

Understanding Multigenerational Trauma and What to do about it

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Overview

- Understanding components to early development (Sroufe, 1997 article)
- Importance of Supportive and Sensitive Care by a Primary Caregiver for the Development of Young Children
- The Importance of Support for the Caregiving System (Bronfenbrenner)
- The role of early adverse childhood experiences- the ACE study/Toxic Stress
- The impact of parental mental illness on sensitive caregiving
- What about support for the parent?
- What can we do about it- Assessment
- Importance of Early Intervention- family based
- Case Example

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Understanding Psychopathology as an Outcome of Development (Sroufe, 1997)

- Research is showing that psychopathology is not something you have, but is an outcome of interactions between biology, genetics, and experiences
- In fact, poor early care can change the architecture of a child's brain (http://developingchild.harvard.edu/resources/reports_and_working_papers/)
- Early consistent, responsive and sensitive care is generally required for healthy development.

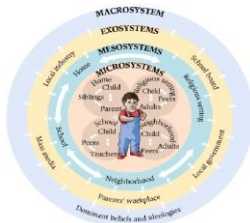
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What is Sensitive Caregiving?

- Sensitive Caregiving Defined: a parent's ability to:
 - **For infants:**
 - provide comfort when the child is distressed,
 - support the child in the exploration of their environment without intrusion,
 - delight in the child (smile, provide reassurance) (Ainsworth, Blehar, Waters, & Wall, 1978; Bernard, Meade, Dozier, 2013).
 - **For preschoolers :**
 - provide what is needed for infants and also give clear directions,
 - set limits and discipline for safety and non-compliance,
 - demonstrate confidence in parenting skills (Erickson, Sroufe, & Egeland, 1985; Timmer et al., 2011).

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Bronfenbrenner Model



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How does Social Emotional Development go Awry?

- Exposure to trauma, significant loss with primary care givers.
 - Disruptions in relationships with primary care givers because of:
 - Parental mental illness
 - Substance abuse
 - Domestic violence
 - Biological Reasons
 - Genetic inheritance
 - Exposure to injury, infection, toxicants, nutritional deficiencies (in-utero or after)
 - Difficult temperament
 - Social/Environmental Stressors
 - Living in high risk neighborhoods
 - Discrimination and racism
 - Prolonged family stress due to death, divorce, extreme economic hardship, etc.
- From *Neurons to Neighborhoods, 2000 and ACE study (ongoing)*. www.acestudy.org

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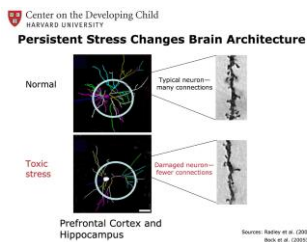
Adversity mixed with Biology Risk Factors

- The longer adverse experiences mix with biology risk factors- the higher risk the person is for developing psychopathology and the harder it is to change the path
- In fact, it can turn on high risk genes-

http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp10/

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The effects of trauma and adversity on the brain



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Psychopathology as an Outcome Continued

- Example of this model- ADHD (pg. 259)
 - ADHD can be shaped- not something you come into this world with.
 - Leading agent of change for the young children- support for the parent- not direct interventions with the child...
- The Findings from the Adverse Childhood Experiences (ACE) Study- Felitti et al. (1998).

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The Role of Multigenerational Trauma

- Trauma researchers have found that childhood adversity and trauma negatively impact a parent’s ability to provide sensitive caregiving as an adult (Cort et al., 2011; Courtois & Ford, 2013; Locke & Newcomb, 2004).
- Large-scale studies have found that childhood adversity and trauma are highly correlated with adult psychopathology (Afifi, Bowman, Fleisher, & Sareen, 2009; Felitti et al., 1998; Larsson et al., 2013).
- In fact, four or more childhood traumas/adversity lead to adult health issues, psychopathology, and early death (Dong et al., 2004).

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How does parental trauma affect sensitive caregiving?

- The direct mechanisms are not known but some hypothesize the unresolved trauma in a parent may affect a parent’s ability to understand the cues, needs, intentions of their children separate from their own (this is called reflective functioning) (Schechter et al. (2005).
- Wright (2014) found that sensitive caregiving for young children was significantly correlated with reflective functioning for parents with serious mental illness.

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The Impact of Parental Mental Illness on Sensitive Caregiving

- The literature shows that parents with serious mental illness have difficulty providing sensitive care to their young children with the majority of the difficulties falling in areas of:
 - Being harsh with young children (Dix & Meunier, 2009)
 - Intrusive on the child’s exploration (Goodman & Brand, 2009)
 - Unresponsive or dysregulated when the child becomes distressed (Conroy et al., 2012; Hipwell, Goossens, Melhuish, & Kumar, 2000)
- The literature has also shown that parents who experience more severe and chronic mental health symptoms have greater difficulty with sensitive care than parents with less severe or late onset symptoms (Hipwell & Kumar, 1996; Schechter & Wilhelm, 2009; Zahn-Waxler Duggal, & Gruber, 2002).
- Parents with schizophrenia seem to have the most difficulty with sensitive caregiving, even when receiving mental health treatment (Wan, Warren, Salmon, & Abel, 2008).

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Where does support fit?

What do we know about parents with serious mental illness and their social supports?

- Sensitive Caregiving is affected by the support mothers receive while parenting (Jackson et al., 2013; Kivijarvi, Raiha, Virtanene, Lertola, & Piha, 2004).
- In fact, informal supports (spouse, family, neighbors, and friends) that are perceived as helpful seem to be the most important type of support related to sensitive caregiving (Byrne et al., 2012; Jackson et al., 2013)
- Parents with Serious Mental Illness often lack social supports (Higwell & Kumar, 1996) and when they try to access them, they are not offered support around parenting (Mowbray et al., 2001).
- Numerous studies have found that mothers with serious mental illness who do not have a supportive spouse or partner often lose their children to child protection due to abuse and neglect issues (Dipple, Smith, Andrews, & Evans, 2002; Howard, Kumar, & Thornicroft, 2001).
- In a recent study (Wright, 2014), it was found that the more informal social supports mothers with serious mental illness had, the less satisfied with they were with them.

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How do we identify mental health issues in young children?

- Listening to parents- parents know their children best.
 - Using parent informed screenings that identify early childhood mental health issues.
 - Having systems that families feel comfortable with assist in screening.
 - Make sure parents know their options for referral and are given choices.
 - Integrating mental health services in systems where families feel comfortable receiving care.

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Early Childhood Mental Health Screening Synergy

- Consensus among DHS Child Welfare Screening and ABCD II grant, MDH Follow Along Program, and Minnesota Head Start Association in endorsing Ages and Stages Questionnaire: Social Emotional (ASQ-SE) and now the ASQ-SE-2
 - Squires, J., Bricker, D. and Twombly, E.; Brookes Publishing Company

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Screening in Primary Care

- When depending on clinical judgment only, medical professionals under-identify social-emotional issues in young children 80% of time.¹

¹Lavigne, J. V., Binns, H. J., Kaufer Christoffel, K., Rosenbaum, D., Arend, R., Smith, K., Hayford, J. R., MCGuire, P. A., and The Pediatric Practice Research Group (1993). Behavioral and emotional problems among preschool children in pediatric primary care: Prevalence and pediatricians' recognition. *Pediatrics*, *91*, 649-655.

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Data on Elevated Screenings

- According to data gathered by communities throughout Minnesota-
 - 5% of the general population will receive an elevated score on mental health screening tools
 - 20% of the Medicaid population receives an elevated score on mental health screening tools
 - 60% of the Child Protection population receives an elevated score on mental health screening tools

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What is the State doing about addressing early childhood mental health conditions and supporting families?

- Developing Referral Systems that are easy for families and professionals to access
- In 2006 the criteria for Early Intervention (Part C changed to include 13 mental health diagnoses for children 0-3).
 - <http://www.health.state.mn.us/divs/ctb/program/cyshn/delay.cfm#social>
 - We have one State phone number and on-line referral for children 0-5 in Minnesota for children with developmental and/or MH concerns.
 - <http://helpmegrwmn.org>

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How do you talk with parents about elevated scores?

- When parents indicate concerns on the ASQ:SE – **take it seriously!!!**
- You can say:
 - *I see that you have some concerns about your child from how you answered the questions on the screening, I am wondering if you would like me to help you get some more support.*

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How do you talk with parents about elevated scores?

- If parents say yes to a referral, you can say:
 - *Let us call my friend or colleague at this agency, they can help figure out what to do next...*
- If parents say no to a referral, you can say....
 - *Ok, if you want to wait that is fine, you are _____'s parent and you know him best. Is it ok if I check in with you in a couple of weeks/months to see if you changed your mind or if you have other concerns?*

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What about Trauma Questions?

- We recommend that providers ask the following questions, as they are not included in the ASQ:SE-2.
 - *Has your child ever experienced anything extremely stressful or traumatic in the past year?*
 - *If so, what was it? When did it happen?*
 - *Did you get any support?*
 - *Would you like some support, I can connect you with a colleague (friend) who can support both you and your child around this stressor.*

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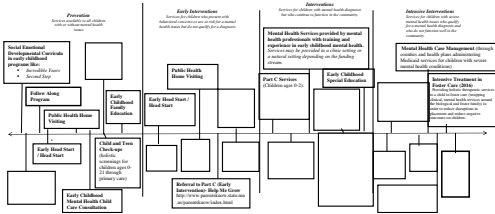
System Development Continued

- Mental Health is really everyone's business and as is overall health and wellness.

We all have a role.

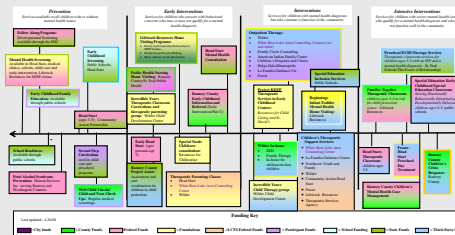
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System Development Continued



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A Local Example of an Early Childhood Mental Health System of Care



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How do we assess psychopathology in young children?

- Minnesota uses the DC:0-3R/DC:0-5 Multidisciplinary process to assess young children:
 - The process values development, caregiver relationships and culture.
 - Assumes that a multidisciplinary team (including the parent(s)) is assisting in the assessment process.
 - Assistance from early intervention is highly valued- cognitive testing and assessment of sensory needs.
 - Free training is available through the Minnesota Department of Human Services

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What is the assessment process?

- The process involves at least three sessions
 - Usually the first session occurs with the parent/caregivers alone
 - Second session usually includes an observation of the parent/child dyad
 - Third session usually includes observing the child in childcare or at home
 - If a psychologist- usually include testing as a part of the process- if not a psychologist- partner with testing systems to assess the child's development

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What is the diagnosis like?

- 5 AXES
 - AXIS I- much like DSM (must meet criteria but developmentally grounded)
 - AXIS II- assessment of the parent/child relationship and the caregiving system
 - AXIS III- medical issues
 - AXIS IV- Stressors in the child's life
 - AXIS V- Assessment of the child's development (MN prefers standardized testing by school district or a psychologist- if not available, MN requires formal screening using the ASQ-3)

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What happens next?

- From the assessment process, develop a holistic conceptualization with the primary caregivers to develop an appropriate treatment plan.

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The Case for Family-Based Interventions for Young Children

- Sroufe et al. (2005) found that family based interventions are the most effective for promoting a health developmental path.
- Bakermans-Kranenburg, van IJzendoorn, & Juffer, (2003) found that treatments that support parents in developing sensitive parenting are the most effective in changing parenting behaviors and promoting optimal child development.
- All evidence based treatments for children under the age of 5 are family based and tend to be relationship based.

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Multigenerational Interventions for Families of Young Children

- The State of Minnesota in Promoting Many Multigenerational Interventions for children under the age of six and their parents.
 - Attachment Bio Behavioral Catch-Up (ABC)- for children ages 6 months to 4 years and their parents.
 - Parent Child Interaction Therapy (PCIT) for children ages 3 through 6 and their parents.
 - Trauma Informed Child Parent Psychotherapy (TI-CPP) for children ages 0 through 6 and their parents.
 - The assessment process for this treatment are useful for adult clients too (Life Stressors Questionnaire)
- Other sound services:
 - Circle of Security- a group intervention for parents.
 - <http://circleofsecurity.net/seminars/parenting-training/>

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What if the child does not have a mental health diagnosis?

- Often times early childhood mental health interventions can also be provided if the parent has a mental health diagnosis.

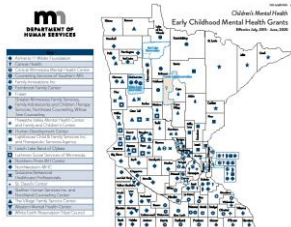
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Case Example

- A young (20-year-old) European American mother was seeking services for her four year old daughter. The mother reported she and her daughter's primary care physician were worried that her daughter had ADHD and asked for medication for her daughter.
- During the assessment of the young child you learn that the child was the result of a rape and she had witnessed domestic violence between her mother and her mother's partner (not her father) for the past three years. You also discover that the mother has a history of attempted suicide after the rape and has had great difficulty with sleep, appetite and motivation over the past four years. Mom rarely gets out of bed. You also discover that the child has nightmares where she wakes up screaming, is often hypervigilant, and has difficulty calming down when stressed and has limited language.
- What do you think is going on? What questions do you have? How do you proceed? What is your plan?

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Which Agencies have Competence in Early Childhood Mental Health- these were recently expanded in July 2015?



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Thank You!

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