



Impact of Abuse and Neglect on Development

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1

2


Agenda

- What you need to know:
 - Trauma basics
 - Effect of trauma on brain development
 - Effect of trauma on attachment
 - Psychological safety and trauma triggers
 - Trauma assessment and treatment
- Creating a trauma-informed court system:
 - Psychologically safe courtrooms
 - Family visitation and services

2

3

Video



3

4

Breakout #1

- What parts of this story would you typically have heard when this case was brought before you?
- What parts of the story would you not typically know?
- Does this additional information change how you would typically respond to a request for the siblings to be placed together?
- What would you need to ask and who would you ask to find out those typically hidden parts?

4


5

Trauma Basics

5


6

Trauma



What is Trauma?
Events that threaten the life or physical integrity of the child or of someone critically important to the child, such as a parent or sibling.

Trauma is an event that overwhelms a person's ability to cope.




What is Child Traumatic Stress?
*The **physical** and **emotional** responses of a child to traumatic events.*

NCTSN, 2008

6

Degree of Trauma

- Age/developmental level
- Temperament
- Understanding of danger
- Previous traumas
- One time or chronic
- Adversities faced following the trauma
- Availability of adults who can help, reassure, protect



Brown, 1999; Widom, 2000

7

Types of Trauma

Acute Trauma:


- Single event
- Natural disaster
- Serious accident
- Sudden or violent loss of loved one
- Physical or sexual assault
- Community violence

Chronic Trauma:

- Same trauma repeated or
- multiple different trauma

Complex Trauma:

- Repeated traumatic events, often caused by the child's caregiver



8

Is Neglect Trauma?

- Threats to psychological well-being lead to same responses in the brain as other forms of trauma
- Neglected children develop symptoms of PTSD at similar rates
- Neglect puts children at risk for other forms of trauma

NCTSN, 2008; DeBellis, 2005; Milot et al., 2010

9

10

Video

Center on the Developing Child HARVARD UNIVERSITY

InBrief: The Science of Neglect

10

11

Trauma and Behavior

- Children who have experienced trauma often exhibit extremely challenging behaviors and reactions.
- Labeling behaviors as “good” or “bad” overlooks the fact that they developed to help the child survive in an unsafe and unpredictable world
- The same behaviors that allowed them to survive abusive or neglectful caregivers now work against them

(NCTSN, 2008)

11

Behaviors Associated with Overwhelming Emotions

- Aggression
- Oppositional defiant behavior
- Sexual acting out
- Self-harm/suicidality
- Anxiety
- Substance abuse

“Even in a new ‘safe’ setting, traumatized children may exhibit behaviors that evoke in their new caregivers some of the same reactions they experienced with other adults (e.g., anger, threats, violence)...These ‘reenactment behaviors’ can cause the new adults in their lives to feel negative and hopeless about the child.”

- NCTSN, 2008

12

Three Areas of Concern

1. Brain development
2. Attachment
3. Psychological safety and trauma triggers

13

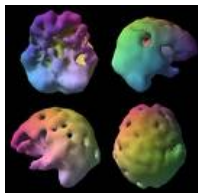
Effect of Trauma on Brain Development

14

14

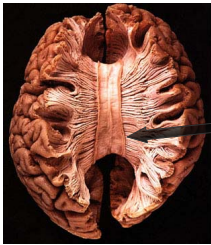
Childhood trauma affects the brain in 3 ways

1. Causes structural changes
2. Changes stress response system
3. Creates deficits in normal learning



15

1. Structural Changes in the Brain

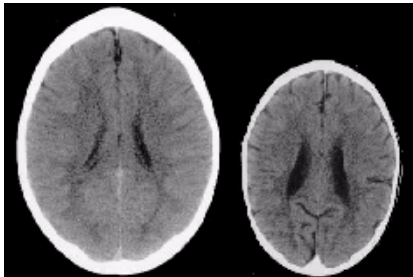


- Head injuries
- Corpus callosum
- Smaller brain volume (equals lower IQ)

Block, 2009; DeBellis, 2002; Teicher, 2000

16

Structural Changes in the Brain



Normal Development

Severe Neglect

*Child kept in cage
for three years*

Perry & Pollard, 1997

17

2. Stress Response System



- Extreme fear = "fight, flight, or freeze"
 - cascade of stress hormones
 - temporary, emergency response
- When continuously exposed to situations - hormones stay "on" - result in damage to brain
- Brain "hardwired" for danger; body "on alert"
- Can permanently alter brain chemistry; resulting in anxiety, impulsivity, depression, aggression

DeBellis, 2002

18

3. Deficits in normal learning



- Not just what happened to them, it's what didn't happen
- Repeated experiences of pain, anxiety, fear, neglect - taking place of normal play, exploration, socialization
- Development "holes" in language, social skills, and reasoning
- Stimulation years later cannot make up for this deprivation; some ability is lost
- Over-arousal of the body's stress system can block cognitive processing, even years later

Ziegler, 2002

19

20

Video

*Rage of Innocents:
Stress and
Maltreatment*

20

Effect of Trauma on Attachment

21

Secure Attachment

- Reciprocal relationship between child and caregiver
- Secure attachment develops based on consistently available, responsive, nurturing care giving
- Caregiver serves as "secure base"
- Groundwork for all future relationships



(Bowlby, 1988)

22

Outcomes of Secure Attachment: Childhood

- Learn reciprocity in relationships
- Learn to trust others
- Develop healthy identity and self-worth
- Strengthens development of:
 - ✓ Empathy
 - ✓ Language and cognitive skills
 - ✓ Emotional regulation
 - ✓ Positive world view

(Benoit, 2004)

23

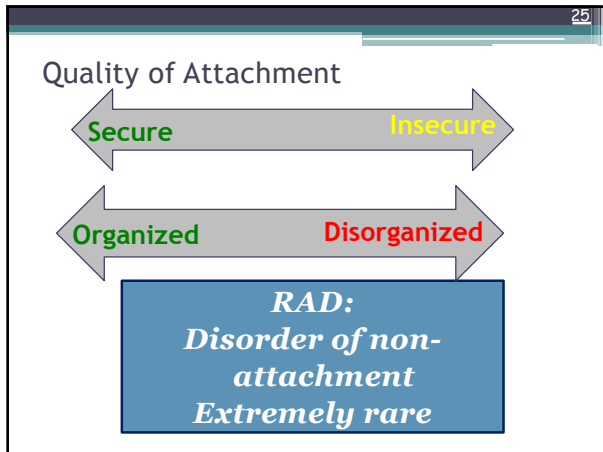
Outcomes of Secure Attachment: Teens

- Less likely to:
 - ✓ drink alcohol
 - ✓ use drugs
 - ✓ engage in risky sexual behavior
- Fewer mental health problems
- More constructive coping skills
- Girls have fewer:
 - ✓ weight related concerns
 - ✓ teenage pregnancy



(Moretti & Peled, 2004)

24



25

26

“Attachment develops even in the face of maltreatment and severe punishment. It is the quality of the attachment relationship that is compromised in these circumstances, not the presence or strength of the attachment”

Carlson et al., 2003

26

27

Outcomes of Insecure Attachment:
Childhood

- Lack of trust
- Developmental delays in language and social skills
- Inability to regulate and self-soothe
- More negative view of oneself and the world

(Moullin et al., 2014)

27

Outcomes of Insecure Attachment: School Age & Teens

Externalizing behaviors (aggression)

Internalizing behaviors (depression, anxiety)

Associated with

- ✓ School failure
- ✓ Suicidality
- ✓ Drug use
- ✓ Delinquent behavior



(Moretti & Peled, 2004)

28

Promoting Secure Attachment

1. Responsive, consistent, nurturing primary caretaker
2. Support/treatment for caregiver to address their own trauma and attachment history
3. Opportunities to build or maintain positive connections outside the family

(Moretti & Peled, 2004; NCTSN, 2012)


29

Psychological Safety and Trauma Triggers

30

Psychological Safety

- Physical safety and psychological safety are different
- Psychological safety:** the experience of feeling safe, secure, and protected from danger and harm
- Children and caregivers often have different perceptions of safety
- Components of psychological safety:
 - Protection from harm
 - Capable
 - Lovable



31

<p>SAFE</p> <ul style="list-style-type: none"> Observe and eliminate trauma triggers Make a safety plan Have clear expectations and set limits Be flexible 	<p>LOVABLE</p> <ul style="list-style-type: none"> Provide affection Praise positive behaviors Accept and validate all emotions Maintain connections with important people in the child's life
<p>CAPABLE</p> <ul style="list-style-type: none"> Nurture strengths Give children choices and responsibilities Teach strategies for managing intense emotions Provide opportunities for kids to learn new skills 	

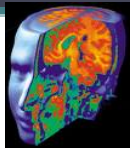
32

33

Threats to Psychological Safety: Trauma Triggers

- Reminders of traumatic events: sights, smells, sounds, touches, people, places or things
- Child becomes overwhelmed by physical and emotional reactions
- Seems to come “out of the blue”
- Hyper vigilance, social isolation, refusal to comply with requests can all be attempts to avoid trauma trigger

33



34

Traumatic Memory Imprinting

Memory early in life stored in limbic system

- Good: helps survive trauma without reasoning
- Bad: Not stored in neocortex where reasoning can have impact - stored in limbic system. Means not available for cognitive processing; deeply embedded physiologically.

Younger the child is, more extensive the trauma, becomes "hard-wired"; less likely to change significantly without intervention

34

35

Psychological Safety and Development

- Without psychological safety, stress responses continue to disrupt normal development
- Psychological safety
 - Allows children to engage in activities that support healthy development
 - Supports relationships that can counter negative internal messages
 - Prevents re-traumatization

35

36

Breakout #2

- Using the NCTSN Bench Cards, what questions would you want to ask about the family in *Removed* before making any placement decisions?

36

37

Trauma Assessment & Treatment

37

38

Key Questions for Judges to Ask

- Has this child been assessed for trauma exposure and trauma reactions?
- If we find that trauma is a factor, how is the current or proposed treatment addressing this? Why do we think this will be helpful?
- Has this child been assessed for pre-natal drug or alcohol exposure?
- If we find exposure is likely, have we done neuro-psychological testing and implemented any recommendations?

38

39

Promoting Trauma-Informed, Evidence-Based Treatments

- *Trauma-informed*: Is the treatment specifically designed to address trauma history and symptoms in the child and the family?
- *Evidence-Based*: Is there evidence showing that this treatment is effective? Evidence-based treatment is integration of
 - *Clinical expertise*
 - *Best research evidence*
 - *Patient values and preferences*

Sackett, D. 1996

39

40

Finding Evidence-Based Treatments

<http://www.cebc4cw.org/>

40

41

Examples of Trauma-Informed, Evidence-Based Treatments in NC

- AF-CBT (ages 5-17)
Alternatives for Families: A Cognitive-Behavioral Therapy
- CPP (ages 0-5)
Child-Parent Psychotherapy
- MST (ages 12-17)
Multi-Systemic Therapy
- PCIT (ages 2½-6½)
Parent Child Interaction Therapy
- TF-CBT (ages 3-18)
Trauma-Focused Cognitive Behavioral Therapy

41

42

Finding Child Trauma Clinicians in NC

<https://ncchildtreatmentprogram.org>

42


Creating a Trauma-Informed Court System

43

Trauma-Informed System of Care

Effort to ensure that all responders to traumatized children are operating with a trauma-informed lens

- Training across systems from top-down
- Reducing potential re-traumatization
 - Agency environments
 - Placement disruptions
 - Court and juvenile justice involvement
- Availability of trauma-informed treatment
- NC Effort: Project Broadcast



44

Psychologically Safe Courtrooms

- Communication
- Environment
- Procedures



45

Breakout #3

- Review the Handout “Psychologically Safe Courtrooms.”
- Discuss at least one change you could make in your courtroom to make it psychologically safer.
- What barriers might you face in making this change and how can you overcome them?

46

Placement Considerations

- Maintaining child’s existing attachments should be a critical consideration in initial placement and subsequent moves
- Ask that the quality of parent-child attachment be included in mental health assessments/evaluations to guide decision-making
- Maintain school, neighborhood, activities as much as possible when placed
- Provide as much time as possible for planning and transition from one placement to another

47

Visitation

- Maintaining child’s attachments should also be critical consideration in determining visitation
- Younger children need shorter, more frequent visits
- Beware of reducing visits as a consequence of “bad” behavior; instead increase pre- and post-visit support
- Visits should be used as an opportunity for parents to practice and demonstrate new skills and knowledge
- Ensure safe, child-friendly, natural visitation sites
- Cast a wide net: explore visits with siblings, fictive and legal kin, previous foster parents, friends, etc.

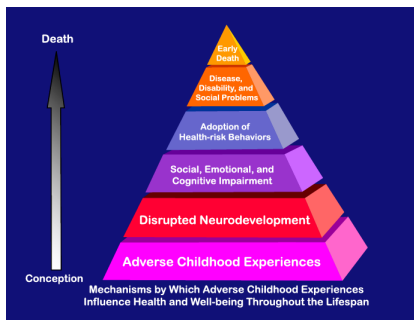
48

Don't Forget the Parents!

- Address parents' trauma history
- Ensure or advocate for trauma-informed and evidence-based treatment and parenting programs in your community
- Birth Parents with Trauma History: A Guide for Judges and Attorneys

49

Collective Impact of Trauma



<http://www.canarratives.org/>

Feletti, 2012

50

Final discussion

51