



Nurturing Child and Parent Development

Presenter: Pradeep Gidwani, MD, MPH, FAAP

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Hi, We're CalTrin

Who We Are:

- The California Training Institute (CalTrin)
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to FRCs and CAPCs
- Comprehensive, science-based professional education program



This [training, webinar, publication, etc.] was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions and or recommendations expressed are those of the [Grantee name] and do not necessarily reflect the views of the California Department of Social Services.



The California Training Institute (CalTrin)

Who We Serve:

- California administrators, staff, and stakeholders of:
 - Family Resource Centers (FRCs)
 - Child Abuse Prevention Councils (CAPCs)
 - Child Welfare Agencies

What We Offer:

- Live Webinars
- Virtual Self-Paced Courses
- Job Aids & Other Resources





CALTRIN
California Training Institute

Speaker SPOTLIGHT



Pradeep Gidwani, MD, MPH, FAAP
Medical Director, Healthy Development Services &
First 5 First Steps Home Visiting Services
American Academy of Pediatrics, CA Chapter 3

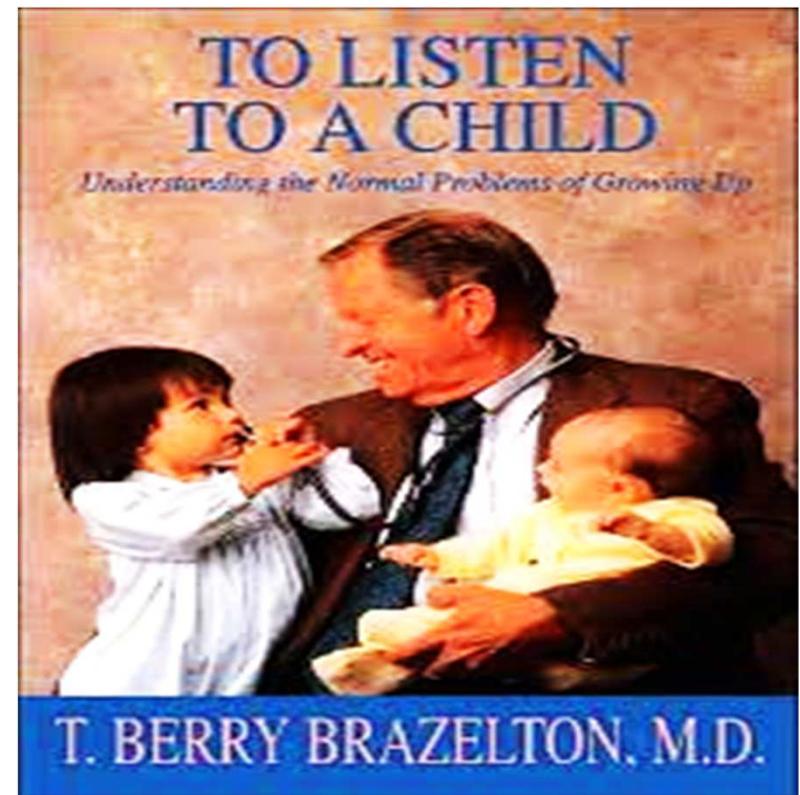
- Pediatrician and community health leader
- Expertise in child development, infant and early childhood mental health, childhood trauma, parents' perception of childhood behaviors, and cultural issues in healthcare

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My Inspiration - T. Barry Brazelton, MD

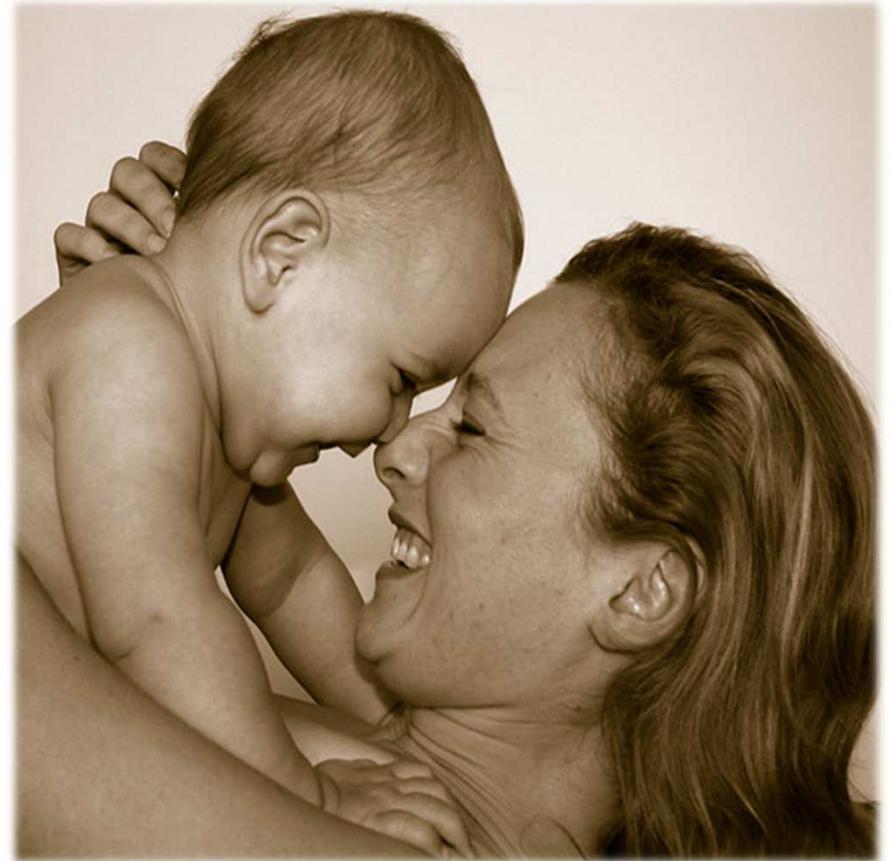
His advice for frazzled new parents: “I’d like for them to learn that they can understand that baby by watching the baby’s behavior.”

Touchpoints refers to periods in a child's life where he or she starts doing something new after an old and predictable behavior stops, i.e., a child starts to walk shortly after he or she stops sleeping through the night.



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 are Love in Action



Nurturing Relationships Builds

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



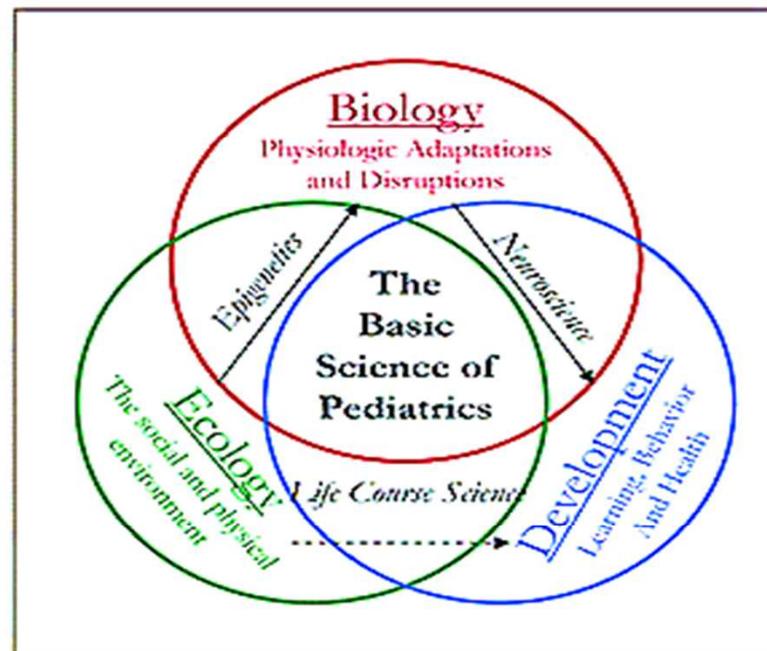
Relationships + Regulation = Resilience

Nurturing Relationships are Inborn



Environment, Biology and Development

Eco-Bio-Developmental Model of Human Health and Disease



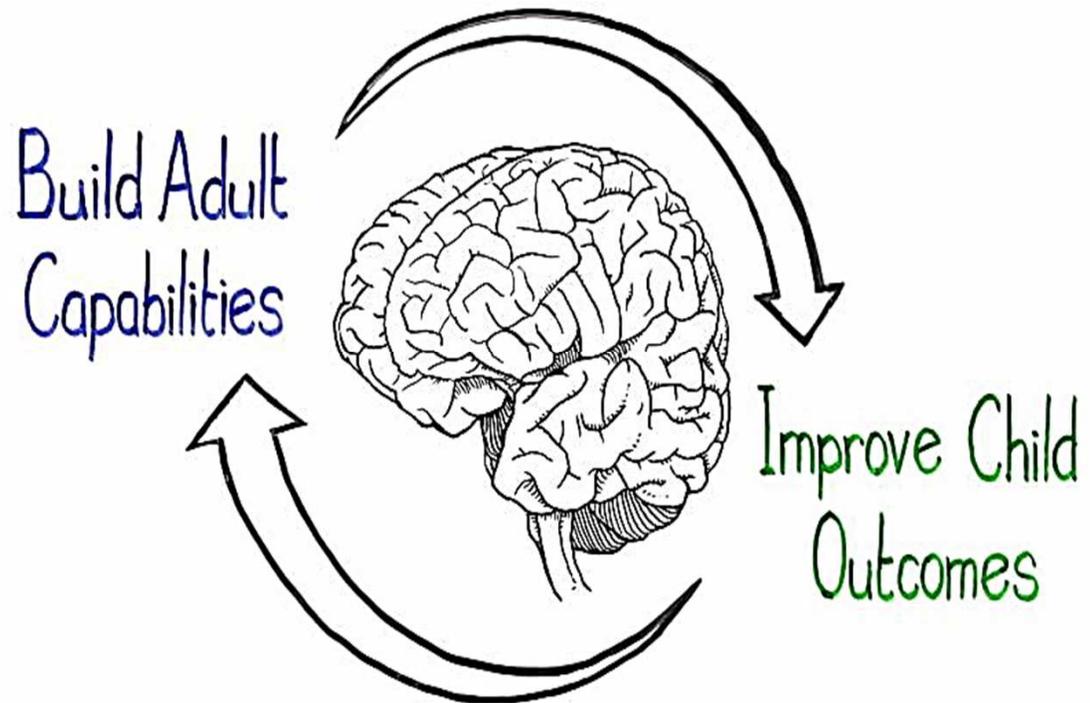
Ecology
Becomes **biology**,
And together they drive **development** across the lifespan

Children live in the context of relationships



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.



Center for the Developing Child

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

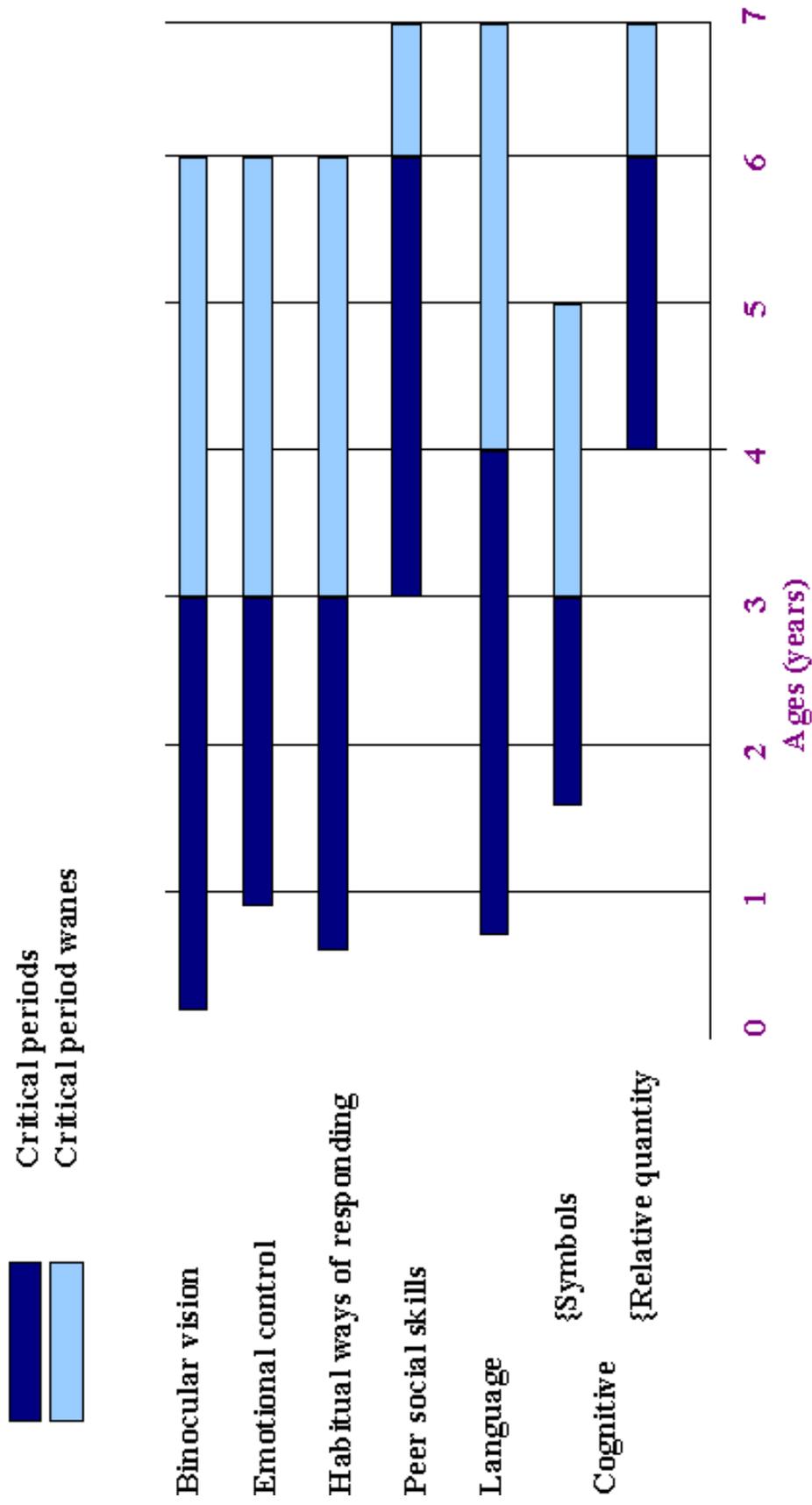
Social and
emotional
competence
of children

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

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 years of life*. London: Penguin

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.

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

Developmental Terms

- **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 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)

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
- <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)

CDC Developmental Milestones App

- 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.
- 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>



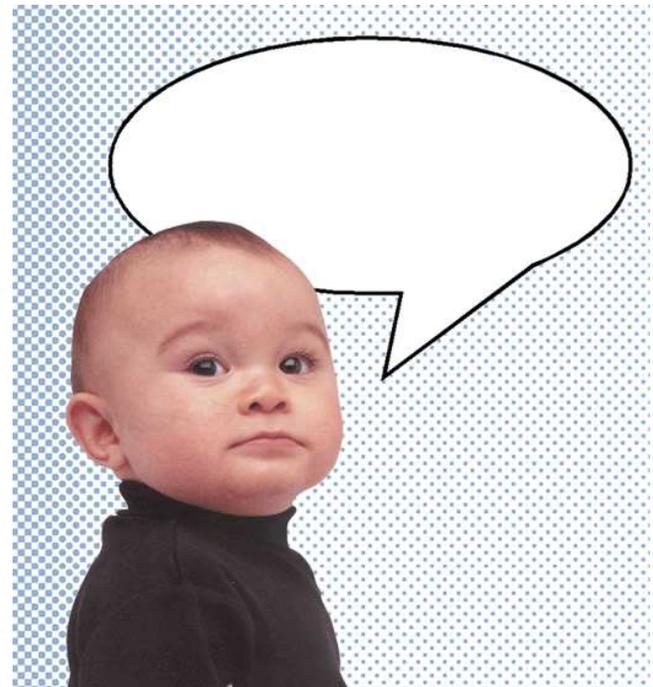
Language Delay

- One in 10 kids
- 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)



Language Delay

- Receptive Delay
- Expressive Delay
- Slow talkers
- Slow learners



Language Milestones

6 months – 1 year

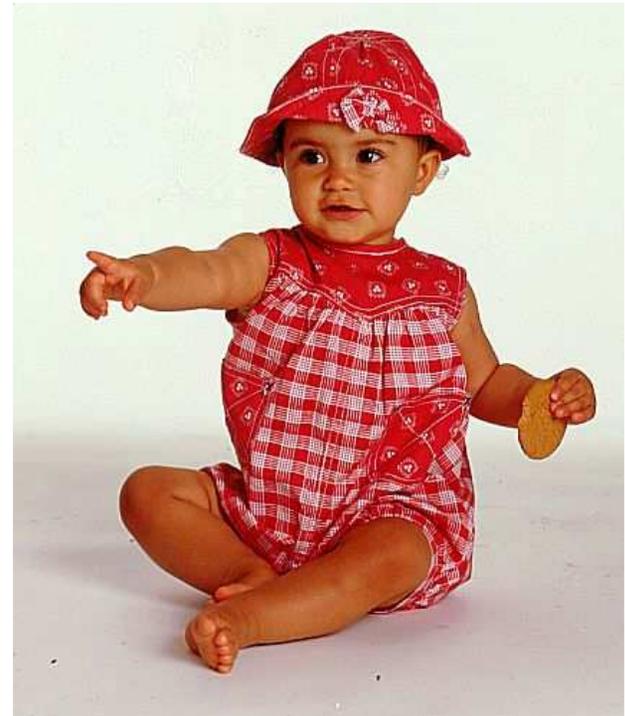
- Responds to own name
- Uses wide range of sounds
- Makes sounds like “ba-ba, ma-ma, or da-da”
- Shakes head “no”
- Understands simple words or commands



Language Milestones

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”



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



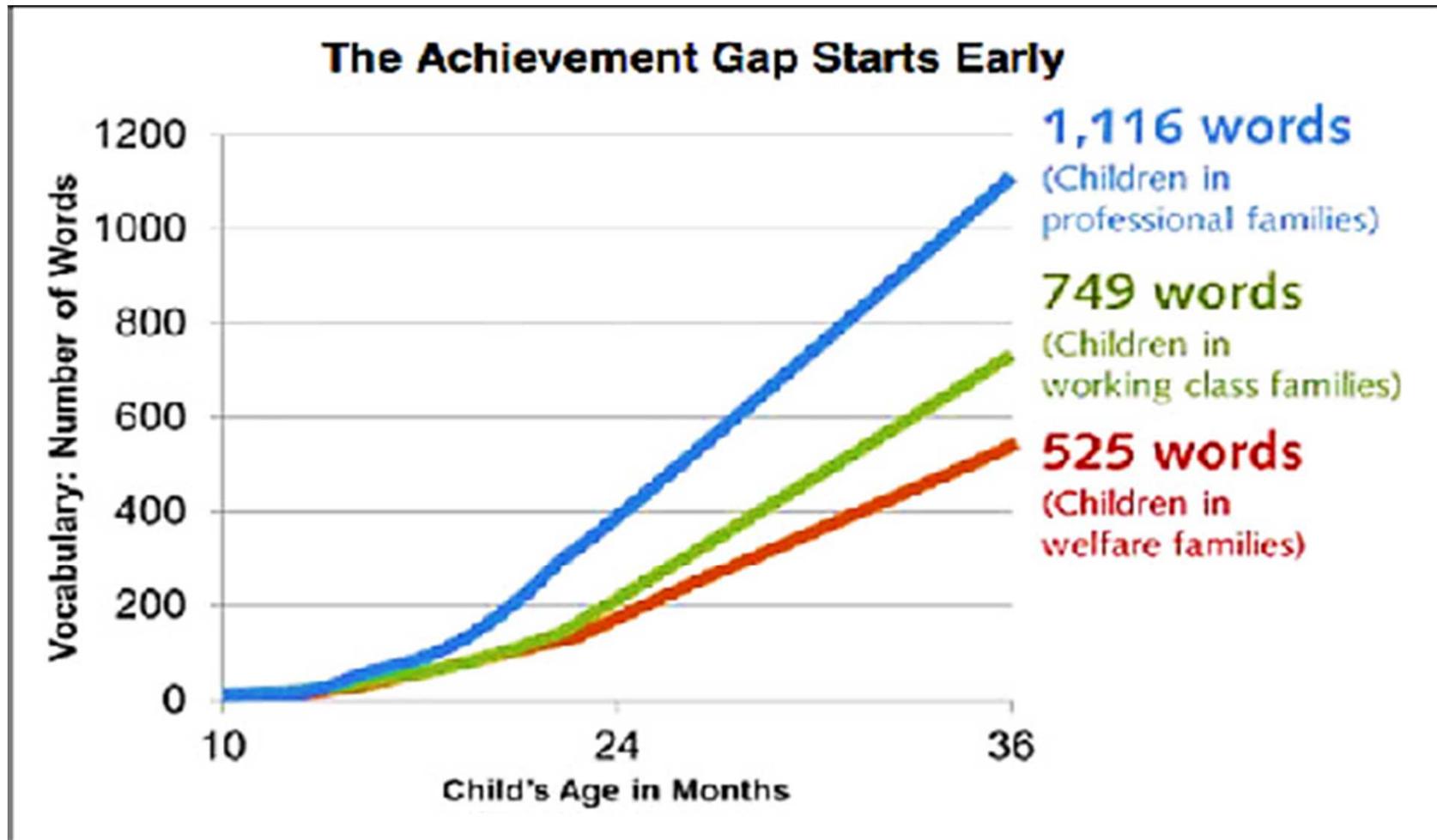
Language Milestones

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

- Parentese 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

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
- Only 20% to 30% of these children are identified as needing help before school begins



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

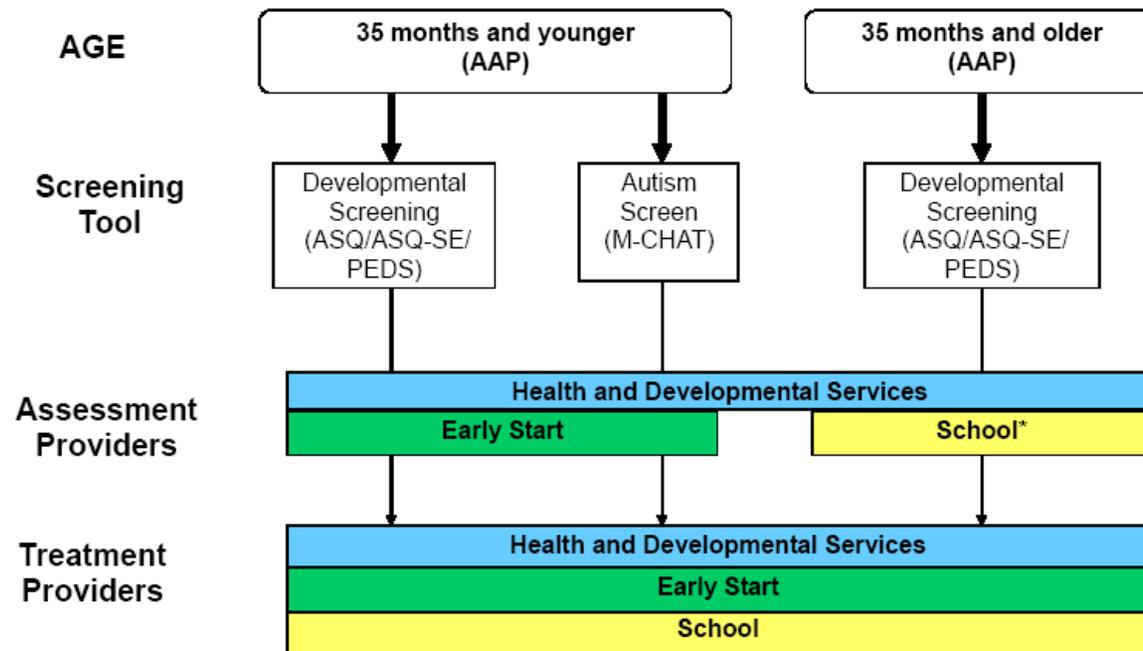


Recommended Screening

- 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

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
2. Gross Motor Skill Development
3. Fine Motor Skill Development
4. Problem Solving = Cognitive Development
5. 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

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.

Doctor's Office

- 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."
- Be ready to share your specific concerns about your child when you call. If you wrote down notes about your concerns, keep them. Your notes will be helpful during your visit with the doctor.

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

Government Mandated Programs

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



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

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/>

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.

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.

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>

Family Resource Center (FRC)

- 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 FRC, families can search online <https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx> or leave a message with the **Babyline** at **800-515-2229 (BABY)**.

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
- Screen early for areas of concern
- Use screening as an educational tool to show parents how important they are in a child's development

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)

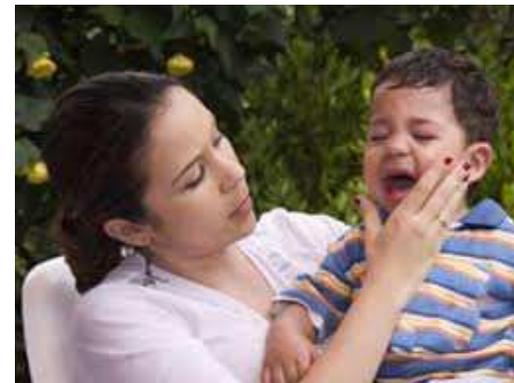
Social Emotional Development

- Infants experience, express, and perceive emotions before they fully understand them.
- In learning to recognize, label, manage, and communicate their emotions and to perceive and attempt to understand the emotions of others, children build skills that connect them with family, peers, teachers, and the community.
- Even newborns appear to attend more to stimuli that resemble faces (Johnson and others 1991). They also prefer their mothers' voices to the voices of other women (DeCasper and Fifer 1980). Through nurturance, adults support the infants' earliest experiences of emotion regulation (Bronson 2000a; Thompson and Goodvin 2005).
- Responsive caregiving supports infants in beginning to regulate their emotions and to develop a sense of predictability, safety, and responsiveness in their social environments.
- Brain research indicates that emotion and cognition are profoundly interrelated processes.
- Most learning in the early years occurs in the context of emotional supports (National Research Council and Institute of Medicine 2000).

Social Emotional Development Resources

- 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>

When distressed, we all need someone to respond to us



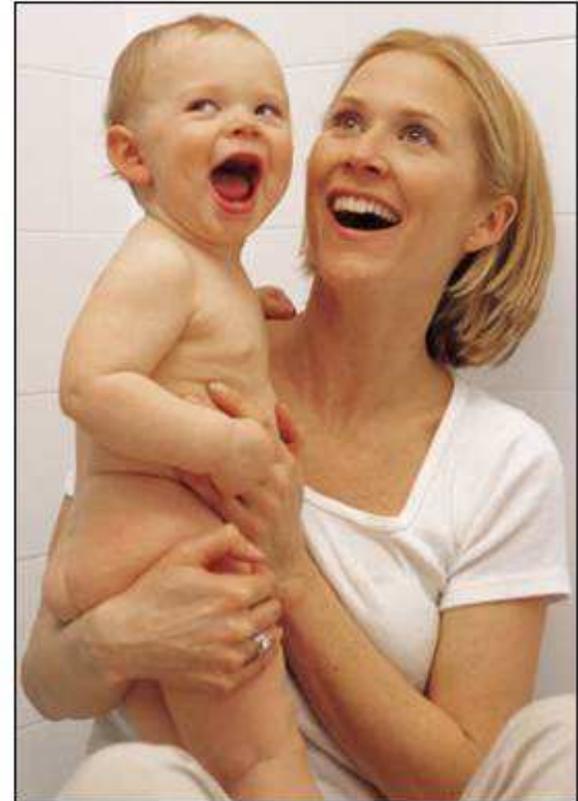
Emotional Regulation

- 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 sooth itself
- Parents model how emotions are identified and coped with



Emotional Regulation

- 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



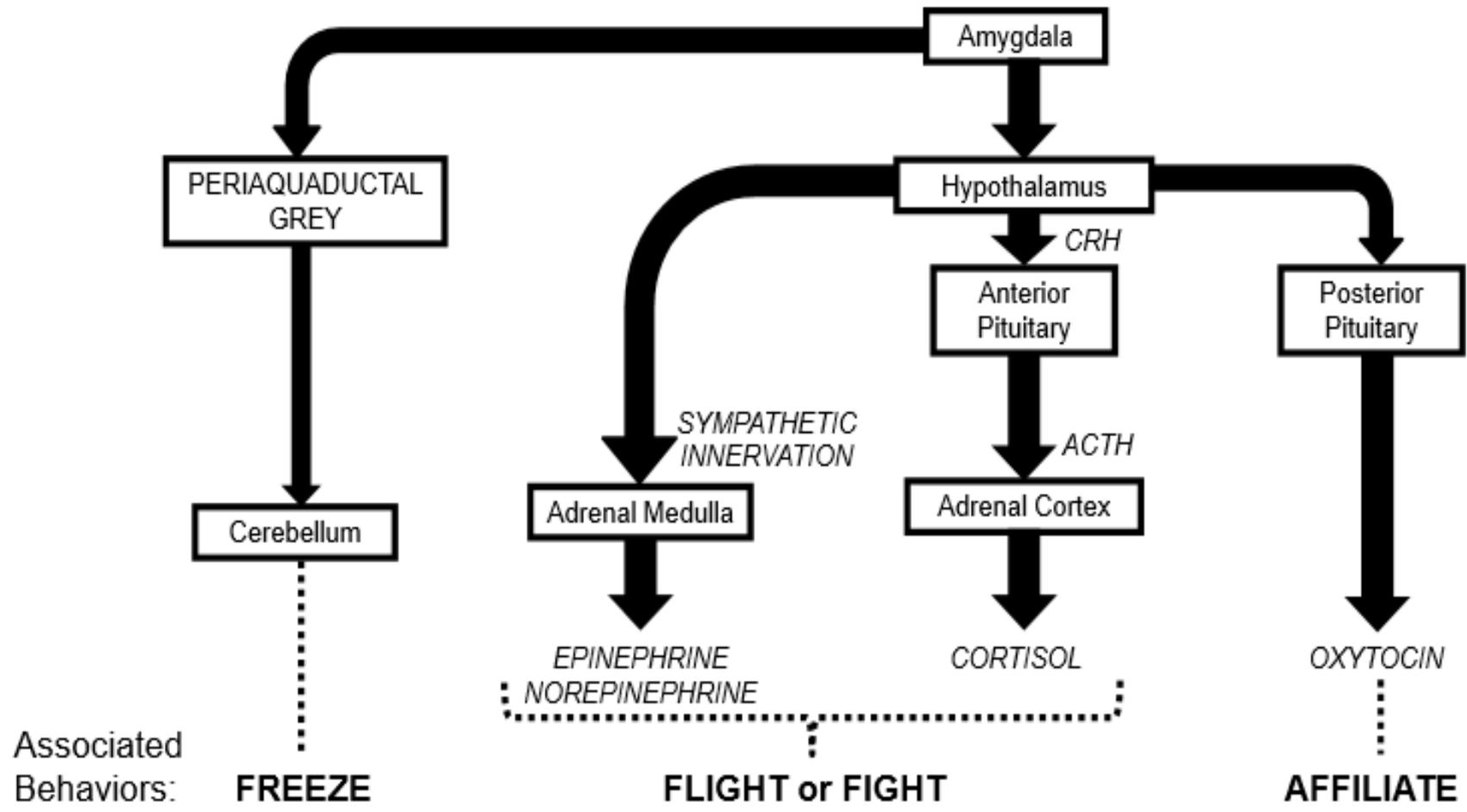
Emotional Regulation Problems

- 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



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.

Temperament - Biological Response to our Environments

Activity Level

Persistence

Distractibility

**Initial
Reaction**

Adaptability

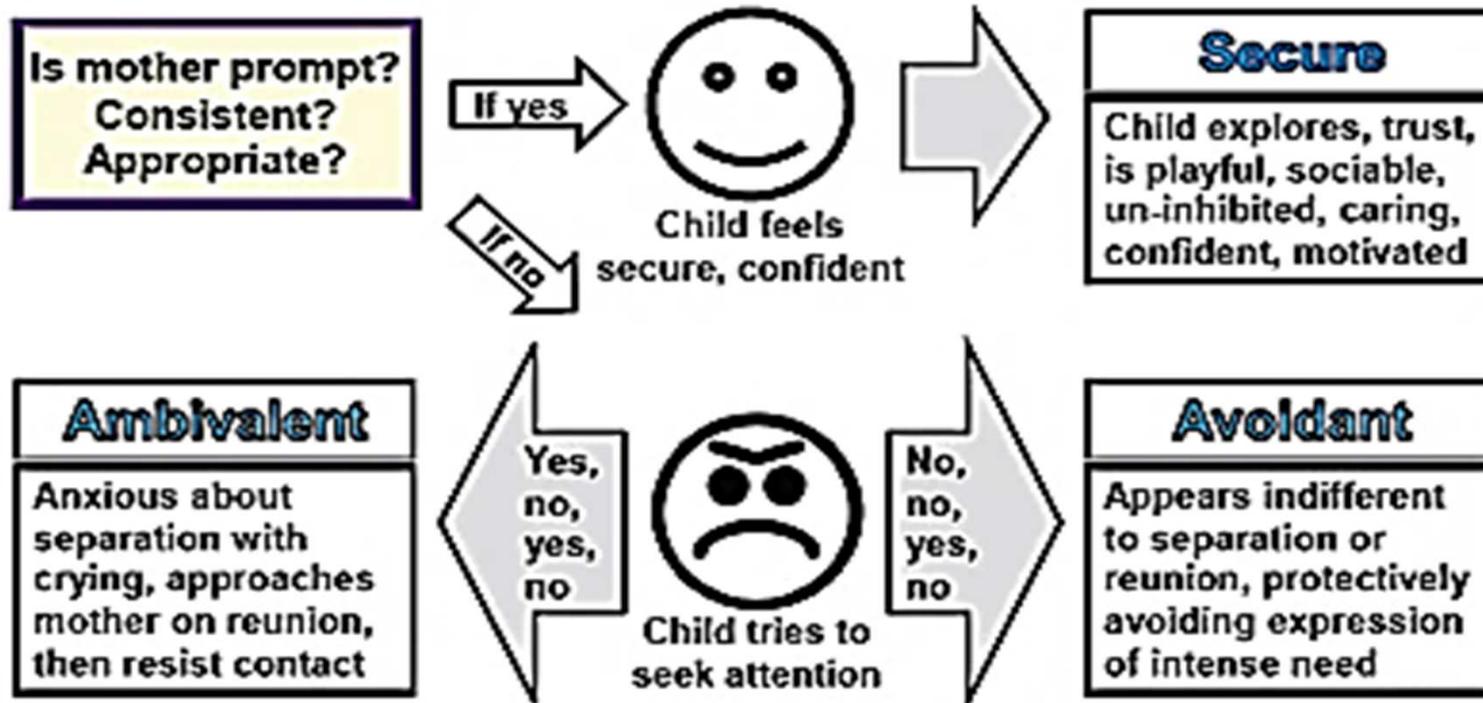
**Mood
Intensity**

Sensitivity

Regularity

**Sensory
Threshold**

Attachment Styles



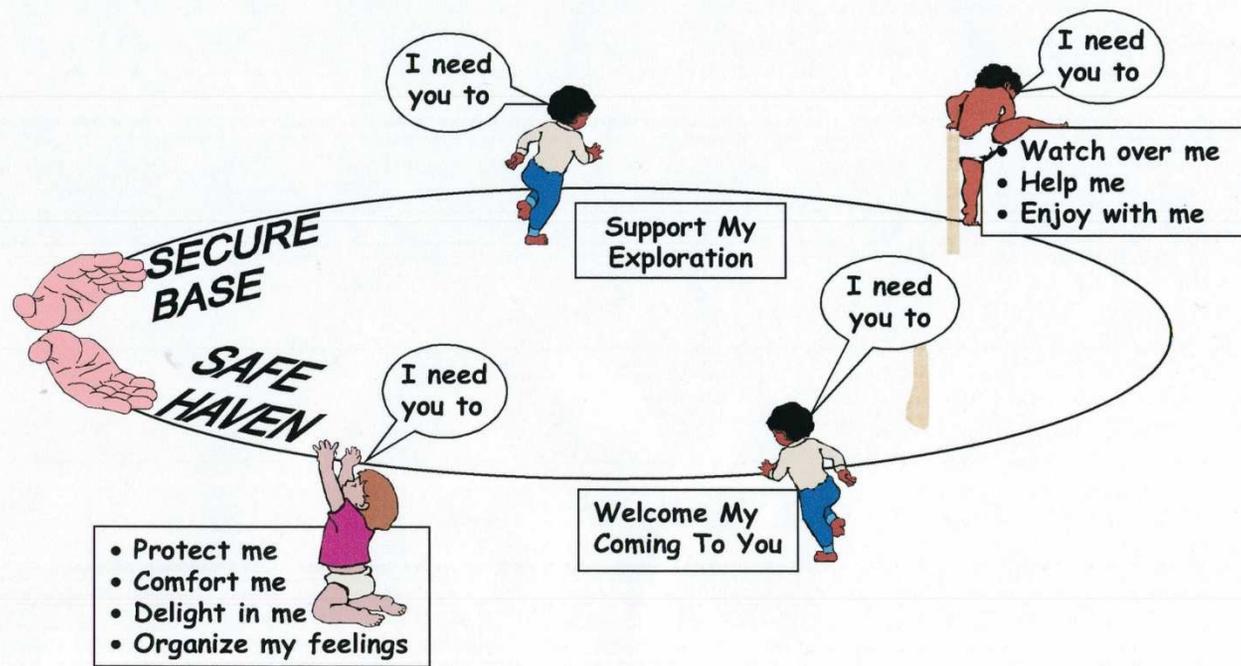
Parent Attachment Styles

Attachment Styles		
Attachment type	Caregiver Behaviours	Child Behaviours
Secure	<ul style="list-style-type: none"> • React quickly and positively to child's needs • Responsive to child's needs 	<ul style="list-style-type: none"> • Distressed when caregiver leaves • Happy when caregiver returns • Seek comfort from caregiver when scared or sad
Insecure – avoidant	<ul style="list-style-type: none"> • Unresponsive, uncaring • Dismissive 	<ul style="list-style-type: none"> • No distress when caregiver leaves • Does not acknowledge return of caregiver • Does not seek or make contact with caregiver
Insecure – ambivalent	<ul style="list-style-type: none"> • Responds to child inconsistently 	<ul style="list-style-type: none"> • Distress when caregiver leaves • Not comforted by return of caregiver
Insecure - disorganized	<ul style="list-style-type: none"> • Abusive or neglectful • Responds in frightening, or frightened ways 	<ul style="list-style-type: none"> • No attaching behaviours • Often appear dazed, confused or apprehensive in presence of caregiver

Children Learn by Exploring

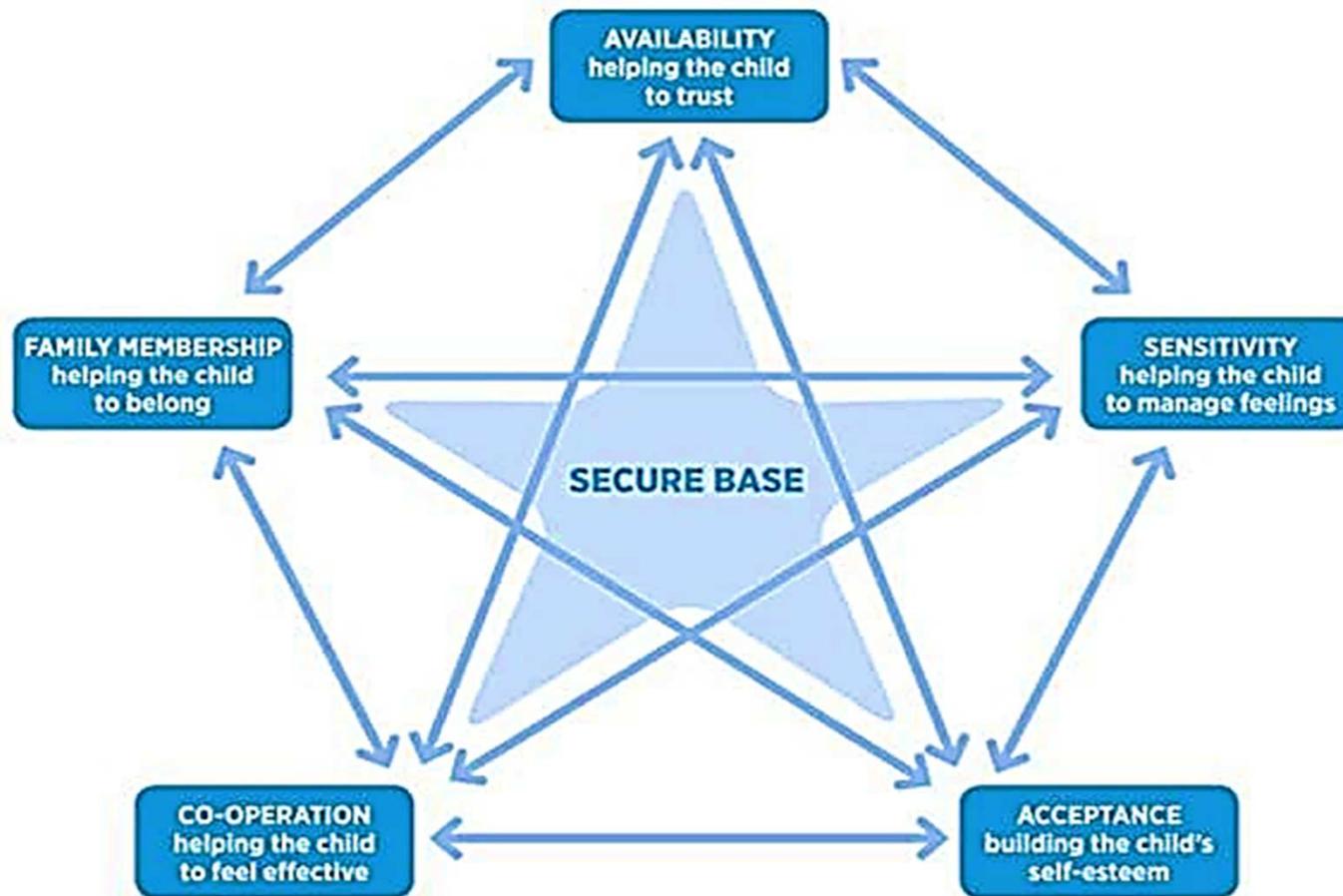
Circle of Security

Parent Attending to the Child's Needs



Repeated Positive Experiences

The Secure Base Model



Social Skills Milestones

Under 6 months

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



Social Skills Milestones

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



Social Skills Milestones

18 months – 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

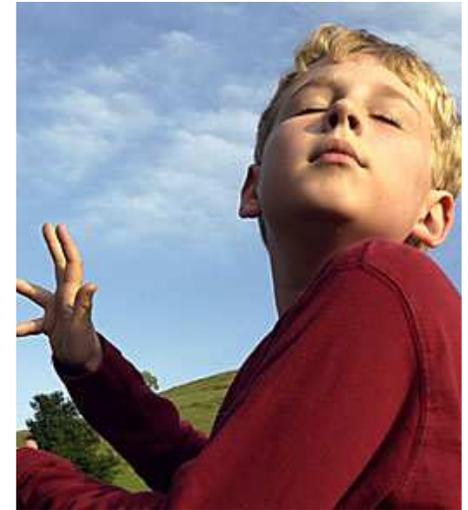
2 – 3 years

- Plays with other children
- “Helps” with simple tasks
- Plays role in pretend games – mom, teacher, firefighter, superhero
- Often becomes easily frustrated



Autism

- 1 child in 150
- PDD spectrum
- Early intervention is crucial (by 2 – 3 years)
- Current average age of diagnosis 4.5 years
- 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
 - Doesn't respond to name
 - Poor eye contact
 - Appears not to hear
 - Resists cuddling and holding
 - Appears unaware of others' feelings
 - Prefers to play alone



Autism

- Concerns with Behavior
 - Repetitive “stimming” movements
 - Routines and rituals
 - Upset with with changes in routines
 - Fascinated with moving parts (spinning wheels)
 - Unusual sensitivity to light, touch, and sounds



Executive Function

- Learning to control behavior
- Learning to pay attention
- Developing thinking skills
 - Attention
 - Memory
 - Attaining goals
 - Monitoring flow of information
 - Problem-solving strategies

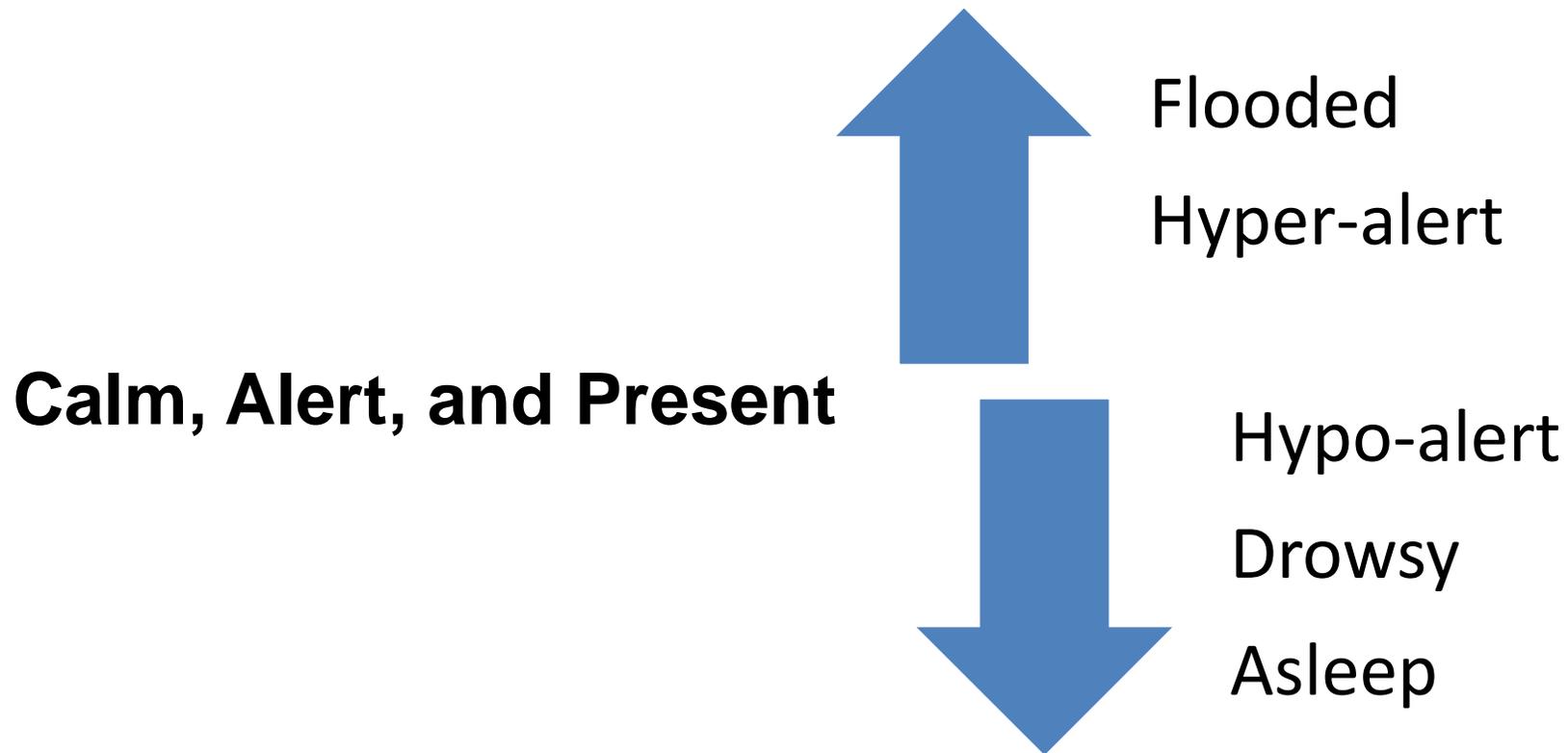


Self-Regulation

- Take in information from our environment that is useful or tune out what is not useful
- Depends on our level of stress and arousal
- Critical to self-control and our ability to form relationships with others



The Arousal Continuum



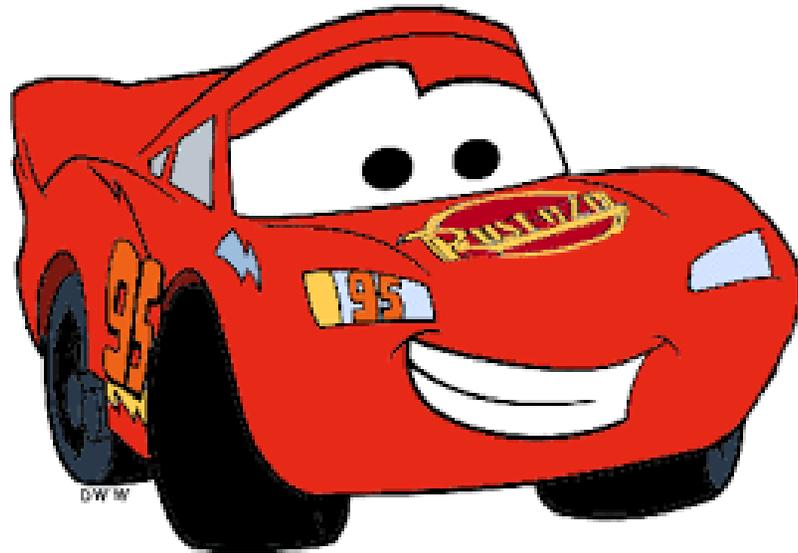
We learn best when we are Calm, Alert and Present

Self-Regulation Skills

- Allows kids to manage their emotions, behavior and body movement when they're faced with a situation that's tough to handle
- Allows them to do that while still staying focused and paying attention

Self-Regulation Metaphor

- Think about:



How parts work together

Engine
Accelerator
Brakes
Gas Tank
Speedometer
Gauges
Tires

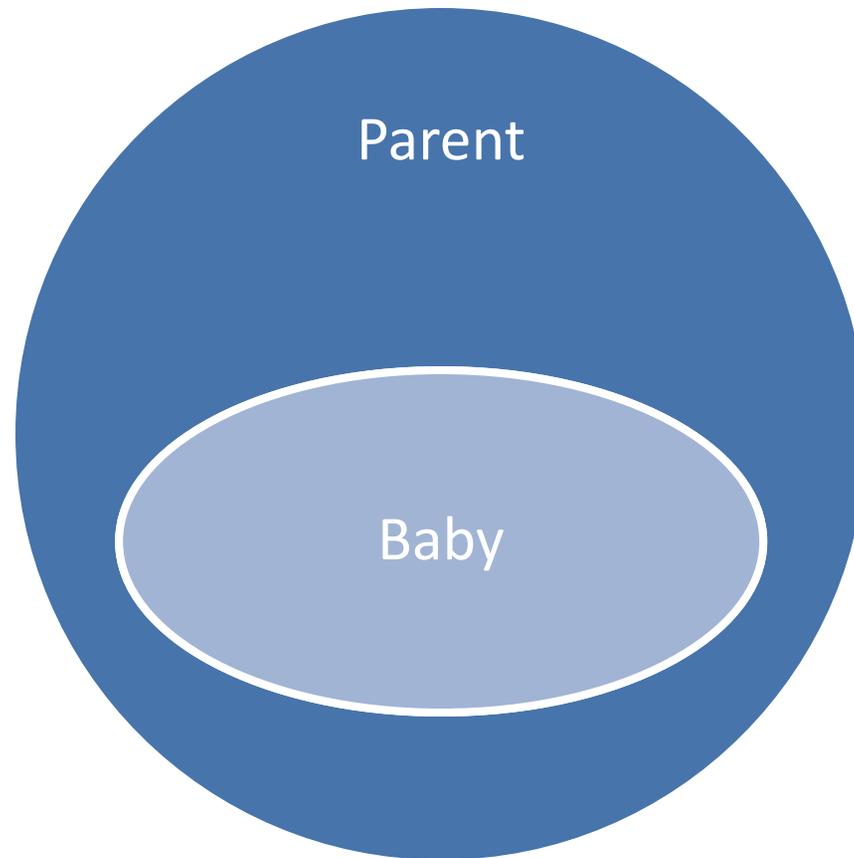
Needs to consider

Roads
Weather
Traffic

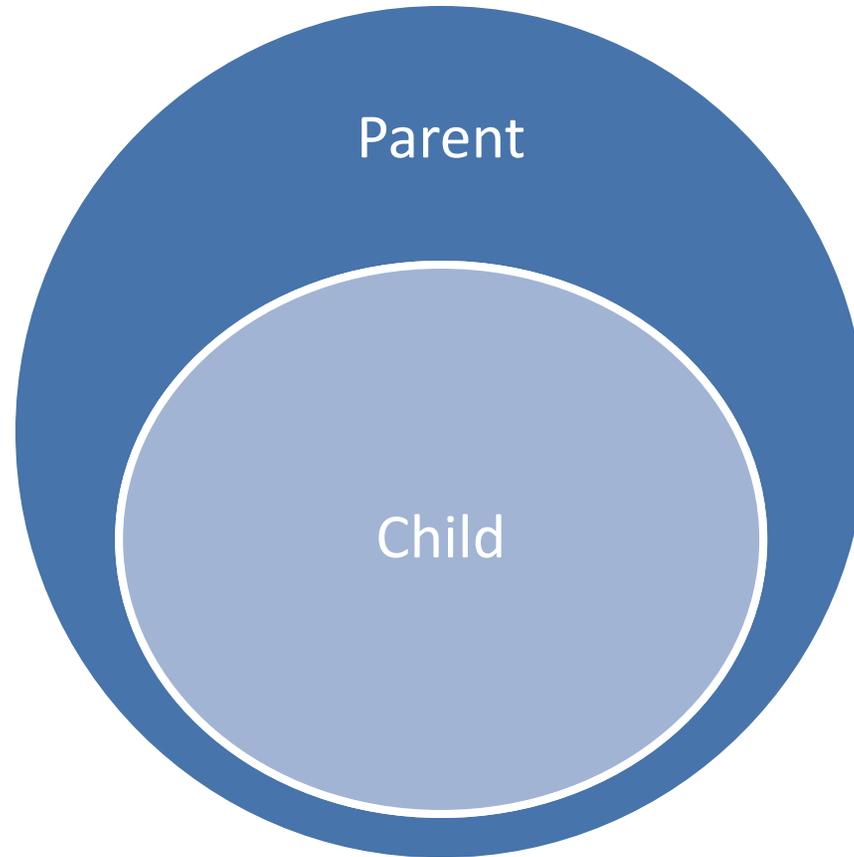
Babies Need External Regulation

- Babies cannot self-regulate
- Massive brain growth occurs in areas critical to self-regulation in the early years of life
- Primary caregiver serves as an “external brain” regulating and stimulating the baby
- By being regulated, the baby develops the ability to self-regulate

Babies Need Co-Regulation



Children Learn to Self-Regulate



Postpartum Depression

- Screening more accurate after 4 – 6 weeks of age
- Edinburgh, PH – 2, PH – 9
- A gateway screening for domestic violence, drug abuse



Postpartum Depression

- 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
- Reverses developmental delays



Summary

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

What Happens Next?

- Webinar recording and resources available within the next 48 hours.
- Participants will receive a brief survey and Certificate of Attendance.
- Watch your inbox for the next issue of CalTrin Connect.

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