

MODULE VII: CHILD DEVELOPMENT- IMPLICATIONS FOR FAMILY-CENTERED CHILD PROTECTIVE SERVICES

Kansas Child Welfare Professional Training Program



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WHAT'S IN IT FOR ME?

Discuss and be ready to report out:

- Why is it important for you to know about child development and the effects of abuse and neglect on development?
- Record on Flip Chart: 3-5 learning needs for your group



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PRINCIPLES OF DEVELOPMENT

- Ongoing process
- Dynamic
- Interactive
- Directional
- Cumulative
- Stages
- Environment
- Heredity



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INFLUENCE OF HEREDITY

- Maturation: predictable patterns regardless of environment or culture
- Child practices the skill, but emergence is not dependent on environment

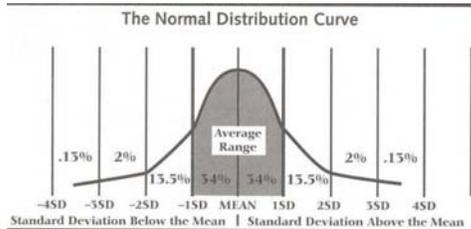


INFLUENCE OF ENVIRONMENT

- Prenatal
- Physical
- Social/cultural “shapes” expression of traits, abilities
- Learning environment: need stimulation
- Emotional environment: need secure, calm



WHAT IS “NORMAL?”



DEVELOPMENTAL DOMAINS

Physical:

- Body structure
- Sensory development
- Motor development



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DEVELOPMENTAL DOMAINS

Cognitive:

- Thinking
- Perception
- Memory
- Reasoning
- Problem solving
- Language
- Executive function



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DEVELOPMENTAL DOMAINS

Social:

- Interactions with others
- Involvement in social groups
- Development of relationships
- Social roles
- Adopt group values, values
- Sexual development
- Moral development
- Assuming a productive role



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DEVELOPMENTAL DOMAINS

Emotional:

- Personal traits
- Identity
- Self esteem
- Mood, affect

Remember: Development is interactive



STAGES OF COGNITIVE DEVELOPMENT



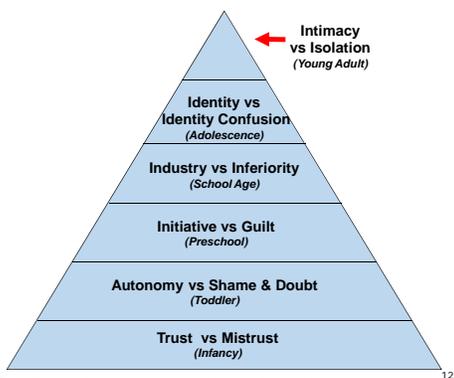
Formal Operational
(Adolescence/Adulthood)

Concrete operational
(Elementary/Early Adolescence)

Pre-operational
(Toddler/Early Childhood)

Sensorimotor
(Infancy)





Intimacy vs Isolation
(Young Adult)

Identity vs Identity Confusion
(Adolescence)

Industry vs Inferiority
(School Age)

Initiative vs Guilt
(Preschool)

Autonomy vs Shame & Doubt
(Toddler)

Trust vs Mistrust
(Infancy)

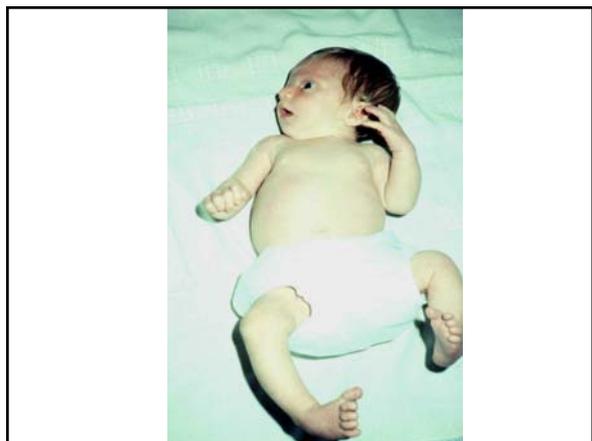
Erikson, Erik (1968). "Identity, Youth & Crisis," New York: Norton. ¹²

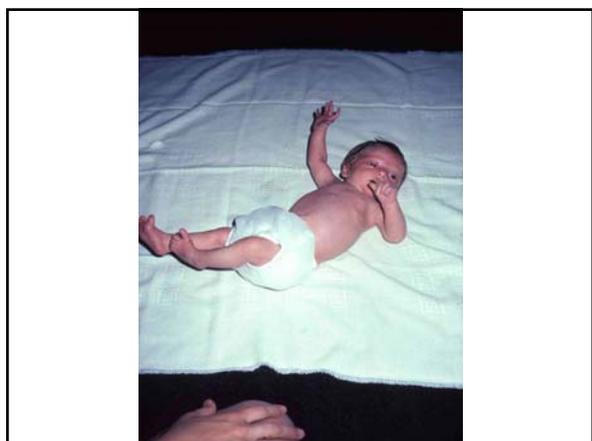


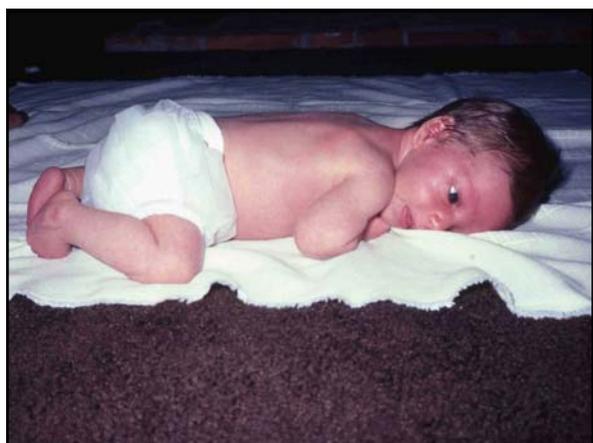
**CHILD DEVELOPMENT
BIRTH TO THREE YEARS**

Photography:
Judith S. Rycus PhD, MSW
Jeffrey A. Rycus, MA
The Institute for Human Services
Columbus, Ohio
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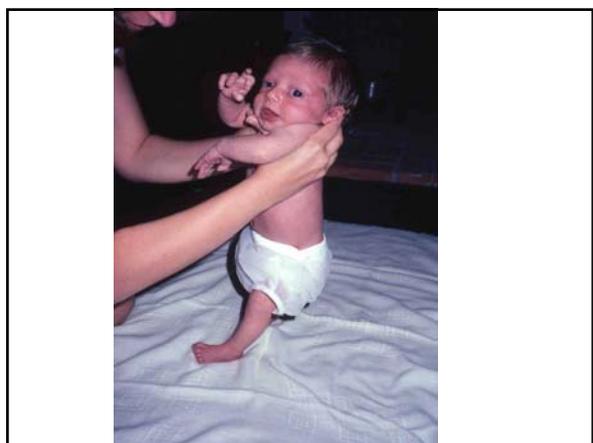






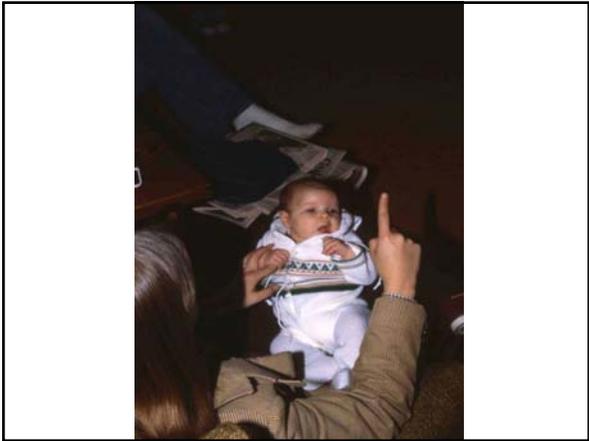




















ATTACHMENT

- A special emotional connection that infants develop with their caregivers during the first year of life

A small photograph of a woman in a dark sweater holding a baby in a white hat and outfit. They are standing in front of a white wall.



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ATTACHMENT: THREE COMPONENTS

- Enduring relationship with specific person
- Presence of person provides security, comfort
- Intense distress with loss or threat of loss of that person



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ATTACHMENT IS CRITICAL TO DEVELOPMENT

- Trust
- Language
- Emotion
- Social
- Self esteem
- Security
- Autonomy
- Cognitive



ASSESSING ATTACHMENT

- Parent recognizes signs of distress and intervenes?
- Parent stimulates child and initiates playful interaction?
- Parent provides comfort and closeness?



ASSESSING ATTACHMENT

- Child seeks proximity to parent?
- Child approaches parent for reassurance, comfort, protection?
- Child directly communicates needs?
- Child obtains comfort, then returns to play?
- Child and parent enjoy each other's company?



3-4 MONTHS

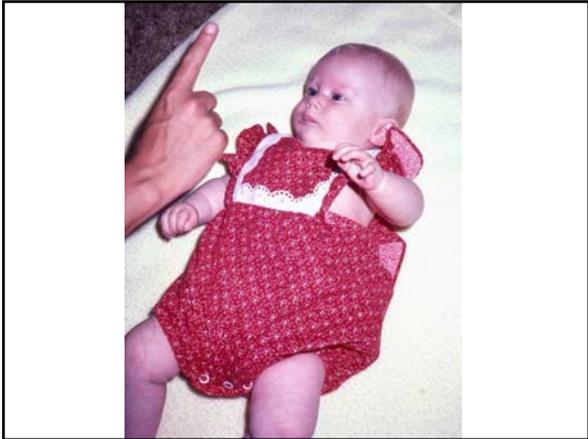


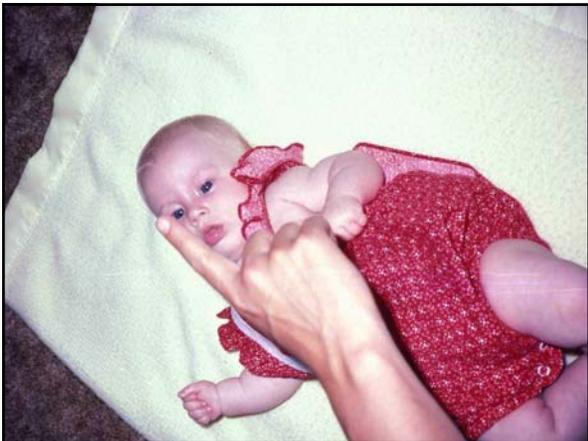
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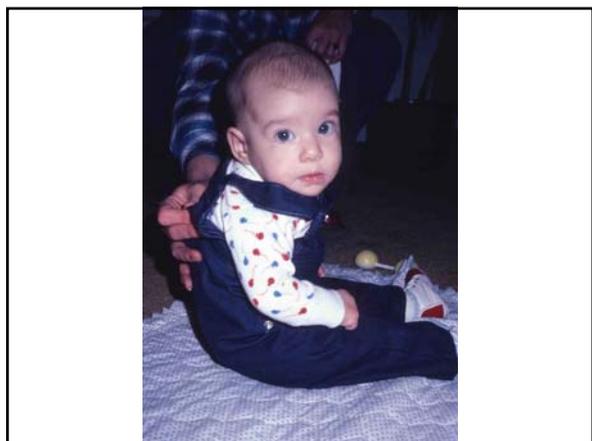






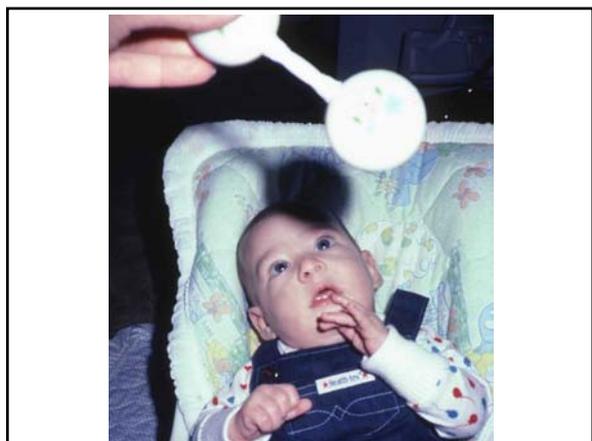






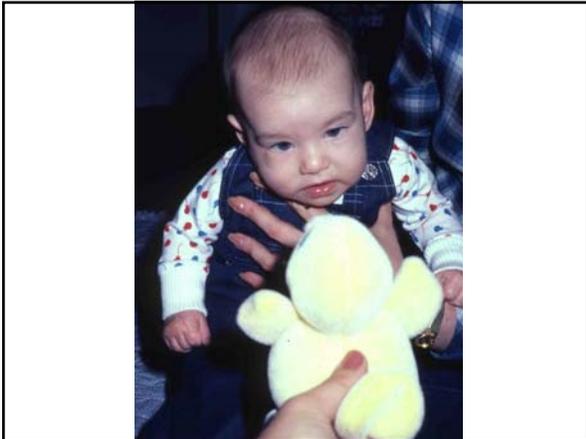


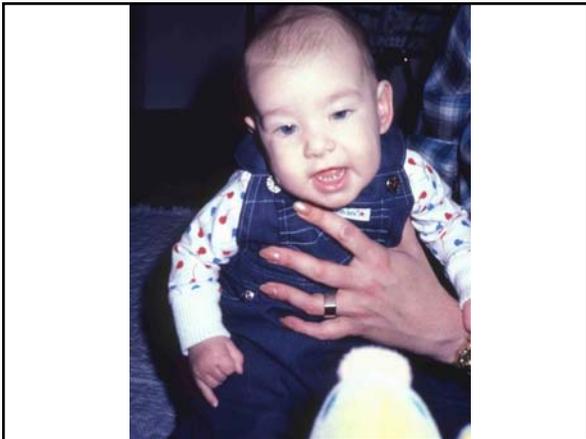










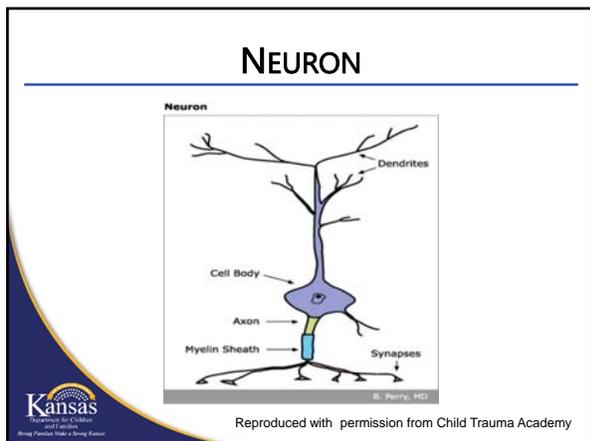


BRAIN DEVELOPMENT

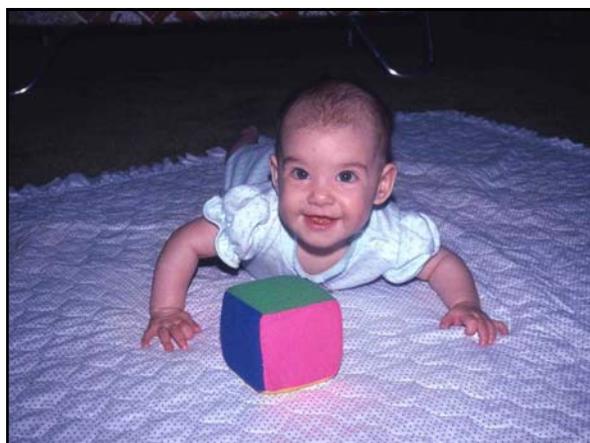
- Explosive development pre-birth and first year of life
- Neurons increase and connect (through dendrites) with other parts of brain
- Quality and quantity of neural connections critical to brain development
- Experience stimulates some brain development



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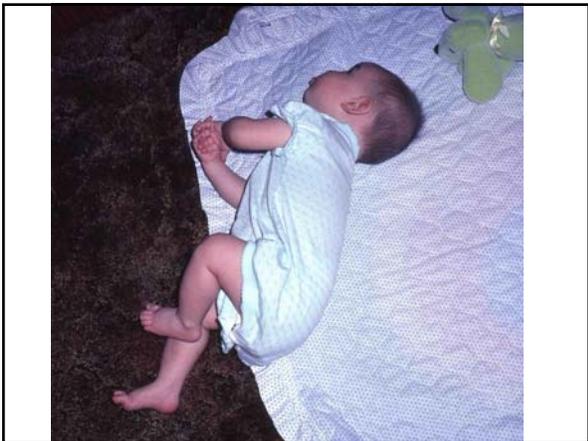


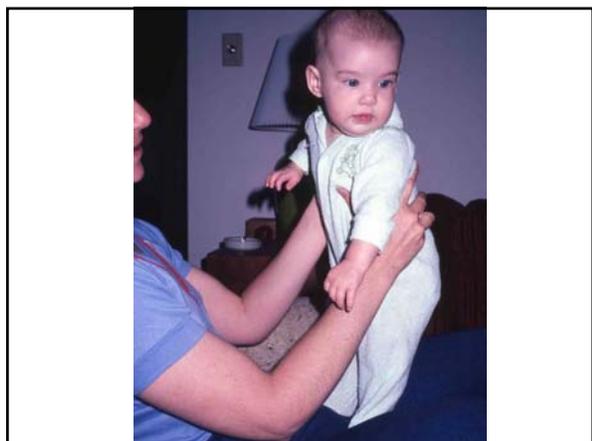






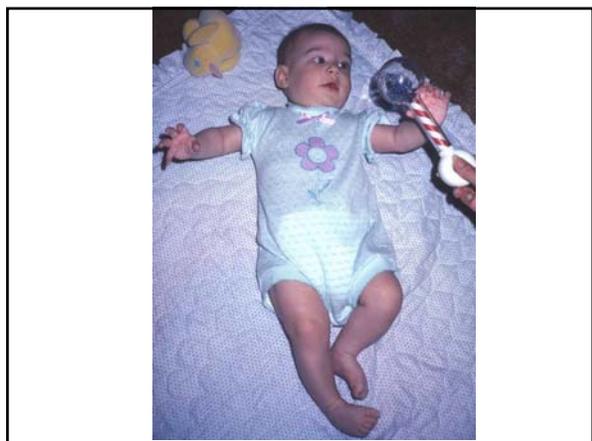




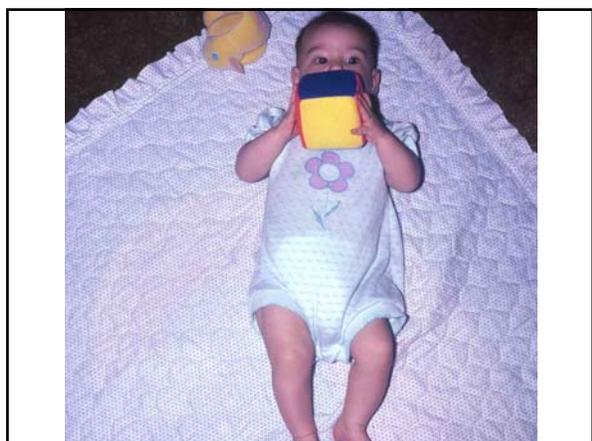






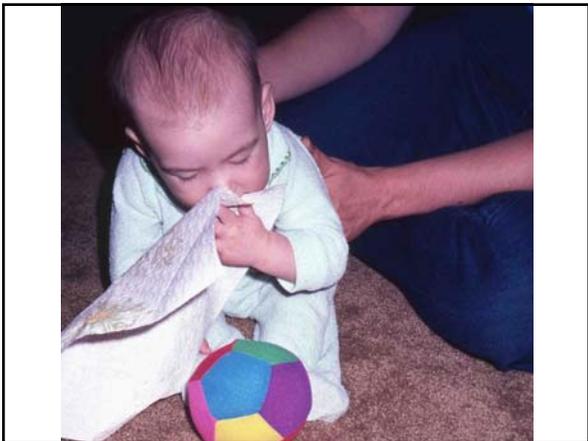


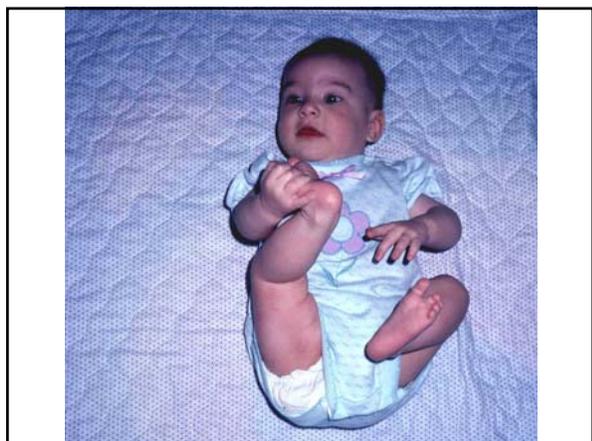






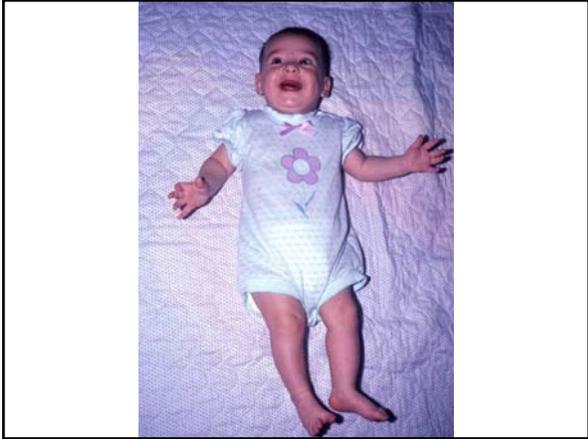




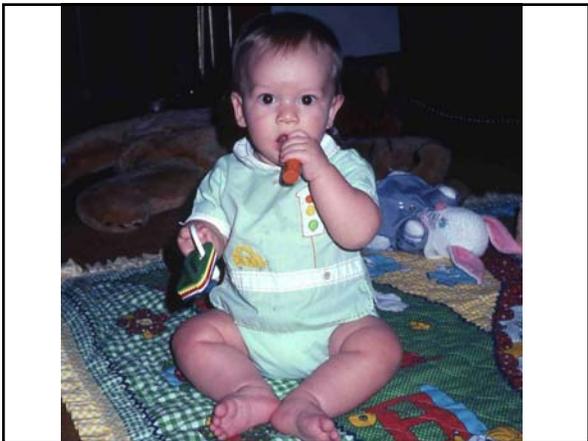






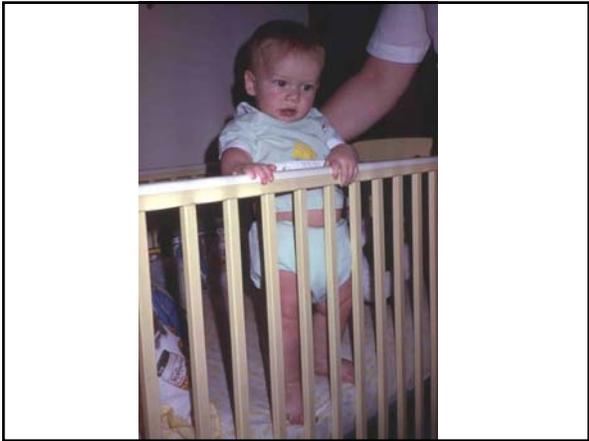


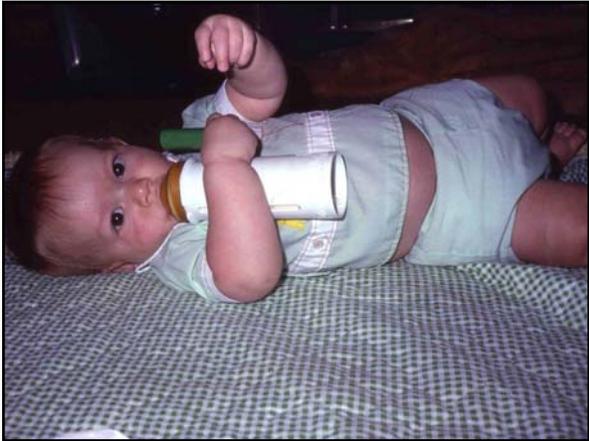




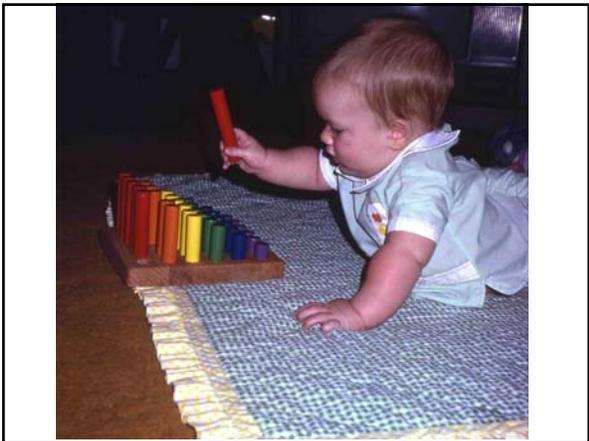








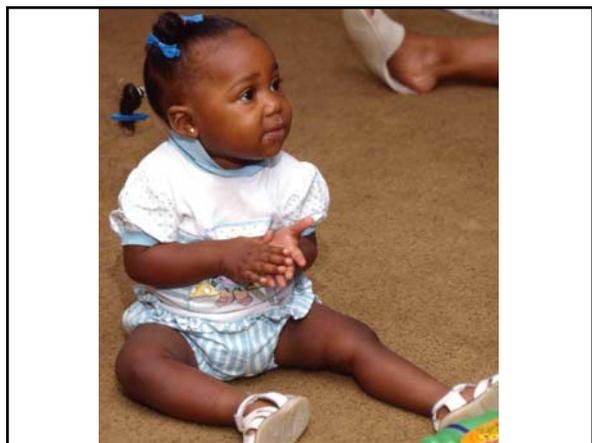




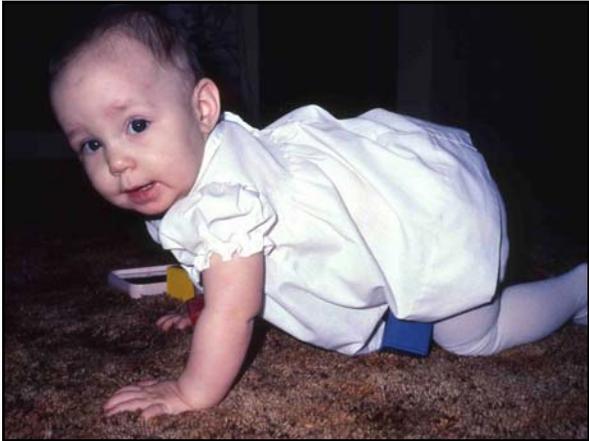
9 MONTHS



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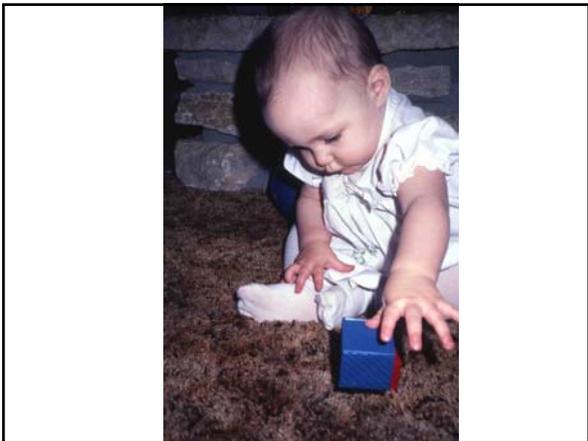


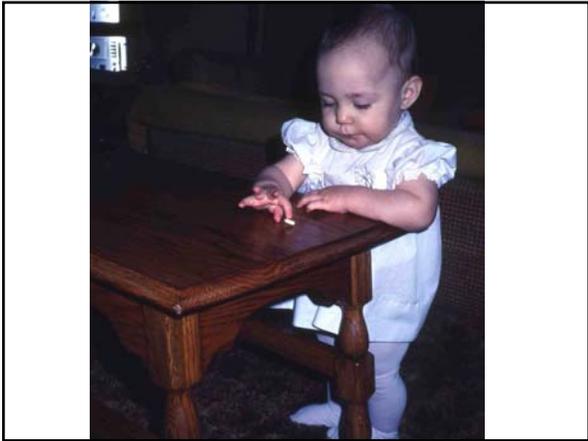




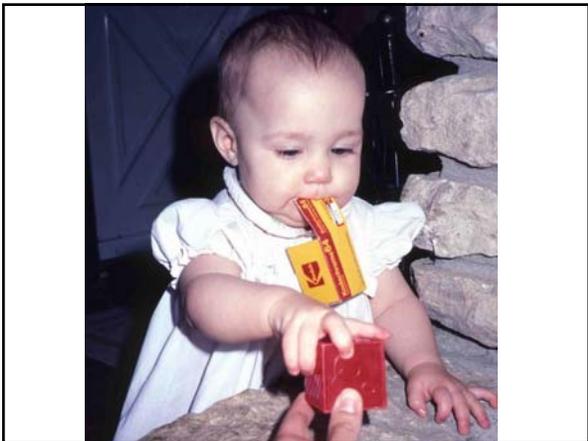






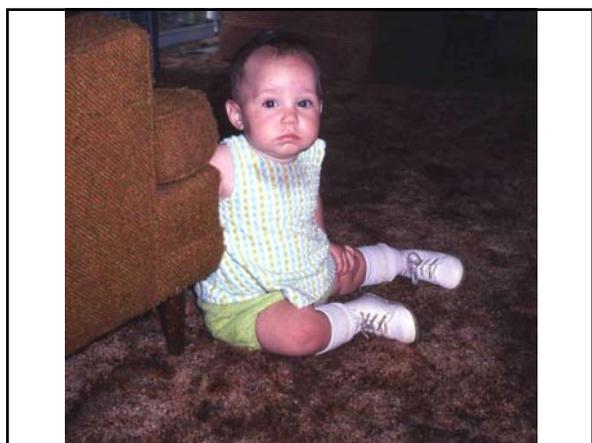


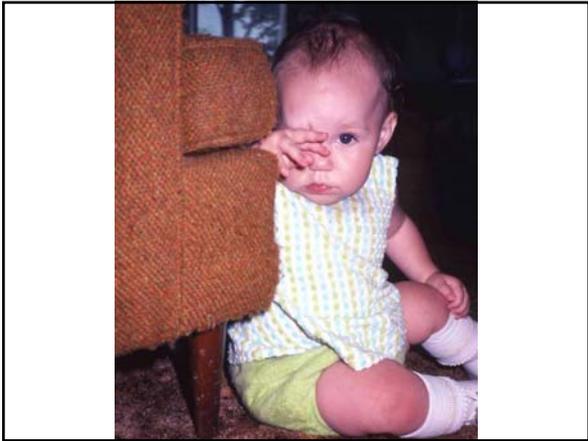


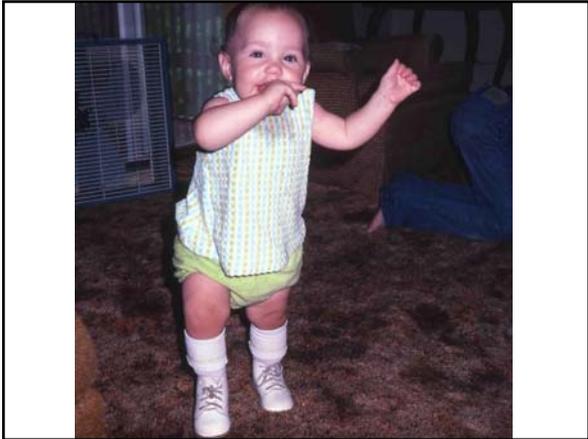






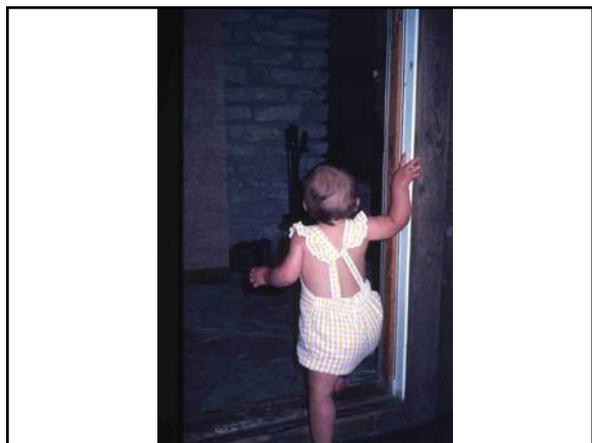


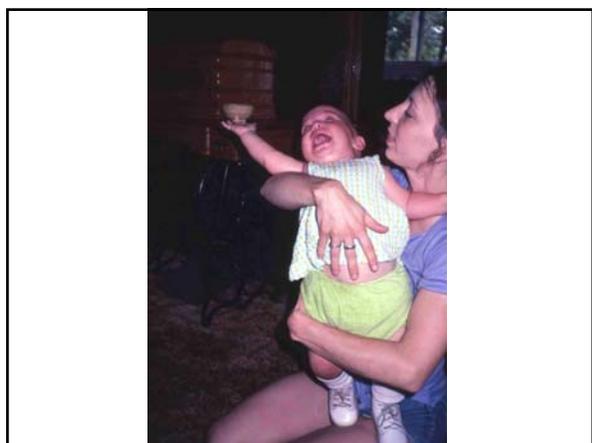


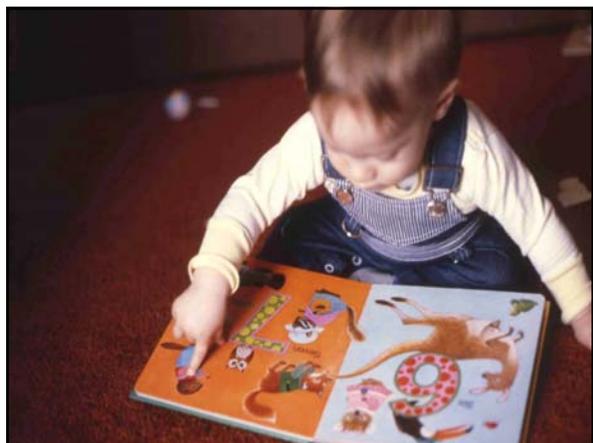


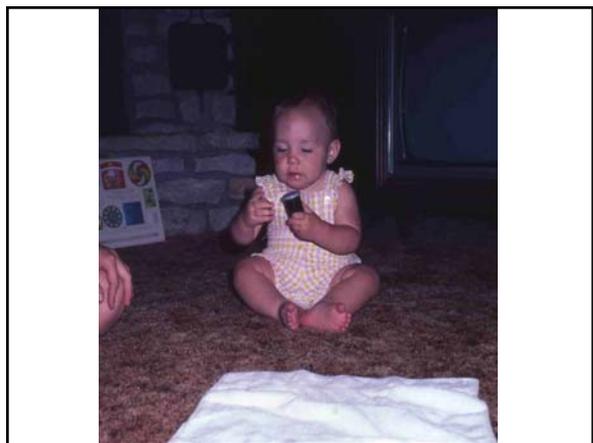


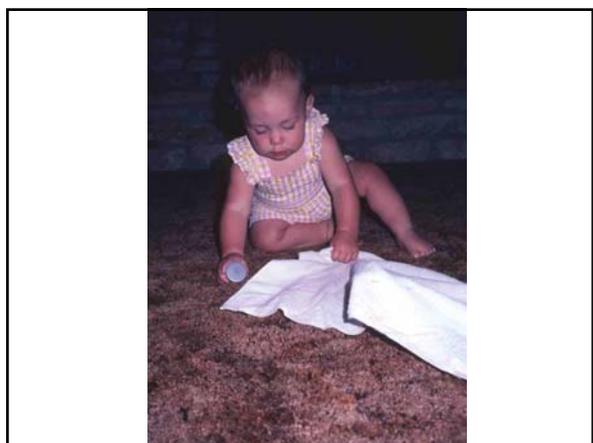






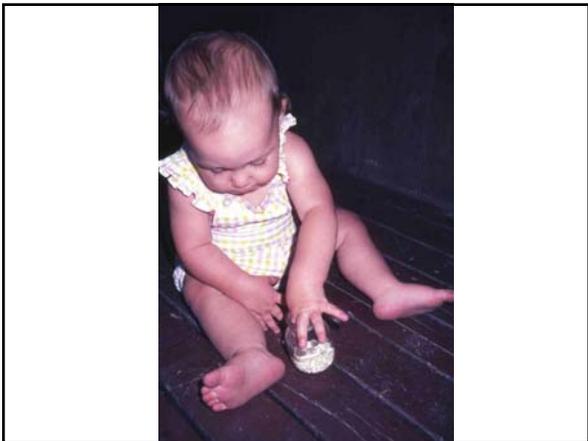


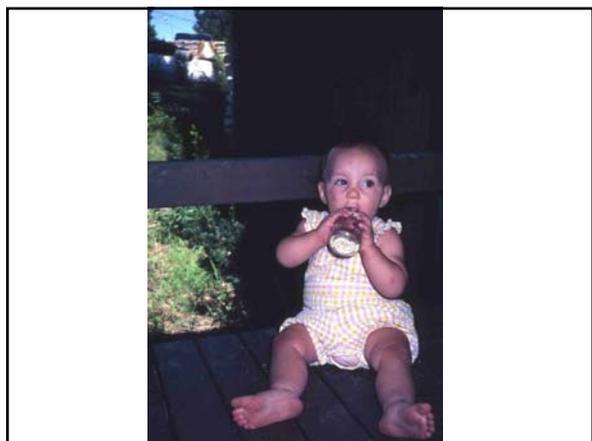


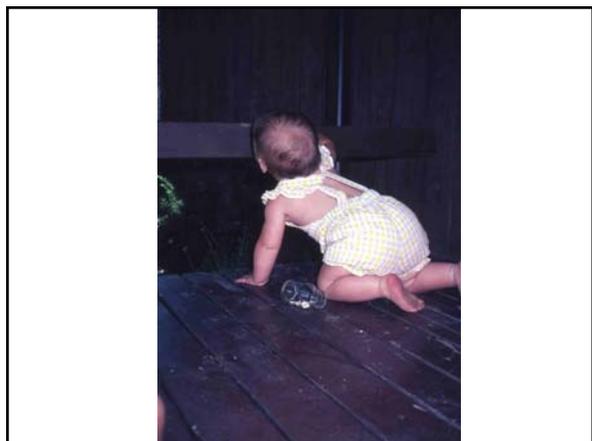












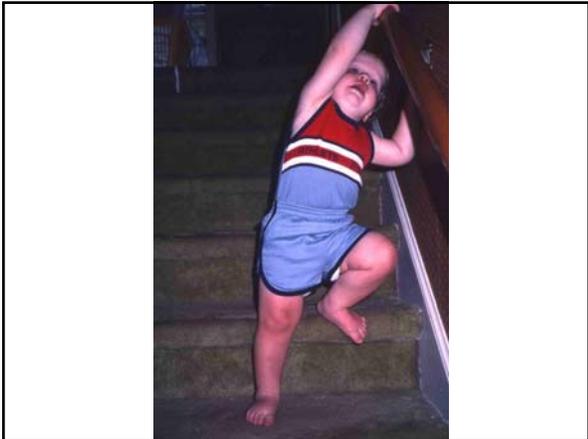
15 MONTHS

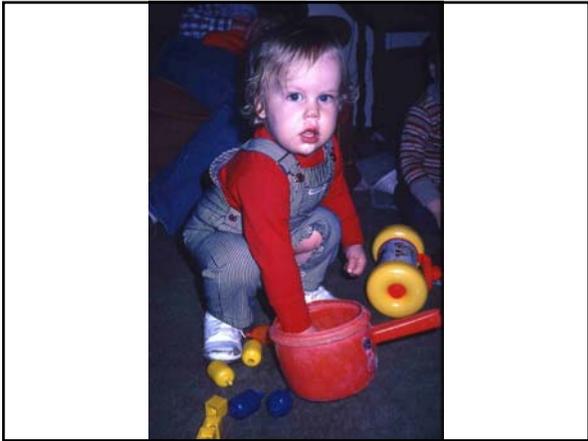


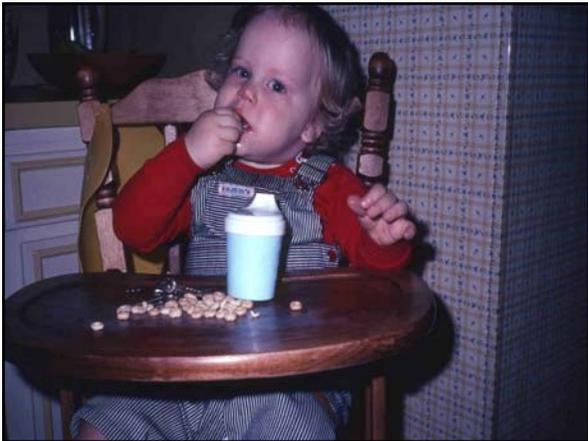
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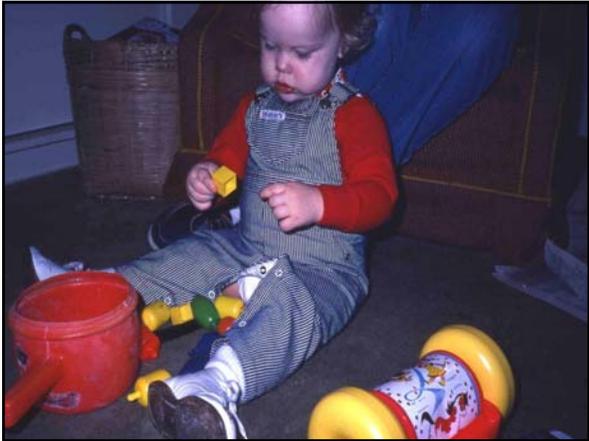








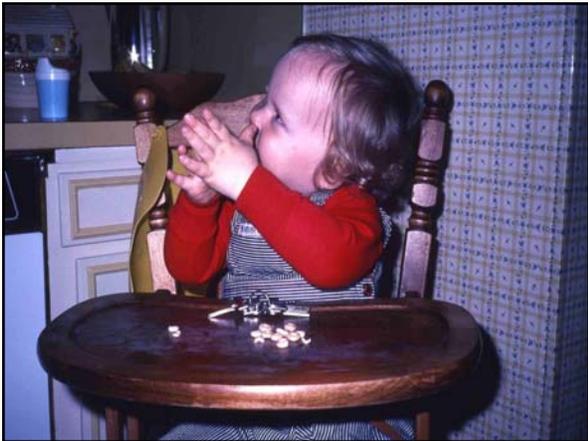




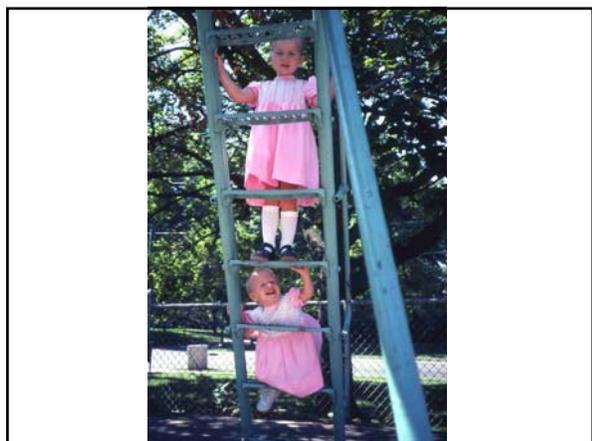












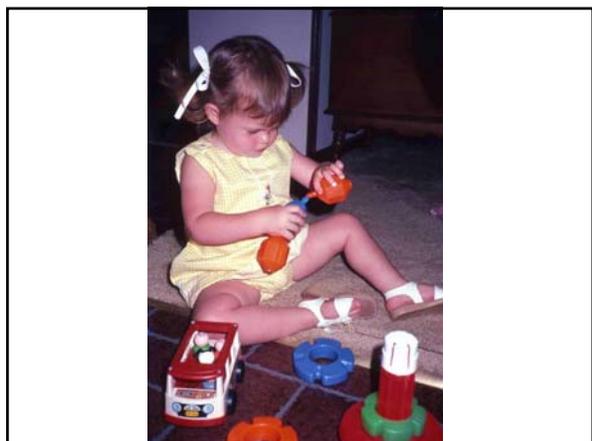


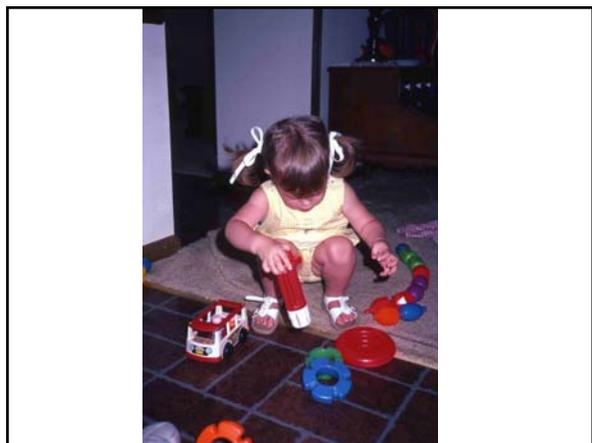


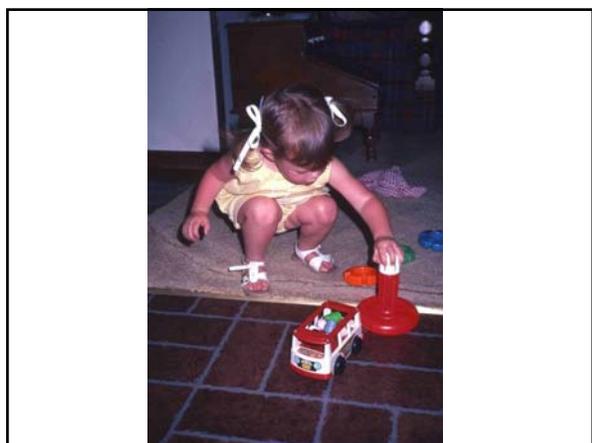






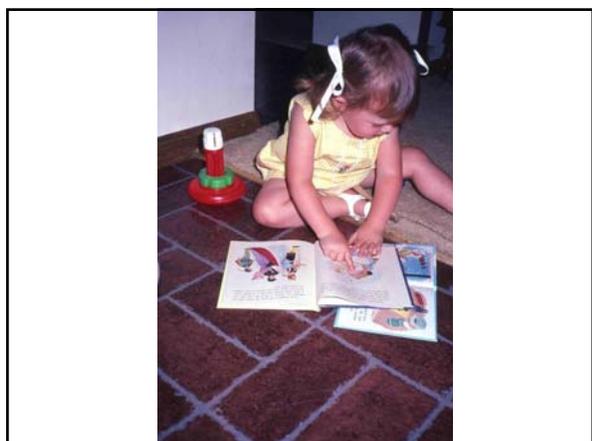




















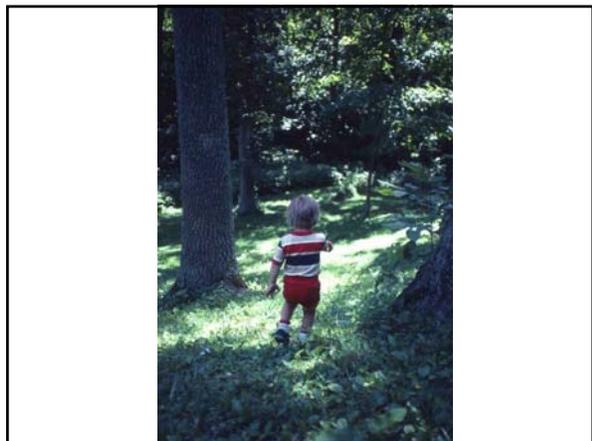


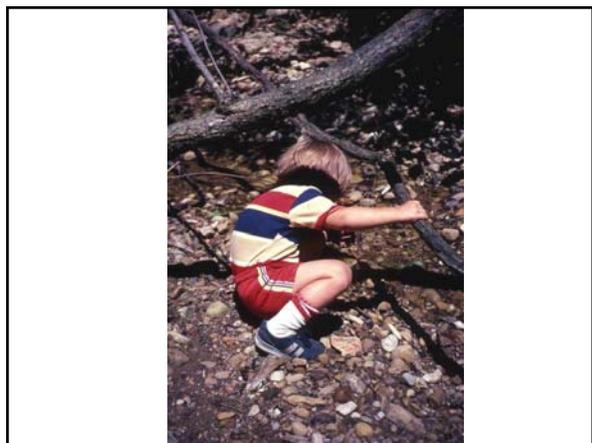


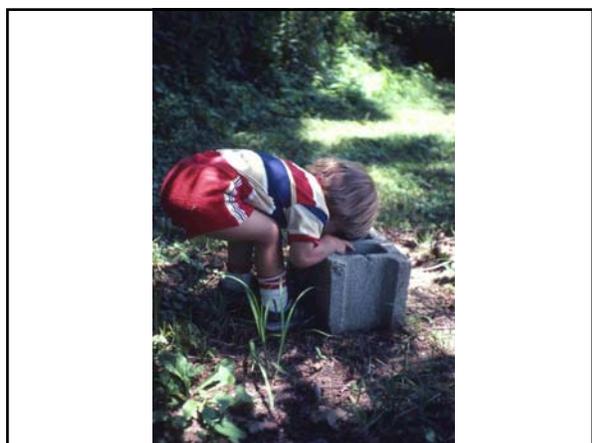




























SMALL GROUP DISCUSSION

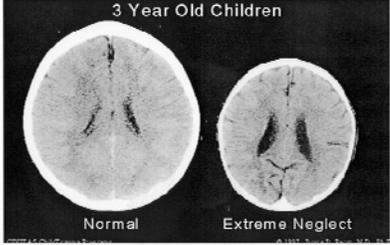
- Why are infants and toddlers at higher risk of abuse and neglect?
- Why are they more likely than older children to suffer severe and serious consequences?
- List potential effects of abuse and neglect on physical, cognitive, social and emotional development. Differentiate type of maltreatment.



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BRAIN SCANS

3 Year Old Children



Normal Extreme Neglect

Images from Bruce Perry, M.D., Ph.D. Baylor College of Medicine



PARENTAL PERCEPTION OF CHILD

- Meaning attributed to a developmental disability
- Misinterpret normal behavior as bad, irritating, etc.
- Mistakenly look to child for approval
- Ability to adapt parenting to specific child



INSECURE ATTACHMENT

Caused by:

- Traumatic separations
- Abuse and neglect



Majority of maltreated children have insecure attachment



ATTACHMENT PROBLEMS

Insecure Attachment

- Parent is unresponsive, rejecting, lacks warmth, avoids physical contact, is unpredictable, provides inconsistent care

Disorganized Attachment

- Parent is frightening to child



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COMPLEX TRAUMA

Chronic maltreatment by parents or caregivers that begin early in childhood:

- Outcomes: Pervasive developmental outcomes across several domains (Cook, 2003)



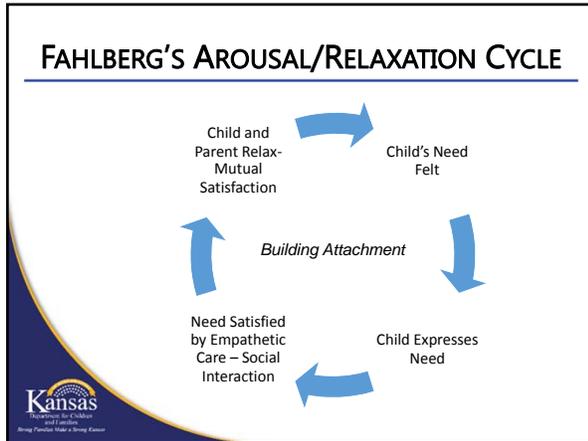
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TREATMENT FOR MALTREATED INFANTS

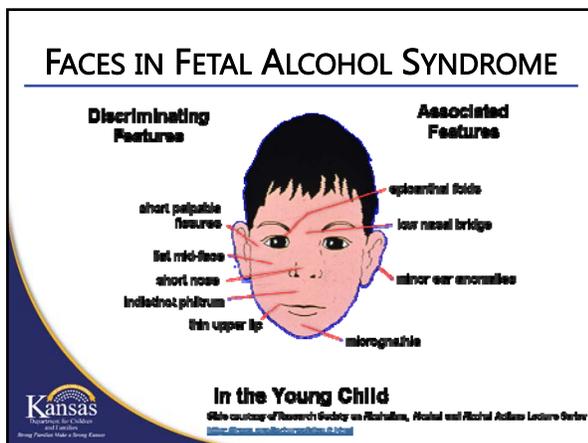
- Medical and health care
- Early infant stimulation programs
- Substitute care, if necessary
- Treatment for attachment problems



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- ### TREATMENT FOR ATTACHMENT PROBLEMS
- Arousal - relaxation cycle
 - Positive interaction
 - Claiming behaviors (often used by adoptive parents)
 - Mental health therapy
- Kansas**
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FASD: FACIAL FEATURES



GROWING UP WITH FAS



Courtesy of Ann Streifel

Slide courtesy of Research Society on Alcoholism, Alcohol and Alcohol Actions Lecture Series
<http://rsaa.org/lectures/about.html>



BRAIN DAMAGE RESULTING FROM PRENATAL ALCOHOL

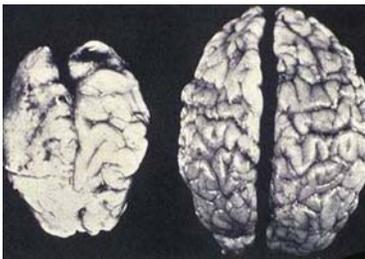


Photo: Chou, 1986

Slide courtesy of Research Society on Alcoholism, Alcohol and Alcohol Actions Lecture Series
<http://rsaa.org/lectures/about.html>



FETAL ALCOHOL SPECTRUM DISORDERS

- Pre- and post- natal growth deficiency
- Average IQ - 63
- Irritability in infancy, inattention, hyperactivity, mood disorders in childhood
- Mild-to-moderate microcephaly
- Dysfunction in fine motor control
- Difficulties with executive functioning



RISK FACTORS

- Dose of alcohol
- Pattern of exposure - binge vs chronic
- Developmental timing of exposure
- Genetic variation
- Maternal characteristics
- Synergistic reactions with other drugs
- Interaction with nutritional variables



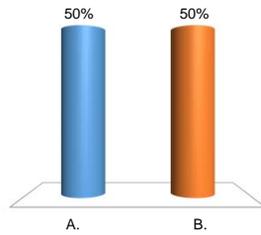
FASD INTERVENTIONS

- Pre-natal counseling
- Assessment
- Infant stimulation
- Teach parent
- Special school interventions and accommodations
- Counseling and education for parent



Failure to thrive always results from attachment problems between infants and their parents.

- A. True
- B. False



FAILURE TO THRIVE: CAUSES

- Organic disease
- Non-organic
 - Unintentional
 - Child Neglect







Which of the following is not characteristic of infants with non-organic failure to thrive?

- A. Emaciated appearance
- B. Eagerness for social involvement
- C. Immature posturing
- D. Sleeping for longer periods of time

Option	Percentage
A.	0%
B.	100%
C.	0%
D.	0%

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Which of the following is a common characteristic of parents of children with non-organic failure to thrive?

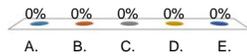
- A. Parent has a good social support network
- B. Parent can handle stress well
- C. Parent shows little empathy for infant
- D. Parent has health problems

Option	Percentage
A.	50%
B.	50%
C.	0%
D.	0%

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Which of the following problems may be present in a non-organic failure to thrive situation?

- A. Parent thinks lack of weight gain is caused by physical illness
- B. Parent may not be able to report how much the infant ate
- C. Parent may improperly prepare formula
- D. All of the above
- E. None of the above



In your opinion, which is most important in treating non-organic failure to thrive?

- A. Instruction for parents on proper feeding technique?
- B. Improvement of parent-child interactions?



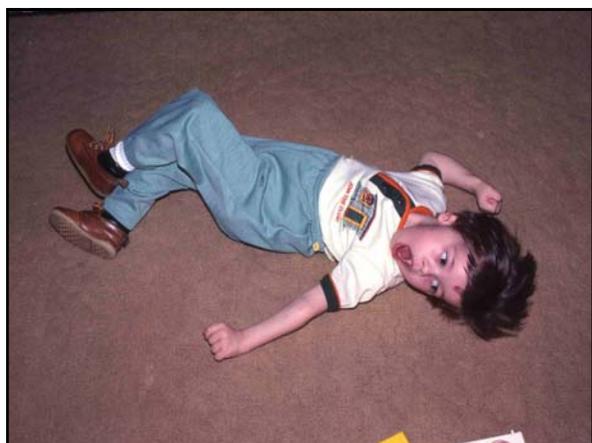
CEREBRAL PALSY

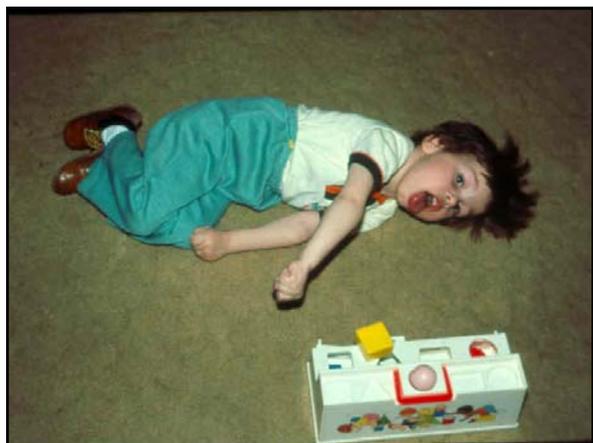
- Motor control center of brain affected
- Injury to brain before, during or after birth (including abuse)



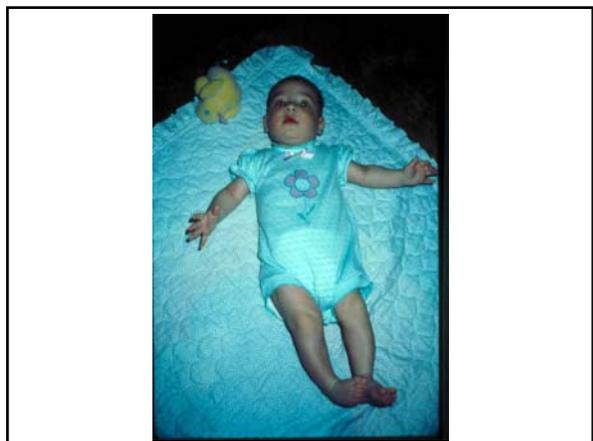
CEREBRAL PALSEY

- Spastic: stiff, tense, weak muscles
- Athetoid: slow, writhing, involuntary movement, weak muscles
- Ataxic: motor incoordination, poor balance and depth perception









PRESCHOOL SOCIAL DEVELOPMENT

- Interactive play
- Functions of play
- Play as a casework strategy



PRESCHOOL EMOTIONAL DEVELOPMENT

- Development of initiative
- Development of self-control
- Development of conscience
- Self esteem dependent on other's reactions



PRESCHOOL COGNITIVE DEVELOPMENT

- Egocentric thought
- Illogical thinking
- Vivid imaginations and magical thinking
- Immature sense of time
- Role of cognition in effects of maltreatment



MEMORY AND SUGGESTIBILITY

- Better at cued recall than free recall
- Can provide accurate info from memory
- Can't recall single episode from series of experiences (neither can adults)
- More suggestible than older children



PRESCHOOLER LANGUAGE DEVELOPMENT

- Pre-operations
- Duos
- Vocabulary expands
- Non-stop talk
- Asking questions
- Promoting language development
- Culture and language



PRESCHOOLERS PHYSICAL DEVELOPMENT

- Rule of "3s"
- Cultural influences
- Busy, active



PRESCHOOLERS' SEXUAL DEVELOPMENT

- Varying levels and frequency of sexual behavior
- Stereotypic understanding of gender roles
- Haven't learned rules of privacy
- Understand "where babies come"
- Touch own and other's genitals
- May masturbate



ASSESSING SEXUAL BEHAVIOR

Normal sexual play is:

- Mutual
- Between peers
- Voluntary
- Spontaneous
- Playful affect
- Easily re-directed
- Masturbation, or touching, does not persist beyond pain



ASSESSING SEXUAL BEHAVIOR

Concerning sexual behavior:

- Interferes with other activities
- Involves coercion
- Causes emotional distress
- Is compulsive or anxious
- Persists beyond pain



CHALLENGING ASPECTS OF PRESCHOOL DEVELOPMENT

- Normal challenges
- Special problems
- Parent's misperceptions and unrealistic expectations may increase frustration



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WORKING WITH PRESCHOOL CHILDREN

- Review your pre-training handout
- Compare your responses to what you have learned about preschool children
- Make any necessary changes based on what you've learned
- Be ready to discuss



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CHERYL PART I

Read *Cheryl Part I*

Discuss and be ready to report on:

- What would you ask Ms. Robinson about Cheryl's development?
- How and what would you observe in Cheryl to assess her development?
- Where else would you gather additional information about Cheryl's development?



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CHERYL PART II

Read Cheryl Part II

Discuss and be ready to report:

- Your initial assessment of Cheryl's physical, social, emotional and cognitive development
- How her development was affected by abuse and neglect
- Services you would put in place for Cheryl. Use *Therapeutic Interventions for Preschool Children* as a resource
- How you would help Cheryl and her aunt attach. Use *Promoting Attachment* as a resource.



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TREATMENT GOALS

For children traumatized by maltreatment:

- Ensure a secure, safe, environment
- Secure attachment
- Learn to appropriately express and regulate emotions
- Develop appropriate social skills
- Understand his/her maltreatment
- Develop effective problem-solving skills

From National Traumatic Stress Network (Cook, 2003)



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EMOTIONAL DISTURBANCES

Emotional disturbances associated with maltreatment in preschoolers:

- Reactive Attachment Disorder
- Anxiety Disorders
- Post Traumatic Stress Disorder



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Children with severe anxiety disorders feel very nervous and fearful, but can maintain adequate functioning at school and with friends.

A. True
B. False

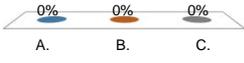


Option	Percentage
A.	0%
B.	0%



Which of the following are appropriate interventions for children who appear to be suffering from an anxiety disorder?

A. Obtaining an accurate assessment and treatment
B. Reassuring the child there is nothing to worry about
C. Prescribing prescription medication with no other intervention

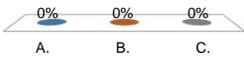


Option	Percentage
A.	0%
B.	0%
C.	0%



The case worker's role in helping children receive mental health counseling:

A. Ends once the child enters therapy
B. Includes helping the parents/caretakers continue with therapy, despite their reluctance to do so
C. Includes changing therapists at the first indication the parents don't like the therapist

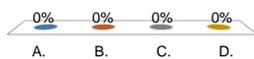


Option	Percentage
A.	0%
B.	0%
C.	0%



Indicate the degree to which you agree with the following statement: Domestic violence always has a negative affect on a child's functioning.

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree



SCHOOL AGED



SCHOOL-AGED PHYSICAL DEVELOPMENT

- Slow and steady growth
- Activities promote gross and fine motor skills
- Perceptual-motor well integrated
- Development of motor skills influenced by culture



Which of the following is characteristic of school-aged cognitive development?

- A. There are no dramatic changes in cognitive development from preschool development
- B. The ability to understand others' perspectives develops during this developmental stage
- C. Abstract thinking is well-developed in school-aged children



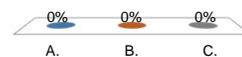
SCHOOL-AGED COGNITIVE DEVELOPMENT

- Language
- Emergence of perspective taking
- Concrete operations
- Development of better coping skills



Which phrase best describes school-aged children's language?

- A. Collective monologue
- B. Language as a communication tool
- C. Self-centered



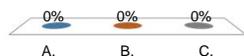
SCHOOL-AGED SOCIAL DEVELOPMENT

- Social world is larger
- Meaningful and mutual friendships
- Rules guide behavior
- Rigid social role expectations
- Sexual development



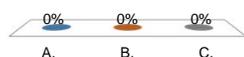
Which of the following is true regarding school aged children's friendships?

- A. They usually have friends of the opposite sex
- B. Friendships often develop from common interest and proximity
- C. School-aged children usually do not have "best friends"



In your opinion, how important are rules to school-aged children?

- A. Not very important
- B. Somewhat important
- C. Very important



Which are true?

- A. A young school-aged child's ideas about social roles are flexible
- B. Understanding social roles helps school-aged children adapt their behavior to different situations
- C. School-aged children have considerable insight about the different roles for men and women



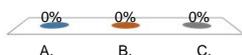
INAPPROPRIATE EXPECTATIONS FOR RESPONSIBILITIES AT HOME

- Responsibilities beyond child's maturity or ability
- Responsibilities that compromise child's development
- Dangerous tasks
- Punishing child for events out of his/her control
- Expecting child to meet adult needs for love, sex



Looking back on your childhood, how would you rate the amount of household responsibility you were given as a school-aged child?

- A. An appropriate amount
- B. Too much
- C. Too little



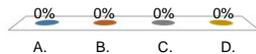
SCHOOL-AGED EMOTIONAL DEVELOPMENT

- Erickson: Industry vs Inferiority
- Sensitive of other's opinions of him/her
- Better self-control and frustration tolerance



To what degree do you agree with this statement: School-aged children with good self-esteem are not sensitive to other's opinions about themselves.

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree



Which of the following is usually true about sexual behavior in normally developing 6-9 year olds?

- A. Boy-girl social romantic relationships begin
- B. Seek out information about sex
- C. Often have questions about sex and intercourse



OUTCOMES OF MALTREATMENT

- On school performance
- On child's behavior and development
- On emotional well-being
- On relationships with parents and other adults
- On relationships with peers
- On ability to be self-directed and competent



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EMOTIONAL DISTURBANCES

Emotional Disturbances Associated with Maltreatment:

- Affective Disorders
- Conduct Disorders



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How much do you agree with the following statement: Children who are depressed show symptoms similar to depressed adults.

- A. Strongly disagree
- B. Disagree
- C. Agree
- D. Strongly agree



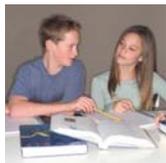
Response	Percentage
A. Strongly disagree	0%
B. Disagree	0%
C. Agree	0%
D. Strongly agree	0%



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REMEMBERING YOUR ADOLESCENCE

- What five words would describe you as an adolescent?
- What cultural, environmental, family factors influenced you during adolescence?



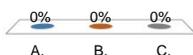
ADOLESCENT PHYSICAL DEVELOPMENT

- Growth spurt: girls age 11 – 14
boys age 13 – 17
- Puberty: girls 11 – 14
boys 12 - 15
- Early vs late puberty
- Self conscious
- Self image affected by emotional factors



Which of the following statements is accurate about teen cognitive development?

- A. Once teens develop patterns of sophisticated cognitive abilities, they utilize them consistently
- B. Their ability to think hypothetically develops during this stage
- C. Because of the emotional "roller coaster" of adolescence, teen's problem-solving skills usually revert back to trial and error



ADOLESCENT COGNITIVE DEVELOPMENT

- Brain growth spurt
- Formal operations:
 - Hypothetical thought
 - Logical thought
 - Think about thought
 - Insight and perspective taking
 - Systematic problem solving



Which of the following is true regarding social development in young teens?

- A. They often reject parents' standards
- B. They rarely form strong friendships with peers from the opposite sex
- C. Social acceptance is based on values such as independence and concern for others



SOCIAL DEVELOPMENT: YOUNG ADOLESCENTS

- Psychologically distant from parent
- Strong identification with peers
- Social status = group membership
- Conform to group traits or roles
- Ambivalent about sexual relationships



Which of the following is most accurate about friendships among teens during middle adolescence?

- A. They are more likely to have more arguments with their friends
- B. Because they are self-centered, teens in middle adolescence often cannot provide emotional support to their friends
- C. They expect mutual understanding, loyalty and emotional intimacy

0% 0% 0%
A. B. C.



MIDDLE ADOLESCENT SOCIAL DEVELOPMENT

- 1:1 friendships
- Self – revelation
- Expect loyalty, confidence, trust
- Conscious choices of adults
- Respect honesty and straightforwardness



ADOLESCENT SEXUAL DEVELOPMENT

- Cultural expectations regarding sexuality
- Early sexual behavior largely exploratory
- Sexual abuse negatively affects sexual development



MORAL DEVELOPMENT

- Punishment/Obedience (preschoolers)
- Self Interested Exchanges (school aged)
- Conventional Morality (teens) Golden Rule; law and order



Which of the following is most characteristic of adolescent moral development?

- A. Moral thought always ensures moral behavior
- B. Adolescents begin to develop insight regarding the necessity of following rules and laws for the good of society
- C. Moral standards are not yet internalized during adolescence



Option	Percentage
A.	0%
B.	0%
C.	0%



EMOTIONAL DEVELOPMENT

- Identity
- Independence
- Cultural variations in:
 - *When to leave home*
 - *Role of parent*
 - *Home vs. outside responsibilities*



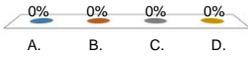
ADOLESCENT EMOTIONAL DEVELOPMENT

- Impetus: separate from parents
- Blatant rejection of parents' standards
- Rely on peer group for support



To what degree do you agree with the following statement: Early adolescence is “stormy” for most teens.

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree



Category	Percentage
A.	0%
B.	0%
C.	0%
D.	0%

YOUNG ADOLESCENT'S EMOTIONAL DEVELOPMENT

- Emotionally labile
- Want intense emotional experiences
- Preoccupied with “faults”



Which of the following is accurate?

- A. Inability to successfully complete earlier psycho-social tasks will hinder the teen's ability to solidify his identity
- B. Teens who were neglected as children are well prepared to develop a solid personal identity
- C. Failure to solidify identity helps in the establishment of mature intimacy

0% 0% 0%

A. B. C.



MIDDLE ADOLESCENT'S EMOTIONAL DEVELOPMENT

- Perspective taking → examine other's values
- Awareness of inconsistencies in values is threatening
- Formulation of personal identity
- Self esteem: cognitive and affective



SPECIFIC IDENTITY ISSUES

- Identity Confusion
- Sexual Identity
- Cultural/Ethnic/Racial Identity
- Identity Issues for Adopted Children



WORKING WITH ADOLESCENTS

- Review your pre-training worksheet on adolescents
- Make changes or additions to your responses on the worksheet, if needed
- Be ready to discuss



DEGREE OF EFFECT OF CHILD ABUSE AND NEGLECT ON CHILD

- Age of onset of maltreatment
- Frequency of maltreatment
- Severity of maltreatment
- Nature of relationship with perpetrator
- Constitutional factors of child
- Family context
- Developmental importance



ADOLESCENT EXERCISE

Read the case examples
Answer these questions for each teen:

- What is the teen's development level in all domains?
- What are his/her strengths?
- What are your concerns for this youth?
- What would your service plan include?



REMEMBER

Take "Milestones of Child Development" chart to Module VIII.



Caseworker Core Module VII: Child Development: Implications for Family-Centered Centered Child Protective Services
Written by IHS for the Ohio Child Welfare Training Program-FINAL-2008

Adapted, with permission, for
the Kansas Department for Children and Families
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