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A Resource for Parents and Professionals

Focus of
this Issue:
Shifting the Paradigm



Shifting the Paradigm

- is there a role for the pediatrician?

Jane Samuel chats with Laurie Miller, MD

When I brought our daughter home from China at 12 months our pediatrician, a well-seasoned provider and professor in our local teaching hospital, fell for her. Then again, we all fell for her.

How could you not? During daylight hours she was happy - and BUSY - all the time. She never cried; then again she never napped. During her first visit our doctor popped her up on his shoulder and paraded her hearty-toddler body around the continuity clinic as an example of a healthy, internationally adopted child. Little did he - or we - know that dimply smile masked a soul deeply scared by early life stress and neglect.

Several years later, as we began to figure things out, I never once blamed my pediatrician for not seeing the signs before we did. For not picking up on her hypervigilance, her high startle reflex, her inappropriate threshold to pain. For not picking up on her neurological deficits including sensory seeking behavior, expressive and receptive speech and severe Dyslexia. Why? Because my pediatrician was a product of a different age and training. And while he certainly did keep abreast of the current pediatric research, one couldn't expect their pediatrician to be an expert in an area that was not yet recognized by mainstream medicine as an across the board issue in child rearing.

Now as mainstream media - and not just highly intellectual and inaccessible medical journals - explodes with proof that early life toxic stress physically changes the brain and can leave lasting emotional and cognitive challenges in its wake, parents are beginning to ask questions like, "Shouldn't my pediatrician be able to spot these issues right off?" and "What role does my child's doctor have in shifting the paradigm, to helping us be a successful family?" and even, "What training are pediatric residents receiving in early life trauma?"

To begin to answer these questions I turned to Laurie Miller, MD. Dr. Miller is an internationally respected physician, researcher, author and educator. She has conducted pioneering work as founder of the International Adoption Clinic at Tufts University and is currently a senior consultant for the National Center on Adoption and Permanency (NCAP). A Professor of Pediatrics; Adjunct Professor of Nutrition; and Adjunct Professor of



Child Development, Laurie has developed and overseen major humanitarian projects abroad, and has served as a pediatric consultant in over a dozen countries. Her books include *The Handbook of International Adoption Medicine*.

ATN: Dr. Miller what is the current state of affairs regarding understanding the effects of early life trauma and toxic stress?

Dr. Miller: In general in pediatrics, there is a growing awareness that early adversity can have profound, and at times, lasting impacts on a child. And while this is occurring at numerous levels in the field, the progress can be frustratingly slow.

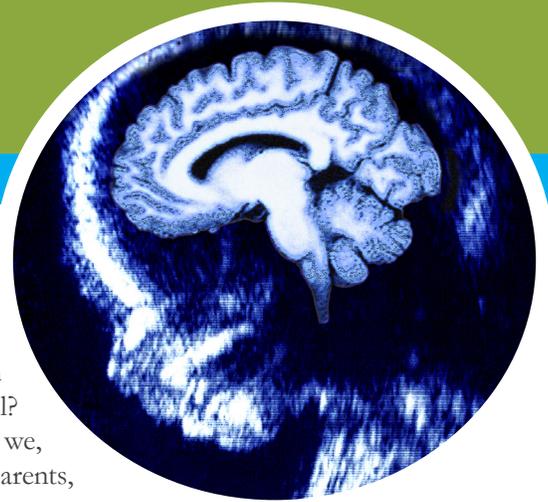
I am seeing a more holistic approach across the board to the treatment of children whether it be dealing with emotional, cognitive or physical issues. For example, if a parent brings in a child suffering from Asthma, today's pediatrician is trained to look at the full-picture, both treatment options as well as looking at what the physical environment in the home - dust, second-hand smoke, etc - is and what can be done to improve that so as to improve the outcome for the patient.

And while some centers are better than others at this, it is positive to see this move in care. So yes, there is a better understanding of pediatric trauma and its effects, but shifting the paradigm is slow going.

ATN: What is driving this?

Dr. Miller: Well certainly the biggest driver is the ACE's study. (See <https://acestoohigh.com/>). And the brain studies that have come out recently showing the effects of early childhood neglect and toxic stress on the developing brain. We can now see that the structure is actually altered. Pediatricians like to look at objective data. We like our lab work, x-rays and ultrasounds that show in black and white that something is indeed at issue and needs addressing.





Perhaps someday soon we will see a panel of blood tests clinically available, something identifiable to measure, that will show us when a child is suffering from the effects of trauma and how he responds to treatment interventions.

ATN: Who do see leading the charge in the US in this regard?

Dr. Miller: There are initiatives at many levels, but too many researchers and practitioners to name. One important study has been the Bucharest Early Intervention Project, which has precisely delineated the many levels at which institutionalization impacts child development. Other researchers have focused on specific studies of brain development or hormone responses. From a clinical side, Drs. David Cross and the late Karyn Purvis of Texas Christian University's Institute of Child Development have developed practical tools to address the needs of traumatized children. Debbie Riley of the Center for Adoption Support and Education has developed a comprehensive training program in adoption competency for professionals, raising their awareness of the many complex issues these children and their parents face. The National Center for Adoption and Permanency, under the direction of Adam Pertman, has become a leading voice for making systemic changes to create permanent and successful families for children in need.

ATN: What are the impediments to shifting the focus of general pediatric practice to one encompassing early childhood trauma?

Dr. Miller: We need a receptive mind at the other end. There are so many areas available for research in pediatrics. So if there are doctors interested in and focusing on pediatric cancer - which is also a very important topic - one can't expect them to also have the passion to focus on early life trauma and toxic stress effects. So we need good pediatric leaders heading up the charge. Maybe it is a pipe dream because of the current culture of pediatric research and practice but let's continue to watch it. It is my hope the passion for this area of pediatrics - that is the effects of early life trauma and stress - can become an important focus as well.

ATN: So as we wait for pediatric practice culture to catch up what can be done to help families who are struggling raising children who come into their homes from hard places. Who

is their support team, to make them successful? If we, as parents, can't expect our pediatricians to catch things who can we?

Dr. Miller: I believe it must be the agencies placing these children. Although doctors have a lot to offer, practically speaking, the average pediatric practitioner cannot be expected to be the link that saves the family in distress, the child struggling with trauma effects. Agencies must do a better job of properly preparing and training families before they adopt or are placed with a child. They also must be there for parents after the child placement, longer term than just a few follow-up visits. They must have links to community-based resources. There must also be better integration of therapies - beginning with agency referrals to the appropriately trained providers.

For example, in France, where I am currently serving as visiting professor in the Department of Child Psychiatry at Ste. Anne's Hospital, children and families very often are immediately referred after placement to psychiatry teams specializing in adoption. Many families also consult the team earlier in the process. With the French system of national health insurance, this is an easy, seamless process - and at no cost to the family, unlike the bureaucratic referral process in the US. These providers are properly trained and equipped to guide and help these families with the specific issues they face, unlike in the US where many psych providers are still not sufficiently prepared to handle children with adoption, trauma, toxic stress histories.

As well, in the Netherlands, the research team lead by Professor Femmie Juffer and colleagues developed an interesting program called VIPP (Video-feedback Interaction to Promote Positive Parenting). A team of psych professionals go into new adoptive homes and video the interactions of the new parents and the placed



child. Then the professionals use the videos to guide and educate the parents - as well as diagnose potential issues such as trauma, sensory integration, etc. They highlight to the parents what the child's behavior indicates and how the family can best address it. In the Netherlands they are not waiting for the problems to implode the family, they are recognizing that there needs to be proactive work right up front.

Laurie Miller, MD is an internationally respected physician, researcher, author and educator. She comes to NCAP from the Tufts University School of Medicine, where she has conducted pioneering work as founder of the International Adoption Clinic. At Tufts, she also is a Professor of Pediatrics; Adjunct Professor of Nutrition; and Adjunct Professor of Child Development. Laurie has developed and overseen major humanitarian projects abroad, and has served as a pediatric consultant in over a dozen countries. Her books include *The Handbook of International Adoption Medicine*.



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Mark's article can be found on page 16.



What's Coming Up in the Attachment and Trauma World

August 3-4 – Richmond VA
ACEs Summit
<http://www.rvaaccessummit.net/>

August 4-6 – Nashville, TN
NACAC Conference
<http://www.nacac.org>

Sept 22-25 – St. Louis, MO
ATTACH Conference
<https://attach.org>

Oct 7-9 – Stone Mountain, GA
Re+Fresh, Re+New, Re+Frame Parenting Weekend
www.refreshrenewreframe.com

Nov 4 – Portland, ME
Lives in the Balance Annual Summit, with Dr. Ross Greene
<http://www.livesinthebalance.org/annual-summit-2016>

Nov 5 – Louisville, KY.
Help, Hope, Heal Conference by the Orphan Care Alliance
<http://orphancarealliance.org/help-hope-heal-conference/>

Nov 10 & 11 – Eagan, MN
Midwest ACE Summit
<http://www.dhs.state.mn.us/main/groups/children/documents/defaultcolumns/dhs-287217.pdf>

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