

Infant & Early Childhood Mental Health: The Impacts of Trauma & Tools to Promote Resilience

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Objectives

- Obtain clear understanding of the concept of Infant and Early Childhood Mental Health
- Learn tools to identify when parents/children are having stress response and how to intervene
- Identify evidence based practices and their capacity to help promote Infant and Early Childhood Mental Health in populations who have survived trauma

What is Infant Mental Health?



“Lahwaah, buwha buwhaah, gullygah abawaa mey ayeeyaah. Is that normal?”

Infant and Early Childhood Mental Health

Myths from the past

- All problems were organic to the child
- Babies don't know anything
- Babies are a blank slate
- Infants and toddlers don't remember
- They just cry because they are spoiled
- Babies are all resilient



Today we know better – it all matters

Infant & Early Childhood Mental Health Today

IECMH is the optimal social and emotional development of infants and toddlers within the context of secure and stable relationships with predictable, compassionate, available caregivers

Center on the Social and Emotional Foundations for Early Learning
<http://csefel.vanderbilt.edu/index.html>

Infant & Early Childhood Mental Health



Optimal infant mental health impacts development of the infant's:

- Brain – architecture of the brain
- Body – exploration of the world
- Behavior –emotion regulation
- Lays the foundation for future experiences/relationships

We are all born with the **capacity** to develop trusting and safe relationships

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+1,000,000 MORE THAN 1 MILLION
NEW NEURAL CONNECTIONS
PER SECOND

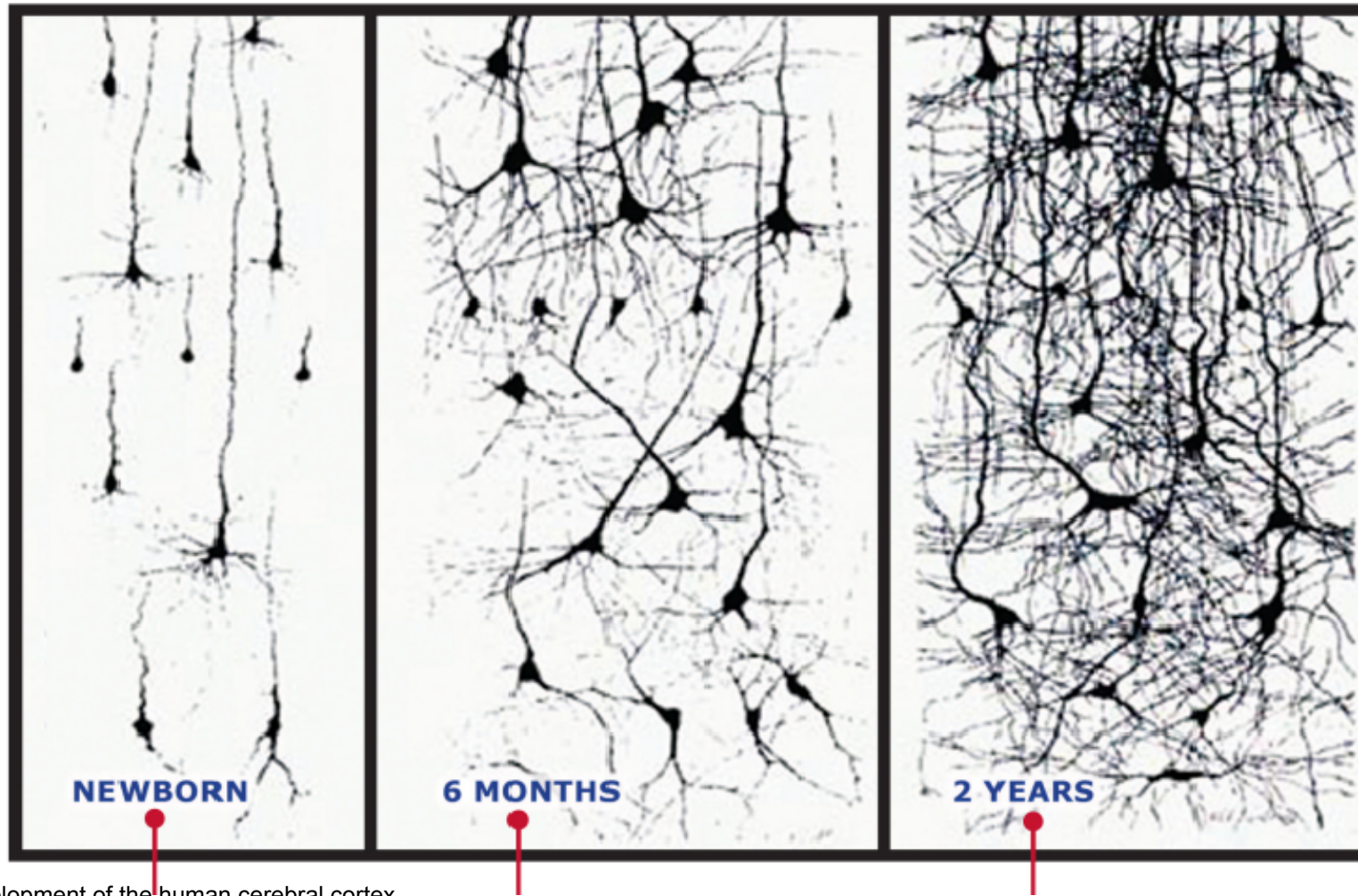
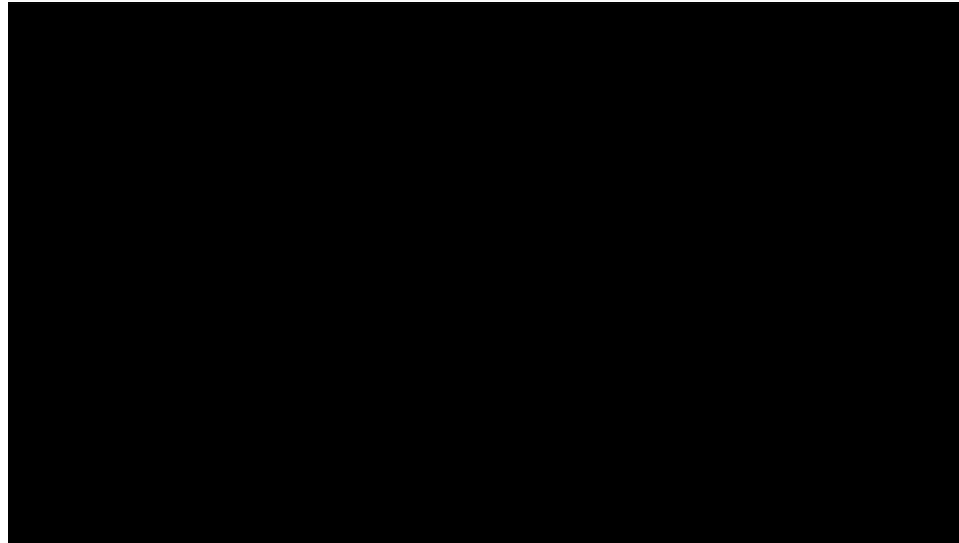


Image Source: Conel, J.L. The postnatal development of the human cerebral cortex.
Cambridge, Mass: Harvard University Press, 1959

Center on the Developing Child, Harvard University
<https://developingchild.harvard.edu>

Brain Development



<https://developingchild.harvard.edu/resources/brain-hero/>



Baby with optimal brain development learns

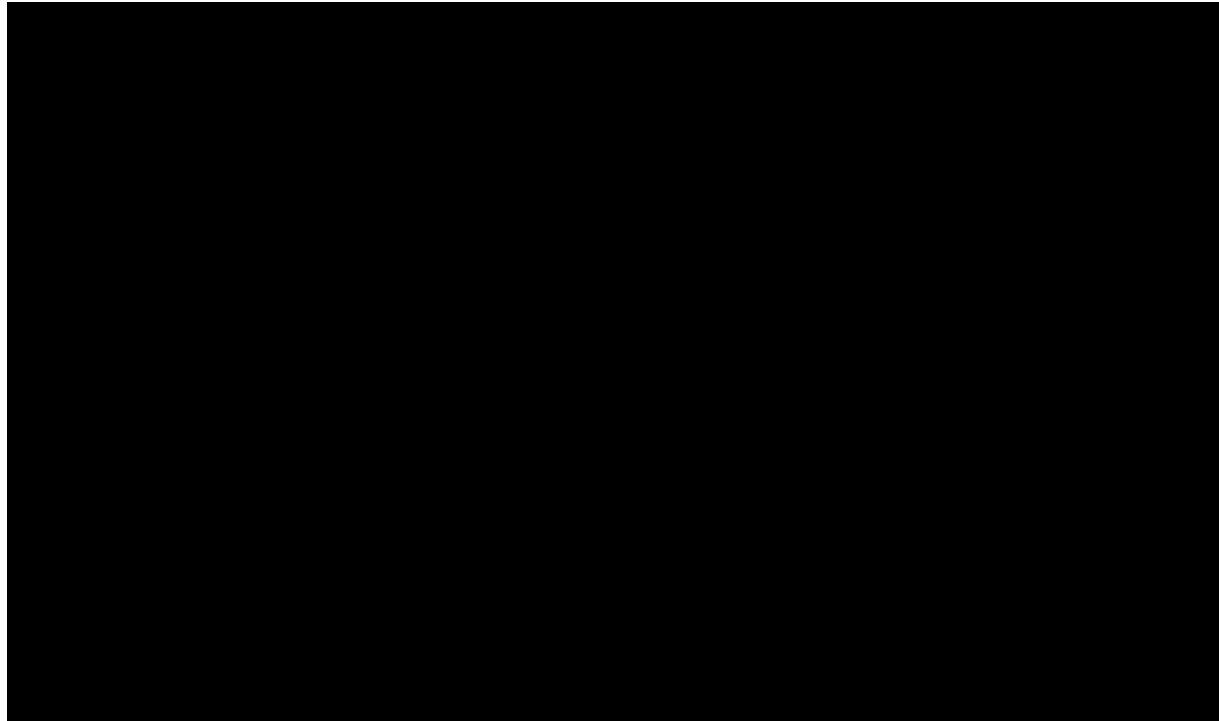
I can

- Consistently get my needs met
- Confidently explore the world and know my Caregiver is there when I need them
- Engage in reciprocal interactions with others
- Regulate my own emotions
- Learn to meet my own needs
- Have successful relationships in the future



Newton, Ruth, P., PH.D. 2008. The Attachment Connection. Parenting a Secure & Confident Child: Using the Science of Attachment Theory.

Social and Emotional Health



<https://www.zerotothree.org/resources/1298-jamie-age-7-months-with-his-mother-amanda>

What if those first experiences are less than optimal or maybe even adverse?

- <https://vimeo.com/119255263>

https://www.zerotothree.org/resources?q=&topic=&type=&rformat=videos&age_range=

Childhood Traumatic Stress

“Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended.”

National Child Trauma Stress Network (NCTSN). Claiming Children's.
Newsletter: The Federation of Families for Children's Mental Health, 2003.

Remember Fight, Flight or Freeze

- Blood rushes to our muscles which become tense
- Both the heart rate and breathing quickens ...Chest feels tight
- Body sweats
- Eyesight may narrow
- Decrease in digestive (GI) activity ...Stomach aches, Mouth feels dry
- Hormones (adrenaline and cortisol) are secreted... Rush of energy
- Increased Alertness, Senses sharpen
- Thoughts may become less controlled. With less time for complex problem solving, thoughts are not as comprehensive.



What is Toxic Stress?

Positive Stress

- Brief increases in heart rate, mild elevations in stress hormone levels.
- Normal part of healthy development
- Result of briefly distressing experiences

Tolerable Stress

- Serious, temporary stress responses, buffered by supportive relationships
- Result of more severe, longer-lasting difficulty

Toxic Stress

- Prolonged activation of stress response systems in the absence of protective relationships
- Result of strong, frequent and/or prolonged adversity

Under threat -you are alone, dysregulated, and in need of support to regulate



Stress Response System = RELATIONSHIPS

For children, when stress response is activated in the context of a supporting relationships with adults, the physiological effects are buffered and return to baseline levels ---

Resilience - Child develops healthy stress response system

- Predictable
- Compassionate
- Available



Harvard Center for the Developing Child

With a secure base from a Predictable, Compassionate, Available caregiver... Children GROW Resilience

Pathways to resilience are rooted in

- the give and take of safe, stable and nurturing relationships that are continuous over time (attachment),
- and in the growth that occurs through play, exploration and exposure to a variety of normal activities and resources

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“Ordinary Magic” (Ann Masten, PhD)

Where does resiliency come from?

1. Not Extraordinary
2. Strengths -
Human
Capabilities and
Adaptations

- Thinking and Learning Brain
- Hope, a Belief that life has meaning
- Self Regulation, Self-Control
- Self Efficacy
- Attachment relationships
- Mastery of age Salient Developmental Tasks
- Social Connectedness

Masten, A, 2001

What are these skills?

The **THREADS** children need for resiliency

Thinking and Learning Brain

Hope for the future, Believe life has meaning

Regulation, Self-Control

Self **E**fficacy

Attachment relationships

Developmental Skill Mastery

Social Connectedness



Adaptation of slides from Forkey, H, 2018

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When trauma occurs...

And that buffer is not available...

- Maslow was right. Safety and security comes first for physical well-being; social-emotional development follows.
- Children can determine the world to be unsafe as well as to determine his or her own value based on that relationship.

Effects on Belief Systems

- Systemic discrimination can result in communities of people not trusting support from the groups who have historically held and misused power, causing mistrust in such institutions such as mental health, schools, religious centers, healthcare.

Trauma gets in the way of the Resiliency **THREADS**

Thinking Brain – shuts down

Hope – deal with present danger, give up, shuts down

Regulation – shuts down, need impulses to deal with threat

Self **E**fficacy – lost – reacting (not controlling reaction)

Attachment – alone, no buffer to toxic stress

Developmental Skill Mastery – learning to shut down

Social Connectedness – alone with the threat

Adaptation of slides from Forkey, H, 2018

Trauma results from being psychologically alone in unbearable emotional pain; dysregulated - **FRAYED**

When a child is at the end of their rope

Fits, **F**rets, and **F**ear

Restricted development

Attachment Disorders

Yelling and **Y**awning

Educational delays

Defeated



Adaptation of slides from Forkey, H, 2018

If...then

- If you are told about trauma, look for symptoms
- If you are told about symptoms, look for trauma



Attachment and Resiliency

- The context of trauma is always relationships (or the attachments) children have.
- Therefore the context of resilience is always the relationships or attachments that children have.

So what do we do?

“We learned that if major threats to children are those adversities that undermine basic protective systems for development, it follows that efforts to promote competence and resilience in children at risk should focus on strategies that protect or restore the efficacy of these basic systems.”

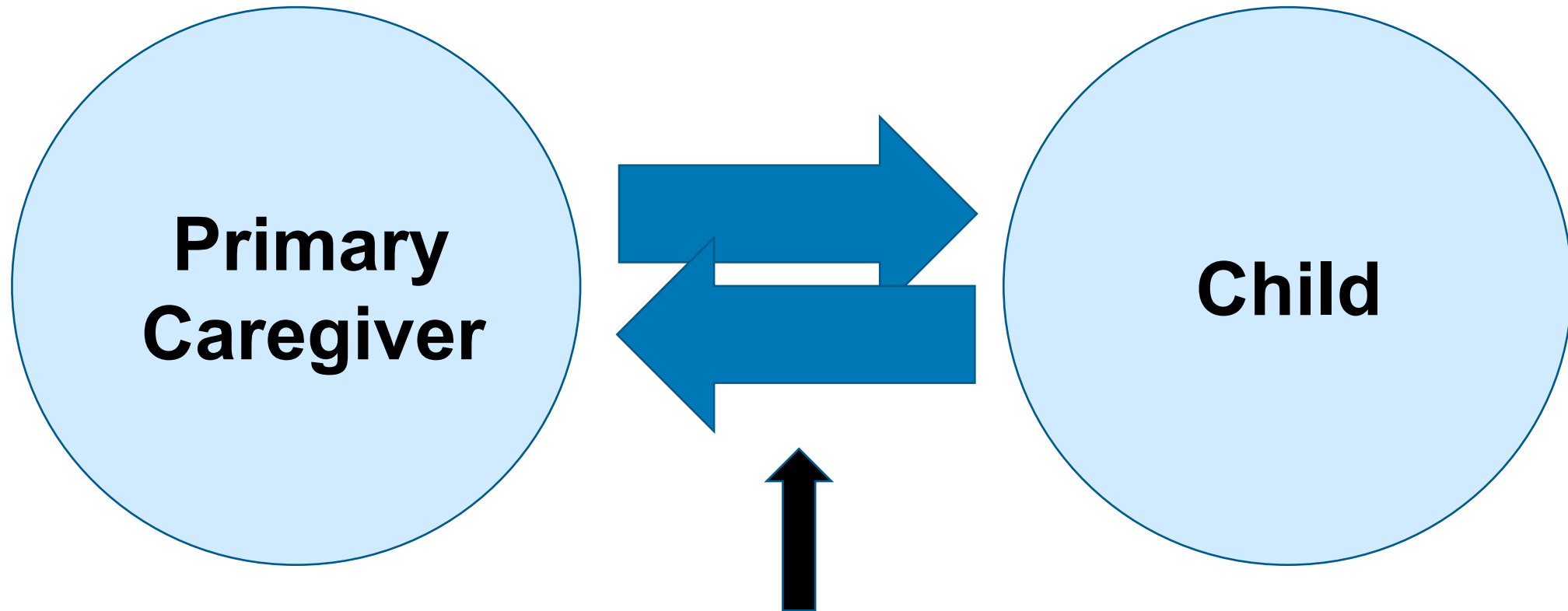
(Masten, A., 2001)

- We build up parental skill sets through **Education** so that they can be the heroes for their children
- We are forever **Curious**. I wonder what we don't know. What is he trying to tell us?

Secure Attachment comes from Predictable, Compassionate Availability



Two Generation Model of Care



The RELATIONSHIP becomes your Focus
of Thoughtful and Collaborative Intervention

Toxic stress in parents “**FRAYED**”

Fear, Fighting, Fretting

Regulation struggles – inability to control emotions and temper

Attunement challenges –difficulty reading child needs and responding appropriately.

Alcohol and Substance abuse

Yelling, harsh/punitive parenting

Exhaustion

Defeated/**D**etached



Adaptation of slides from Dowd, D. 2018

Parental Resilience **THREADS**

Thinking Brain, Problem solving, Curious

Hope, seeing beyond the current state

Regulation/Self-control

Efficacy, belief in worth as a parent

Attachment/Attunement to read child's needs

Distance and **Self-Care**, child(ren) not a barometer of self-worth

Social Connectedness



Adaptation of slides from Dowd, D. 2018

Help parent see their roll as an emotional caregiver



You can provide Predictable, Compassionate, Availability

- Be curious, Wonder what is happening in their life
- Parent gets to act out with you
- Don't take things personally. Remember the emotion is not about you
- Respond calmly
- Help name feelings, clear thoughts
- Provide structure, a clear plan



Child that has not had predictable compassionate available caregiver

They may come with
suitcase...



but is it empty?



When parent is **FRAYED**, they may have same empty suitcase

Education and Curiosity



Meet 3 year old Kimmy and her mom

- Following a visit with dad's parents' home, Kimmy comes home a mess. She does not go down for a nap. Whines and cries with everyone of mom's commands.
- Mom is beside herself. Vents that there is no structure at grandparents' home. "Stay up late, run all day, candy..."
- Mom is angry with them for sending Kimmy home this way. Mom works full time and really does not have time to "retrain" her daughter every two weeks.
- Mom vents, "Kimmy needs to learn, I am the mom. She needs to listen to me the first time. If I let her off the hook one time, we start all over."

Looking a bit **FRAYED**



Kimmy

Mom

→ **F**its, **F**rets, and **F**ear
Restricted development
Attachment Disorders
→ **Y**elling and **Y**awning
Educational delays
Defeated

Fits, **F**rets, and **F**ear
Regulation struggles
→ **A**ttunement struggles
→ **Y**elling; harsh punishment
→ **E**xhaustion
Defeated

Adaptation of slides from Forkey, H, 2018

38

Grab your Tool box. Time to build up their **THREADS**

- ➡ **T**hinking, Problem Solving
- H**ope
- ➡ **R**egulation
- ➡ **E**fficacy
- ➡ **A**ttachment/**A**ttunement
- D**evelopment/**D**istance
- ➡ **S**ocial Connectedness

Education

- Flipped Lid
- Separation Anxiety
- Schedule, Touch
- Paraphrasing, Praises

Curiosity

- What is Kimmy telling you?
- Are grandparents helpful? Is there a relationship?
- Are they amenable?



Grab your toolboxes and start to build up their THREADS



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FRAYED & THREADS through EBP

How does Evidence Based Practice support building the THREADS between FRAYED children and parents?

What does that **FRAYED** Caregiver look like?



How EBP's THREAD

Thinking, Problem Solving

Hope

Regulation

Efficacy

Attachment/Attunement

Development/Distance

Social Connectedness

Tools

Healing

Regulation

Efficacy

Attachment/Attunement

Development

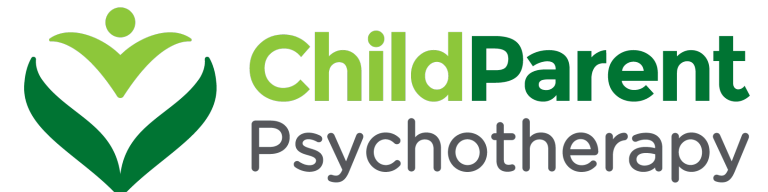
Social Connectedness

Interventions that promote IECMH



Home Visiting programs

Evidence Based Child & Parent Treatments – CPP, PCIT, IY, Triple P, TF-CBT



Commonalities among trauma treatment

- Establishing safety
- Somatic/calming/triggers
- Parenting skills
- Play is the first language
- Teach the Parent to heal the child
- Setting consistent limits and boundaries



Pediatrics, Volume 138, number 6, December 2016

The modality can be the **THREAD** to build the:
Predictable, Compassionate & Available caregiver



Child Parent Psychotherapy (CPP)



- Evidence based short-term therapy for children 0-5 & their safe Caregivers
- The child was harmed in the relationship and must be healed in the relationship
- Encourage return to normal development
- Focuses on Safety and Affect Regulation
- Restores trust and reciprocity in relationship
- Place a traumatic experience in perspective
- Actively addresses trauma as revealed in play and relationship
- The “Patient” is the RELATIONSHIP between the parent and the child.

Parent Child Interaction Therapy (PCIT)



Empirically supported treatment modality for caregivers and their children between **2-7 yr** who exhibit **disruptive behaviors**

Utilizes **live-coaching** of parents while they interact with their children via an “ear-bug” device and observation through a 2-way mirror

PCIT is a short-term, manualized approach with an average commitment of 12-20 weekly session.

PCIT Phases of Treatment



Child Directed Interaction

- Caregivers become “Master Play Therapists”
- Provides Caregivers with the skills to manage difficult behaviors while strengthening the relationship
- CDI is taught first to establish a secure relationship, thus reinforcing the child’s desire to please the Caregiver. This, in turn, will increase the child’s compliance with Caregiver’s commands.

Parent Directed Interaction

- Teaches Caregivers how to give clear & direct commands
- Teaches Caregivers clear discipline sequence they can use anytime, anywhere with their child

Trauma Focused Cognitive Behavioral Therapy

TF-CBT

- TF-CBT is an evidence-based, short-term treatment for children ages 5-18 who are exhibiting behavior or emotional symptoms as the result of having experienced trauma
 - Treatment typically lasts 12-20 sessions
 - Is an individual therapy; however there are caregiver components
 - Through use of PRAC Skills Child and Caregiver learn how to cope through trauma via gradual exposure



FRAYED & THREADS through EBP



In Summary...

- Child traumatic stress occurs when a child is exposed to one or more traumas And when subsequent stress reactions persist after the traumatic event(s) has ended
- We know the consequences are far reaching, including negative effects with attachment, brain development, social-emotional development, behavior and learning
- Trauma occurs within relationships...AND
- Resilience occurs within relationships (or attachments) as well.
- RELATIONSHIPS buffer us from Toxic Stress
- Secure attachment comes from **Predictable Compassionate Availability** of a parent or primary caregiver
- IECMH uses Educational skill building and Curiosity to help parent be the heroes for their children (not us)

Learning Objectives

- Obtain clear understanding of the concept of Infant and Early Childhood Mental Health
RELATIONSHIPS with Predictable, Compassionate, Available Caregiver
- Learn tools to identify when parents/children are having stress response and where to focus your intervention
THREADS & FRAYED
- Understanding of evidence based practices and their capacity to help promote Infant and Early Childhood Mental Health in populations who have survived trauma
Relationship-based work
Focus on building up the THREADS of parenting so that parent can build the THREADS for their child

The Story of the O's

