Childhood Traumatic Grief Must Be Addressed

BY DIANA MAHONEY
New England Bureau

BOSTON — The assumption that tod-
ners and preschoolers are not emotional-
ly affected by traumatic grief in the same
way as older children and adults is not
only wrong, it’s dangerous, according to
Child/Adolescent Psychiatry.

Unaddressed traumatic grief in a very
young child can manifest as vague but per-
sistent fear and stress that threaten the
child’s core sense of safety and security.

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The loss of a loved one in childhood traumatic grief as well, where

child-parent psychotherapy (CPP) to be an

important ingredient for helping children who have experienced trauma.

The evidence for the efficacy of

child-parent psychotherapy can be an effective
intervention for helping infants, toddlers, and preschool children who have experienced trauma.

“In these kids,” she said, “the physical reaction is immediately evident when the loved one’s name is brought up or the topic of the circumstances of the loss is introduced.”

Although efforts to accurately define and measure childhood traumatic grief are just emerging, effective intervention is possible, Dr. Ippen and her colleagues have found child-parent psychotherapy (CPP) to be an effective tool.

An attachment-based intervention, CPP incorporates psychoanalytic, relationship, and cognitive-behavioral principles for infants, toddlers, and preschool children who have experienced trauma.

The treatment, which is delivered by a psychotherapist and typically lasts from 6 months to 1 year, is maternal in nature. CPP problems in young children should be ad-

addressed within the context of the child’s primary attachment relationships.

“Children with childhood traumatic grief get ‘stuck’ on the traumatic way their loved one died,” she said, so that efforts to remember happy, positive times with their loved one evoke only thoughts of how the person died. As a result, these children are, in effect, retraumatized each time they think or talk about their loved one, which impedes the normal course of a healthy grieving process—specifically the ability to reminisce about and pre-

serve positive memories of the person who died and to reinvest in new relationships, she said.

In very young children, the impact of the traumatic loss of a parent or caregiv-
er is most evident through what they do

versus what they say,” how they interact with other people and their body language,” said Dr. Ippen, clinical research coordinator of the Child Trauma Research Project (CTRP) at the University of California, San Francisco.

At a recent 6-month follow-up study, the in-

vestigators observed that the improve-
ments in both children’s behavior and maternal symptoms continued after treatment had ended (J. Am. Acad. Child Adolesc. Psychiatry 2006;45:913-8).

“These findings suggest promise for childhood traumatic grief as well, where the goals are the same: to establish a safe and consistent environment and behavior, and to build empathetic relationships,” Dr. Ippen said.

It’s important to remember that where you have a child with trauma, you will generally have a caregiver with trauma.

Therefore, using a relational approach simultaneously helps caregivers and chil-

dren cope with their situations, she said.

Also, promoting growth in the caregiver-child relationship “supports the healthy de-

velopment of the child long after the intervention ends.”

Conduct Problems Tied to Mothers’ Drinking

BY MARY ANN MOON
Contributing Writer

Prenatal alcohol exposure appears to cause later conduct problems in child-

hood, reported Dr. Brian M. D’Onofrio of Indiana University, Bloomington, and his associates.

In contrast, the later attention and im-

pulsivity problems seen in children who were exposed to alcohol in utero appear to be caused by other factors correlated with maternal drinking rather than to the alco-

hol exposure itself, the researchers said.

Dr. D’Onofrio and his associates used data collected in a large longitudinal study of adolescents and young adults to examine the relationship between drink-

ing in young women and behavior in their offspring. The survey, funded by the U.S. National Institute of Child Health and Human Development, interviewed a racially diverse sample of more than 6,000 subjects who were assessed annually from 1979 through 1994 and biannually since then (Arch. Gen. Psy-

chiatry 2007;64:1296-1304).

D’Onofrio and his associates ana-
lyzed data on a subsample of 4,912 young

female subjects who had at least one child aged 4-11 years by the 2004 assess-

ment. The women had furnished infor-

mation on their substance use both be-

fore they had become pregnant and during their pregnancies. They then re-

ported on their children’s conduct prob-

lems and attention/impulsivity problems using the Behavior Problem Index.

Prenatal exposure strongly correlated with conduct prob-

lems, and children with exposure to higher levels of alco-

holl had more such problems than those exposed to less alco-

hol.

Compared with children who were not exposed to alcohol in utero, those who were exposed to alcohol every day had an increase of 0.35 standard deviations in conduct problems.

This finding prompted after the data were adjusted to account for potentially confounding factors such as prenatal exposure to nicotine and other drugs, maternal

traits, and genetic and environmental fac-

tors. It also persisted in comparisons with siblings and cousins, and in a number of statistical models.

“The results of all models are consistent with a causal association between prena-

tal alcohol exposure and offspring conduct problems,” the investigators said.

In contrast, prena-

tal alcohol exposure did not appear to be causally related to atten-

tion/impulsivity problems, although these problems were highly prevalent in

exposed children. It is likely that some other factor related to maternal drinking explains this associ-

ation.

This large-scale study complements but does not replace more focused stud-

ies that can more accurately assess the particular mental health problems in chil-

dren who were exposed to alcohol pre-

natally. Dr. D’Onofrio and his associates noted.