

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

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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
 - WWWWAY 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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- 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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ORDER, ONE OR MORE OF C OR D

- "B" Intrusion Symptoms**
 - 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)
- "C" Avoidance**
 - Avoid memories, thoughts/feelings of event (internal reminders)
 - Avoid (or try to) people/places objects/situations (external reminders)
- "D" Negative Cognitions or Mood**
 - 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
- "E" Arousal & Reactivity**
 - Irritable of angry outbursts
 - Reckless / Self-destructive
 - Hypervigilance
 - Exaggerated Startle Response
 - Problems concentrating
 - Sleep disturbance

1 or more of these 1 or both of these 2 or more of these 2 or more of these

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"A" Exposure

- Direct experiencing or witnessing (so typical A criterion)
- Significant disruption of protective caregiver (from separation or impairment)
- Emotional Abuse

"B" Affective/Physio Dysregulation

- Inability to modulate, tolerate, recover from extreme affect states
- Disturbance in regulation of body functions
- Diminished awareness of self
- Impaired capacity to describe emotions or bodily states

"C" Attn/Behav Dysregulation

- Preoccupation with threat or impaired capacity to perceive threat
- Impaired capacity for self protection (e.g., extreme risk taking)
- Maladaptive self-soothing (e.g., rocking)
- Habitual (intentional or automatic) or reactive self-harm
- Inability to initiate or sustain goal directed behaviors

"D" Self/Relation Dysregulation

- Intense preoccupation with safety of CG, or difficulty tolerating reunion after separation
- Persistent negative sense of self (e.g., worthlessness)
- Extreme and persistent difficulty in close relationships
- Effective physical or verbal aggression
- Inappropriate attempts to get intimate contact (e.g., PSBs)
- Difficulty with empathy (too much or too little)

Chronic - Lasts, at least, over a year

Plus at least 1 xx in 2 of 3 PTSD B, C, D areas (DSM IV)

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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
 - Strep throat
 - Stage 4 lymphoma
 - Diabetes
- 3 barriers for caregivers
 - "Knowledge" Gap
 - ESPECIALLY "Wood vs. Grease" fires
 - "Energy" Gap (2 flavors)
 - Cognitive Distortions
 - Mary McKay calls them "perceptual barriers"
- "Caregiver Affect Regulation" via ARC

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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
 - And SPECIFIC DATA this works with kids with kids that are NOT neurotypical (e.g., ASD)
- 4 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)

- DO Skills
 - Praise (labeled) 10
 - Reflect 10
 - Imitate
 - Describe 10
 - Enthusiasm

- DON'T Skills (2 total)
 - No commands
 - No questions
 - No negative comments

ACTIVE
IGNORING!!!!

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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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PCIT – Parent Directed Interaction (PDI)

- BE DIRECT commands
- Be specific
- Every command positively stated
- Developmentally appropriate
- Individual (vs. compound)
- Respectful and polite
- Essential commands only
- Carefully timed explanations
- Tone of voice is neutral

```
graph TD
    A[DIRECT command] --> B[Comply]
    A --> C[NOT Comply]
    B --> D[PRAISE]
    C --> E[ONE warning 5 seconds]
    E --> F[Comply]
    E --> G[NOT Comply  
Ok, you get the point]
```

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CPP (Child Parent Psychotherapy)

- What is it?
 - Dr. Vanderzee can tell you: <https://www.youtube.com/watch?v=syDQP7yg5Zo>
- 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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Trauma-Focused CBT

- Targets:
 - PTSD, depression, anxiety, and behavioral symptoms secondary to trauma
- Over 20 RCT’s and over 70 peer reviewed studies
- TF-CBT treats:
 - Children ages 3-18
 - All types of traumas
 - In outpatient, school, group home, foster home and in-home settings
- Most commonly provided to child and parent in outpatient clinical settings in 15 to 30 sessions.

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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.

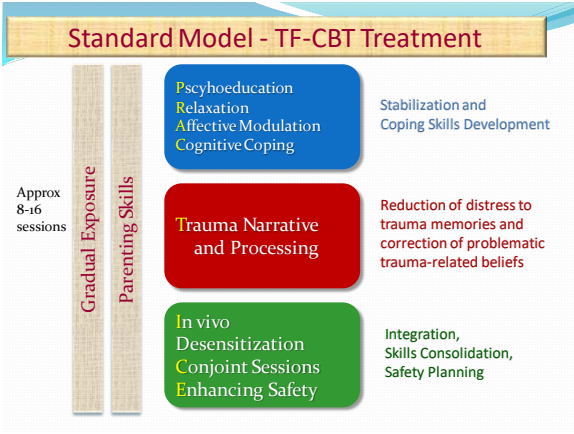
Child Outcomes

- Reduced PTSD symptoms
- Reduced depression
- Reduced feelings of shame
- Reduced behavior problems

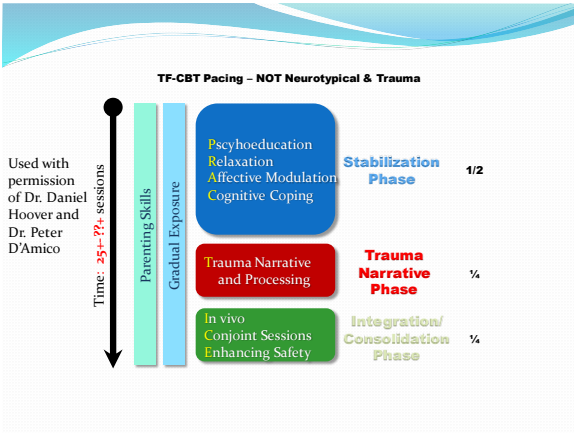
Parent Outcomes

- Reduced depression
- Reduced emotional distress
- Reduced PTSD symptoms
- Enhanced ability to support their children

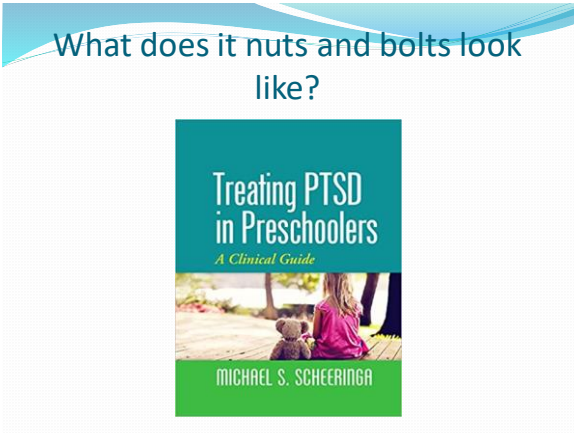
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“Kids show stress, but they also show resilience.” – Dr. Joy Osofsky

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Basics of Secondary Traumatic Stress and Burnout
(i.e., “Psychological PPE”)

Guess what, YOU have stress reactions too . . . Ya, I know, I was just as shocked as you to find out

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If this is so hard/stressful/dangerous, then why do you keep coming back???

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Effects on Providers

- “Vicarious Trauma” / “Secondary Trauma” VT/STS
 - Definition
- Those working with trauma populations more at risk
 - Mental health workers, social workers, first responders, medical, legal
- Separate from “burnout” but both overlap
 - VT/STS is a Virus
 - Burnout is an Immune Deficiency/Compromise

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Effects on Providers

- Signs of Vicarious Trauma/Secondary Trauma
 - Similar to Posttraumatic Stress Disorder (PTSD)
 - Reexperiencing (e.g., nightmares)
 - Avoidance (e.g., numbing out)
 - Negative Moods and Cognitions (e.g., “I should know better”)
 - Hyperarousal (e.g., exaggerated startle reflex)
 - Others
 - General disillusionment
 - Feelings of alienation
 - Persistent and constant exhaustion
- So how do we cope???

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Dr. Gomez’s Coping Skills

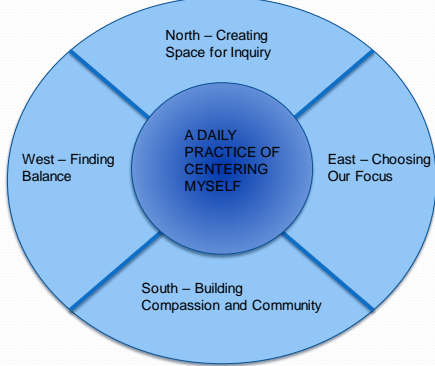
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Approaches to VT/STS

- 1. "Can't take the heat" Ideology
- 2. "Self Care" Ideology
 - If you are already doing it cool
 - If you are not already doing it cool
- 3. The idea of "trauma stewardship"
 - Just as a gardener who gets dirt under his/her nails is not a bad gardener, a person who is impacted by the trauma they witness is still an effective professional
 - But make sure you wash the dirt off before dinner ☺
- 4. CE-CERT – Beyond "Self Care"

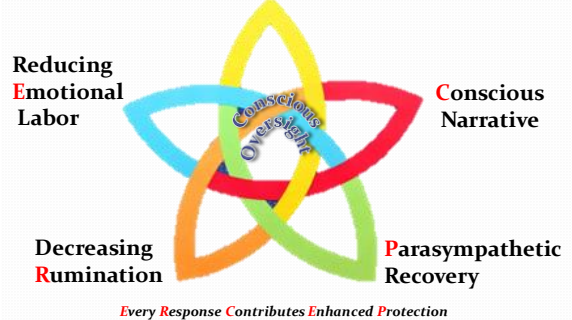
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Trauma Stewardship



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Experiential Engagement



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CE-CERT – Better Coping Skills

- CE-CERT = Components for Enhancing [Clinician] Engagement and Reducing Trauma
- **“Caregiver Affect Regulation”**
- 5 Skill Component Domains based off of 2 MASSIVE fields of literature
 1. Over half a century of outstanding Trauma Therapy outcome literature
 - This is why you do not tell Janie to “watch a movie”
 2. Positive Psychology and “3rd Wave Treatments”
 - ACT, DBT, Mindfulness, Flow, Peak Experience, etc, etc.
 - The NBA and NFL use this science

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Dr. Gomez’s Philosophy of Therapy & Your most powerful “therapy tool”

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HOZON
April 3 at 4:54 AM ·
What's your ZOMBIE Killing name?

YOUR ZOMBIE KILLING NAME

FIRST NAME INITIAL	LAST NAME INITIAL
A- KING	A- KILLER
B- THE WIZARD	B- BLADE
C- SHADOW	C- KNIGHT
D- CRACK	D- KILL
E- DOUBLE	E- CLOWN
F- THE DARK	F- NINJA
G- THE BLACK	G- DOUBLE TAP
H- ATOMIC	H- SLICE
I- THE BRUTAL	I- DEVIL
J- STORM	J- CRAZY
K- PHANTOM	K- BREAK
L- THE BIG	L- DADDY
M- THE MAD	M- KNUFE
N- DOCTOR	N- SLAYER
O- GANT	O- BEAR CLAW
P- PISTOL	P- HAZARD
Q- MASTER	Q- BULLET
R- CAPTAIN	R- DEATH
S- GENERAL	S- MACHETTE
T- CHIEF	T- BULLET
U- HACK	U- DICE
V- LORD	V- GHOST
W- SUPER	W- BEAST
X- INCREDIBLE	X- KING
Y- THE RED	Y- SILENT
Z- PROFESSOR	Z- EVIL

WWW.HOZONMOVIE.COM

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THANK YOU!

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