

Trauma handout (SAFE Policy)

Learning how to help children in crisis requires that we understand what ordinarily goes right in child development in order that we recognise that we are working not with bad or manipulative children whose behaviour is intentional but instead with very damaged children.

Such children have been traumatised but not in the sense of single-episode trauma. Trauma which creates the type of psychological damage we can see in the children we support is usually not generated by single events. It tends to involve situations of prolonged neglect or repeated, significant physical and /or psychological abuse by an intimate person e.g. a parent. Such neglect or abuse severely interferes with normal emotional and psychological development.

When an infant begins to crawl and walk they begin to use attachment figures (familiar people) as a secure base to explore from and return to. Attuned caregiver responses lead to the development of patterns of attachment; these, in turn, lead to internal (mental) working models, which will guide the individual's perceptions, emotions, thoughts and expectations in later relationships.

Learning about the world for the child must ultimately involve them developing the capacity for reflection on the mental states, thoughts, feelings beliefs, and desires both of themselves and of other people. In order that the child can develop its own theory of mind it is however critical that carers are 'mind minded', i.e. able to translate a child's experience as they grow in such a way as to enable them to characterise and identify the child's thought processes for them.

This helps the child to create secondary representation of their original affect and leads to the capacity for reflective thought, which is also involved in guilt (Fonagy *et al* 2003). The psychological self develops from a multitude of such transactions with the caregiver.

The child cannot find his or herself in the mind of a parent who is not 'mind-minded'. Gergely and Watson suggest that at first we are not introspectively aware of our emotional states. Our representations are based on feedback from the external world. Social bio feedback via parental mirroring of infant affect enables the infant to develop a second symbolic representation through internalising the response of their carer; it is critical that the parent

both accurately mirrors the child's emotions and signals so that what the child is seeing is a reflection of the child's emotions and not the carer's.

The seemingly difficult task of mirroring the child's emotions but signalling that the parent is not themselves experiencing them is accomplished by what Gergely and Watson termed markedness, which involves an exaggerated version of the emotion felt by the child being modelled by the parent. This pretend play establishes the emotion experienced as not belonging to the parent and therefore to the child.

If the caregiver cannot do this, it is the caregiver's state of mind and their emotions e.g. anger that the child will receive rather than the help to develop insight into their own mind. The child needs help to develop the secondary representation of their own emotional state that will ultimately enable them to distinguish how they feel from what is happening in the world around them and to 'own' their emotions rather than project them onto others.

As the limbic brain develops infants have impulses upon which they can act (e.g. hitting or kicking others) sometimes called 'limbic storms'. At this stage however they have no capacity to assess risk to self or others so they need their attuned carers to keep them safe. When they are about to act we want them initially to check with the carer (e.g. before trying to pick the cat up by its tail...).

Ultimately however we want them to be able to distinguish between how they feel, what is happening in their internal world and what may be happening in the external world and to be able to own and therefore potentially inhibit what may be an aggressive impulse.