Intergeneration Transmission of Trauma (ITT): How It Works and What to Do About It

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Presentation Agenda

I. When a caregiver has a history of trauma.

II. How childhood trauma affects development.

III. What can professionals do?

IV. Building bridges between families and the helping systems.
I: Transmission of Trauma: Caregivers’ Experiences
“In every nursery there are ghosts. They are the visitors from the unremembered past of the parents: the uninvited guests at the christening. Under all favorable circumstances the unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling. . . There are, it appears, a number of transient ghosts who take up residence in the nursery and do their mischief. . .specializing in such areas as feeding, sleep, toilet training or discipline, depending upon the vulnerabilities of the parental past.”

-Selma Fraiberg’s article, “Ghost in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships"
When a Caregiver Has A History of Trauma

1. The caregiver’s past affects the present caregiver-child relationship.

2. Past trauma can profoundly affect the caregiver’s ability to appropriately and consistently recognize danger and safety.

3. A caregiver may never have adequately learned to care for children from their own caregivers and is therefore likely repeat what was “normal” to their family of origin with their own children, even if it is unsafe.
4. Caregivers may be triggered by the child’s emotions, needs, behaviors, or mere existence.

5. Caregivers may project all sorts of meaning and intention on to their child’s behaviors that impact the way they interact with the child.

6. Caregivers may mistrust and feel unsafe with others, including systems (due to personal or cultural/historic memories). System should provide “corrective emotional experiences.”
II: How Does Trauma Affect Development?
Some Critical Tasks of Child Development Affected by Trauma

• Attachment style/capacity
• Self-regulation/self-soothing
• Cognitive development
• Worldviews (safety, self-esteem, reliability of others)
Relational Approach: People Develop in Relationships

Children use relationships with caregivers to:

• **Regulate** emotions and body to feel **safe**.
• Form **worldviews** about **safe** relationships.
• Provide **secure** base for **safe** and healthy risk-taking, exploration, and learning.
• Model “acceptable” and **safe** **behaviors**.
ITT and Trauma Trigger
Chain of Events

1. Child (or caregiver) consciously or unconsciously experiences trauma trigger/reminder.
2. Child, caregiver, and/or family system becomes dysregulated and distressed.
3. Child likely shows distress through behavior (flight, fight, freeze, cling).
4. Caregiver responds. What does caregiver do?
5. Professionals are brought in.

How do we professionals help caregivers understand what children are saying through their behavior, knowing that caregivers have been through so much themselves?
Posttraumatic Stress Reactions in Childhood

Remember: **Symptoms = Communication**

- Acting out or playing out the traumatic event
- Triggered by reminders of the event
- Developmental regression
- Irritability/tantrums
- Sleep problems
- Aggression
- Opposition/defiance
- Clinginess/neediness
- Poor focus/attention
- Impulsivity
- Fidgeting
- Poor school performance
- Delinquency and criminal involvement
Stress Response Reactions: Safety and Relationships

• Real/Perceived Safety
  • “Am I safe?”
• Relational Safety
  • “Can I trust you to keep me safe?”

• If not . . . (state of dysregulation)
  • Fight
  • Flight
  • Freeze
  • Tend and Befriend (also seen as Cling)
Trauma Response Triggers/Reminders

- Things in the Environment
  - Sights
  - Sounds
  - Smells
  - Tastes
  - Sensations
  - Weather
  - Certain places
  - Certain people
  - Certain activities
  - Certain behaviors
  - Others’ moods

- Emotions
  - Feeling scared
  - Feeling helpless
  - Feeling frustrated
  - Feeling loss of control
  - Other body-based reactions
Stress Response and the Brain
Intergenerational Transmission of Attachment

• Attachment style is largely passed down from caregiver to child.

• BUT! Attachment style can be changed!
### Intergenerational Transmission of Attachment

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Parental Style</th>
<th>Resulting Adult Characteristics</th>
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</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Aligned with the child; in tune with the child’s emotions</td>
<td>Able to create meaningful relationships; empathetic; able to set appropriate boundaries</td>
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<tr>
<td>Avoidant</td>
<td>Unavailable or rejecting</td>
<td>Avoids closeness or emotional connection; distant; critical; rigid; intolerant</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>Inconsistent and sometimes intrusive parent communication</td>
<td>Anxious and insecure; controlling; blaming; erratic; unpredictable; sometimes charming</td>
</tr>
<tr>
<td>Disorganized</td>
<td>Ignored or didn’t see child’s needs; parental behavior was frightening/traumatizing</td>
<td>Chaotic; insensitive; explosive; abusive; untrusting even while craving security</td>
</tr>
<tr>
<td>Reactive</td>
<td>Extremely unattached or malfunctioning</td>
<td>Cannot establish positive relationships; often misdiagnosed</td>
</tr>
</tbody>
</table>
III: What Can Professionals Do?
What can we do?

Safety Safety Safety: Putting on Safety Goggles

• Trauma lens is a safety lens.
• Safety first, then anything else.
• Get people out of real danger as best as possible.
• Establish a clear sense of emotional safety in every interaction with family and system.
• The Safety Rule: No one may hurt anyone else, themselves, or any objects.
• Help the parent to take on this protective worldview as a top priority.
• Caregivers as safety for kids;
• Professionals as safety for caregivers (domino effect!)
What can we do?

**Corrective Emotional Experience of Safety**
- Provide *Corrective Emotional Experiences*.
- Let families know what to expect.
- “Rehearse the schedule.”
- Be structured, consistent, and reliable.
- Use routines, rules, guidelines, & schedules.
- Be transparent.
- Check in often and ask for minute-to-minute feedback.
- Be mindful of your own judgments.
- Add compassion to places of judgement.
- Help families to navigate the larger systems and advocate for their needs.
Zona Roja
ALTO!
Zona Amarilla
RELAJAR!
Zona Verde
PENSAR Y HABLAR!
Red Zone
STOP!
Yellow Zone
RELAX!
Green Zone
THINK & TALK!
What Can We Do?

Address relationships and systems
• Don’t just address an individual
• Think relationally and systemically how trauma concurrently affects:
  • The child
  • The caregiver
  • The family
  • The provider (ourselves)
  • The system(s)
• Children (and adults) regulate affect in relationships
What can we do?

Remember the Relational Domino Effect

• The best predictor of child functioning is caregiver functioning.

• The best predictor of successful treatment is the relationship with their helping professionals.

• One of the best predictors of a helpful professional is their attention to their own mental health.

• Begin by giving ourselves & our families experiences of:
  • Re-parenting
  • Corrective Emotional Experiences
What Can We Do?

The relationship is your client and focus of change.
What can we do?

Understanding Trauma

• Build **safety** first: Eliminate or reduce real dangers.
• Understand **trauma communication = symptoms and behavior**.
• Recognize **trauma responses** – (fight, flight, freeze, clinging).
• Identify **trauma triggers**. Reduce exposure to reminders without inviting avoidance whenever possible.
What can we do?

Prepare

• **Communicate about trauma** reminders to child and to all caregivers (e.g. including school).
• Include **trauma education** in all interactions with families and professionals about trauma.
• Make **safety plans** to be prepared to respond to any future triggers or traumas.
• Help child/adult learn and practice multiple ways to **regulate** and **self-soothe**.
What can we do?

When Trauma is Triggered, Help Regulate

• Make sure everyone is safe
• Acknowledge that the person is triggered
• Label feelings
• Validate and normalize feelings
• Express warmth and compassion
• Be present in the moment
• If things are different and person is now safe, let them know this (even if they already know)
• Soothe (if possible)
• Help them learn ways to soothe self (if possible)
• Process when appropriate
What can we do?

Professionals Help Process the Trauma

- Provide **concrete assistance** with problems of daily living (case management).
- Teach how to **advocate** for oneself and **navigate systems**.
- **Educate** about trauma.
- Professionals, caregivers, and children are often afraid to **broach** difficult subject matter or do not know how to do so safely.
- **Pace** broaching carefully to help maintain sense of safety and avoid flooding.
- **Link past to present** and interpret feelings and actions in light of past history.
- Help family to co-create a **trauma narrative**.
What can we do?

Co-create a Helpful Trauma Narrative

- Try to make any understanding of the trauma contain the following messages:
  
  “My caregivers and I love and value me.”
  “My caregivers and I did the best we could.”
  “My caregivers and I are good people.”

- When they are true, give the following messages:
  
  “My caregivers and I can and will protect me from now on.”
  “My caregivers and I can be trusted.”
  “We are safe now.”
  “Safety is the most important priority to me and my family now.”
  “My caregivers and I know what to do when bad things happen.”
What Can We Do?

Attend to Families’ Cultural Norms, Values, and Beliefs

- Customs for protecting, teaching, socializing children and integrating them into the culture.
- What is seen as the natural way to do things.
- Routines of daily care and activities aimed to prepare children for adult life.
- Caregivers behavior and decisions are organized by beliefs, values, and affective orientation.
- Respectfully explore what is helpful and not helpful.
- Address how our own cultures interacts with theirs.
What Can We Do?

Use Strengths and Resiliency Factors

• Do you have a memory of a time when you were little when you felt especially loved, understood, or safe? What is the content of the memory?

• As we work together, is there anything about your memories that you want to use in raising your child, to help you bring that kind of feeling and strength to you and your child?

• If I were to see your child 20 years from now, what would you like him/her to tell me about you?
What Can We Do?

Compassion and Self-Awareness

- Once we step into a family (or other) system, we are subject to absorbing its traumas and expressing ours through it.

- The antidotes to this are:
  1. Enthusiastic self-awareness
  2. Compassion for self and others
What Can We Do?

Pay Attention to Our Own Reactions

• Address your own historical wounds and family dynamics.
• Reflect on ways you may act out your own history with families.
• Pay close attention to the feelings aroused in you and the opinions you have of clients. (No need for self-judgment about this, only mindfulness).
• Participate in reflective supervision.
• Regardless of history, NONE of us are above need to constantly do and maintain this inner work.

* If you think you are special or have already taken care of this or are not subject to this, that is a signal that you need it even more.
What Can We Do?

“It is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself . . . In working with families who are in great difficulty, rage can become the most familiar affect, - at the system, at a world with too much violence that creates too much helplessness and also at a family who will not be better or even seem to try.” (Pawl, 1995)
Re-parenting

“I feel that if I can raise my child properly then maybe she will be a better person to her kids. It’s like breaking the cycle. I wasn’t raised properly, and learning something from you and my therapist helped me to raise my child properly. Even though I was like 27, 26, hey, I was being raised...You can be raised over, no matter how old you are. You guys taught me how to love. You taught me how to speak - speak softly - with a big voice. You taught me how to care. And those were things that weren’t inside of me.”

IV: Building Bridges Between Families and the Helping Systems
Families’ Experiences

• Let’s think about the actual families we work with...

• How do they interact with professionals, with systems, and with DCS?

• The story of “Amy”

• The “Traumatic Context”
The traumatic context leaves families at risk of continued violence and victimization as well as child welfare involvement and family separation.
System-Wide Changes

- Behavioral health and child welfare agencies are moving toward better care through a trauma-informed approach

- New multi-track DCS system in Arizona:
  - Standard investigations
  - "Family Assessment" model

- Emphasis on engagement and relationship building
What is Trauma-Informed?

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, practices, and settings.

(SAMHSA, 2012)
Trauma-Informed Engagement

- Creating a therapeutic relationship between clients and professionals that is supportive and sensitive to the experience and effects of trauma
- Engagement is an ongoing process—every time we interact with the client
- Emphasis on continual safety-building
- Awareness of the need for an extended timeframe due to mistrust of systems
- Focus on full family engagement
Key Principles of a Trauma-Informed Approach

- SAFETY
  - Staff and clients, physically and psychologically

- Resilience, empowerment, and strengths-based
  - Abilities rather than deficits, belief in clients and professionals

- Trustworthiness and transparency
  - Organizational operations are transparent, trust among staff members and with clients

- Collaboration, mutuality and inclusiveness
  - True partnering, leveling of power differences

- Voice and choice
  - Strengthening the clients’ and family members’ experience of choice, individualized approach
Key Messages for Trauma Recovery

1. **It is not happening now**
   The trauma is over. It is in the past. You are here in the present.

2. **You are safe**
   The adults here are responsible for children’s safety and you are worthy of care and protection.

3. **You are not inherently dangerous/toxic**
   What is inside you (thoughts, feelings, dreams, impulses, etc.) cannot hurt you or others.

4. **You are good**
   Whatever you have experienced, whatever mistakes you have made, whatever you have had to do to survive, you are a good, strong person who can contribute to your community.

5. **You have a future**
Online Resources

National Childhood Traumatic Stress Network
http://www.nctsn.org and
http://nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf

Audio version and power point slides developed by Alicia Lieberman; scroll to the Child-Parent Psychotherapy resources:
http://nctsn.org/nccts/nav.do?pid=ctr_train_archive
Online Resources

My favorite of Chandra Gosh Ippen’s NCTSN presentations:
http://www.iom.edu/~/media/Files/Activity%20Files/Children/SciResearchFam/Chandra%20G%20Ippen%20Young%20Children%20and%20Trauma.pdf

Kay Connors’ CPP presentation:
Online Resources

NCTSN Child Welfare Toolkit

Zero to Three
http://www.zerotothree.org

Chadwick Center
http://www.chadwickcenter.org
Online Resources

Center on the Developing Child - Harvard University
http://developingchild.harvard.edu/

California Evidence - Based Clearinghouse for Child Welfare
http://www.cebc4cw.org/