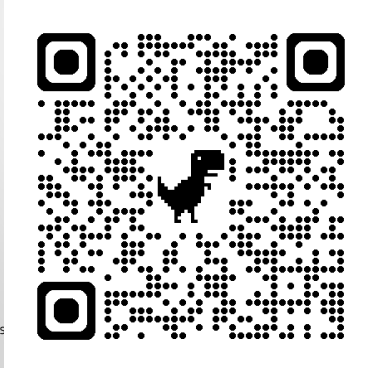


The Impact of Stress, Neglect and Trauma on Infant & Toddler Development

- Mark Hald, PhD
- Licensed Psychologist
- Nationally Certified School Psychologist
- Registered Play Therapist Supervisor
- Circle of Security Parenting Facilitator and
- Certified COSP Fidelity Coach
- CONTACT
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 - email: mhald@optionspsych.biz

1

WIFI-IHG ONE REWARD FREE WIFI ACCESS - EARNK



Toxic S

2

Introduction

Plan

Too many slides

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

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3

HEALTHY MIND



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4

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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6

slido

Please download and install the Slido app on all computers you use 

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

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Start presenting to display the poll results on this slide.

7


What do you need today?


- Why am I here?
- What do I hope to learn about?
- What does my team need?
- 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

 Start presenting to display the audience questions on this slide.

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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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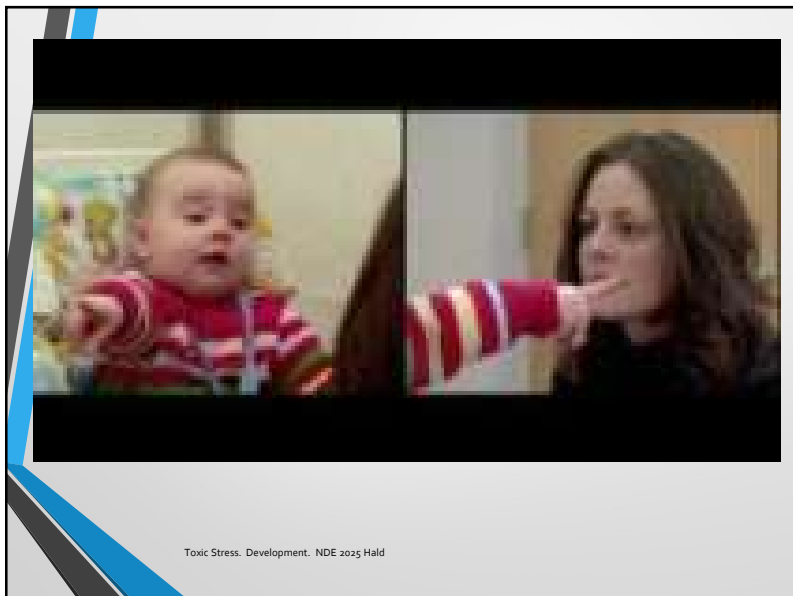
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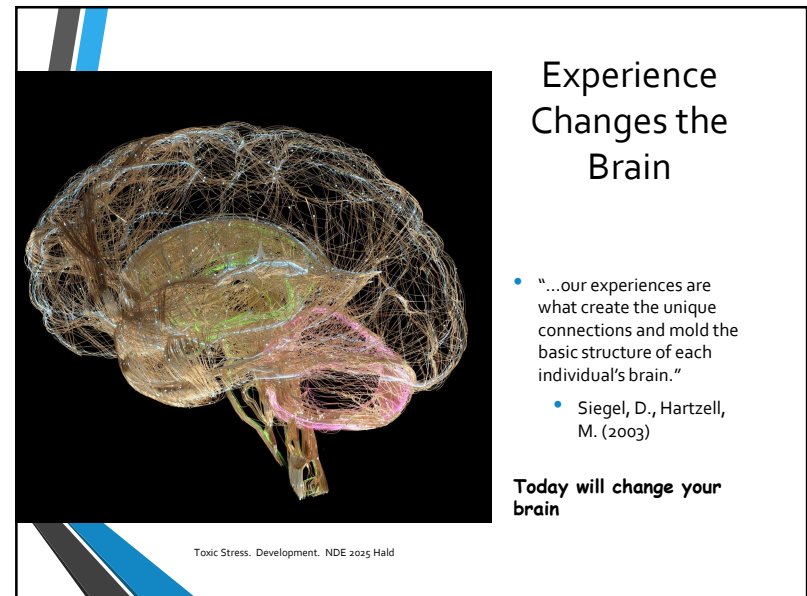
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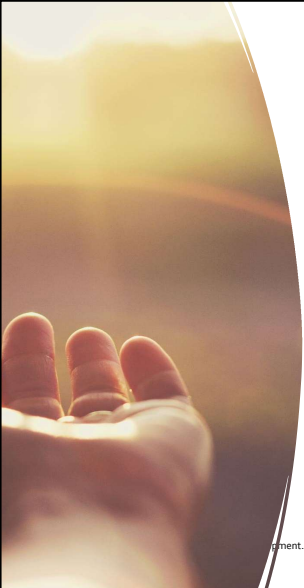
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15



16



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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- Introductions with neighbor.
- Please discuss in a small group:
- 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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Early Relational Health

- Early relational health is a framework that explores the role of early relationships and experiences in healthy development across a child's lifetime. Relationships, especially in the early years, build a foundation for lifelong growth and development.

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Early Relational Health


Relationships should be:

- **Safe:** The relationship is free of physical or psychological harm.
 - *Children 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.
 - *Children believe their caregivers will meet their needs.*
- **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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What Is Infant Mental Health?




"Infant mental health is the developing capacity of the child from birth to 3 to:

- experience, regulate and express emotions;
- form close and secure interpersonal relationships;

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What Is Infant Mental Health?



- and explore the environment and learn—
- all in the context of family, community, and cultural expectations for young children."

--ZERO TO THREE Infant Mental Health Task Force, 2001

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What Is Infant Mental Health?

"Infant mental health is synonymous with healthy social and emotional development."

--ZERO TO THREE Infant Mental Health Task Force, 2001

- Birth to about age 8



24



Nebraska Association
for Infant Mental Health

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

www.neinfantmentalhealth.org



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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 expertise across the state

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How early childhood experiences affect lifelong health.




- Harvard Center for the Developing Child.


Toxic Stress. Development. NDE 2025 Hald <https://developingchild.harvard.edu/>

27

Relationships and the Brain



28



“We are
hardwired for
relationships.”

Allan Schore


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29



Neurons that Fire Together Wire Together. (Hebb, 1949)

30




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. Start at 3:48



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33

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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37



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39



40

slido

Please download and install the Slido app on all computers you use 

 My ACE score =

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Start presenting to display the poll results on this slide.

41

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

(Fellitti et al, 1998)

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Adversity and Stress

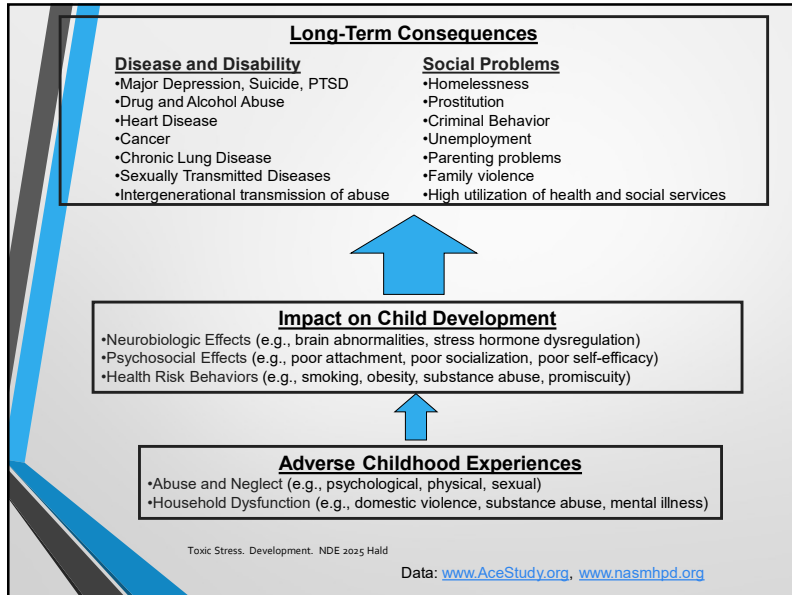
- Adversity and Stress are extremely subjective.
- Can not judge based on the events.
- It depends on the perception of
 - The adult caregiver
 - And the children.
 - Child's perception is dependent on the support or lack there of receiving during and after the event.

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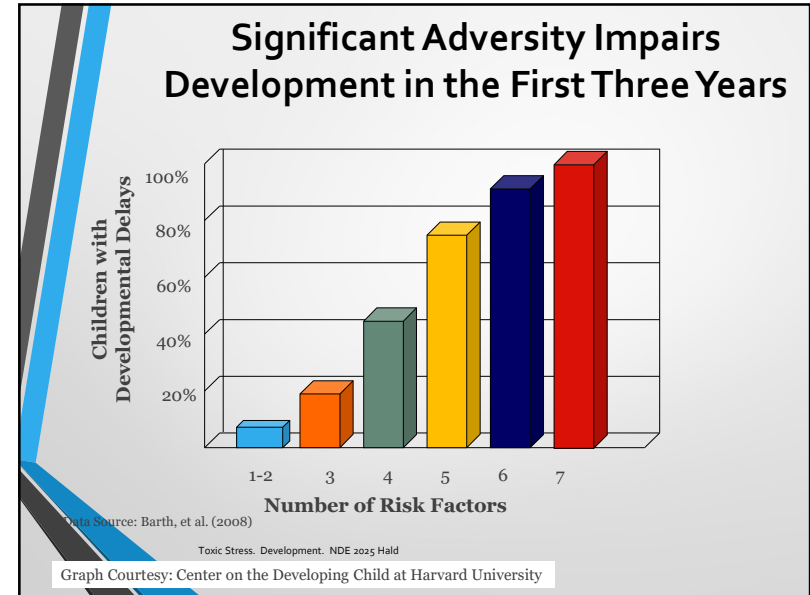
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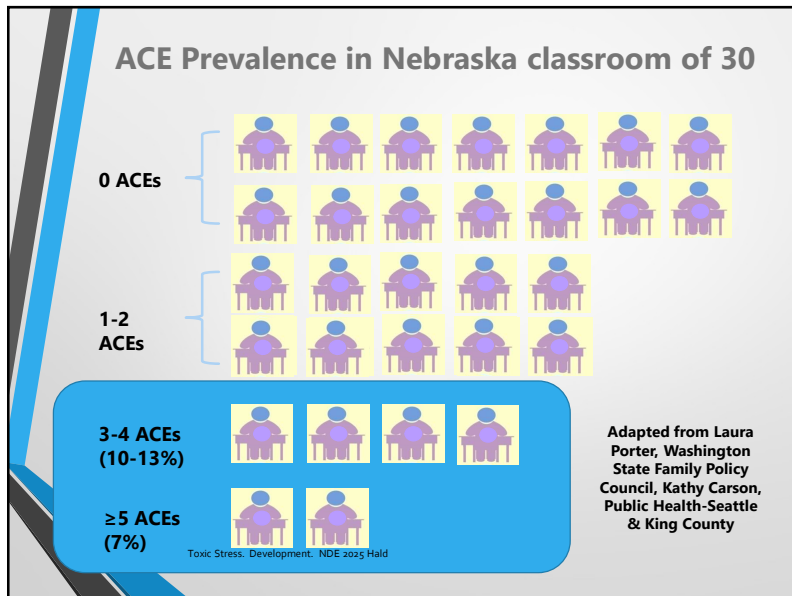
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45



46



47

Why Early Relationships Are Important

- Babies who had a positive experience with their primary caregiver will transfer those positive expectations to subsequent caregivers, making it easier for the new caregiver to understand the baby's needs
- Early relationships form the basis for all later relationships

• Dozier, M., et.al (2001), *Child Development*, 72(5); Emde, IMHJ
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Why Early Relationships Are Important

- Babies who had a negative experience with their caregiver will “continue to have low expectations for nurturing care and behave in ways that do not elicit nurturance”
- With sensitive foster mothering, the baby can still learn that its needs can be met and become securely attached

• Dozier, M., et.al (2001). *Child Development*, 72(5)

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Why Early Relationships Are Important

- Early micro-experiences become the building blocks of the baby’s emotional bond with the caregiver
- This “emotional bond” is attachment

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Why Early Relationships Are Important

- *The hallmark of this important relationship is the readily observable fact that this special adult is not interchangeable with others*
- *Babies grieve when their attachment relationships are disrupted*

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

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COVID 19 Data:

- Estimates through the end of 2022 indicate 202,000 to 250,000 US children have experienced the death of one or both parents or caregivers.
- Nonwhite children more than twice as likely impacted
- 70% of children impacted were under age 14.

Treglia, D., Cutuli, J. J., Arasteh, K., & Bridgeland, J. Parental and Other Caregiver Loss Due to COVID-19 in the United States: Prevalence by Race, State, Relationship, and Child Age. *Journal of Community Health*, 1-8. <https://doi.org/10.1007/s10900-022-01160-x>

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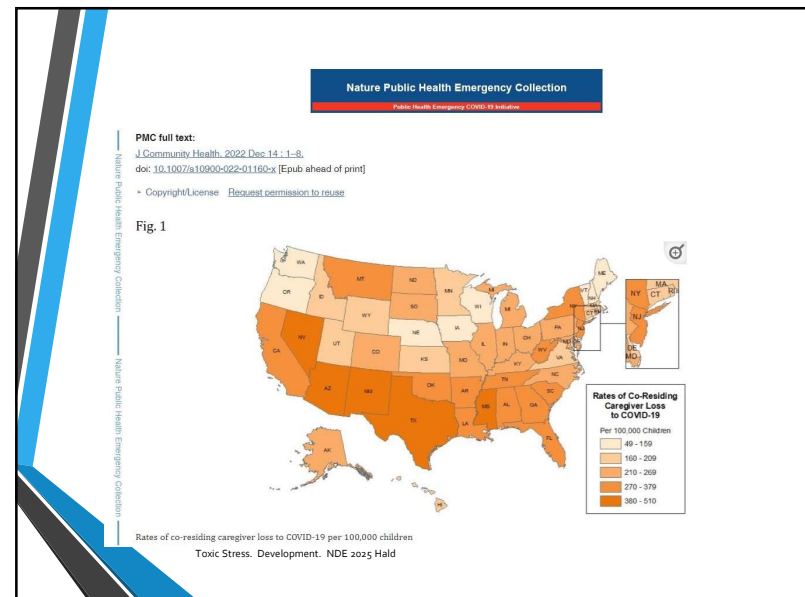
54

COVID 19 Data:

Nebraska	United States CDC website 03/17/23
<ul style="list-style-type: none"> • 586,970 known cases CDC 03/17/23 • 4827 deaths USA Facts 03/05/2023 	<ul style="list-style-type: none"> • 103,801,821 known cases • 1,121,512 deaths

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Death and Illness

- Illness
 - Isolation
 - Lack of talk, eye contact, touch.
 - Death of a care giver – parent, grandparents, family, friends.
 - Separations
 - Interruptions of saying good bye rituals.

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What have observed you with the children you work with?

- Based on your interactions and observations with children and parents, what are your observations of children in the last two years?
 - Motor skills gross and fine motor.
 - Language skills.
 - Emotion and Behavior regulation.
 - **Please discuss with your neighbors.**

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The Impact of the COVID-19 Pandemic on Child Development

- Emerging Research and Long-Term Implications
- A Global Disruption: The Pandemic's Reach
- The COVID-19 pandemic significantly altered daily life, impacting various aspects of society, including child development.
- Summary of key research findings on the pandemic's effects on children's development, focusing on cognitive, social-emotional, and physical well-being.

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Developmental Delays Milestones and Modifications

Modest Delays: Studies suggest some delays in developmental milestones, particularly in communication, problem-solving, and personal-social skills in young children (Johns Hopkins Medicine).
Specific Skill Impacts: Research indicates potential negative effects on language and executive function in preschool children (Multidisciplinary Digital Publishing Institute -MDPI).
Not All Areas Affected: Notably, motor skills development has not shown significant changes in most studies (Johns Hopkins Medicine).

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Mental Health and Emotional Well-being - Emotional Rollercoaster

- Increased Challenges:** Meta-analyses show small increases in emotional symptoms, conduct problems, anxiety/depression, and attention problems in preschool children (MDPI).
- Exacerbation of Existing Concerns:** The pandemic has also been linked to increased mental health concerns, decreased sleep, and increased risk of obesity in children (Johns Hopkins Medicine).
- Stress and Uncertainty:** The pandemic created a climate of stress and uncertainty, impacting children's emotional regulation and well-being.

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Social Development Connecting in a Time of Distance

- Reduced Socialization:** Lockdowns and social distancing limited children's interactions with peers, potentially affecting social skills development (Education Resources Inc).
- Disrupted Play-Based Learning:** The closure of childcare centers and preschools disrupted crucial play-based learning experiences (Education Resources Inc).
- Long-Term Effects:** The long-term impact on social development requires further investigation.

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Family and Home Environment The Home Front

- Increased Family Stress:** The pandemic created significant stress due to job loss, financial difficulties, and changes in routines (Johns Hopkins Medicine).
- Impact on Parenting:** Increased stress can negatively impact parenting behaviors and parent-child interactions (MDPI).
- Resilience and Support:** Families demonstrated resilience, but many require support to navigate these challenges.

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Long-Term Implications and Future Directions – Looking Ahead

- Uncertain Long-Term Effects:** The long-term implications of these changes on child development remain unclear (Johns Hopkins Medicine).
- Continued Monitoring:** Continued monitoring of children's development is crucial to understand lasting effects and provide necessary support (Johns Hopkins Medicine).
- Further Research:** More research is needed to fully understand the pandemic's impact and develop effective interventions.

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Conclusion

Supporting Children and Families

- The COVID-19 pandemic has presented unique challenges to child development.
- Early identification and intervention are essential to mitigate potential negative impacts.
- Collaboration between families, educators, healthcare providers, and researchers is crucial to support children's well-being.

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Academic Year	Age across the years.						
19-20	-	-	0	1	2	3	4
20-21	-	0	1	2	3	4	5
21-22	0	1	2	3	4	5	6
22-23	1	2	3	4	5	6	7
23-24	2	3	4	5	6	7	8
24-25	3	4	5	6	7	8	9

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Johns Hopkins Medicine. (2024, April 2). *Study finds COVID-19 pandemic led to some, but not many developmental milestone delays in infants and young children.* Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/news/newsroom/news-releases/2024/04/study-finds-covid-19-pandemic-led-to-some-but-not-many-developmental-milestone-delays-in-infants-and-young-children>

MDPI. *Effects of the COVID-19 Pandemic on Early Childhood Development and Mental Health: A Systematic Review and Meta-Analysis of Comparative Studies.* MDPI. <https://www.mdpi.com/2813-9844/6/4/62>

Education Resources Inc. *COVID's Impact on Birth to 3-Year-Old Development.* Education Resources Inc. <https://educationresourcesinc.com/covids-impact-on-birth-to-3-year-old-development/>

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The environment during the pandemic.

- Pandemic stress during pregnancy could be negatively impacting some children.
- **Frazzled parents and caregivers interacting differently.**
- Lockdowns:
 - **Decrease play time * and social interactions.**
 - **Parents stressed stretched too thin.**
 - **Less one to one adult child time.**

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Varying impact.

- **most at risk seem to be for children of color or those from low-income families.**
- a growing body of research suggests that among school-aged children, remote learning might be widening the already-large learning and development gaps between children from affluent and low-income backgrounds and between white kids and children of color.
- In the Netherlands, researchers found that kids did worse on national assessments in 2020 — compared with the three previous years —
 - and learning losses were up to 60% larger for children from less-educated families.

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Pregnant and Stressed

- Catherine Lebel, Developmental Neuroimaging Lab at the University of Calgary.
 - surveyed more than **8,000 pregnant people** during the pandemic.
 - **Nearly half reported experiencing symptoms of anxiety, while one-third had symptoms of depression — a much higher percentage than in pre-pandemic years.**

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Pregnant and Stressed

- MRIs of 75 babies 3 months after birth.
- babies born to people who reported more prenatal distress — more anxiety or depression symptoms — **showed different structural connections between their amygdala**, a brain region involved in emotional processing, and their prefrontal cortex, an area responsible for executive functioning skills.
 - Areas responsible for emotion processing and various behaviors.

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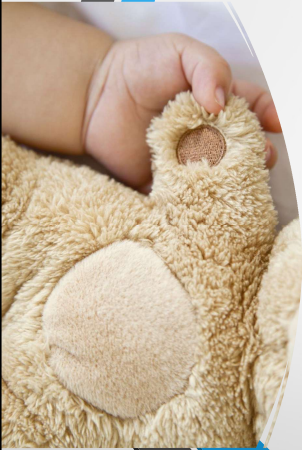
71

Pregnant and stressed


- Livio Provenzi, a psychologist at the IRCCS Mondino Foundation in Pavia, Italy.
 - **3 month-old babies of people who reported experiencing more stress and anxiety during pregnancy had more problems regulating their emotions and attention — they were less able to maintain their attention on social stimuli, for instance, and were less easily soothed — than were babies of people who were less stressed and anxious during pregnancy.**

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Impact of pandemic on infant/toddler development



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Research findings on reasons for delays:

- Less language engagement with others
- More screen time
- Less explorative play and interaction with other children
- Fewer children in formal childcare programs with teachers trained to engage them
- Use of masks inhibited babies/toddlers to see expressions and hear responses




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What should we prepare for?

- Potential of threefold increase in the number of needed referrals to early intervention
- Children "less ready for school" than previous generations
- Increase in challenging behaviors such as hitting, biting, inability to follow directions or get along with peers (turn taking, etc.)
 - research conducted in UK saw significant increases in this behavior for children ages 4-5 years old entering school in 2021-2022

Sources:
 Rhode Island study: <https://www.medrxiv.org/content/2021/08/30/2021.08.30.21263863v1.full>
<https://www.usatoday.com/in-depth/news/education/2022/06/09/pandemic-babies-now-toddlers-delayed-development-heres-why/9660318002/>
<https://www.edweek.org/teaching-learning/babies-are-saying-less-since-the-pandemic-why-thats-concerning/2022/04>
<https://hechingerreport.org/how-the-pandemic-is-affecting-babies-brains/>



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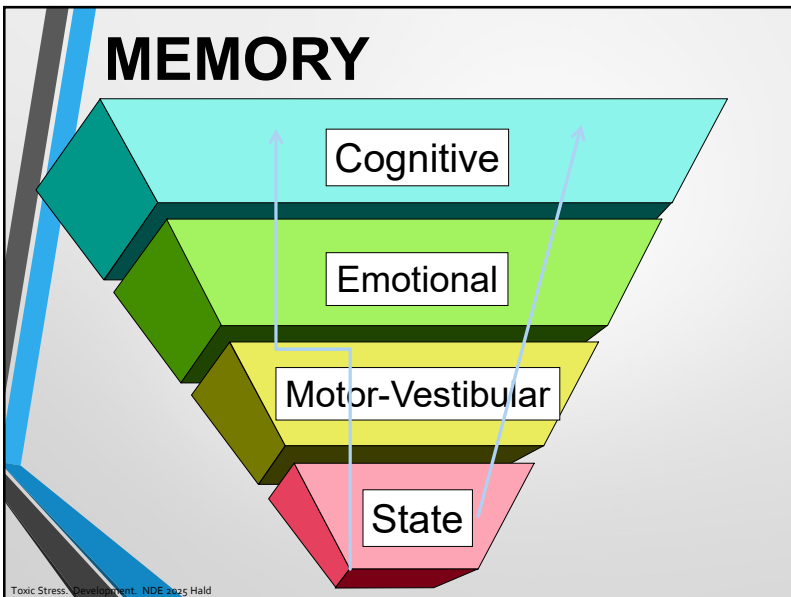
Trauma and Altered Neurodevelopment

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

www.ChildTrauma.org

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MEMORY

Cognitive — Implicit

Explicit

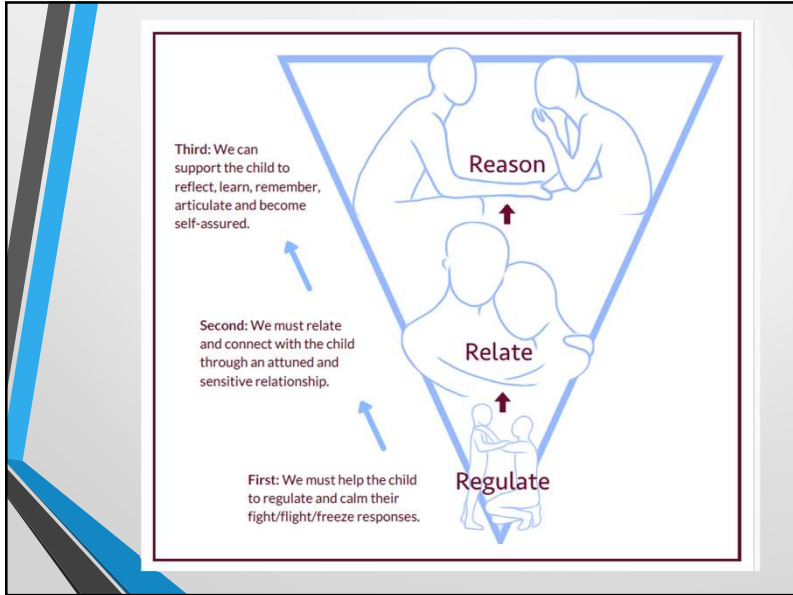
Affective/Emotional

Motor/Vestibular

“State”

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The Three R's: Reaching The Learning Brain

- Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.
- Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

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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

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Vietnam vs childhood trauma

- During the ten years of the Vietnam war, over 3 million young men and women served in Vietnam.
- In contrast, each year in the United States, five million children are exposed to abuse, violence and other traumatic events.

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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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REFELCTION

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



91

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 allow 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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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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94

Brains develop and organize in the context of relationships.



Positively and Negatively

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95

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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A DIFFERENCE THAT MAKES A DIFFERENCE

50 YEARS OF RESEARCH HAVE SHOWN THAT CHILDREN THAT ARE MORE SECURELY ATTACHED :

- ✓ Enjoy more happiness with their parents
- ✓ Feel less anger at their parents
- ✓ Get along better with friends
- ✓ Have stronger friendships
- ✓ Are able solve problems with friends
- ✓ Have better relationships with brothers and sisters
- ✓ Have higher self-esteem
- ✓ Know that most problems will have an answer
- ✓ Trust that good things will come their way
- ✓ Trust the people they love
- ✓ Know how to be kind to those around them

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CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS

SAFE HAVEN

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

SECURE BASE

- Watch over me
- Delight in me
- Help me
- Enjoy with me

*Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.*

Toxic Stress. Development. NDE 2025 Hald © 1998 Cooper, Hoffman, Marvin, & Powell circleofsecurity.org

98

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 – a 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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100

“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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101

“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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102

“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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Characteristics of Attachment

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

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Characteristics of Attachment

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

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Circle of Security Parenting

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CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS

SECURE BASE

- Watch over me
- Delight in me
- Help me
- Enjoy with me

SAFE HAVEN

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Always: be **BIGGER, STRONGER, WISER, and KIND.**
Whenever possible: follow my child's need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
 circleofsecurity.org

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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 the supportive presence of an 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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Let's practice.

- What do you see in these clips of a parent and child?

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A close-up photograph shows a baby's face in profile, looking upwards. The baby has a calm expression. In the background, the side of an adult's face is visible, looking down at the baby. The lighting is soft and intimate, suggesting a close embrace or a moment of connection.

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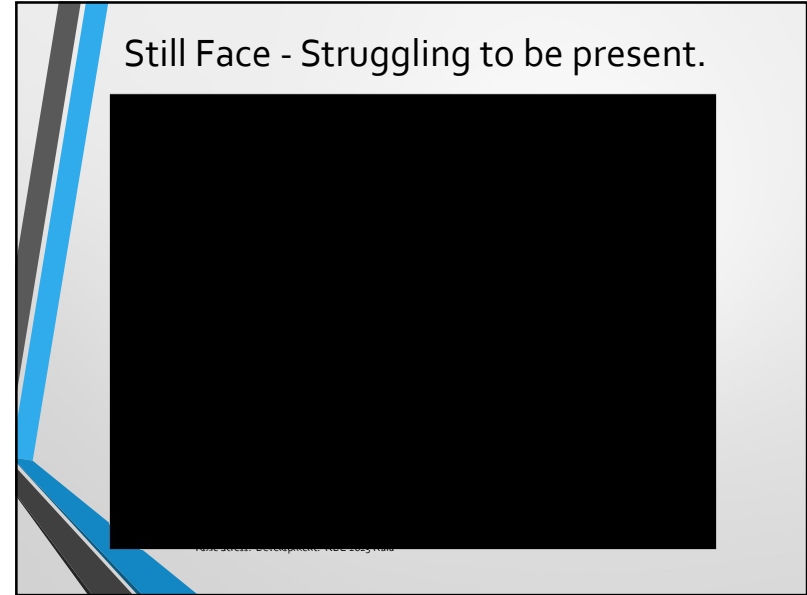
Separation Distress – clinging

A large, solid black rectangle occupies the center of the slide, indicating a video clip that is currently not visible or has been redacted. The text "Separation Distress – clinging" is positioned above the rectangle.

124



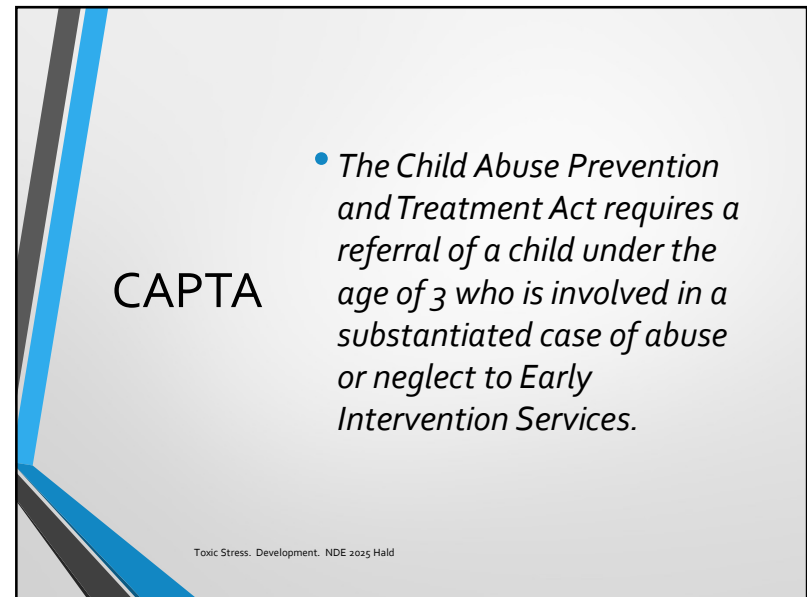
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What warning signs indicate that a significant social-emotional delay may exist?

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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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 soothe 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, the mother's health, environment,

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Assessment and Screening Instruments:

- Brief Infant-Toddler Social and Emotional Assessment – (BITSEA) (Carter, 1998).
- **The Ages and Stages Questionnaire: Social Emotional (2002)**
- Bayley III Behavior Rating Scale (Bayley).
- Child Behavior Checklist (Ages 18 mo to 3 yrs) (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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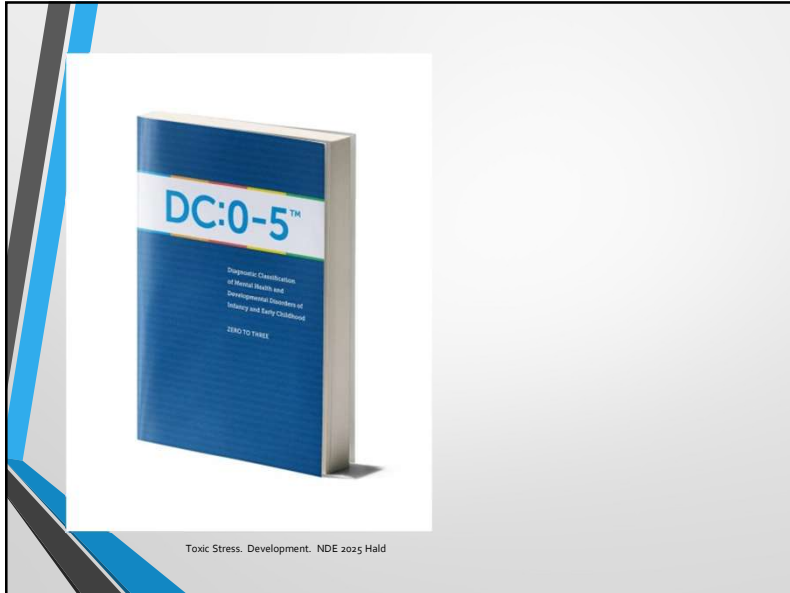
135

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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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/dco-5-manual-and-training/dco-5-resources/>

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

Together

- +Mutual Positive Affect
- +Play *with* each other

<ul style="list-style-type: none"> • <u>Child</u> • +Looks to caregiver for approval. • +Seeks physical closeness to caregiver 	<ul style="list-style-type: none"> • <u>Caregiver</u> • +Uses friendly tone of voice • +Demonstrates affections
---	--

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

<ul style="list-style-type: none"> • <u>Caregiver:</u> • +Lets child choose toys • +Lets child choose ways to play 	<ul style="list-style-type: none"> • <u>Caregiver:</u> • -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 a harsh tone
 - -teases child
 - -handles the 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 the 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

- Caregiver:
 - +Explains reason for cleanup
 - +makes sure clean up is completed
 - +makes clean up fun
 - +uses praise
 - +gives clear directives
- Caregiver:
 - -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

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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

It 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 the child's illness/medical emergencies/hospitalization.

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.

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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:

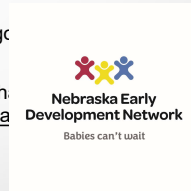
- ❖ A **diagnosed physical or mental condition** that has a high probability of resulting in a substantial developmental delay.....

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 approved 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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Rule 52-006.04A1

- ; 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 related to Abuse – Neglect

- 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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Eligibility related to Abuse – Neglect

- This is because of the impact 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 the paragraph above were present.
- But you have the documentation of the circumstances.

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Eligibility and Evaluation Procedures

If...	And...	Then...
the child has a diagnosed physical or mental condition known to cause later delays;	the diagnosed physical or mental condition is documented in medical or other records which are available for review;	<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.
or the child has an established delay as defined in Rule 52;		

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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:**
 1. administering an evaluation instrument;
 2. taking the child's history, including interviewing the parent;
 3. identifying the child's level of functioning in each of the developmental areas;
 4. gathering information from other sources: family members, other caregivers, providers, social workers, and educators;
 5. 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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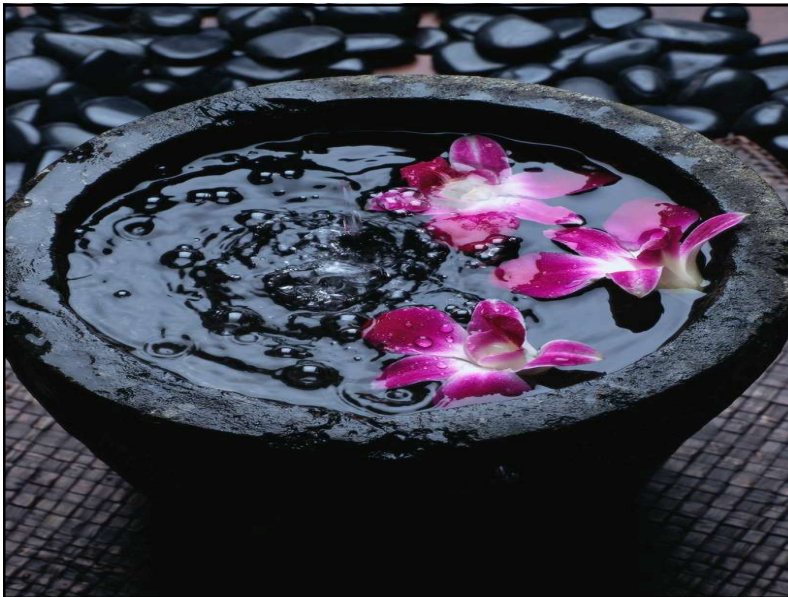
FAMILY ASSESSMENT

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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Relationships

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



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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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Positive Childhood Experiences



Nurse vs Ghosts
y (ACEs)
hood Experiences
ore.
inetreinstitute
.org/resilience-test/

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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.

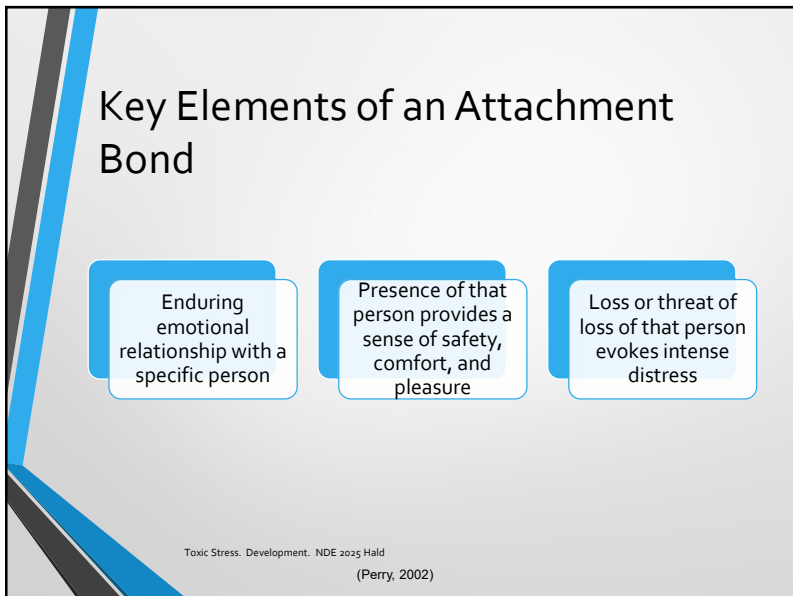
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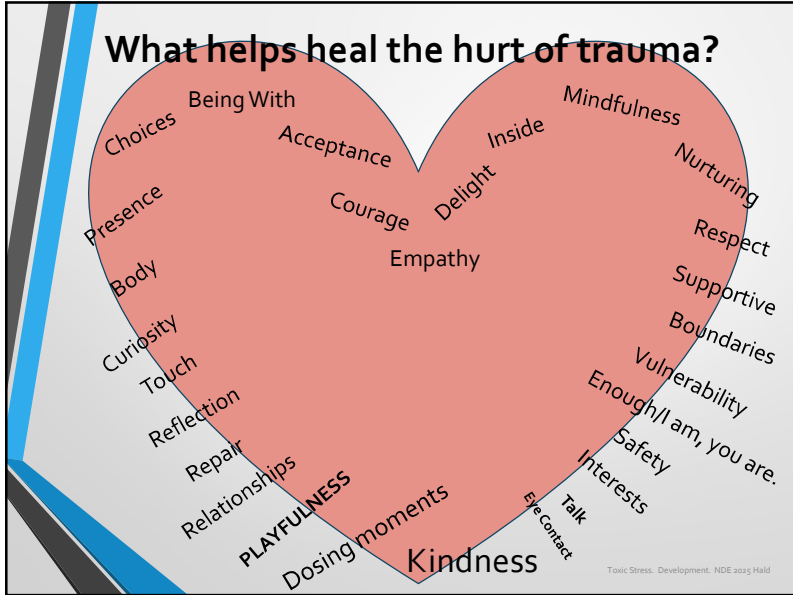
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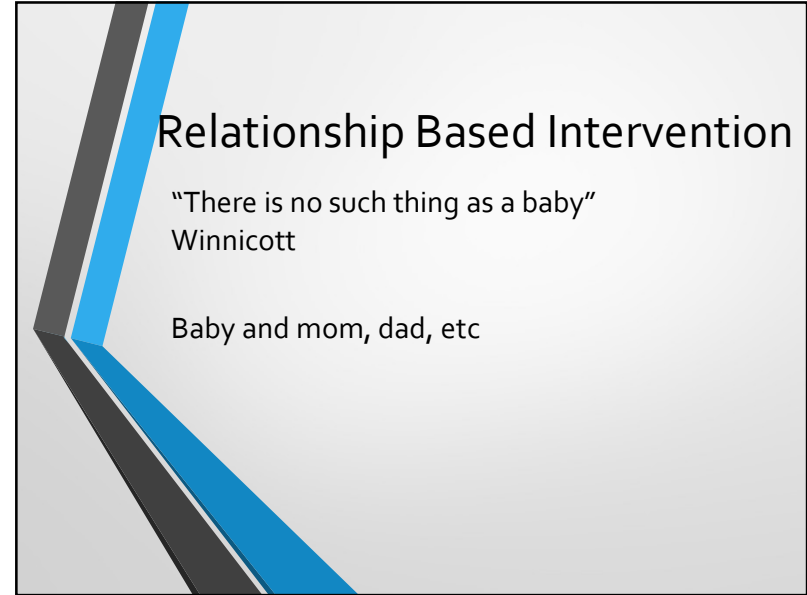
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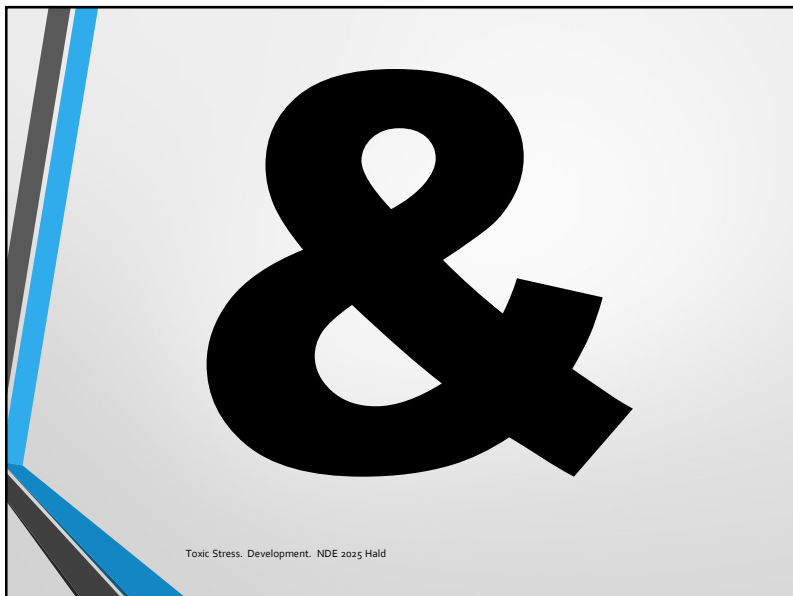
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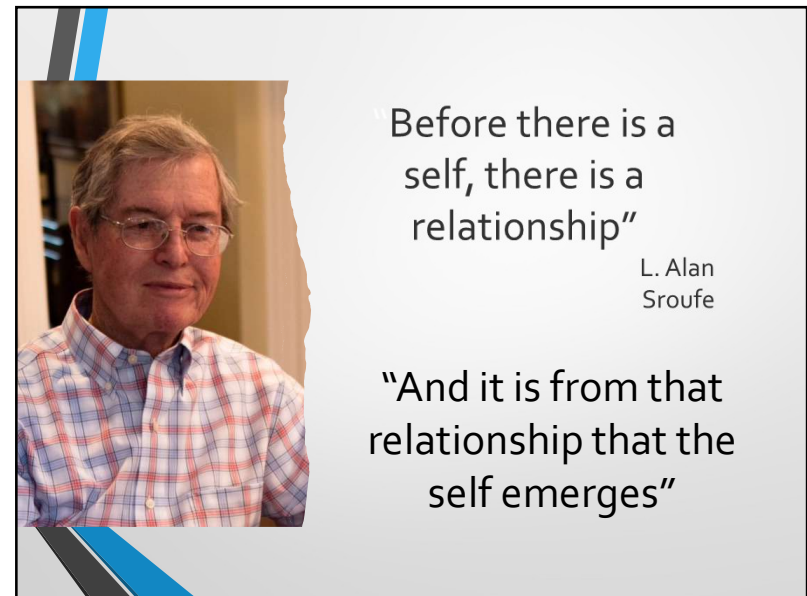
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Build Collaborative Partnerships for Children

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Supporting Infant Mental Health

- 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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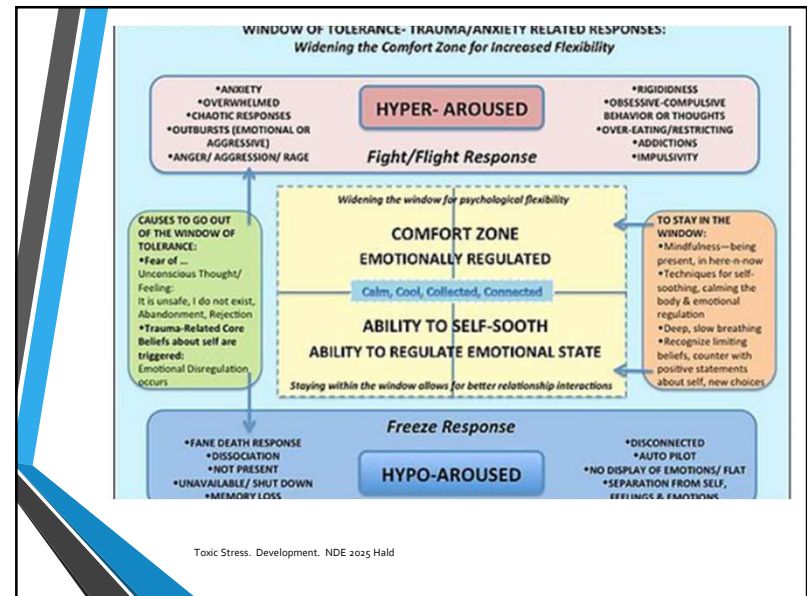
Emotional and Behavioral Regulation.

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

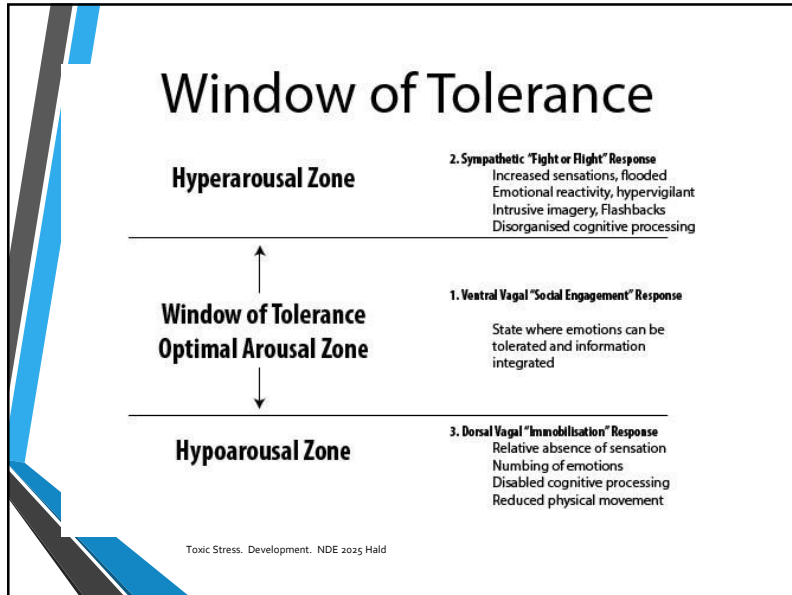
This is true for the child and the adult.

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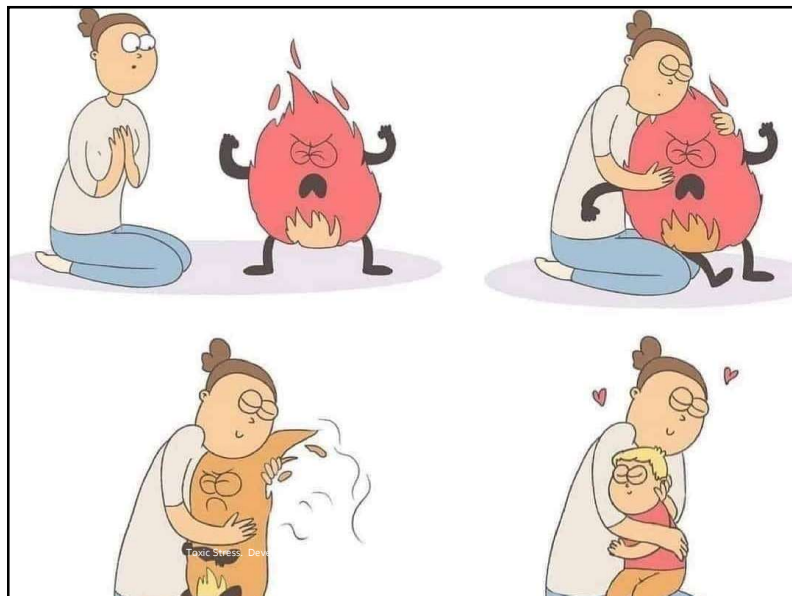
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Hope

- There's always time to create new memories right now with your child.
 - Alicia Liberman, PhD.
- Being With – Being Present – Moments Matter.

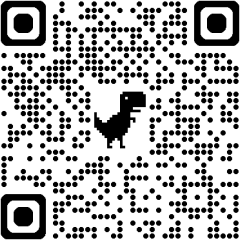
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"Ways of Being With"
Essential Elements of Supportive Parent-Child Relationships
 Roseanne Clark, PhD and Jen Perfetti, LPC

- 1. Sensitivity & Responsiveness**
 - What is my baby/child feeling?
 - What is my baby/child needing?
 - What would my baby/child like to see in my face?
 - What would my baby/child like to hear from me?
 - What would help my baby/child know that I care?
 - How can I mirror my baby/child's mood?
- 2. Warmth & Joy**
 - How can I use my facial expression?
 - How can I use my choice of words?
 - How can I use my tone of voice?
 - How can I use warm and gentle touch?
- 3. Consistency & Predictability**
 - How can I help my baby/child feel safe and secure?
 - What kind of pace does my baby/child need?
 - How can I help my baby/child to regulate?
 - How can I help my child to focus?
 - How can I scaffold my baby/child's next step?
- 4. Following Your Baby/Child's Lead**
 - What is my baby/child hoping to do?
 - What does my baby/child need from me?
 - What activity can I share in with my baby/child?
 - How can I start or continue a back and forth interaction?


When some of these areas are challenging, you may find it helpful to ask yourself: What got in the way for you to be with your baby/child? What got in the way for your baby/child to be with you?




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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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Reflection Mindfulness Reflective Practice

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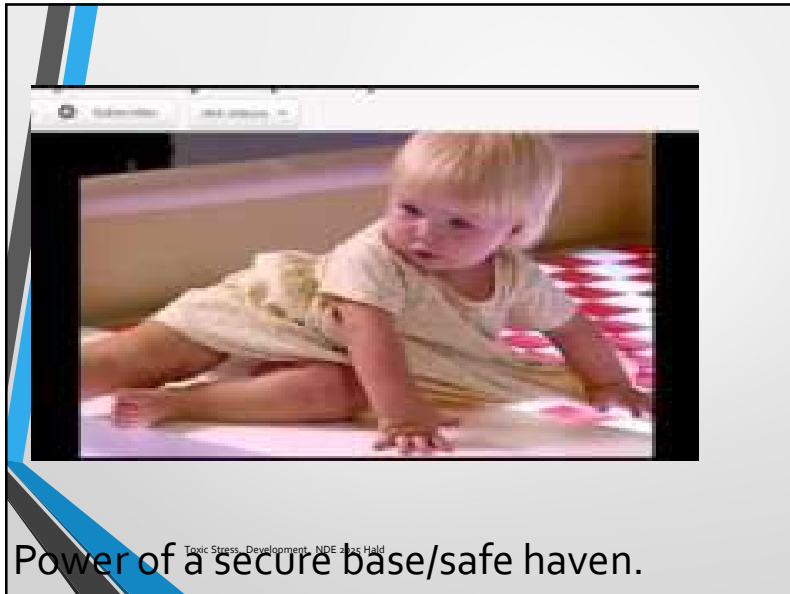
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"If you can't feed a hundred people, then feed just one."

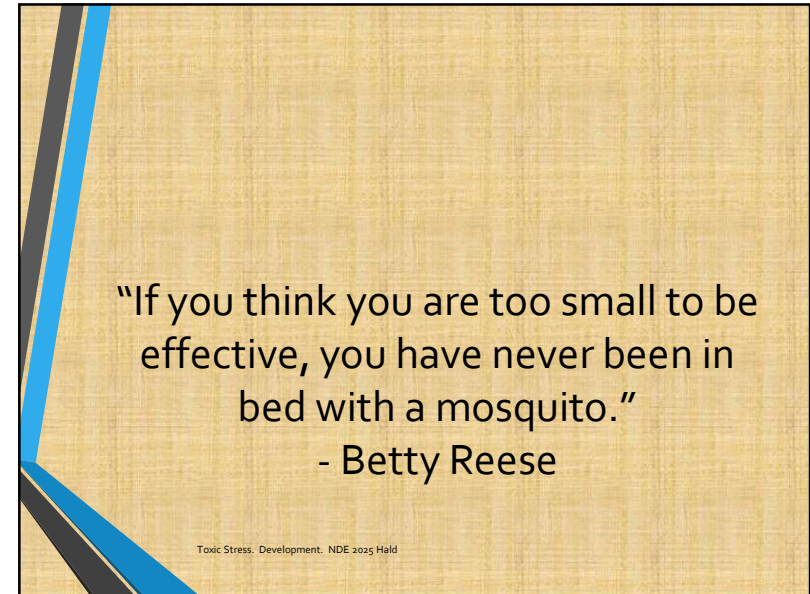
- Mother Teresa

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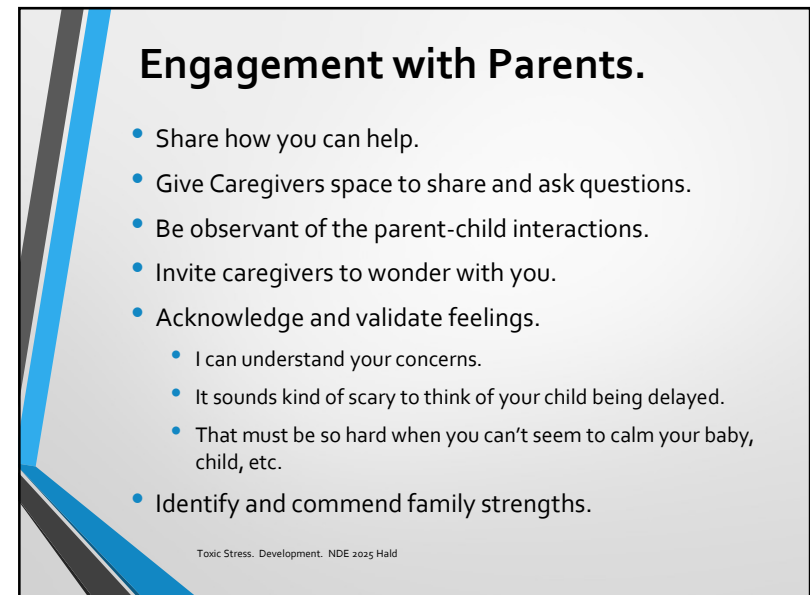
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Social-Emotional Delays

- Work on being more comfortable with discussing social-emotional and behavioral regulation.

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How do we conceptualize social-emotional delays?

- The baby exists in the context of family, community, and cultural expectations for young children.
- Infant mental health is synonymous with healthy social and emotional development.

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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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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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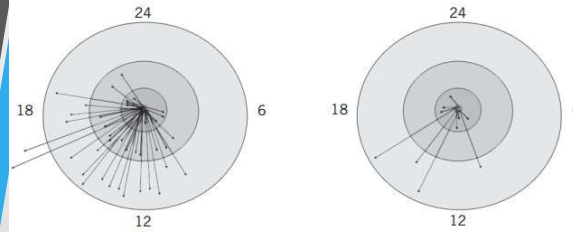
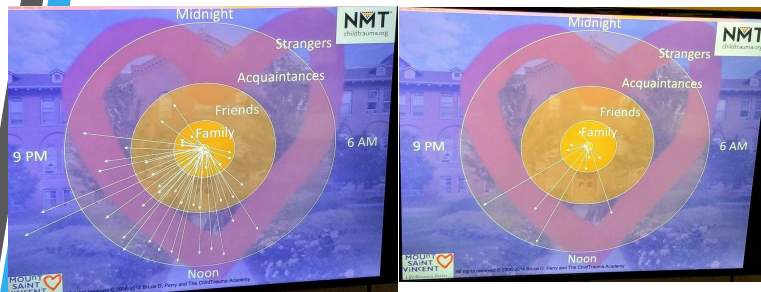


FIGURE 3.2. Positive relational interactions: Typical and foster child. These two figures are representative 24-hour relational contact maps examining the number of positive relational interactions in two children. Arrows represent positive interactions (as rated by observer and child); arrows ending 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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First Contact

- Introductions
- Reasons for the call or visit.
 - Has referred 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?

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First Contact

- Explain how you can help them?
- If they are hesitant or resistant.
 - Why might that be?
 -
- Relationship with the team.
 - Do you know each other.
 - Case work.
 - Services coordinators.

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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 know the best way to approach concerns about social and emotional development.
- The best foundation for talking with parents about problems is clearly understanding and using the family and child's strengths.

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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 is 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. Understanding that a parent's frustration and anger may stem from their motivation to want their child to succeed, be happy and capable, learn the rules of social interaction, and be respectful of others can help 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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“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... <small>Toxic Stress. Development. NDE 2025 Hald</small>	Business Community	Circle of Security Parenting

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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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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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Resources

- National
 - www.zerotothree.org
 - www.nctsn.org
 - <http://developingchild.harvard.edu/>
- Nebraska
 - <http://www.nebraskainfantmentalhealth.org/>
 - <http://www.answers4families.org/>
 - <http://www.nebraskachildren.org/>
 - <http://www.firstfivebraska.org/>

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Questions



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