

DEVELOPMENTAL REPAIR

A Paradigm Change for Intervening with At-risk Young Children

ANNE R. GEARITY, PhD

Implemented at WASHBURN CENTER FOR CHILDREN



Need for coherent plan for change.

“Understanding where you are going, and why, is critical to ensuring that all feet are marching in the right direction.”

Northwest Area Foundation report, 2011



The courageous Washburn paradigm shift

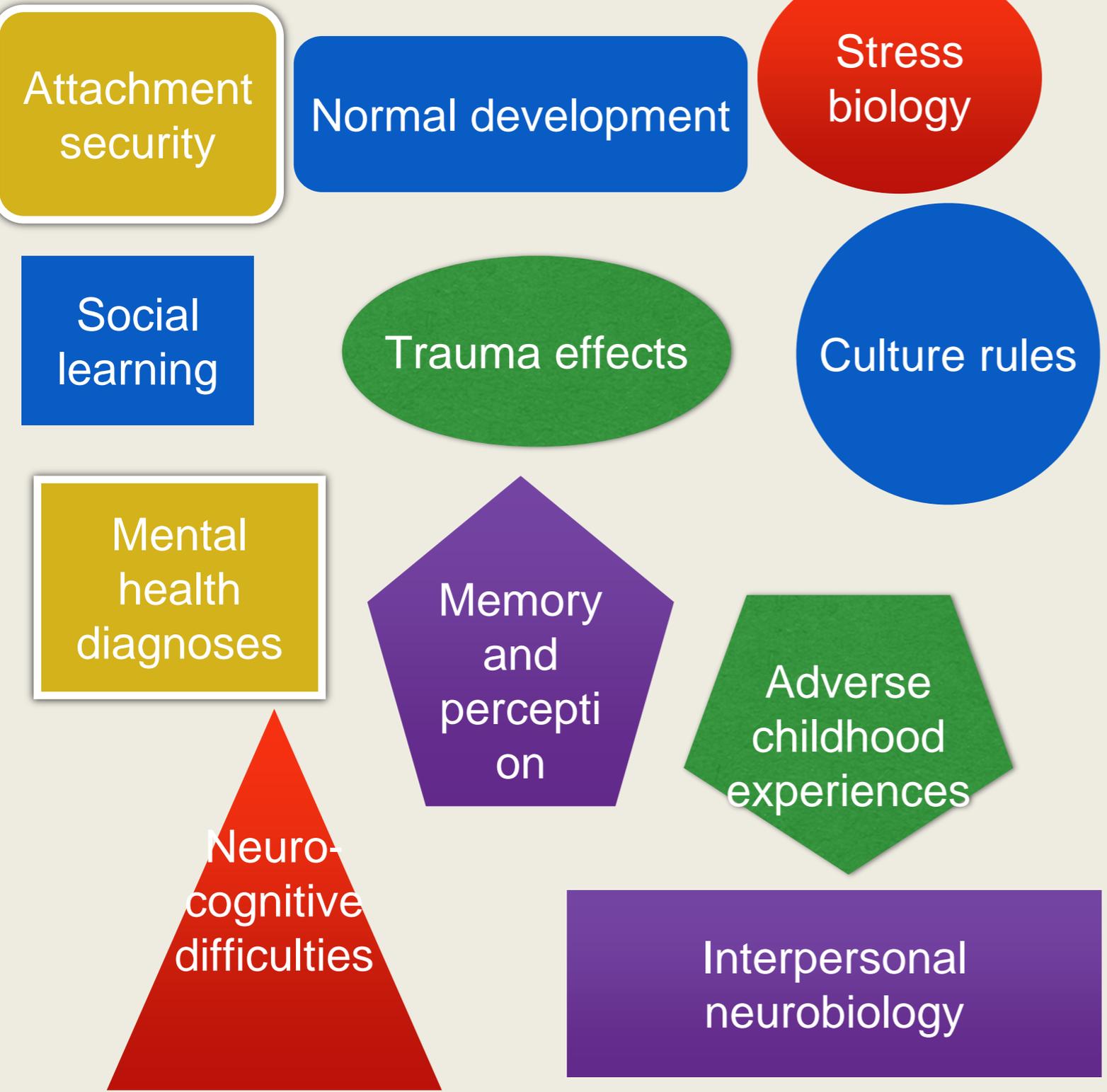
Change always comes with some trepidation and uncertainty. It can be easier to do things the old ways...even when outcomes remain limited at best.

The clinical challenge: to reconceptualize interventions for very at risk young children who are already being excluded in the community.

We thought *if we can help these children, we can help anyone.*



Translating research into practice



DEVELOPMENTAL REPAIR: A Training Manual

An Intensive Treatment Model for Working with Young Children Who Have Experienced Complex Trauma and Present with Aggressive and Disruptive Symptoms

by Anne Gearity, PhD, LICSW

AND YET:

"If you can't explain it simply, you don't understand it well enough."

Albert Einstein

Developmental repair described a state of mind, as well as a program model: it is the **intentional and practiced** stance that allows adults to remain **active regulating partners** for children who are unable to sustain adequate self-regulation and self-organization in the face of distress.



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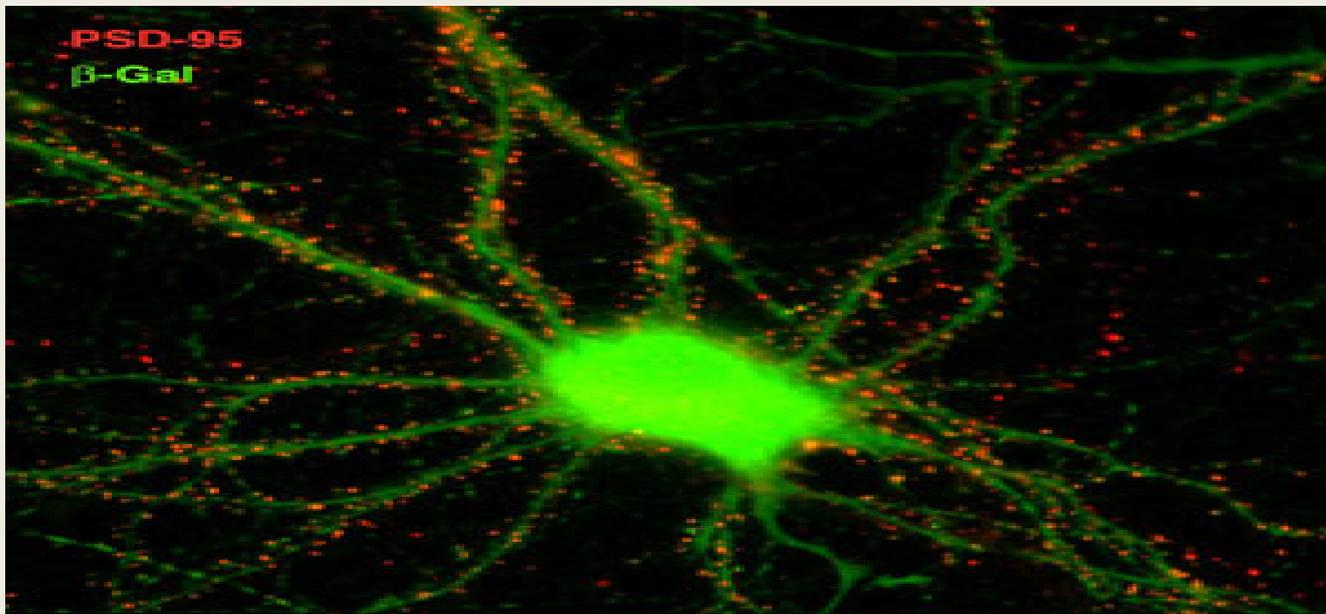
*An Intensive Treatment Model for Working with
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Stress is both experienced shared with others (objective reality) but also perceptions experienced within the child's body and mind (subjective reality).

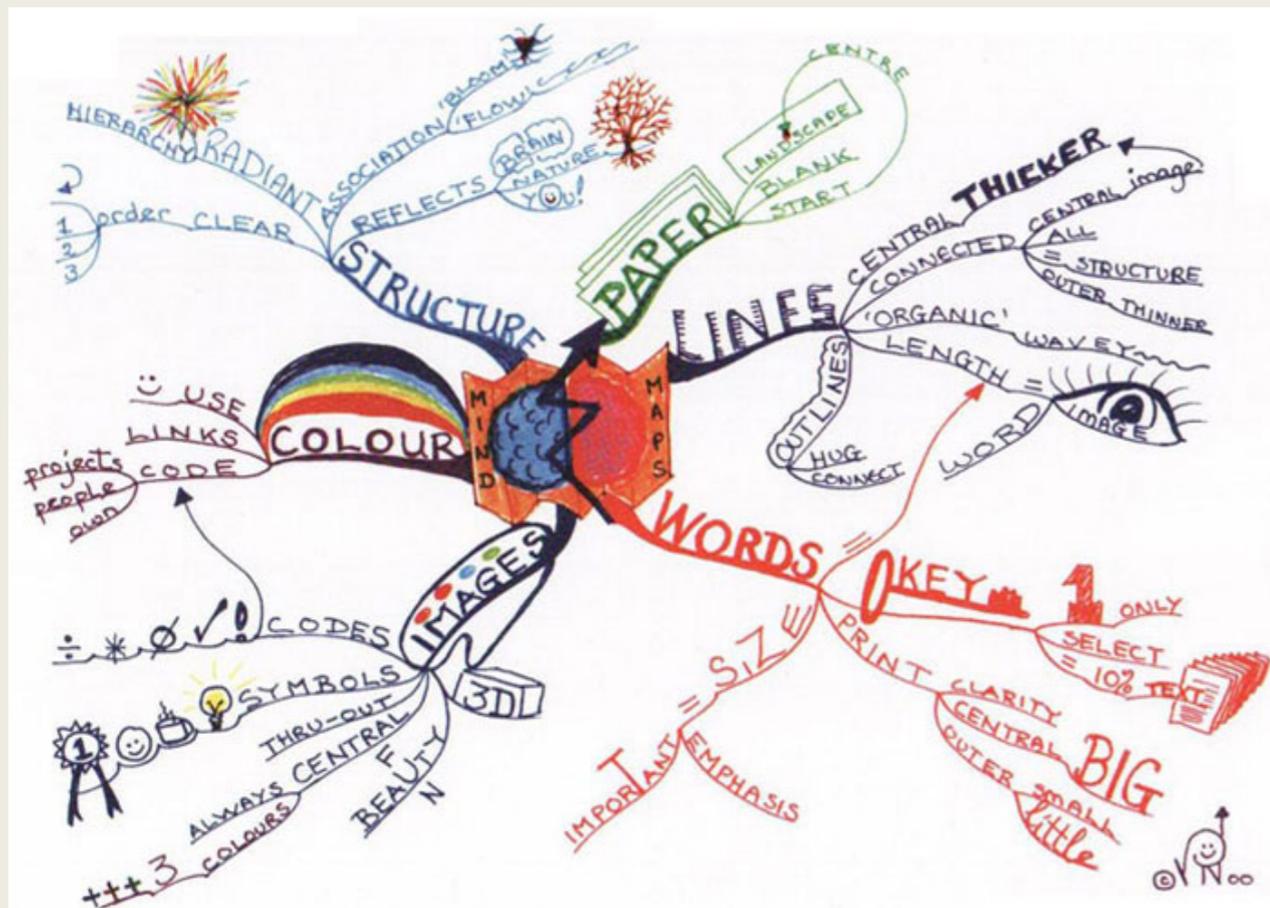
Distress describes the child's internal state of dysregulation and often, disorganization: *what is happening to me right now is dangerous.*





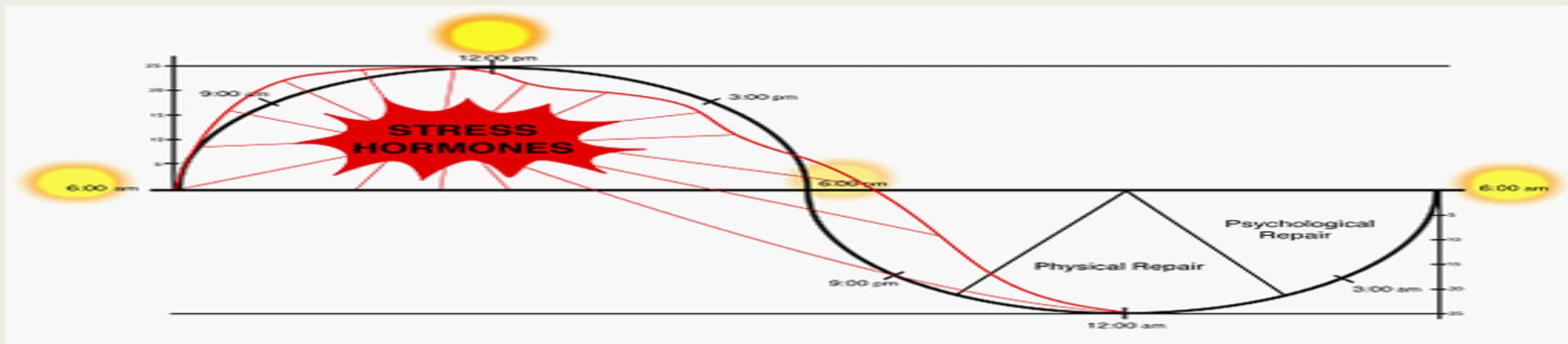
Body/brain mapping patterns of response:

“The brain is a pattern seeking, meaning making machine.” Freeman, 1995

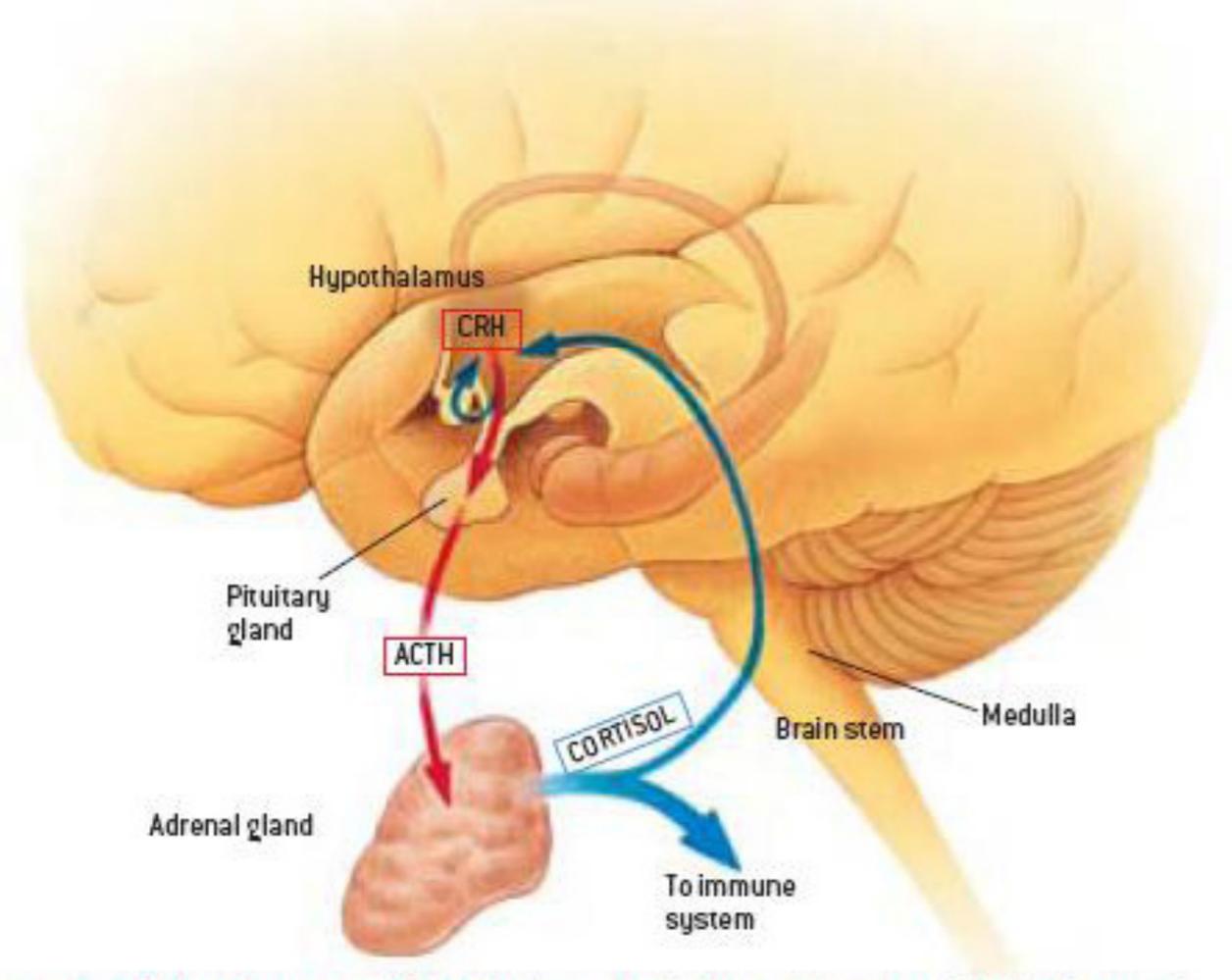


When stimulation produces too much activity – fear and *arousal* -- the brain gets confused. Patterns become rigid or chaotic.

The brain and mind must seek ways to manage this distressed state and regain restore safety, even when this means shifting to behaviors that are maladaptive.



STRESS RESPONSE SYSTEM



Stress biology

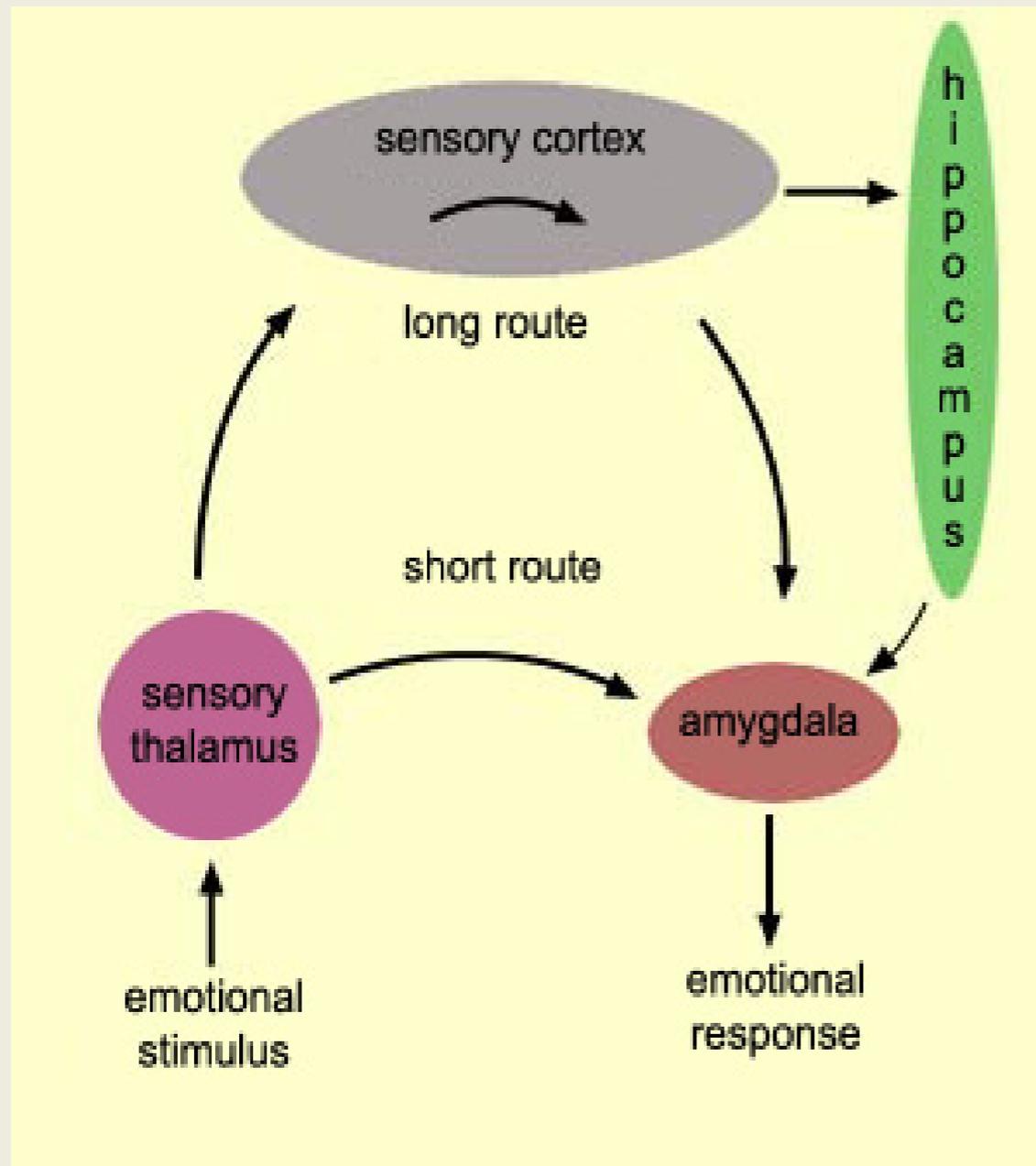
Stress is normal, and bodies are organized to manage reasonable stress.

Stress hormones cause the body to *rev up and be active*, and then calm down and recover.

Stress is tolerable with adult mediation; the body recovers.

Toxic stress occurs when stress exceeds the child's resources, and is too much, too long, with too little help.

Prolonged or toxic stress alters perception and memory.



- Toxic or prolonged stress causes the human brain to become vigilant and reactive to anticipated or presumed danger.
- New experiences are perceived through body memories of what happened before, or what could happen. Perception is distorted by fear and arousal, as are behavioral responses.
- Trauma memories are linked to arousal feelings (implicit) rather than specific events (explicit). This is how trauma memories persist.

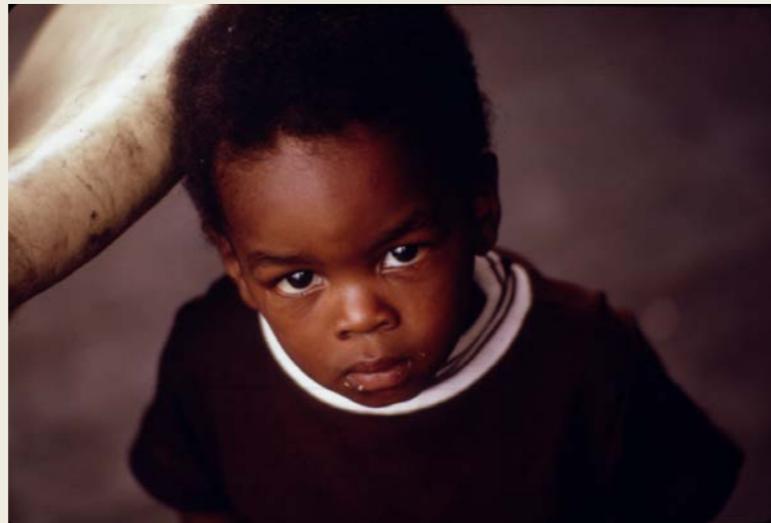


Fear to anger

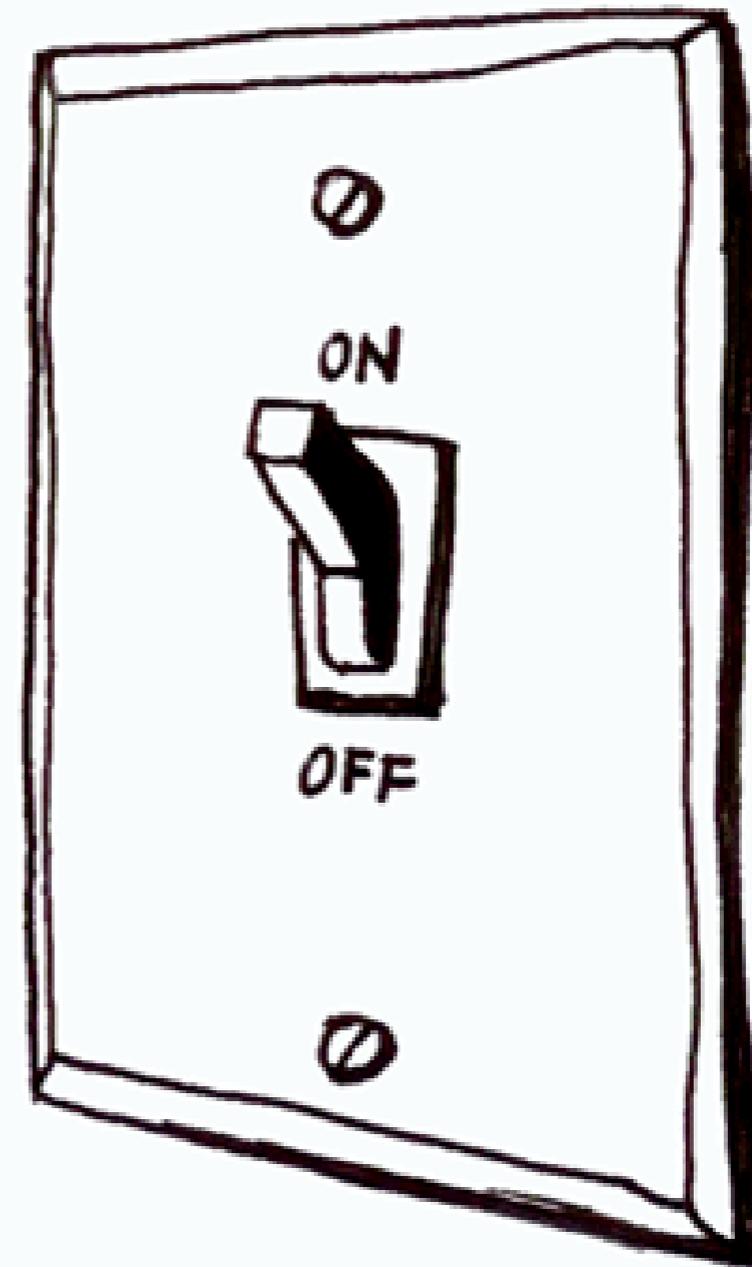
Instinct programs our frightened brains
to fight or flight (or freeze or faint)

Often children who feel vulnerable to ongoing or overwhelming traumas learn to cope by shifting to anger or aggression. This is how they stay active and approximate control.

Their other *option* is to *check out*, to disconnect (dissociate) from their own feelings. This is the *flight response*.



- Chronic stress confuses the body's mechanisms to recognize stressful signals.
- PTSD has been described as the failure of the stress system to turn off, even when danger is passed. This makes them extremely vulnerable for perceived danger.
- Often children will appear to be fighting even as their bodies/ minds have dissociated from the real events.



Interpersonal neurobiology

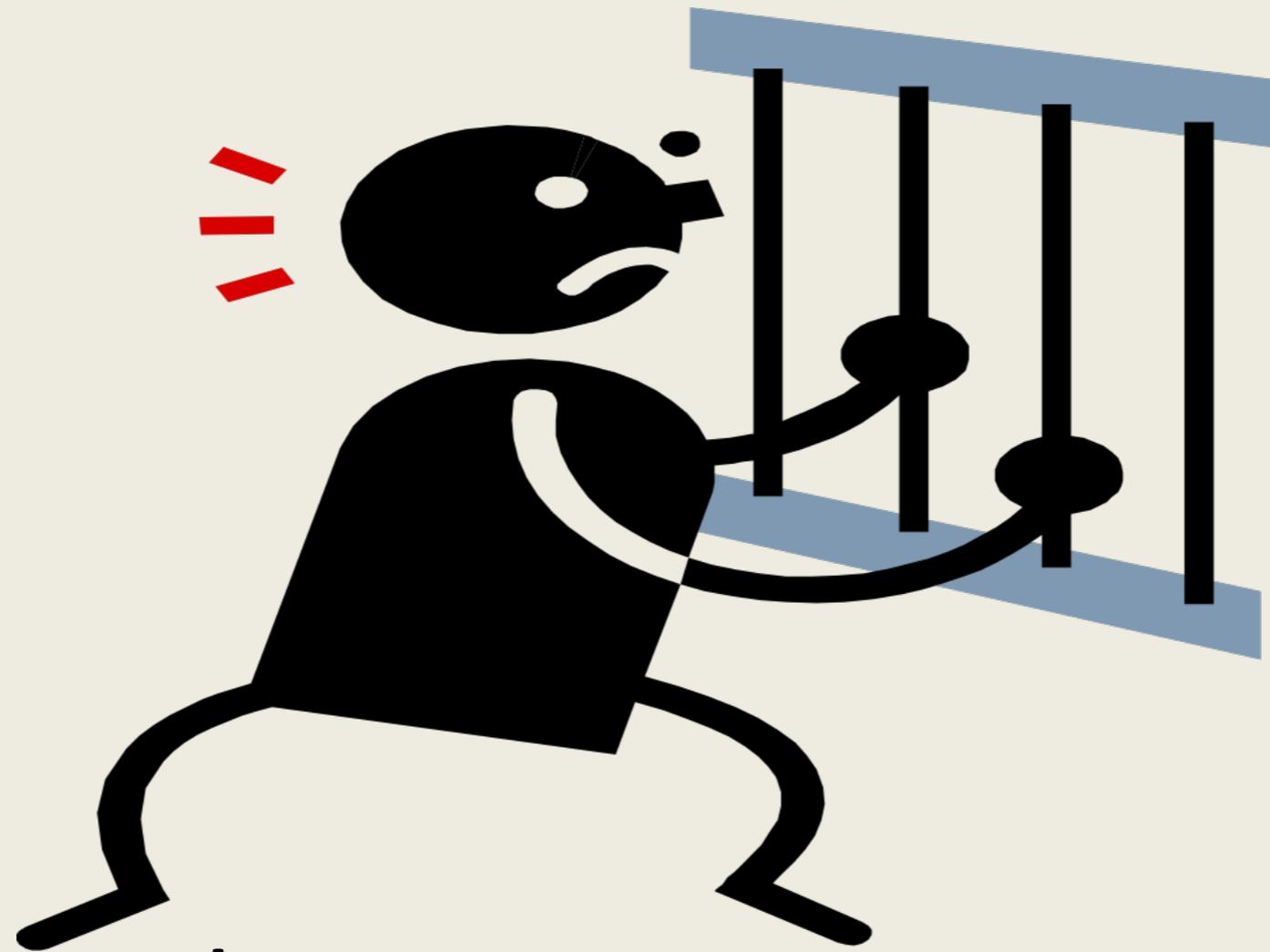
integrates how biology and relational phenomenon work together: children need **attachment** partners who can facilitate stress regulation until the child can do this alone. When this **attachment functioning** has been compromised, children struggle and need **repair**.

Contingency reinforcement is predicated on the first critical contingency: ***when I am distressed, you will come to me and soothe me; I will count on you.***



RETHINKING TIME OUT

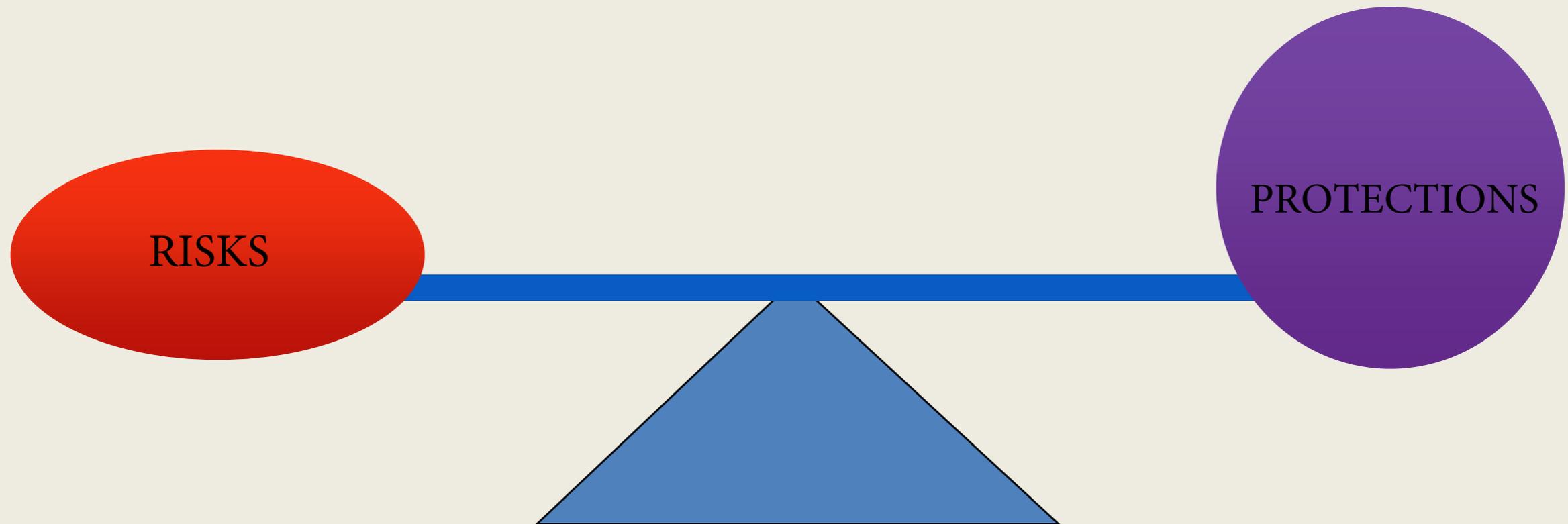
and harsh procedures: when children are distressed they perceive punishment as both rejection and retaliation. They are not in a state of mind (or body) to learn differently, and repair maladaptive efforts to stay protected.



Developmental Repair

approaches their behaviors (and internal distress) differently: as moments when adults can and must provide different help than they expect and assume so they can learn to become regulated and organized in more age appropriate and effective ways.

FOUNDATION # 1: Protection mediate risks



**Resilience = the ability to keep developing (learning)
in the face of adversity.**

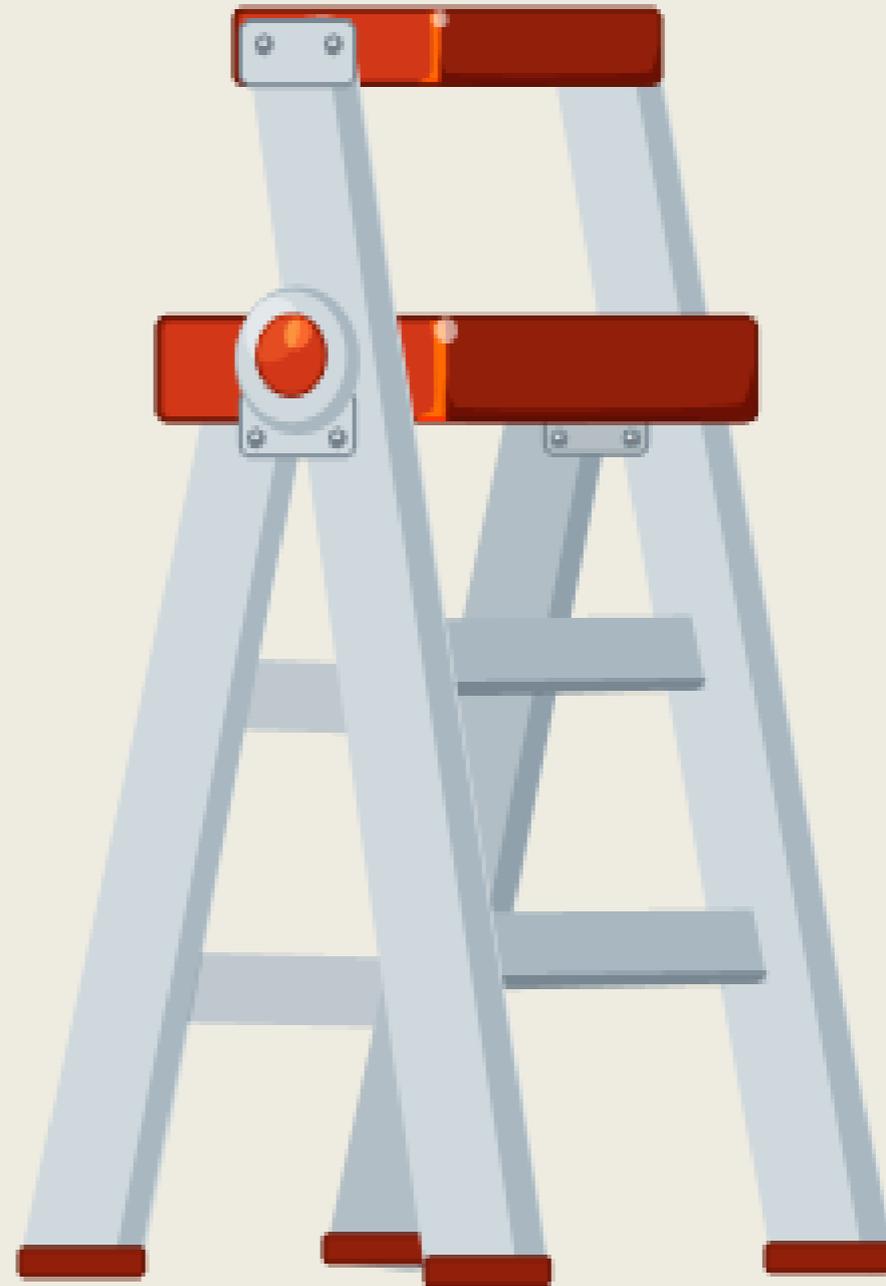
Normal development remains at the core



FOUNDATION # 2:

Repairing regulation is the primary goal

- Self regulation
 - (Guided self regulation)
- Dyadic regulation
 - (Child participation)
- Caregiver regulation



Single Slices / Peter Kohlsaat

I have to spend quality
time with my parents
or they'll become dysfunctional.



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Developmental outcomes of intervention

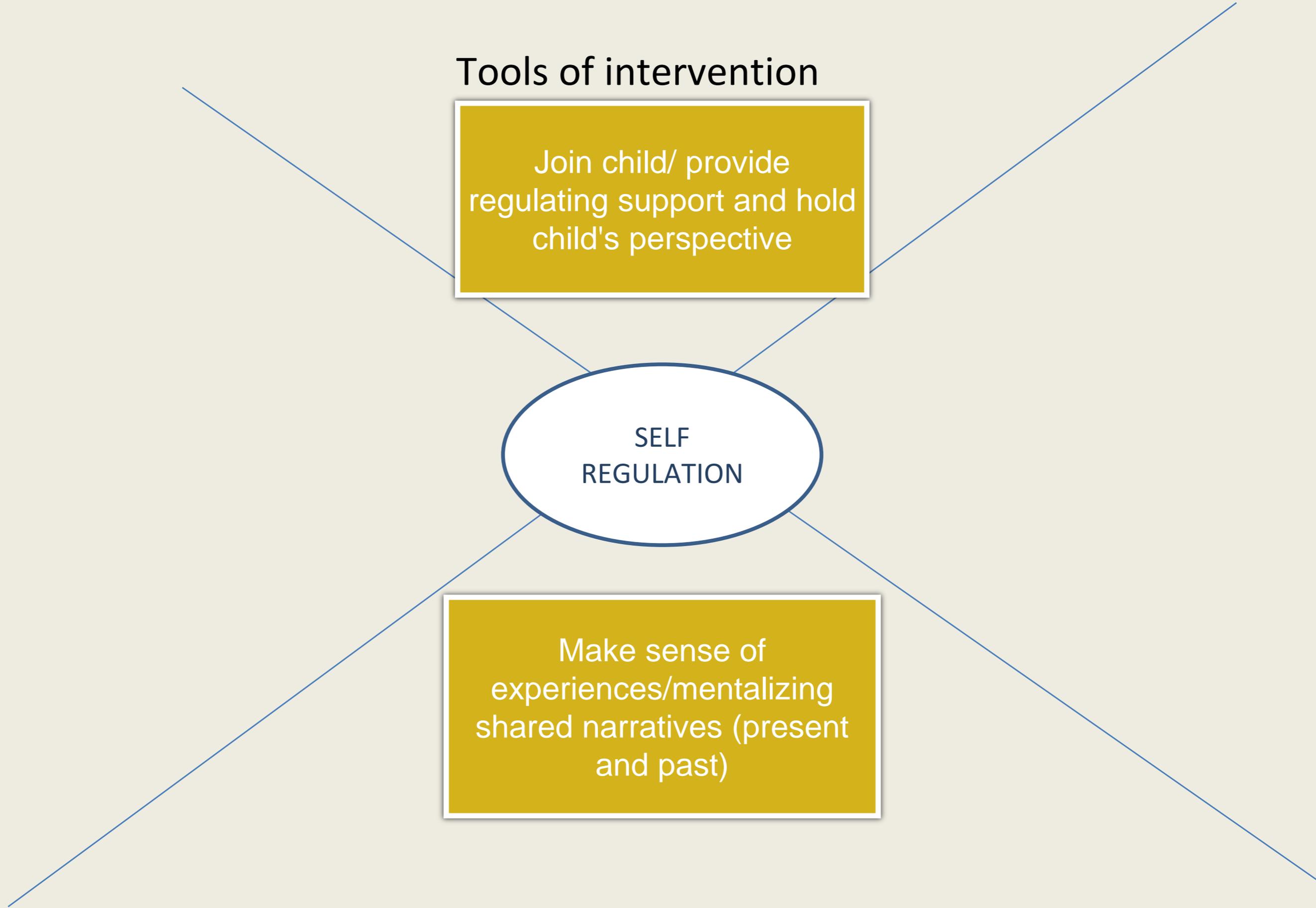


Tools of intervention

Join child/ provide
regulating support and hold
child's perspective

SELF
REGULATION

Make sense of
experiences/mentalizing
shared narratives (present
and past)



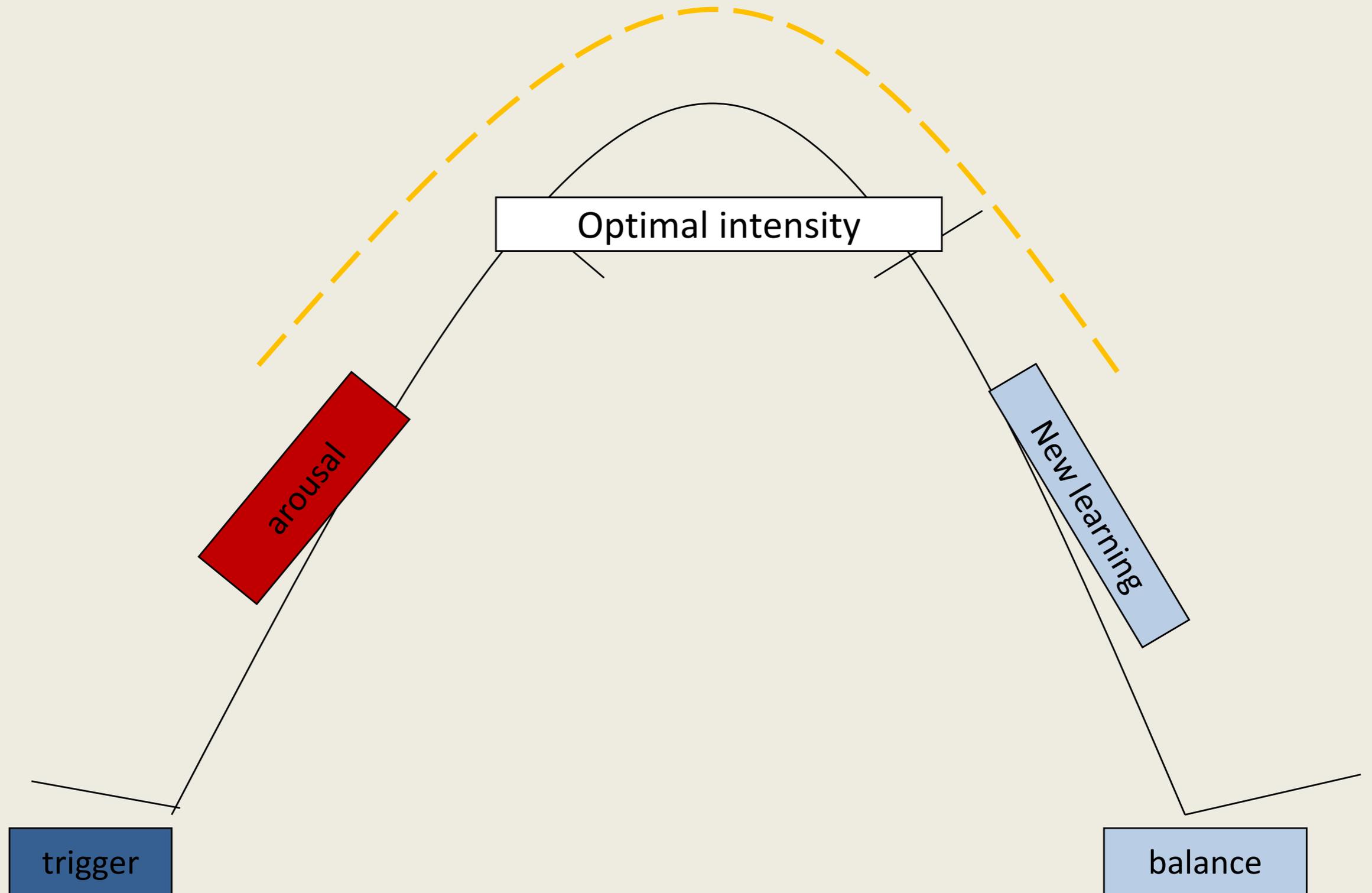
Joining:

active relational company that provides regulatory help so the child feels soothed. Content is much less important as providing organizing support. When the child feels safe and *with you*, then new learning can occur.

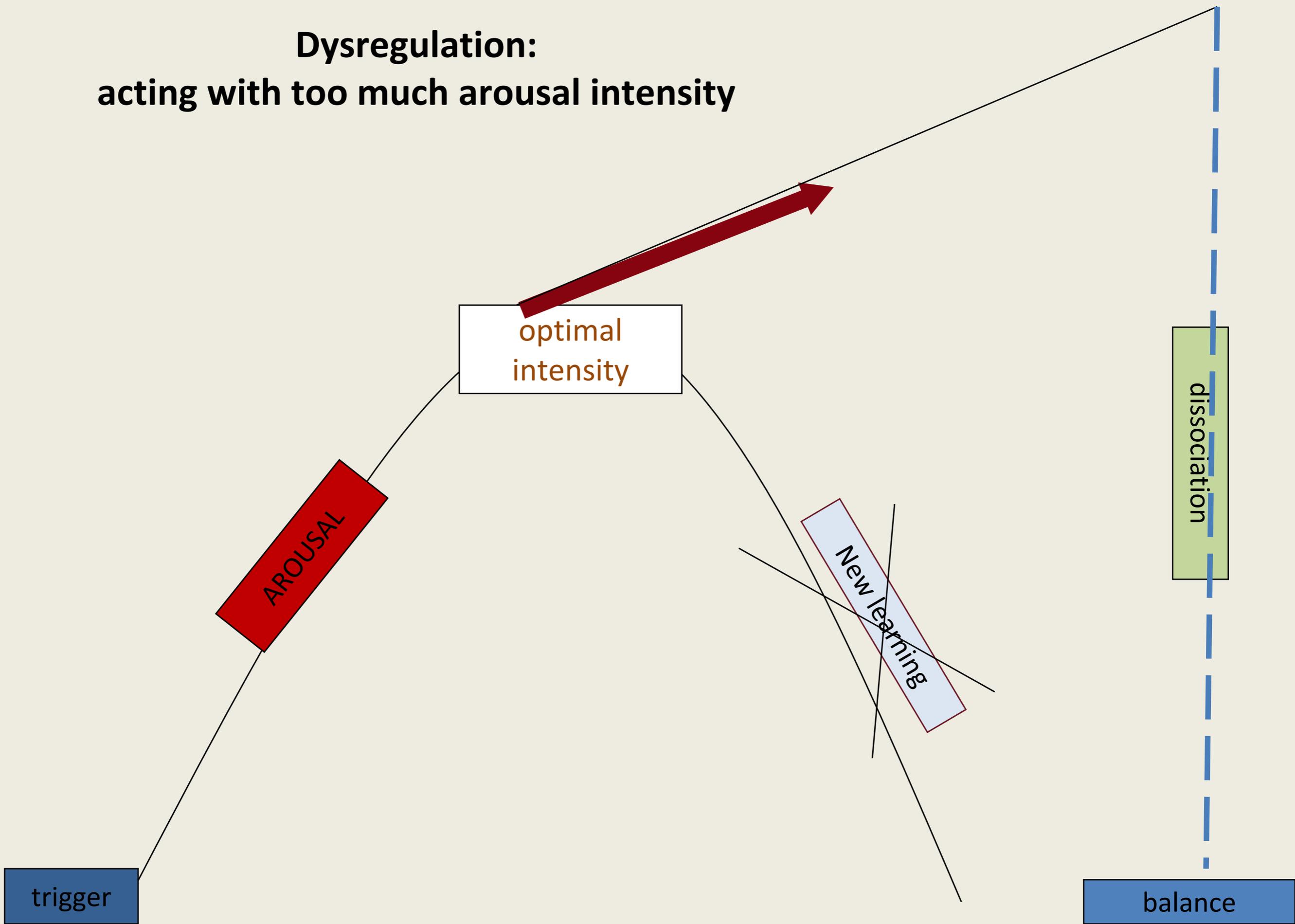
Mentalizing:

ability to see that thoughts and feelings guide intentions and actions; adults put words to the child's experiences (within and between) so that these can be shared and known and more conscious (vs. reactive, unknowable). Mentalizing permits reflection *what's happening in my mind*) and communication: *(my mind and your mind)*.

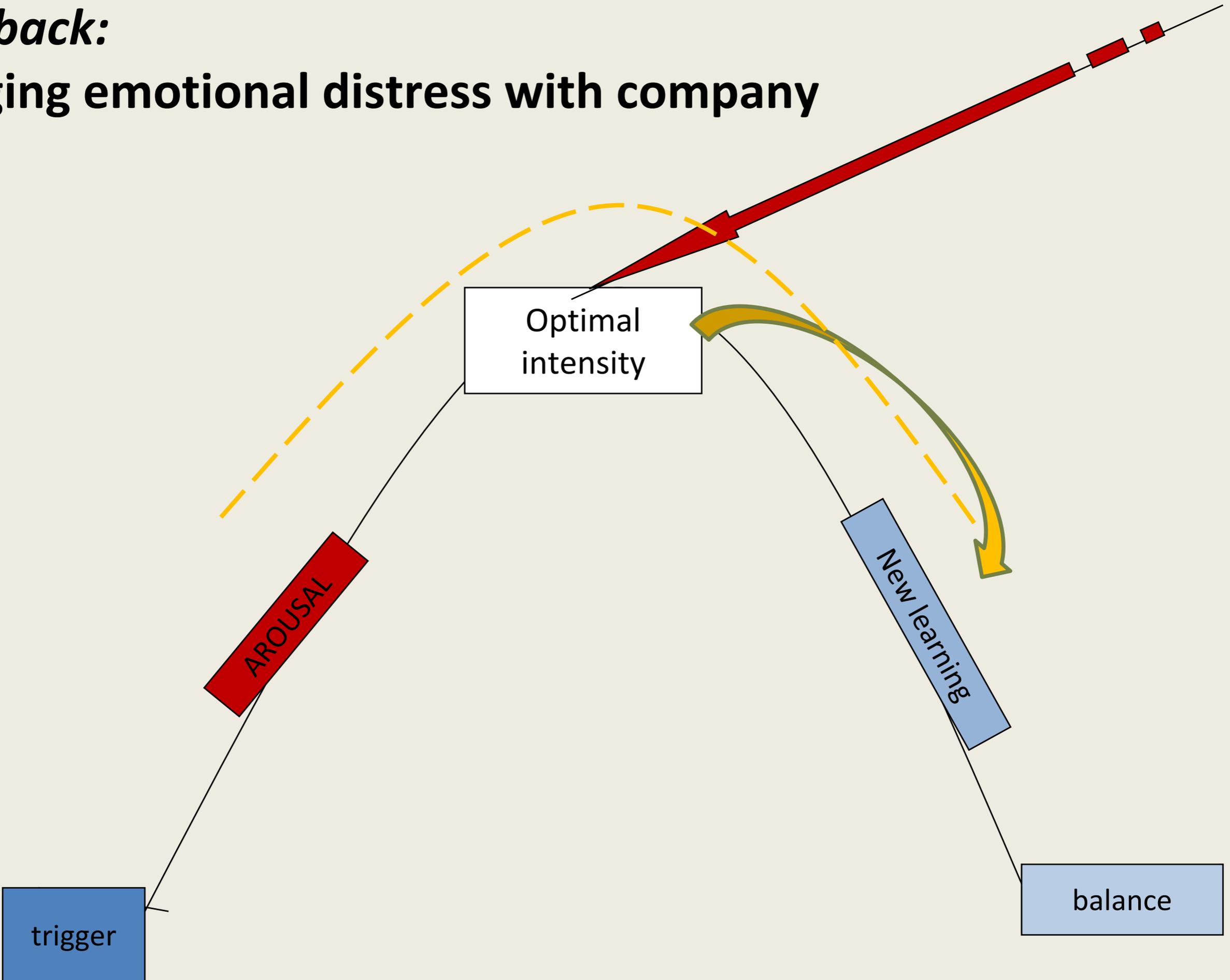
AROUSAL: moments of change



Dysregulation: acting with too much arousal intensity



Come back:
managing emotional distress with company



Therapeutic connection: talking to children in ways that joins and makes sense.

Developmental outcomes of intervention

Increasing
relationship
capacities/ adults,
peers

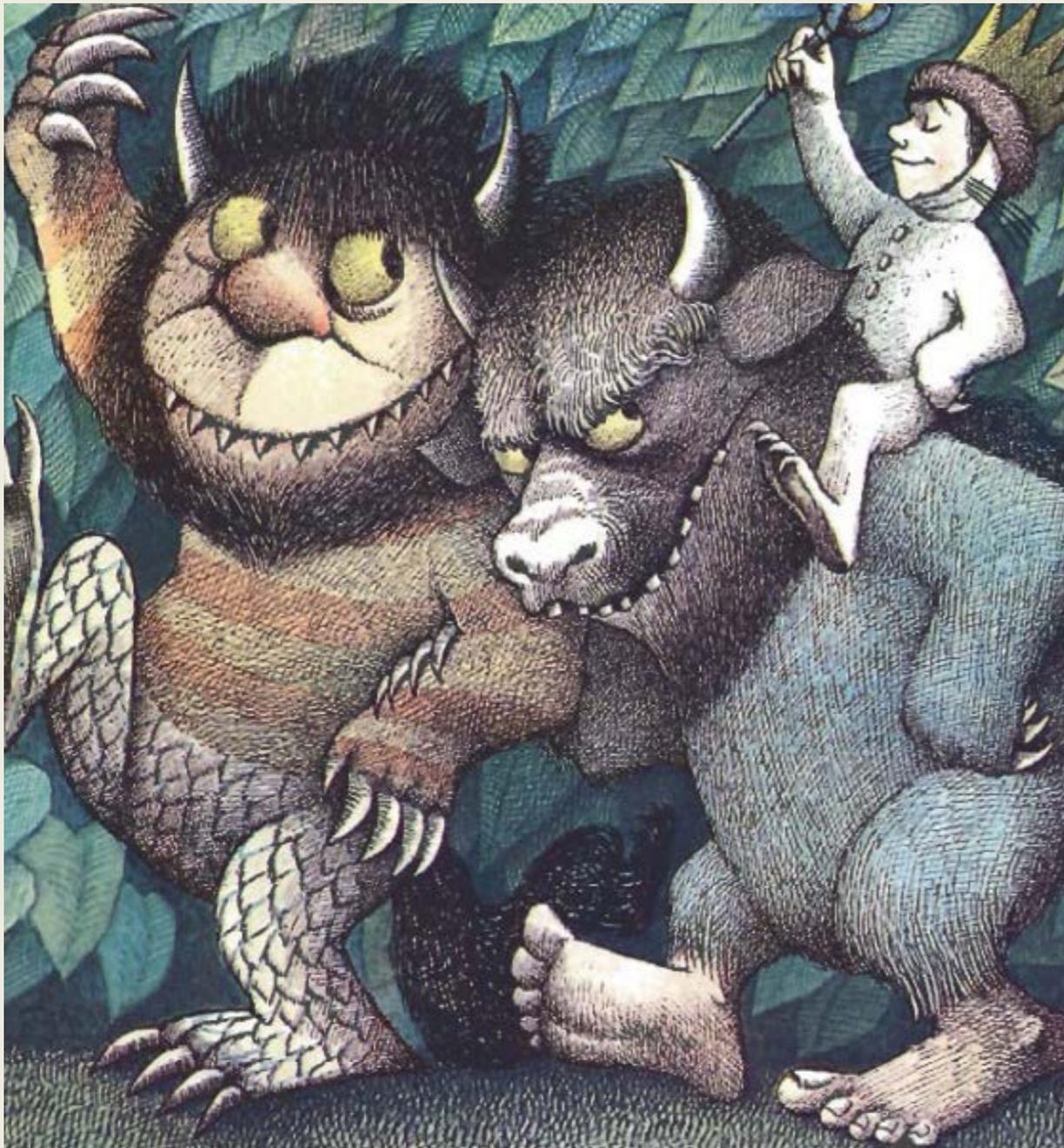
Behavior regulation

SELF
REGULATION

Emotion regulation

Self
awareness/other
awareness.
Availability to
learning

FOUNDATION # 3: keep children in their communities (even when it is hard)

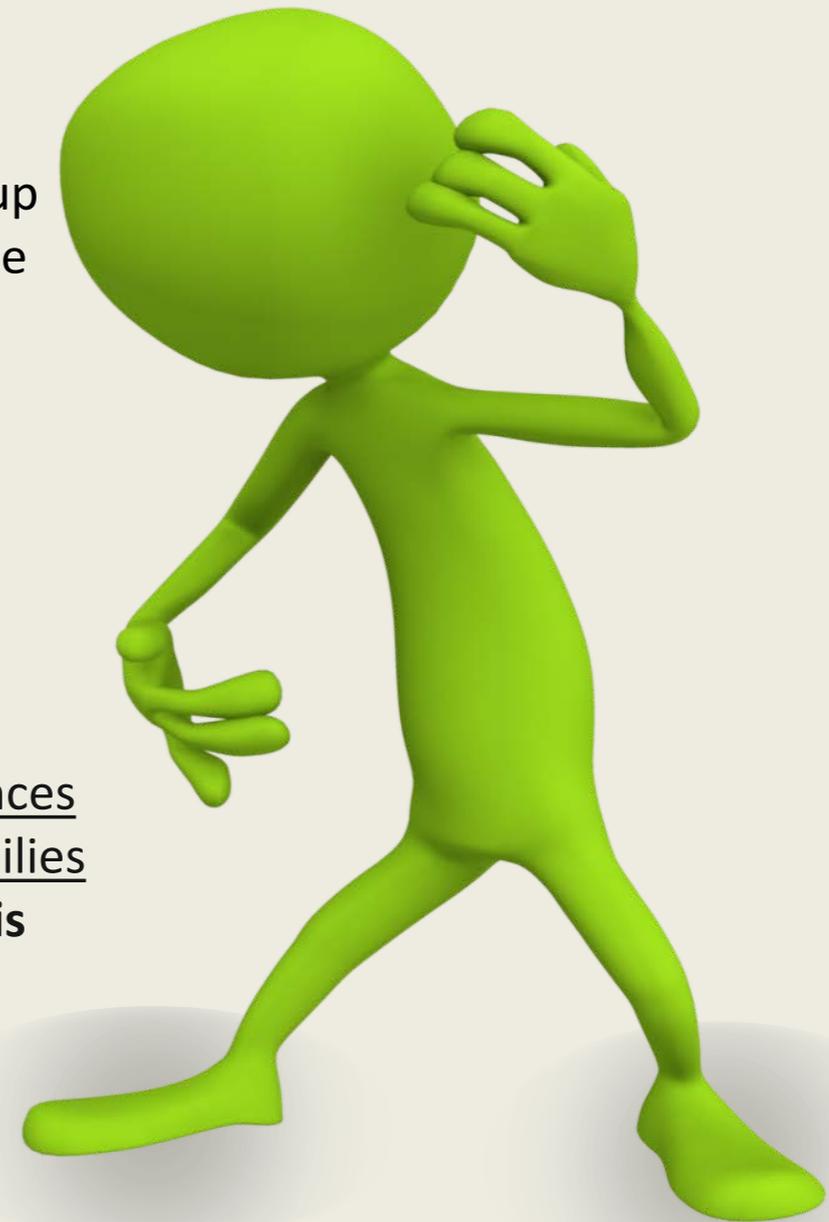


Partnering with schools, preschools, day care centers is critical to keeping children engaged and generalizing what they learn at home or in mental health treatments.

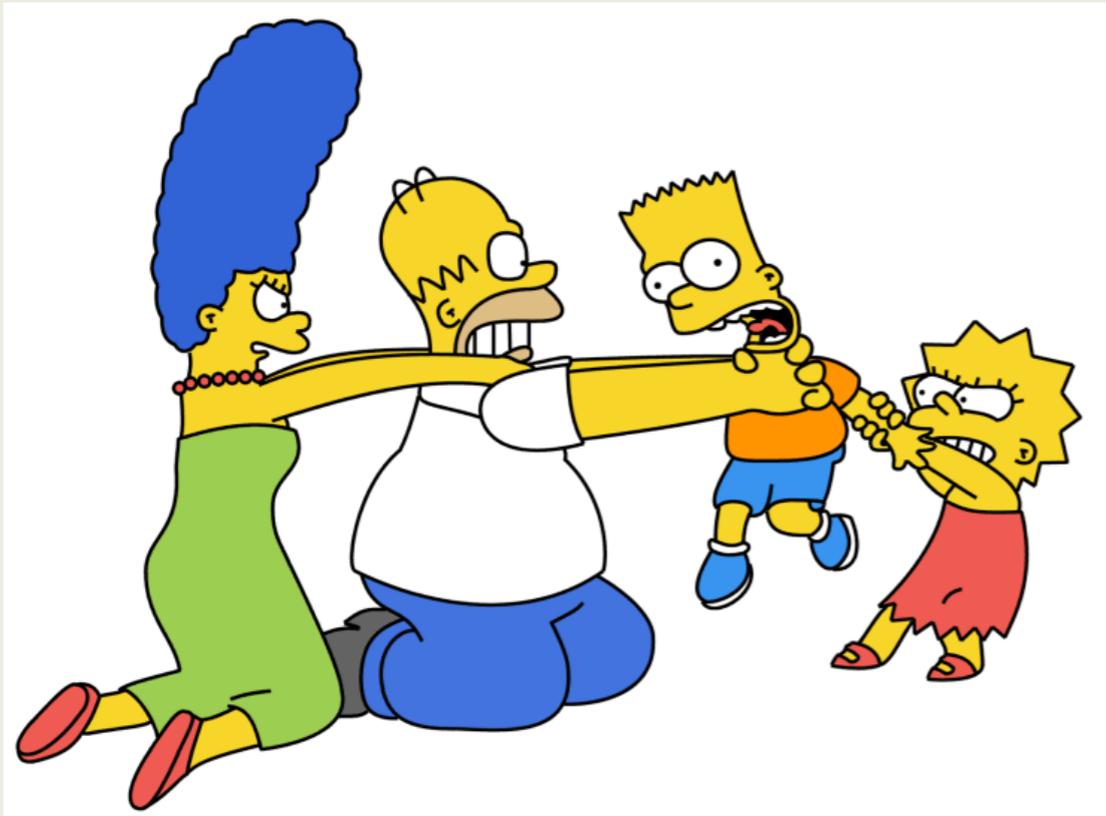
Paradox is the highest form of truth. Albert Einstein

Struggling with another dilemma

- 1 At risk children need to be fiercely in control for their own survival. They often struggle to participate within a social group and their symptoms become most evident when they are in the community.
- 2 Research is clear: do not aggregate children with poor social capacities because they negatively influence one another. They need new learning, repeated over and over and over.
They need adults to show them how; they need group experiences that provides extraordinary experiences for new learning. Families cannot do this alone. Schools must also change to provide this necessary and kind new learning
- 3 This paradigm shift must be consistent across all experiences if they are to change.
- 4



Family stress is always contagious



- Chronically distressed families will have similar experiences as their children. When families are overwhelmed it is more likely that they will feel confused or angry at their children who add to their stress.
- This is critical when families cannot provide stability.
- *Developmental Repair assume that children must learn new and better ways of being regulated as soon as possible, and ask parents to become part of this new learning.*

Outcome research



- Initial efforts (Bush funding) provides rich anecdotal evidence but data compromised by design.
- Informal tracking.
- Staff stability and commitment: benefits of having a logic model for treatment.
- Casey Family Foundation identified Day Treatment as a "promising practice."
- Challenge of evaluating high risk: outcomes will likely not be predictable upward: resilience is staying the course over time despite curves.
- Ongoing exploration of new evaluation tracking/ with some new ideas.



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Ongoing initiatives

- Continual access to manual on website and through google
- Used in multiple settings around the state (and nationally).
- Increased insurance reimbursements
- Staff development and training modules
- Workshops and conferences
- Therapeutic language trainings
- School consultations and growing school collaborations.
- DHS training for positive behavior interventions.

Practice repair



“Goodbye,” said Mr Gumpy.
“Come for a ride another day.”