Early Childhood Neglect & Deprivation

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Early childhood attachment experiences build the foundation for life-long learning, self-regulation, and the ability to form healthy relationships with others.
John Bowlby (1969) viewed the processes of attachment as not only a theory for understanding infant development and the pathology, but also as a means of explaining the development of human personality.

The development of personality requires an understanding of the internal working model.
Internal Working Model

The internal working model develops during infancy and early childhood. It posits that people develop cognitive templates that dictate an understanding of their self-worth and overall safety in a given environment based on the type of caregiving they receive.
Neglectful caregiving

Avoidant, ambivalent, disorganized behavior

“The world is unsafe, I am on my own, I am unloved.”

Difficulties with self-soothing/regulation and in seeking support from others

Poor relationship development and social skills.
For children who have experienced early childhood neglect, top-down intervention often prove ineffective.
Regulation Theory (The Brain)

Dr. Allen Schore

One of the leading contemporary researchers on attachment theory is Dr. Allen Schore, a clinical professor of psychiatry at the UCLA center for Brain, Culture and Development.

He has published widely on the neurological aspects of attachment, and has proposed an updated version of Bowlby’s attachment theory that he calls regulation theory.
Regulation Theory

The quality to which caregivers interact with and provide stimulation to infants can greatly effect early neurocognitive development, specifically in right-brain region. With consistent interaction, the parent and child eventually achieve affect synchrony.

The Center for the Developing Child at Harvard University are calling this process of back-and-forth interaction:

“Serve & Return”
Infants do not know how to self-regulate their emotional states, so they instinctually use the serve and return process with their caretaker to help with regulation.

With consistent caregiving, a sufficient amount of neural tuning will lead to *affect synchrony*. In time, the child will rely less and less on others for emotional regulation.
The right hemisphere of our brain is responsible for imagination, creativity, and most importantly processing emotional states and self-regulation.

Thus, a *lack* of sufficient serve and return activity stunts the development of this area, which resultantly stunts *all* of these processes.
The orbifrontal cortex is not functional at birth, but becomes mature during the attachment process in infancy, and is further strengthened by the socialization processes that occur later in childhood.

Social skills are essential!
Traumatic Incident
(i.e., physical, sexual abuse, witnessing DV, disaster, terrorism, etc.)

Early Childhood Neglect

Shutting down of left hemisphere areas

Stunted development in right hemisphere areas

Responsible for logic, reason, speech

Responsible for the processing of emotions, regulation, creativity, and imagination
Early Childhood Neglect: Physical Effects
Human Brain Development

Synapse formation is dependent on early experiences

1st critical period of development (0-1.5 years)
Sensitive Periods in Early Brain Development

Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shonkoff, 2000.)
Right brain is physically smaller, in other words, there is less "brain" to work with.

MRI scan of a healthy 3 year old child

MRI scan of a child who spent the first three years in a Romanian Orphanage

Enlarged ventricles
cerebrospinal fluid (CSF)
• Schizophrenia
• Dementia
• Severe PTSD
Infantile (primitive reflexes) persist beyond appropriate developmental period

Tonic neck reflex
Grasp reflex
Crawl reflex
Step reflex

The moro reflex

Occupational therapy may be needed
Failure to Thrive

Infants will not absorb nutrients from the food if they do not receive active engagement from a caregiver. Thus, children will not survive if they implicitly believe themselves to be unloved and/or unwanted.
Clinical Considerations 3+ years of age

- Fine motor & coordination problems?
- Speech, vision, hearing issues?
- Troublesome behavior (aggression, stealing, hoarding, DSED)?
- Family support (emotional, respite, financial)?
- Have developmental milestones been reached?
- Child’s capacity for self-regulation?
- Educational strengths & deficits?
- Social functioning (gets along with peers)?
Clinical Considerations 3+ years of age

Even with this “ideal”, progress may be slow. We need to have both hopeful and realistic expectations.
Clinical Considerations 0-3 years of age

- Enhancing caregiver-child interaction (serve-and-return).
- Addressing obstacles to caregiving (caregiver-trauma, drug use, medical issues).
- Monitoring developmental progress (tracking, movement, speech).
- Promoting proper nutrition.
Uses video recordings of parent-child interactions to encourage parental support of the child’s development. FIND is currently being used as part of CHSW’s Early Head Start home visiting program (Video).
Promising Intervention Models

Attachment and Biobehavioral Catch-Up (ABC) Intervention

TARGET POPULATION
Infants and toddlers placed in foster care, relative care, or living with their birth parents.

PROGRAM GOALS AND INTERVENTION STRATEGIES
Strengthen parents’ or caregivers’ sensitivity and responsiveness to an infant’s cues and help them provide an environment in which they are able to foster a young child’s regulatory abilities.

Child-Parent Psychotherapy (CPP)

TARGET POPULATION
Children aged 0-5 who experience mental health, attachment, and/or behavioral problems as a result of traumatic events.

PROGRAM GOALS AND INTERVENTION STRATEGIES
Repair the rupture of trust in the parent-child relationship following trauma by enhancing the parent’s capacity to protect the child and helping the child to regain a sense of safety in the relationship with the parent. Treatment also focuses on contextual factors that may affect the parent-child relationship, such as cultural norms and socioeconomic and immigration-related stressors.

Early Childhood Neglect and Deprivation – Real World Practice

Nicole Miller
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How does this information help me?
Brain Science

“You are your synapses. They are who you are.”
- Joseph LeDoux, 2002
Human Brain Development
Synapse formation is dependent on early experiences

- Sensory Pathways (vision & hearing)
- Language
- Higher Cognitive Functions

Conception to Birth | Age in Months | Age in Years
---|---|---
-8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

- Orange: Sensory Pathways (vision & hearing)
- Blue: Language
- Red: Higher Cognitive Functions
Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Adverse Childhood Experiences

- Disrupted Neurodevelopment
- Social, Emotional and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death

Deaths

Conception

Epigenetic Mechanisms

Intergenerational Transmission

Slide Courtesy of Rob Anda, MD, MS
**Trauma** is an emotional shock that creates significant and lasting damage to a person's mental, physical and emotional growth.

- Community & school violence
- Refugee & war zone trauma
- Domestic violence
- Serious accidents
- Natural disasters
- Physical abuse
- Abandonment
- Sexual abuse
- Verbal abuse
- Terrorism
- Neglect
- Torture
“If you don’t think what I think… feel what I feel… experience what I experience… see what I see when I look at myself, others, and the world around me… how can you possibly know what is best for me?”
Trauma-informed care means trust and cooperation

Effective programs understand trauma and respond to the clients’ needs and avoid retraumatizing practices.
Effective Trauma Informed Care Practices
Maternal, Infant, and Early Childhood Home Visiting

- Link families to community services
- Provide child development, nutrition and safety education
- Provide cribs, car seats, and diapers
- Provide emotional support and encouragement

115,500 at-risk parents & children in 787 counties in every State, DC & five territories in FY 2014
Nurse-Family Partnership

An evidence-based community healthcare program
Non-profit organization
37 years of research

Results:
• Improved prenatal health
• Fewer childhood injuries
• Fewer subsequent pregnancies
• Increased intervals between births
• Increased maternal employment
• Improved school readiness
St. Aemilian-Lakeside (SAL) – Milwaukee

Human service organization
Emphasis on awareness of effects of trauma

✓ Relationship between child and caregiver
✓ Relationship between organization and families
✓ Importance of evaluating secondary trauma
Project RISE

Realizing Individual Strength through Education

- Federally funded
- Collaborative effort by Akron Public Schools, local shelters, and the community
- Provides assistance to homeless youth & their families
Project RISE

- Tutoring
- Transportation
- School Enrollment
- Akron Street Card
- Resource Directory
- Love and Learn Doll Project
- Moms and Kids on the RISE
- PACT
- Summer Programs
- Uniforms and Clothing
Project RISE – Akron Street Card & Resource Directory

Directories of social service agencies and resources including:

- Childcare
- Counseling
- Drug & Alcohol Services
- Pregnancy Services for Adults & Teens
- Shelter & Housing
- Youth Services
- Etc.
Project RISE - Love and Learn Doll Project

• Children from homeless shelters are given handmade dolls, quits, and tote bags along with a storybook and school guides.
• Volunteers talk to the children and parents about school readiness
Project RISE - Moms and Kids on the RISE, PACT, & Parents RISEing

- **Moms and Kids ong the RISE**: Supportive programing for mothers along with art education programing for the kids.
- **PACT**: Performing Arts Can Teach program engages families in musicals, plays, and dance performances.
- **Parents RISEing**: Three seasonal dinner events are held at local agencies and churches for families.
Early Trauma Treatment Network (ETTN) – Preschool Program

• Lousiana State University Health Science Center Department of Psychiatry
  • Partnered with local child care centers and community members
  • Goal to advance children’s development
    • Consultations
    • Evaluations
    • Training
    • Treatment
Early Trauma Treatment Network (ETTN) – Victim Assistance Program for Children and Families (VAP)

• LSU Health Science Center Department of Psychiatry
  • Partnered with community and the police
  • Goal is to reduce violence among youth
    • Early intervention
    • Counseling
    • Services to victims
    • Education/Prevention Forums for police, parents, and children

24-Hour Hotline
VAT card
• Increased sensitivity
• Increased knowledge

• 25% Police
• 75% Families
  • 60% children <12
  • 50% mental health
What do these programs share?
Trauma-informed care means trust and cooperation

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
Essential Elements of Trauma-informed care

- Identify Trauma Related Needs
- Maximize Child Safety
- Enhance Child Well-being and Resilience
- Enhance Family Well-being and Resilience
- Avoid Secondary Trauma
- Partner with Organizations
Focus on Child Welfare

• 27% fewer children in foster care in 2012 than in 1998.
• Greater number of children being reunited, adopted, and placed in permanent homes.

However

Research on the effects of trauma must be implemented into policy programs and practices.
Focus on Child Welfare

Evidence-Based Interventions:
• Anticipate challenges children will bring
• Rethink the structure of services delivered
• De-scale ineffective practices
Focus on Child Welfare

Duties of the state:

• Early and Periodic Diagnosis, Screening, and Assessment (EPSDT)
• 2011’s Child and Family Services Improvement and Innovation Act
• Child Abuse Prevention and Treatment Act (CAPTA)
Focus on Child Welfare

- Counseling
- Parenting classes
- Life skills training

Research says: Not grounded in best available evidence
What can we do?

Trauma-informed Plan of Action
Agency Self-Assessment

step 1

• Questionnaire for employees
• Assesses organization’s trauma-informed readiness/current effectiveness
• Examples online:
  http://www.traumainformedcareproject.org/
  http://www.familyhomelessness.org/media/90.pdf
Train Employees

**step 2**

- All aspects of program activities are involved
- All groups are involved
- New routine

- Understand trauma
- Understand the trauma survivor
- Understand the services
- Understand the service relationship
Develop a Strategic Plan

**step 3**

1. Identify and agree upon goals
2. Identify steps to reach each goal
3. Identify resources needed to achieve each goal, and
4. Set timeframe for goal achievement
Communicate with Agencies

**Step 4**

Coordinate with organizations that deal with children to prevent, screen and treat.

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<tr>
<td>Foster Care System</td>
<td>Faith based organizations</td>
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Monitor Progress

step 5

Multi-disciplinary “trauma workgroup”
• ensure objectives are met
• generate new ideas
• continue education and training opportunities

Continual & On-going step
What Does Being Trauma-informed Look Like?

A change in attitudes and practices as a result of trauma training, Self-Assessment, and on-going education.

Your organization should be a web of integrated service systems that share the goal of providing wide-ranging, quality care and seek to empower both the providers as well as the clients.