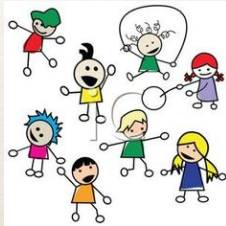




TYPICAL DEVELOPMENT AND SPECS

Lets Play!



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AGENDA

Section I

- Biological needs
- Attachment
- Parenting quality
- Self-control

LUNCH

Section II

- Disruptions to Positive Parenting
- Developmental Effects of Trauma
- Interventions

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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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BIOLOGICAL BASIS OF ATTACHMENT

- Holding:
 - Natural rocking and swaying
 - Activates the parasympathetic nervous system
 - Lowers infant heart rate, breathing rate, and movement

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BIOLOGICAL BASIS OF ATTACHMENT

- Sucking
 - Stimulates the parasympathetic nervous system, slows the heart
 - Regulates: heart, lung, gastrointestinal tract

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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
 - Attunement

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MOVIE: ATTACHMENT THROUGH EVERYDAY MOMENTS

- [Attachment Through Everyday Moments](https://www.zerotothree.org/resources/230-responsive-care-nurturing-a-strong-attachment-through-everyday-moments)

Source: <https://www.zerotothree.org/resources/230-responsive-care-nurturing-a-strong-attachment-through-everyday-moments>

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GROUP ACTIVITY: ATTACHMENT THROUGH EVERYDAY MOMENTS

- Why is responsive care important?
- What are the key pieces to responsive care?
- How can the child welfare system promote these parenting behaviors?

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INGREDIENTS FOR ATTACHMENT

Secure attachment relationships have:

- Serve and return
- Nurturance
- Stability
- Commitment

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INGREDIENTS FOR ATTACHMENT

- Rhythm
- Repetition
- Consistency

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STAGES OF ATTACHMENT

- **Stage 1: Birth- to 8-Weeks.** Adults provide comfort, security, and calm the infant. Protective caregiving. Infant communicates through crying.
- **Stage 2: 2- 7 Months.** Infants begins to prefer the care of familiar adults compared to unfamiliar adults
- **Stage 3: 7- 24 Months.** Attachment formation. Initiate interactions, attempt to maintain proximity to caregiver. experiences Separation Anxiety
- **Stage 4: 2.5 years on.** Realization that the parent may not immediately respond to requests. Helps child learn self-regulation.

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ATTACHMENT AND BRAIN DEVELOPMENT

Attachment Templates

- 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 AND BRAIN DEVELOPMENT

- At birth the brain is nearer to adult size than any other structure
- But... Humans have more brain development outside of the womb than any other animal
 - Humans: ~75% of the brain developing AFTER birth
 - Chimps and gorillas: ~25% brain development after birth
- Babies are born with more brain cells (neurons) than they need, but through experience, some connections become stronger, and other die off

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ATTACHMENT AND 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

EXPERIENCE BUILDS BRAINS

- [Watch "Experiences Build Brain Architecture"](#)

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

Courtney is 3 years old. She was abandoned at birth and has been in the same foster home placement since that time. You have been assigned to Courtney's case for the last two years. You feel that you have a good working relationship with the foster parents and Courtney is always happy to see you during your scheduled visits. Up to this point, she has seemed developmentally on track. Last month Courtney started attending preschool three days a week. Since that time she has begun regressing in her potty training activities, covering her ears during "circle time," throwing toys, and displaying tantrum behaviors for no apparent reason.

- What are your concerns?
- What would you like more information about?
- What would be your next steps in working with Courtney?
- What resources might you want to engage?
- What are the implications for your interactions with Courtney and her foster family?

PARENTING STYLES

- Parenting Dimensions:
 - Support/ Responsiveness:
 - How warm, supportive, and accepting a parent is of his/her child
 - Control/ Demandingness:
 - Extent to which parents expect/demand mature and appropriate behavior from children

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PARENTING STYLES

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

PARENTING STYLES

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

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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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

- 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: 3 CORE STRENGTHS

- [Bruce Perry: 3 core strengths](#)

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

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GROUP ACTIVITY

- What are the three 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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POSITIVE PARENTING

- OVERVIEW FROM SECTION 1
- Disruptions to Positive Parenting
 - Economic stress
 - Social supports
 - Psychopathology
 - History of maltreatment
 - Drug use
 - Family conflict

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PARENTING DISRUPTIONS

- Parental psychopathology
 - poor maternal emotional regulation
 - higher parenting stress
 - heightened punitive behaviors
 - greater psychological aggression
- History of maltreatment
 - people often learn how to parent from their own early experiences
 - history of maltreatment increases the likelihood of parental mental illness, poor emotion regulation, poverty, etc.

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PARENTING DISRUPTIONS

- Drug Use
 - Parents who abuse drugs are more likely to maltreat their children (physical, sexual, emotion, and neglect)
 - As many as 40-60% of all child maltreatment cases involve parental substance abuse
 - Not effective in their parenting role (e.g., impaired under the influence, resources spent on obtaining drugs, time seeking drugs)
 - Maltreated children with substance abusing parents are more likely to be placed in foster care, and remain there longer

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PARENTING DISRUPTIONS

- Family conflict
 - Taxes emotional resources
 - Parents have less time and emotional energy to deal with child needs
 - Harsh and withdrawn behaviors seen following episodes of marital conflict.

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GROUP ACTIVITY: WHAT IS DISRUPTED PARENTING?

- What might you see in the parenting behaviors in a parent consumed by:
 - Psychopathology/ traumatic history
 - Drug use
 - Marital conflict

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TYPES OF TRAUMATIC STRESSORS

- Over stimulation at the wrong developmental time and perhaps for a prolonged period of time ("trauma").
- Absence of appropriate stimulation at the right time of development ("neglect").
 - Early social & emotional deprivation

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SCIENCE OF NEGLECT

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

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

GROUP ACTIVITY: SCIENCE OF NEGLECT

- What is serve and return? Why is it important?
- What happens when children are not exposed to serve and return? What is the “double whammy” of neglect?

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DISRUPTED ATTACHMENT PROCESSES

- Dependency on adult caregivers broadens possible “trauma” experiences
 - **Disruptions in close relationships & bonding**
 - **Disruptions to brain development**
 - **Maladaptive relationship templates**
- Two-thirds of maltreated youths have insecure attachments
- Disorganized attachments most common for children physical abused or neglected
- Enduring problems with executive functioning, working memory, & language
 - **Pervasive academic problems related to poor behavior & achievement**
 - Neglected children typically look worst

DISRUPTED ATTACHMENT PROCESSES

Attachment Templates

- 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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DISRUPTED ATTACHMENT PROCESSES

Developmental Effects:

- Low self-esteem
- General distrust of others
- Mood disorders
- Inadequate social skills
- Generalized cognitive and language delays

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DISRUPTED ATTACHMENT PROCESSES

- Clinical diagnosis: Reactive Attachment Disorder
- Inhibited & emotionally withdrawn
 - Do not seek comfort from caregivers & do not respond to comfort
- Social & emotional disturbances
 - Deficits in social reciprocity
 - Limited positive affect
- Overly familiar behavior with strangers
 - Does not check back with caregivers

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FOSTER CARE & ATTACHMENT

- Placement into foster dramatically reduces disrupted attachment compared to institutionalized care
 - When children develop secure attachments in foster care this protects them from the negative effects of institutionalized care

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FOSTER CARE & ATTACHMENT

- **Serve and return** interactions with a caregiver.
 - Children in the welfare system are more likely to have asynchronous caregivers (biological, kin, or foster parents are all more likely to not be synchronous with the child)
 - These children have more behavioral problems and behavioral and physiological dysregulation
- **Nurturing** interactions with a caregiver.
 - Children in the welfare system likely experience neglectful and/or harsh and intrusive parenting
 - This can cause behavioral problems (aggression)

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FOSTER CARE & ATTACHMENT

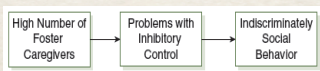
- **Stability of care**
 - More disruptions in care (multiple foster care placements) increases deficits in cognitive functioning and emotional and physiological regulation.
 - Disruptions in care after 1 year are more likely to turn away from caregivers, rather than seek them out when distressed
- **Commitment**
 - Infants require (and expect) a committed caregiver
 - Having a committed caregiver protects children from self-perception problems and problematic behaviors

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RESPONSES TO DISRUPTIONS IN ATTACHMENT

- **Protest**
- **Despair**
- **Detachment**



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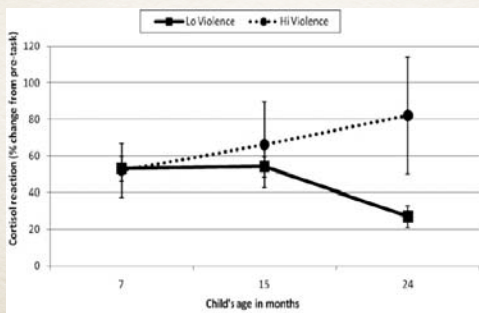
DEVELOPMENTAL EFFECTS OF TRAUMA

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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Hibel et al 2009.

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TOXIC STRESS

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

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

DEVELOPMENTAL EFFECTS OF TRAUMA



- Stress effects your whole body
- Excessive exposure can aggravate or even cause
 - Asthma
 - Ulcers/stomach pain
 - Diarrhea
 - Incontinence (“accidents” and bed wetting)

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
 - 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

avoidant
– Lack self-confidence

DEVELOPMENTAL EFFECTS OF TRAUMA

Developmental effects of trauma:

- 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

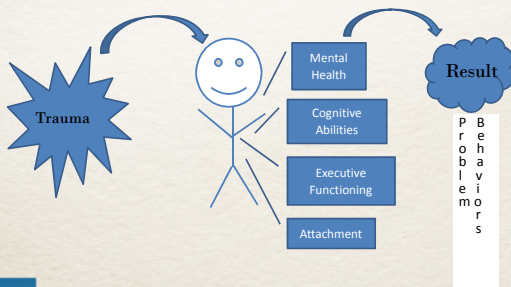
Children over age 9

- 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

ACTIVITY: STRESS AND TRAUMA

Thinking back to the content from this morning and what you learned about development from the online course, discuss why trauma may have these detrimental outcomes.

DEVELOPMENTAL EFFECTS OF TRAUMA



IMPLICATIONS FOR PRACTICE

- How do our systems and practices reinforce the negative developmental templates that abused and neglected children and parents have?

**HOW DO OUR KIDS
GET LEFT BEHIND?**

INTERVENTIONS

- Ensure sensitive & responsive care in adoptive homes & foster placements
 - Increased social reciprocity
- *Attachment & Biobehavioral Catch-Up (ABC)*
 - Parents taught to meet infants' needs, respect autonomy & self-direction, & overcome barriers to caregiving
 - Efficacious for promoting secure attachments but no studies on children with RAD

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INTERVENTIONS

- Prevention
 - Home placement before age 6 months
 - Caregiver disruptions between 6 & 24 months correlate with social disinhibition

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INTERVENTIONS

Parent Training

- Primary goal to teach parents better ways to socialize children
- New parenting skills introduced & practiced
- Improves quality of parent-child interactions & reduces hostile parenting & child behavioral problems
 - PCIT of high-risk parents

Cognitive-Behavioral Family Therapy

- Teach parents realistic expectations & appraisals of children's behavior
 - Problem-solving & coping
- Children undergo group treatment to learn about maltreatment (normalize)
 - Safety Plan
- Joint sessions focus on parent-child interactions

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INTERVENTIONS

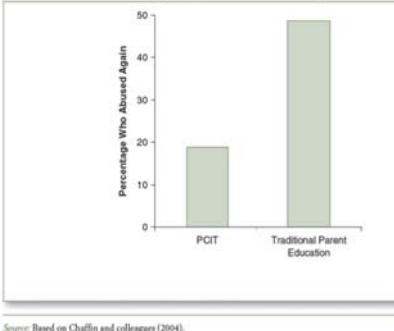
- PCIT In Action: [PCIT Pulse](#)

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

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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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GROUP ACTIVITY: HOW TO BUILD RESILIENCE

- Discuss the scenarios.
 - What are your concerns?
 - What would you like more information about?
 - What would be your next steps in working with this child?
 - What resources might you want to engage?
- What are some of the things that you do in your job that helps create resilient children?

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