

LESSONS LEARNED:

Effective Interventions and Support for Young Children with Trauma

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safer, healthier relationships
for children and families

Learning Objective

1. Attendees will be able to identify the effects of chronic trauma and maltreatment on a young child's development.
2. Attendees will understand the role attachment plays in self-regulation and development.
3. Attendees will identify appropriate interventions for young children with high levels of dysregulation.
4. Attendees will increase their understanding of how to best support young children with trauma and their caregivers in a variety of settings.



FOUNDED



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for children and families

To better serve the community, Children's Home Society of Missouri and Family Resource Center officially united to become FamilyForward on April 1, 2017. Together, the agencies have 169 years of experience helping children and families. FamilyForward is a movement and the name for the merged entity of two of St. Louis' most accomplished, leading-edge non-profit organizations. FamilyForward is the direction for hope and for new opportunities to build safer, healthier relationships for children and families.

**FamilyForward leads the community in
providing innovative solutions for
advancing safer, healthier relationships
for children and families.**

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

- ▶ **Trauma Assessment and Psychological Evaluation**
- ▶ **Therapy**
- ▶ **Coaching and Education**
- ▶ **Foster Care and Adoption**
- ▶ **Therapeutic Preschool**
- ▶ **Care for Children with Developmental Disabilities**

The Therapeutic Preschool



safer, healthier relationships
for children and families

The Therapeutic Preschool Program is a unique program designed to improve the well-being of children who have experienced moderate to severe developmental trauma, and help meet their basic emotional and safety needs.

The work of the Therapeutic Preschool is informed by the most up-to-date trauma informed practices, including consultations with some of the foremost experts in child development and trauma. Our approach is holistic and non-medicated.

Our program teaches and practices lessons that children can carry with them into adulthood:

To feel valued

To feed their thirst for exploration and excitement

To help them recognize that they really can succeed

We believe every child has the right to safety, to unconditional positive regard, and to experience the world with joyful, playful, and safe relationships.

▶ Create a feeling of safety

▶ Take care of
yourself

▶ Debrief and
release



Guiding principles and theories:

- 1) The brain develops in a sequential manner (Perry, 2008).
- 2) Attachment theory is regulation theory (Bowlby, 1969) (Ainsworth 1978) (Schore 2000).
- 3) Play is a neural exercise (Porges, 2019).
- 4) Play is the language of children (Landreth, 2012).
- 5) Play that is patterned, rhythmic, and repetitive can lead to healing (Gaskill & Perry, 2014).
- 6) Sometimes, safety is the treatment (Porges).

“It happened when he was a baby- why can’t he just grow out of it?”

“She does great here, so why won’t she behave there?”

“I don’t want to baby him.”

Potential impact of trauma on the individual

- ▶ Emotional dysregulation
- ▶ Somatic symptoms
- ▶ Dissociation/numbness
- ▶ Social isolation/withdrawal
- ▶ Intrusive thoughts/nightmares
- ▶ Flashbacks to traumatic event
- ▶ Sleep disturbances
- ▶ Hypervigilance
- ▶ Heightened startle response
- ▶ Problems with memory
- ▶ Lack of focus
- ▶ Broken trust/ broken social contract
- ▶ Feelings of betrayal
- ▶ A shattered sense of safety and disillusionment in the world

Developmental trauma

- ▶ Severe reactivity
- ▶ Chronic dissociation
- ▶ Difficult behaviors
- ▶ “disobedient” child
- ▶ Developmentally low
- ▶ Impulsivity
- ▶ Dysregulation
- ▶ Hypervigilance



- ▶ Motor, social, cognitive delays
- ▶ Sensory processing issues
- ▶ Attention/focus
- ▶ Relational and attachment problems
- ▶ Physical health problems
- ▶ Low self-concept
- ▶ Poor inner working model



Recognizing signs of trauma and re-traumatization

- “There hasn’t been any trauma in this child’s life.”
- “They shouldn’t be sad that they were taken away from their biological family. They should be grateful.”
- “They’re not being re-traumatized with visits. They just need to handle their feelings better.”
- “You’re the only placement who has ever reported behaviors, so you must be the problem.”

Lesson 1: The Brain

“Resilient children are not born. They are made.”

- Bruce Perry



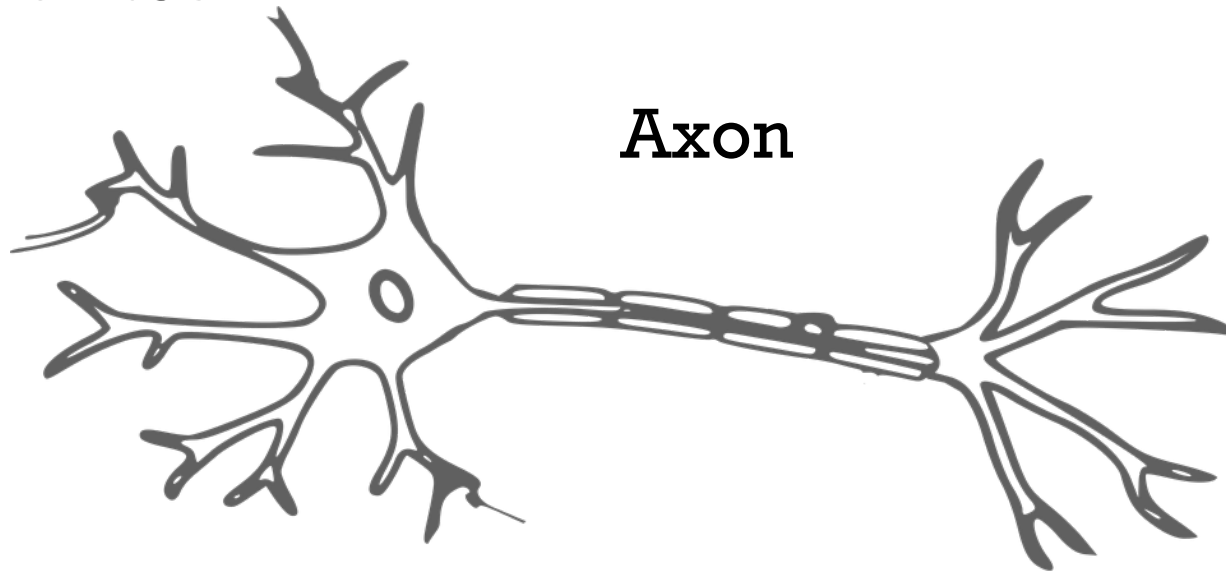
“It happened
when he was a
baby- why
can’t he just
grow out of it?”



Neuron: the building block of the brain

- Average adult has 100 billion neurons.

Dendrites



Axon

Badenoch (2008)
Badenoch (2011)
Gaskill & Perry
(2014)

Forming neural network

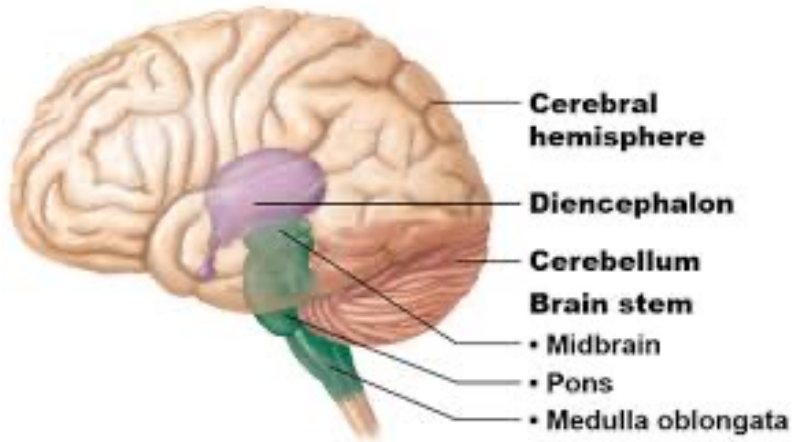


- Synapse: the connection between the neurons
- Synaptic cleft: the space where the neurotransmitter is released
- Information: the brain's representation of what occurs when the synaptic connections are firing
- Neurotransmitters:

Dopamine
Norepinephrine
Serotonin

Badenoch (2008)
Badenoch (2011)
Gaskill & Perry
(2014)

The brainstem/ diencephalon



Badenoch (2008)
Badenoch (2011)
Gaskill & Perry (2014)
Geller & Porges (2014)

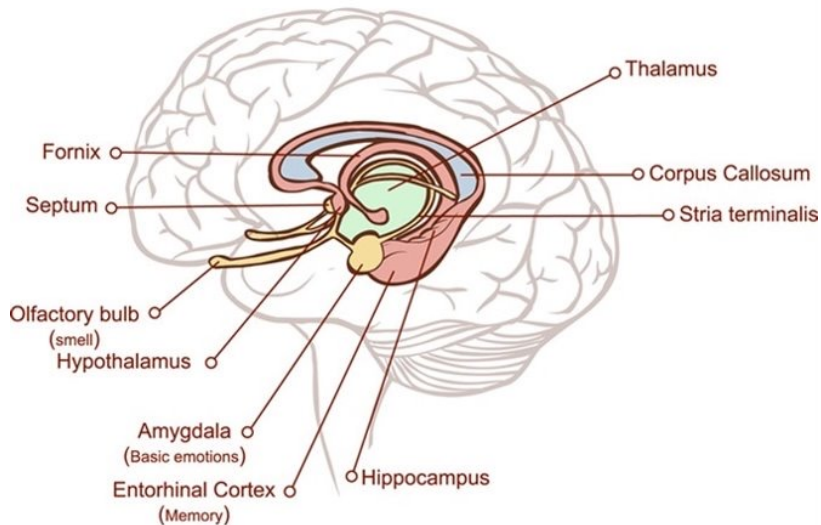
- Brainstem is first to be developed and ready to go at birth
- Formed *in utero* and organized in relationship to their mother and primary caregiver
- Receives messages of danger from the amygdala and activates the Autonomic Nervous System
- **Regulates:**
 - Heart rate
 - Blood pressure
 - Breathing
 - Metabolism
 - Body temperature
 - Attention
 - Arousal and energy (along with hypothalamus)

Signs of dysregulation in the lower brain

- Sleeping difficulties
- GI and/or toileting issues
- High or irregular heartrate
- Feeding issues/Metabolic problems
- Ocular- erratic blinking, difficulties tracking or making smooth eye movements
- Clumsy, awkward
- Stiff gait or odd walking
- Hypervigilance
- Hyperarousal
- Impulsive and/or reactive
- Lack of pain response
- Hyper or hypo-sensitive to different sensory information (may seek out or avoid sensory)
- Cannot focus (may look like defiance)
- Communication delays
- Depressive symptoms

Limbic system

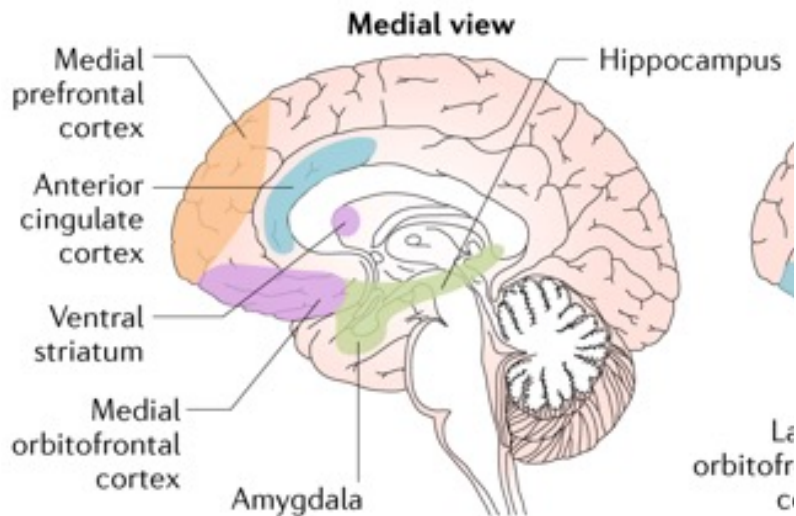
The Limbic System



- Develops during early childhood
- Scans for potential danger at least four times per second
- **Regulates:**
- Attunement
- Emotions
- Pleasure
- Reward
- Coping skills
- Affect regulation
- Short-term memory and learning
- Relational abilities

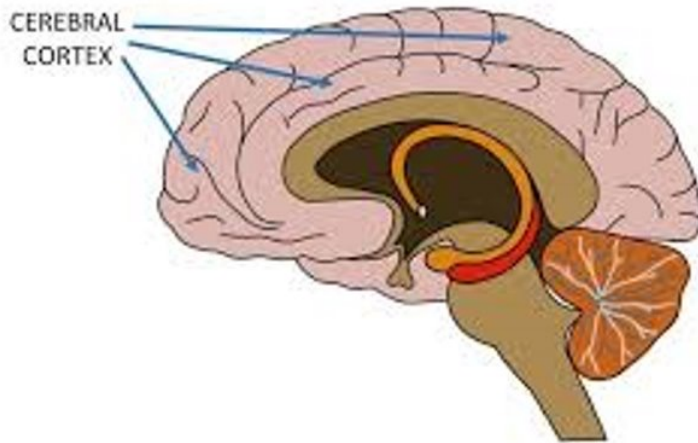
Badenoch (2008)
Badenoch (2011)
Gaskill & Perry (2014)
Geller & Porges (2014)

Middle prefrontal regions



- **Anterior cingulate**
- Attentional and emotional processing
- **Orbitofrontal cortex**
- Relational, calming
- **Ventral**
- Emotional regulation
- **Medial**
potential awareness of self

Cortex



- Starts to develop more fully in early childhood and finishes until mid-20s
- Social, emotional integration, creativity, and morality, problem-solving, impulse control, executive functioning
- **Regulates:**
 - Communication
 - Self-Image
 - Speech
 - Concrete and abstract cognitions
 - Math
 - Modulate reactivity and impulsivity

Two different types of memories



Implicit

- Only form of memory available in the first 18 months
- Forms mental models and is mostly below our awareness
- **Responsible for our guiding perceptions and actions**

Explicit

- Consciously recalled information
- Episodic, autobiographical

Lesson 2: Attachment

“Attachment theory is essentially a regulatory theory, and attachment can be defined as the interactive regulation of biological synchronicity between organisms.”
-Schoore (2011)

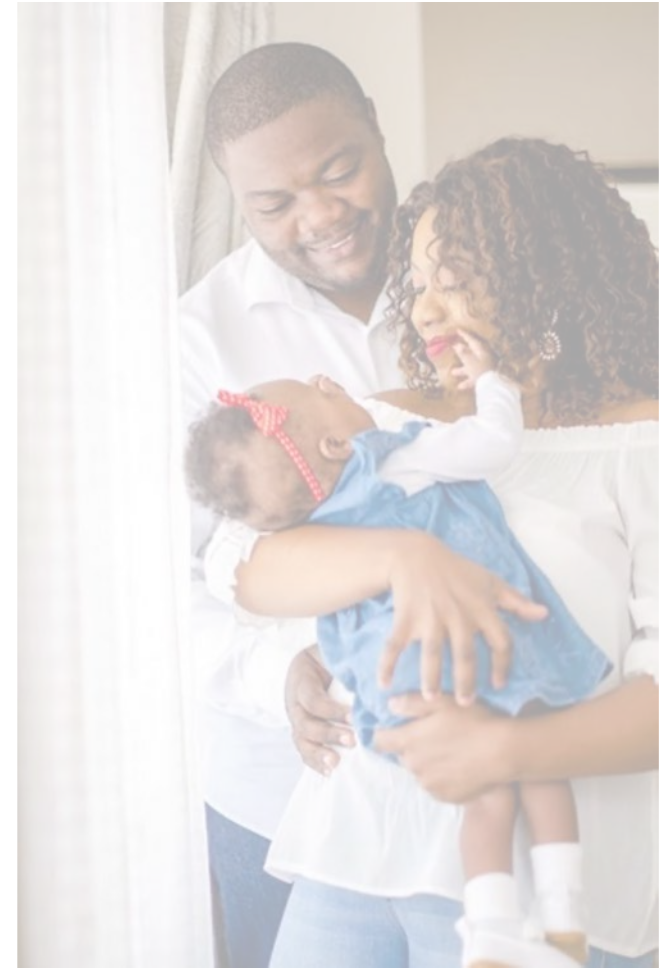


**“I don’t want
to baby him.”**



”Being harmed by the people who are supposed to love you, being abandoned by them, being robbed of the one-on-one relationships that allow you to feel safe and valued and to become humane—**these are profoundly destructive experiences.**”

- Bruce Perry



“Every positive, attuned interaction with a trustworthy other can help to rewire the brain.”

Bruce Perry (2006)

Attachment –

the enduring resonance and bond between a child and their caregiver that forms templates for future relationship

Bowlby (1969)
Ainsworth (1978)

“Attachment theory is essentially a regulatory theory, and attachment can be defined as the interactive regulation of biological synchronicity between organisms.”

-Schore (2011)

Attachment Styles

Secure

Feels protected by caregiver, may be distressed when caregiver leaves but trusts they will return



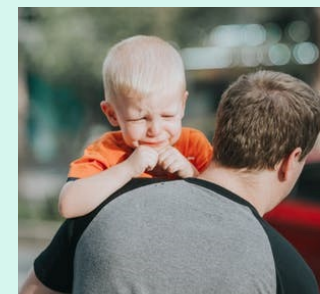
Insecure Avoidant

May avoid or ignore caregiver; may indicate a pattern of needs not being met; gives child semblance of control



Insecure Ambivalent /Resistant

Hard to soothe, may be “clingy” or nervous without parent, but may reject caregiver during interactions; could be indicative of a pattern of inconsistent nurturance and love or pattern of nurturance being withdrawn



Disorganized

Odd, ambivalent, confusing behavior toward caregiver; may indicate pattern of fearfulness from the child in the relationship due to parental behavior



Affect attunement

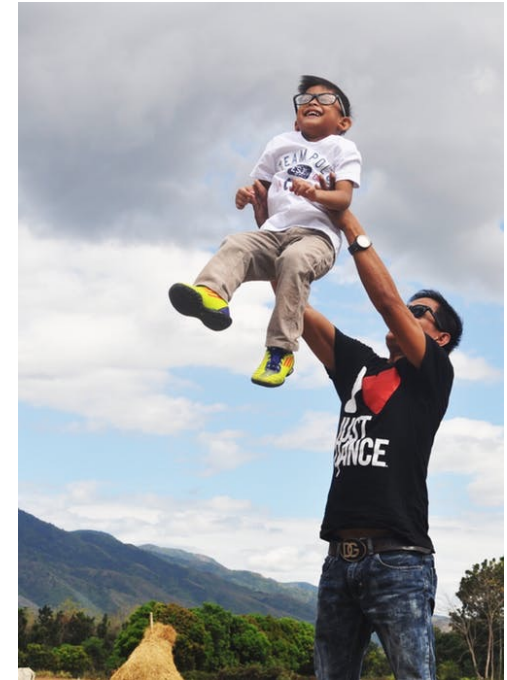


- In which the infant perceives themselves as the caregiver perceives them
- Matching behaviors, expressions
- Verbal and nonverbal (and vocal quality counts!)
- Creates the foundation for a child's exploration of the world and their place in it
- Intertwined with attachment

“...the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment”

- John Bowlby

Child Care and the Growth of Love, 1953



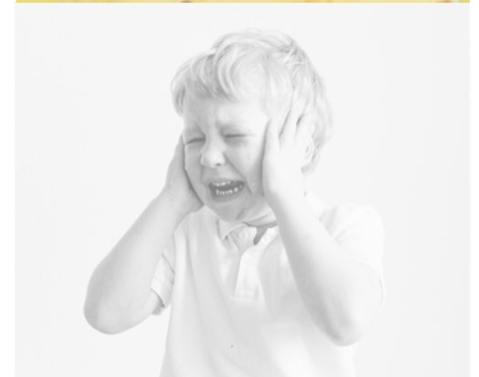
Lesson 3: State Dependent Functioning

“We ignore the emotional
needs of young children at
our peril.”

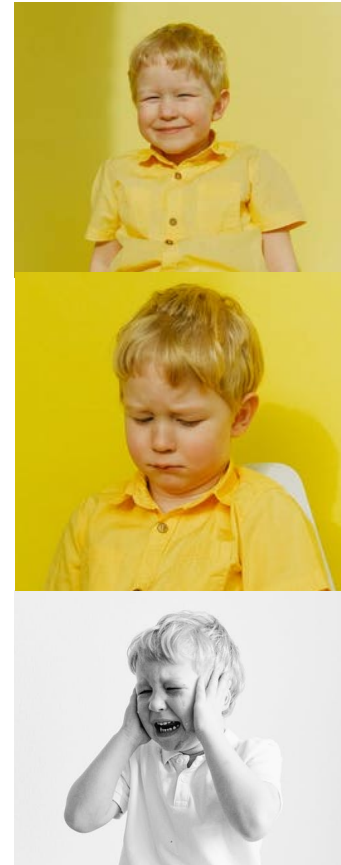
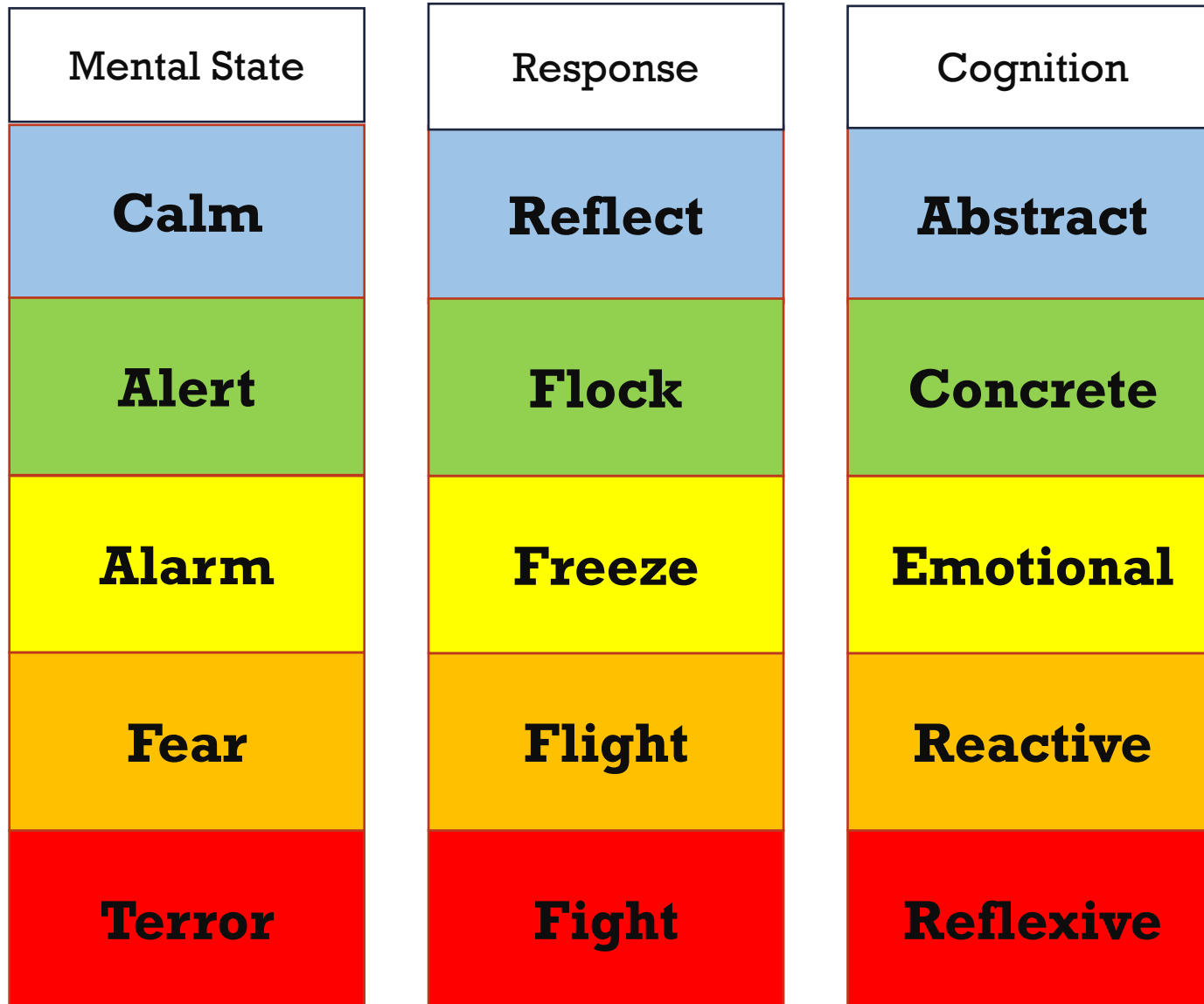
- Bruce Perry



**“He does great here,
so why won’t he
behave there?”**



State dependent functioning



Window of tolerance

Fight, Flight, Freeze (mobilization)

Calm, regulated, relaxed

SES online

Defensive (immobilization)

Dissociation

- Amnesia
- Derealization
- Depersonalization
- Identity confusion



Polyvagal theory (Stephen Porges, MD)

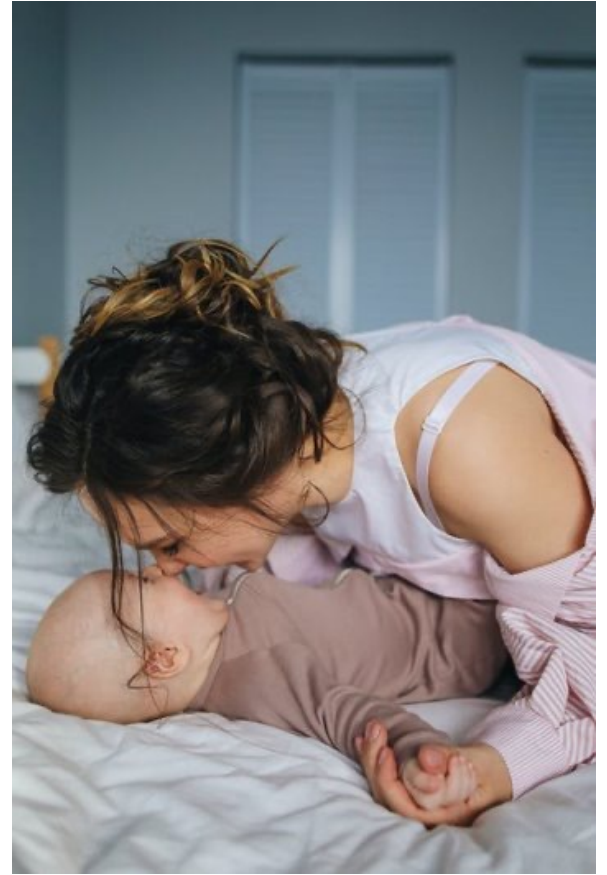
- Dorsal and ventral vagal complexes

We constantly and unconsciously scan for signs of safety, danger, and life threats (**neuroception**).

- Safety is a physiological state.
- Safety is a requirement for healthy development, regulation, and pro-social behaviors.
- We look for cues of safety in the faces and voices of others and connect with those who neurocept safety.

“They’re just really happy to go on visits, but they just don’t listen. And I don’t know why their foster parent can’t get them under control afterwards.”

“There wasn’t any trauma.”



▶ “Remember:

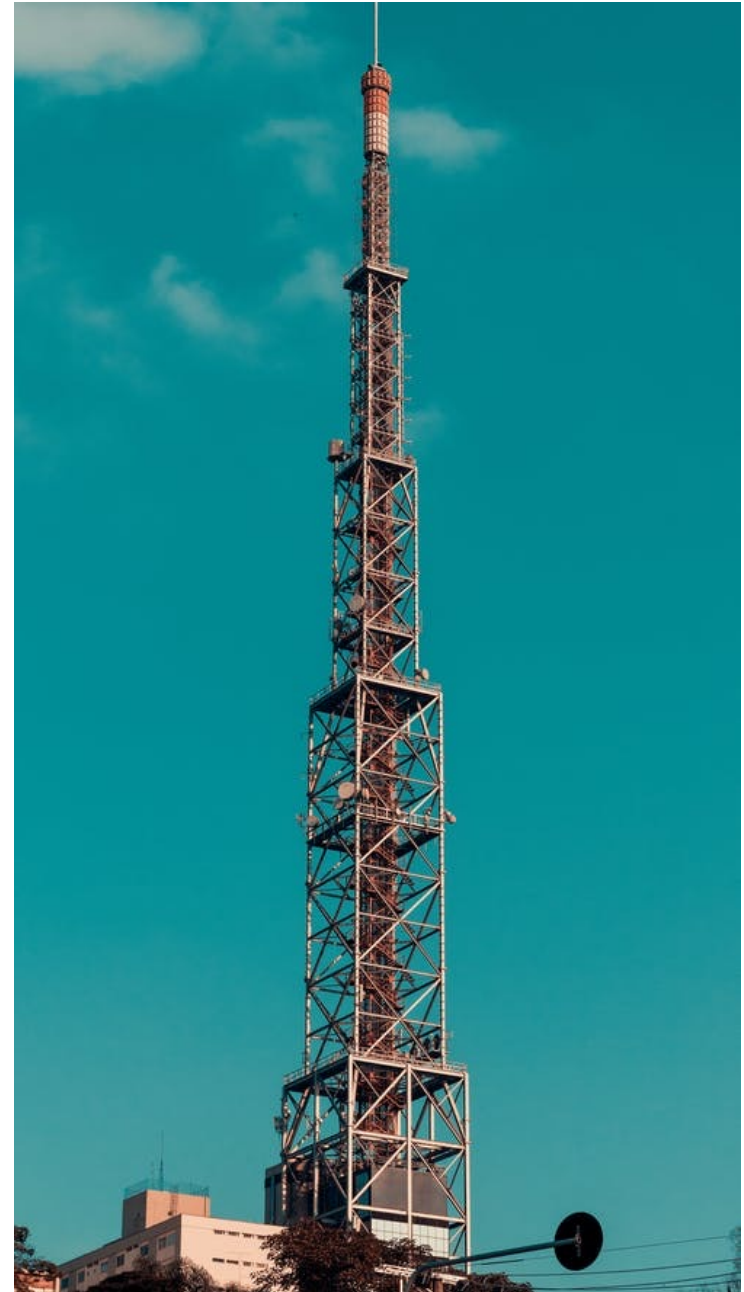
**Fear will bully your child into
poor behavior.”**

Karyn Purvis

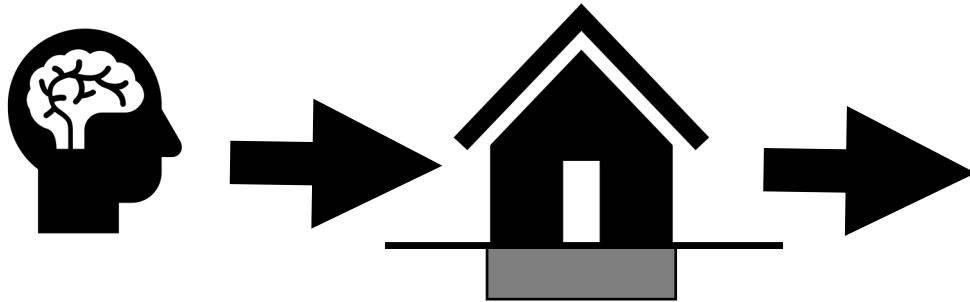
The Connected Child, p. 49

Lesson 4: Scaffolding treatment

“Bottom-up,
inside out.”



Scaffolding treatment



3. Cognitive

Develop sense of self
Integrate experience
Strengthen relationships

2. Limbic/relational interventions:

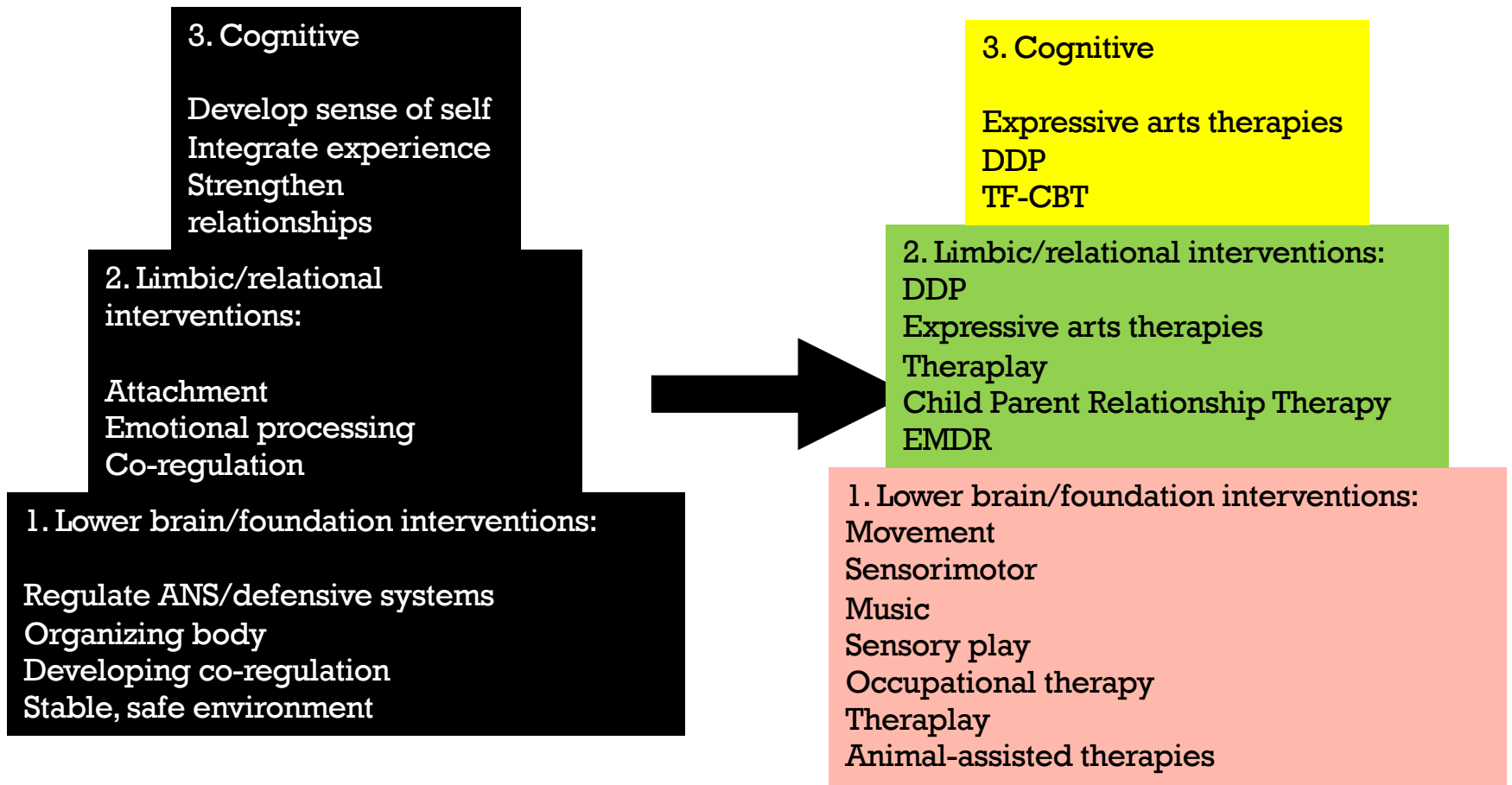
Attachment
Emotional processing
Co-regulation

1. Lower brain/foundation interventions:

Regulate ANS/defensive systems
Organizing body
Developing co-regulation
Stable, safe environment

Adapted from Gaskill & Perry (2014),
Hong & Mason (2016), Sori & Schnur
(201x), and the Beacon House

Implications for treatment



Lower brain- Movement, Music, and sensory

Limbic: relationships and expression

Cognitive: Insight and integration

SENSORY AVOIDANT*

Calming, Rhythmic, Repetitive

Proprioception (joint & muscle)	Pushing down on chairs, carrying or pushing heavy objects, wrapped up in a blanket, yoga, jump rope
Vestibular (back & forth, up & down)	Swinging, rocking, trampoline jumps, slow movement
Oral/taste	Chewing, sucks on hard candy, blowing bubbles, drinking from a sports bottle,
Tactile (feeling)	Brushing, drawing in sand tray, water play, kinetic sand, weighted vests
Sound	Quiet noise level, soft and gentle music, noise cancelling headphones, nature sounds, white noise
Vision	Low lighting, minimal visual stimulation, sunglasses, hats and visors, simple prints and patterns on walls and clothes, natural lighting
Smells	Lavender, rose, rosemary, and vanilla scents, familiar smells, scented markers, scented lotions

*List compiled by Maryville University OT graduate students

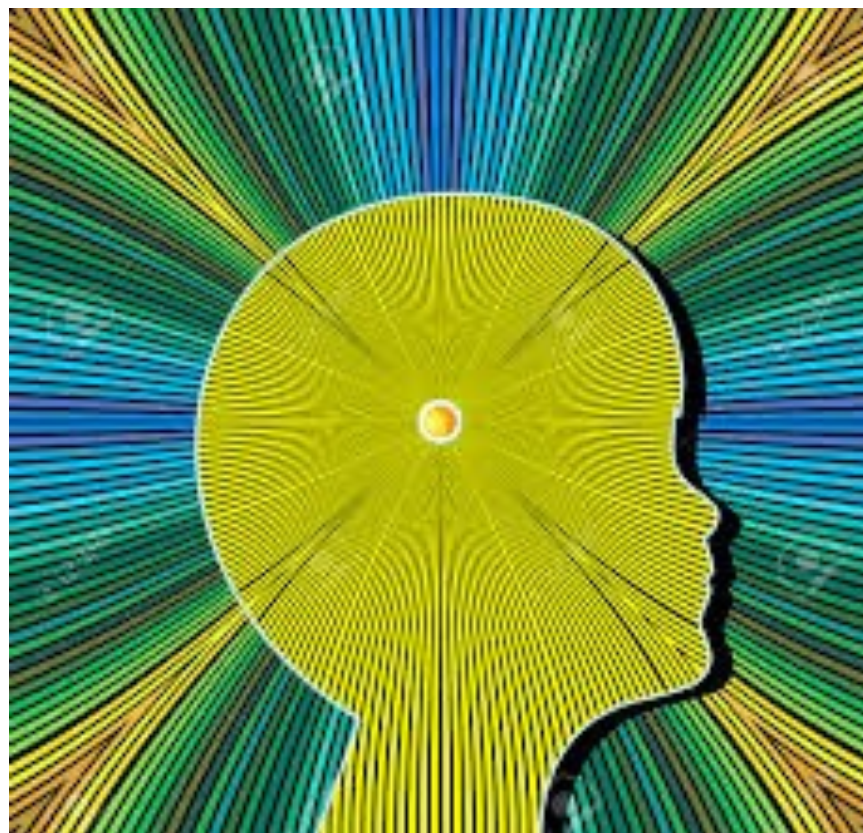
SENSORY SEEKING*

Arrhythmical, unpredictable

Proprioception (joint & muscle)	Eating crunchy foods, animal walks, jumping jacks, stacking chairs, dancing, exercise, “foot fidgets”
Vestibular (back & forth, up & down)	Irregular and quick movements, vibrations, bouncing on yoga balls, gymnastics
Oral/taste	Crunchy, cold, chewy, sour, spicy, combination flavors
Tactile (feeling)	Sensory rollers, gentle and unpredictable touch, finger paint, cold water, finger paint, “gloop”, shaving cream
Sound	Loud and fast music or sounds, singing, whistles, kazoos, drums, rain sticks, “listen and name” game
Vision	Bright, flashing lights, bright colors, Hoberman spheres, kaleidoscopes, sensory or iSpy bottles, bubbles, colored light bulbs, mazes, dot-to-dot
Smells	Strong scents, using herbs and spices in craft projects, scratch and sniff stickers, scented bubbles or Play Doh

*List compiled by Maryville University OT graduate students

Environmental changes to avoid **SENSORY OVERLOAD**



- ▶ Reduce visual and auditory stimuli
- ▶ Smells
- ▶ Clearly defined areas
- ▶ Reduced/no screen time
- ▶ Neutral colors
- ▶ Sensory rich options
- ▶ Natural lighting
- ▶ Safe, cozy spots set up with pillows, blankets, and stuffed animals
- ▶ Up-regulating stations for proprioceptive and vestibular seeking activities

SELF-REGULATION

- ▶ Structure, predictability, and routines
- ▶ Sleep hygiene and bedtime rituals
- ▶ Daily parallel play with a trusted caregiver (intentional relational regulation)
- ▶ Gross motor activities throughout the day
- ▶ Breathing exercises
- ▶ Appropriate sensory input
- ▶ Attachment/relational strength with a trusted and engaged caregiver

SELF-REGULATION

across all environments

- ▶ Special, safe, cozy spot
- ▶ Deep breaths
- ▶ Progressive muscle relaxation
- ▶ Animal walk transitions
- ▶ Balancing beanie animals on different body parts
- ▶ Breathing exercises: pinwheel, “pick a flower, blow out the candle”, stuffed animal on belly, blow bubbles
- ▶ Wall pus-ups/Make the room bigger
- ▶ Guided imagery breaks

RELATIONAL/ATTACHMENT

across all environments

- ▶ Unconditional, positive regard
- ▶ “Mirroring” games
- ▶ Sunshine Circles
- ▶ Storytime
- ▶ Build a fort
- ▶ Group compliments
- ▶ Cotton Ball Blow/ Cotton Ball Soccer
- ▶ Breathing back-to-back
- ▶ Notice what special things the child has today (“I see you have all of your freckles today!”)
- ▶ Gentle massage
- ▶ Singing
- ▶ Hand games
- ▶ Games that require face-to-face engagement
- ▶ Balloon tennis

Pick the appropriate therapy

Child-Centered Play Therapy

Developed by Virginia Axline

Child-led, permissive environment for young children

Sensory

Allows for developmentally appropriate expression and communication

Facilitative responses honor the child's decision-making and creativity, track the child's emotional expression and actions

Gives space for introspection

Therapeutic limit setting

“You may play with the toys in a lot of different ways that you may want to play with them”

Lower brain

Limbic system

Cortex

Pick the appropriate therapy

Theraplay

Child and family play therapy that increases a child's attachment to safe caregivers, builds self-esteem, and builds up the joy of the relationship through the natural patterns of the child-caregiver relationships

Support caregiver in being attuned with their child's needs

Structure, Nurture, Engagement, and Challenge

Develops co-regulation through a series of up and down-regulating activities

Multi-sensory experience with basic supplies

Activities can be used anywhere

Adapted into group therapy called Sunshine Circles

Helps to develop positive social skills

“Preverbal, social, right brain level of development”

<https://theraplay.org/>

Pick the appropriate therapy

Child-Parent Relationship Therapy

Developed by Garry Landreth, EdD, LPC, RPT-S, and Sue Bratton, Ph.D., LPC-S, RPT-S

Play-based therapy for children with dysregulation, behavioral and emotional problems, and social and attachment disorders

10 group therapy or coaching sessions with caregivers in which they are taught the basic and specific skills of child-centered play therapy

Builds and supports attachment, emotional regulation, and feelings of safety

Clinician/coach reviews videos of play sessions with caregivers; feedback is provided in a small group format

Cortex

Limbic system

Lower brain

<https://cpt.unt.edu/child-parent-relationship-therapy-certification>

Pick the appropriate therapy

Dyadic Developmental Psychotherapy

Developed by Dan Hughes, PhD

Trauma-focused therapy for children who have experienced trauma within their family units and are struggling with attachment and relationships

Affective-reflective dialogue

PACE: Playful, Accepting, Curious, Empathic

Explores and validates child's inner experiences

Reframes child's behaviors and sense of self for both child and caregiver

Can be paired directly with Theraplay

Cortex

Limbic system

Lower brain

<https://ddpnetwork.org/>

(DDP Network, n.d.)

OUTBURSTS



First... REGULATE



Then... RELATE



Last..... REASON



OUTBURSTS

Brainstem/Diencephalon need: Safety

“Am I safe? Is it safe?”



Limbic system need: Connection

“Do you love me? Am I loved?”



Neocortex need: Problem-solving

“What can I learn from this?”

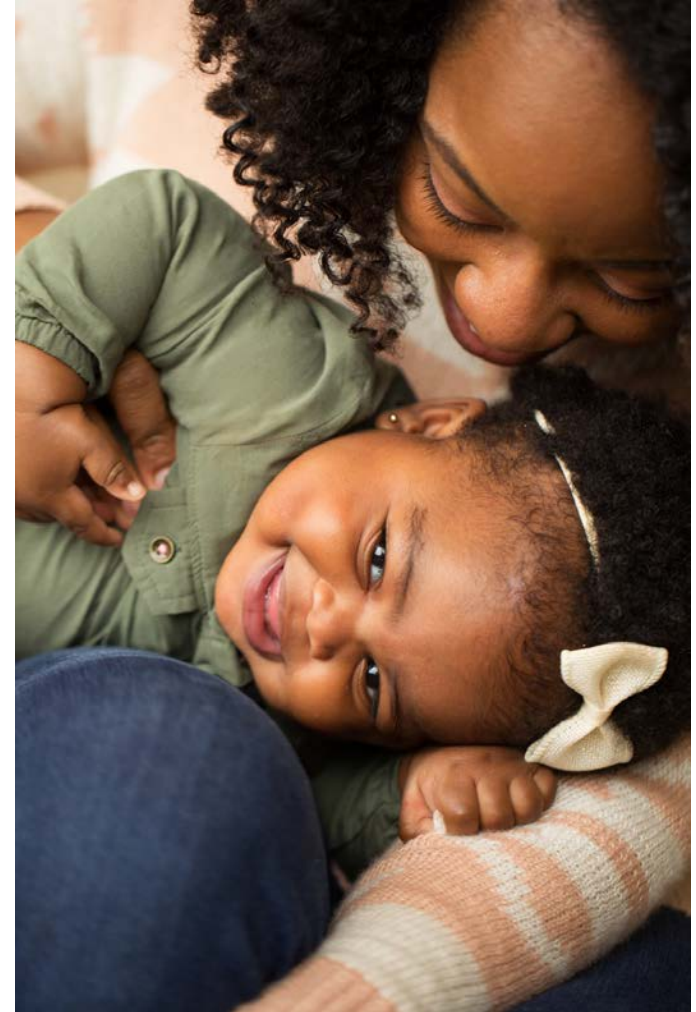


**“You are only as good of a
therapist as you are an affect
regulator.”**

-Bessel van der Kolk



- ▶ “What happened to you?”, not “What’s wrong with you?”
- ▶ Don’t ask “What’s wrong with this child?” Ask yourself, “Where are they in their brains?”
- ▶ “Where am I in my brain?”
- ▶ Increase child’s ability to feel and experience safety
- ▶ Regulate affect
- ▶ Validate feelings
- ▶ Problem-solving when calm



Now what?

- ▶ Individualized, biologically-respectful care with decisions driven by the child's needs and well-being
- ▶ Appropriately scaffolded treatment
- ▶ Continuing, up-to-date in trauma and child development for case managers, DJOs, GALs, judges, teachers, etc.



▶ Prevention

- ▶ Identify families who are at risk for children with developmental trauma
- ▶ Accessible, trauma-informed care
- ▶ Parenting classes for high risk families
- ▶ Medical facts and education about health care and development
- ▶ Holistic approaches
- ▶ Increase support networks for all families, child care providers, and schools

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