

Welcome to

NURTURING PARENT & CHILD
DEVELOPMENT

*Crianza de los hijos y desarrollo
infantil*



Icebreaker Question (answer in the chat)

What was your favorite game to play at recess as a child?



Survey & Certificate of Completion

Available following the training.

CEUs available for LCSWs, LMFTs, LPCCs, and LEPs

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

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WITH US!**



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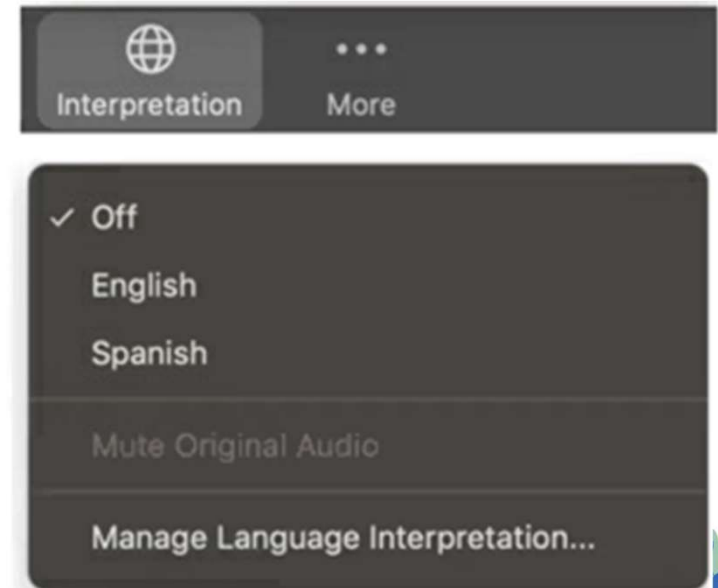
SPANISH INTERPRETATION AVAILABLE! INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

Today's training will be in both English and Spanish.

La capacitación de hoy será en español y inglés

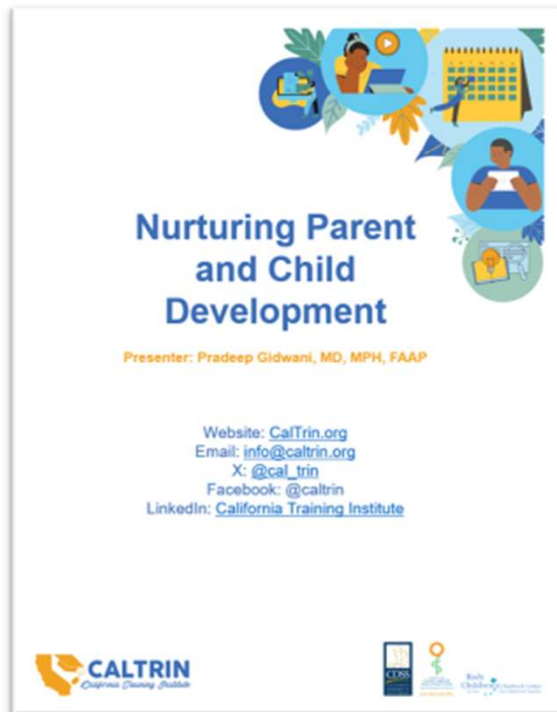
Click the "Interpretation" icon in your toolbar,
select "Spanish"

*Seleccione el ícono "Interpretation" de las
opciones al debajo de su pantalla. Elige la opción
"Spanish"*





WEBINAR RESOURCES

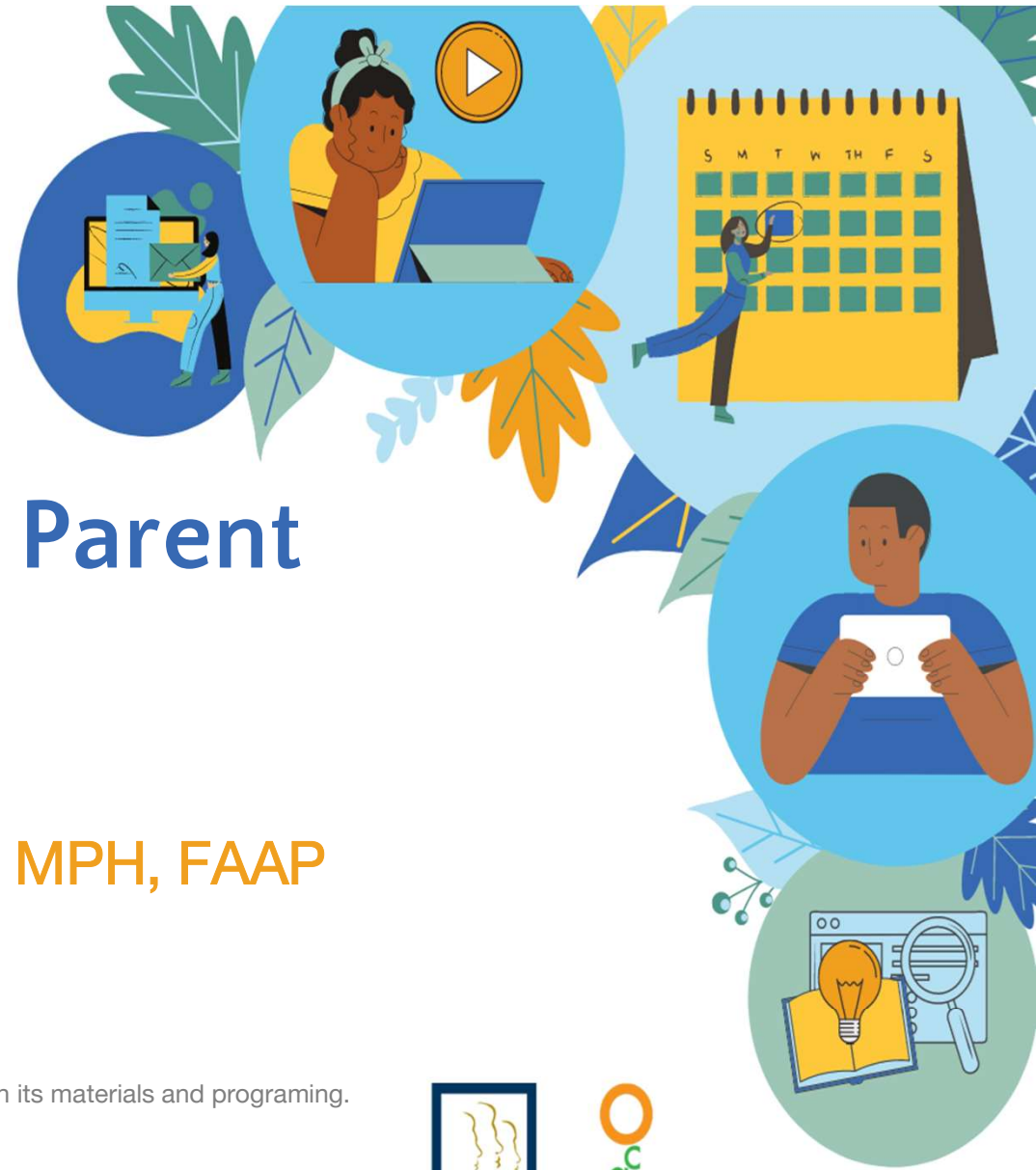


Fillable PDF Participant Guide



Note-taking PPT Slides





Nurturing Child and Parent Development

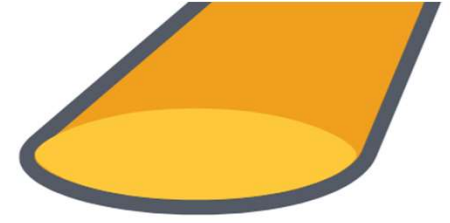
Presenter: Pradeep Gidwani, MD, MPH, FAAP

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Speaker SPOTLIGHT



PRADEEP GIDWANI, MD, MHP, FAAP
Medical Director, Healthy Development Services & First
Five First Steps Home Visiting Services
American Academy of Pediatrics, CA Chapter 3

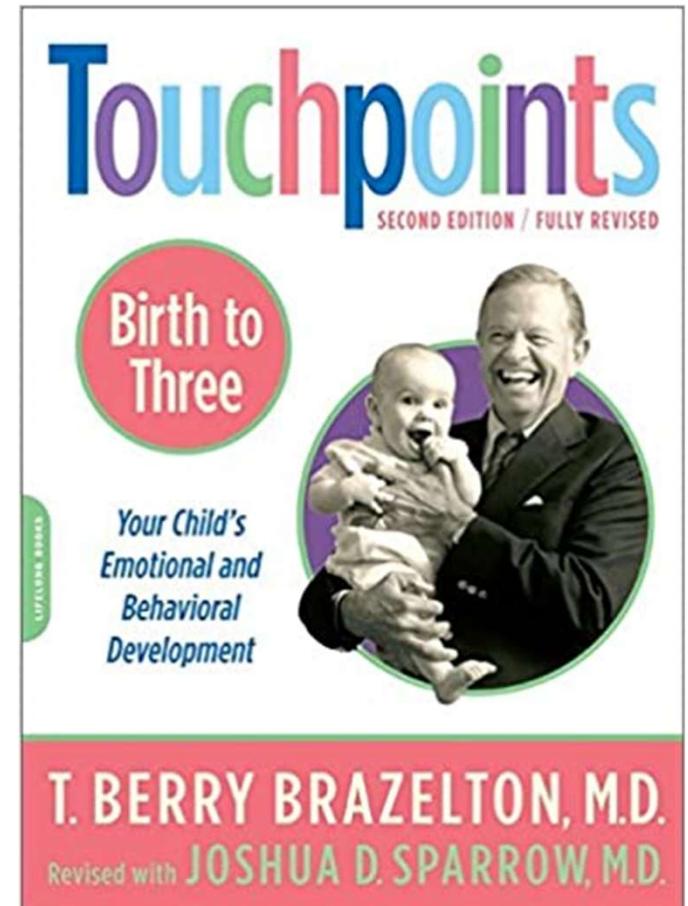
- Pediatrician and community health leader
- Expertise in child development, infant and early childhood mental health, childhood trauma, parents' perception of childhood behaviors, and cultural issues in healthcare



My Inspiration - T. Barry Brazelton, MD

His advice for frazzled new parents: “I’d like for them to learn that they can understand that baby by watching the baby’s behavior.”

- “Touchpoints” are predictable periods of regression and disorganization that occur before bursts in a child’s development.
- Development is characterized by regressions, bursts, and pauses.
- Regressions in a child’s behavior cause disorganization for parents



Children live in the context of relationships

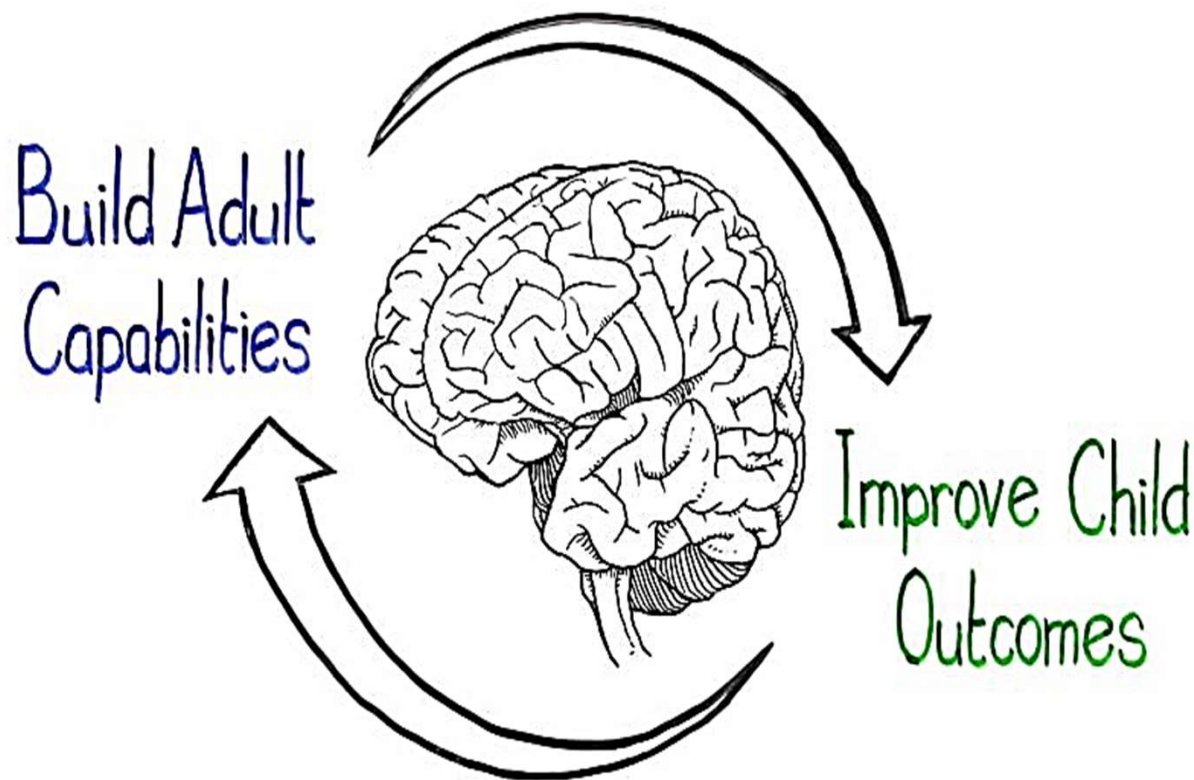


Your Inspiration

- What brought you to today's training?
- Who are the children in your lives?
- Who are the families in your lives?
- Who is your community?

Focus on the Adults who Care for Children

If we really want to achieve breakthrough outcomes for children experiencing toxic stress, then we have to transform the lives of the **adults** who care for them.



Family Protective Factors

CENTER FOR THE STUDY
OF SOCIAL POLICY'S
strengthening families[™]
A PROTECTIVE FACTORS FRAMEWORK

Parental
resilience

Social
connections

Knowledge of
parenting and
child
development

Concrete
support in
times of need

Social and
emotional
competence of
children

Knowledge of parenting and child development

Seeking, acquiring and using accurate and age/stage-related information about:

- a. parental behaviors that lead to early secure attachments
- b. the importance of
 - being attuned and emotionally available to one's child
 - being nurturing, responsive and reliable
 - regular, predictable and consistent routines
 - interactive language experiences
 - providing a physically and emotionally safe environment for one's child
 - providing opportunities for one's child to explore and to learn by doing
- c. appropriate developmental expectations
- d. positive discipline techniques
- e. recognizing and attending to the special needs of a child

Nurture

- To care for and to encourage the **growth** or **development** of
- Occurs when a parent or caregiver is available and able to sensitively respond to and meet the needs of their child



*Available, Attuned, and Interested
Parents and Caregivers*

Nurturing Relationships Builds

- Better brains
- Healthy attachment
- SE intelligence
- Self regulation
- Resilience

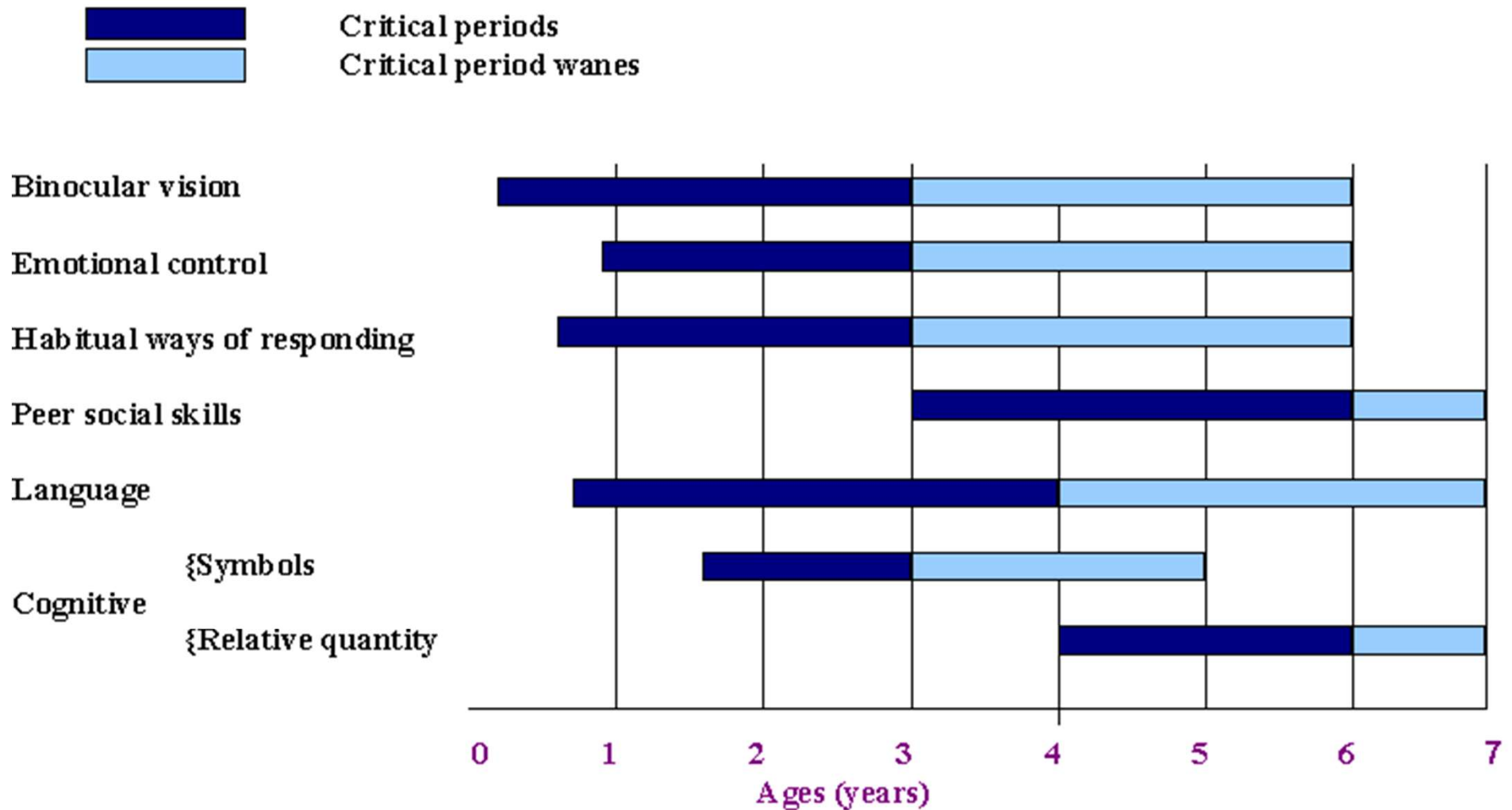


Relationships + Regulation = Resilience

Childhood Development

- A process every child goes through.
- Involves learning and mastering skills like sitting, walking, talking, skipping, and tying shoes.
- Children learn these skills, called **developmental milestones**, during predictable time periods.

CRITICAL PERIODS FOR SOME ASPECTS OF BRAIN DEVELOPMENT AND FUNCTION



Source: Eliot, L. (1999). *What's going on in there? How the brain and mind develop in the first five year of life*. London: Penguin

Domains of Development

1. **Speech and Language Development**

This is the child's ability to both understand and use language

2. **Gross Motor Skill Development**

This is the child's ability to use large muscles

3. **Fine Motor Skill Development**

This is the child's ability to use small muscles, specifically their hands and fingers

4. **Cognitive Development**

This is the child's ability to learn and solve problems

5. **Social and Emotional Development**

This is the child's ability to interact with others, including helping themselves and self-control

How We Monitor

- **Surveillance** –a system to regularly and routinely check children’s development (involves everyone who interacts with children)
- **Screening** - using a standard way to identify children who require help or close observation (and connecting parents to resources)
- **Evaluation (Assessment)** –when a child requires help, the process of defining the needs and creating plan for the family (ideally, the plan is shared with all people involved with the child)

Why Screen?

- It catches problems earlier
- Allows for early treatment
- It is effective and efficient
- Critical period of rapid growth of the body and brain
- Most children who would benefit from early intervention are not identified until *after* they start school



Current state of screening

- Developmental delays, learning disorders, and behavioral and social-emotional problems are **estimated to affect 1 in every 6 children (16%)**
- Currently, in California, only 50% are getting regular screening and only 25% children enrolled in Medi-Cal



The Case for Early Treatment

Early treatment =

- ↑ graduate from high school
- ↑ hold jobs
- ↑ live independently
- ↓ teen pregnancy
- ↓ delinquency
- ↓ violent crime



\$30,000 to \$100,000 savings per child

Developmental Milestones

- A skill that a child acquires within a specific time frame
- Milestones develop in a sequential fashion
- Each milestone builds on the last milestone developed
- Because children usually acquire developmental milestones/skills during a specific time frame or "window", we can predict when most children will learn different skills

Surveillance – Healthy Children

5

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en ESPAÑOL

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from the American Academy of Pediatrics

Search for safety, tips, illness, etc.

Ages & Stages Healthy Living Safety & Prevention Family Life Health Issues News Tips & Tools Our Mission shopAAP

The AAP Parenting Website

Talking With Kids About Media

Conversation starters, practical strategies & fun activities to try

Learn more.

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- <https://healthychildren.org/English/ages-stages/Your-Childs-Checkups/Pages/default.aspx> (General Info)
- <https://healthychildren.org/English/ages-stages/baby/Pages/default.aspx> (Age Specific Development)

Surveillance - CDC Know the Signs

5

- Track your child's milestones from age 2 months to 5 years with CDC's easy-to-use illustrated checklists; get tips from CDC for encouraging your child's development; and find out what to do if you are ever concerned about how your child is developing.

<https://www.cdc.gov/ncbddd/actearly/index.html>

- Photos and videos in this app illustrate each milestone and make tracking them for your child easy and fun!

<https://www.cdc.gov/ncbddd/actearly/milestones-app.html>





Your child at 18 months*

Child's Name

Child's Age

Today's Date

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- Copies you doing chores, like sweeping with a broom
- Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds herself with her fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

* It's time for developmental screening!

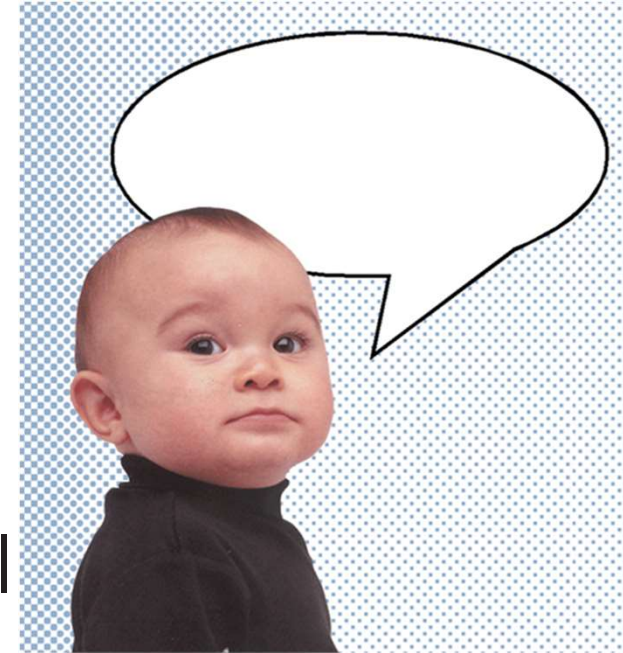
At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Speech and Language Delay

- First **6 months** of life are the most crucial to a child's development of language skills
- Developmental language disorder has a prevalence of 1 in 14 children (7%)
 - Many problems persist throughout school and adulthood
 - Behavior problems
 - Classes and enrichment work for most
 - Want to **detect and treat** early (by 2 – 3 years)
- Receptive Delay, Expressive Delay, or Combination

Speech and Language Delay

- Hearing impairment
- Autism - While not all children with [autism](#) have language delays, autism frequently affects communication.
- Intellectual disability - A variety of intellectual disabilities can cause language delays. For instance, dyslexia and other learning disabilities lead to language delays in some cases.
- Several psychosocial issues i.e., severe neglect can lead to problems with language development



Speech and Language Milestones

6 Months to 1 year

- Responds to own name
- Uses wide range of sounds
- Makes sounds like “ba-ba, ma-ma, or da-da”
- Shakes head “no”
- Understands simple words or commands



1 year to 18 Months

- Uses simple words
- Asks for food or drink with words
- Points to desired objects
- Point to correct picture when asked, “show me doggie”



Speech and Language Milestones

18 Months to 2 Years

- Follows simple directions
- Uses at least 10 words
- Follows 2-part directions
- Uses 2-word sentences
- Enjoys singing and songs

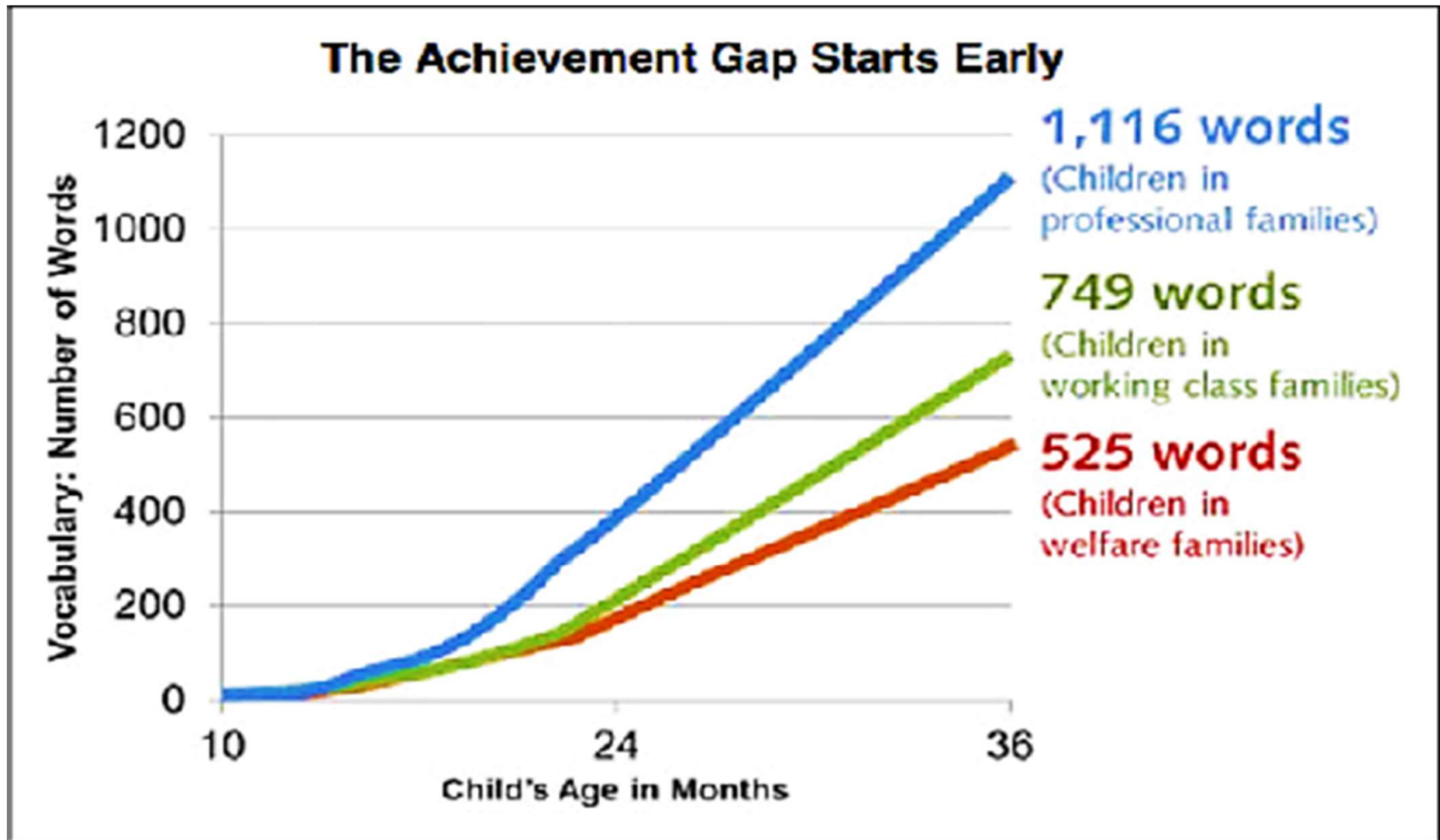


2 years to 3 Years

- Talks in 2-3 word sentences
- Talks clearly most of the time (50%)
- Understands prepositions – in, on, under, beside
- Uses pronouns – I, he, she, you



Word Gap



Talk, Read, and Sing

- **Parent-ese** is fully grammatical speech that involves real words, elongated vowels and exaggerated tones of voice.
- Spoken directly to the child, it sounds happy and engaged, and helps infants tune in socially to their parents and respond, even if only through babbling.
- Parent surveys estimated that the children's 18-month vocabulary averaged around 100 words among children of coached families, compared to 60 words among children in the control group.

Parent coaching increases conversational turns and advances infant language development.
Naja Ferjan Ramírez, Sarah Roseberry Lytle, Patricia K. Kuhl. Proceedings of the National Academy of Sciences Feb 2020, 117 (7) 3484-3491; DOI: 10.1073/pnas.1921653117

Parent Education and Coaching

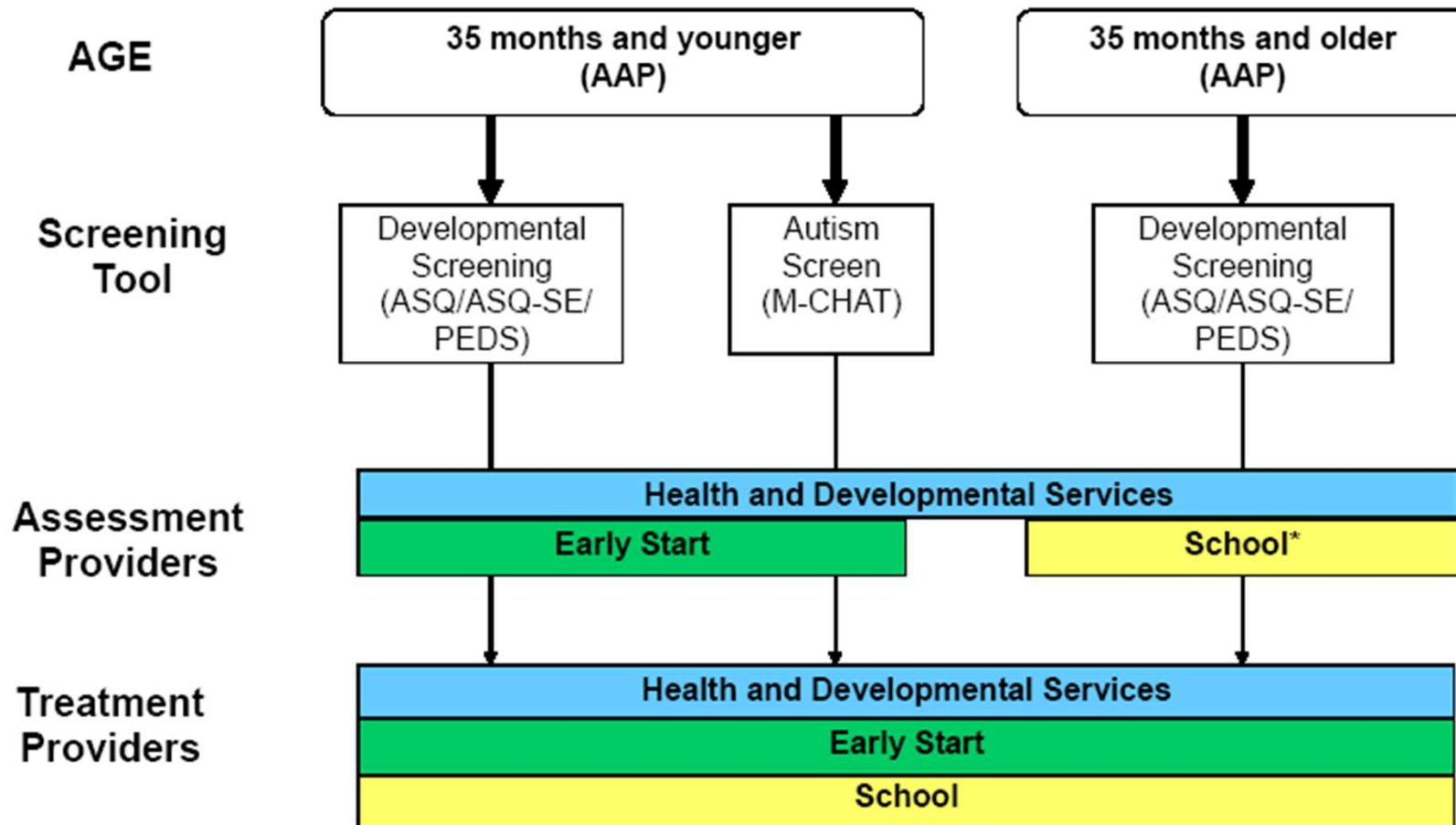
- Importance of parent–child engagement, nurturing relationships, opportunities for free-play and exploration
 - Be face-to-face with a responsive adult
 - Use back-and-forth, or turn-taking, interactions
 - Respond based on the behavior or action of the child
 - Use “sharing attention”
 - The use of social cues such as pointing and eye gaze, to communicate with young children even before they can speak
 - Power of play and child-directed play
 - Adjusted to meet individual temperament, ability, and needs of the child
- Caregiver support and stress reduction

Recommended Screening

- The American Academy of Pediatrics (AAP) recommends developmental and behavioral screening for all children during regular well-child visits at these ages:
 - 9 months, 18 months, 30 months
- In addition, AAP recommends that all children be screened specifically for autism spectrum disorder (ASD) during regular well-child visits at:
 - 18 months, 24 months
- *****Concerned About Your Child's Development?**
As a parent, you know your child best, so If you think your child could have developmental delays don't wait. Acting early can make a big difference.

Recommended Screening

Recommended Development and Psychosocial Screenings for Young Children and Families



* By parent request only.

An Example of a Screening Tool

- The *Ages & Stages Questionnaires*® (ASQ)-3
- Composed of 19 questionnaires
 - designed to be completed by **parents** or **primary caregivers**.
 - Questionnaire **intervals** include **4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54,** and **60 months** of age.
- Each questionnaire contains 30 developmental items

Domains of Development in the ASQ-3

1. Communication = Speech and Language Development
1. Gross Motor Skill Development
2. Fine Motor Skill Development
3. Problem Solving = Cognitive Development
4. Personal-Social

ASQ-SE2 for Social and Emotional Development

ASQ-3 Basics

- Developmental Domains and an Overall section addresses general parental concerns
- The reading level from 4th to 6th grade
- Illustrations are provided when possible
- Parents check
 - *yes*
 - *sometimes*
 - *not yet*
- Program staff
 - convert to a point value
 - total these values, and
 - compare the total score to established screening cutoff points.

Easter Seals and ASQ-3 Online Free

- Easterseals, through generous support from Comcast NBC Universal, is providing parents with free access to this online screening tool
- <https://www.easterseals.com/mtffc/>
- <https://asqonline.com/family/993-screening-family-access-open-asq-3-english/start>

Social Emotional Development Screening Tool ASQ-SE2

- ASQ:SE-2 is designed to exclusively screen for **social and emotional behaviors**
- ASQ-3 includes personal-social domain,
 - Questions mostly assess whether a child can meet her own self-help needs in an age-appropriate manner—like getting herself dressed or knowing her and other people’s name.
- In contrast, ASQ:SE-2 addresses the broad and complex nature of the social-emotional domain of development. The questionnaires include items in each of seven key behavioral areas: self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people.

An Example of a Screening Tool

- The *Ages & Stages Questionnaires*® (ASQ-SE2)
- Composed of 9 questionnaires
 - designed to be completed by parents or primary caregivers.
 - Questionnaire **intervals 2, 6, 12, 18, 24, 30, 36, 48, and 60 months** of age.
- Each questionnaire contains 30 developmental items
- The raw score is compared to cutoff points, which show whether the child may need further assessment, should be monitored and rescreened, or is doing well.

ASQ-SE2 Basics

- The reading level from 4th to 6th grade
- Illustrations are provided when possible
- Parents check
 - *yes*
 - *sometimes*
 - *not yet*
- Program staff
 - convert to a point value
 - total these values, and
 - compare the total score to established screening cutoff points.

Meet The Family Where They Are

- Tailor Your Communication to:
 - Level of readiness to hear and act on information
 - Emotional state
 - Educational level
 - Cultural beliefs
 - Family resources (social support, time, transportation, stress level)
 - Ability to utilize the system

1. Schedule an appointment specifically to discuss developmental concerns

If you have concerns about your child's development, it's a good idea to schedule an appointment with your pediatrician specifically to discuss these concerns. That way, you can have a focused conversation and ensure that you have enough time to discuss all your concerns in detail.

When you call your child's doctor's office, say, "I would like to make an appointment to see the doctor because I am concerned about my child's development."

2. Write down your concerns ahead of time

Before your appointment, take some time to write down your concerns. Make a list of any symptoms or behaviors that worry you, as well as any questions you have for the pediatrician. Having this list on hand during the appointment can help you stay organized and ensure that you cover everything you want to discuss.

3. Be specific about your concerns

4. Ask for clarification if you don't understand something

5. Ask about next steps

6. Be prepared for additional testing or appointments

7. Follow through with any recommended treatments or therapies

Government Mandated Programs

- Early Start (Regional Center)
- School system programs
- Regional Center for Older Kids
- Exceptional Family Resource Center
- California Children's Services



- For the more severe children (1 - 2%)
- Families need help navigating

What is Early Intervention?

- Is the term used to describe services and support that help babies and toddlers (from birth to 3 years of age in most states/territories) with developmental delays or disabilities and their families.
- May include speech therapy, physical therapy, and other types of services based on the needs of the child and family.
- Can have a significant impact on a child's ability to learn new skills and increase their success in school and life.
- Programs are available in every state and territory. These services are provided for free or at a reduced cost for any child who meets the state's criteria for developmental delay.

Early Intervention Services Office

- When you call your state's early intervention services office (if your child is not yet 3 years old), say, "I am concerned about my child's development and would like to request an evaluation. Can you help me or let me speak with someone who can?"
- Be ready to share your specific concerns about your child. You will also be asked for some general information about yourself and your child (your name, your child's name and age, where you live, and more).
- Write down who you speak to, the date, and what was said; you might need this information later.

Early Start/Regional Center

- Most children up to 2 years 11 months
- Parent referral
- With disability and some with risk factors
- Assess all areas of development
- Provide speech, developmental, physical therapy, occupational therapy, some mental health
- IDEA Part C
- <https://www.dds.ca.gov/services/early-start/family-resource-center/regional-center-early-start-intake-and-family-resource-centers/>

School Districts

- Take all ages
- Will treat deaf and blind under 3 years
- Otherwise, 3 – 5 years, parent referral
- Must have more than one area of disability
- Must be severely disabled to qualify
- Will assess only in suspected area of disability
- Treatment varies from district to district
- IDEA Part B

School Districts

- When you call your local elementary school or board of education (if your child is 3 or older), say,
“I am concerned about my child’s development and would like to talk with someone about having my child evaluated. Can you help me or let me speak with someone who can?”
- Be ready to share your specific concerns about your child. You will also be asked for some general information about yourself and your child (your name, your child’s name and age, where you live, and more).
- Write down who you speak to, the date, and what was said; you might need this information later.

Exceptional Family Resource Center (EFRC)

- Exceptional Family Resource Centers provide peer-to-peer support for the child's family and may offer activities, classes, community resources and transition assistance for families.
- •To locate the nearest EFRC, families can search online <https://ectacenter.org/contact/ptccoord.asp>
- •In California, <https://www.dds.ca.gov/services/early-start/>
- •In San Diego and Imperial Counties, <https://efrconline.org/>

California Children's Services

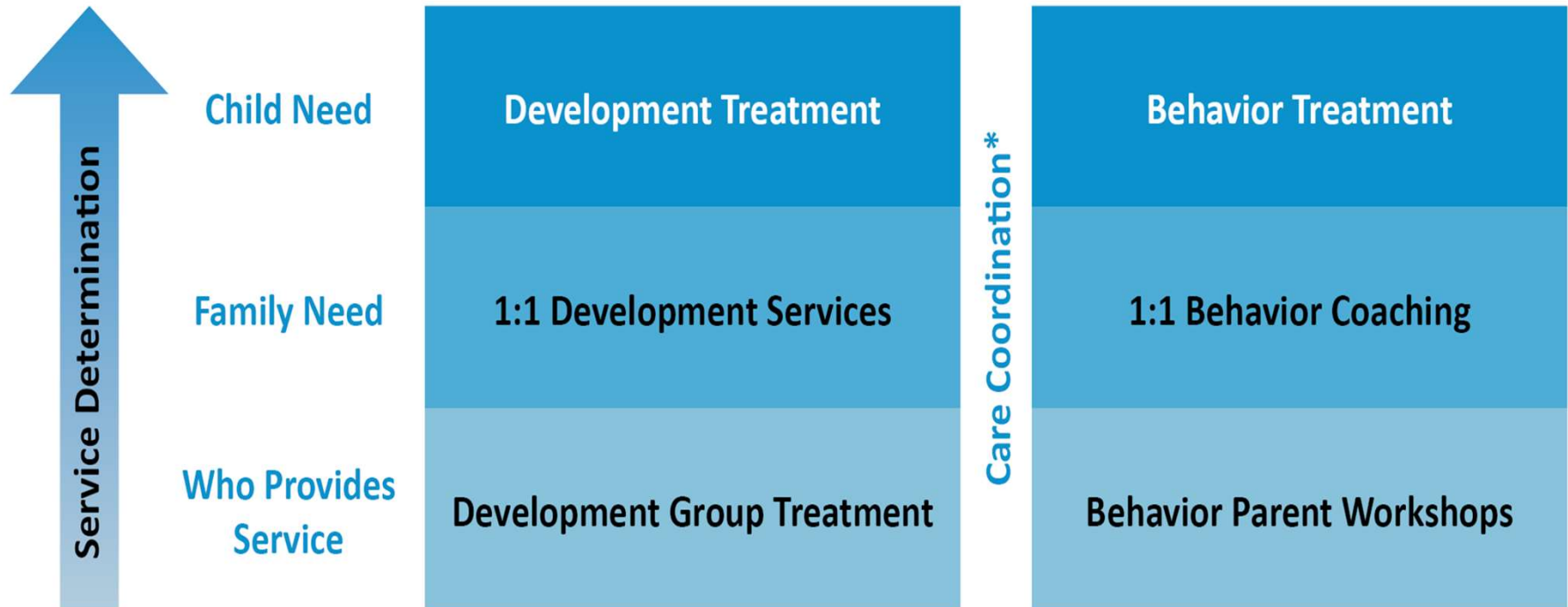
- Specific diagnoses (cerebral palsy, muscular dystrophy, epilepsy, Down's syndrome, etc.)
- Provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children < 21
- Physician referral
- Sliding scale for payment

<https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

In San Diego County

Healthy Development Services Model

Service Model



*Care Coordination is offered to families needing assistance with navigating the HDS system

In California, First 5 and Help Me Grow

- Creating a network of local partners dedicated to developmental monitoring and early intervention.
- Educating and training local medical providers and early childhood educators on best practices around developmental screening and referral.
- Providing tools and resources to support screening and referral.
- Collecting and reporting data around developmental screening outcomes

While You Wait

- Unfortunately, families may have to wait many weeks or sometimes months before they are able to get an appointment to see a specialist or start intervention services for their child's developmental problem.
- This can be a frustrating time for parents who want answers and help now.
- If you find yourself in this situation, know that there are some simple things you can do today and everyday to help your child's development.

What You Can Do

- Support parents in their role as caretakers
- Show by example how to create secure attachments and a healthy emotional environment
- Foster play as an opportunity to learn to think and solve problems
- Use screening as an educational tool to show parents how important they are in a child's development
- Help parents put developmental activities into their daily routines

Things to Avoid

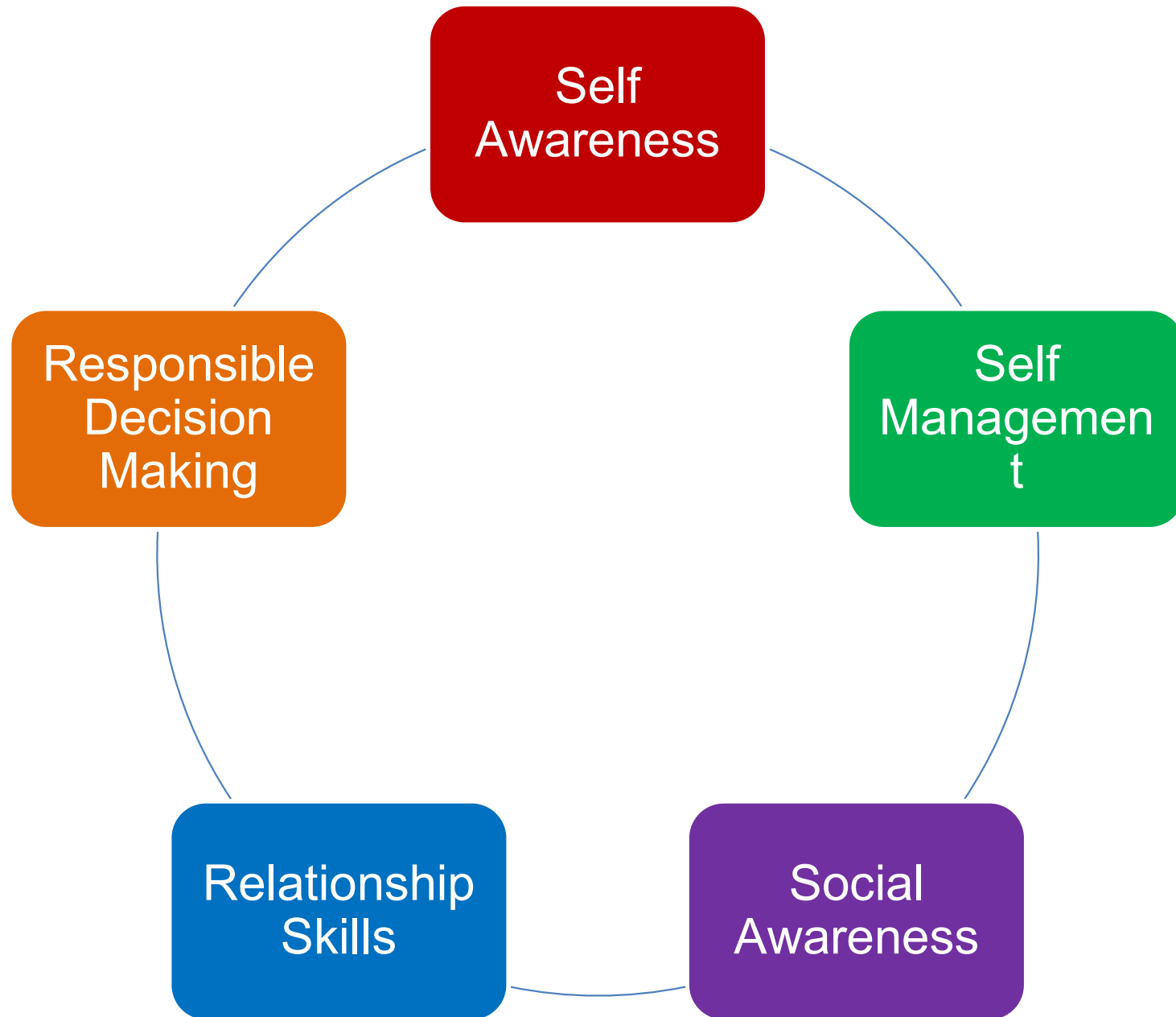
- DON'T compare to other children or siblings
- DON'T place blame
- DON'T give labels
- DON'T assume treatment is too expensive
- DON'T "wait and see" if the child outgrows the problem

Social Emotional Development

- Includes the child's experience, expression, and management of **emotions** and the ability to establish positive and rewarding **relationships** with others (Cohen and others 2005)
- Include the ability
 - to identify and understand one's own feelings,
 - to accurately read and comprehend emotional states in others,
 - to manage strong emotions and their expression in a constructive manner,
 - to regulate one's own behavior,
 - to develop empathy for others, and to establish and maintain relationships.
- (National Scientific Council on the Developing Child 2004, 2)

Social Emotional Development

10



- Zero to Three
<https://www.zerotothree.org/early-development/social-and-emotional-development>
<https://www.zerotothree.org/resources/series/developing-social-emotional-skills>
- Center for the Social and Emotional Development for Early Learning <http://csefel.vanderbilt.edu/resources/family.html>

Executive Function

- Executive function is a set of **mental skills** to manage daily life
- Needed to **focus, follow directions, and handle emotions**, among other things.
- Learning to control behavior
- Learning to pay attention
- Developing thinking skills



complete a task

shift focus

start a task



regulate emotions

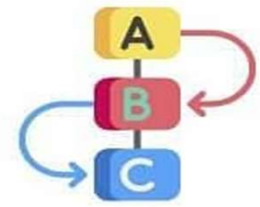


pay attention

DID YOU KNOW



organize



prioritize

executive function

IS THE ABILITY TO



understand different points of view



plan ahead

remember details



time management

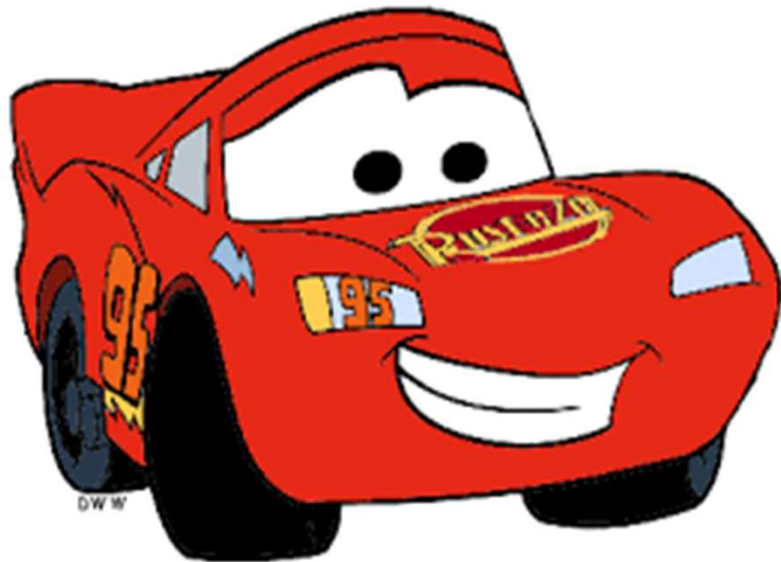
follow multi-step directions



Self-regulation

- Self-regulation can be defined as the act of managing thoughts and feelings to enable **goal-directed actions**, and includes a variety of behaviors necessary for success in school, relationships, and the workplace
 - Develops through interaction with caregivers such as parents, teachers, coaches, and other mentors.
 - Depends on predictable, responsive, and supportive environments.
 - Teaching adults in caregiving roles to promote self-regulation can be powerful.

Self-Regulation Metaphor



Accelerator
Brakes

Needs to consider

Engine
Gas Tank
Speedometer
Gauges
Tires

Needs to consider

Roads
Weather
Traffic

Emotional Regulation

- Babies and young children orient to parental reactions
- Babies and young children regulate their internal emotions by asking for **comforting**
- Parents can help the baby and young children learn to **soothe** itself
- Parents model how emotions are identified and coped with



Emotional Regulation – Family

- Affect the range of emotions and nature of infant's and young children's emotional reactions
- Range of emotions permitted at home
- Range of emotions family tends toward
- Parenting style and temperament



Emotional Regulation Problems

- Infancy – difficulty soothing, irritable, lower activity levels, developmental delays
- 3-year-old – acting out, aggressiveness, lack of compliance, withdrawing, guilty stories, decreased inhibition to unusual situations
- Difficulty developing secure social relationships, friendships, adult support



Temperament

Biological Response to our Environments

- Temperament refers to our in-born (not learned) behavioral style
- These 9 characteristics modulate how we respond to every situation in our lives.
- Understanding our own temperament as individuals and the temperament of our children is incredibly helpful in being the best we can be and in bringing out the best in our children.

Temperament Trait	
Activity level	Still and observant or wriggly and on the go?
<u>Distractibility</u>	Focused feeder or easily distracted? Does distraction work to soothe?
Intensity	Strong, loud reactions or quiet, mild ones? Does she seem to have a 'switch' or is she laid back?
Regularity	A routine junkie or not bothered?
Sensory threshold	Easily startled or overwhelmed?
Approach/withdrawal	Eager or hesitant with new places, activities, people?
Adaptability	Quick or slow to adapt to change and new things?
Persistence	Stubborn or gives up easily? Happy to wait?
Mood	Glass half empty or half full? Happy and content or serious, analytical and fussy?

Social Skills Milestones

Under 6 months

- Social smile
- Distinguishes mother from others
- Smiles, coos or pats own image in mirror



6 Months to 1 year

- Reaches for familiar people
- Plays social games “peek-a-boo” or “patty-cake”
- Pushes away unwanted things
- Drops requested objects in asker’s hand



Social Skills Milestones

1 year to 18 months

- Gives kisses & hugs
- Hugs doll or stuffed animal
- Greets with “Hi”
- Comes to parent for help
- Gets your attention by pulling on hand or clothes



- **18 months to 2 years**
- Says “no” when interfered with
- Usually responds to correction
- Shows sympathy to other children
- Rocks, dresses, or feeds dolls or stuffed animals
- Building sense of self



Social Skills Milestones

2 – 3 years

- Plays with other children
- “Helps” with simple tasks
- Plays role in pretend games – mom, teacher, firefighter, superhero
- Often becomes easily frustrated
- Plays briefly beside other children and gets excited when with other children.
- Imitates others, especially adults and older children.
- Shows more and more independence.
- Shows defiance, such as doing what he/she was told not to do.



Social Skills Milestones

3 – 4 years

- Shows concern and affection for others without prompting.
- Copies adults and friends
- Takes turns in games.
- Separates easily from parents.
- Shows a wide range of feelings.
- Enjoys routines and may get upset with a major change.
- Dresses and undresses self.
- Enjoys helping with simple household tasks.
- Verbalizes toilet needs.



- Autism spectrum disorder (ASD) is a **neurological** and **developmental** disorder that affects how people interact with others, communicate, learn, and behave
- Symptoms generally appear in the first **2 years** of life.
 - Difficulty with **communication** and **interaction** with other people
 - Restricted **interests** and repetitive **behaviors**
 - Symptoms that affect their ability to function in school, work, and other areas of life
- Autism is known as a “spectrum” disorder because **there is wide variation** in the type and severity of symptoms people experience.
- People with ASD may behave, communicate, interact, and learn in ways that are different from most other people.
- 1 child in 36
- Early intervention is crucial
- Social development screen + **M-chat**

Autism

- Concern with Language
 - Delayed language
 - Loses language skills after one year
 - No eye contact when makes requests
 - Sing-song, robotic voice
 - Repeats without understanding
 - Does not start or sustain conversation



Autism - Concerns with social skills

- Avoids or does not keep eye contact
- Does not respond to name by 9 months of age
- Does not show facial expressions like happy, sad, angry, and surprised by 9 months of age
- Does not play simple interactive games like pat-a-cake by 12 months
- Uses few or no gestures by 12 months (for example, does not wave goodbye)
- Does not share interests with others by 15 months of age (for example, shows you an object that they like)
- Does not point to show you something interesting by 18 months of age
- Does not notice when others are hurt or upset by 24 months of age
- Does not notice other children and join them in play by 36 months of age
- Does not pretend to be something else, like a teacher or superhero, during play by 48 months of age
- Does not sing, dance, or act for you by 60 months of age

Autism - Restricted or Repetitive Behaviors or Interests

- Lines up toys or other objects and gets upset when order is changed
- Repeats words or phrases over and over (called echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (for example, wheels)
- Gets upset by minor changes
- Has obsessive interests
- Must follow certain routines
- Flaps hands, rocks body, or spins self in circles
- Has unusual reactions to the way things sound, smell, taste, look, or feel



Autism Spectrum Disorder May 2003

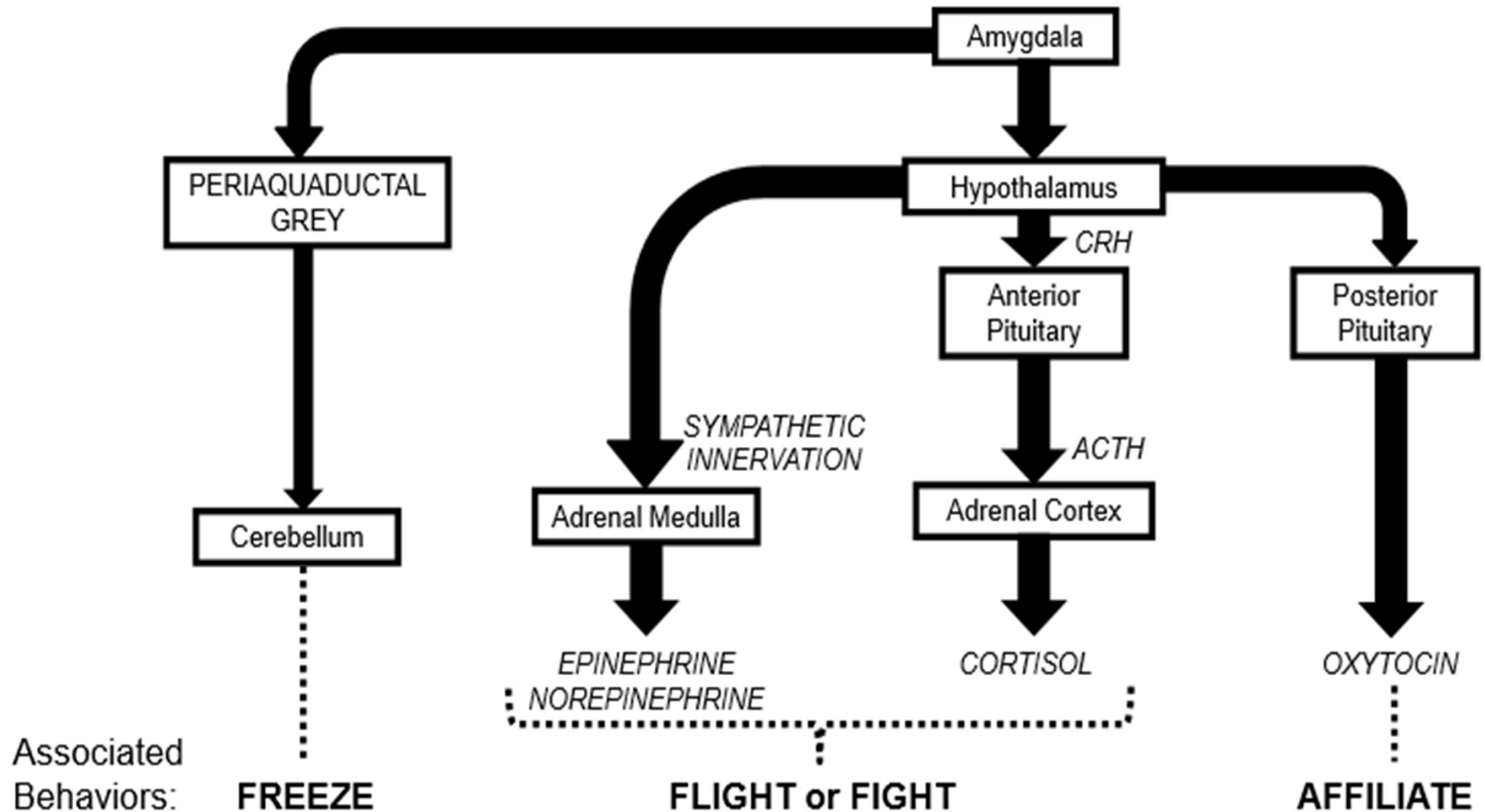
- 4 Diagnoses now called 1 name
 - Autistic disorder, Asperger syndrome, Childhood disintegrative disorder, Pervasive developmental disorder-not otherwise specified (PDD-NOS)
- A severity assessment scale (levels 1-3) based on level of support needed for daily function.
- Additional assessment for:
 - Any known genetic causes of autism (e.g. fragile X syndrome, Rett syndrome)
 - Language level
 - Intellectual disability *and*
 - The presence of autism-associated medical conditions (e.g. seizures, anxiety, gastrointestinal disorders, disrupted sleep)

When distressed, we all need someone to respond to us



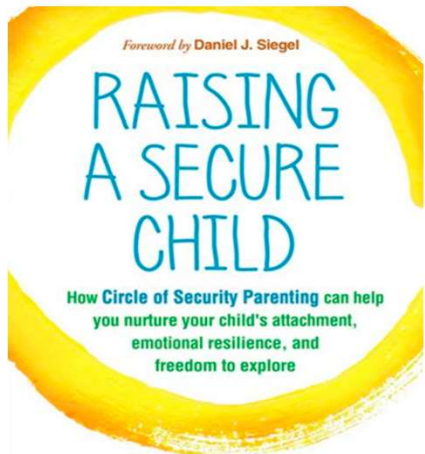
Stress Response

Neuroscience of the Body's Stress Response



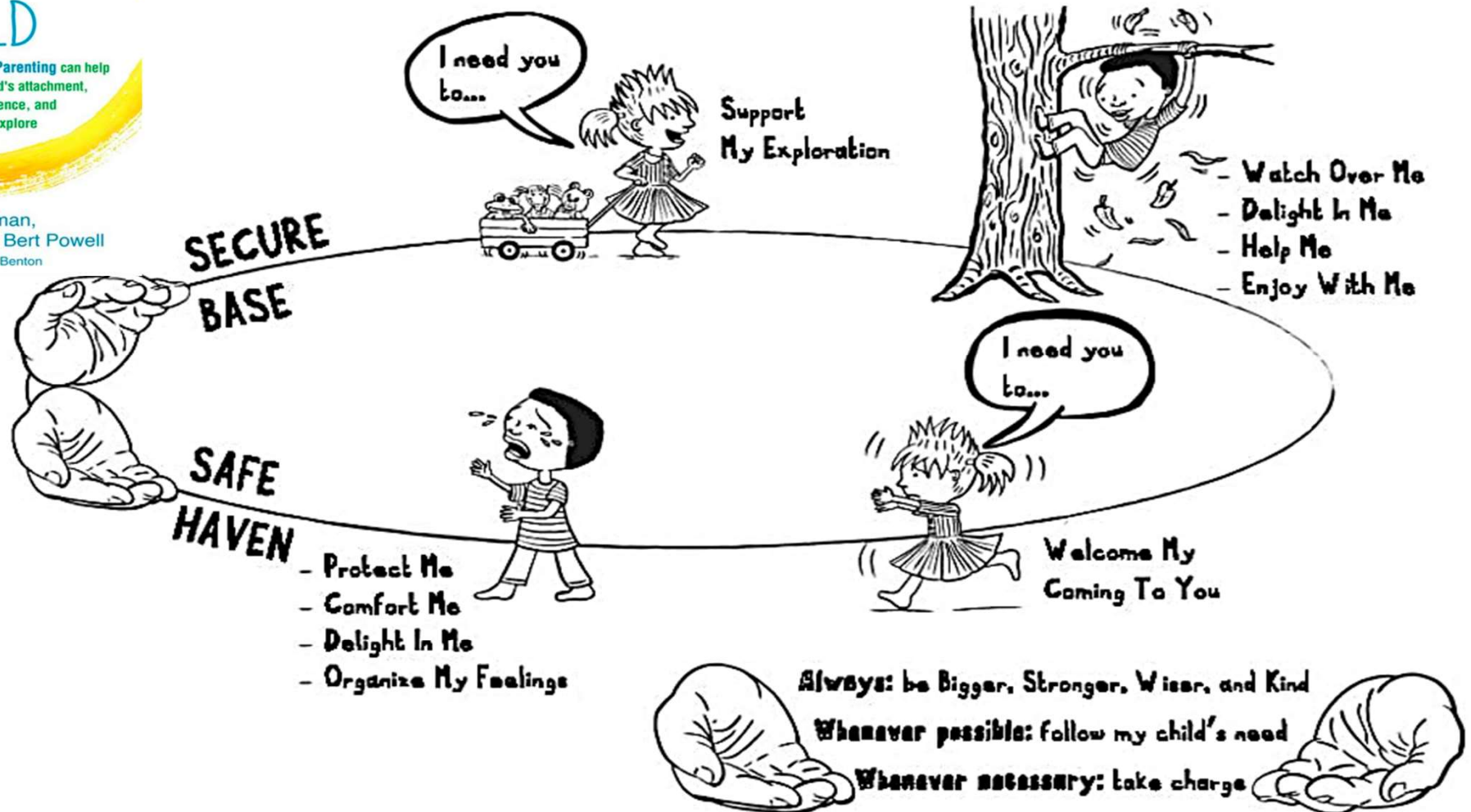
Slide adapted from *Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health*, Garner and Saul, 2018. Used with permission.

Development of the Attachment Relationship



Kent Hoffman,
Glen Cooper, and Bert Powell
with Christine M. Benton

Circle of Security® Parent Attending To The Child's Needs



What is Attachment?

John Bowlby and Mary Ainsworth

...in early childhood, as are our needs are meet, it shapes our view of the world and most importantly, our capacity to form and maintain healthy emotional relationships

- Enduring **bond** with “special” person
- **Security & safety** within context of this relationship
- Includes **soothing, comfort, & pleasure**
- Loss or threat of loss of special person results in distress

Attachment History

- John Bowlby observed orphaned infants after World War II (1940s)
 - Concluded that early social attachment between an infant and a caretaker is essential for normal social development
 - Determined that babies and mothers have an innate tendency to form an attachment
- Mary Ainsworth continued Bowlby's research
 - Proposed that infants' attachment to a caregiver differs in the degree of security in the attachment
 - Differences in security of attachment influence personality and social relationships in infancy and beyond

Dan Siegel, MD on Attunement

*"When we attune with others, we allow our own internal state to shift, to come to **resonate with the inner world of another.**"*

*This resonance is at the heart of the important sense of '**feeling felt**' that emerges in close relationships.*

Children need attunement to feel secure and to develop well, and throughout our lives we need attunement to feel close and connected."

Attunement In Action

- With your child
 - Knowing the **feelings** and motivations of your child
 - Being able to analyze your child's **actions** and interpret cues accurately
 - Provide a correct response that meets the child's underlying **emotional** needs
- A caregiver seeing a baby crying, recognizing that the baby is hungry, and then picking up the baby to comfort and feed her
- A mother comforting her toddler, after he falls and skins his knee
- When friend says, "I'm fine," you know she doesn't mean it, and you dig a little deeper to find out what's going on

- Rupture and Repair
 - Ruptures are inevitable and even important for positive growth but only when ruptures are short-lived
 - When we become aware of rupture, we **repair** by re-connecting being empathic, warm, loving, accepting, curious, and playful
- **“Good Enough Parenting”**
 - Being good enough ultimately fosters independence and autonomy in the growing child
 - There is flexibility and room for real-life mistakes and limitations to our parenting abilities

Co-Regulation Models Self-Regulation

- Using their voice, movements, affects, gestures, and intonations- parents and primary caregivers can help infants and young children know that they are “felt with” and “attuned to”
- Helping babies and children become calmer and regulate at the time of distress like when they are struggling with strong feelings
- Babies and young children begin to internalize and conceptualize strategies for self-regulation and self-soothing—in their brains and in their minds

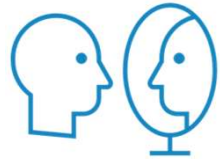
Co-Regulation

- *Co-regulation* is defined as warm and responsive interactions that provide the **support, coaching, and modeling** children need to “understand, express, and modulate their thoughts, feelings, and behaviors” (Murray et al. 2015, 14)
- Co-regulating requires caregivers to pay close attention to the cues children send and consistently and sensitively respond with just the right amount of support
- Instead of...
 - dismissing (going away or putting the child away/in time-out)
 - threatening (yelling, hitting, shaming)
 - or rescuing (moving in to solve the frustration instead of allowing her child her experience)

The “ABCDE”s of Co-Regulation



Attune



**Be
Reflective**



**Calm,
Coregulate**

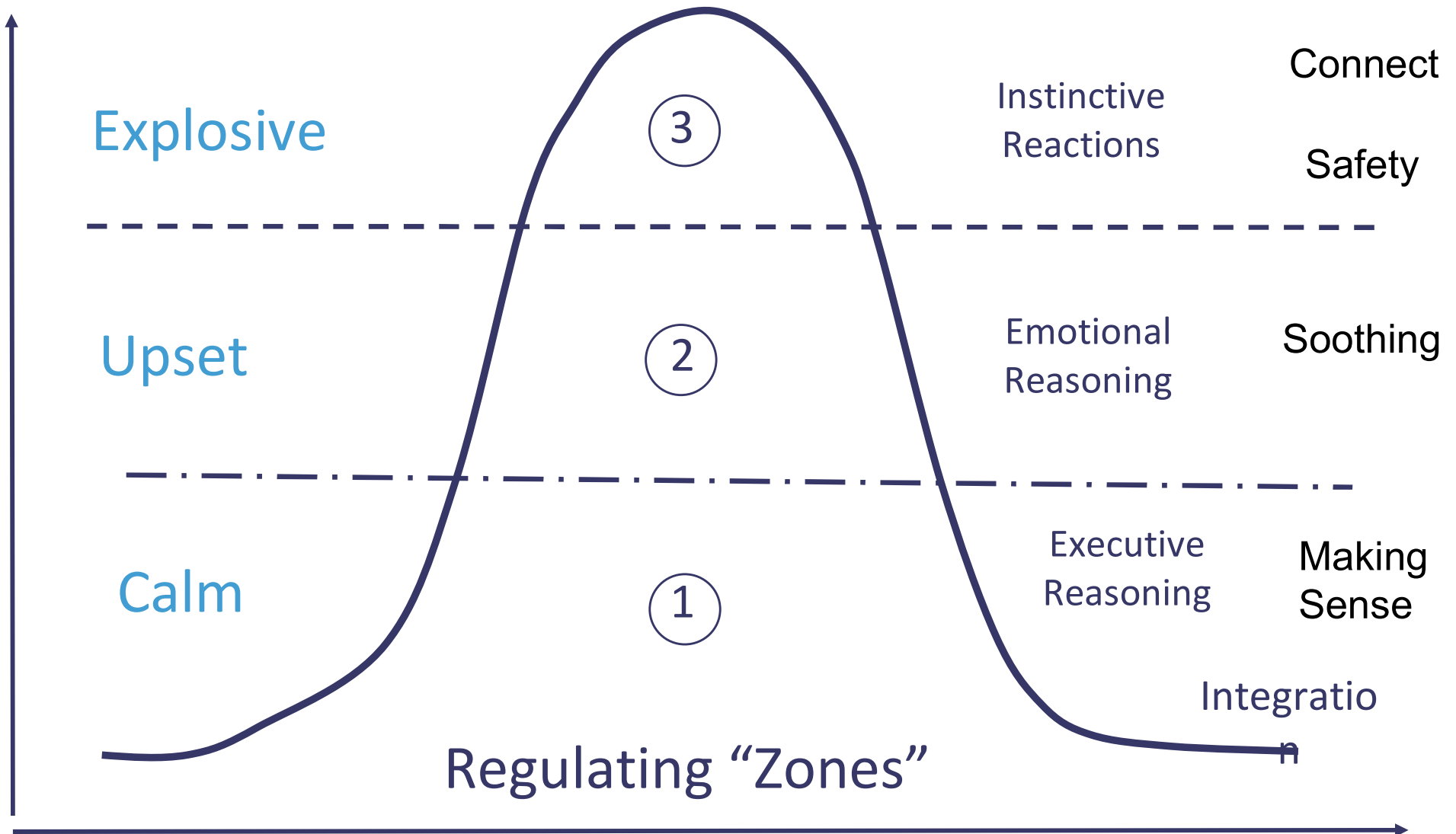


**Describe
and Repair**



**Explore
Options**

Emotional Mapping



Giant Meltdown

- Katie, 4, began screaming and hanging on to her mom's body while simultaneously pushing her away.
- Her mom has learned that when Katie is upset, she wants to be close, but she does not want to be held. Her mom moved away a bit and sat on a step close by, suggested a calming strategy (counting and blowing on her finger), and told her she would be available when she was ready.
- She continued to cry for a couple of minutes longer, then began to count.
- As she counted, Katie's voice gradually get calmer. She counted all the way to 30, then lifted her finger to "blow out a candle"
- Her mom asked if she was ready for a hug, and she climbed into my lap to accept the connection.

Making Sense - Coherent Narratives

- Use of language to weave together thoughts, feelings, sensations and actions as a means of organizing and making sense of internal and external worlds
- Connection of the past and present in the creation of an autobiographical sense of self-awareness
- Provides the developing brain with fundamental means of integrating data from disparate sources
- A way for explaining behavior—emotionally meaningful, causally-linked, serving as a means of education, understanding and change

Making Sense of Giant Meltdown

- Remember Katie, 4, once she is calm, her mom can ask,
 - “Katie, do you remember when you got so upset?”
 - “I wonder if ... made you upset?”
 - “You did such a good job calming down. Do you remember what helped you feel better?”
 - “It felt good to me that you hugged me when you felt better.”
 - “I like feeling connected with you.”
 - “I will always try to help you when things get hard for you.”

Postpartum Depression

- Screening more accurate after **4 – 6 weeks** of age
- Edinburgh, PH – 2, PH – 9
- Affects **attachment** and infant mental health
- Delays **development**
- Increased health illnesses and injuries in children, later mental health and drug abuse
- Treatment is highly effective for mother
- Treatment reverses developmental delays
- As many as 1 in 8 mothers and 4% fathers



Parental Mental Health

- A recent study - parents report
- One in 14 children aged 0–17 years had a parent who reported poor mental health
- Children were more likely to have poor general health, to have a mental, emotional, or developmental disability, to have adverse childhood experiences such as exposure to violence or family disruptions including divorce, and to be living in poverty.
- Most common are anxiety disorders (19%) and depression (7%), followed by post-traumatic stress disorder (4%)



Added Stressors for Families

- Social Media
- Active Shooter Drills/ School Shooting
- COVID
- Racial Reckoning
- Economic – Inflation
- Political Conflicts/Book Banning

All Families Experience Stress and All Families Need and Deserve Support

Summary

- The child is born with the capacity to learn
- The quality of the child's relationship with their caretaker nourishes that capacity
- Encourage and support parents
- With secure attachment, quality emotional regulation, and a supportive environment, each generation can surpass the previous one in development and learning

Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- **CEUs available for LCSWs, LMFTs, LPCCs, and LEPs**
- Follow-up email with resources within two days
- Watch your inbox for the next issue of **CalTrin Connect**



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