Speaking the Unspeakable: Identification And Treatment of Childhood Trauma

Alicia F. Lieberman, PhD

University of California San Francisco
An Ecological Model Of Developmental Outcome

- Child functioning is shaped by the interplay of risk and protective factors
  -- Within the child
  -- In the environment

- Adversities are risk factors that co-exist and compound each other

- Adversities can create new adversities

- Likelihood of psychiatric disorder increases with the number of adversities

(Lynch & Cicchetti, 1998; Rutter, 1999; Pynoos et al., 1999; Sameroff, 1993)
Risk Converges With Poverty And Race/Ethnicity

- Risk factors cluster where there is poverty
- Children of color are more likely to be poor
- Children of color are more vulnerable to the mental health effects of adversity
  -- Cumulative effect of multiple hardships
  -- Less access to services

(Oser & Cohen, 2003; Flores et al., 2002; U.S. Surgeon General’s Report, 2001)
Risk As A Continuum
From Stress To Trauma

- Normative, Developmentally Appropriate Stress
- Emotionally Costly Stress
- Traumatic Stress
Key Features of Trauma

• A traumatic event is defined by external threat to life or physical integrity that involves
  Unpredictability
  Horror
  Helplessness

• Trauma overwhelm the capacity to cope and distorts the perception of danger and safety
Rates of Maltreatment by Age\(^1\)

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

- Physical Abuse: 16%
- Sexual Abuse: 8%
- Psychological Maltreatment: 7%
- Medical Neglect: 2%
- Neglect: 67%

Rates of Child Maltreatment by Age Group

- 0-3: 5%
- 3-5: 3%
- 5-7: 2%
- 7-9: 3%
- 9-11: 3%
- 11-13: 2%
- 13-15: 1%
- 15-17: 1%

The ACES are Among Many Childhood Traumas and Adversities Measured by the National Child Traumatic Stress Network  N=10,991¹

- The original ACES (in red) are among the most commonly reported traumas in studies that look at additional traumas.

- Over 40% of the children and adolescents served by the NCTSN experienced 4 or more different types of trauma and adversity.

Assessing For Trauma Exposure

• Trauma is pervasive but usually overlooked

• Important component of the initial assessment --

• Trauma-focused treatment is not treatment “as usual”
“Best Practices” For Assessment

• 3-5 45-minute assessment sessions
• Trauma screening as a routine component
• Developmental history before/after trauma
• Observation of child
• Observation of child-parent relationship
• Parental narrative of child’s trauma
• Child’s trauma narrative
• Collateral information
Why It Is Important to Ask

• Children report maintaining trauma secret because therapist “could not handle knowing it”

• Shame in telling: Fear of blame

• Relief at being understood

• There is often a story of pain behind uncontrolled behavior
How Do Children Respond to Trauma?

- Developmental stage
- Temperamental characteristics
- Proximity to the traumatic event
- Impersonal vs. Interpersonal traumatic event
- Relationship to the perpetrator
- Acuteness vs. Chronicity
- Discrete vs. Cumulative
- Presence of protective relationships
Shared Features Of Traumatic Response

• **Intrusion symptoms involving the event(s)**
  Memories, Dreams, Play re-enactments, Distress at reminders, Dissociative responses (flashbacks), Physiological reactions

• **Persistent avoidance of stimuli associated with the event**

• **Negative alterations in mood and cognition**
  Failure to remember, Faulty cause-effect beliefs, Exaggerated attributions to self and others, Traumatic expectations

• **Increased arousal and reactivity**
  Anger, Recklessness, Hypervigilance, Distractibility, Sleep disturbance
Even the Experts are Confused as to Which Term is Best

- Post Traumatic Stress Disorder?
- Toxic Stress?
- ACES?
- Child Traumatic Stress?
- Complex PTSD?
- Acute vs. Chronic Trauma?
Developmental Anxieties
From Infancy Through Adulthood

• Fear of loss: Separation anxiety
  (Onset: 6-8 months; Peak: 18 months)
• Fear of losing love and approval: Neediness, Anger
  (Onset: 12 months; Peak: 24 months)
• Fear of body damage: Traumatic expectations
  (Onset: 12 months)
• Fear of internal badness: Social rejection anxiety
  (Onset: 24 months; Peak: 36-48 months)

All of them can be triggered and exacerbated by trauma
Developmental Competencies
From Infancy Through Adulthood

• Somatic and emotional regulation
  *Recovering from dysregulation*

• Secure attachments
  *Repairing mismatches, tolerating ambivalence*

• Trusting social relationships
  *Negotiating conflict, accepting disagreements*

• Exploration and learning
  *Managing frustration, failure and fear*

*In the context of cultural childrearing values*
Normative Parental Functions

- Protection from danger
- Caregiving
- Socialization

- Each of these functions is vulnerable to stress/trauma
- Cultural differences in values, expectations, practices

Support the parent in supporting the child
Creating Interventions

Protective Steps:
Creating safety

Experience:
– You saw...
– You heard...

Behavior, Feelings:
– And now you...

Hope:
Things can change for the better

Intervention:
This is a place where...

Lieberman & Ghosh Ippen, 2014
Assessment As Treatment

- “Psychological first aid”
  - Developmentally appropriate intervention
  - Immediate emotional relief
- Provides additional information
- Assessment-treatment feedback loop
- Ongoing through treatment
- Incorporates developmental changes
Following The Child’s Rhythm

• Children are often readier than the adult to create a narrative

• “Knowing what we’re not supposed to know, feeling what we’re not supposed to feel”

• Parental capacity to witness and tolerate child’s experience
Overarching Treatment Goals

Restoring Developmental Progress

Affect regulation

Secure relationships

Exploration and learning
Post-Trauma Growth Happens

• The world is a dangerous place and trauma exposure is an ever-present risk for humans

• Suffering can stimulate a search for meaning that may lead to compassion for others and emotional growth

• Some of the greatest spiritual, artistic, and scientific achievements resulted from this search
The Treatment Process

• Addressing Traumatic Reminders
  Remove upsetting reminders
  Reassure child of safety
  Explain the meaning of reminders
  Teach to anticipate traumatic response
  Teach self-soothing strategies
Balance Between Processing of Trauma And Other Therapeutic Goals
Setting the Stage
Safety in the Environment

• Engage caregiver and child in
  --Safety planning
  --Meeting concrete needs
  --Protecting child from exposure to violence

• Maintain safety and consistency in the therapeutic relationship
Therapeutic Objective: 
*Normalizing Traumatic Responses*

Validate traumatic response as universal and legitimate

- Identify traumatic triggers, help to link reminder and its consequences
- Co-creation of trauma narrative
- Placing trauma in perspective with life goals

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Therapeutic Objective: Differentiate Between Reliving And Remembering

• Link current thoughts, feelings and behaviors with past experiences

• Focus on safety: Highlight differences between past and present circumstances

• Learn to identify and respond to traumatic triggers and reminders

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Therapeutic Objective:  
*Trust In Bodily Sensations*

• “Listening to the body”  
  *Sensory numbness versus hyper-awareness*

• Appropriate physical affection  
  *Proximity and closeness, holding, hugs*

• Care of the body, care of the soul  
  Hygiene, food, movement, rest
Therapeutic Objective: 
Affect Regulation

• Listening and observing: tracking emotions in the moment
• Giving words to the unspeakable
• Modeling soothing, calming interactions
• Helping the parent respond to the child
• Helping the child rely on the parent

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Therapeutic Objective:  
Reciprocity In Relationships

• Legitimize client’s perspective

• Articulate the other’s perspective

• Highlight the positive

• Target maladaptive interactions

• Guide non-destructive expression of negative feelings

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Therapeutic Objective: Engagement In Learning

Promote mastery and hope through

•  Prosocial behavior
•  Predictable routines
•  Joint pleasurable activities
•  Age-appropriate goals
•  Memories of loving moments
  (“Angels in the nursery”)

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Tolerating Ambiguity

• Trauma Narrative
  -- terminable and interminable…
  -- knowable and unknowable..
  -- evolving
  -- fragmented
  -- imperfect
  -- creating some kind of meaning
  -- never an end in itself
Obstacles To Effectiveness

- Insufficient knowledge
- Losing perspective
- Emotional over-involvement
- Too many service providers:
  -- Fragmentation of relationships
- Lack of agency support
- Conflicting inter-system priorities
- Over-riding financial considerations
The Dangers Of Caring

• Working with traumatized parents and children is stressful:
  – Hopelessness, anger, rescue fantasies

• Burnout and vicarious traumatization are real

• Self-care is essential to be effective
PRACTICE WHAT YOU TEACH

• Take care of yourself

• Cultivate time out

• Protect your private life

• Seek out supervision or consultation

• Build support systems at work
TAKE HEART!

• Small changes matter

• Mistakes can be repaired

• You don’t need to be a therapist to be therapeutic

• Define yourself as part of a therapeutic community
• Established by Congress in 2000 as part of the Children’s Health Act to raise the standard of care and increase access to services for traumatized children, families, and communities

• Funded through SAMHSA and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress

• Grantees include hospitals, universities, and community based programs that are involved in training, service delivery, product development, data collection and evaluation, and public policy and awareness efforts
National Impact of the NCTSN

• Tens of thousands of children, adolescents, and their families have directly benefited from NCTSN services

• Trained over one million professionals in trauma-informed interventions and hundreds of thousands more have benefited from additional NCTSN services and resources

• NCTSN members have established over 10,000 local and state partnerships with child protective services, health and mental health programs, child welfare, education, residential care, juvenile justice, courts, and programs serving military families
Learn more about the NCTSN

http://www.nctsn.org
Childhood Adversity Narratives (CAN)

- **Purpose:** A new resource developed by NCTSN partners that provides a narrative on childhood adversities, to help inform policymakers and the public about the costs and consequences of child maltreatment and adversity.

- **Goal:** To show the proven interventions and opportunities to prevent and change tragic and costly outcomes.

http://www.canarratives.org/