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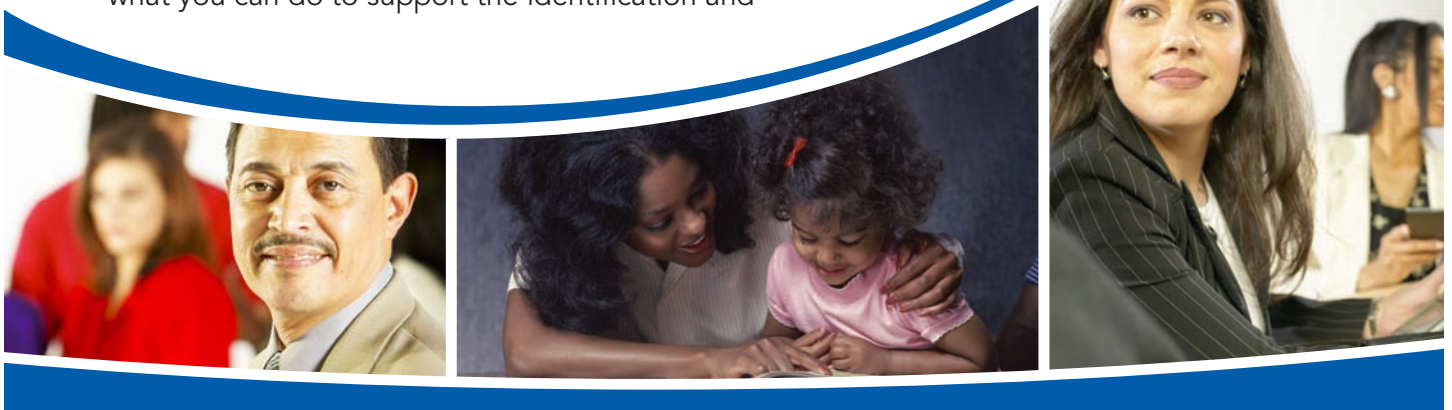
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# Supporting Brain Development in Traumatized Children and Youth

As a child welfare professional, you may have concerns about the impact of maltreatment on a child's growth and development, and for good reason: A growing body of evidence indicates maltreatment can alter brain functioning and consequently affect mental, emotional, and behavioral development (often called socio-emotional development). You and the families you serve can benefit from knowledge of children's developmental stages and the signs and symptoms of developmental delays. This bulletin summarizes what you can do to support the identification and

## What's Inside:

- Understanding trauma and brain development
- Identification and assessment
- Ages and stages
- Helping caregivers promote healthy brain development
- Working with other service providers
- Creating a trauma-informed child welfare system
- References



assessment of the impact of maltreatment and trauma on brain development; how to work effectively with children, youth, and families to support healthy brain development; and how to improve services through cross-system collaboration and trauma-informed practice.

This bulletin is a companion piece to Information Gateway's issue brief *Understanding the Effects of Maltreatment on Brain Development* ([http://www.childwelfare.gov/pubs/issue\\_briefs/brain\\_development](http://www.childwelfare.gov/pubs/issue_briefs/brain_development)). The issue brief provides basic information on brain development and helps professionals understand the emotional, mental, and behavioral impact of early abuse and neglect in children who come to the attention of the child welfare system.

## Understanding Trauma and Brain Development

Research indicates that newborns' brains have developed enough to interact with the world around them, even in the earliest days of life. They can recognize their mother's voice and smell, and they have some capacity to self-regulate and self-soothe. As amazing as these early abilities are, the majority of brain development occurs during the child's early months and years, and higher functions continue to develop throughout adolescence into early adulthood. The brain develops in response to experiences with caregivers,

family, and the community, and the quality of those experiences affects whether the child will develop a strong or weak foundation for all future learning, behavior, and health (Center on the Developing Child at Harvard University, 2007).

A traumatic experience such as abuse or neglect can profoundly impact a child's brain development. Trauma may occur when a child feels intensely threatened by an event in which he or she is involved or witnesses, and it is often followed by serious injury or harm (National Child Traumatic Stress Network, 2005). A child may experience a single traumatic event or chronic trauma (occurring repeatedly over time). Other types of traumatic events include witnessing domestic or community violence; surviving a serious illness, war, or terrorism; or grieving the death of a loved one. A growing body of evidence documents that brain functioning is affected when a child experiences trauma and that cognitive, physical, emotional, social, health, and developmental problems can result.

Research overwhelmingly points to the benefits of supporting children and families at an early age to prevent maltreatment and its negative effects on brain development before they occur. In addition, cost-benefit analyses demonstrate the stronger return on investments that result from strengthening families, supporting development, and preventing maltreatment during childhood and adolescence rather than funding treatment programs later in life (Center on the Developing Child at Harvard University, 2007).

## Identification and Assessment

As a child welfare professional, you are in a unique position to identify children's developmental concerns early and help families receive the support they need to reduce any long-term effects. In working with at-risk children and families, you may assess risk factors and indications of developmental delays resulting from maltreatment or trauma as well as protective factors and indicators of resiliency that may help reduce the stressors.

### Risk Factors

Research indicates that the following child, parent, and family factors may increase a child's risk for developmental delay. While the presence of one risk factor does not mean the child will have a developmental delay, multiple risk factors should increase the cause for concern:

- Biomedical risk conditions in a child (such as low birthweight, physical deformities, or chronic heart or respiratory problems)
- Child maltreatment, particularly before age 3
- Parental substance use or mental health problem
- Single and/or teenage parent
- Low educational attainment of parent
- Four or more children in the home
- Family poverty or domestic violence
- Involvement with the child welfare system (Barth et al., 2007; Administration for Children and Families, 2007)

### BILLY'S STORY: INTRODUCTION

*Throughout this bulletin, the vignettes tell the story of Billy's traumatic experiences in early childhood and the efforts of his family, child welfare services, and related professionals to address the effects on his behavior and development.*

Billy is a 6-year-old boy placed with his maternal grandmother by the child welfare system. Although his mother stated that she never used drugs while she was pregnant, Billy was born prematurely. His mother did not have a home or regular income, and they moved from place to place for several years. Billy slept wherever he could find a spot, and he ate only sporadically. Billy did not cause much trouble because he rarely spoke.

### Indications of Delay

During your interactions with families, observe the behaviors of children and youth for any indications of developmental delay. (See the Ages and Stages section later in this bulletin.) Because parents know their children best, ask them if they have concerns about their child's behavior so they can help identify issues. If there are causes for concern, refer the family to early intervention services or to a health-care provider or youth specialist so the child can be fully assessed by a trained professional.

The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) required State child welfare agencies to develop "provisions and

procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Improvement Act" (§ 106(b)(2)(A)(xxi)). Doing so helps ensure that the developmental needs of children who are abused or neglected are addressed and families receive the support they need to promote optimal child development. For more information, see Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C — Early Intervention Services* (<http://www.childwelfare.gov/pubs/partc>).

## BILLY'S STORY: PART 2

After Billy was removed from his mother's care due to abandonment, he was placed in foster care until his grandmother could be located. Billy's grandmother became concerned about his behavior and development while caring for him over the last 6 months. Billy hid food in his pockets and in his room, and his teacher reported he was stealing food at school. Billy also slept on the floor. Because he was so quiet, it took some time for Billy's teacher to notice he had difficulty speaking and interacting in school.

## ASSESSMENT TOOLS FOR CHILD AND YOUTH DEVELOPMENT

### Measures Review Database

National Child Traumatic Stress Network  
<http://www.nctsn.org/resources/online-research/measures-review>

Presents a database of tools measuring children's experiences of trauma and other mental health-related issues.

### Trauma Assessment Pathway (TAP) Model

Chadwick Center for Children and Families, Rady Children's Hospital, San Diego

<http://www.taptraining.net>

Offers a framework to build and sustain an assessment-based treatment program and provides a guide for individualized treatment for children who suffer complex trauma.

### Early Childhood Measures Profiles

Child Trends

<http://aspe.hhs.gov/hsp/ECMeasures04>

Compiles assessment tools measuring language and literacy, cognition, mathematics, social-emotional competency, and approaches to learning.

### Screening, Evaluation, and Assessment

National Early Childhood Technical Assistance Center

<http://nectac.org/topics/earlyid/screeneval.asp>

References numerous publications and organizations professionals may consult regarding developmental assessments.

## Ages and Stages

There are sensitive periods for developing certain abilities (such as when infants form attachments with their parents) that, if unachieved, could impair later development. Every child grows at his or her own pace, but most children achieve developmental milestones within the same general timeline. Keep in mind that the impact of abuse or neglect may cause children to develop at a slower rate (Perry, 2006) and that children born prematurely may also achieve milestones at different times, depending on the degree of prematurity.

The chart on the next page provides *general guidance* on developmentally appropriate

behavior in children, behaviors of the child or parent that may be a cause for concern, and positive parenting strategies. You may want to adjust your expectations according to the child's needs and the parent's situation. In addition, the presence of a cause for concern does not always mean the child is at risk for developmental delay; however, the presence of multiple concerns increases that risk.

**Note:** This chart should not replace a more thorough screening or assessment by a qualified professional. Child welfare professionals may use this information to observe the behaviors of children and youth and refer families to a developmental professional when appropriate.

**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years<sup>1</sup>**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
0–3 months	<ul style="list-style-type: none"> <li>• Reacts and turns toward sound</li> <li>• Watches faces and follows objects</li> <li>• Coos and babbles</li> <li>• Becomes more expressive and develops a social smile</li> <li>• Develops a general routine of sleep/wake times</li> </ul>	<ul style="list-style-type: none"> <li>• Is unable to move each limb separately from the others</li> <li>• Has difficulty tracking light or faces</li> <li>• Regularly cries for hours at a time and is very hard to calm</li> </ul>	<ul style="list-style-type: none"> <li>• Don't be afraid of "spoiling" your baby; hold, cuddle, and comfort him often</li> <li>• Respond to your baby's cries and provide the comfort he needs (rocking, feeding, diaper changing)</li> <li>• Give the baby lots of attention (talk, sing, read, play), and read the cues to recognize when he needs a break</li> <li>• Have conversations with your baby acting as if you understand each other</li> <li>• Allow the baby to explore through movement, taste, and touch, but set safe limits</li> <li>• Provide time on the floor for sitting, rolling, and crawling</li> </ul>	<ul style="list-style-type: none"> <li>• Does not know when to feed or tries to keep the baby on a rigid schedule</li> <li>• Feels too much attention or holding will spoil the baby</li> <li>• Has trouble knowing when the baby is hungry, needs attention, or needs quiet time</li> <li>• Gets upset every time the baby cries</li> <li>• Allows the baby to cry for a long time without trying to comfort</li> <li>• Doesn't enjoy time with the baby or feel the baby's personality "fits in" with family</li> </ul>
4–7 months	<ul style="list-style-type: none"> <li>• Babbles chains of sounds</li> <li>• Responds to others' expressions of emotions</li> <li>• Grasps and holds objects</li> <li>• Regards own hand and explores objects with hand and mouth</li> <li>• Sits with, and then without, support on hands</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot hold head up or roll over</li> <li>• Does not make sounds in response to attention</li> <li>• Consistently resists all efforts to hold or comfort</li> <li>• Shows little interest in exploration</li> <li>• Strongly resists a routine of sleep and awake time</li> </ul>		

<sup>1</sup> Adapted from: Chamberlain, 2009; Gabriel, n.d.; Mayer, Anastasi, & Clark, 2006; National Center on Birth Defects and Developmental Disabilities, 2010; National Research Council and Institute of Medicine, 2009; New York City Administration for Children's Services, 2005; ParentFurther, 2010; ZERO TO THREE, 2007.

**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years (Continued)**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
8–12 months	<ul style="list-style-type: none"> <li>• Changes tone when babbling</li> <li>• Says “dada” and “mama” and uses exclamations</li> <li>• Imitates sounds and gestures</li> <li>• Explores in many ways (shaking, dropping, banging, poking)</li> <li>• Pulls self up to stand and may walk briefly without help</li> </ul>	<ul style="list-style-type: none"> <li>• Is not able to calm himself sometimes</li> <li>• Does not babble or make simple gestures</li> <li>• Fails to respond to name or simple verbal requests</li> <li>• Does not crawl or explore the area</li> <li>• Has little or no reaction when parent(s) leave the room or return</li> </ul>	<i>Continued from previous page</i>	<i>Continued from previous page</i>
2 years	<ul style="list-style-type: none"> <li>• Says several single words and two- or three-word phrases</li> <li>• Follows simple instructions</li> <li>• Points to things when named</li> <li>• Finds hidden objects</li> <li>• Scribbles</li> <li>• Stands alone and walks well</li> </ul>	<ul style="list-style-type: none"> <li>• Knows no single words</li> <li>• Does not walk easily</li> <li>• Does not seem to know or respond to family members</li> <li>• Does not amuse himself for short periods of time</li> </ul>	<ul style="list-style-type: none"> <li>• Offer a variety of sensory experiences and follow the toddler’s lead in play</li> <li>• Encourage, but don’t rush, motor development—provide plenty of safe, low places to walk and climb</li> <li>• Create predictable routines and rituals</li> </ul>	<ul style="list-style-type: none"> <li>• Is cold and unresponsive toward the child</li> <li>• Rarely praises the child or shows affection</li> <li>• Has trouble dealing with own or the child’s anger</li> <li>• Focuses more on the child’s negative behaviors</li> </ul>

**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years (Continued)**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
3 years	<ul style="list-style-type: none"> <li>• Uses four- to five-word sentences</li> <li>• Follows two- or three-part instructions</li> <li>• Recognizes and identifies most common objects</li> <li>• Draws simple straight or circular lines</li> <li>• Climbs well, walks up and down stairs, runs</li> </ul>	<ul style="list-style-type: none"> <li>• No two-word spontaneous phrases</li> <li>• Has trouble expressing emotions</li> <li>• Often refuses to do simple tasks</li> <li>• Seems overly fearful, even in safe situations</li> </ul>	<p><i>Continued from previous page</i></p> <ul style="list-style-type: none"> <li>• Be a safe, reliable base as the child explores the world around him</li> <li>• Tell stories and talk with the child about what they see, hear, and do</li> <li>• Listen and try to understand what the child is saying</li> <li>• Take the child's emotions seriously and help him make sense of them</li> <li>• Support interaction with peers; provide structure but otherwise let him negotiate playtime on his own</li> </ul>	<p><i>Continued from previous page</i></p> <ul style="list-style-type: none"> <li>• Frequently yells at the child or punishes accidents harshly</li> <li>• Describes the child as having hostile intentions, i.e., "He doesn't like me" or "He knows better"</li> <li>• Pushes the child too hard to do too many activities and/or finds it hard to let the child try things by himself</li> <li>• Has trouble setting consistent rules and safe limits</li> </ul>
4 years	<ul style="list-style-type: none"> <li>• Uses five- to six-word sentences, tells stories</li> <li>• Understands counting and may know some numbers</li> <li>• Identifies four or more colors</li> <li>• Copies or draws simple shapes</li> <li>• Walks/runs forward and backward with balance</li> </ul>	<ul style="list-style-type: none"> <li>• Is unable to run, jump, or climb easily</li> <li>• Is extremely aggressive and hostile toward peers</li> <li>• Clings and gets very upset when parent leaves</li> </ul>		



**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years (Continued)**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
5 years	<ul style="list-style-type: none"> <li>• Speaks in full sentences, tells longer stories</li> <li>• Draws circles and squares, begins to copy letters</li> <li>• Climbs, hops, swings, and may skip</li> <li>• Tries to solve problems from a single point of view and identify solutions to conflicts</li> <li>• More likely to agree to rules</li> </ul>	<ul style="list-style-type: none"> <li>• Does not speak full sentences or speak clearly enough for strangers to understand</li> <li>• Seems shy and very fearful with other children</li> <li>• Never shares or takes turns</li> <li>• Regularly has difficulty caring for own toilet needs</li> </ul>	<ul style="list-style-type: none"> <li>• Help child take on new responsibilities</li> <li>• Teach reasonable risks and safe limits</li> <li>• Handle anger constructively</li> <li>• Create a safe environment where your child can feel comfortable talking about a wide range of issues and emotions</li> <li>• Share feelings and stories about how to deal with problems and face fears</li> <li>• Support healthy friendships and encourage appropriate social activities</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly finds the child's behavior unmanageable</li> <li>• Does not see the need for the child to socialize with others</li> <li>• Thinks the child is too aggressive or too dependent</li> <li>• Often criticizes or blames the child</li> <li>• Seems excessively anxious about the responsibilities of being a parent</li> <li>• Leaves the child alone for extended periods of time</li> <li>• Is not involved with school or with other parents of children the same age</li> </ul>
6–7 years	<ul style="list-style-type: none"> <li>• Reads short words and sentences</li> <li>• Draws person or animal</li> <li>• Takes pride and pleasure in mastering new skills</li> <li>• Has more internal control over emotions and behaviors</li> <li>• Shows growing awareness of good and bad</li> </ul>	<ul style="list-style-type: none"> <li>• Is frequently sad, worried, afraid, or withdrawn</li> <li>• Is easily hurt by peers</li> <li>• Bullies other children</li> <li>• Develops unrealistic fears (phobias)</li> </ul>		

**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years (Continued)**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
8–10 years	<ul style="list-style-type: none"> <li>• Reads well</li> <li>• Multiplies numbers</li> <li>• Expresses a unique personality when relating to others</li> <li>• Solves conflicts by talking, not fighting</li> <li>• Is able to “bounce back” from most disappointments</li> </ul>	<ul style="list-style-type: none"> <li>• Returns to baby-like or silly behaviors</li> <li>• Is preoccupied with violent movies, TV, video games</li> <li>• Is fearful with familiar adults, or too friendly with strangers</li> </ul>	<i>Continued from previous page</i>	<i>Continued from previous page</i>
11–14 years	<ul style="list-style-type: none"> <li>• May have frequent mood swings or changes in feelings</li> <li>• Gradually develops own taste, sense of style, and identity</li> <li>• Has a hobby, sport, or activity</li> <li>• Learns to accept disappointments and overcome failures</li> <li>• Has one or more “best” friends and positive relationships with others the same age</li> </ul>	<ul style="list-style-type: none"> <li>• Eats or sleeps less (or more) than before</li> <li>• Has strong negative thoughts or opinions of himself</li> <li>• Has an extreme need for approval and social support</li> <li>• Has highly conflicted relationships or regularly causes family conflicts</li> <li>• Is alone most of the time and seems happier alone than with others</li> </ul>	<ul style="list-style-type: none"> <li>• Establish fair and consistent rules</li> <li>• Provide opportunities for new, challenging experiences</li> <li>• Address the potential consequences of risky behaviors</li> <li>• Help teens resolve conflicts, solve problems, and understand changing emotions</li> <li>• Encourage goals for the future and help create systems for time and task management</li> <li>• Discuss the physical changes in puberty that affect height, weight, and body shape</li> </ul>	<ul style="list-style-type: none"> <li>• Worries that the child is maturing very early or very late</li> <li>• Doesn't set reasonable limits for the child's behavior</li> <li>• Is uninterested in helping the child address overwhelming emotions or situations</li> <li>• Expects the child to adhere to strict rules and severely punishes mistakes</li> <li>• Often has conflicts and loses temper with the child</li> <li>• Frequently criticizes, nags, or judges the child</li> </ul>

**Child Development, Parenting Strategies, and Causes for Concern, 0–18 years (Continued)**

Age	Child		Parent	
	Developmentally appropriate behavior	Causes for concern	Parenting strategies	Causes for concern
15–18 years	<ul style="list-style-type: none"> <li>• Begins to develop an identity and self-worth beyond body image and physical appearance</li> <li>• Is able to calm down and handle anger</li> <li>• Sets goals and works toward achieving them</li> <li>• Accepts family rules, completes chores and other responsibilities</li> <li>• Needs time for emotions and reasoning skills to catch up with rapid physical changes</li> </ul>	<ul style="list-style-type: none"> <li>• Feels hopeless, unable to make things better</li> <li>• Withdraws from family or friends</li> <li>• Often gives in to negative peer pressure</li> <li>• Becomes violent or abusive</li> <li>• Drives aggressively, speeds, drinks and drives</li> <li>• Has a favorable attitude toward drug use</li> <li>• Diets excessively, even when not overweight</li> </ul>	<p><i>Continued from previous page</i></p> <ul style="list-style-type: none"> <li>• Be available for help and advice when needed</li> <li>• Tolerate (within reason) teen's developing likes and dislikes in clothes, hairstyles, and music</li> </ul>	<p><i>Continued from previous page</i></p> <ul style="list-style-type: none"> <li>• Doesn't provide the child any privacy and finds it overly difficult to "let go" as he becomes more independent</li> </ul>

## Helping Caregivers Promote Healthy Brain Development

Most scientists agree that children need positive relationships, rich learning opportunities, and safe environments to support their healthy brain development (Center on the Developing Child at Harvard University, 2007). As a professional working with children and youth affected by maltreatment and with their parents or caregivers, you can help to improve children's chances for these positive experiences. Those opportunities exist at many points in the child welfare continuum, including prevention, family strengthening, and treatment.

### Preventing Trauma

Professionals who work with families can help parents create safe and loving environments for their children to prevent abuse or neglect before it occurs. Efforts to support optimal brain development should start as early as pregnancy, when mother and child form their first attachments. The baby's prenatal development is more than simple maturation; it involves complex interactions among the mother, baby, prenatal environment, and early experiences. Because babies begin to develop all five senses before birth, even experiences in the womb can affect their development (Klein, Gilkerson, & Davis, 2008). You can help parents focus on their child's development before birth by teaching the mother to be aware of baby's movements and to embrace a positive lifestyle by avoiding alcohol, drugs, or cigarettes, eating nutritious meals, and

practicing good hygiene. You may also want to link families to services such as home visiting or Early Head Start programs designed for at-risk expectant families.<sup>2</sup>

After the baby is born, parents can continue to receive help as needed through family support programs such as parent education and home visiting. Recent prevention resource guides from the U.S. Department of Health and Human Services Children's Bureau (Child Welfare Information Gateway et al., 2011) encourage professionals to promote five protective factors that strengthen families and help prevent abuse and neglect, which serve to promote healthy brain development:

- Nurturing and attachment
- Knowledge of parenting and of child and youth development
- Parental resilience
- Social connections
- Concrete supports for parents

Parents can also support their baby's brain development by understanding and practicing the strategies to promote healthy brain development described below.

### Building Relationships

One of the most important factors in a child's development is the support of a parent or caregiver who gives consistent love and support. This importance is underscored by the Centers for Disease Control and Prevention's (CDC's) effort to promote safe, stable, and nurturing relationships between

<sup>2</sup> Read about Early Head Start services and locate programs on the Early Childhood Learning and Knowledge Center website: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start>.

children and parents. Because young children experience the world through their relationships with parents and caregivers, those relationships are fundamental to the healthy development of the brain and of physical, emotional, social, behavioral, and intellectual capabilities (National Center for Injury Prevention and Control, 2009).

Researchers use the idea of “serve and return,” as in a game of tennis, to describe parent-child interactions. If a child attempts to interact with a parent (for instance, by babbling or making faces), but the parent does not respond appropriately, then the child’s learning process is incomplete (FrameWorks Institute, 2009). You can help the parent or caregiver recognize cues when the child wants to eat, sleep, play, or engage in other activities. Over time, the caregiver’s awareness of and response to the child’s needs will lead to easier interactions between the two and, ultimately, a stronger relationship.

Whether a child is at home or has been placed with a relative caregiver or foster parent, you should focus on ensuring the child has a secure relationship with at least one important person in his or her life. Training relative caregivers and foster parents on meeting the child’s emotional and behavioral needs can help them form a healthy relationship that supports the child’s growth. If the child must be placed in out-of-home care, strive to make the first placement the last. The importance of stable attachment relationships for young children’s healthy development cannot be overstated. In addition, if the child has been placed in out-of-home care, you can support parent-child attachment, when appropriate, by coordinating a visit soon after placement

and helping the parent maintain a schedule of frequent and extensive visits (Dicker, 2009).

Child Welfare Information Gateway partnered with the National Resource Center for Permanency and Family Connections, a service of the Children’s Bureau, to develop an online training on parent-child visits that may help workers enhance efforts toward family reunification. View the free training on the Information Gateway website: <http://training.childwelfare.gov>

## Establishing Nurturing Routines

The predictability of a daily routine helps children understand the world is a safe place where they can learn and grow without fear. Routines also help establish and maintain an attachment between the child and caregiver (Hammond, 2010). You can help caregivers understand the importance of routines and create a plan that meets the child’s needs.

Children need to feel that their caregiver is in control. The caregiver should discuss any changes to the routine with the child before they occur and give the child age-appropriate opportunities to make decisions about daily activities (Perry, 2002). Routines can also help the caregiver establish clear and logical limits for inappropriate behavior and develop disciplinary strategies that take the child’s past experiences into consideration. When caring for a traumatized child, these rules should be applied consistently but fairly (National Child Traumatic Stress Network Schools Committee, 2008).

## Enhancing Parent-Child Interactions

Research shows that babies prefer human interaction more than anything else (ZERO TO THREE, 2008). The connections babies form with their caregivers and the experiences they share are essential to promoting healthy brain development. Because many parents worry that they don't know how to support their baby's development, you can teach them basic parenting skills (touching, holding, comforting, rocking, singing, and talking to) and explain that these simple interactions are some of the best stimulation a baby can receive (ZERO TO THREE, 2008).

Prepare caregivers to support child development and provide appropriate learning opportunities by describing the stages of child development and the timeline for milestones they can expect their children to achieve. Children build upon skills over time as they accomplish increasingly difficult and varied tasks (National Scientific Council on the Developing Child, 2007). Caregivers should understand that children do not learn faster if they are forced to attempt activities they are not developmentally ready for yet. In addition, explain to caregivers of maltreated children the negative developmental outcomes that may result from maltreatment. Because the child's "developmental age" may be younger than his or her chronological age, the caregiver should adjust expectations and modify learning activities to meet the child's developmental needs (Perry, 2006).

Use the parent section of the chart beginning on page 6 to guide a discussion of parenting strategies with caregivers, or locate resources for caregivers about Understanding Developmental Stages on the Child Welfare Information Gateway website: <http://www.childwelfare.gov/preventing/promoting/parenting/understanding.cfm>

### BILLY'S STORY: PART 3

Billy's grandmother asked for help from his caseworker, who referred him to a mental health therapist for evaluation. After letting Billy speak openly about his past experiences, the therapist determined Billy's tendencies to steal food and sleep on the floor were adaptive behaviors he developed while living with his mother—skills that helped him survive but are no longer appropriate given his current, more stable situation. Building on the therapist's advice and taking Billy's unique situation into consideration, the caseworker helped his grandmother establish regular routines, such as mealtimes and bedtimes, and gave her ideas for activities Billy and his grandmother could share to enhance the bond between them. The caseworker also connected the grandmother to a support group where she could meet other grandparents raising their grandchildren.

## Supporting Teenage Brain Development

Trauma and its effects are not limited to young children. Although the first few years of life are critical to supporting brain development, it is important to remember that our brains continue growing into young adulthood. Right before puberty, the adolescent brain experiences a growth spurt in the areas that affect planning, reasoning, impulse control, and emotions.

You can help caregivers and other important adults in a teen's life understand how the teenage brain develops and equip them with

strategies to optimize that development. Teens benefit from quality time with their caregivers and adult mentors who help them:

- Organize tasks and set priorities
- Practice making decisions
- Master new skills
- Seek healthy adventures and take positive risks
- Minimize stress
- Adopt healthy lifestyles and allow time for plenty of sleep (Chamberlain, 2009)

While all teens need adults in their lives who can help them gain new experiences and support them through adolescence, teens who have suffered from trauma caused by abuse or neglect can benefit especially from caregivers who encourage their growing independence while also offering a safety net when they need help.

Read more about adolescent and teen brain development, as well as the impact of trauma, in “The Amazing Brain” series on the Institute for Safe Families website, which provides information for parents and caregivers: <http://www.instituteforsafefamilies.org/the-amazing-brain-materials.php>

## Addressing the Effects of Trauma

No two children are affected by trauma in the same way. Depending on the age at which a child experienced a traumatic event or ongoing trauma, the initial response may range from hyperarousal (fight or flight) to dissociation (freeze and surrender), or a combination of the two (Perry, 2002). It is normal for children to process their feelings

after a traumatic event. Common emotional responses include:

- Making sense of the event
- Creating memories
- Re-experiencing the trauma
- Avoiding reminders of the event
- Experiencing anxiety or sleep problems
- Acting impulsively (Perry, 2002)

Caregivers should not pressure the child to talk about the traumatic event but should be prepared to discuss it when the child is ready. Children who sense their caregiver is uncomfortable with or upset about the event may avoid talking about it. When the child begins talking, the caregiver should listen, avoid overreacting, answer questions, and provide comfort and support (Perry, 2002).

Children who continue to experience heightened emotional responses for longer than 1 month may be experiencing posttraumatic stress disorder (PTSD) (Perry, 2002).

The next section discusses different types of services and how to access them for children suffering from trauma caused by maltreatment.

## PTSD IN CHILDREN AND YOUTH

### **Surviving Childhood: An Introduction to the Impact of Trauma**

Child Trauma Academy

[http://www.childtraumaacademy.com/surviving\\_childhood](http://www.childtraumaacademy.com/surviving_childhood)

Discusses the impact of negative experiences on the developing brain and reviews public policy and preventative approaches to address children's health and development.

### **PTSD in Children and Adolescents**

National Center for PTSD

[http://www.ptsd.va.gov/professional/pages/ptsd\\_in\\_children\\_and\\_adolescents/overview\\_for\\_professionals.asp](http://www.ptsd.va.gov/professional/pages/ptsd_in_children_and_adolescents/overview_for_professionals.asp)

Provides information on events that may cause PTSD, how many children are affected, risk factors, symptoms, and treatment.

## **Working With Other Service Providers**

Because no single system can address all the issues a child and family may experience, child welfare professionals should strive to form collaborative relationships with other service providers to improve access to and coordination of services. Key services for children affected by trauma and their families are summarized below.

## **Early Intervention**

Each State has an early intervention program (EIP) that provides specialized health, educational, and therapeutic services to infants and toddlers who have an identified developmental delay or disability and their families. Some States may also serve children who are considered to be at risk of developing substantial delays (National Dissemination Center for Children With Disabilities, 2010). EIPs are administered by lead agencies in each State (including departments of health, developmental disability, social services, children and families, or education). As described earlier, State child welfare agencies are required to refer a child under age 3 who is involved in a substantiated case of abuse or neglect to the EIP.

Early intervention programs can serve as a source of support to help families address their children's development and, when necessary, provide services to minimize or eliminate developmental delays. In addition, EIPs may provide a variety of services to caregivers to help them support their children's development, such as parent training, home visitation, or respite care. Once a family is referred to the EIP, an EIP service coordinator will work with the family to develop an Individual Family Services Plan (IFSP) and coordinate with the child welfare system to ensure the child and family's needs are being met. For more information, see Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C — Early Intervention Services* (<http://www.childwelfare.gov/pubs/partc>).



## Early Care and Education

Because children often spend time away from home in early care and education (ECE) settings, professionals serving very young children are critical partners in supporting healthy development. ECE programs that provide rich learning environments for children and work to strengthen families can reduce the effects of an unfavorable home environment (Stepleton, McIntosh, & Corrington, 2010). ECE professionals also observe the child's behavior in a variety of social and educational situations and may be among the first to recognize the signs of developmental delay. ECE programs that encourage regular communication with families allow professionals to address any concerns as they arise and help connect families to needed services.

When child welfare and ECE professionals maintain open communication with the families they serve, everyone can contribute to the decision-making process to determine what actions are in the best interests of the child. This collaboration also facilitates the family's ability to access services and allows limited resources to be used more efficiently and effectively (Stepleton et al., 2010). For more information, read the tutorial "Recognizing and Addressing Trauma in Infants, Young Children, and Their Families" from the Center for Early Childhood Mental Health Consultation: <http://www.ecmhc.org/tutorials/trauma>

## Health and Nutrition

A mother's nutrition during pregnancy affects her baby's birth weight and brain size, and the quality of a child's nutrition continues to affect brain development, especially

during the first 2 years of life (ZERO TO THREE, 2008). Helping a family gain access to quality, affordable health care and make healthy decisions regarding diet and nutrition are important for supporting a child's brain development both before and after birth. In addition, when children regularly attend well-child visits, their primary care provider is better able to assess growth over time, identify delays early, and make referrals for treatment or services (Center on the Developing Child at Harvard University, 2007). You should ensure families follow the recommended schedule for well-child visits and have the means to attend those visits.

The Federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive health services for individuals under age 21 enrolled in Medicaid. Among other requirements, EPSDT programs must provide services to children such as comprehensive health and developmental assessments, physical examinations, vision, hearing, and dental services, and diagnosis and treatment. A health-care provider can assess the family's eligibility and help them access these services. For more information, visit the EPSDT Services in Medicaid Knowledge Path from the Maternal and Child Health Library: [http://www.mchlibrary.info/knowledgepaths/kp\\_epsdt.html](http://www.mchlibrary.info/knowledgepaths/kp_epsdt.html)

## Mental Health

When children are affected by a traumatic event, they may experience a variety of emotions or display behavioral problems that indicate the attention of a mental health professional is needed. The nature of the event, factors such as the age or sex of the child, and the child's previous experiences can all affect how he or she responds to trauma

(Perry, 2002). An assessment by a trained professional can help determine if individual or group therapy would be beneficial for the child to address the impact of the trauma.

There are a number of points to consider when working with older youth who may benefit from mental health services:

- Youth should be involved in decisions about their mental health care whenever possible.
- It is critical to keep the option open for youth to request mental health services because they may be resistant initially but change their mind later.
- Workers should strive to reduce any stigma attached to mental health services.
- As with all clients, workers must respect and protect the privacy of youth who may or may not choose mental health services.

Keep in mind that parental stress and unresolved trauma from the parent's childhood may lead to intergenerational trauma impacting both the parent and child's mental health. In such cases, services for both the parent and child may be necessary to fully address the effects of trauma.

You can help families receive appropriate mental health services by explaining the benefits to caregivers, connecting them with service providers that match their needs, and ensuring they follow through with treatment recommendations. Visit the Mental Health section of the Child Welfare Information Gateway website for more information on mental health services for children, youth, and families involved with the child welfare system: <http://www.childwelfare.gov/systemwide/mentalhealth>

#### BILLY'S STORY: PART 4

To address Billy's problems in school, his caseworker sought the help of the school's psychologist as well as a speech pathologist. Initial tests indicated Billy had attention-deficit/hyperactivity disorder (ADHD); with parental consent, Billy was prescribed medicine to address the issue. The speech pathologist also began working with Billy and gave his grandmother exercises to do with him at home. Several months later, when Billy's grandmother and teacher felt the medicine was not "working," Billy's mental health therapist was consulted again. The therapist advised that Billy's problems are more likely caused by symptoms of posttraumatic stress disorder (PTSD) resulting from his earlier traumatic experiences. Under the therapist's supervision, Billy stopped taking the medicine, and his treatment plan was revised to include more trauma-focused therapies, such as play and art therapy, to help Billy work through his feelings.

### Schools and Communities

The physical and emotional distress that traumatized children experience may lead to behavioral problems in school and poor academic performance. Potential developmental delays may worsen the situation as children fall behind their peers academically and have difficulty making social connections. You can reach out to the educators of the children you serve to inform them of each child's unique needs and support

any accommodations necessary to ensure the child's educational success. In particular, school professionals may benefit from special training on the impact of trauma and how to work with traumatized children and youth. The larger community and the opportunities it provides for social connections can also impact the child's ability to recover from trauma.

The status of the child's emotional or physical health may require the school to develop an Individualized Education Program (IEP) in collaboration with the child's family and other professionals involved in the child's life. The IEP should describe the specific services and support the child's needs to meet his or her educational goals. For more information on the role of educators in supporting traumatized children and youth, visit the National Child Traumatic Stress Network's *Child Trauma Toolkit for Educators*: <http://www.nctsnet.org/resources/audiences/school-personnel/trauma-toolkit>

## Collaborating With Service Providers

Strategies to improve collaboration among these systems include:

- Establish cross-training opportunities for professionals to understand the basic principles of other systems
- Ensure adequate mechanisms for referrals to other systems and follow up on those referrals
- Invite all providers serving the child or family to regularly scheduled team meetings
- Engage community-based services and formal and informal community networks as part of the support system for families

- Involve related service systems during systemic performance reviews or quality improvement efforts (Stepleton et al., 2010)

The Child Welfare Information Gateway website offers resources for Collaboration for Service Delivery at [http://www.childwelfare.gov/management/practice\\_improvement/collaboration/service.cfm](http://www.childwelfare.gov/management/practice_improvement/collaboration/service.cfm)

## Creating a Trauma-Informed Child Welfare System

For children and youth involved with child welfare, especially those who have been placed in out-of-home care, some experiences with the child welfare system may unintentionally cause additional trauma. Being interviewed as part of a child abuse or neglect investigation, separated from family members, or moved among multiple placements can contribute to the trauma the child may have already experienced. The key to making child- and youth-serving systems more trauma-informed is professionals who understand the impact of trauma on child development and can address trauma and minimize any additional negative effects.

According to the National Child Traumatic Stress Network (2008b), essential activities of child welfare trauma-informed practice are:

- Maximize the child's sense of safety
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their trauma history and current experiences

- Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships
- Coordinate services with other agencies
- Use comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services
- Support and promote positive and stable relationships in the life of the child
- Provide support and guidance to the child's family and caregivers
- Manage professional and personal stress, often called vicarious or secondary trauma
- Strengthen organizational partnerships by holding joint meetings and sharing funding when possible
- Incorporate trauma-informed practice goals into evaluation activities (Lieberman & Cairns, 2009)

For more information on trauma-informed practice, access the National Child Traumatic Stress Network's *Child Welfare Trauma Training Toolkit*: <http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008>, or visit the website of Philadelphia's Multiplying Connections initiative: <http://www.multiplyingconnections.org>

## Conclusion

To create an effective trauma-informed child welfare system, it is critical that the professionals who regularly interact with families are familiar with and can respond to the issues surrounding trauma and its effect on brain development. Efforts should begin with prevention, when families can learn parenting strategies to promote healthy brain development and prevent abuse or neglect. Many of the same preventive strategies can also be taught to parents involved with child welfare, foster parents, relative caregivers, and other out-of-home care providers to support the development of a traumatized child or youth and minimize the effects of trauma. Professionals who know the stages of development and the warning signs for developmental delays can work with families to identify concerns and connect them to needed services. Ultimately, coordinated child- and youth-serving systems that are rooted in trauma-informed practices can have a positive impact on outcomes for children, youth, and families involved in the child welfare system.

Child welfare agencies across the country are realizing the benefits of trauma-informed practice for children, families, and their workforce, and are building upon existing policies and practices to make their services more trauma-informed. For example, since its launch in 2007, the Multiplying Connections initiative in Philadelphia has taken great strides to improve public child and family service systems in ways that will promote higher quality connections between children and caring adults that in turn lay the foundation for optimal brain development. The following are some strategies used by the initiative to create more trauma-informed services:

- Revise mission statements, policies and protocols, and core competencies to include trauma-informed practices and values
- Implement professional development activities and create training cohorts among staff to promote collaboration and shared learning opportunities

## BILLY'S STORY: CONCLUSION

In order to improve communication and avoid overlapping efforts, Billy's caseworker scheduled a multidisciplinary team meeting for the adults in Billy's life. The long-term plan that resulted from the meeting included a number of action items:

- Billy's therapy sessions will continue; his grandmother will attend on occasion to support his progress and learn new activities and exercises to do with him at home.
- At school, Billy's teacher will follow the newly created individual education plan (IEP) to help him succeed academically and will create a weekly progress report. Billy's speech pathologist scheduled several more sessions to track his improvements.
- Billy's grandmother will continue to attend monthly grandparent support meetings to make connections and receive support from other community members.
- Billy's caseworker will help his grandmother become a foster parent and seek financial support while she cares for Billy. If Billy's father or mother is unwilling or unable to care for him, the grandmother will apply for subsidized guardianship to give Billy a more permanent home.

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