

# The role of the parent infant relationship in recognising and preventing early developmental trauma



Gwent-Parent Infant Mental Health Service (PIMHS)

*Orion Burns, Parent Infant Mental Health Specialist, G-PIMHS*

*Paddy Martin, Child & Adolescent Psychotherapist, Joint Clinical Lead of the G-PIMHS*

# What is Infant Mental Health?



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“..... the ability of infants and toddlers to experience, regulate and express emotions; form close and secure interpersonal relationships and explore the environment and learn...Infant mental health is synonymous with healthy social and emotional development.”

Zero to Three. Improving Infant and Maternal Mental Health (2005)

# What is Infant Mental Health?

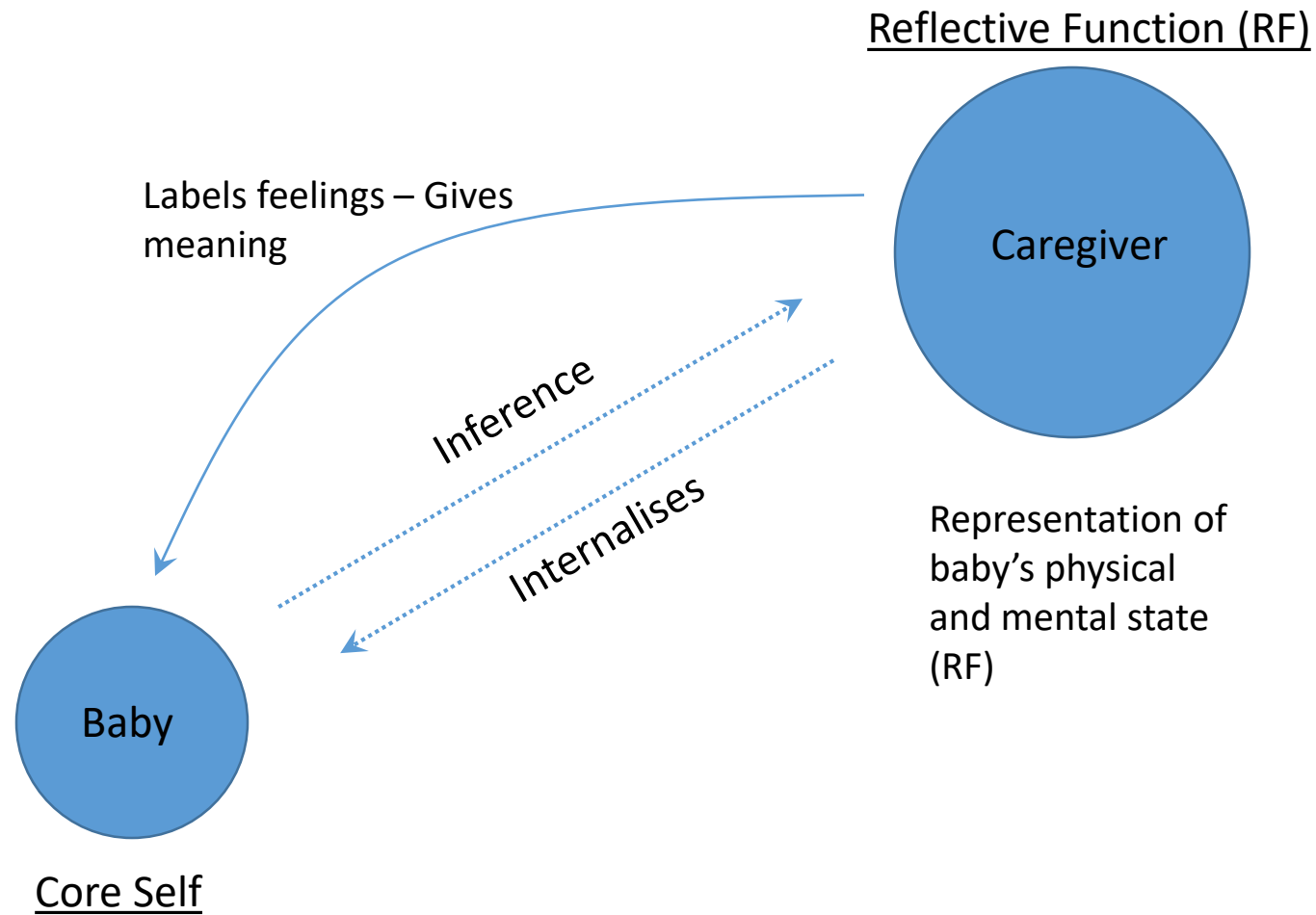
- The capacity to grow well and to love well,
- The ability to express and regulate emotions and recover from dysregulation,
- The ability to establish trusting relationships and repair conflict,
- The ability to explore and learn within the society's cultural values.

(Lieberman, A. F. 2010)





# Mirroring – Development of the self





# Developing core sense of self



The “good enough” mother interprets her baby’s physical and emotional experiences and gives meaning to them.

She (he / they) delight in the infant and the interactions are joyful

Baby thinks “I see you seeing me. I feel you holding me. I am held and understood in your gaze. I exist and matter because you see and understand me.”  
 (“going-on-being”)

Winnicott, D.W. (1971)

## Parent Infant Relationship

“It's... It's so weird. Watching her like this. Like she's still here. She used to look at me this way, like really look, and I just knew I was there, that I existed.”

Super 8, 2011

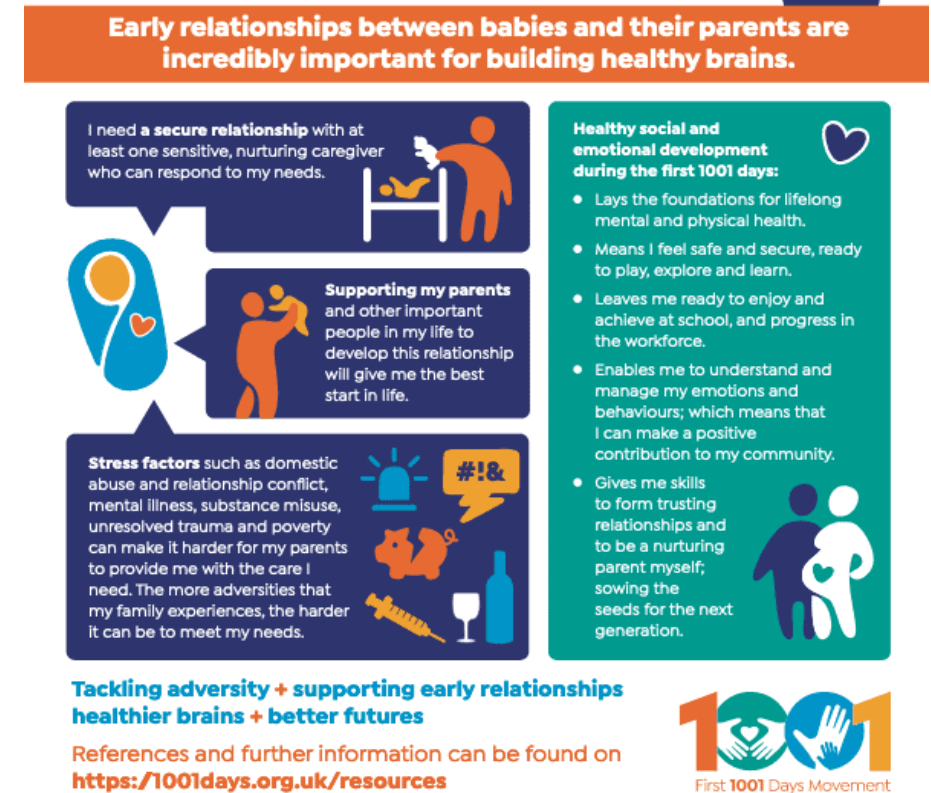
# Why parent-relationship matters in the first 1000 days?

During this time, babies' development is shaped by their environment\* and experiences. The interactions and relationships that they have with their parents or primary caregivers are critically important.

**A nurturing relationship can make a child more resilient to negative events, and without a nurturing relationship to support them, young children experience negative events as more traumatic. Nurturing relationships also help children to recover from adversity and trauma**

(Understanding Early Trauma, Parent-Infant Foundation. 2022)

*\*By environment we mean the ambient quality of the parent-infant relationship*



# Why is this so important to understanding Trauma?

- Just as the positive relational back and forth between primary carer and infant establish core sense of identity and security, so they build resilience and will mitigate against future trauma, developmental or episodic.
- Equally, ongoing and repeated negative or emotionally overwhelming experiences lead to dysregulation and activation of survival strategies, this cumulative trauma sets the infant on a developmental pathway that is fragile and reactive so that later traumatic experiences become amplified and further dysregulating.

# Developmental Trauma

(Complex Trauma; Chronic Trauma; Relational Trauma: Attachment Trauma)  
...single, most important Public Health challenge

The experience of multiple and/or chronic and prolonged developmentally adverse traumatic events, most often of an interpersonal nature and with early-life onset (1<sup>st</sup> decade). These traumatic exposures often occur within the child's caregiving system and include neglect physical, emotional and sexual abuse, and exposure to domestic violence; neglect of educational needs.

*Developmental trauma manifests as a set of profound difficulties in all areas of development.*

See complex Trauma Task Force –National Child Trauma Stress Network  
Bessel van der Kolk MD

# Developmental Trauma – Ordinary rupture and its impact



# Developmental Trauma

In infancy and early childhood, the parent-child relationship is crucial partly because the child is so dependent. For example, in a situation where a young child has been exposed repeatedly to domestic abuse and violence, they will experience overwhelming levels of anger and fear along with amplified feelings of *helplessness* due to their relative dependence and emotional immaturity.

It is the experience of frightening or endangering situations alongside this helplessness that leads to *disorganisation* of the attachment system – fear of the perpetrator, inability of the victim to act to protect, both of whom may also be attachment figures.

# Developmental Trauma = Relational Trauma (Schore 2001)

*Unmemorable and unforgettable'* (Doug Watts 2001)

- First 1000 days - “Critical” or “sensitive” period of optimal brain development
- Early primary relationships ‘form the foundation and scaffold’ (Shonkoff et al,2000) all other development
- Experience dependent brain development responsible for processing social-emotional information, regulating bodily and affective states - bedded in primary attachment relationship (Schore, 1994, 1998a)
- Infant brain exquisitely susceptible to adverse environmental factors such as nutritional deficits and dysregulating interpersonal affective experiences, which impact negatively and have long-enduring effects.
- Crucially, these processes and responses happen unconsciously and are built up experientially and implicitly over time without necessarily having to be

# Interpersonal risk

“Caregiver-induced trauma - qualitatively and quantitatively (is) more harmful to infant neurodevelopment and socio-emotional function than any other trauma aside from those that directly target the developing brain” (Schore, 2001)

# What causes developmental trauma?

## Caregiver Induced trauma

- Failure to regulate the distressed or frightened infant
- Being emotionally absent / unresponsive
- Caregiver repeatedly being frightened and / or frightening to the infant
- Lack of Joy and pleasure, Rupture & Repair in terms of modulating and regulating and development of secure identity
- Shame and its impact – leaves no place to repair from, there can be no repair
- Controlling and / or intrusive

# What are the responses?

## Responses

- Biochemistry impacts the quality and number of connections between brain regions
- Limbic responses that over time and repeated experience become hardwired (misreading cues)
- Fight / Flight / Freeze / Flop / Flock
- Poor ability for self-regulation
- Hypervigilance and hyperaroused states
- Impaired capacity to form and manage relationships
- Impacts physical and mental health across the life span



# What are the responses?

## **Multi-faceted, pervasive difficulties in all areas of child development**

- Sensory difficulties
- Poor self-regulation (affect and behaviour; impulse control)
- Depression
- Anxiety (including separation)
- Dissociation
- Impairs capacity to integrate affective, cognitive and sensory information (Essential > functional adaptive survival responses)

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- Distrust, suspiciousness and problems with intimacy
- Loss of ability to rely on others
- Violence against others and self
- Unfocused response to (future) stress
- Social isolation (social pruning)

Absent, lack, controlling and intrusive



# What are the risks and stressors

We know about ACEs...

But Development Trauma is not just objectively assessed events that happen to the individual – it can be ongoing and ambient



# Observing the parent-infant relationship



“Where ever one finds an infant one finds maternal care, and without maternal care there would be no infant”

D. W. Winnicott

‘What needs to be written in neon letters lit up against a night sky is that the orbitofrontal cortex, which is so much about being human, develops almost entirely post-natally.’  
Gerhardt, 2014



## Use of observation and early relational intervention to prevent future trauma and its impact

- We can intervene before a baby or toddler's development has been compromised by developmental trauma and impact on their ongoing positive development and resilience throughout life
- We do this through observation and relational working with parents and infants / toddlers; kindly and positively, knowing that “good enough” is optimal
- Remembering always the impact of societal pressures that make it more difficult for parents to focus on this primary relationship (not blaming the parent)
- The savings over the lifetime of the child (who may well go on to parent) are enormous and the costs of not doing so are high

## What do we look for?

- Parental sensitivity to baby's cues
- Serve and return
- Use of vocalisation and other modes of interaction
- Playfulness & warmth
- Eye to eye contact & gaze
- Antenatal period – levels of anxiety, ambivalence / trauma or loss
- Quality of parental / caregivers relationship
- Physical care
- Knowledge and awareness of developmental needs
- Anticipation and adaptability of future needs / changes to development
- Parental Mental Health

In child development studies, the sensitivity and responsivity of the primary caregiver in the first year of their baby's life, explains more of the difference between children's achievements (at any age) than anything else.

Feeling a connection with the 'imagined' baby during pregnancy is an important foundation for the parent's later relationship with the 'real' baby.

Decades of international research show that a secure attachment to mothers, fathers, or the 'primary caregiver', impacts on development throughout life. Secure attachment grows out of this attuned relationship.

# Mismatch & Misattunement



# Parental Reflection



# How can we help?

- The work takes place via the relationship we build\* to the parent-infant through a developmental lens (trajectory and developmental trauma); supporting parent to be more reflective, less reactive.
- It is multi-modal, including the verbal, non-verbal communication, the emotional experience of both dance partners and takes place at conscious and unconscious level.
- The ways we support the parent-infant relationship can be deceptively simple, watching and waiting, reflecting on the interaction with empathy and compassion (Keyworking, Listening visits, PIP, VIG, WWW, therapeutic Groups, ACT)
- The aim of all these interventions are to build resilience and strengthen the relationship by targeting the intersubjective area between the infant and the parent.

\*Not teaching or advising

# In Summary



- Developmental Trauma is complex – subjective and contextual within the developmental framework
- We do not all experience the same level of trauma to the same events
- Early development (antenatally – 2 yrs) is crucial in terms of both mental and bodily building of stable identity, capacity to regulate affect and positive strategies to manage
- This in turn is hugely influenced by the earliest relationship between vulnerable infant and their primary carer(s)
- Preventative support and engagement at this time mitigates against impact of future traumas



Nil by mouth



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# Resources

## Websites:

- Foundation Years SEAD guidance  
[http://www.foundationyears.org.uk/wp-content/uploads/2011/10/SEAD\\_Guidance\\_For\\_Practioners.pdf](http://www.foundationyears.org.uk/wp-content/uploads/2011/10/SEAD_Guidance_For_Practioners.pdf)
- Child and Family Psychology leaflets <http://howis.wales.nhs.uk/sitesplus/866/page/54425>
- Child Psychotherapy Trust Leaflets  
<http://www.understandingchildhood.net/>
- Zero to Three – Lots of great resources inc. leaflets on development  
<http://www.zerotothree.org/child-development/early-development/>

## BOOKS:

- What about me? Inclusive Strategies to Support children with Attachment Difficulties Make it Through the School Day, Louise Bomber
- Inside I'm Hurting. Practical Strategies for Supporting Children with Attachment Difficulties in Schools, Louise Bomber
- Settling Children to Learn: Why Relationships Matter in Schools, Louise Bomber & Dan Hughes
- Why Love Matters. Gerhardt, S.
- Observing Children with Attachment Difficulties in Preschool Settings. Golding et

## VIDEOS:

Growing an Emotional Brain - <https://www.youtube.com/watch?v=hVN0YzBVAkQ>  
Help me love my baby - <https://www.youtube.com/watch?v=rZmb7SCreBk>