Video 2: Recognizing and Understanding Trauma in Young Children

Transcript

Chaya Kulkarni: [00:00:00] Hello and welcome to session two of our series on infant and early mental health. My name is Chaya Kulkarni and I'm your host tonight, and I am with Infant and Early Mental Health Promotion at the Hospital for Sick Kids. Hi. In session one, we explored the important role of experiences and relationships, especially during the first few years of a child's life.

We then looked at how early experiences influenced development across the lifespan and the connection between the brain and mental health. For session two, I'm joined by on my far left, Dr. Susan Dundas, who is a child and adolescent psychiatrist. With over 30 years of experience, she has training in the area of developmental trauma and PTSD specializing in trauma and working with children ages zero to six.

On my immediate right, I have Mary Rella. Director of training, education and data at Mothercraft and a registered psychotherapist. Mary has been involved [00:01:00] in developing, leading, supporting, and managing a range of services for vulnerable infants, children, youth, young adults, and their families for over 28 years.

Both Dr. Dundas and Mary Rella bring with them a wealth of knowledge and experience specific to supporting the wellbeing of very young children involved with child welfare. In this session, we will focus on what kind of experiences are traumatic for young children and how young children may show or exhibit the trauma they've experienced.

So Mary, I'd like to start with you, and I'm wondering if I can first ask you about what kind of experiences can actually be traumatic for young children. And I know that you and I have talked about the fact that there's different kinds of trauma that kids experience: situational trauma, event trauma, and relational trauma.

Seems to me that's the big one, relational trauma for young kids. And I'm wondering if you can describe what that actually is for a young child, what it looks like.

Mary Rella: So when [00:02:00] trauma is an experience of feeling overwhelmed and feeling unable to cope with the events that are happening in a way that can help, can help one process what's happening and feel supported while it's happening. So for a young child, it might be an event. So if there is an event that is mitigated by a parent who can help them understand or manage what's happening, then the likelihood of them feeling overwhelmed by the event is not as high.

For young children, the relationship is the most important and key aspect of helping a an infant for sure feel able to be able to manage any feeling. For example, even a wet diaper for an infant can feel overwhelming if it's that uncomfortable. So if they make cues of I'm in distress, and those cues don't get [00:03:00] managed by a caregiver who can understand what to do with the acute, like that, then they feel alone. And that feeling in and of itself can feel overwhelming and that feeling of aloneness or abandonment continues to have them be in distress and that can be a traumatic experience for an infant.

Chaya Kulkarni: So relationships are really important. Especially the primary.

Mary Rella: Relationships are key. The primary one is absolutely key.

Chaya Kulkarni: Okay. Alright. Susan, I'm wondering if I can move over to you for a minute and focus on this idea of relational trauma and just given the importance of relationships in the first few years of a child's life.

When a young child is separated from their primary caregiver, even when the situation that they are being removed from is very traumatic for them or difficult, and may in and of itself, caused the child some trauma. Is the [00:04:00] separation from that situation traumatic for a young child or is it a relief for that child? Or maybe it's both. I don't know.

Susan Dundas: It's a good question, Chaya. So when you have a child who's born, they become connected to the people who they're with, and they're going to automatically, instinctively their brains going to adapt to the environment in which they are at the time.

So if it's not an environment that is consistent, or even one that is dangerous, their brain's going to adapt to that environment. And with the primitive options that they have to cope, their brain is going to cope with that environment. And that's often with, not the best coping mechanisms when they leave.

That environment to go to a new environment, they take those coping mechanisms with them and they also take that experience of being connected to those people who were [00:05:00] their primary caregivers initially with them as well. Their brain still wants to go to those primary caregivers to protect them and to get their needs met.

Even if those caregivers weren't good at doing that, or weren't consistent or were even unsafe, their brain's still going to be driven towards that. So with the new caregivers they're taking all those primitive coping mechanisms that were developed in confusing sometimes unsafe environments and coming to a different caregiver who has a different set of expectations and abilities, and they have to start to learn all over again a new way of communicating.

And it's not as simple as learning this is the way we talk in this house, this is the way. It's actually a brain developmental change. So it would be similar to someone who lived in one environment where they could only, I don't know, [00:06:00] crawl in a certain way because that was all that was available to them.

And then going to an environment where they were expected to walk in a completely different way, they wouldn't have the neural functioning that would allow their body to adapt that easily to this new environment and it's the same for their relationships. So they're grieving the past relationship, they're also trying to adapt to a new one, and they're bringing very primitive coping mechanisms to the new caregivers who may not understand how they're behaving towards them.

Chaya Kulkarni: And it seems to me that when we think about older kids, we get that. That an older kid is definitely gonna understand "I'm not in my house anymore". But I think sometimes there's a misconception that babies, little kids will just adjust. They're so young, they'll just adjust. And that in fact they have not, this is not that traumatic for them. But what I'm hearing you say is actually this is very traumatic for them and very overwhelming.

For them [00:07:00] when that move happens, even though it's from not a great place to maybe a fabulous place initially, it is still very traumatic.

Susan Dundas: The first year of life is where so much is imprinted on the brain that it has more impact than things that happen much later in life.

Mary Rella: Yeah.

Chaya Kulkarni: So Mary, I wanna come back to you now and I wonder if you can describe for us a little bit of what this kind of trauma might actually look like in terms of a child's behavior or even their development. Does trauma influence development? And if so, what might that look like? And can it help us understand behavior that might be, feel or feel challenging for a caregiver? But what maybe what we're seeing is the result of the trauma they've experienced.

Yeah.

Mary Rella: So, I'll start with the infant.

So let's say you have an infant who has been in an environment with his, with their caregiver, where there bids for [00:08:00] proximity, like their cry come get me, I need you. That cry doesn't get attended to very much, or not at all because of neglect. And of course when we talk about caregivers, we always talk about caregivers from the perspective of not judging and that caregivers sometimes and not sometimes, most times themselves come into the relationship with their own trauma.

And for the purposes of the relationship, the caregiver may not have been attentive to those cries. So you have an infant who's in one situation learns well, I'm not going to cry because crying doesn't actually bring me the care that I need. And in that situation, I don't cry. And when I need something, not only don't I cry, but slowly what I'm going to actually learn to do is not even pay attention to what I need or how I need it.

And that might translate into, a [00:09:00] toddler who potentially doesn't ask for help. So you've got a child who is now in, a setting in an environment who's two years old and hasn't actually learned that -Hey, if Susan has my toy, It's my turn to play with that toy, and she's not giving it back to me. I'm not gonna come to you Chaya and say, Chaya, can you help me get the toy from Susan? It's my turn. Instead, what I'm gonna do is I'm gonna control what I want in the ways that I want. I might go over and I might grab the toy from Susan. I might push her away doing it at the same time.- And even though for example, a new caregiver or even a teacher might say, Mary, come and ask me for help, I will always help you. I won't know that because my body hasn't actually learned how to ask for help when I need help. And instead what it's learned is to take control when I need something [00:10:00] done myself. So that is an example of how it might manifest behaviorally.

Chaya Kulkarni: Speaks a little bit to what Susan was talking about in terms of the brain

Mary Rella: That's right.

Chaya Kulkarni: And what's wired into the brain. So the child's learned how to get their needs met in one particular way, wherever they were in a different environment. Just because they're in a different environment doesn't mean they're automatically gonna learn new ways to get their needs met.

Mary Rella: That's right. So the same baby who doesn't cry because of neglect in one home, when you put them into a foster care home with the caregivers who are attentive, that baby isn't gonna be, say, isn't gonna be doing the math and going, oh, wait a second.

I think I can cry here because these caregivers seem to be more attentive. It will happen, but not without a whole lot of experiences. Most of the time the experiences will be to have a caregiver go over and pick up the baby, even though they're not crying, to help them learn [00:11:00] that the caregiver is there and available.

Chaya Kulkarni: So I'm thinking about what you just described, Mary, and I'm thinking that. It would be so easy for a caregiver receiving a child into their home from a traumatic situation, a young child, a baby, a toddler, a preschooler, and seeing behavior that they would almost find difficult. And almost go to that place of I need to provide some discipline or some structure, and I'm just wondering if you can speak to that a little bit because I think the hard thing with babies and toddlers especially, is they can't talk. So they can't describe what they're feeling. And it's

really up to us as caregivers to interpret their behavior and their development. So I, I wonder if either of you have anything to add to that, because I think this is part of the [00:12:00] challenge with young kids in whether it's foster care, customary care, or a kin situation.

Mary Rella: Yeah. Behaviors are generally developed. First off, let's just say that one of the things that we know for sure is that when you have a child who has experienced trauma in their caregiving relationship, their primary caregiving relationship, be it because of neglect, be it because they've been exposed to violence or any number of other issues. To be in that situation and then to have developed behaviors to help them cope with their ability to stay close to the caregiver who was maybe not available or perhaps frightening to them or frightened of them because of their needs. That young child develops behaviors so that they can survive. [00:13:00] So when they go into a situation and those behaviors, although they may look manipulative, behavioral, controlling, what happens is that if those behaviors get met with discipline, they're not understood as discipline.

Those behaviors instead are understood by the child as threatening. So you're more likely to get more of those behaviors. And what we know is that for traumatized children, what they need most significantly is connection. They need connection to a caregiver, not consequences. So it's not the way to help them see the caregiver as someone who could be responsive and helpful to them, by imposing restrictions on their behaviors, what happens is that they continue to see the, their experience of the new caregiver is yet again, you're threatening to me and you scare me.

Susan?

Susan Dundas: [00:14:00] Yeah, I think it's important to think about attachment as the mechanisms by which the dyad, the two people, the caregiver and the infant regulate the baby so that they can get all their needs met, stay safe, and develop and grow. That's the relationship of attachment. And I think what happens in relationships where this is not working well is that the baby has to adapt in ways that are very different from what most people interact, how most people interact to get their needs met. So a huge proportion of the population have fairly similar attachment styles or close enough similar enough that we can all negotiate the environment, the world at work and home and school, and get our needs met because pretty much everybody's working along the same path, the same language of getting [00:15:00] needs met.

And some of the kids we see a very small percentage of the population, but. They developed these very unusual strategies to get their needs met, which was adapted at the source of their first relationship. And unfortunately, when they try to communicate into their new environments where everybody's working on the sort of standard way of managing, people get very confused by the behaviors and they try to adapt to the child.

One of the things that's important for foster parents is to, assuming they have that usual form of interaction, and they aren't themselves frightening and chaotic in their style that the foster parent maintain that style of connection that they have typically, rather than trying to become like, I'm gonna meet your aggression with aggression, I'm gonna meet your rejection with rejection, but to stay firm in their own [00:16:00] consistent approach to the child in a calm, responsive way and wait for the child to catch up to them in that way, as opposed to trying to behaviorally induce those behaviors in a child because those kids are just responding the only way they know how. Yeah.

Chaya Kulkarni: This is a bit of a generalization, but I'm just wondering in session one, I talked about the fact that, for a young child who's crying like in distress, there really isn't a situation where it makes sense for the caregiver to walk away.

Because what's important is that they stay present. And so is it, if we were to give one strategy out of this, it stay in the room, stay in the room, stay calm, stay compassionate, but be present for the child, even if the child's rejecting you, pushing you away, crying, not responding to being consoled, being [00:17:00] present.

It is still really important. I say this even to families where the baby's colicky, right? Just don't leave the baby and if you're tired from it, find somebody else to step in. But this idea that, that connection they're looking for it. It doesn't feel like they're looking for it, but they are looking for it.

Mary Rella: No, in fact, they would, you would think that they were looking for the exact opposite thing because some of these behaviors are exactly as you described, they're alienating. Even a, even an infant can make can have a care provider feel quite an effective because they don't stop crying or they arch their back or they're like literally looking like get away from me. And if a caregiver isn't careful as Susan said and begins to act in the same way. Okay, so you don't need me, then I, you look like you don't need me, and then you don't need me. And walk away from that, then it reinforces the aloneness. And In some [00:18:00] situations the feelings of I'm not worthy of love, I'm not worthy of care, from the experience of the infant and of the young child.

Chaya Kulkarni: So Susan, what happens when there isn't that what we call a secure attachment relationship for that child? Maybe they didn't have it where they were now they're in a new home and they don't have that sense of safety and security.

Susan Dundas: Unfortunately, a lot of the kids we see over the years, it's, it's a repeated situation. Many caregivers, many foster homes, many reasons for that. Not just that people give up on them or that they're, foster parents get sick, they get elderly, they get, they have to leave their foster system.

And these kids go through a lot of these transitions and there's no way for them to adapt to so many caregivers. So they, continue with their primitive mechanisms,

which further reinforces a sense of helplessness in the [00:19:00] caregivers that they meet. So they're continuing to what I usually, I call the big bang mechanisms, which is aggression and self-harm, and things that will absolutely get their needs attended to. If that's all you've got that has worked consistently over the years, then you reinforce those skills. And I call them skills. They're not seen as skills, but they certainly work. And we have to, we don't just have to ignore what the usual response. Is, let's ignore these negative behaviors.

We have to come up with another way this child can get, first of all, what is their need that their, this response is to? And then figuring out a way to help them get those needs met. And the other side of the coin, the foster parent will, because of this feeling of incompetencies and I'm not feeling like a good parent and maybe having lots of good experiences with other kids where they did feel fantastic by themselves, they felt great, they felt like they were good [00:20:00] parents, and this kid is starting to feel, make me feel like I'm not a good parent and I actually don't like the kid, or I don't even like myself in the relationship with this kid.

That can be very problematic. So that's why staying consistent to your own known ways of being, and recognizing this is a language this child's bringing to you. It's not your language and it's up to you to figure, I wonder what this is. I wonder what you need. And to keep that wondering and curiosity up in the brain.

And being a bit of a detective, I do this with kids who are older. Let's be a detective about your feelings as they come up, let's together look at it. So there takes away some of that shame piece because otherwise you get into people starting to blame the child for this behavior. I had one client once, this was way back in medical school before I knew much about any of this stuff, and it stuck in my brain because the child [00:21:00] was two and the mom came in saying, I knew there was a problem. This child had a lot of challenges with aggression and running around. He was running around the chairs. I didn't know what to do with the whole situation, but the, what stuck in my brain was mother said when he was a newborn, he had fists just like my abuser. He made fists. So the newborn closed palm was interpreted by mom as fists, so she was afraid of her child from day one. And the child has become fear like he, the way she described him, he was like a 20 foot, terrifying Big Hulk. And you to see him there, he was this little guy who was cute as a button, but running around the whole room. And it was like very poignant in my brain that she clearly saw him in a certain way and he was living up to this.

Mary Rella: The thing that I was thinking about as you were saying that is that, you talked about the, when a relationship isn't secure but, The [00:22:00] thing is that in a secure relationship, what the caregiver does with the infant is that it helps them put together an experience, of how their feelings and their behaviors go together.

And then eventually it's oh, and then there's also, I'm thinking something and that makes me feel something and that makes me act somehow. So when you have an attuned parent, the parent allows for the caregiver, interprets the experience for the

child, and that helps them begin to identify what they're feeling, as well as communicate what they're feeling to get their needs met.

That's the direct approach. Lots of kids that come into, not all, but for the most part, the kids that come into foster care and are looked after by foster caregivers or other caregivers, they don't have that understanding of direct approach and how to get their needs met. They don't even know the beginning part of [00:23:00] how is what's happening outside of my body in the environment affecting me inside my body. And then how do I take that and communicate it in a way that says, I need help, or I need this, or I need that. So instead it gets all jumbled up and the thing that gets interpreted the most is it must be me. I'm the problem. So what do I do with that? I deflect that and defend it and make you the problem, or try to protect myself from being the problem as much as I can.

Chaya Kulkarni: It's complicated.

Mary Rella: Yeah.

Chaya Kulkarni: With these little ones. Very complicated. And it makes me think about, because we've all heard the stories of little ones who have not just been moved once, moved 3, 4, 5 times in a very short period of time and the number of relationships that have been severed. Every time, and that's trauma every time.

That's what I'm hearing from you is [00:24:00] every time we do that to a child that's trauma. And then for the receiving caregiver, trying to interpret that trauma and understand that child's journey is hard. It's very tough. So I'm wondering, Susan, if I can come back to you for a minute, and if you can help us to understand what's happening in a young child's brain, because I introduced in session one the relationship between brain and mental health and all these connections that are being made.

So when a child is experiencing trauma, whether it's event driven what's happening what would caregivers need to understand about what's going on in that baby or that toddler's brain at that point in time?

Susan Dundas: There's a lot of interesting new research out on trauma. And the one piece to understand, I wanna preface this, is that what we define as [00:25:00] trauma is often we look for abuse or neglect, but we're understanding more that it's how the body perceives an event is whether it becomes traumatic or not.

For some people, a big, huge thing might have happened, and I don't know. 9/11, lots of those people came out without experiencing this as a trauma. And a lot of people experienced this as a trauma. And a lot of the differences were for all sorts of reasons, but how we judge whether it was traumatizing to them is how their physiologically, their neurological system, experienced that event.

There's lots of work with adults who we can assess and know what's happening in their body because they can tell us and they can be measured and all sorts of things, but for babies, that's a lot harder. So the neurophysiological response to events is what determines [00:26:00] whether the trauma is happening at that time to the baby or not.

And babies can show their trauma in a bunch of different ways. They can either shut down and go into full shutdown in part of their brain, or they can become sympathetically charged and become aroused in parts of their brain. There's, not necessarily a difference in how traumatizing it was for the child if they fully shut down versus if they're fully sympathetically charged. And so sometimes traumas might get missed because the child is completely dissociated and disconnected. So their brains are developing capacities to cope with severe or even what might not appear to be severe events on the outside by finding their brain, will find the right way of coping with it on the inside. When you see a child shut down, it doesn't necessarily mean the child's [00:27:00] not experiencing the same severity.

And we in fact start to worry about those kids who practice shut down and practice dissociation because what the brain is doing is, I can't cope. And I got no place to go and I got no one to help me. And in fact, it's so confusing because the very people I want to go to, to help me are the very same people who might be frightening me.

So two sides of the brain are engaged at the same time and they can't coexist essentially cuz attachment is to go to and fight flight is to go away. So they. They just cut off the fear, which unfortunately later on, if that becomes a practice event, it people go easily into these dissociative states.

So you're in the middle of being traumatized later on, beaten or something, and you don't get up and leave or fight back. You cut it off and you stay present, which then leads you to be in [00:28:00] all sorts of, you could be in various triggered environments where that's what your brain chooses to do, to shut down, which means you don't leave these unsafe unpredictable settings, and you end up with someone who might end up with dissociative states or even dissociative identity disorder later on.

Chaya Kulkarni: So it, it makes me think that sometimes we look at that really quiet baby and we think she's so good, she doesn't make a sound. And she might be a really quiet and happy baby. But for a baby who's come into care, I would just really encourage a caregiver to, to observe, right? Because no baby is always a really quiet baby all of the time.

Susan Dundas: And the one baby that the youngest baby I saw through telehealth, six months of age, fellow who was in a receiving home where they had a staff that came and went, and he had never really had a consistent caregiver.[00:29:00] He came to see me with a person who had never met him, the new staff, and was referred by someone who actually didn't know him either, and they put this baby on the table.

So the camera's there facing me and they put the baby to face me on the table. This young woman and she. And he sat there, he looked healthy, he looked, he was playing with a toy and he seemed to be playing with a toy appropriate for a six month. And we talked a bit about how he got here and what you know.

And actually someone was quite astute to have referred him, not because of a presenting complaint, but because they were worried about the situation. And I spent about an hour or more with this baby staring at me. And at one point she got out the bottle to feed him and she did the, put it around so I could see the kids still.

And I said no, just feed him like you would feed him. And she took the little guy in her arms, he was so cute. She took him in her arms like that and I said, do exactly what you were doing. So she gave him the bottle and right at that moment, he lifted up his hand [00:30:00] and touched her face and she said, I'm gonna fall in love.

And I said, yes. That's exactly what you need to do. It's always, you need to fall in love with these kids and it will not cause more harm to fall in love with them. The old saying is, I bring up all the time, it's better to have loved and lost than not have loved at all, and that is true with the babies.

The other thing of note in that child was there was no obvious developmental issues except the child made no sounds. Not a gur, not a goo, not a ga, not a scream, not a fuss, nothing. And for a child at six months to make no sounds for over an hour in a room full of strangers was really not normal. So I was worried about social emotional development, attachment, of course, and even speech and language at that point, because nobody was interacting face-to-face with this guy.

So my recommendations were about falling in love. Talking to [00:31:00] this little guy face-to-face, having conversations and playing face-to-face, and you really treating the baby as if this is your baby, even though at some point it's not gonna be your baby.

Mary Rella: And that's such a key point just around the idea that sometimes I know, and I've met, I've talked to foster caregivers who are like what do I do?

What do we do? That is what is the best thing to do because we're actually born relationship ready. Our brains are relationally driven to connect with another brain and do the serve and return interaction. And so the thing about being able to just go back to relationship kind of 101, the idea of what would, what would a relationship activity be? So if you've got a two year old who's been, exposed to, violence or neglect [00:32:00] or other forms of maltreatment, just reading, sitting and reading a story is part of that relationship 101 thing. Looking at pictures and even though the baby might be three and the, you might think, oh, he might be past this stage because he never really experienced it the first time around, it becomes really important to be able to experience it in relationship in attunement the next time around. Or the fourth time around.

Chaya Kulkarni: So they need, babies, toddlers need relationships.

Mary Rella: Yes.

Chaya Kulkarni: Like television is not gonna fix this.

Mary Rella: No.

Chaya Kulkarni: It really is about being engaged in the moment and experiencing that relationship. Okay. So, I wanna bring us to the end of this session, and I want both of you to think about for a minute. If there was one piece of advice that you could give to those who are opening their homes to these kids. And [00:33:00] often, the receiving caregivers don't know the trauma, right? Like they, they aren't given the file and the history. What advice would you give to them? So I'll start with, I'll start with you, Mary.

Mary Rella: I think I just said it the last, in the last bit. The most powerful thing to do is to offer the relationship. Is to offer and to bring forward a different experience. Some, if you are able to provide for the child the opportunity to have another experience of you and to have another experience of themselves with you.

Then that would probably be the most powerful intervention. It doesn't matter how many times you go to the play therapist, that's still only 50 minutes a week. All of those other minutes are with you on messy interactions. Like stuff that doesn't go well or trying to get this done or [00:34:00] trying to do this while this and the repair of those interactions, the ability to be there and to acknowledge how important you are in providing a reparative understanding of what relationship ought to be. That's the most important piece,

Chaya Kulkarni: Susan?

Susan Dundas: When I'm, before I knew the term developmental trauma, I did a conference on attachment, I guess would've been the best way of putting it and working with kids with traumas and it was called every relationship matters. And my point was very much as Mary is that, what I find with foster parents is they're a little bit anxious about getting too attached. To these children or have more, have the children get too attached to them because they're gonna induce another trauma from their perspective or from their worry. And I think really importantly, to keep in mind that yep, it will be hard to move on and much harder if they don't have the bond they need with that particular person [00:35:00] so that they can use the relationship, which really amounts to being able to communicate to each other in an attentive, caring fashion. So that child feels they're important and they can develop further along in that relational experience with this one person, even if it's gonna be six months or a year, or to be able to feel like they were treated with respect, we know is part of our resilience benefit at the end. We've looked at resilient children and we've looked at adverse childhood experiences and protective childhood experiences have

shown that the protective ones are always the feeling that there was a person in their childhood that did respond to them in a way that made them feel like they were worthwhile. So it doesn't always have to be the caregiver. The final caregiver.

Chaya Kulkarni: No such thing as too attached.

Susan Dundas: No.

Chaya Kulkarni: Yeah. Okay. Thank you so much for [00:36:00] having this conversation, helping us understand what trauma looks like for these little kids who come into care, and we'll look forward to talking some more about trauma in young children. Thank you.