Overview

* The not-knowing stance
* Core early relational health principles
* Adversity, trauma, and loss

Not-Knowing and Reflective Practice

* "Containing the impulse to speak before fully exploring and understanding—letting the process unfold and withholding suggestions, interpretations, and conclusions that may shortcut the process."

Mary Claire Heffron

Negative Capability

* Theory described by poet John Keats in 1817
* the capacity to experience "uncertainty, mysteries and doubts, without any irritable reaching after facts or reason."

"Without Memory or Desire"

* Psychoanalyst Wilfred Bion

* "The only point of importance in any session is the unknown. Nothing must be allowed to distract from intuiting that. In any session, evolution takes place. Out of the darkness and formlessness something evolves."

* "I am: Therefore I question. It is the answer—the 'yes, I know'—that is the disease which kills."

Listening In

* Listening with an intentional suspension of expectations and a willingness to be surprised

* In place of certainty, it embraces a humbleness of not knowing

* It calls for us to allow ourselves to feel awkward and uneasy— to make mistakes as we try to find our way into another person's experience
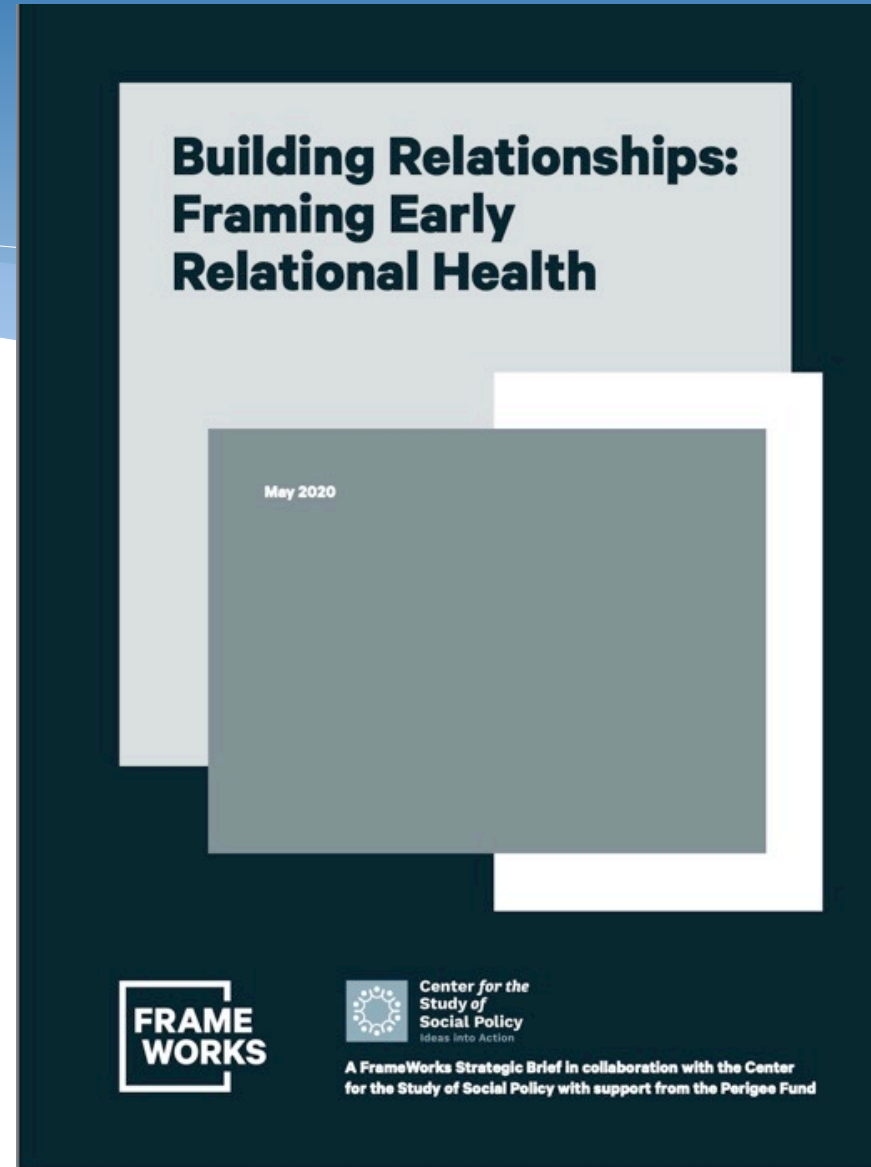
Rethinking Trauma-Informed Care

* Only by rooting our work in an understanding of typical, healthy development can we begin to know how to support infants and families when development has gone awry.

4 Core Early Relational Health Principles

* Repair Theory of Human Development
* Facilitating Parental Reflective Functioning
* Infant Observation and Individual Differences
* The Healing Power of Safety

Early Relational Health

* *"Early relational health,* although a new term, does not designate a new field nor a series of new discoveries.

* Builds upon decades of research from the fields of child development, infant mental health and neurodevelopment

* Centrality of relationships between caregivers and very young children for future health, development and social-emotional wellbeing."

Building Relationships: Framing Early Relational Health

May 2020

FRAME WORKS

Center *for the* Study *of* Social Policy
Ideas into Action

A FrameWorks Strategic Brief in collaboration with the Center for the Study of Social Policy with support from the Perigee Fund

Repair Theory of Development

* Healthy relationships are characterized not by perfect attunement but by a messy process of mismatch and repair
* This continuous process builds resilience and trust
* The capacity for both self-regulation and intimacy grow from moment-to-moment interactions in our earliest relationships.
* These experiences change our brain and body, organizing the way we function in new relationships throughout our lives.

The Power of Repair

Repair leads to a feeling of pleasure, trust, and security, the implicit knowledge that "*I can overcome problems.*"

Repair teaches a critical life lesson: The negative feeling that arises from a mismatch can be changed into a positive feeling when two people subsequently achieve a match.

Countless repairs build a core sense of agency and hope

Atypical experience of repair

* Parents preoccupied by their own troubled relationship
* An anxious mother always intrusively anticipated her baby's every need
* A parent too overwhelmed and chronically exhausted to repair the inevitable mismatches
* One or both caregivers under the influence of alcohol or drugs and intermittently emotionally unavailable
* An infant's signals were difficult to read
* An infant was highly sensitive to a range of sensory input

Mentalization/Reflective Functioning

* Uniquely human ability to attribute motivations and intentions to one's own and other's behavior

* Developmental achievement that evolves over time in the context of primary caregiving relationships

* Overlap with Repair theory

Parental Reflective Functioning

* Rooted in decades of attachment research
* Promote caregiver's capacity to wonder about the meaning of behavior
* Being "held in mind" promotes child's capacity for regulation of emotion, social competence, and flexible thinking
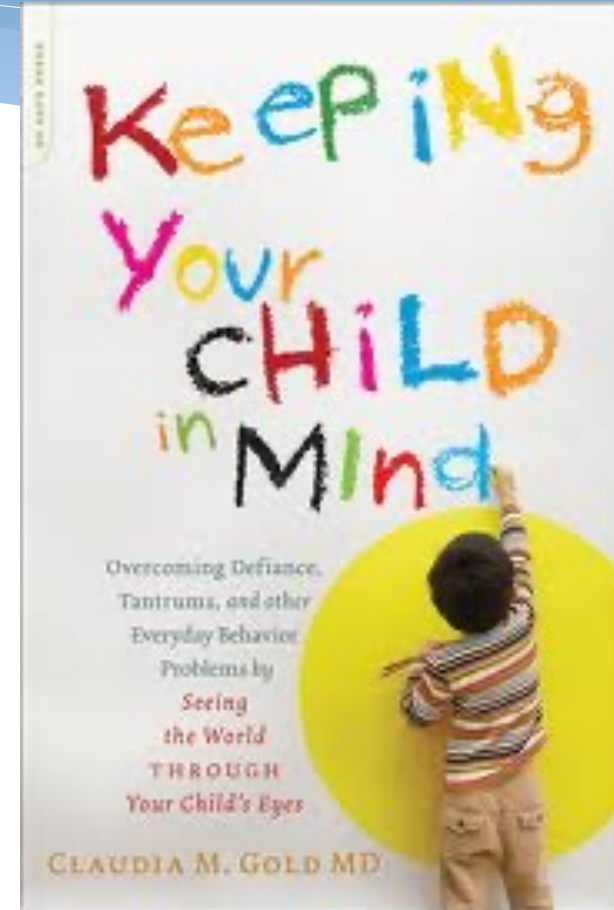
Mentalization and The Not-Knowing Stance

* Embrace not-knowing

* Let go of need for certainty

* Connection and healing emerge through messiness of misunderstanding

Repair Theory and Mentalization

* The caregiver and baby, each with their own set of meanings, intentions, and motivations, make the effort to move from mismatch to repair and discover new meanings together.
* In the process, their connection strengthens and deepens.

Listening For the Child's Contribution

"He's been like this from birth"

"She's going to be a handful"

"This baby is a fiery one!"

Individual Differences

* Longitudinal research by Jerome Kagan and Nancy Snidman

* Four-month-olds were identified as either high reactive or low reactive **based on their responses to a range of sensory experiences** — olfactory, visual, and auditory — at varying levels of intensity.

* Followed into young adulthood

Temperament and Sensory Processing

The high-reactive infants became toddlers who were more likely to avoid new situations. As school-age children, they tended to be emotionally subdued and cautious.

In contrast, those in the low-reactive group were least avoidant as toddlers and more emotionally spontaneous and sociable at later ages.

What is called *temperament has* origins in sensory experience.

State Regulation

* Infants have six distinct behavioral states—also referred to as states of arousal or states of consciousness—quiet sleep, active sleep, drowsy, quiet alert, active alert and crying.

* Variations in regulation of state— or the ability to transition from one state to another smoothly and predictably

* A parent will describe a baby who screamed intensely for what seemed like forever, only to fall into a deep sleep suddenly and unexpectedly. When, in contrast, transitions between states occur smoothly and predictably, caregivers are rewarded with periods of quiet alertness when babies are most available for social engagement

Listening for the child's contribution

* Validate caregiver's experience

* A difficult birth or start that was in other ways traumatic may lead these memories to be repressed

* Protected time and a safe space invariably brings them right to the surface of memory.

The Neurobiology of Safety

* The Autonomic Nervous System as Frontline Meaning Making System

* The Polyvagal Theory
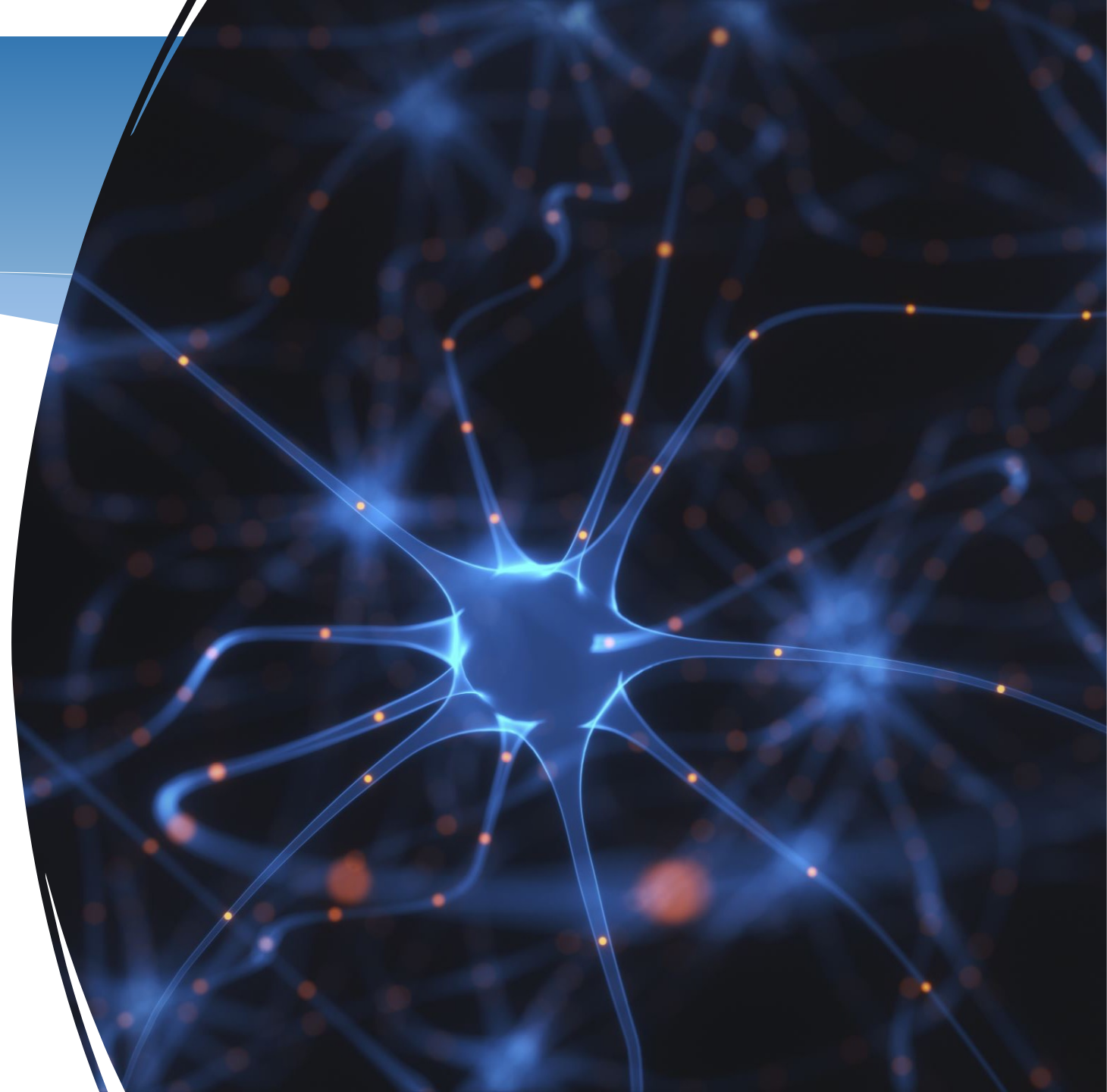
Autonomic nervous system as frontline meaning making system

* When we do not feel safe, a heightened physiologic state prevents us from making meaning of our world through social engagement

The Polyvagal Theory

* Under the influence of the parasympathetic system (smart vagus) we feel safe. We gaze into another person's eyes or relax our bodies to receive a hug.

* When we sense danger, the sympathetic "fight-flight" system kicks in.

A Third Option

* When we experience the world as threatening, the primitive, or unmyelinated branch of the vagus nerve takes over.

* The primitive vagus leads to lowered heart rate, drop in blood pressure, and a kind of freezing of the muscles of the face and voice.
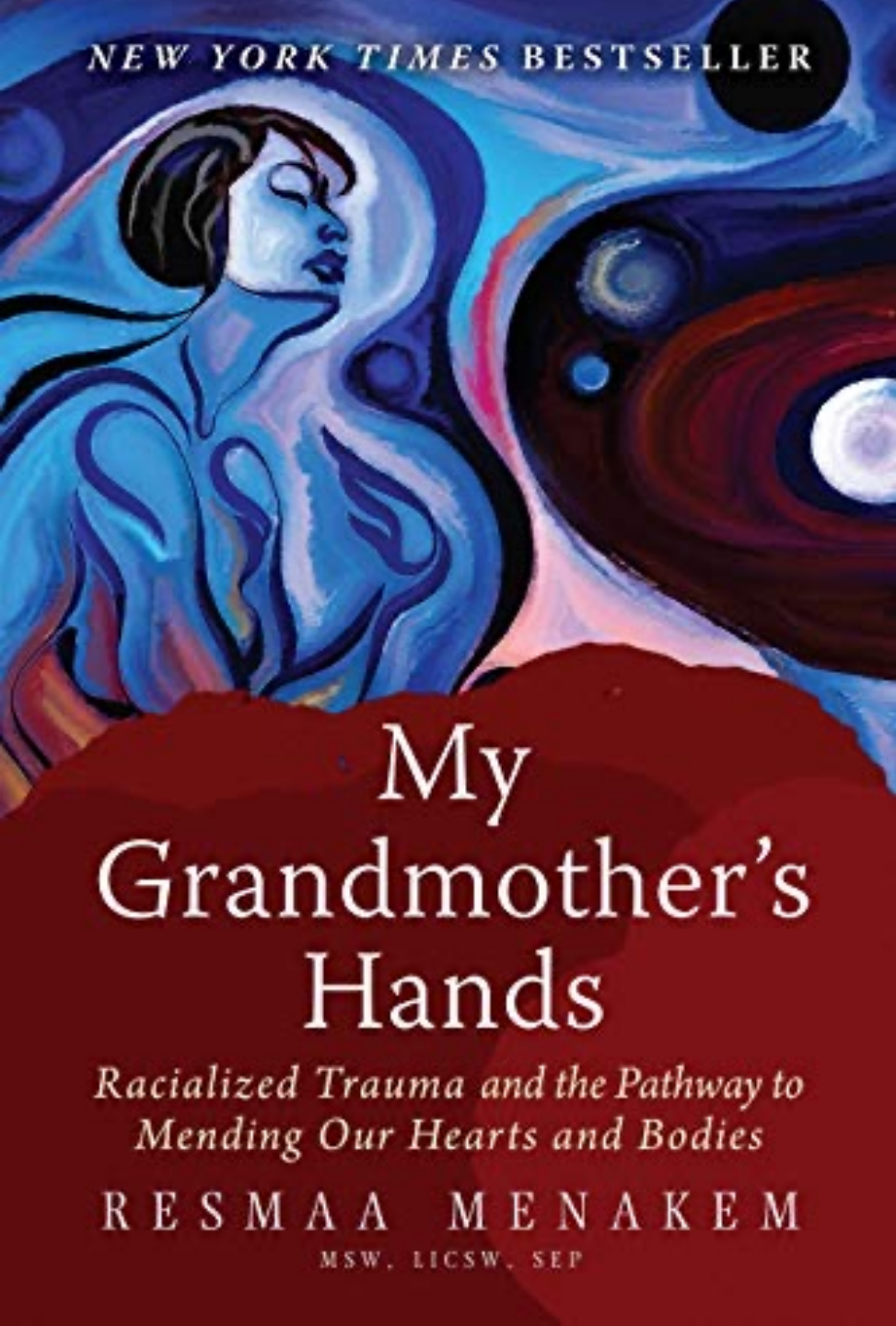
The "soul nerve"

* "The *soul nerve* is the unifying organ of the entire nervous system. Health and Mental Health professionals call it the *vagus nerve* but I call it the *soul nerve*—a much stickier and descriptive term."

Neuroception

* Different from the conscious process of perception, it describes the way our autonomic nervous system makes meaning of a situation as safe.

Therapeutic setting as "neural exercise"

"If lack of opportunity for repair has left a client experiencing their social world as threatening, the primitive vagal system has likely been overactive for years as a form of protection.

The body says the world is dangerous, and this interpretation becomes a way of being in all situations.

In a therapeutic setting, the reliability of the time, and the rhythm, or prosody, of the practitioner's voice allows the smart vagus to come online."
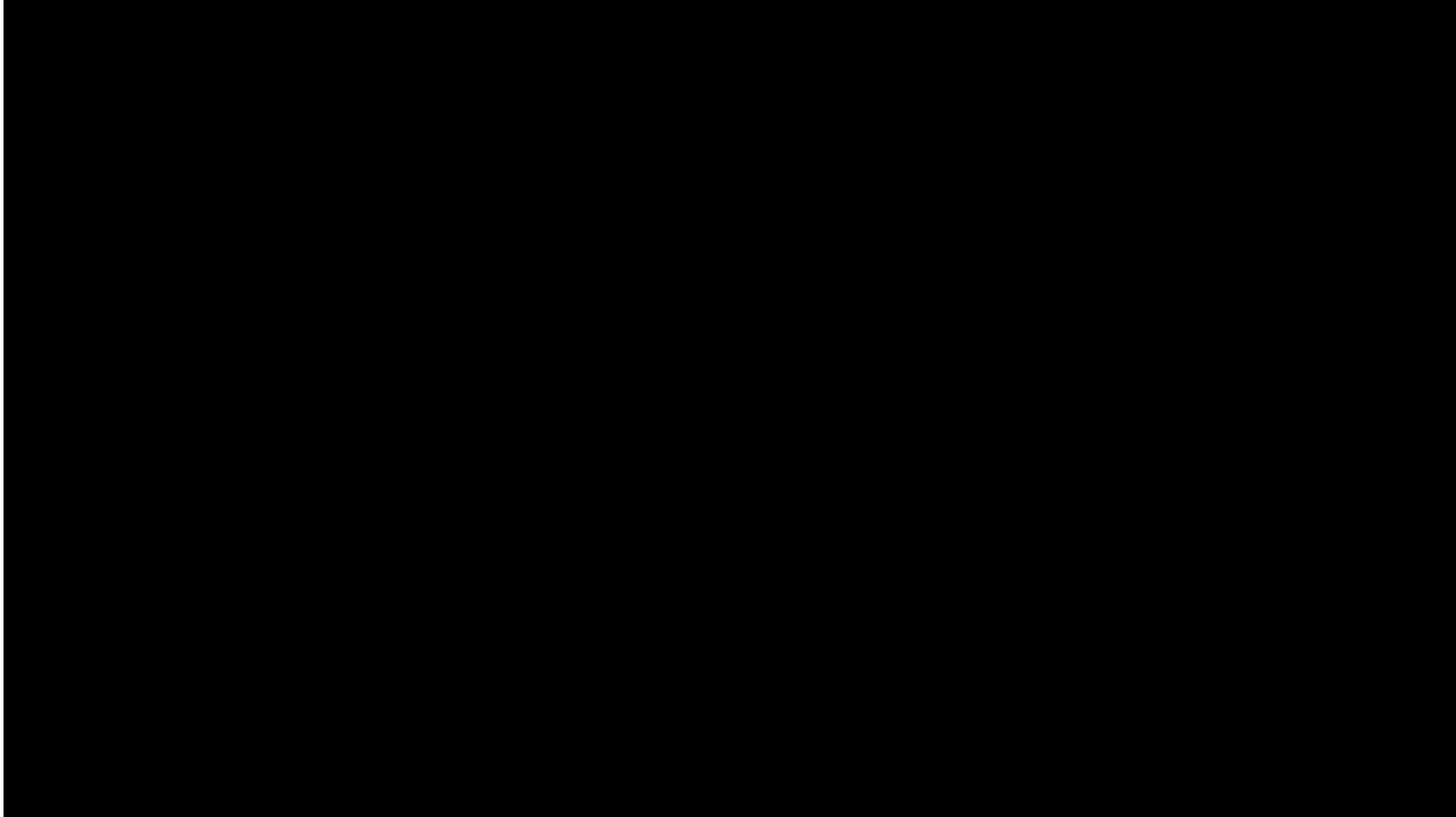
from The Power of Discord

* "The feeling of safety is the treatment"

    * Stephen Porges, PhD

4 Core Early Relational Health Principles

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* Infant Observation and Individual Differences
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Elliot, Molly, and Emma

Trauma-Informed Care:
A Developmental/Relational Perspective

* Listening from a stance of not-knowing with the aim of facilitating moments of meeting over time to create new meanings of hope and belonging

Moment of Meeting

* Moment when infant and caregiver feel fully recognized

* A moment in time in an evolving process of missed cues and miscommunication in search of a new moment of meeting

* Individuals who create something new together connect to each other.

* **Adversity**

* Trauma

* Loss

Adverse Childhood Experiences Study

* The Adverse Childhood Experiences (ACE) study, which began in 1995 as a collaboration between the Centers for Disease Control and Kaiser Permanente, a large California-based HMO, had its origins in the exploration of the causes of obesity.

* Doctors were surprised to find that one of the greatest predictors of adult obesity was a history of childhood sexual abuse.

* Decades of subsequent research have examined the association between a number of adverse childhood experiences and a wide range of negative health outcomes

ACEs in Original Study

* Abuse

Physical , Emotional, Sexual

* Neglect

Physical, Emotional

* Household Dysfunction

Parental mental illness, Parental substance abuse, Divorce, Domestic Violence, incarcerated relative

Physical and Mental Health Outcomes

* Obesity
* Cancer
* Heart Disease
* Sexually Transmitted diseases
* COPD
* Diabetes
* Broken bones
* Depression
* Alcoholism

The ACE Score

* Population studies
* Number of adverse childhood experiences correlated with number of negative health outcomes

Beyond the ACE score

* Epidemiologic studies—that is, studies that look at whole populations rather than individual people — have demonstrated a link between the number of adverse childhood experiences and a wide range of negative long-term outcomes.
* These studies offer evidence of **associations** between adverse childhood experiences and negative health outcomes, but not a **cause** for negative health outcomes

The ACE Score: Not a Screening Tool

* "ACE scores can forecast mean group differences in later health problems; however, ACE scores have poor accuracy in identifying individuals at high risk for future health problems."

    Baldwin JR et al , (2021 JAMA pediatrics)

Adversity, Trauma, and Reflective Functioning

* "Stress and adversity are ubiquitous.
* Adversity becomes "trauma" when it is compounded by a sense that one's mind is alone."

Peter Fonagy, PhD

Mentalization and Trauma-Informed Care

* Shift parents into a reflective space to be curious about the motivations and intentions of their child's behavior.

Promoting Parental Reflective Functioning

* Listen to caregiver to promote listening to child
* Contain caregiver's experience to promote containing child's experience
* Stance of "not-knowing" to promote caregiver's wondering about the meaning of the child's behavior

ACES as lack of repair

* Adverse childhood experiences, with lack of mismatch and repair, deprive children of the opportunity to learn to manage their behavior and emotions in relationships with people close to them.

* Consequently, they may quickly become overwhelmed by big feelings.

* They develop a sense of *I am stuck in this feeling,* or *I cannot cope,* or *I am helpless and fragile.*

Adversity (ACEs) as loss of interactive coping

* We can understand the term *adversity* as anything that depletes the caregiver's resources and prevents them from being present to regulate both their own and their infant's psychological state.
* Parental substance use, domestic violence, mental illness, marital conflict, neglect, and abuse exert their harmful effects by depriving the child of the scaffolding that would otherwise be offered by interactive coping.

* Adversity

* **Trauma**

* Loss

Trauma-Informed Care

* "There are many definitions of TIC and various models for incorporating it across organizations, but a "trauma-informed approach incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice"

Center for Substance Abuse Treatment 2014.

From Trauma-Informed to Making Meaning

* The ubiquitous use of the word "trauma" and the term "trauma-informed care" runs the risk of rendering the concept meaningless.

* Infants make meaning of themselves and the world around them in a continuous developmental process through messy moment-by-moment interactions with people who care for them.

* "The lack of a developmental perspective along with the dominant psychopathological perspective framing our thinking about trauma silos our understanding of trauma, the value of trauma theory, and trauma informed practices."

Tronick, et al forthcoming in J. D. Osofsky, H. E. Fitzgerald, M. Keren & K. Puura (Eds). WAIMH handbook of infant and early childhood mental health:

Trauma as Developmental Process

* Trauma— as the term is commonly used— refers not to an event but rather to a developmental process.
* Countless moments of interaction over time create problematic meanings in a child's mind and body.
* New interactions over time can change those meanings

ACES and Trauma Reconsidered

* "Countless moment-to-moment interactions over the course of development are like raindrops that shape the landscape of our sense of self, both alone and in relation to others.

* An experience becomes **traumatic** when a person remains committed to a fixed meaning and stays stuck in a pattern of disconnection and miscommunication.

* "Adverse Childhood Experiences" get under our skin, or into our brain and body, when moment-to-moment interactions are distorted over time"

Distorted Meaning Making

* The babies of depressed mothers appeared to turn inward, relying on themselves or looking to objects for comfort.

* When mothers were depressed, not only were there more mismatches, but it took much longer for the mismatches to be repaired.

* Such patterns of relating are incorporated early into a baby's way of being in the world and are carried forward into new relationships as the baby grows and develops.

"Trauma" as Countless Moments of Distorted Meaning

* "The repetition turns the "trauma" into the individual's way of experiencing and being in the world.

* While becoming traumatized is hardly a game, the process of making meaning of it and of a game, such as peek-a-boo is pretty much the same.

* At the heart of the similarity is the repetition of the meaning making processes"

Tronick 2022

Therapeutic Change as Peek-A-Boo

* Therapeutic change like learning peek- a-boo.
* Do it often, do it in multiple ways that fully engage every level of the individual

Trauma Informed Care: Making New Meanings

* If meaning is distorted in repeated moment-to-moment interactions in relationships, making new meanings calls for **countless** new moment-to-moment interactions in a **whole slew** of new relationships over time.
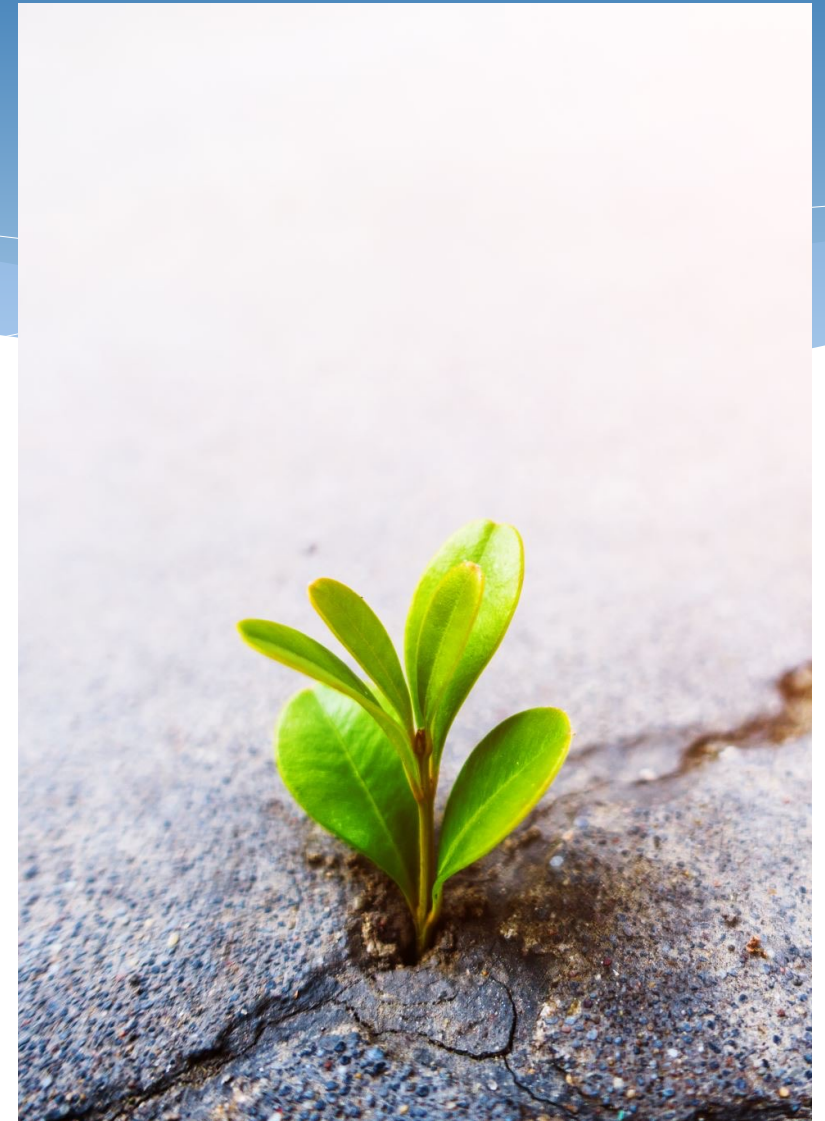
* Adversity

* Trauma

* **Loss**

Necessary Mourning

"The most important item in my office is a box of tissues, placed within easy reach.

Expressions of deep sadness often propel parents to moments of healing and connection.

But interrupting the conversation, even just to hand them a tissue, can shut them down.

I can feel safe opening up the space of uncertainty, knowing that if things get messy, tissues will be close at hand."

The Silenced Child

* "All emotional suffering is about loss, and all therapy is about mourning."

    Martin Cooperman

* "The cure for the pain is the pain"

    Rumi

Listening for loss

* The birth of a child may awaken feelings about an earlier loss or an unprocessed conflict in a parent's life. There may be unresolved issues that emerge, some from previous generations.

* The very aliveness of a baby may disrupt the defenses that caregivers have constructed to adapt to that history of loss.

* These hidden losses erode a parent's confidence and interfere with the ability of parent and child to learn how to listen to each other.

Playing in the Uncertainty to Uncover Hidden Loss

* Primary task as observation and listening without judgment.
* Not "assessment" or "intervention" but space for playing in the uncertainty.
* Rather than offering instruction, let families lead us to discover what they need.
* Almost without exception this stance leads to stories of unmourned loss and hidden ghosts.

Vignette

* Sara described the first weeks with 2-month-old old Liam as 'rough and rocky.'' She felt unable to tell how much milk he was taking from her breast.

* When he failed to gain weight, she experienced a sense of enormous pressure when their well-intentioned pediatrician counseled her to "get more sleep."

* While a combination of nursing and formula feeding helped Liam to grow, Sara struggled with feeling judged.

* In my office Sara's wife Alexa sat beside Liam on the floor, exchanging smiles as he kicked his arms and legs. Sara sat in a chair, her posture distant and her tone remote. I asked about the role of extended family in their decisions around breast or bottle feeding.

* After a period of silence, during which Sara appeared to make great effort to collect herself, she said, "My mother died in a car accident 5 years ago." As tears rolled down her cheeks, she described an exquisite sense of loneliness following Liam's birth, despite the fact that she was not actually alone.

* "I felt not only my loss but also Liam's- that he would never know his grandmother. I felt pressure to be everything to him."

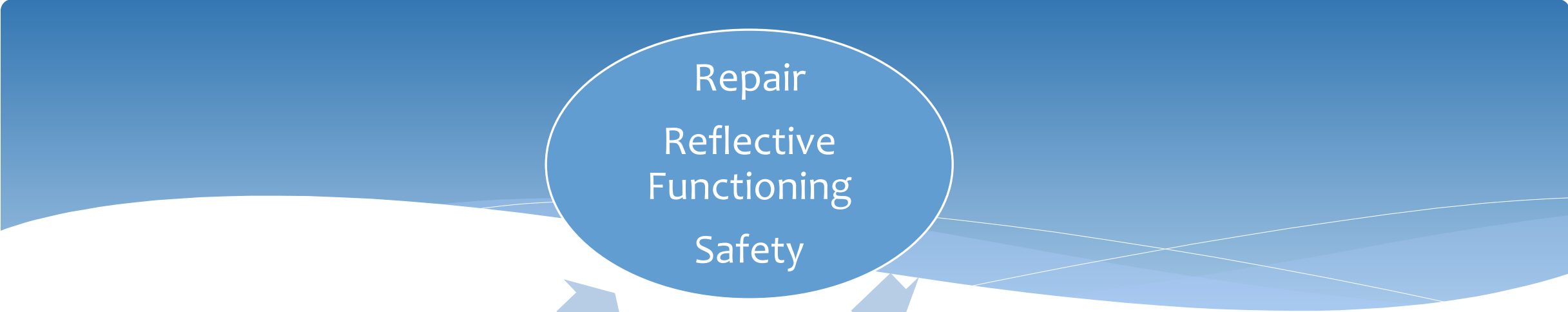* Sarah's expression softened. She reached down to pick Liam off the floor, cradling him in her arms. As he began to fuss, she gave me an inquiring look.
* When I nodded in assent, she lifted her shirt held him to her breast. The fussing subsided as we sat in comfortable silence.

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Lifeline for Families Center

Information:

https://www.umassmed.edu/lifelineforfamilies/ERH/

Contact us:

Email: ERH@umassmed.edu

Thank You

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