


**THE CHILD WITHOUT A VOICE**  
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### Early Childhood Development

- High sensitivity of the brain to experiences
- Critical period for development of attachment
- Scaffolding of development
- Erikson's Theory of Psychosocial Development -In each stage, people experience a conflict that serves as a turning point in development
  - Infancy: Trust vs. Mistrust
  - Early Childhood: Autonomy vs. Shame and Doubt
  - Preschool: Initiative vs. Guilt


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### Attachment - Bowlby, J. (1968)



**During early childhood, children's attachment style is developed through the child and caregivers' interactions**

**A child's attachment style guides their interactions and behavior in the context of relationships**

**Four distinguishing characteristics of attachment:**

- **Proximity maintenance:** The desire to be near the people we are attached to.
- **Safe haven:** Returning to the attachment figure for comfort and safety in the face of a fear or threat.
- **Secure base:** The attachment figure acts as a base of security from which the child can explore the surrounding environment.
- **Separation distress:** Anxiety that occurs in the absence of the attachment figure.

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## Infancy: Trust v. Mistrust



- Birth to 18 months of age
- Infant is totally reliant on other, developing trust is based on the dependability and quality of the child's caregivers
- Caregivers who are inconsistent, emotionally unavailable, or rejecting contribute to feelings of mistrust in the children under their care.
- The brain however is not processing language fully yet so it is not remembered verbally, rather the body's sensory and somatic responses "maintain that memory"
- Openness to experience tempered by some wariness that danger may be present.

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## Early Childhood: Autonomy v. Shame

- 18 months -3 years old
- Focus on developing a sense of self-control.
- Need to do things independently,
  - picking out clothing for the day
  - putting on their own clothes
  - Choosing what they will eat.
- Important part of developing a sense of self-control and personal autonomy.
- Children who have confidence in their skills are more likely to succeed in future tasks such as social, academic, and other skills.
- Interactions that are negative or punish a child for simple mistakes can contribute to feelings of shame or self-doubt.




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## Pre-school: Initiative v. Doubt



- 3-5 year old
- Children start to assert their power and control over the world through directing play and other social interaction.
- With healthy development children have developed a sense of trust in the world and others and are able to act independently.
- Support children taking initiative by planning activities, completing tasks and facing challenges.
- Create safe boundaries

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### Trauma's Impact in Early Childhood

- Much more sensory focused in early childhood, so triggers more likely to be sensory than cognitive
- Less understanding of cause and effect, magical thinking, our thoughts have power
- Less ability to predict danger and keep themselves self, dependence
- Limited understanding of what is dangerous
- Blame themselves or caregivers



### Trauma's Impact in Early Childhood

- Brain vulnerability
- Associated with smaller frontal cortex which impacts memory, attention, perceptual awareness, thinking, language, and consciousness.
- May affect IQ and the ability to regulate emotions, and the child's sense of safety
- Dependence on caregiver, if caregiver is traumatized will impact parenting role of emotional regulation
- May not have ability to effectively communicate their needs or feelings



### What You Might See - Symptoms

#### 0 to 2 years of age

- Clingy
- Inability to be soothed
- Excessive fears, particularly of new things
- Sleep challenges
- Feeding issues
- Delayed development

#### 3-6 years of age

- Aggression
- Regression
- Difficulty learning
- Act out traumatic events particularly in play
- Difficulty making friends/trust
- Somatic Complaints

## Assessment



- Due to impact on development important to identify as soon as possible
- Need for multiple systems to assess - health, child welfare, early learning
- Include both interpersonal trauma as well as public traumas like natural disasters, car accidents, crime victim, home fires etc.
- Assess event, reaction and impact of both child and caregiver
- Assess relationship/attachment with caregiver, observation
- Assess for developmental delays for example in language, social and emotional development, motor skills, sensory processing

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## Traumatic Memories in Early Childhood

- First 18 months memory is of a nonverbal or "implicit" type.
- Feelings associated with memories are encoded in somatic and sensory areas, which are unconscious not "repressed"
- Just because children cannot or do not talk about their feelings does not mean that feelings are not there.
- Evidence that brain development, particularly of limbic structures from 28 to 36 months appears to be an approximate cut-off separating the children who will have absent or spotty verbal memories of their traumas from those who will have a full verbal recollection.

BCMJ, vol. 49, No. 3, Blank, M., April 2007

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## Traumatic v. Ordinary Memories

- Traumatic memories stored in limbic system which processes emotions and sensations but not language or speech
- May live with implicit memories of the feeling but few explicit memories to explain the feeling
- The "body cannot lie"




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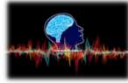
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## Factors



- More trauma >>>more risk
- Nature and frequency of event
  - Single events more likely to be remembered than repetitive
  - Natural disasters more likely to be remembered than human induced traumas
- Age of victim
  - Children more likely to dissociate
  - Some evidence if private event shrouded in secrecy more likely to induce forgetting or dissociative defense

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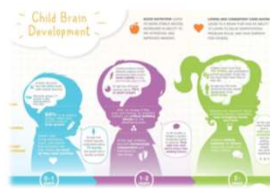
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## Focus Areas

- Soothing
- Regulating
- Empowering
- Executive Function




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## Home and Center Based Supports for Child

- Relationship, relationship, relationship!
- Promote emotional and physical safety, trust, empowerment and hope
- Universal focus on building resilience in all children as a protective factor
- Following any negative interaction circle back around to repair
- Understand the approach-avoidance of making connections
- Be attuned to parents' or other family members' trauma

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## Infants



- Pattycake and other lap activities
- Skin to skin contact
- Rhythmic and Repetitive -rock the child, music that has a constant rhythm but calming, Singing songs with some hand gestures
- Serve and Return activities
- Use language when around infant to increase exposure to language, point and name objects

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## Infant Massage



### Benefits

Help baby relax and sleep  
Positively affects infant hormones that control stress  
Reduce crying  
Wait at least 45 minutes after a feeding.

### Create a calm atmosphere

**Control your touch.** When you first start massaging infant, use a gentle touch. Avoid tickling. As gets older can use firmer touch

**Knead each part of baby's body** – do laying on back and stomach

**Stay relaxed.** Talk to the infant throughout the massage. You might sing or tell a story. May wish to say baby's name and use the word relax frequently as a cue

**Watch how infant responds.** If infant jiggles his or her arms and seems happy, he or she is likely enjoying the massage. If the infant turns his or her head away from you or appears restless or unhappy, stop the massage and try again later

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## Early Childhood: Autonomy v. Shame



- Continue with what may have worked as infant as appropriate
- Provide reassurance on their choices
- Encouragement through use of modeling and reinforcement
- Encourage and create opportunities for play, imagination and creativity
- Movement – allow big muscle movements throughout the day

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## Early Childhood: Autonomy v. Shame

- Increase use of social and emotional language, words to express feelings
- Overly directive or stifling caregivers, child may not develop a sense of initiative/confidence, feel embarrassed or ashamed and/or develop a fear of trying new things.
- Use games that require inhibition of behavior like Freeze dance or Red Light, Green Light
- Read books, tell stories of a child who struggled but overcame difficulty in tasks or life or stories about feelings

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## Preschool Years: Initiative v. Doubt



- Continue successful tools from previous phase as appropriate
- Shift to more complicated and self-determined repetitive, rhythmic movement, dancing, drumming, jumping jacks etc.
- Use a scaffolding approach to all tasks, break it down to doable steps to allow for frequent success.
- Gradually add challenges and reward for trying/motivation not completion or correctness
- Simon Says aids in development of attention, inhibition, and cognitive flexibility
- Continue focus on emotion identification and expression as well as understanding feelings of others (empathy)

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## Safety



- Ask permission before you touch
- Give choice whenever possible no matter how small
- Teach and help use grounding techniques
  - Touch objects around you, and describe them (texture, color)
  - Run water over your hands, and describe aloud how it feels.
  - Name all the different types of animals you can think of or types of flowers etc.

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## If Upset:



- Do not argue, rationalize or correct - just be with them
- If you know what helps them calm, gently remind and direct them to use the skills
- If you don't know, ask if there is anything you can do to help them feel calmer
- Don't try to fix anything, focus on safety and validating (not agreeing with) their feelings

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## Formal Interventions

Child Parent Psychotherapy	Attachment, Self- Regulation and Competency
<ul style="list-style-type: none"> <li>• 0-5 years of age</li> <li>• Involves parent or primary caregiver</li> <li>• Focus on building relationship as means to assist child</li> <li>• Focus on contextual factors</li> <li>• Found effective with diverse populations</li> <li>• Originally designed as a home visiting model, can be used at home, school, clinic/office setting</li> </ul>	<ul style="list-style-type: none"> <li>• 2-21 years of age</li> <li>• 12 to 52 sessions</li> <li>• Multiple modalities-individual, group and family treatment; parent workshops; milieu/systems intervention; and a new home based prevention program</li> <li>• The approach provides a framework for both trauma informed and trauma specific interventions</li> <li>• Grounded in four primary theoretical/empirical literatures: attachment theory, child development, traumatic stress impact, and factors promoting resilience</li> </ul>

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## References

National Child Traumatic Stress Network - <https://www.nctsn.org/>

Infant Massage – Mayo Clinic  
<https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/infant-massage/art-20047151>

Harvard Center on the Developing Child -  
<https://developingchild.harvard.edu/>

1-2-3 Care Toolkit - <https://srhd.org/1-2-3-care-toolkit>

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## Assessment Tools



- Posttraumatic Stress Disorder Semi-Structured Interview and Observation Record: Scheeringa and Zeanah (1994). Ages 0–4
- Posttraumatic Symptom Inventory for Children (PT-SIC): Eisen (1997). Ages 4–8
- PTSD Symptoms in Preschool Aged Children (PTSD-PAC): Levendosky, Huth-Bocks, Semel, and Shapiro (2002). Ages 3–5
- Traumatic Events Screening Inventory-Parent Report Revised (TESI-PRR): Ghosh et al. (2002). Ages 0–6
- Trauma Symptom Checklist for Young Children (TSCYC): Briere et al. (2001). Ages 3–12
- Violence Exposure Scale for Children-Preschool Version (VEX-PV): Shahinfar, Fox, and Leavitt (2000). Ages 4–10
- Violence Exposure Scale for Children-Revised Parent Report (VEX-RPR): Shahinfar, Fox, and Leavitt (2000). For parents of preschool-aged children aged 4–10

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