



The Impact of Stress, Neglect and Trauma on Infant & Toddler Development

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Introduction

Plan

Too many slides

- Dr. Mark
- You/neighbor
- Personal reflection.
- Experiential Activities.
- Information.
- Collaboration.

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Objectives:

Overview of impact of toxic stress on brain development.

Long-term effects of child maltreatment/toxic stress on the developing child.

Social-emotional assessment tools and how to recognize developmental impacts on the infant/toddler.

IFSP/IEP services and interventions to support/improve Social-Emotional Outcomes .

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Begin with the end in mind, Stephen Covey



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- <https://www.calm.com/breathe>

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Do not edit
How to change the
design



Audience Q&A

The Slido app must be installed on every computer you're presenting from



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What do you need today?

- Why did I choose to attend a training on The Impact of Stress, Neglect and Trauma on Infant & Toddler Development?
- What do I hope to learn?
- What questions do I bring today?
- What do I know about ACEs?
- Am I able to talk with hesitant parents about early intervention services?
- Is our team comfortable identifying children based on social-emotional needs and concerns?

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Audience Q&A Session

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Assessment



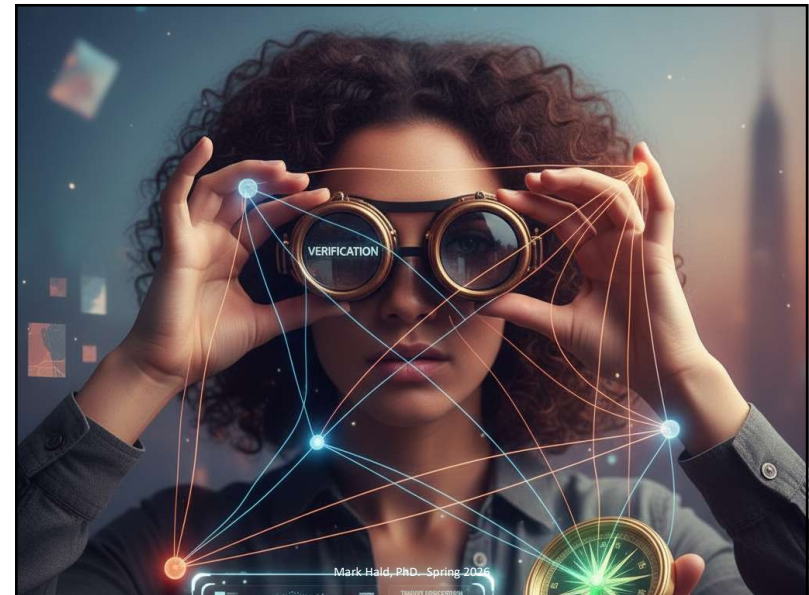
- Begins with first contact.
- Observation of child and parent.
- The Relationship.
- What we are looking for is hidden in plain sight.
 - Do I know what I'm looking for?

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I understand how adverse childhood experiences (ACEs) impact child development.

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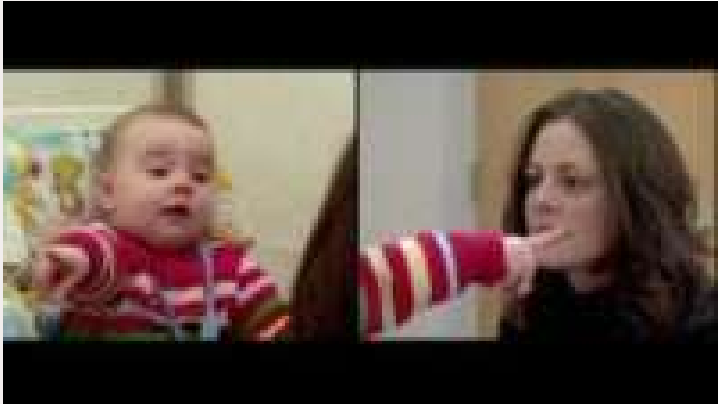
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Moments Matter




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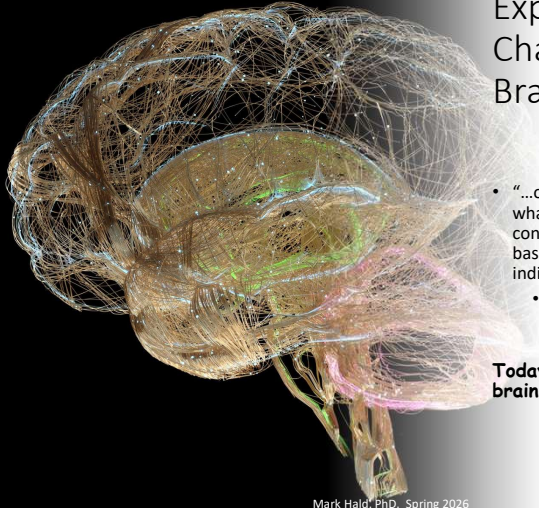


Still Face Experiment



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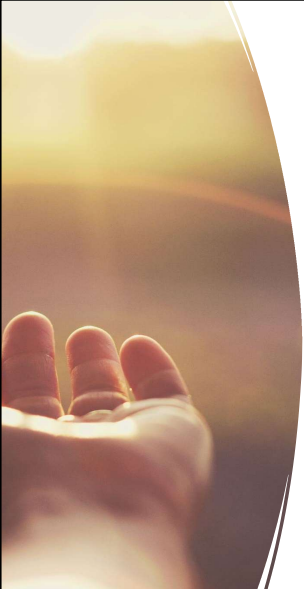
Experience Changes the Brain

- "...our experiences are what create the unique connections and mold the basic structure of each individual's brain."
- Siegel, D., Hartzell, M. (2003)

Today will change your brain

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Privately, Please reflect on...


- Recall a memory of being dysregulated (upset, sad, angry, anxious, etc).
- SIFT (Siegel & Bryson Payne)
 - Sensations
 - Where in your body
 - Images
 - Feelings
 - Thoughts
- Where were you, with someone.

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• Please discuss in a small group:

- Introductions with neighbor.
- Share with each other what has been the best part of your day, something you are grateful for.
- As you are comfortable share your memory of being dysregulated.
- Talk with each other about what you are / were thinking – feeling – doing/acting.



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What is Early Relational Health?

- Early relational health is a framework that explores how a child's early relationships and experiences lay the foundation for healthy development throughout their life.
- Essentially, **INFANT MENTAL HEALTH** is closely tied to healthy social and emotional development.
- It is the developing capacity of a child from birth to three to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore and learn in the context of their family, community, and culture.
- The well-being of a child's caregivers and their life circumstances profoundly affect the quality of these relationships.




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Relationships should be:

For a Relationship to foster healthy development, it must be safe, stable, and nurturing.


- **Safe:** The relationship is free of physical or psychological harm, allowing children to believe their caregivers will protect them.



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Early Relational Health



Relationships should be:

- **Stable:** The adult is dependably there for the child, which helps children believe their needs will be met.
- **Nurturing:** The child's physical, emotional, and developmental needs are sensitively and consistently met. Children believe their caregivers will use warmth and clear expectations to foster their development.

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A DIFFERENCE THAT MAKES A DIFFERENCE




More than 50 years of research have shown that children who are more *securely attached* demonstrate a variety of positive outcomes.

- They can solve problems, get along better with friends, and have stronger friendships.

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A DIFFERENCE THAT MAKES A DIFFERENCE



- They also feel less anger toward their parents, have higher self-esteem, and have a more trusting view of the world.
- Securely attached children know that most problems will have an answer and how to be kind to those around them.

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Nebraska Association
for Infant Mental Health

Promoting the mental well-being and health of
infants and young children across Nebraska.

www.neinfantmentalhealth.org



Nebraska Association for Infant Mental Health

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Infant Mental Health Endorsement®

NAIMH

- Professionals focusing more specifically on issues of infant and early childhood mental health
- Cross-disciplinary relevance of infant and early childhood mental health
- Provides credibility for professionals engaged in the critical work of supporting young children's social-emotional health and well-being
- Formally recognizes infant and early childhood mental health

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This training may help you meet the following competencies needed for IMH-E.

Attachment, separation, trauma, grief, and loss	Self-awareness
Emotional response	Family relationships and dynamics
Screening and assessment	Parent-infant/young child relationship-based therapies and practices

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How early childhood experiences affect lifelong health.




- Harvard Center for the Developing Child.
- <https://developingchild.harvard.edu/>

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Relationships and the Brain



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**“We are
hardwired for
relationships.”**

Allan Schore

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How Early Relationships Come Into Being

- Babies develop generalized memories of ways of being with people
- These memories happen around the mutual regulation of meaningful states and experiences
 - Excitement, joy anger, anxiety
 - Sleep & eating
 - Play
 - Security

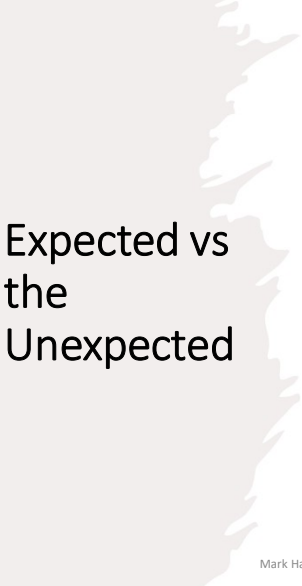


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Expected vs the Unexpected

- Babies notice when expectations are violated
 - Still-Face Paradigm
Edward Tronick,
Ph.D. Harvard
University



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Still Face.



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It's All About Relationships

- What is most important for healthy social and emotional development is the important person (sometimes more than one) who interacts with the baby and is the most emotionally invested in the baby
- *“Who fills this role is far less important than the quality of the relationship she or he establishes with the child”*

• From Neurons to Neighborhoods, National Academy of Science, 2000

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Babies Can Attach To More Than One Person

- Baby can have distinctly different interaction patterns and patterns of attachment with several caregivers
- Attachment is “relationship specific”

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What Do Babies Remember?

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the Adverse Childhood Experiences are:

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in household with:
 - Alcohol or drug user
 - Family member being imprisoned
 - Mentally ill, chronically depressed, or institutionalized member
 - Mother being treated violently
 - Both biological parents absent
 - Emotional or physical abuse

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Adversity and Stress

- Adversity and Stress are extremely subjective.
- Can not judge based on the events.
- It depends on the perception of
 - The adult caregiver
 - And the children.
 - Child's perception is dependent on the support or lack there of receiving during and after the event.

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What's your ACE score?

- Search for fillable ACEs pdf
- [https://pinetreeinstitute.org/aces-test /](https://pinetreeinstitute.org/aces-test/)

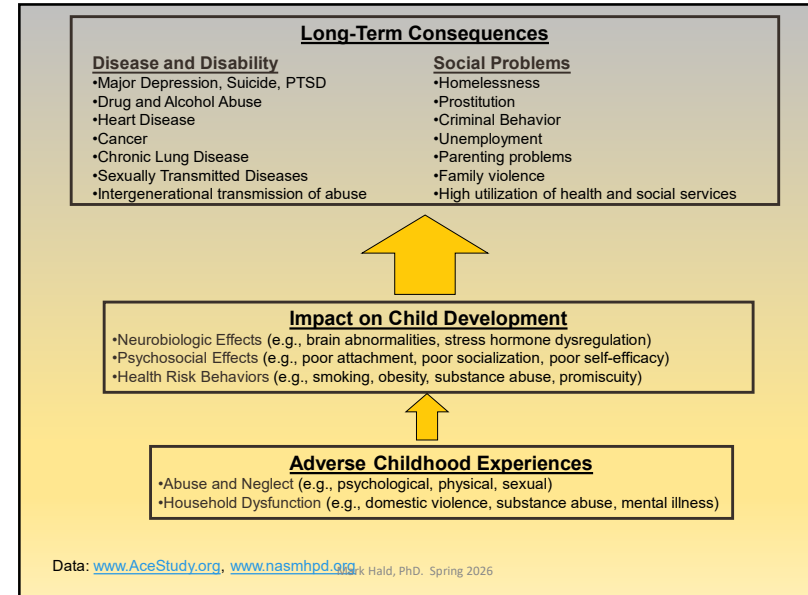
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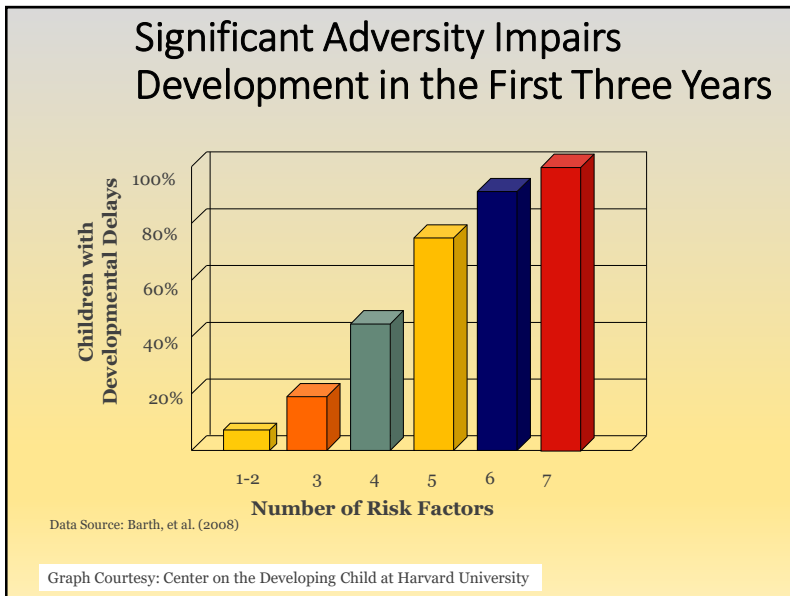
My ACE score =

ⓘ Start presenting to display the poll results on this slide.
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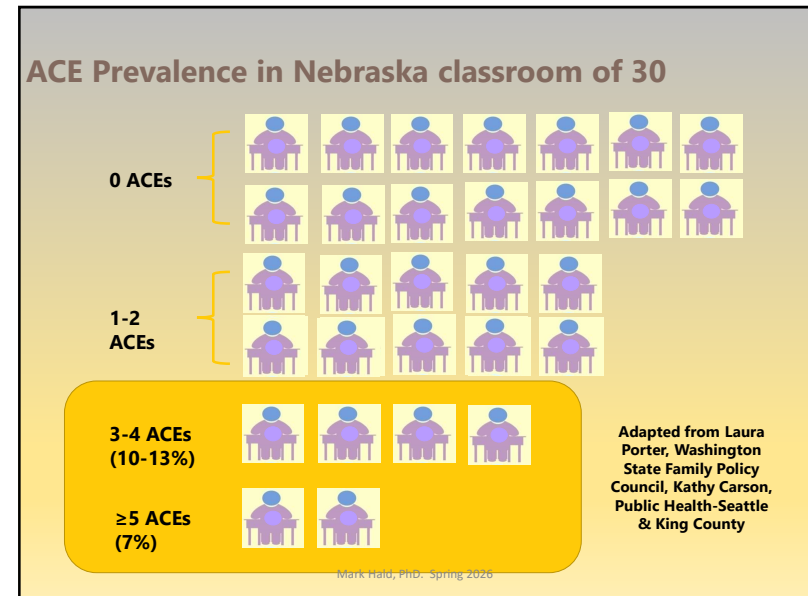
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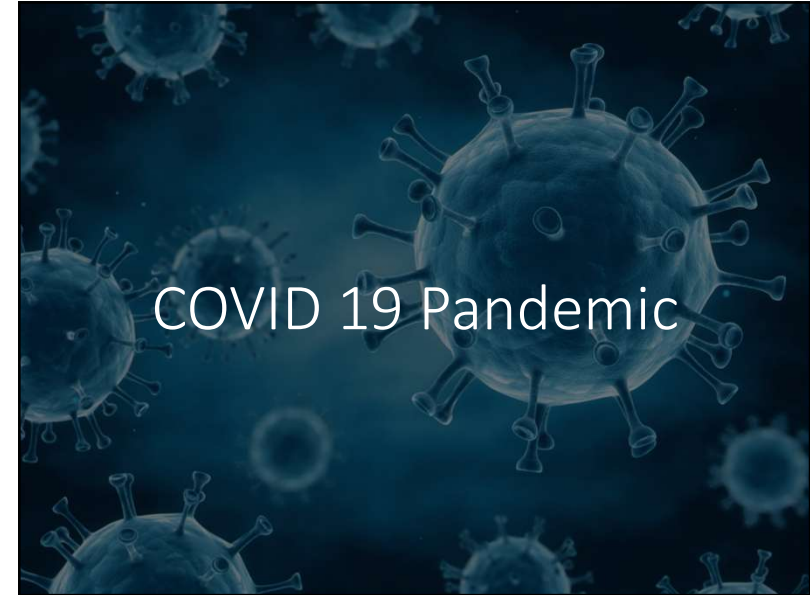
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COVID-19 Pandemic's Impact on Early Childhood

A **global disruption** significantly altered daily life, affecting children's development and their family environments.

New research is focusing on the **prolonged and long-term implications** of these changes on young children's cognitive, socio-emotional, and physical well-being.

The pandemic exacerbated pre-existing inequities, with children from disadvantaged backgrounds experiencing **disproportionate negative impacts**.

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Family and Home Environment

The pandemic led to **increased family stress** due to job loss, financial difficulties, and changes in routine, which negatively impacted parenting behaviors and parent-child interactions.

Emerging research suggests that while many families demonstrated **resilience**, this was often influenced by factors like parental education and access to support.

New findings highlight a **link between parental mental health** (including anxiety and depression in both mothers and fathers) and a child's emotional, cognitive, and social development.

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Trauma and Loss

- Illness and death during the pandemic created new forms of **toxic stress** for young children, including isolation and a lack of traditional "goodbye" rituals for caregivers.
- Estimates indicate hundreds of thousands of U.S. children experienced the death of a parent or primary caregiver, with **nonwhite children being more than twice as likely** to be affected.
- Parental and caregiver loss has been linked to an increased risk of developmental delays and long-term challenges to a child's health and well-being.



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The Ongoing Impact on Early Development

- The pandemic's disruption led to developmental delays that are proving to be more persistent than initially anticipated.
- The cumulative environmental stress is now considered to have had a greater negative impact on infant and toddler development than originally thought.
- This has led to a notable increase in referrals for early intervention services.



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Root Causes of Delays

Reduced Social Engagement: Key factors include less face-to-face language engagement due to mask use and decreased social interaction with peers and formal caregivers.

Environmental Changes: Increased screen time and a lack of opportunities for explorative play at home and in formal childcare settings contributed to delays.

Prenatal Stress: Research has shown that babies born to mothers who experienced high levels of prenatal stress (anxiety, depression) showed different structural connections in brain regions related to emotional processing and executive function.

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Wider Disparities and School Readiness

The pandemic disproportionately impacted children of color and those from low-income families, widening pre-existing learning and development gaps.

Studies indicate that remote learning significantly exacerbated learning losses for these at-risk populations.

As a result, many children are entering school "**less ready for school**" than previous generations, with an increase in challenging behaviors such as hitting, biting, and an inability to follow directions or interact with peers.

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What We're Seeing Today

Ongoing studies show that children who were infants during the height of the pandemic may not be able to "catch up" quickly.

These children have demonstrated significantly reduced cognitive, verbal, and motor performance compared to those born just before the pandemic.

Male children and those from lower socioeconomic families remain the most significantly affected groups.

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Academic Year	Birth	Age 1	Age 2	Age 3	Age 4
19-20	0	1	2	3	4
20-21	1	2	3	4	5
21-22	2	3	4	5	6
22-23	3	4	5	6	7
23-24	4	5	6	7	8
24-25	5	6	7	8	9
25-26	6 (K)	7 (1st)	8 (2nd)	9 (3rd)	10 (4th)

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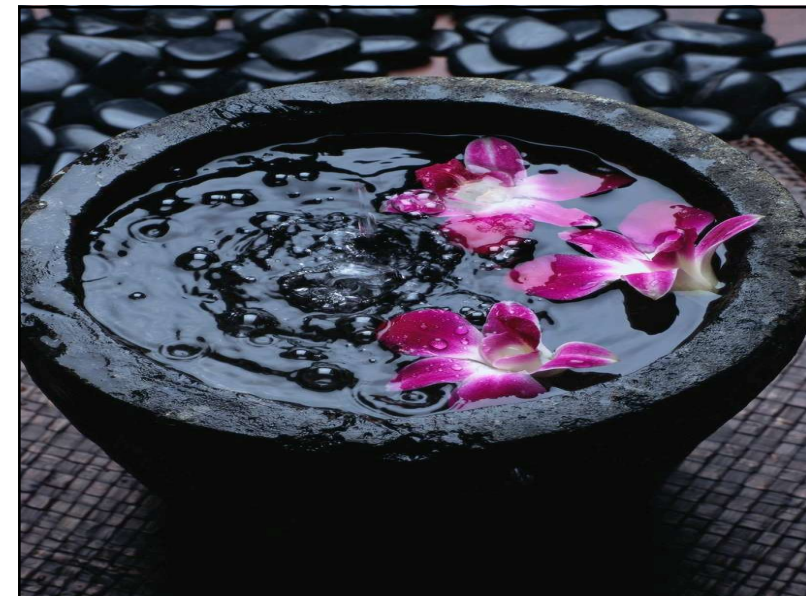
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Nebraska
EDN
Referrals

Calendar Year	Total EDN Referrals	Monthly Ave
2019	6316	526
2020	5640	470
2021	6270	523
2022	6618	552
2023	6,721	560
2024	6,691	558
2025	4,695	522
Total monthly average		530

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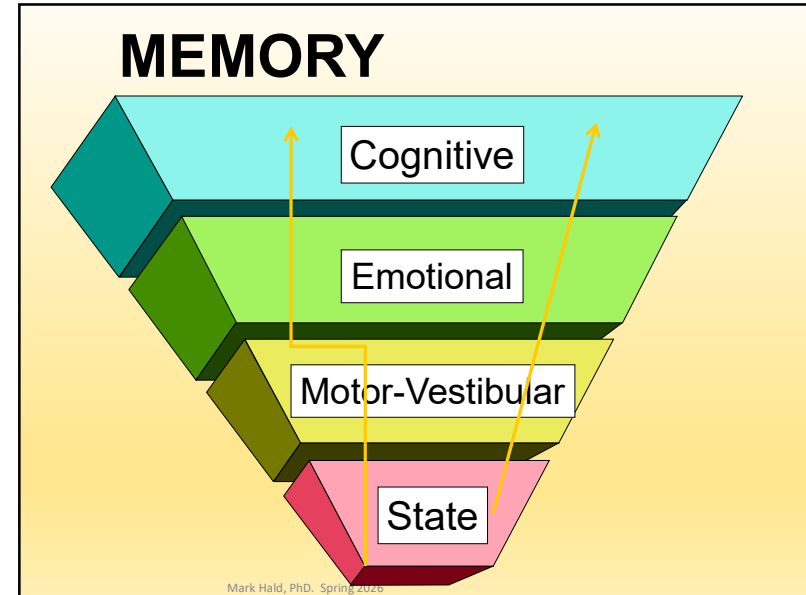
Trauma and Altered Neurodevelopment

- Altered cardiovascular regulation
- Behavioral impulsivity
- Increased anxiety
- Increased startle response
- Sleep abnormalities

www.ChildTrauma.org

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MEMORY

- Cognitive**
 - Implicit
 - Explicit
- Affective/Emotional**
- Motor/Vestibular**
- “State”**

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Children who have been traumatized have emotional and state memories indelibly burned into their brainstem and midbrain!

Cross your Arms.

*The challenge is
Once you know how to ride a bicycle...
can you unlearn it?*

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First 60 days

- What Happened to You.

- Bruce Perry, MD, PhD. Oprah Winfrey



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What does the prevalence data tell us about trauma?

Victims of trauma are found across all systems of care.

- (Hodas, 2004; Cusack et al, Muesar et al, 1998, Lipschitz et al, 1999; NASMHPD, 1998).

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Therefore...

- We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*. (Hodas, 2005)

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The guiding principles of trauma-informed practice (SAMSA):



- *Safety.*
- *Trustworthiness and Transparency.*
- *Peer Support.*
- *Collaboration – Mutuality.*
- *Empowerment of voice and choice. and*
- *Cultural Historical, and Gender Issues.*

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Paradigm Shift

- From
 - **What's the matter with you?**
- To
 - **What happened to you?**

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Moments that help heal the hurt of trauma.

Acceptance Choices Courage Delight Empathy

Being With Inside Mindfulness Nurturing

Presence Body Respect Supportive

Curiosity Touch Reflection Vulnerability

Enough/I am, you are. Boundaries Safety

Interests Talk Repair Relationships Eye Contact PLAYFULNESS


Dosing moments Kindness

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REFLECTION

- Scan for a memory of a time when you were little, when you felt especially loved, understood or safe?
- Please discuss.



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What Is Attachment?

- Feeling of security and protection
- Preferred attachment evident after 7-9 months
- Operative throughout life
 - Even as adults, our early experience with attachment affect how we approach intimacy

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Brains develop and organize in the context of relationships.



Positively and Negatively

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The Importance of Early Relationships

Emotional Bonding:

- A baby's emotional bond with their caregiver is called **attachment**.
- This bond is built through a series of small, positive interactions, or "micro-experiences."

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The Importance of Early Relationships

Foundation for Future Relationships:

- Early relationships create a template for all future social interactions.
- When a baby has a positive experience with their primary caregiver, they develop positive expectations that they then transfer to other caregivers and, later, to other people in their lives.
- This makes it easier for new caregivers to understand the baby's needs and for the baby to form new relationships.



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The Importance of Early Relationships

The Special Role of the Caregiver:

- The primary caregiver is **not interchangeable** with others.
- This special, unique relationship is a hallmark of a healthy early attachment.
- When this attachment is disrupted, babies often grieve.



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Goals of the Attachment System

- External goal – caregiver's presence
 - Reduces young child's fear in novel or challenging situations
 - Enables the child to explore (the world) with confidence

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Goals of the Attachment System

- Internal goal – sense of self
 - Strengthen a young child's sense of competence and efficacy
 - "Stay here so I can do it myself"
- *Neurons to Neighborhoods*, National Academy of Science, 2000

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Observation of Infants and Young Children is Important

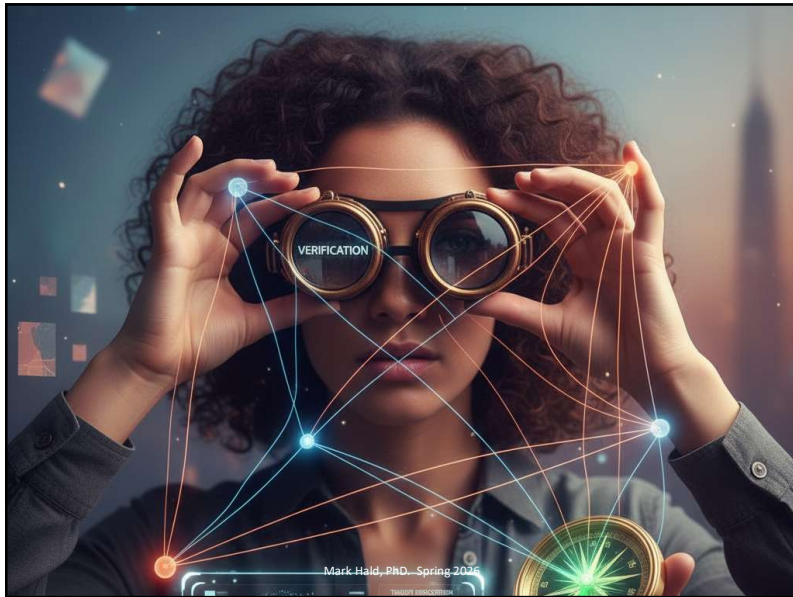
Play is the language of infants and toddlers

Observation is the main "tool" to understand the emotional life (inner world) of the young child

Observations allows us to understand children's thoughts and feelings

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Behaviors to Observe include

- Eye contact between parent/caregiver and infant
- Holding patterns of caregiver
- Mutual touching of caregiver & infant
- Talking and other communication patterns between caregiver and infant
- Responsiveness and reciprocity (give and take) between caregiver and infant. Serve and Return.
- Sensitivity of both caregiver and infant to each other

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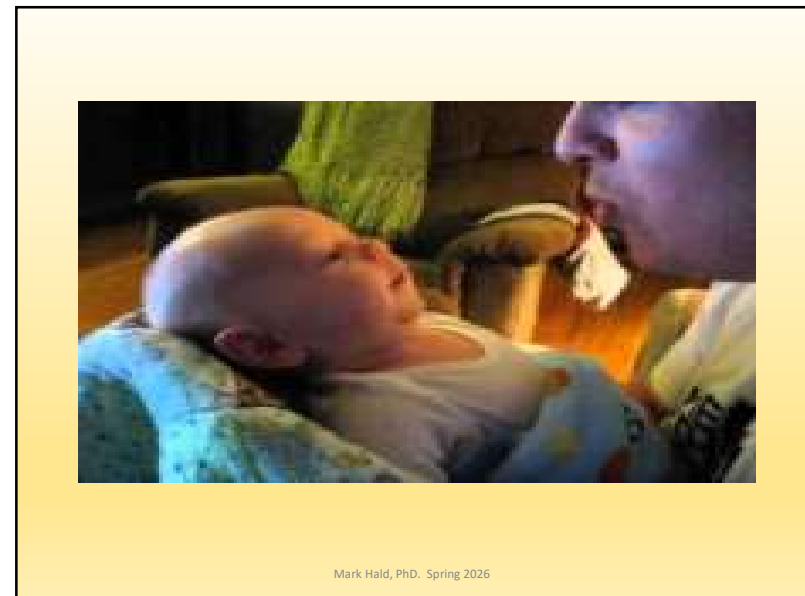
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How observation helps us understand parent-child relationships

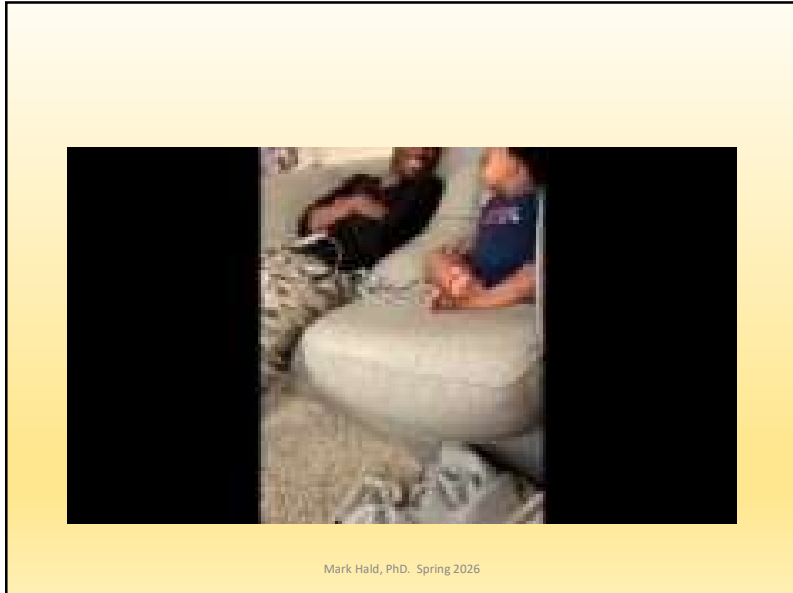
- Does the infant or young child have a full range of affect (emotions)?
- Does the young child have any signs of abuse, neglect, or inadequate care?
- How does the infant relate to the caregiver/parent?
- How does the parent/caregiver relate to the infant?
- How does the infant relate to the examiner?

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7 Positive Childhood Experiences

- Ability to talk with family about feelings.
- Felt experience that family is supportive in difficult times.
- Enjoyment in participation in community traditions.
- Feeling of belonging in high school.
- Feeling of being supported by friends.
- Having at least two non-parent adults who genuinely care.
- Feeling safe and protected by an adult at home.

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Positive Childhood Experiences

- Angels in the Nursey vs Ghosts in the Nursery
- Positive Childhood Experiences
- Resilience Score.
 - <https://pinetreeinstitute.org/resilience-test/>

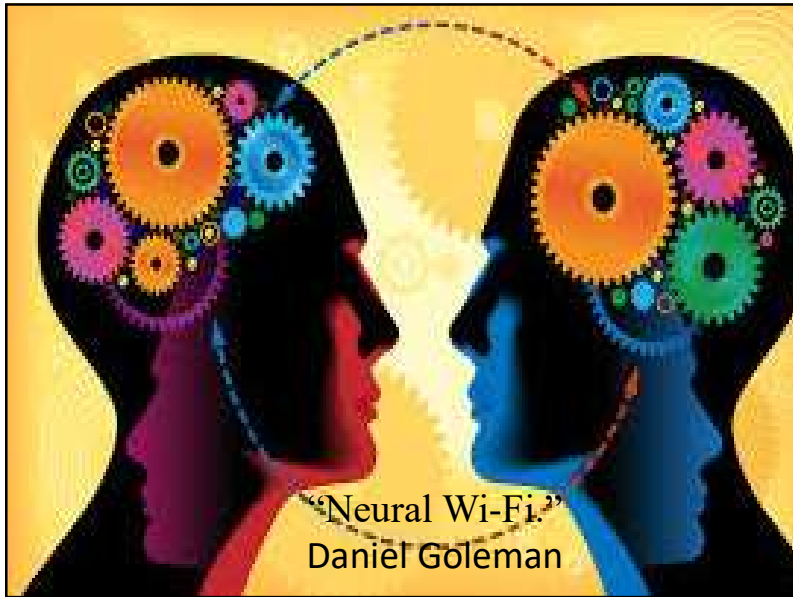
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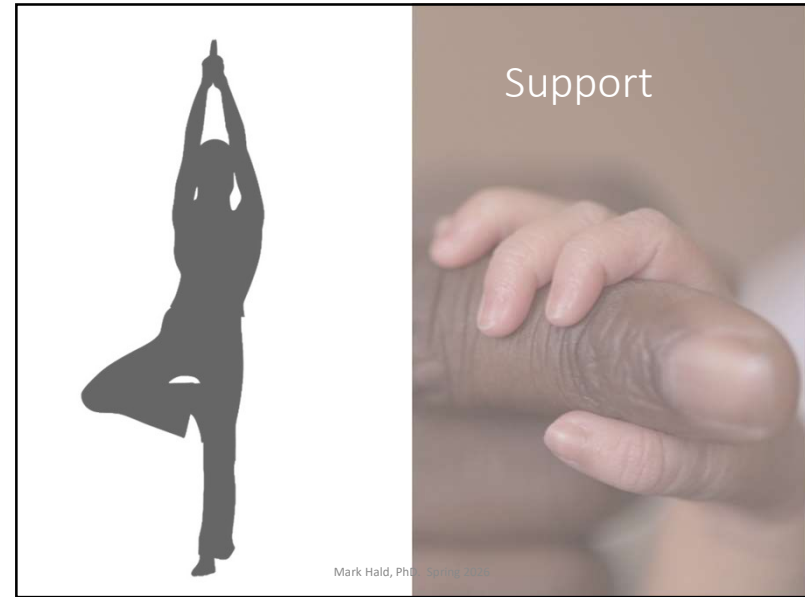
“We are hardwired for relationships”
Alan Shore

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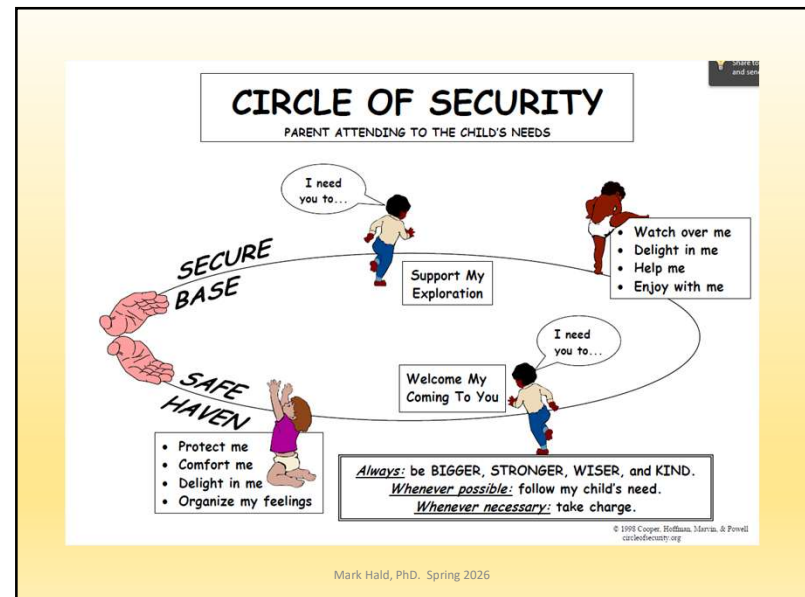
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Supporting Infant Mental Health

Embrace	Embrace	Build	Recognize
Embrace the complexity of an infant's and a family's special needs and characteristics	Embrace the complexity of family, community and cultural practices and values	Build upon strengths—remind and reinforce caregivers of their skill and competency	Recognize the importance of reflective supervision in this very complex work for those who work with and care for the children and families.

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Key Elements of an Attachment Bond

- Enduring emotional relationship with a specific person
- Presence of that person provides a sense of safety, comfort, and pleasure
- Loss or threat of loss of that person evokes intense distress

Mark (Perry, 2002)ing 2026

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Still Face Experiment

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Mother and child playing. @ 6:45



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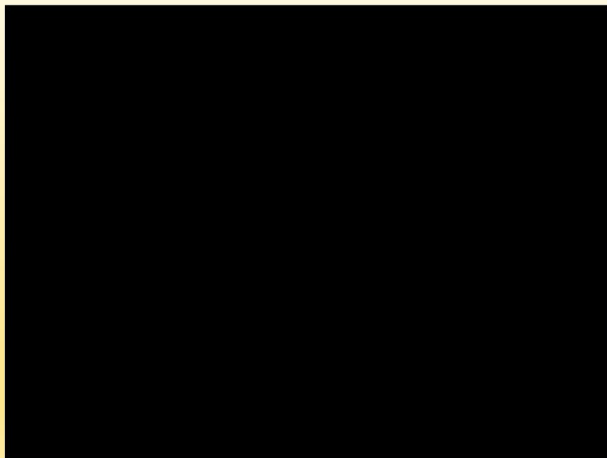
Mother child / chicken @ 4:56



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Still Face - Struggling to be present.



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- **Reflective supervision** is the regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's thoughts, feelings, and values within a service encounter.



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“the relationship”

- Infants and toddlers **come to experience the full range of human emotions.**
- Initially, they depend heavily on adults to help them **regulate their interaction, attention, and behavior** as they experience emotion.
- Increasing self-monitoring by the young child contributes to the emotional regulation that is a sign of mental health.

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“the relationship”

- Through **relationships with parents and other caregivers**, infants and toddlers learn what people expect of them and what they can expect of other people.

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“the relationship”

Nurturing, protective, stable, and consistent relationships are essential to young children’s mental health.

Thus, the state of adults’ emotional well-being and life circumstances profoundly affects the quality of infant/caregiver relationships.

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Bonding, Attachment, and the Brain

- Critical periods, occur during the first year when bonding experiences (serve and return interactions) must be present for the brain systems responsible for attachment to develop normally.
- If missed → impaired bonding
- Severe emotional neglect during early childhood can be devastating causing children to lose the capacity to form any meaningful relationships for the rest of their lives.
- Aka: neurons that fire together wire together.
- “We are hardwired for relationships”

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- **Proximity Maintenance** - The desire to be near the people we are attached to. • (Bowlby, 1988)
- **Secure Base** - The attachment figure acts as a base of security from which the child can explore the surrounding environment.

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- **Safe Haven** - Returning to the attachment figure for comfort and safety in the face of a fear or threat. • (Bowlby, 1988)
- **Separation Distress** - Anxiety that occurs in the absence of the attachment figure.
- [../videos/separation anxiety - YouTube.mp4](#)

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Separation Distress – clinging



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Circle of Security Parenting

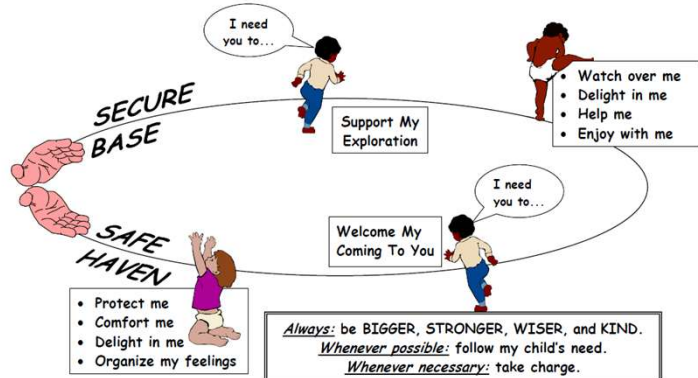


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CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



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What are the characteristics of secure attachment?

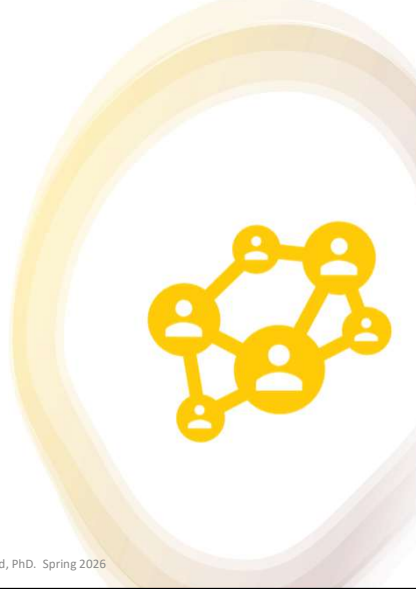
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The more secure children are the more they are able to:

- Know that most problems will be solved.
- Have high self esteem.
- Get along better with friends.
- Know how to be kind to those around them.
- Solve problems on their own.

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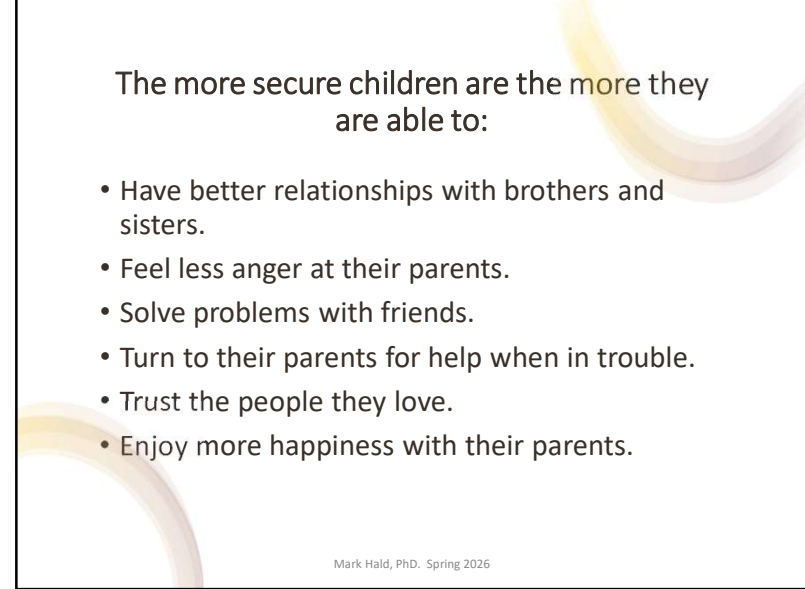


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The more secure children are the more they are able to:

- Have better relationships with brothers and sisters.
- Feel less anger at their parents.
- Solve problems with friends.
- Turn to their parents for help when in trouble.
- Trust the people they love.
- Enjoy more happiness with their parents.

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Different types of parents with their kids at the park

3. The ones that sit on the side lines



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Relationship-Based

Assessment & Intervention

“There is no such thing as a baby” Winnicott

AND

Hidden in Plain Sight

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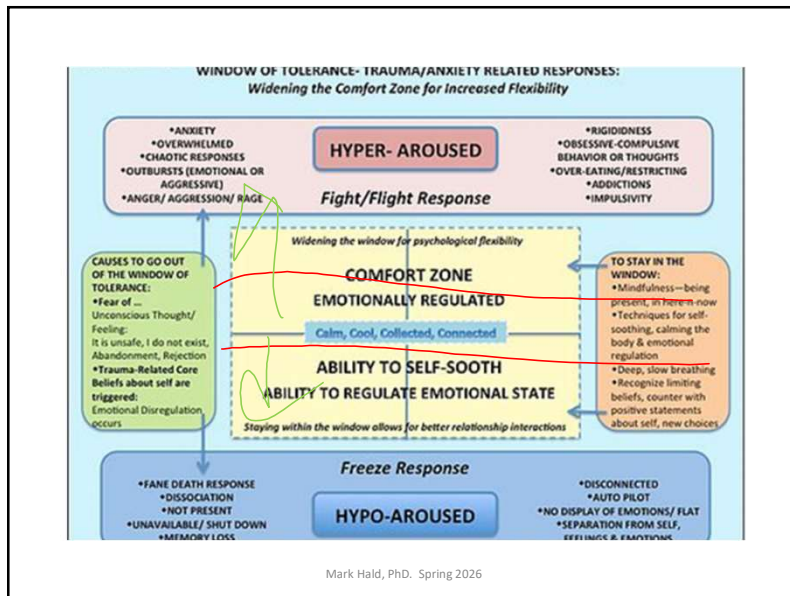
Emotional and Behavioral Regulation.

A brain in fight/flight/freeze doesn't make a choice- it reacts in a way that seems most likely to ensure survival.

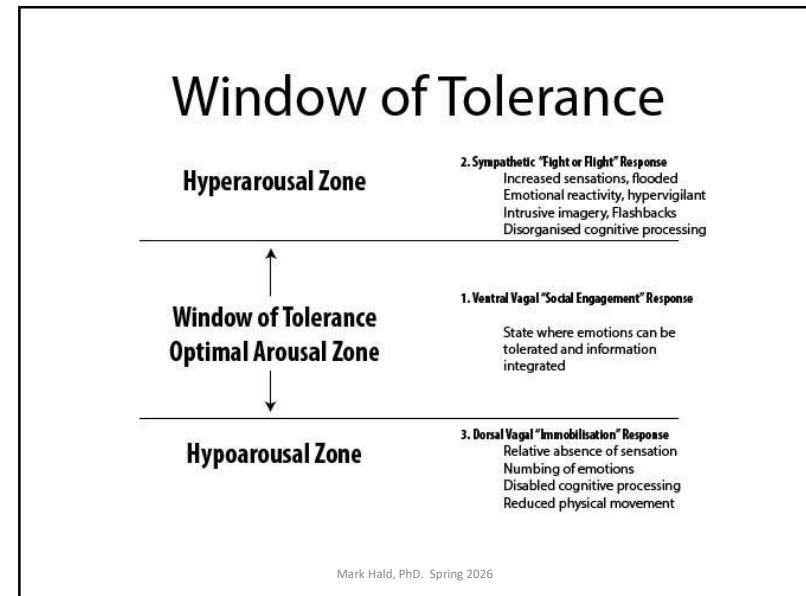
This is true for the child and the adult.

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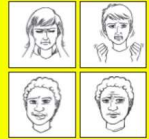

116

Freeze	Calm / regulated	Fight / Flight
Low energy	Calm	High Energy that feels out of control
Collapsed body	Cooperative	Yelling
Head hanging down	Content	Physical Aggression
Head on desk	Prosocial language and behaviors	Opposition & Defiance
Absence of eye contact	Able to learn	Stealing & Lying
Limp limbs	May be high energy but child is in control	Tantrums

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The ZONES of Regulation®

			
BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad Sick Tired Bored Moving Slowly	Happy Calm Feeling Okay Focused Ready to Learn	Frustrated Worried Silly/Wiggly Excited Loss of Some Control	Mad/Angry Mean Terrified Yelling/Hitting Out of Control

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Arousal Continuum, Bruce Perry, MD PhD, 2006

Sense of Time	Extended Future	Days Hours	Hours Minutes	Minutes Seconds	Loss of Sense of Time
Hperarousal Continuum	Rest Male child	Vigilance	Resistance Crying	Defiance Tantrums	Aggression
Dissociative Continuum	Rest Female child	Avoidance	Compliance Robotic	Dissociation Fetal rocking	Fainting
Primary Secondary Brain Areas	Neocortex Subcortex	Subcortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental Status	Calm	Arousal	Alarm	Fear	Terror

Bruce Perry, ChildTraumaAcademy.org
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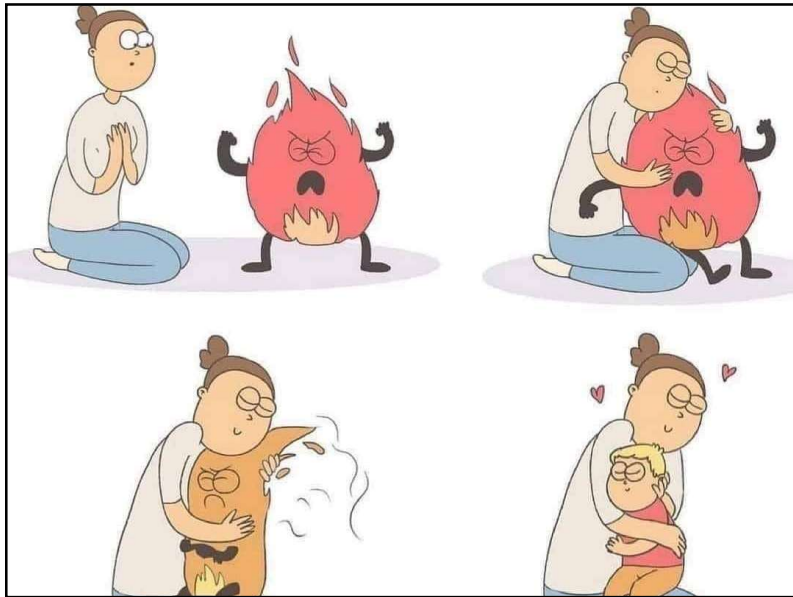
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Hand Model of the Brain. Dan Siegel, MD



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Keys to Healthy Development

A balanced approach to emotional, social, cognitive, and language development, starting in the earliest years of life.

Supportive relationships and positive learning experiences that begin with parents but are strengthened by others outside the home.

Highly specialized interventions as early as possible for children and families experiencing significant adversity.

For more on the science: www.developingchild.harvard.edu

For more on business champions: www.ReadyNation.org

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"If you can't feed a hundred people, then feed just one."

- Mother Teresa

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Power of a secure base/safe haven.

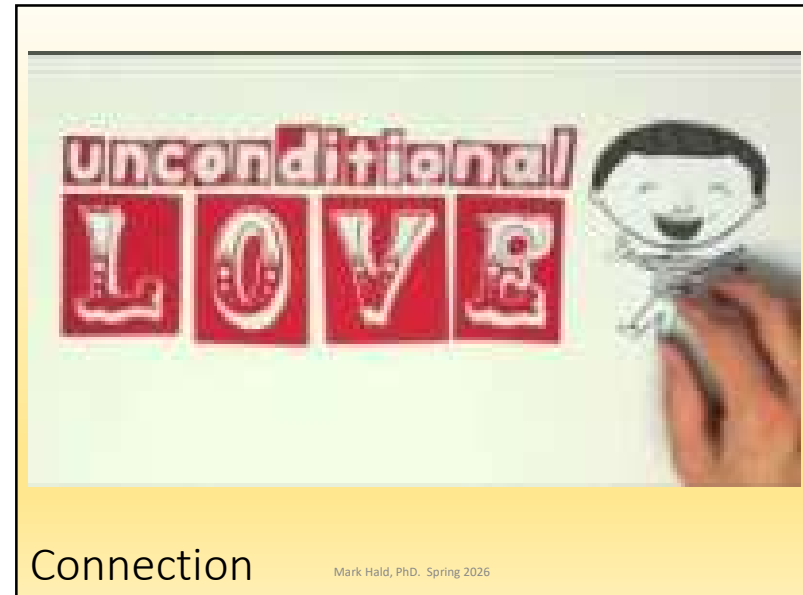
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“If you think you are too small to be effective, you have never been in bed with a mosquito.”
- Betty Reese

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Connection

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So what if
anything ...
have
we learned
about
trauma

- Trauma changes us. All of us.
 - Even vicarious Trauma
- Relationships matter. They matter a lot.
- Children need to feel SAFE. Real and Perceived.
- Behavior has a story. Meaning of the behavior.
- ACES yours and mine.
- PCES yours and mine.
- Early Relational Health.

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So what if
anything...
have we
learned
about
trauma.

- Circle of Security Parenting. Take a Group. All ages.
 - Then you can tell parents, “I have done the group myself.”
- Having Trauma Informed lenses. What Happened to You?
 - (not What’s the Matter with you.)
- Support is Subtle but very POWERFUL.
- Communication.
- Connection Matters/Moments matter.

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So what if
anything...
have we
learned.

- Practicing Reflection
 - Intention
 - Mindful
 - Curious
 - selfcompassion

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Engagement.

- Share how you can help.
- Give Caregivers space to share and ask questions.
- Be observant of the parent-child interactions.
- Invite caregivers to wonder with you.
- Acknowledge and validate feelings.
 - I can understand your concerns.
 - It sounds kind of scary to thinking of your child being delayed.
 - That must be so hard when you can't seem to calm your baby, child, etc.
- Identify and commend family strengths.

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Social-Emotional Delays

- Being more comfortable with discussion emotional and behavioral Regulation.

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Infants and toddlers **come to experience the full range of human emotions.**

Initially, they depend heavily on adults to help them **regulate their interaction, attention, and behavior** as they experience emotion.

Increasing self-monitoring by the young child contributes to the emotional regulation that is a sign of mental health.

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Through **relationships with parents and other caregivers**, infants and toddlers learn what people expect of them and what they can expect of other people.

Nurturing, protective, stable, and consistent relationships are essential to young children's mental health.

Thus, the state of adults' emotional well-being and life circumstances profoundly affects the quality of infant/caregiver relationships.

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CAPTA

- *The Child Abuse Prevention and Treatment Act requires a referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to Early Intervention Services.*

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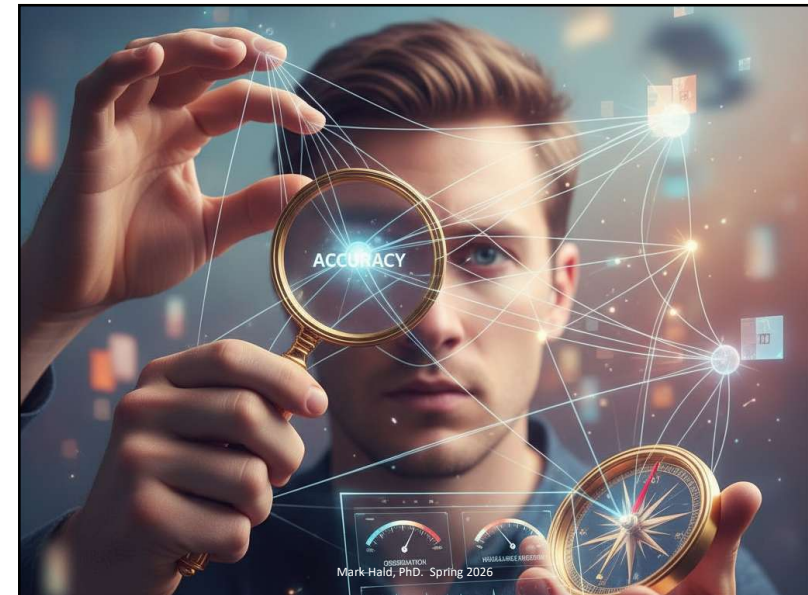
What signs indicate that a significant social-emotional delay may exist?

Family risk factors include:

- Maternal depression
- Caregivers with substance abuse and or mental illness
- Domestic Violence
- Foster care
- Poverty
- Adoption
- Exposure to maltreatment

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Infants At Risk

- Poverty
- Mental illness
- Maternal depression
- Substance abuse
- History of domestic violence
- Chaotic families
- Parental history of poor attachments

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Salient Behaviors for Assessing Attachment

- Showing affection
- Comfort seeking
- Return for help
- Cooperation
- Controlling behavior
- Exploration
- Reunion response

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Showing Affection

- Lack of warm and affectionate interchanges across a range of interactions;
- Promiscuous affection with relatively unfamiliar adults

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Comfort Seeking

- Lack of comfort seeking when hurt, frightened, or ill, or
- Comfort seeking in odd or ambivalent manner

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Reliance for Help

Excessive dependence, or

Inability to seek and use supportive presence of attachment figure when needed

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Cooperation

Lack of compliance with caregiver requests and demands by the child as a striking feature of caregiver-child interactions, or

Compulsive compliance

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Exploratory Behavior

Failure to check back with caregiver in unfamiliar settings, or

Exploration limited by child's unwillingness to leave caregiver

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Controlling Behavior

Over-solicitous and inappropriate caregiving behavior, or

Excessively bossy and punitive controlling of caregiver by the child

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Reunion Responses

- Failure to re-establish interaction after separations, including
 - ignoring/avoiding behaviors,
 - intense anger, or
 - lack of affection

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Signs in the Baby that Emotional Needs are Not Being Met

Sad or bland affect (emotions)

Lack of eye contact

Non-organic failure to thrive

Lack of responsiveness

Prefers “stranger” to familiar caregiver

Rejects being held or touched

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Signs of Emotional Problems in Toddlers or Preschoolers

Dysregulated, aggressive behaviors

Problems with and deficits in attention

Lack of attachment; indiscriminate attachment

Sleep problems or disorders

All beyond what is “usual” behavior for children of this age

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Indicators that a significant social-emotional delay may exist?

Specific Infant and Toddler Behaviors

- Lacking emotional display, such as cooing, babbling, or whimpering;
- Having a sad affect;
- Resisting being held or touched;
- Being difficult to sooth or console;
- Appearing fearful;
- Rarely making eye contact;
- Clinging to caregiver;
- Inability to comfort or console oneself; and
- Reluctance to explore his or her environment and develop motor skills associated with free movement in space.
- Disrupted or disturbed relationship

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Warning Signs of **Mental Health** Issues

- The following behaviors may be indicative of **mental health** concerns:
 - frequent crying or excessive irritability
 - frequent requests or hints for help
 - constant anxiety, worry, or preoccupation
 - fears or phobias that are unreasonable or interfere with normal activities
 - inability to concentrate on age-appropriate activities

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Warning signs continued

- loss of interest in playing
- isolation from other children
- low self-esteem and/or lack of self-confidence
- hurting younger children or animals
- setting fires
- sexual acting-out that is not age appropriate
- decline in school performance that does not improve
 - (American Psychiatric Association, 2002)

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Social – Emotional Assessment

- The use of tools that have been demonstrated to be valid and reliable.
- The input of parents, teachers and others who know the child is invaluable.
- Observations of the child add great detail to the assessment information.
- An evaluation team member with expertise in infant – toddler mental health is needed to help interpret and support the team evaluation decision making, e.g.,
 - **school psychologist**,
 - licensed psychologist,
 - LMHP/LIMHP

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Social – Emotional Assessment Domains

- Child behavior development
- Child and family risk factors
- Temperament
- Self-regulation
- Attachment
- Relationships
- Coping skills
- Social/Emotional development
- History
 - Pre/postnatal, mothers health, environment,

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Assessment and Screening Instruments:

- Brief Infant-Toddler Social and Emotional Assessment – (BITSEA) (Carter, 1998). (12-36 mo.)
- **The Ages and Stages Questionnaire: Social Emotional (2002)**
- Bayley III Behavior Rating Scale (Bayley).
- Child Behavior Checklist, Ages 18 to 36 mo. (1986).
- Behavioral Assessment System for Children (2-5)
- The Developmental Assessment of the Young Child 2nd
Social emotional scale... NOT GOOD.

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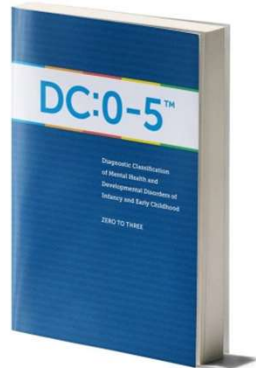
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Clinical Evaluations

- Many sources of information.
- Clinical information from psychologist, LMHP/LIMHP, or psychiatrist
- Understanding conceptualization of data using the DC: 0-5 will be very helpful.
- DC: 0-5 R would be a helpful resource for school psychologists as well as other mental health professionals.

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Watch for training.
<https://www.nebraskababies.com>

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Diagnostic tool... DC: 0-5

- **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood™**
- **Revised Edition 2.0 2021**
- **Published by Zero to Three**
- <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/dc0-5-resources/>

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Clinical Interaction Checklist: / Free Play Relationship: Positive Sharing in Play

- Child
 - +Looks to caregiver for approval.
 - +Seeks physical closeness to caregiver
 - Caregiver
 - +Uses friendly tone of voice
 - +Demonstrates affections
- Together
- +Mutual Positive Affect
 - +Play *with* each other

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Clinical Interaction Checklist: / Free Play Caregivers Awareness of Child's developmental Needs

- Caregiver:
 - +Lets child choose toys
 - +Lets child choose ways to play
- Caregiver:
 - -Physical or verbal intrusiveness
 - -Ignores child's preferences
 - -Overly directive in play

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Clinical Interaction Checklist: / Free Play Caregiver Rejection

- Caregiver:
 - -Ignores child
 - -Speaks to child in harsh tone
 - -teases child
 - -handles child harshly

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Clinical Interaction Checklist: / Free Play Child Negativity toward Caregiver

- Child
 - -Maintains physical distance from caregiver
 - -rejects caregiver's attempts to engage child
 - -Overly compliant (doesn't show typical, age-appropriate assertiveness)
 - -Non-compliant
 - -Aggressive

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Clinical Interaction Checklist / Free Play Mutual Positive Affect

- Is there any mutual positive affect present.
 - Yes or NO
- Osofsky, JD, Kronenburg, ME, & Hogan, AE (2004). Clinical interaction rating scales & checklist. LSUHSC, New Orleans. Copywrite material; Do not copy without permission of authors.

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Clinical Interaction Checklist / Clean up Caregivers Limit Setting

<ul style="list-style-type: none"> • <u>Caregiver:</u> • +Explains reason for cleanup • +makes sure clean up is completed • +makes clean up fun • +uses praise • +gives clear directives 	<ul style="list-style-type: none"> • <u>Caregiver:</u> • -speaks harshly to child • -Physically harsh to child
--	---

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Clinical Interaction Checklist / clean up Child's response to clean up

<ul style="list-style-type: none"> • <u>Child:</u> • +completes task with little difficulty 	<ul style="list-style-type: none"> • <u>Child:</u> • -Overly compliant • -non-compliant
---	--

Rating:

- Area of Strength
- No/little Concern
- Mild Concern
- Serious Concern

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EARLY DEVELOPMENT NETWORK


NDE Rule 52
DHHS 480 NAC 1

PRT Training



Nebraska Early Development Network
Babies can't wait

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Early Intervention

- Governed by federal regulations:
 - IDEA Part C
- Co-Lead Administration between the Nebraska Departments of Education (Office of Special Education) and Health and Human Services (Medicaid/Long-term Care).
- State Regulations:
 - NDE 92 NAC 52 and DHHS 480 NAC 1
 - FAPE applies B-21 per Nebraska state statute

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Interim IFSP

- EDN services may be provided to a child and family if the school district, based upon professional judgment and available information, has indicated the child may be eligible before the comprehensive multidisciplinary evaluation is completed in instances where **the child has immediate identified needs**.
- 92 NAC 007.05 & 480 NAC 1-009
 - The following conditions must be met:
 - Parental consent is obtained.
 - An interim IFSP is developed that includes the name of the services coordinator and the early intervention services that have been determined to be needed immediately by the child/family.
 - The evaluation and assessment are completed within 45 days.

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Interim IFSP

Examples
<p>May be used to start a child on waiver services or to provide immediate service in exceptional circumstances when it is not possible to complete the child's MDT evaluation and assessment within the required timeline due to child's <u>illness/medical emergencies/hospitalization</u>.</p>
<p>May be used when a family is moving in from another state where they have been receiving early intervention services and it appears the child will be eligible in Nebraska.</p>

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Case Scenario

Upon receipt of written parental consent:

- the SC will obtain medical records, including the screening results, from the physician;
- the team will review the medical records and conduct a comprehensive, multidisciplinary evaluation across all required developmental domains which *includes hearing evaluation*;
- upon eligibility determination, the child and family assessment (RBI) will be conducted by the provider and the services coordinator.

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Eligibility Requirements

Rule 52-006.04

- The school district or approved cooperative establishes eligibility for early intervention services utilizing developmental delay or any of the other disability categories in 92 NAC 51-006.04
- No educational need



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Eligibility Requirements

Rule 52-006-006.04A

To qualify for early intervention services in the category of developmental delay, the child shall have either:

- ❖ A **diagnosed physical or mental condition** that has a high probability of resulting in a substantial developmental delay.....
- OR**
- ❖ A significant developmental delay...in one or more of the following areas:
Cognitive; physical; communication; social or emotional; adaptive



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Use of Informed Clinical Opinion

Rule 52-006.05B2

- Qualified personnel **must use informed clinical opinion when conducting an evaluation and assessment of the child.** In addition, the school district or approve cooperative **shall ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility;**
- However, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.



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Medical and Other Records Criteria

Rule 52-006.05B

- A child's medical and other records may be used to establish eligibility without conducting an evaluation of the child if those records indicate the child
 - Has at least 2 standard deviations below the means in one of the developmental areas (cognitive, physical including vision and hearing, communication, social or emotional, adaptive); or at least 1.3 standard deviations below the mean in 2 areas of development;
 - **Meets the criteria for an infant or toddler with a diagnosed condition, that has a high probability of resulting in developmental delay.**
- If a child is determined eligible for Early Development Network based on review of records, the school district or approved cooperative must conduct an initial assessment of the child.



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Rule 52-006.04A1

- Has a diagnosed physical or mental condition that -
- (i) Has a high probability of resulting in developmental delay in the areas described in 92 NAC 52-006.04A2 (Cognitive; physical; communication; social or emotional; adaptive)

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- ; and
- (ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; **severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.**

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- eligibility should be established for infants/toddlers who were victims of significant abuse/neglect, and
- those who were subject to removal from parental home and placed into foster care,

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- This is because of the impact as ACEs have on the child's development.
- Teams would use Informed Clinical Opinion to establish eligibility if no other medical or mental conditions noted in paragraph above were present.
- But you have the documentation of the circumstances.

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Eligibility and Evaluation Procedures

If...	And...	Then...
<p>the child has a diagnosed physical or mental condition known to cause later delays;</p> <p>or</p> <p>the child has an established delay as defined in Rule 52;</p>	<p>the diagnosed physical or mental condition is documented in medical or other records which are available for review;</p>	<ul style="list-style-type: none"> child is eligible for Early Development Network; an initial multidisciplinary assessment of the child is conducted by the district to identify unique strengths and needs in each of the required developmental areas, helping to identify the early intervention services appropriate to meet those needs; a family-directed assessment is conducted by the services coordinator in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child; and conduct interim IFSP, if needed.

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Evaluation Procedures



Rule 52-006.06

- No single procedure is used as the sole criterion for determining a child's eligibility for Early Development Network.
- Must include:**
 - administering an evaluation instrument;
 - taking the child's history including interviewing the parent;
 - identifying the child's level of functioning in each of the developmental areas;
 - gathering information from other sources: family members, other caregivers, providers, social workers, and educators;
 - reviewing medical, educational, or other records.
- ❖ All developmental areas must be evaluated.

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Evaluation and Assessment Procedures

Rule 52-003.16-16A

- The multidisciplinary evaluation and assessment of the child means the involvement of two or more separate disciplines or professions but may include one individual who is qualified in more than one discipline or profession.

Rule 52-006.05D

- Unless clearly not feasible to do so, all evaluations and assessments of the child must be conducted in the child's native language.



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MDT Written Reports

- Basis for Determination – utilize medical records/information and parent report (RBI)
- Eligible for early intervention services vs. special education services
- Rule 52 vs. Rule 51
- All Domains must be completed utilizing descriptive information regarding child's strengths/needs in each developmental area based upon medical records, parent report (RBI), evaluation tool (if utilized) and provider observations.

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Definitions – Evaluation & Assessment

Rule 52-003.07

- **Evaluation** means the procedures used by qualified personnel to determine a child's initial eligibility to begin receiving early intervention services and continuing eligibility.

Rule 52-006.07A

- **Assessment** means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the assessment of the child and the assessment of the child's family.
- Initial assessment means the assessment of the child and the family assessment conducted **prior** to the child's **first** IFSP meeting.

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Child Assessment Procedures



Rule 52-006.07A1-A3

The assessment of the child must include the following:

1. A review of the results of the evaluation
2. Personal observations of the child and;
3. The identification of the child's needs in the following of the developmental areas:

Adaptive	Social/Emotional
Cognitive	Health
Communication	Hearing
Physical-Fine Motor	Nutrition
Physical-Gross Motor	Vision

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FAMILY ASSESSMENT

480 NAC 1-008.01(D)(i) The services coordinator must meet with the family to:

- Conduct a family assessment to identify the family's daily routines, activities and options for supporting the family in identifying their resources, priorities, and concerns.

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Parental Engagement:

- Opportunity connect with hesitant parents>
- Why might parents with involvement in the childcare system be resistant?

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Family Assessment



- The IFSP must be based on information obtained through an assessment tool that is selected and administered so as not to be racially or culturally discriminatory; and also through an interview with those family members who elect to participate in the assessment.
- The family-directed assessment must be voluntary on the part of each family member participating and include the family's description of its resources, priorities, and concerns and the supports and services necessary related to enhancing the child's development.
- The family is assisted in identifying the supports and resources present in the child's environment and activities in the child's daily routine that offer opportunities for the child to learn the new skills.
- Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.

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EI/IFSP Services

Developmental Services designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development:

- Assistive technology device/service
- Audiology services
- Family training; counseling and home visits
- Health services;
- Nursing services
- Nutrition services;
- Occupational therapy;

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EI/IFSP Services

- Physical therapy;
- Psychological services
- Sign language and cued language services
- Social work services
- Special Instruction
- Speech-language services
- Transportation and related costs
- Vision Services

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First Contact

- Introductions
- Reasons for the call or visit.
 - Has the referral been explained by the case worker to set up the call?
- Explain your role to help the child and the family.
- What concerns do you have about your child?
- Explain how you can help them?
- If they are hesitant or resistant.
 - Be curious, Why might that be?

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How do I talk with parents about social and emotional delays?

- Remember that the tension and negativity that you may see in a parent-child relationship may be the result of social and emotional delays rather than the cause, and that parents want a way to improve these difficult interactions.

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How do I talk with parents about social and emotional delays?

Early intervention supports and services are strengths-based, and practitioners already have at hand the best way to approach concerns about social and emotional development.

Clearly understanding and using the strengths of the family and the child is the best foundation for talking with parents about problems.

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How do I talk with parents about social and emotional delays?

- Remember that motivation can be a strength.
 - a. Understand that a child's difficult behavior as being motivated by wanting to communicate, connect and learn or to cope with his or her own difficult experience of the world because of sensory or other problems.

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How do I talk with parents about social and emotional delays?

- b. Understand that a parent's frustration and anger may come out of motivation of wanting their child to succeed, to be happy and capable, to learn the rules of social interaction and be respectful of others helps when confronting difficult relationships.
- c. Understand that parents have been practicing ways of relating to their child that don't work for a long time and it will take time to learn different ways of relating that might be more effective with this particular child, just like you might have to find new ways of feeding a child with oral issues or adapting the environment in other ways for a child with special needs.

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How do I talk with parents about social and emotional delays?

- Help parents understand that their reactions are shared by other parents.
- Parents may tend to feel blame and guilty when any social and emotional problem is addressed, even more than when there is a physical problem.

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How do I talk with parents about social and emotional delays?

- Offer hope that things can be better and that identifying and talking about the problems is the first step towards improving things for the child and the family.
- Stay focused on the family's wishes for their child and help them see a path to move towards those ultimate goals.

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How do I talk with parents about social and emotional delays?

- Be especially careful not to use blaming or judgmental language, but rather describe the concerning behavior or lack of expected behavior.
- Be sensitive to the families grieving process at not having the child they expected.
- Be sensitive to the cultural explanations of developmental differences.
- Parents may need to hear information several times at varying levels of detail as they come to terms with their child's issues.

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Relationships

- Engage and support the parents.
- Support the foster parents.
- You are promoting the social emotional well being of the child which is laying the foundation for the child's educational future.



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Rambling thoughts

- Ambiguity.
- Social emotional assessment is not a clean simple process.
- Trust among team members.
- Trust for community resources: get to know them.
- Be proactive.
- Be an advocate for children and families.



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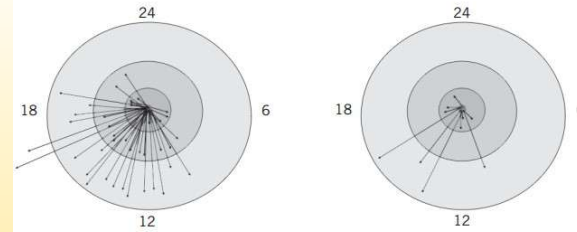
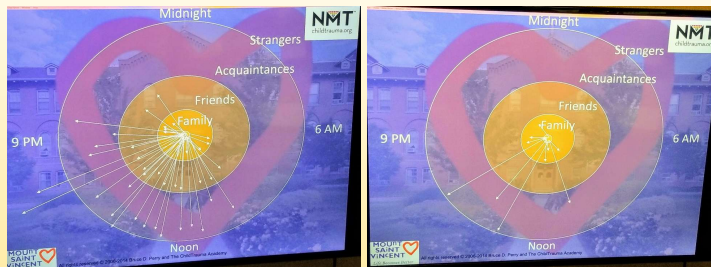


FIGURE 3.2. Positive relational interactions: Typical and foster child. These two figures are representative 24-hour relational contact maps examining the number of positive relational interactions in two children. Arrows represent positive interactions (as rated by observer and child); arrows ending in the inner circle represent interactions with family; additional circles represent friends, then classmates/acquaintances. Arrows outside the circle represent interactions with strangers. The figure on the right is based on a 10-year-old boy in foster care who was moved in the middle of the school year to a new foster home away from extended family and community. This figure is the best 24-hour map for a 2-week period for this child. Several days were completely devoid of any positive relational interaction. The relational poverty played a major role in this child's inability to progress; symptoms related to trauma and neglect persisted and increased while he was in relationally impoverished settings. Once in a stable placement with positive relationships created in school and the community, he stabilized and improved.

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Relationship map.

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Discuss

- Impact on my/our work
- Public policy
- Family leave post birth
- Supporting families in the perinatal periods.
- Ratio of regulated adults to children today vs from an historical perspective.



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“partnerships” who are your community resources?

Parents and Parent Networks	Community/Agency Caregivers (Head Start, Daycare Providers, Preschool Programs, etc)	Early Childhood Specialists	Speech/Language Pathologists
School Psychologists / School Counselors / School Social Workers	School Nurses / Home health / Visiting nurses	Mentors	Pediatricians, Family Practice Physicians
Parents	Mental Health Professionals (child psychiatrist, child psychologists, LMHP's)	Services Coordinators— Early Development Networks	Professional Partners Program
Child Welfare Agencies/ CPS/NDHHS	1184 Teams...	Business Community	Circle of Security Parenting

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A word or phrase to describe your day.

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Questions



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