Psychological reactions to war and trauma:

A webinar series for psychologists, psychology students and other helpers







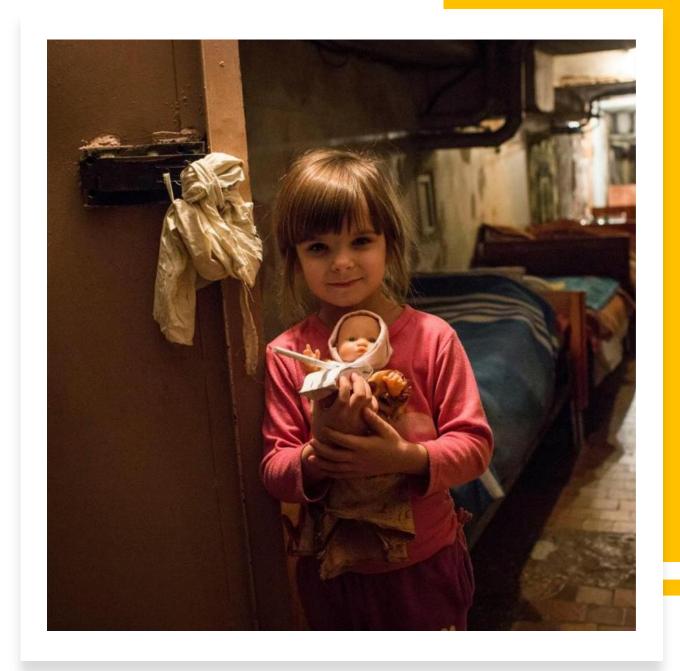






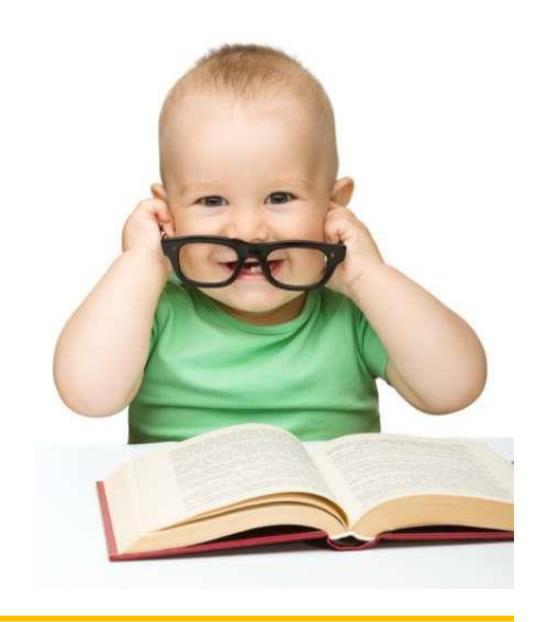
Helping pregnant women, parents with infants and young children facing war, insecurity and trauma

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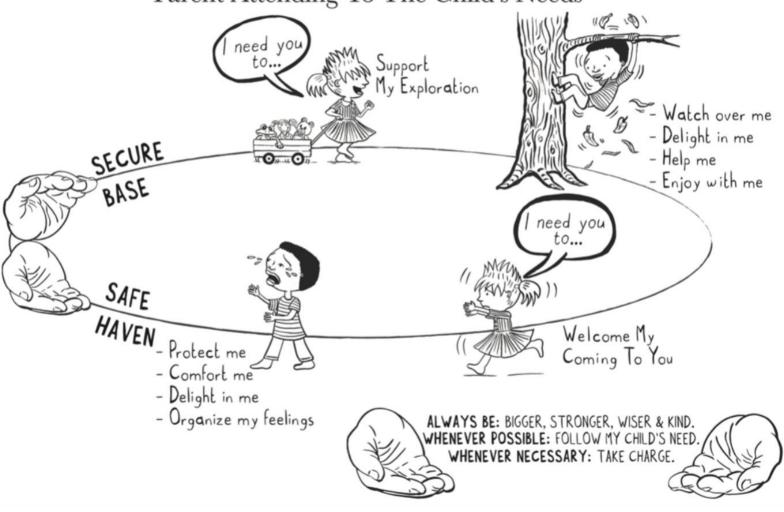
Plan for this talk

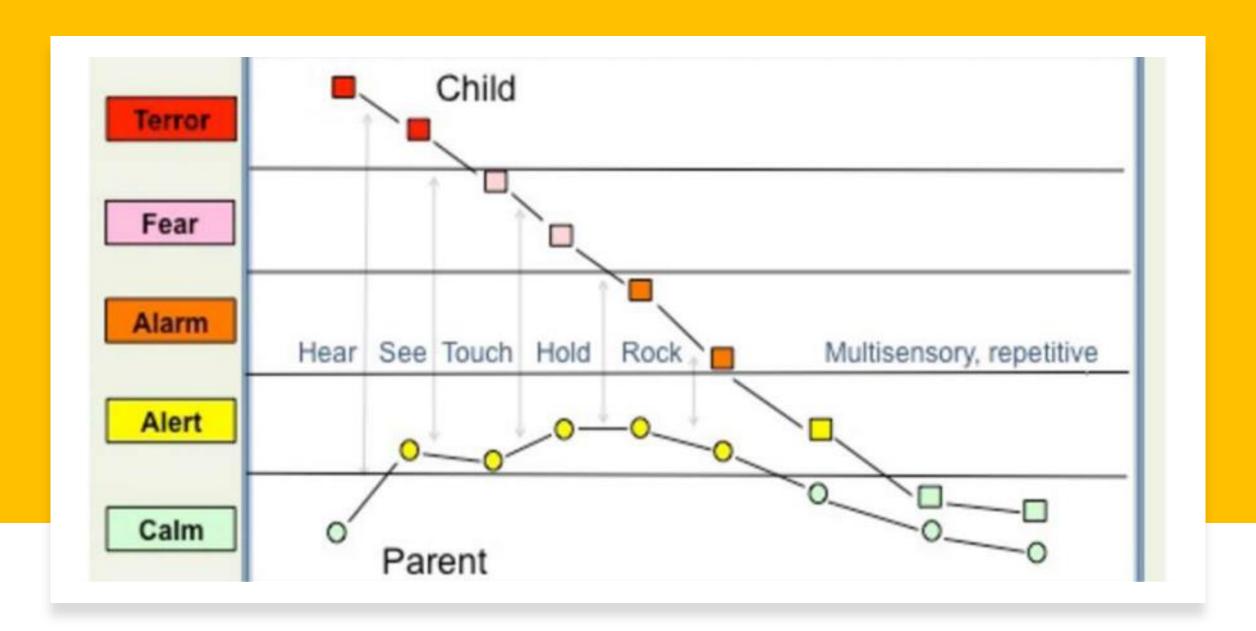
- Attachment theory
- Principles of recovery
- How to help pregnant mothers and their unborn child
- How to help mothers /caregivers with infants and babies
- How to help mothers of toddlers and preschoolers
- What do the helpers need



Circle of Security®

Parent Attending To The Child's Needs





Hyper-arousal

High energy Anxiety Anger Overwhelm Hypervigilance Flight/Fight Chaotic

Window of Tolerance

Grounded Flexible Open/Curious Present
Able to Emotionally Self-Regulate

Hypo-arousal

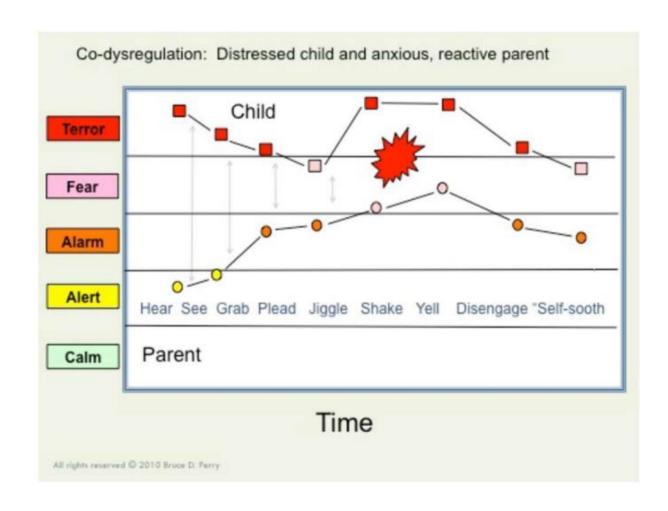
Shut Down Numb Depression Passive Withdrawn Freeze Shame Hormonal activity

Anxiety, Panic, Hyperactivity Symptoms of Un-Discharged Exaggerated Startle **Traumatic Stress** Inability to relax, Restlessness Hyper-vigilance, Digestive problems **Emotional flooding** Chronic pain, Sleeplessness Stuck on "On" Hostility/rage Normal Range Depression, Flat affect Lethargy, Deadness Stuck on "Off" Exhaustion, Chronic Fatigue Disorientation Disconnection, Dissociation Complex syndromes, Pain Low Blood Pressure Poor digestion

Trauma my be a threat to the child, and the dyad

When the interaction is dysregualted





Principles from recovery, reduce stress after trauma

- Install a sense of safety,
 - Use structure when organizing activities, predictability, give information, be respectful, validate feelings
- Finding ways of calming oneself,
 - Learning techniques and practise them on a regular basis: Breathing, mindfulness, stretching, yoga, grounding (lower pulse/heart rate)
- Have a sense of control, believing your action can have a positive outcome
 - Your opinion matter, you have choices, you can influence your life even if it is hard
- Connect with others find support, and give support, believing your group/community can overcome together. Social
 support is one of the most important principles
- · Re-establish hope
 - Picture your goals, talk about your wishes for your children. You can draw inspiration from historical and cultural important stories.
- Hobfoll et al (2007) BLP / SAMSHA



Pregnancy.
-a sensitive
period full of
change

- Playing with thoughts of becoming caregivers and imagining the child, the parents prepare to connect and protect the child after birth.
- Mothers who form a prenatal attachment are more sensitive toward the infant after they are born.
- They are more open to interpret the child in a positive way

Trauma and stress may interrupt the pregnant mothers bond to the unborn child

- Feeling helpless, overwhelmed by the situation may disturb the mother in imagining the child or draw from her childhood memories and see herself as a mother
- Becoming self absorbed in anxiety driven thoughts, leaving no space to reflect on the new identity. It may feel very uncomfortable to look inwards
- Physical pain and discomfort
 - do not want to focus on the growing life or don't have the strength to imagine the responsibility

(Broden, 2004 Pregnancy, a time for possibilities)

How to help mothers connect to herself and to the unborn baby

- Help to shift focus from the pregnancy and (the partner) to focus on parenting and the newborn infant
- Help parents look at how to care, and the child's need for support – some children will need something extra
- Help make mental space for the newborn in families with many challenges (illness, adversities, crisis)

Group intervention for pregnant mothers PhD. Teija Ankes model:

- 3- 4 sessions where they talk about the psychological and practical themes
- The role of the mother
- The child's need
- The interaction –when needs clash and when they synchronize
- "Child in the mother": care for herself, what kind of mother does she want to be
- «When no one's needs are in focus», then what? (Aanderaa, 2020)



Helping parents with infants and babies

A new guideline to achieving better health for women and children

A qualitative evidence synthesis was exploring what mothers want from postnatal care

- They expressed a need for support to adapt to their self-identity as mothers, and develop a sense of confidence and a competence as a mother
- They wanted help to adjust to changes in their intimate relationship, including the relationship to their babies

Finlayson K, Crossland N, Bonet M, Downe S. What matters to women in the postnatal period: a meta-synthesis of qualitative studies. PLoS One. 2020;15(4):e0231415. doi:10.1371/journal. pone.0231415



Helping the mother with an infant

- Create a «safe environment»
 - who can support with practical help? Provide mothers rest, schedule help, follow up with home visits?
- Help parents and the infant to get to know each other
 - The only communication is the cry- how to differentiate the cry
 - Newborn babies are different from birth
 - Establish sleep and eating routines
- In a study, they looked for common factors in the mothers and in the child. What help them share pleasure? They found that mothers and babies shared pleasure when able to read each others cues and respond to them. Puura, (2019)
- Sensitivity and responsiveness are important factors in interventions for strengthening attachment

(Handbook of attachment-based interventions, Steele & Steele (red,) (2018)



Trauma affecting babies

- often the same for mothers
- Trauma is an experience in which powerful and dangerous stimuli overwhelm the child's development and *regulatory capacity* including the capacity to *regulate emotions*-
- The baby has insufficient resources to cope
 - Increased restlessness- «I am not sure my needs are met»
 - Sleeping a lot, crying a lot
 - Skin colour may change
 - Eating difficulties- not eating or overeating
 - Social contact affected shutting down?

Ongoing crisis for the mother is a risk for the child

- Psychological distress caused by stressful life events may make parents more negative towards the infant's or toddler's attempts at **autonomy and social behaviour**, and **less sensitive and responsive in face-to-face** interactions (Campbell, Cohn, & Meyers, 1995; Choe, Olson, & Sameroff, 2013; Tein et al., 2000).
- Stress can lead to mistrust and self-doubt as parents
 - Absence of facial mimic, flat in expression
 - Eye contact is reduced
- Mentalization is reduced: «This is a difficult child» may lead to lack of mirroring and synchronicity
- The baby may fail to learn to «read» facial expressions and not learn cues (Perry, 2015)

Helping mothers and babies and their interaction

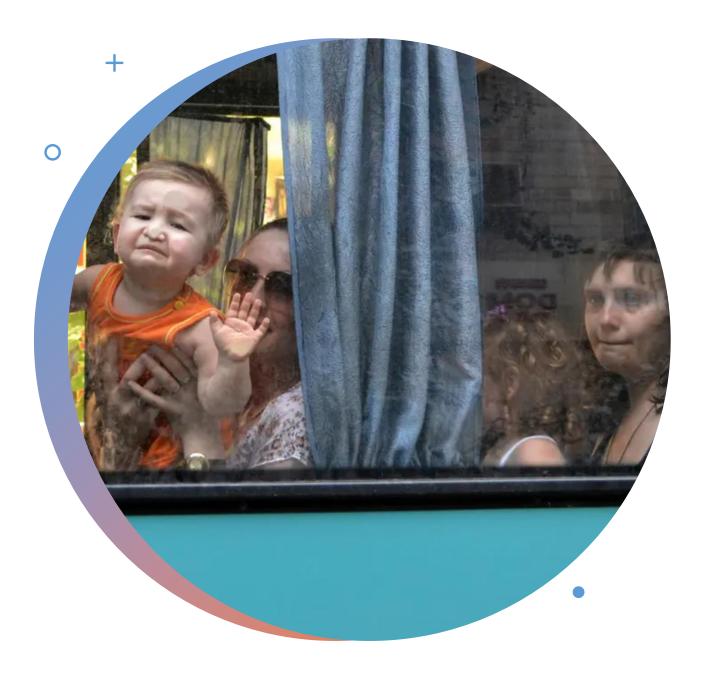
Helping the mother

- Practical help: Social support, establish routines. Calming exercise (2 -5 min)
- Confidence in being a «good enough» mother/caregiver. Highlight the moments of connection.
- Being sensitive to the child's cues
- Structure activities
- Not invade the child
- Show kindness

Helping the dyad

- Be the voice of the baby- articulate what might be going on on the inside and outside- «I need you to look at me»
- Tell the baby what's going to happen
- Help to explore this particular baby`s signal- eye contact and pausing
- How does the child invite his parents?
- How does the child respond to his parents?

(Emotional avaiability Biringen, 1998)



Helping parents with younger children

Take in account:

- Developmental stages
- Temperament
- Language skills
- Understanding
- Age
- Autonomy
- Gender

Toddlers and preschoolers need to be supported

- The child seeks more and more its own autonomy
 - This may lead to more conflicts and disagreements as they need independence, and at the same time a lot of help
 - The child will be attached to one caregiver in particular, and will try out protesting and grieving when the caregiver leaves
- Emotions are still intense. The children cannot yet fully regulate themselves, or understand their emotions
- Ruptures is are common and normal. Conflicts happen several times during a day. Repairing is important for the child –Learn to overcome stress
- It is normal for children to have a lot of fears- magic imagination (darkness, sounds, new places can be scary). They do not yet have the mental capacities to understand the whole picture

Trauma may affect children's behaviour: Developmental challenges are increased by trauma

Toddlers and pre school children may react by:

- •Clinging don't want to be left alone -more difficult for shy children?
- Separation anxiety -fear of losing someone you love (threat)
- Food and sleeping problems –cannot calm down (nightmares)
- Repetition in behaviour and in play –play out the trauma (chaos)
- Passivity and helplessness –shut down, but still in stress
- Loss of skills –acting as a younger child

Helping parents parent

- A toddler will misinterpret face and blame himself
 - Talk about the situation, give age appropriate information, include the child in the conversation with others
- Need of outer structure, and reassurance
 - Be clear about what you expect of the child (age appropriate)
 - «Mummy is here, it's going to be fine, you are not alone, I will help you»
- Some behaviour is not accepted, but expressing emotions are; When the child's emotions are intense, parents need to stay calm and present, patiently wait, not talk, stay close until the toddler is calmed, then explore what happen
- Fears and worries- invite the child to share about the fear, explain the tension it creates in our body, explore what can make the child relax and feel safe. Use creativity for exposure, let the monsters out. Give reassurance

Activities to help toddlers and preschoolers deal with traumatic events or transitions

- Make a story so the trauma event becomes coherent
- Play together
 - Follow the child's initiative. Listen. Trauma will often be played out, might sometimes need many repetitions- follow and comment what you see and what the child might feel
- Make a story with roleplays- let the child be the director
- Write the story, make a hopeful ending, draw pictures and read it together
- Read stories about emotions

Help the caregiver be aware of their «regulatory tools»

- Expression (angry/hostile, depressive/flat, fearful, enthusiastic/joyful)
- Physical contact/closeness (quality, natural, invading)
- Gaze and eye contact (quality, look and smile, checking in)
- Voice and tone (warm, affect, flat, positive, negative: how does the child make you feel)
- Verbalizing, talk about what's happening (verbal/non-verbal (quality)
- Social initiatives (inviting or instructive)

Validate emotions: «Tuning in to Kids»

- a parenting program and a group intervention
- An emotion needs to be seennotice that the other person is feeling something
- Putting words to emotions shows that we understand how the other person feels
- The other person has a need that should be met-comforted, to feel safe, be acknowledged or set a boundary

Emotion focused communication (Stiegler, Sinding & Greenberg, 2018)

- Become aware of their emotions, especially if it is of a lower intensity (such as disappointment or frustration)
- View their emotion as an opportunity for intimacy and teaching
- Communicate your understanding and acceptance for the emotion (empathy)
- Help them use words to describe what they feel
- If necessary, set boundaries to help them solve problems. You may also communicate that all wishes and feelings are acceptable, but some behaviours are not

Tuning in to kids- group intervention

(Havighurst&Harley, 2007)

To sum up: protection of the interaction between the (unborn)baby, toddlers, preschoolers and the caregiver

- How to help themselves, find ways to regulate their own bodily stress (routine).
- Help caregivers find time to be together with the child in play, follow their play
- Help caregivers talk about their struggles in parenting, on their own terms
- Help them take the perspective of the child
- Supportive network: so the mother/caregivers can get some help and rest
- Help to normalize the child's behaviour, help to stay with the child's emotion
- Remind the child they are loved, their emotions are accepted even if all the behaviour is not, their parents will always help them



What do helpers need to know?

- Mothering the mother
- How to stand in the gap, helping caregivers to care

«Mothering the mother»-a relational experience of care, how to use this for yourself

- Care at the workplace? –breaks without talking about work, encouraging culture, use humour, have lunch together. Socialising is regulating –acknowledge you are doing an important job and you make a change!
- Self compassion: schedule time, regularity is better than the length
 - Acknowledge your strengths
 - Help yourself be sensitive to signals –mindfulness, meditation
 - Taking time to self care is like filling the car with petrol
 - Take care of the body, create a healthy routine: how to release muscle tension, exercise
 - Remind yourself of the motivation, your values
- Set boundaries in a respectful way- practice what you can say
 - Reduce guilt and self blame, rest or take action

Acknowledge you are doing an important job and you make a change!

Thank you for listening in!



Maria Prymachenko, A Dove Has Spread Her Wings and Asks for Peace (1982)

Thank you for your attention

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