A Relationship-Based Approach to Treating Trauma in Young Children Via Evidence-Based Treatments

ALEJANDRA TRUJILLO, LMFT
KELSEY SILLERUD, LCSW
SFVCMHC, INC.
OBJECTIVES

1. Participants will recognize the importance of trauma work with a relational-based approach with infants and young children.

2. Participants will have an opportunity to learn how to incorporate interventions such as Infant Massage, and relationship-based approaches when implementing MAP with young children who have experienced traumatic stress.

3. Participants will recognize age-appropriate trauma-informed interventions to use with 2 year olds while maintaining fidelity to MAP practice elements.

4. Participants will be able to identify how to appropriately document MAP practices for infants and young children to meet county requirements.
Detained at 6 months from biological mother and father

Sustained broken ribs, ear injury

In-utero exposure to substances

SXS: Unresponsive to attempts to soothe, unable to self-soothe, avoids eye contact, turns away from caregiver

Placed in nonrelative foster care who is hesitant to touch/connect with baby

WHAT DO WE DO WITH THIS CLIENT?
### WHY INFANT/EARLY CHILDHOOD MENTAL HEALTH?

1. Participants will recognize the importance of trauma work with a relational-based approach with infants and young children.

<table>
<thead>
<tr>
<th>Panel</th>
<th>Text</th>
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<tbody>
<tr>
<td><img src="https://via.placeholder.com/15" alt="People" /></td>
<td>Children are more vulnerable to trauma than adults.</td>
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<tr>
<td><img src="https://via.placeholder.com/15" alt="Child" /></td>
<td>RESILIENT CHILDREN ARE MADE, NOT BORN.</td>
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<tr>
<td><img src="https://via.placeholder.com/15" alt="Brain" /></td>
<td>The developing brain is most malleable and most sensitive to experience – both good and bad – early in life.</td>
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<tr>
<td><img src="https://via.placeholder.com/15" alt="Parent, Child" /></td>
<td>Children become resilient as a result of the patterns of stress and nurturing that that experience early on in life.</td>
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<tr>
<td><img src="https://via.placeholder.com/15" alt="Baby" /></td>
<td>Babies are rapidly and easily transformed by nurturing behaviors as well as by traumatic experiences (Perry, 2008).</td>
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</tbody>
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WHY INFANT/EARLY CHILDHOOD MENTAL HEALTH?

1. Participants will recognize the importance of trauma work with a relational-based approach with infants and young children.

- Even though the effects of trauma may not be so visible to the untrained eye, once you study the devastating effects of trauma you will rapidly be able to identify its aftermath everywhere.

- The most critical “sensitive period” for brain development happens from conception to three years of life, if this period is missed, some systems may never be able to reach their full potential.

- In some cases the neglect related deficit may be permanent. For instance, a child who is not exposed to language during his early life, may never be able to speak or understand speech normally. If a child does not become fluent in a second language before puberty, he will almost always speak any new language with an accent (Perry, 2008).
INFANT/EARLY CHILDHOOD MENTAL HEALTH

1. Participants will recognize the importance of trauma work with a relational-based approach with infants and young children.

Infant mental health can be defined as:

"The developing capacity of the child from birth to five years of age to: form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn - all in the context of family, community and culture (Zero to Three: Making it Happen, 2012)".

Three critical components of Treatment:

- Attachment
- Development
- Trauma
INFANT MASSAGE

Supports the strengthening of the dyadic relationship with loving caregiver (bio, kin, foster, adoptive)

Promotes attachment and bonding by:

- Providing consistency and safety
- Trust through consent
- Acceptance/love
- Increasing attunement
- Regulation/co-regulation capacities
NEUROSEQUENTIAL MODEL

Children’s brains develop from the bottom up.

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USING MAP TO TREAT INFANTS WITH TRAUMA

2. Participants will have an opportunity to learn how to incorporate interventions such as Infant Massage, and relationship-based approaches when implementing MAP with young children who have experienced traumatic stress.

- “Disruptive” = *Dysregulated*

- Babies who don’t get consistent physical affection or the chance to build loving bonds don’t receive the stimulation necessary to properly build the systems in the brain that connect reward, pleasure and human-to-human interactions.

- Teaching Infant Massage (IM) under MAP (Disruptive) provides the opportunity for clinicians to educate parents and caregivers about how predictable, patterned and consistent interactions promote recovery.

- Empowers caregivers to understand their baby’s nonverbal language and respond with love and respectful listening, which in turn creates the baby’s capacity to receive pleasure from human connection.

- IM offers structure, but not rigidity; nurturance, but not forced affection.
“Infant massage is an ancient art that connects you deeply with the person who is your baby, and helps you to understand your baby’s particular nonverbal language and respond with love and respectful listening. It empowers you as a parent, for it gives you the means by which you become an expert on your own child.”

— Vimala McClure, author of Infant Massage, A Handbook for Loving Parents
That’s great, but how do we document this???

4. Participants will be able to identify how to appropriately document MAP practices for infants and young children to meet county requirements.

GOAL:

- Client and caregiver (Bio mo, bio fa, MGM, Foster Mo, Foster Fa, etc.) will engage into emotionally-regulating activities in order for clt to achieve his developmental milestone and support the development of strong attachment relationship from 0x/day to 3x/week within the next 6 mos.

INTERVENTIONS:

- Th provided psychoeducation about attachment and bonding, and the positive impact in the parent-child relationship.
- Th discussed at length the importance of consent, boundaries, personal space, and its positive impact in client’s future.
- Th taught bonding exercises to enhance the parent-child relationship (attachment).
- Th taught parenting strategies to promote co-regulation.
- Th taught exercises to help client increase regulation.
- Th assisted mother to help client distinguish between good/bad touch.
- Th assisted parent to make sense of infant cues to respond appropriately.
- Th provided psychoeducation regarding client's developmental stage and how to support it via bonding strategies.
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**MAP ELEMENTS FOR DASHBOARD:**

- Goal Setting
- Psychoeducation Disruptive (understanding the infant)
- Attending
- Communication (how an infant communicates/engagement/disengagement cues)
- Monitoring
- MAP TCM
Trauma with Toddlers- What does PWEBS Say?

**Summary of Youth Treatments**

Your current search criteria are:
- **Problem Type**: Traumatic Stress
- **Age**: 3
- **Gender**: Either
- **Strength of Evidence**: 2 Good Support or Better

Your search returned:
- **Number of Study Groups**: 2 [View Protocols]
- **Number of Papers**: 2 [View Papers]

**Summary of Treatment with Good Support or Better**

- **Age (in Years)**: 2-7
- **Grade**:
- **Duration (Days)**: 84-112
- **Frequency**: Weekly
- **Race or Ethnicity**: White or Caucasian, Black or African American, Other

<table>
<thead>
<tr>
<th>TREATMENT FAMILIES</th>
<th>PERCENT OF GROUPS</th>
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<tbody>
<tr>
<td>Cognitive Behavior Therapy</td>
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<tr>
<td>Cognitive Behavior Therapy with Parents</td>
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<tr>
<td>Individual Parent</td>
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<td>Parent Child</td>
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**Trauma-Focused Components**

**TF-CBT//MAP**

- Psychoeducation (Child and Caregiver)
- Parenting
- Relaxation
- Affect Expression/Modulation
- Cognitive Coping (Cognitive)
- Trauma Narrative
- Processing the Narrative
- Enhancing Safety (Personal Safety Skills)
Psychoeducation: Explaining the Reason for Treatment

Child-Parent Psychotherapy’s primary goal is to support and strengthen the relationship between a child and his or her caregiver in order to repair the child's sense of safety, attachment, and appropriate affect to ultimately improve the child's cognitive, behavioral, and social functioning.

■ Explaining the Reason for Treatment (Caregiver):

“You experienced ‘A’ that is why you are feeling ‘B’ and this is why we are here so Alejandra can help me to help you feel better.”
Psychoeducation (Continued)

BOOKS:
- A Terrible Thing Happened
- Once I Was Very, Very Scared
- Please Tell!
- My Body is mine
- My Body belongs to me
- Do you have a secret
- Bottles Break
- I hope tomorrow will be better. A Story about DV. Monkey book.
- When Dinosaurs died
- Foster Care: Maybe Days, Zakary’s new home

CAREGIVER: Multigenerational transition of trauma, Life Stressor Check list, teach the role of play/shared joy (heals the brain), educate on development, typical vs. atypical, ASQ. Narrate client’s play
Parenting: (Psychoeducation caregiver)

- Teach parents how to manage disruptive, aggressive, and non-compliant behavior.
- Help parents decrease any unhealthy or ineffective discipline techniques.
- Teach parents the correct use of praise, timeout, contingency management plans, and other effective reward and punishment techniques.
- Practice these skills with parents to prepare them to use these strategies effectively in the home, neighborhood, supermarket, and elsewhere.

CAREGIVER:

- Educate: Parents feeling guilty when disciplining.
- Metaphor: Driving & Laws, The Police Officer Approach
- Gradually exposed parent to child’s trauma by naming it
- Gradual exposure to children’s trauma narrative.
- Validating, providing hope, understanding, engaging, rapport building. Positive parenting skills
Relaxation: Stress Management

Where in your body do you feel anger?

- Progressive Muscle Relaxation (becoming a turtle, squeezing lemons)
- Sesame Street “Belly Breathing Video” [https://www.youtube.com/watch?v=_mZbzDOpylA](https://www.youtube.com/watch?v=_mZbzDOpylA)
- Smell the pizza, blow the pizza
- Bubbles
- Kinetic sand
- Coloring
- Yoga
REGULATE, RELATE, THEN REASON

(BOTTOM-UP INTERVENTIONS)
Affect Expression and Modulation

- Provide feelings vocabulary
- Use pictures, cartoon characters, books, etc.
- Rating intensity of emotions (colors, pictures, etc.)

BOOKS:
- Anger is Ok, Violence is Not
- Double Dip Feelings
- When I Feel Angry
- When I Feel Scared
- Hands are Not for Hitting
- Today I Feel Silly
- In My Heart
Cognitive Coping

BOOKS:
- Tiger, Tiger is it true?
- Pete the Cat and his magic glasses
  https://www.youtube.com/watch?v=UCG1Ls7a9c

VIDEOS:
- Boundin’
  https://www.youtube.com/watch?v=PDNkZX6ZQ0o

CAREGIVER
- Teach Cognitive Triangle to Caregiver
- Highlight importance of caregivers in meaning making
- Helps client organize experiences: “Mom, what do you think your son needs to know”?
- Teach/discuss Universal Anxieties: fear of body harm, fear of separation, fear of losing caregiver’s love, fear of being bad.
Trauma Narrative: Co-create a cohesive story to make meaning

CAREGIVER

- Remind Caregiver of Metaphors and buy-in for trauma work.
- Therapist/Caregiver discuss client’s life’s story that needs to be told/explained.
- What is that you want to share with your child? What needs to be told? what do you want them to know? is it age appropriate, what parts are missing? What would help them to feel safe again?
- “Empathy Books” samples to outline a time line of events in client’s life: happy/sad/scary/angry memories.
- Remember toddlers/young children are egocentric
Processing the Narrative

- Identify and Challenge Cognitive Distortions or modify thoughts with support of caregiver (when clinically appropriate).
- Review trauma narrative (out-session/ in-session)
- Challenge feelings of: shame, betrayal, feeling damaged, negative self-worth, bad choices after it.
- Trauma only one part of their life
- How are they stronger now? Recommendations to others as experts!

CAREGIVER

- Address caregiver’s cognitive distortions (“My child is broken”, “I should have known”, “I am a bad parent:), etc.)
Enhancing Safety

- Increase caregiver awareness (ADHD vs. Trauma)
- Personal safety skills
- Age appropriate assertive communication
- Problem solving
3 Year Old Abby is brought by mother to receive MHS at our clinic. They had a DCFS case open due to DV in the home. Father was incarcerated when found guilty of battery.

Abby had been expelled from 3 daycares, 2 DV groups, as she was hitting and using bad language towards anyone who stand in front of her.

WHAT DO WE DO WITH THIS CLIENT?
Resources

- *Listening to Babies* by Vilama McClure
- *Infant Massage, A Handbook for Loving Parents* by Vilama McClure
- *Boy Who was Raised as a Dog* by Bruce Perry
- *Don’t Hit My Mommy! A Manual for Child-Parent Psychotherapy With Young Children Exposed to Violence and Other Trauma (2nd Edition)* by Alicia Lieberman, Chandra Gosh Ippen, and Patricia Van Horn
- *The Emotional Life of a Toddler* by Alicia Lieberman
- [https://www.nctsn.org/](https://www.nctsn.org/)
- [https://www.infantmassageusa.org/](https://www.infantmassageusa.org/)
- [https://www.zerotothree.org/resources/](https://www.zerotothree.org/resources/)
References


- Perry, Bruce. (2017). The boy who was raised as a dog. New York, N.Y: Basic Books
