


Why is 0-5?

- The first five years are CRITICAL to health and brain development
- Children grow more during the first 5 years of their life than at any other point across their life span, in including adolescence.
 - Body weight quadruples
 - Height doubles
 - Head circumference grows by a third



Brain Development in Early Childhood



Why is this important?

- Infants need a safe and supportive environment to promote physical, motor and brain development.
- Early experiences create a foundation for lifelong learning and behavior.
- These experiences can also set the foundation for mental health issues, relationships issues and poor physical health outcomes.

How does this Relate to Us?

Assessment for developmental delays can spot areas of where help is needed.

Referrals and triaging can provide the right support for appropriate brain, emotional, and physical development.

You can make a BIG DIFFERENCE!

Why is it Important to Refer

- Studies show that children who are before the age 5 that seek mental health services for exposure of trauma that their brains can be repaired, and children can assist with regulation and live their full potential.
- Developmental concerns when is addressed early on in childhood can assist with the child to overcome some obstacles and children can have their full potential.

Serve and Return: The Importance of the Relationship

Caregivers play a **CENTRAL** role in their infant's motor, physical, and brain skills.



How Does This Relate to Us?

- It's not just physical needs and physical safety.
- Caregiver and child interaction shapes how kids develop relationships and understand the world around them.
- There needs to be assessment for what caregivers need to support in their caretaking and child rearing
- Parents also need support of their trauma to assist with their relationship with their children. .



Referrals for Parent Trauma

Adult Mental Health and parenting programs

Fundamental of Fatherhood in Long Beach

Project Fatherhood Children's Institute International

Safe Harbor Trauma Recovery Center (South Bay)

Referrals for Parent-Child Therapy

Reflective Parent Program

Child Parent Psychotherapy

Parent Child Interaction Therapy

Incredible Years

Basic Asssment: What to Look For

Developmental
Delays

Relationship
between child and
bio parent(s)

Relationship
between child and
bio parent(s)

Please note you don't need to make any decisions or diagnosis just be aware of the concern or observation and assess. Inform the CASA team, mental health therapist or the Clinical Social Worker.

Assessment:
What does it
look like in
this
developmental
stage?

0 to 2	3 to 5
Disruptive Behavior <ul style="list-style-type: none"> Tantrums Crying Frequent Banging Smearing Feces 	<ul style="list-style-type: none"> Tantrums Aggression towards others Breaking toys Bad Language
Emotional dysregulation or mood instability (too much affect, too little affect, or out of control affect)	
UPREGULATED <ul style="list-style-type: none"> Excessive Crying Overwhelming Affect Crying, screaming, tantrums Poor sleeping Poor eating 	UPREGULATED <ul style="list-style-type: none"> Intensity of affect greater than parent can manage Intense rage, breaking objects Hurting self or others
DOWNREGULATED <ul style="list-style-type: none"> Poor or no eye contact Does not seek comfort from caregiver Does not signal when distressed Oversleeping 	DOWNREGULATED <ul style="list-style-type: none"> Lack of interest in peers for social play Overkneading Isolation at home and school Limited expression of affect
Impulsivity (resulting from stress, trauma, sensory needs, or ADHD)	
<ul style="list-style-type: none"> Difficulty tracking Cannot attend to caregiver or a single object for a sustained period of time 	<ul style="list-style-type: none"> Poor attention Moves from one activity to another demonstrating little interest or sustained attention Impulsive responses Inability to focus and sustain attention in adult-child interactions Unable to maintain attention to toy or task for 4 to 7 minutes

Assessment:
What does it
look like in
this
developmental
stage?

0 to 2	3 to 5
Lack of attunement or attachment to a caregiver	
<ul style="list-style-type: none"> Does not respond to caregiver's attempt to soothe when upset Does not seek comfort from adults Poor sleep schedule Caregiver repeatedly misses infant's cues Caregiver responds to infant's cues in a manner that is incongruent to infant's needs 	<ul style="list-style-type: none"> Poor attachment - does not safely explore his or her world - misses caregiver after separation with anger or indifference Talks to or goes with strangers Lack of empathy for others
Poor social relationship skills with peers	
<ul style="list-style-type: none"> Lack of mutual engagement with primary caregiver (infants are not expected to engage with peers) 	<ul style="list-style-type: none"> Does not share with peers Throws toys from peers without asking Aggressive behavior with peers - hits, bites, kicks, pulls hair, etc. Calls others names Will not follow adult directions
Withdrawn, disconnected, isolated	
<ul style="list-style-type: none"> Poor eye contact Feeding problems Lack of social smile or emotional vitality Overkneading Limited vocalization Slow to warm/reluctant to engage 	<ul style="list-style-type: none"> Plays alone or not at all Does not engage with others Flat affect or limited expression of affect Fearful in new situations Does not engage caregiver when distressed

Let's Practice!

Janet is a 2 year-old that has been removed from her home due to exposure to domestic violence. Janet's caregivers indicates she has intense tantrums, especially when getting into her car seat. Caregivers indicate it is difficult for her to eat specific types of foods. Caregiver worries that Janet should be speaking more for her age, but is not sure if her speech is normal for her age range. Caregiver, has also been struggling with Janet's tantrums when Janet hits and screams, and she says she does not know how to handle it.

Ages and Stages Questionnaire

The **Ages & Stages Questionnaires®, Third Edition (ASQ-3)** is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years. Its success lies in its parent-centric approach and inherent ease-of-use—a combination that has made it the most widely used developmental screener across the globe.

Evidence shows that the earlier development is assessed—the greater the chance a child has to reach his or her potential.

Ages and Stages

ASQ has different domains:

Communication

Gross Motor Skills

Fine Motor Skills

Problem Solving

Personal-Social Skills

ASQ is a screener that assist to assess if a child may need further evaluation for speech therapy, occupational therapy, Regional Center Evaluation.

Where to Refer

Department of Mental Health (1-800-854-7771)

Developmental Concerns your local Regional Centers

School Districts for ages 3-5

Inform the Clinical Social Worker (at times they have to do the referrals for children in foster care system)

References

- Stroud, B. (2012) How to a Measure a Relationship A Practical Approach to Dyadic Interventions, (pp.20,21) North Charleston, South Carolina: CreateSpace Independent Publishing Platform.
- Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires®, Third Edition (ASQ®-3): A Parent-Completed Child Monitoring System*. Baltimore: Paul H. Brookes Publishing Co., Inc.
