

Trauma in Early Childhood

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Objectives

To define Infant Mental Health

To discuss trauma and a young child's brain

To recognize the parts of an infant mental health evaluation

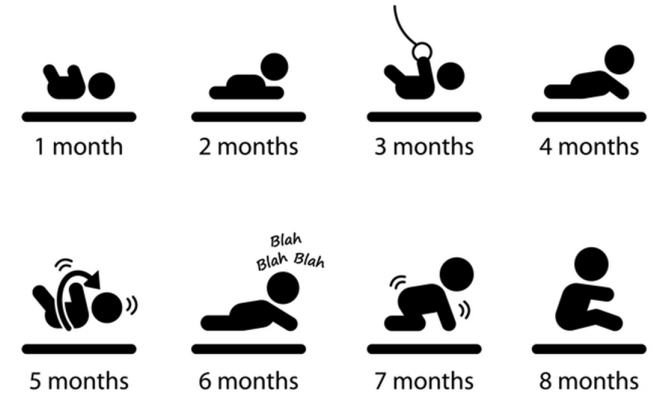
To describe what is happening in Oklahoma in terms of infant mental health

Infant Mental Health

- Ability for the child to:
 - experience, regulate, and express emotions
 - form close relationships
 - explore the environment
 - learn
- How does this ability affect development?
- Early childhood mental health=health

Setting the Stage

- Development
- Attachment



Let's Start with
Development....



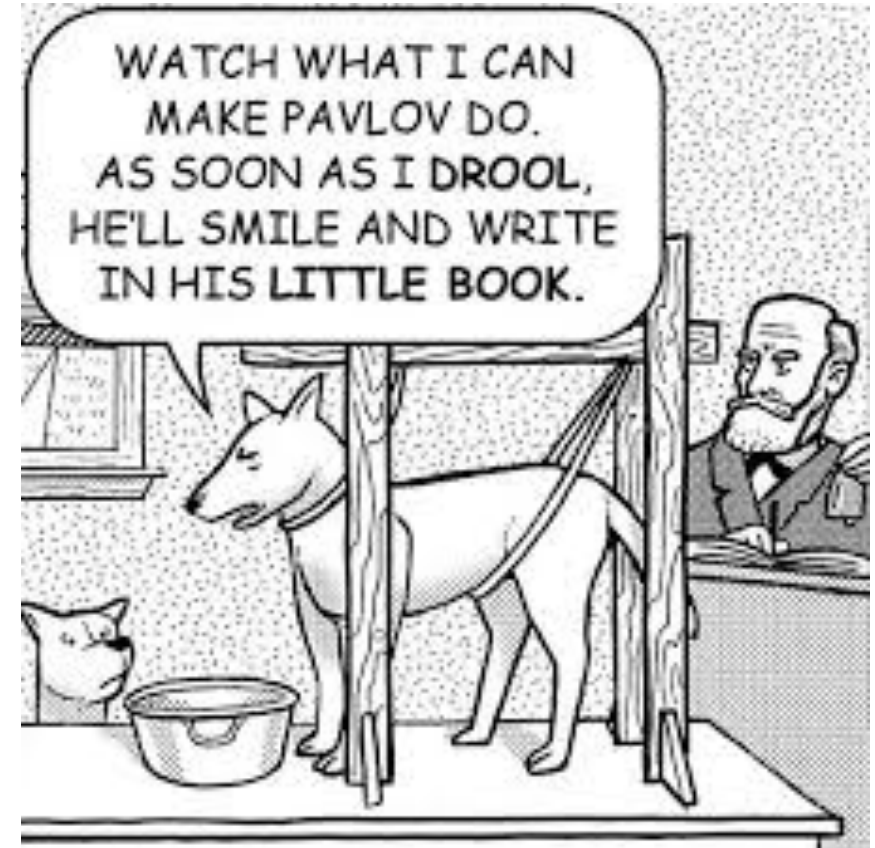
8-12 weeks

- What we see on the outside:
 - More focused
 - Better organized
 - More communicative
 - More efficient learners
 - More enjoyable social partners
 - social smile



Changes in the Brain

- Growth of synapses in the cortex
- Myelination of visual pathways
 - Cause enhanced cognitive capacities
- Reflected in
 - Classical and operant conditioning
 - Habituation
 - Receptive and expressive communication
 - Social smiling
- Remember longer with less exposure



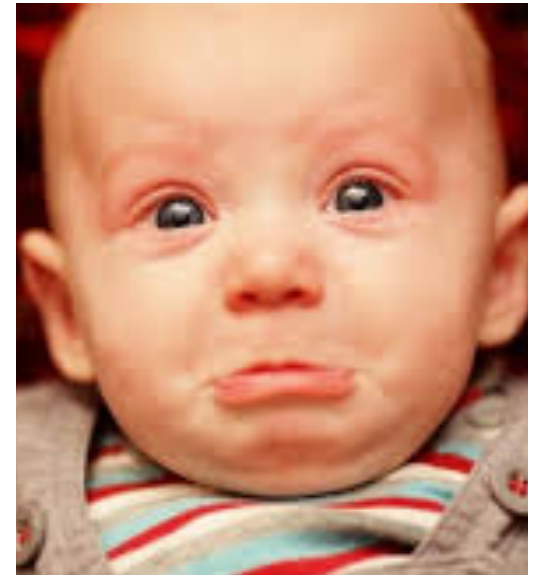


What Do These Changes Mean?

- Babies will anticipate repeated patterns and notice alterations.
 - If negative alterations
 - Disruptive effects on regulatory and interactive behaviors
- Infants are aware of caregiver's behavior, which affect baby's behaviors.

Emotions emerging

- Joy
- Contentment
- Sadness
- Anger
- Distress



7-9 Months



- The Discovery of Intersubjectivity
 - Baby understands that their own thoughts and feeling can be shared
 - Baby understands that others have thoughts and feelings
 - Baby uses other's affective states to regulate their own emotions and behaviors

7-9 Months

- Object permanence
 - The ability to retain a mental image of an object
 - Leads to stranger weariness and separation protest
- Increased ability to be mobile leads to an increase in exploration
- Success leads to an emerging sense of self efficacy, the belief or expectation that they will be successful in attaining goals





7-9 Months

- Onset of focused attachment
- Can see attachment patterns of secure and insecure
- Why is this important?
 - The language of the baby

18 to 20 months

- An advance in symbolic representation
- Increase in language competence
 - Toddlers can regulate behaviors in service of social goals
- Working Models of relationships are developed
 - Through interactions with their caregivers
 - Can use patterns of the past to predict the future
 - Lead to an objective sense of self
- Can recognize self in pictures





Emotions develop

- Shame
- Guilt
- Embarrassment





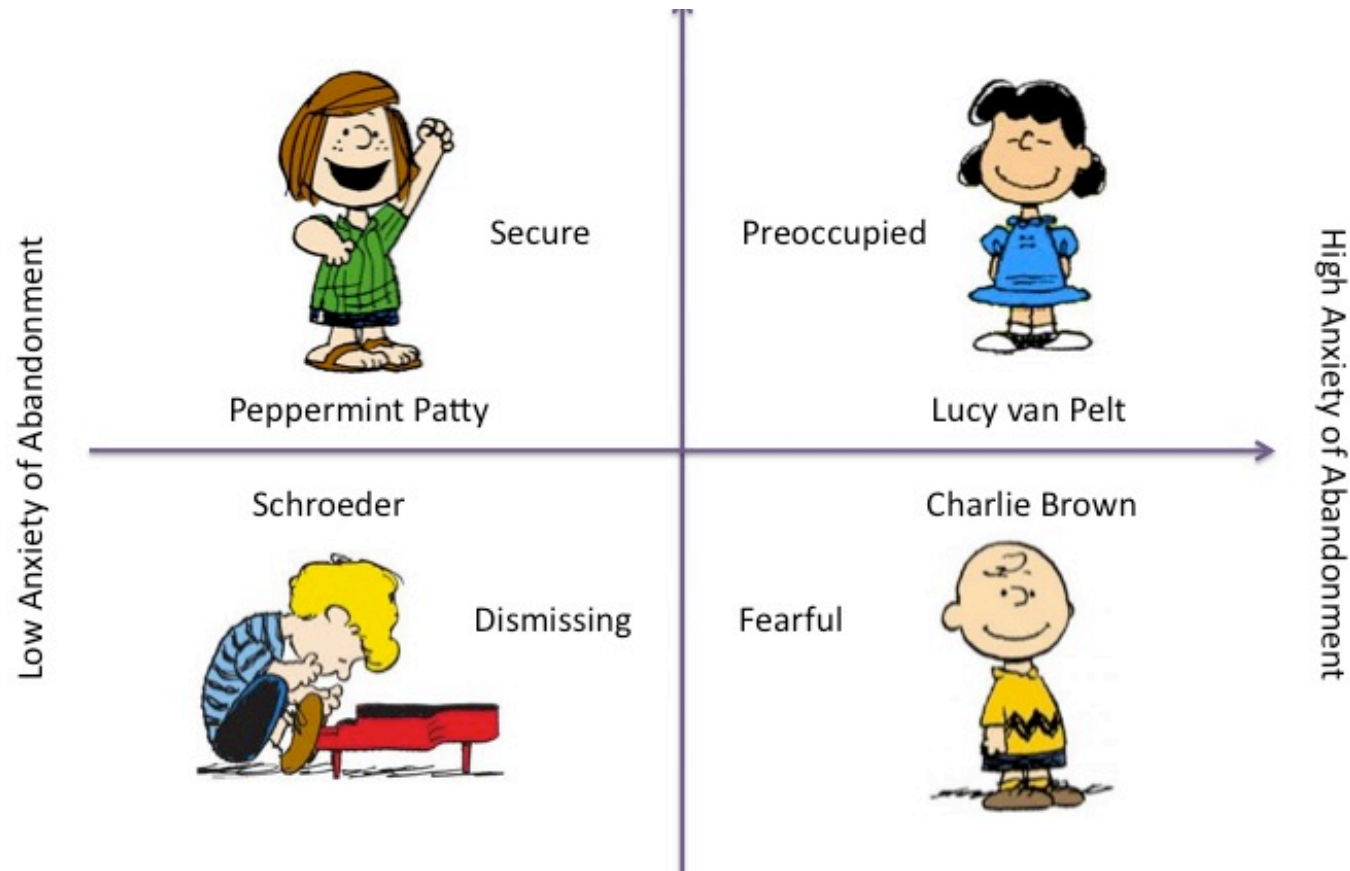
24-60 months

- Children consolidate, refine and expand these abilities into a sense of self in relation to others and their place in the world

Early Interactions

- Loving, supportive caregivers=positive template of relationships
- Negative caregivers=negative working model of relationships



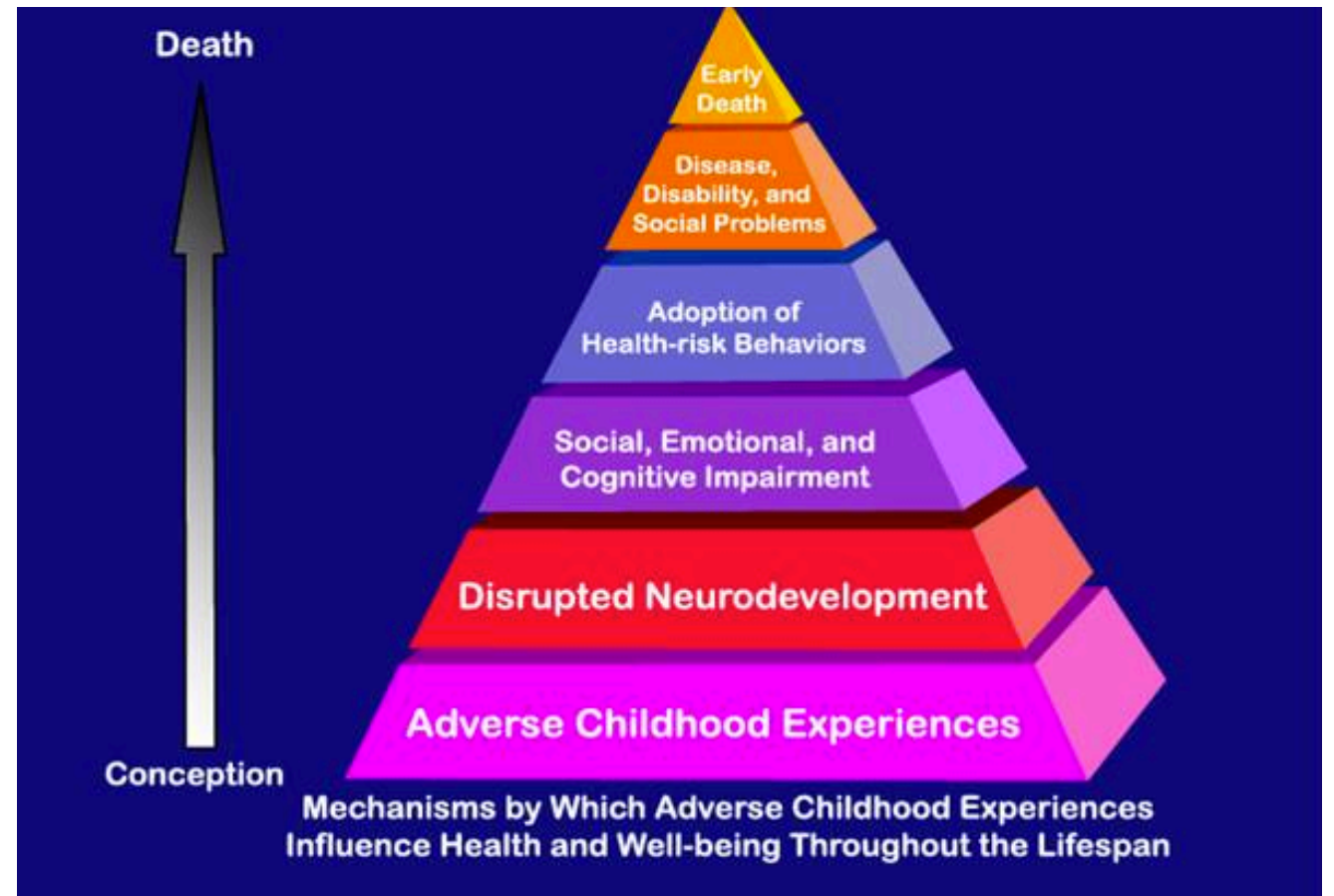


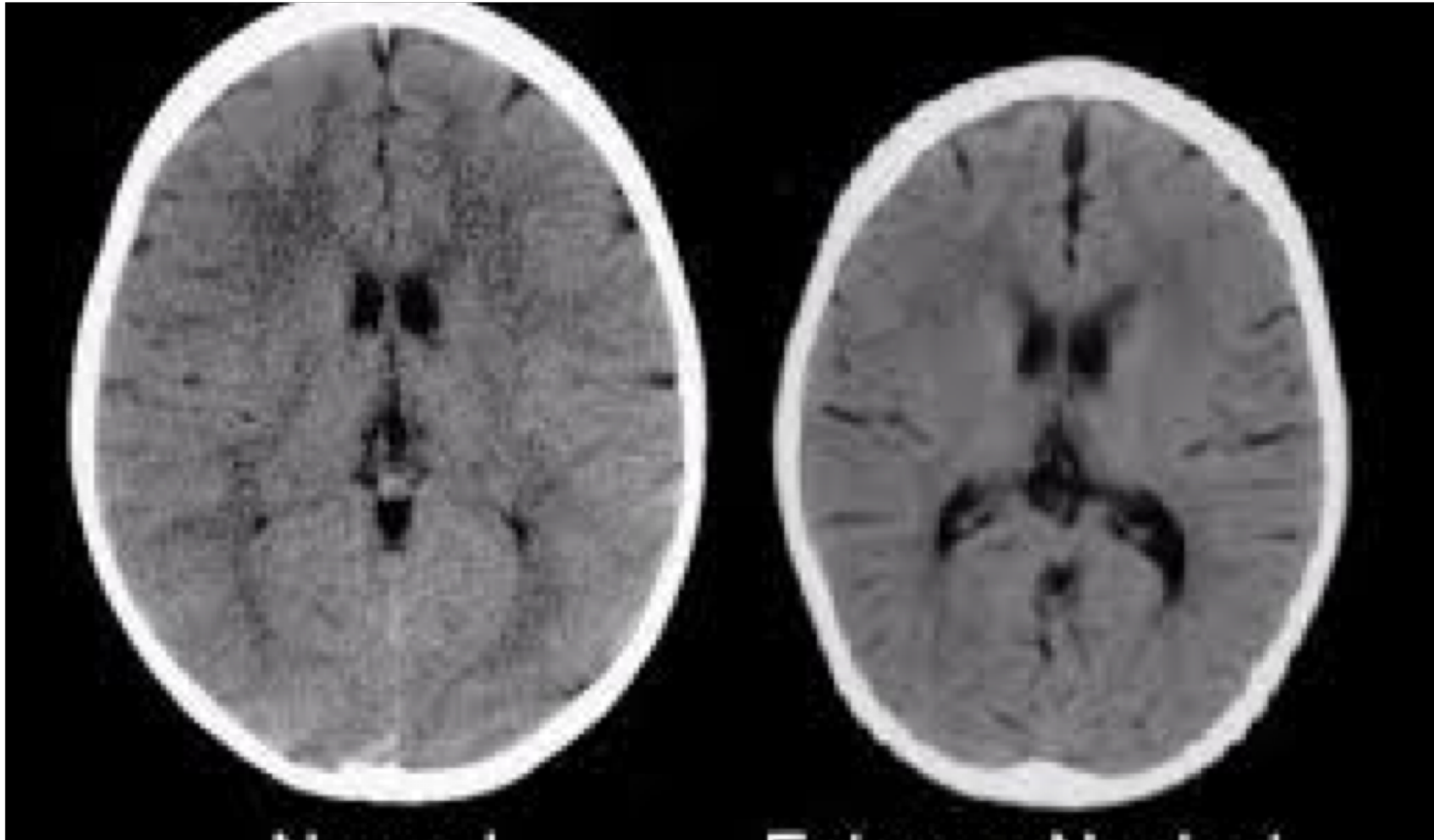
- Secure
- Insecure
 - Avoidant
 - Ambivalent

Types of Attachment

Trauma Affects Development and Attachment

- Child abuse and neglect
- Poverty
- Institutional or orphanage care
- Marital conflict and partner violence
- Parents with drug and alcohol problems
- Parents with a history of loss or trauma





Brain Changes in Trauma

- Emotional and Autonomic Nervous system regulation are blunted
- Cortisol (stress hormone) is elevated constantly
- Long term exposure = metabolic shutdown
 - Detached and withdrawn to protect self
 - May use dissociation for protection
 - Limbic system can be permanently affected

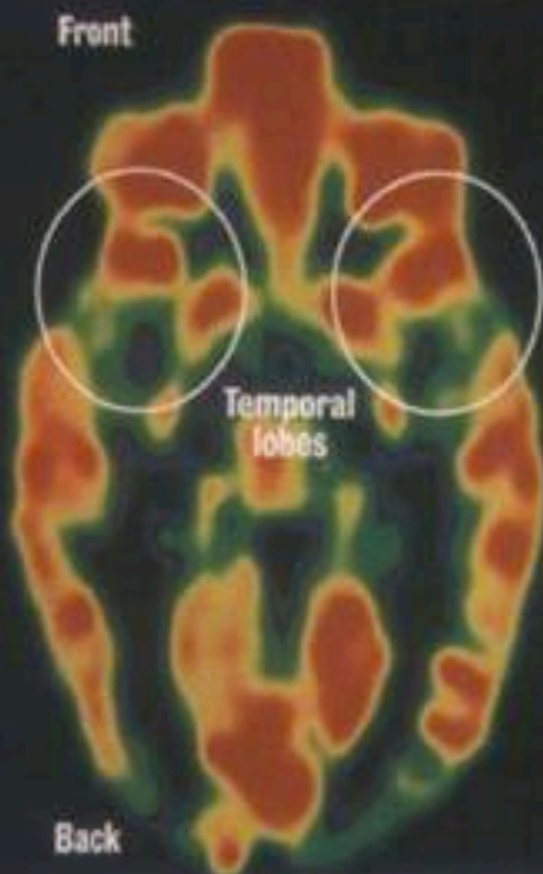


What's the Significance?

- Abnormal metabolic and autonomic responses prime the child for lifelong psychopathology and unhealthy relationships

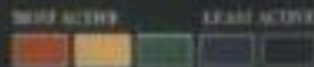
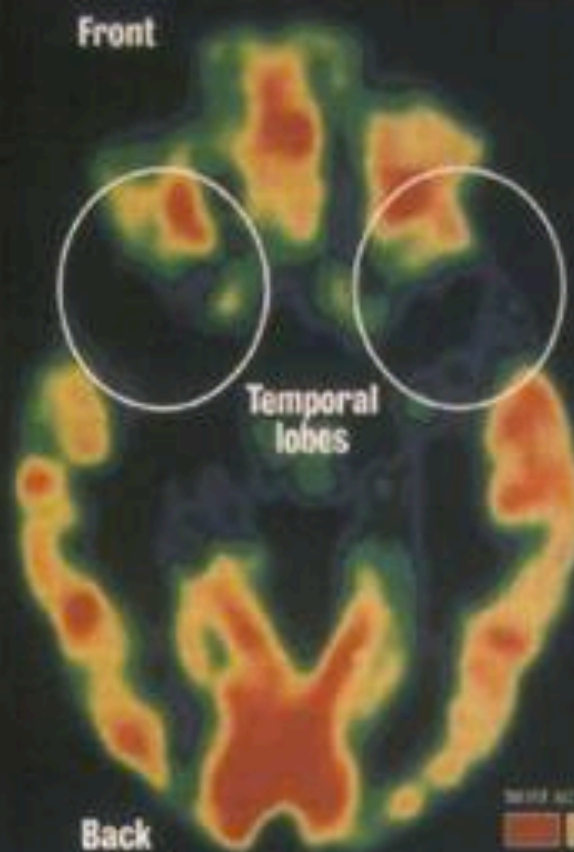
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



How Do We Assess
Infants?



Attachment Informed Assessment



Developmental Assessments

- The Neonatal Behavioral Assessment Scale (NBAS) (Brazelton & Nugent, 1995) or Newborn Behavioral Observation System (NBO)
 - Designed to capture the early behavioral responses of infants to their environment, before their behavior is shaped by parental care.
 - Assumption is that a baby is both competent and complexly organized and an active participant in the interaction with caregivers.
 - Seeks to help understand the infant's side of the interaction





Developmental Assessments

- The Bayley Scales of Infant Development (BSID) (Bayley, 1993)
 - Children 1-42 months
 - Language development
 - Problem-solving skills
 - Gross and fine motor development
 - Attentional capacity
 - Social engagement
 - Affect and emotion
 - Quality of the child's movement and motor control

Developmental Assessments

- The Wechsler Preschool and Primary Scale of Intelligence (WPPSI) (Wechsler, 2002)
 - Children older than 30 months
 - Verbal comprehension
 - Perception
 - Organization
 - Processing speed abilities
 - Gives clinicians a developmental perspective of the child's intelligence.



Other Useful Rating Scales and Questionnaires

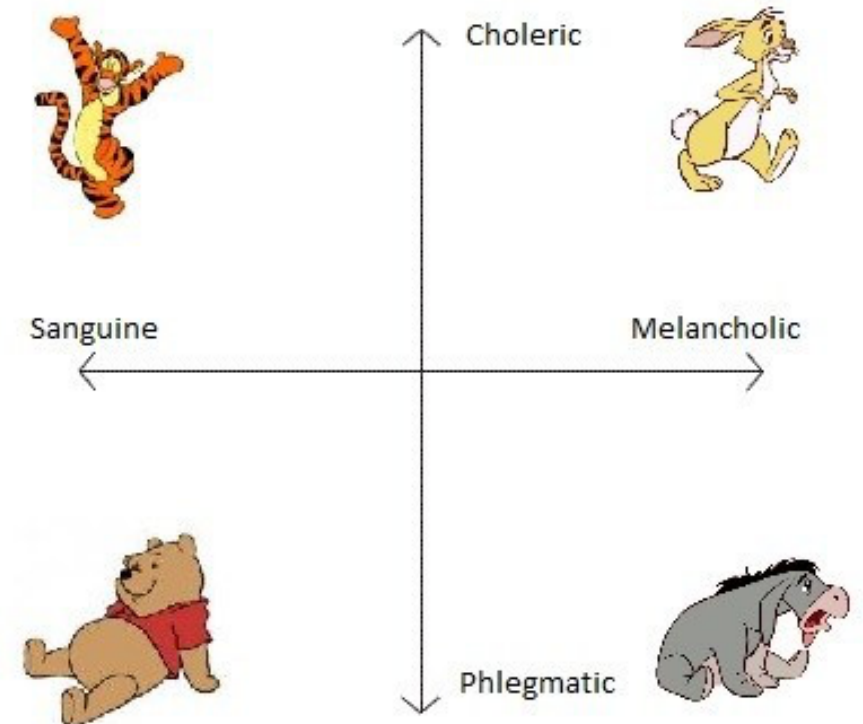
Rating Scale/Questionnaire	Comments	Reference
Child Behavior Checklist (CBCL) for 1.5-5 year olds	<ul style="list-style-type: none"> • Two questionnaires to assess adaptive and maladaptive functioning of 1½-5 year olds. Rated by parents, day care providers and teachers • A recent international project using the CBCL identified consistencies in aggregations of emotional and behavioral problems in preschoolers across the 24 societies participating in the study (Ivanova et al, 2010; Rescorla et al, 2011). • Proprietary 	Achenbach & Rescorla, 2000
Strengths and Difficulties Questionnaire (SDQ)	<ul style="list-style-type: none"> • It rates 25 attributes, some positive and other negative. The SDQ has an impact supplement that helps in the assessment of impairment related to behaviors the child is presenting with. Parent and teacher versions for three and four year-olds in several languages • Free of charge 	Goodman, 1997
The Ages and Stages Questionnaire (ASQ-3)	<ul style="list-style-type: none"> • Developed to identify infants and young children (0-5) with potential developmental problems. Five areas are screened: communication, gross motor, fine motor, problem solving, and personal-social. Completed by parents/caregivers • Proprietary 	Squires & Bricker, 1999

Other Useful Rating Scales and Questionnaires

Rating Scale/Questionnaire	Comments	Reference
The Ages and Stages Questionnaire: Social Emotional (ASQ:SE)	<ul style="list-style-type: none">• A culturally versatile tool for clinicians to identify and monitor children at-risk for social, emotional and behavioral delays. The ASQ-SE rates a child's development in the behavioral areas of self-regulation, compliance, communication, adaptive, autonomy, affect and interaction with people• Proprietary	Squires et al, 2003
Preschool Age Psychiatric Assessment (PAPA)	<ul style="list-style-type: none">• A structured parent interview for diagnosing psychiatric disorders in preschool children (two to five years old). Used as a research tool, it can be used in also clinical work.• Proprietary; formal training required.	Egger & Angold, 2004
The Parenting Stress Index – Short Form (PSI-SF)	<ul style="list-style-type: none">• Screens for stress in the parent-child relationship, dysfunctional parenting, parental behavior problems and child adjustment difficulties within the family.• Available in several languages.• Proprietary.	Abidin, 1995

Temperament Scale Examples

- Infant Toddler Temperament Tool (IT³)
- Carey Temperament Scales
- Temperament Assessment Scale for Children



Temperament Assessment Scales

Handout #7 Your Temperament Assessment Scale

By answering the following questions for yourself, you can increase your understanding of your own temperament.

1. **Activity Level.** How much do you need to move around during the workday? Can you sit through a long meeting without wiggling?
High Activity 1 3 5 Low Activity
2. **Regularity.** How regular are you in your eating, sleeping and elimination habits?
Regular 1 3 5 Irregular
3. **Adaptability.** How quickly do you adapt to a change in schedule or routine, a new place or food?
Adapt quickly 1 3 5 Slow to adapt
4. **Approach/Withdrawal.** How do you react the first time to new people, new places, activities or tools?
Initial approach 1 3 5 Initial withdrawal
5. **Physical Sensitivity.** How aware are you of slight differences in noise level, temperature, or touch?
Not sensitive 1 3 5 Very sensitive
6. **Intensity of Reaction.** How strong are your reactions?
High intensity 1 3 5 Mild reaction
7. **Distractibility.** Are you easily distracted?
Very distractible 1 3 5 Not distractible
8. **Positive or Negative Mood.** How much of the time do you show pleasant, joyful behavior compared with unpleasant or grouchy moods?
Positive mood 1 3 5 Negative mood
9. **Persistence.** How long will you continue with a difficult task?
Long attention span 1 3 5 Short attention span

The Program for Infant/Toddler Care

Handout #6 The Temperament Assessment Scale for Children

By answering the following questions for each child, you can increase your understanding of the temperaments of the children you serve. Refer to Handout #4 to help complete the scale.

1. **Activity Level.** How much does the child wiggle and move around when being read to, sitting at a table, or playing alone?
High Activity 1 3 5 Low Activity
2. **Regularity.** Is the child regular about eating times, sleeping times, amount of sleep needed, and bowel movements?
Regular 1 3 5 Irregular
3. **Adaptability.** How quickly does the child adapt to changes in her or his schedule or routine? How quickly does the child adapt to new foods and places?
Adapts quickly 1 3 5 Slow to adapt
4. **Approach/Withdrawal.** How does the child usually react the first time to new people, new foods, new toys, and new activities?
Initial approach 1 3 5 Initial withdrawal
5. **Physical Sensitivity.** How aware is the child of slight noises, slight differences in temperature, differences in taste, and differences in clothing?
Not sensitive 1 3 5 Very sensitive
6. **Intensity of Reaction.** How strong or violent are the child's reactions? Does the child laugh and cry energetically, or does she or he just smile and fuss mildly?
High intensity 1 3 5 Mild reaction
7. **Distractibility.** Is the child easily distracted, or does she or he ignore distractions? Will the child continue to work or play when other noises or children are present?
Very distractible 1 3 5 Not distractible
8. **Positive or Negative Mood.** How much of the time does the child show pleasant, joyful behavior compared with unpleasant crying and fussing behavior?
Positive mood 1 3 5 Negative mood
9. **Persistence.** How long does the child continue with one activity? Does the child usually continue if it is difficult?
Long attention span 1 3 5 Short attention span

The Program for Infant/Toddler Care

Transparency/Handout #8

Chart of Temperament Traits

Chart developed by Janet Poole, Faculty, Program for Infant/Toddler Care

	Low Activity	Irregularity	Slow to Adapt	Withdraws	High Sensitivity	Mild Reaction	Low Distractibility	Negative Mood	Low Persistence
5									
4									
3									
2									
1									
	High Activity	Regularity	Adapt Quickly	Approaches	Low Sensitivity	High Intensity	High Distractibility	Positive Mood	High Persistence
	High Level	Biological Rhythms	Adaptability	Approach/Withdraw	Sensitivity	Intensity of Reaction	Distractibility	Quality Mood	Persistence

The Program for Infant/Toddler Care

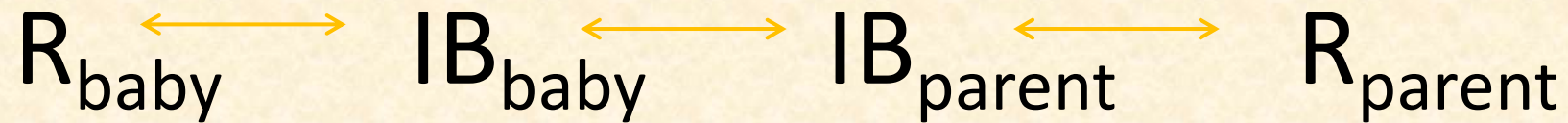




Relationship Components

- Internal and External Components
- External
 - recurrent patterns of *behavioral interaction*.
- Internal component
 - recurrent patterns of subjective experience or *internal representation*.
- Each of these has effects on infant behavior and psychopathology

Components of Infant-Parent Relationship



How do we measure these components?

Assessing Infant- Caregiver Relationships

The diagram features a dark grey background on the left with a white and blue diagonal line separating it from a white background on the right. On the right, there are two light blue rounded rectangular boxes. The top box is labeled 'Internal Components' and is followed by a light blue rounded rectangular box containing a bulleted list: 'Narrative Interviews' and 'Working Model of the Child Interview'. The bottom box is labeled 'External Components' and is followed by a light blue rounded rectangular box containing a bulleted list: 'Parent Child Interaction Procedures', 'Crowell', and 'Strange Situation'.

Internal Components

- Narrative Interviews
- Working Model of the Child Interview

External Components

- Parent Child Interaction Procedures
- Crowell
- Strange Situation

Working Model of the Child Interview (WMCI)

- Semi Structured, about an hour
- Designed to elicit narrative accounts of child and caregiver's relationship with the child
- May be audiotaped or video taped for coding purposes
- Requires training



Crowell Play Procedure AKA Parent Child Play Procedure

- 12-60 months
- Clinic-based assessment
- 30-45 minutes
- Combination of more and less structured activities
- Videotaped for later review
- Limited constraints on behavior
- Clinically useful and formally codeable
- Requires training



Relationship Domains

Parent

- Emotional Availability
- Warmth/Empathy/Nurturance
- Provision of Comfort
- Protection

Child

- Emotion Regulation
- Security/Trust
- Comfort Seeking
- Vigilance/Self-Protection

Relationship Domains

Parent

- Play
- Teaching
- Structure/ Instrumental Care/Routines
- Limit-Setting/Discipline

Child

- Play
- Learning/Mastery/Curiosity
- Self-Regulation/Routines
- Self-Control

Infant Mental Health Assessment in Action





The Evaluation Process

- Initial Interview
- Working Model of the Child Interview
- Parent-Child Interaction Procedure
- Any other evaluations deemed necessary
 - i.e. psychiatric evaluation of the mother

HANDBOOK OF INFANT MENTAL HEALTH



EDITED BY
CHARLES H. ZEANAH, JR.

Training in Infant Mental Health

- Depends on what you want to do
 - Clinical
 - Assessments and treatments require training and supervision
 - Research

What's going on in Oklahoma?

- Institute for Building Early Relationships (IBEAR)
 - State collaborations to further research and education in the area of infant mental health
- Infant Mental Health Certificate
- Oklahoma Association of Infant Mental Health
 - World Association of Infant Mental Health Affiliate
 - Multi-disciplinary collaboration, education, workforce development, and advocacy for best practices
- Trainings
 - Child Parent Psychotherapy
 - Circle of Security
 - Infant Massage
 - DC 0:5
 - Parent Child Interaction Therapy
- Safe Babies Court Team
- Top rated early childhood educational facilities

Outside of Oklahoma



World Association of Infant
Mental Health (conference
every other year)



Zero to Three

- Conferences
- Website Resources



Irving B. Harris Fellowship

- Training is for psychiatrists,
psychologist, social workers, and
pediatricians

Endorsement Option

- For more information regarding Oklahoma
 - www.okaimh.org



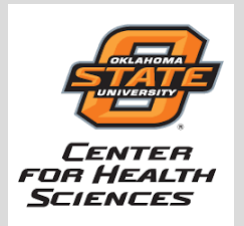


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SCIENCES***

Questions?

Resources

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