

## Core for Social Workers

### Module 2 - Child Development

V2021.03.08

**UC DAVIS**  
 Continuing and Professional Education | Human Services Northern Academy

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## 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

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## AGENDA

### Morning Section I

- Attachment
- Break
- Self-Control

### LUNCH

### Afternoon Section II

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

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## ICE BREAKER

- Let's Team Up!

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## 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.

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## TYPICAL DEVELOPMENT



- S SOCIAL
- P PHYSICAL
- E EMOTIONAL
- C COGNITIVE

### Ages & Stages

- Infancy (0-1 years)
- Toddlerhood (1-2 years)
- Preschool (3-5 years)
- Childhood (6-12 years)

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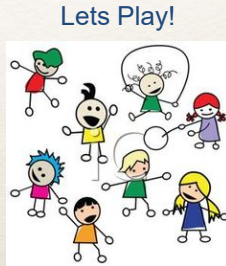
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## TYPICAL DEVELOPMENT AND SPECS



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## ATTACHMENT

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## 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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## TO START THINKING ABOUT BIOLOGY... AN ACTIVITY

- In your break out room

1. The babies on the next slide are newborns. With your break out group. Discuss the SPEC (social, physical, emotional, and cognitive) abilities of these babies. Be ready to have one person from your group share at least one example of a typical newborn baby's SPEC.
2. The babies on the slide after roughly 6 months old. With your break out group. Discuss the SPEC (social, physical, emotional, and cognitive) abilities of these babies. Be ready to have one person from your group share at least one example of a typical 6 month old baby's SPEC.
3. Identify one way in which you sooth a crying baby.

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## NEWBORN




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## 6 MONTH OLD




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### BREAK OUT - DISCUSSION

- A child's SPEC abilities form the basis of their needs from caregivers. Knowing a child's abilities is important for nurturing their development.
- We will now focus on those social and emotional needs, and the biology underlying those needs.

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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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## BREAK OUT- DISCUSSION

- Have groups share how CWS can promote parenting behaviors that encourage a secure attachment.

Secure attachment relationships have:

- **Serve and return:** back and forth sharing of attention, affect, arousal between caregiver and infant
- **Nurturance:** being able to accurately read the infant
- **Stability:** constant stable presence
- **Commitment:** a caregiver that is committed and enjoys the child

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## 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

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## 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



Birth                      Six years old                      14 years old

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### **BREAK OUT ROOM: EXPERIENCE BUILDS BRAINS**

- Watch the video “Experiences Build Brain Architecture”
- 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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### **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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### **SELF-CONTROL**

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## CONNECTIONS WITH THE ATTACHMENT MODULE

- We focused on caregiving for babies. Sensitive caregiving for an older child will look a little different.
- First we are going to describe optimal parenting for an older child.
- Then we will discuss how caregiving influences the development of self-control.

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## PARENTING STYLES

	High Control	Low Control
High Support	Authoritative	Permissive
Low Support	Authoritarian	Uninvolved

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## BREAK OUT ROOMS

- While in break out rooms, identify each of the parenting styles as being either high or low on support and control.
- Then try to come up with an example parent for each of the 4 styles. How does this person parent? What kind of parenting decisions might they make? How might they respond to a child crying?

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## PARENTING STYLES

	High Control	Low Control
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## 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 you have over thoughts, feelings, and actions
- Self-control is necessary to cooperate, follow directions, control impulses, and manage negative emotions.

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## 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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### Self-control Preschool

- Preschoolers have much greater cognitive and language abilities, making it easier to communicate. They are also rapidly developing independence.
- Communication: More verbal, but aggression (hitting) is typical
- Parents: still physical, but caregivers should be coaching with verbal cues

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### SELF-CONTROL SCHOOL AGE

- School aged children have a much more developed tool box for self control.
  - Perspective taking
  - Problem solving
  - Reflect and learn
  - Anticipate
  - Communicate
- Children do not consistently and effectively regulate emotions until 8 yrs (some many later)

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### MOVIE: 6 CORE STRENGTHS

- Bruce Perry: [Six Core Strengths for Healthy Child Development](https://www.youtube.com/watch?v=skaYWK6iD4)

• Source: <https://www.youtube.com/watch?v=skaYWK6iD4>

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### **BREAK OUT ROOM – CORE STRENGTHS**

- What are the core strengths Dr. Perry discussed? And how do they build upon each other?
- How might maltreatment affect these core strengths and child development?
- How might foster placement affect these core strengths and child development?

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### **BREAK OUT - DISCUSSION**

- What are the core strengths Dr. Perry discussed? And how do they build upon each other?
- How might maltreatment affect these core strengths and child development?
- How might foster placement affect these core strengths and child development?

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### **WHILE YOU ARE ON YOUR BREAK FOR LUNCH...**

- What you are learning today, we hope will be helpful with all families you work with. While you are on your lunch break, think about how you might talk to a family about what you learn.

In your own words,

- How will you describe attachment to a family you are working with?
- How will you describe why attachment is important?

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## AGENDA

### Morning: Section I

- Attachment
- Break
- Self-Control

**LUNCH** – 11:30pm to 1pm

### Afternoon: Section II

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

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## WELCOME BACK

- Share your attachment pitch!

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## DISRUPTED ATTACHMENT RELATIONSHIPS

- Can become compromised by:
  - Economic stress
  - Lack of social supports
  - Psychopathology
  - History of maltreatment
  - Drug use
  - Family conflict

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### BREAK OUT - DISCUSSION

- Discuss the processes by which the parent-child relationship may be compromised by one of these situations.
  - What are the stressors for the parents?
  - What are the stressors for the children?
  - What is the process through which the stressors affect the relationship?
  - What resources are needed that may be lacking?
  - What are the critical points of intervention?

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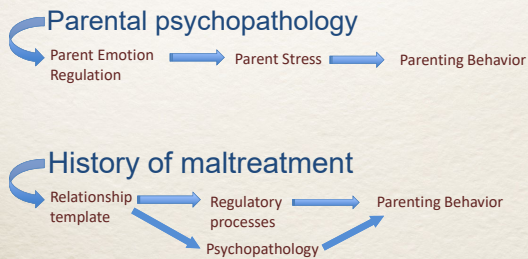
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### DISRUPTED ATTACHMENT RELATIONSHIPS




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### DISRUPTED ATTACHMENT RELATIONSHIPS




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## 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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## SCIENCE OF NEGLECT

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

Credit: <http://developingchild.harvard.edu>

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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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## 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"](#)

Credit: <http://developingchild.harvard.edu>

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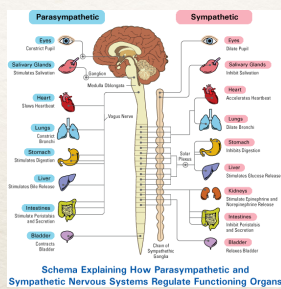
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## DEVELOPMENTAL EFFECTS OF TRAUMA




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## 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

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## 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

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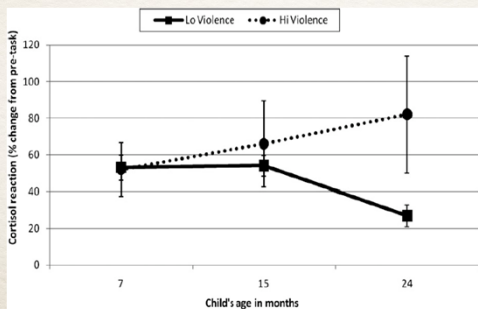
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Hibel et al 2009.

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## DEVELOPMENTAL EFFECTS OF TRAUMA

Ages 3-6

- Cognitive
  - Have difficulties focusing or learning in school
  - Develop learning disabilities
  - Show poor skill development
- Emotional
  - Act out in social situations
  - Are verbally abusive
  - Are unable to trust others or make friends
  - Are anxious, fearful and
- Physiological
  - Lack self-confidence
  - Experience stomachaches and headaches
  - Wet the bed or self after being toilet trained
- Trauma specific
  - Imitate the abuse
  - Believe they are to blame for the abuse

## 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

## 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



## INTERVENTIONS

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

• Source: <https://www.youtube.com/watch?v=9Ldvqei7pl4&feature=youtu.be>

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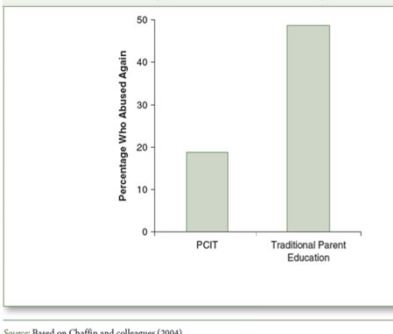
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Parent-Child Interaction Therapy (PCIT) Is Effective in Preventing Future Abuse



Source: Based on Chaffin and colleagues (2004).

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## 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?

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