

# CHILD DEVELOPMENT TRAINER'S GUIDE FOR VIRTUAL CLASSES

## Slides 2 - 6: Introduction/Overview 9:00 – 9:30am

Welcome and housekeeping. First go over the rules for online participation. Explain that these rules will help keep the class moving smoothly and will allow everyone to participate to the highest degree.

Explain that the goal of today is to build on the content from the online course by examining some of the contexts critical for development to proceed in a typical fashion. This will center primarily on the role of relationships and how they are critical for development. In the second part of the day we will turn our attention toward the context of trauma and how it impacts these developmental processes. Throughout the day we will have some time for discussion and reflection on these topics in relation to the child welfare system.

Explain that throughout the class, they will be broken up into groups to be able to have small discussions. To the best extent possible, we want participants to self-select into a group. Have them look at the pictures on the slide and decided which they gravitate to the most. Have everyone say which group they want to be in based on the pictures. (Note to trainer: you might have to do some shuffling to have an even number of participants in each group.) For the rest of the training, when participants are to go to breakout room, they should be placed according to the groups they decided on in this slide.

Provide a brief over view of the objectives for the day.

But first, we are going to take a little bit if time to review what you learned in the online course.

Review of SPECS from online course:

- I. Discuss the following key points about development:
  - It is an ongoing, dynamic process
  - It is directional
  - It involves stages
  - It is cumulative
  - It occurs across many areas

### WELCOME AND HOUSEKEEPING

- Log into your meeting from a distraction free, quiet environment
- Please keep your audio on mute until you want to speak
- Please use a web camera so we can see your happy face; it makes small groups more human
- If you would like to speak use the "Raise Hand" feature. Then unmute yourself after you are called on
- If you have a question, post it in the public chat box
- Have fun and participate!
- Have paper and a pen or pencil handy to take notes

### AGENDA

#### Morning: 8:30 to 11:30pm - Section I

- Attachment
- Break
- Self-Control

#### LUNCH – 11:30pm to 1pm

#### Afternoon: 1pm to 3:30pm - Section II

- Disruptions to attachment
- Break
- Effects of trauma on development
- Interventions

### ICE BREAKER

- Let's Team Up!



### OBJECTIVES

- Overview of the importance of relationships for development.
- Create awareness of how trauma impacts the developmental process.
- Appreciate the role of the child welfare system in preventing and repairing developmental disruptions due to trauma.

II. Provide an introduction to developmental domains for understanding child development: SPECS

To facilitate the study of development, developmental tasks are typically divided into five primary domains. Ask the participants to state the domain corresponding to the letter, and provide an example of what that domain entails.

*Social:* examples: friendship, attachment

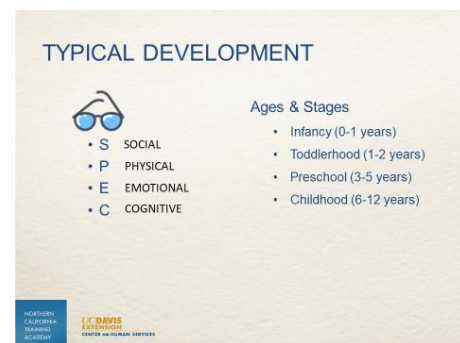
*Physical:* examples: The physical domain is about physical growth and maturation, and sensory, motor, and nervous system development. Doctors refer to the “percentile” of the child’s growth relative to a child population. Motor activity is divided into gross motor and fine motor skills.

*Emotional:* Examples: feelings and self-regulation. It also includes the development of empathy, personal traits, personal identity, and self-esteem.

*Cognitive:* examples: language development, thinking, and problem solving. Our brains develop in a use dependent way, i.e., “use it or lose it”.

*Sexual:* note to the group that humans begin to develop sexual from birth. The infant’s sexual development includes self-exploration through fingers and toes, and later expands to other body parts, including genitalia. Preschool age children often demonstrate a wide range of sexual behaviors that can include masturbation, sexual play with other children (usually of the **same age**), sexual talk, and a wide variety of sexual questions (Friedreich, 1998).

The sexual domain includes the development of gender roles and identity. By 18 months of age, toddlers can self-identify as a boy or a girl.



III. Emphasize that the developmental domains interact across categories and are not discrete.

- How does a child learn to understand the concepts of “near” and “far”? Which of the five domains are utilized in understanding these concepts, and how? (**Encourage responses linking the physical domain and the cognitive domain to this concept**).

IV. Emphasize that typical development progresses *forward*. Regressions or “stalling” of a skill or within a domain can signal a developmental problem.

Slides 7 - 12: Attachment 9:30 – 10:15am

The first section we will discussion is attachment.

Explain that attachment is a biological need of the child, and that children are biological predisposed to attach. This means that it is typical, and expected that human babies develop with a close caregiver. Caregivers don’t just give them food and shelter, their physiological systems cannot function properly without a caregiver helping them. And just being around a caregiver their brain being to create the foundations of attachment. They are biologically ready and able to being to form attachment relationships.



The pattern of caregiver soothing infants' biologically-driven distress behaviors (like crying) is what creates the basic foundations of the attachment relationship that is so important in development. When a baby cries, their heart rate can speed up very quickly, they have few ways to calm themselves down.

- Think about how do you feel when your heart races, and you can't catch your breath? It feels uncomfortable! And it feels uncomfortable for a baby as well.

What are strategies you use to calm yourself down when you are scared, angry, frustrated, anxious? (Look for strategies like: walk, talk, deep breaths, praying)

But babies cannot use these calming down strategies on their own, and require adults to help them soothe. In fact, humans are born with systems that expect a kind and soothing environment. When that environment is present, the physiological system can be balanced and development can proceed in a typical fashion.

The parasympathetic nervous system is the “rest and digest” system. This is the biological system that is active for all you right now. You do not need to have a high heart rate, so the parasympathetic nervous system is actively slowing your heart rate. Likewise, you do not need to be “on high alert” so your parasympathetic nervous system is also calming your brain (if the parasympathetic nervous system activates too much, you will actually fall asleep! Which is actually why some of you might feel sleepy just sitting here).

The sympathetic nervous system is the opposite. This system gives you the energy to respond to the challenge. This is the “fight or flight” system. That is your stress response system. When something is distressing, or challenging (physically or emotionally) your sympathetic nervous system increases activation. Your heart rate increases, your blood flow increases, your breathing increases. You may feel agitated, anxious, or angry and frustrated.

These systems work together to create a balance. You don't want to fall asleep mid conversation, or while you are eating, but you also don't want your heart racing and feel the need to run when you are simply grocery shopping. So you need both of these systems to create a balance for you to function in everyday situations.

- Balance is essential for optimal development and learning.
- Brain does not focus on learning new information if system is focused on survival.

This balance is something that develops across development. So babies' system do not keep this balance as easily as adults' systems. This is why a little discomfort may cause uncontrollable crying, or they fall asleep while eating. Instead of their systems doing it for them, babies need caregivers to help them control these systems.

#### VIDEO: Attachment Through Everyday Moments:

Meeting these biological needs sets the stage for the essential bonding that needs to happen for development to occur in an optimal way. The bond is commonly called the attachment bond. Attachment refers to the social and emotional relationships children develop with the significant people in their lives. An infant's first attachment is usually to its mother. In some circumstances, someone other than the infant's mother can become the primary attachment figure. This may be a father, grandparent, or an unrelated adult.

#### BIOLOGICAL BASIS OF ATTACHMENT

- Children are biologically predisposed to attach to a caregiver.
- We will explore those biological foundations, as well as what attachment is

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#### BIOLOGICAL BASIS OF ATTACHMENT

- Newborns and infants rely on their caregivers to soothe and calm them.
- Two physiological systems control heart rate:
  - parasympathetic nervous system: rest and digest
  - sympathetic nervous system: fight or flight
- These systems are in a constant fluctuating balance to meet your needs



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#### BREAK OUT ROOM: ATTACHMENT THROUGH EVERYDAY MOMENTS

- Watch the video “Attachment through everyday moments. Then in your groups discuss:
  - Why is responsive care important?
  - What are the key pieces to responsive care?
  - How can the child welfare system promote these parenting behaviors? Have one person from each group ready to share.

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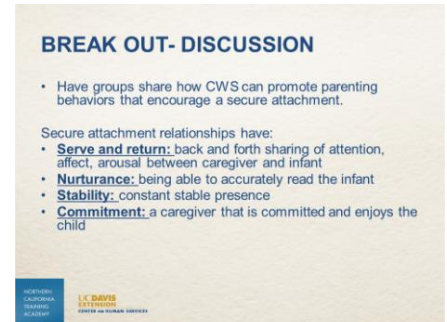
Explain that you will show a video on how everyday moments set the stage for attachment. After the video they will be placed in a breakout room to discuss. Let them know that for the last question, they should be ready to share their response once back in a group.

~Time: 9:50

Breakout room: 7 mins

### Video Discussion:

- Why is responsive care important?
  - Strong emotional, cognitive, social development (self-esteem, problem solving, accurately responding to emotions of others, empathy)
- What are the key pieces to responsive care?
  - Taking turns
  - Following lead (be a good observer)
  - Positive feelings (communicate feelings, manage feelings)
  - Age appropriate toys
- How can the child welfare system promote these parenting behaviors?



TALK ABOUT SERVE AND RETURN

NURTURANCE

SERVE AND RETURN is the bidirectional back and forth interactions between infant behaviors and parental responses and vice-versa. This is dyadic back and forth (involving 2 partners) and is sometimes called the “dance of attunement” and involves the back and forth sharing of emotions. During serve and return, babies and caregivers share:

Attention (focused on the same thing or each other)

Affect (delight in the same thing)

Arousal (caregiver and baby match intensity)

As we discussed, babies’ behaviors are the only means they have for communication. This means that parents must be attuned to what these behaviors mean for their baby. NURTURANCE is when parents are able to accurately read and respond to babies cues/behaviors. Being able to understand the baby, and respond appropriately to the baby’s needs allows children to develop empathy. Nurturant parents are aware of the baby and the baby’s needs, and they respond (accurately and promptly) to their needs and bids for attention. This allows the parent to become more engaged with his/her child and to meet the child’s needs more effectively.

Parents who have difficulty accurately reading their babies’ cues can become aggravated by these naturally occurring, biologically driven communicative behaviors. For example, they may interpret cries as an annoying behavior rather than understanding that their child is trying to communicate with them.

STABILITY of care is necessary to create the expectation on the part of the child that his/her needs will be met, that bids for attention will produce a response. In order for a child to securely attach to their caregiver, the caregiver must be a constant and stable presence in their life. Attachment is the product of repeated interactions. To develop trust, to understand the caregiver, and to have clear expectations of the caregiver’s behaviors and to depend on the caregiver as a source of comfort, the child must have stable care. Instability in care jeopardizes attachment formation, and the security of the attachment.



Infants require (and expect) a COMMITTED caregiver who finds enjoyment in parenting. Many of the families served by the child welfare system experience daily challenges to basic survival. These challenges may pose obstacles to having the awareness, time or energy to fall in love with their child. We can help parents learn to enjoy their child and have fun, while employing nurturing parenting methods. Parents who enjoy their children are much more likely to be committed to the job of parenting and less inclined to harm them.

Internal working model – an internalized view or set of expectations regarding the attachment figure.

According to Schore (1997b, p. 30 [italics in original] in Applegate & Shapiro, 2005), the child's first relationship with the primary caregiver "acts as a template for the imprinting of circuits in the child's emotion-processing right brain, thereby permanently shaping the individual's adaptive or maladaptive capacities to enter into all later emotional relationships."

#### ATTACHMENT: A SOCIAL NEED

- How the primary caregiver responds to cooing, crying, bids for attention, etc. determines the quality of the attachment
- First relationship with primary caregiver builds template for future relationships
- Secure attachment builds neural connections
- Childhood experiences are the foundation for the brain's capabilities later in life

Reflect back to the SPECS of development. Remind trainees that development occurs across domains simultaneously. Stress the following points:

The first 5 years of life represent the critical period for the development of the attachment system.

Babies are biologically ready to seek out a consistent and responsive caregiver from birth. They are, in essence, primed from birth to attach to a caregiver. This is a survival mechanism – cannot survive without needs being met. Need to know that base needs for survival will be met so system can devote attention to other developmental domains.

At the same time we know the first five years of life represent a critical period for brain development.

Explain discussion will now turn toward the intersection of attachment and brain development in these first five years of life.

Slides 13 - 16: Attachment and Brain Development ~10:15 – 10:30

The brain's prime mandate is survival of the species. Consequently, the brain has crucial neural systems dedicated to:

- the stress response and responding to threats—from internal and external sources;
- the process of mate selection and reproduction
- protecting and nurturing dependents, primarily the young
- The creation of social relationships has been our primary survival strategy and the key to our success on the planet. That is why powerful and complex neural systems are dedicated to social affiliation and communication (Perry, 2002).

Explain the following points about brain development:

- Brain development begins in utero. By the 18th week in utero, the fetus has developed most of its neurons (brain cells).
- This creates a fully functional organ at birth – ready to learn.
- The brain also continues to develop – at a rapid pace – outside of the womb. In fact, about 75% of the development of the brain occurs after birth.
- Post-birth experiences are critical to how the brain develops.

#### ATTACHMENT: BRAIN DEVELOPMENT

- Born with 100 million neurons
- Brain develops rapidly and extensively during early childhood
- Significant influence of environment & experience
- Synaptic Pruning: "Use it or lose it"
- Brain continues to develop through adolescence



Explain the following points about brain development:

At birth, the fetus has developed more neurons than necessary. These provide the foundation on which neural connections are built and organized.

Once the child is born, stimulated neurons make connections, non-stimulated undergo pruning (cell death ~40% of the connections between neurons die)

This pruning occurs at different times in different areas of the brain and is not fully completed until adolescence.

The mature brain has 100 billion neurons connected by trillions of synapses, the product of billions upon billions of complex chemical transactions in the process of neurodevelopment.

The normal wiring of the brain occurs in part as a result of general experiences that every human who inhabits any reasonably normal environment will have. The expected experiences allow the human brain to grow in a normal and healthy way.

There are Sensitive periods for brain development, pruning, and expected experiences.

If these expected experiences are not available, impairment can result.

Point out the following:

The lack of experience, or an atypical experience, can cause the brain to “re-wire” and reorganize as a function of an individual’s experience. For example, children who are abused or grow up in high conflict homes become sensitized to anger. Their brains become more sensitive to slight amounts of anger, and they are more likely to detect anger, even when anger is not present.

Conversely, children that grow up in high resource homes perform better on a variety of learning tasks.

The influence of early environment on the brain is long lasting (Carnegie Foundation). The time in life when the brain is most sensitive to experience—and therefore most easy to influence in positive and negative ways is in infancy and childhood. It is during these times in life when social, emotional, cognitive and physical experiences will shape neural systems in ways that influence functioning for a lifetime. This is a time of great opportunity—and great vulnerability—for expressing the genetic potential in a child (Perry, 2002).

Development is use-dependent. Particularly in infancy, healthy development requires repeated exposure to positive experiences that stimulate the brain.

Refer to the slide to illustrate the “use it or lose it” process.

Note that many cell connections are not formed at birth, but proliferate after birth to their highest density at 6 years of age. Nerve cells constantly interact with the environment. If they are used, they remain. If not, they are “pruned” or cut back and the connection is lost.

**VIDEO:** Experiences Build Brain Architecture:

**BREAK OUT ROOM: EXPERIENCE BUILDS BRAINS**

- Watch the video “experience builds brains”
- After you watch the video, discuss:
  1. In your group, put it all together... describe the attachment formation process: start with young children’s inability to control physiology, how should caregivers respond and interact with children, how this changes brains.

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**EXPERIENCE BUILDS BRAINS**

Three Core Concepts in Early Development

**Experiences Build Brain Architecture**

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child • HARVARD UNIVERSITY

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## Video Introduction

Explain that this brief video will demonstrate these concepts and highlight the importance of inputs on how the brain develops. After the video they will be placed in breakout rooms. In their group, they should work to put all the concepts together... describe the attachment formation process: start with young children's inability to control physiology, how should caregivers respond and interact with children, how this changes brains.

Breakout room: 7 mins

**BREAK OUT – DISCUSSION**  
**WHY IS ATTACHMENT IMPORTANT**

- Attachment Promotes the development of:
  - trust and a positive world view
  - self-esteem
  - Self-reliance
  - Social and linguistic interactions (verbal and nonverbal communication)
- Reduces anxiety and promotes a sense of security
- Serves as a foundation for other forms of learning through social interactions, and serves as the basis for forming intimate relationships later in life

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After participants Use the white board feature in Zoom to write down responses and connect what was learned.

Babies under developed physiological systems are kept calm and soothed with a caregivers. When babies are upset, their hearts race and they cry. They can't calm n their own, and how caregivers respond impacts how they are able to calm stress in the future, and how they view others. Caregivers that are loving and sensitively respond to distress with serve and return, nurturance, stability, and commitment teach children that problems are solvable, and others are here to help. Their brains become wired to do this.

10 min BREAK: ~10:30 – 10:40

Slides 17 - 26: Self-Control ~10:40 – 11:30

Self-control refers to the ability to adaptive and voluntary control your over thoughts, feelings, and actions. This ability allows children to cooperate, follow directions, control impulses, and manage negative emotions.

Better self-control in early childhood is critical for a host of positive adult outcomes such as few physical and mental health problems, high socioeconomic status and income, and fewer arrests.

**SELF-CONTROL**

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Think about a school aged child that has trouble controlling emotions and impulses. In class they are easily frustrated, when they can't understand what is being taught. Instead of raising their hand and asking the teacher for help, the child becomes angry. They put their head down on the table and give up. The teacher tells them they need to sit up and work, and the child stands up and pushes their desk across the room. The child's outburst leads to being sent to the office, falling further behind in school, and having trouble maintaining friends.

**SETTING THE STAGE FOR SELF CONTROL**

- Parent child interactions and the development of a secure attachment, provides the framework for child's development of self-control
- Self-control is the adaptive and voluntary control your over thoughts, feelings, and actions
- Self-control is necessary to cooperate, follow directions, control impulses, and manage negative emotions.

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Participants have a document called “Ages and Stages of Self-control” Ask for them to take it out. Once in their breakout rooms they will work to fill it out.

~Time: 10:50

Breakout room: 7 mins

*Self-Control in Infancy:* babies rely almost entirely on caregivers for their control. Their systems are not yet able to regulate their emotions or behaviors without external help.

Infants learn about how to communicate emotions, how to read other’s emotions, and how to regulate emotions, from their caregivers.

They learn self-control through these interactions with their caregivers. Parents who can help soothe their children, teach their children that stress is manageable, and teach them how to manage that stress.

For the first year this is primarily physical. Babies are soothed through touch, rocking, sucking, holding. But into the second half of the first year no physical actions can sooth babies as well. For example, for a 6 month old, just seeing their caregiver might make them stop fussing. Or for a 9 month old, hiding their head into their caregiver’s shoulder might stop them from crying when a stranger approaches.

*Self-Control in Toddlerhood:* After the first year children are still mostly learning through physical interactions (non-verbal). They start to use more emotion language as they approach 2 years, which allows them to begin to verbalize their emotional states and needs.

It is important to note that some cultures (including our own society) tend to focus language learning of objects and neglect teaching emotions. So some children will be quite verbal (know names of animals, sounds they make, names of people) but unable to adequately communicate about their emotions until later in development. However, during this developmental period children can learn to identify basic emotions and should be encouraged to talk about them. Caregivers can do this by labeling emotions as they are expressed using simple terms “You are happy.” “You are stomping your feet. You are mad.” This sets the foundations for children to identify their emotions and begin to learn how to control them.

Attentional processes become more salient, but physiological controls are still necessary (touch, rocking, toddlers and pacifiers/nursing). Caregivers can help focus toddlers' attention toward/away from things (distraction away from overstimulating things).

**BREAK OUT ROOMS**

- You were sent a table called “Ages and Stages of Self-Control”. Take out this table and fill out the top part as a group. (Only complete the top half – Typical Development)
- What are the main self-control abilities at each age/stage? How do children in this age/stage convey their needs? What should caregivers do to support developing self-control needs?

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**BREAK OUT ROOM – DISCUSSION  
SELF-CONTROL**

- We will now discuss self-control at each of the stages listed on the table. Fill in any capabilities that you might have missed as we go along.

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**Self-control  
Infancy**

- Infants have very little emotional or behavioral control. They learn this from their caregivers
- Communication: Facial expressions, non-verbal vocal expressions (crying, screaming, laughing), physical movements (stomping, kicking, hitting)
- Parents: physical comfort: touch, rocking, sucking, holding

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**Self-control  
Toddlerhood**

- Toddlers have some ability to control emotions, but still limited. They might run away or fight, they might suck their thumb or have a “lovey” for comfort. They aren’t able to “look on the bright side” and have trouble with patience and sitting still.
- Communication: Mostly non-verbal, but emerging language should be used to teach emotions.
  - Parents can label emotions “you are sad” to help give children words for their feelings (as opposed to just actions). This also validates emotions and helps kids feel heard
- Parents: still physical comfort, but can become more verbal

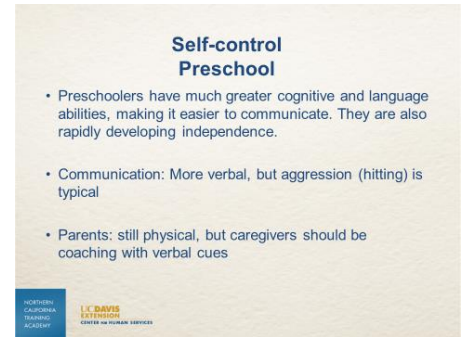
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Sucking is still important for soothing, pacifiers and thumbs are good ways to soothe toddlers. They only need these tools when they are upset, not all the time.

*Self-Control in Preschool:* As children enter into the preschool years their cognitive abilities reach a point where they have the capacity to actively self-regulate.

- Facilitated partly by the rapid maturation of frontal lobes and limbic circuit in the brain.
- Leads to the strong sense of independence and defiance that often characterize the toddler years.
- Begin showing empathy, which is a complex emotional response to a situation. Feeling empathy requires that a child not only read emotional clues from others but understand the distinction between self and others. Actually putting one's self in the other's position also is required for empathy.



#### Communication

- Begin to understand basic rules of family, school, and society concerning how they express some of their emotions.
- Begin to recognize nonverbal cues of emotion from others.
- Begin to distinguish between negative emotions such as sadness, anger, and fear. have empathy, but knowledge of others' feelings generally is limited.
- Positive development depends on positive, culturally acceptable emotional exchanges with peers. Negative emotional influences can lead to emotional problems, even psychopathology. "when others are angry they hit, when I am angry I hit"

#### Regulation

- But children this age are still not consistently regulating their own emotions, they still rely on external regulation.
- They need caregivers to talk to them about the challenges they face. Hear their emotions, validate their emotions, tell them what to do, how to respond
- Around 30-months of age children engage in relational and physical aggression. Parent's reactions to child's aggressive behavior can promote or impair the child's subsequent emotional regulation.

*Self-Control in School-age:* School-age children have a much more developed tool box for self-control. These abilities are facilitated by:

- Ability to take the perspective of others and recognize differences between behavior and intention.
- More logical thought processes facilitated by advancements in brain development in regions related to problem solving.
- Ability to remember events for longer periods of time and draw upon them for reflection and learning.
- Can appraise a situations before it happens, and avoid negative or challenging situations (anticipation)



#### Communication

- Use language more effectively to communicate needs and cope with events.
- Better understanding and appreciation of social rules help to guide behavior with others.

#### Regulation

- These developmental advancements allow school age children to have more control over their behavior and emotions.
- It is still not easy for most children to maintain control especially in times of stress. They will still rely on caregivers for support and help with processing complex social situations.

## VIDEO: 3 Core Strengths

### Video Introduction

Note to the trainees that the content from the morning can be considered foundational processes that support typical developmental processes. Each one contributes to a larger whole. While they are all necessary, none alone is sufficient. The following video talks about how components of development fit together to a larger whole.

~Time: 11:15

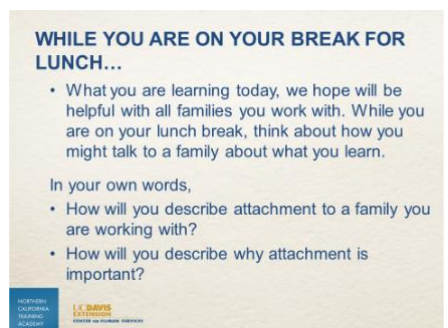
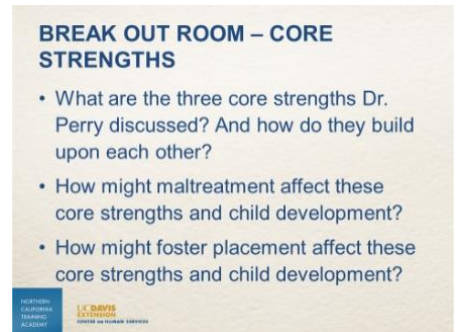
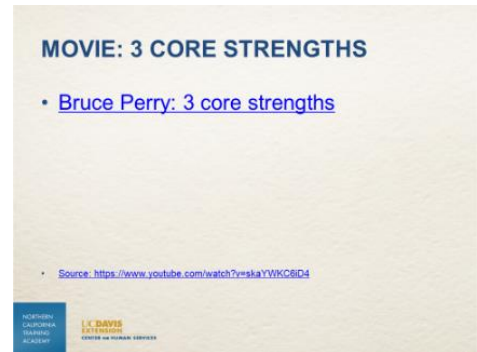
### Breakout room: 7 mins.

- What are the core strengths discussed in the video? And how do they build upon each other?
  - Attachment, Regulation, Affiliation
  - Attachment is necessary for regulatory processes to develop
  - Regulation is necessary to build affiliation
  - Affiliation is how we connect with others
- How might maltreatment affect these core strengths and child development?
- How might foster placement affect these core strengths and child development?

### Additional points for discussion:

- Why is affiliation an essential core strength? What does it allow to happen that may be essential for development?
- What are the implications of this in someone with a disrupted attachment history?

Note for participants that they may work with children who demonstrate an inability to affiliate and that in such cases it is important to consider the preceding core strengths that may not be functioning.



Slides 28 - LUNCH BREAK 11:30 – 1:00pm

(Start by asking participants to share their “attachment pitch” that they worked on over lunch ~ 5 mins )

We asked you to think about crafting a short description of the importance of attachment that you might use with a family you are working with. Let’s share what you all came up with. You can raise your hand if you’d like to read your’s or type your pitch into the chat box.

- What are some ideas for how you might get “buy in” from a caregiver on behaviors that build core competencies? Are there things you can say or do that would be helpful?
- What are one or two things that you think are would be important points relevant to the audiences you work



We are now going to shift from talking about normative development to talking about how disruptions to these processes affect typical developmental patterns. The goal of presenting this content is for you to have an awareness of how the children you come into contact with may behave given their history.



#### Slides 28 - 35: Disruptions to attachment 1:05 – 1:40pm

So now that we have a solid foundation for understanding what builds positive parenting relationships, let’s turn our attention to thinking about how these may become compromised.

Use the chat box to give some situations that would not be conducive to building these positive relationship environments for children. What are the family and environmental situations in which these relationships may struggle or be compromised?

Aim for the following: (list) – reveal these on the slide:

- Economic stress
- Social supports
- Psychopathology
- History of maltreatment
- Drug use
- Family Conflict

While these systems are naturally occurring and resilient to an extent, they are vulnerable to disruption. The most relevant factors identified in research are economic stress, lack of social support, psychopathology of the parent, drug use, and the parents’ own history of maltreatment (tie this back to attachment templates)

The majority of families you will work with will likely be dealing with one or more of these factors

We will focus our discussion on the last 4 since these are most likely to be involved in treatment plans for the children in your caseload.

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Explain that the information that will be presented is intended to provide an overview of the contexts likely to be encountered by CPS cases and does not necessarily represent an exhaustive list of every circumstance that may disrupt the parenting system.

**Parental psychopathology:** The research on the relationship between parental mental health problems and child maltreatment suggest that parental psychopathology contributes to poor maternal emotional regulation and parenting stress. Those factors are then what undermine the mother-child relationship and parenting behavior.

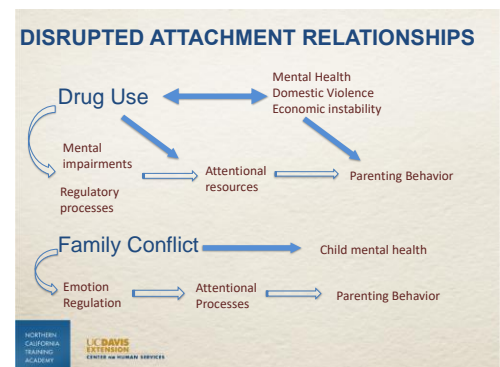
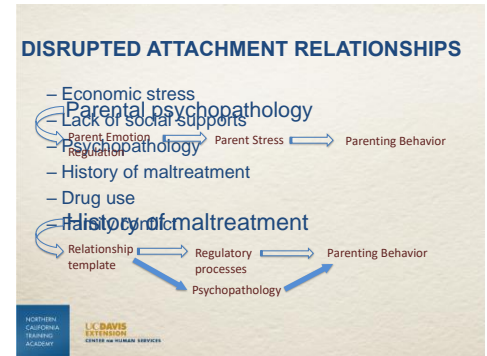
- For example, parents with depression and parents with anti-social personality disorder have been found to be approximately five times more likely to abuse their children than parents without these problems. The study also found that parents with these diagnoses were even more likely to neglect their children.
- Studies have also found that families with repeat child welfare contact are substantially more likely to have an adult with mental illness in the family than families with no repeated contact (20% versus 10%).

**History of maltreatment:** Our discussion of attachment and brain development is relevant when thinking about how a history of maltreatment may be disruptive to one's own parenting. Attachment sets up our templates for how relationships are experienced. People often learn how to parent from their own early experiences.

- Additionally, research finds that a history of maltreatment is associated with mental illness and regulatory processes, which are predictors of compromised parenting behavior.
- However, it is important to keep in mind that while experiencing abuse does increase the likelihood that they will abuse their children, most adults who were abused as children do not go on to abuse their kids.

**Drug Use:** (\*Don't reveal process model yet\*) Drug use: Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement. Parental substance abuse (specifically, maternal drug use) is one of five key factors that predicted a report to child protective services for abuse or neglect. Data suggests that as many as 40-60% of all child maltreatment cases involve parental substance abuse. Once a report is substantiated, children of parents with substance use issues are more likely to be placed in out-of-home care and more likely to stay in care longer than other children. The National Survey of Child and Adolescent Well-Being estimates that 61 percent of infants and 41 percent of older children in out of-home care are from families with active alcohol or drug abuse.

- The process through which drug use compromises parenting is complex and dependent on a host of factors such as the substance being used and the severity of the use. For example, the threats to a child of a parent who becomes sedated and inattentive after drinking excessively differ from the threats posed by a parent who exhibits aggressive side effects from methamphetamine use.
- (\*click to reveal process model\*) Generally speaking, family life for children with one or both parents that abuse drugs or alcohol often can be chaotic and unpredictable. A parent with a substance abuse disorder may be unable to regulate stress and other emotions, which can lead to impulsive and reactive behavior that may escalate to physical abuse. Attention given to children's needs—including nutrition, supervision, and nurturing—may go unmet, which can result in neglect. These families often experience a number of other problems that





may be a cause or a consequence of the drug use —such as mental illness, domestic violence, unemployment, and housing instability—that also affect parenting and contribute to high levels of stress.

*Family conflict:* Experiencing intense and frequent conflict within the family can be disruptive to the parenting system. When resources are spent managing conflict with other members of the family it leaves less emotional resources for parenting and attending to children's needs. Research finds that parents are more likely to be withdrawn from their children after being involved in marital conflict. We also know that child centered conflicts are considered to be more destructive. This means that when parents argue about the child, the child feels responsible for the conflict. It is common, even in non-child centered conflict, for children to feel responsible for the conflict, or responsible for breaking up the fight. This can be especially damaging for children, compared to those who avoid the conflict and immerse themselves in activities outside of the home such as school and peers.

When there are severe and ongoing disruptions to the ability of parents to provide positive and quality parenting, the result is often either neglect (the removal of attention and care), or abuse which is typically demonstrated as verbal or physical aggression. We won't go too much into the specifics of the various forms of abuse and neglect that occur across maltreatment settings since there is a class dedicated to that. However, we will just briefly touch on them here in order to think about the effects these environments have on children's development.

**DISRUPTED ATTACHMENT RELATIONSHIPS**

Types of traumatic stressors

- Abuse: Over stimulation at the wrong developmental time
- Neglect: Absence of appropriate stimulation at the right time of development

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## VIDEO: Science of Neglect

### Video Introduction

One of the traumas that children can experience is neglect. In the next video, we will hear about the types of neglect and its effects of neglect on the developing child.

~Time: 1:25

Breakout room: 7 mins.

Think of a scenario of one of the contexts of disruption we discussed (parent psychopathology, history of maltreatment, drug use, family conflict). Reflect on the following:

- What are the processes through which neglect (or abuse) may result?
- What are the stressors in the scenario that might disrupt the ability the caregivers' ability to engage in serve and return?
- How can the serve/return process be addressed through the child welfare system to mitigate the "double whammy" that the video depicted?

**SCIENCE OF NEGLECT**

- [Watch In Brief: The Science of Neglect](#)

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**BREAK OUT - DISCUSSION**

- Reflect on the "double whammy" of neglect.
- What happens when children are not exposed to serve and return?
- How can this "double whammy" be addressed when working with children and families?
- Do the family contexts we just discussed make a difference in addressing the double whammy? Would you do things differently with different families?
- What about the age of the child? Why?

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Underlying much of the developmental effects of abuse and neglect on children are disrupted attachment and relational processes. More than 85% of children removed from their parents for abuse or neglect have disturbed attachment capacity.

Recall that at the same time these attachment bonds are being developed, the brain is also rapidly developing. Brain development relies in many ways on consistent and nurturing relationships to ensure safety while the individual is exploring and learning about the world. When the attachment process is disrupted, it is a disruption to the foundation of developmental processes.

It also serves as an important template for relationships. It is these templates that are the foundation of the core strengths we learned about earlier today.

Children in the child welfare system are at much greater risk for developing disorganized attachments than children not in the system. Disorganized attachments occur when the child comes to learn that the person they look to provide safety and security (survival) is also someone to be feared. This results in relational behaviors that are confusing or erratic. In laboratory tasks that measure attachment in children, they tend to seek comfort from caregivers while also rejecting the comfort that is offered. Individuals classified with disorganized attachments tend to demonstrate problematic outcomes, most especially an increased risk for behavioral dysregulation as seen in externalizing problems.

In extreme cases, when attachment processes are disrupted the child may receive a diagnosis of Reactive Attachment Disorder

- 2 types: Inhibited will reject comforting and be wary of relational connection whereas disinhibited types tend to exhibit indiscriminate friendliness.
- Diagnosis has been found to be more likely in adopted children and tends to co-occur with other diagnoses such as ADHD and language disorders.

These effects on the relational system have lasting effects on the regulatory system as well, which we will discuss next.

When children are left in these abusive and neglectful environments for a prolonged period of time, the disruptions to the relationship system can have cascading effect on developmental processes.

#### VIDEO: Toxic Stress Derails Healthy Development

##### Video Introduction

These environments cause activation of the stress response system. Remember from this morning that children's stress response system is immature and relies on external forces to regulate it. When the external systems are not equipped to provide this, it has profound effects on developmental systems. We'll start our discussion about the effects of maltreatment on development by watching a short video on toxic stress.

**DISRUPTED ATTACHMENT RELATIONSHIPS**

- Disorganized Attachment
- Reactive Attachment Disorder (clinical diagnosis)
  - 2 types
    - Inhibited: emotionally withdrawn
    - Disinhibited: Indiscriminately friendly
  - Rare diagnosis in general pop < 5%
    - Foster/adopted children more likely to be diagnosed

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**TOXIC STRESS**

- [Watch "Toxic Stress Derails Healthy Development"](http://developingchild.harvard.edu)

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This reminds us that exposure to stress causes your biology to change. As we discussed, in a typically functioning system these changes are short-term changes to help you respond to an immediate stress. For example, your heart may race or you get butterflies in before raising your hand in class. But then you quickly return to baseline because your body responds by coping and adjusting.

When this stress is constant there is no time to calm and they remain in a hyper state for prolonged periods of time. Here you can see how the stress system is connected to the biological functioning of the organs in your body. This is why many of the children you work with are not just emotionally troubles, but physically sick as well. They might have asthma from inflammation in their brocci and lungs, or stomach aches from ulcers, or digestive issues, or incontinence. These can all be problems stemming from an over-active stress response.

These effects will vary according to the age and developmental stage of the individual child.

~Time: 1:55

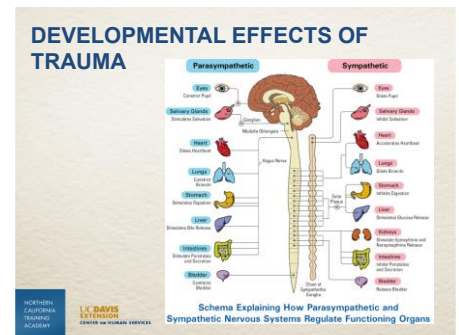
Breakout room: 15 mins.

Explain to participants that they will revisit the Ages and Stages of Self Control worksheet that you filled out this morning, focusing on the bottom half of the page.

In your groups, reflect on the self-control skills and the relational foundations for them that you identified for each developmental stage this morning. Discuss what you might expect to see at each of the stages of development in a child who has experienced trauma. How is the experience of trauma likely to affect development? What red-flags might you be looking for in the children you work with?

When groups return, explain that we will now review the developmental effects of trauma from infancy to middle childhood. Ask them to fill in any information they may have missed in their worksheet.

*Infancy:* They are very physical beings at this point. Much of development is focused on gaining physical control over their bodies and communicating basic need for food and sleep. Because infants' cognitive and regulation systems are not yet developed, infants will experience trauma in a very physical way. They will have trouble regulating their moods (in part because they rely on caregivers for this essential function) and generally go into a state of stasis in a way, where they don't thrive. They don't take in the proper nourishment or get the sleep that is required for development to progress. In severe cases it can look much like a medical condition known as failure to thrive.



### BREAK OUT - DISCUSSION

- What might you see as the result of trauma at each stage of development?
  - Reflect on the Ages and Stages of Self-Control that you created this morning

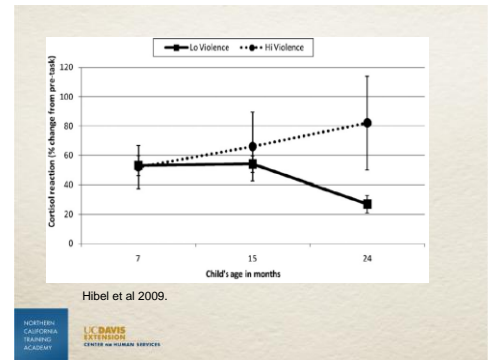
### DEVELOPMENTAL EFFECTS OF TRAUMA

#### Ages 0-2

- Physiological
- Have a poor appetite, low weight, and/or digestive problems
- Have poor sleep habits
- Experience nightmares or sleep difficulties

At this age, much of the effect of trauma is impact on the stress response system. When that system experiences over reactivity, it can result in a blunted blunted diurnal pattern of cortisol production which can have lasting effects on development.

Here is one example of the physiological response of infants over this time period after exposure to violence. The dotted line represents children that were exposed to marital violence. We measured their cortisol reactivity to stress. Cortisol is a hormone that is released during the body's stress response. You can see here that those in hi-violence environments have increasing levels of reactivity. the children that were not exposed show a decreasing pattern as they learn to regulate their emotions and physiology across the first two years of life. The exposed children have significantly higher cortisol reactivity to the stressor.



Thus, over time these environments can result in significant wear and tear on the child's physiological system and undermine their self control.

*Preschool:* This period is marked by dramatic cognitive growth— language and problem solving skills become more complex. Emotional development is a major focus of this period where they begin to understand complex emotions and their causes, begin to show empathy, and begin to have some control over their own emotion. This is coupled with an increased focus on peers with the emergence of dyadic play. But even in the midst of all this development, they still rely a great deal on caregivers to regulate their physiological systems.

In the preschool period children exposed to trauma will experience a range of developmental difficulties across all of these domains.

DEVELOPMENTAL EFFECTS OF TRAUMA	
Ages 3-6	
<ul style="list-style-type: none"> <li>• Cognitive               <ul style="list-style-type: none"> <li>– Have difficulties focusing or learning in school</li> <li>– Develop learning disabilities</li> <li>– Show poor skill development</li> </ul> </li> <li>• Emotional               <ul style="list-style-type: none"> <li>– Act out in social situations</li> <li>– Are verbally abusive</li> <li>– Are unable to trust others or make friends</li> <li>– Are anxious, fearful and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Physiological               <ul style="list-style-type: none"> <li>– Experience stomachaches and headaches</li> <li>– Wet the bed or self after being toilet trained</li> </ul> </li> <li>• Trauma specific               <ul style="list-style-type: none"> <li>– Imitate the abuse</li> <li>– Believe they are to blame for the abuse</li> </ul> </li> </ul>
	avoidant – Lack self-confidence

Cognitively they are likely to show delays as these are skills that are just beginning to come online

Emotionally Emotionally they may show an immature control over their emotional expressivity and experience difficulty in their social relationships with their peers due to a lack of emotional intelligence.

Physically They are still likely to experience physical maladies since they still rely on external control of their stress response system.

It is also common for children of this age and older may display a regression of a skill. The most common one seen in this age group is regression of toilet training. Remember that development will go in a forward manner. Regression of a skill is something to take note of.

Finally at this age children do not yet have the cognitive capacity to fully understand that someone can have motivations and intentions that are separate from themselves (theory of mind). Thus it is difficult for children of this age to understand behaviors that don't involve them in some way. In trauma situations, this results in children to blaming themselves for abuse.

Note that at this age social workers must still rely heavily on these behaviors to know whether the child is suffering. Children at this age are still not able to articulate clearly their experiences or their internal emotions or thoughts. May be further hampered by developmental delays resulting from the trauma.



School Age: This period is primarily marked by a increasing complexity of cognitive and emotional skills. Friends and relationships outside the home take on increasing importance.

Generally speaking, we see that the effect of trauma on this period largely mirrors those of younger ages but that they can become compounded over time if in a prolonged maladaptive situation. So early cognitive delays will compromise later learning and functioning. Delays in emotional competence will result in ongoing difficulties relating to others and increasing peer difficulties.

Children who have been experiencing trauma into childhood usually show difficulty in school, limited social connections, inability to cope all can lead to poor outcomes in adulthood.

When children experience trauma during this developmental period the general pattern of behaviors will vary by age due to cognitive shifts that happen between the ages of 7-9 where more complex cognitive processing capacities come online.

In the younger ages children usually respond with more confusion and curiosity, whereby older children express more anxiety and concern.

Most of the time children entering the child welfare system at this stage of development have a history of trauma and likely have experienced some of the earlier developmental effects. As such, their developmental age may not be consistent with their chronological age in some domains depending on their history. For instance, a school age child may appear cognitively consistent with their age (they do well in school, able to understand complex situations and navigate them) but emotionally they have the capacity of someone much younger (unable to process emotionally complex information, shut down in times of conflict). It is important that when dealing with children who have a history of abuse that workers approach them at their developmental age and not their chronological age. This highlights the importance of understanding typical developmental stages and behaviors.

## DEVELOPMENTAL EFFECTS OF TRAUMA

### Childhood

- Mental: depression, anxiety, cognitive delays
- Physical: headaches, stomach aches, more prevalent colds
- Behavioral: aggression, regressive behaviors

### Ages 6-9

- May be curious and ask many questions
- May become fearful and anxious
- May withdraw from others
- May feel abandoned by both parents

### Children over age 9

- Have increased ability to understand situation
- May worry about family more than about self
- Increased anxiety and an inability to perform
- Inability to learn coping strategies to manage the environment
- Impulsivity and inability to delay gratification

10 min BREAK: 2:25 – 2:35

Slides 44 - 64: Interventions 2:35 – 2:50

Now we will turn our discussion toward what can be done about these disruptions to development caused by disrupted parenting and trauma.

There has been a lot of advancements made with interventions to target the developmental disruptions caused by trauma. Some of them focus on caregiver responsiveness and improving the serve and return process. (review programs listed on the slide) Two of the most common are direct parent training and cognitive-behavioral therapy. Each of them focus on helping parents learn new ways of responding to their children.

There is also an emphasis on early placement of children prior to the attachment process becoming solidified. This is seen as a preventative measure to avoid disrupting the attachment bond during removal. However, multiple placements will also need to be avoided during this time.

## INTERVENTIONS

- Ensure sensitive & responsive care in adoptive homes & foster placements
  - **Attachment & Biobehavioral Catch-Up (ABC)**
    - Focus on building serve and return
  - **Cognitive-Behavioral Family Therapy**
    - Focus on changing parents' appraisals of children's behaviors
  - **Parent-Child Interaction Therapy**
    - Parent coaching for responding to difficult child behaviors
- Early placement - prevention

## UC Davis CAARE Diagnostic and Treatment Center:

[http://www.ucdmc.ucdavis.edu/children/clinical\\_services/CAARE/](http://www.ucdmc.ucdavis.edu/children/clinical_services/CAARE/)

### VIDEO: PCIT Pulse

These approaches can be quite effective. The following video shows one example of these types of interventions – called PCIT. (show video then note the effect of PCIT in the following slide)

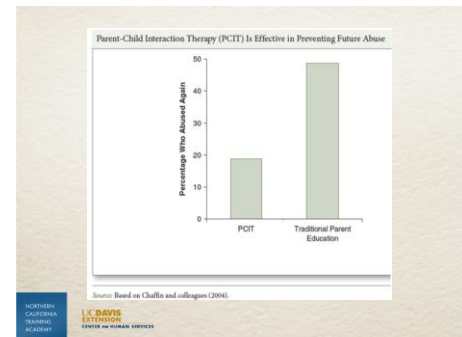
This graph shows how effective this intervention has been found to be in a sample of parents with a history of abuse. In this study, parents were randomly assigned to PCIT or a community group intervention delivered through a nonprofit agency with an established history of delivering the program.

Differences between PCIT and Traditional Parent education were significantly different. Median follow-up time = 850 days through the statewide child welfare administration database (excluding reports that were screened or ruled out). So you can see that the disruptions to parenting and the delivery of the necessary inputs we have been talking about can be done.

### INTERVENTIONS

- PCIT In Action: [PCIT Pulse](#)

• Source: <https://www.youtube.com/watch?v=9Ldvqe7p14&feature=youtu.be>



Slides 58: Wrap-Up and Application 2:50 – 3:20

### BREAKOUT ROOMS: 15 mins

To wrap up our time together, you are going to go back to your groups one more time and reflect on how this information can be used in your work.

Think about the following questions:

How does your understanding of attachment inform the guidance you give to caregivers?

What kinds of information about the child and family will be helpful to effectively apply the information we learned today and why?

Thinking about your “attachment pitch” how do you think this information will be received by caregivers? What might make the information more or less useful?

In what other ways do you imagine this information may be helpful – in work or otherwise?

When groups return, have them share and reflect

### BREAK OUT - DISCUSSION

- Reflect on how this information can be used in your work.
  - How does knowledge of child development inform your approach?
  - How might you use this information to talk to caregivers?
  - In what other ways do you imagine this information may be helpful – in work or otherwise?