



Childhood Development: Birth to Early Adulthood

6/7/2018

Objectives



- Learn how knowledge of childhood development can be helpful to caregivers.
- Explore the key areas of childhood development.
- Learn how trauma impacts childhood development.
- Describe the characteristics of children and young adults in various stages of development.

Childhood Development



Birth to Adolescence:

Adapted from Erickson's Stages of Man



Stages of Childhood Development



Stage	Age	What should caregivers do?
“I am learning to trust you.”	Birth through first year	Give attention, nurturance and conversation; respond to crying
“I am learning to do things by myself.”	First through third year	Give respect and affection; have patience and a sense of humor
“I am learning to take initiative.”	Third through sixth year	Give flexibility, affection, respect, and moments of undivided attention
“I am learning to be productive and successful.”	Sixth year through onset of puberty	Give clear and reasonable limits with opportunities for negotiations; assign simple household duties with reminders
“I am learning about my own identity.”	Adolescence	Allow them to choose food for dinner; allow use of cell phone or iPod if their behavior is appropriate
“I am learning how to be in relationship with others.”	Early Adulthood	Allow them to go on group dates; allow them to work outside of home

Early Childhood Development



Early Childhood Development



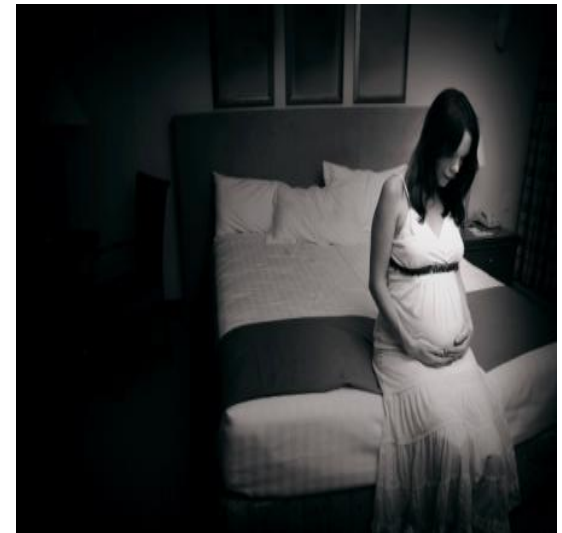
- Science confirms that babies are not blank slates:
 - From birth, they feel, remember, learn and communicate. You, as the parent, can have a positive influence on their life.
- The early years are very important:
 - What happens to your child during the first three years shapes their future success.
- Young brains are resilient:
 - Your baby can heal from abuse with the right treatment and services.

(Adapted from Zero to Three - www.zerotothree.org)

How Attachment affects your Child's Development

During infancy and early childhood a child becomes attached and bonds with you. Prenatal issues can also determine how well your child will bond with you. These issues include:

- Premature birth
- Biological mother's use of drugs and/or alcohol
- Genetic issues
- Parent's personality



What is Child Traumatic Stress?



- Child Traumatic Stress refers to the physical and emotional responses of a child to threatening events. These are events that threaten the life or safety of someone very important to them
- Trauma causes an overwhelming sense of terror, helplessness and horror
- Trauma produces intense physical effects such as a pounding heart, rapid breathing, trembling, etc...
- Traumatic events make it hard for children to cope.
- They cause the child to feel terrified, powerless and out of control.

Complex Trauma



- Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Source: Cook et al. (2005).
Psychiatr Ann, 35(5): 390-398.

Effects of Trauma Exposure



- **Attachment.** Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology.** Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation.** Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Effects of Trauma Exposure



- **Dissociation.** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- **Behavioral control.** Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- **Cognition.** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept.** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

Trauma and the Brain



- Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system.
- Trauma-induced alterations in biological stress systems can adversely effect brain development, cognitive and academic skills, and language acquisition.
- Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.
 - These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.

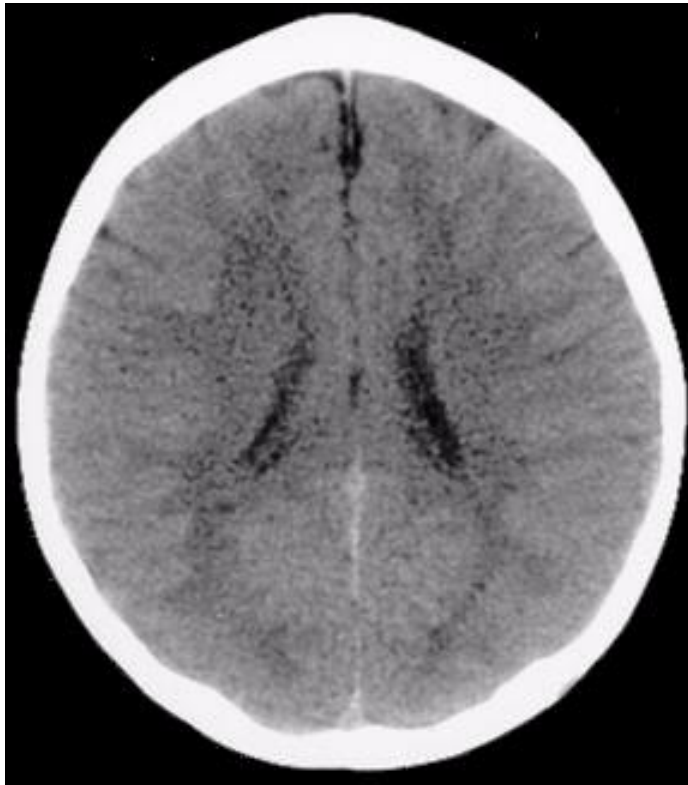
Source: Pynoos et al. (1997). Ann N Y Acad Sci; 821: 1766-193.

Trauma and the Brain



- In early childhood, trauma can be associated with reduced size of the cortex.
 - The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.
- Trauma may affect “cross talk” between the brain’s hemispheres, including parts of the brain governing emotions.
- These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

Three Year-Old Children



Normal



Extreme Neglect

From studies by Bruce D. Perry,
M.D., Ph.D. at the Child Trauma
Academy (www.childtrauma.org)

The Influence of Developmental Stage: Young Children



Young children who have experienced trauma may:

- Become passive, quiet, and easily alarmed.
- Become fearful, especially regarding separations and new situations.
- Experience confusion about assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor.
- Regress to recent behaviors (e.g., baby talk, bed-wetting, crying).
- Experience strong startle reactions, night terrors, or aggressive outbursts.

The Influence of Developmental Stage: School-Age Children

School-age children with a history of trauma may:

- Experience unwanted and intrusive thoughts and images.
- Become preoccupied with frightening moments from the traumatic experience.
- Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different.
- Develop intense, specific new fears linking back to the original danger.



The Influence of Developmental Stage: School-Age Children



School-age children may also:

- Alternate between shy/withdrawn behavior and unusually aggressive behavior.
- Become so fearful of recurrence that they avoid previously enjoyable activities.
- Have thoughts of revenge.
- Experience sleep disturbances that may interfere with daytime concentration and attention.

The Influence of Developmental Stage: Teens

In response to trauma, **teens** may feel:

- That they are weak, strange, childish, or “going crazy.”
- Embarrassed by their bouts of fear or exaggerated physical responses.
- That they are unique and alone in their pain and suffering.
- Anxiety and depression.
- Intense anger.
- Low self-esteem and helplessness.



The Influence of Developmental Stage: Teens



These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior.
- Sleep disturbances masked by late-night studying, television watching, or partying.
- Drug and alcohol use as a coping mechanism to deal with stress.
- Over- or under-estimation of danger.
- Expectations of maltreatment or abandonment.
- Difficulties with trust.
- Increased risk of re-victimization, especially if the teen has lived with chronic or complex trauma.

Teens, Trauma and Drug Abuse



Teens may use substances to self-medicate:

- Reminders of past trauma may make them crave drugs or alcohol.
- Drug abuse makes it harder to deal with their past trauma.
- Drug abuse can lead to high-risk behavior, causing even more trauma.

Special Populations



Homeless teens:

- More likely to experience trauma.
- May run away to escape abuse.
- Female homeless teens are at high-risk for sexual trauma.

Special needs teens:

- 2 to 10 times more likely to be abused than other teens.

Lesbian, gay, bisexual, transgender or questioning (LGBTQ) adolescents:

- More likely to experience violence than other teens.

Maya (Age 8 months)



Maya was taken into care after her 17-year-old mother brought her to the ER unconscious, with broken arms and bruises. Maya and her mother Angela had been living with her mother's abusive boyfriend. For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence. Angela claimed Maya was hurt while in the shelter. Maya has been placed with her Aunt Jenna.

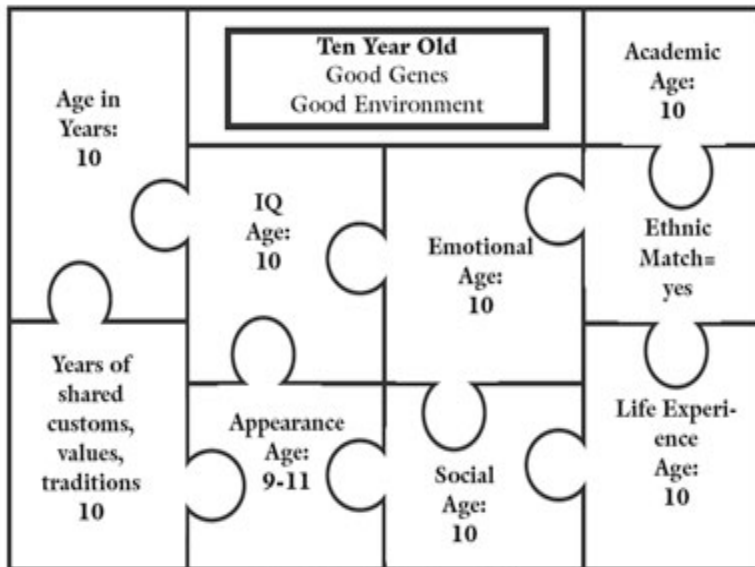
Maya often wakes up crying in the middle of the night. When her Aunt Jenna tries to soothe her, Maya arches her back, pushes her hands against Jenna's shoulders, and screams even harder. When Jenna tries to make eye contact with Maya, the baby turns her head away. "This little baby makes me feel completely rejected," Jenna says. "Sometimes I feel so helpless, I just have to put her down and let her cry."



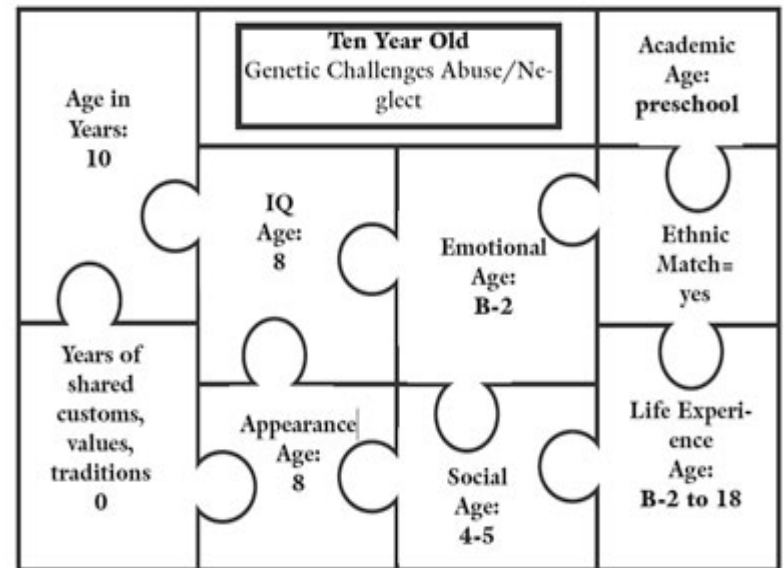
Vignette Questions

- What areas of Maya's development have been affected by her trauma history?
- What can Aunt Jenna do to help Maya catch up developmentally?

“The Jigsaw Puzzle Child “ By Eileen Mayers Pasztor, DSW



The Typical Ten Year Old



My “Ten” Year Old Son

Emotional Hot Spots Common to Children in Foster Care



- Birthdays
- Mother's Day/Father's Day
- Entering school
- Comments from peers
- When they discover "where babies come from"
- School projects/assignments
- Teen Years
- Medical appointments and times of illness
- Times of family upheaval
- Adulthood
- Holidays

How Coordinated Care Can Assist



Health Care Case Management:

- Speak with Member Connections to learn more about enrolling into healthcare case management at 1-844-354-9876.
- Member Connections or your Coordinated Care Case Manager can find a licensed therapist in your area.
- NOTE - Family Therapy is covered by Coordinated Care
 - Foster parents, their children, and foster siblings can participate in family therapy, with the foster child.

Things to Remember



- Your child may go to any behavioral health provider in the Coordinated Care Network.
- You do not need a referral from your child's PCP to participate in family therapy.



Helpful Resources



American Academy of Pediatrics (<http://www.aap.org/healthtopics/stages.cfm#inf>)

- The AAP advocates for the health and well-being of infants, children, adolescents and young adults. The above link will give you information on what to expect as your foster child progresses through the various developmental stages.

Center for Disease Control (<http://www.cdc.gov/actearly>)

- The CDC has FREE materials for parents, healthcare providers, and childcare providers. These free materials include fact sheets on childhood development, resource kits, and growth charts for parents. All materials are printed with English on one side and Spanish on the other.

March of Dimes (http://www.marchofdimes.com/pnhec/298_10203.asp)

- The March of Dimes is dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality. The above link will give you information on what to expect from your baby as they go through the various developmental stages.

Helpful Resources



National Child Traumatic Stress Network (<http://www.nctsn.org>)

- The NCTSN mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. You can learn more about how trauma impacts children throughout their developmental lifespan by visiting this website.

Coordinated Care – WA Foster Care Program (<http://www.coordinatedcare.com>)

- Coordinated Care works with families and healthcare providers to treat foster children with physical and behavioral health issues, including developmental delays.
Phone: (844) 354-9876.

Zero to Three (<http://www.zerotothree.org>)

- The Zero to Three is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.



Thank you!