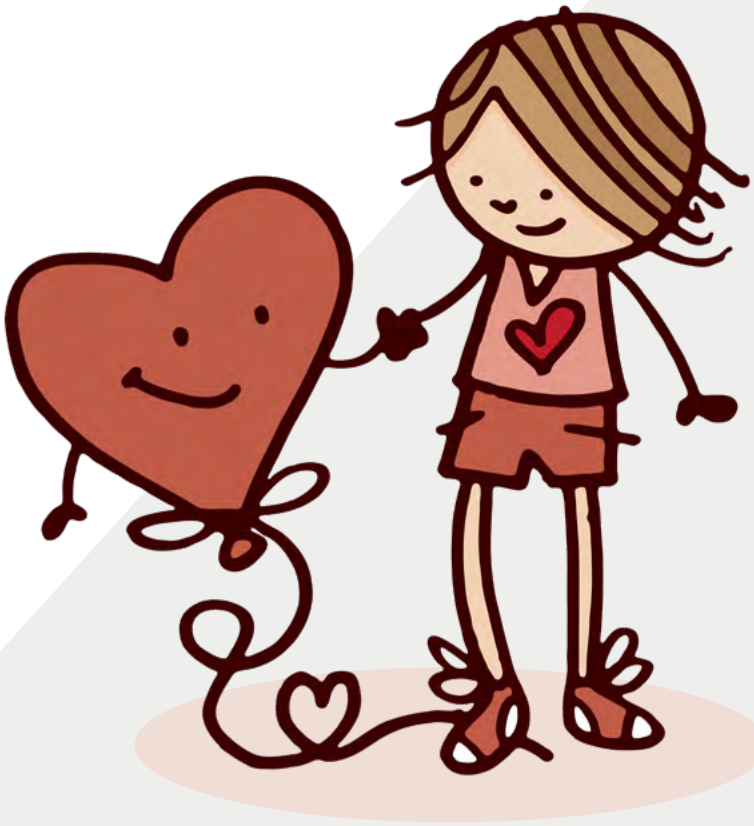
Trauma-informed INTERVENTION



Québec

OBSERVE AND UNDERSTAND

The notion of trauma: Definitions

Post-traumatic stress disorder (PTSD) emerged as a mental disorder in the United States primarily due to cumulative observations of what was happening to many veterans a few years after their return from the Vietnam War. PTSD is characterized by intrusive symptoms related to traumatic events, avoidance symptoms, altered cognition and mood, and markedly altered arousal and responsiveness. It has been subsequently recognized that different types of traumatic exposure could affect not only adults facing such extreme situations, but also children.

With the evolution of neuroscience, new knowledge about the ways in which acute stress affects the brain and entire body has provided practitioners and researchers, since the early 1990s or so, with new hypotheses for understanding the mechanisms by which maltreatment can affect a child's future: the creation of complex trauma, also known as developmental trauma. The notion of complex trauma highlights the fact that children are repeatedly exposed over a prolonged period of time to traumatic events caused by people responsible for their care and have no adults to protect them. Consequences appear in various spheres of development: attachment, biology, emotional and behavioural regulation, dissociation, cognition and identity. Although the experts who updated the DSM-5 did not agree to create a new nosological entity under this name, complex or developmental trauma retains its value in making sense of a constellation of intrapersonal and interpersonal difficulties and provides new directions for intervention. Therefore, these two notions are essential to keep in mind to provide better support.

Forms of maltreatment and their consequences

By definition, maltreatment is an action or omission that occurs in a parent-child interaction. When the person who should be providing for the child's various needs responds with neglect, physical, psychological or sexual abuse, or abandonment, with all the unpredictability that this entails, the child's entire body must adjust to survive in such a climate. The child's underdeveloped brain (which will not reach full neurological maturity until a few years after the legal age of majority) must rely on the mechanisms that the evolution of the species has provided, namely the biologically programmed stress response generated by the perception of a threat. This alert system used by even an immature brain sets in motion a series of biochemical reactions predisposing the organism to either fight, flee, or, when one or the other is impossible, make oneself as invisible as possible; in other words, freeze. The younger the children, the fewer options they have for escaping danger. Of course, they can scream, cry or get agitated in the hope that someone will come to their aid, and if not, resort to self-isolation. If the experiences that trigger the neurobiological system of stress repeat themselves without a human presence to consistently help restore calm, the reactions that follow are not without consequences on the brain and entire developing body. The accumulation and intensity of the stress experienced by the child then reaches a level deemed "toxic."

Adverse childhood experience studies conducted in the United States demonstrate significant links between so-called "adverse" childhood experiences and numerous distressing health conditions (cancers; cardiovascular, pulmonary and kidney diseases; etc.) as well as severe consequences for mental health during adulthood.

BEING TRAUMA-INFORMED

Before describing a few concepts, here is a summary of an episode in the life of Danny, 4, when he is removed from his mother's home and placed in a foster home.

He arrives at the home of Mrs. Jansen, the foster home, where three other children, aged 3 to 6, live. Shortly after his arrival, at supper time, he becomes inconsolable and refuses to eat. To soothe him, Mrs. Jansen decides to give him a bath. Danny struggles furiously and bites her to the point of drawing blood. Mrs. Jansen lets out a scream and the child curls up into a ball on the floor, trembling. Danny is sent to his room and lies down on an unfamiliar bed. He cries himself hoarse before finally falling asleep.

How can we understand why his arrival took such a turn?

Identifying traumatic experiences

When it comes to intervention for the purposes of youth protection, it must be considered that children who have been victimized by a history of maltreatment are at higher risk of developing traumatic sequelae. By focusing on what toxic stress situations the child may have experienced, the caregiver looks closely into the child's relational history. In state-imposed interventions to protect youth, it is not always easy to uncover the relational climate that may have characterized the child's early life story. Sometimes, it is possible to confirm dramatic events that occurred within the family: incidents of conflict or conjugal violence, repeated stays in the care of different people, episodes of substance abuse during which the parent leaves the child alone, etc. The "trauma lens" through which these events are viewed brings up the question of how the child was or was not protected from the tension generated. Once the child's safety and development have been declared compromised, it is not a matter of systematically investigating the facts that may have caused trauma in the child, but rather of trying to determine, throughout the intervention, what the child may have experienced, keeping in mind the sensitive stages of the child's overall development. Knowing that a child needs adults in order to learn how to regulate stress and explore the world, it is important to question how the child was supported, beyond known episodes of violence or solitude.

Identifying developmental consequences

Another way of understanding the reality experienced by a child is to observe his development. The presence of complex trauma or post-traumatic stress can be gauged by observing developmental impairment. As mentioned earlier, a traumatic experience has repercussions on the body first, impacting brain maturity throughout childhood, but in an intense and accelerated way before the age of three. Signs of hypersensitivity or hyposensitivity to sensory stimuli can be observed during this period. It is easy to understand the resulting impact on attachment, both in terms of activation and comfort, when a parent who should be encouraging, guiding and reassuring is instead threatening, indifferent or unpredictable. This makes it very difficult for children to learn to regulate their emotions if no one is there to consistently calm them down through dialogue and soothe

them physically. The same is true for the regulation of behaviour, as children cannot learn to discriminate on their own how to interact with others. They need an adult model to observe and an adult to guide, supervise and encourage them. Children's cognition is also affected, as their energy is too often diverted toward protecting themselves from stress rather than developing their ability to think using a vocabulary and explore the world around them. This compromises the development of the brain's executive functions. The construction of the child's entire identity is affected by the traumatic experience, blurring the possibility of believing in one's own value, in that of others, and in life in general. This difficult experience can lead the child to resort to dissociation, which is manifested several ways: detaching emotional aspects of events, not keeping any memories in words but retaining strong emotions, and feelings expressed in behaviour. All of these manifestations have a meaning and are in some way the child's means of survival in a frightening, indifferent or disconcerting environment.

What has been learned about Danny's experience:

His parents only lived together for the first year after he was born. They had been dating for a few months when his mother became pregnant but did not realize she was pregnant until the fifth month. Both parents used cannabis and alcohol during the pregnancy. They were both unemployed and their relationship was punctuated by arguments, sometimes violent, leading to breakups and reconciliations, until their final separation. The mother currently lives in a rundown apartment building, which is also home to drug dealers and prostitutes.

The maternal grandmother, who has significant personal difficulties of her own which prevent her from being more available to Danny, believes that Danny was sometimes left alone while the parents partied and that he probably overheard many arguments. Since the breakup with the father, the mother has had a few relationships with men who lived with her and Danny for a certain time. The grandmother knows that at least two of the men were abusive with the mother, who was often covered in bruises. The mother claims that the men never hit Danny, but only yelled at him. However, she also says that Danny is annoying and is often "cruising for a bruising." It seems that Danny was often driven by his mother to the homes of various friends and acquaintances to be looked after. These individuals often had their own problems with substance abuse.

It is reasonable to assume that Danny has experienced many tense and violent situations in which he likely feared for his mother and himself. In addition, he appears to have been left pretty much alone on a number of occasions, without a stable, loving person to attend to his needs and help him calm down. The number of intensely stressful situations to which he has been exposed, without the help of a familiar and reassuring person, seems to be quite overwhelming in his young life.

Detecting triggers

It is important to try to decipher the triggers that cause children to overreact to stress. This requires careful and patient observation on the part of the adults caring for them. A trigger is something that causes an emotion, cognition, physiological reaction or flashback in traumatized

children and brings them back to or connects them with a previous traumatic experience.

Conducting interventions with individuals whose development has been impaired remains a vast field of developing knowledge. However, the current literature allows us to identify some useful benchmarks, which will be briefly summarized.

Coming back to Danny's situation, a few details can be added to the more recent story of the intervention with him and his mother:

Danny was reported to the Director of Youth Protection (DYP) six months ago when neighbours called the police, fed up with hearing a child crying without anyone appearing to try to comfort him. The police called the DYP, and because Danny was alone and his mother was nowhere to be seen, the caregiver entrusted Danny to a transitional foster family. The child arrived at the home wearing soiled pyjamas. The mother showed up the next day and agreed to an in-home intervention in order to get her son back as well as to participate in the Jessie program. After a few weeks of intervention in his home, it was noted that the mother was missing appointments, Danny was often dirty and his weight was abnormally low. The decision was made to remove Danny from his environment, and a transitional family was identified. Shortly after this decision was made by the advisory committee, a new caregiver was assigned to his case and came to pick up Danny with an educator from the Jessie program. While Danny's bags were being packed, he saw his mother being initially furious with the caregivers, then begin crying profusely. She did not say a word to him as he left and continued crying.

So soon after leaving such an emotional climate, we can see how difficult it is for Danny to accept being fed and bathed by a foster mother, despite her very good intentions. The fact that Danny struggles so much when it comes time to take a bath raises other questions, but from the outset, his care requires getting naked in front of someone he has only known for a few hours. The emotions involved are different at four and a half years old than they would be at the age of six months! To Danny, what could be soothing is perceived as very threatening.

PROMOTING RESILIENCE AND PREVENTING NEW TRAUMATIC SITUATIONS

Establish a safe environment and restore it when it is compromised

Before children or parents can somehow "reprogram" their automatic stress responses, they will need to repeatedly experience interactions characterized by respect and kindness. This will certainly take time, provided that the interactions are conscious of the relational wounds left by the traumatic experience. This is why the issue of safety is so often mentioned as a cornerstone of complex trauma interventions. Bloom describes this safety as necessary at multiple levels: physical, psychological, social and moral. As well, Blaustein and Kinniburgh emphasize the importance of reference points provided by a routine or ritual in building this sense of safety. Such a routine can of course be created at home, in the foster family, in supervised visits or in interviews. If the climate of safety and predictability is compromised for whatever reason, it is

important to acknowledge it and take steps to restore it.

Being "trauma-informed" also means taking the necessary precautions to ensure that the actions we must take are planned so that they prevent or at least reduce the possibility that they will be experienced as new traumatic events. Any withdrawal from an environment, placement move or state-imposed action must be organized in such a way as to minimize the impact that could add to an existing trauma. Be careful to not expose the child to "institutional trauma."

Recognize the stress response pattern and take it into account during an interaction

When dealing with individuals — parents or children — who are suspected of experiencing traumatic sequelae, it is important to keep in mind the extent to which these individuals are influenced by their automatic stress response. Recall that the typical response can take three forms overall, but with a multitude of expressions: fight, flight or freeze. People who leave the room, respond angrily or become silent, without identifying exactly what caused such a reaction, could be demonstrating that the situation represents a threat of some kind. In such a state, they cannot access the higher functions of their brain (e.g., reasoning, logic, memory) and are merely trying to protect themselves. All of this happens unconsciously, but they are convinced that what they are doing is the best thing to do.

If we want to be able to talk with these people, it is useful to reassure them so that their feeling of a perceived threat diminishes. Therefore, it is to the caregivers' advantage to be aware of their own internal state for such an interaction. Self-regulation is essential if one wishes to help another person do so. Keeping in mind that it is inevitable that certain circumstances and interventions will cause stress, it will always be helpful to try to make them as predictable as possible through the use of reference points.

The brief account of Danny's intervention does not provide any insight into how the child and his mother were prepared for the placement, both before and after the decision made by the advisory committee. Looking at the behaviour manifested by Danny upon his arrival at the foster home, one recognizes more of a fight stress response, as evidenced by the resistance to eating, then the struggles and biting behaviour at bath time. How could Danny have been helped more effectively?

One possibility, during the placement move, is to have used simple language to let the child know that his caregivers understand how upsetting these events are for him and that grown-ups are responsible for his situation. Acknowledge the child's feelings while conveying the message that he is not to blame for leaving his home. It is important to reassure the child that both he and his mother will be taken care of and that they will hear from each other without fail. Ensure that this promise of news is kept so that the child can develop trust and allow himself to settle in with the family without being haunted by his mother's distress or anger.

In addition, the child should be informed as simply as possible of what is coming or what will soon be proposed in order to give the child some leeway to decide on certain things. In all these changes imposed upon the child, it is wise to give him power over certain aspects and ask him how he is accustomed to doing things.

For example, the foster mother can show Danny how to wash up properly by using less water in a tub full of bubble bath.

Promote emotional regulation

Adults who live with children on a daily basis are encouraged to observe the circumstances in which they overreact (from inhibition to disorganized action) in order to identify triggers for discomfort, uneasiness or disorganization. The child can also be asked to identify the events and situations that generate attitudes of "fight, flight or freeze." The bodily sensations felt at these moments (e.g., increased heart rate, abdominal tightness, muscle contractions, accelerated breathing, etc.) can be useful starting points before being able to access the underlying emotions.

Working together with the child afterward to find suitable ways of restoring calm is also part of the logic of complex trauma intervention, knowing that a brain in an alert state cannot think and search for solutions. It is only when the child calms down that reflection can begin. Engaging the thought process during calmer moments will not instantly eliminate automatic stress responses: here again, it is only through repetition that real alternatives can be created.

Encouraging means of expression other than speech is also a vector of intervention advocated by Bloom and by Blaustein and Kinniburgh: physical, cultural and expressive activities (e.g., mime, theatre, dancing, singing, writing, etc.) are all ways to create a potential outlet for emotions that are sometimes exceedingly difficult to mentalize.

In Danny's situation, his caregiver and the one assigned to the foster family will support Mrs. Jansen and her partner in identifying, with Danny, the circumstances that are stressful for him and make him feel unwell as well as strategies that can bring him comfort. Look for the best ways to calm him down: a stuffed animal, a rocking chair, anything that can help the child feel better.

Further, caregivers must remain attentive and show interest in how the child experiences things on a daily basis. For example, Mrs. Jansen may notice while giving Danny a bath one day that he tightly clutches a doll and submerges it in the water while saying "Bad Danny, listen to me!" Staying aware and on the lookout for certain behaviour can provide ideas for other approaches, which may allow us to establish a better connection with the child.

Provide multiple opportunities for skill development

In addition to providing opportunities for self-expression, the activities mentioned above are also opportunities to discover interests, hidden talent and work methods. The brain pathway most used by children who have experienced a toxic level of stress has somehow diverted them from the learning pathway that allows them to develop the executive functions of their brain. This is why it is important to provide a variety of opportunities to develop skills with caring adults who can act as role models. The child gaining confidence in his overall ability to learn remains an undeniable springboard for resilience. This is why the child's developmental recovery depends on the engagement of all the adults involved.

Learning problem-solving processes and effective communication are precious assets for gradually getting out of the rut in which a traumatic experience has placed a person. Having a child witness moment when an adult demonstrates a problem-solving process aloud enables the child to learn by observation that it is possible to calm down, step back, properly identify a problem, evaluate possible solutions, select one, and apply it.

There is much more to say than these few key ideas, and interested readers will find more information and full references of the works mentioned in this leaflet in the toolkit entitled "Trauma-informed practice."

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* References of the authors cited can be found in the document entitled "From Theory to Practice" in this toolkit.

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