Child Development: Bonding and Attachment

An overview of the impact of stress, neglect, and trauma on child neurodevelopment and attachment relationships.

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Mark Hald, PhD
Options In Psychology, LLC
Licensed Psychologist
Registered Play Therapist - supervisor
Nationally Certified School Psychologist
haldybalady@gmail.com
Objectives

- Understand basics of brain development structure, nature & nurture.
- Understand what is needed for healthy brain development and the impact on social-emotional development and attachment.
- Understand the concept of critical & sensitive periods of brain development.
- Understand the impact of trauma on brain development, social-emotional development, and attachment.
- Develop and appreciation for adverse childhood experiences and trauma informed care.
- Identify the mental health implications for infants, toddlers, young children, and adolescents with multiple adverse childhood experiences.
- Understand that trauma and attachment healing occurs in the context of relationships.
- Understand that attachment is relationship specific.
Brains develop and organize in the context of relationships. Positively and Negatively
“We are hardwired for relationship.”
Imitation starts at birth

- Mirror neurons
- Ten-minute old newborn doing tongue-protrusion and mouth-opening, Meltzoff experiments.
- [Neonate_imitation.wmv](#)
- “Micro events”
- [Still_Face. Edward_Tronick.wmv](#)
What is Trauma?

- An exceptional experience in which powerful and dangerous stimuli overwhelm the capacity to regulate emotions.

- Definition (NASMHPD, 2006)
  - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters

- DSM IV-TR (APA, 2000)
  - Person’s response involves intense fear, horror and helplessness
  - Extreme stress that overwhelsms the person’s capacity to cope
Definition of Trauma Informed Care

- Mental Health Treatment that incorporates:
  - An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
  - A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual

(Jennings, 2004)
Prevalence of Trauma
Mental Health Population – United States

- 90% of public mental health clients in the US have been exposed to trauma
  - (Mueser et al., 2004, Mueser et al., 1998)
- 51-98% of public mental health clients in the US have been exposed to trauma
  - (Goodman et al., 1997, Mueser et al., 1998)
- Most have multiple experiences of trauma
  - (Mueser et al., 2004, Mueser et al., 1998)
- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood
  - (Goodman et al., 1997)
Prevalence of Trauma
Child Mental Health/Youth Detention Population - U.S.

- Canadian study of 187 adolescents reported 42% had PTSD
- American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD
- 70-90% incarcerated girls – sexual, physical, emotional abuse

*(DOC, 1998, Chesney & Sheldon 1991)*
Other Critical Trauma Correlates: The Relationship of Childhood Trauma to Adult Health

- Adverse Childhood Events (ACEs) have serious health consequences
- Adoption of health risk behaviors as coping mechanisms
  - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death (*Felitti et al., 1998*) [www.acestudy.org]
Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in household with:
  - Alcohol or drug user
  - Member being imprisoned
  - Mentally ill, chronically depressed, or institutionalized member
  - Mother being treated violently
  - Both biological parents absent
  - Emotional or physical abuse

*(Felliti et al, 1998)*
Adverse Childhood Experiences (ACE) study by Kaiser Permanente and the Centers for Disease Control and Prevention (initial phase 1995 to 1997)

- 17,337 adult health maintenance organization (HMO) members responded to a questionnaire about adverse childhood experiences
  - 11% reported emotional abused as a child,
  - 30.1% reported physical abuse, and
  - 19.9% sexual abuse.
  - 23.5% reported being exposed to family alcohol abuse,
  - 18.8% were exposed to mental illness,
  - 12.5% witnessed their mothers being battered, and
  - 4.9% reported family drug abuse.

- The ACE study showed that adverse childhood experiences are vastly more common than recognized or acknowledged and that they have a powerful relationship to adult health a half-century later.
<table>
<thead>
<tr>
<th>Demographic Categories</th>
<th>Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>54%</td>
</tr>
<tr>
<td>Male</td>
<td>46%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>74.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7.2%</td>
</tr>
<tr>
<td>African-American</td>
<td>4.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1.9%</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>19-29</td>
<td>5.3%</td>
</tr>
<tr>
<td>30-39</td>
<td>9.8%</td>
</tr>
<tr>
<td>40-49</td>
<td>18.6%</td>
</tr>
<tr>
<td>50-59</td>
<td>19.9%</td>
</tr>
<tr>
<td>60 and over</td>
<td>46.4%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Not High School Graduate</td>
<td>7.2%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>17.6%</td>
</tr>
<tr>
<td>Some College</td>
<td>35.9%</td>
</tr>
<tr>
<td>College Graduate or Higher</td>
<td>39.3%</td>
</tr>
</tbody>
</table>

Born in 1935 or before
What does the prevalence data tell us?

- Growing body of research on the relationship between victimization and later offending
- Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- **Victims of trauma are found across all systems of care**

Therefore...

- We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*

  *(Hodas, 2005)*
How are Children Traumatized?

- Exposure to community violence in their neighborhoods and homes.
- Exposure and witnessing domestic violence.
- Exposure to or hearing about unusual traumatic events such as accidents, terrorist attacks, wars, natural disasters (hurricanes, tornados, fires).
- Exposure to media.
- Abuse: emotional, physical, sexual.
- Medical Trauma
Broad types of Trauma

- Single incident trauma
  - World Trade Center

- Chronic toxic stress
  - Exposure to neglect and abuse
  - Alcoholic parent
Trauma in Early Childhood

- Negative Effects of Domestic Violence on Children.wmv

- Children exposed to domestic violence are at risk for depression, anxiety, aggressive behavior, and academic problems.

- It is estimated that between 3.3 million and 10 million children in the U.S. witness domestic violence annually.

- Very young children are more likely to be exposed to domestic violence than older children.

- Very young children exposed to domestic violence may experience extreme stress that can have a potentially serious impact on brain development.

- Children who witness domestic violence are at high risk for child abuse or neglect.
Serve and Return Interactions

- If the responses are unreliable, inappropriate, or simply absent, the developing architecture of the brain may be disrupted, and later learning, behavior, and health may be impaired.

- A breakdown in these reciprocal interactions between adult caregivers and young children can be the result of a multitude of predisposing factors including significant stresses associated with high levels:
  - of economic hardship,
  - social isolation, and/or
Serve and Return Interactions

- chronic disease, as well as

- a wide range of adult mental health impairments, including depression, anxiety, post-traumatic stress disorder, serious personality disorders, or substance abuse involving alcohol or illicit drugs. Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously. Neglectful acts or patterns occur in every culture, at all income levels, and within all racial, ethnic, and religious groups.

Maternal Depression: Consequences for Children

- Children of depressed mothers have higher rates of depression, attention deficits, behavior problems, separation anxiety, and conduct disorder compared to control samples.

- Findings are consistent across different types of raters (parent report, child and teacher reports).

- Also poorer social skills and peer relations.

- Insecure attachments.

Dr. Deborah Perry
Georgetown University Child Development Center
How depression affects development

- Changes in hormones during fetal period
- Specific aspects of parenting behavior:
  - Maternal responsivity
  - Maternal sensitivity
  - Emotional availability
  - Negative mood (intrusive/hostile)
  - Inconsistency in discipline
  - Modeling negative affect
  - Inability to assist with emotional regulation

Dr. Deborah Perry
Georgetown University Child Development Center
Maternal Depression Effects

- 50% - 80% of offspring have significant problems
- Exposure in early life appears to confer more risk
- Duration and severity of mother’s depression affects children’s severity
- Even mild depression associated with child problems

Goodman & Gotlib, 1999; Timko et al., 2002; Anderson & Hammen, 1993
Maternal Depression Major Negative Effects on Children

- Significantly worse school outcomes
  - Lower cognitive functioning
  - Significantly poorer reading achievement
  - Significantly worse grades
  - Significantly more behavior problems
- ~50% of adolescents have a psychiatric disorder
- ~2x the rate of physical problems

Riley, et al, 2002; Goodman & Gotlib, 1999
Parental Substance Abuse

- A significant barrier if untreated
- Often resistance
- But contact with their children often provides motivation for sobriety.
- ..\Domestic Violence and Children (PSA).wmv (1:19)
- ..\Domestic Violence PSA.wmv (30)
- ..\10 Shocking domestic violence statistics on children and mot.wmv (2:52)
- ..\911 domestic violence call from a child witnessing abuse.wmv (1:02)
Effects of Exposure to Violence depends on:

- Characteristics of the violence – one time or chronic (duration)
- Developmental phase of the child
- Proximity to the traumatic event
- Familiarity with victim and/or perpetrator
- Family and community support
- Response to violence exposure by family, school, community institutions.
Relationships Buffer Toxic Stress

- Learning how to cope with moderate, short-lived stress can build a healthy stress response system.

- Toxic stress—when the body’s stress response system is activated excessively—can weaken brain architecture.

- Without caring adults to buffer children, toxic stress can have long-term consequences for learning, behavior, and both physical and mental health.

- Hardwired for relationships.
Significant Adversity Impairs Development in the First Three Years

Data Source: Barth, et al. (2008)

Graph Courtesy: Center on the Developing Child at Harvard University
Learning: Prevalence Rates of Developmental Delay


- Overall delay
- Language
- Cognitive
- Gross Motor
- Growth Problems

Foster Care vs General Population
Prevalence of Psychiatric Problems

- **FOSTER CARE**
  - 25% to 40% under age 6 have significant behavioral problems, most displaying externalizing behaviors (aggression, anger)

- **GENERAL POPULATION**
  - 3% to 6%

Child Abuse Prevention and Treatment Act

- Prevalence of disabilities in children who have been removed from their homes and suffer from the cumulative affective of developmental trauma was the foundation for the need to have children receive developmental screening, evaluations, and interventions.
CAPTA (not random/based on the Science)

- The Child Abuse Prevention and Treatment Act requires a referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to Early Intervention Services.
Quality Early Care and Education Pays Off: Cost/Benefit Analyses Show Positive Returns

Abecedarian Project (early care and education aged 0-5) - $3.23
Nurse Family Partnership (home visiting prenatal – age 2 for high risk group) - $5.70
Perry Preschool (early education age 3-4) - $9.20

Total Return per $1 Invested

Data Sources:
- Karoly et al. (2005)
- Heckman et al. (2009)

Graph Courtesy: Center on the Developing Child at Harvard University
Rates of Return to Human Development Investment Across all Ages

Return Per $ Invested

Pre-school Programs

School

Job Training

Pedro Carneiro, James Heckman, Human Capital Policy, 2003
Keys to Healthy Development

A balanced approach to emotional, social, cognitive, and language development, starting in the earliest years of life.

Supportive relationships and positive learning experiences that begin with parents but are strengthened by others outside the home.

Highly specialized interventions as early as possible for children and families experiencing significant adversity.

For more on the science: www.developingchild.harvard.edu

For more on business champions: www.ReadyNation.org
Stress

Unpredictable
- Severe
  - Vulnerability

Predictable
- Moderate
  - Resilience
The Psychology and Physiology of Trauma
Maltreated children develop as if the entire world is chaotic, unpredictable, violent, frightening and devoid of nurturing.

Unfortunately, the systems designed to help these children continue to expose these children to neglect, unpredictability, fear, chaos and, all too often, more violence.
Trauma and Altered Neurodevelopment

Altered cardiovascular regulation
Behavioral impulsivity
Increased anxiety
Increased startle response
Sleep abnormalities
The Human Brain: The brain can be divided into four interconnected areas: brainstem, diencephalons, limbic and neocortex. The complexity of structure, cellular organization and function increases from the lower, most simple area, the brainstem to the most complex, the neocortex.
## Shifting Developmental Activity across Brain Regions (Perry)

<table>
<thead>
<tr>
<th>Brain Region</th>
<th>Age of greatest developmental activity</th>
<th>Age of functional maturity</th>
<th>Key functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neocortex</td>
<td>Childhood</td>
<td>Adult</td>
<td>Reasoning, problems solving, abstraction, secondary sensory integration</td>
</tr>
<tr>
<td>Limbic</td>
<td>Early Childhood</td>
<td>Puberty</td>
<td>Memory, emotional regulation, attachment, affect regulation, primary sensory integration</td>
</tr>
<tr>
<td>Diencephalon</td>
<td>Infancy</td>
<td>Childhood</td>
<td>Motor Control, secondary sensory processing</td>
</tr>
<tr>
<td>Brainstem</td>
<td>In utero</td>
<td>Infancy</td>
<td>Core physiological state regulation, primary sensory processing.</td>
</tr>
</tbody>
</table>
MEMORY

Cognitive

Affective/Emotional

Motor/Vestibular

“State”

Implicit

Explicit
MEMORY

Cognitive

Emotional

Motor-Vestibular

State
Children who have been traumatized have emotional and state memories indelibly burned into their brainstem and midbrain!

Once you know how to ride a bicycle...

Can you unlearn it?
Consequences of Maltreatment

- Increases in violent behavior
- Increases in neuropsychiatric disorders
- Increased risk of substance abuse
- Increased risk for teenage pregnancy
- Increased risk for anti-social/criminal actions
- Increased risk of becoming perpetrators of abuse
- Increased risk of becoming victims of other abuse
A Public Health Crisis

- If anxiety, impulsivity, aggression, sleep problems, depression, vulnerability to substance abuse, antisocial and criminal behavior, retardation, school failure, respiratory and heart problems in 8 million people every year were caused by a virus, we would consider it a national public health crisis.

- Yet over 8 million maltreated children each year are vulnerable to these problems. Our society has yet to recognize this epidemic, let alone develop an ‘immunization’ strategy.

B.D. Perry
“If you can't feed a hundred people, then feed just one.”
- Mother Teresa
Abnormal Brain Development due to Child abuse and Neglect

- Abnormal Cortical Development
- Diminished Corpus callosum size
- Diminished left-hemisphere development
- Diminished left hippocampal volume and development
- Decrease right-left cortical integration
- Increase EEG abnormalities
Neuro-imaging evidence

- “These images illustrate the negative impact on the developing brain.
- The CT scan on the left is from a healthy three year old with an average head size (50th percentile).
- The image on the right is from a three year old child following severe sensory deprivation neglect since birth.
- The brain is significantly smaller than average and has abnormal development of cortical, limbic, and midbrain structures.”
Effect of extreme deprivation

Healthy Brain

Abused Brain
Trauma: fight flight freeze

- There is no time to think when facing threat
- Our primary responses are instinctual
- The brains main function is survival
- Trauma reactions are rooted in the oldest and deepest structures of the brain
- Area called the Reptilian brain.
- Activation of the fear response: fight or flight
  - Freeze
## Arousal continuum, Bruce Perry, MD PhD, 2006

<table>
<thead>
<tr>
<th>Sense of Time</th>
<th>Extended Future</th>
<th>Days Hours</th>
<th>Hours Minutes</th>
<th>Minutes Seconds</th>
<th>Loss of Sense of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hperarousal Continuum</td>
<td>Rest Male child</td>
<td>Vigilance</td>
<td>Resistance Crying</td>
<td>Defiance Tantrums</td>
<td>Aggression</td>
</tr>
<tr>
<td>Dissociative Continuum</td>
<td>Rest Female child</td>
<td>Avoidance</td>
<td>Compliance Robotic</td>
<td>Dissociation Fetal rocking</td>
<td>Fainting</td>
</tr>
<tr>
<td>Primary Secondary Brain Areas</td>
<td>Neocortex Subcortex</td>
<td>Subcortex Limbic</td>
<td>Limbic Midbrain</td>
<td>Midbrain Brainstem</td>
<td>Brainstem Autonomic</td>
</tr>
<tr>
<td>Cognition</td>
<td>Abstract</td>
<td>Concrete</td>
<td>Emotional</td>
<td>Reactive</td>
<td>Reflexive</td>
</tr>
<tr>
<td>Mental Status</td>
<td>Calm</td>
<td>Arousal</td>
<td>Alarm</td>
<td>Fear</td>
<td>Terror</td>
</tr>
</tbody>
</table>

Bruce Perry, ChildTraumaAcademy.org
The Alarm Phase

ACUTE RESPONSE TO TRAUMA

Terror
Fear
Alarm
Vigilance
Calm

Normal with supports
Vulnerable few supports
Vulnerable “with support”

Dissociation or Resilient

Traumatic Event
What is Infant Toddler Mental Health?

- Infant and toddler mental health can be defined as the social and emotional well-being that results when infants and toddlers are supported by nurturing relationships.

- Infant mental health is the developing capacity of the child from birth to age 3 to:
  - experience, regulate, and express emotions;
  - form close and secure interpersonal relationships; and
  - explore the environment and learn –
What is? ...

- all in the context of family, community, and cultural expectations for young children.
- Infant mental health is synonymous with healthy social and emotional development.
“the relationship”

- Infants and toddlers come to experience the full range of human emotions.
- Initially, they depend heavily on adults to help them regulate their interaction, attention, and behavior as they experience emotion.
- Increasing self-monitoring by the young child contributes to the emotional regulation that is a sign of mental health.
“the relationship”

- Through **relationships with parents and other caregivers**, infants and toddlers learn what people expect of them and what they can expect of other people.

- **Nurturing, protective, stable, and consistent relationships are essential to young children’s mental health.**

- Thus, the state of adults’ emotional well-being and life circumstances profoundly affects the quality of infant/caregiver relationships.
What signs indicate that a significant social-emotional delay may exist?

Family risk factors include:

- Maternal depression;
- Caregivers with substance abuse and or mental illness;
- Domestic Violence;
- Foster care;
- Poverty;
- Adoption; and
- Exposure to maltreatment.
Bonding, Attachment, and the Brain

- Critical periods, occur during the first year when bonding experiences must be present for the brain systems responsible for attachment to develop normally.
- If missed → impaired bonding

- Severe emotional neglect during early childhood can be devastating causing children to lose the capacity to form any meaningful relationships for the rest of their lives.
- Aka: neurons that fire together wire together.
Attachment

"lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194)

"The propensity to make strong emotional bonds to particular individuals is a basic component of human nature" (Bowlby, 1988, 3)
Characteristics of Attachment

- **Proximity Maintenance** - The desire to be near the people we are attached to.

- **Secure Base** - The attachment figure acts as a base of security from which the child can explore the surrounding environment.

- **Safe Haven** - Returning to the attachment figure for comfort and safety in the face of a fear or threat.

- **Separation Distress** - Anxiety that occurs in the absence of the attachment figure.

(Bowlby, 1988)
Key Elements of an Attachment Bond

- Enduring emotional relationship with a specific person
- Presence of that person provides a sense of safety, comfort, and pleasure
- Loss or threat of loss of that person evokes intense distress

(Perry, 2002)
Circle of Security

- Circle_of_Security_Baby_Bonding.wmv
- circleofsec.wmv
CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD’S NEEDS

SECURE BASE
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

SAFE HAVEN
- Welcome My Coming To You

Support My Exploration
- I need you to...
- Watch over me
- Delight in me
- Help me
- Enjoy with me

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org
Attachment continuum..

- SECURE
- INSECURE
Security

- Mary Ainsworth, pioneer of attachment theory and the structured protocol “The Strange Situation” commented that the secure relationship is the most calm, direct, obvious, and straightforward.

It doesn’t take a lot of thinking to understand a secure relationship. A need is a need is a need, and it can be openly expressed.
Insecurity is the unresolved tension between experiences of being with and experiences of not being with.
Anxious-Avoidant Insecure Attachment (Insecure Avoidant)

- Infant may show little or no distress when separation occurs
- Is physiologically aroused but actively inhibits impulse to seek comfort
- Avoids contact with caregiver upon return
- Angry at caregiver – may not be responsive to being comforted/held

(Zeanah & Larrieu, 2010)
Anxious-Ambivalent Attachment (Insecure Ambivalent)

- Infant may show extreme protests at separation
- Infant seeks attention from caregiver but resists being comforted upon reunion
- Infant often clingy, demanding, and angry
- Infant is ambivalent about caregiver being a reliable “safe, secure, base”
- Infant shows limited exploration

(Zeanah & Larrieu, 2010)
Disorganized Attachment

- Infant displays interrupted, confused or incomplete strategies for obtaining comfort from the caregiver
  - Disordered sequences of behavior
  - Simultaneous contradictory behaviors
  - Stereotyped, repetitive gestures
- Fear of caregiver
- Attachment toward stranger when caregiver returns
- Depressed or affectless facial expressions

(Zeanah & Larrieu, 2010)
Disorganized Attachment

The irresolvable paradox that emerges when the parent is both the source of the child’s fear and the haven for the child’s safety.
Heart Rate of Children During the Strange Situation

- All infants showed elevated heart rate during separation
- Secure infant’s heart rate recovered on average in about one minute
- Ambivalent infants requested to be put down before their heart rate recovered and reached to be held again
- Avoidant infants had elevated heart rate long into the reunion while outwardly appearing to be unaffected
Characteristics of Children with secure healthy attachments?
The more secure children are the more they are able to:

- Know that most problems will be solved.
- Have high self esteem.
- Get along better with friends.
- Know how to be kind to those around them.
- Solve problems on their own.
The more secure children are the more they are able to:

- Have better relationships with brothers and sisters.
- Feel less anger at their parents.
- Solve problems with friends.
- Turn to their parents for help when in trouble.
- Trust the people they love.
- Enjoy more happiness with their parents.
What promotes healthy attachments?

- Stable placements
- Loving adults
- Predictable nurturing environments
3 Basic Components needed for Healthy Children

- **Adequate nutrition** to ensure healthy physical development and resistance to illness

- A **stimulating early environment**

- A healthy, secure, and loving **relationship** with a primary caregiver

(Putnam, 2006)
The protective Factors

- PARENTAL RESILIENCE
- SOCIAL CONNECTIONS
- CONCRETE SUPPORT IN TIMES OF NEED
- KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT
- SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN
The protective factors

- **Parental Resilience**
  - No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress.
  - Parental resilience is the ability to constructively cope with and bounce back from all types of challenges.
  - It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.
The protective factors

- Social Connections

  - Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents.

  - Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems.

  - Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.
The protective factors

- Concrete Support in Times of Need
  - Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources.
  - Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met, and well as connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.
The protective factors

- Knowledge of Parenting and Child Development
  - Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children.
  - It is important that information is available when parents need it, that is, when it is relevant to their life and their child.
  - Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

- CENTER FOR THE STUDY OF SOCIAL POLICY
  http://www.cssp.org/reform/strengthening-families
The protective factors

- Social and Emotional Competence of Children
  - A child’s ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship.
  - Children with challenging behaviors are more likely to be abused, so early identification and work with them helps keep their development on track and keeps them safe.
  - Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.
“If you think you are too small to be effective, you have never been in bed with a mosquito.”

- Betty Reese