

Resilience, Relationships and Routines: Responding to Trauma with Infants 0-3 years.

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Introduction

Many believe that infants are immune or especially resilient to natural disasters and trauma because they are “too young to remember” so thereby not really affected. This couldn’t be further from the truth. The supreme importance of the first three years to the overall development of the brain (www.brainwave.org.nz) and the now clear link between these early experiences and subsequent adult outcomesⁱ (Leckman and Mayes 2007) means the infant and young child is *especially* vulnerable to the stress of traumatic events. They need special consideration appropriate to their *formative* stage of development. Of all the age groups, it is infants who are most susceptible to having lifelong consequences associated with trauma because of the huge influence the environment has in the first three years on subsequent brain development. This does not have to be the case if caregivers are able to respond in appropriate ways to help the child manage their fear and anxiety. The following is a summary of the key findings from research about how best to respond to infants in ways that will alleviate stress and minimise any long term impact associated with trauma. Essentially this summary highlights three areas - resilience, relationships and routines. To begin we need to address the urban myth that the baby is not affected because “they don’t remember” and are therefore naturally resilient.

Resilience

It is fair to say that infants are resilient to some aspects of trauma simply by virtue of their developmental stage. If the infant was asleep during a natural disaster (or in a situation that allowed them to feel safe and secure) then they were possibly not traumatised by the event itself. The same could be said for the infant who *does* experience the trauma but emerges unscathed and straight to the arms of his primary caregiver – he is thereby likely to be resilient to the immediate effects. It is however the environment of stress, survival mode and anxiety that exists *after* the traumatic event that is more threatening to these infants. Not being able to remember the traumatic incident itself does not protect the infant from ongoing trauma associated with the event.

It is now understood with much greater clarity how the memory develops, and that although the more commonly understood *explicit* memory (the ability to consciously recall events) does not usually come to the foreground until around the age of three years, the *implicit* memory is functioning prior to birthⁱⁱ (Smith and DeCoster 2000). The implicit memory is more akin to remembering the *feeling* and emotional state, without the ability to consciously recall events. This means the infant's brain has not yet reached a point where they will fully understand the sequence of events or causes of the trauma, but they **will** have the ability to understand *and remember* fear and anxiety. This lack of ability to understand the parameters of the traumatic event whilst still experiencing the fear and trauma leaves the infant vulnerable to ongoing stress. The infant does not understand that the danger is passed, or even what the cause of the stress is. All they can comprehend is a feeling of fear, and whether or not they are living in an environment that is trying to protect them from this, or in a more hostile environment that leaves them alone and isolated to deal with it – something no infant is developmentally able to do.

Caregivers sometimes worry that giving the child extra attention, affection and comfort will result in the child becoming 'clingy' and overly reliant on their caregiver.

Expressions such as "he has got to learn" as a justification for leaving a distressed child alone, assume that the more often the child is left to deal with distress by themselves, the better they will be at it. This is the exact opposite of the truth highlighted in the research. In fact the people who grow into the most secure and resilient adults are most often those who experience an environment in the first three years which is quick to relieve their stressⁱⁱⁱ (Weaver et al 2004) and helps the baby by comforting and reassuring them. This concept is summed up best by understanding that the less time a child spends in distress as an infant, the more resilient they will likely be as adults^{iv} (Perry 2004). It is therefore the caregivers who usually respond to the infant's stress by actively helping them to calm down, that are *less* likely to produce a clingy child or insecure adult.

Relationships

A body of research now exists that traces the long term impact on children of natural disasters such as hurricanes and earthquakes^{v,vi,vii} (Hafstad et al 2010; Kelley et al 2010; La Greca et al 2010). The clear pattern seen in the research is that the perceived emotional support a child receives after a traumatic event largely determines how pervasive the ongoing stress is for the child^{vii} (La Greca et al 2010). Simply put, the more emotionally supported the child, the less long term impact of the traumatic event. For the infant it is the relationship with their caregiver(s) that is the most significant factor in determining any long term impact. This highlights the importance of

the caregiver responding to and assisting the vulnerable infant in ways that make them feel safe, nurtured and emotionally supported. This will greatly help to lessen any long term impact of a traumatic event the infant has experienced.

The caregiver's ability to respond appropriately to the infant is of course entirely dependent on the caregiver experiencing a sense of wellbeing themselves. If the traumatic event is something the caregiver experienced as well, then a priority needs to be ensuring the caregiver is adequately supported so that they are empowered to support the infant. The relationship that exists between caregiver and infant means it is very difficult to separate the well being of the infant from the well being of the caregiver. The most effective interventions for infants who have experienced trauma are those that include the caregiver^{iv} (Perry 2004). The old adage "you have to look after yourself before you can truly look after others" is especially true when applied to the relationship between infant and caregiver.

It is entirely normal for both adults and children to regress in their abilities and age appropriate behaviours in times of stress^{viii} (Perry 2002). As our survival brain (brainstem) is aroused to deal with the survival situation and distress, we subsequently have less access to the parts of the brain (i.e. the frontal cortex) that contains all the features of advanced human intelligence and also our ability to calm ourselves down^{ix} (Weaver et al 2004). The frontal cortex does not reach maturity until around the age of 26 years^{viii} (Perry 2002). It therefore becomes clear why it is important for the adult to assume the role of the frontal cortex *for* the infant, and help to calm and soothe the baby – something the adult cannot do if they are overtly traumatised and operating from their brainstem! It is imperative to the wellbeing of the vulnerable infant that the caregiver is able to maintain a sense of calmness and wellbeing, in order to be able to respond appropriately and meet the needs of the infant.

Routine

A key element in calming the infant (or specifically the infant's brainstem) is maintaining their regular routine. A routine allows the child to *predict* what will happen next and predictability is a key factor in calming the human brainstem^{iv} (Perry 2004). This may seem to contradict the advice of responding to the needs of the child by giving them extra comfort and accepting that they may regress in their milestones.

To make sense of this it is essential to understand routine from the point of view of the infant and not from an adult perspective. That is, routine for the infant is not found by following a clock – they follow a rhythm rather than time as we measure it. This means the infant will benefit from additional emotional support, within the familiar rhythm of

daily routines that calm the brainstem by allowing predictability. A practical example would be that if the bedtime ritual is having something to eat, followed by reading a story and then singing a song in bed, this routine should be followed whenever possible. It does not matter about the actual time, the physical location or if you stay with the infant for longer because they are more upset than usual. It is the familiar pattern, structure and routine within this response that will help the infant to calm down and help them to develop resilience.

Summary

The unique ways the caregiver responds to the needs of an infant after a traumatic event will be specific to each infant as they have their own temperament and experience of the world that needs to be considered. There are however clear principles within the research that serve to guide these responsive interactions with infants, using evidence based research to minimise any long term impact associated with the trauma.

The following is a key point summary of the facts:

1. There is increasing evidence to suggest that the younger the child when they experience the trauma, the *more* pervasive the post-traumatic problems may be.
2. Anything that can decrease the intensity and length of the fear response will decrease the probability that the infant will have long-term implications.
3. The relationship between the infant and their carer(s) is the most important consideration in responding to the traumatic event and ongoing impact.
4. It is appropriate and best practice to provide all the affection and soothing the infant requires.
5. In general, the key elements of a successful, early intervention with a traumatized infant are nurturing relationships, responsiveness, predictability and routines.
6. All of the above are dependent on the caregiver so it is crucial to be sensitive to the needs of the caregiver. The best intervention for infants who experience trauma is also treating their caregiver(s).

References:

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