

Trauma through the Eyes of a Young Child: Bringing Relationship Based Assessment and Child-Parent Psychotherapy to Juvenile Court

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DONNELLY

"Daddy, can I stop being worried now?"

What Is Trauma?

An exceptional experience in which powerful and dangerous stimuli overwhelm the infant and young child's capacity to regulate emotions

Infants remember

How Do Children Experience Trauma?

- Loss of trust in adults
- Uncertainty and new fears
- Emotional instability
- Behavior Changes
- Returning to earlier behaviors
- Posttraumatic Stress symptoms

How Are Children Traumatized?

- Exposure to community violence in their neighborhoods and schools
- Exposure and witnessing domestic violence in their homes
- Exposure to or hearing about unusual traumatic events – accidents, terrorist attacks, wars, natural disasters - hurricanes
- Exposure to media

Effects of Exposure to Violence Depends Upon:

- Characteristics of the violence itself - one time or chronic (duration)
- Developmental phase of the child
- Proximity to the traumatic event
- Familiarity with victim and/or perpetrator
- Family and community support
- Response to violence exposure by family, school, community institutions

How Trauma Impacts on Children

- Derails the normal developmental trajectory
- Can contribute to:
 - developmental delays
 - emotional dysregulation
 - difficulties in forming attachments in childhood and later life

Effects of Trauma on Parents, Teachers, & other Caregivers

- Ability to listen to child may be limited
- Parent/adult may be so stressed that they cannot hear the child's distress
- Parent/adult may need to protect herself from feelings of vulnerability and trauma
- Parent/adult may have trouble hearing child's sadness, anxiety, & aggression

Other Risk Factors for Parents

- Substance abuse and effects on parenting
- Parental mental illness, especially depression and effects on parenting
- Dysfunction in families related to a combination of stress, poverty, and trauma

Early Risk Factors

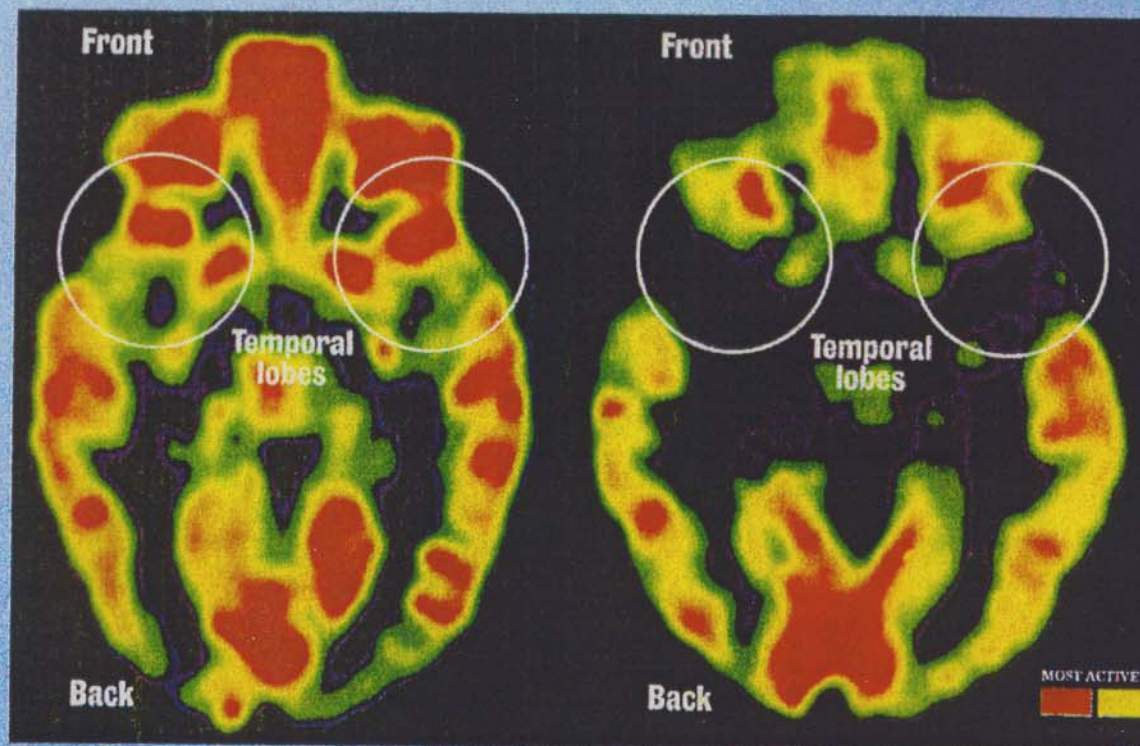
- Prenatal
 - Inadequate nutrition
 - Illegal drugs & alcohol
 - Exposure to toxins
 - Prescription drugs
 - O-T-C drugs
 - Stress
 - Maternal depression
- Birth and First Months
 - Pregnancy and delivery complications
 - Neurological insult
 - Exposure to neurotoxins after birth
 - Difficult temperament
 - Hyperactivity/impulsivity attentional problems
 - Maternal depression

How Early Experiences Affect Brain Development

- Parents play a crucial role in providing the nurturing and stimulation that children require
- A child's experience in the first few years determines how his brain will develop
- Parents need information and support to develop good parenting skills

Starting Smart: How Early Experiences Affect Brain Development.
An Ounce of Prevention Fund and Zero to Three Paper, 1998.

Effect of extreme deprivation



Healthy Brain

Abused Brain

EXPERIENCES

Early experiences, both positive and negative, have a decisive impact on how the brain is wired.

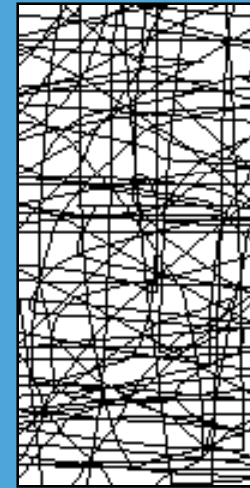
Pruning



Newborn



**Early
Childhood**



**Later
Childhood**

“From Neurons to Neighborhoods”

Four Overarching Themes

- All children are born wired and ready to learn
- Early environments matter and nurturing relationships are essential
- Society is changing and the needs of young children are not being addressed
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking

Stress

- In animals - neglect, stress and trauma can compromise brain development
 - Overactivate fear-stress responses in the immature brain, which may lead to long-lasting changes in function as manifested by behavioral abnormalities
- Human studies suggest the same effect

Chemicals in the Brain

- A set of highly interrelated brain circuits and hormonal systems are designed to deal adaptively with environmental challenges
- When an individual feels threatened, stress hormones are produced that convert physical or emotional stress into chemical signals sent through the body to the brain

Attachment

“The unchallenged maintenance of a bond is experienced as a source of joy”

What is attachment?

- “Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to a clearly identified individual who is conceived as better able to cope with the world” (Bowlby, 1988).
- Early relationships form the basis for all later relationships

Attachment Theory

(Bowlby, Ainsworth, and others)

- Humans are biologically wired to form attachments with their caregivers.
- Primary purpose of attachment is safety
- Attachment is bidirectional (both caregiver and child are active participants)
- Early relationships form the basis of all later relationships

Caregiver characteristics associated with infant attachment

- Responsiveness and sensitivity
- Caregiver's attachment classification
- Caregiver's mental health status

Secure Attachment

- **Infants with secure attachments**
 - use caregiver as secure base
 - display decreased exploration and possibly some distress when separated from caregiver
 - greet the caregiver positively and are easily comforted when caregiver returns
- **Secure attachment is facilitated by sensitive, flexible, and responsive parenting.**
- **Parents of secure infants are most often expressive and flexible**

During these early years...

- Children learn what they can expect from their attachment figures.
 - that they will be picked up if they cry and reach up with open arms
 - that they will be left alone to cry themselves to sleep
 - whether they can feel secure that the caregiver will be there or be inconsistent

The Still Face

Why Observation of Infants and Young Children is Important

- Play is the language of infants and toddlers
- Observation is the main “tool” to understand the emotional life (inner world) of the young child
- Observations allows us to understand children’s thoughts and feelings

What can we observe in infants?

- Infants cannot communicate through speech
- Patterns of activity vary at different times of day in relation to fatigue, hunger, temperature, & other internal stimuli
- Predictability is at best difficult
- Inconsistencies seem more prevalent than consistencies, especially over time

Behaviors to Observe include

- Eye contact between parent/caregiver and infant
- Holding patterns of caregiver
- Mutual touching of caregiver & infant
- Talking and other communication patterns between caregiver and infant
- Responsiveness and reciprocity (give and take) between caregiver and infant
- Sensitivity of both caregiver and infant to each other

How observation helps us understand parent-child relationships

- Does the infant or young child have a full range of affect (emotions)?
- Does the young child have any signs of abuse, neglect, or inadequate care?
- How does the infant relate to the caregiver/parent?
- How does the parent/caregiver relate to the infant?
- How does the infant relate to the examiner?

Infant-Parent/Caregiver Relationship Assessment

How to develop observational skills to assess babies
and infant-parent interaction

How to understand and make sense of relationship assessment

- Observing the infant/young child with parent/caregiver and understanding the relationship
- Focus on parent/caregiver through study of infant behaviors and affect

Relationship Assessment

- Provides observational information on the relationship
- Post assessment provides information on changes in the relationship
- Can assess behavioral change and responsiveness
- Assessment to evaluate the effectiveness of infant-parent (dyadic) interventions

Example of Relationship Specificity of Attachment

“Red Flags” for Children 5 Years and Younger

- Fear of separation from parent
- Crying, whimpering
- Screaming
- Immobility, aimless motion, and trembling
- Frightened facial expressions
- Excessive clinging

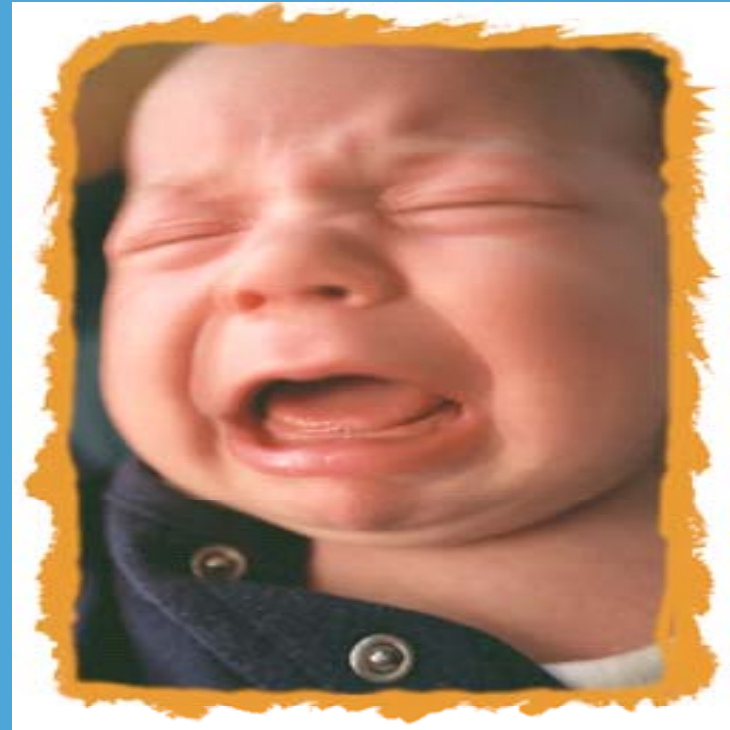
“Red Flags” for Children 5 years and younger

- Returning to behaviors shown at earlier ages
 - Thumbsucking
 - Bedwetting
 - No longer toilet trained
 - Fear of darkness

Remember – Younger children are strongly affected by parents/adults’ reactions to traumatic event

Signs in baby that emotional needs are not being met

- Sad or bland affect
- Lack of eye contact
- Non-organic failure to thrive
- Lack of responsiveness
- Prefers “stranger” to familiar caregiver
- Rejects being held or touched



Signs of emotional problems In toddlers/ preschoolers



- **Dysregulated, aggressive behavior**
- **Problems with and deficits in attention**
- **Lack of attachment**
- **Sleep problems or disorders**

Child-Parent Psychotherapy

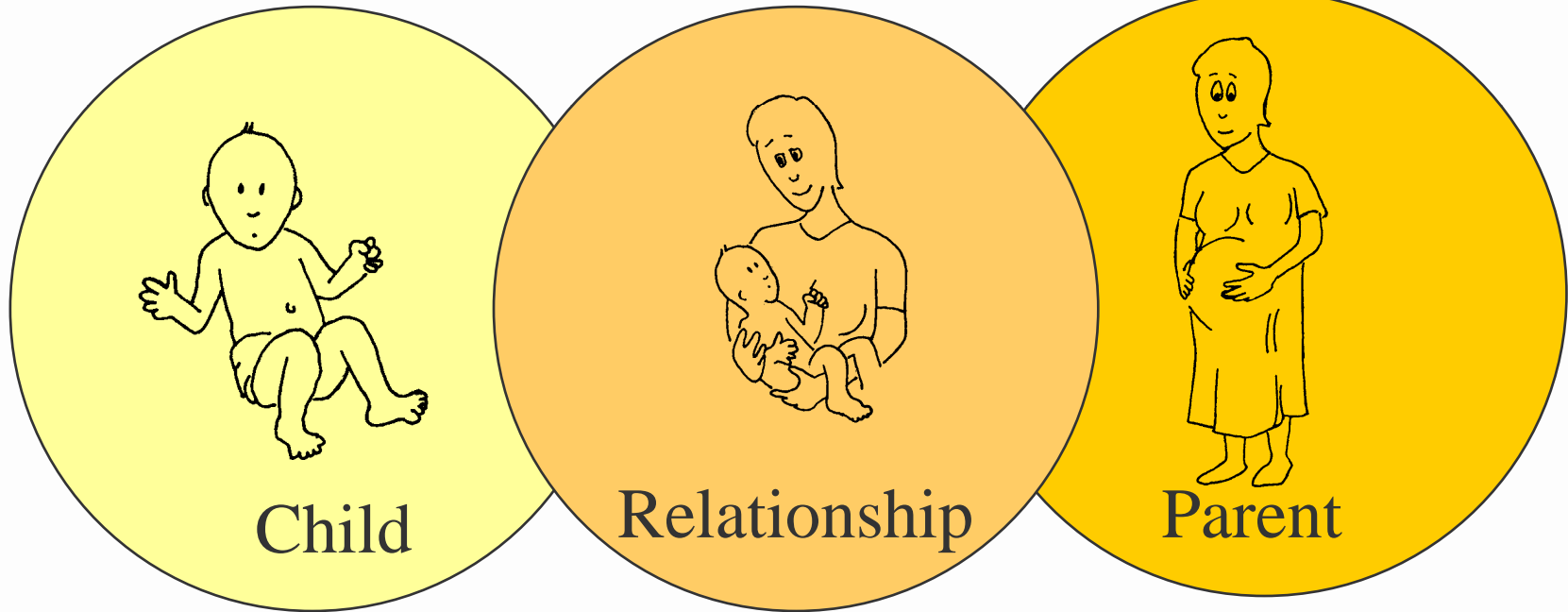
Goals of Child-Parent Psychotherapy

(Lieberman & Van Horn, 2008)

- Therapeutic work incorporates techniques to enhance parent's awareness and responsiveness to her child's needs
- Emotional and behavioral problems in infancy and early childhood need to be addressed in the context of primary attachment relationships
- Promoting growth in caregiver-child relationship supports healthy development of the child long after the intervention ends

Areas of Focus

- Add picture



Therapist models appropriate parenting behavior

Promotes empathy
and restores trust
and reciprocity in the relationship

Examines underlying concerns from the mother's own upbringing that may influence her interactions with her child.

Promotes healthy parent baby interactions at the inception of the formation of the relationship

Relationship Based Intervention

“There is no such thing as a baby”

Winnicott

A Relationship Based Intervention: Child-Parent Psychotherapy

- The infant was harmed in the relationship and must be “healed” in the relationship
- Encourage return to normal development
- Help with engagement in present activities and future goals
- Restore trust and reciprocity in relationships
- Place a traumatic experience in perspective

The Case of Lucille



Lucille as a child

- Born 1984
- Six siblings
- Removed from mother first in 1994, reunified and removed again in 1997
- IQ of 68, diagnosed with adjustment disorder

“The children of this family have been exposed to chronic emotional neglect and are experiencing symptoms of depression, emotional impoverishment and low self-esteem, low academic achievement and aggression. There are strong indications that they have been exposed to long term family and community violence.”

Reasons for removal

- home unfit for human habitation
- filthy
- insect infested
- foul odor
- no food
- children dirty
- 7 year old retarded sibling left alone
- Mother gave food stamps to her boyfriend
- home site of drug related activities
- children begging for food
- allegations of physical abuse by boyfriend

Lucille as a mother



- Courtney born February 1999
- Removed from Lucille in May 1999 after Lucille ran away from foster home and left Courtney with her mother
- Father unknown
- Termination of Parental Rights petition filed in December 2000

Interventions: Parent-Child Evaluation



- Affect neutral to positive
- Unable to allow exploration and initiation
- Speech & articulation poor
- Minimal play interactions- Mo. attempts to label and teach

Lucille Update-2008

- Graduated from high school
- Graduated in 2007 from Dental Hygiene Program
- Had another baby in late 2006
- Courtney is 8 years old and on the honor roll
- In 2008, Lucille was given custody by the court of her two younger siblings, 16 and 17 years old

Parents' Reports of Satisfaction

- **95% improved relationship with baby**
- **83% positive changes in child**
- **77% improved parenting**
- **73% improved family life**

Additional Benefits

➤ Of the first **59** children involved in this project, it is important to note that the mothers had a total of **156** children and the fathers had a total of **138** children.

Outcomes after 3 Years

For those that completed treatment

No further abuse or neglect reports in 100% of the cases.

100% rate of reunification



Vicarious Traumatization

- Traumatization of adults
- Burnout
- Countertransference
- Vicarious Traumatization
- Compassion Fatigue

Effects of Child Traumatization on Other Adults

- First responders – police, firefighters, EMS
- Teachers
- Interveners-child welfare, early intervention
- Evaluators and Therapists
- Media
- Judges/lawyers/CASA

Prevention

- Being aware of and managing traumatization
- Support in workplace
- Maintaining appropriate boundaries
- Setting realistic goals
- Social support
- Self-care
 - balance between home, work, self, and others

Prevention (personal)

- Maintain adequate self-care
 - Know and honor your personal limitations
 - Exercise compassion for yourself
 - Learn to say “no.”
 - Take time off
- Maintain appropriate boundaries
- Stay emotionally connected without becoming over-involved – “Who’s needs am I meeting?”

Intervention (personal strategies)

- Identify ongoing stressors and address them one at a time
- Strike an appropriate work/life balance
- Identify activities to rejuvenate and heal
- Attend to spiritual needs
- Schedule a “mental health” day when you find you are getting overloaded.

Intervention (professional strategies)

- Seek professional advise
- Develop and maintain professional networks
- Use reflective supervision in agencies and develop peer support groups
- Develop balance in work and personal life
- Engage in self-care regularly

“I have a hole in my roof, but I have a bigger hole in my heart because no one is looking out for the kids.”

(Teacher who lost her house during Hurricane Katrina, as quoted by Dr. Russell Jones)

Guidelines for Responding to Children Who are Traumatized

- Validate the child's feelings
- Model for the child it's all right to say "I'm scared"
- Give the child permission to tell his/her story – through play, drawing, words
- Consider the effects of the child's story on others

- “If I only had my old room back, I’d be good”
 - Quote from 5 year old in St. Bernard Parish

How to talk to children who are traumatized

- Start with what the child knows and thinks
- Reassure the child that adults are there to help him feel safe and secure
- Let the child know that you are interested in what s/he has to say

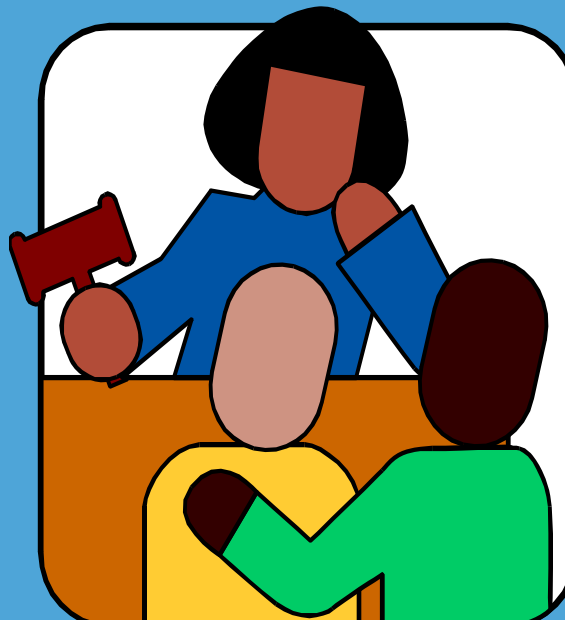
How to talk to children who are traumatized

- Reflect back the emotions the child expresses
- Establish eye contact and provide facial expressions and gestures
- Remain nonjudgmental about what the child tells you – just listen

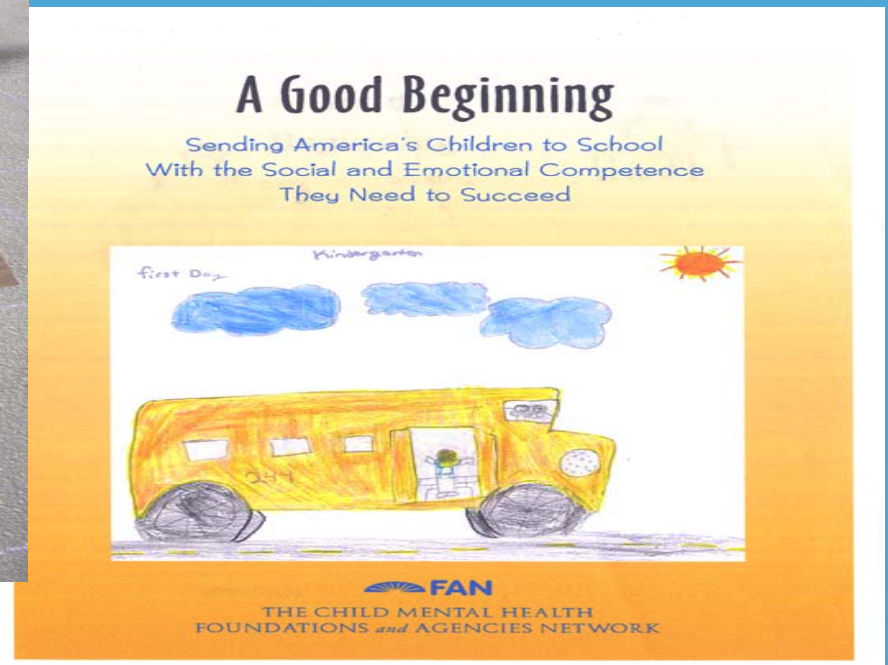
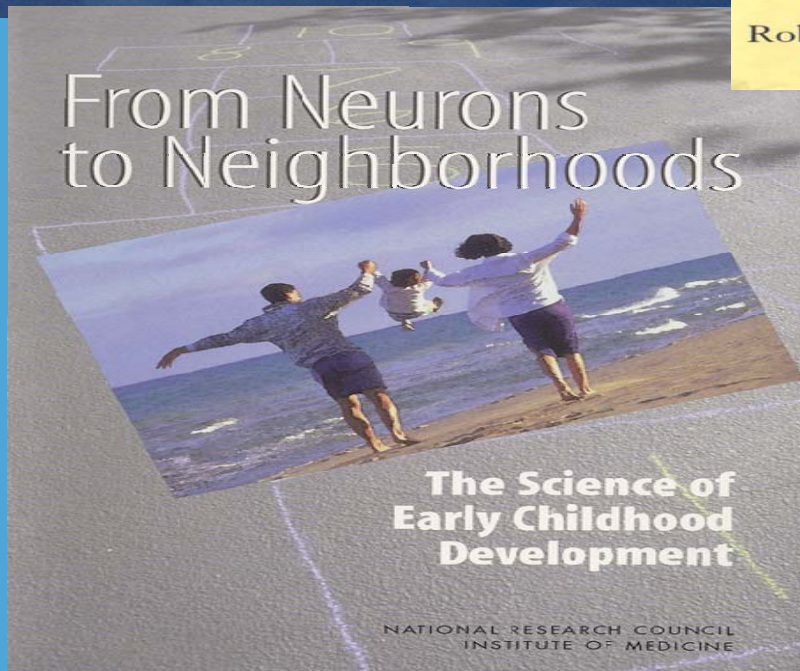
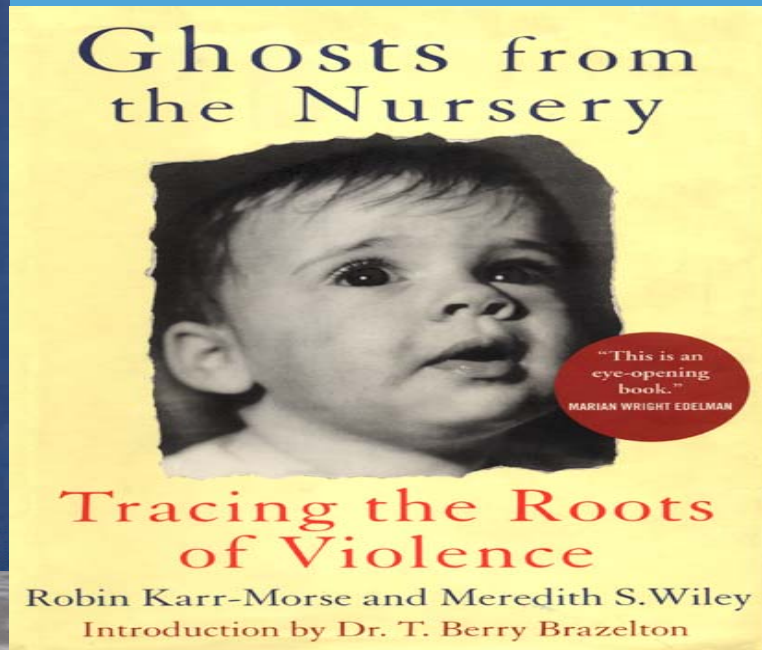
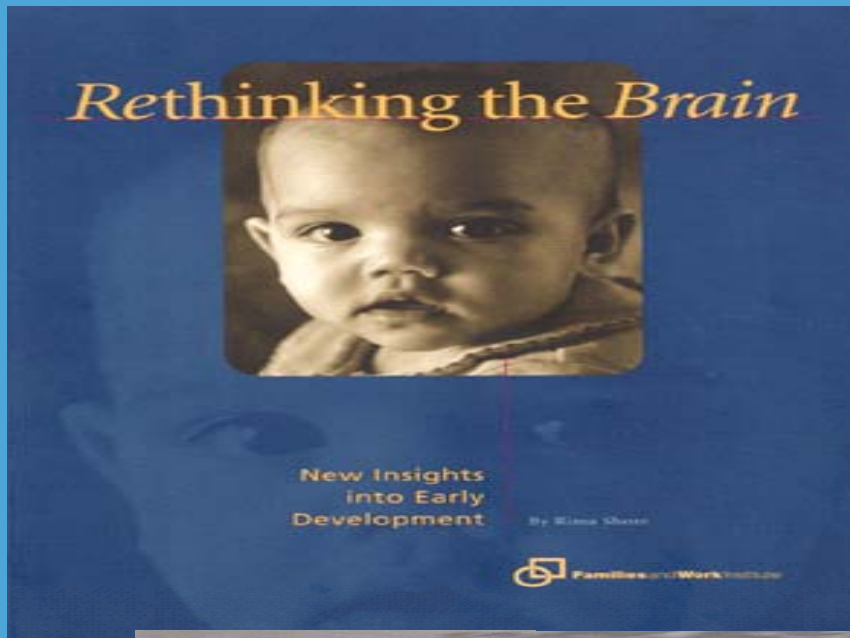
How to talk to children who are traumatized

- Show interest in what a child tells you without probing for more information
- Be alert to changes in behavior that suggest stress
- Let the child know that you are available for more conversation and support

What Courts Can Do



Read the research:
Science can inform our work



Make the First Placement the Last Placement

- Placement in a foster-to-adopt home in case reunification efforts not successful
- Adoption quality home studies on all potential placements including relatives
- Try to make decisions that take into account the impact on development

Separations occurring **between 6 months and 3 years of age,** especially if prompted by family discord and disruption, are more likely to result in subsequent emotional disturbances than earlier separations if followed by good quality of care

American Academy of Pediatrics, 2000

Short and Long Term Effects on a Child's Development

- The foundations of many mental health problems that emerge in childhood and adulthood are established early in life
- Impairment arises as a result of interaction between child's genetic predisposition and exposure to significant environmental adversities (i.e., harsh, inconsistent parenting as a result of poverty, poor quality child care, a depressed mother, etc)

Emotional and cognitive disruptions
in early lives of children have the
potential to impair brain
development.

Perry, Pollard, Blakely, Baker, Domenico, 1995

PART C, IDEA

Make sure all babies under the age of 3 are referred for a **Part C** screening pursuant to the **Individuals with Disabilities Act (IDEA)**

20 USC Section 1431 (2000)

Make Appropriate Child Care Referrals:

EARLY HEAD START
HEAD START

In most cities across the country, a minority of child care centers are accredited



Early Head Start Research

- Higher scores for language development
- Higher Bayley (developmental) scores
- Positive parenting outcomes
- Fewer “at risk” scores
- Fewer subsequent births
- Positive parent-child interactions



DHHS, June 2002

Implement Developmentally Appropriate Visitation Practices

- Predictor of reunification is frequency of visits
- Infants and toddlers need frequent visitation to enhance attachment with parents
- Visits should occur:
 - as often as possible
 - for a long enough period of time
 - in a comfortable and safe setting

When is Visitation **not** in the Best Interest of the Child ?

- Balancing the right of the parent to visitation versus harm to the child
- What if termination of parental rights case plan has been filed
- Parent is mentally ill or a chronic substance abuser
- Visitation after severe abuse and/or neglect

Refer for Infant/Child-Parent
Psychotherapy

Goals of Child-Parent Psychotherapy

- The infant was harmed in the relationship and must be “healed” in the relationship
- Encourage return to normal development
- Help with engagement in present activities and future goals
- Restore trust and reciprocity in relationships
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Refer to Quality Parenting
Programs

BAD
PARENTING?



Collaborations may include:

- A judge – essential to convene and facilitate the work
- Child welfare as partners
- Infant mental health professionals
- Early intervention professionals
- Child Care-Head Start and Early Head Start
- Health care-a medical home
- Dental care

Caregiver as Protective Shield



The Importance of Self Care for Adults

- Self care for adults, especially those who work with children, is important
- Adults need to find ways to help themselves, especially adults who may also have been traumatized and those who work with traumatized children



Chinese Proverb

People who say it cannot be done
should move out of the way and
not interrupt those who are doing it

Irving B. Harris

“Pushing Kids into the
River”