

# Working with parents to interrupt intergenerational transmission of violent trauma. Use and development of the CAVES-model

**Sandra RUSCONI SERPA**

University of Geneva Hospitals,  
Child and Adolescent Psychiatry Service, Switzerland

# Plan of the presentation

- Geneva Early Childhood Stress Project
- Clinician Assisted Videofeedback Exposure Session (CAVES)
- Clinical example with video illustration
- Further development on the basis of the CAVES

# Geneva Early Childhood Stress Project

Maternal violence-exposure, early relational stress, and developmental psychopathology



- IPV- PTSD is a disorder of dysregulation of emotion and arousal (Blechert, Michael, Vriends, Margraf & Wilhelm, 2007).
- Characterized by reaction of enduring, impairing and/or distressing reexperiencing, avoidance, and hyperarousal
- Within the parent, IPV- PTSD can interfere with her ability to experience, accurately read, and respond sensitively to her child's affective communication.
- Mothers with a history of violence and current PTSD have difficulties in parenting and mutual regulation.



# Geneva Early Childhood Stress Project (2)

- Lyons-Ruth & Block (1996) found a significant association between maternal violence-related PTSD and hostile-intrusive and otherwise atypical caregiving.
- Multiple studies show mother to child relational effects (Scheeringa & Zeanah, 2001).
- We wanted to look at child to mother effects and subsequent maternal response.

# Our central hypothesis

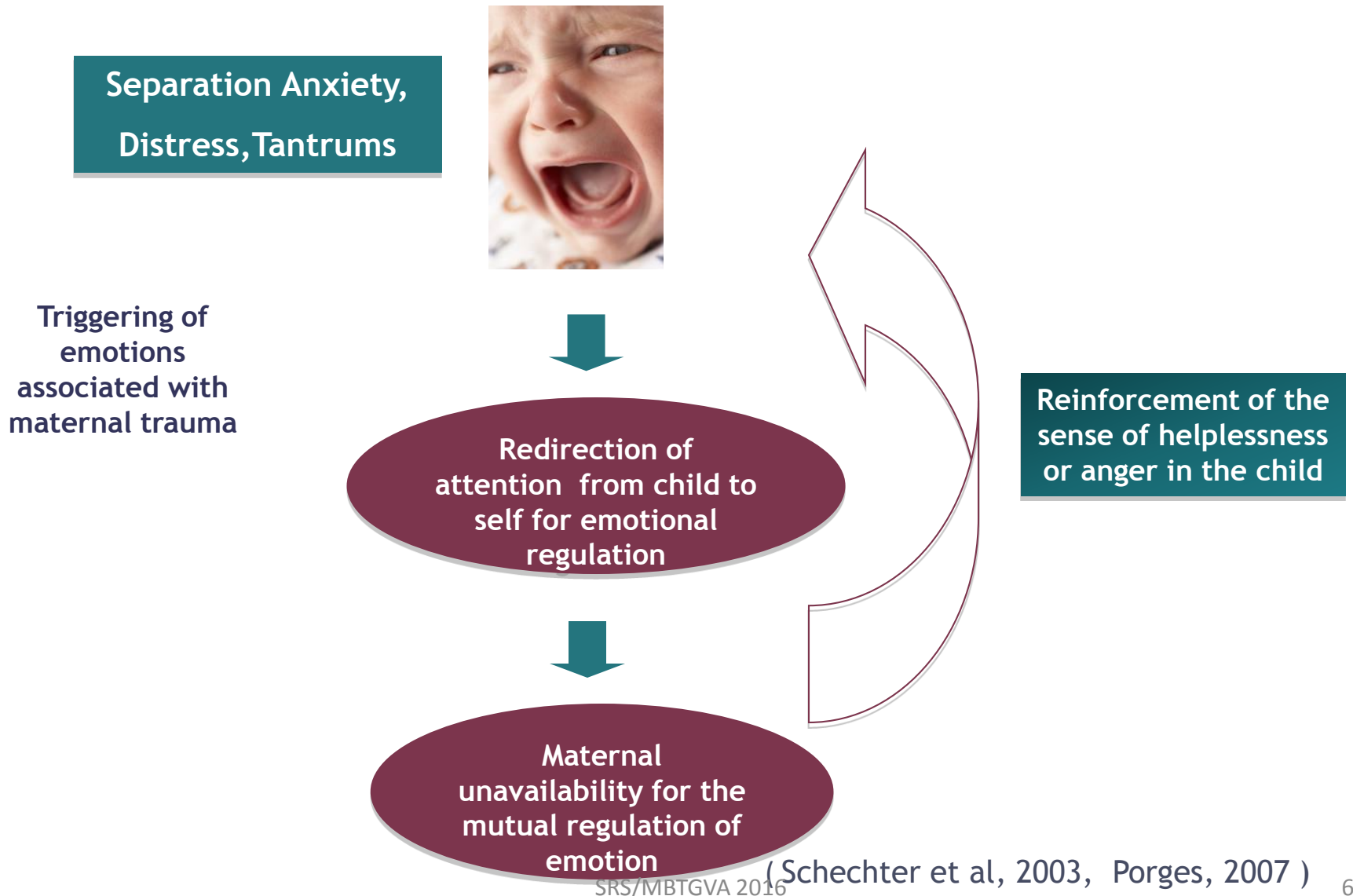
(Schechter et al., 2003)

**Traumatized mothers experience their child's routine stress as a trigger of symptoms of their own pre-existing PTSD.**



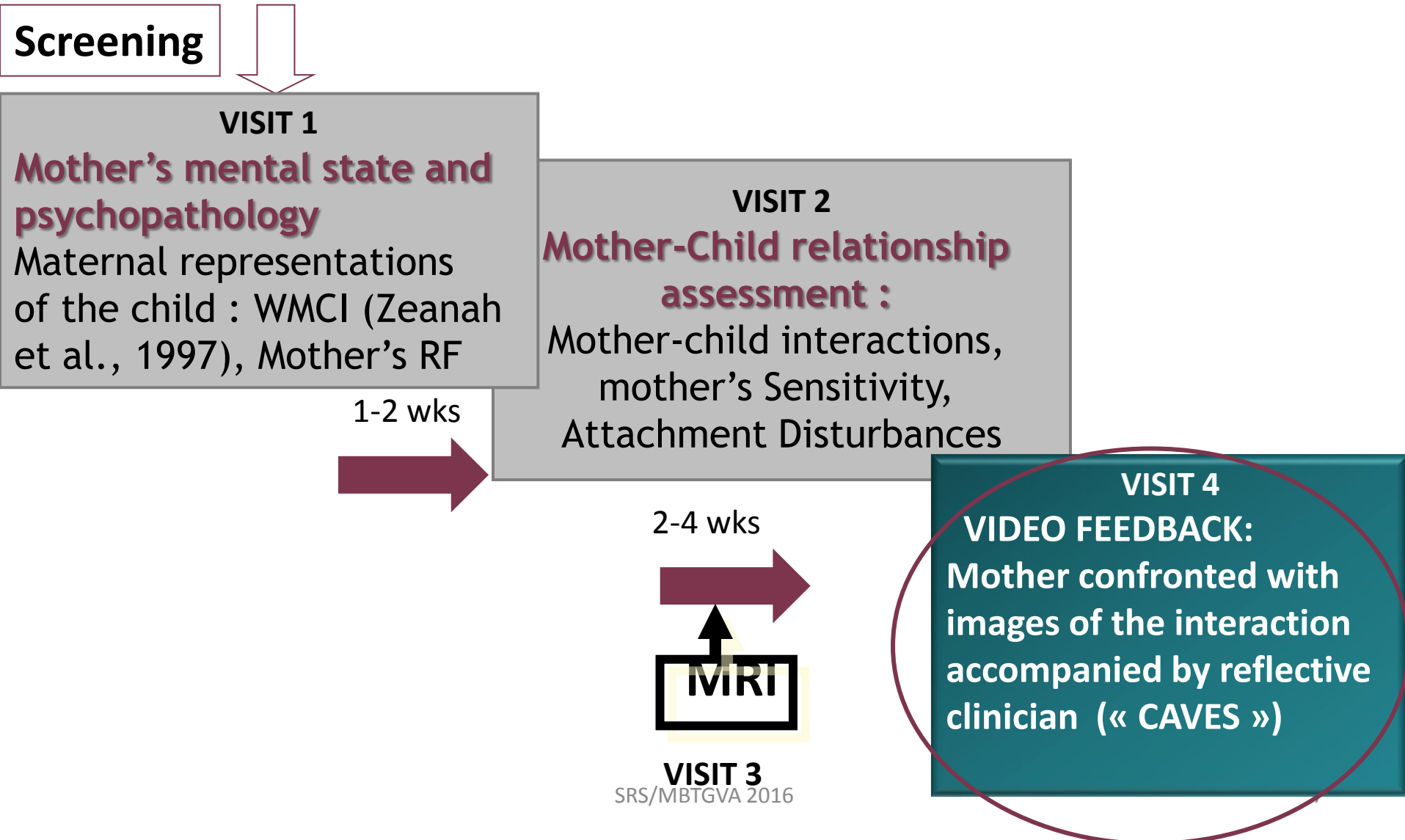
**Clinical observation: the majority of PTSD-afflicted mothers tend to label their very young child as one of the three greatest stressors in their lives (Schechter & Willheim, 2009).**

# Viscious Circle




# Geneva Early Childhood Stress Project

## Phase I Protocol / Children age 12-42 months



# Empirical data

- Our results support the hypothesis that helpless, distressed child states of mind trigger maternal fear responses with psycho-physiologic and neural dysregulation as well as misreading of child emotional cues



The experience of interpersonal violence and subsequent triggers of posttraumatic stress may **negatively skew a mother's perception of her child.**

(Schechter, 2004 JICAP; Schechter, in press J Psychoanalytic Inquiry)

- Maternal IPV-PTSD predicts **greater parenting stress and decreased maternal sensitivity** ( $p < .01$ ) (Schechter et al., 2015 Child Psychiatry & Hum Dev)



On the basis of these data, how can  
we help these mothers and their very  
young children ?  
How to interrupt the vicious circle of  
trauma and violence ?



# Clinician Assisted Video-Feedback Exposure Session (CAVES)

(Schechter & Rusconi Serpa, 2013; Schechter & al, 2003; 2006)

## **EXPERIMENTAL PARADIGM:**

- to test our hypothesis that **traumatized mothers** often **misread child distress** and **defensively avoid helpless states of mind** and **normative aggression** that remind them of their experience of violence.
- to support the ability of mothers with violence-related PTSD to **tolerate and integrate the trauma-associate emotions** stirred up by routine stresses such as separation and tantrums in stimulating and modeling mother's reflective functioning.

# BACKGROUND

## **SPECIFICITY OF THE INTERVENTION**

- Joint attention to video feedback of mother-child interaction that involves mother and supportive clinician
- Exposure to avoided emotions, mental states and interactions, with exposure to images of child's distress
- Stimulation and modelling of the RF and exploration in a safe context, outside the heat of the moment

## **CAVES IN THE CONTINUUM OF VIDEO FEEDBACK INTERVENTIONS**

- Interaction Guidance (McDonough, 1995)
- Prolonged Exposure Therapy for PTSD (Foa & al, 1999)
- Minding the Baby (Mentalization-based parent-infant treatment) (Slade & al, 2005)
- Infant-Parent Psychotherapy (Lieberman & al, 1993)

See review by Rusconi Serpa, Sancho Rossignol & McDonough on Video Feedback in Parent-Infant Treatment (2009)

# WHICH OUTCOME ?

- This intervention changes significantly the way mothers understand their child's state of mind when stressful interactions occur
- with a significant reduction in the degree of negativity of maternal attributions towards the child for the mothers with IPV-PTSD as compared to control-subjects.
- the variable « maternal reflective functioning » accounted for 11% of the variance in reduction of maternal negativity

Schechter, Myers & al, 2006

Schechter, Moser, Rusconi Serpa, Willheim & al, 2015

# SETTING AND TECHNIQUE

## SETTING

- A single experimental session
- Video clips from the Visit 2 during which mother-child interaction paradigm is videotaped

## TECHNIQUE OF INTERVENTION

- Before showing mother any video excerpts, the clinician asks mother what she recalls from her interaction with her child during Visit 2 (the moment that stands out in her mind, the most pleasurable and the most difficult moments)
- Four 30-second excerpts are proposed for joint parent-clinician review :
  - a) an **optimal moment** (joy, joint attention, mutuality, etc);
  - b) a moment of **separation** (when mother is not in the playroom);
  - c) a moment of **reunion** (when mother returns);
  - d) **novel stimuli** (clown and bizarre toy)

## SETTING AND TECHNIQUE (2)

- **Following each excerpt, the clinician poses to the mother a series of questions and probes in order to stimulate maternal reflective functioning :**

### *Examples of probes*

- *Tell me what happened here*
- *What do you think was going in your child mind ?*
- *In your mind ?*
- *What were you feeling then ?*
- *What are you feeling as you are watching that moment with me ?*

# Clinical example

- Mrs. D is Swiss, aged 28, a single mother of 2 children. She participated in the study with her younger child Marta, aged 15 months. Mrs. D has experienced complex and repetitive trauma related to exposure to interpersonal violence and has PTSD.
- Marta's father is 23-years-old, originally from an African country. He and Mrs. D separated before the birth of Marta. He smokes cannabis regularly and has problems with the law. He sees his daughter irregularly.
- Mrs.D was 9-years-old when her parents divorced. Her mother's new partner was very violent towards Mrs. D from the time she was 12- to 15-years-old (humiliations, insults, slaps, thrown to the ground, death threats).

# Maternal Representations of Marta

(WMCI, Zeanah & al., 1997)

- **Who does Marta remind you of?**

Her father especially physically. In terms of her behavior also..because in fact she is calm for a while, and all of a sudden she gets upset, then after she is calm, then again she gets angry. Her father was often doing this.



# Maternal Representations of Marta (2)

(WMCI, Zeanah & al., 1997)

- Which aspect of Marta's behavior is most difficult for you to manage?

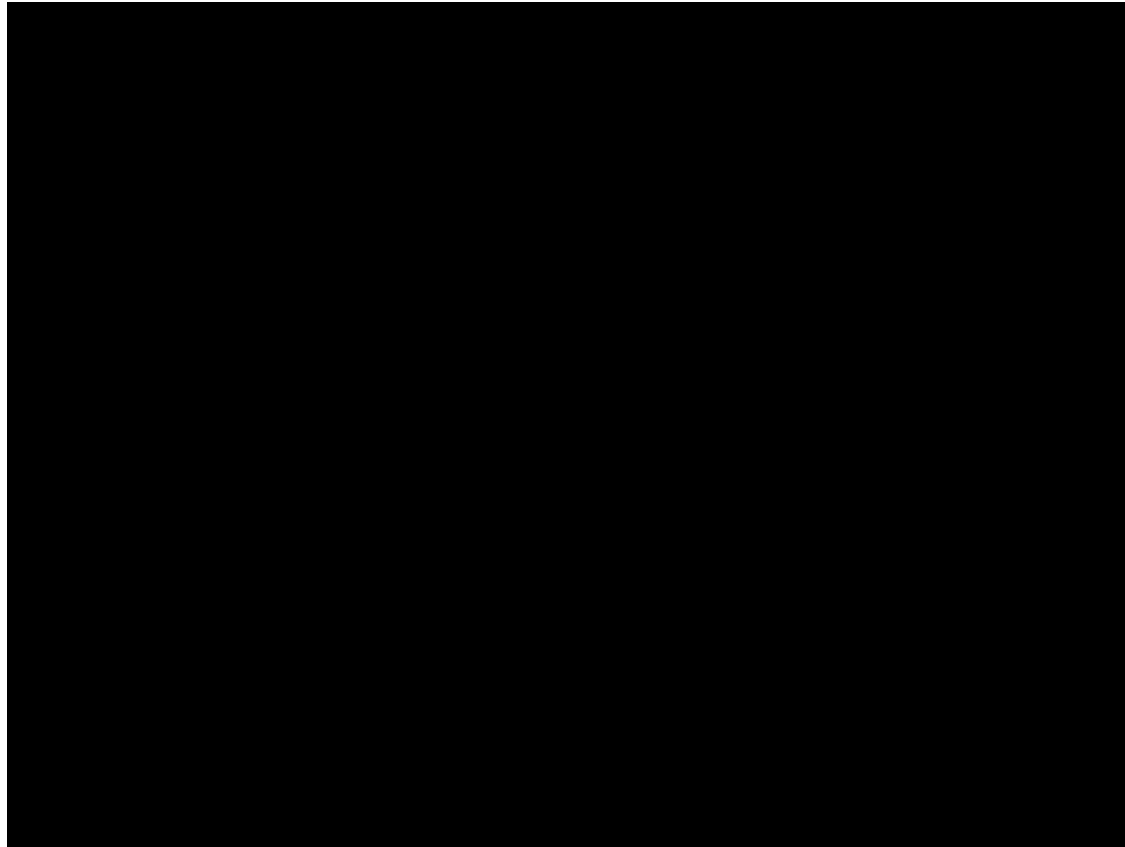
When she throws a tantrum for no reason .

A baby crying for nothing, if she's eaten, if she was changed, then as I see it, everything's good, there's no need to cry.

I can not stand the crying of babies actually...to tolerate it and in fact to be helpless.

Having to bear the screams because I can't always be there to take her in my arms and do whatever she wants because ..this is not possible to always do. I put her in her bed. And I close the door so I don't have to hear her.

# Mrs D and Marta



# CAVES AS A JUMPSTART TO A LONGER INTERVENTION

- CAVES as a potential catalyst or jumpstart to further and deeper psychotherapeutic treatment
- It may allow the traumatized often dissociative caregivers to attend jointly with the therapist to avoided affects and child behaviours that elicit those affects
- It may be a prerequisite to have any chance to arrive at a psychotherapeutic process that will result meaningful change in interactive behaviour at pace that can match the child's developmental needs

# Towards a brief psychotherapy using the CAVES technique: CAVEAT

- An interaction-focused videofeedback intervention for traumatized parents who otherwise **would not** or would not time-efficiently **make the necessary links** in a language-based psychotherapy due to **avoidance and dissociation**
- Currently being developed and manualized by Rusconi Serpa, Suardi, Horsch & Schechter in Geneva
- **Outcomes:** caregiving behavior, mental representations, biomarkers, child response

# OVERVIEW OF CAVEAT

Clinician Assisted Videofeedback Exposure Approach Therapy (in prep)

3 Sessions

## EVALUATION

- PTSD Diag
- MC Interaction
- Caves

1 session

## INTERVENTION PLAN

10-12 sessions

## MODULES OF TREATMENT

## MAINTENANCE SESSIONS

## *Research Team*

Daniel Schechter, Francesca Suardi, Aurélia Manini, Marylène Vital, Virginie Pointet, Raffaella Torrisi, Laure Calpe, Ana Sancho Rossignol, Gaëlle Merminod, Axelle Kreis, Molly Rothenberg, Dominik Moser, Maribel Cordero  
Profs. François Ansermet, Patrick Vuilleumier

## *Collaborators in Geneva and Switzerland*

Alexandre Dayer, Ariane Giacobino, Tatjana Aue, Michel Rossier

## *Collaborators in USA*

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**Thank you for your attention !**

