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Healing the Hurt- Using Relationship Based Interventions to Facilitate Trauma Repair

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Parallel Process Starts Now

You are responsible for your professional growth - today and everyday

- Just as families are responsible for the emotional health of their children

I invite you to be in the moment rather than rush to the doing

- Sometime it is better to be than to do

My goal is to ignite your curiosity while suspending your bias

- When you have an automatic thought about a child or family, seek to be curious and learn more regarding that assumption

Your right answer may be wrong for someone else

- Embrace multiple right answers



What Moves Development Forward?

Protection and safety in relationship

- Am I safe in this relationship and will I be safe in the world (*physically & emotionally safe*)

Look – Listen - Learn (*to both the infant & caregiver*)

- **Watching** – I am not alone in the world, others care about me, my ego is intact, I matter in this relationship and in the larger social network that is my family & community culture
- **Listening** – What I say and do is worth your time and attention, listen to my story, do not rewrite my story with your ideas, help the infant form their story
- **Learn about me**- what I like, dislike, and begin to anticipate my responses, respect my voice – I can say no



What Moves Development Forward?

Sensitivity of response

- Accurate cue reading – noticing what I need, not what you think I want
- Attunement- **feeling felt** –sharing connection to the other while maintaining your individuality
- Respecting the emotional narrative of the child and caregiver

Building social emotional skills through affective mirroring

Face to face - skin to skin - share time in movement

Savoring the Moment – Making Memories

How might your system incorporate these relational qualities that promote developmental success?



Always Holding the Baby in Mind

We move development forward in a relationship

Our interventions support a child in the context of caregiving relationships, family systems, and cultural context

Using a systems lens to hold the baby:

- Primary Care
- Early Care & Education
- Part C
- Child Welfare
- Mental Health
- Caregivers

How is your system
supporting the caregiving
relationships that move this
child's development forward?
How are your interventions
holding the baby?



Holding the Baby from a Systems Lens

Primary Care – How do we support relationships that will fuel this child’s development? (*targeting the caregiver’s capacity to nurture*)

Early Care & Education – Learning occurs both in and out of our center, how do we model a nurturing/ learning relationship to caregivers? How might we empower parents to be teachers of relationship skills and family culture? (*social emotional skills are the first stepping stone to all learning*)

Part C – How can you support family relationships that will ignite/maintain a family’s passion beyond your service delivery? Maintaining curiosity and wonderment for the potential of this child?



Holding the Baby from a Systems Lens

Child Welfare – Remaining emotionally available while holding the complex traumas of caregivers, children, the non-negotiables and personal assaults to your ego, in this work - Reflective supports may allow you to remain focused on the baby and not get lost in the trauma

Mental Health – Emotional health is the primary goal of mental health. How are you seeking to use the caregiving relationship to move social emotional development forward in service to emotional health? Behavior management starts with emotion regulation skills

Caregivers – Do caregivers feel emotionally supported, well regulated and resourced to hold the ego of another and support the complexity that is early development? How can we best assist the caregivers and larger family system to remain mindful of the baby’s needs?



Do unto others

We live the social emotional skills we wish to see in the children and caregivers we serve

Quality relationships teach relationships skills

What do you most want to demonstrate to others via your interactions:

1. _____
2. _____
3. _____
4. _____

Do unto others, as you would have others, do unto others. (J. Pawl, 1998)



Balancing all of the Relationships

Relationships are interdependent – We must remain mindful of all the relationships in the room

- The caregivers' observed behavior, impressions of the child, impressions of the provider, historical angels/demons, and internalized cultural understanding of the caregiving role
- Infant- observed experience of the interaction, internalized mental representations of the parental relationship, internalized mental representation of the provider, and emerging expectations of culturally appropriate responses to adult cues
- The providers' lived experience of the interaction and internalized impressions/meaning making of the current relationship as influenced by past relationships, inclusive of cultural expectations of participants, and professional demands on the provider

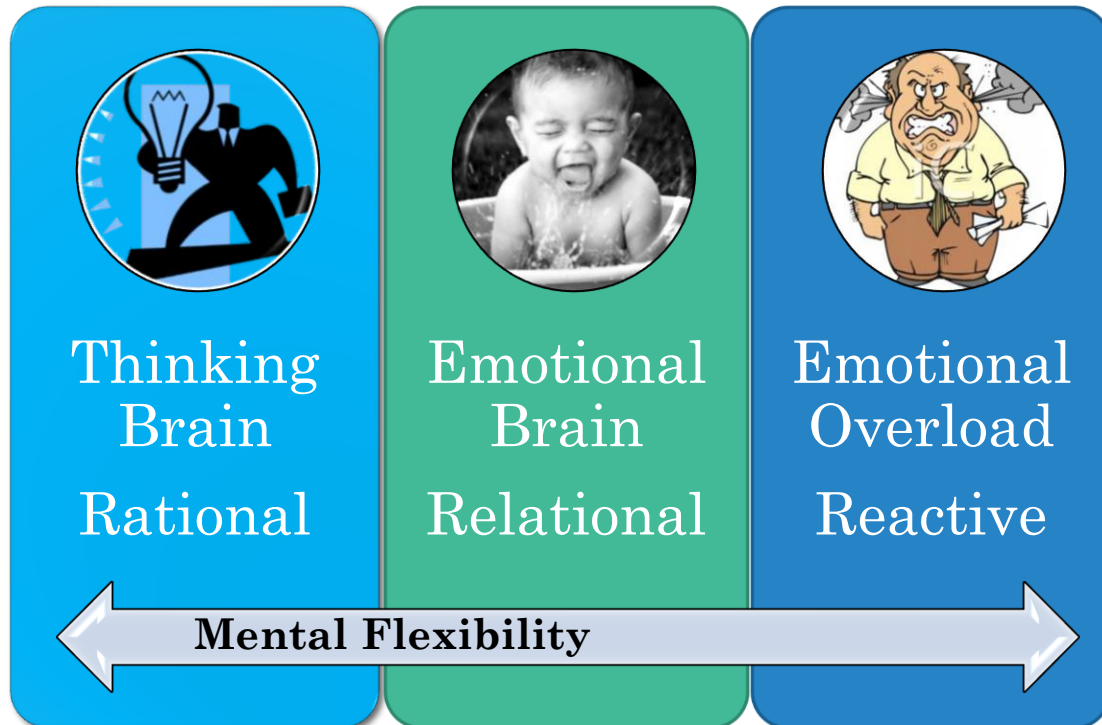


What to Look For in the Dyad

Practitioner's Question	Observed Relationship Concern
How does this dyad recover or respond to dysregulation in their relationships rhythms?	Regulation issue – establishing and maintaining a state of calm
How does this dyad manage and make use of sensory information?	Sensory regulation – caregiver recovery and support to infant
How does the caregiver in this dyad manage personal stress and, furthermore, support the stress recovery system of the child?	Managing stress responses – dyad's established method of stress recovery
What is the capacity of the dyad to maintain a regulated emotional state?	Affective tone of a relationship – how are feelings expressed and experienced in the dyad
Do the observed concerns within the dyad negatively impact the child's developmental success	Will a counseling intervention be sufficient or should a psychotherapy referral be considered

Stroud/Morgan

Managing Your Stress Response



Discussions of trauma, social injustice, and less than optimal caregiving can be emotionally painful

How do you return to a place of '*mental flexibility*', in discussions of toxic stress or traumatic events today and with families

Each of us must manage painful images in the media and trauma stories from families – this impacts both our emotional and physical health



How Do We Define Trauma Informed

What is trauma?

- An event your cortex or thinking brain cannot organize or make meaning to understand
- Not all traumatic events result in trauma symptoms
- Adversity is the risk factor – Resiliency is the protective factor

How can you increase protective factors to build resilience in families?

- Strengthening Families protective factors
- Resilience is held in relationships
- Strong social emotional skills support emotional health and self understanding
- Resilience is found in meaning making (*how do I personally create understanding for an irrational event*)



Adversity Specific to IMH Community

Medical trauma – NICU experiences

- Parents and providers can act from a lower brain system at a moment of stress
- Life and death decisions must be made quickly and carefully
- Invasive medical procedures may be necessary – how is this level of pain understood and then organized for the infant?

Removal from biological parents

- Loss of an attachment figure is psychological death to an infant
- The caregiving relationship holds emotional and physical nurturance – how does the infant re-learn the relationship rhythms of new or ever-changing caregivers – where does the infant find coherence?
- Out of home placement impacts cultural identity development and social emotional understanding

Consider the possible adverse experiences within your IMH service delivery system – where are points of resilience present?



Holding the Trauma Story

We cannot fix trauma nor take it away, we learn to live with the reality of the traumatic event and over time, it becomes a part of our life story

By definition trauma does not make sense, it is not fair, and it is not logical

In trauma work the target is '*being with the other*', while maintaining a relationship of acceptance of all emotions and offering support as the other makes meaning of the traumatic event

You must stay regulated as a listener and available to address the needs of the other



Hearing and Holding

When holding the pain of another remember:

- Another's trauma story will engage your limbic system or emotional brain
- Your task is to safely co-regulate the other in the face of distress, fear, shame, anger, guilt and all the emotions held in the trauma story
- Remain patient as the trauma story may evolve and change over time, expect conflicting emotional responses, and do not attempt to organize another's story, this is work only the individual can do. (*However, caregivers will have to be active in organizing the infant's trauma story*)
- Holding or sitting with the discomfort is an act of healing –the power of being not doing

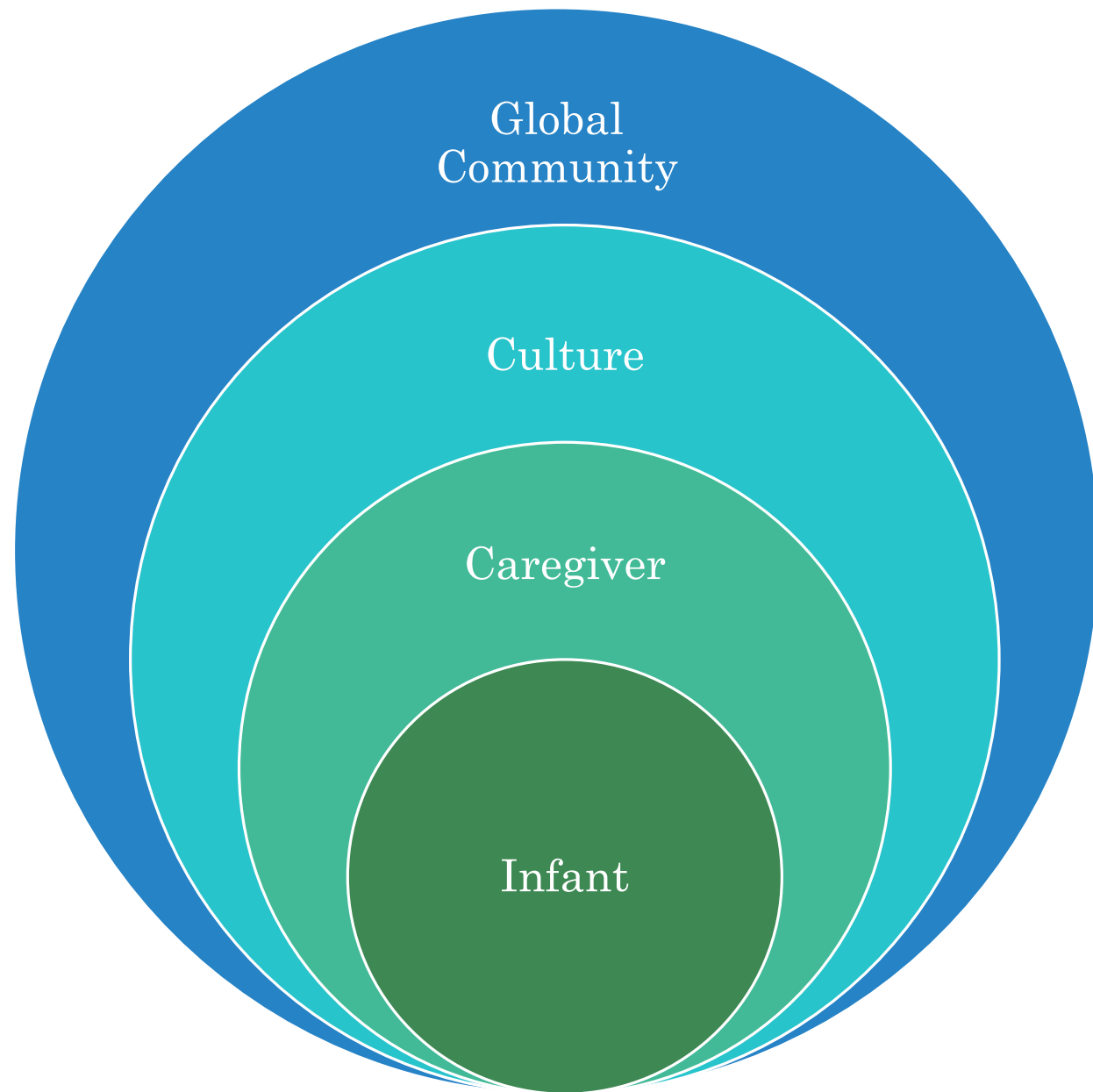


Infant Mental Health Definition

‘Infant Mental Health’ refers to how well a child develops socially and emotionally from birth to three. It is the developing capacity of the child to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations.

ZERO TO THREE

Infant Mental Health remains contextual as it is held within a relationship with a caregiver, a community, a culture and a global society



The infant is simultaneously in relationship with multiple caregivers, their family culture, local communities (school, neighborhoods, governance) and a larger global community which includes: societal norms, environmental responsibility, global understanding, and more



Culture and the Infant

Culture: Belief systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes (e.g., language and care-taking practices) and organizations (e.g., media and educational systems). Culture has also been described as the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions. Moreover, culture encompasses a way of living that is informed by the historical, economic, ecological, and political forces in a group.

American Psychological Assoc. 2017

<https://www.youtube.com/watch?v=C6xSyRJqIe8>

- What will shape the cultural world of the infant?
- How do we as a provider community partner with the family's culture to promote relational health from a cultural lens?
- How do we prepare children and families as they face culturally insensitive and even harmful practices?



Social Emotional Development

- To **experience and express** emotions in an adaptive manner
- To accurately **read and respond** to the emotions of others in a culturally appropriate manner
- To **manage** intense feeling states such that they do not interfere with social relationships and learning
- **Demonstrate empathy** for others
- Establish and **maintain healthy interpersonal relationships**

National Scientific Council on the Developing Child, 2004

<https://www.youtube.com/watch?v=hLRk7joFuGM&t=11s>



Cultural Expressions of Social Emotional Skills

To experience and express emotions

- How does the experience and expression of emotions appear within the family culture?
- Does the family find this level of expression helpful or limiting in other settings?

To accurately read and respond to the emotions of others

- What does this social emotional skill look like in the family system?
- Who in the family system, if anyone, is highly skilled in this activity?

To manage intense feeling states and remain in relationship

- Do you see evidence of this skill in the family system?
- How might you introduce this idea in a manner that builds on the family's current strengths and skills?



Where to Go Next?

1. From today's session I want to continue learning in the below areas:

2. I am most excited to take the following information back to my team:

3. I feel that I best support relationship-base practice by doing:



Every child deserves
someone that is hopelessly
in love with them,
will love them unconditionally,
and provides them with
a mirror image of themselves
as brilliant and beautiful.

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