

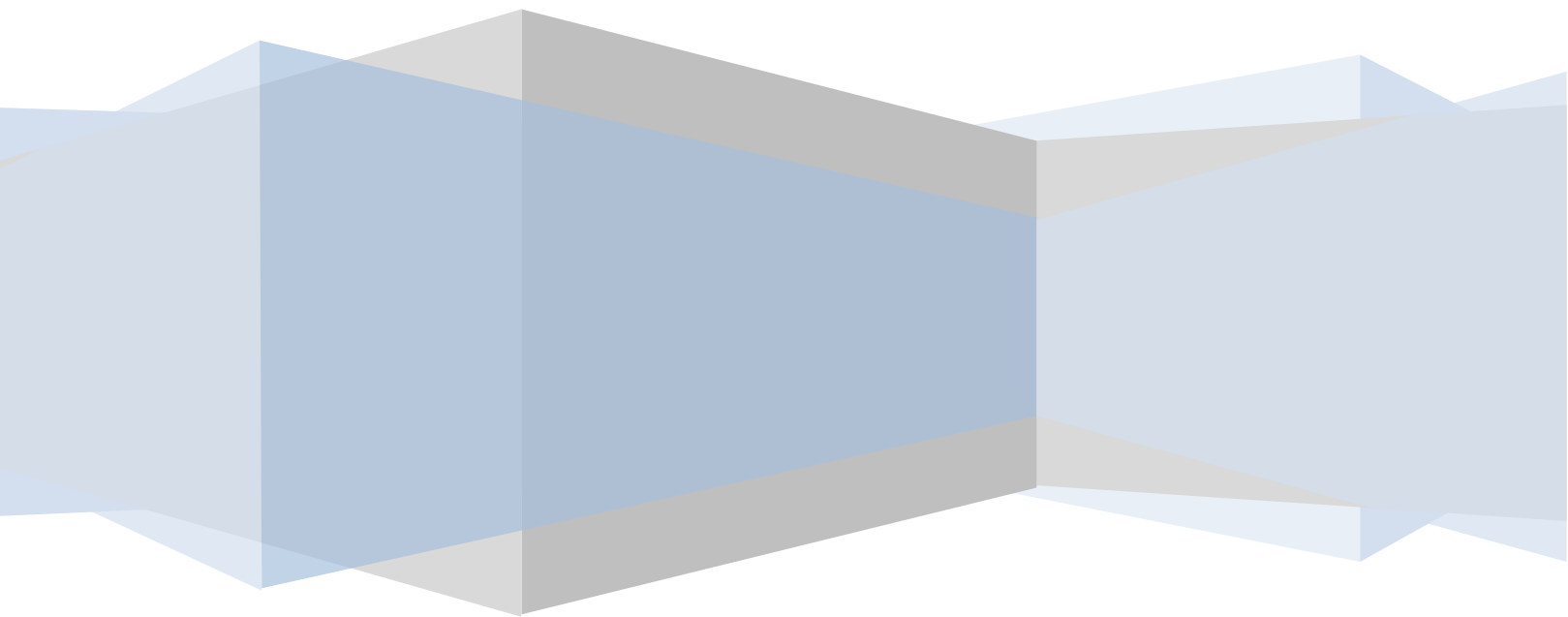


VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

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# **CWS 1021W: Effects of Abuse and Neglect on Child and Adolescent Development**

**GoToWebinar  
Handouts Day 1**





# HANDOUTS

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**COURSE COMPETENCIES**

The trainee has a thorough understanding of the nature of the developmental process from conception to maturation and the environmental, biological, and social factors that both independently and interactively affect that process.

The trainee has a thorough knowledge of the major theoretical models of development that provide different perspectives on the normal physical, cognitive, social, emotional, and moral development of children from birth through adolescence, and is able to recognize and describe the major stages and tasks of development, including the major milestones associated with each developmental stage.

The trainee has a thorough understanding of the developmental domains—physical, cognitive, social, emotional, and moral—and the ways in which development in one domain may have an impact on development in other domains.

The trainee is cognizant of the potential developmental problems that maltreatment can exert on development and is able to identify indicators of family dysfunction, maltreatment, and developmental delays and make appropriate referrals for assessment and intervention.

The trainee is able to advise caregivers on age-appropriate expectations for children and adolescents, and can help set realistic expectations for those who demonstrate developmental problems and/or challenging behaviors.

## **COURSE LEARNING OBJECTIVES**

Upon completion of this course, the trainee will be able to:

1. Demonstrate an understanding of the ways in which knowledge of development is critical to effective child welfare practice.
2. Demonstrate familiarity with research findings related to the influence of child abuse and neglect on development.
3. Demonstrate an understanding that the development continua have a dynamic, interactive nature.
4. Demonstrate knowledge of the major theoretical models of development which provide different perspectives on the normal physical, cognitive, social, emotional, identity and moral development of children from conception through adolescence.
5. Demonstrate knowledge of the biological, social, and environmental factors that both independently and interactively affect the developmental process.
6. Demonstrate an understanding of the major developmental domains, physical, cognitive, social, emotional, moral, and sexual, and the ways in which development in one domain may affect development in other domains.
7. Identify the major stages of development and recognize crucial milestones associated with each developmental stage.
8. Be able to assess and recognize the immediate and secondary effects of maltreatment on all developmental stages and domains.
9. Identify indicators of abuse and neglect and describe the characteristics and dynamics common among abusive and neglectful families.

10. Demonstrate knowledge of age-appropriate expectations for children and adolescents.
11. Demonstrate skill in working collaboratively with families to identify parenting challenges/misconceptions and develop realistic expectations for children and adolescents who have developmental delays due to maltreatment.
12. Demonstrate knowledge of the appropriate referral services and resources (agency, community, support groups, etc.) available to families with children and adolescents exhibiting developmentally inappropriate behaviors due to maltreatment.
13. Demonstrate the ability to analyze case situations and work collaboratively to assist families in developing effective parenting responses, devise treatment strategies, access resources, and monitor service plans.
14. Identify indicators of developmental delays and problems within the context of maltreatment of children and adolescents.
15. Demonstrate knowledge of the effect of maltreatment on attachment and the effect of disordered attachment on development in each domain.
16. Be able to identify the immediate and cumulative effects of disrupted attachment and recognize common indicators of Reactive Attachment Disorder.
17. Be able to intervene with caregivers and substitute caregivers to encourage positive attachment and reduce the effects of Reactive Attachment Disorder.
18. Identify factors that mitigate the effects of maltreatment, including resiliency in children and adolescents.

**COURSE AGENDA**

**DAY ONE**

- |                   |   |
|-------------------|---|
| <b>ACTIVITY A</b> | <b>The Importance of Child Development in Child Welfare Practice</b>                                |
| <b>ACTIVITY B</b> | <b>Child Development Fundamentals and Theories</b>  |
| <b>ACTIVITY C</b> | <b>Developmental Milestones and the Influence of Maltreatment Through Infancy and Toddlerhood</b>   |
| <b>ACTIVITY D</b> | <b>Developmental Milestones and the Influence of Maltreatment Through the Preschool Age</b>         |
| <b>ACTIVITY E</b> | <b>Developmental Milestones and the Influence of Maltreatment Through the Elementary School Age</b> |

**DAY TWO**

- |                   |  |
|-------------------|--|
| <b>ACTIVITY F</b> | <b>Developmental Milestones/ Maltreatment in Adolescence</b> |
| <b>ACTIVITY G</b> | <b>Developmental Disabilities, Delays, Assessments</b>       |
| <b>ACTIVITY H</b> | <b>Children's Sexual Development</b>                         |
| <b>ACTIVITY I</b> | <b>The Critical Importance of Attachment</b>                 |
| <b>ACTIVITY J</b> | <b>The Critical Importance of Resiliency</b>                 |
| <b>ACTIVITY K</b> | <b>Ethnicity, Culture, and Child Development</b>             |
| <b>ACTIVITY L</b> | <b>That's All, Folks!</b>                                    |



## APPLICATION FOR PARENT LICENSE



Licensed parents are required to have a thorough understanding of child development as well as possess a range of skills appropriate for addressing concerns in the many stages of childhood and adolescence.

To determine if you are eligible to become a licensed parent, please answer the following true or false questions. Once your application has been completed, the Division of Good Parent Licensing will provide you with the correct answers.

Please circle the correct answer:

- |    |               |  |
|----|---------------|--|
| 1. | <i>T or F</i> | My baby will be able to sit up without support by the time he or she is three months old.                  |
| 2. | <i>T or F</i> | Children do not begin to develop their language skills or their vocabulary before they turn two years old. |
| 3. | <i>T or F</i> | Most children enter puberty at age 13.   |
| 4. | <i>T or F</i> | Children are ready for toilet training by the end of their second year.                                    |
| 5. | <i>T or F</i> | Children start being critical of themselves in junior high.  |
| 6. | <i>T or F</i> | A preschooler who touches, or tries to touch, other children's genitals has likely been sexually abused.   |



## CHILD WELFARE CASEWORK ACTIVITIES

|  |  |
|--|--|
| <b>Child welfare workers must be able to recognize the negative effects of abuse and neglect on a child's development.</b> | <ul style="list-style-type: none"><li>• Children's behavior and abilities often offer clues to the kind of care they receive.</li><li>• Early recognition and intervention can greatly minimize the negative effects of maltreatment.</li><li>• Assessment and remedial services may be needed or arrangements for adequate protection may be necessary.</li></ul>   |
| <b>Child welfare workers should be able to choose the most appropriate strategy to engage and interview children.</b>      | <ul style="list-style-type: none"><li>• Workers must be able to gather accurate information to complete risk assessments and to make appropriate decisions throughout the life of the case.</li><li>• Interviewing places a child, who may already have suffered maltreatment, in a position of feeling "compelled" to tell a stranger "something." The child may not understand what the worker wants to know. Children are likely to experience cognitive and emotional confusion during an interview. Workers can maximize assessment and minimize children's stress by using appropriate techniques.</li><li>• The worker must assess the child's cognitive functioning and language abilities quickly and adapt interviewing techniques to the situation in order to gather the <u>best, most accurate</u> information possible in a time period that is often <u>very brief</u> (Brittain &amp; Hunt, 2004).</li></ul> |

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

See also: Brittain, C.R., & Hunt, D.E. (Eds.). (2004). *Helping in child protective services: A competency-based casework handbook*. New York: Oxford University Press.

|   |   |
|---|---|
| <b>Child welfare workers should know age-appropriate behavioral expectations and be able to educate and guide parents regarding proper childcare practices and discipline strategies.</b> | <ul style="list-style-type: none"><li>• Caregivers may misinterpret children's behaviors. Consequently, they may rely on inappropriate disciplinary methods.</li><li>• Some examples of discipline that is inappropriate for different levels of development are:<ul style="list-style-type: none"><li>• The use of reasoning with a one-year-old, who doesn't understand complex language or logic.</li><li>• The use of physical discipline with an infant.</li></ul></li><li>• Acceptable behaviors differ by culture. Workers should be familiar with different cultural standards.</li></ul> |
| <b>Child welfare workers should be able to identify early warning signs of developmental disability and arrange early intervention services.</b>  | <ul style="list-style-type: none"><li>• There is a high correlation between maltreatment and developmental disabilities. Workers can prevent maltreatment by offering appropriate support and referrals.</li><li>• Early intervention services can often limit the negative outcomes of a developmental disability on a child's development.</li><li>• The caseworker should be prepared to educate caregivers about developmental disabilities, including what kinds of behavior will likely be encountered at different stages.</li></ul>   |
| <b>Child welfare workers should be able to assist parents and caregivers to access services and activities that enhance development and meet special needs.</b>                           | <ul style="list-style-type: none"><li>• Caseworkers should be familiar with local services and resources that can promote healthy development and can address developmental problems.</li></ul>   |

|  |  |
|--|--|
| <b>Child welfare workers should use their knowledge of child development to prevent or minimize crisis for children during placement into substitute care.</b> | <ul style="list-style-type: none"><li>• An understanding of developmental principles, a basic assessment of a child's development, and consideration of cultural norms can help ensure placement stability, prevent emotionally disabling crisis, reduce behavior problems, and reduce or eliminate permanent negative consequences for development.</li></ul> |
|--|--|

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## VIRGINIA DEFINITIONS OF MALTREATMENT

### **22VAC40-705-30. Types of abuse and neglect.**

#### **Physical Abuse**

22VAC40-705-30(A). Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions, including, but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a Schedule I or II controlled substance or (ii) during the unlawful sale of such substance by that child's parents or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation of § [18.2-248](#) of the Code of Virginia.

#### **Physical Neglect**

22VAC40-705-30(B). Physical neglect occurs when there is the failure to provide food, clothing, shelter, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent's or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § [63.2-100](#) of the Code of Virginia. This also includes a child under the age of 18 whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to § [9.1-902](#) of the Code of Virginia. In situations where the neglect is the result of family poverty and there are no outside resources available to the family, the parent or caretaker shall not be determined to have neglected the child; however, the local department may provide appropriate services to the family...

## **Medical Neglect**

22VAC40-705-30(C). Medical neglect occurs when there is the failure by the caretaker to obtain or follow through with a complete regimen of medical, mental or dental care for a condition which if untreated could result in illness or developmental delays pursuant to § [63.2-100](#) of the Code of Virginia. However, a decision by parents or other persons legally responsible for the child to refuse a particular medical treatment for a child with life-threatening condition shall not be deemed a refusal to provide necessary care if (i) such decision is made jointly by the parents or other person legally responsible for the child and the child; (ii) the child has reached 14 years of age and sufficiently mature to have an informed opinion on the subject of his medical treatment; (iii) the parents or other person legally responsible for the child and the child have considered alternative treatment options; and (iv) the parents or other person legally responsible for the child and the child believe in good faith that such decision is in the child's best interest. Medical neglect also includes withholding of medically indicated treatment...

## **Mental Abuse or Neglect**

22VAC40-705-30(D). Mental abuse or neglect occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions. ...

## **Sexual Abuse**

22VAC40-705-30(D). Sexual abuse occurs when the child's caretaker commits or allows to be committed any act of sexual exploitation, including sex trafficking as defined in 22VAC 40-705-10 or any sexual act upon a child in violation of the law.

EXCERPTED/REPRINTED FROM:

Virginia General Assembly. (n.d.). *Legislative Information System – Virginia Administrative Code Searchable Database*. Retrieved Feb 12, 2020, from <http://lis.virginia.gov>

Revised Feb 2020

## DEVELOPMENTAL PRINCIPLES

**Development is an ongoing process involving continuous change or “growth.”**

- Development occurs throughout the lifespan.
- New skills emerge through the process of maturation, meaning the physical and cognitive abilities of the child have developed to the point necessary for the new skill to emerge or be learned.

**Development is dynamic.**

- Development results from the interaction of a number of distinct and complementary processes that influence each other.
- How new capabilities emerge depends on the interaction of biological, environmental, and social factors.

**Development is directional.**

- Most developmental processes proceed from simple to complex.
- Normal development is predictable and organized.
- Following birth, normal development begins with mastery of physiological regulation as eating and sleeping patterns are established, and continues through the development of higher-level skills including problem solving, making choices, and engaging in relationships.
- Not all children gain skills at the same time, though they tend to gain them in the same order (Daniel, Wassell, & Gilligan, 1999).

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

See also:

Daniel, B., Wassell, S., & Gilligan, R. (1999). *Child development for child care and protection workers*. Philadelphia, PA: Jessica Kingsley Publishers.

Filip, J., McDaniel, N., & Schene, P. (Eds). (1996). *Helping in child protective services: A competency-based casework handbook*. Englewood, CO: American Humane Association.



**Development involves stages.**

- Stages represent the points at which new behaviors or abilities generally emerge.
- A newly-emerged skill, such as standing independently, sometimes appears to emerge spontaneously, although a very complex interaction of factors (muscles strengthening, improved perception, etc.) is responsible.
- Other skills that appeared to have been mastered prior to the newly-emerging behavior may appear weakened during this “leveling off” period.
- Behaviors, or the lack of certain behaviors, during different stages may be normal, or may present as “red flags” that indicate something may be amiss.
- Stages can be affected by the child’s physical and mental predispositions and the conditions of the environment, such as the family’s culture and the economic situation (Filip, McDaniel, & Schene, 1999).

**Development is cumulative.**

- Early developmental tasks form the foundation for later, more complicated tasks.
- Stages and their tasks typically build upon each other and represent the emergence of more complex behavior patterns.

## DEVELOPMENTAL MILESTONES SUMMARY

### Understanding Developmental Domains

Developmental tasks typically fall within four primary categories or “domains.” These four domains are **physical, cognitive, social, and emotional**.

- ◆ **Physical development** consists of the development of the body structures, including muscles, bones, and organ systems. Physical development generally comprises sensory development, dealing with the organ systems underlying the senses and perception; motor development, dealing with the actions of the muscles; and the nervous system’s coordination of both perception and movement.

Motor activity depends upon muscle strength and coordination. **Gross motor** activities, such as standing, sitting, walking, and running, involve the large muscles of the body. **Fine motor** activities, including speech, vision, and the use of hands and fingers, involve the small muscles of the body. Both large and small muscle activities are controlled and coordinated by the central nervous system.

- ◆ **Sensory development** includes the development of vision, hearing, taste, touch, and smell, and the coordination and integration of perceptual input from these systems by the central nervous system. Note that vision has both motor and sensory components. Muscles regulate the physical structures of the eye to permit focusing; neurological pathways transmit visual input to the brain.

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

- ◆ **Cognitive development** includes activities such as thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language, with its requirements of symbolization and memory, is one of the most important and complicated activities.

It is important to differentiate language and speech. Understanding and formulating language is a complex cognitive activity. Speaking, however, is a motor activity. Language and speech are controlled by different parts of the brain.

- ◆ **Social development** includes the child's interactions with other people, and the child's involvement in social groups. The earliest social task is attachment. The development of relationships with adults and peers, the assumption of social roles, the adoption of group values and norms, adoption of a moral system, and eventually assuming a productive role in society are all social tasks.
- ◆ **Emotional development** includes the development of personal traits and characteristics, including a personal identity, self-esteem, the ability to enter into reciprocal emotional relationships, and mood and affect (feelings and emotions) that are appropriate for one's age and situation.

While each of these four developmental domains can be examined individually, it is misleading to suggest that development occurs separately in each of the four domains. **Development in any domain affects, and is affected by, development in all of the other domains.**

### DEVELOPMENT THEORY EXERCISE INSTRUCTIONS

- In your small group, take about 20 minutes to develop a 3-5 minute creative presentation that explains the model assigned to your group.
  - Your goals are to:
    - Describe and explain the model.
    - Assess the ways in which the model is useful to understanding child development.
    - Explain how the model relates to child welfare practice. Be sure to suggest how your model can be useful to child welfare workers.

#### Materials

- **Handout B-4: Developmental Theory Discussion Guide** (Use to organize your ideas.)
- **Handout B-5: Child Development Theory** (Use to develop your presentation. Read only the section describing the model assigned to your group.)
- Other **Creative Materials**, distributed by the trainer. Remember, your group can be as creative as you like in your presentation.

DEVELOPMENTAL THEORY DISCUSSION GUIDE

**Theory:**

**Major Theorist:**

How does the theory explain development?

What seems particularly important about this theory?

Why is this model important for child welfare workers to know about?

How would understanding this theory help a caregiver provide better care?

**Specify if any concepts apply to particular ages/stages. If there are many concepts, then decide which you believe are most important for child welfare work with children and families.**

Key Concept:

Key Concept:

Key Concept:

Key Concept:

Key Concept:

## CHILD DEVELOPMENT THEORY

### PSYCHOSOCIAL DEVELOPMENT MODEL

Erik Erickson was the first theorist to suggest that development actually continues across the life span. Erickson believed “social and cultural factors influence the manner in which an individual resolves the various conflicts brought about by biological maturation” (Freiberg, 1987, p. 4).

Erickson proposed eight nuclear conflicts that humans will experience as they mature. These are major, central conflicts that are crucial to the development of personality at different stages (Freiberg, 1987). The stages are cumulative, meaning that the way an earlier conflict is handled will impact a person’s maturity and readiness to confront conflicts that follow.

Erickson’s nuclear conflicts related to childhood are (cited in Freiberg, 1987, p. 41):

| Stage  | Nuclear Developmental Conflict  | Issues  |
|--------|---|---|
| Infant | <b>Trust</b><br>(optimism, warmth)<br><br><b>vs.</b><br><br><b>Mistrust</b><br>(sense of deprivation) | <ul style="list-style-type: none"><li>• This stage occurs generally between birth and one year.</li><li>• Infants whose needs are frequently, inconsistently, or always, unmet by the caregiver do not form trust for that person. It becomes difficult to learn to trust others easily as the child ages, thus it is difficult for the child, and later the adult, to engage in relationships.</li></ul> |

PSYCHOSOCIAL DEVELOPMENT MODEL adapted from: Freiberg, K.L. (1987). *Human development: A life-span approach* (3<sup>rd</sup> ed.). Boston: Jones and Bartlett Publishers.

| Stage              | Nuclear Developmental Conflict  | Issues  |
|--------------------|---|---|
| <b>Toddler</b>     | <b>Autonomy</b><br>(self-control, adequacy)<br><br><b>vs.</b><br><br><b>Shame and Doubt</b><br>(sense of inner failure) | <ul style="list-style-type: none"> <li>• This stage generally occurs between ages one year and three years.</li> <li>• If the child is not allowed to experience some control, and is not allowed to follow some impulses, then those impulses begin to be questioned and regarded as shameful. The child begins to fundamentally doubt his or her self and does not develop confidence.</li> </ul> |
| <b>Preschooler</b> | <b>Initiative</b><br>(ability to direct own actions)<br><br><b>vs.</b><br><br><b>Guilt</b><br>(anxiety about being bad) | <ul style="list-style-type: none"> <li>• Children experience this stage generally between three years and six years.</li> <li>• If caregivers demand too much self-control when children are developing their feelings of initiative, guilt results. The child begins to feel badly that he or she cannot control behavior in accordance with the caregivers' expectations.</li> </ul>              |
| <b>School Age</b>  | <b>Industry</b><br>(skill confidence)<br><br><b>vs.</b><br><br><b>Inferiority</b><br>(sense of inadequacy)              | <ul style="list-style-type: none"> <li>• This stage occurs generally between ages six years and twelve years.</li> <li>• Negative experiences in relationships lead to feelings of incompetence and inferiority; mastery of academic and social skills encourages increased self-confidence and acceptance by peers.</li> </ul>   |

| Stage             | Nuclear Developmental Conflict   | Issues  |
|-------------------|--|---|
| <b>Adolescent</b> | <p><b>Identity</b><br/>(image of self as unique)</p> <p><b>vs.</b></p> <p><b>Role Confusion</b><br/>(doubt about identity)</p> | <ul style="list-style-type: none"> <li>• This stage begins with adolescence, but remains important throughout the life span.</li> <li>• A person's identity remains fluid throughout the life span, changing subtly or dramatically as developmental stages occur and the person accumulates both positive and negative experiences. Role confusion occurs when the adolescent (or even the adult) cannot integrate expectations or deal with pressure (from family, society, or peers) in a manner that leaves him or her feeling satisfied and comfortable with how he or she fits into the world.</li> </ul> |



### COGNITIVE DEVELOPMENTAL STAGES

- ◆ Keenly interested in the unusual ways that children formulated answers to questions, biologist Jean Piaget left the study of mollusks, in 1920, for a sixty year study of the human mind and the processes of cognition.
- ◆ Piaget formulated several central ideas about the way that children learn to think. He believed that **imitation** was a crucial skill for learning new behaviors. He proposed that children must **organize** new information to understand the environment, and then will **adapt** to the environment due to their increased understanding.
- ◆ The process of organizing and adaptation involves two particular processes.
- ◆ First children's thinking involves **assimilation**. Assimilation means that children add new information to an **existing** framework.
- ◆ Through a process called **accommodation**, the child incorporates the new information by **creating** a new category for the information.

Piaget suggested that cognitive maturation followed clear, orderly stages. These psychological structures determine a child's understanding of the world as the child constructs knowledge **in response to the environment**. There are four stages:

COGNITIVE DEVELOPMENTAL STAGES adapted from:

Daniel, B., Wassell, S., & Gilligan, R. (1999). *Child development for child care and protection workers*. Philadelphia, PA: Jessica Kingsley Publishers.

Freiberg, K.L. (1987). *Human development: A life-span approach* (3<sup>rd</sup> ed.). Boston: Jones and Bartlett Publishers.

Santrock, J.W., & Yussen, S.R. (1988). *Child development: An introduction* (4<sup>th</sup> ed.). Dubuque, IA: Wm. C. Brown Publishers.

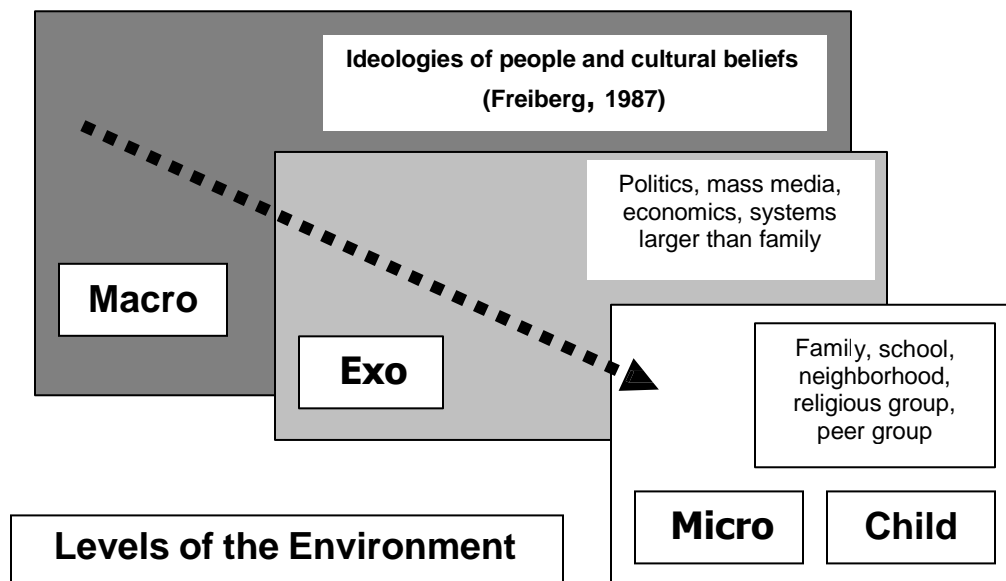
- ◆ **Sensorimotor (Birth to 2 years):** learning occurs through sensory and motor activity as the child progresses from reflexive responses (i.e., sucking, rooting) to organized activities; the child forms a representation of the world within the mind.
- ◆ **Preoperational (2 to 7 years):** symbols, such as words and images, come to represent previous sensorimotor experiences through the development of language and play; language and intuitive reasoning begins to be used to classify objects; magical thinking becomes prevalent.
- ◆ **Concrete Operational (7 to 11 years):** logical reasoning develops along with the ability to hierarchically organize; problem-solving develops through trial-and-error approaches; basic math skills develop; the child is beginning to understand conversation and numbers; the child possesses the ability to consider others' actions and make inferences about their states of mind and motivations.
- ◆ **Formal Operational (11 years and older):** capacity for abstract thought develops, along with the ability to reason in representational symbols, to be able to hypothesize, and to consider consequences and outcomes.

Two points are important to remember: 1) every child will progress through the stages at his or her own pace; 2) The children Piaget observed were white children in Switzerland. Theorists acknowledge that Piaget's classic theories fail to account for gender differences, cultural differences and environmental differences (Freiberg, 1987).

### ECOLOGICAL SYSTEMS

Psychologist Urie Brofenbrenner proposed that the child develops within a complex system of relationships that are affected by **multiple levels** of the environment, from the child's immediate environment to the cultural customs of the child's society.

Each level of environment influences the smaller level that it encapsulates. Therefore, the largest level, **the macrosystem** (structural systems), influences the middle level, **the exosystem** (social systems), which, in turn, influences the innermost level, **the microsystem** (immediate surroundings).



ECOLOGICAL SYSTEMS adapted from:

Daniel, B., Wassell, S., & Gilligan, R. (1999). *Child development for child care and protection workers*. Philadelphia, PA: Jessica Kingsley Publishers.

Freiberg, K.L. (1987). *Human development: A life-span approach* (3<sup>rd</sup> ed.). Boston: Jones and Bartlett Publishers.

Santrock, J.W., & Yussen, S.R. (1988). *Child development: An introduction* (4<sup>th</sup> ed.). Dubuque, IA: Wm. C. Brown Publishers.

The Ecological Systems Theory identifies three levels:

1. The Micro-Environment
  - ◆ child influenced by caregivers' behaviors and the immediate surroundings (home, school, daycare)
2. The Exo-Environment
  - ◆ affect immediate experiences by translating societal and cultural values into activity (religious system, social service system, educational system).
3. The Macro-Environment
  - ◆ establishes societal structure, including ethnic and cultural values, laws, and group customs

Bronfenbrenner's model suggests that children do not grow up in isolation, but are affected by the many values, beliefs, and systems to which they are exposed directly or indirectly. (Daniel, Wassail, & Gilligan, 1999)

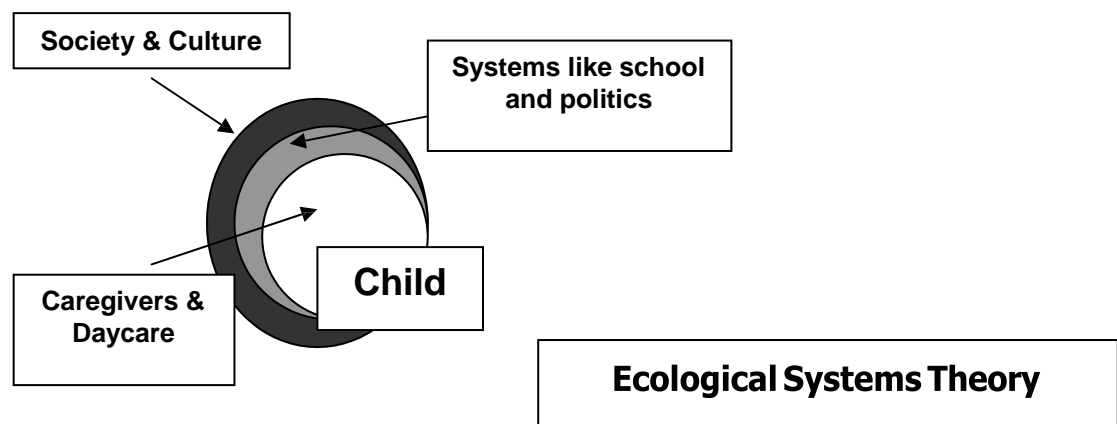
The ecological approach advances culturally and ethnically sensitive practice. For example assessment from this perspective might include questions such as:

- ◆ Are resources limited because the child's and caregivers' ethnic group is discriminated against?
- ◆ Do cultural prescriptions for proper childcare in the child's culture differ from those of the mainstream?
- ◆ Does their culture devalue female children routinely, emotionally or physically neglecting the girls while attending to the boys?

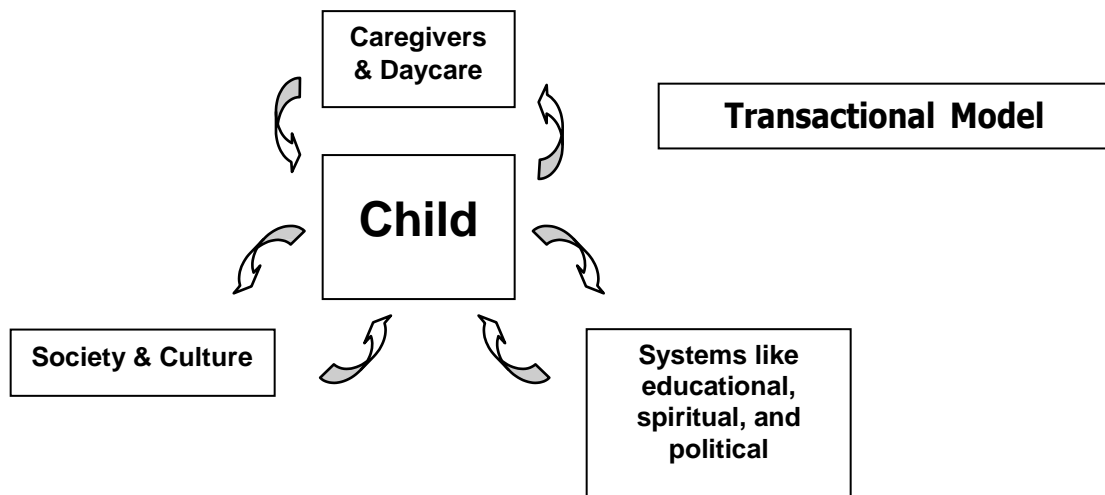
### TRANSACTIONAL MODEL OF DEVELOPMENT

Since the early 1990's child development specialists have recognized and endorsed the Transactional Model of Development. The transactional model, as elaborated by theorist Douglas Davies, suggests that children's development relies upon their experiences in combination with their attempts to organize the world **according to their experiences**.

While the ecological systems model suggests there are levels that have a one-way relationship with the child, the transactional model stresses that children, instinctively from birth, systematically attempt to order their world, to make sense of, and learn from, their experiences. How they **integrate their experiences**, or, more simply, how they make sense of them, and how they **respond behaviorally**, explains the particular child's development.



TRANSACTIONAL MODEL OF DEVELOPMENT adapted from: Davies, D. (1999). *Child development: A practitioner's guide*. New York: The Guilford Press.



Caregivers who provide consistent, responsive, nurturing care help the infant and young child structure the world as a positive environment where needs are met. In the transactional model, emphasis is placed **on the relationship between the child and caregiver being bi-directional each affecting the other.**

The idea of **adaptation** is central to this theory. Both children and caregivers must adapt to emerging developmental tasks. For example, a child who is starting to walk must possess the internal drive to master the behavior (balance, gross motor skills, coordination) despite frustrating experiences, such as falling down repeatedly. The caregiver must provide encouragement and direction in order to reinforce self-confidence. As the child masters new skills, the caregiver must adapt as well. For example, the walking child requires closer supervision than the stationary child.

**Any event or characteristic that affects the relationship between the child and caregivers will have an effect upon the direction (positive or negative) of the child's development.**

### **MORAL DEVELOPMENT**

In addition to models explaining other areas of development, there are also models that explore children's moral development, or the way they develop a sense of right from wrong, through their developing understanding of societal norms.

The development of self-control and conscience in the late toddlerhood and early preschool stages culminates in the development of a moral sense.

Generally, before age three, children lack impulse control and their behavior must be regulated by adults.

As their proficiency in language and thinking improves, they become increasingly able to modulate their impulses internally, so they become able to control their behaviors.

By age five, most children can discern right from wrong. However, their sense of right and wrong is rudimentary and concrete, not sophisticated or abstract. They become able to understand simple rules and interpret them strictly.

Once they begin to internalize standards of behavior recognized in their environment, misbehaving results in experiencing guilt—a hallmark of moral development.

Until further cognitive developments occur in the late elementary school stage, children's obedience is based on avoiding punishment.

MORAL DEVELOPMENT adapted from:

Davies, D. (1999). *Child development: A practitioner's guide*. New York: The Guilford Press.

Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

Santrock, J.W., & Yussen, S.R. (1988). *Child development: An introduction* (4<sup>th</sup> ed.). Dubuque, IA: Wm. C. Brown Publishers.

See also:

Freiberg, K.L. (1987). *Human development: A life-span approach* (3<sup>rd</sup> ed.). Boston: Jones and Bartlett Publishers.

Schickendanz, J.A., Schickendanz, D.I., Forsyth, P.D., & Forsyth, G.A. (2001). *Understanding children and adolescents* (4<sup>th</sup> ed.). Needham Heights, MA: Allyn and Bacon.

In the early adolescent stage, they begin to obey rules as a means to getting what they want. Later, in conjunction with developments in abstract thinking and insight, they become able to recognize the social utility of rules.

It is important to remember that moral standards are not necessarily the same in differing cultures, although research has suggested that the stages of moral development may well be the same.

Research also suggests that moral behavior in both children and adults tends to be situation specific. There are practically no completely moral/immoral children or adults.

Lawrence Kohlberg, a developmental psychologist proposed that moral behavior (in the **context of the child's culture**) develops in stages (Freiberg, 1987; Shickedanz, Shickedanz, Forsyth, & Forsyth, 2001) that must be completed sequentially:

**Premorality** (age 0 to 9)

**Preconventional** (age 9-13): lacks moral values, desires only to avoid punishment

**Conventional** (age 13-30): external **approval** is desired, acceptance of social order, law, justice and duty

**Postconventional** (30s and beyond): moral judgments are based on societal obligations, governed by abstract moral principles



### **ETHNIC IDENTITY FORMATION MODELS**

Ethnic identity development is vital to developing a healthy adult personality. This development occurs as a result of socialization and acculturation processes.

Socialization refers to the internalization of the many positive and negative messages society communicates about ethnic or racial groups.

Acculturation refers to the degree to which children associate with a different (usually the larger or dominant) cultural group.

Children as young as four or five are aware of differences in skin color and gender traits. Children of color develop a keener awareness of these differences earlier than Caucasian children. By age five, children are generally aware of the social significance of both racial and gender differences. Messages that are communicated from families, teachers, the media, stories, and other children influence children's identity development.

The ethnic identity development process is different for children of color than for Caucasian children due to minority children's early experiences with racism.

Ethnic identity development information is particularly relevant to workers responsible for placing children into substitute care. In the same way that it would be wrong to place an infant with a caregiver who will not provide the stimuli needed to further the baby's development, it would be wrong to place a child with a substitute caregiver who will not support the child's ethnic development. Child welfare workers must be prepared to encourage, support, and suggest strategies for enhancing ethnic identity development.

ETHNIC IDENTITY FORMATION MODELS adapted from: Casey Family Programs. (2000). *A conceptual framework of identity formation in a society of multiple cultures: Applying theory to practice*. Seattle, WA: Author.

**IDENTITY DEVELOPMENT IN NON-MINORITY INDIVIDUALS**

|                                |  |
|--------------------------------|--|
| <b>No Social Consciousness</b> | Spontaneous, natural behavior triggered by the pressures to conform to particular social norms and behaviors. Individual is unaware of his/her expected social role.   |
| <b>Acceptance</b>              | Individual identifies with roles models and imitates the modeling of behavior. Individual conforms to social expectations of appropriate behavior as a member of his/her group. Behaviors, attitudes, and values that do not fit into group's code of conduct are rejected and devalued. |
| <b>Resistance</b>              | Individual begins to question previously held beliefs. Feelings of discomfort and anger emerge. Individual begins to reject the group's pressure to conform. A new perspective about his/her group is formed.  |
| <b>Redefinition</b>            | Individual becomes introspective about group's values and codes of conduct. Renewed interest in racial/ethnic heritage. Sense of pride in one's racial/ethnic group membership.  |
| <b>Internalization</b>         | Individual is able to integrate insights. Individual is more flexible, open-minded, and somewhat autonomous. Individual recognizes extent of his/her journey and empathizes with those at earlier stages.  |

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**IDENTITY DEVELOPMENT IN PERSONS OF DIFFERENCE**

|                            |   |
|----------------------------|---|
| <b>Pre-Encounter</b>       | Individual lacks interest in race concept and fails to see it as relevant. May have preference for dominant cultural values or codes of conduct, yet s/he may feel inferior and anxious.  |
| <b>Encounter</b>           | Individual examines and questions previously held dominant culture attitudes and beliefs. Stage can be triggered by a single overt encounter or an accumulation of subtle experiences. Individual may experience confusion about his/her own group as well as other groups. |
| <b>Awakening/Immersion</b> | Individual has searched his/her own identity and is committing to his/her roots. Likely to endorse values and codes of conduct of his/her own group and reject those of other groups.   |
| <b>Internalization</b>     | Reassessment of racial/ethnic identity for which a more balanced, integrated identity emerges. Individual internalizes a positive, secure identity, permitting her/him to appreciate other racial/ethnic groups.  |

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| AGES  | OVERVIEW OF CULTURAL ISSUES   |   |  |   |
|-------|---|---|--|---|
| 0-2   | Accustomed to sights, sounds, smells, tastes  | When and how long a baby should cry; use of bottle vs. breast; schedules; stimulation                     | Begin to develop language  | Rudimentary self-concept based on praise or scolding of caregiver   |
| 3-5   | Begin to note physical differences in individuals; older preschoolers able to identify own cultural group | How and what children play (athletic and competitive play vs. quiet or fantasy play); choice of toys      | Language expands and becomes more refined; learn how and when people and children talk   | Opportunities for exploration, initiative, and autonomy impact self-confidence, self-concept  |
| 6-9   | Begin to understand perspective of others, that there are differences in beliefs and practices            | How and what children play (motor, social, or cognitive skills emphasized)                                | Heavily influenced by roles and rules which both have a strong cultural context  | Begin to develop coping skills which are heavily influenced by culture  |
| 10-12 | Begin to understand gender role differentiation (culturally determined)                                   | Rules of social behavior and etiquette are governed by cultural context                                   | Highly motivated to participate in cultural activities and assimilate cultural norms, values, attitudes, behaviors; interested in family history, cultural heritage; may questions culture through association with school peers | Self-esteem grows from child's sense of accomplishment; greatly influenced by outside forces such as racism, sexism, and other forms of prejudice |
| 13-18 | Search for independence; culture determines when and how child emancipates                                | Peer relationships are extremely important; when and how interaction takes place is culturally determined | Manage emerging sexuality; acceptable behaviors defined by culture; onset of puberty and menstruation have cultural implications   | Development of personal identity; youth struggles with meaning of race, culture, ethnicity, and gender  |



## **CULTURAL ISSUES IN CHILD DEVELOPMENT**

### **Cultural issues for a child's growth, development and identity formation:**

#### **AGES BIRTH TO TWO:**

- Infants and toddlers become accustomed to the sights, smells, and sounds of their environment.
- Infants develop attachment to their primary caregiver as a result of caregiver's ability to meet the child's expressed needs. The child becomes accustomed to the caregiver's voice, scent, touch, and method of meeting needs. Cultural norms around caregiving may include when and how long a baby should cry, the use of a bottle or breast feeding, schedules and routines, stimulation, exercise, and play.
- Infants and toddlers experience rapid growth and development, including the acquisition of gross motor skills. Cultures may vary relative to how much or how little they encourage or stimulate this growth. For example, in a culture where the mother carries the child on her back until age two, the child may not learn to walk until later in toddlerhood.
- Toddlers are beginning to develop language based on the language used in the home environment and to interact with the child.
- Toddlers begin to imitate social roles demonstrated by adults in their environment. The child internalizes key cultural rules and expectations.
- Norms for gender roles are taught implicitly to toddlers via toys, activities, and clothing.
- Toddlers become autonomous as permitted by their caregivers. Some cultures encourage the child's curiosity, while others may limit free exploration.
- Toddlers form a rudimentary self-concept based on the praise or scolding of their caregiver.

IHS (2011). *Cultural Issues in Permanency Planning (201-A8-S)*. Ohio Child Welfare Training Program [Course curriculum]

Revised August 2016

**AGES THREE TO FIVE:**

- The development of motor abilities may differ between boys and girls due to cultural differences. Some cultures may reinforce rough-and-tumble play for boys, stimulating muscle development and improving gross motor coordination. The child's culture may reinforce quiet play for girls, including drawing, coloring, playing musical instruments, and doll play which promote fine motor coordination.
- Play is important "work" for children. How and what children play are influenced by their culture. Some cultures may emphasize fantasy play, while others may promote athletic or competitive play. Also, children's play provides many opportunities for imitation of social roles, practicing rules of etiquette, and developing communication skills, all of which are influenced by culture.
- The toys children play with may also be culturally determined. For example, some cultures purchase toys in stores, while other cultures may prefer that children play with homemade toys.
- Preschoolers begin to notice physical differences in individuals, including skin color, hair texture, etc. They may use known words to describe skin-color differences, such as chocolate, vanilla, caramel, or say that the individual has a tan.
- The acquisition of culturally acceptable gender roles is critical during this stage. Children begin to mimic parental role models and begin to internalize expectations of what males and females can and should do.
- Preschool children develop a worldview based solely on their experience in their home and family. Children at this age believe that every family functions as theirs does.
- Preschool children are familiar with the visual cues of emotions and feelings they have seen in their own environment. They are becoming aware of culturally appropriate ways of expressing feelings.
- Initiative and autonomy are important tasks of this age group. How much and in what ways a child can explore and discover the world are guided by cultural norms and rules for children's behavior. Some cultures encourage the child to freely conquer his or her environment, while other cultures prefer that children operate within prescribed boundaries.
- Older preschoolers are able to identify their own racial, ethnic, or religious group. The child is exposed to positive and negative messages about his or her group portrayed by the media, toys, books, etc.

- Language for the preschool child is expanding and becoming refined. The nature of language, the specific meaning of words, and rules for when and how people talk with one another are culturally determined. Some cultures may have the rule “children should be seen and not heard”, while other cultures may encourage conversation between children and adults. For example, a child who asks for a drink of water by saying, “I want fa-foo” may be using a family or culturally recognized word. If a caseworker does not recognize the effect of culture on language development, it can lead to an inaccurate assessment of speech and language delays where none exist.

**AGES SIX TO NINE:**

- During this stage, motor skills in children are being refined and perfected. The development of motor skills may be influenced by cultural factors. Cultures that value physical strength and skill tend to reinforce activities that involve gross motor abilities. In some cultures, girls are discouraged from engaging in active, rough-and-tumble, physical play. Cultures that place greater value on cognitive and social, rather than physical, skills may tend to discourage active, physical play and direct children to pursue activities that stimulate intellectual growth.
- During this stage of development, the child is beginning to understand another person’s perspective. The child comes to understand that people are different from him/her, and that others think differently, feel differently, behave differently, etc.
- Children at this age are beginning to develop coping skills. Strategies to solve problems are tied to one’s culture, and the child will likely incorporate coping skills modeled by his or her parents.
- School-aged children are governed by gender roles and rules, which are greatly influenced by culture. For example, a culture may have strong values that the father should work outside the home and the mother should work inside the home, while another culture may expect that both mother and father work outside the home and share household responsibilities.
- Six-to-nine-year-old children become aware of their parents’ attitudes towards sex, sexuality, nudity, etc. Children will begin to integrate these attitudes into their own values and beliefs.



**AGES TEN TO TWELVE:**

- Children of this age are beginning to understand gender role differentiation more fully. The child realizes that boys and girls are different and are expected to behave differently. For example, a comment such as, “Don’t be silly; boys don’t play with dolls”, would exemplify rigid gender role expectations of the child. Children will emulate those qualities valued for their gender in their culture. Culture may determine the acceptable behaviors for boys and girls, but the expectation that males and females are different in significant ways is fairly universal.
- School-aged children are becoming social beings. Rules of social behavior and etiquette are determined by the child’s culture, but are also increasingly influenced by the child’s peers.
- Self-esteem grows from the child’s sense of accomplishment. External feedback, verbal and nonverbal, about the child’s performance will stimulate a positive self-concept or contribute to poor self-esteem. A child’s self-concept is greatly influenced by outside forces such as racism, sexism, and other forms of prejudice.
- The child begins to explore what membership in his or her group means and begins to assimilate cultural norms, values, attitudes, and behaviors into a daily routine. At this stage, the child is highly motivated to participate in cultural activities. However, the influence of the “outside world,” especially that encountered in the all-important world of school, is also the beginning to influence and shape the child’s sense of self. At this age, the child may begin to question or experience conflicts with the previously incorporated worldview primarily influenced by the home and the cultural values learned there.
- For the older school-aged child, the onset of puberty and the development of identity stimulate interest in his or her family history and cultural heritage.

**AGES THIRTEEN TO EIGHTEEN:**

- One of the major tasks of adolescence is the development of personal identity. Analyzing and integrating culturally driven factors, such as values, beliefs, social roles, responsibilities and rules of behavior into one’s identity is challenging to the adolescent.
- Managing one’s emerging sexuality is a significant challenge for the 13-to 18-year-old. Acceptable sexual behaviors and attitudes are determined by the child’s culture.

## IDEAS FOR ENCOURAGING ETHNIC IDENTITY DEVELOPMENT

### Child Welfare Worker

- ◆ Avoid the “I see all children as the same” perspective. This denies children their uniqueness and cultural value.
- ◆ Talk openly with children about race/ethnicity in their community and the nation. Talk about the child’s feelings and experiences.
- ◆ Arrange a kinship placement or placement with an ethnically similar family when at all possible. When that is not possible, be certain that the substitute caregivers will be sensitive to the child’s cultural needs and history.
- ◆ Coordinate a playgroup for younger children that includes children of similar and different racial/ethnic backgrounds.
- ◆ Coordinate a support group for older children made up of racially/ethnically similar children.
- ◆ Take children to ethnic art shows, museums, literary or musical events—some that relate to their ethnic background and some that expose them to other cultures.
- ◆ Ensure that caregivers are providing ethnic learning opportunities.
- ◆ Expose children to ethnically relevant professionals, business guilds, and social organizations.
- ◆ Provide positive ethnic role models in toys, books, and movies.
- ◆ Arrange for children to have ethnically similar mentors or be involved in ethnically relevant community groups.
- ◆ Be aware of what messages you communicate about your own and other racial/ethnic/cultural groups.

Adapted from: Casey Family Programs. (2000). *A conceptual framework of identity formation in a society of multiple cultures: Applying theory to practice*. Seattle, WA: Author.

#### **Additional Resources:**

*Knowing Who You Are: Helping youth in care develop their racial and ethnic identity*

[http://www.casey.org/media/KnowingWhoYouAre\\_VviewerGuide.pdf](http://www.casey.org/media/KnowingWhoYouAre_VviewerGuide.pdf)

*Toolkit: Identity Development*

<http://www.actforyouth.net/adolescence/toolkit/identity.cfm>

Revised August 2016

### **Biological, Kin, Substitute Caregivers**

- ◆ Be honest about your comfort level with different races/ethnic groups—then try to learn more about them.
- ◆ Seek advice from the child welfare worker and friends who are members of the child's ethnic/racial group.
- ◆ Talk to friends/coworkers who are of the same ethnicity as the child. How did they raise their children to have a healthy identity? What cultural traditions/beliefs/activities did they communicate to their children? What sources (books, magazines, television shows, children's books, etc.) do they encourage for providing positive images. Which ones do they suggest avoiding for the negative stereotypes they promote?
- ◆ If you are of a different religious tradition than the child (and if religion is an important aspect of family life in the biological family), either be willing to attend services in that tradition at least occasionally, or arrange for a responsible adult from that tradition to take the child to services.
- ◆ Prominently display books, magazines, art pieces that represent the child's culture in the home.
- ◆ Attend relevant cultural events, particularly those the child suggests.
- ◆ Talk to the child about what his/her ethnic/cultural background means to him/her.
- ◆ Be vigilant about the explicit and subtle messages you convey to the child about ethnicity/culture/race.

## **ETHNICALLY-SENSITIVE CHILD WELFARE PRACTICES**

Child welfare practice should support children's ethnic development and demonstrate ethnic and cultural sensitivity. Activities should:

- ◆ Help youth “develop self-understanding as a member of a particular ethnic group in a society of multiple cultures”;
- ◆ Encourage the development of a positive ethnic identity;
- ◆ Develop positive feelings about the groups they belong to;
- ◆ Communicate messages that encourage understanding and cooperation between ethnic and cultural groups.

### **Birth Family Contact**

- ◆ There should be frequent and regular contact with birth family to reduce feelings of rejection and encourage a sense of familial belonging.
- ◆ The experience of being a member of an ethnic or cultural group differs for every family in that group. Only family members can help a child come to understand what it means to be a member of a particular ethnic group while also being a member of a particular family.

### **Preparing for Life in a Multicultural Society**

- ◆ Child welfare workers should encourage dialogue between themselves, foster parents, service providers, family members and children to discuss openly race, ethnicity, and culture.
- ◆ Children need to be exposed to a variety of cross-cultural events, role models, and cultural artifacts to encourage cultural pride.

Adapted from: Casey Family Programs. (2000). *A conceptual framework of identity formation in a society of multiple cultures: Applying theory to practice*. Seattle, WA: Author.

- ◆ Mentors have been found to be particularly important to the development of positive ethnic identity. Mentors teach children customs and traditions and help youth develop strategies to cope with racism and discrimination by sharing personal experiences.
- ◆ Beginning as early in the child's life as possible, caregivers should ensure that children are given ample opportunities to develop, and spend time with, peers of their same racial, ethnic, and cultural background, particularly if the child is living in a cross-cultural placement.
- ◆ Children are sensitive and will pick up a subtle but clear message about the types of people welcome in their caregiver's home by the kinds of people who are encouraged to visit or the comments adults make—or simply never talk about at all.

### **Addressing Discrimination**

- ◆ Avoiding difficult conversations about racism only hurts children in the long run.
- ◆ Child welfare workers and caregivers must be ready to respond sensitively and deliberately when a child feels discriminated against. Adults should listen closely, clarify what happened, help the child process feelings, and determine if an adult response is necessary.
- ◆ Children of color, as well as gay and lesbian youth and children with handicaps, must be prepared to confront and respond to the discrimination they are likely to face from some segments of society.

### **Red Flags Related to Ethnic Development**

The worker must be sensitive to circumstances that inhibit children's ethnic identity development and must be ready to take an active role in addressing concerns:

### ***Caregivers***

- ◆ Families do not provide critical proactive experiences (e.g. books, cultural or cross-cultural experiences) that promote healthy ethnic identity development.
- ◆ Absence of conversation about race/identity.
- ◆ No response to teachable moments.
- ◆ Absence of like peer group when there is an option.
- ◆ No birth family contacts prior to adolescence when there is an option.
- ◆ Foster family unwilling to embrace cultural experiences of the child as their own.
- ◆ Embracing, condoning, or tolerating racially- or ethnically-biased remarks, including jokes and slurs.
- ◆ Endorsing a color-blind perspective or minimizing issues of race or ethnicity.
- ◆ Reluctance to socialize with members of the child's ethnic group.

### ***Children***

- ◆ Violent behaviors as a result of racial incidents.
- ◆ Discomfort with affirmations, praise or affection related to one's race or ethnicity.
- ◆ Making fun of one's own racial or ethnic group.
- ◆ Making fun of other's racial or ethnic groups.
- ◆ Inability to attach to foster parents following placement.
- ◆ No questions about heritage.

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## PRENATAL DEVELOPMENT AND CHALLENGES

A zygote is formed when a sperm and an egg join during conception. The zygote will contain 46 chromosomes, half coming from each parent. Already, a determination has been made as to which genetic traits the developing child will inherit from the mother and father. The zygote begins to divide rapidly as it moves down the fallopian tube. Eventually this mass of cells embeds itself into the soft tissue of the uterus. Three stages of prenatal development begin.

The period of the ovum lasts two weeks after conception. Specialized cells begin to be created that will become all of the critical tissues and organs found in the human body. The period of the embryo lasts from two weeks until eight weeks after conception. The major organs and structures of the body form and begin to function during this very short period. The placenta and umbilical cord, organs that provide nutrients to the embryo, develop during this phase as well. The embryo is extremely vulnerable at this stage. Illness, trauma, or maternal substance abuse can be devastating to a developing embryo. Growth continues in the final stage, the period of the fetus. Brain growth begins in earnest and picks up rapid pace again in the last three months of pregnancy. During this stage, important development continues, but the stage is less crucial than the preceding ones.

Several factors challenge both fetal survival and positive development. Membership in certain ethnicities has been consistently linked in research to problems in fetal development. This is not due to any genetic deficiency, but because poverty is so much more prevalent in certain ethnic groups and peoples of color. The life stresses that accompany poverty often lead poor mothers to abuse drugs and alcohol. They are likely to be living in environments that increase their risk of being treated violently. They often have limited access to quality healthcare for themselves and their babies. In some cases care is too expensive and in others it is avoided because medical staff are often culturally insensitive or act morally superior.

Adapted from: Trawick-Smith, J. (2000). *Early childhood development: A multicultural perspective* (2<sup>nd</sup> ed.). Upper Saddle River, NJ: Prentice-Hall.



Substance use during pregnancy poses a significant risk. Over-the-counter medications can be dangerous, particularly when several are combined. Illegal drugs, used by approximately 10-15% of pregnant women of all ethnic and racial backgrounds, are particularly dangerous for the developing fetus. Heroin and crack usage have been linked to many delays and impairments, such as breathing problems, low birth weight, withdrawal symptoms, brain damage, miscarriage, premature birth, social adjustment problems, cognitive delays, attention disorders, and physical deformities. Substance abusing mothers are more likely to smoke and drink alcohol, increasing the risk to the fetus. Fetal Alcohol Syndrome (FAS) is one potential consequence of maternal alcohol use. FAS can cause birth defects, growth retardation, hyperactivity, and serious nervous system and cognitive impairments. Children with FAS generally share a distinctive pattern of unusual facial features characterized by a flattened nose, underdeveloped upper lip, and wide-spaced eyes. Approximately one-third of babies born to heavy drinkers will suffer from FAS.

Poor nutrition is a serious risk factor that may go unconsidered. A malnourished mother, whether or not she believes she is malnourished, cannot provide adequate nutrition to her developing child. Poor nutrition during pregnancy has been linked to premature birth, high mortality rates, and cognitive delays. Lack of resources, difficult pregnancy (being sick a substantial amount of time), an eating disorder, an emotional disorder, a busy schedule, or substance use are all possible causes of poor nutrition for pregnant women.

Maternal health also poses a potential risk to an unborn child. An illness that would be minor for an adult may be devastating to a fetus. Rubella, for instance, can cause heart and nervous system impairment and may even be lethal. HIV and a host of other diseases can be transmitted from the mother to the child. If the mother has been exposed to a sexually transmitted disease there is a risk of exposure for the child as well.

Clearly, child development involves a prenatal stage of development. It begins before birth. Risk factors are present and serious during the prenatal development stage, just as they are present after birth. The mother's physical, emotional, and economic well-being will all influence prenatal development. The mother's behaviors can cause impairments and place both the fetus, and the child once born, at risk. The mother's access to resources and the level of social support she receives will also have an impact on the health of her child.

## INFANT DEVELOPMENT

### PHYSICAL DOMAIN



#### Normal

- Begins with instinctive movements but gains control and mastery over body
- Purposeful movements emerge
- Refines and coordinates sensory and gross/fine motor skills
- Develops dexterity

#### Abnormal

- Growth retardation, brain damage, developmental delays from chronic malnutrition brain damage, brain stem compression, blindness, partial or complete deafness, intellectual disability, epilepsy, cerebral palsy, skull fracture, paralysis, growth impairment, coma from head injury that result from blows, slaps, or falls
- Because of poorly developed head and neck muscles, shaking can cause injury equal to direct blows and have the same results as those indicated above
- Internal injuries can lead to permanent disability or death
- Medical neglect can lead to permanent disability (hearing loss, vision problems, respiratory problems are common)
- Neglected infants can have poor muscle tone, poor muscle control, exhibit delays in gross and fine motor development and coordination, and fail to develop and perfect basic motor skills
- Hair loss and flattened back of head



### COGNITIVE DOMAIN

#### Normal

- Awareness increases
- Recognizes people
- Shows interest in visual, auditory, and tactile stimuli
- Begins to explore and manipulate objects using body and senses
- Acquires object permanence
- Learns own behaviors impact environment
- Receptive to signals and cues
- Displays choice-making behaviors
- Language development and use begins

#### Abnormal

- Brain damage from injury or malnutrition can lead to intellectual disability
- Maltreatment may lead to language and speech delays, which may affect cognitive and social development significantly
- Maltreated infants may be apathetic, listless, or immobile, limiting their exploration of the environment and retarding their cognitive development

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

## EMOTIONAL DOMAIN



### Normal

- Positive attachment between infant and primary caregiver(s) should develop
- Trust should develop
- Expresses full range of emotions
- Feels secure with caregiver
- Depends on caregiver to meet needs and understand emotions
- Feels frightened when caregiver disappears until object permanence develops

### Abnormal

- Maltreated infants are often withdrawn, listless, apathetic, and unresponsive to the environment
- Maltreated infants often fail to develop basic trust
- Abused infants often exhibit a state of "frozen watchfulness," living in a state of constant fear of attack

## SOCIAL DOMAIN



### Normal

- Most important task is developing attachment to primary caregiver(s)
- Communicates needs by crying, facial expressions, and body movements
- Uses different sounds, laughs, and gestures to get attention
- Provides/responds to verbal cues
- Communicates through expression and action
- Increased verbal skills
- Play and social skill development begins
- Begins to imitate caregiver behavior

### Abnormal

- Maltreated infants fail to form attachments or do form insecure attachments
- May display indiscriminate attachment—one of the most striking characteristics of child maltreatment



## MORAL DOMAIN

May be passive, apathetic, and unresponsive to others; does not maintain eye contact; does not become excited by interaction; cannot be engaged in reciprocal verbalizing; verbal and nonverbal communication skills do not develop, thus limiting later social development

No development because child is in the Pre-morality stage.

## TODDLER DEVELOPMENT

### PHYSICAL DOMAIN



#### Normal

- Gross and fine motor skills are perfected
- Balance and coordination develop
- Able to manipulate objects more surely
- Muscle strength increases
- Control over sphincter and bladder muscles increases making toddlers physically ready for toilet training

#### Abnormal

- Growth retardation, brain damage, delays or intellectual disability from chronic malnutrition
- Brain damage, brain stem compression, blindness, partial or complete deafness, intellectual disability, epilepsy, cerebral palsy, skull fracture, paralysis, growth impairment, coma from head injury that result from blows, slaps, or falls
- Contrary to popular belief, shaking can injure toddlers as severely as infants
- Internal injuries can lead to permanent disability or death
- Medical neglect can lead to permanent disability
- Neglected toddlers often have poor muscle tone, poor muscle control, exhibit delays in fine and gross motor development, and fail to develop basic motor skills

### COGNITIVE DOMAIN



#### Normal

- Develops an understanding of, and ability to produce, language
- Language is used increasingly to communicate
- Symbolic thought emerges
- Develops ability to classify objects and experiences
- Begins to develop self-identity

#### Abnormal

- Brain damage from injury or malnutrition can lead to intellectual disability
- Maltreatment may lead to language and speech delays, which may affect cognitive and social development significantly
- Maltreated toddlers may not explore their environment; a lack of interactive experiences restricts their cognitive development and limits the development of basic problem-solving skills

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

## EMOTIONAL DOMAIN



### Normal

- Primary task is the development of autonomy, including mastery of self and environment
- Develops basic self-concept
- Experiences pride and pleasure from being “good” or shame and embarrassment for being “bad”
- Experiences intense emotional reactions
- Begins to use words to express emotional states
- Responds to others’ emotional states

### Abnormal

- Maltreated toddlers may fail to develop basic trust which will impair social development and the development of relationships
- Maltreated toddlers may experience a pervasive feeling of being “bad” which will negatively affect the development of self-esteem

## SOCIAL DOMAIN



### Normal

- Develops trusting relationships with other adults than the primary caregiver(s)
- Can be engaged in simple games and play
- Engages in “parallel” play (plays in the presence of other children, but does not interact with them), but by the end of toddler stage has sought interaction
- Increased awareness of own/other children’s rights
- Becomes sensitive to other children’s feelings
- Imitates social roles
- Knows when caregivers are pleased or upset
- Attempts to master toilet training, a significant reflection of the internalization of social rules and expectations

### Abnormal

- May display indiscriminate attachment—one of the most striking characteristics of child maltreatment
- Maltreated toddlers may not develop play skills or may have primitive skills; they may not be able to be engaged in reciprocal, interactive play, which can negatively affect the development of relationships



## MORAL DOMAIN

### Normal

- Moral thinking begins to develop
- Integrates behavior expectations that are linked to discipline, limit-setting, and praise

## CHILD MALTREATMENT AND BRAIN DEVELOPMENT

Research on the brain suggests that abuse and neglect during the early years may be serious and have long-lasting consequences. A tremendous amount of brain development occurs during the first years of life. By age three, the brain has developed to ninety percent of its adult size and the majority of systems and structures that will be responsible for future emotional, behavioral, social, and physiological functioning during the rest of life have been established.

The connections used repeatedly during the first years of life become the foundation for the brain's organization. Experiences organize patterns of communication between neurons, which become the determinants of how the child will think, feel, and behave. Stimulation (touch, sound, smell) has long been considered good for a baby, but it appears to be more sophisticated than has been assumed—such stimulation appears to play a critical role in organizing and developing the central nervous system.

The tremendous amount of brain development that occurs early on is not limited to cognitive development. The first year of life also appears to be a critical period for bonding. Positive bonding experiences must be present for the brain systems responsible for attachment to develop optimally. Without the right kinds of emotional experiences during this early window of opportunity, the brain systems and patterns responsible for healthy emotional relationships may not develop in an optimal fashion.

Adapted from: National Clearinghouse on Child Abuse and Neglect Information. (2001). *In focus: Understanding the effects of maltreatment on early brain development*. Retrieved December, 2004, from the National Clearinghouse on Child Abuse and Neglect Information Web site: <http://nccanch.acf.hhs.gov/pubs/focus/earlybrain/>

When severe maltreatment occurs during critical periods, permanent brain dysfunction and developmental delay may result. Also, early, frequent, and intense stress may cause the brain to set stress regulation mechanisms (hormonal levels) at high levels, resulting in a persistent fear state. For example, traumatic events increase the production of Cortisol, a hormone in the brain, which can lead to the destruction of neurons and a reduction in synapse formation, ultimately altering brain function. In this and other ways, chronic stress (including that encountered by a child in a neglectful and/or abusive environment) impairs brain development. Abused and neglected children are more likely to experience cognitive, motor, emotional, and social challenges and delays than children who have not endured such stress or trauma. Consequences vary widely, but include attachment disorders, aggressiveness, and a general inability to regulate responses to stressful stimuli.

There is evidence that the brain is highly flexible and has some capacity to change. Appropriately timed, intensive interventions can be effective. The earlier the intervention takes place, the more likely a positive effect will result. In truth, little is known about the ability to repair extensive damage. It can take many years of hard work to repair the damage created by just a few months of serious neglect or abuse during infancy. Security, predictability, consistent and nurturing relationships, individualized attention, and appropriate responses to the child's cues are critical. Caregivers must be patient and need to recognize small gains and slow progress.

Resource:

**(See Participant Resource Packet)**

Child Welfare Information Gateway (2015). *Understanding the Effects of Maltreatment on Brain Development* [https://www.childwelfare.gov/pubPDFs/brain\\_development.pdf](https://www.childwelfare.gov/pubPDFs/brain_development.pdf)

Resource updated August 2016

## **DAVID**

David, an eight month-old Mexican American male, lives with his mother, Alicia Hernandez. A neighbor reported the mother to CPS following a loud altercation between Ms. Hernandez and a male who had been staying at the house. The neighbor reported hearing the mother screaming and crying, the man yelling and threatening her, and sounds of items smashing and glass breaking. The neighbor reported that Ms. Hernandez has stated that she drank alcohol throughout her pregnancy, which, she claimed, “didn’t cause the boy no harm.” Also, the neighbor observed “at least two dozen” beer cans in the front yard the morning after the argument.

During the initial home visit, the CPS investigator noted that David seemed frail and thin. His complexion appeared sallow and his eyes were dull. He was lying in a crib that had several broken side bar pieces. The sheets in the crib were crusty with dried spittle, flecks of dried feces, and yellowed stains consistent with urine. His mouth was ringed with dried spittle and a crusty substance that may have been milk or formula. The worker noted a strong odor of urine and feces that increased as he approached David’s crib. There were no toys in the crib. David lay on his back, with elbows bent and hands by his head. He appeared to be staring vacantly into space.

David did not react when the worker approached and spoke to him. The worker picked David up. David made no protest at being held by the stranger. The worker noted that David’s body was limp, he weighed very little, and the back of his head was flattened and the hair there was much thinner than on the rest of his head.

Because of the foul odor, the worker checked David’s diaper. The worker requested that Ms. Hernandez change his diaper. The worker observed that several loose bowel movements had crusted over in the diaper. His bottom, including his scrotum, were dirty where he had been laying in the feces. He had also urinated, most likely more than once, given that the yellow stains in the diaper were sizeable and differed in color.



The worker observed that David had a pattern of imprints on the skin on his back at the precise location of the crinkled band of the diaper. Also, the skin on the front and back of his upper thighs, his buttocks, between his thighs, and in the perianal area was covered with red bumps and some areas had become scaly. The worker asked when David had been changed last and his mother considered for a moment before claiming she had changed him about two hours earlier. The worker insisted that the mother clean David thoroughly, including his face, before placing a new diaper on him. She did not have any kind of lotion to use to treat his rash.

The worker noted that the mother made no efforts to engage David or soothe him in any way when she picked him up nor while she was cleaning and changing him. She did not make any noises, nor did she talk to David at all. Similarly, David made no efforts to engage his mother. He remained still, allowed his body to be manipulated without protest, and stared off into space with a blank facial expression.

Once his mother finished changing David, the worker again picked the boy up. He noted that David did show good head control when sitting on the worker's lap, but could not support himself when held standing. David could hold an object that was placed in his hands, but he did not demonstrate any interest in the object and did not explore it by putting it in his mouth. He showed no interest in any of the toys the worker offered to him.

When the worker placed him on the floor, David could raise his head to approximately a 45-degree angle, but could not use his arms or hands to support himself. The boy was not able to sit alone. He did not appear to be able to roll over. He made no attempt to move and stayed where he was placed.

Concerted efforts to engage David were futile. He would not make eye contact with the worker. He did not babble, coo, or smile. When the mother returned him to his crib, he whimpered softly but did not cry. The worker noted that he appeared listless, apathetic, and withdrawn.

### QUESTION FOR DISCUSSION

What delays do you notice in the domain (Cognitive, Emotional, Physical, or Social) that has been assigned to your group?

Be prepared to present your findings to the large group. **Please keep your attention focused on developmental assessment, not on what should happen in the case.**

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## PRESCHOOLER DEVELOPMENT

### PHYSICAL DOMAIN



#### Normal

- Basic gross motor abilities have emerged and can be applied to increasingly complex situations
- The brain has reached 4/5 of adult size
- Height and weight gain become constant (3/4", 4-5lbs. yearly)
- Swayed back and protruding abdomen of toddlerhood disappears

#### Abnormal

- Maltreated children may be small in stature and may show evidence of delayed physical growth
- They may appear sickly and be susceptible to frequent illness
- They may have poor muscle tone, poor motor coordination, gross and fine motor clumsiness, an awkward gait, and lack of muscle strength
- Gross motor play skills may be delayed or absent



### COGNITIVE DOMAIN

#### Normal

- Expansion and refinement of language are the most obvious and critical advancements; preschoolers almost never stop talking!
- Child demonstrates symbolic thought
- Receptive language is more developed than expressive
- Egocentric thinking—everything is related to ME
- Magical thinking emerges; their ideas are LOGICAL to THEM given what they know about the world
- Limited understanding of cause and effect
- Poor time sense and sequencing ability
- Preschoolers believe maltreatment is punishment for something they have done wrong

#### Abnormal

- Speech may be delayed or hard to understand; the maltreated child may not speak at all
- Cognitive skills may appear to be at the level of a younger child
- May use incomplete sentences or words incorrectly (consider within family context)
- May have unusually short attention span, lack interest in objects or activities, be unable to concentrate on games or tasks

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]

## EMOTIONAL DOMAIN



### Normal

- Experience guilt when behavior is not appropriate
- Developing understanding of “right” and “wrong” leads to self-assessment and may impact self-esteem if child is not reassured of worth and goodness
- Increased control of emotional states, particularly through use of language
- Feels a range of emotions from pride to shame

### Abnormal

- May be excessively fearful, easily traumatized, have night terrors, and/or seem to expect danger
- May show signs of poor self-esteem and lack self-confidence
- The child may lack impulse control and have an inability to delay gratification
- May react to frustration with tantrums or aggression
- The maltreated child may display a flat affect and appear emotionally detached and passive
- May demonstrate an absence of healthy initiative
- May show signs of emotional disturbance

## SOCIAL DOMAIN



### Normal

- Two principal tasks at this stage are developing interactive play skills and learning social roles and rules
- Develops relationships with adults besides caregivers
- Begins to form friendships
- Able to understand increasingly complex social interactions

### Abnormal

- The child may demonstrate insecure or absent attachment; attachments may appear indiscriminate, superficial, or clingy
- The child may show little/great distress when separated from caregivers
- May appear emotionally detached, isolated, withdrawn and not engage with other children or adults
- The preschooler may be overly aggressive or bossy
- The child may prefer solitary play to interactive
- Imaginative and fantasy play may be absent



## MORAL DOMAIN

### Normal

- The development of conscience coincides with the development of self-control
- Internalization of standards of right and wrong forms the basis of moral development
- Understands “right” and “wrong” in a concrete sense; very specific ideas of “good” and “bad”
- Experiences guilt when “bad”

## **KATERRIS**

Katerris is a five year old African American male. He is one of several siblings that you are investigating as part of a Physical Abuse allegation.

According to his daycare teacher, Katerris can be very difficult and has behavior problems. He is a hitter and biter. The teacher has to watch him closely to make certain he doesn't injure any other children. If he does not stop biting, he will be expelled from the daycare. He does not engage other children in play. He has a very limited attention span. In fact, according to the teacher, he cannot sit still. Katerris takes what he wants from other children with no concern for their feelings. The teacher described him as lacking self-control. Katerris frequently cries and is inconsolable for hours after his mother leaves him at daycare. During naps, he is fretful and has trouble sleeping. He often makes noises like he is having bad dreams. He does not ever seem to be able to relax. Occasionally, he can be found sucking his thumb.

Katerris has several bruises on his buttocks. The shades of color of the bruises vary considerably. Some of the marks appear consistent with a belt. The skin is also broken in two places. When the daycare teacher asked him about the bruises, he broke down crying and then refused to talk. The daycare teacher thinks Katerris might be mildly mentally delayed. There has been talk of a head injury that Katerris received while staying with his father some time ago, but the teacher has no other information. Hospital and CPS records reveal that Katerris was born with alcohol and cocaine in his system. Katerris has asthma and respiratory difficulties.

Talking with Katerris, you noticed that he uses prepositions and conjunctions quite easily and he seemed to be able to understand your questions, even if he lacks words to clearly answer you. He did manage to tell you that his mother hit him because he was bad, but you were unable to get many details. He lacks the ability to discuss time and could not provide any sequence for events surrounding the discipline. He appeared to feel very guilty for being bad. Katerris appears fairly healthy, but seems small for a child his age.

His mother reported that Katerris was very difficult to toilet train because he was stubborn. She stated, “Katerris has never been ‘right.’ He’s always been slow. He can’t keep up with other kids. It’s always something with that boy.”

### QUESTIONS FOR DISCUSSION

What are the indicators of normal and abnormal development across the domains?

What are the red flags for maltreatment in this scenario?

Be prepared to present your findings to the large group. **Please keep your attention focused on developmental assessment, not on what should happen in the case.**

## ELEMENTARY SCHOOL AGE DEVELOPMENT

### PHYSICAL DOMAIN



#### Normal

- The child practices, refines, and masters complex gross and fine motor skills
- The child continues to grow 3-4" yearly
- School age children are active, energetic, and in perpetual motion
- Physical activity is generally enjoyed
- Children perform complex maneuvers (like bicycle riding, playing piano) with relative ease

#### Abnormal

- Generalized delays may be apparent
- Perceptual-motor coordination may be lacking
- Child may appear sickly or chronically ill

### COGNITIVE DOMAIN



#### Normal

- Dramatic changes referred to as the "five-to-seven shift" take place involving a developmental leap from the abilities of a preschooler to the abilities of a school age child
- Concrete operational thinking replaces egocentric; thinking becomes much more logical
- Able to understand others' perspectives
- Uses language primarily to promote mutual understanding and enhance relations
- Simultaneous thoughts
- Improvement in understanding concepts like time, space, sequence, and logical order

#### Abnormal

- Child may not have developed coping strategies to manage the environment due to inconsistency and unpredictability at home
- May display thinking patterns and coping strategies that are typical of a young child
- Speech or language may be delayed or inappropriate
- The child may be unable to conform to the structure of the school setting
- The child may not have developed basic problem-solving skills and may have considerable difficulty with academic work
- The child may display disorganized thinking

Adapted from: Rycus, J.S., & Hughes, R.C. (1999). *The effects of abuse and neglect on child development (Core 103)*. Columbus, Ohio: Child Welfare League of America and Institute for Human Services. [Course curriculum.]



## EMOTIONAL DOMAIN



### Normal

- Increased self-control and frustration tolerance
- Develops alternative strategies to deal with frustration
- Children develop a keen sense of awareness of self and can identify likes, dislikes, opinions, and skills
- Capable of introspection
- Self-esteem becomes tied to ability to perform/produce
- Children at this age are particularly sensitive to criticism and can start to feel inadequate

### Abnormal

- When rewards are inconsistent, child may behave impulsively; inability to delay impulse
- May experience severe damage to self-esteem from lack of positive attention or punitive messages from caregiver
- Frequent emotional outbursts, anxiety, aggression, depression, or signs of emotional distress
- May act out feelings of helplessness and lack of control by being bossy, aggressive, controlling, or manipulative
- May appear dependent, passive, have few opinions, be unable to verbalize likes and dislikes
- May demonstrate bizarre or dangerous behaviors

## SOCIAL DOMAIN



### Normal

- Increasingly aware of and sensitive to the needs and feelings of others
- Influence of peers increases
- Children demonstrate increasing autonomy at home and school
- Child imitates, learns, and adopts age-appropriate social roles, including those related to gender

### Abnormal

- The child may be suspicious and mistrustful of adults or be overly solicitous, agreeable, or manipulative
- May avoid seeking comfort or help from adults
- May display “role reversal” assuming a care giving role
- The child may not respond to positive praise or may seek it excessively
- The child may feel inferior, incapable, and unworthy around other children and may have difficulty making and maintaining friendships
- Other children may tease or harass the child

## MORAL DOMAIN



### Normal

- Child accepts rules and authority
- Child does not want to be identified as the “rule-breaker”
- Begins to understand the concepts of “motive” and “intent”

## **LAURIE**

Laurie is a nine year old Caucasian female. She is in her third foster home after experiencing a disrupted adoption placement. The case was recently transferred to you and you have just met Laurie. You know her foster mother, Jean Wilson. When you called Mrs. Wilson to tell her you had been assigned the case, she said "Boy am I glad to hear from you! I don't know what to do with this kid." Mrs. Wilson also told you Laurie's teacher called and is having difficulty with Laurie in school.

You have gathered the following information from the case record, previous foster families, Mrs. Wilson, and the teacher. It is your job to develop a case plan for Laurie and to help Mrs. Wilson and the teacher manage Laurie in a way that helps resolve her problems, preserves the placement, and promotes more healthy development.

Laurie was born to a 17-year-old girl who abandoned her at a neighbor's house when Laurie was one year old. At that time, she was functioning at a six- to eight-month-old developmental level. There was no evidence of abuse but it appeared that Laurie had been chronically and severely neglected. She was placed in a foster home.

During the following year in foster care, she developed well and eventually closed most of the gaps between her chronological age and her developmental age. She was placed for adoption at age two. The adoption disrupted a year and a half ago because the adoptive parents felt they could "never really get close to Laurie." She has lived in three foster homes since that time. The first foster family requested that Laurie be removed after five months. Her second foster family moved out of state, but the placement was not going well and was expected to disrupt. Mrs. Wilson agreed to take Laurie to stabilize placement. Mrs. Wilson is a flexible, affectionate, and patient woman who has worked with difficult children in the past. However, "something about Laurie" confounds her.

Laurie exhibits the following behavior patterns:

Mrs. Wilson found piles of food hidden in Laurie's closet. She patiently explained to Laurie that this was unsanitary. Two weeks later she again found rotting food, this time in the bureau drawers. She doesn't understand this, as Laurie can get anything she wants from the kitchen any time she wants.

Laurie does not sleep well. She cries out in her sleep and appears to have frequent nightmares.

Laurie is enuretic and wets the bed several times a week. She often "forgets" to change her bedding and pulls the covers over the wet sheets.

She loves to help Mrs. Wilson in the kitchen but is not reliable in completing her routine chores. She wants to be involved in activities but is easily discouraged and gives up when they don't go exactly right. She seems to lose interest in many activities quickly.

Laurie is in constant conflict with her foster siblings. She tries to participate in games but demands that she be the center of attention and cannot share or take turns. When the game does not go her way, she becomes totally disruptive.

She has low frustration tolerance. When confronted by events that would be only mildly annoying to most nine-year-olds, Laurie becomes totally enraged and throws screaming tantrums, slams doors, throws objects, and kicks furniture and people.

Laurie takes other people's belongings and hides them, and then denies having taken them. Mrs. Wilson thinks Laurie may be taking change off the foster father's dresser.

Mrs. Wilson says Laurie completes her school homework, but it is often carelessly done, messy, and at times unreadable. She is below grade level in most subjects and doesn't like school. She does well in reading. The school psychologist says she has average intellectual potential, with a measured IQ of 102. The psychologist noted no learning disabilities or attention deficit disorder.

She is disruptive in class. She is frequently out of her seat without permission, persistently approaches the teacher for attention, races to volunteer for any and all projects, and bothers other children who are trying to work. She cannot attend to school work for more than a few minutes at a time.

At recess, Laurie prefers to play with the first grade children. But she is generally bossy and argumentative with them. She does not get along with her classmates, who see her as a pest and “weird.” She is always chosen last by classmates to be on a team and the children often complain to the teacher that “she’ll just mess things up for us.”

Laurie is indiscriminately affectionate with adults. She wants to hug and kiss the teacher every day, often clings to the teacher, and becomes jealous and upset when the teacher shows attention to the other children. When you met Laurie for the first time, she climbed onto your lap and said “I’m glad you’re my new worker. I just love to get new workers.”

### **DISCUSSION QUESTION**

Assess Laurie’s development from the perspective of your group’s particular domain. How do her behaviors reflect developmental delays and unresolved, or poorly resolved, developmental issues?

**Please keep your attention focused on developmental assessment, not on what should happen in the case.**