



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

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What do you need today?

- Why am I here?
- What do I hope to learn about?
- What does my team need?
- I know about ACEs.
- I know how to talk with hesitant parents?

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<p>Introduction</p> <p>Plan</p> <p>Too many slides</p>	<ul style="list-style-type: none"> • 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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I understand how adverse childhood experiences (ACEs) impact child development.

① Start presenting to display the poll results on this slide.
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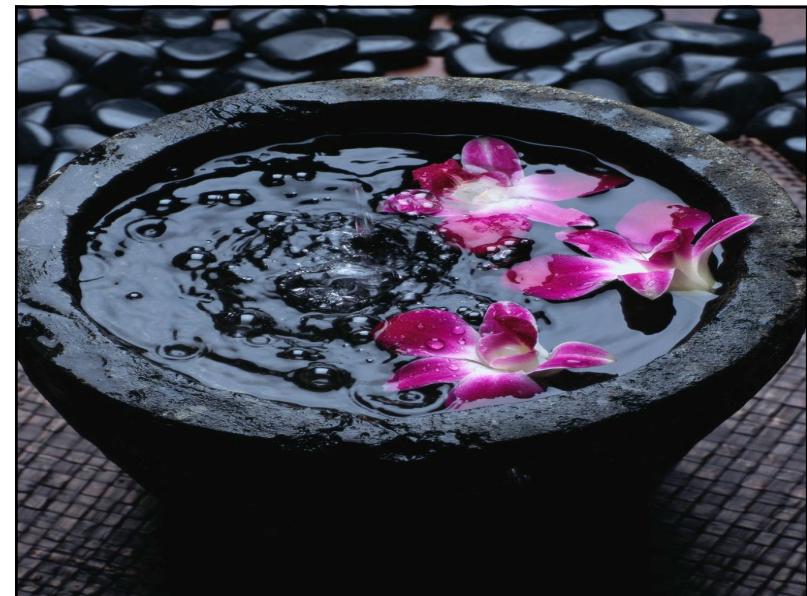
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Assessment

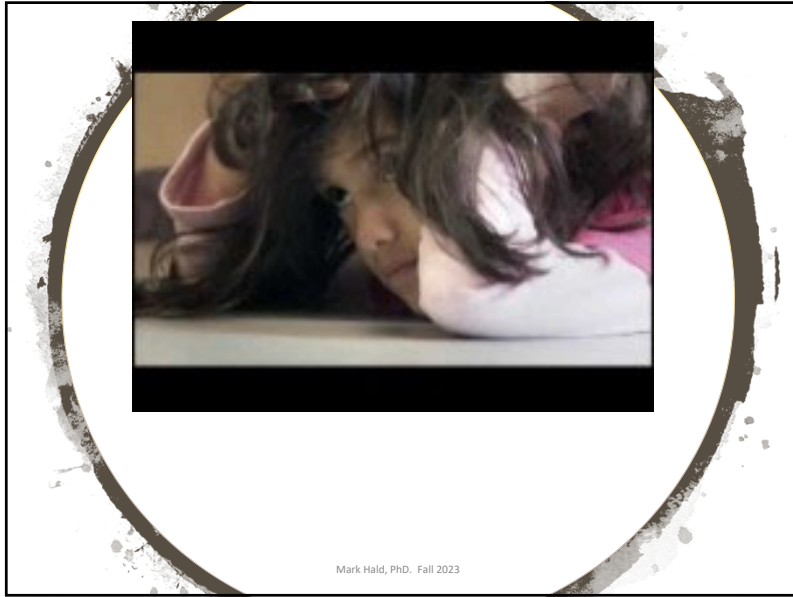
- Begins with first contact.
- Observation of child and parent.
- The Relationship.
- What we to are looking for is hidden in plain sight.

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Still Face Experiment

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Moments Matter

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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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Please reflect on...

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

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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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- 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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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?




- 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 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?



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

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

- Early Childhood Mental Health is synonymous with social emotional development.
- Birth to about age 8

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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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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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**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

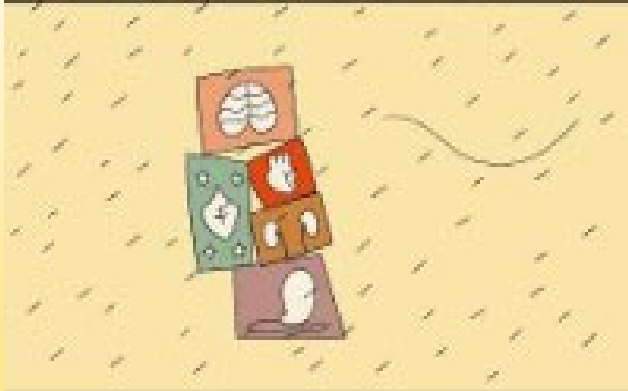
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This training may help you meet the following competencies needed for IMH-E.

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/> Fall 2023

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“We are
hardwired for
relationships.”

Allan Schore

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Relationships and the Brain



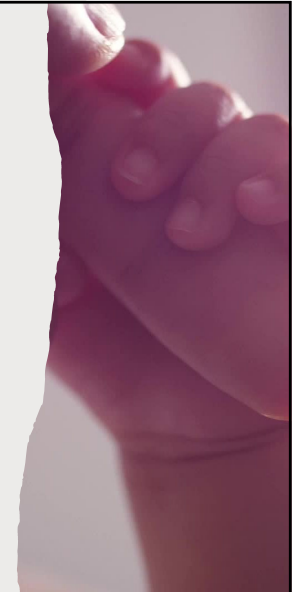
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How Early Relationships Come Into Being

- 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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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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Still Face. Start at 3:48



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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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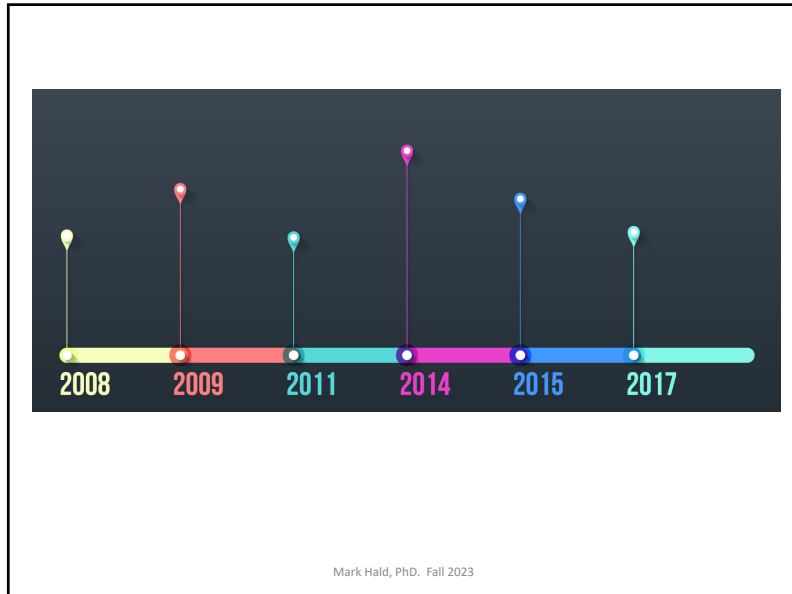
the Adverse Childhood Experiences are:

- 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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What's your ACE score?

Search for fillable ACEs pdf

<https://pinetreeinstitute.org/aces-test/>

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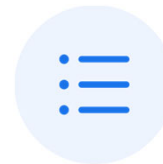
Adversity and Stress

- 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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My ACE score =

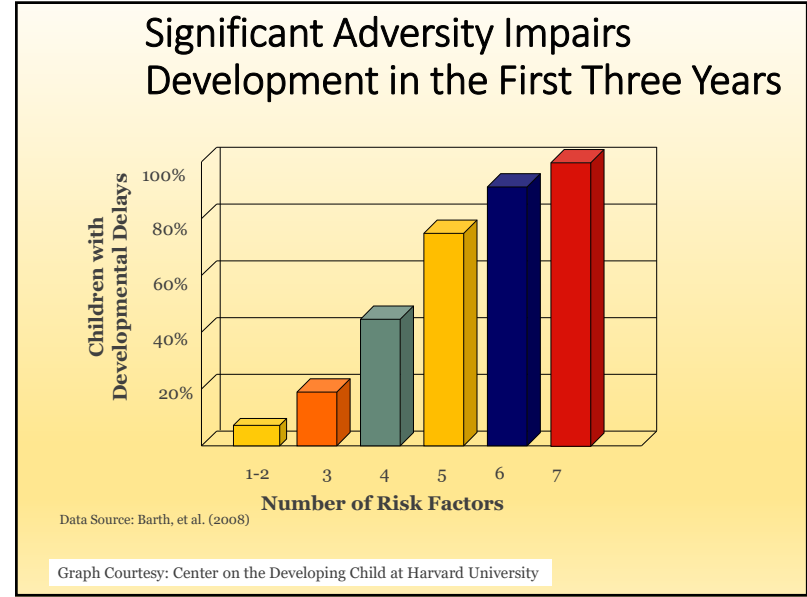
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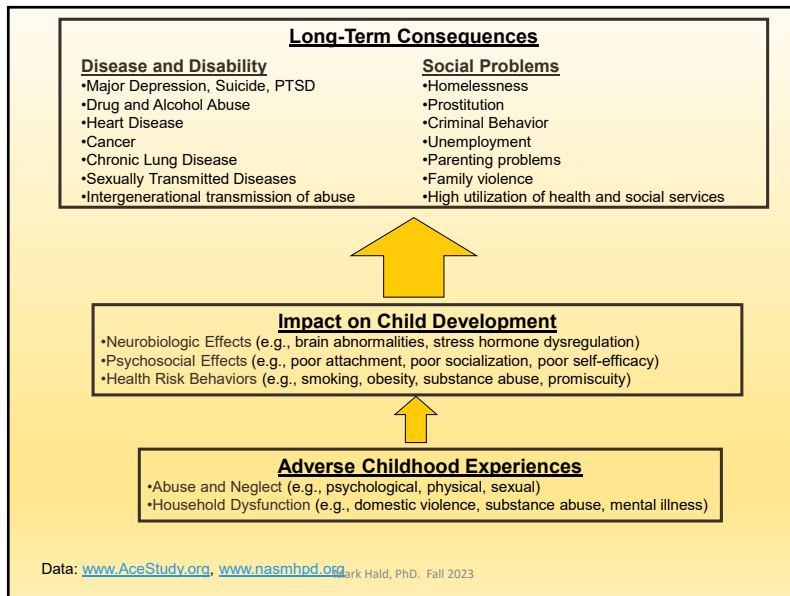
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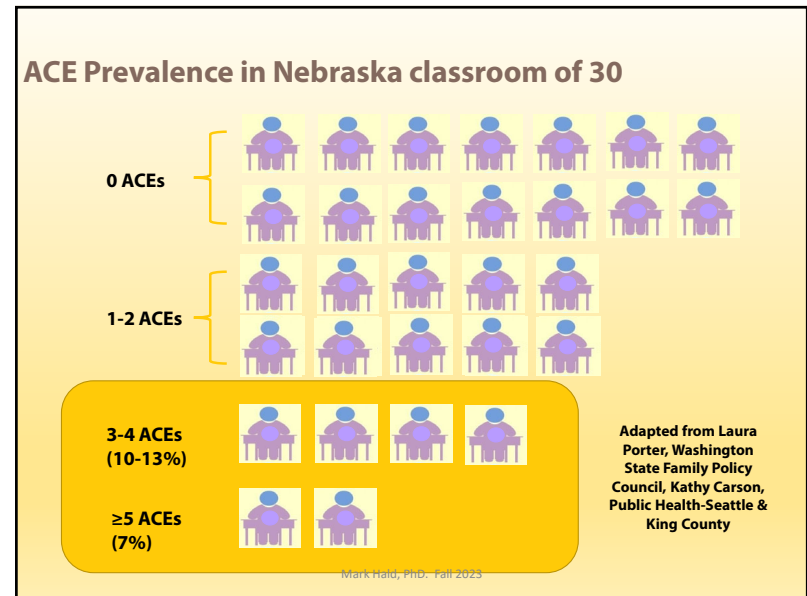
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Why Early Relationships Are Important

- 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

- 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

- 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

- *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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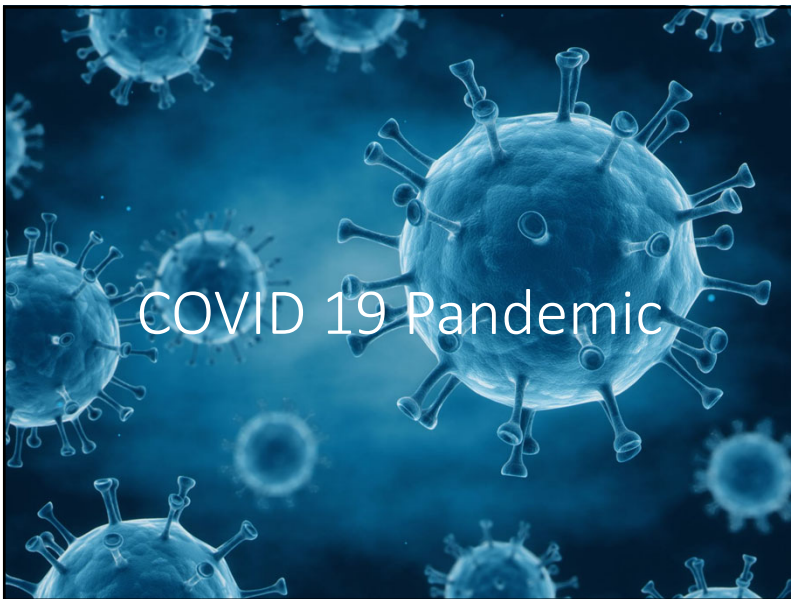
COVID 19 Data:

- 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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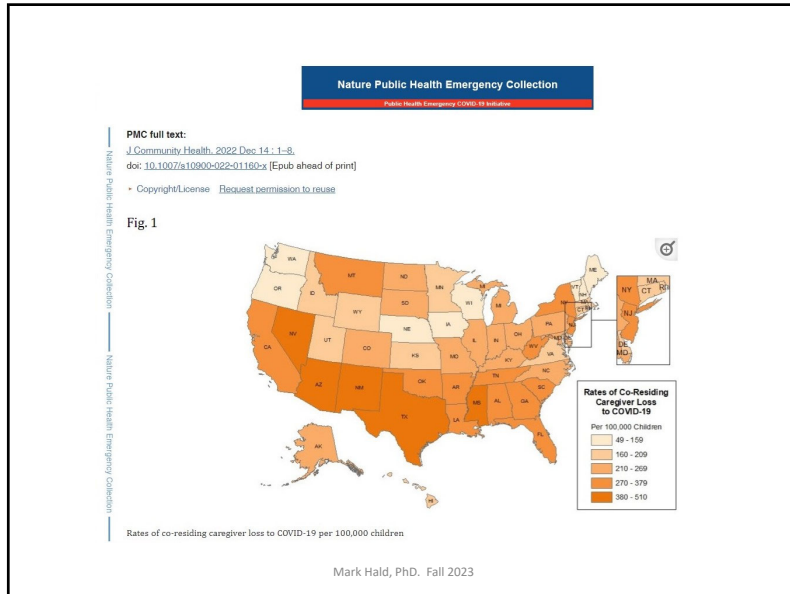
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COVID 19 Data:

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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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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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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Preliminary Data:

- The COVID generation: how is the pandemic affecting kids' brains? Child-development researchers are asking whether the pandemic is shaping brains and behaviour.
 - Nature | Vol 601 | 13 January 2022 |
 - Melinda Wenner Moyer
 - Synthesis Article.
 - Mostly preliminary data.
- <https://www.nature.com/articles/d41586-022-00027-4>

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Wonderings about 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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New York–Presbyterian Morgan Stanley Children's Hospital

- 2+ years of data on infant development — since late 2017.
 - Comparison of pre pandemic/post data.
- Assessing the communication and motor skills of babies up to six months old.
- **infants born during the pandemic scored lower, on average, on tests of gross motor, fine motor and communication skills compared with those born before.**
- both groups were assessed by their parents using an established questionnaire.
- It didn't matter whether their birth parent had been infected with the virus or not.
- there seemed to be something about the environment of the pandemic itself.

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United Kingdom surveyed 189 parents of children between the ages of 8 months and 3 years.

- Asked whether children received daycare or attended preschool during the pandemic,
 - Assessed language and executive functioning skills.
- Finding:
 - the children's **skills were stronger if they had received group care during the pandemic.**
 - these benefits were **more pronounced among children from lower-income backgrounds.**

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Brown University's Advanced Baby Imaging Lab in Providence, Rhode Island.

- Similar findings of disparity between groups.
- Impact greater for lower income families of color was greater.
- **Boys more impacted than girls.**
- Gross motor development the most impacted.
- Longer the isolation, greater impact on delays.
- Impact of decreased/lack of human-to-human interactions.
- Hard finding: pre 2020/post: based on in home observations in the past 2 years the **number of words spoken to children decreased.**

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Discuss what might be contributing to these differences among groups?



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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 that learning losses were up to 60% larger for children from less-educated families.

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Mask effect?

- Ed Tronick, still face researcher (1975) and his team considered the impact of caregivers wearing masks.
- They had parents use smartphones to record interactions with their babies before, during and after they put on face masks.
- **Although babies noticed when their parents put on masks — they would briefly change their facial expression, look away or point at the mask — they would then continue interacting with their parents as they had before.**

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Mask effect?

- Leher Singh, a psychologist at the National University of Singapore.
 - two-year-olds were still able to understand words spoken by adults in opaque face masks.
- Ashley Ruba, a postdoctoral fellow at the University of Wisconsin–Madison.
 - although face masks made it harder for school-age children to perceive adults' emotions — about as difficult as when adults were wearing sunglasses — the kids were still, for the most part, able to make accurate inferences.

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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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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

- 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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Columbia University Study


- First study to suggest that the huge amount of stress felt by pregnant mothers during the pandemic may have played a role in their infant's delayed development.
- Other factors at play:
 - fewer play dates and altered/less frequent interactions with stressed caregivers
 - Greater instances of postpartum maternal depression due to less support (lack of contact with extended family/friends, other mothers; limited virtual appointments with physicians).
 - Significant increase in rates of poverty and food insecurity – exacerbated parental stress, anxiety and depression

Sources:

- <https://www.cymc.columbia.edu/news/babies-born-during-pandemics-first-year-score-slightly-lower-developmental-screening>
- <https://www.health.harvard.edu/how/pandemic-challenges-may-affect-babies-possibly-in-long-lasting-ways-202201132668>

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Columbia University Study

- Babies born during March-Dec. 2020 **scored slightly lower** at 6 months of age on developmental screening of:
 - social skills
 - gross and fine motor skills
 compared to babies born just before the pandemic regardless of whether mother had COVID during pregnancy


Mothers in first trimester at height of pandemic = infants with lowest developmental scores
No evidence that exposure to COVID while in utero linked to developmental delays or deficits.

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Rhode Island Hospital and LENA Foundation Studies


- Babies born during pandemic – **far less vocalizations and engagement in verbal “turn taking” interactions:**
 - lack of exposure compounded by caregiver stress
 - **Fewer people talking and interacting with babies for less time every day**
 - **Increased screen time** due to parents working from home
 - **Minimal to no access to childcare**
 - Mask wearing by adults/caregivers – could not watch the way adults' mouths form sounds/letters, could not pick up on facial expressions



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 Babies can't wait!

Longitudinal Findings

One Year after Pandemic began:

- Average cognitive performance of infants/toddlers up to 3 years of age was the **lowest** since measurements began in 2010.
- Toddlers less than 16 months of age:
 - Expressive and Receptive Language scores **fell from 90 points in 2020 to 60 points in 2021**

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What does this mean? Should we be concerned?

- Yes. This evidence reflects that babies born during the height of the pandemic may not be able to quickly “catch up”.
- Studies reflect that these babies have significantly reduced verbal, motor, and overall cognitive performance compared to those born prior to the pandemic. Most affected: males and lower socioeconomic families.
- Cumulative environmental impact of COVID is worse than originally thought.





 Babies can't wait!

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Longitudinal Findings, cont'd


 Babies can't wait!

- Neuro imaging data reflects babies born during the pandemic have **slower growth in white matter** (communication channels), compared to pre-pandemic babies.
- Most significantly impacted: Males and lower socioeconomic children
- Babies born before pandemic and followed through initial stages of pandemic are not showing a reduction in skills but babies born since the pandemic show **significantly lower performance** vs. babies born before January 2019.


Findings: Early development is impaired by the environmental conditions brought on by the pandemic.

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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


 Babies can't wait!

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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/10.1101/2021.08.10.21261846v1.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-saving-less-since-the-pandemic-why-thats-concerning/2022/04>
<https://thechingerreport.org/how-the-pandemic-is-affecting-babies-brains/>

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Calendar Year	Total EDN Referrals
2019	6316
2020	5640
2021	6270
2022	3704 (as of 7/21/22)

- **2022 FINAL REFERRAL COUNT - 6618**



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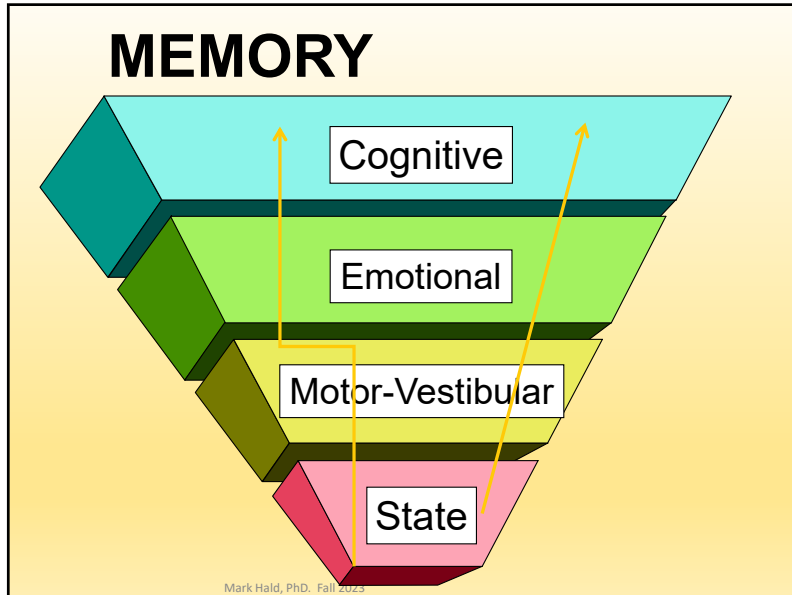
Trauma and Altered Neurodevelopment

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

www.ChildTrauma.org

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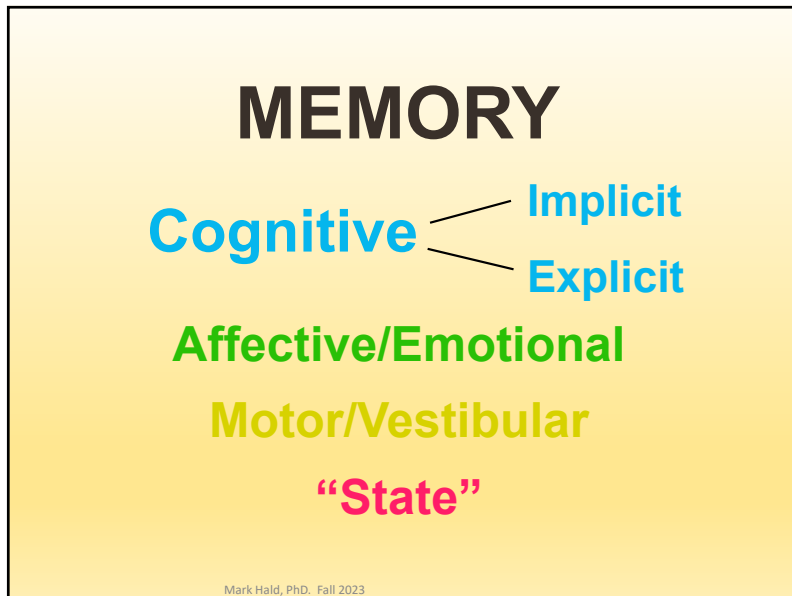
Children who have been traumatized have emotional and state memories indelibly burned into their brainstem and midbrain!

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

OWN

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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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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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What does the prevalence data tell us?

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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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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Relationships and the Brain

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What helps heal the hurt of trauma?

Enough **PLAYFULNESS** Eye Contact

Acceptance Mindfulness Choices
Dosing moments Respect

Relationships Supportive Being With Talk

Courage Safety Interests Boundaries Nurturing

Kindness Empathy Body Delight Reflection Repair


Presence Inside Vulnerability

Touch Curiosity

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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.



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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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Brains develop and organize
in the context of relationships.



Positively and Negatively

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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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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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Salient Behaviors for Assessing Attachment

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

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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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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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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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Reliance for Help

- Excessive dependence, or
- Inability to seek and use supportive presence of attachment figure when needed

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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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“Good Relationships Are Catching”

- How you are is as important as what you do.” —Jeree Pawl

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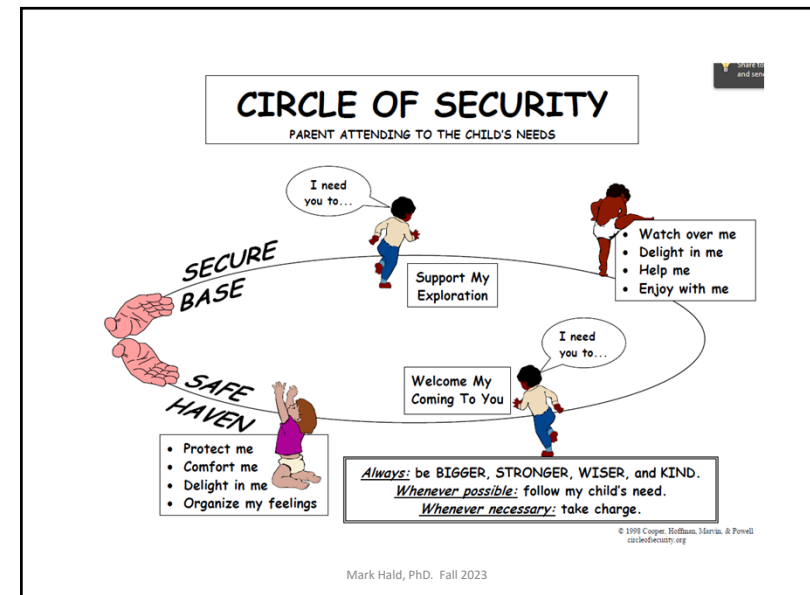
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Reunion Responses

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

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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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Reflection

- **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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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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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
- Sensitivity of both caregiver and infant to each other

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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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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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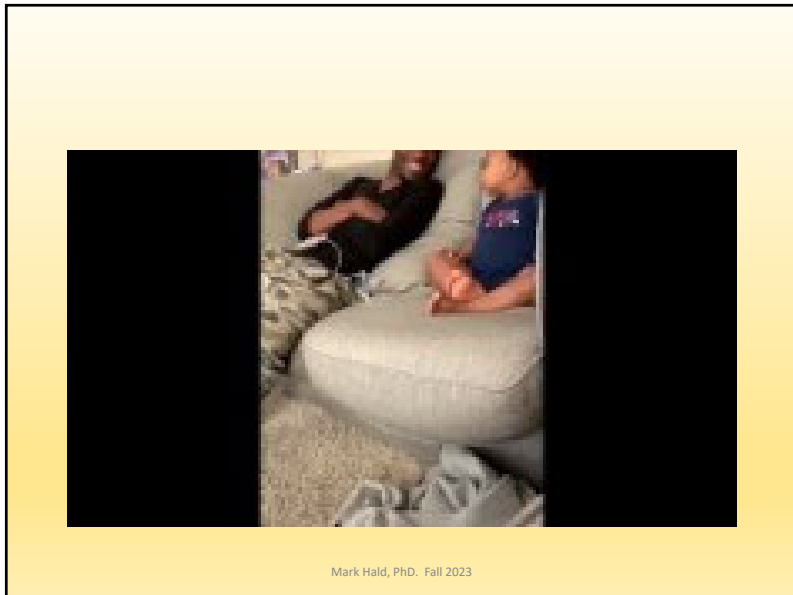
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7 Positive Childhood Experiences

- 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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 A close-up photograph of a light brown teddy bear sitting in a white basket. The bear has a brown ribbon tied around its neck.

Positive Childhood Experiences

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

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“We are hardwired for relationships”
Alan Shore

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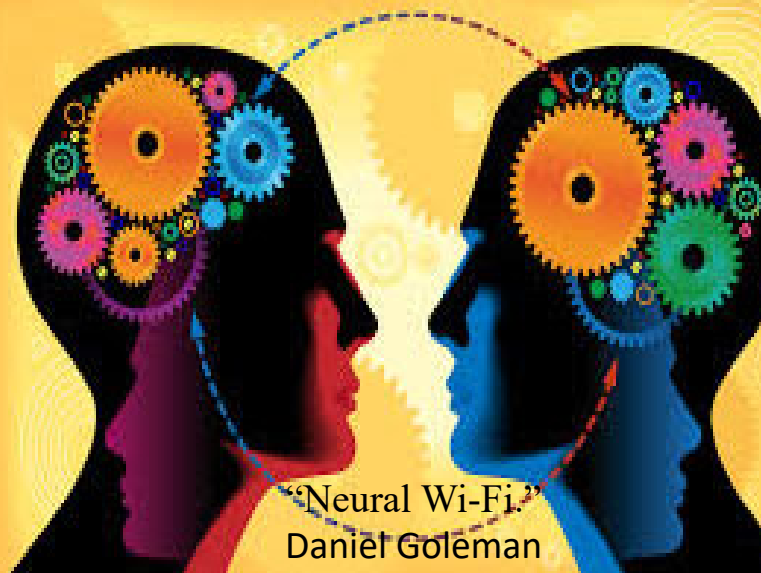
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Neural Pathways



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“Neural Wi-Fi.”
Daniel Goleman

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Support

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Still Face Experiment



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Key Elements of an Attachment Bond

Enduring emotional relationship with a specific person

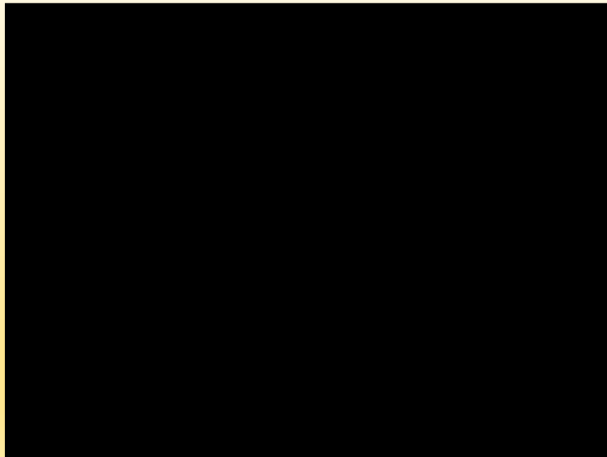
Presence of that person provides a sense of safety, comfort, and pleasure

Loss or threat of loss of that person evokes intense distress

Mark(Perry;2002)ll 2023

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Still Face - Struggling to be present.



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



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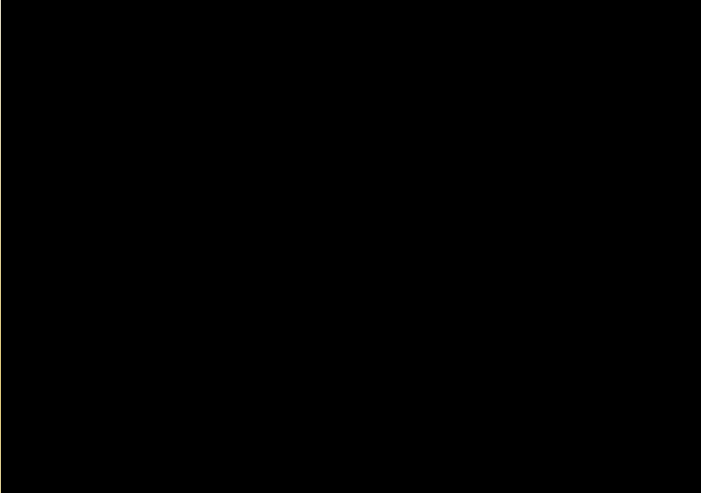
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- **Safe Haven** - Returning to the attachment figure for comfort and safety in the face of a fear or threat. • (Bowlby, 1988)
- **Separation Distress** - Anxiety that occurs in the absence of the attachment figure.
- [../videos/separation anxiety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

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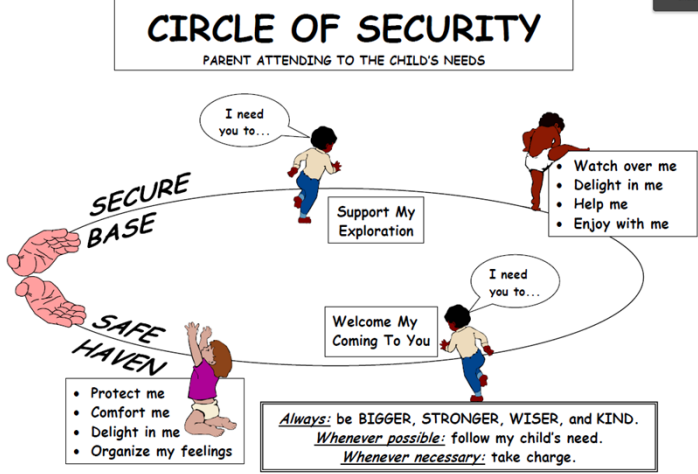
Separation Distress – clinging



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CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



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

- 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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Circle of Security Parenting

"PERFECT PARENTING"



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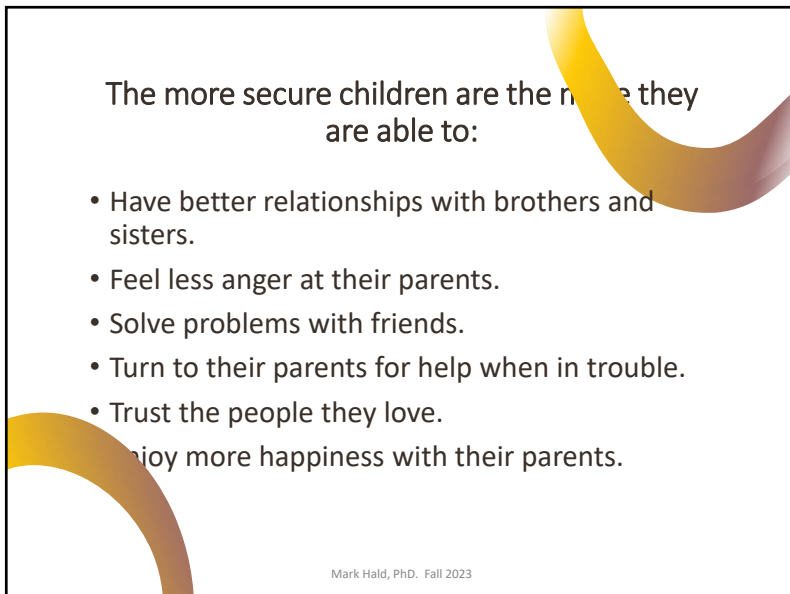
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The more secure children are the more they are able to:

- 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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Relationship Based Intervention

“There is no such thing as a baby” Winnicott

AND

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Build Collaborative Partnerships for Children

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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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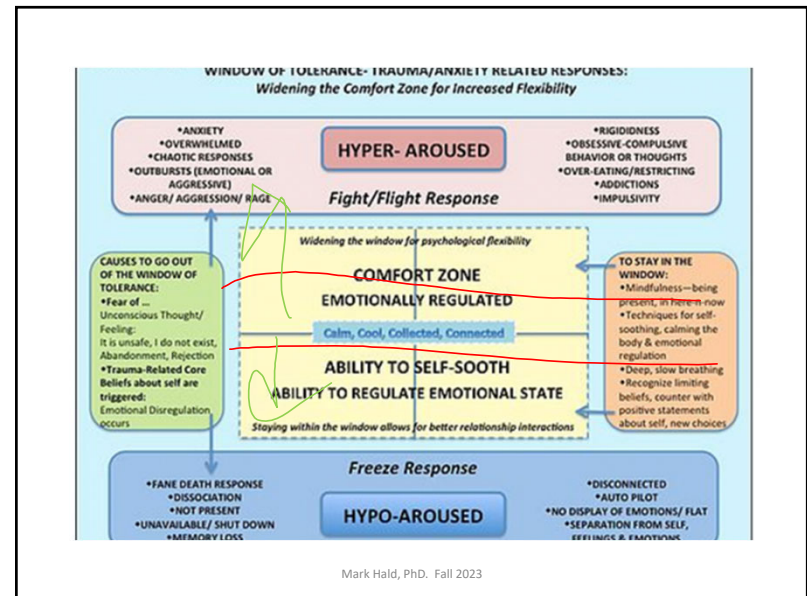
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Resources

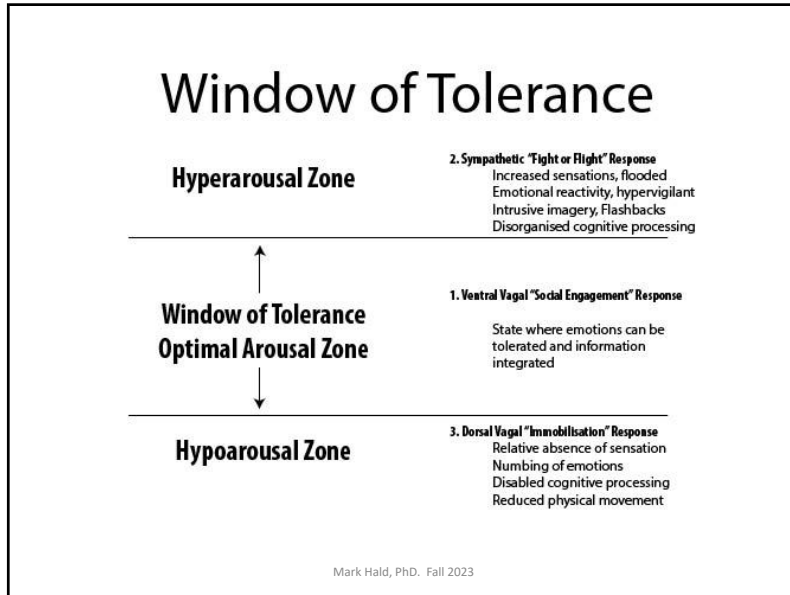
- National
 - www.zerotothree.org
 - www.nctsn.org
 - <http://developingchild.harvard.edu/>
- Nebraska
 - <http://www.nebraskainfantmentalhealth.org/>
 - <http://www.answers4families.org/>
 - <http://www.nebraskachildren.org/>
 - <http://www.firstfive-nebraska.org/>

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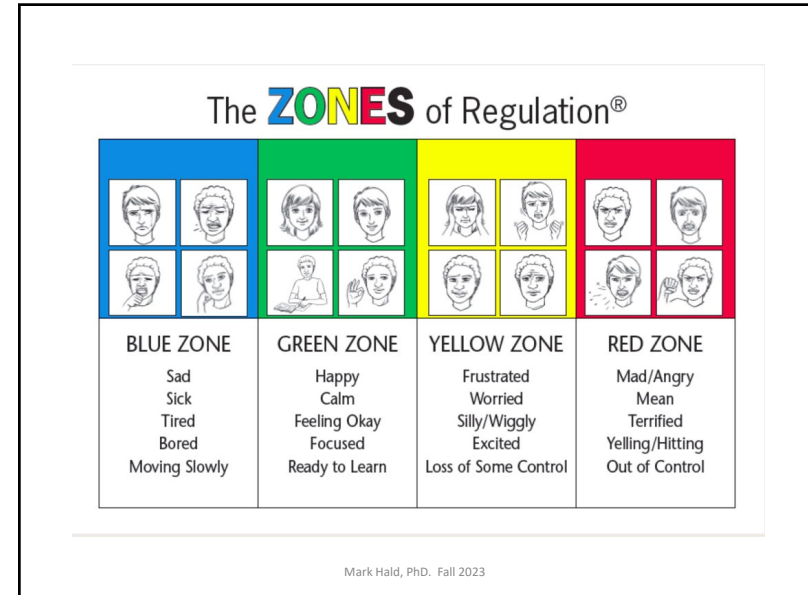
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Freeze	Calm / regulated	Fight / Flight
Low energy	Calm	High Energy that feels out of control
Collapsed body	Cooperative	Yelling
Head hanging down	Content	Physical Aggression
Head on desk	Prosocial language and behaviors	Opposition & Defiance
Absence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

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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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Hand Model of the Brain. Dan Siegel, MD



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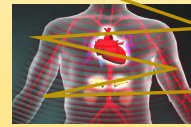
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Keys to Healthy Development



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.



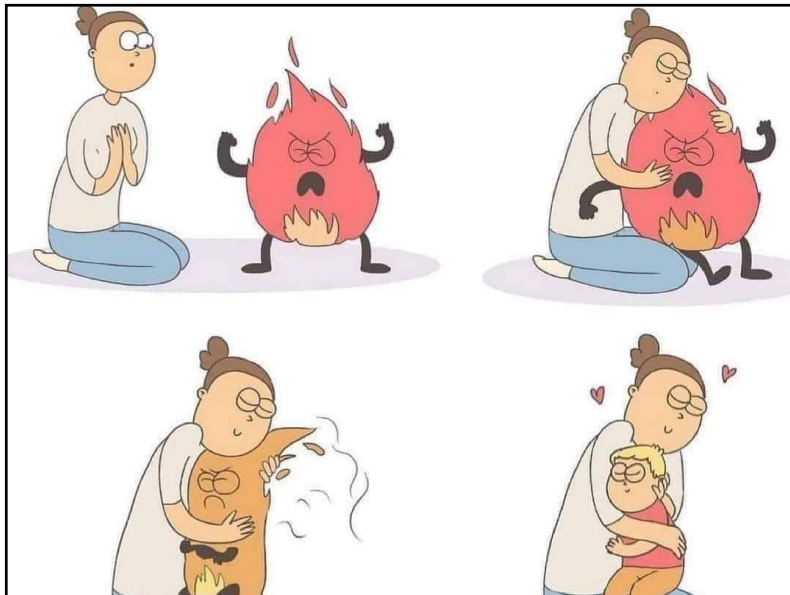
Highly specialized interventions as early as possible for children and families experiencing significant adversity.

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

For more on business champions:
www.ReadyNation.org

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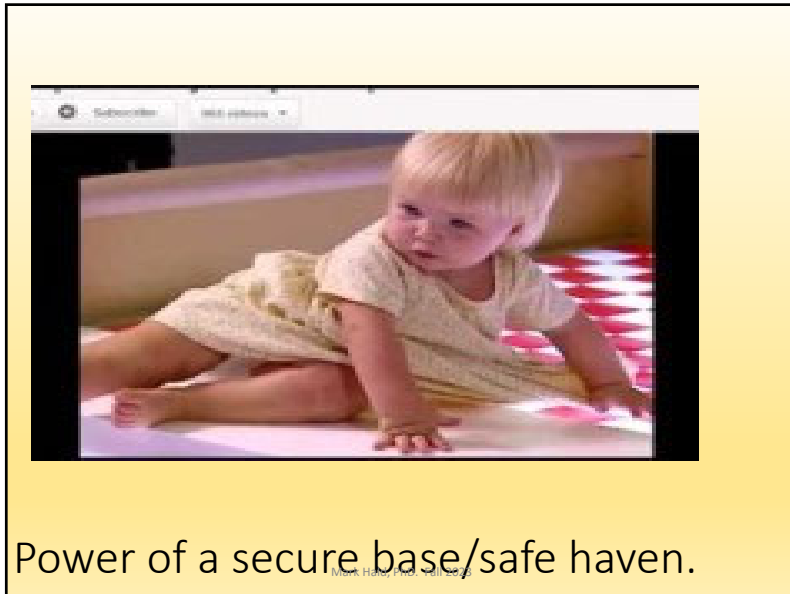
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“If you can't feed a hundred people,
then feed just one.”

- Mother Teresa

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Power of a secure base/safe haven.

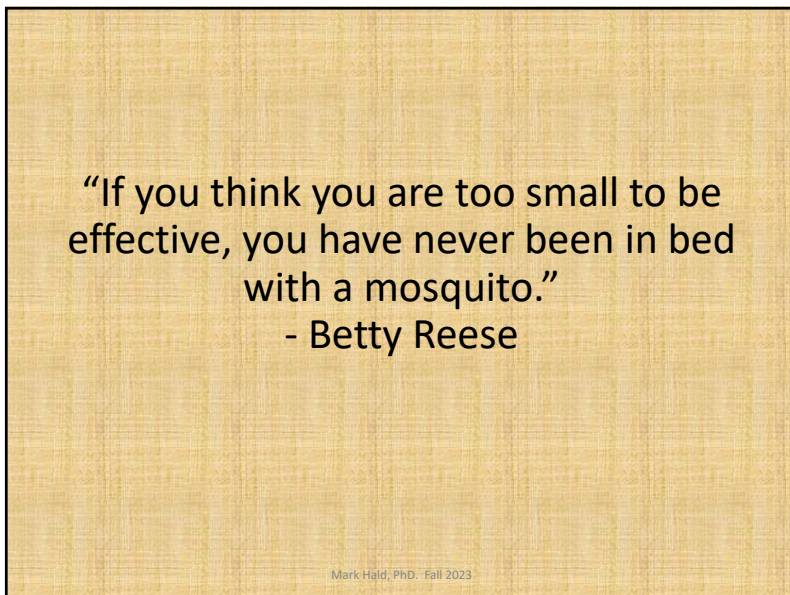
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Connection

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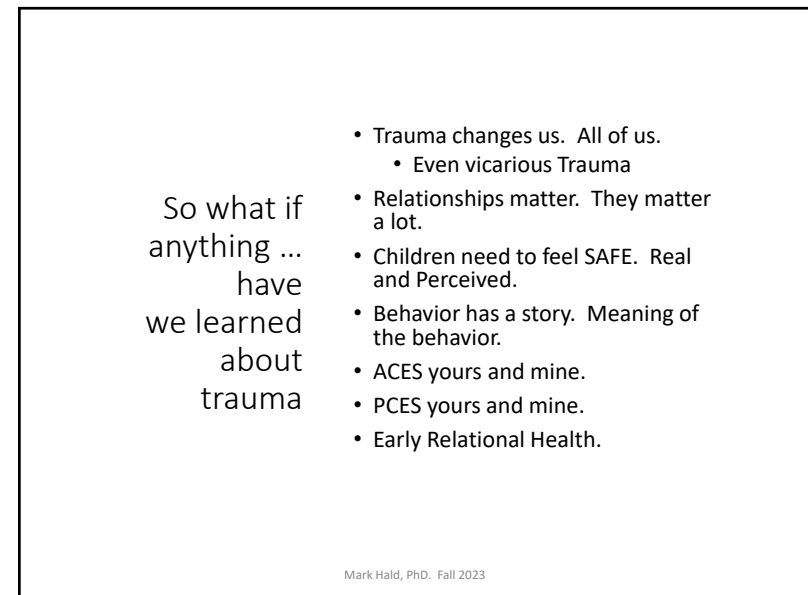
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“If you think you are too small to be effective, you have never been in bed with a mosquito.”
- Betty Reese

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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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Engagement.

- Share how you can help.
- Give Caregivers space to share and ask questions.
- Br 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.
- Identify and commend family strengths.

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So what if
anything...
have we
learned.

- Practicing Reflection
 - Intention
 - Mindful
 - Curious
 - selfcompassion

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Social-Emotional Delays

- Being more comfortable with discussion emotional and behavioral Regulation.

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What is? ...

- all 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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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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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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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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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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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 sings 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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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 (1986).
- Behavioral Assessment System for Children (2-5)
- The Developmental Assessment fo the Young Child 2nd
 - Social emotional scale... NOT GOOD.

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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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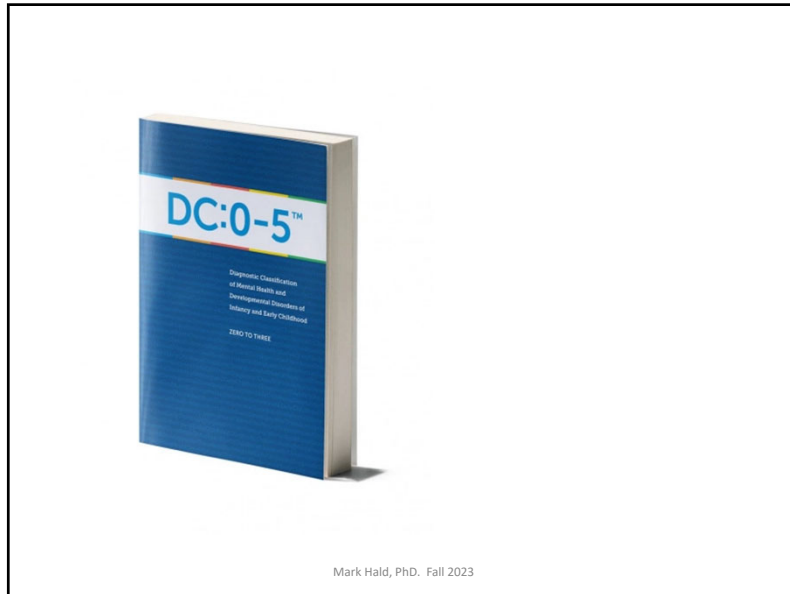
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Clinical Evaluations

- 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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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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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 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 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: / 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 / 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

- Child:
 - +completes task with little difficulty
- Child:
 - -Overly compliant
 - -non-compliant


Rating:

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

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Early Intervention




Nebraska Early Development Network
Babies can't wait

- 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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Nebraska Early Development Network
Babies can't wait

EARLY DEVELOPMENT NETWORK


NDE Rule 52
DHHS 480 NAC 1

PRT Training

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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.



Nebraska Early Development Network
Babies can't wait

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Interim IFSP

Examples

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 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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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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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 52-006-006.04A

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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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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Medical and Other Records Criteria

Rule 52-006.05E

- 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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- ; 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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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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- 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...
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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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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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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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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Parental Engagement:

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

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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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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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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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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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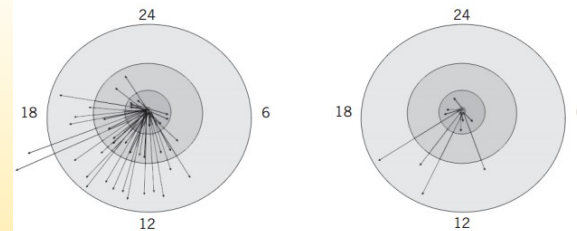
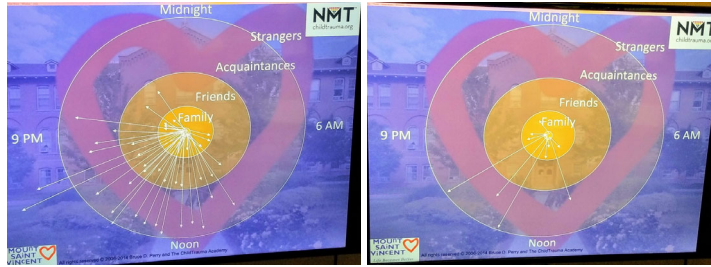


FIGURE 3.2. Positive relational interactions: Typical and foster child. These two figures are representative 24-hour relational contact maps examining the number of positive relational interactions in two children. Arrows represent positive interactions (as rated by observer and child); arrows ending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

- 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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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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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?

- 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?

- 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.
 - 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

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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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Questions



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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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