The need for four lenses to understand children and their parents: 
Making meaning of our observations to direct intervention

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Plan for our time together this afternoon

- Why four lenses to understand our interactions with children and parents?
- The lenses:
  - The developmental lens
  - The attachment lens
  - The trauma/stress lens
  - The social/culture lens
- Practice applying the lenses to inform intervention

Who are we?

We do the best we can with what we know.
And when we know better, we do better.

Maya Angelou

Who is the “focus” from an IMH perspective?
The need for 3 perspectives:

- The parent[s];
- The child; AND
- The relationship between the parent and the child

And so based on what we know about brain development, we know that:

The exceptionally strong influence of early experience on brain architecture makes the early years of life a period of both great opportunity and great vulnerability for brain development.

Center on the Developing Child (2007)
Think of a child/family with whom you are experiencing challenges

Describe this child/family to someone near you.

Starting with a story....
Sylvia is the 22 year old African-American mother of 30-month-old, Marcus. Marcus has been referred for early intervention screening by his pediatrician as he is not yet talking. It has taken many phone calls and a ‘no show’ to connect with Sylvia and Marcus. When the home visitor arrives at the small, cluttered apartment, Sylvia appears quite sullen as she lets her in. Marcus is sitting on the floor in front of the TV and takes little notice of the arrival. In a rather loud voice, Sylvia commands Marcus to ‘turn off that TV and come here’ which he ignores. She grabs him rather roughly by his arm and yanks him up to which he responds by hitting at her. She turns to the home visitor and says, “See! He’s gonna be just like his father!”

We need multiple lenses to understand the child [and the parent]

The developmental lens
How old is this child?
How old does she seem?

The attachment lens
What does this child/parent expect from relationships?

The stress/trauma lens.
What has happened to this child?
Vs. What’s wrong with this child?

The social and cultural lens.

The need for a developmental lens

• Every child makes the best adaptation possible, given what they’re asked to adapt to.
• Risk and protective factors impact developmental trajectories.
• We can impact developmental trajectories.
• Promoting self-regulation/executive functioning contributes to resiliency, especially for children who are considered to be ‘at risk.’
• Individual variation in the rate of development, depending on many things—need for individualization of expectations and strategies.

The Significance of the Earliest Years

• Experience in the first three years of life has lasting effects on brain structure and on life trajectory because the brain is developing so rapidly.
• Early intervention has the greatest ‘bang for the buck’; it really works!
We know: **Brain Development is Dependent on Experience**

- The brain develops by forming connections based on experience ("Experience dependent").
- The more an experience is repeated, the stronger the connections become. ("Use dependent")
- Stress affects brain functioning—I know she knows better!

**Developmental Pathways:** **A Tale of Two Babies....**

- Development is a series of adaptations to individual experience (the "pathways model").
- The child actively participates in creating his own environment through a series of adaptations.

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**Developmental Principles**

Development is a complex and dynamic process characterized by periods of disorganization and growth (related to brain maturation), such as:

- 'Object permanence' that becomes separation anxiety.
- Walking—The world is a bigger place—I want to explore!
- Tantrums—My mind is different than your mind.

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**Developmental Principles**

*How parents and caregivers make ‘meaning’ of these periods of disorganization includes narratives of what causes this seeming ‘regression,’ like:

- The health of the child: Is something wrong with my child?
- The competence of the parents: If I were a better parent....
- Historical influences (Ghosts in the Nursery)

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**Thinking about development.**

- Normal development occurs in a predictable sequence.
- Individual variation in the rate of development, depending on many things.
- And not all areas of development happen at the same rate

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**The effect of children’s development on caregivers**

- The infant and his parents are in the throes of the greatest and fastest human change process known: **early normal development.** (Stern, 1985)
- Parents and caregivers become comfortable with the infant’s developmental status and then new development happens, requiring caregivers to change their behavior.
- It’s complicated!
What is the meaning of the child’s new development to the parent?

- This can lead to derailment of the parent-child relationship and undermine healthy development.
- These ‘touchpoints’ are our opportunity to partner with parents to make meaning of the child’s behavior in a way that promotes positive growth.
  - He’s telling you how important you are to him.
  - You are raising a strong woman!
  - He wants to explore the world, knowing you have his back.

Consider this toddler, for example….

Attachment Is…

- Activated by the infant in times of stress
- And based on the pattern of the specific caregiver’s responses over time a system develops.
- Attachments become preferential (mother, father, siblings, caregivers).
- This becomes the child's “internal working model” for:
  - How relationships work (What can I expect?)
  - Whether the world is a safe place to learn & explore
  - Whether I am worthy of care
  - Whether I have the ability to get my needs met
- Pattern in place by 1 year of age.

Two attachment outcomes based on early experiences

<table>
<thead>
<tr>
<th>Secure</th>
<th>Insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe &amp; secure, knowing I will have help available when I need it.</td>
<td>I have to be on guard ALL the time—I have only myself to rely on.</td>
</tr>
<tr>
<td>I trust that people usually mean well towards me.</td>
<td>I can’t trust anyone, so I fight for control to feel safe.</td>
</tr>
<tr>
<td>I can stay regulated even when things are hard.</td>
<td>I become dysregulated easily.</td>
</tr>
<tr>
<td>Because I felt supported to explore, I can manage challenge and learning.</td>
<td>Because I never felt supported to explore, I fear/dislike challenges and new learning.</td>
</tr>
</tbody>
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The attachment lens

Relationships and Brain Development
Why attachment matters SO much—
The Functions of Attachment:

• Providing a sense of security
  • Emotional / Psychological
• Regulation of affect and arousal
  • Physiological / Biological
• Promoting expression of feeling
  • Relational / Communication
• Serving as base for exploration
  • Cognitive / Learning
• Promoting a sense of competence and self-efficacy
  • I can influence others and affect the world.

But, essential to know is that...

• Children can have different attachments with different people.
• And the quality of attachment can change over time, depending on changing family circumstances (e.g. significant change in family income level).

• Early relationships can improve if they begin badly.
  Neurons to Neighborhoods (2000)

So, what are some potential impacts on the parent-child relationship if....?

The Parent
  • Is an adolescent?
  • Has a significant mental illness?
  • Has cognitive delays?
  • Is abusing chemicals?
  • Is in a violent relationship?
  • Has a history of abuse and growing up in foster care?
  • Had a traumatic birth experience

The Child
  • Is born prematurely?
  • Is very fussy?
  • Has feeding difficulties?
  • Has developmental delays?
  • Demonstrates effects of prenatal exposure to drugs/alcohol?

Influences on parent-child relationships

Parent

Child

Environment

Regulation is a critical function of attachment/relationships:

• Regulating arousal—my reactions to things.
• Regulating emotion—challenge of resisting an emotional impulse!
• Regulating attention—including the ability to ‘shift’ attention.
• Regulating behavior—is this a ‘behavior problem’ or a ‘regulation problem’?
• Regulation can only be learned in relationship with others.

The Need for a Regulating Partner
Why do we call it self-regulation? (Sroufe, 2014)

<table>
<thead>
<tr>
<th>Type of Regulation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent Regulation</td>
<td>Up to late adolescence/adult—refining</td>
</tr>
<tr>
<td>Monitored self-regulation</td>
<td>Preschool and early school-aged</td>
</tr>
<tr>
<td>Guided self-regulation—Toddlerhood</td>
<td>I can do it for a while, but I need lots of scaffolding</td>
</tr>
<tr>
<td>Co-regulation—12 to 18 mos</td>
<td>Attachment—Knowing you are there helps me regulate.</td>
</tr>
<tr>
<td>Caregiver-cued regulation—3 to 6 mos</td>
<td>If I trust you to meet my needs, I can regulate myself (a little).</td>
</tr>
<tr>
<td>Caregiver regulation</td>
<td>Birth to @ 3 months—Complete reliance on parents &amp; caregivers</td>
</tr>
</tbody>
</table>

Learning to regulate is like learning to walk...

Punishing young children when they fail to sustain attention longer than a few minutes or fail to calm themselves quickly when frustrated does nothing to help them learn self-regulation.

Likewise, failing to provide challenging opportunities for children to advance their skills can hinder their growth.

So, am I seeing a ‘behavior problem’ or a ‘regulation problem’?

Florez, Developing Self-Regulation through Everyday Experiences (2011)

Safe Haven

I can return to my ‘safe haven’ when I am afraid of danger—
- Danger either from the outside;
- Or danger from the inside (e.g., when my feelings get too big for me to manage by myself).

Key Components of a Trauma Lens

- Trauma impacts development.
- Trauma and toxic stress impact bodily sensations.
- Trauma triggers: Memory of trauma is encoded differently.
- Rebuilding the Protective Shield: Healing from trauma needs to occur within the context of relationships.

Stress and trauma

The trauma/stress lens

The same parts of the brain required for learning are co-opted by fear and stress.

Anne Garity (2015)
The developmental lens.
- Trauma can make development go ‘off track’.
- The developmental stage of a child impacts how trauma impacts the child.

The attachment lens.
- Secure attachment relationships can buffer the effects of trauma.
- Trauma can obstruct the relationship between a child and caregiver.

The stress/trauma lens.
- Behavior can be understood using a trauma lens.
- Trauma impact neurobiology.

The social and cultural lens.
- Historical trauma has impact across generations.
- Cultural strengths can support healing from trauma.

What do we mean by ‘trauma’?
- Events that are perceived as threatening the life or physical integrity of a child or someone important to that child;
- Causing an overwhelming sense of terror, helplessness, and horror;
- Producing intense physical effects such as a pounding heart, rapid breathing, trembling;
- And completely overwhelming the child’s available coping strategies.

Differentiating Trauma from Trauma Effects
- We don’t need to figure out the trauma: We need to be aware of how trauma arousal (stress biology) and memory affect the present. (Gearity)
- Joining the child/parent is the first step to ANY trauma intervention-- we need to look for the underlying meaning of the behavior and respond accordingly.

Stress Biology
- Stress/trauma affects our functioning at any age, but for children it actually affects the way the brain develops.
- The body stays activated to accommodate to perceived danger and fear.
- Trauma memories are different than other kinds of memory emotional/sensory states—not verbal.
- Trauma triggers
- Very young babies remember.
Stress de-activates the problem-solving part of the brain and activates the part of the brain which activates automatic behavior (regression!).

And this can look like:

- **Fight**—dysregulated, aggressive, oppositional
- **Flight**—withdrawal
- **Freeze**—dissociation
- **Perceptual distortions**—Interpreting new situations based on experience
- **Desperate solutions**—Acting things out to see if the outcomes are the same.

And we know that...

- A secure relationship with a caring adult is the most significant protective factor that can buffer us from the negative effects of trauma and high levels of stress and promote resilience in the face of adversity. ([Center on the Developing Child](https://developingchild.harvard.edu/))
- But if parents are highly stressed, everything the child experiences is affected.

First and foremost...Be curious

- **What is the meaning of this behavior?**
- **What does that behavior feel like on the inside?**
- **What is this child or parent trying to tell me?**

What happened to you? versus What’s wrong with you?

A Different Lens

**Behavioral Frame:**
- External dimensions
  - Looks exclusively at the observable behavior
  - Considers external factors in the environment as the primary influence on behavior
  - Shapes behavior through reinforcement: antecedent-behavior-consequence

**Trauma/stress Frame:**
- Internal dimensions
  - Specifically considers the effects of trauma/stress on behavior and development
  - Considers internal factors that influence behavior: bodily sensations, trauma triggers, hyper-arousal
  - Addresses trauma/stress effects through rebuilding the protective shield, integrating the trauma story and regulating the system

Marcus is having a huge, aggressive tantrum and mom is ineffective

**Behavioral explanation:**
Marcus has learned that when he has a huge tantrum he gets his way.

**Intervention:**
Teach mom to ignore and give no response to Marcus’s tantrums and to be more consistent in her discipline.

**Trauma/stress explanation:**
Marcus is highly dysregulated because of his trauma history and has just experienced a trauma trigger. He needs help.

**Intervention:**
Keep everyone safe while staying in relationship and helping Marcus regulate. Teach mom to understand trauma triggers (her own & Marcus’s)

**SMALL GROUP DISCUSSION**
Discuss the difference between the behavioral frame and the trauma frame
Parenting and Unmanageable Stress: When WE becomes ME

Parents under too much stress feel like they are fighting for survival, and sadly, they experience their children as the threat to their well-being.

(Hughes & Baylin 2012)

A history of trauma may make it difficult for a parent to:

- Recognize what is safe and what is unsafe, and keep himself/herself and the children from harm.
- Stay in control of his/her emotions, especially in stressful situations with the children.
- Deal with stress in healthy ways.
- Trust other people—more likely to respond consistent with past negative experiences.

The Parental Brain—STRESS

Reflective functioning; flexible, complex integrated thinking

Threat detection system, emotional/sensory memory

Defensive response e.g. “fight” or “freeze”

Managing children’s stress (and promoting resiliency)

Stress can be reduced by 3 things:

- Predictability—organizing routines and repetition (I know how it works here so I feel competent)
- Controllability—Respecting and supporting children’s individual coping strategies (I have some control over my universe so I feel competent)
- Social supports—can count on help here so I feel competent
  - Building secure relationships between children & teachers
  - Promoting parent-child relationships
  - Foster and support peer relationships

Megan Gunnar in Early Development and the Brain

And then there’s our OWN ability to manage stress and self-regulate!

Working with young children and their families brings out very strong feelings in all of us.

And because our work is relationship-based, it requires us to engage our emotions as well as our intellect.

The Cultural Lens

“Culture has a major influence on parenting beliefs, definitions (e.g. ‘good parenting’), values, expectations and behaviors, as well as on children’s relationships with their parents.”

How might we define culture?

- Ethnicity/race?
- Nationality?
- Religion?
- Geography?
- Socio-economic status?
- Age/generation?
- Gender?
- Sexual orientation?
- What I learned at my mother’s kitchen table?

Attunement to ‘two matters of culture’:

- **Cultural competence** — Understanding and respecting culturally based values, beliefs and behaviors; AND
- **Cultural humility** — An active self-reflection and critical consciousness of one’s own assumptions, beliefs, values, and worldview that may influence one’s work with and the perception and treatment of children and parents, i.e. knowing the limitations of one’s own perspective which makes it easier to be reflective in relation to one’s assumptions and prejudices which affect our interactions with others from a different culture than our own.

How might the multiple lenses apply to Sylvia and Marcus?

So, thinking about Sylvia and Marcus....

Sylvia is the 22 year old African-American mother of 30-month-old, Marcus. Marcus has been referred for early intervention screening by his pediatrician as he is not yet talking. It has taken many phone calls and a ‘no show’ to connect with Sylvia and Marcus. When the home visitor arrives at the small, cluttered apartment, Sylvia appears quite sullen as she lets her in. Marcus is sitting on the floor in front of the TV and takes little notice of the arrival. In a rather loud voice, Sylvia commands Marcus to ‘turn off that TV and come here’ which he ignores. She grabs him rather roughly by his arm and yanks him up to which he responds by hitting at her. She turns to the home visitor and says, “See! He’s gonna be just like his father!”

Never, ever, underestimate the importance of how you are and what you do for children and their families in the everyday moments you spend with them. You are planting seeds that have the potential to change the world in ways you may never see.

*Thank you for all you do for children and their families.*
Understanding Young Children and Their Caregivers: The Need for Four Lenses

1. Think of a child and/or parent who has inspired you to be here: 

2. What are this child’s and/or parent’s challenges?

3. How does the developmental lens apply to this child/parent? (Consider overall development, temperament, social-emotional, sensory processing, language)

4. How might the attachment/relationships lens apply to this child/parent? (What is your sense of this child’s ability to trust that adults can help? In his/her confidence in you as an ‘organizing partner’?)

5. How might the stress/trauma lens apply to this child/parent? (Where do you see suggestions of high levels of stress or experiences with trauma?)

6. How might culture fit into the picture? (Ethnicity, ‘family culture,’ community, gender expectations?)

7. How might you approach this child/parent differently (or not) using the ‘four lenses’?