

**DEVELOPMENTAL
UNDERSTANDING OF INFANTS
AND YOUNG CHILDREN'S
WELL-BEING**

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AGENDA

- Introduction
- Small Group Activity
- Developmental Understanding
- Breakout Activity
- Q & A

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INTRODUCTION

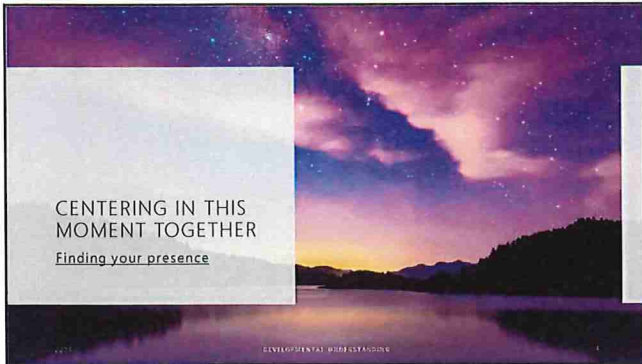
I have passionately worked with children ages 0-10 and their caregivers for over a decade. I specialize in mental health interventions for children ages 0-6 and their caregivers who have encountered significant difficult times and mental health symptoms.

I am trained in multiple evidenced-based interventions including CPR, PCIT, ABC-Infant, and the CHILID. I provide mental health consultation to childcare providers, county providers, and educators.

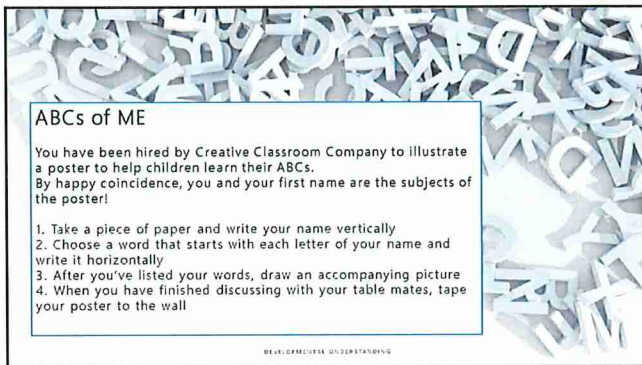
I am a board-approved supervisor through the state of MN. Also, I am endorsed as an Infant Mental Health-Specialist with MACMH.

I value self-sustainability in my personal and professional life. I practice pausing, giving myself permission, being present, and finding passion.

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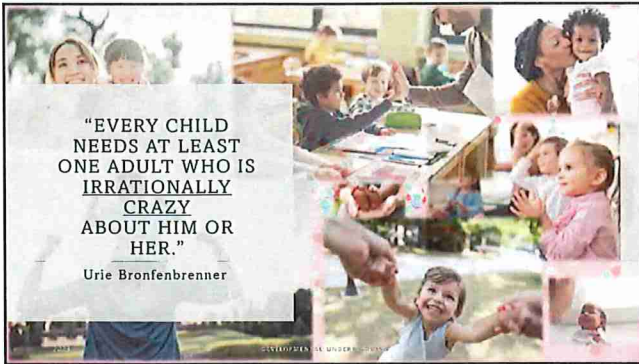
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"EVERY CHILD
NEEDS AT LEAST
ONE ADULT WHO IS
IRRATIONALLY
CRAZY
ABOUT HIM OR
HER."
Urie Bronfenbrenner

DEVELOPMENTAL UNDERSTANDING

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OUR STORY IS OUR MAP

Maya Angelou

"Do the best you can
until you know better.
Then when you know
better, do better."

DEVELOPMENTAL UNDERSTANDING

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OUR STORY AND THEIR STORY IS THEIR MAP



What is development?

Development is a process that encompasses the entire life span and involves momentum towards healthy growth as well as unmet milestones, distortions, delays, and pathological patterns. (Lieberman, et al 2015)

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THE PARENTING MAP

Children need an adult to THINK about them, FEEL something for them, and DO for them.



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THE PARENTING MAP

"How we are, is what we do." Jeree Pawl

- Factors affecting the CG capacity for *responsiveness* include,
 - CG internal working models of caregiving,
 - Parental risk factors (MH issues, sub ab), and
 - CG receiving outside support from others



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OLD ROUTES AND NEW ROUTES

Attachment Patterns

- Secure working models of CG
 - Valued in their relationships,
 - Believed their attachment relationships have a MAJOR INFLUENCE on who they are,
 - Objective and balanced,
 - Recalled and had ease in discussing attachment, and
 - Realistic view, rather than idealistic view of attachment



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OLD ROUTES AND NEW ROUTES

Attachment Patterns

- Insecure working models of CG
 - Dismissive
 - Preoccupied
 - Unresolved



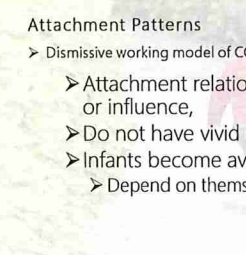
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OLD ROUTES AND NEW ROUTES

Attachment Patterns

- Dismissive working model of CG
 - Attachment relationship is of minimal concern, value, or influence,
 - Do not have vivid memories of CG relationship,
 - Infants become avoidant of the CG, and
 - Depend on themselves




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OLD ROUTES AND NEW ROUTES

Attachment Patterns

- Preoccupied working models of CG
 - CG preoccupied with their own CGs,
 - Actively pleasing their own CGs/CGs,
 - Idealize their CGs,
 - Worry about how others perceive them, and
 - Ambivalent



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OLD ROUTES AND NEW ROUTES

Attachment Patterns

- Unresolved working models of CG
 - Histories of unresolved trauma and loss,
 - Blaming themselves for the trauma or loss,
 - Disorganized, incoherent
 - Limited awareness

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PAVING AND DEVELOPING THEIR MAP

What We Know Will Help Us

- Kids need LOVE, CONNECTION, and A LOT MORE
- Relationships are important for development
 - We all develop within relationships – healthy or unhealthy / secure or insecure
- Children learn from the experiences they have had in their most important relationships



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PROMOTING PARTNERSHIP WITH CAREGIVERS

All partners are part of the process [map]

- Actively listening, rather than telling
- Inclusion of caregivers when creating a plan for child
- Strengths-based approach
- Involvement vs Engagement with caregivers
 - "their [caregivers] voices are important because they know their child best"

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PROMOTING PARTNERSHIP WITH CAREGIVERS

All partners are part of the process [map]

- Building relationships first
- Identifying strategies to reduce barriers for families to receive adequate, culturally-informed care
- Merging relationships between caregivers to support one another
- Identifying community resources

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DEVELOPING YOUR UNDERSTANDING

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BEING A LOVING LEADER AND GUIDE

 transformingtoddlerhood

Your role is to be their
Loving Leader and Guide

to be on their team

to practice the patience you
hope to teach your toddler
and to set realistic goals that you
can work towards and accomplish
together

- Be on their team
- Practice the patience you hope to teach them
- Set realistic goals that you can work towards and accomplish together



transformingtoddlerhood

"Do unto others, as you would have
others do unto others."

Jerree Pawl

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THE IMPACT OF TRAUMA IN EARLY CHILDHOOD

DEVELOPING YOUR UNDERSTANDING

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STORIES FORM A MAP

What is Mental Health for Infants and Young Children?

According to the CDC, 2022, mental health in infants and young children means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems.

Mental Health promotes:


- Positive quality of life
- Adequate functioning at home, learning environment, childcare, and social outlets

Mental Health issues are:

- Serious changes in the child's typical learning, behaviors, emotional regulation
- Issues cause much distress in relationships, home, learning environment
- Mental Health issues are treatable and manageable

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FEARS CREATE ALTERNATE ROUTES ON THEIR MAP



Common Fears for Infants and Young Children

- Fear of losing a caregiver (separation/death)
- Fear of losing caregiver's love
- Fear of bodily harm
- Fear of not living up to expectations of others/self

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PARTS OF THEIR STORY THAT DISRUPT THEIR MAP

If everything is trauma, then nothing is trauma --

Trauma is an exceptional frightening experience in which powerful and dangerous stimuli...

- Overwhelms the child's developmental and regulatory capacity (including the capacity to regulate emotions)
- Taxes the resources the child has in order to cope with the event
- Creates more risk and challenges protective factors

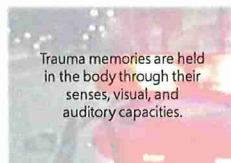
Their young brain will adapt, open, and say,
"If I survive, I need to remember everything about this experience so, I can survive." [next time]

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TRAUMATIC EVENTS DISRUPT THEIR MAP

Research found that patients who had developed PTSD showed enhanced brain responses to deviant [irregular] tones, suggesting their brain over-processed any change in the environment.

- Facial Expressions
- Noises
- Movements
- Transitions



Trauma memories are held in the body through their senses, visual, and auditory capacities.

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PARTS OF THEIR STORY THAT DISRUPT THEIR MAP

Adverse Childhood Experiences or ACEs impact,

- Future violence and victimization,
- Perpetration,
- Lifelong health,
- and Opportunities.



- As the number of ACEs increases, so does the risk for these outcomes
- Earlier childhood experiences are an important public health issue
- Our children and families need community supports and services to increase protective factors

[Center for Disease Control and Prevention, 2017](#)

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OTHER STORIES THAT DISRUPT THEIR MAP


Poverty is the most impactful psychosocial stressor

- Violence in environment
- Abuse (physical, verbal, emotional, sexual) in the home
- Neglect
- Birth of sibling
- Family move
- Caregiver unemployment
- Illness of child
- Illness of sibling/primary caregiver
- Mental health issues or substance abuse issues of caregiver/s

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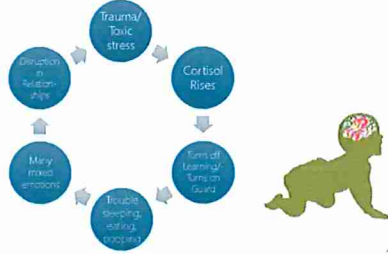
TRAUMA AND THEIR BRAIN AND BODIES



- Makes them feel anxious
- Makes them feel restless
- Makes them easily upset
- Trouble calming down
- Makes them feel like they are always in danger
- External/internal cues/triggers feel like they are back in the trauma

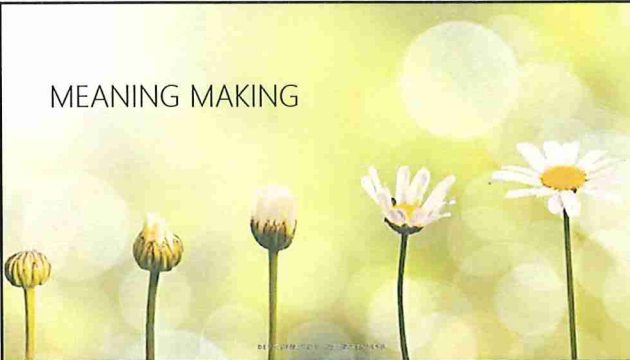
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TRAUMA AND THEIR BRAIN AND BODIES



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MEANING MAKING



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JOINING WITH THEM ON THEIR JOURNEY

CHILDREN need to learn to regulate within relationships
BEFORE THEY can self-regulate

When children signal their needs to adults we may,

- Consistently miss cues which can shows that child their needs are unmet, unseen, unheard -- leads to more dysregulation
- Consistently provide predictable responses to children's cues which shows them they are seen and heard -- leads to regulation
- Fluency, tone, generosity, and kindness

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ALICIA LIEBERMAN

Understanding the Emotional Life of Children

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JOINING WITH THEM ON THEIR JOURNEY

- "Attention seeking", shift to connection seeking
- "Behavior", shift to unmet needs
- "Hyper", shift to too many bodily cues at once
- "Overly-Sensitive", shift to highly aware of bodily sensations and/or environmental changes
- "Emotional", shift to overwhelmed current expectation
- "Aggressive", shift to scared and protective

How can we help?



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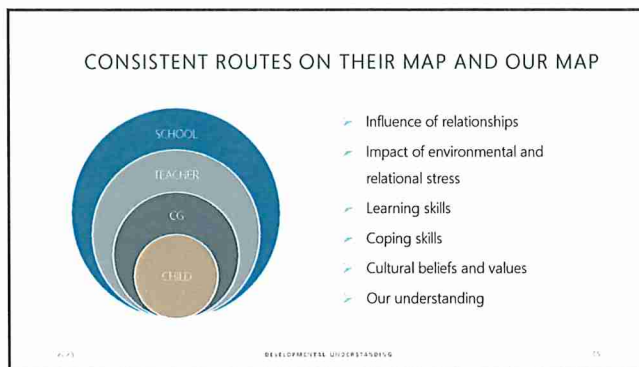
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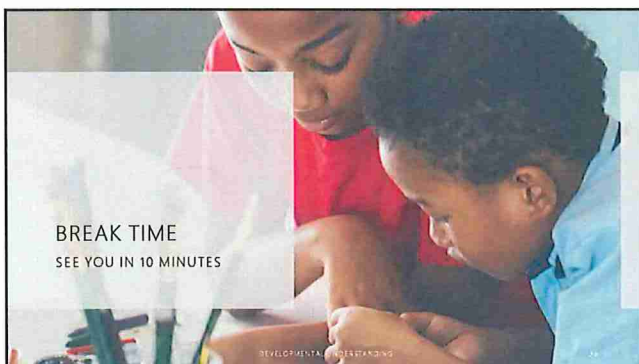
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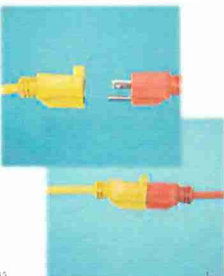
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RESTORING AND REPAIRING THEIR MAP

Developmental Repair Model

- is a state of mind and an attitude
- is kind, interested, and willing to stay connected with the child
- is always developmental
- is speaking the unspeakable
- Community commitment


"I am here to help. Your job is to let me help you."



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RESTORING AND REPAIRING THEIR MAP



➤ Developmental Repair Model

- Repair is
 - intentional and specific to what is challenging the child's competence and learning,
 - Incremental steps,
 - Practice and repetition,
 - Active in mastering their learning, and
 - Positive experiences in distress

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RESTORING AND REPAIRING THEIR MAP

- Safety first
- Allow expression of feelings
- Follow your child's lead
- Enable your child to tell the story of what happened during and after
- Ties – Reconnect with supportive people, community, culture, and rituals
- Your child needs you

NCTSN, Early Trauma Treatment Network

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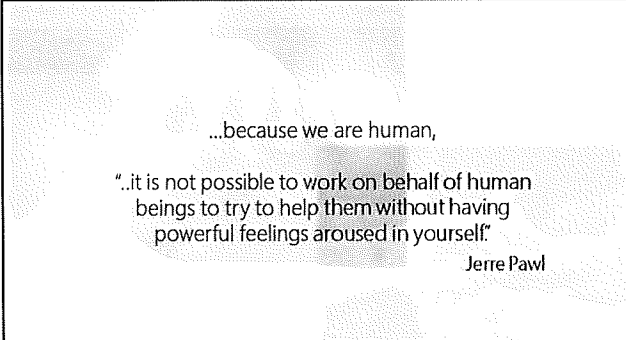
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RESTORING AND REPAIRING THEIR MAP

REPAIRING THEIR MAP

- Reality about Implicit Bias
 - Implicit Bias – a set of automatic and uncontrolled cognitive processes that affect our attitudes towards others (3)
 - It is felt and noticed more by the victim than they individual with the bias (4)
 - Some populations are more susceptible to the impact of adversity due to their socioeconomic conditions (14)
 - Children with ACES need educators who use trauma-informed approach (15)
 - Equity vs Equality

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...because we are human,
 “..it is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself.”
 Jerre Pawl

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WHEN THEIR STORY MEETS OUR STORY

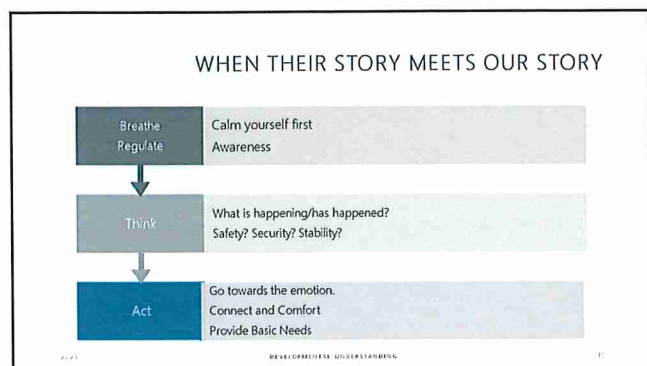
SECONDARY TRAUMA

Vicarious trauma is the emotional residue of exposure that individuals in the helping profession have from working with people as they are hearing their trauma stories and becomes witnesses to the pain, fear, and terror that trauma survivors have endured.

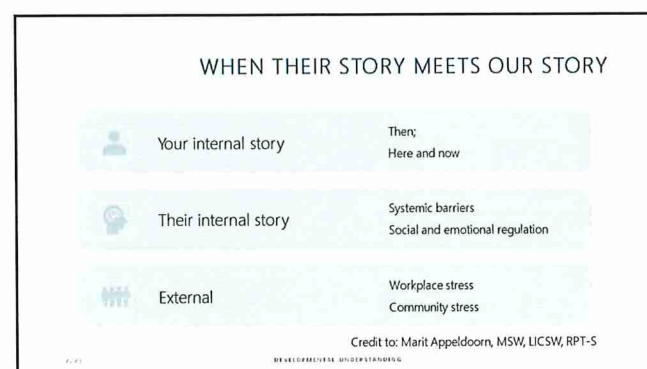
American Counseling Association, 2011

Credit to: Marit Appeldoorn, MSW, LICSW, RPT-S

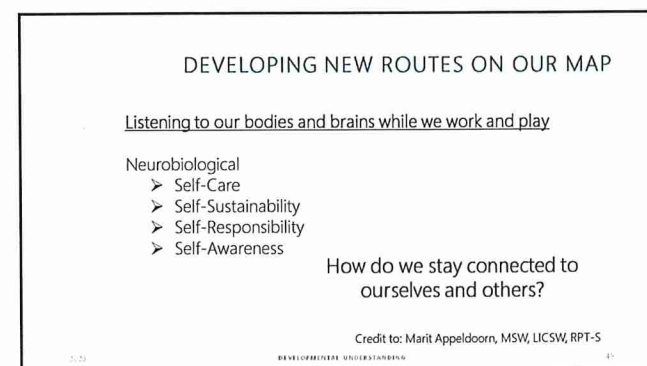
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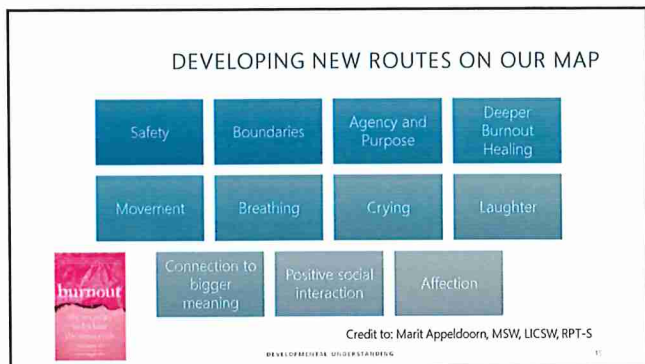
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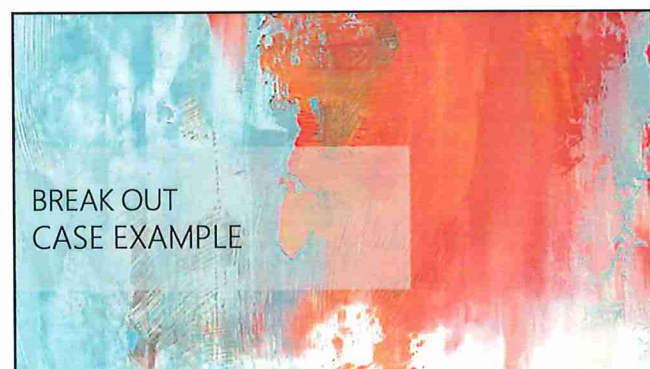
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CASE EXAMPLE

Jake is charismatic and so smart. He came into Preschool with quite a few struggles (including] potty accidents (#2) almost daily, social challenges with peers in almost every interaction (taking toys, knocking down/breaking peers' creations, hitting), and ignoring adults/teachers in the classroom, and refusal to do what the group was doing.

Also, transitions were hard. Mom had informed staff that he was diagnosed with adjustment disorder last year. We also learned that Mom has some significant mental health struggles. In October Jake's dad also came back into his life and he started spending time with him and his "new siblings". Behaviors at school would increase before and after time with Dad.

What are you thinking so far? What are you feeling?

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CASE EXAMPLE

During the beginning of the school year, anytime they needed to talk to him about behavior, or something that happened with a peer, he would [retreat to] under the table or in a corner. He would throw toys, hit, spit, kick, and scream. This was all [provoked] by them asking "Jake, what happened? Or, 'can we talk about it?'"

Trying to process what happened was nearly impossible. They could ask him questions like how do you feel? what could we do instead? how can I help you? and they were met with silence. During a moment of distress, he bit a staff and drew blood, after she had asked him to give a toy back to a peer.

What are you thinking so far? How would you respond? What are you feeling?

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CASE EXAMPLE

Staff worked so hard to model and teach social skills through the Pyramid Model to help him be successful with peer play. Jake learned that he could trust the staff as they would listen to him-even when he made a red choice. Staff were still with him and not mad, they still loved him.

In December staff started to see a shift in his behavior and responses to them. He didn't try to hide or run, he was seeking attention in a positive way, they could talk about a problem, solve it and move on. He also began to seek hugs from them. This was HUGE! He had never ever sought out hugs. He started to solve problems with friends most of the time and will ask staff for help if he needs it.

What are you thinking now? What changed? What are you feeling?

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CASE EXAMPLE

During all these challenging behaviors staff made sure that Jake knew that they loved him and cared for him. They greeted him with smiles and positive words every day. They moved on after a tough behavior and loved him up when he was sad or struggling. He knew that their classroom was safe. Staff were constant with our love and guidance, but they also held him accountable for his actions and behavior with consistent expectations and structure.

What are you thinking now? How did staff create this relationship? What are you feeling?

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CASE EXAMPLE

During this year, Jake's mom had another mental health crisis and Jake was staying with Aunt and Grandma for several weeks. During this time, they expected it to be challenging for him, AND he was coming to school happy and had little to no problems in class. Staff shared "we don't think any of his growth would have happened if we hadn't formed that necessary relationship with him this year."

How would you describe this transformation?
What were the important components of the relationship?

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MAKING SENSE OF THEIR STORY

What are you thinking so far?
What are you feeling?

What are you thinking and
feeling now? What changed?

What are you thinking now?
What are you feeling?

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MAKING SENSE OF THEIR STORY

How would you describe this
transformation?

What were the important
components of the
relationship?

How did staff create this
relationship?

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MENTAL HEALTH CONSULTATION

What is it?

- Preventative service
- Focuses on building adult capacities
- Support infant's and young children's social, emotional, and behavioral health and development
- Collaborative
- Develops new perspectives
- Promotes children's development and healthy working environment

Statistics of IECMH

- Rate of expulsion for preschool is **THREE TIMES** as high for students in K-12
- Annual number of expulsions has exceeded 300,000
- Expulsions and suspensions are disproportionate to boys and African American children
- Large group sizes/classes per teacher are robust predictors of preschool expulsion

Benefits of MHC

- Increase early learning staff competence in addressing trauma and mental health
- Reduce staff stress and turnover
- Decrease mental symptoms in young children
- Reduce educational disparities experience by children of color
- Reduce expulsion and suspension

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Q & A

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FOLLOWING...

- Dr. Becky at GoodInside
- Dr. Bessel Van Der Kolk
- Dr. Dan Siegel
- The Gottman Institute
- Kids Eat in Color
- GO Therapy
- Play.Connect.Do
- Positive Parenting: Toddlers and Beyond
- MACMH IEC
- Child Mind Institute
- Transforming Toddlerhood

- Dr. Anne Gearity
- Dr. Carol Siegel
- Chandra Gosh-Ippen
- Alicia Lieberman
- Shelia Eyberg
- Beverly Funderburk
- Mary Dozier
- Allan Sroufe
- Charles Zeanah

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REFERENCES

Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4):e20190811

Lieberman, A, et al, Don't Hit My Mommy: 2015, ZERO TO THREE
CDC Website

Understanding the Emotional Life of Children; Lieberman, A.
<https://www.youtube.com/watch?v=hlAPT-4p4pl>

Gearity, A. Developmental Repair: A Training Manual.

Gearity, A, Nietz, L. Developmental Repair for Community Professionals: Supporting Distressed Children.

2015

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THANK YOU

For being present and part
of this time with me, your
colleagues, and yourselves!



2015

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