



Infant Mental
Health Promotion
IMHP

Infant Mental Health from the Bench

Module 2

**(A) Understanding Infant Trauma and
(B) Developmental and Psychosocial
Consequences of Trauma for Children**

**Transcript of
Video Panel Discussions**
(with added citations)



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Transcript of Video Panel Discussions

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Module 2 Part A – Understanding Infant Trauma

What types of experiences are traumatic for a baby?

Mary Rella

For an infant any experience where they are left unattended to can be a traumatic experience. So, a parent who is present but emotionally unavailable might be a trauma experience for the infant because they are 100% dependant on the caregiver to be there and available to them to be able to regulate their arousal, both the arousal that is stressful and also the arousal that is playful and engaging and delightful. For an infant who experiences a caregiver who is in the environment but not available to them or attending to them, could be a trauma experience. Also that trauma experience for an infant can be very much relational as opposed to events in the environment alone, because the events in the environment can be buffered in the relationship is available and attuned to the distress of the infant (Schoore A, 2001).

What does neglect look like for a baby? What constitutes neglect?

Brenda Packard

For infants and toddlers a lot of things constitute neglect. Relational neglect, what Mary has talked about, children need responsive care we know that about them and we know that it is traumatic when they don't have it. For neglect, with respect to Children's Aid Society cases we do see a lot of neglect of basic needs, neglect of nutrition which is important component of what a baby needs. We see neglect of proper sleeping arrangements, proper clothing, proper stimulation, we see children who don't go outside, who don't have the proper cleanliness of their environment as well as themselves. We see a lot of lack of medical care which is a very serious aspect of neglect. We see children who, despite repeated reminders about certain medical appointments, they may have medical conditions that require attending to, we see the parents are not able to manage that. As well as regular well baby checks which are important for physicians to look at signs of possible physical neglect as well as developmental issues that are happening with this child. So we see a lot of different areas of neglect (Wotherspoon, & Gough, 2008).

I think the most difficult for workers is really looking at the neglect within the relationship, that there really is no such thing as a baby (Winnicott, 1947). A baby needs responsive care in order to grow and develop. For workers they are often trained to look at the physical things, where is the baby sleep. Workers are great at going and looking at the crib. We have all of the documentation that we need to say the baby sleeps in the crib, there's nothing else in the crib. We're good at that. We're good at looking at how a baby is fed, how much a baby is fed, is the baby dehydrated, that kind of thing, but it is much more challenging to look for signs of neglect as well as how to prove this in a court situation, really how to speak to our lawyers efficiently about what is happening for this baby. It requires real observation of the baby, developmental screening, focussing on the relationship, observing the relationship between the caregiver and the child (DePanfilis, 2006).

Can you see behaviours in the child that suggest that that child has been traumatized?

Brenda Packard

We can see from very early on. We see with babies, non-responsive babies, inconsolable babies, lots of crying that the caregiver who is not able to manage to console that child. As children get a little bit older, as they're toddling around at toddler age we see children that are labelled out of control, children who are damaging things around the home, wandering around aimlessly, not able to be consoled by their family members, leaving the home situation, and getting out of the house and wandering around and looking to other people to be cared for. Children are pretty smart, if their parents are not providing their basic needs they are going to go down the hall, and look for food, and look for some attention, look for a cuddle, maybe from the wrong person. That's where we start to see the indiscriminate behaviour, and that's a real sign for us. We see children coming up to people and wanting to go home with them. Often workers go into the home - "can I come home with you?" looking through their purse, touching their hair, and workers thinking "I don't know what this is". Well, it's a sign of neglect. They are not getting their basic needs met (Wotherspoon, Vellet, Pirie, O'Neill-Laberge, Cook-Stanhope, & Wilson, 2010).

How can neglect influence an infant or toddlers development, both in the short and long-term?

Jean M. Clinton

We've focussed on neglect so far here, and the relational, so emotional harm, and how do you measure that. One of the most concerning situations is when the caregiver is the source of the frightening or trauma (Benoit, 2001). They are the most serious situations. The long term implications, in terms of what studies have looked at is children who experience their caregiver, when the trauma is in the relationship, they are the children who have the most significant (all of things that Brenda was saying) the most significant behaviour difficulties as they are up and toddling, more aggressive (Lyons-Ruth, Bronfman & Parsons E (1999). In infancy, withdrawal, apathy, not growing – physically not growing well. How you can observe it is when an infant is separated from the caregiver, when the caregiver comes back, what you expect, you know you've separated the child, the child is upset, and so when the caregiver comes back you want to see the child's response of "thank goodness daddy is back or mommy is back". If the child doesn't respond that way we should have alarm bells going. Sometimes what we see is that the child who is upset because the parent was not there goes towards the parent and then freezes or approaches the parent backwards. You see peculiar interactions. Trauma affects the brain development and all that we can do is measure in these behaviours (Main & Solomon, 1990).

So are there instances when access has been ordered when that visit might be traumatic for the child?

Jean M. Clinton

There are many times that that is occurring and I think that there are some very good conversations going on now within child welfare to say “how can we make these access visits actually useful either for assessing what is going on in terms of the relationships or in fact intervening.” Sometimes it’s ignorance, that parents don’t know that that frightening face is terrifying to the child – so you there are opportunities to actually do some improvement to the responsiveness. Unfortunately just now the degree of training people have in terms of observing access is very variable across the province, and I hear many many stories in my thirty years with child welfare of people having no idea what to do, and when I hear it I say “that kid should have been hauled out of there right away!” They were being traumatized by that experience, the parent ignoring them, not responding to them. The kid lying on the floor and then going silent. They are just such huge alarm bells, it’s like having a tumour on your head we need to respond in the same way as we would (Shaffer & Bala, 2003).

Module 2 Part B - Developmental and Psychosocial Consequences of Trauma for Children

How does trauma influence gene expression?

Dr. Judy Cameron

Trauma causes children to have a series of reactions and the brain cells will fire and respond to those reactions and they will become strengthened. Other circuits that aren't used, the circuit for reading, understanding complex reasoning, will not be strengthened. Where the child is putting their behaviour has a big influence on what circuits and genes are expressed and strengthened.

We use the words "Brain Architecture" because you have two neurons connecting to each other. If the connection between them get used a lot it will become very strong, if it doesn't get used very much it runs the risk of being pruned away. So, you are going to end up with neural systems that are strengthened for things you do a lot, and not strengthened for things that you don't do a lot. If what you are doing is reacting to a lot of trauma and stress you will become good at it, which will be good for the child right there and then but, you have to think if it will be good for the child as they grow up and they need that reasoning power, they need the ability to attend to the work that they are doing. They need language skills. They won't have as strong circuits underlying those functions (National Scientific Council on the Developing Child., 2005/2014).

What aspects of a young child's development are likely to be impacted by trauma?

Jean M. Clinton

The type of trauma makes a difference, so if it an Interpersonal trauma, not being attended to by a family member, compared to an external trauma like an earthquake or a car accident. In both of those situations the type of relationships that come and assist the child to deal with that frightening experience is really is the heart of the matter, and the people need to be exploring how that child is being supported.

Are you talking about mitigating factors? A buffering relationship?

Jean M. Clinton

Absolutely, a buffering relationship is one of the keys that you are hearing throughout the module. There are child characteristics, no question, there are more optimistic temperamentally. If you've had more than one child you know they come out different. So there are children who temperamentally are better able to engage others when they are needy, there are children who are temperamentally are more anxious, and so they would experience it differently. But if you've got a caring adult in your life it makes a very big difference. If you have no other developmental issues of course it makes a big difference. If you have interests and the ability to engage others, big difference. If you have self-regulation skills, big difference. But you can see that what goes through all those things is the presence of caring adults in the child's life (Ludy-Dobson & Perry, 2010)

How can repeated exposure to domestic conflict be traumatic for the child? Will they forget it?

Mary Rella

They won't forget it, it will be embedded in their memory and as Judy and Jean have both said it becomes a hyper-vigilant sort of response to any threat in the environment, and hyper-vigilance can sort of be demonstrated in a couple of ways. It can be demonstrated in that – what is the threat and what do I do to get out of the threat? But it could also be expressed in a “I don't care” why should I do anything about this. So it has implications with respect to cognitive development – how do I think, how do I plan, how do I organize. It has implications for emotion development and emotion regulation – what is this feeling called, how do I modify it, how do I identify it. It has implications for how do I see myself. Do I see myself as being loved and loveable, and how do I see others, are they helpful and available to me or are they threatening to me? (Thompson, 2002)

We've hear that neglect is a greater threat to young children than physical abuse. Can you explain?

Dr. Judy Cameron

In part that's because neglect is much more prominent, it's just much more common. What we're talking about is caring adults being available to children, so there are lots of reasons children can be neglected. They can be overtly neglected but that doesn't happen all that often. If the parent, for example, the mother has postpartum depression, she is so concerned about how she feels and withdrawn that she'll be neglectful of the child very often and that's very unintentional, it isn't intentional neglect of the child, but is neglect of the child. Parents that are abusing drugs, we think of them as having a drug abuse problem, but the child is having problems under those circumstances because the parents are very wrapped up in what they are doing and are non-attentive to the child. So neglect comes from so many different places that it is more prevalent. Now you ask, why is that a big problem, what all of us have been talking about is the fact that what matters about caring adults is that they pay attention to what the child needs. What the child is trying to get attention for. Many times we talk about that as the child serving and the caring adult returning and showing an interest in the child. If the child is serving and trying to get attention, and trying to show an interest in something, and there is no response coming back then you can see right away that that is exactly the type of trauma that we're talking about. It's neglect, but it's equally traumatic to the child (Center on the Developing Child, 2013).

How might that kind of neglect impact the child in school?

Jean M. Clinton

Well, I think the one thing what's different about neglect is the pervasive nature of it compared to the discreet episodes of physical and other abuse. So with there being a pervasive nature and absence of adults caring for you, as you arrive at school when there are so many things, you have to trust others, you have to play with others, you have to listen to the teacher, you have to be able to deal with failure - if you have not had that eyes light up adult in your life, then all of those aspects of brain development are very much affected. So you don't have on average, of course because some kids do manage, on average, probabilistically, you are not going to have all of those things be able to be engaged. From animal studies just now, we know in some of the work of Canadian researchers (Weaver, Cervoni, et al., 2004), that if you've got little rat pups, that don't

get licked very much, and that's a good thing if you're a rat, to be licked and groomed, so if you don't get much licking and grooming then you don't learn as fast, you are more irritable, you are more cranky. If you get fostered by a lovely mom who grooms you a lot, that behaviour changes. You become more chill. How does it happen? Well, it happens through the way that Dr. Cameron is talking about. On the DNA there are little tags, they are called Methyl groups and stuff, so that little tag actually gets changed by the behaviour of the parenting. So, back to the neglect, so you haven't had someone helping you deal with stress, your stress reactivity system, your vigilance system, your amygdala, fight or flight area, all of them are wired very differently, and the scary part is it may be passed on through generations (Champagne, 2013).

High conflict in the home, again, without buffering, makes the difference. Other studies, if you you've got kids who have been exposed to violence and you compare groups of kids who have the same exposure, and you have parents, in this study a mom, who is able to put herself in the mind of the child, you know, as they are observing and you have to do a tidy up job, when you ask them "what do you think is going on in your child's mind? Are you curious about why he's not doing it?" What the studies have shown is that the moms that have that mind mindedness for their child, those kids do not have the traumatic long-term effects of the violence exposure. Their DNA is also going to be activated differently.

How does that early trauma impact a child's ability to build relationships later in life and maintain their relationships?

Mary Rella

Well if you think about it, the early relationship becomes the template for how I see myself in a relationship, what I expect from others in a relationship. That template becomes something that continues throughout our life actually. So, how I see myself, my competence in being able to get a goal met, and how I achieve a goal, how I achieve my goal with another person, how I see my parent as being helpful to me in being able to achieve my goal versus I must do it on my own because no parent is available or I don't believe in any relationship, I don't believe in relationships helping me because what I've experienced is that relationships are inattentive, or frightening to me or just not useful to me. That template of relationship how I see myself, my inter-personal relationship with someone else, and how I see myself, my intra-personal understanding of myself, is very much affected by those early experiences (Siegel, 1999).

Do judges see the impact of early trauma?

Justice June Maresca

Yes, I think we see it in a number of ways. First let me say a couple of words about self-regulation, because it's a term that we've been using a lot, and I think that it warrants some explanation in terms of what it means for our work as judges. When we hear that an infant or a toddler is unable to self-regulate we need to know what that means. What I understand that it means is that it's an infant who doesn't know how to soothe himself or herself, it's a toddler who can have explosive outbursts and is unable to bring themselves back. It's a child who is completely unable to manage their emotions that they have themselves because they never learned how to do that through an interaction with a caregiver. That is the kind of evidence that we need to see in order to come to that determination. Now, once an infant or a toddler has gone through this you can see that play out in the courts for years to come. For example, when I sit in youth court when I see a young person and I see a pre-sentence report and it tells me has explosive outbursts and cannot control

their impulsivity, they are angry and they are hostile or they cannot engage with someone else – these are all things tell me that this this is a kid who has been unable to have a relationship when they have been an infant that will assist them in learning how to do those kinds of things. In fact, there is some very interesting research that is coming out now about parents who are in high conflict separation situations, so you have parents who are separating and they just seem to not be able to let go of a conflict. It's high, high conflict, and the thesis is that these are people who bring their own difficult attachment issues into their formation of an intimate relationship and forming an attachment that way. They haven't learned it when they were infants or when they are toddlers. They have a really hard time with it when they have to apply that in separation scenarios. So we see this repeating, generation after generation (Kraus & Pope, 2009).

Justice Andrea Moen

I second that. I see that too and even in criminal court with adults, we see the results of those kinds of “lack of attachment” homes from when they were young. When we get pre-sentence reports we see exactly the same thing. So we see this through the whole court system. So I've been asking myself, what do I do in family chambers when I'm dealing with a high conflict family, and a situation where I don't have the benefit of expert advice. What do I do with this? One thing I have learned is I should be looking in that family system for an adult who is buffering that child so whether it's the mom or dad, or a grandparent or whomever – if I can look at that and help to strengthen it as a judge I think I might be contributing to that young child's ability to be able to grow up as an adult who can cope with these things (Crittenden PM, 2001).

What other kinds of things can you do to address the issues of infant trauma?

Justice Andrea Moen

Well, in the kinds of things that I deal with which are usually separating families, or families that have never gotten together but are dealing with a child, what I need to find out from the people in the room is more about those relationships. Who does the child go to, who in that relationship is giving the kind of support that we've heard talked about here. I think, as a judge I need to be asking counsel if we have them, or self-represented litigants if we don't, I need to be asking those questions to find out where that buffering relationship is coming from (Clark, 2013).

Are infants who have experienced trauma getting the support they need in a timely manner?

Jean M. Clinton

Um, I'm trying to think politically correctly here, and the absolute answer is no. Absolutely not. Unfortunately, thinking about infants or children under six is relatively new. You know the policy makers, people thinking that little ones under six – they don't really have mental health. So across the country as I travel, there will be services for kids six – eighteen for their mental health, but there is very little for zero to six. That is changing now. We see in Canada there are more people becoming aware. I think that what is happening in Alberta, educating people about the importance of the brain story, about the importance of brain architecture sculpting and the impact of toxic stress, but we really need a concerted effort to say if we are going to be training judges to pick these kinds of things up, we also have a responsibility to make sure as a community and as a society we have the supports for families to so that. As I say we don't have the network for that happening yet but changes are very much in the making (Clinton, et al, 2014).

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