

## Babies And Parents Can't Wait: Addressing the Impact of Parental Trauma And Substance Abuse on the Parent-Child Relationship

Alicia F. Lieberman, Ph.D.  
Child Trauma Research Program  
University of California San Francisco  
San Francisco General Hospital



## An Ecological-Transactional Model of Development

"Development Lasts A Lifetime"

Protective & Risk Factors

"Allostatic load"

*Macrosystem:* Cultural practices

*Exosystem:* Neighborhood & community

*Microsystem:* Family inter-relationships

*Ontogenetic development:* The Individual

(Bronfenbrenner, 1979; Cicchetti & Lynch, 1993;  
Sameroff, 1993; Rutter, 2000)

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## A Cumulative Risk Model of Developmental Outcome

- Development is the outcome of risk and protective factors within the person and in the environment
- Risk factors co-exist and generate secondary stresses
- Risk factors compound each other
- Risk of psychiatric disorder increases significantly as adversities accumulate

(Rutter, 1999; Pynoos et al., 1999; Sameroff, 1993)



## How The Brain Develops

- Brain is "experience-dependent", operating on "use it or lose it" principle
- Areas of the brain that process pain, danger, and pleasure are nearly mature at birth
- Interpersonal experiences mediate early learning and the "on"-"off" function of genes



### Amygdala: Brain Center of Fear Response

- Located in limbic brain
- Nearly mature at birth
- Fully mature by one year
- Hyperstimulation lowers threshold for fear response – circuits “on”
- Decreases in IQ associated with increased traumatic stress

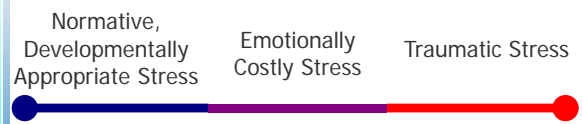
### Universal, Normative Fears

- Fear of pain
- Fear of loss
- Fear of losing love
- Fear of body damage
- Fear of being bad
- Fear of dying

### Universal, Normative Pleasures

- Food
- Warmth
- Sensory pleasures
- Human attachments
- Sex
- Beauty
- Meaning

### A Continuum from Stress to Trauma



## Stress Physiology

- Shifts the body's priorities
- Puts on hold planning, conceptual learning, future-oriented responses
- Focuses on support of vigilance, focused attention to danger cues, increased muscle tone and heart rate
- Affects what is learned and what is not

## Characteristics Of Trauma

External threat to life or physical safety

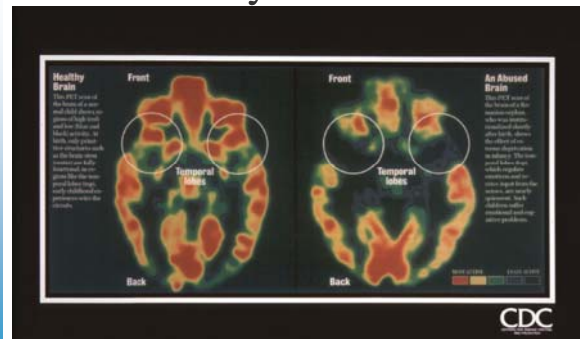
- Unpredictability
- Horror
- Helplessness
- Distorted perceptions of danger and safety

## Psychobiology of Childhood Traumatic Stress

- Chronically elevated levels of stress hormones
- Diminished levels of mood enhancing neurotransmitter (cortisol)
- Physical difference in brain structures related to memory and planning
  - *Smaller brain volume, larger fluid-filled cavities, less connective matter*

(DeBellis & Putnam, 1994, DeBellis et. al., 1999a&b)

## The Body Remembers



As cited by Felitti & Anda, 2003; Source CDC)

## Traumatic Stress In Infants And Young Children

- Re-experiencing trauma (flashbacks, nightmares)
- Numbing (social withdrawal, play constriction)
- Increased arousal (attention problems, hypervigilance)
- **New Symptoms**
  - Aggression
  - Sexualized behavior
  - New fears
  - Loss of developmental milestones (Regression)



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## Parenting As A Mechanism For Childhood Adversity

- Adverse Childhood Experiences (ACE):
  - Emotional, physical or sexual abuse
  - Domestic violence against the mother
  - Household member with mental illness
  - Household member with substance abuse
  - Household member ever imprisoned
- Predict the 10 leading causes of adult death/disability

(ACE Study, Felitti et al. 1998)

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## Relationships Are At The Core Of Healthy People



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## Adverse Childhood Experiences Can Last A Lifetime

- Emotional, physical or sexual abuse
- Domestic violence against the mother
- Household member with mental illness
- Household member with substance abuse
- Household member ever imprisoned
- Absence of one or both parents
- Physical or emotional neglect

*Predict the 10 leading causes of adult death/disability*

(ACE Study, Felitti et al. 1998)

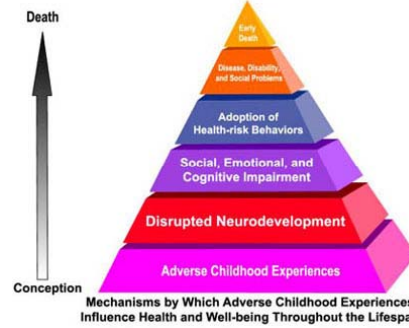
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## Childhood Adversity Predicts Future Dysfunction

- Physical Illness
- Mental Illness
- School Failure
- Aggression
- Substance Abuse
- Criminal Behavior

(Cook et al., 2003; Felitti et al., 1998; Pynoos et al., 1999)

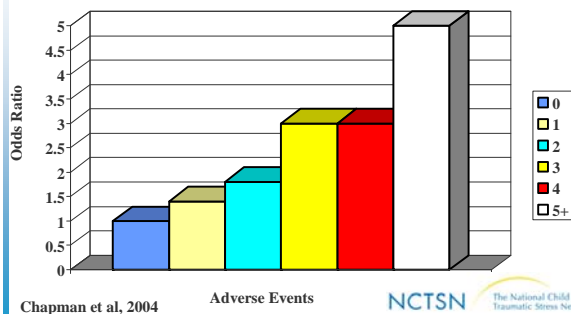
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From [acestudy.org](http://acestudy.org)

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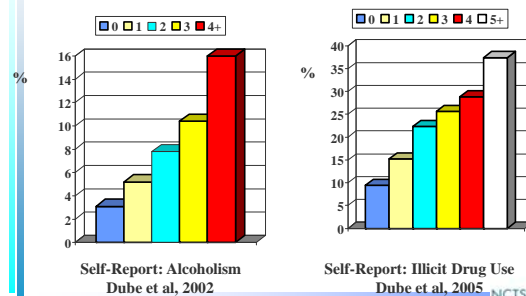
## Adverse Childhood Events And Adult Depression



Chapman et al, 2004

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## Adverse Childhood Events And Adult Substance Abuse



Self-Report: Alcoholism  
Dube et al, 2002

Self-Report: Illicit Drug Use  
Dube et al, 2005

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## Traumatic Expectations As A Cornerstone Of Sense Of Self

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Contradictory feelings toward each parent
- Life-long fears of intimacy
- Fear of feeling leads to acting out

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## What about Resilience?

- Not all children are negatively affected
- 63% of children exposed to domestic violence show worse outcomes than children not exposed
- 37% do not differ from comparison groups

(Kitzman, 2003)

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## Child Predictors of Resilience

Children who were resilient had:

- Above average cognitive abilities
- High self esteem
- Internal locus of control
- External attribution of blame
- Presence of spirituality
- Ego flexibility
- High ego control
- **Good relationships with consistent caregivers**

(Heller et al., 1999)

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## Caregiver as Protective Shield



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## Role of Caregivers

A consistent, caring relationship with an adult promotes resilience by

- decreasing child symptomatology
- enhancing school performance
- promoting social skills with peers and adults

(Egeland et al., 1993; Heller et al., 1999; Herrenkohl, et al, 1994; Spaccarelli & Kim, 1995)

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## Impact of Trauma on Parents

- Loss of internal security
- Changes view of self/other
  - Victim
  - Victimizer
  - Helpless bystander
- Traumatic reminders
- Traumatic expectations

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## Parental Attributions

- Fixed beliefs about the child's existential core
- Perceived as objective truth
- Reflect maternal fantasies, including fears, conflicts, and wishes about the child
- Trauma generates negative parental attributions: Child as perpetrator

(Lieberman, 1997, 1999)  
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## Maternal Attributions And Child Sense Of Self

- Mother attunes selectively to the child's feelings
- Maternal responses shape the child's sense of what he/she is permitted to feel
- Child internalizes the maternal attribution

(Lieberman, 1997, 1999)

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## Intergenerational Transmission Of Psychopathology

- Breakdown in developmentally appropriate patterns
- Child as transference object
- Child as traumatic reminder
- Negative parental attributions: "You are bad"
- Traumatic expectations: "You will hurt me"
- Child internalizes parental attributions
- Child conforms to negative parental expectations

## Ghosts In The Nursery

- Unconscious repetition of the past in the present
- Repression of the affects associated with early helplessness and terror
- From victim to perpetrator: Identification with the aggressor

(Fraiberg, Adel)

## Creating Angels In The Nursery

- Giving expression to the conflict
- Putting the conflict in perspective
- Building trust and intimacy
- Practicing joy in everyday pursuits

## Early Intervention Works

Randomized studies show that helping parents and caregivers provide better care results in:

- Lowered stress hormones
- Higher IQ
- Decreases in problem behaviors
- Lower school drop-out rates
- Less criminal behavior
- Less risk health behaviors
- Fewer unwanted pregnancies





## Interventions that Work

- Encouraging motivation
- Cultural attunement: readiness to learn
- Focus on relationships: with others, with self
- Developmental guidance
- Emotional support
- Relevant past experiences: ghosts and angels
- Home visits: accessible but not intrusive

(Olds, 1997; 1999; Heinicke et al. 2003, in press; Lieberman, 1991; Lieberman et al., 2005, 2006; van den Boom, 1994)

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## Balancing Trauma Treatment With Behavioral Goals

- Trauma lens: Trauma reminders, expectations and affects
  - Attachment lens: Protection and safety
  - Developmental lens: Age-appropriate pursuits
  - Cultural lens: Ecological context
- “Behavior changes through motivation”

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## Parent and Child Enter Treatment



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## Child-Parent Psychotherapy Intervention Modalities

1. Play, language, touch to promote development
2. Unstructured/reflective developmental guidance
3. Modeling protective behaviors
4. Interpretation: linking past and present
5. Emotional support
6. Concrete assistance, case management, crisis intervention

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### **Child-Parent Psychotherapy: A Multi-Theoretical Approach**

- Developmentally Informed
- Attachment focus
- Trauma-based
- Psychoanalytic theory
- Social Learning processes
- Cognitive-Behavioral strategies
- Culturally attuned

(Lieberman & Van Horn, 2005)



### **OVERARCHING GOAL: *RESTORE DEVELOPMENTAL PROGRESS***

**Affect Regulation**

**Trust in Human Relationships**

**Joy in Exploration and Learning**

### **Therapeutic Strategies**

- Translate the parent's and child's meanings for one another to foster mutual understanding
- Reframe meanings to promote protectiveness, empathy, trust, and pleasure
- Help parent and child use love to tolerate ambivalence



### **Setting the Stage for Treatment: *Safety in the Relationship – Parent as Protective Shield***



### **Setting the Stage for Treatment: *Safety in the Environment***

- Engage caregiver in
  - Safety planning
  - Meeting concrete needs
  - Protecting child from exposure to violence
- Maintain safety and consistency within the therapeutic relationship

### **Therapeutic Objective: *Reciprocity in Relationships***

- Legitimize client's perspective:
  - You don't need to agree in order to understand
  - "I am on your side; I want what's best for you"
- Articulate the other's perspective
- Highlight the positive
- Target maladaptive interactions
- Guide non-destructive expression of negative feelings

### **Therapeutic Objective: *Affect Regulation***

- Listening and observing
- Giving words to the unspeakable
- Modeling soothing, calming interactions
- Helping the parent respond to the child
- Helping the child rely on the parent

### **Therapeutic Objective: *Normalizing Traumatic Responses***

- "If you don't ask, they won't tell"
- Validate traumatic response as universal and legitimate
- Identify traumatic triggers
- Co-creation of trauma narrative
- Placing trauma in perspective with life goals

### **Therapeutic Objective: *Trust in Bodily Sensations***

- "Listening to the body"  
*Numbness or hyper-awareness of bodily sensations*
- Caring for the body  
*Physical activity, sports, relaxation, fun*
- Appropriate physical affection  
*Proximity and closeness, holding, hugs*

### **Therapeutic Objective: *Differentiate Between Reliving And Remembering***

- Link current thoughts, feelings and behaviors with past experiences
- Highlight differences between past and present circumstances
- Focus on safety

### **Therapeutic Objective: *Engagement in learning***

Promote mastery and hope through

- Prosocial behavior
- Predictable routines
- Joint pleasurable activities
- Age-appropriate goals
- Memories of loving moments  
(“Angels in the nursery”)

### **The Dangers Of Caring**

- Working with traumatized parents and children is stressful:
  - Hopelessness, anger, rescue fantasies
- Burnout and vicarious traumatization are real
- Self-care is essential to be effective

## Obstacles To Effectiveness

- Insufficient knowledge
- Losing perspective
- Emotional over-involvement
- Too many service providers:  
Fragmentation of relationships
- Lack of agency support
- Conflicting inter-system priorities
- Over-riding financial considerations

## Reflective Supervision

- Non-judgmental
- Gives the therapist a setting to reflect:
  - The process of the treatment
  - What happened in the session
  - The therapist's experience
- Helps prevent therapist burn-out

## TAKE HEART!

- Small changes matter
- Mistakes can be repaired
- You don't need to be a therapist to be therapeutic
- Define yourself as part of a therapeutic community

## PRACTICE WHAT YOU TEACH

- Take care of yourself
- Cultivate time out
- Protect your private life
- Seek out supervision or consultation
- Build support systems at work

