# Childhood Traumatic Grief Must Be Addressed

BY DIANA MAHONEY
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BOSTON — The assumption that toddlers and preschoolers are not emotionally affected by traumatic grief in the same way as older children and adults are is not only wrong, it's dangerous, according to Chandra Ghosh Ippen, Ph.D.

Unaddressed traumatic grief in a very young child can manifest as vague but persistent fear and stress that threaten the child's core sense of safety and security, setting the stage for later behavioral problems and mental illness, Dr. Ippen said in a symposium at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

Defined as a condition in which a child has lost a loved one under sudden or frightening circumstances that negatively affect the child's ability to negotiate the normal grieving process, childhood traumatic grief overlaps with, but is distinct from, uncomplicated bereavement in children and adult traumatic grief, according to symposium moderator Dr. Judith Cohen of Allegheny General Hospital in Pittsburgh.

"Children with 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 preserve 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 caregiver is most evident through what they do versus what they say—how they interact, their body language," said Dr. Ippen, clinical research coordinator of the Child Trauma Research Project (CTRP) at the University of California, San Francisco.

**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. Within the CTRP, for example, Dr. Ippen and her colleagues have found child-parent psychotherapy (CPP) to be an effective tool.

An attachment-based intervention, CPP incorporates psychodynamic, 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 based on the premise that trauma-related problems in young children should be addressed within the context of the child's primary attachment relationships.

"In young children, their attachment system is the main organizer of emotional and behavioral responses, so the goal is to promote safety and growth in that relationship," Dr. Ippen said. Doing so, she added, "will affect their entire developmental trajectory."

Through free play with the parent and child, and the therapeutic use of developmental guidance and information, CPP targets and strengthens the caregiver-child relationship. The ultimate goal is the restoration of the child's sense of safety and trust in adult caretakers.

In a study published in 2005, CTRP investigators demonstrated the efficacy of child-parent psychotherapy in a randomized controlled trial of young trauma-exposed children. Dr. Ippen, along with lead author Alicia Lieberman, Ph.D., director of CTRP, and Patricia Van Horn, Ph.D., associate director, compared the impact of CPP with that of usual care in 75 children aged 3-5 years who had witnessed domestic violence (J. Am. Acad. Child Adolesc. Psychiatry 2005;44:1241-8).

The study population was not made up of children who had lost a parent or a loved one to death, but the trauma symptoms were similar, Dr. Ippen noted.

After treatment, the CPP children showed significantly greater reductions in total behavior problems and traumatic stress symptoms, compared with the usual care group. Additionally, CPP caregivers showed significantly greater reductions in avoidant symptoms.

In a 6-month follow-up study, the investigators observed that the improvements 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 children cope with their situations, she said. Also, promoting growth in the caregiver-child relationship "supports the healthy development of the child long after the intervention ends." ■



# Conduct Problems Tied to Mothers' Drinking

BY MARY ANN MOON
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Prenatal alcohol exposure appears to cause later conduct problems in childhood, reported Dr. Brian M. D'Onofrio of Indiana University, Bloomington, and his associates.

In contrast, the later attention and impulsivity 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 alcohol 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 drinking in young women and behavior in their offspring. The survey, funded by the U.S. Bureau of Labor Statistics, covered a racially diverse sample of more than 6,000 subjects who were assessed annually from 1979 through 1994 and then biannually since then (Arch. Gen. Psychiatry 2007;64:1296-304).

Dr. D'Onofrio and his associates analyzed data on a subsample of 4,912 young female subjects who had at least one child aged 4-11 years by the 2004 assessment. The women had furnished information on their substance use both before they had become pregnant and during their pregnancies. They then reported on their children's conduct problems and attention/impulsivity problems using the Behavior Problem Index.

**The survey covered a racially diverse sample of more than 6,000 subjects assessed annually from 1979 through 1994 and biannually since then.**

Prenatal exposure strongly correlated with conduct problems, and children with exposure to higher levels of alcohol had more such problems than those exposed to less alcohol. 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 link persisted 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 factors. 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 prenatal alcohol exposure and offspring conduct problems," the investigators said.

In contrast, prenatal alcohol exposure did not appear to be causally related to attention/impulsivity problems, although these problems were highly prevalent in exposed children. It is likely that some other factor related to maternal drinking explains this association, they added.

This large-scale study complements but does not replace more focused studies that can more accurately assess the particular mental health problems in children who were exposed to alcohol prenatally, Dr. D'Onofrio and his associates noted. ■