

Practical Tips and Strategies for Parenting Children affected by Trauma

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Attachment*

- An emotional bond between an infant and primary caregiver, vital for the child's behavioural, social and cognitive development.
- Attachment is NOT a relationship, and it is not necessarily mutual.
- Almost everyone forms attachments, however they are not all secure or of equal benefit to our well-being.
- There are no rules or prerequisites for the focus of attachment – it can be anxious or secure, mutually beneficial or masochistic and self-deprecating.
- Secure attachment IS a relationship, which involves communication and two-way interaction, and enhanced empathy between the two 'attached' individuals.

* John Bowlby – Theory of Attachment

Secure Attachment:

- Early-life parent-infant relations are carer to infant attachment: the baby's response is reflexive (survival). A major investment is needed by the carer and bidirectional bonding comes later.
- Hormones produced by secure attachment result in a biological, primal drive to care and protect.
- Baby's cry produces hormonal "bathing" (oxytocin) causing the carer distress if they do not attend to the child's needs.
- A carer who has attached to a child will rarely abuse or neglect that child. They will be physically and psychologically incapable of doing so.
- A secure base and safe haven is provided by a trusted carer to encourage exploration and to co-regulate when the child needs comfort or soothing.



Early Life Trauma

Failed attachment, whether caused by abuse, neglect or emotional unavailability on the part of the caregiver, can negatively impact brain structure and function, causing developmental or relational trauma through:

- Forced separation (broken attachment) very early in life from the primary caregiver
- Chronic mis-attunement of a caregiver to a child's attachment signals ("mal-attachment")
- Reasons such as neurological physical or mental illness, depression, grief or unresolved trauma
- Neurological disruption caused by experiences in the womb or during birth
- Exposure to physical or emotional abuse, chronic neglect, caregiver substance abuse, and exposure to domestic violence

Insecure Attachment

Unable to:

- Socialise appropriately (quick to anger, aggressive, impulsive, demanding, attention-seeking, manipulative, unpredictable, ostracized, bullying and/or bullied)
- Develop stable pairing
- Repair “broken” relationships and disagreements
- Raise own children appropriately

Can result in:

- Serious affective/ psychological disorders: depression & anxiety, personality disorders
- As well as anhedonia, poor sleep and dietary hygiene, self-imposed isolation, withdrawal

“But they won’t remember will they, they’re just little ?”

It has been long known that most people’s memories only go back to about the age of 3 years

Infants do not have the sophisticated neural architecture needed to form and hold onto complex forms of memory*

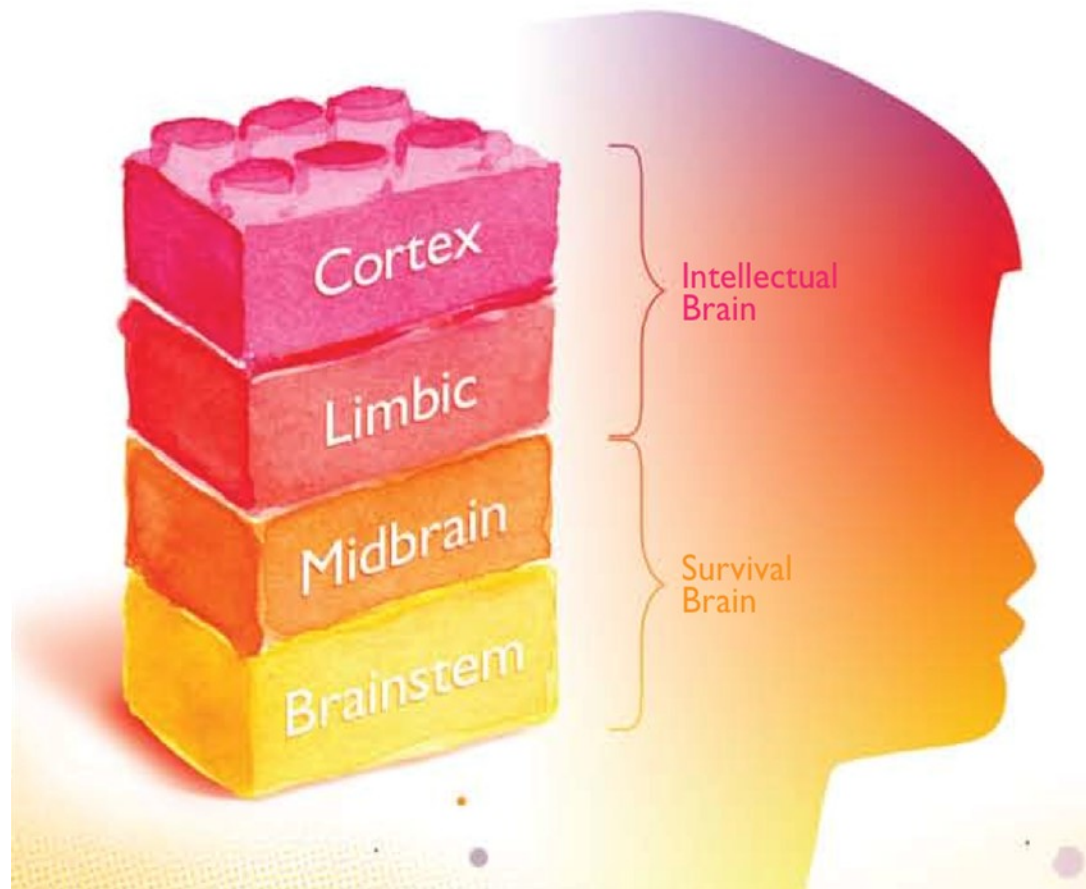
And while research proves this to be true...

What we also know is that the level of care given in the first 1000 days – from conception to age 2 - has more influence on and significantly improves outcomes in a child’s future than at any other time in their life.



*Dr Patricia Bauer, Emory University psychologist

The developing brain – a long term building project (bottom to top/ inside to outside)

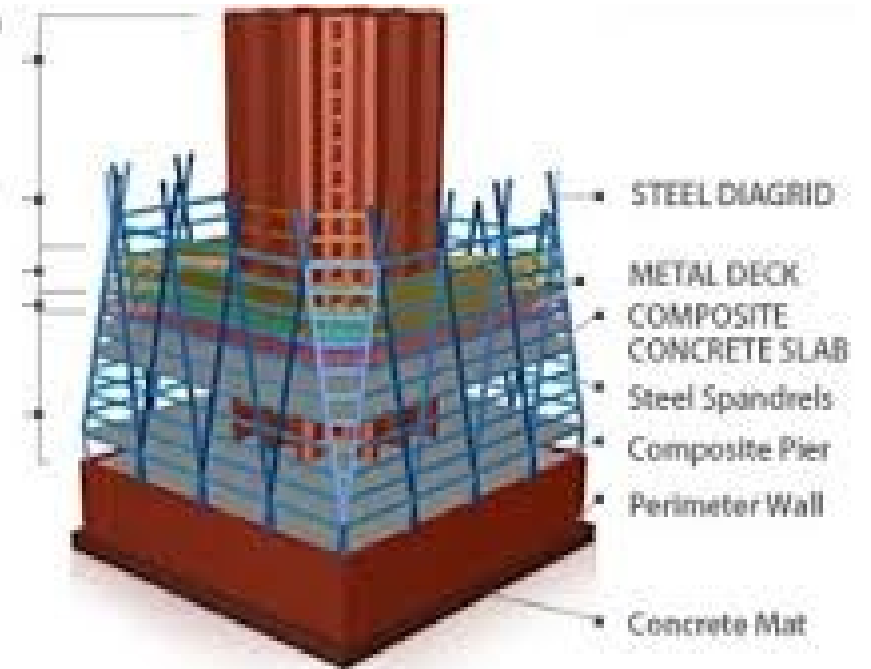


APPROXIMATELY 10
STORIES
CONCRETE CORE

3 STORIES DIAGRID
25 STORIES STEEL
FRAMING

FRAMING AND
METAL DECK

COMPLETED
COMPOSITE
METAL DECK SLAB



Brain Maps are created through experience



- Differentiated neural pathways are activated by specific stimuli
- When experience is context specific the result is greater brain differentiation, increased synaptic connectivity, and increased capacity for learning
- If you can interpret accurately your responses can be more specific when you experience the world

Every experience is a learning event and therefore stimulates neuroplasticity (changes in neural pathways and synapses which are due to changes in behaviour, environment and neural processes)

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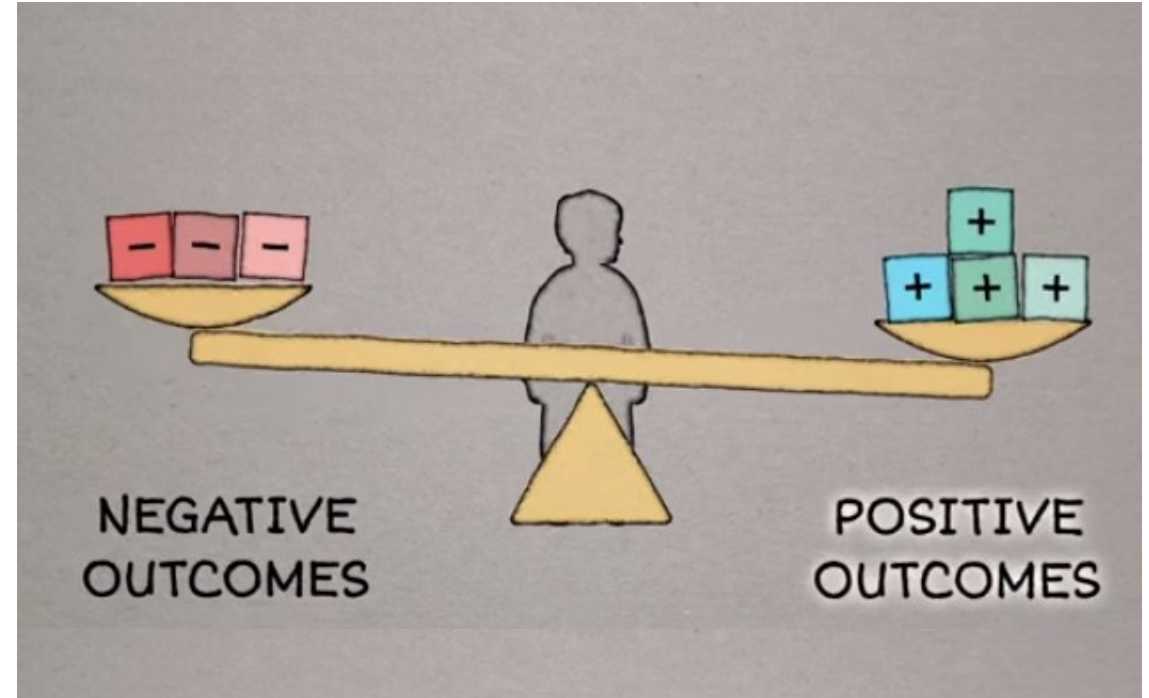
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Early Life experiences impact neurological development

- Negative experiences = adverse influence
- Positive experiences = beneficial influence



The impact is pervasive across biological, psychological and social growth.

Neural Processing:



Input comes from the physical world or new experience via the brain stem (Mmmm – delicious!)

OR



From our perceptions and memories via the cortex (Oh no – I'm supposed to be dieting!)

- Flow of processing is top down **OR** bottom up...
- Lower-order systems are modulated by higher-order systems in the “mature” brain.

Kids can't do this!

Adults can rationalize fear and calm themselves down through thought processes, whereas children have a direct fear pathway without the emotional thought process.

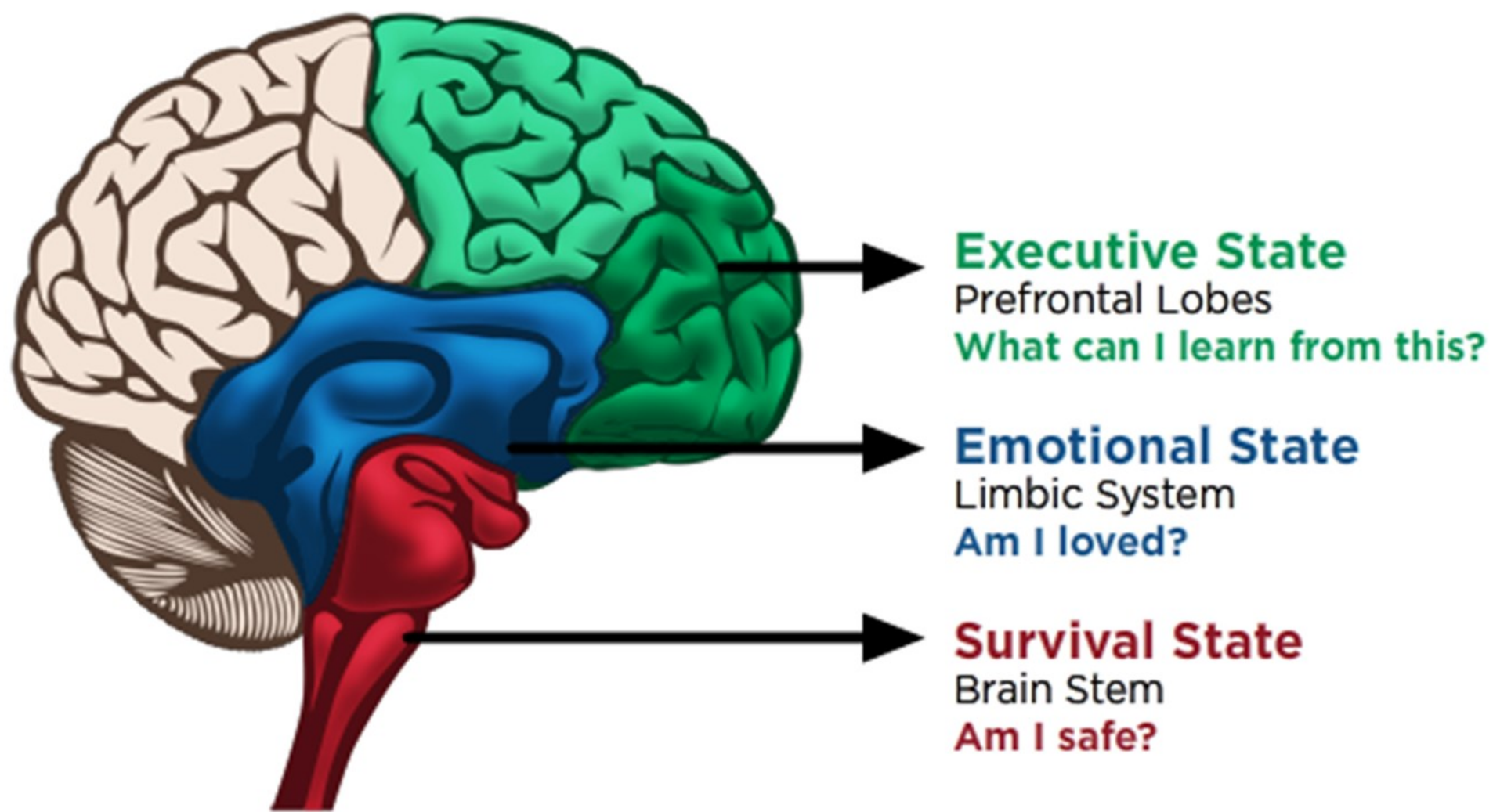
Functional Disconnectivity

- 176,000km of neural pathways
- Insults to neuro-development result in brain regions becoming disconnected
- Areas of the brain aren't 'talking' properly to each other i.e. like ultra fast broadband versus dial-up
- For example, if a fear message can't get to the frontal lobe for a rational decision it goes back to the brainstem for a flight/ fight survival response

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**"They put me in the slow class at school
because I have dial-up Internet service."**



Stress or Trauma?

- If we can calm (regulate) ourselves by ourselves or communicate our distress to people who care about us, and are able to return to a state of equilibrium following a stressful event, we are in the realm of stress. If instead, we become frozen in a state of active emotional intensity or a state of fear, or if we withdraw or become depressed, we are experiencing emotional trauma –though we may not always be consciously aware of the level of distress we are experiencing. (Healing Resources)
- “People with developmental trauma can start to feel so threatened that they get into a fight-flight alarm state, and the higher parts of the brain shut down,” says Perry. “First the stress chemicals shut down their frontal cortex (thinking brain). Now they physically can not think. Ask them to think and you only make them more anxious.
“Next the emotional brain (limbic brain) shuts down. They have attachment trauma, so people per se seem threatening; they don’t get reward from emotional or relational interaction.
“The only part of the brain left functioning is the most primitive: the brain stem and diencephalon cerebellum.” (Bruce Perry)

Symptoms of Early Life Trauma

- Low self esteem
- Needy, clingy or pseudo-independent behaviour
- Inability to deal with stress and adversity
- Lack of self-control
- Inability to develop and maintain friendships
- Alienation from and opposition to parents, caregivers, and other authority figures
- Antisocial attitudes and behaviours
- Aggression and violence
- Difficulty with genuine trust, intimacy, and affection
- Negative, hopeless, pessimistic view of self, family and society
- Lack of empathy, compassion and remorse
- Behavioural, academic and learning problems
- Speech and language problems
- Incessant chatter and questions
- Anxiety, depression and apathy
- Susceptibility to chronic illness
- Obsessing with food: hordes, gorges, refuses to eat, eats strange things, hides food
- Repetition of the cycle of maltreatment and attachment disorder in their own children when they reach adulthood



Abuse, Distress, Stress, & Trauma

- **Impact:** **Hyper-reactive** (sensory, arousal, vigilance), reflexive and spontaneous firing of threat-related neural systems. Panic attacks
- **Dominant:** Sensory and threat (fear) response pathways
- **Deficit:** Anticipatory (prediction) and regulatory pathways involved in modulation of emotion and empathy, autonomic functions, attention and impulse control

How does this work?

- Hyper-reactive pathways – like going to the gym and ONLY doing right bicep curls. Everything else atrophies.
- Dominant fear response is always activated – it works better and stronger, than everything else.
- Unable to predict if the perceived threat is real or not, the brain gets ready anyway. Impulse control is not needed – the body just needs to be ready to react.
- Frontal cortex (rational response) can't work at the same time as the reactive, physiological response (Run!!)

Neglect & lack of physical and Emotionally enriching experience



**IMPACT: Abnormal development of core brain function/
Global lack of patterning and development through all domains**

Neglect results in **lack of capacity in systems involved in sensing, perceiving, processing, “interpreting”, integrating and “acting upon” information related to specific sensory experience**

Hypo-sensory = not going to the gym at all

Normal

Extreme Neglect

Brain Development is Use-Dependent

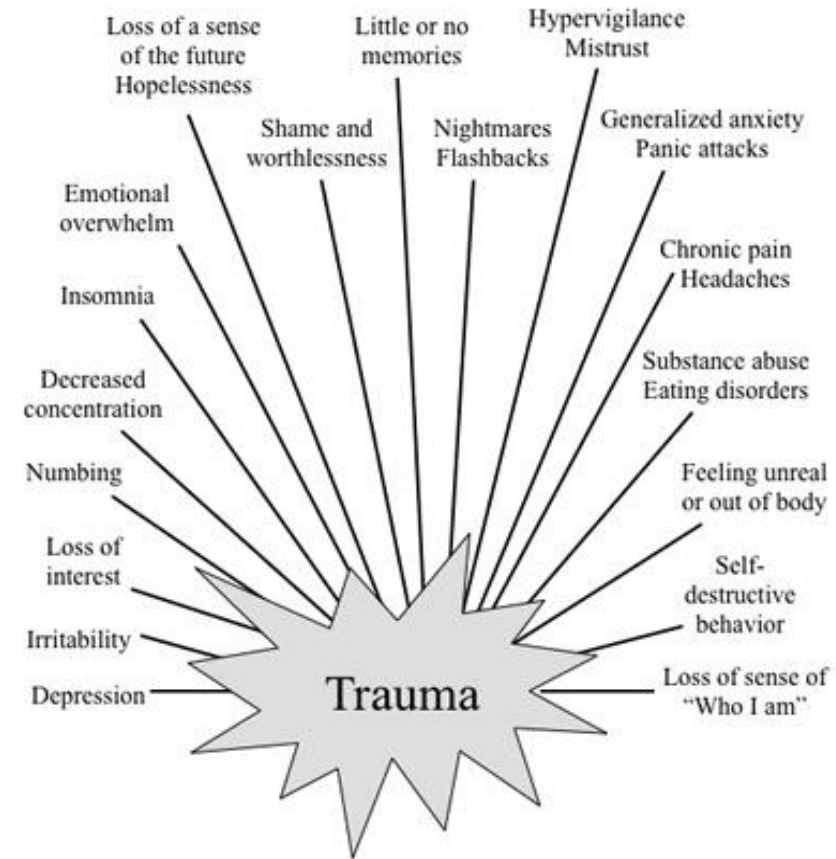


Therefore:

- Less human-to-human contact in early-life means poorer development
- If children are not communicating with adults who have more developed language then they cannot fully develop the language centres of the brain
- If children are not interacting with appropriate adult role models then they will not develop empathy and socialization skills so necessary to survive and thrive in our society
- There is an increased risk of neural disconnections if kids don't have these opportunities.
- The most important prevention, and intervention we can provide is a **loving, stable** and **present** environment, emotionally and structurally.

Psychological Factors of Trauma

- This is an overwhelming list of factors requiring intervention
- These issues can be reduced to their neurofunctional correlates e.g. hyper-vigilance is a functional correlate of brainstem performance
- Intervention therefore becomes less complex and more targeted



"Trauma survivors have symptoms instead of memories" [Harvey, 1990]

Adapted from Bremner & Marmar, 1998

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So, what can we do?

Attend to the Immediate Needs of the child without expecting to “fix” the child:

- Regulate, stabilize, reassure
- Get medical treatment and meet physical health needs
- Provide shelter/ satisfactory living arrangements
- Organise educational and social needs
- Address emotional needs

This is not Therapy – it provides a platform for Natural or self-healing



REGULATE THE ENVIRONMENT - regulate the child

A calm, safe, totally predictable environment allows emotional regulation and limits reflexive stress responses from being triggered. (Cortisol is halved within days in children who feel safe)

1. Remove threats – Physical e.g. being smacked or hit, reduce peripheral visual stimuli; sit in front of not beside

Psychological/ emotional e.g. name-calling, yelling

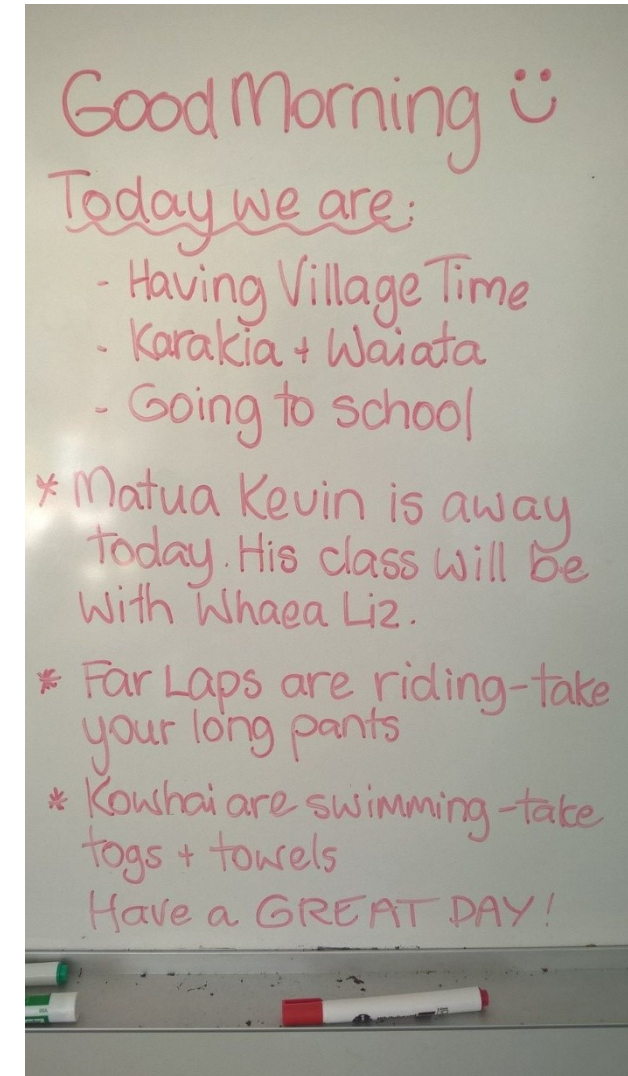
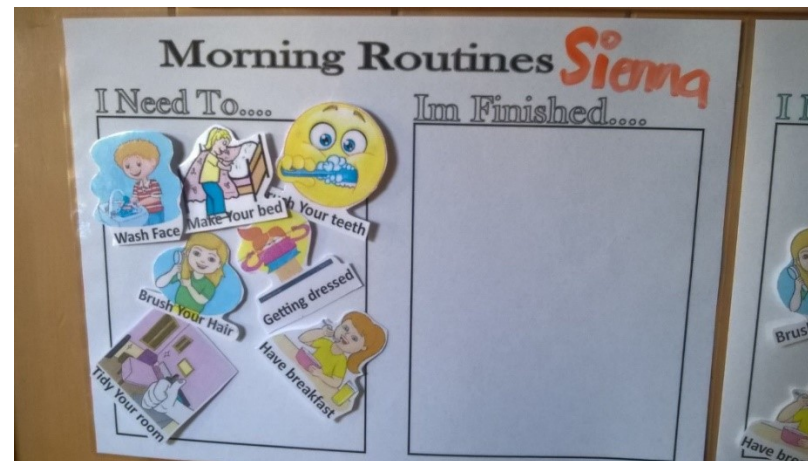
Social e.g. being isolated, seen as different, school

Physiological stress response triggers e.g. loud noise & voices, surprises, fear-evoking activity, unnecessary questioning, judgmental commentary, taste, touch & smell.



2. Create Routines and Rituals

- Set out clothing and shoes the night before, have bags packed and ready to go
- Have a morning and evening routine chart
- Develop rituals – a story before bed, a ‘choo choo train’ out to the car, karakia/ prayer, a special phrase (You are kind, you are smart, you are important)
- Give count-downs and warnings about transitions – “in ten minutes we need to pack away the toys for dinner”. Support transitions to and from places that cause anxiety with information e.g. school, hospital etc
- Talk about being safe – “you are safe here”, “let’s go lock the doors”, “if you leave the yard without me knowing, I can’t keep you safe”



Be Present Grow Attachment

Being present without 'strings attached' provides a conditioning effect and the child will learn to regulate with adults present, eventually integrating 'safe' adults into their lives.

Replicate the games and activities parents do with infants in a secure attachment relationship – tender nurture and playful, fun games.

- Hug, rock, soothe, massage, feed, pay attention to little hurts as well as big ones, make eye contact and smile. Have 'time-in'. Do Not say "Oh you're ok, that didn't hurt!" or "Don't be such a baby!"
- Play non-competitive games such as blowing a feather back and forth, match your body parts, hand stacking, patting a balloon, sand play, play dough, catching a soft toy or balancing it on your head...
- Manufacture opportunities to praise and give a 'high five' or pay a compliment.



Intervene

- Attend appointments/ assessments/ interventions with professionals
- Address neurofunctional deficits. When addressed, many functional deficits reduce or disappear, and resulting symptoms will either disappear or will be able to be addressed using other interventions.
- Start with lower order deficits using a 'do no harm' principle
- Seek to calm – a calm brain can become a thinking, learning brain
- Play, Play some more....KEEP ON PLAYING!!!!!! The 'Fun' in function!



The Importance of Play and Rhythm

- Neurological pathways that are not resourceful (dominant) need to be weakened so they don't become the default pathways. Once they can be stopped from firing they prune away quite quickly....like stopping going to the gym!
- Play is voluntary, is pleasurable, and has no immediate survival role or obvious “purpose”; and it takes place in a nonthreatening, low-duress context.(Burghart 2005)
- Bruce Perry says *“We must regulate people before we can possibly persuade them with a cognitive argument or compel them with an emotional affect...The only way to move from these super-high anxiety states, to calmer more cognitive states, is **rhythm**,” he says. “Patterned, repetitive rhythmic activity”*

And breathe.....

Teach your child to breathe. In a high anxiety or fearful state, breathing is shallow. Deep breathing changes the brainstem and the cardiovascular system is stabilized. Muscles relax, blood pressure is lowered and endorphins are released.

To begin with, deep breathing may cause your child to hyper-ventilate, feel dizzy and nauseous.

Begin with bubbles, then deep breathing exercises, followed by meditations and yoga, especially before bed but any time they start to become dysregulated.



Safe sensory experiences

- Hot, cold and sharp are all innately dangerous
- Find out what your child finds soothing...
- If they are sensory seeking (like rougher touch instead of soft), go back to breathing exercises and work your way up again.
- Use pillow pets, fleece wraps and sheets, animal soft toys, a pile of pillows to snuggle into
- Play with playdough, slime, shaving foam, cooked pasta, fine sand
- Step it up by increasing the challenge, adding smooth pebbles or marbles. Try closing eyes. Sort the marbles into colours...multiple textures increase the sensory load
- Never make this play competitive



Step it up...

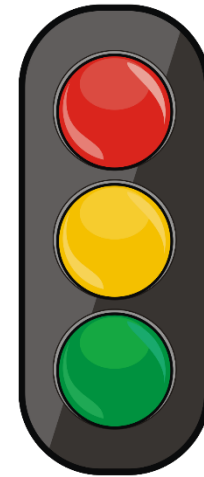
- Saccadic eye tracking (important for learning to read) can be improved by tracking moving objects e.g. watching birds in flight or a bouncing ball, and smooth motion e.g. watching trains or cars on an oval or figure 8 track (“tell me when the lego man falls off”)
- Bounce a ping pong ball back and forth over a cone, watch or catch only certain coloured balls. Use left hand (or right) only to catch the balls. Add a letter then think of a word that starts (or ends) with that letter. Numbered balls – add the value to the last ball caught. (In this way the child is scaffolding learning off the last activity rather than having another thing to learn)
- Start to add prediction (if I do this, that will happen) by bouncing a ball against a gutter board. What happens if I bounce it softly or if I bounce it hard? How hard do I need to throw to get it back to me? Try patting a balloon with air, then one with water in it.
- Add movement to other activities – swing while reading, bounce while singing, play an instrument and sing, do kapa haka, hula hoop!

And slow it down...

- Taking time to get ready for school or bed can speed up the process. Having a routine and being organized means there is more time for 'time-in'. Talk about plans for the day, worries and concerns, address any little hurts, hug.
- Help them to match the circumstance to the emotion e.g. "you sound angry, tell me why?", "I can tell you are really tired, a sleep will make you feel more rested"
- Limit screen time and NO phones, TV or computer ½ - 1 hr before bed
- Read or massage with gentle music and a breathing exercise

Audit your environment

- Think about and write down the times of the day and week that are worse
- Think about the sorts of activities that often end in disaster
- Which times of the day or week and what activities can go either way?
- When is your child most calm?
- What activities calm your child?



Plan out your week – but be prepared to change the plan....

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
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Blow Outs:

- Surviving is not being naughty!
- Remember that the thinking/ reasoning/ problem-solving brain cannot work when the survival brain is triggered
- Expect them but try to pre-empt them “What’s up buddy, you ok?”
- Use a low and slow tone of voice, take control by guiding
- Remove the audience – especially other children
- Allow time-out for your child to calm down but do not ostracize
- Restore relationships: Remember the behavior is not about you! Say often: “No matter what you say or do to me I will still love and care about you”(Heather Chambers)
- Offer a drink and food, then comfort (hug, rock, offer a soft toy to hold).
- Consequences should be natural (“what a shame your special toy is broken now”) and/or logical (“when you are ready you need to pick up all the toys and put them away”).
- Move on....



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