## III. Developmental Milestones (Birth to 1 year)

### *Physical Developmental Milestone*

- (Birth - 1 year) - The development of control and mastery over one's own body in both gross and fne motor skills is the infant's primary physical task, culminating toward the end of the frst year in walking

### *Cognitive Development Milestone*

- (Birth - 1 year) - Cognition begins with alertness, awareness, recognition, and interest in visual, auditory, and tactile (touch) stimuli. As motor development improves, the infant begins to explore and manipulate objects and develops a rudimentary understanding of their properties. Infants develop toward the end of the frst year.

### *Social Development Milestone*

- (Birth - 1 year) - The most important social task is the development of attachment to the primary caretaker, most often the child's mother.

### *Emotional Development Milestone*

- (Birth - 1 year) - The development of basic trust, a derivative of the positive attachment between the infant and the primary caretaker, occurs during the frst year. This is a cornerstone of emotional development. This trust grows out of an infant's sense that attempts to communicate basic needs will result in a positive response from the caregiver.

| | Impact of Separation | | |
|---|---|---|---|
| **INFANT** | **Issue/Developmental** | **Behaviors/Impact** | **Visit planning strategies** |
| | Consistency and schedules are critical for an infant's development. | Infants" distress will be lessened if their new environment can be made consistent with the old one. | Keep the child on the same food, schedule and other routines – changes should occur slowly.<br><br>Follow a regular schedule – preferably the infant's. |
| | Infants miss the parent even if that parent was inconsistent before separatio2 (a)5.8 Tm[(s)-1.8 (h)-232.8 (e)2et even iealy thhhhre | | |
| | | | |

## Crib Safety

- Check for the following types of issue regarding the place where the child sleeps:
    1. Does the crib have any missing, loose, improperly installed or broken hardware?
    2. Are crib slats more than two and three-eighths inches apart?
    3. Are there any corner posts over the end panels of crib?
    4. Do the headboards or footboards have any cutout areas?
    5. Is paint cracked or peeling?
    6. Are there any splinters or rough edges?
    7. Are top rails of crib less than ¾ of the child's height?

## Bath Safety

**Health:**

- Who is taking the child to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the child should have? Does the child have any special medical problems? Do you know how to provide the care for this type of condition? Where do you keep the child's medical records? Show me any recent medical report so I can have a copy for the child's records.
- Describe the child's sleeping pattern. Describe the child's eating habits.
-

**Toddler’s characteristics that contribute to their vulnerability and their ability to self-protect.**

- Demanding and egocentric.
- Desire for independence can be expressed as frustration, stubbornness, obstinacy, and “temper tantrums” (“the terrible twos”).
- “Temper tantrums” can distress primary caregiver; can be misperceived as sign of inadequate parenting.
- Cannot protect themselves physically.
- Very limited ability to report a. ∋BDC tl r n-1.2(e)1.4(eg2.4(l)17.9(r)-22.1t t)-2.1nMC ET/Span ∧Lang (en-US)/MCID

| | Impact of Separation | | |
|---|---|---|---|
| TODDLER | **Issue/Developmental** | **Behaviors/Impact** | |
| | | | |

### Bed Safety

- Check for the following types of issues regarding the place where the child sleeps:
  1. Does the crib have any missing, loose, improperly installed or broken hardware?
  2. Are crib slats more than two and three-eighths inches apart?
  3. Are there any corner posts over the end panels of the crib?
  4. Do the headboards or footboards have any cutout areas?
  5. Is paint cracked or peeling?
  6. Are there any splinters or rough edges?
  7. Are the top rails of the crib less than ¾ of the child's height?
- Does the child climb out of bed/crib? What do you do to prevent the child from falling or getting into an unsafe situation?

### Child Care Safety

- Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- Is there a list of phone numbers for your doctor, local hospital, police, fre department, poison control center and a friend or neighbor near the phone?
- Does this child go to daycare or pre-school? If so, how many hours per week? Who is responsible for drop-off and pick-up?

### Safety Outside

- How do you watch your child when s/he plays outdoors?
- What does your child do if a stranger talks to him or her?

## Safety suggestions are NOT requirements for birth parents.

## Reviewing Safety with Toddlers

- Who takes care of you?
- Do you ever sleep over at somebody else's house?
- Do you go to school or day care?
- Do you go outside? Who goes outside with you?

## Reviewing Well-Being & Permanency with Caregivers

### Living Arrangements:

-

## Education:

- Would you describe this child as developmentally normal or not? Can you give me examples of his/her behaviors/skills/developmental progress or regression? Do you think the child needs any help in any developmental skills?
- Does this child go to school or day care? Who is her/his teacher(s)? Have you gone to a school conference or received any reports from school? Can I see them so I can make a copy of the file? If the child were to have troubles at school, who would you contact?
- How has the child transitioned into his//her new school?

## Health:

- Who is taking the child to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the child should have? Does the child have any special medical problems? Do you know how to provide the care for this type of condition? Where do you keep the child's medical records? Show me any recent medical report so I can have a copy for the child's records.
- Describe the child's sleeping pattern. Describe the child's eating habits.
- Have you seen any weight changes since this child has been with you? Any other type of changes?
- What developmental milestones has the toddler achieved?

## Case Planning:

- Is this child receiving any developmental, medical and/or psychological services? Which ones? How often? What do you think/feel about these? Do you think that the services are meeting this child's needs? Are there any other services that you think this child needs?
- What is your greatest fear about your child returning home? What is your greatest fear if your child does not return home?
- When the child visits his/her parents or other family members, what happens?
  How does the child behave before or after the visit? What do you think of the family visits with the child?
- What are the case goals for this child and his/her family and what do you think/feel about that? What makes that okay; not okay?
- If the child goes home, how do you imagine you might still be involved with the child and his/her family? If the child cannot go home to any family member, how might you imagine being involved with the child?
- What is the permanency goal for this child? What do you think/feel about this? What makes it okay; not okay?
-

**Self-Care:**

- On a scale of one to ten with ten being the easiest child you have ever cared for – how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable? What is the most dif f cult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- Tell me how you handle the stress of having this child in your home? What do you do to take care of yourself?
- What are your concerns right now? How can I help you?
- What was/is it like for you to care for this child? What has been the effect on your family of having this child placed in your home? What did you expect it to be like? Help me understand what it has been like for you dealing with this child?
- To whom do you go if things aren't going too well?
- What things do you need to support your continued care of this child?

**Culture:**

- What is important to your child to learn about where 2 (i)2.3 (ld)11 (o y0.1 (a).2 (a2? H))3.26 (o)-m?

**Social/Emotional:**

- Does _____(caregiver's name) ever get mad at you?
- Does _____(caregiver's name) ever get mad at anyone?
- Are there any grownups or kids who do things that make you feel happy?
- Are there any grownups or kids who do things that make you feel sad?

**Education:**

- What do you like to do at school/day care? Is there anything that you don't like about school/day care?

**Friends and Family:**

- Whom do you play with?
- What kinds of things do you do with your mommy and/or daddy?
- What kinds of things do you do with your brothers and/or sisters?
- Is there anyone or anything you miss (friend, family, pet, belonging) from your house?
- Do you have a grandma, grandpa, etc..? Do you like to visit_____?

**Health:**

- Does your stomach or head ever feel bad?
- Have you been to see a doctor?

  Have you been to see a dentist (a special doctor who looks at your teeth)?

**Sources:**

Adapted from sources by Rose Marie Wentz and Joan Morse, 2009

Ashford, J., LeCroy, C., & Lortie, K. (2001). Human Behavior in the Social Environment: A Multidimensional Perspective. Belmont, CA: Wadsworth.

Center for Development of Human Services. (2002). Child Development Guide. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). PRIDEbook. Washington, D.C.: Child Welfare League of America.

**I. Initial Assessment Question #3.**
**II. Typical consequences of abuse and neglect on a preschooler's development.**
**III. Developmental Milestones.**

## I. Initial Assessment Question #3

## How does the normal preschooler (3 to 5 years) function on a daily basis?

### Preschooler's general behavior.

- Very busy, can't sit still.
- Most talk non-stop.
-

**Preschooler’s mood / temperament.**

- Self-directed, self-starter, and likes to direct others during play.
- Curious, explores environment.
- Learning self-control: temper tantrums decrease, can cope with some frustration and discomfort on their own.
-

**Preschooler's characteristics that contribute to their vulnerability and their ability to self-protect.**

- Demanding, egocentric, busy, talk non-stop and interrupt
- Can understand and comply with some rules and routines but parent's expectations can be too high (example: sitting still for long periods or good table manners).
- Very limited ability to protect themselves physically.
- Can report abuse and neglect or be interviewed but their narrative is limited by unclear speech, inability to sequence events, magical thinking, desire to please adults, and susceptibility to suggestion and/or coaching.
- Vulnerable to punishment and harsh criticism, can impact self esteem.
- Can appear independent but still vulnerable to danger and neglect if not adequately supervised.
- Turning tears on and off can be misperceived.
- Without support from a skilled caregiver, frustration, stubbornness, obstinacy, and "temper tantrums" can persist and escalate.

## II. Typical consequences of abuse and neglect on a preschooler's development

### *Physical*

- They may be small in stature, and show delayed physical growth.
- They may be sickly, and susceptible to frequent illness; particularly upper respiratory illness (colds, fu) and digestive upset.
- They may have poor muscle tone, poor motor coordination, gross and fne motor clumsiness, awkward gait, lack of muscle strength.
- Gross motor play skills may be delayed or absent.

### *Cognitive*

- Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays.
- Some children do not talk, even though they are able. The child may have poor articulation and pronunciation, incomplete formation of sentences, incorrect use of words.
- Cognitive skills may be at a level of a younger child.
- The child may have an unusually short attention span, a lack of interest in objects, and an inability to concentrate.

### *Social*

- The child may demonstrate insecure or absent attachment; attachments may be indiscriminate, superficial, or clingy. Child may show little distress, or may overreact, when separated from caregivers.
- The child may appear emotionally detached, isolated, and withdrawn from both adults and peers.
- The child may demonstrate social immaturity in peer relationships; may be unable to enter into reciprocal play relationships; may be unable to take turns, share, or negotiate with peers; may be overly aggressive, bossy, and competitive with peers.
- The child may prefer solitary or parallel play, or may lack age appropriate play skills with objects and materials. Imaginative and fantasy play may be absent. The child may demonstrate an absence of normal interest and curiosity, and may not actively explore and experiment.

### *Emotional*

- The child may be excessively fearful, easily traumatized, may have night terrors, and may seem to expect danger.
- The child may show signs of poor self-esteem and a lack of confidence.
- The child may lack impulse control and have little ability to delay gratification. The child may react to frustration with tantrums, aggression.
- The child may have bland, flat affect and be emotionally passive and detached.
- The child may show an absence of healthy initiative, and often must be drawn into activities; may emotionally withdraw and avoid activities.
-

### *Emotional Development*

- The preschool child has been described as “on the make.” Erikson refers to the child’s primary mode of operation during this stage as initiative. The child is intrusive, takes charge, is very curious and continually tries new things, actively manipulates the environment, and is self-directed in many activities.
- The child’s ability to understand “right” and “wrong” leads to self- assessments and affects the development of self-esteem.

| | Impact of Separation | | |
|---|---|---|---|
| **PRESCHOLLER** | **Issue/Developmental** | **Behaviors/Impact** | **Visit planning strategies** |
| | The child may wonder how the necessities of life (food, toys, etc.) will be provided. | This feeling can lead to overeating, begging or manipulation.<br><br>Child may refuse to let go of an item. | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | Impact of Separation | | |
|---|---|---|---|
| PRESCHOLLER | | | |
| | | | |
| | | | |

| Impact of Separation | | |
|---|---|---|
| **Issue/Developmental** | **Behaviors/Impact** | **Visit planning strategies** |
| Child attaches to new caregiver or to primarily to one parent and feels loyalty conficts | Child calls new caregiver mom/dad<br><br>Child shows signs of confusion about who is my parent/family<br><br>Child's self-esteem is connected to everyone he considers his family.<br><br>Adults should talk to each other directly and never use the child to send messages. | Inform the parent of the child's behavior and how this is normal and healthy<br><br>Parent assures the child that he can love two moms or dads.<br><br>Do not ask the child to choose between parents.<br><br>Maintain frequent contacts with all birth parents or past caregivers.<br><br>One adult should never talk negatively about another adult with whom the child is attached.<br><br>Explain to the child that many children have multiple families (divorce) and that this is normal. |
| Child needs to know what happened to parent or what she is doing while away from the child. Especially for parents in jail, hospital or settings away from family | | |

# Reviewing Safety with Caregivers

## Basic Safety

- Did this child have any serious injuries, either before or since coming into your care?
- Does the child have any chronic health conditions? Do you have all the necessary medications and supplies?
- Do you have a First Aid Kit in your home?

Things to Check For:

- Are TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- Are exposed wires or appliance cords in reach of children?

## Preventing Falls

- Are there child safety window guards on all windows above the frst foor?
- Are safety gates installed at the top and bottom of all staircases?

## Bath Safety

- What do you do if the telephone or doorbell rings while you are giving the child a bath?
- Do you check the water temperature to make sure that the bath is not too hot or too cold?

## Child Care Safety

- Who takes care of the child when you are not home? How do you know this person? How old is this person? Is there a way for the child to reach you when you are away from home?
- Is there a list of phone numbers for your doctor, local hospital, police department, fre department, poison control center and a friend or neighbor near the phone?
- Does this child go to daycare or pre-school? If so, how many hours per week? How does the child get there? Who is responsible for drop- off and pick-up?

## Safety in the Streets

- How do you watch this child when s/he plays outdoors?
- What does this child do if someone they know talks to him or her?
- Does this child know your address or where they live and phone number? (Kids this age may know only part of the answer to these questions.)

**Safety suggestions are NOT requirements for birth parents.**

## Reviewing Safety with Preschoolers

- Do you know the where _____ (caregiver's name)'s house is? Do you know the telephone number for _____ (caregiver's name)? What is the phone number?
- Do you ever stay by yourself at home without any grownups around?
- Who takes care of you if _____ (caregiver's name) is not at home? What is it like when this person stays with you? Do you like it? What kinds of things do you do with this person?
- If something really bad or scary happened, like if there were a fre, what would you do?
- Do you ever sleep over at somebody else's house? Do you like this? Do you do this a lot?
- Are you able to call _____ (caregiver's name) when they are not at home? How do you do this?
- Do you go to school/day care? Who takes you to school? Who picks you up from school?
- When you go outside, who is with you?
- Do you know what to do if someone you don't know talks to you or asks you to go somewhere with him/her?
- What is your favorite toy? Can you show me?

## Reviewing Well-Being & Permanency with Caregivers

**Living Arrangements:**

## Social/Emotional:

•

**Health:**

- Who is taking the child to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the child should have? Does the child have any special medical problems? Do you know how to provide care for this type of condition? Where do you keep the child's medical records? Show me any recent medical report so I can have a copy for the child's records.
- Describe the child's sleeping pattern. Describe the child's eating habits.
- Have you seen any weight changes since this child has been with you? Any other type of changes?

**Case Planning:**

- Is this child receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these services? Do you think that the services are meeting this child's needs? Are there any other services that you think this child needs?
- What is your greatest fear about your child returning home? What is your greatest fear if your child does not return home?
- When the child visits his/her parents or other family members, what happens? How does the child behave before or after the visit? What do you think of the family visits with the child?
- What are the case goals for this child and his/her family and what do you think/feel about the goals? What makes them okay; not okay?
- If the child goes home, how do you imagine you might still be involved with the child and his/her family? If the child cannot go home to any family member, how might you imagine being involved with the child?
- What is the permanency goal for this child? What do you think/feel about this? What makes it okay; not okay?
- How have you been included in the family conferences/treatment/team case planning meetings? What is your role in achieving the case goals?
- What do you need to know or tell me about the child that would help all of us do a better job of making this child safe and getting him/her a permanent family?

**Self-Care:**

- On a scale of one to ten, with ten being the easiest child you have ever cared for, how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- Tell me how you handle the stress of having this child in your home? What do you do to take care of yourself?
-

## Special Interests:

- What kinds of things do you like to do for fun? (For example, sports, music, art, video games, etc.) Do you do these things while you are living with _____?
- Are there any things that you'd really like to be doing that you aren't doing now? What do you miss?
- What's your favorite food? When do you get to eat that?
- What is your favorite toy? Can you show me?

## Education:

- Do you go to school? If so, do you like it? How come? What do you do at school? Who do you do this with?
- If child goes to school: What are some of the things that you like the most about school? What are some of the things that you don't like so much about school?
- Can you show me something you learned at school?

## Family and Friends:

- Do you get to see your mom, dad, grandma, pets, etc.? How is this for you? Do you see your brothers and/or sisters? What kinds of things do you do together?
- Who are some of your friends? What do you do with them? Where do you see them?
- Is there anyone you want to see or talk to?

**Social/Emotional:**

- Does _____ (caregiver's name) ever get mad at you? What happens if _____ gets mad at you? Does this happen a lot of the time or a little of the time? What do you feel like when gets mad?
-

**Sources:**

Adapted from sources by Rose Marie Wentz and Joan Morse, 2009

Ashford, J., LeCroy, C., & Lortie, K. (2001). Human Behavior in the Social Environment: A Multidimensional Perspective. Belmont, CA: Wadsworth.

Center for Development of Human Services. (2002). Child Development Guide. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). PRIDEbook. Washington, D.C.: Child Welfare Leag1.6 (o-0.4.2 (.(l)))00452 8

**Grade school age child's characteristics that contribute to their vulnerability and their ability to self-protect.**

- Developing ability to physically protect themselves and others can escalate conflicts.
- Can report abuse and neglect but susceptible to threats, intimidation, retaliation and bribes.
- Blame themselves for abuse, neglect, or other problems in the home.
- Developing sense of self-esteem and independence is vulnerable.
- Vulnerable to punishment and harsh criticism, can impact self-esteem.
- Developing friendships and social life is vulnerable.
- Can appear independent but still vulnerable to danger and neglect if not adequately supervised.

## II. Typical consequences of abuse and neglect on a grade school age child's development

### *Emotional*

- The child may experience severe damage to self-esteem from the denigrating and punitive messages received from the abusive parent, or the lack of positive attention in a neglectful environment.
- The child may behave impulsively, may have frequent emotional outbursts, and may not be able to delay gratification.
- The child may not develop coping strategies to effectively manage stressful situations and master the environment.
- The child may exhibit generalized anxiety, depression, and behavioral signs of emotional distress; may act out feelings of helplessness and lack of control by being bossy, ag

| | Impact of Separation | | | |
|---|---|---|---|---|
| GRADE SCHOOL AGE | | | | |

| | Impact of Separation | | |
|---|---|---|---|
| | **Issue/Developmental** | **Behaviors/Impact** | **Visit planning strategies** |
| **GRADE SCHOOL AGE** | Shows stress with symptoms such as headaches and stomach aches. | Child may become ill or say she does not feel well when experiencing stress or to avoid a situation. | All medical issues should be evaluated by a physician.<br><br>Teach the child methods of handling stress.<br><br>Track to see if there is a pattern when the child is sick or uses illness as a way of escaping.<br><br>Try to get her to discuss what is causing her stress rather than focusing on the illness. |

# Reviewing Safety with School-aged Children:

- Who takes care of you when your family is not at home? How do you feel about staying with this person? Do you know how to reach your parent when s/he is away from home?
- Do you know where _____ (caregiver's name) lives? Do you know _____ 's (caregiver's name) phone number? What is it?
- Can you make phone calls in this house without anyone listening to the call?
- Who takes care of you when _____ (caregiver's name) is not at home? How do you feel about staying with this person?
- Are you ever left alone without any grownups around?
- Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- Do you know how to reach _____ (caregiver's name) when s/he is away from home or you are away from home?
- How do you get to and from school?
- When you play outdoors, is there anyone watching you or close by?
- Do you know what to do if someone you don't know talks to you? What would you do if someone asks you to do something you know is wrong?
- Do you go on the internet? What type of websites do you go on? Does the family have any rules for you about being on the internet?
- Can you show me your room? Do you sleep with anyone else?
- Tell me about the other children in the house? Do you like them? What happens if there is a fght between kids in the house?
- What do you do if something bad or scary happens, like if there is a fre? What would you do?
- If something bad happened late at night and you needed to call someone outside of the house to ask for help, whom would you call? Would you be able to make that call? Do you know the phone number and have access to a phone?
- What can I do as your caseworker to help you?

# Reviewing Well-Being & Permanency with Caregivers

### Living Arrangements:

- Show me the child's personal belongings, books or other things s/he plays with.
- How does this child comfort himself/herself?
- Show me the child's bedroom. Who else lives in this room? How does the child get along with the others in the family?
- What type of chores or expectations do you have for this child?

National Resource Center for Family-Centered Practice and Permanency Planning Hunter College School of Social Work

129 E. 79th Street • New York, NY 10021 Tel. 212/452-7053 • Fax. 212/452-7051 • www.nrcfcppp.org

**Education:**

- Would you describe this child as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the child needs any help with any developmental skills?
- How is the child doing in school? Who is her/his teacher(s)? Have you gone to a school conference or

**Self-Care:**

- On a scale of one to ten, with ten being the easiest child you have ever cared for, how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- Tell me how you handle the stress of having this child in your home. What do you do to take care of yourself?
- What are your concerns right now? How can I help you?
- What was/is it like for you to care for this child? What has been the effect on your family of having this child placed in your home? What did you expect it to be like? Help me understand what it has been like for you dealing with this child.
- To whom do you go if things aren't going too well?
- What things do you need to support your continued care of this child?

**Culture:**

- What is important for your child to learn about where s/he is from (en-US)/MCID 2736 BDC BT/TT2 1 Tf0 Tc o w

## Daily Routine:

- Tell me what a typical day is like from when you get up to when you go to bed. (Encourage the child to tell their story rather than just asking them a list of questions.) Here are some prompts if you are having difficulty getting the child to answer:
  - How do you wake up in the morning?
  - What do you do in the morning to get ready for school?
  - Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
  - Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
  - Who makes you dinner? What are some things that you eat for dinner?
  - What do you do after dinner?
  - What time do you go to bed?
  - Where do you sleep? Do you share a room with anyone? Who? What is this like for you?
  - What type of chores do you do? How often? Do you get allowance for doing chores?

## Social/ Emotional:

- If life could be just as you wanted, what would it be like? How is that different from what is happening now?
- If you are upset or angry about something that happens at _____'s house, is there anyone that you can go to? Who?
- What happens when _____ (caregiver's names) get angry at you, each other, or someone else who lives in your house? How often do they get angry? What does it feel like for you when they are angry? What are some of the things that they get angry about?
- Is there anyone at 's house or anywhere else that you go who makes you feel scared? Are there any grownups or kids who do things that make you feel sad, mad, scared or confused?
- Do you ever get scared playing in your neighborhood? If so, what are the things that make you scared? Is there anyone who you are able to talk to about this?
- Do you ever wake up in the middle of the night? If so, what happens? If something is worrying you, whom can you talk to?
- If you need to get in touch with me, do you know how to do that? How?
- Are you involved in any religious, spiritual or cultural activities? Who takes you?
- Tell me about a time when you felt sad, mad or scared about something that happened at 's house. What did you do? What did the adults do?
- Do you 13.5 (o)1.1 (u>ay)13.6 (o)1 (u n)2 (ee)-1.3 (d t)8 (o ge)11 (t /Lang (en,)1 (u 13.5 (o)1.1 (u>ay)13.6 (o)1 (u

## Family and Friends:

- How are visits with your family? What kinds of things do you with your family on visits? How often do you see them? Do you speak with them on the telephone in between visits?
- Do you see your brothers and/or sisters? How is to see them? Do you see other members of your family (e.g., grandparents, aunts, uncles, pets)?
- Who are your friends? What do you like to do with them? Where do you see them? Do you get to visit with friends from your last school or past foster families who you miss?
- Is there anyone you want to see or talk to that you do not see now? (For example, former foster parents, other kids in the foster home, school friends, family, etc.)

## Special Interests:

- What do you do on the weekends? Whom do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?
- What kinds of things do you like to do for fun? (For example, sports, music, art, video games, etc.) Do you do these things while you are living with _____'? Are there any things that you'd really like to be doing that you aren't doing now?

## Education:

- You are in the ___ grade, right? Tell me about what happens in that grade? Who is your teacher(s)? How is school? What are some of the things that you like best about school? What are some of the things that you like the least about school? How is that different than your last school?
- Are there any subjects at school, like math or reading that are hard for you? If so, do you get any kind of special help with these subjects? What can I do to help you?
- Where do you go after school? How do you get there? What do you do after school? What things do you

**Case Planning:**

- Tell me what you know about why you live with this family.
- What question do you have about what will happen in the future?
- It is your right to go to the court hearing and to attend some of the meetings where we talk about what might happen to you in the future. Do you want to attend? What do you want to know about these meetings/hearings?
- Do you have a CASA/GAL or attorney? How often do you talk to this person? Do you feel like this person is helping you?
- If you could choose, what would happen? What would be good about this? Do you have any fears or concerns about the future?
- Many children have mixed feelings about their birth parents and foster parents. What are your feelings?
- If you woke up tomorrow and everything was perfect, what would be happening? How is that different than now?
- What is your biggest fear/concern?
- Tell me whom you would call if you had questions or a problem. Do you know how to reach me?

**Sources:**

Adapted from sources by Rose Marie Wentz and Joan Morse, 2009

Ashford, J., LeCroy, C., & Lortie, K. (2001). Human Behavior in the Social Environment: A Multidimensional Perspective. Belmont, CA: Wadsworth.

Center for Development of Human Services. (2002).Child Development Guide. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). PRIDEbook. Washington, D.C.: Child Welfare League of America.

Maine Department of Human Services. Child Well-Being and Safety Review.

Massengale, J. (2001). Child Development: A Primer for Child Abuse Professionals. National Center for the Prosecution of Child Abuse: Update Newsletter, 14(8), 1-4.

Ozretich, R., & Bowman, S. (2001). Middle Childhood and Adolescent Development. Corvallis, OR: Oregon State University Extension Service

## I. Initial Assessment Question #3

**Adolescent’s peer and school behavior.**

- Self-motivation for good school performance.
- Favorite subjects and interests at school support sense of individual identity.
- Strong opinions about rules, standards, teachers, etc.
- Follows rules within reasonable limits.
- Ability to give focused attention to tasks.
- Can collaborate independently with peers.
-

### Adolescent's general behavior.

- Good school performance.
- Regular activities outside of school.
- Social life and friends.
- Routines and daily organization managed independently.
- Independent interests in larger culture (music, fashion, entertainment, politics, literature, etc.).
- Trusting relationship with an adult.

### Adolescent's characteristics that contribute to their vulnerability and their ability to self-protect.

- Ability to physically protect themselves and others can escalate conflicts.
- Can report abuse and neglect but susceptible to threats, intimidation, retaliation, bribes, and desire to protect parents.
- Problems in home can be acted out and/or internalized as behavior problems or mental health symptoms.
- Developing sense of self-esteem and independence is vulnerable.
- Vulnerable to punishment and harsh criticism, can impact self-esteem.
- Developing friendships and social life are vulnerable.
- Vulnerable to manipulation due to desire for status among peers.

## II. Typical consequences of abuse and neglect on an adolescent's development

### *Physical*

- The youth may be sickly or have chronic illnesses.
- Sensory, motor, and perceptual motor skills may be delayed and coordination may be poor.
- The onset of puberty may be affected by malnutrition and other consequences of serious neglect.

### *Cognitive*

- The youth may not develop formal operational thinking; may show deficiencies in the ability to think hypothetically or logically and to systematically problem solve.
- The youth's thinking processes may be typical of much younger children; the youth may lack insight and the ability to understand other people's perspectives.
- The youth may be academically delayed and may have significant problems keeping up with the demands of school. School performance may be poor.

| Impact of Separation | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Reviewing Safety Concerns with Caregivers

- Who provides supervision for this child when you are not home? How do you know this person? How old is this person? Is there a way for this child to reach you when you are away from home?
- How does this child get to and from school?
- Did you know where the child was when s/he was not at school and was away from home? What are your rules for your child when not s/he is not at school or home? Is there a way for the child to reach you when s/he is away from home?
- Does the child know your address and phone number?
- What have you told your child to do if a stranger talks to him/her on the street?
- Can you show me the family's list of phone numbers for your doctor, local hospital, police department, fre department, poison control center and a friend or neighbor near the phone?
- What is the emergency plan for your family in case of fre? Does this child know where smoke alarms and carbon monoxide alarms are located in your home?
- If the worst case situation were to occur and this child was in danger of being abused again, does this child know what to do? Is there someone besides you available 24/nns cabl(s y)138a3(n d)4 (a) u shos cre lht?

following rules, etc.)

## Safety suggestions are NOT requirements for birth parents.

## Reviewing Safety Concerns with Early Adolescents

- Who takes care of you when your family is not at home? How do you feel about staying with this person? Do you know how to reach your parent when s/he is away from home?
- What is your safety plan if your parent or someone else tries to harm you or is just getting out of control? Who can you call if something happens in the middle of the night? What are your fears? (Specifc questions related to the type of maltreatment the child experienced should be included. Example: When you see your mother's red fags that she might be thinking about taking drugs, what is your plan for

**Daily Routine:**

- If you had to teach this child a new skill, like cleaning the house, how would you do that? If the child does not follow rules, what do you do? How does the child respond to this?

**Education:**

- Would you describe this child as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the child needs any help in any developmental skills?
- How is the child doing in school? Who is her/his teacher(s)? Have you gone to a school conference or

**Self Care:**

- On a scale of one to ten with ten being the easiest child you have ever cared for – how easy is it to parent this child? Describe who this child is. What about the child is easiest and most pleasurable?

**Daily Routine:**

- Tell me what a typical day is like from when you get up to when you go to bed. (Get the child to tell their story rather than just asking him/her a list of questions.)
- Here are some prompts if you are having diffcut ى ّ ü t º ng t ز e c ض ز ك iq es

**Family and Friends:**

- How are visits with your family? What kinds of things do you with your family on visits? How often do you see them? Do you speak with them on the telephone in between visits? What could be done to make visits better?
- Do you see your brothers and/or sisters who are in foster care or live somewhere else? How is it to see them?
- Who are your friends? What do you like to do with them? Where do you see them? Do you get to visit with them? Is there anyone who you miss or would like to visit? (For example, former foster parents, other kids in the foster home, school friends, family, etc.)
- Do you have a boyfriend or girlfriend? T (? )]TJETEM (u)5₹EFF00079 ( (y)136 (b)-2.5 ( l)3.6 (a5MC /Shs)2.8 i)0

**Health:**

- Are you ever sick? Tell me about what happened when you felt bad.
- When was the last time you went to the doctor? What did you see this doctor for? Have you been to any other doctors? If so, why? Do you take any medications? Have you seen a dentist in the last six months?
- Who do you go to when you have questions about your health or body? On a scale of 1 to 10 where 10 is: I have adults I trust and can talk to about this, where would you place yourself regarding:
    - smoking
    - drugs
    - changes in my body
    - sex and sexuality
- What can I do to help with any of these important issues?
- Do you go to see a counselor or therapist? What is this like for you? Do you know why you are seeing this person?
- Have you ever thought about hurting yourself in any way? Tell me more about that?
- Have you thought about killing yourself? If yes, when was the last time you were thinking this?
- Have you ever tried alcohol, smoking, illegal drugs, prescription drugs, etc.? Do you know other kids who do this? What do you think about that?

**Case Planning:**

- Tell me what you know about why you live with this family.
- What questions do you have about what will happen?
- It is your right to go to the court hearing and to attend some of the meetings where we talk about what might happen to you. Do you want to attend? What do you want to know about these meetings/ hearings?
-

**Sources:**

Adapted from sources by Rose Marie Wentz and Joan Morse, 2009

Center for Development of Human Services. (2002). Child Development Guide. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). PRIDEbook. Washington, D.C.: Child Welfare League of America.

Maine Department of Human Services. Child Well-Being and Safety Review.

Massengale, J. (2001). Child Development:  A Primer for Child Abuse Professionals. National Center for the Prosecution of Child Abuse: Update Newsletter, 14(8), 1-4.

Ozretich, R., & Bowman, S. (2001). Middle Childhood and Adolescent Development. Corvallis, OR: Oregon State University Extension Service.

Pennsylvania Child Welfare Training Program. Module 11: Family Service Planning Process/Case Transfer and Closure. Handout #16. Web link: http://www.pacwcbt.pitt.edu/curriculum/CTC/MOD11/Hndts/HO16_SltnFcsdQstns.pdf

## Reviewing Safety Concerns with Caregivers

- Who provides supervision for this youth when you are not home? How do you know this person? How old is this person? Is there a way for this youth to reach you when you are away from home?
- How did this youth get to and from school?
- Did you know where the youth was when s/he was not at school and was away from home? What are your rules for the youth when not s/he is not at school or home? Is there a way for the youth to reach you when s/he is away from home?
- Does the youth know your address and phone number?
- What have you told the youth to do if a stranger talks to him/her on the street?
- Can you show me the family's list of phone numbers for your doctor, local hospital, police department, fre department, poison control center and a friend or neighbor near the phone?
- What is the emergency plan for your family in case of fre? Does this youth know where smoke alarms and carbon monoxide alarms are located in your home?
- If the worst case situation were to occur and this youth was in danger of being abused again, does s/he know what to do? Is there someone besides you available 24/7 whom the youth can call for help?
- Did this youth have any serious injuries, either before or since coming into your care? How did you handle them? How is this condition being handled since foster care placement? How will you handle this condition when taiir34(i)-2.5 (o)-1.1 (n t)-2.2 (h)4.1 (i)0.5 (s c).5 (o)-1.5 (r56r)2.4 (e l)-(o)1.15 (n)3 (t)-2 (98 (en-US

skating, skateboarding or riding a scooter?

- What are your rules for the youth when s/he is with friends or alone?
- Do you know the youth's friends? What are the names and phone numbers of the parents of the youth's friends?
- Does the youth have any problems or issues about safety at school? (For example, with friends, other students, bus rides, following rules, etc.)

## Safety suggestions are NOT requirements for birth parents.

## Reviewing Safety Concerns with Early Adolescents

- Who takes care of you when your family is not at home? How do you feel about staying with this person? Do you know how to reach this parent when s/he is away from home?
- What is your safety plan if your parent or someone else tries to harm you or is just getting out of control? Whom can you call if something happens in the middle of the night? What are your fears? (Specifc questions related to the type of maltreatment the youth experienced should be included. Example: When you see your mother's red fags that she might be thinking about taking drugs, what is your plan for safety?) Would you be able to make that call? Do you know the phone number and have access to a phone?
- Do you know what to do in case of an emergency, like a fre? Can you tell me what you would do?
- Do you know where the First Aid Kit is kept? Do you know how to use the different items in it?
- Are you ever left alone without any adults around? What is this like for you?
- Do you ever stay over at someone else's house? How often do you do this? Do you like this? Are you allowed to do this as frequently as you want?
- How do you get to and from school?
- Does your family know where you are when you are away from home and not at school? What are your family's rules about being away from home or school? (For example, curfew rules, reporting in rules,

## Living Arrangements:

- Show me the youth's personal belongings, books or other things. How does this youth comfort himself/herself?
- Show me the youth's bedroom. Who else lives in this room? How does the youth get along with the others in the family?
- What type of chores or expectations do you have for this youth?

## Daily Routine:

- Describe a typical day for this youth.
- If you had to teach this youth a new skill, like cleaning the house, how would you do that? If the youth does not follow rules, what do you do? How does the youth respond to this?
-

any concerns or questions about the family?

- Who does the youth talk to, play with, or spend time with? Is the youth's behavior different with these people than with you? In what ways?
- Is the youth allowed to call friends from your home? Have friends over for a visit? Visit a friend's home?
- Does the youth date or have a special relationship with any one person?

**Special Interests:**

- What kinds of things does this youth like to do? What does the youth do besides school and case activities?
- What are this youth's special talents?
- What do you do to support the youth in being involved in things s/he likes to do?
- Do you need any help to do this?

**Education:**

- Would you describe this youth as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the youth needs any help with any developmental skills?
- How is the youth doing in school? Who is her/his teacher(s)? Have you gone to a school conference or received any reports from school? Can I see them so I can make a copy of the file? If the youth were to have troubles at school, who would you contact?
- Does the youth attend a school where s/he has multiple teachers? How has the youth transitioned into his//her new school? Is the school very different from the last school the youth attended? (Going from a single teacher to multiple teachers is one example of a large transition for a youth this age).
- Does the youth have career or education plans? Who is helping the youth with this?

**Health:**

- Who is taking the youth to medical examinations? Who decides what type of medical care (even routine care such as immunization shots) the youth should have? Is the youth involved in medical decisions? Does the youth have any special medical problems? Do you know how to provide care for this type of condition? Where do you keep the youth's medical records? Show me any recent medical report so I can have a copy for the youth's records.
-

## Case Planning:

- Is this youth receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these? Do you think that the services are meeting this youth's needs? Are there any other services that you think this youth needs?
- What is your greatest fear about the youth returning home? What is your greatest fear if the youth does not return home?
- When the youth visits his/her parents or other family members, what happens? How does the youth behave before or after the visit? What do you think of the family visits with the youth?
- What are the case goals for this youth and his/her family? What do you think/feel about the goals? What makes them okay; not okay?
- If the youth goes home, how do you imagine you might still be involved with the youth and his/her family? If the youth cannot go home to any family member, how might you imagine being involved with the youth?
- What is the permanency goal for this youth? What do you think/feel about this goal? What makes it okay; not okay?
- How have you been included in the family conferences/treatment/team case planning meetings? What is your role in achieving the case goals?
- What do you need to know or tell me about the youth that would help all of us do a better job making this

# Reviewing Well-Being and Permanency with Middle Adolescents

## Living Arrangements:

On a scale of one to ten, where ten is the best place to live and one is the worst, how would you rate this family? What makes it a _____? Is there something that could be done to make it better? How is it for you living at _____'s house?

My biggest fear is…..?

Who else lives here with you? What do you think about the other people who live here? What is it like living with them?

What are some of rules this family has? What happens if you break a rule? How often does this happen?

## Social/Emotional:

-

**Special Interests:**

- What do you do on the weekends or during your free time? Who do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?
- What kinds of things do you like to do for fun? (For example, sports, music, art, video games, etc.) Do you do these things while you are living with _____ ? Are there any things that you'd really like to be doing that you aren't doing now?
- What are some things you do that nurture your spirit? (For example, art/drawing, journaling, reading,

## Case Planning:

# Reviewing Safety Concerns with Caregivers

-

# Reviewing Safety Concerns with Transition Age Youth

-

## Social/Emotional:

- Have you seen any signs that the youth is feeling grief, loss, or is traumatized by the events in his/her life? What are they? How have you tried to help the youth handle this? Have the behaviors/emotions gotten better or worse?
- Describe how the youth transitioned into your home/family. What have you been able to do to help the youth transition (i.e. cook food s/he is familiar with, have pictures of his/her family in the bedroom, have books or music from the youth's home, etc.)?
- How does this youth show warmth and affection? What does s/he do when s/he is happy? How does the youth show that s/he is upset, hurt, sad or feeling other emotions?
- Who does this youth seek comfort from when s/he is hurt, frightened, or ill?
- Is this youth able to seek you out and accept your help when needed?
- Does this youth show preference for a particular adult or friend?
- What does this youth do when upset? How easy is it to soothe this youth when s/he is upset?
- How does this youth comply with your requests and demands?
- How has this youth changed since coming here? What do you think about that? In what ways has the youth adjusted to this placement?
- Is this youth involved in any religious activities? Any cultural activities?

## Family and Friends:

- Have you met the youth's parents/siblings/family? What happened when you met them? Do you have any concerns or questions about the family?
- Whom does the youth talk to, play with, or spend time with? Is the youth's behavior different with these people than with you? In what ways?
- Is the youth allowed to call friends from your home? Have friends over for a visit? Visit a friend's home?
- Does the youth date or have a special relationship with any one person?

## Special Interests:

- What kinds of things does this youth like to do? What does the youth do besides school and case activities?
- What are this youth's special talents?
-

**Education:**

- Would you describe this youth as developmentally typical or not? Can you give me examples of his/her behaviors/skills? Do you think the youth needs any help with any developmental skills?
- How is the youth doing in school? Who is her/his teacher(s)? Have you gone to a school conference or received any reports from school? Can I see them so I can make a copy of the ﬁle? If the youth were to have troubles at school, who would you contae to t98

## Case Planning:

- Is this your first experience working with this youth? What do you think/feel about these services? Do you think that the services are meeting this youth's needs? Are there any other services that you think this youth needs?
- What is your greatest fear about the youth returning home or going out on his/ her own? What is your greatest fear about his oude

# Reviewing Well-Being and Permanency with Transition Age Youth

### Living Arrangements:

- On a scale of one to ten, where ten is the best place to live and one is the worst, how would you rate this family? What makes it a _____? Is there something that could be done to make it better? How is it for you living at _____'s house?
- My biggest fear is…..?
- Who else lives here with you? What do you think about the other people who live here? What is it like living with them?
- What are some of rules this family has? What happens if you break a rule? How often does this happen?
- Who do you want to live with? How would that be better than where you live now?
- Are there things that you can and can't do at _____'s house?

## Social/Emotional:

-

**Special Interests:**

- What do you do on the weekends or during your free time? Who do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?
- What kinds of things do you like to do for fun (sports, music, art, video games, etc.)? Do you do these things while you are living with _____? Are there any things that you'd really like to be doing that you aren't doing now?
- What are some things you do that nurture your spirit? (For example, art/ drawing, journaling, reading, martial arts, meditation, religious classes, going to church, prayer groups, etc).

**Education:**

- What is your current school like? How is that better or worse than your last school? How has the move to this new school been for you?
- How is school? What are some of the things that you like best about school? What are some of the things that you like least about school? How is that different than your last school?
- What things do you do after school? Are you in any special things like sports, music, scouting, art, or

**Health:**

- Are you ever sick? Tell me about what happened when you felt bad.
- When was the last time you went to the doctor? What did you see this doctor for? Have you been to any other doctors? If so, why? Do you take any medications? Have you seen a dentist in the last six months?
-

**Case Planning:**

- What are your goals for the future?
- Do you feel listened to by the adults in your life about your future plans?
- Do you feel included in the agency conferences?
- Tell me what you know about why you live with this family.
- What question do you have about what will happen?
- It is your right to go to the court hearing and to attend some of the meetings where we talk about what might happen to you. Do you want to attend? What do you want to know about these meetings/ hearings?
- Do you have a CASA/GAL or attorney? How often do you talk to this person? Do you feel like this person is helping you?
- If you could choose, what would happen? What would be good about this?
- Do you have any fears or concerns about the future?
- Many youth have mixed feelings about their birth parents and foster parents. What are your feelings?
- If you woke up tomorrow and everything was perfect, what would be happening? How is that different than now?
- What is your biggest fear/concern?
- Tell me who you would call if you had questions or a problem? Do you know hnow-0.7 (C7)Text EFF0009(e)--1.

These approaches are appropriate for age groups. Implementation is adapted to the developmental level of the child.

### Arousal-Relaxation Cycle

Parents or caregivers deliberately, consistently meet the needs of the infant and relieve tension and stress that usually accompanies the expression of need. The caregiver should be continually alert to obvious signs of stress (crying, fussiness, etc). However, some children do not outwardly communicate distress; caregivers must learn to read subtle cues. The relief of tension and stress when the need is met leads to contentment and comfort, thereby enhancing the attachment. Also, the parent helps the child regulate his emotions (often called co-regulation) which is necessary for the child to learn to

## SPECIAL DEVELOPMENTAL PROBLEMS OF INFANTS AND TODDLERS

Sokol et al (2003) state that prenatal alcohol —exposure has been implicated as the most common cause of mental retardation and the leading preventable cause of birth defects in the United States, accounting for signi f cant educational and public health expenditures.‖ (Page 4). Keith

Alcohol destroys and damages cells in the central nervous system. Widespread destruction of brain cells in early fetal development results in malformations in the developing brain structures. This, of course, can produce abnormalities in brain function.

Some physicians and researchers are now using the term, Fetal Alcohol Spectrum Disorder to indicate

Difficulties with executive functioning: problem solving, higher level thinking, self- monitoring, regulation of emotion, motivation, judgment, planning, working memory, time perception. These behaviors are often misinterpreted as willful, deliberate, or “bad behavior”. This is unfortunate, because children with these problems may not be accurately diagnosed, and may not receive the developmental services.

The degree and type of damage done to the developing fetus depends upon several factors including which developmental processes where occurring when the alcohol was ingested, how much was ingested, and whether the drinking was chronic or binge drinking. Research has shown that even low levels of alcohol consumption and that infrequent binges can damage the developing fetus. Research has not identified a safe limit for drinking during pregnancy. “The only prudent conclusion is that alcohol can affect the developing brain even a low exposure levels. Abstinence during pregnancy is the only way to avoid such effects”.
(Goodlett and West, 1992, p 64-65, found in Streissguth, page 61)

## Recommended interventions

Prevention, including counseling to pregnant women regarding the risks to their offspring, and referral to medical services and Alcohol programs.

Developmental assessment of children thought to have been exposed prenatally to alcohol to identify growth retardation and delay, and to diagnose fetal alcohol syndrome.

Referral of affected children to infant stimulation and early intervention programs.

Training the parent or caregiver to plan and implement activities that will address developmental delays and promote healthy development of their children.

Advocating for special school, social, and work accommodations throughout the child’s life so that he/she can function to his/her full potential, and to prevent “secondary conditions” suchETEMC n4.2 (a)3 (r)

# SPECIAL DEVELOPMENTAL PROBLEMS OF INFANTS AND TODDLERS

The effects of drug exposure upon children during pregnancy are not completely understood. What was once believed to be a consistent syndrome of symptoms known as crack/cocaine exposure to infants and children is now not believed to be totally attributable to crack/ cocaine exposure during pregnancy. While research indicates that children who are exposed to other stressors in utero often suffer a variety of developmental difficulties, the specific effects of various illegal or street drugs are not completely known.

A number of factors known to affect the fetus during pregnancy probably combine to place the newborn

# SPECIAL DEVELOPMENTAL PROBLEMS OF INFANTS AND TODDLERS

Read the child's cues regarding her needs. When the child withdraws from an approach, back off, and approach again more slowly or tentatively. The child will have to become acclimated. There is a fne line between providing nurturance and overwhelming the child.

Choose times in which to interact with the infant, and keep these times short at frst.

Talk to the child using a soft, affectionate tone of voice. QUIET and COMFORTING is the rule.

# SPECIAL DEVELOPMENTAL PROBLEMS OF INFANTS AND TODDLERS

' H ¿ Q L W L R Q

The term “failure to thrive” has been used to describe a wide variety of conditions in which infants fail to achieve age appropriate weight and height levels. Block et al (2005) state that “inadequate nutrition and disturbed social intebi-.1 (i)-2.1 (d)2.ruebane wegnh it la2 (v)1ytught llu.1 (v)1me0 0 11ni-3.8 (,e)0.9 (i)-1.5 (g)B

Some infants are unresponsive or resistant to social involvement. Others become actively distressed when approached. Many show a preference for inanimate objects.

Infants may sleep for longer periods of time than is appropriate for age.

Infants may display immature posturing, more appropriate for newborn or very young infants, including lying with hands held near or behind the head; legs fexed in a “frog” position; thumbs closed inside fsts.
Some children display self-stimulatory rocking, head-banging, or rumination (vomiting and swallowing).

Developmental assessment will likely reveal primary delays in gross motor and social domains.

**Common characteristics of parents of malnourished children are as follows:**

Research has repeatedly described mothers of underfed children as depressed, socially isolated, withdrawn, and anxious.

Many parents have histories of abuse and neglect, including an absence of attachment, in their own early childhoods.

Parents often fail to interact warmly and in a nurturing manner with their infants.

Many parents are “overwhelmed” by chronic stress, which can be exacerbated by the demands of caring for an infant.

Parents often show little ability to empathize with their infants; they often misread or ignore their infant’s cues. They behave in ways that meet their own needs rather than the needs of their infants.

The parent may create an unpleasant or painful feeding situation for the infant; as a result, the child may not be cooperative or may reject food. The parent might be impatient, might force-feed the child, or might remove food abruptly. When the child resists or fails to eat, the parent may assume

## Abnormal Muscle Tone

Infants may exhibit either hypotonia, a significant lack of muscle tone characterized by loose, floppy muscles; or, hypertonia, an excessive degree of muscle tone characterized by tightness, stiffness, and constricted movement. Typical signs of hypertonia related to spastic cerebral palsy might include:

Abnormal patterns of motor development refer to developmental milestones that are only partially completed, or to differences in the infant's skill in mastering motor tasks using various parts of the body. For example:

Persistent use of only one hand when playing with a toy, including reaching across the body to retrieve an object, rather than reaching with the arm that is on the same side of midline as the object. Infants typically use both hands equally for the first 15 months of life.

Good use of hands and arms, but drags legs. While many infants go through a stage of "G.I. Joe"

The DSM-IV states, “by definition, the condition is associated with grossly pathological care that may take the form of persistent disregard of the child’s basic emotional needs for comfort, stimulation, and affection; persistent disregard of the child’s basic physical needs; or repeated changes of primary caregiver that prevent formation of stable attachments”.

As children mature into adolescence Reactive Attachment Disorder can have many expressions. With the Disinhibited Type the hallmark criteria diffuse, indiscriminate sociability and difficulty making appropriate selective attachments. Interference with intimate social functioning is at the core of this disorder. Disturbances of conduct, oppositional behavior, and diffuse manifestation of disinhibition or impulsive behaviors are **not** core symptoms according to the DSM-IV.

## Treatment

Appropriate treatment emphasizes short term, specific counseling to provide stability in the relationship, and increasing the positive quality of the parent-child relationship. The focus is on providing a stable environment for the child, and taking a calm, sensitive, non-intrusive, non-threatening, patient, predictable and nurturing approach to parenting. This approach emphasizes teaching positive parenting skills, rather than the child’s pathology. (Chaffin, 2006)

## A cautionary word about “holding therapy”, or “attachment therapy”

Some therapeutic approaches have been developed for children with severe behavior and emotional problems that are attributed to attachment dis5 (e)19.1239e12 0 6 (. (i)0.5 0110003000B31.3 0026 3.3 0 0003000B3

**Description**

**Physiology of stress reactions:** *À L J K W À L J K W I U H H ] H*

Under conditions of stress or threat, (which research has concluded include severe neglect and abuse), the hippocampus chemically signals the pituitary which releases neurotransmitters which in turn signal

## Treatment for Anxiety

Cognitive Behavioral Therapy has been shown to have effectiveness in reducing anxiety symptoms. Treatment may involve exposing the child to anxiety producing event, in a safe and supportive environment and learning to relax instead of responding with anxiety. It can also involve self-talk to help the child correctly interpret the non-threatening environment, and interrupt and stop the escalation of his/her physiological reaction, and to think more accurately about the anxiety producing situation. For example: a child who responds with anxiety whenever she smells the cologne warn by the sex abuse perpetrator cologne may be taught to remind herself that lots of men wear that cologne, and the perpetrator is not present.

Some treatment protocols include a therapy component for parents as well.

Pharmacological therapies can by very beneficial as an adjunct to psychotherapy, but are not recommended as the sole form of treatment for trauma related disorders

Post Traumatic Stress Disorder is a psychological disturbance resulting from a person's exposure to a traumatic event, such as inter-personal violence, natural disaster, plane wreck, etc. in which the person experienced overwhelming fear and anxiety regarding his safety. PTSD can also result from child abuse.

This condition is diagnosed when the following symptoms have been present for longer than one month:

*Re-experiencing* the event through play or in trauma-specifc nightmares or fashbacks, or distress over events that resemble or symbolize the trauma.

Routine *avoidance* of reminders of the event or a general lack of responsiveness (e.g., diminished

*Treatment*

People with PTSD are treated with specialized forms of psychotherapy and sometimes with medications or a combination of the two. One of the forms of psychotherapy shown to be effective is cognitive behavioral therapy, or CBT. In CBT, the patient is taught methods of overcoming anxiety or depression and modifying undesirable behaviors such as avoidance of reminders of the traumatic event. The therapist helps the patient examine and re-evaluate beliefs that are interfering with healing, such as the belief that the traumatic event will happen again. Children who undergo CBT are taught to avoid "catastrophizing." For example, they are reassured that dark clouds do not necessarily mean another hurricane, that the fact that someone is angry doesn't necessarily mean that another shooting is imminent, etc. Play therapy and art therapy also can help younger children to remember the traumatic event safely and express their feelings about it. Other forms of psychotherapy that have been found to help persons with PTSD include group and exposure therapy. A reasonable period of time for treatment of PTSD is 6 to 12 weeks with occasional follow-up sessions, but treatment may be longer depending on a patient's particular circumstances. Research has shown that support from family and friends can be an important part of recovery.

There has been a good deal of research on the use of medications for adults with PTSD, including research on the formation of emotionally charged memories and medications that may help block the development of symptoms. Medications appear to be useful in reducing overwhelming symptoms of arousal (such as sleep disturbances and an exaggerated startle reflex), intrusive thoughts, and avoidance; reducing accompanying conditions such as depression and panic; and improving impulse control and related behavioral problems. Research is just beginning on the use of medications to treat PTSD in children and adolescents.

There is accumulating empirical evidence that trauma/grief-focused psychotherapy and selected pharmacologic interventions can be effective in alleviating PTSD symptoms and in addressing co-occurring depression. However, more medication treatment research is needed.

A mental health professional with special expertise in the area of child and adolescent trauma is the best person to help a youngster with PTSD. Organizations on the accompanying resource list may help you to find such a specialist in your geographical area.

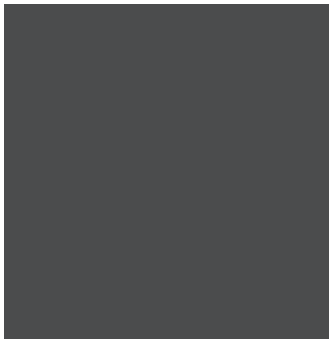
*Recent Research*

The National Institute of Mental Health (NIMH), a part of the Federal Government's National Institutes of Health, supports research on the brain and a wide range of mental disorders, including PTSD and related conditions. The Department of Veterans Affairs also conducts research in this area with adults and their family members.

Recent research findings include:

### *PTSD in Children*

***For children 5 years of age and younger,*** typical reactions can include a fear of being separated from the parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial



## Description

Affective disorders, or mood disorders, can appear in children and, adolescents as well as adults. The Depressive disorders are one of the mood disorders and include Major Depression, Bipolar Disorder, and Dysthymic Disorder. Childhood depression can affect a child's cognitive functioning, emotional functioning, behavior and body functioning.

As with many disorders, there appear to be genetic links between generations that result in vulnerabilities for acquiring depressive disorders. Children of parents who have affective disorders are at increased risk for acquiring affective disorders themselves. Environmental factors including child abuse and serious neglect are correlated with children exhibiting depressive symptoms.

## Symptoms

In childhood, symptoms of depression can appear somewhat different than symptoms in adults. Irritability is often more prominent in children as opposed to a noticeable appearance of sadness that may be present in adults. In adolescents a pervasive lethargy may signal depression processes more so than in adults (but not always). Depressive symptoms in children and adolescents may include:

- sadness that won't go away
- hopelessness
- boredom
- unexplained irr(e)-4.7 (f)-32l(s i)3n-US23ms t-37.4 (t)9.5y (s t)-.1 (e)4.7 (TEMC /Span /Lang (en-US)/MCID 5509

### Child Maltreatment and Depression

Being the victim of abuse and neglect, especially chronic abuse and neglect, is stressful and research indicates that exposure to such conditions is associated with depression symptoms. Experiences of loss such as prolonged separation or permanent separation from family and home makes a child vulnerable

## Description

Children who have been physically or sexually abused a more likely to exhibit aggressive, and antisocial or conduct-related behavior problems. Pa]TJETEMCgo]TJ64 (n w4-2.5 u9 (d)5.7 (t)-1.9 (i)2.35(h)4.2 (l)4z)-1.8r c]TJ.2