

Coordinated Care can help!

All children/youth should be seen by a PCP
at least once a year.

Call us at **1-844-354-9876** for help finding a provider,
scheduling appointments, and information on wellness
exams.

Health Care Coordination

Partnering with caregivers, caseworkers, providers, parents and youth to ensure our members get the care they need. Our team is here to help you with changes and barriers that come your way. Visit CoordinatedCareHealth.com/benefits, Call **1-877-644-4613 (TTY: 711)**, or Email AHCCTeam@coordinatedcarehealth.com


coordinated care.

**CARE FOR THE
WHOLE YOU.**



- New or replacement ID card
- Help with a healthcare bill
- Parent support scheduling appointments
- Child/youth moving homes
- Child/youth returning from out of state
- Need medical equipment for new placement
- Help replacing lost or broken glasses



- Need a doctor, specialist, therapist or other providers
- A record of the doctors the child has seen
- Help to see a specialist



- Plan for child/youth discharging from ER or hospital
- Medication/pharmacy issues
- Support for child/youth with multiple or complex needs



- Support/education for health conditions (like asthma, anxiety, diabetes)
- School support for special needs



Childhood Development & the Impact of Trauma

Birth to Early Adulthood

Statement of Gratitude

We offer this statement of gratitude for the Indigenous lands that hold important teachings, where language and culture are interwoven to create strength and resiliency for American Indian and Alaska Native youth in care.

As we gather today, we invite in these teachings and while unlearning western ways of being that will help us better serve these youth:

- Land is sacred
- People and environment are all connected
- Time is measured in seasons
- Comfort is in the quality of our relationships



Objectives

- Developmental stages, early warning signs, and act early.
- Learn how trauma impacts childhood development.
- Explore ways to support healthy development:
 - Building brain architecture
 - Windows of opportunity
 - 6 ways to balance dysregulated pathways

Childhood Development

- Refers to the changes that occur from birth to adolescence
- There are MANY theories and models that focus on different aspects of childhood development

- Physical
- Psychological
- Cognitive
- Social
- Emotional
- Sexual
- Identity

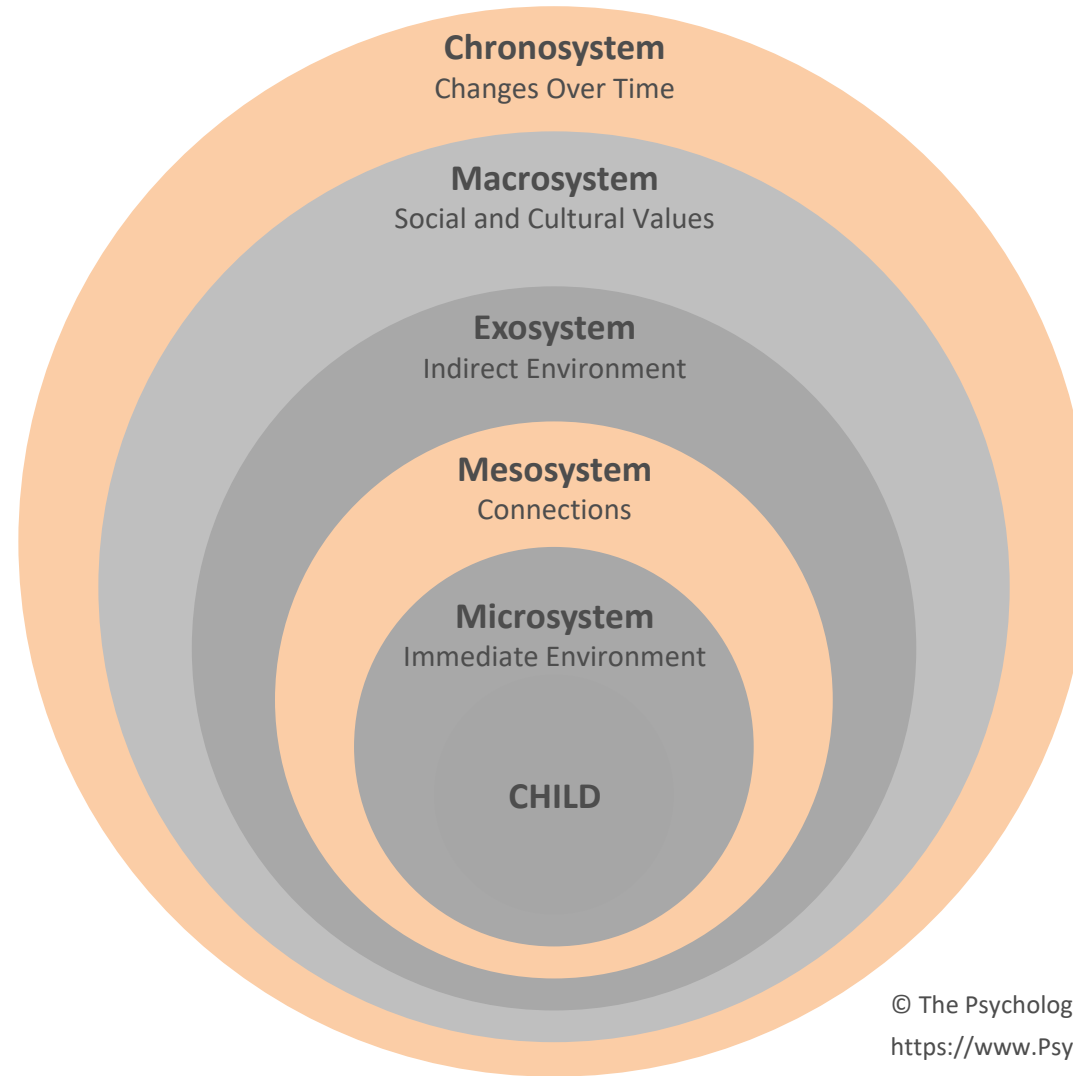
Adapted Erickson's Stages of Man

- A psycho-social model of development

Stage	Age	What should caregivers do?
"I am learning to trust you."	Birth through first year	Give attention, nurturance and conversation; respond to crying
"I am learning to do things by myself."	First through third year	Give respect and affection; have patience and a sense of humor
"I am learning to take initiative."	Third through sixth year	Give flexibility, affection, respect, and moments of undivided attention
"I am learning to be productive and successful."	Sixth year through onset of puberty	Give clear and reasonable limits with opportunities for negotiations; assign simple household duties with reminders
"I am learning about my own identity."	Adolescence	Encourage independence; accept hair/clothing expression; explore cultural identity
"I am learning how to be in relationship with others."	Early Adulthood	Job/volunteer opportunities, independent living skills, be supportive/actively listening

Environment Shapes Development

Bronfenbrenner's Ecological Systems Theory



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<https://www.PsychologyNotesHQ.com>

Developmental Delays & Acting Early

- 1 in 6 children aged 3-17 years have developmental disabilities- **conditions that affect how children play, learn, speak, act, or move.**
- Nationally, only 17% of children younger than 5 with developmental delays received services for those delays.
- Many children with developmental delays are not identified until after they start school.
- **Early intervention (before school age) can have a significant impact.**

<https://www.cdc.gov/ncbddd/actearly/pdf/LTASE-program-one-pager-P.pdf>

Prevalence of Developmental Delays in Foster Care

- Developmental delays are estimated in 4-10% of children in the general population, estimates for children in foster care go as high as 60%
 - Estimated 57% of children in foster care exhibit language delays
 - Estimated 33% have cognitive problems
 - Estimated 31% display gross motor difficulties
 - Estimated 10% experience growth problems

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1519416/>

Know Your Role

	Developmental Monitoring	Developmental Screening	Developmental Evaluation
WHO	All caregivers	Primary care provider, early childhood teacher, or other trained professional	Developmental pediatrician, child psychologist, or other trained professional
WHAT	Be familiar with milestones and look for them	Look for developmental milestones	Identify and diagnose developmental delays and conditions
WHEN	Birth-age 5	Birth-age 5 (screenings done at specific intervals)	Whenever concern is identified
EXAMPLES	CDC Milestone tracker	Ages and Stages Questionnaire, Survey of Well Being of Young Children, and Parents' Evaluation of Developmental Status	Detailed examinations, observations, formal assessment tools, and checklists from caregivers
CHILD WELFARE CONSIDERATIONS	Removal and placement changes can be a challenging time for children. Important to monitor over time.	Developmental screening is done as part of the CHET	Caregivers should work with case worker/child's team to ensure recommended evaluations occur

Developmental Monitoring- Learn the Signs. Act Early.

- Video: <https://youtu.be/9lthxd5KWhw>

Activity Directions:

- Complete the CDC Milestone Handout OR download the CDC Milestone Tracker App and complete for your child(ren)
- Find a partner. Share what you learned or if anything surprised you.

What to do if you have concerns:

1. Talk to your child's pediatrician
2. Speak to your child's treatment team/Caseworker
3. Seek early intervention for children under age 3
4. Reach out to the school district for children over age 3

Call the Help Me Grow
Washington Hotline at **1-800-322-
2588**

Trauma's Impact on Development

What is Child Traumatic Stress?

- Child Traumatic Stress refers to the physical and emotional responses of a child to threatening events. These are events that threaten the life or safety of someone very important to them
- Trauma causes an overwhelming sense of terror, helplessness and horror
- Trauma produces intense physical effects such as a pounding heart, rapid breathing, trembling, etc...
- Traumatic events make it hard for children to cope.
- They cause the child to feel terrified, powerless and out of control.

Trauma: Types of Exposure

Acute

- Single traumatic event
- Limited in time

Chronic

- Multiple traumatic event exposures
- Effects are cumulative

Complex

- Exposure to chronic trauma, usually caused by adults entrusted with the child's care
- impacts development

(Chadwick Center, 2015)

Trauma Derails Development

Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

The stress hormones produced during trauma also interfere with the development of higher brain functions.



Source: Teicher., M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286 (3),68-75.

Trauma and the Brain

Early Childhood

- Trauma is associated with reduced size of cortex and interference in cross talk between hemispheres
- Can result in: changes in IQ, ability to regulate emotions, increased fearfulness, reduced sense of safety

School Aged Children

- Trauma can interfere with development of brain regions that help children manage emotions, sustain attention for learning and problem solving, and control impulses
- Can result in: sleep disturbances, difficulty learning, and startle reactions

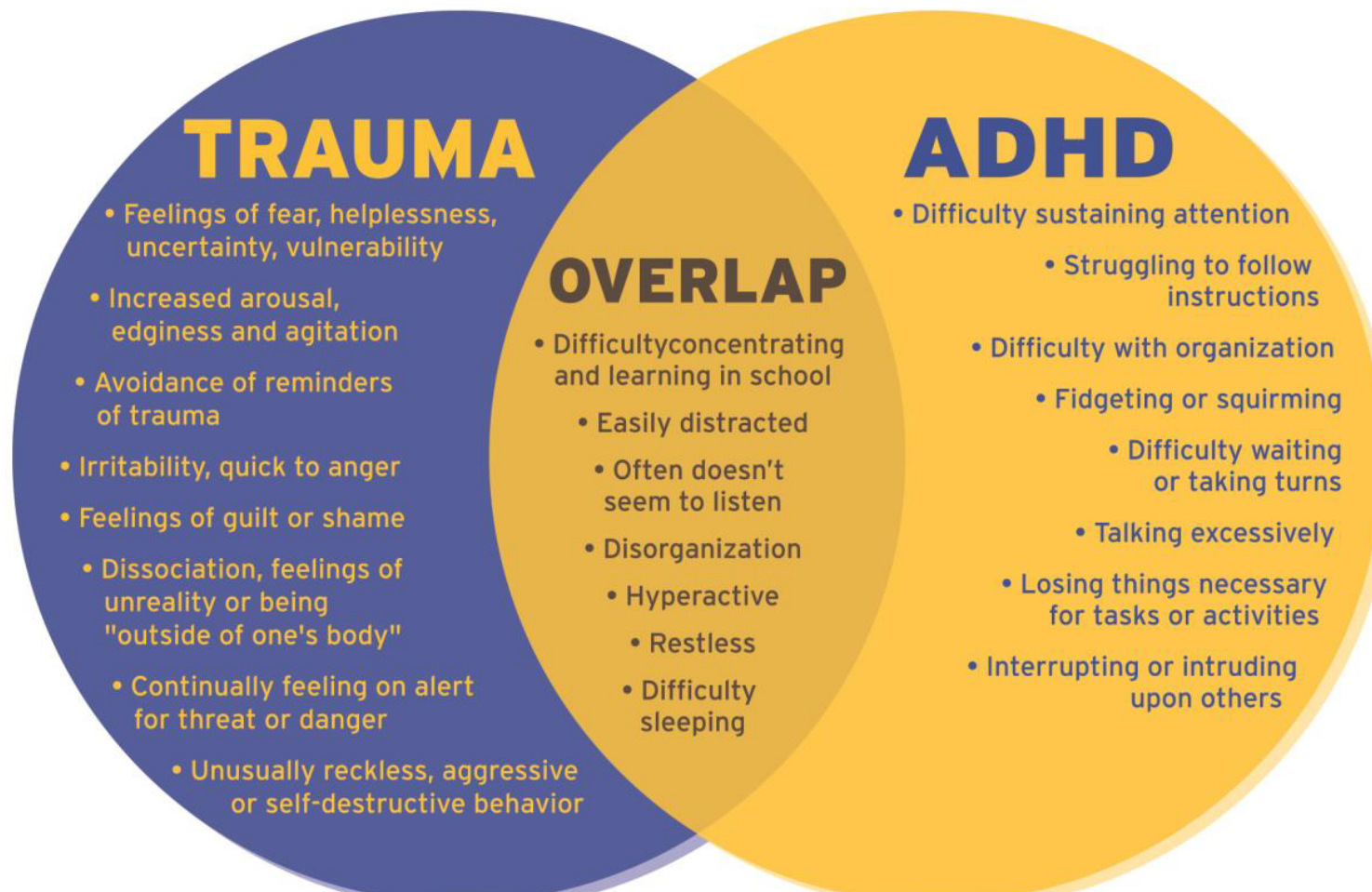
Adolescents

- Trauma can interfere with the development of the prefrontal cortex
- Can result in: reckless and risk taking behavior, aggressive behavior, difficulties in school

Trauma and Multiple Diagnoses

- Complex symptoms and presentation often lead to multiple diagnoses and potential misdiagnoses, particularly when the impact of trauma history goes unrecognized.
- There is an overlap between ADHD symptoms and the effects of trauma.

The behavior you see	What might actually be happening
Hyperactivity	Child is agitated, troubled, nervous, on alert
Inattention	Child is experiencing dissociation, or avoiding trauma reminders
Impulsivity	Child is experiencing intrusive thoughts or memories of trauma that may lead to confused or agitated behavior



Development's Missing Stairs and Key Developmental Tasks

Development's Missing Stairs



When children endure multiple traumatic events over long periods of time they are especially likely to have multiple gaps in their development.

NCTSN

The National Child
Traumatic Stress Network

Young Children (0–5)

Key

Developmental Tasks

- Development of visual and auditory perception
- Recognition of and response to emotional cues
- Attachment to primary caregiver

Trauma's Impact

- Sensitivity to noise
- Avoidance of contact
- Heightened startle response
- Confusion about what's dangerous and who to go to for protection
- Fear of being separated from familiar people/places
- Regress to recent behaviors

School-Aged Children (6–12)

Key

Developmental Tasks

- Manage fears, anxieties, and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger

Trauma's Impact

- Emotional swings
- Learning problems
- Specific anxieties and fears
- Attention seeking
- Reversion to younger behaviors
- Thoughts of revenge
- Sleep disturbances

Adolescents (13–21)

Key

Developmental Tasks

- Think abstractly
- Anticipate and consider the consequences of behavior
- Accurately judge danger and safety
- Modify and control behavior to meet long-term goals

Trauma's Impact

- Difficulty imagining or planning for the future
- Over- or underestimating danger
- Inappropriate aggression
- Reckless or self-destructive behaviors
- Embarrassed by their bouts of fear or exaggerated physical responses.
- Depression or anxiety
- Feel unique or alone in their pain or suffering
- Low self-esteem

Adolescents (13-21)

These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior.
- Sleep disturbances masked by late-night studying, television watching, or partying.
- Drug and alcohol use as a coping mechanism to deal with stress.
- Over- or under-estimation of danger.
- Expectations of maltreatment or abandonment.
- Difficulties with trust.
- Increased risk of re-victimization, especially if the teen has lived with chronic or complex trauma.

How Can You Support Healthy Development?

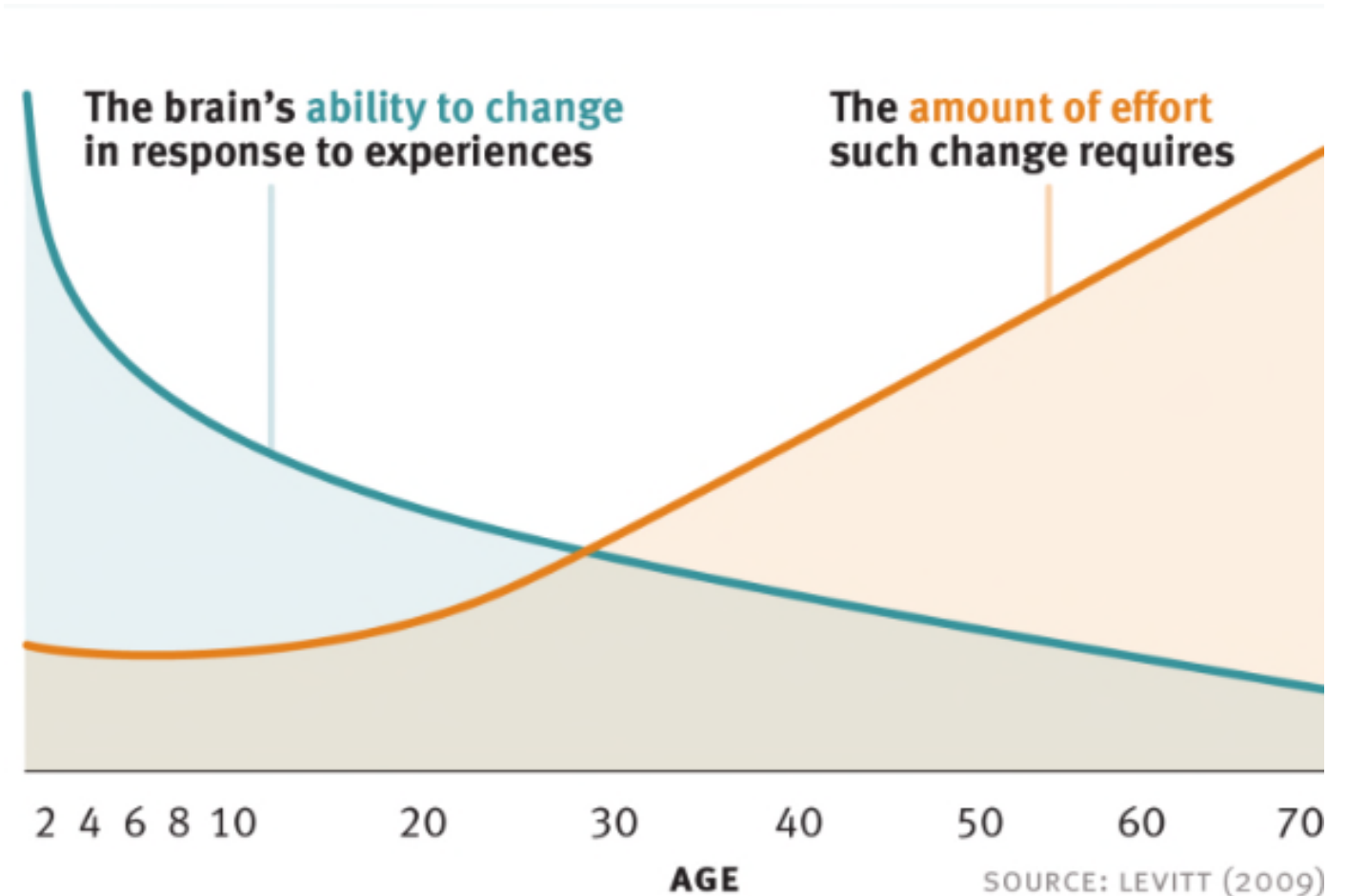
Early Childhood Development


- Science confirms that babies are not blank slates:
 - From birth, they feel, remember, learn and communicate. You, as the parent, can have a positive influence on their life.
- The early years are very important:
 - What happens to your child during the first three years shapes their future success.
- Young brains are resilient:
 - Your baby can heal from abuse with the right treatment and services.

(Adapted from Zero to Three - www.zerotothree.org)

Building Brain Architecture

- Brains are built from the bottom up.
- Early experiences affect the development of brain architecture which provides the foundation of all future learning, behavior, and health.
- Genes and experiences work together to form brain architecture.



Center on the Developing Child  HARVARD UNIVERSITY

www.developingchild.harvard.edu

Supporting Brain Architecture

<https://www.youtube.com/watch?v=KNrnZag17Ek>

Healing and Growth Beyond the First 5 Years

THE ADOLESCENT BRAIN A SECOND WINDOW OF OPPORTUNITY

unicef 
Office of Research - Innocenti

EARLY ADOLESCENCE IS
A TIME OF RAPID
LEARNING AND
BRAIN DEVELOPMENT

THESE INCLUDE
INCREASES IN
SENSATION-SEEKING,
MOTIVATION FOR SOCIAL
RELATIONS AND SENSITIVITY TO
SOCIAL EVALUATION.

A PERIOD OF
VULNERABILITY
AND OPPORTUNITY

PUBERTY INITIATES INTENSE
LEARNING & BRAIN
DEVELOPMENT, WHICH LEAD TO
STRUCTURAL REMODELING AND
NEURAL RE-CONFIGURATION OF
KEY BRAIN SYSTEMS. IT'S A
CRUCIAL TIME TO INVEST IN
ADOLESCENTS.



DOWNLOAD

"THE ADOLESCENT BRAIN:
A SECOND WINDOW OF OPPORTUNITY"

WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN

What children and youth need

Safe, stable, nurturing relationships and environments are essential to prevent early adversity, including child abuse and neglect, and to assure that all children reach their full potential.

Safe

- Free from fear, and secure from physical and physiological harm in their social and physical environment

Stable

- The degree of predictability and consistency in a child's social, emotional, and physical environment

Nurturing

- The extent to which children's physical, emotional, and developmental needs are sensitively and consistently met

What children and youth need

Healthy
Relationships

Sleep

Nutrition

Exercise

Mindfulness

Mental
Health

Healthy Relationship Tool- Special Time



Consistent individual time with a child each day or week.

- For kids ages 2-6 aim for 10min/day
- For kids ages 7-11 aim for 30min/week
- For preteens/teens aim for at least once/month



Child Led. Aim for activities that don't have rules such as Legos, figurines, or coloring.



Avoid asking questions or making demands. Now is the time to enthusiastically engage with the activity your child has chosen. It's NOT the time to ask about school.

Resources

1. Read more about special time [here](#).
2. [Listen](#) to the Positive Discipline Podcast.

Small Group Practice

- Read your assigned vignette
- In your small group answer:
 1. What are the key developmental tasks? (HINT: see slides 21-23)
 2. What is the impact of trauma on development? (HINT: see slides 21-23)
 3. What are some ways the caregiver can create a safe, stable, and nurturing environment?
 4. What does the child need? (HINT: See slides 30-31)

Maya (Age 8 months)

Maya was taken into care after her 17-year-old mother brought her to the ER unconscious, with broken arms and bruises. Maya and her mother Angela had been living with her mother's abusive boyfriend. For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence. Angela claimed Maya was hurt while in the shelter. Maya has been placed with her Aunt Jenna.

Maya often wakes up crying in the middle of the night. When her Aunt Jenna tries to soothe her, Maya arches her back, pushes her hands against Jenna's shoulders, and screams even harder. When Jenna tries to make eye contact with Maya, the baby turns her head away. "This little baby makes me feel completely rejected," Jenna says. "Sometimes I feel so helpless, I just have to put her down and let her cry."

Susan (Age 8 years)

Ms. Martinez has accepted a new child, Susan, into her home. Susan was removed due to stealing money from her former foster parents. When Susan meets Ms. Martinez, she is nervous.

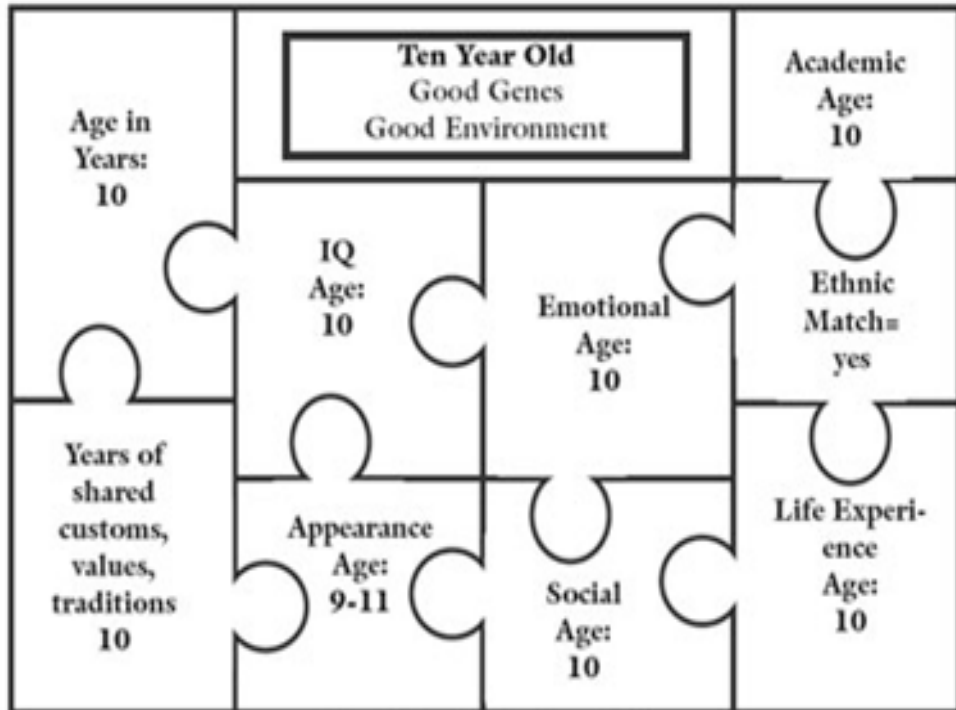
Ms. Martinez tries to put Susan at ease. She discovers that Susan came from a birth family where there was very little food. Susan would steal from her foster parents in order to buy extra snacks. Her former foster parents knew that she hoarded snacks, but dismissed it as Susan being “messy.”

Teenage Boy

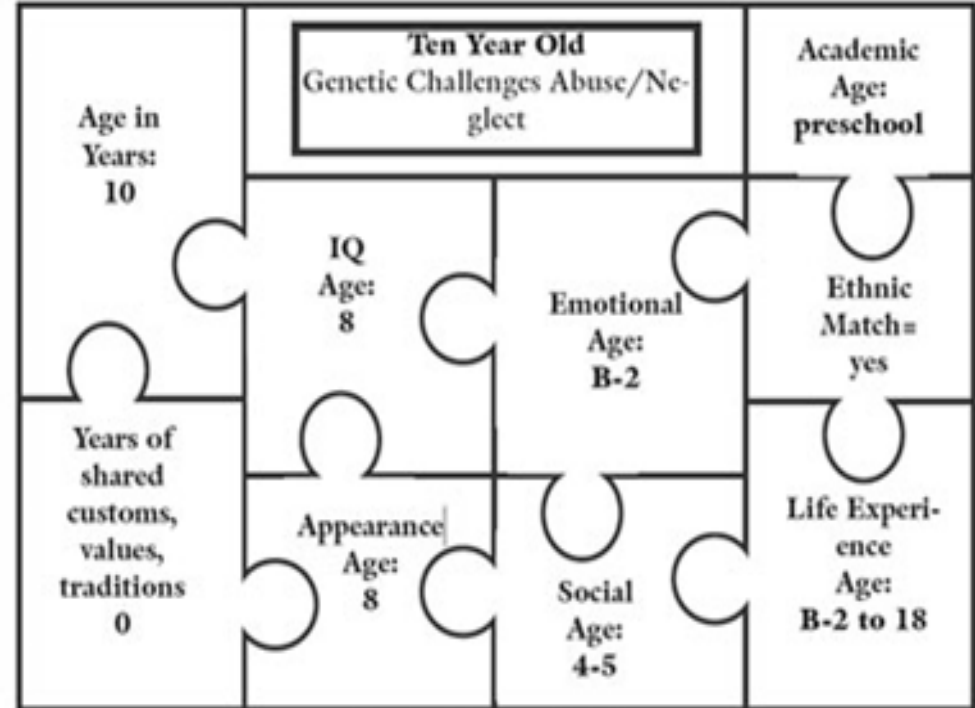
A staff member at a local RTC is called to break up a fight. When he arrives, two male youth are fighting and one of them is using slurs about LGBTQ youth. Other boys are yelling and egging them on. Both of the youth have black eyes. No weapons are found on the boys.

During the investigation it is discovered that the boy who started the fight has been targeting LGBTQ youth on campus. He is also bragging about being recruited by local gang members that he met at school. It is reported that he is having difficulties in school like having a hard time concentrating, hyperactive, agitated, getting in fights, doesn't seem to listen, and is easily distracted.

“The Jigsaw Puzzle Child “ By Eileen Mayers Pasztor, DSW



The Typical Ten Year Old



My “Ten” Year Old Son



“If your child marches to a different beat, a different drummer, you might just have to go along with that music. Help them achieve what’s important to them.” —

Sonia Sotomayor

We're here to help!

Apple Health Core Connections (AHCC) health care coordination staff can help find providers, and schedule appointments with you!

Call: 1-844-354-9876

Email: AHCCteam@CoordinatedCareHealth.com



Family Therapy is covered

- Family Therapy is covered by Coordinated Care.
- Foster parents, their children, and foster siblings can participate in family therapy with the foster child.
- Your child may go to any behavioral health provider in Coordinated Care's Network.
- You do NOT need a referral from your PCP to participate in family therapy.

Helpful Resources

American Academy of Pediatrics (<http://www.aap.org/healthtopics/stages.cfm#inf>)

- The AAP advocates for the health and well-being of infants, children, adolescents and young adults. The above link will give you information on what to expect as your foster child progresses through the various developmental stages.

Center for Disease Control (<http://www.cdc.gov/actearly>)

- The CDC has FREE materials for parents, healthcare providers, and childcare providers. These free materials include fact sheets on childhood development, resource kits, and growth charts for parents. All materials are printed with English on one side and Spanish on the other.

March of Dimes (http://www.marchofdimes.com/pnhec/298_10203.asp)

- The March of Dimes is dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality. The above link will give you information on what to expect from your baby as they go through the various developmental stages.

Helpful Resources

National Child Traumatic Stress Network (<http://www.nctsn.org>)

- The NCTSN mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. You can learn more about how trauma impacts children throughout their developmental lifespan by visiting this website.

Coordinated Care – WA Foster Care Program (<http://www.coordinatedcare.com>)

- Coordinated Care works with families and healthcare providers to treat foster children with physical and behavioral health issues, including developmental delays.

Phone: (844) 354-9876.

Zero to Three (<http://www.zerotothree.org>)

- The Zero to Three is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

Thank you!