

Welcome to
Parenting Traumatized Infants and Toddlers: Myths vs. Facts for 0-5
Crianza de bebés y niños pequeños traumatizados: Mitos versus hechos en niños de 0 a 5 años (Interpretación al español comenzará pronto)

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

Icebreaker Question
 (answer in the chat)
 What song feels like summer to you?

Survey & Certificate of Completion
 Available following the training.
 CEUs available for LCSWs, LMFTs, LPCCs, and LEPs

Connect with us!

VISIT CALTRIN.ORG & SCAN TO LEARN MORE

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SPANISH INTERPRETATION AVAILABLE!
INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

Today's training will be in both English and Spanish.
La capacitación de hoy será en español y inglés.

Click the "Interpretation" icon in your toolbar, select "Spanish."
Seleccione el icono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish."

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Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC, CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops

- August 19** | Protective Factor of the Month: Parental Resilience
- September 5** | Science of Social Support
- September 11** | Protecting Your Peace: Supporting Well-Being & Resilience During Turbulent Times
- September 16** | Protective Factor of the Month: Social Connections
- September 17** | Setting & Maintaining Healthy Boundaries
- September 23** | Beyond Orientation: Designing Onboarding that Connects, Inspires, and Builds Culture



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Before We Begin...

DURING

- Access your notetaking slides now! The link can be found in the chat.
- Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.
- This presentation is being recorded.
- External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

AFTER

- Complete the survey to receive your Certificate of Attendance. CEUs available for LCSWs, LMFs, LPCCs, and LEPs.
- A follow-up email will be sent to all participants within two days.

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Parenting Traumatized Infants and Toddlers: Myths vs. Facts for 0-5

Presented by Michael Gomez, PhD



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CALTRIN
Child Abuse Training Institute

Speaker SPOTLIGHT

Michael Gomez, PhD
Psychologist

- Specializes in Trauma-Focused CBT, treatment of adolescents with problematic sexual behaviors (PSB), PCIT, TARGET, and assessment of autism spectrum disorders
- TF-CBT & CE-CERT National Trainer
- Co-chair for the National Child Traumatic Stress Network's (NCTSN) Trauma and Intellectual and Developmental Disabilities (IDD) Workgroup

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Parenting Traumatized Infants and Toddlers: Myths vs. Facts in 0-5

Michael Gomez, Ph.D.
Nationally Certified TF-CBT Trainer
National Child Traumatic Stress Network (NCTSN) Former Steering Committee Member
NCTSN Trauma and IDD Workgroup Founding Member
Nationally Certified CE-CERT Trainer
Licensed Psychologist
KU Snyder Book Collecting Contest, Graduate Division Silver Medal 2009

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Objectives

At the end of the presentation, trainees will:

1. Learn how trauma impacts behavioral, emotional, cognitive and developmental functioning for children ages 0-5
2. Understand what it means to actually be "trauma informed" for this age range
3. Gain concrete tools and resources for this age range that can be shared with caregivers.

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“Normal” child development

- LOT of information from the American Academy of Pediatrics (e.g., specific motor milestones)
 - Ex: <https://www.healthychildren.org/English/ages-stages/Pages/default.aspx>
- Here is the easiest heuristic
 - Very young children (e.g., toddlers and Pre-K)
 - A + B = ME!!!!
 - Young elementary to late elementary children (but 100% can see it in toddlers and Pre-K sometimes)
 - A + B = C
 - Tweens and Teens
 - A + B = Y

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A + B = Me!!! (“Egocentric”)

- ANY event will be interpreted as being CAUSED by the CHILD, him/herself
 - This is NOT just traumatic or stressful events
- Ex: Colleagues 4 year old son, during a hail storm, ran to the door and shouted “Stop it God!!!!”
- You do not have to “argue” them out of this; you can’t
 - Remember their analytic skills are not fully developed yet
- You just have to be PRESENT and COMFORTING
 - This is basic attachment theory
 - Parent-Child Interaction Therapy (PCIT) PRIDE skills are built around helping children in distress who are in this specific stage

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A + B = C (“Concrete”)

- ANY event will be interpreted as being CAUSED by the most proximal thing
 - Ex: Mom and dad are fighting because of my potty accident (because that’s what they most recently talked about).
 - They’re in the “Correlation = Causation” phase
- You might be able to logic them out of this but you have to give REALLY concrete data
 - Easiest way: Just tell them (and keep repeating it)
 - Repetition is a big big factor here
- YOU being calm and direct is also a big factor
 - When we teach private parts, we say the anatomically correct terms
 - Good rule of thumb: If you’re going past 10 words you have lost them. Short, sweet, to the point

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A + B = Y (“Abstract”)

- NOW events can be interpreted beyond “me” or beyond the concrete
- But . . .
 - They are not great at this out the gate
 - A teen (even a sharp one) is kind of like a 15 year old who is driving a Maserati
 - WWWAY TOO MUCH horsepower and they haven't figured out how to use it yet
 - So you're gonna get “wrecks.” Be patient. Use these as teachable moments
- Essentially their frontal lobe is still “cooking”
- Frontal lobe is where all our “Executive Functioning” is
- Work with them, still repeat things, but you have a few more options now

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Common Myths I Hear

- Children 5 or younger . . .
 - Can't engage in treatment
 - ONLY respond to behavioral modification
 - ONLY respond to play therapy
 - Require highly specialized training to work with
 - Do not have a high enough IQ/Cognitive functioning to do EBP's
 - Can't do CBT (or any EBT) because they don't have thoughts

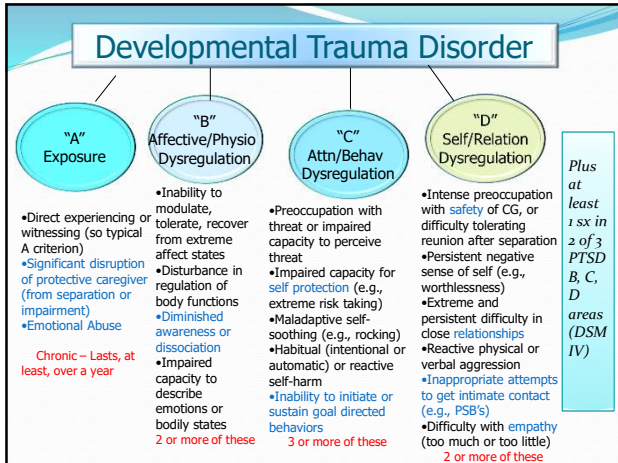
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Post-Traumatic Stress Disorder DSM-V

CHILDREN 6 AND UNDER, ONE OR MORE OF C OR D

<p>“B” Intrusion Symptoms</p> <ul style="list-style-type: none"> • Recurrent/Involuntary /intrusive thoughts/ images • Dissociative reactions/ Flashbacks • Recurrent distressing dreams (in kids don't need trauma content) • Trauma re-enactment play (kids) • Distress to cues (internal external) <p>1 or more of these</p>	<p>“C” Avoidance</p> <ul style="list-style-type: none"> • Avoid memories, thoughts/feelings of event (internal reminders) • Avoid (or try to) people/ places objects/situations (external reminders) <p>1 or both of these</p>	<p>“D” Negative Cognitions or Mood</p> <ul style="list-style-type: none"> • Inability to remember aspects of trauma • Persistent /exaggerated neg. beliefs of self, etc. • Distorted thoughts re: cause or outcomes • Persistent negative emotional state • Diminished activities interests • Detached/estranged • Can't experience Positive emotions <p>2 or more of these</p>	<p>“E” Arousal & Reactivity</p> <ul style="list-style-type: none"> • Irritable of angry outbursts • Reckless / Self-destructive • Hypervigilance • Exaggerated Startle Response • Problems concentrating • Sleep disturbance <p>2 or more of these</p>
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What exactly does "trauma informed care" mean???

- It means not asking one question but asking two questions.
- Question NOT to ask: "What's wrong with you?"
- First question to ask: "What happened to you?"
- Second question to ask: "What were you supposed to get that you didn't?"
- Traumatic Stress is the "Great Imitator" – Cassandra Kiesel
- www.rememberingtrauma.org

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Child Trauma Treatment

- Recommended components for ALL Evidence Based Trauma Treatments:
 - Assessment (symptom and data driven)
 - Psychoeducation
 - Stress management techniques
 - Direct exploration of the trauma
 - Exploring/correcting inaccurate attributions
 - **With kids → INCLUSION OF CAREGIVERS**
- With kids → Parent Management Training (PMT)
- These also have a specific time range (NOT open ended)

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3 Effective Treatments for Traumatized 0-5 year olds

There are more than 3, but this gives you a good idea of the common themes

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Caregivers are the solution, not the problem

- 3 types of problems
 1. Strep throat
 2. Stage 4 lymphoma
 3. Diabetes
- 3 barriers for caregivers
 1. "Knowledge" Gap
 - ESPECIALLY "Wood vs. Grease" fires
 2. "Energy" Gap (2 flavors)
 3. Cognitive Distortions
 - Mary McKay calls them "perceptual barriers"

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PCIT

It's not "the symptoms go down and I like them more;" it's "I like them more and the symptoms go down"

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PCIT – Parent Child Interaction Therapy (www.pcit.org)

- 2 phase model, about 15ish sessions give or take
- Phase 1 – Child Directed
 - Attention is to behavior as oxygen is to fire
- Phase 2 – Parent Directed
 - Limit setting
- Average session time is 15 sessions
- Multiple RCT's showing significant reduction in externalizing behaviors in kids 2 to 8
 - SPECIFIC DATA this works with neurodiverse kids (e.g., ASD)
- Multiple Treatment Outcome studies demonstrating efficacy on physically abusive caregivers and neglectful caregivers
- Works not by “changing the child” but by altering the REACTIVITY the caregiver has in the interaction

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PCIT – Child Directed Interaction (CDI)

<ul style="list-style-type: none"> • DO Skills <ul style="list-style-type: none"> • Praise (labeled) 10 • Reflect 10 • Imitate • Describe 10 • Enthusiasm 	<ul style="list-style-type: none"> • DON'T Skills (2 total) <ul style="list-style-type: none"> • No commands • No questions • No negative comments
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**THIS is where the payoff is
Ex: PC-CARE**

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It's not fun when no one's paying attention

- <https://www.youtube.com/watch?v=oTzR8pTpcoo>

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CPP
Learn "The Language of Play"

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CPP (Child Parent Psychotherapy)

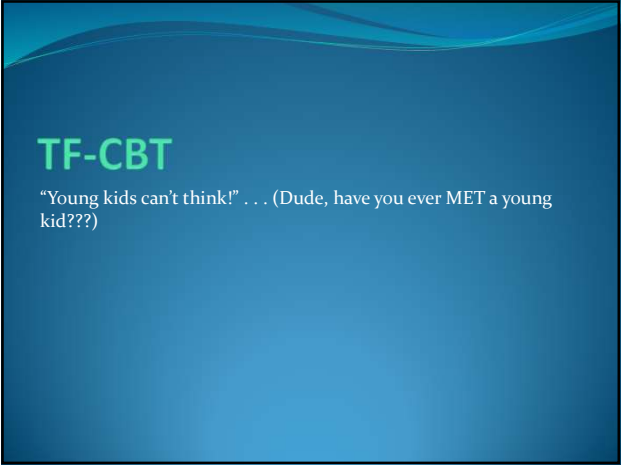
- What is it?
 - Dr. Vanderzee can tell you: <https://www.youtube.com/watch?v=syDQP7ygsZo>
- Like PCIT, "speak through the language of play" (this is their easiest way to communicate)
 - Parents learn to "speak play"
 - CPP treats this like learning to speak Spanish
- "Speaking play" has the specific goal of metabolizing traumatic stress
 - For BOTH parent and child
 - And because it focuses on BOTH parent and child it has an added benefit of drawing a line in the sand for intergenerational trauma

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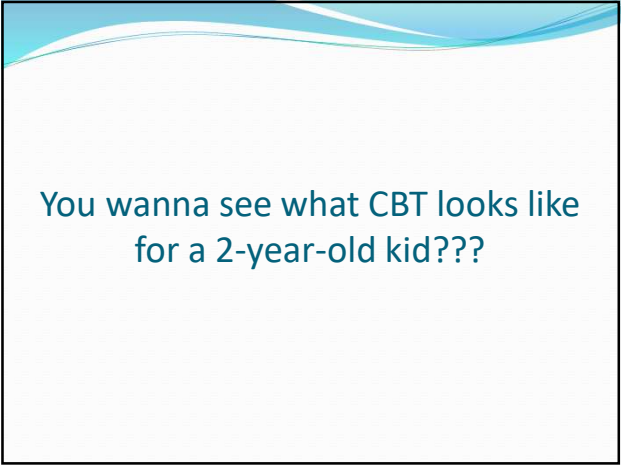
CPP Cont.

- It was originally created with the problem scenario of domestic violence
 - But is a solid EBT for 0-5 traumatic stress of many types
- Added benefit of being super easy to incorporate cultural, spiritual, ethnic, etc diversity
 - Ex: Therapist can switch out the "standard toys" with toys that are more reflective of that child's family/culture
- Can be up to a solid year of therapy (e.g., 50 sessions)
 - But keep in mind they are often dealing with generations of trauma
- <https://childparentpsychotherapy.com/about/>

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CBT is actually EASIER for very young kids

- Proof: Dr. Gomez believed in Santa Claus until he was 13

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Trauma-Focused CBT

- Targets:
 - PTSD, depression, anxiety, and behavioral symptoms secondary to trauma
- Over 20 RCT's and over 80 peer reviewed studies
- TF-CBT treats:
 - Children ages 3-18
 - All types of traumas and settings
 - ORIGINALLY, this was a 3-6 y.o. model
- The original name for TF-CBT was "PTSD Treatment for Sexually Abused Preschoolers and Their Non-Offending Caregivers"
 - Doesn't exactly roll off the tongue

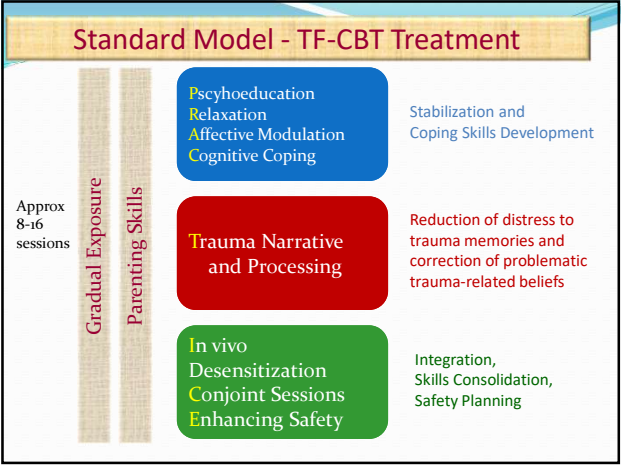


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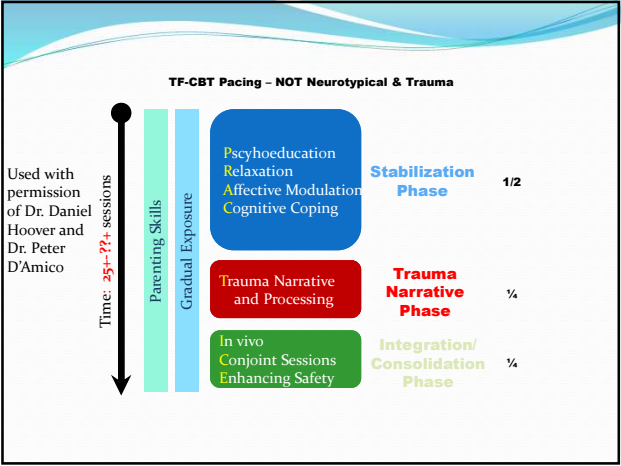
Over 80% of children in TF-CBT show significant PTSD symptom improvement within 12 to 16 weekly 60- to 90- minute sessions.

<u>Child Outcomes</u>	<u>Parent Outcomes</u>
<ul style="list-style-type: none"> ➤ Reduced PTSD symptoms ➤ Reduced depression ➤ Reduced feelings of shame ➤ Reduced behavior problems 	<ul style="list-style-type: none"> ➤ Reduced depression ➤ Reduced emotional distress ➤ Reduced PTSD symptoms ➤ Enhanced ability to support their children

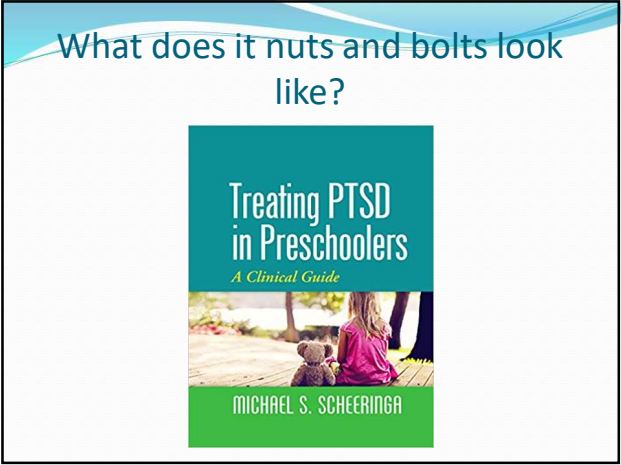
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We're gonna take a field trip to Oklahoma

- I PROMISE it'll be more fun than it sounds right now

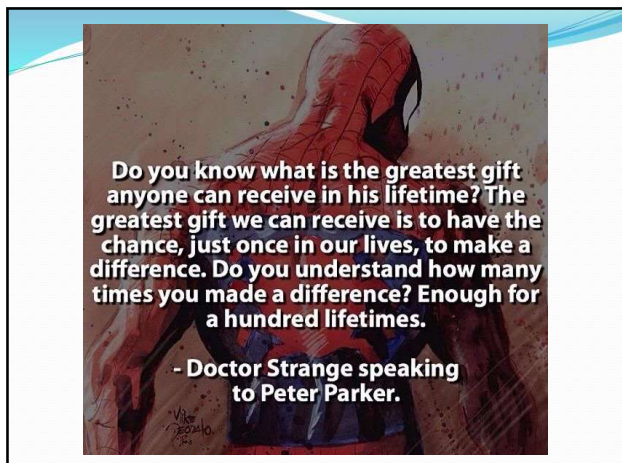
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"Kids show stress, but they also show resilience." – Dr. Joy Osofsky

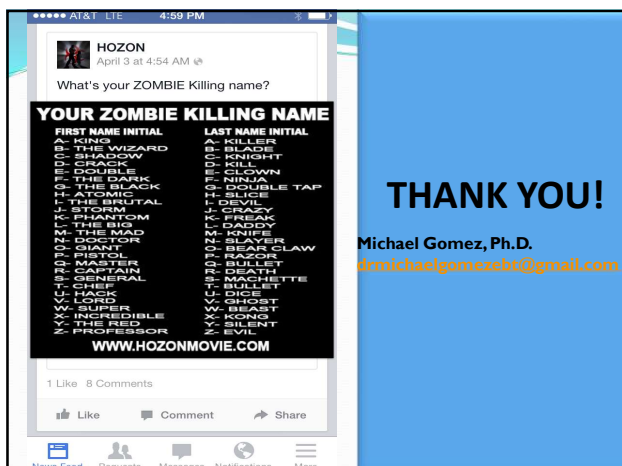
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Dr. Gomez's Philosophy of Therapy
&
Your most powerful "therapy tool"

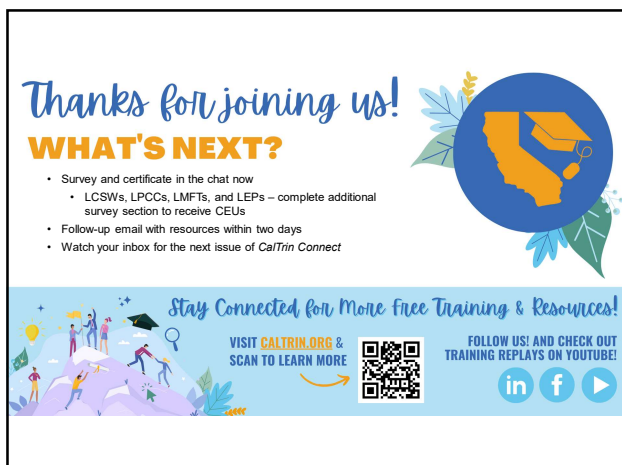
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