



The Importance of Early Years Critical Years for Setting Up a Fragile or Sturdy Foundation



"What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile stage for what follows."

Shoskeld, Jack P. & Deborah A. Philips, eds. Prom Neurons to Neighberhoods: The Science of Early Chikhoed Development. National Research Counc Committee on Integrating the Science of Early Childhood Development. Washington, D. C.: National Academy Press, 2000, S.

The Importance of the Early Year (0-3)

· Experiences lay down

- Neural connections and pathways (brain development)
- Positive or negative lifelong expectations (procedural memories)
- Adaptive or toxic stress response patterns
- Emotional care vs. custodial care is the most important factor in health development



Image: www.prainconnection.com © 1999 Scientific Learning Corporation Sheri Hill, PhD, Faculty on Policy, University of Washington

City is a





The Importance of The First 3 Years Experiences Lay Down Circuits						
"Neuro	"Neurons that fire together wire together"					
Newborn	Early Childhood Sheri Hill, PhD, Faculty on Policy, University of W	Later Childhood				







- · What is most familiar and automatic to us, is called procedural memory
- · Procedural memories = built in expectations
 - To be loved
 To be comforted

 - To be confident
 - To be neglected
 - To be treated with hostility
 To be treated with anxiety

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The Importance of The First 3 Years Experiences Lay Down Life-Long Expectation

Procedural Memories:

- Begin at birth
- Dominate the early years
- Not easy to change; can last a lifetime
- · Lay down expectations for relationships, habits, routines

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The Importance of The First 3 Years Experiences Lay Down Reactions to Stress



Neglect can warp the brain's developing neural circuits so that they produce too much or too little of the hormones that control responses to stress.







What practical information will guide us to offer comprehensive assessment of infants and parents?

What Matters:	What assessment information to obtain (3 steps to NRF):
 Stress thresholds, with stress and stress recovery patterns 	Step 1: Have child and parents assessed for toxic stress conditions
Procedural memories and the quality of engagement	Step 2: Have parent-child socio- emotional milestones assessed
Development of brain networks and circuits	 Step 3: Have child & parents assessed for individual sources of vulnerability & resilience in brain networks













Need for a Cross-Sector Framework

"The expertise about early childhood development, brain development and trauma exists in different sectors and disciplines. Yet, we lack an integrated science of early childhood development...All this new knowledge on child development, trauma, the brain and protective factors is not being translated into public policy nor is it being introduced in our practice."

Jack Shonkoff M.D., Director, Center for the Developing Child at Harvard University

Framework vs. Model



The Neurorelational Framework (NRF)

- · Framework holds multiple clinical models that one has been trained in
- Framework uses neurodevelopmental principles that can help you
 organize and more efficiently use the knowledge you already have (e.g.,
 working bottom-up to top-down)
- Allows you to shift from foreground to background across multiple variables and dimensions versus only from a diagnostic "category"
- Enhances your understanding as to where your knowledge is weighted and where you need to expand across disciplinary boundaries







Do you know them well enough to facilitate a "warm handoff"?

"Micro"

- From Individuals & Personal Mapping, to
- Dyadic, Family Units, to
- Agency Patterns and Teams



C. Recognize four toxic stress patterns

How do we identify healthy stress responses?

• Allostasis =

 Healthy rubber band, that stretches out nicely and bounces back

- Coordination between flexibility & stability
 - Flexible stress responses
 - Stable deep sleep and green zone









Everyone Can Learn to Read Non-Verbal Cues 93% of communication is nonverbal Eye contact Facial expression Tone of voice Body posture, movement, & gestures Rhythm, rate, & intensity



Step #1B: How do we identify three primary

stress responses?

Recognize the three primary stress responses:

- Red zone
- Blue zone
- Combo zone















Head-On Reflection Individual Differences				
Who We Are At Our Worst!				
Heart Un <mark>de</mark>	r Stress	Hand Under Stress	Head Under Stress	
Give too	much	Demand too much	Detach too much	
Over accom	modate	Dominate and control	Dismiss and ignore	
Body Unde	r Stress	Body Under Stress	Body Under Stress	
Hypervigi	lance	Crying, Anger, Rage	Shut Down, Glazed	
	xiety	Hyperactivity, Mania	Depression, Dissociation	



Step #1C: *How do we identify toxic stress patterns?*

Recognize stress responses that are too frequent, too quick / intense, too long

4 Toxic Stress Patterns

- 1. Stress responses that occur too frequently and too quickly
- 2. Inability to adapt to "normal" challenges and transitions
- 3. Prolonged stress responses that take too long to recover (more than 10 to 20 mins)
- 4. Inability to recover from stress response back to baseline health (healthy sleep cycle, healthy awake state)

McEwen

Stress Patterns & Associated Health Issues

Disease does not begin at the onset of symptoms. In fact, maladaptive stress related conditions are implicated in all of the following:

- Increase in heart attack &
- hypertension Melancholic depression •
- • Autoimmune diseases Chronic fatigue syndrome ٠ • •

•

Allergies

Asthma

Rashes

Rheumatoid arthritis

Post Traumatic Stress Disorder

- Obsessive compulsive disorder • Panic disorder
- Alcoholism
- Lowered immune system
- Decrease in memory functions •
- Diabetes
- Malnutrition
- Hyperthyroidism
- Functional gastrointestinal disease .

Adverse Childhood Experiences Scale

CA's ACE List

- 1. Recurrent physical abuse
- 2. Recurrent emotional abuse
- 3. Contact sexual abuse 4. An alcohol and/or drug abuser in the
- household 5. An incarcerated household member
- 6. Someone who is chronically depressed,
- mentally ill, institutionalized, or suicidal 7. Violence between adults in the home
- 8 Parental separation or divorce
- 9. Emotional or physical neglect

- Resources
 - http://acestudy.org/home
 - http://www.cavalcadeproduct ions.com/ace-study.html
 - http://wichildrenstrustfund.or g/files/WisconsinACEs.pdf



National Movement of ACE Studies Across the States

<u>%s</u>	of	Po	pulation	with	4+	ACEs:	

Louisiana	•	12%
California	•	13%
Arkansas	•	14%
Wisconsin	•	14%
Tennessee	•	15%
New Mexico	•	17%
Washington	•	18%

Step #2: How do we identify highquality engagement and positive procedural memories?

- A. Recognize what "bottom-up" socioemotional (SE) milestones look like
- B. Recognize what "top-down" socioemotional (SE) milestones look like
- C. Recognize the links of SE milestones with positive procedural memories

	Step #2 Assess the Quality of Engagement Greenspan, 1985, 1992; Greenspan & Lourie, 1981; ZERO TO THREE, 1994, 2005)	
в	ottom-Up (non-verbal capacities)	
•	Getting calm together	
•	When <i>calm</i> able to make eye contact	
•	When making eye contact, able to share joy	
•	When sharing joy, able to create a continuous back-and-forth flow of communication	
•	When in a flow, able to expand <i>non-verbal communication</i> through an increasingly nuanced ability to read emotional cues, intentions, gestures, and to solve problems	
	SE Milestone Language Adapted by Connie Lillas	

Step #2 Assess the Quality of Engagement



Top-Down (verbal capacities)

- When sharing *emotions*, able to create stories via symbolic play & pretend play, with developing language skills
- When using emotional *stories*, able to make-sense and solve problems together

It is rarely the case that there is a single cause to the symptoms we see.



 The meaning of behavior is based upon multiple causality, rather than singular causality, as multiple causes usually underlie the "behavioral problems" that are identified as the presenting problem
 Lilles & Turnbull, © 2009





- Assess on a "Macro" level the links with systems of care
- Assess on a "Micro" level functional needs that help guide the triage
- Distinguish between developmental age and chronological age



Bottom-Up Progression





Functional behaviors representing brain sys	stems
Regulation	States of Arousal
Sensory	 Reactions to all sources of sensory information (including vestibular, proprioception, pain, temperature)
Relevance	Emotions, memories, & meanings
• Executive	 Ability to <i>initiate</i> and <i>shift</i> as well as <i>inhibit</i> and <i>sustain</i> motor (includes attention) activity and behavior according to the context

Double Jeopardy Risk Factors	2354 4214
Anthony	Erika
Drug exposure in utero	Substance Abuse
VLBW & pre-maturity	Pre-term labor
NICU - forced separation from mom	Pre-teem mom
Invasive medical procedures	Victim of violence
Exposure to violence	Acculturation/Poverty
Chase and Dodge Pattern	Relationship Disorder
	-

Parental Risk Factors That Can Comprisition Parents' Ability to Other These Child Support	Global Questions	Child Risk Factors That Increase Calden's Heat Ke Adult Segret
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Functional Capacities of the Regulation System



- 1. The capacity for deep sleep cycling
- 2. The capacity for alert processing
- 3. The capacity for the adaptive expression of all stress responses
- 4. The capacity for distinct states of arousal and smooth transitions between them
- 5. The capacity for connection to visceral cues
- 6. The capacity for efficient stress recovery





Functional Capacities of the Sensory System



- The capacity to receive, translate, associate, and elaborate sensory signals within and across sensory modalities in a developmentally appropriate way (sensory processing)
- 2. The capacity to balance the flow of sensory signals in a way that is appropriate to context (sensory modulation)

Processing & Modulation Distinctions

- "Processing is weighted toward the modality and location attributes of the sensory information (what is it, where is it?)
- Modulation is weighted toward the intensity and timing attributes of the sensory information (how much of it, how fast is it, how long does it last?)"
 - Lillas & Turnbull, 2009, p. 197





Processing Variables



- · Is the infant, child, adult registering the sensory information?
- Is the infant, child, adult accurately identifying the source of the sensory information?
- Is the infant, child, adult accurately discriminating the sensory information?









Modulation Variables



- Is the infant, child, or adult over or under-reactive to sensory information?
- Do mid-range intensities of sensations support optimal arousal or do extremes need to be used?
- Experiment with sensations: begin with low intensity, slow rhythms, and short durations to be safe
- Does the infant, child, adult need to be matched or countered?

Sensory Preferences &	Triggers
Preferences	Triggers
Support down-regulation to sleep	Stimulate a stress or load response
 Support calm, alertness for engagement 	Because memories are "sensory" fragments
Support stress recovery	 Most often, are procedurally based and "automatic"







Functional Capacities of the Relevance System



- 1. The capacity to flexibly experience, express, and modulate a full range of emotions in ways that are appropriate to context
- 2. The capacity to learn from experience by scanning and accessing a full range of memories that are appropriate to the context
- 3. The capacity to create meanings that accurately reflect self and others





Functional Capacities of the Executive System

- The capacity to express spontaneous, automatic, and consciously controlled behaviors in a flexible and purposeful manner
- 2. The capacity to integrate the bottom-up influences of emotions with the top-down control of thoughts
- The capacity to assess, integrate, and prioritize one's own internal (self) needs in relation to external (context/other) needs



The 4 dimensions of the EX system

- Spontaneous (Flexibility)
 - Initiate: mobility of spontaneous movement
 - Shift: mobility imposed on stability
- Automatic (Stability)
 - Inhibit: ability to inhibit spontaneous movement
 - Sustain: supported by postural control and needs inhibition
- Motor control: ability to regulate or direct the mechanisms essential to coordinated functional movement (Shumway-Cook & Woollacott, 2007), which uses all of these dimensions!





DIAGNOSTIC CLASSIFICATION O-3R TRIAGE SYSTEM: 1. TRAUMA 2. GRIEF & LOSS 3. REGULATORY DISORDERS 4. ADJUSTMENT DISORDERS 5. MOOD & AFFECT DISORDERS 6. MULTIPLE DELAYS (MDD) (genetics) 7. RELATIONSHIP DISORDER (AXIS II) 8. REACTIVE ATTACHMENT DISORDER 9. FEEDING & SLEEPING DISORDERS















