

Chapter 2 – Human Development and Attachment

As a foster parent you will have to meet four areas in a child's development.

Physical needs – you will meet a child's needs by providing shelter, food, clothing, demonstrating physical affection such as hugs, kisses, holding them and keeping them safe,

Emotional needs - you will provide love, a sense of belongingness and security.

Social needs – you will teach the child how to develop relationships, how to problem solve and teach them their cultural identity.

Learning needs - you will teach the children right from wrong, morals and values and teach them independent living skills.

Human Development

Overview of Attachment

Everyone here knows a lot about human development. This knowledge may come from your experience as parents, your observations of children in other settings, things you have read or even your memories and what you have been told about your own childhood. You have demonstrated your knowledge by your comments you made during the guided fantasy experience. Next we will discuss some key concepts of human development. The first topic we will discuss is the important role of attachment, which is the basis for human development.

Human babies are helpless. Their physical survival and development as social beings are based on attachment they form to adult caregivers. We have already noted that the newborns in the guided fantasy were completely dependent on adult caregivers to meet all their needs. Children need a great deal of nurturing and care for many years. But food, clothing and shelter are not enough to allow children to develop normally. Children require loving care and attention if they are to develop into adults with the ability to have relationships with other people.

Research shows that infants who have all of their physical needs met but who don't have significant contact with other human beings get sick and can even die. Children who do not get sufficient attention are at serious risk of mental, social, emotional and physical delays. They may not have the ability to self-regulate and may be damaged in the development of empathy and conscience. Exercises such as Baby A and Baby B are designed to help you gain an understanding of a child's emotional experience. However, we need to provide you with more information to support the emotional effects as well as the effects of brain development and brain chemistry.

Brain Development

The brain develops and organizes in responses to life experiences. When a child experiences ongoing trauma the brain develops in negative and un-organized ways. If a person is born into a hostile, stressful world it is critical for survival that they sustain a state of awareness and suspiciousness that allow for effective danger detection. When humans live in the caveman

days, it was important to respond quickly when a wild animal approached. A brain organized to reason would think like this: "I think that's a tiger. What plan can I make to get away from the tiger?" When surrounded by wild animals, a brain developed to be hyper-aware and to react quickly is more useful for survival. These lower parts of the brain react to danger and are not associated with language or reasoning.

The experience of complex trauma will affect the natural ability of the higher parts of the brain to inhibit the lower, more primitive parts of the brain. This is why traumatized children are often impulsive, reactive and prone to frustrations. These children cannot plan effectively. Traumatic memories are stuck in the nonverbal, non-conscious regions of the brain. Children born into unsafe environments lack loving and caring relationships and will view the world as a dangerous place and their focus will be on self-survival. Nurturing parents are always teaching and encouraging their children's development and these interactions stimulate positive brain development.

What are the consequences of trauma? Ask the class this question

The experiences of trauma change a child's expectations and views of the world. Parents are not viewed as safe and the world appears to be a dangerous place. In addition, the child's brain has developed to function in a heightened state of stress and to activate an intense fight or flight response. These children often appear to be unfeeling, bad or demon children who are attempting to inflict pain and suffering on those who attempt to parent or help them. The caregiver's needs to understand that the child is hurting and their behaviors are pain-based and they need to help them provide healing interactions.

Difference between bonding and attachment

Many of you have heard the term bonding. It is used to describe the initial tie that develops between newborn babies and their mother's. Experts are still studying the phenomenon of bonding but it appears to be based on the innate physiological drive of the mother and baby to recognize each other and be emotionally linked. It appears that bonding develops during pregnancy for the mother and probably for the baby and continues through the close contact of feeding and holding immediately after birth. So we will use the term bonding only to describe the intense relationship of mother and baby. However, human babies are adaptable and sociable and they have the capacity to develop strong emotional ties to many human beings. We call this attachment.

It appears that the ease with which new attachments are formed is related to the strengths of the old ones. The few children who have not bonded or have fragile attachments will find it difficult to form new attachments. Children with strong bonds and attachments will grieve the loss of a parent even when they are angry with that parent but they can form new attachments.

How Attachment Develops

Children require an attachment to parents in order to develop self-reliance and an ability to trust others. Early attachment and relationships help form the basis for future relationships. Being attached to parents is the means by which children develop a conscience, getting along

with others and developing positive self-esteem. In addition, families are the vehicle by which society's values are transmitted, cultural identities are established and knowledge is transmitted from one generation to another.



Foster parents and adoptive parents can remain committed by:

- Seeking help from the team
- Using parent support groups
Having time alone, respite
- Maintain humor & perspective
- Having realistic expectations
- Remember that change takes time
- Take pride in small accomplishments

Foster parents and adoptive parents can help children develop attachments by:

- Consistently understanding and meeting children's needs
- Helping children express their feelings and demonstrating that they understand
- Helping children relax and have fun
- Using non-abusive discipline
- Helping children feel good about themselves
- Making sure that children do not feel rejected even when their behavior is unacceptable
- Spending the time necessary to understand children and their needs
- Taking time to enjoy children, and finding things to do together that they both enjoy
- Helping children learn appropriate behavior so they are easier to live with
- Helping children learn skills both the children and parents can be proud of

Children are attached to abusive or neglectful parents for the following reasons:

- The child was raised in this environment, and it's all he or she knows or understands.
The relationship is painful, but it is also familiar.

- Instead of thinking the parent is at fault, the child blames himself or herself. It is typical for a child to think that parents are okay, and that he or she is bad.
- Abusive attention (physical, sexual, or verbal) may be the only attention the child receives. Negative attention is better than no attention at all.
- Even though parents may be abusive and neglectful, they probably do not act that way all the time. More likely, they sometimes demonstrate nurturing and love toward the child. During these times, positive feelings and attachments are reinforced.

Children’s developmental needs are met by:

- Building self-esteem
- Supporting cultural and spiritual identity
- Providing positive guidance
- Using appropriate discipline
- Supporting intellectual/educational growth
- Encouraging positive social relationships

It is important to keep in mind that when children express strong feelings and inappropriate behaviors, it may be because they:

- Have learned these patterns in the past
- Are developmentally delayed and react like a much younger child
- Have a developmental disability that limits their understanding or behavior
- Are grieving
- Have real fears

Shaking Baby Syndrome (SBS)

Abusive head trauma/inflicted traumatic brain injury — also called shaken baby/shaken impact syndrome (or SBS) — is a form of inflicted head trauma. Abusive head trauma can be caused by direct blows to the head, dropping or throwing a child, or shaking a child. Head trauma is the leading cause of death in child abuse cases in the United States.

How These Injuries Happen

Unlike other forms of inflicted head trauma, abusive head trauma results from injuries caused by someone vigorously shaking a child. Because the anatomy of infants puts them at particular risk for injury from this kind of action, the majority of victims are infants younger than 1-year-old. The average age of victims is between 3 and 8 months, although these injuries can be seen in children up to 5 years old.

The perpetrators in these cases are most often parents or caregivers. Common triggers are frustration or stress when the child is crying. Unfortunately, the shaking may have the desired effect: although at first the baby cries more, he or she may stop crying as the brain is damaged.

Approximately 60% of identified victims of shaking injury are male, and children of families who live at or below the poverty level are at an increased risk for these injuries as well as any type of

child abuse. It is estimated that the perpetrators in 65% to 90% of cases are males — usually either the baby's father or the mother's boyfriend, often someone in his early twenties.

What Are the Effects?

Head trauma often causes irreversible damage. In the worst cases, children die due to their injuries.

Children who survive may have:

- partial or total blindness
- hearing loss
- seizures
- developmental delays
- impaired intellect
- speech and learning difficulties
- problems with memory and attention
- severe mental retardation
- cerebral palsy

Even in milder cases, in which babies look normal immediately after the shaking, they may eventually develop one or more of these problems. Sometimes the first sign of a problem isn't noticed until the child enters the school system and exhibits behavioral problems or learning difficulties. But by that time, it's more difficult to link these problems to a shaking incident from several years before.

Signs and Symptoms

In any abusive head trauma case, the duration and force of the shaking, the number of episodes, and whether impact is involved all affect the severity of the infant's injuries. In the most violent cases, children may arrive at the emergency room unconscious, suffering seizures, or in shock. But in many cases, infants may never be brought to medical attention if they don't exhibit such severe symptoms.

In less severe cases, a child who has been shaken may experience:

- lethargy
- irritability
- vomiting
- poor sucking or swallowing
- decreased appetite
- lack of smiling or vocalizing
- rigidity
- seizures
- difficulty breathing
- altered consciousness
- unequal pupil size
- an inability to lift the head

- an inability to focus the eyes or track movement

When someone forcefully shakes a baby, the child's head rotates about the neck uncontrollably because infants' neck muscles aren't well developed and provide little support for their heads. This violent movement pitches the infant's brain back and forth within the skull, sometimes rupturing blood vessels and nerves throughout the brain and tearing the brain tissue. The brain may strike the inside of the skull, causing bruising and bleeding to the brain.

The damage can be even greater when a shaking episode ends with an impact (hitting a wall or a crib mattress, for example), because the forces of acceleration and deceleration associated with an impact are so strong. After the shaking, swelling in the brain can cause enormous pressure within the skull, compressing blood vessels and increasing overall injury to its delicate structure.

Normal interaction with a child, like bouncing the baby on a knee, will not cause these injuries. It's important to never shake a baby under any circumstances.

Diagnosis

Many cases of head trauma are brought in for medical care as "silent injuries." In other words, parents or caregivers don't often provide a history that the child has had abusive head trauma or a shaking injury, so doctors don't know to look for subtle or physical signs. This can sometimes result in children having injuries that aren't identified in the medical system.

In many cases, babies who don't have severe symptoms may never be brought to a doctor. Many of the less severe symptoms such as vomiting or irritability may resolve and can have many non-abusive causes.

Unfortunately, unless a doctor has reason to suspect child abuse, mild cases (in which the infant seems lethargic, fussy, or perhaps isn't feeding well) are often misdiagnosed as a viral illness or colic. Without a suspicion of child abuse and any resulting intervention with the parents or caregivers, these children may be shaken again, worsening any brain injury or damage.

If shaken baby syndrome is suspected, doctors may look for:

- hemorrhages in the retinas of the eyes
- skull fractures
- swelling of the brain
- subdural hematomas (blood collections pressing on the surface of the brain)
- rib and long bone (bones in the arms and legs) fractures
- bruises around the head, neck, or chest

The Child's Development and Education

What makes head trauma so devastating is that it often involves a total brain injury. For example, a child whose vision is severely impaired won't be able to learn through observation, which decreases the child's overall ability to learn.

The development of language, vision, balance, and motor coordination, all of which occur to varying degrees after birth, are particularly likely to be affected in any child who has head trauma

Such impairment can require intensive physical and occupational therapy to help the child acquire skills that would have developed on their own had the brain injury not occurred.

As they get older, kids who were shaken as babies may require special education and continued therapy to help with language development and daily living skills, such as dressing themselves.

Before age 3, a child can receive speech or physical therapy through the Department of Public Health/ Early Intervention. Federal law requires that each state provide these services for children who have developmental disabilities as a result of being abused.

Some schools are also increasingly providing information and developmental assessments for kids under the age of 3. Parents can turn to a variety of rehabilitation and other therapists for early intervention services for children after abusive head trauma. Developmental assessments can assist in improving education outcomes as well as the overall well-being of the child.

After a child who's been diagnosed with abusive head trauma turns 3, it's the school district's responsibility to provide any needed additional special educational services.

Preventing head trauma

Abusive head trauma is 100% preventable. A key aspect of prevention is increasing awareness of the potential dangers of shaking.

Finding ways to alleviate the parent or caregiver's stress at the critical moments when a baby is crying can significantly reduce the risk to the child. Some hospital-based programs have helped new parents identify and prevent shaking injuries and understand how to respond when infants cry.

Another method that may help is author Dr. Harvey Karp's "five S's":

1. Shushing (using "white noise" or rhythmic sounds that mimic the constant whir of noise in the womb, with things like vacuum cleaners, hair dryers, clothes dryers, a running tub, or a white noise CD)
2. Side/stomach positioning (placing the baby on the left side — to help digestion — or on the belly while holding him or her, then putting the sleeping baby in the crib or bassinet on his or her back)
3. Sucking (letting the baby breastfeed or bottle-feed, or giving the baby a pacifier or finger to suck on)
4. Swaddling (wrapping the baby up snugly in a blanket to help him or her feel more secure)
5. Swinging gently (rocking in a chair, using an infant swing, or taking a car ride to help duplicate the constant motion the baby felt in the womb)

If a baby in your care won't stop crying, you can also try the following:

- Make sure the baby's basic needs are met (for example, he or she isn't hungry and doesn't need to be changed).
- Check for signs of illness, like fever or swollen gums.
- Rock or walk with the baby.
- Sing or talk to the baby.
- Offer the baby a pacifier or a noisy toy.
- Take the baby for a ride in a stroller or strapped into a child safety seat in the car.
- Hold the baby close against your body and breathe calmly and slowly.
- Call a friend or relative for support or to take care of the baby while you take a break.
- If nothing else works, put the baby on his or her back in the crib, close the door, and check on the baby in 10 minutes.
- Call your doctor if nothing seems to be helping your infant, in case there is a medical reason for the fussiness.

Sudden infant death syndrome

Sudden infant death syndrome (SIDS) is the unexpected, sudden death of a child under age 1 in which an autopsy does not show an explainable cause of death. This is also known as crib death.

Causes, incidence, and risk factors

The cause of SIDS is unknown. Many doctors and researchers now believe that SIDS is caused by several different factors, including:

- Problems with the baby's ability to wake up (sleep arousal)
- Inability for the baby's body to detect a build-up of carbon dioxide in the blood

SIDS rates have dropped dramatically since 1992, when parents were first told to put babies to sleep on their backs or sides to reduce the likelihood of SIDS. Unfortunately, SIDS remains a significant cause of death in infants under one-year-old. Thousands of babies die of SIDS in the United States each year. SIDS is most likely to occur between 2 and 4 months of age. SIDS affects boys more often than girls. Most SIDS deaths occur in the winter.

The following have been linked to a baby's increased risk of SIDS:

- Sleeping on the stomach
- Being around cigarette smoke while in the womb or after being born
- Sleeping in the same bed as their parents (co-sleeping)
- Soft bedding in the crib
- Multiple birth babies (being a twin, triplet, etc.)
- Premature birth
- Having a brother or sister who had SIDS
- Mothers who smoke or use illegal drugs
- Being born to a teen mother
- Short time period between pregnancies

- Late or no prenatal care
- Living in poverty situations

While studies show that babies with the above risk factors are more likely to be affected, the impact or importance of each factor is not well-defined or understood.

Symptoms

Almost all SIDS deaths occur without any warning or symptoms when the infant is thought to be sleeping.

Signs and tests

Autopsy results are not able to confirm a cause of death, but may help add to the existing knowledge about SIDS. Autopsies may be required by state law in the event of unexplainable death.

