

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.

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

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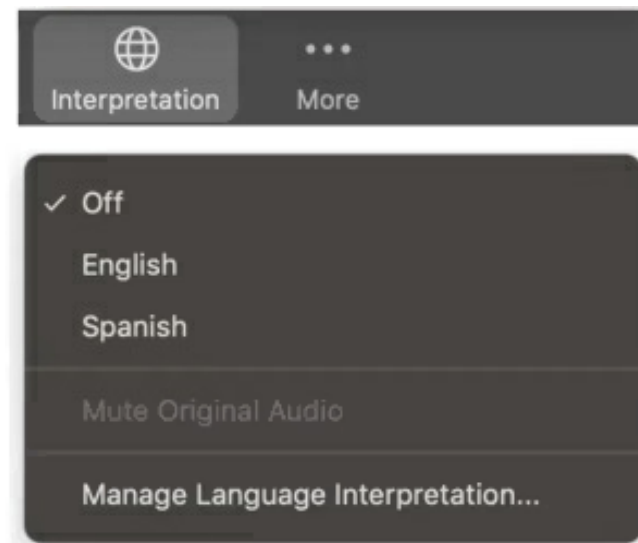
SPANISH INTERPRETATION AVAILABLE! INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

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"*



Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



This training 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 CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.



UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops



11/14 | Protective Factor: Social & Emotional Competence of Children
Interpretación al español



11/16 | Building an Interagency Wellness System: School Wellness centers



11/17 | Trauma, Parenting, and Challenging Behaviors (School Age)
Interpretación al español



11/21 | Leadership Coffee Chat: Leading with Emotional Intelligence



11/29 | Healing Interpersonal and Racial Trauma through TF-CBT *[CEU's available]*



1/11/24 | Supervisando Exitosamente



Before We Begin...

DURING



Access the presentation slides now! The link can be found in the chat.



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



This presentation is being recorded.

AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.





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

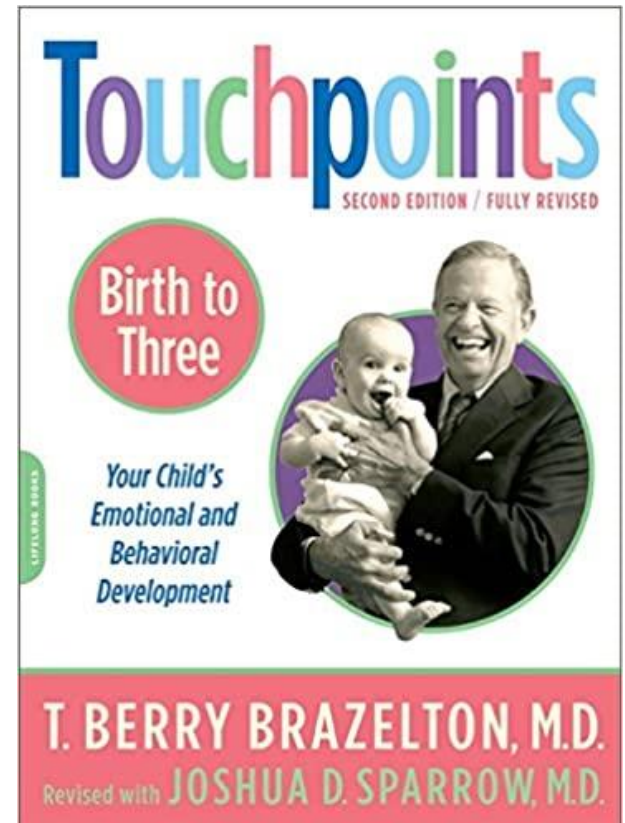
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My Inspiration - T. Barry Brazelton, MD

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” 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



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



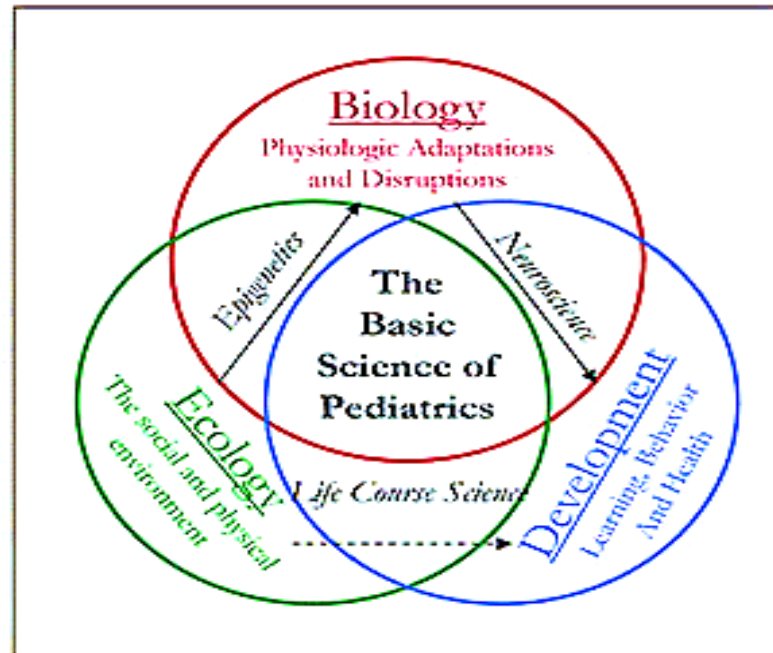
Relationships + Regulation = Resilience

Nurturing Relationships are Inborn



Environment, Biology and Development

Eco-Bio-Developmental Model of Human Health and Disease



Ecology

Becomes **biology**,

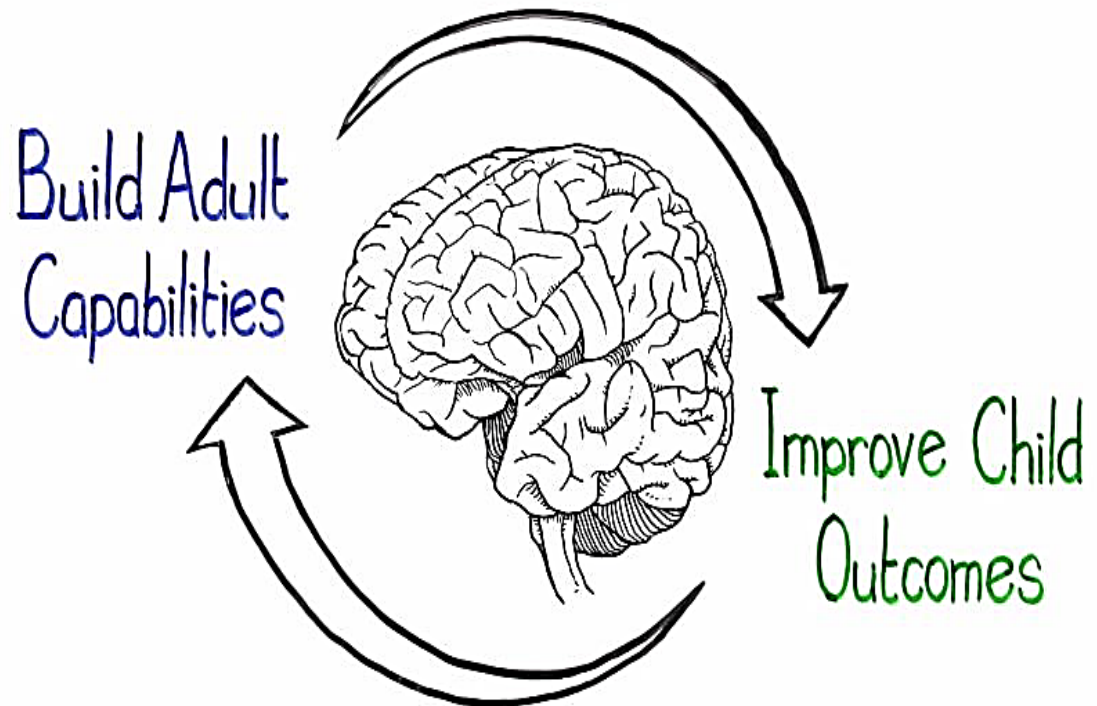
And together they drive **development** across the lifespan

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.



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

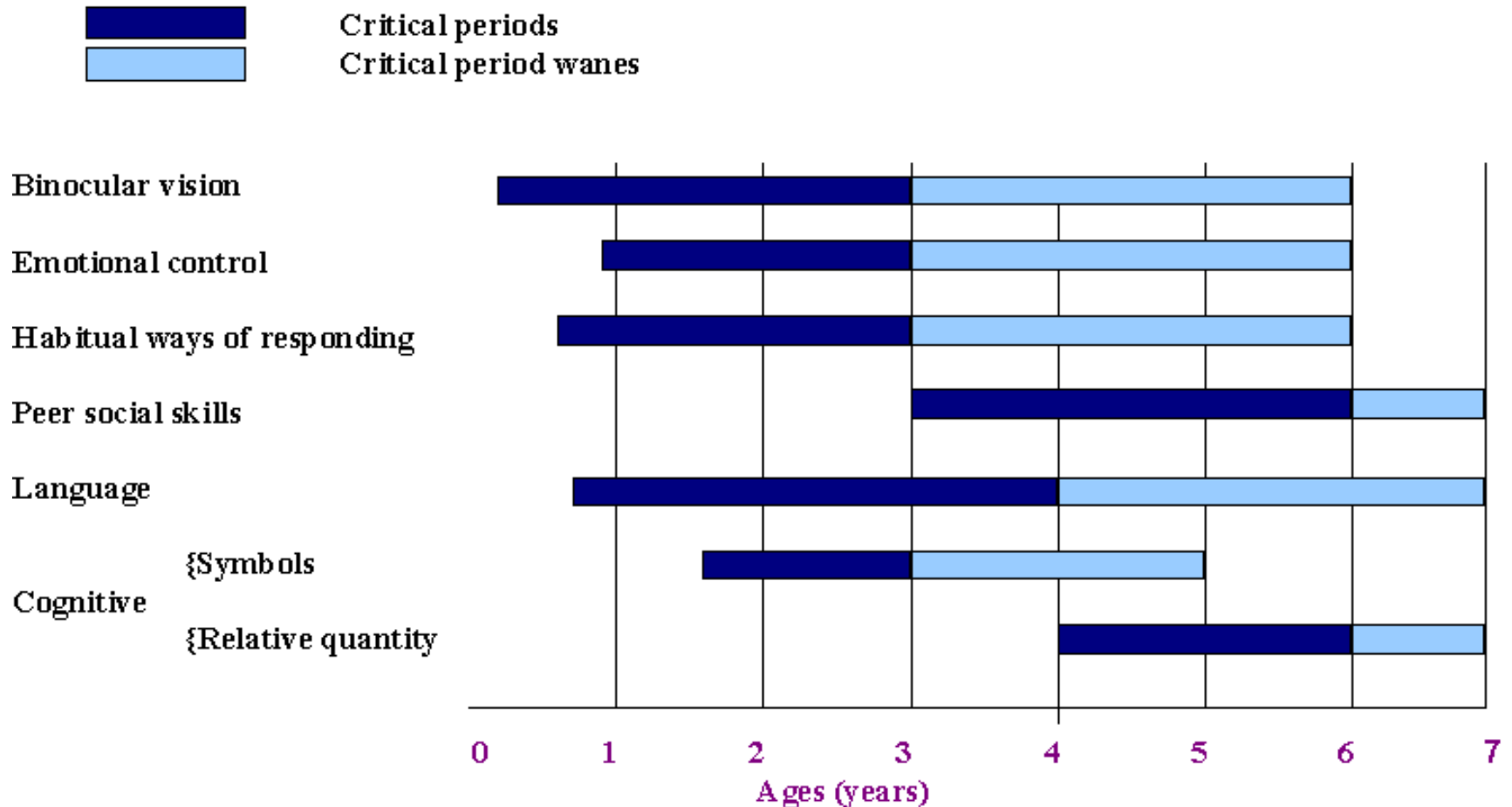
- being attuned and emotionally available to one's child
- being nurturing, responsive and reliable
- regular, predictable and consistent routines
- interactive language experiences
- providing a physically and emotionally safe environment for one's child
- providing opportunities for one's child to 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



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>



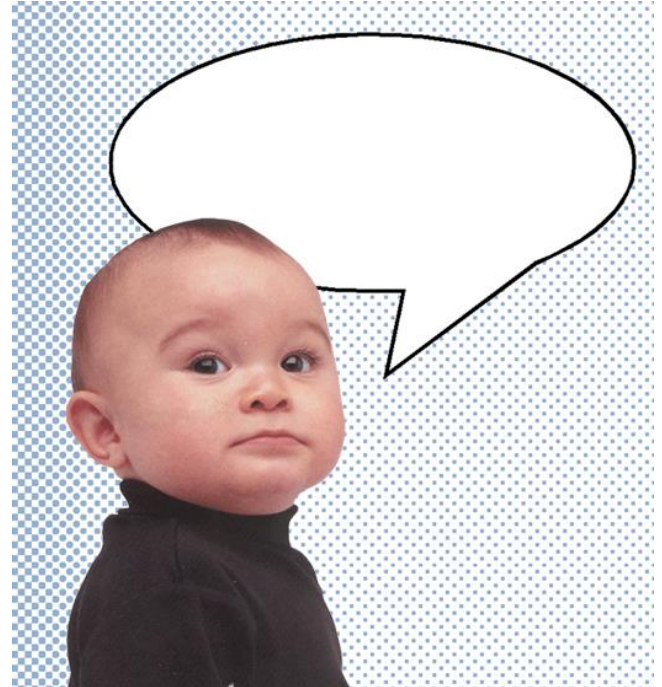
Language Delay

- 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



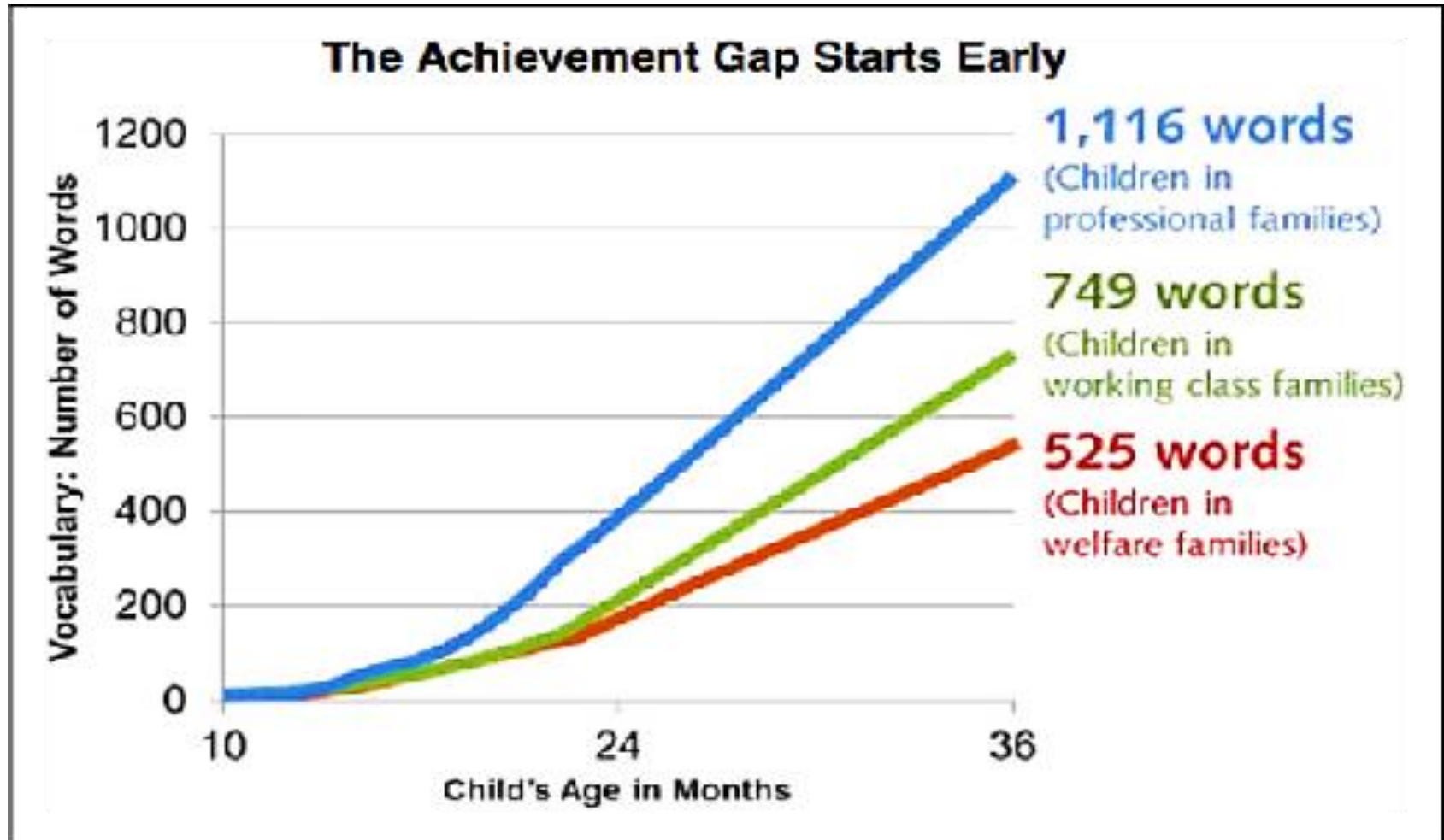
Language Milestones

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

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

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**



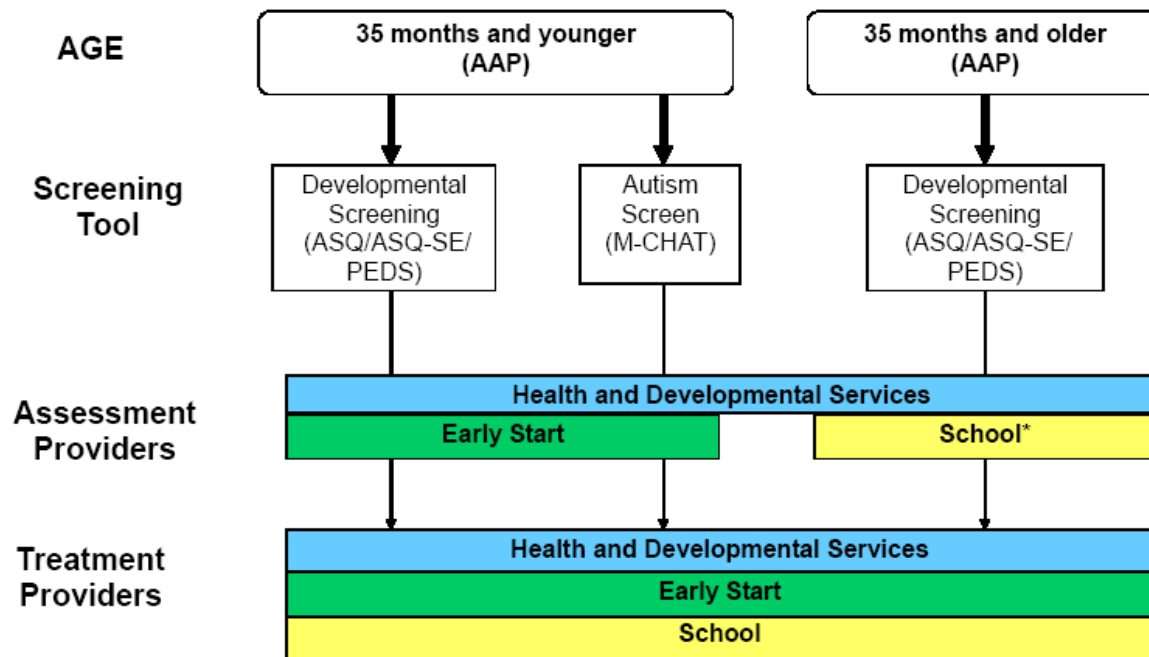
\$30,000 to \$100,000 savings per child

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.

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>

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://www.dhcs.ca.gov/services/ccs/Pages/default.aspx> or leave a message with the **Babyline** at **800-515-2229 (BABY)**.

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

No No's for Adults

- 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

- Infants experience, express, and perceive emotions.
- 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.
- 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



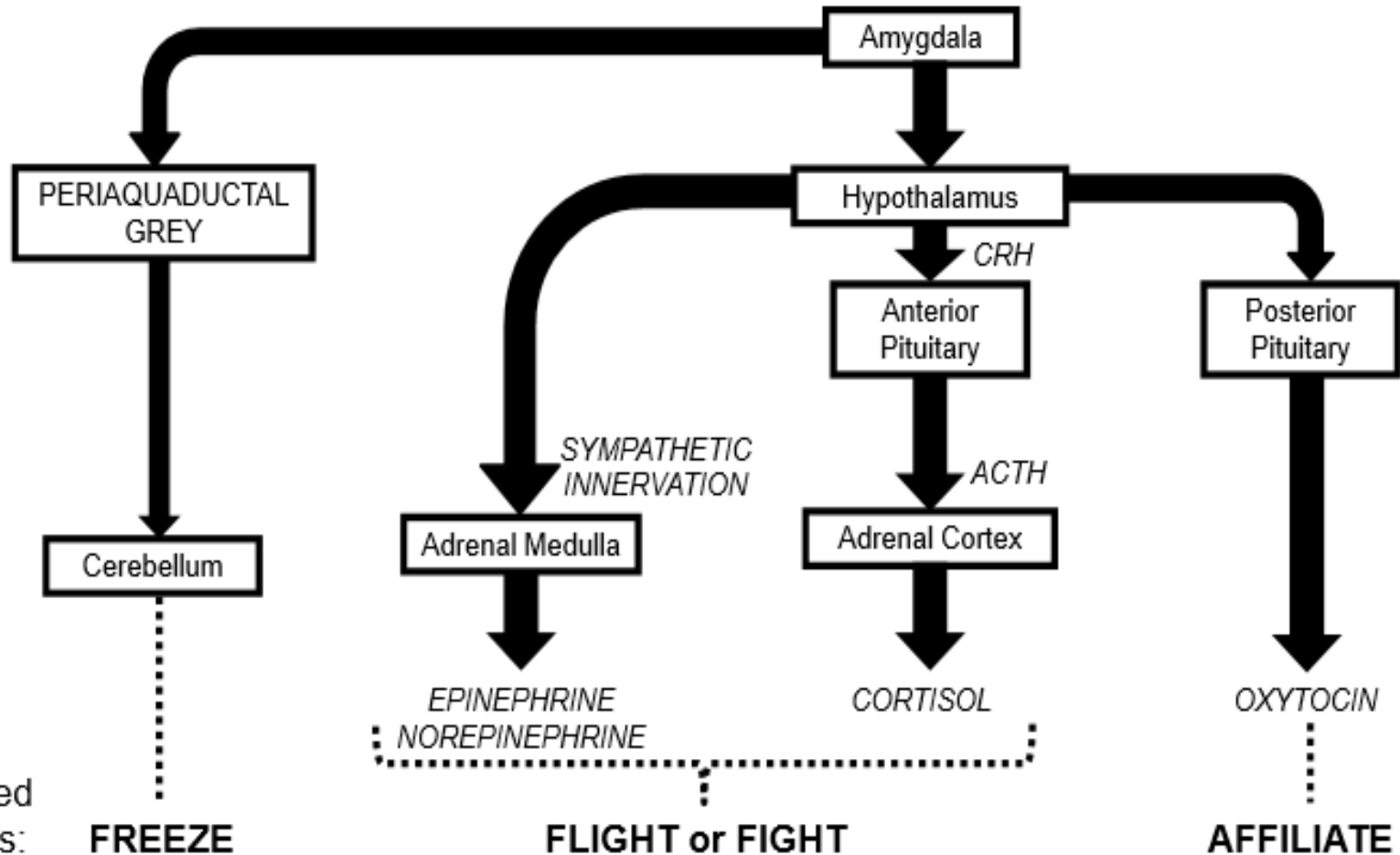
Emotional Regulation Problems

- 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



Associated Behaviors:

FREEZE

FLIGHT or FIGHT

AFFILIATE

Temperament - Biological Response to our Environments

Activity Level

Persistence

Distractibility

**Initial
Reaction**

Adaptability

**Mood
Intensity**

Sensitivity

Regularity

**Sensory
Threshold**

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

Understanding Attachment

Parent



Child

Bonding: Relationship or feeling a parent has for his/her child starting as early as conception.



Parent



Child

Attachment: Quality of the relationship between an infant or child with his/her caregiver that develops overtime.



0-6 months

7-24 months

24-36 months

36-60 months



Pre-Attachment

0-3 months

- Accepts care from anyone.
- Many behaviors are reflexes.
- Can be soothed by anyone.

3-6 months

- Child will usually smile at anyone who plays with him or her.
- By 6 months child can be soothed/calmed more readily by familiar caregiver.

Attachment Begins

- Remembers sight, touch, smell, or voice of caregiver.
- Shy with others.
- Upset by separation from caregiver.
- Shows happiness and can be comforted when caregiver returns.
- Explores with caregiver close by.

Trusting Attachment

- Can understand and handle planned separation.
- Explores more independently.

Independent Attachment

- Accepts family values & rules.
- Friendships become important.
- Less physical contact with caregiver required.

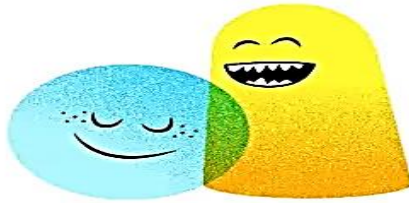
Infants will form attachments to *any* consistent caregiver who is sensitive and responsive in social interactions with them.

Attachment Styles

Attachment Style	Caregiver Behavior	Child Behavior
Secure	<ul style="list-style-type: none">• Reacts quickly and positively to child's needs	<ul style="list-style-type: none">• Distressed when caregiver leaves• Happy when caregiver returns• Seeks 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 behavior• Often appears dazed, confused, or apprehensive in presence of caregiver

Attachment Styles in Action

Attachment styles



Secure

- Healthy communication style
 - Able to ask for help when needed
- Can self-regulate emotions



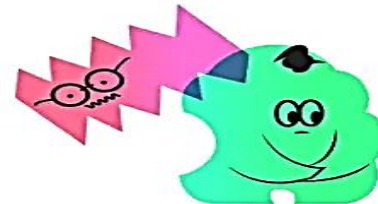
Anxious

- Clinginess
- Fear of abandonment
- Needs constant reassurance



Avoidant

- Difficulty expressing emotions
- Tends to emotionally withdraw from others
 - Unwilling to ask for help



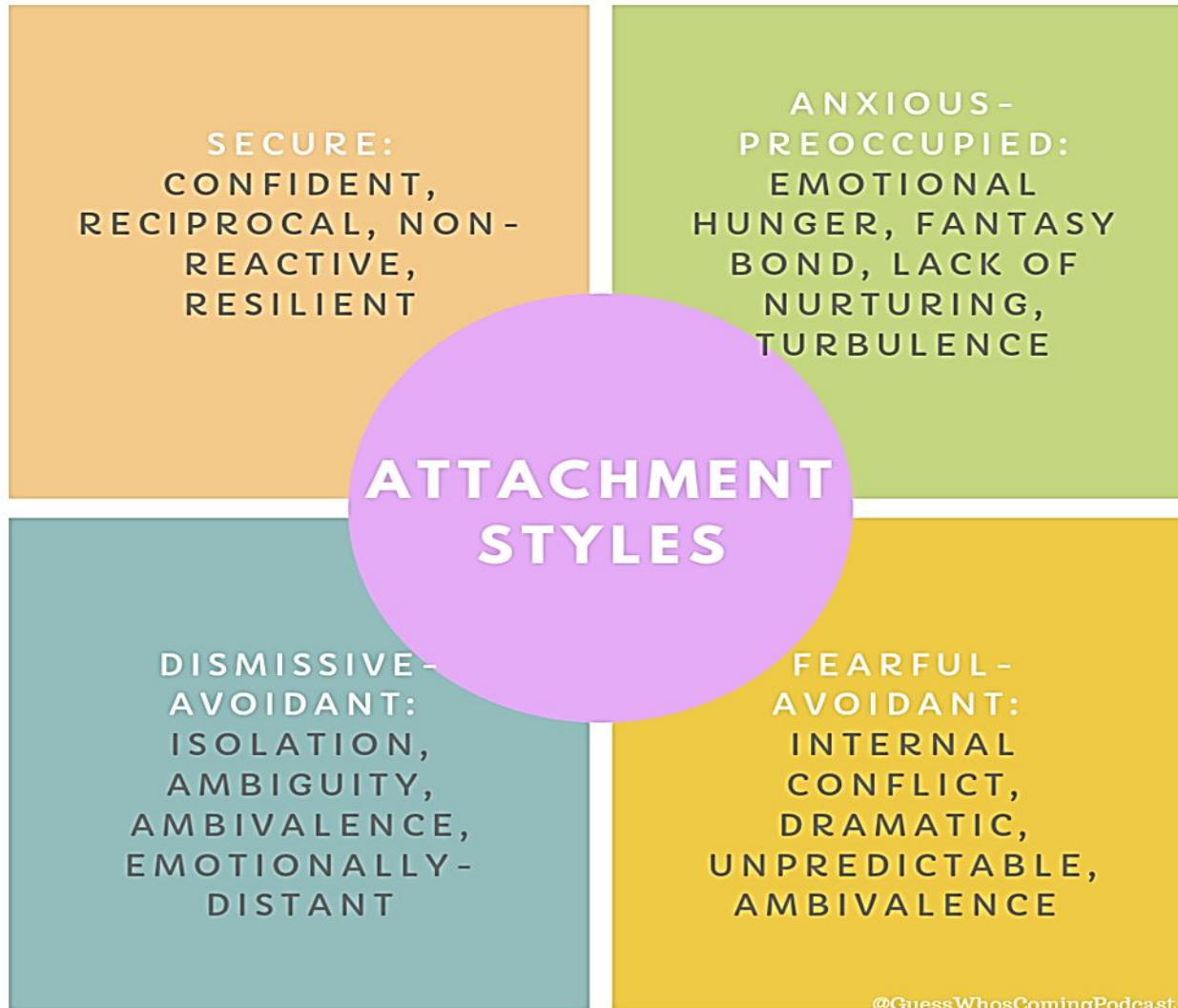
Disorganized

- Incorporates characteristics of anxious and avoidant styles
 - Fear of rejection but difficulty with intimacy
 - Low self worth

Attachment Impacts Lifelong Relationships



Attachment Styles in Adults



Source: Infographics created by Hunter for *Guess Who's Coming*

Attachment Styles in Adults



SECURE

"I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me."



ANXIOUS

"I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away."



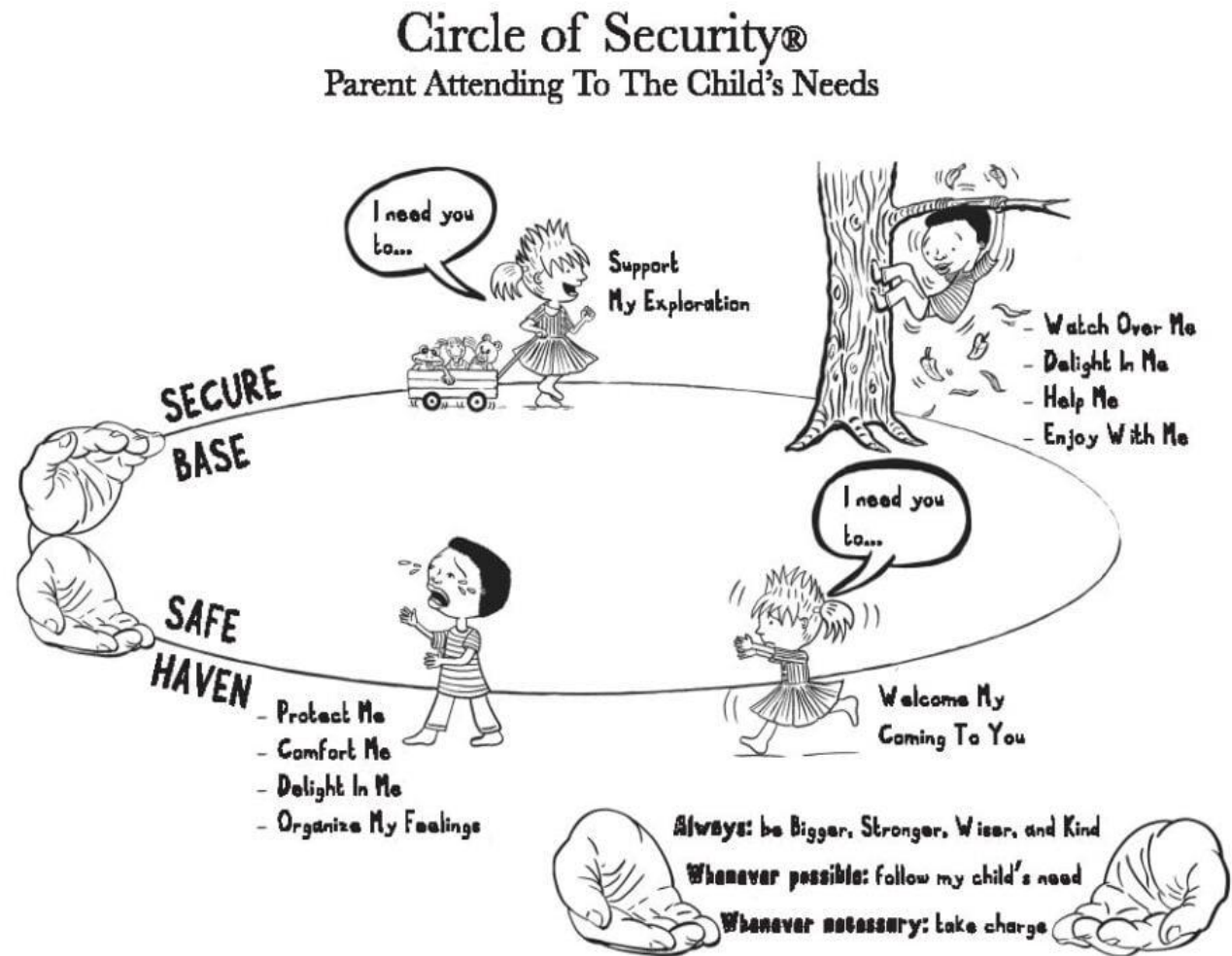
AVOIDANT

"I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being."

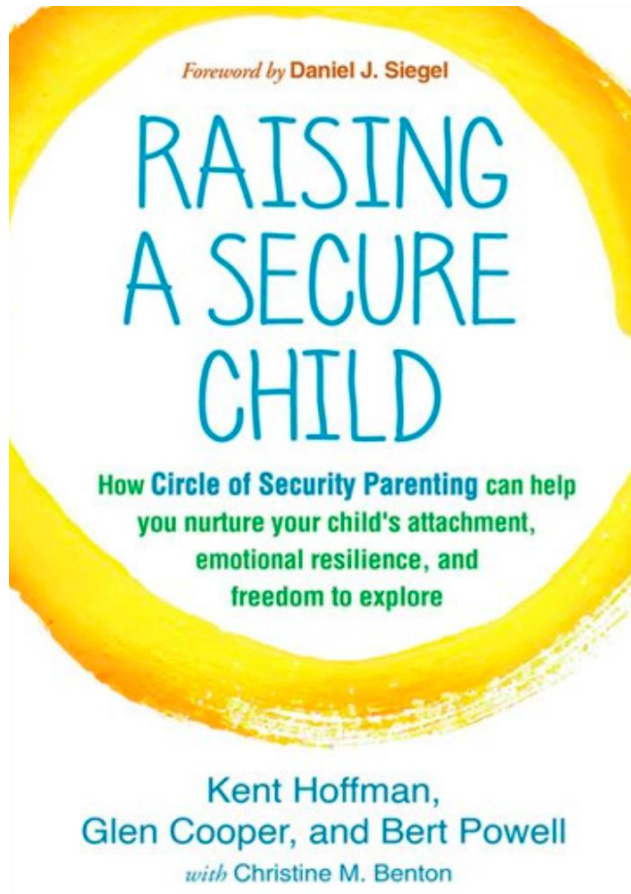
Circle of Security Model

Development
of the
Attachment
Relationship

Our
Attachment
Relationships
are Protective



Be the Hands



- Always: Be Bigger, Stronger, Wiser and Kind
- Whenever Possible: Follow My Child's Needs
- Whenever Needed: Take Charge

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

Donald Winnicott, MD

- 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

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

- Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain.
- People with ASD may behave, communicate, interact, and learn in ways that are different from most other people.
- 1 child in 44
- PDD spectrum
- 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



Executive Function

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

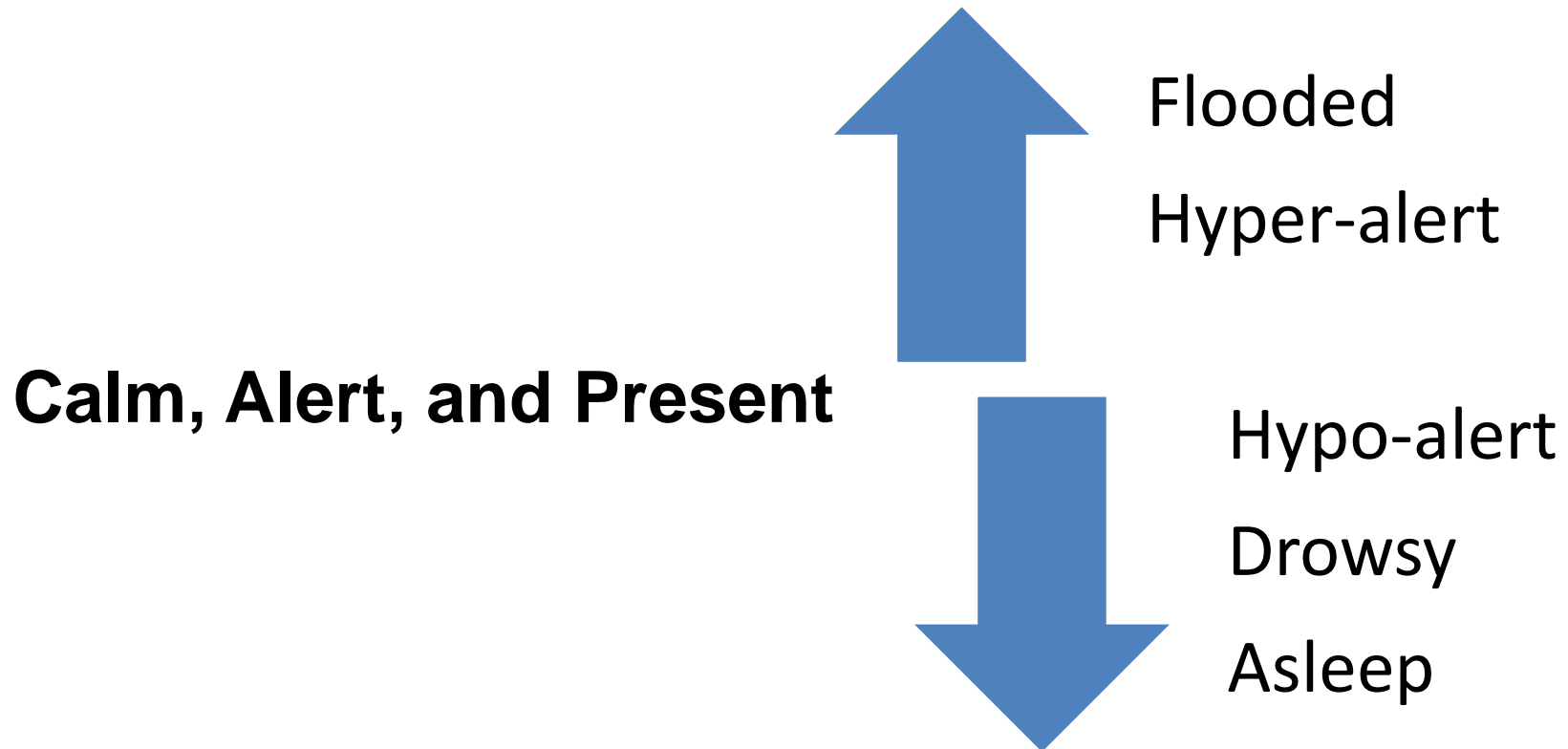


Self-Regulation

- 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



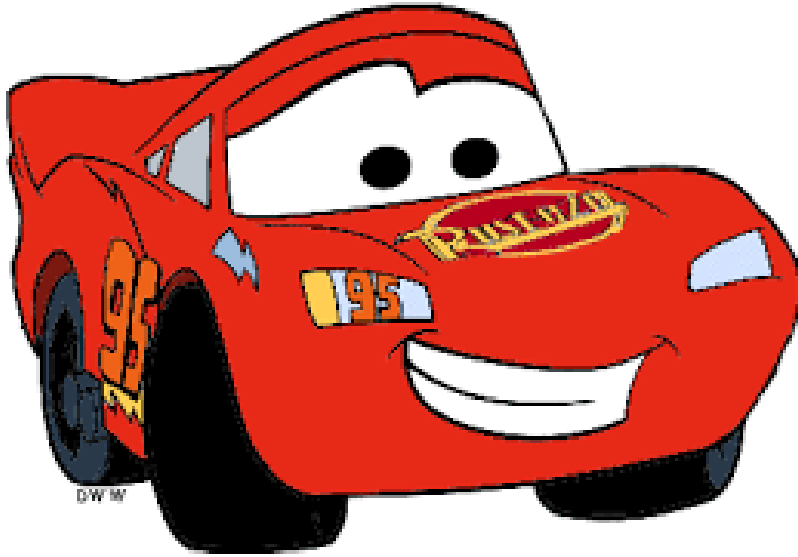
We learn best when we are Calm, Alert and Present

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

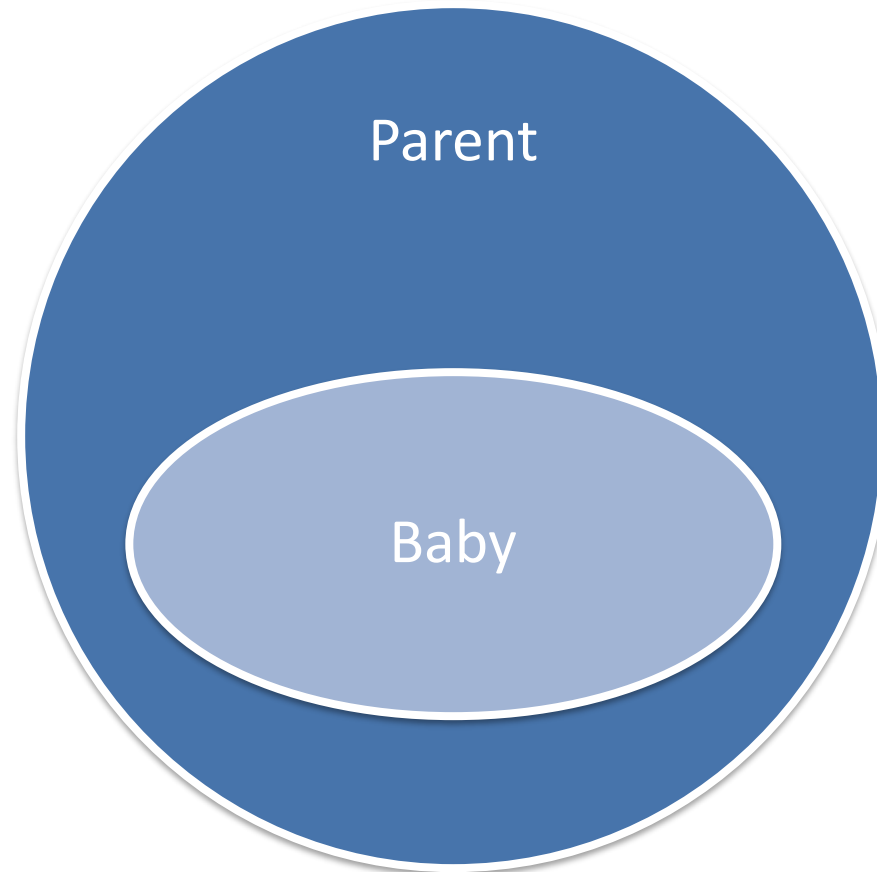
Weather

Traffic

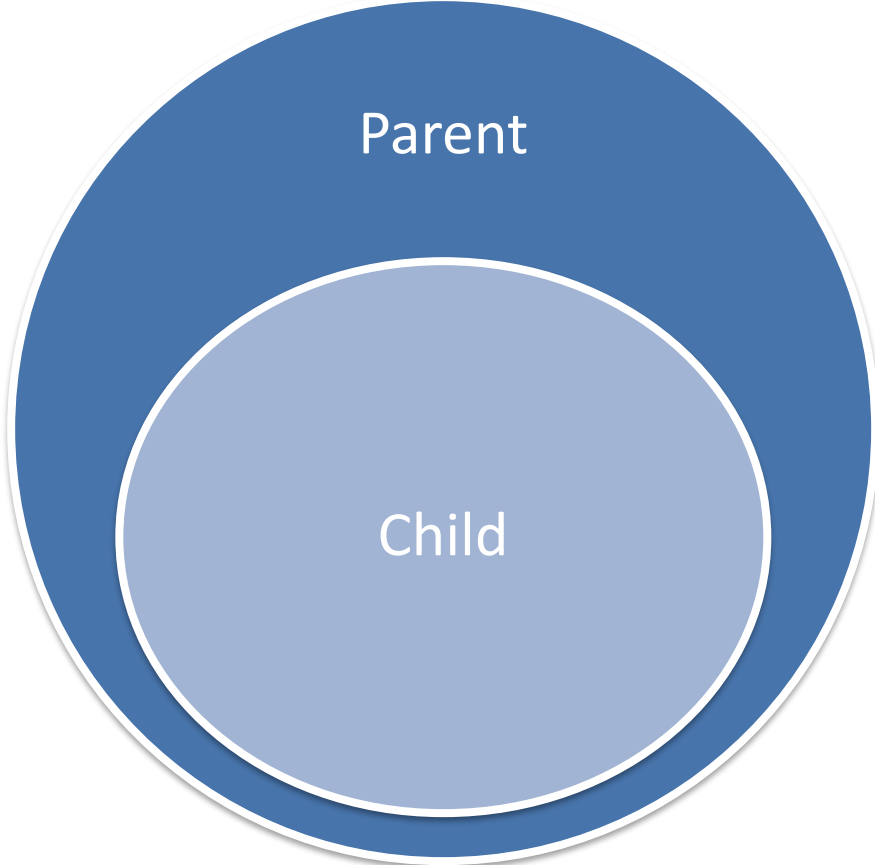
Babies Need External Regulation

- 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

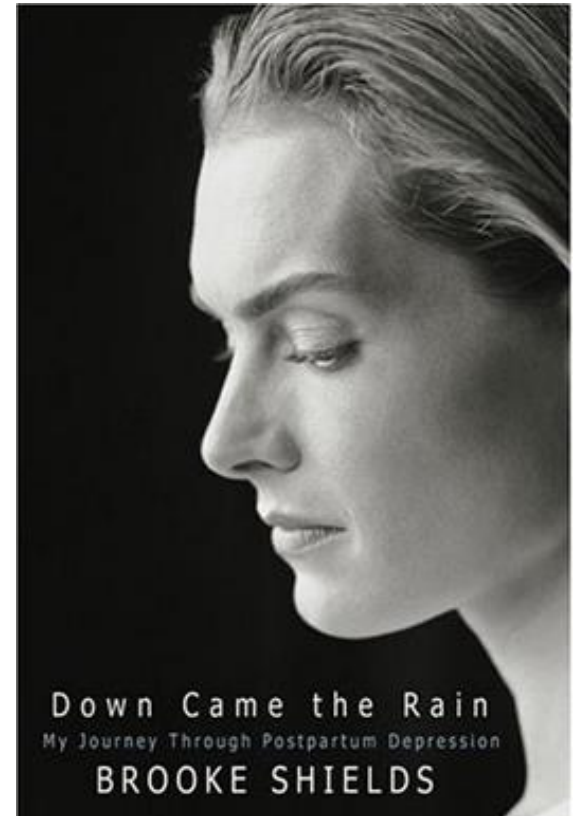


Children Learn to Self-Regulate



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

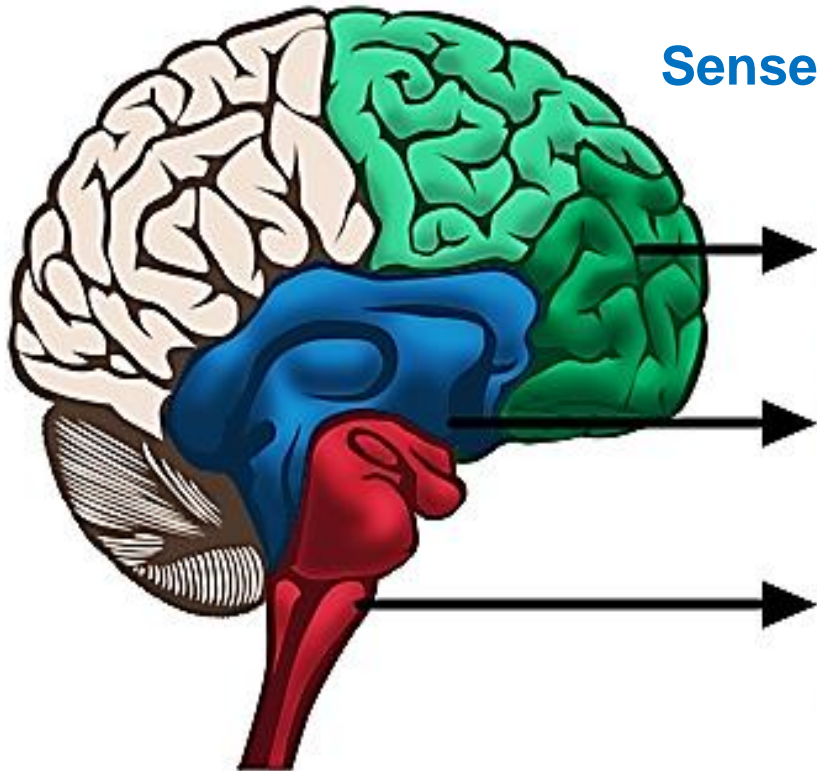


6 Areas of the Developing Mind

Inter-relational/Prosocial – Feeling the needs of others
Who can help and how can I make the world better?

Social/Relational/ – Connection to others
Who are my family and friends?

Sense of Self- Who am I?



Executive State
Prefrontal Lobes
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?

Interconnected
ness

Community

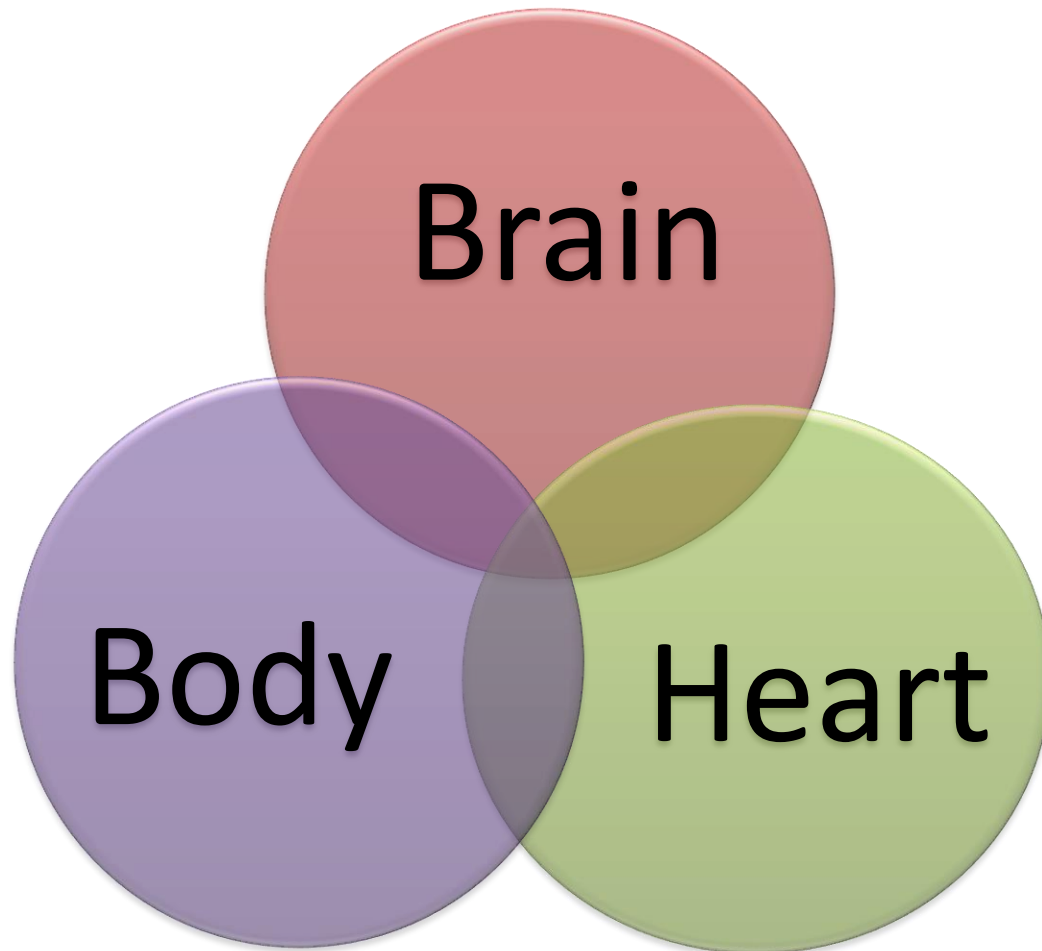
Beliefs

Thoughts

Emotions

Sensations

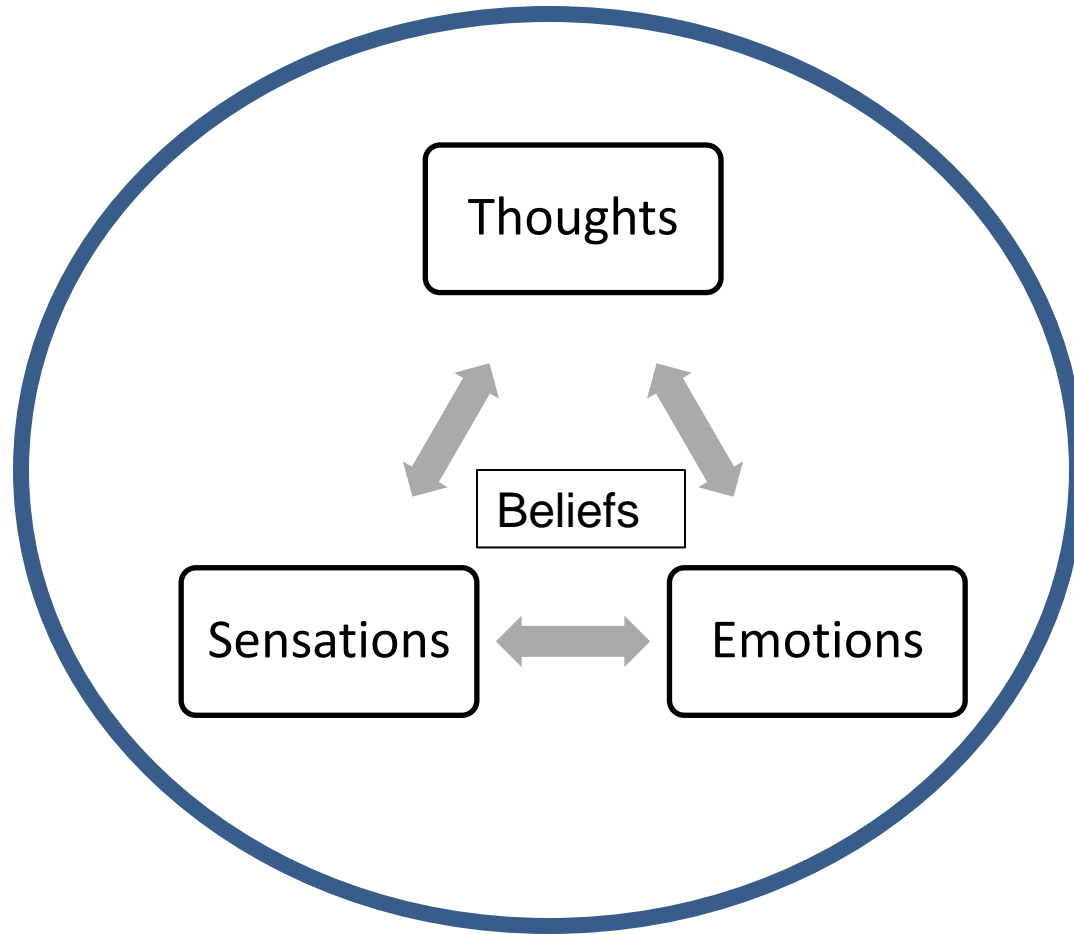
Energy and Information to Our Mind



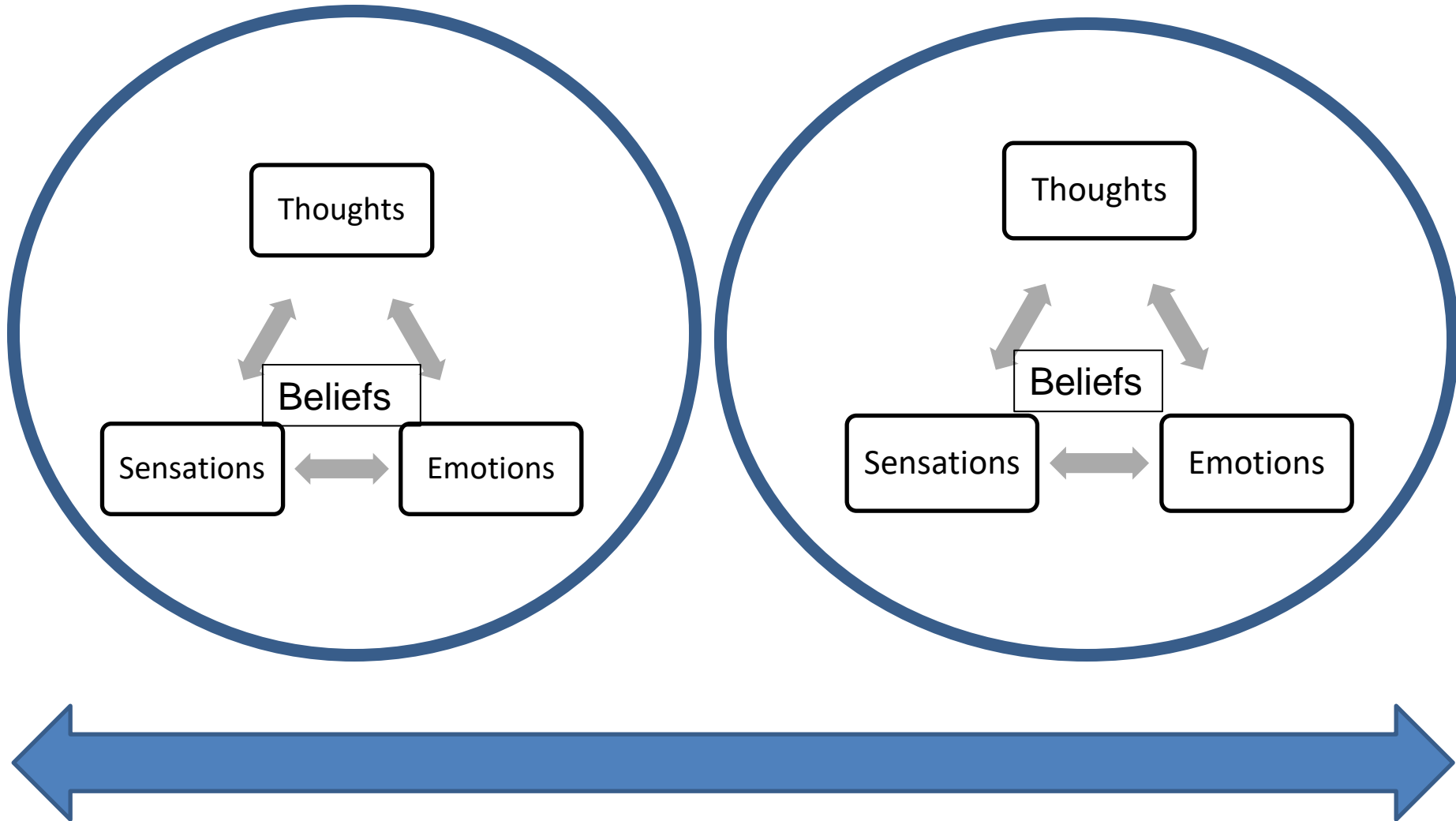
Physical State

- Tired
- Sleepy
- Hungry
- Thirsty

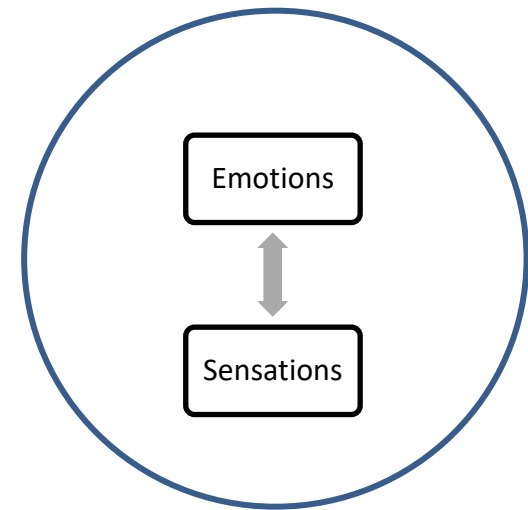
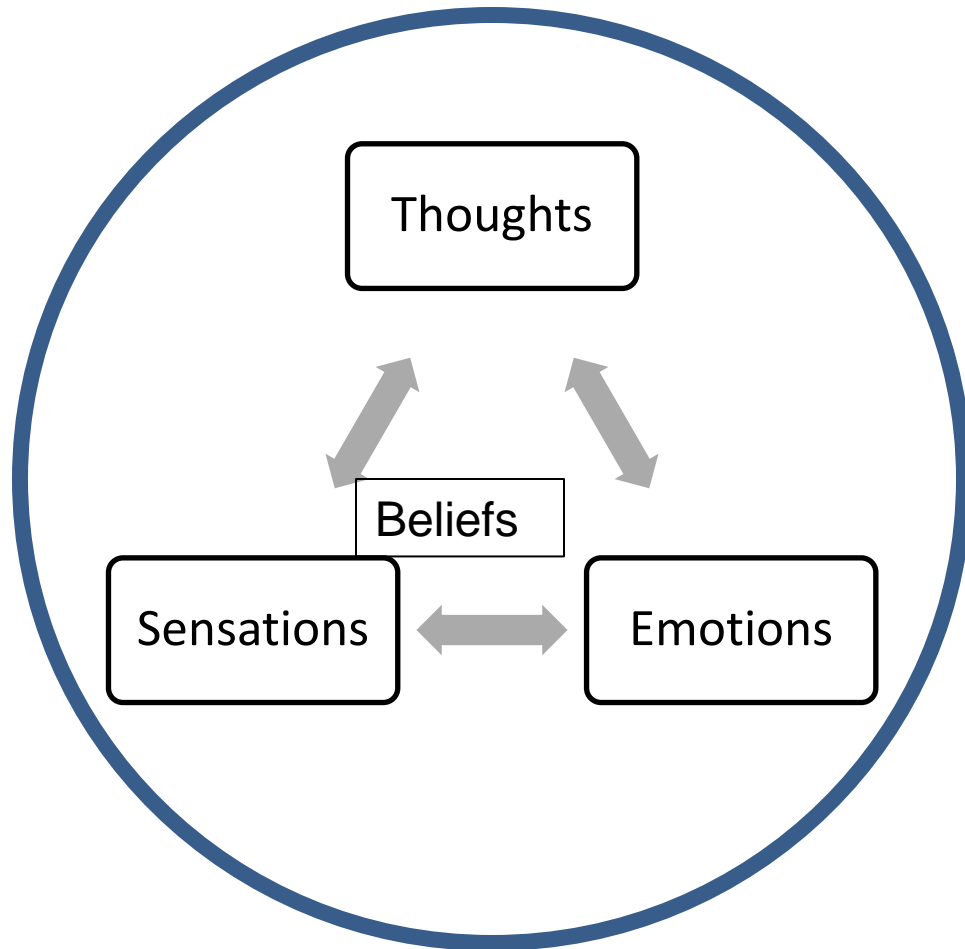
Our Inner World



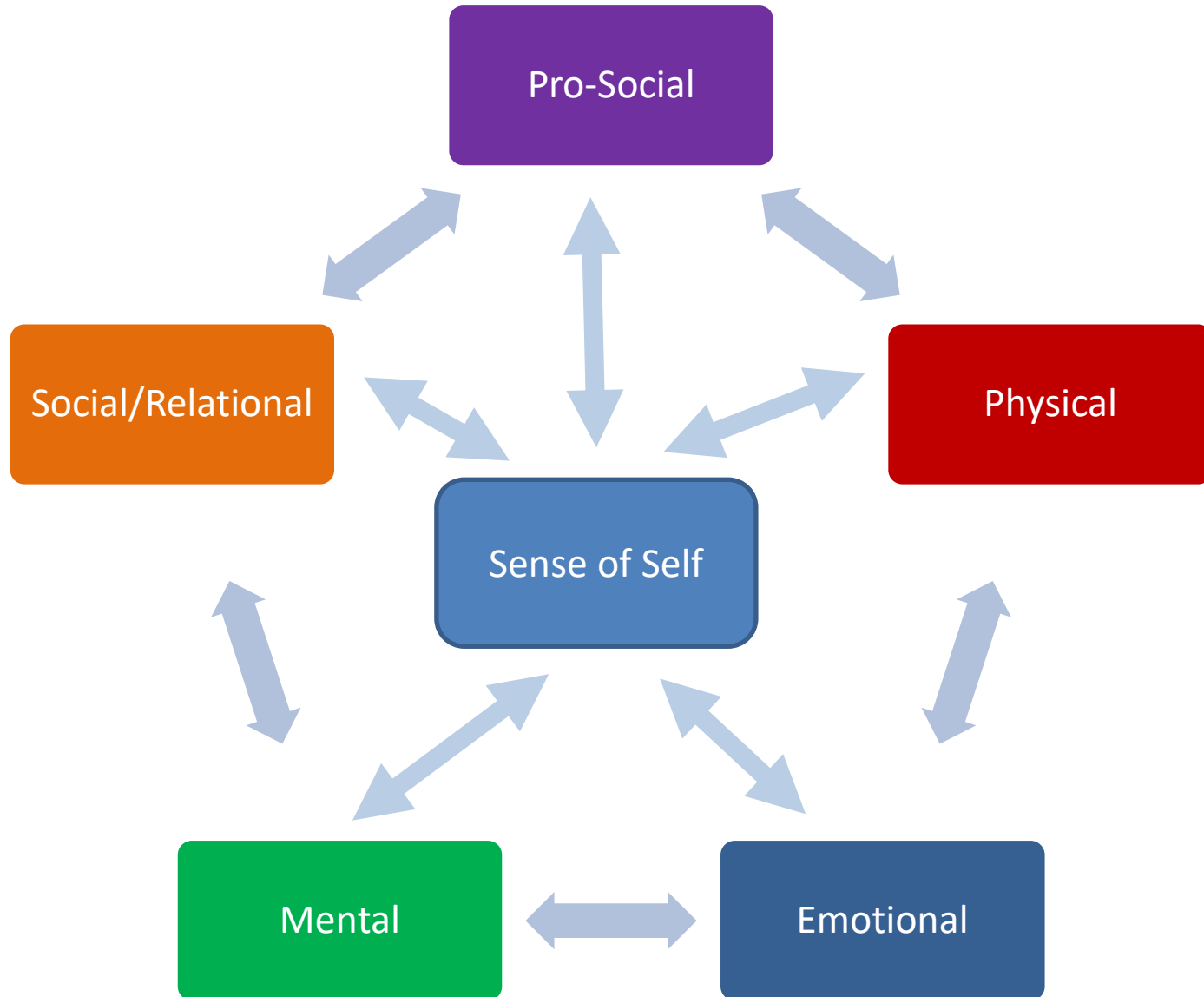
Inner Worlds of Two



Inner Worlds of Parent and Baby



Are Interconnected and Interdependent



Are Interconnected and Interdependent

Pro-Social

Caring, Empathy, Compassion, Service

Social/Relational

Attachment, Temperament, Attunement, Interactions, Relationships

Sense of Self

Self-Esteem, Identity, Mastery, Morality

Mental

Cognition, Concentration, Problem Solving, Communication (connects to physical), Imagination, Memory

Emotional

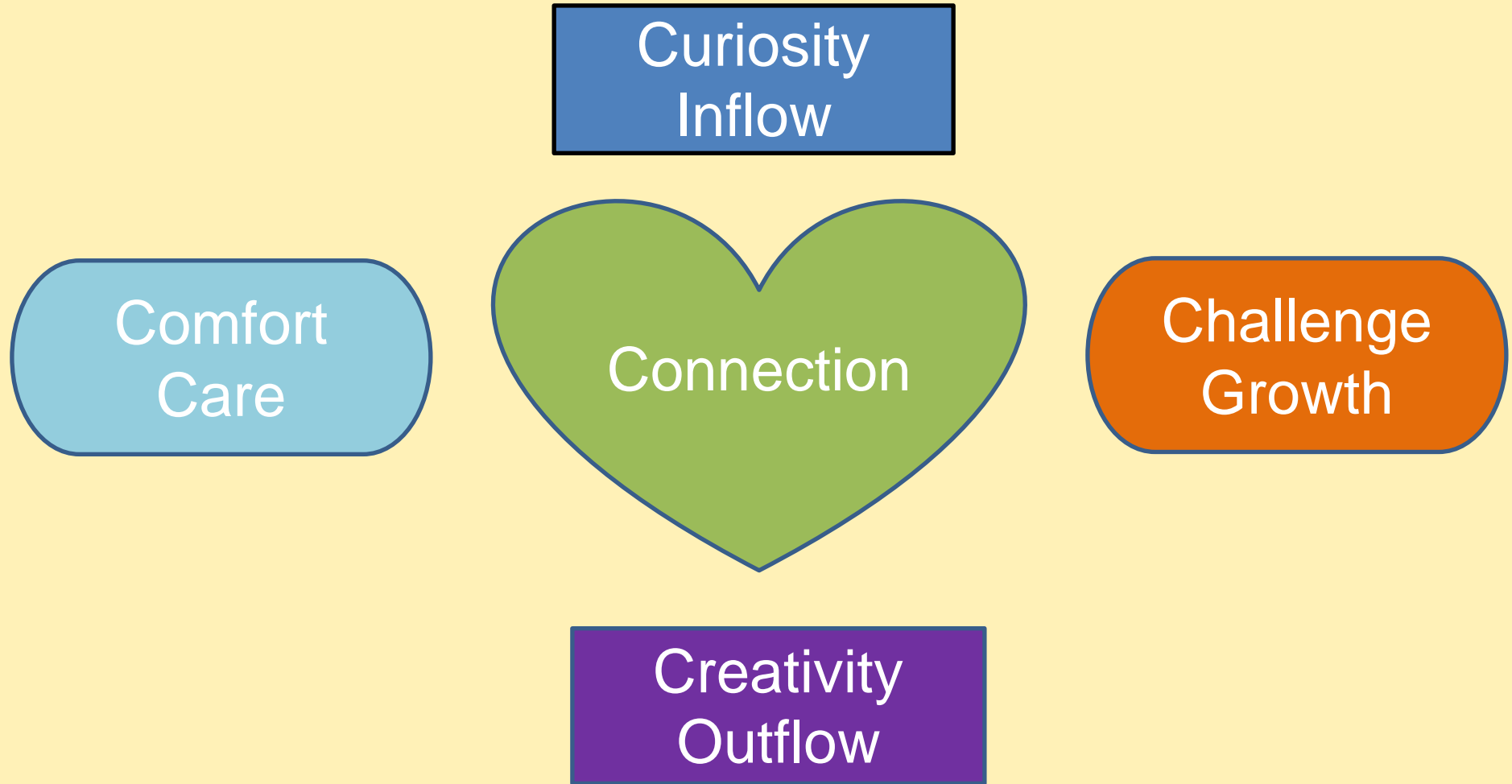
Understanding, recognizing, regulating emotions

Physical

Gross Motor, Fine Motor, Proprioception, Interoception

Role of Relationships Play
Regulation
Co-Regulation
Teaching
Modeling

My Working Model - Development



Rooted in Relationships, Safety, and Context

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

Thanks for joining us!

WHAT'S NEXT?

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- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*



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