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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

SPANISH INTERPRETATION AVAILABLE!

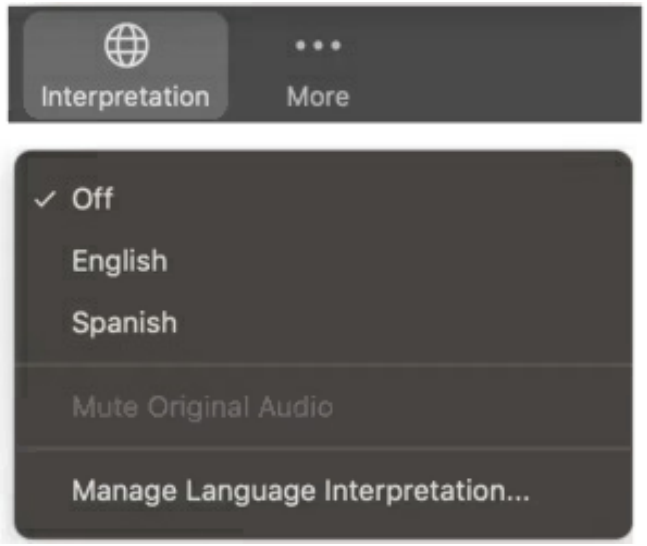
INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

Today's training will be in both English and Spanish.

La capacitación de hoy será en español y ingles.

Click the "Interpretation" icon in your toolbar; select "Spanish."

Seleccione el ícono "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.

UPCOMING TRAININGS

mark your calendars!

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

August 19 I Protective Factor of the Month: Parental Resilience

September 5 I Science of Social Support

September 11 I Protecting Your Peace: Supporting Well-Being & Resilience During Turbulent Times

September 16 I Protective Factor of the Month: Social Connections

September 17 I Setting & Maintaining Healthy Boundaries

September 23 I Beyond Orientation: Designing Onboarding that Connects, Inspires, and Builds Culture

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.

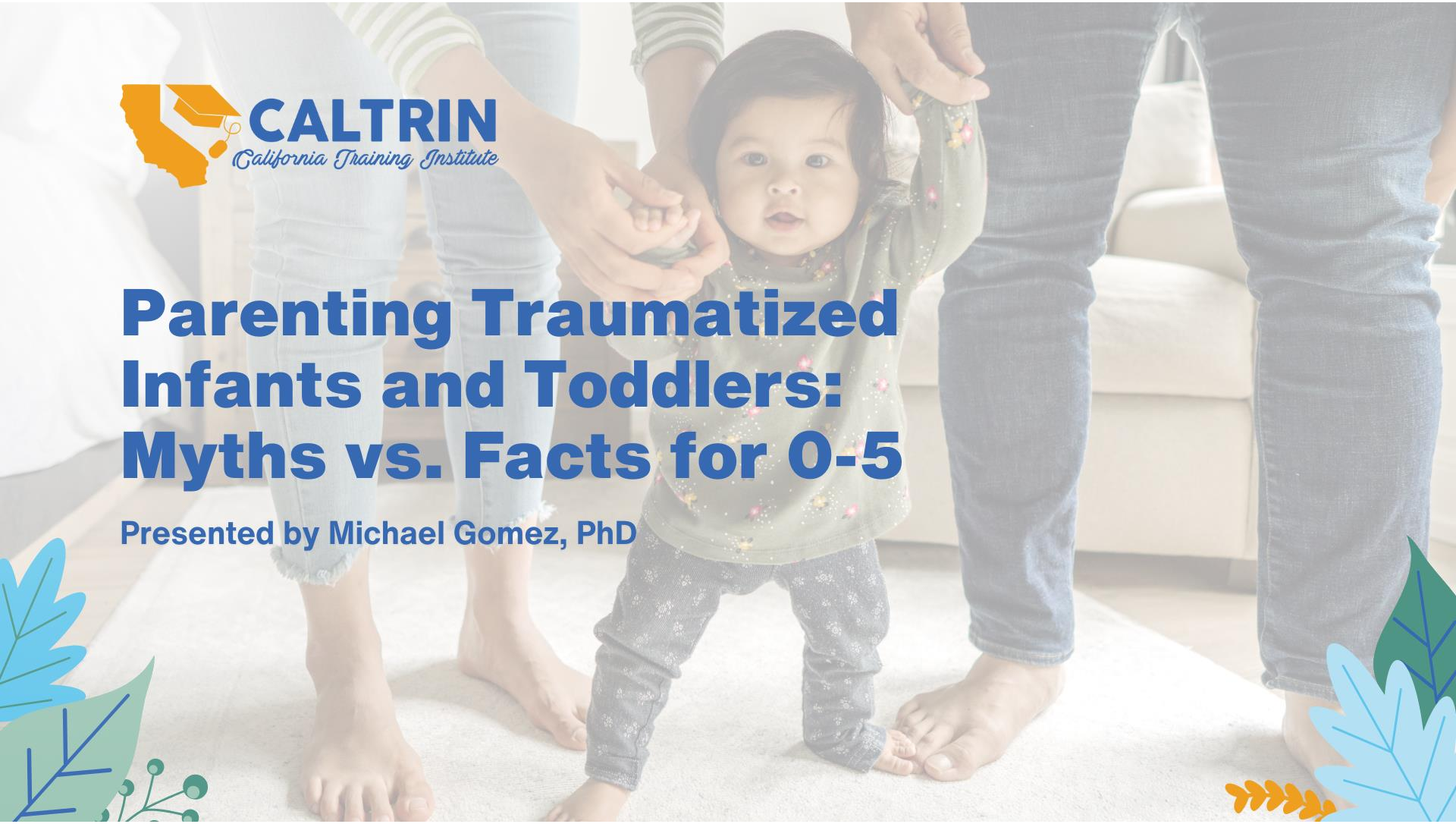
This presentation is being recorded.

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, LMFTs, 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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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

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

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.

"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

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

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

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

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

Post-Traumatic Stress Disorder DSM-V

CHILDREN 6 AND UNDER, 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)

1 or more of these

"C" Avoidance

- Avoid memories, thoughts/feelings of event (internal reminders)
- Avoid (or try to) people/places objects/situations (external reminders

1 or both of these

"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

2 or more of these

"E" Arousal & Reactivty

- Irritable of angry outbursts
- Reckless / Self-destructive
- Hypervigilance
- Exaggerated Startle Response
- Problems concentrating
- Sleep disturbance

2 or more of these

Developmental Trauma Disorder

"A" Exposure

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

Chronic – Lasts, at least, over a year

"B" Affective/Physio Dysregulation

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

2 or more of these

"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

3 or more of these

"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
- Reactive physical or verbal aggression
- Inappropriate attempts to get intimate contact (e.g., PSB's)
- Difficulty with empathy (too much or too little)

2 or more of these

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

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

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)

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

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"

PCIT

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

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

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

THIS is where the payoff is
Ex: PC-CARE

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

- https://www.youtube.com/watch?v=oT2R8pTpcoo

CPP

Learn “The Language of Play”

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

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/

TF-CBT

“Young kids can’t think!” . . . (Dude, have you ever MET a young kid???)

You wanna see what CBT looks like for a 2-year-old kid???

Best CBT for a 2-year-old EVER

- https://www.youtube.com/watch?v=kkZe1v17UeM&list=LL&index=36

CBT is actually EASIER for very young kids

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

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

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

Standard Model - TF-CBT Treatment

Approx 8-16 sessions

Gradual Exposure

Parenting Skills

Pscyhoeducation
Relaxation
Affective Modulation
Cognitive Coping

Stabilization and Coping Skills Development

Trauma Narrative and Processing

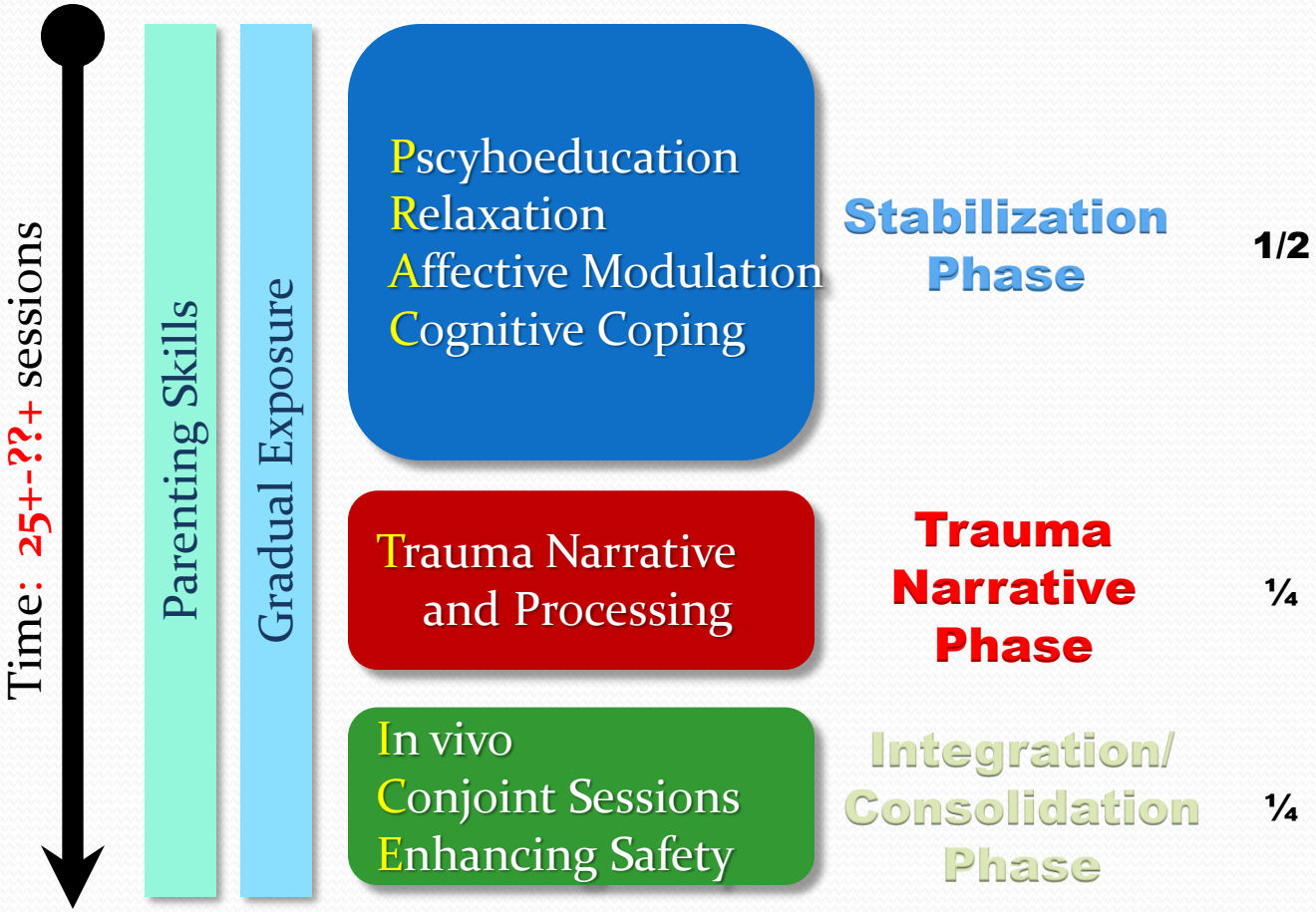
Reduction of distress to trauma memories and correction of problematic trauma-related beliefs

In vivo
Desensitization
Conjoint Sessions
Enhancing Safety

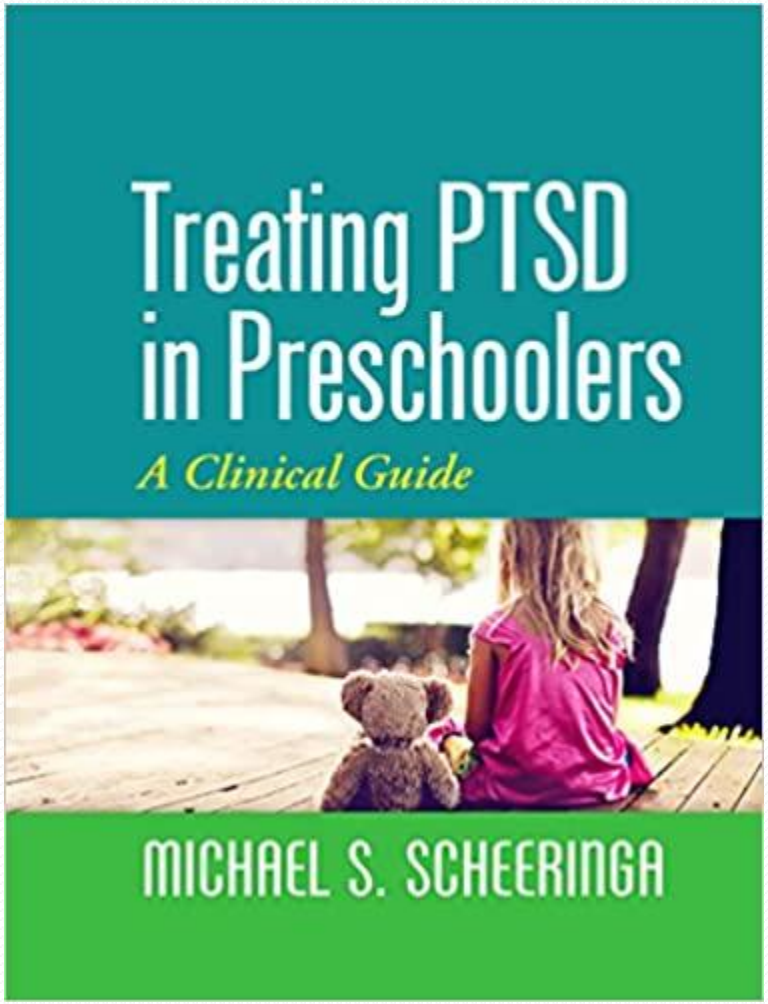
Integration, Skills Consolidation, Safety Planning

TF-CBT Pacing – NOT Neurotypical & Trauma

Used with permission of Dr. Daniel Hoover and Dr. Peter D'Amico



What does it nuts and bolts look like?

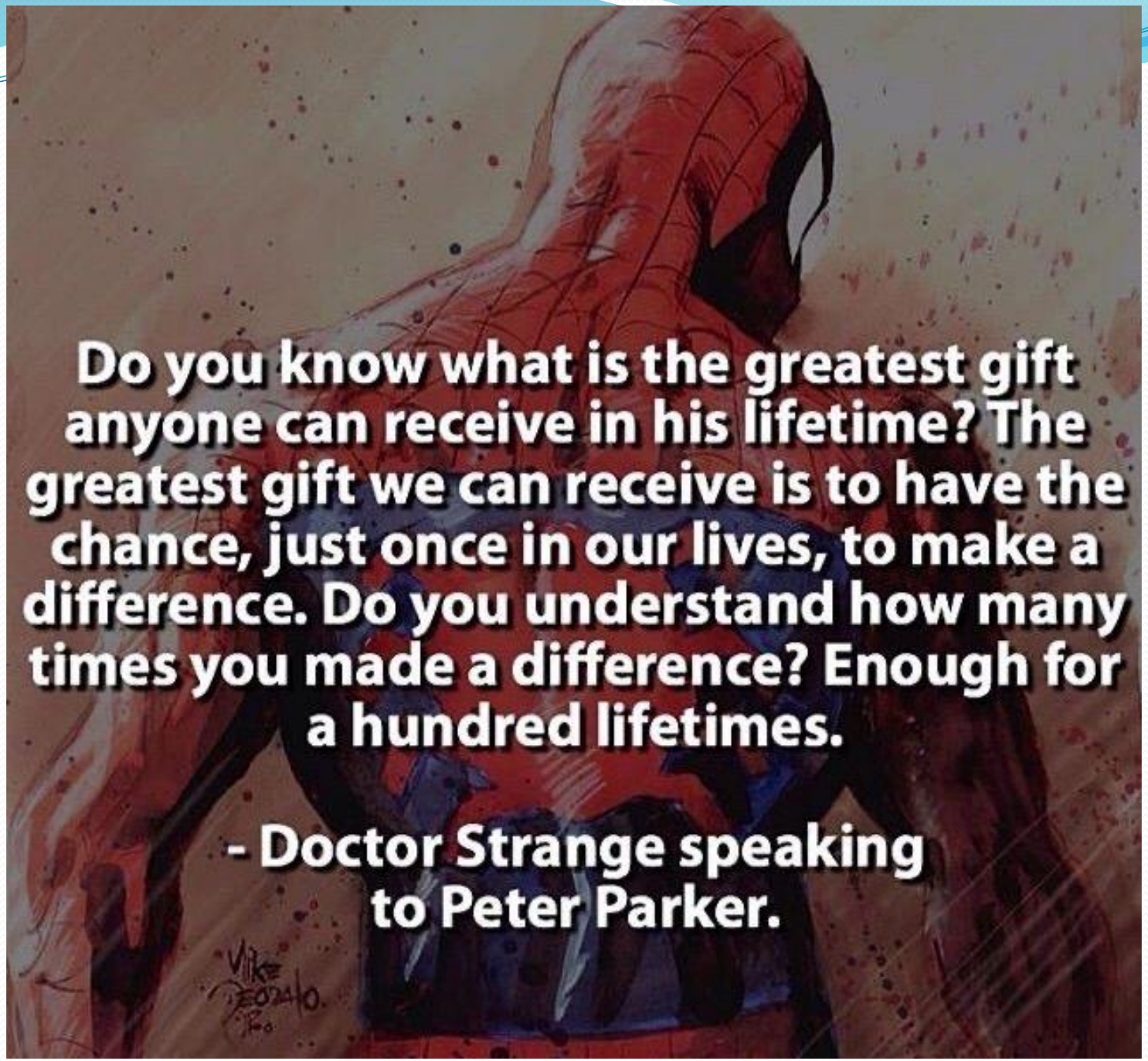


We’re gonna take a field trip to Oklahoma

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

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

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


Do you know what is the greatest gift anyone can receive in his lifetime? The greatest gift we can receive is to have the chance, just once in our lives, to make a difference. Do you understand how many times you made a difference? Enough for a hundred lifetimes.
- Doctor Strange speaking to Peter Parker.

THANK YOU!

Michael Gomez, Ph.D.
drmichaelgomezebt@gmail.com

Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
  - LCSWs, LPCCs, LMFTs, and LEPs – complete additional survey section to receive CEUs
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*

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