



# Behavior and Early Relationship Development

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# Background for the Presentation

- Introduction
  - Behavior, Development and Trauma Informed Care
  - Cultural humility and understanding
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# Agenda

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- Perinatal Development, Mental Health and Resources
- Early Childhood Development
- Early Childhood Trauma and Stress
- Neurodevelopment in Childhood and Infancy
- Impact on Relationships
- Strengthening the Bonds between Caregiver and guardian
- Specific behavioral interventions for sleep and co-regulation
- Resources
- Questions

# Learning Objectives

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- Attendees will be able to identify developmental Markers and challenges during pregnancy
- Attendees will be able to identify Early childhood development and neurodevelopmental stages
- Attendees will be able to identify the impact of trauma on development and behavior
- Attendees will be able to identify 2 interventions to manage behavior and strengthen the parent child bond.

# Perinatal Physical and Mental Health

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- Prenatal and Perinatal
  - Understanding the difference
- Changes to the body
- Hormonal changes
  - Can impact physical, physiological and emotional development and management in the body
- Parent history of medical and mental health needs



# Prenatal, Perinatal and Postpartum Supports

- Family
  - Community
  - Medical supports
    - Access to health care
    - Support groups
    - Early screening for parents and children
  - Other supports
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# Early childhood development

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- Brain Development
- Attachment
- 0-1
  - Typical Development-vision, testing the environment, brain development
  - Facilitating Healthy Development- play, cuddle and respond
- 1-2
  - Typical Development- walking, talking, recognizing familiar things in the environment
  - Facilitating Healthy Development: encourage curiosity and independence
- 2-3
  - Typical Development- changes in learning, social and emotions
  - Facilitating healthy Development: Co-regulation, pretend play and independence

# Early Developmental Trauma and Stress

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- Trauma and stress are connected
- The brain cannot always discriminate between a traumatic event and stress but it can respond differently based on the response of the the primary environment
  - In infancy, if the trauma/stress is too big, too fast or too much, the body will respond to protect itself
  - The biggest predictor of something being “to” much is the presence of a trusted adult to help them through it
  - The behavior of the adult can influence the behavior of the child (and vice versa)



# Types of Trauma and Stressors

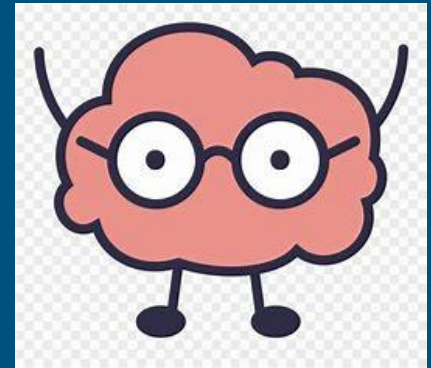
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- Medical or birth trauma
- Abuse (physical, emotional, sexual)
- Neglect
- Separation from primary Attachment figures
- Untreated Parental Mental illness
- Prenatal Substance/alcohol exposure
- Prenatal Stress
- Lack of access to health care and basic needs

# Brain Development

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- Rapid development during the first years of life (more than any other time period).
- Brain development responds to the environment it develops in
- Brain is mostly developed by the age of 3
- Prefrontal cortex, which is responsible for executive functioning skills, doesn't start developing until 3 years of age (or after)



# Effects of Chronic Stress on the Brain

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- Increases the development of cortisol which can have harmful effects on the brain
- When Cortisol is high, the brain can interpret most things as a threat and the body and brain will work to “protect”
- Safety becomes the primary need
- Impacts the use of the thinking parts of the brain and we rely on the reacting parts

# Parasympathetic Nervous System and Reinforcement

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- Sympathetic nervous system- fight or flight response
- Parasympathetic Nervous System: designed to help relax and control other functions to allow our body to respond to stress
- Polyvagal Theory
- The body and brain learn through reinforcement

# Impact on Relationships

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- Attachment to caregivers can be impacted
- Higher arousal (due to stress/trauma) can cause challenges with joint attention
- With higher levels of arousal, you can see more challenging behavior
- Can impact relationship building between child and caregiver

# Impact on Behavior

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- When relationships experience difficulties, behavior can be impacted
- Can see more difficulty with self soothing, regulation, sleep, feeding and development
- Can result in negative reinforcement
- Attention seeking behaviors and outbursts that appear random
- Poor frustration tolerance
- Difficulty with self-soothing (post 18 months)

# Where behavior may be most impacted

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- Relationship/social development
- Sleep
- Feeding
- Self-regulation
- Acting out/increased challenging behaviors

# Strengthening the bond-Sleep

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- Identify what family expectation is in regard to sleeping arrangements
- Proactive sleep strategies
- ABCs of Sleep
- Routine, environmental management, sleep comfort
- Interventions:
  - Make sleep reinforcing
  - Be aware of or decrease sleep dependencies when developmentally appropriate



# Strengthening the Bond-Regulation

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- Regulation occurs when you are able to face a stressor and recover well
- Developmental age to start with co-regulation is 18 months
- Create safety
- Affect matching
- We first need to regulate ourselves before we can help regulate others
- Offer opportunities to regulate proactively
- De-escalate and send messages of confidence

# Strengthening the Bond-Social Engagement

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- Teach joint attention and engage in attending (one on one time)
- Engage in play
  - Use humor
  - Be silly
- If rough play or behavioral challenges occur, use a neutral voice and once you reach baseline- share how you felt
- Social stories
- Predictability and structure
- Shape behaviors (successive approximations)

# Proactive Interventions

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- Environmental Management
- Co-regulation
- Setting the Child up for success
  - Be aware of the situation or task
- Provide clear expectations
- Model and rehearse
  - Role play
  - General play
- Integrate relationship building throughout the day (not just when there are challenges)- Proactive coregulation

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