Case Study

Background

- Two year old child
- Seen by you for the third time
- Lives with mother and 10 month old brother in an apartment in the city

Health History

- Born full term with no complications
- Several visits to ER for respiratory illnesses (asthma?) & a broken arm
- No primary care doctor

Family History

- Mother is 18 years old, working as a medical assistant in a nursing home, shifts vary
- Father is 25 years old and is in jail
- Father was present in the home until child was 18 months old
- Neither parent completed high school
- Parents had many verbal arguments and some physical violence when they were together
- Mother left home at 16, she was raised by an abusive mother and was in foster care for several years
- Mother experienced post-partum depression following birth of her son but is feeling better now

Child's Current Presentation

- Child is very active and at times aggressive
- Was expelled by one day care provider
- She readily engages with adults and will hug & cuddle with them immediately
- Child's language development appears to be delayed
- No apparent health problems

Discussion Questions

- What other information would you like to have about this child?
- What strengths do you see?
- What risks do you see?
- What actions might you take in your role to help this child's development?
- How does the science of early brain development affect your work with children?
- How does the science of early brain development affect parents and caregivers?
- How do you use information about trauma in your work with children and families?
- What else could you do to focus on trauma in your work?
- How can tools that screen for trauma/toxic stress be helpful in your work?