



B16 Babies and Toddlers in the Child Welfare System are Important and Why They Need You to Know That

Wednesday, June 13, 2018 1:30 - 3:00 p.m.

Colleen Paul, Jane Tabor-Bane

Garden 1

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Mutual Commitment to Supporting Families

Working with Children 0-5 in Child Welfare: Why They Are Important

- Jane Tabor-Bane
- Colleen Paul

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Learning Objectives!

- Participants will increase knowledge of developmental needs of infants and young children by learning 10 developmental considerations for babies and toddlers in the Child Welfare system.
- Participants will describe the ways in which trauma impacts the developing brain and resulting behaviors or issues that are commonly seen in young children in the Child Welfare system.
- Participants will be able to name at least 3 protective factors for infants and young children in building resilience and promoting optimal development.
- Participants will enhance knowledge and ability to consider developmental needs of babies and toddlers in relation to Child and Family Teaming.

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Who's here today?

What do you bring to today's training?

- Poll:
 - Where do you operate/what is your field?
 - How many years of experience?
 - Knowledge/experience with 0-5 population?

What do you hope to take away from today's training?

Who are your trainers?

- Colleen Paul, LMFT, LPCC, ATR
- Jane Tabor-Bane, MSW, MPA

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- The youngest children are the most vulnerable to maltreatment. In FFY 2016, 51 states reported that more than one-quarter (28.5%) of victims were younger than 3 years.
- The victimization rate was highest for children younger than 1 year (24.8 per 1,000 children in the population of the same age). Victims who were 1, 2, or 3 years old had victimization rates of 11.9, 11.2, and 10.6 victims per 1,000 children of those respective ages in the population.
- A foster child is 4x's more likely to have a disability, serious behavioral or emotional problem than a child living with one or both parents.
- Seventy percent of all child fatalities were younger than 3 years



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- ACE Study
- Brain Development and babies
- Long Scan Study



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Why does this matter?

- 3 Core concepts of Child Development (Harvard Center for the Developing Child)
 - **Experiences Build Brain Architecture**
 - **Serve and Return Interaction Shapes Brain Circuitry**
 - **Toxic Stress Derails Healthy Development**
- <https://developingchild.harvard.edu/>



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Child Development... so many sources of information!

- How do we learn to be parents?
- What family or cultural beliefs do we have about raising kids?
- What stories are passed down in families?
- How did that impact who you become?



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Child Development: What We Have Learned

- Babies are born with a set of skills and capabilities, ready to communicate with parents and caregivers
- Babies communicate through their behavior
- Babies are primed to interact and need the relationship with a parent or caregiver to continue to develop... babies develop best in a stable and nurturing relationship
- Babies recognize the voices of their parents!



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Babies know their parents at birth!



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Baby Brains!

- About 1 billion neurons, organizing neural systems from the bottom up in a sequential manner, each new developmental level depends on an earlier developmental level being completed.
- Brains need interaction/stimulus to organize neural networks; interaction with parent/caregiver is vital.
- Use it or lose it" process: neurons that fire together, wire together!
- There are sensitive periods where development in a particular neural network is occurring and so interaction and stimulation for those networks is needed at those times.
- "It's a period of incredible growth, but also a vulnerable period: early trauma interrupts development and organization of important neural systems.

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Brain Architecture Center on the Developing Child at Harvard University <http://developingchild.harvard.edu>



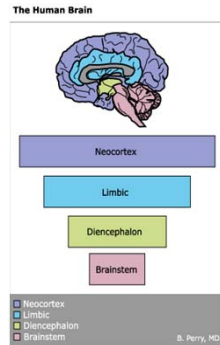
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Brain Development

- Brainstem: body temperature, breathing, blood pressure
- Diencephalon: appetite and feeling full, sleep, level of arousal, motor control
- Limbic: mood, emotional regulation, memory, attachment
- Cortex: problem solving, reasoning, abstract thought

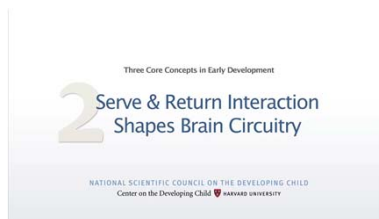
Source: Bruce Perry, MD, Child Trauma Academy <http://childtrauma.org/>



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Serve and Return Interaction Center on the Developing Child at Harvard University: <http://developingchild.harvard.edu>



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Developmental Milestones



1. Domains of development:

- Motor (gross and fine)
- Sensorimotor
- Cognitive (executive functioning)
- Communication and language
- Social/emotional
- Adaptive (problem-solving)

2. Development more complex as baby matures and builds on prior development

3. Babies have individual timeframes-range of normal development

-When to worry



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Attachment...

- Babies come equipped to form attachments with parents.
- Babies need a relationship to develop fully and to survive.
- Inconsistent care, neglect, violence, abuse can lead to disrupted attachments.
- Attachment Disordered children are primed not to trust the world or the people in it.
- It may take time and a lot of patience, but they can learn to trust...



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Summary: 10 Developmental Considerations

- Our beliefs about development are influenced by many factors, including family and culture.
- Babies are born ready to communicate: watch behavioral cues.
- Development occurs within relationship.
- Development depends on interaction with the environment and with a parent or caregiver.
- Brain development occurs at a very rapid pace in the first 1-3 years.
- There are sensitive periods where certain neural networks are forming. Lack of the right exposure at these times may affect that neural network and subsequent behavior and functioning.
- Development is sequential and from the bottom-up.
- There are multiple domains of development.
- Babies will develop at their own pace.
- Attachment relationships set the stage for all future relationships.

HOW DOES THE ABOVE IMPACT YOUR CHILD AND FAMILY TEAM MEETING?

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Impacts on Brain Development



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Common Issues for Children in Child Welfare System

ADHD
Learning Disabilities
Anxiety
Depression
Disruptive Behavior Disorders
Bereavement
Self Harm
Attachment Disorders
Relationship Difficulties
School Problems/Failure
Juvenile Delinquency



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Challenges within Families



- Violence
- Addiction
- Behavioral Health Issues
- Trans-generational Trauma
- Developmental Disabilities
- Incarceration
- Trauma Reaction
- Poverty

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Childhood Trauma Defined...

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control.

Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.

(National Child Traumatic Stress Network)

- <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>)

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What types of trauma are we talking about?

Acute trauma: one-time event (car accident, natural disaster, school shooting, etc.)
Chronic trauma: ongoing trauma, occurs multiple times over a period of time.

- Physical abuse
- **Domestic violence**
- Emotional abuse
- Sexual abuse
- **General neglect**
- Exposure to unsafe conditions
- Exposure to significant community violence
- **Removal from custody of parent or family**
- Immigration trauma
- Parent substance abuse
- Severe neglect
- **Medical trauma**
- Parent mental health
- Traumatic grief/Sudden death of parent
- Traumatic death of someone close
- Exposure to drugs/toxic substances
- Chronic homelessness
- Sexual exploitation
- School violence/bullying
- **Parent absence / Parent incarceration**

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Complex Trauma...



... describes both children's **exposure to multiple traumatic events** - often of an invasive, interpersonal nature -

and **the wide-ranging, long-term effects of this exposure.**

<https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>

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Complex Trauma continued...

- These events are severe and pervasive, such as abuse or profound neglect.
- They usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self.
- Since these events often occur with a caregiver, they interfere with the child's ability to form a secure attachment.
- Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

• National Child Traumatic Stress Network: <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>

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5 things to know about how kids respond to trauma:

1. Trauma responses will be different for each child
2. Trauma Responses: Fight/flight/freeze/flock
3. PTSD in Children
4. Triggers to trauma responses
5. Sensitization and tolerance in trauma responses

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How does this look in babies and young children?

(NCTSN.org)

0-2 years:

- Demonstrate poor verbal skills
- Exhibit memory problems
- Scream or cry excessively
- Fussiness or excessive temper
- Aggression
- Startle easily
- Fear separation from caregiver
- Fear adults associated with the trauma
- Fearfulness, sadness, irritability
- Poor sleep/nightmares
- Have poor appetite, low weight, or digestive problems

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3-5 years:

- Have difficulties focusing / learning
- Show poor skill development / developmental regression
- Act out in social situations
- Imitate the abuse/trauma
- Verbally abusive or aggressive
- Anxious, irritable, sad, fearful
- Fear separation from caregiver
- Unable to trust or make friends
- Believe they are to blame
- Loss of self-confidence
- Stomach aches or headaches
- Poor sleep/ nightmares

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The Special Case of Severe Neglect



<https://nypost.com/2017/11/02/brain-scans-reveal-how-badly-emotional-abuse-damages-kids/>

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Resilience

Key to recovery from trauma:

- Strong relationships with at least one caring adult
- Positive role models
- Having talents and abilities nurtured
- Feeling control over your life
- Feel you belong to a community, group or cause larger than oneself



National Child Trauma Stress Network

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The Child and Family Team (CFT)

A Team:

A group of people coming together who are committed to a common purpose and who hold themselves mutually accountable for the performance of defined goals and tasks.

The CFT is a team of people—

it is comprised of the youth and family and all of the ancillary individuals who are working with them toward their mental health goals and their successful transition out of the child welfare system.

Adapted from:
<http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

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Child and Family Teams Participants/Roles

Who are some of the people/roles represented who might be on a CFT for early childhood?

Facilitator: coordinator of the meeting/assures the meeting progresses

Youth/Family: their voice and choice matter

Child Welfare/Mental Health

Resource Family

Natural Family Supports

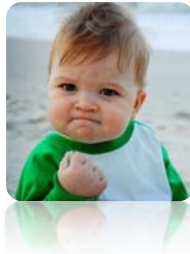


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Team Non-Negotiables

- Trauma-Informed
- Culturally Responsive
- Family Voice and Choice
- Individualized



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CFT Meetings for babies and young children

- Facilitator/other team members role to promote understanding of developmental needs = baby's voice!
- Trauma-informed
- Support attachment needs/parent involvement as appropriate.
- Aware of who needs to be at the meeting.
- Advocate for appropriate screening (developmental, mental health, etc.)
- Understand the difference in CWS timeframes and practices for young children and infants.
- What childcare considerations are there? For the child involved and possible siblings? How do we support family involvement?
- Competing interests: parent and resource family; permanency planning; how can we support collaboration?

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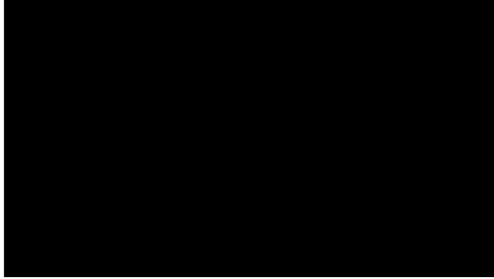
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Thank you!



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Web-based references:

California Child Welfare Indicators Project (CCWIP), University of California at Berkeley. http://cssr.berkeley.edu/ucb_childwelfare

California Core Practice Model Guide.
<http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

California Department of Social Services, Continuum of Care/Foster Care/Pathways to Well-Being.

<http://www.cdss.ca.gov/Resource-Families/Continuum-of-Care-Reform>
<http://www.cdss.ca.gov/inforesources/Foster-Care/Pathways-to-Well-Being>

Centers for Disease Control and Prevention, Child Development.
<https://www.cdc.gov/ncbddd/childdevelopment/>

Centers for Disease Control and Prevention, Violence prevention.
<https://www.cdc.gov/violenceprevention/acestudy/>

Child Maltreatment: 2016. U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau.

<https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>

Child Welfare Information Gateway. <https://www.childwelfare.gov/>

Harvard Center on the Developing Child: <http://developingchild.harvard.edu>

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Zero to Three, (2016). *DC:0-5 tm: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, DC.

Zero to Three (2016). The early years: Foundations for best practice with special children and their families. Washington, DC.

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Child and Family Team 0 to 5 Checklist: Suggested Meeting Information, Topics and Format

Special Considerations for Infants and Children 0 to 5

- ☐ Provide team members with resource information about the significance and rate of development for this age.
- ☐ Provide team members with information on the impact of early childhood trauma and its resulting effect on development and relationships.

Participants Specific to Meeting the Needs of Infants and Young Children 0 to 5

- | | | |
|--|---|--|
| <input type="checkbox"/> Review that key partners are present. Service delivery should be equitably provided to the resource parents, mother and father. Services planned for pre- and post-reunification to provide a safe and consistent transition. | <ul style="list-style-type: none"> • Mother/Father • Resource parents • Alternate care providers prior to removal or anticipated after reunification (grandparents, other family supports) • Child Welfare Social Worker • Infant Mental Health Specialist • Mental Health Provider • Visitation coach/monitor | <ul style="list-style-type: none"> • CASA/Parent Partner • Public Health Nurse • Audiologist/Speech Therapist • In-home service provider • Pre-school teacher/Day Care provider • Head Start/Early Start • Occupational Therapist • Pediatric Physical Therapist |
|--|---|--|

Screening, Assessment Tool and Well Child Exam Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Review dates of recent screening tools, determine the future dates and who will provide them. *Developmental or social-emotional screens showing no areas of concern do NOT mean that future screens are not recommended. | <ul style="list-style-type: none"> • Identify the developmental areas in need of additional support • Identify the outcomes for a well-developing child • Determine services recommended with assistance from early childhood professionals • Secure releases or determine a plan to do so | <ul style="list-style-type: none"> • Incorporate sharing of information on a regular and frequent basis with parents. • Plan for additional assessments as needed • Ensure all members understand the need for future screening or assessments • Be mindful of parent guilt, shame and possible trauma/developmental impacts. |
|--|--|---|

Visitation

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Provide an arena to discuss visitation needs for children 0-5 given the development significant of this age cohort, safety considerations, increased frequency and goals of the plan. | <input type="checkbox"/> Determine the facility, frequency and length. Visits must be planned and purposeful. Refer to developmental milestones & social-emotional needs to provide a concrete way to determine visit plans. | | |
| | <ul style="list-style-type: none"> • Family home • Relative or support persons home • Resource Family Home • Visitation Center • Transport to justice facility | <ul style="list-style-type: none"> • Skype, call, or other tech • Frequency should be as much as possible for safety purposes and to support attachment • Coaching or other reflective feedback | <ul style="list-style-type: none"> • Planning for activities to support developmental and relationship needs • Visitation plan priority needs to support the parent-child relationship. • Encourage resource family support |

Concurrent Planning

- ☐ Discuss with the team to ensure common understanding.
- ☐ Review mandates for inclusion of parents in services communication.
- ☐ Encourage relationship between resource parents, mother and father.

Logistical Considerations

- | | | |
|---|--|---|
| <input type="checkbox"/> Transportation, resources for play, releases of information, contact guidelines: | <ul style="list-style-type: none"> • Child care issues • Team agreements | <ul style="list-style-type: none"> • Information sharing |
|---|--|---|

Infant and Early Childhood Resources!

Child Development:

1. Harvard Center on the Developing Child: <https://developingchild.harvard.edu/>
(Great free information and videos for professionals and for parents on Child development, brain development, parenting and trauma)
2. Zero to Three : <https://www.zerotothree.org/>
(Resources for early childhood education, mental health and child development; some is available for free and other resources available as a member)
3. Centers for Disease Control and Prevention: topic Violence prevention: Child Abuse and Neglect: <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>
4. Centers for Disease Control and Prevention: topic Violence prevention: ACEs study: <https://www.cdc.gov/violenceprevention/acestudy/>
5. Centers for Disease Control and Prevention: topic: Child Development: <https://www.cdc.gov/ncbddd/childdevelopment/> (GREAT list of developmental milestones by age from 0- 5 years, videos of what each milestone looks like; also parenting information for 0- adolescence).
6. Centers for Disease Control and Prevention: topic: Learn the Signs. Act Early: <https://www.cdc.gov/ncbddd/actearly/index.html> (Great resource for parents who are worried that their children are not developing as expected, and what to do about that).
7. Centers for Disease Control and Prevention: topic: Autistic Spectrum Disorder: <https://www.cdc.gov/ncbddd/autism/index.html> (information on Autism and treatments)
8. California First Five: topic: activities and learning center: free resources: <http://www.first5california.com/videos-downloads.aspx?id=29> (A wide variety of resources for parents, early childhood educators, professionals, etc.)
9. Healthy Children.org (American Academy of Pediatrics): <https://www.healthychildren.org/English/Pages/default.aspx> (multiple topics focused on helping parents raise healthy children).
10. California Department of Education: topic: parent resources: <https://www.cde.ca.gov/sp/cd/re/parentresources.asp> (nice list of parent resources to support early childhood education and development)
11. California Department of Developmental Services: topic: Early Start program: <http://www.dds.ca.gov/EarlyStart/index.cfm> (multiple resources for parents around child development and education).

Trauma:

1. National Child Traumatic Stress Network: NCTSN: <https://www.nctsn.org/>
(Free downloadable information and lots of resources on child trauma, including information both in English and Spanish, and stories to use with children who have experienced traumatic events; lots of brief information pages on domestic violence, traumatic exposure and responses, and so much more!) Info in Spanish: <https://www.nctsn.org/resources/informacion-en-espanol>

2. Child Trauma Academy: Library of resources: <http://childtrauma.org/cta-library/> (Free Information on trauma, brain development and the developing child based on the work of Bruce Perry, M.D.-for professionals and parents)

Children's Mental Health

1. Substance Abuse and Mental Health Services Administration (SAMHSA): topic: children: <https://www.samhsa.gov/children>
2. National Institute of Mental Health: topic: Child and Adolescent Mental Health: <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

Child Welfare

1. National Center on Substance Abuse and Child Welfare (NCSACW): <https://ncsacw.samhsa.gov/>
2. California Department of Social Services: Resource Guide: <http://www.cdss.ca.gov/inforesources/Guide> (for information on various Child Welfare programs and mandates in California)
3. Child Welfare Information Gateway: <https://www.childwelfare.gov/> (browse multiple topics related to Child Welfare, Child Abuse, etc.).
4. Child Welfare Information Gateway: Parent Resources: <https://www.childwelfare.gov/topics/preventing/promoting/parenting/parenting/> (great list of resources for parenting!)

Completed 4/3/2018 by Colleen Paul, LMFT, LPCC, ATR cpaul@ucdavis.org