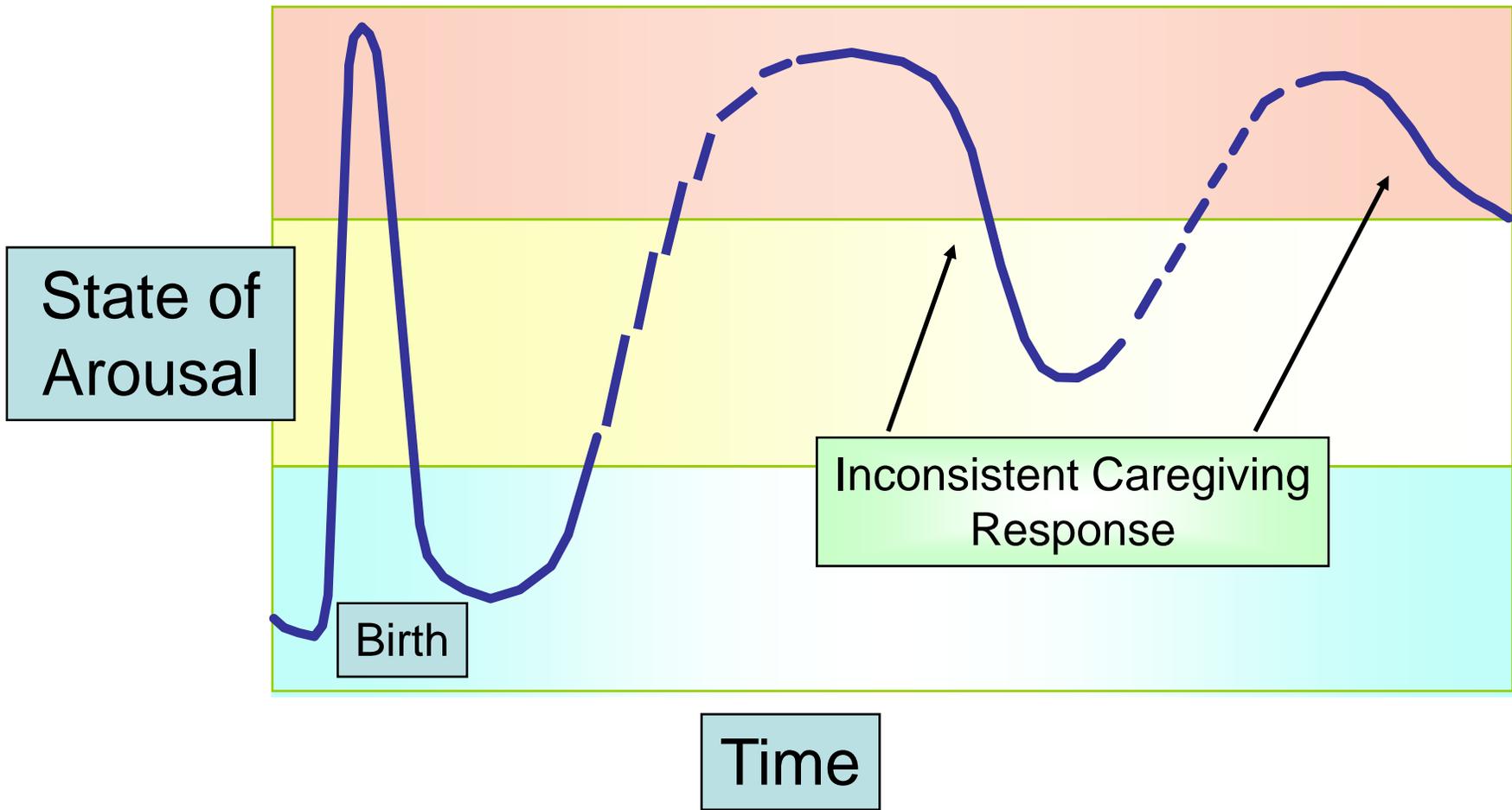
Self-regulation

- The capacity to read and regulate the rhythms of your body
- This is, in part, under an individual's control but the core of self-regulation is automatic and related to developmental experience

Development of self-regulation capacities occurs in context of our primary attachment relationships

Children with no consistent caregiver cannot develop well regulated stress response capacity

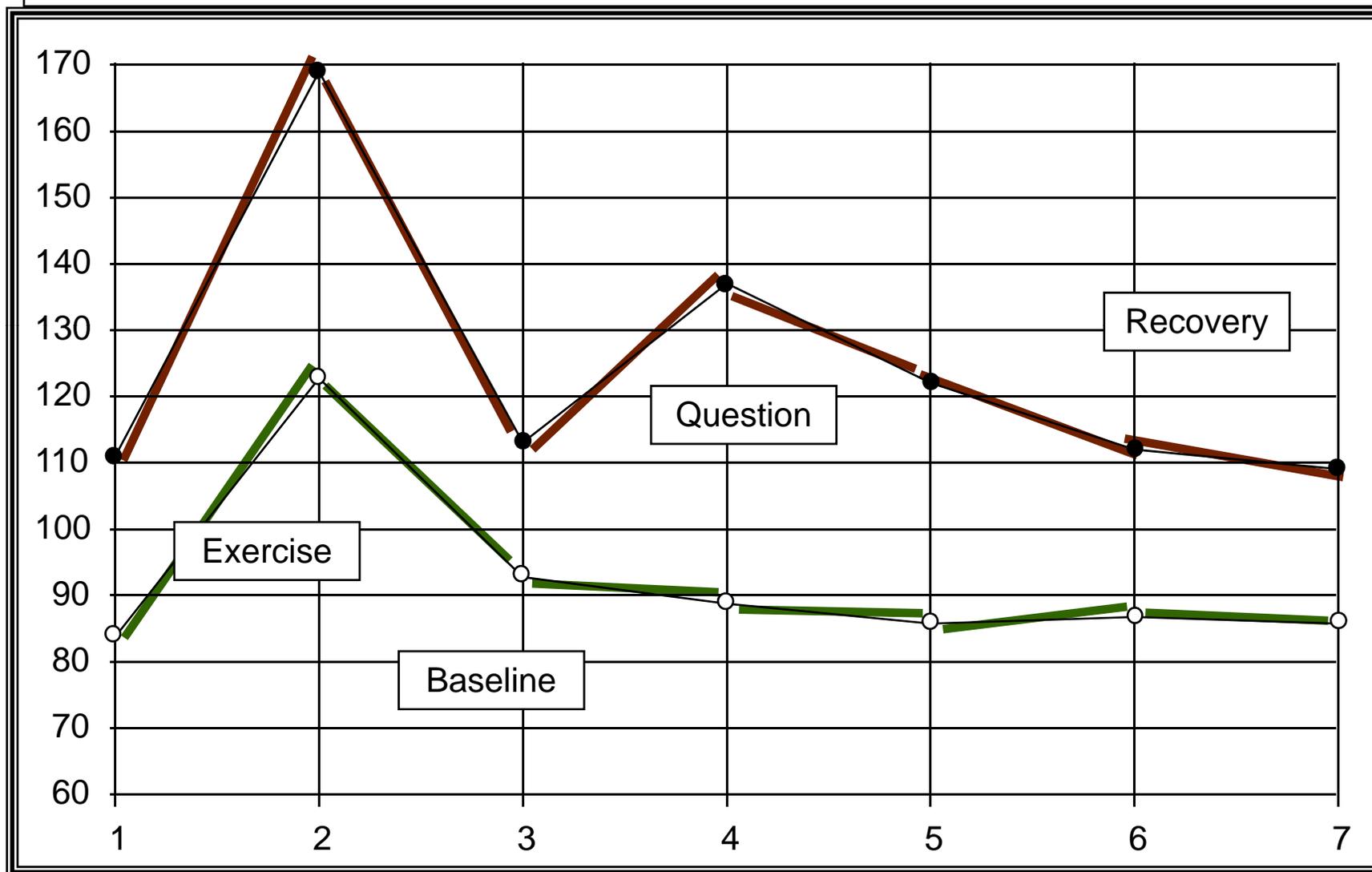




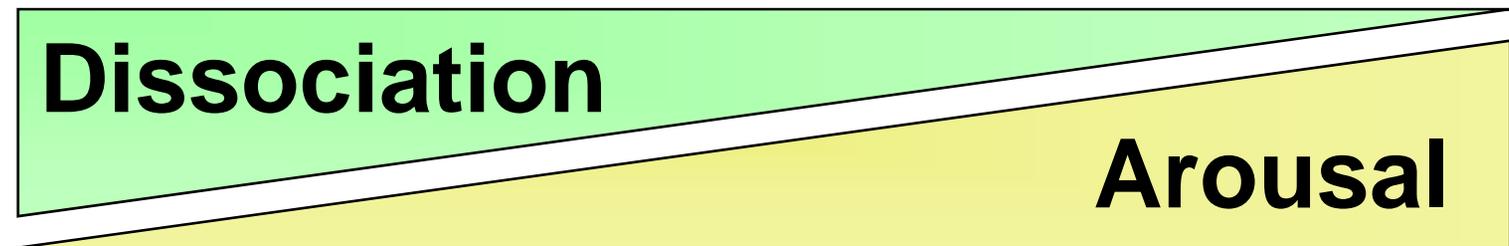
What We Know About The Traumatized Children and Youth With Whom We Live and Work :

- Heart rates
- Blood pressure
- Body Temperature
- Sleep
- Appetite/Satiety
- Arousal (alarm response)
- Motor regulation

HEARTRATE REACTIVITY in TRAUMATIZED CHILDREN



DISSOCIATIVE/AROUSAL BALANCE



Females	>	Males
Young Children	>	Older Children
Torture/Pain	>	Observer
Inescapable Helplessness	>	Action Active Role

Adaptive Response	Rest <i>(Adult Male)</i>	Vigilance	Freeze	Flight	Fight
Hyperarousal Continuum	Rest <i>(Male Child)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(Female Child)</i>	Avoidance	Compliance	Dissociation	Fainting
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	Emotional	Reactive	Reflex
Mental State	CALM	AROUSAL	ALARM	FEAR	TERROR

Affiliation

- The capacity to form multiple bonds and become a contributing member of a group
- We all have multiple groups we belong to – some we choose, some are a function of our family, culture and community

What We Know About The Traumatized Children and Youth With Whom We Live and Work :

- Peer relationships are poor.
- Boundaries are confused.
- Ability to discern a safe relationship is compromised.
- Sense of belonging is compromised.

Prime Directives of the Brain

→ Stay alive!

→ Affiliate and mate.

→ Protect and nurture dependents.

Attunement

- The capacity to recognize the needs, interests, strengths and values of others
- This “receptive” component of communication is an essential antecedent to social and emotional learning

Learning to be aware of others

- Body language
- Facial expressions
- Tone of voice
- Reading these cues can help you learn what the needs, interests – strengths and vulnerabilities of others are.

What We Know About The Traumatized Children and Youth With Whom We Live and Work :

- Hypervigilance
- Attuned to danger in the environment
- Minimal understanding of facial expressions, tone of voice, body language messages given to others
- Heightened observation with narrowly developed interpretation.

Tolerance

- The capacity to understand and accept the differences in others
- Tolerance requires an awareness of these differences

The Brain Does Not Like Surprises

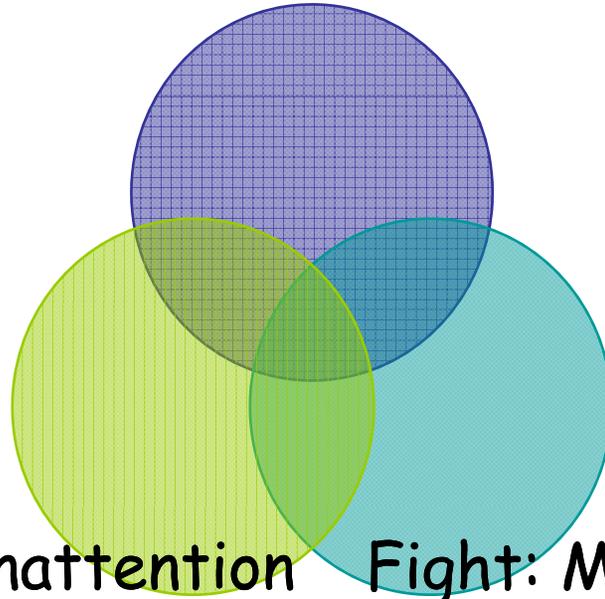
- All novel stimuli activate “attention”.
- Novel stimuli, until proven otherwise, are categorized as potentially-threatening.
- New situations, new faces, new places - even when “fun” - activate a low-level stress response.

What We Know About The Traumatized Children and Youth With Whom We Live and Work :

- Any new situation or person is perceived as threat
- Fight, Flight, Freeze are the behavioral responses to threat

Survival responses to alarm-fear-terror reaction

Freeze: May look like ODD



Flight: May look like inattention

Fight: May look like tantrums

Respect

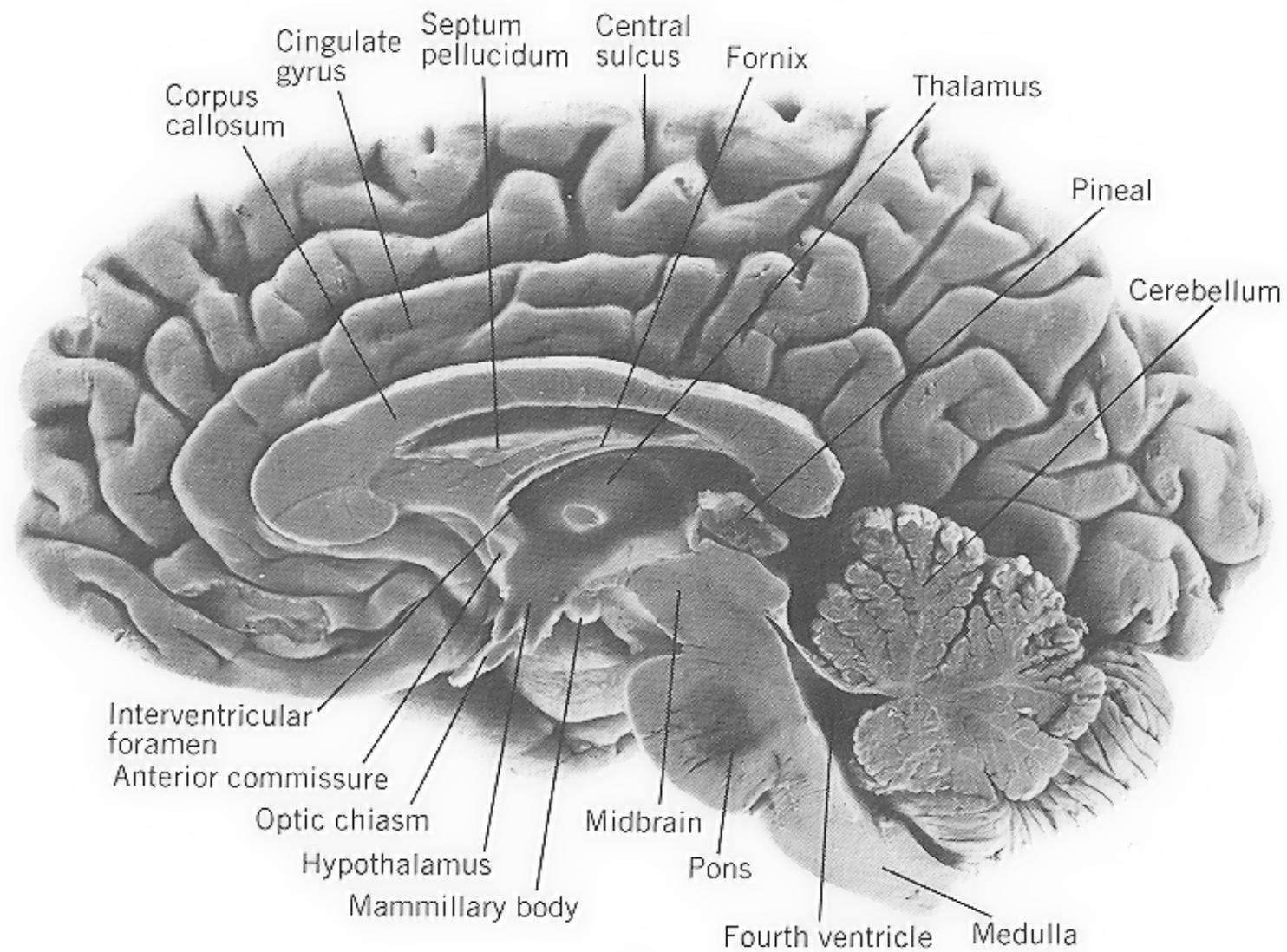
- The capacity to value the strengths in yourself and in others
- Self respect follows respect of others
- Appreciating diversity and the need for all

What We Know About The Traumatized Children and Youth With Whom We Live and Work :

- Live in survival mode
- Limited experience with adults who respect their boundaries, their play, their needs, their feelings, their thoughts.
- “Be respectful” = “Obey and don’t talk back”

Increase the number and
quality of relationships

Health in all domains is created
through relationships. Isolation
increases risk for all physical,
social, emotional and cognitive
problems.



A

The Brain Matters

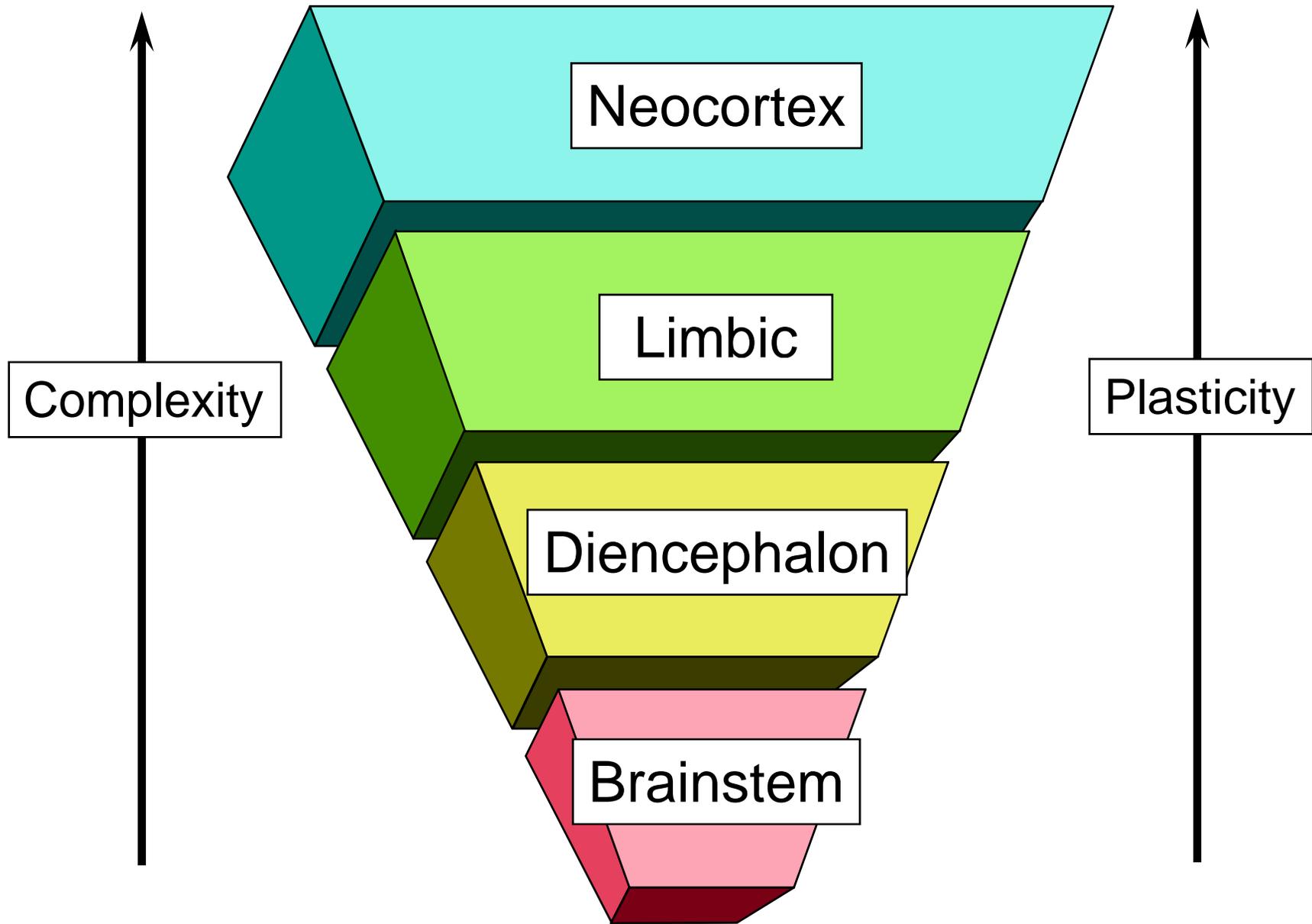
- ◆ The human brain is the organ responsible for everything we do
- ◆ The brain allows us to love, laugh, walk, talk, create or hate
- ◆ For each of us, our brain's functioning is a direct reflection of our experiences
- ◆ The brain allows us our humanity

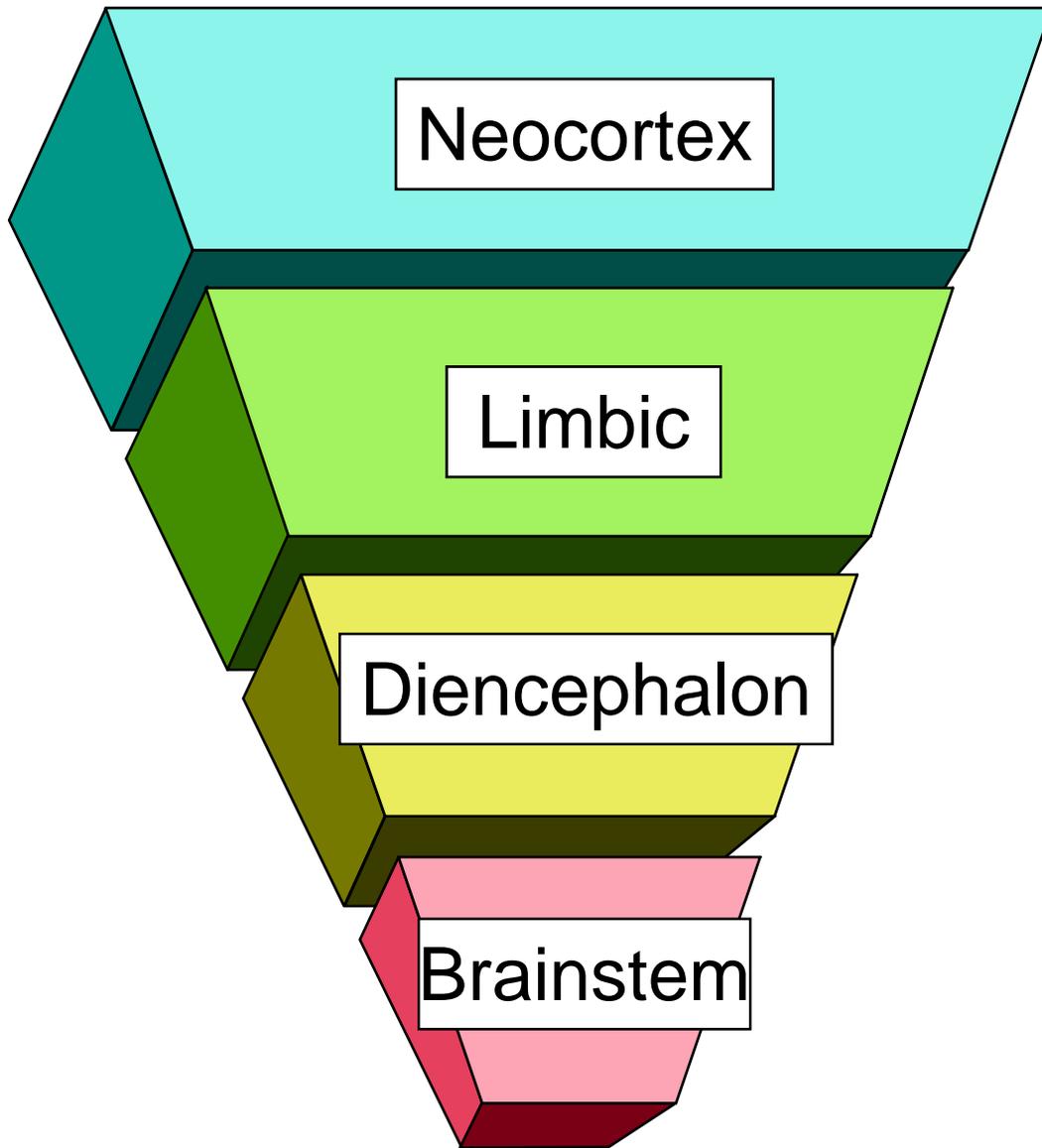
Activity-dependent Neural Differentiation

- Neurons are designed to change in response to patterned repetitive stimulation
- During development, patterns of activity define patterns of synaptic connectivity and, thereby, functional capacity
- In adults, activity can alter pre-existing neural organization - in children, activity literally provides the organizing template for neural systems

Changing the Brain

- The brain is always changing
- Plasticity is not uniform across all brain areas
- It takes less time, intensity and repetition to organize the developing neural systems than to re-organize the developed neural systems





Abstract thought
Concrete Thought

Affiliation

"Attachment"

Sexual Behavior

Emotional Reactivity

Motor Regulation

"Arousal"

Appetite/Satiety

Sleep

Blood Pressure

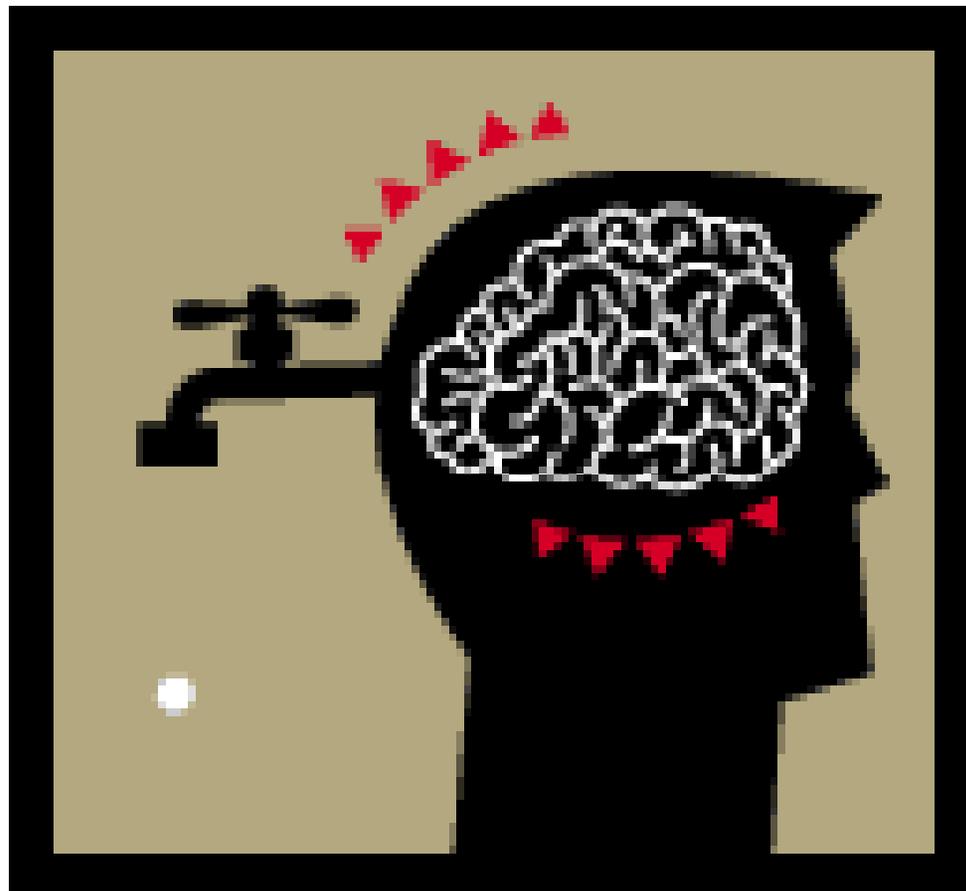
Heart Rate

Body Temperature

Key Concepts in Neurodevelopment

- Nature and nurture
- Sequential neurodevelopment
- Biological relativity
- Use-dependent differentiation
- Windows of opportunity
- Developmental “hot zones” – matching experience to neurodevelopmental stage

It's No Surprise!



Typology of Infant-Caregiver Attachment

- **Securely Attached** (*Ainsworth, 1978*)
- **Resistant** (*Ainsworth, 1978*)
- **Avoidantly Attached** (*Ainsworth, 1978*)
- **Disorganized/Disoriented**
(*Main and Solomon, 1986*)

MALTREATED CHILDREN AND ATTACHMENT

82%
**Disorganized/Disoriented
Classification**

(Compared with 20% of Control Children)

Carlson et al 1989

Caregivers With Poor Attachment

- A parent with poor attachment capabilities is rarely able to pass on healthy attachment to his/her child.
- In the presence of distracting, pre-occupying or threatening life experiences -- such as unemployment, many other children or domestic violence -- even less 'attention' and less attachment experiences can be given by the parent.
- The result may be an unattached, empty child.

Neglect

- Lack of a specific sensory input during development results in abnormal development of the brain.
- The abnormal development is in those brain systems which *sense, perceive, process, “interpret”, and “act on”* information related to that specific sensory deprivation.

Sensory Deprivation

Absence of sight, sound, touch, taste, smell -and meaningful combinations of these sensations

The somatosensory bath of early childhood provides the major sensory cues responsible for organizing key areas in the brain

Absent these sensory experiences, abnormal development results

Sensory Chaos

The majority of neglect cases are due to sensory chaos - non-patterned, inconsistent, dysynchronous sensory experiences

Disorganized sensory experience results in disorganized brain organization

The key issues here are the quantity, quality, pattern and timing of sensory experience

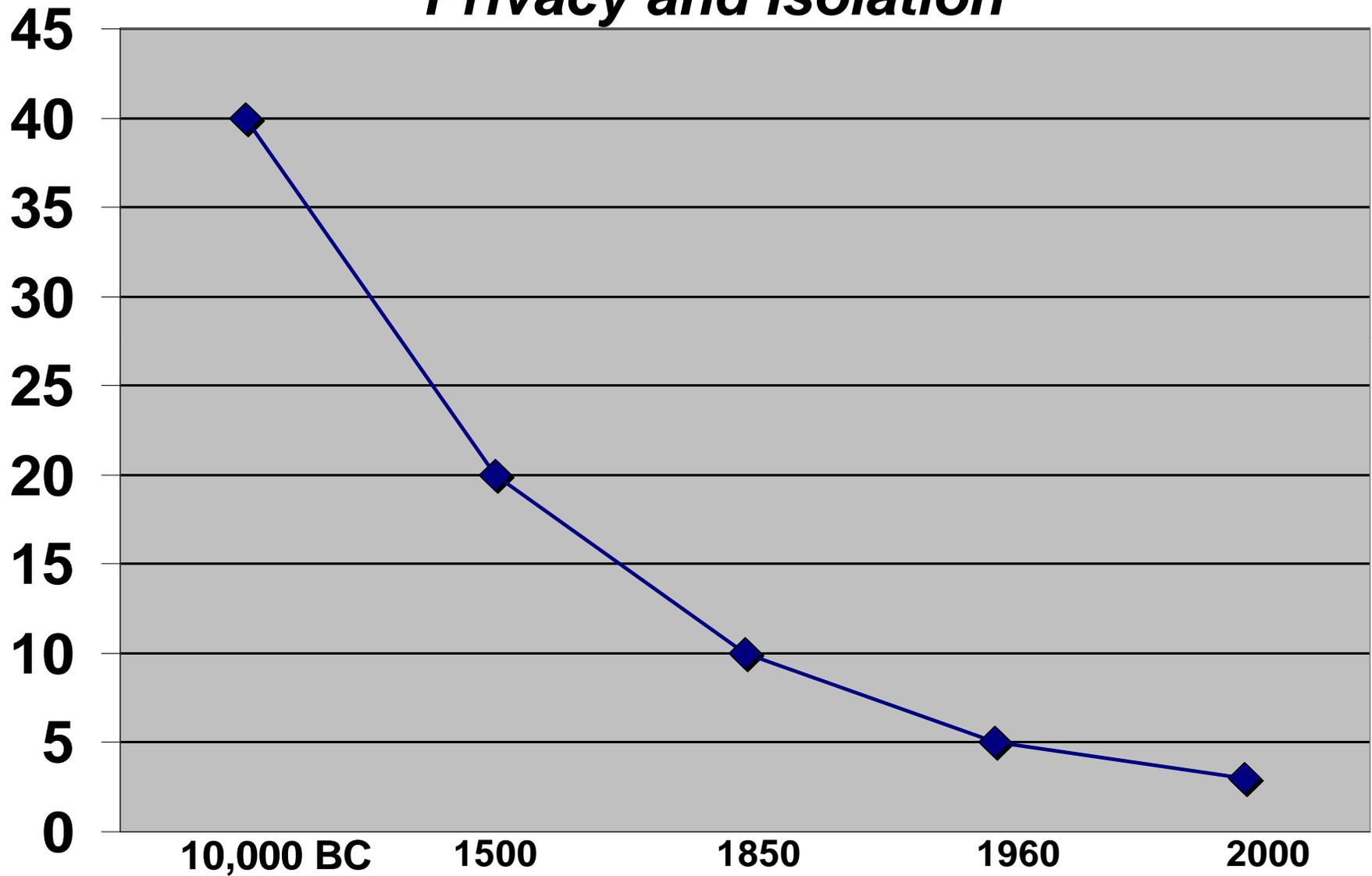
Emotional Neglect and Substance Abuse

- Lack of early life attachment leads to underdevelopment of ‘reward’ systems
- Therefore, the reinforcing effects of relationships or intimacy is minimal
- Exogenous stimulation of these reward systems using dopamine-stimulating (e.g., cocaine) or opioid-like drugs is the only route to ‘reward’

The Family Environment

- We humans spent 99 percent of our history in small, living groups of approximately 35 to 50 people. There was no privacy. Multiple adults and older children played a role in caregiving to infants and young children.
- In the last century we have become increasingly compartmentalized. Fewer adults are available during the day to enrich the lives of young children.

Decrease in the Size of “Households” *Privacy and Isolation*



What are We Doing ?

- There has never been a time in the history of humankind that we have asked a single adult to provide the ongoing and continuous needs of multiple children with so little support.
- Increasing isolation, decreasing resources and electronic caregiving combine to make it more difficult for families to provide optimizing experiences for children.

Privacy and Child Abuse

- Increase in physical abuse and neglect with
and increase in privacy and with isolation
- More adults and older children around to decrease 'caregiving' pressures
- Shame for assaulting or neglecting a child
- Community participation for instruction, re-direction, attention and discipline

Intervention Following Neglect

- The earlier the better
- No part of the brain will change unless it is activated
- Many of the primary areas of deficit are in the brainstem, midbrain and limbic areas
- Repetitive, specific and sequential experience can recapture potential

Assessment

- Requires historical view
- Is ongoing
- Requires moving beyond diagnoses based on behavioral indicators
- Requires exploration and understanding of perception and interpretation of perception
- Identifies the “starting place” for intervention

Pre birth experience, i.e., mother's substance use/abuse, domestic violence, stability, health care, genetic issues

Birth experience, i.e., full term, health at birth, caregiver information, regulation issues

Infancy, i.e., routines, predictable caregiving, touch, sleeping and eating patterns, description by caregiver of infant.

Developmental markers through **infancy to age 2 years**, i.e., separations, crawling, walking, talking, # of caregivers, nurturing quality of caregivers

Pre school years, 2-5 years, i.e., separations/losses, language development, caregiver qualities, enrichment opportunities, relational context available

Elementary years, 5-10 years, i.e., separations/losses, school experience, relational context, special interests, physical activities.

Middle school years, 11-14, i.e., separations/losses, school experience, relational context, special interests/skills, physical activities.

Include in all of the above, any medical or other treatment services or lack thereof, any neighborhood violence, disaster, or other potentially trauma-inducing events.

Intervention

- Relies on the assessment of the neurodevelopmental capacities.
- Is best supported with frequency, duration, predictability in the context of relationship.
- Relies on exploration of non-traditional approaches, i.e., talk therapy can't address the neurodevelopmental needs if the child/youth has disturbed attachment and high levels of dysregulation.

Attachment

- Ongoing relationship over time
- Development of eye contact
- Use of one to one relationship building “rituals”
- Reduction of changing caregivers and changes in routines.
- Time in’s instead of Time out’s
- Predictable adult responses to child/youth needs.

Self Regulation

- Need for calming effect of 80 beats a minute.
- Need for movement that is patterned and repetitive, perhaps at 80 beats a minute.
- Need for transitional objects and assistance with all transitions.
- Need for healthy nurturing touch.
- Need for comforting relief from stress, i.e., sucking pacifier, straw, sippy cup, and predictable frequent somatosensory experiences
- Offer simple choices and time for action.

Affiliation

- Predictable safe environment to develop simple parallel peer connections.
- Adult reflection of positive interactions, cooperation, beginning “friendship”
- Play and pleasure experiences in safe environment that are short, frequent, and end with a positive experience.

Attunement

- Assistance with interpretation of peer body language and other cues
- Adult verbal reflection of joint experiences, perception, interpretation
- Adult to adult modeling of attuned listening, healthy nurturing touch, caring responsiveness.

Tolerance

- Adult modeling of appreciation of differences
- Assistance with interpretation of differences
- Opportunities to be with others who differ from the child/youth in a safe, predictable, caring environment
- Opportunity to develop relationship with others who differ from the self.

Respect

- Adult to adult: 100% display of respectful behaviors toward on another
- Elimination of the demand for respect, which is disrespectful in itself.
- Appreciate any small step toward respectful actions by any child/youth, acknowledging and naming
- Be clear that Respect does NOT equal obedience or compliance.

Intervention that Matches the Child's Social-Emotional Age

- Examples:
 - Child is 4 with severe regulation issues and multiple attachment losses.
 - Child is 8 with disturbed attachment, poorly developed regulation, and has little affiliation ability.
 - Child is 10 with poorly developed regulation and has an ability to relate to one or two people but a small group overwhelms his brain's ability to cope . . . And he becomes highly alarmed.
 - Child is 13 with highly sensitive alarm response, has difficulty regulating his motor behaviors, and wants to “belong” but can't read other people's nonverbal signals.

Treatment Issues

- Work to increase child's sense of control
-- 'learned helplessness' is destructive
- Work to decrease the child's sense of being a 'victim'
- Work to help the child understand some of their normal physical and emotional responses to maltreatment
- Respect, consistency, nurturance

Re-emerging Problems

- Clinical problems associated with any traumatic experiences will re-emerge in different forms as the child matures
- Developmentally-appropriate problems with intimacy, trust, dependence, sexuality, power and self-esteem will surface --- or submerge as children mature
- Predict these 're-emerging' problems for children, families

What changes children ?

- The relationship appears to be more transforming than the 'right' words
- Multiple, repetitive experiences change children
-- predictable, consistent, nurturing experiences
- Use the other important people in a child's life to provide these experiences

Treatment Elements

- Nurturing
- Structured
- Predictable
- Repetitive
- Enriched in...
 - touch, smell, taste, sight, sound
 - words - conversation
 - social experiences

Principles of Therapeutics

- Work where the child is -
- Chronological age may not match the emotional, cognitive or social 'age'
- Emotional, cognitive and social 'age' are context and state-dependent
- Remember -- parts of the brain that are not being 'used' do not change

Group Psychotherapy

- Can be useful to improve social skills
- Can be useful to educate about 'normal' reactions to trauma and neglect
- Can be useful to allow 'safe' discussion of intimate topics
- Can be useful to allow children of different skills to complement each other's strengths and weaknesses

Psychoeducation

- Teach the child about the stress responses
- Information creates the cognitive framework for the child's self-understanding
- Help create positive and accurate 'scripts' about traumatic events
- Don't let children create or maintain 'false' narratives

Enriched Environments

- Sights, sounds, smells, tastes and touch
- Timing and attunement is crucial
- Let the child EXPLORE - discovery teaches better than passive absorption
- Face-to-face, eye-to-eye communication (conversation, expressions)
- Narrate, explain, think out loud, model
- Let child have quiet, integrating time - and sleep

The Therapeutic Web

- The other people in a child's life can provide more healing, educational, enriching and positive experiences than a therapist.
- These people, however, need insights, support, knowledge and reinforcement.
- Work to identify the people in this web - and provide them with the tools to understand and help the child.

Epiphany Reactions

- Single negative or traumatic events can change the brain and the person
- Single positive experiences appear to be capable of similar transformation
- More is known about the pathological impact of trauma than positive experiences
- Many religions and cultures describe, indeed, prescribe methods for epiphany (e.g., fasting, meditation, ritual, chanting, prayer)

Belief System

- *Beliefs systems can protect* - children with strong cultural or religious connections tolerate stressors and trauma better
- *Belief systems can destroy* - children can be raised with, or develop destructive beliefs.
“God punishes me because I am bad.”
- Belief systems appear to be integral to healing

Core Elements for Positive Development

- **Relevant** - developmentally matched to child.
- **Repetitive** - patterned activities.
- **Rewarding** - pleasurable to child.
- **Relational** - child feels safe, relationship opportunity.
- **Rhythmic** - coordinated movements.
- **Respectful** - of child, family, & culture.

Resources

- www.childtraumaacademy.org
- info@healthyfamily.org
- www.ccfnorman.org
- Parenting the Hurt Child, Keck & Kupecky
- Healing Power of the Family, R. Delaney
- Troubled Transplants, R. Delaney
- Boy Who Was Raised As A Dog, Perry & Szalavitz
- I Love You Rituals, B. Bailey
- Creative Interventions with Traumatized Children, Perry & Malchiodi