



THE IRREDUCIBLE NEEDS OF YOUNG CHILDREN EXPOSED TO TRAUMA



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Infant Toddler Mental Health Coalition of Arizona

My Background

- Clinical Social Worker specializing in young children 0-5
- Infant Toddler Mental Health Coalition of Arizona - 7 years
Non-Profit organization providing training and support for professionals working with Infants & toddlers
 - Chair of the Training & Education Committee
 - * Community trainings
 - * **Endorsement**
- Good Fit Counseling Center at SWHD - 12 years
Counseling Services for Children 0-5.
Primarily serve children in **foster care**
 - Clinical Supervisor and Child Therapist

Objectives

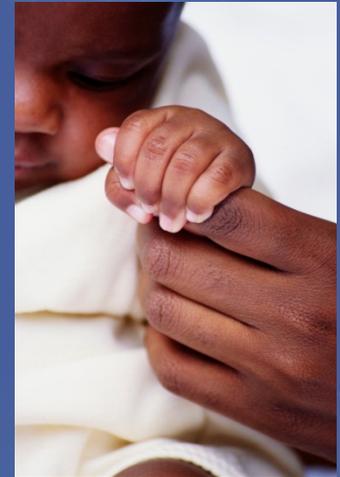
- Unique emotional need of young children
- How trauma impacts young children
- Opportunities to help young children in foster care recover and heal from trauma

The first 5 years

- Young children birth to 5 years have unique and complex needs
- Children rapidly develop foundational capabilities on which subsequent development builds
(Neurons to Neighborhoods 2001)
- What happens during the first few years of life matters a lot because it sets either a sturdy or fragile stage for what follows. (Neurons to Neighborhoods 2001)
- Vulnerable and completely dependent on caregiver

Early Development

- During the early years of life infants and toddlers face what developmental scientist, Dr. Alan Sroufe, calls *salient issues of adaptation*.
- The child does not face these early tasks alone, but does so in partnership with her/his primary caregiver.
- These early relationships are the determining context for development in all domains.





Early Relationships

- The infant-caregiver relationship is a crucial factor affecting social/emotional development specifically.
- From interactions with their caregivers, children develop representations of self and representations about being in relationships with others
- Through repeated experiences with attachment figures, young children develop expectations about the dependability of caregivers to provide comfort, support, nurturance, safety and protection.

Attachment



- An enduring emotional connection between a child and a caregiver characterized by a tendency to seek and maintain proximity to a specific figure (attachment figure), particularly when under stress
- Attachment represents the confidence the infant/child has in their caregiver to meet his/her needs and help them cope when faced with stressors.
- Secure Attachment vs Insecure Attachment
- Optimal development occurs within the context of a secure attachment with their primary caregiver

Long Term Impact of Early Relationships



Decades of research have provided compelling evidence that this early relationship has long term consequences for developmental outcomes including

- *mental health
- *school success
- *relationships with peers
- *coping skills
- *later parenting attitudes and behaviors

During Infancy and early childhood, the foundations are laid for the development of **trusting relationships, self-esteem, conscience, empathy, problem solving, focus, learning and impulse control.**

Felt Security

Activity

(write down on a piece of paper)

- Think of person from childhood with whom you felt especially loved, understood and safe.
- Try to recall any sensory details from the memory such as; smells, sounds, tastes, or touch that remind you of that person
- What did that person do that made you feel understood and safe?



Trauma

Traumatic events and caregiver's responses during & after the traumatic event can alter the developmental trajectory of a child

Traumatic Events for Young Children

Exposure to a significant threat of or actual:

serious injury	illness
accident	medical trauma
violence	disaster
physical abuse	sexual abuse
significant loss	(loss of a primary caregiver)

- Directly experiencing it
- **Hearing or seeing the event occur to others**
- Learning that the traumatic event occurred to a significant person in the child's life

(DC: 0-5)

Differences in Response to Trauma

The most potent variable that **predicted** the development of **PTSD** in infants and toddlers was not an event that happened directly to their own bodies but whether they had **witnessed their caregiver being threatened**.

Children who **witnessed** traumatic events happen to someone else manifested more **hyperarousal symptoms** than did children who directly experienced traumas to themselves.

(Osofsky 2007)

Factors Which Mediate Young Children's Response to Traumatic Experiences

- Intensity
- Chronicity
- Proximity to the event
- Familiarity with victim and/or perpetrator
- Developmental status of the child
- The capacity of the family and community to support the child.



Trauma in the first year of life

Trauma in the first year of life might show up as disruptions of the developmentally salient processes of establishing **neurophysiological regulation** and **forming a secure attachment**.



Trauma in the first year of life

Those disruptions might include symptoms such as □

- eating and sleeping problems □
- problems developing a secure attachment □
- problems with digestion and elimination
- inconsolable crying, difficulty being soothed □
- extreme separation anxiety
- head-banging or self-injurious behavior □
- Unmodulated affect □
- disruption of developmental process

*

(Lieberman and Van Horn, 2004)



Trauma in Toddlers & Preschool

In addition:

- temper tantrums
- angry outbursts
- recklessness
- inhibition of exploration □
- aggression toward caregivers, peers, and animals
- noncompliance
- distortions and constrictions of symbolic play
(play reenactment of the trauma)
- disruption in peer relationships
- Sibling rivalry



(Lieberman and Van Horn, 2004)



Symptoms vs. Behaviors

When a young child demonstrate significant challenging and disruptive behaviors these are often **symptoms of stress or trauma** the child is experiencing.

- Frequent and long tantrums
- Anger outbursts and aggression
- Self harming behaviors
- Sleep disruptions
- Toileting accidents
- Reckless behavior



Trauma can adversely affect the physical development and functioning of the brain.

- The brain organizes and stores information in a use-dependent fashion—"use it or lose it." Therefore, **the more a child is in a state of dissociation or hyperarousal, the more likely this state is to become a persistent trait.** (Osofsky 2007)

Good News!



- A secure attachment with a primary caregiver can also change the structure of the brain.

(Siegel 2014)

What do we do about Trauma?

A young child needs to feel safe in order to begin healing from Trauma

Felt security



Interventions for Trauma in Young Children Should Aim to:

Restore the child's trust in the predictability of the world and relationships



Opportunities to Promote a Sense of Safety for Young Children in Foster Care

- Prioritize the young child's needs and emotional wellbeing
- **Physical safety & Psychological safety**
(felt security)
- **Consistency & Predictability**
 - Caregiver
 - professionals involved
 - schedules
- Minimize any unnecessary stress that can be prevented



Opportunities to promote a sense of safety during visits

- Young children have very limited abilities to understand removal and placement in foster care and may find visits confusing and disruptive.

- Visits are often stressful for young children and their parents

(particularly if child's attachment figure is not present)

- "It is important to distinguish between **expectable stress and unacceptable harm to the child** and to develop a constructive visit plan for child and parent."

(Zeanah 2015)

Structure and Goals may be helpful to promote the success of visits and child's wellbeing

- Parent may need support/coaching from professional to create developmentally appropriate routines and activities
- **Establish goals for each visit to help parent identify and meet the needs of their young child**

Goals

- Parent to relax and attempt to enjoy the time with the child
- Parent to follow the child's lead during interactions and play
- Parent to read child's cues regarding need for closeness or distance and respond sensitively

(Zeanah 2015)



Opportunities to promote a sense of safety for young children during visits

- Visits should not interrupt a young child's nap or sleep schedule
- Primary caregiver should transport child to visit whenever possible (or visit should be located close to placement to decrease the amount of time child spends traveling) - **NO TAXI**
- Child should be allowed to initiate physical contact when she/he is ready. Adults should follow the lead and pace of the young child.
- Biological parents should be supported before and after visits to help them prepare for visit and cope with child's reaction during the visit.
- Primary caregiver/foster parent is coached to be a team member and work collaboratively with biological parent.
- Primary caregiver can attend visits to provide support and comfort for child as needed.

Young children may need the support of their primary caregiver at visits when:

- Child has not seen the birth parent for an extended period of time
- Child is highly distressed and cries for a prolonged period during the visit. Or too distressed to play or eat.
- Child has extreme reactions after visits such as disruptions in eating & sleeping, extended periods of crying, self harming
- Child expresses fear of the birth parent

“One of the best means of reducing a child’s stress is to have the child’s primary caregiver present during the visits.”

“Not always possible, but is possible far more than it happens.”

(Zeanah 2015)

Opportunities to promote a sense of safety during **move to a new home**

Non-Emergency Transitions to a new home

- * Transitions should be designed to minimize the stress and harm to the child
- * Ensure the child has enough **opportunity and time** to build a relationship with their new caregiver before moving to a new placement.
 - start at current home, then community, then new home
- * Involve the current caregiver in the process. Encourage relationship between caregivers.
- * New caregiver needs to be informed of child's needs, symptoms, and treatment.



Level of Discrimination Between Young Children & their Caregivers

It's not just attached or not attached :



(Zeanah 2015)

The emotional bond or attachment is a long-lasting relationship, not a transient enjoyment of another's company or comfort.

(Bowlby, 1977)

Shelters and Group Homes

Young children who have experienced trauma should not be placed in a group home or shelter settings



No Consistent Primary Caregiver!

Opportunities to promote a sense of Safety for young children in foster care

Permanency

Without permanency young children & their caregivers are left in a world that is uncertain, inconsistent and unpredictable. (increased anxiety)

Young children have no way of understanding "temporary placements." They only know that they need someone who is fully committed to them.

- **Provide permanency as soon as possible for young children**



Questions?



Thank You !

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