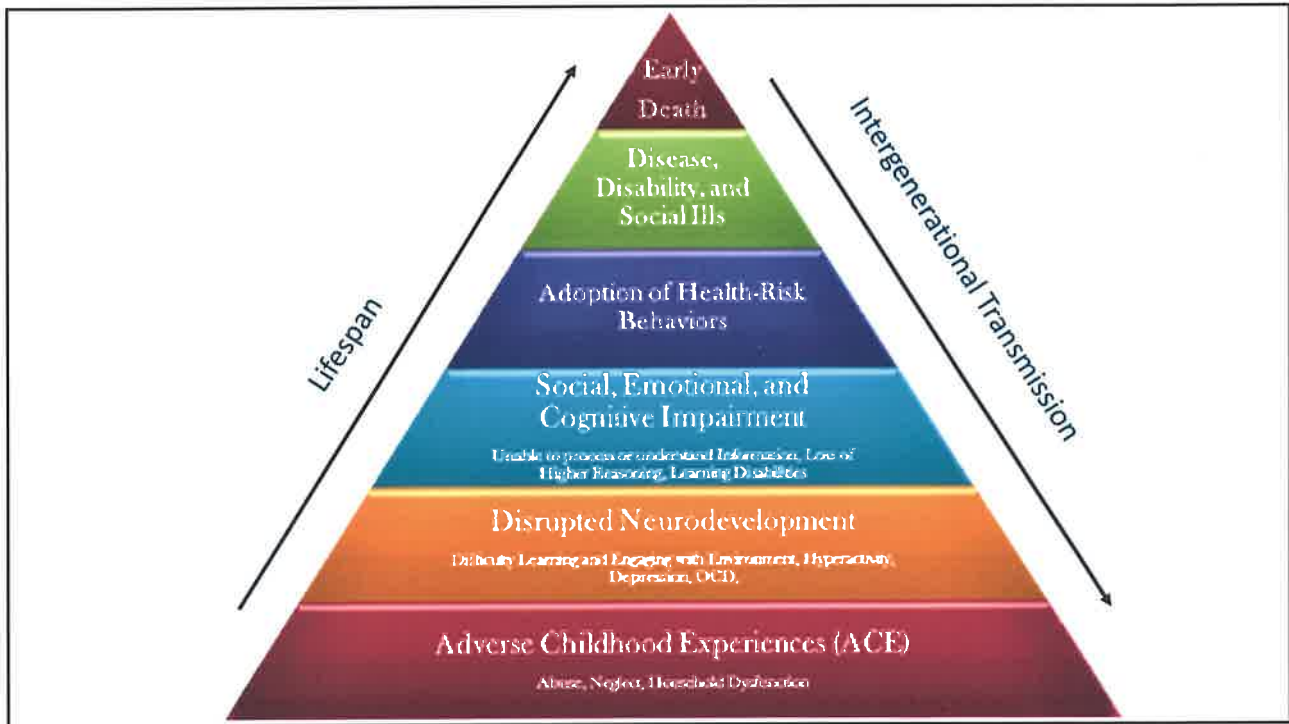


EFFECTS of CHILD ABUSE

Presented by
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ACE (adverse childhood experiences)

- Conducted by Kaiser-Permanente from 1995 -1997 in CA
- Largest investigations of childhood abuse and neglect and later-life health and well-being.
- 17,000 participants (mostly white middle class)
- The CDC continues ongoing surveillance of ACEs study participants
- Many states have conducted their own studies with exact same findings.



As the number of ACEs increases so does the risk for the following:

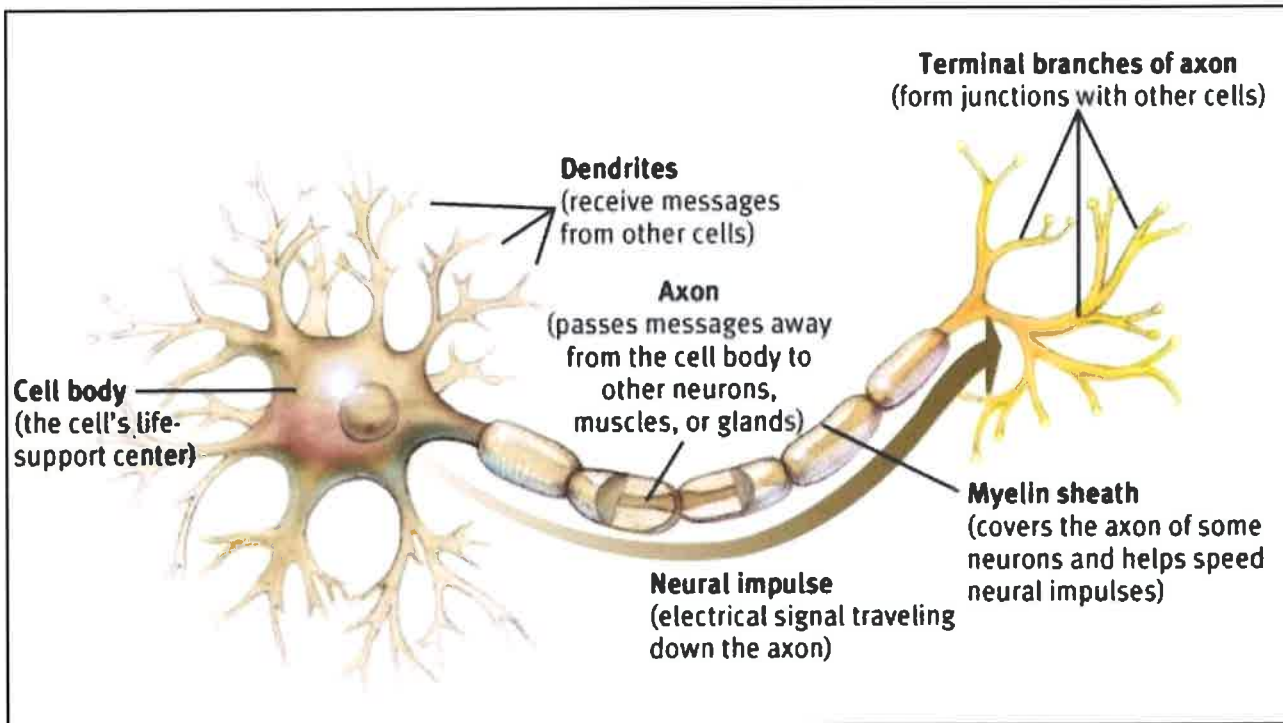
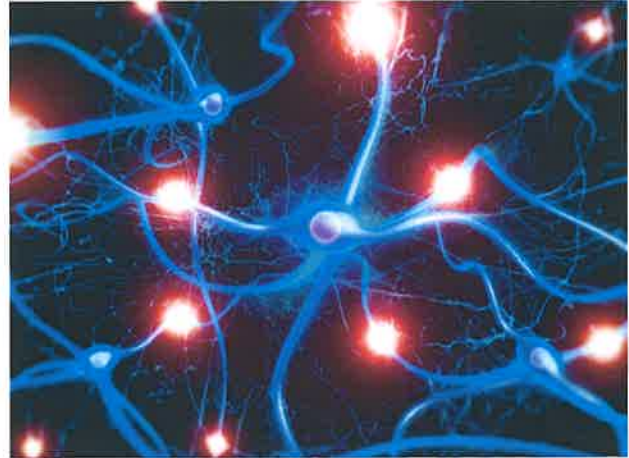
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

ACE Effects in Infancy and Early Childhood

Disrupted Neurodevelopment

Intense surges in stress hormones before and after birth **prevent** integration of key brain functions and...

- neuron cell death
- dendrite shrinkage
- warped receptor sites
- alterations in receptor sites




Persistent Stress Changes Brain Architecture


Effects of ACEs on Neurodevelopment

- Intense
- Prolonged
- Repeated
- Unaddressed


Normal




Typical neuron—
many connections



Toxic stress



Damaged neuron—
fewer connections

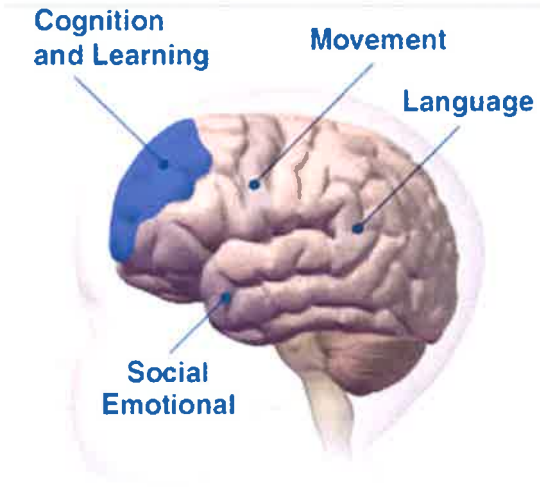


Prefrontal Cortex and Hippocampus

ACE Effects in Infancy and Early Childhood

Social, Emotional, Cognitive Impairment

Infant's limbic and frontal lobe areas of the brain, responsible for reasoning, emotional responsiveness, and memory are negatively affected.



Compromised Cognitive Capacities

POOR/LOW

- Organizing, planning,
- Shifting attention, concentration
- Working memory
- Perceiving and adjusting to social cues
- Learning from previous experience
- Motivation and intention
- Sensory integration
- Auditory, language comprehension
- Speech and reading skills
- Logical/abstract thinking

Compromised Social/Emotional Capacities

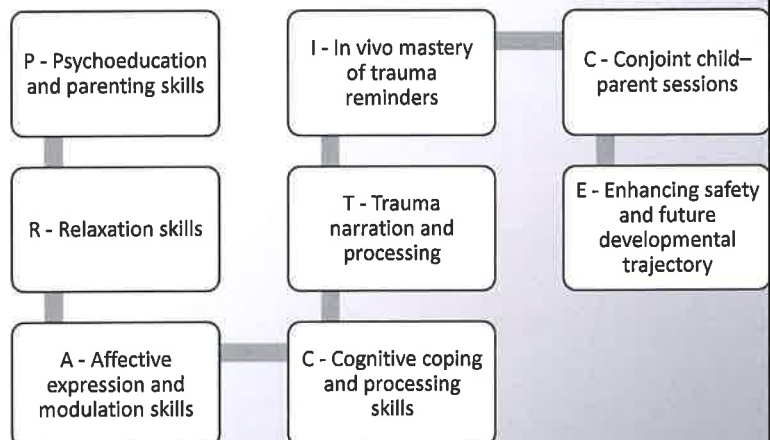
POOR/LOW

- Object Relations – (fragmented ego identity)
- Attachment (insecure or nonexistent)
- Self-esteem (pseudo or low)
- Autonomy (excessive levels of shame)
- Initiative (low levels of guilt)
- Moral reasoning (low)

What Can We Do?

- Provide **EXTENSIVE** evidenced-based foster and adoptive parent training and support programs.
- Prevent or minimize negative outcomes with early identification, accurate and thorough assessments, and effective treatment options.
 - every child deserves a thorough social/emotional assessment (we owe it to prospective foster/adoptive families as well)

TF-CBT: Trauma Focused Cognitive Behavioral Therapy



TF-Cognitive Behavioral Therapy (CBT)

Challenge behavior patterns and beliefs, reframe, build skills, evaluate outcomes

Limitations:

- elicit explicit as opposed to implicit memory.
 - Explicit memory of trauma is limited
 - Implicit memory stores more sensory motor memories of attachment and trauma
- Child will actively avoid the vulnerability that occurs in developing a therapeutic relationship and will resist being directed into areas of shame and trauma.

Therapeutic Interventions for Child (and Parent)

Attachment- Focused

- ARC: Attachment, Self Regulation, Competency
- CPP: Child-Parent Psychotherapy
- PCIT: Parent-Child Interaction Therapy
- Rapport and trust are built through immediate, honest, forthright validation of the child's trauma history and current behavior issues.
- Therapist's job is to identify and challenge the child's relationship defenses (e.g., charm, distraction, flirting, acting dumb).

Continued

- Expect child to be less than happy working through the trauma, and to dislike the therapist -- until the child is emotionally healthy.
- The practitioner, with the parents, is in charge of the session and of the child, in a nurturing, safe, and empathic manner. The adults take the lead in attachment therapy and are always observing and responding to the feelings and needs of all family members.

Other Interventions

- **Brain (passive)**
 - Neuro-Feedback (eegspectrum)
- **Body (passive)**
 - Body work (massage, cranial-sacral, myofascial release)
 - Biometrics (vitamins, diet, etc.)
- **Body – Brain (active)**
 - EMDR
 - Neuro-Developmental Re-patterning (Ziegler, D)
 - Sensory Integration Occupational Therapy
 - Body Movement (dance, yoga, martial arts)

Relationship Coaching

Why?

- Children's development is not satisfactorily completed until they are ready willing and able to be reciprocal (i.e., meet parental relationships needs).
- A child not taught how to meet parental needs will likely lack the desire and skills to meet the needs of all others.
- As a result- they will miss out on the benefits and gifts of relationship throughout their lives, which include health, well-being, longevity.

Relationship Coaching

Focus

- Less about the presenting negative behaviors and more about the missing positive behaviors.
- What the child should be giving in the relationship

Rationale

- encourages practice of desired behaviors and skills.
- makes a clear connection between behaviors, feelings and effects on others.
- facilitates shift from shame to guilt by activating a higher level response system - the social engagement circuitry.

How?

- **Shape (by successive approximation and rehearsal)**
 - Apply good cognition to negative behaviors
 - Cue positive behaviors
 - Cue positive interactions
 - Every coaching phrase should contain an action, a feeling, and or a reason.
- **Identify the underlying relationship need**
 - Not necessarily what you need to provide to the child but rather what the child needs to provide to you.

Continued

- **Be kind**
- **Create safety – provide for basic needs (food, shelter, warmth) routinely and predictably.**
- **Create positive interactions in play and conversation (promotes falling in love).**
- **Expect Reciprocity (use coaching method)**

Resources

www.nrepp.samhsa.gov/ProgramProfile.aspx?id=96

www.cdc.gov/violenceprevention/acestudy/index.html

www.eegspectrum.org

www.tlcinst.org

www.childtraumaacademy.com

www.traumacenter.org

www.modelprograms.samsha.gov

www.attach.org

Thank You,
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