



# **Permanency from a Developmental Perspective**

Trainer Guide and Resources

U·A·L·R

School of Social Work

## TRAINER GUIDE

**Audience:** This training is designed for any professionals who are involved in or with a public child welfare agency. It is appropriate for practitioners from any discipline. It is *introductory* in nature, so it may be too basic for employees with a number of years of experience, extensive knowledge of child development and/or extensive training on child maltreatment issues.

**Organization:** The Trainer Guide consists of a training outline with exercises, copies of the Participant Manual for the trainer's use, trainer resources including PowerPoint presentations, a manual for participants, and handouts. Since this training may be presented to a diverse audience, every effort has been made to include a variety of exercises, handouts and material to enable the trainer to tailor the training to a specific group.

**Areas to Emphasize:** Every training should emphasize the importance of respecting the roles and mandates of the various disciplines involved in the process of intervening to protect children from abuse or neglect. Highlight the strengths each agency brings to the table. When processing exercises, include questions that require participants to explore how their values and beliefs about child abuse and about other disciplines impacts their responses to child maltreatment.

For this workshop, emphasize that it will only be possible to touch the tip of the ice berg. Child development is a degree program unto itself. For the most part, this workshop will focus on the earliest developmental task, as failure to meet these developmental milestones sets the stage for problems throughout life. Children who are abused or neglected, or children who are caught up in custody disputes or other family struggles may suffer negative impacts on their development.

**Time:**

This training is designed for a 3 hour format. There are more exercises included than that time frame allows. Modify the presentation according to group size, goals of the presentation and time allotted.

**Resources:**

In addition to the Trainer Outline, there is a Train Resource section that contains a PowerPoint presentation that presenters may elect to use as a lecture aid. Several exercises and the instructions for running them have been included.

## DEVELOPMENTAL PERSPECTIVE on PERMANENCY EFFORTS Trainer Outline

### I. Introduction

- A. Conduct an introductory ice-breaker to acquaint group members with one another. See the sample exercise in the Trainer Resource section or devise an ice breaker of your choosing.
- B. Caveats and assumptions
  - Knowledge of child development is critical for effective child welfare practice.
  - It is impossible to cover everything related to child development in an hour.
  - Many of you have had some exposure to information on child development.
  - This session may raise more questions than it answers.
- C. Workshop Objectives
  - Review basic information on development.
  - Look at the most basic developmental milestones and understand how loss and trauma impact the child's development.
  - Practice applying information on development to decisions related to permanency and to developing a plan to support the option chosen.
- D. Public child welfare work focuses on insuring the health, safety and well-being of children. Under Adoption and Safe Families Act (ASFA) regulations, a public child welfare department's first priority must be to ensure the health and safety of the child. In addition to love and nurturance, children need stability, stimulation, and enrichment for optimum development.
- E. Children who are abused or neglected, children who grow up in homes where they experience constant turmoil, children who are exposed to domestic violence and children who are the pull-toy in a hotly contested divorce may suffer set backs in their development.

### II. Basic Assumptions Related to Development

- A. (Page 4 in Participant Manual) Cover the material for learning points A-D as presented on page 4 as a quick lecturette.

- B. Development defined
- C. Characteristics of development
- D. Assumptions

### III. Developmental Domains and Tasks

- A. Review of page 5 in the Participant Manual. Be prepared to discuss how child maltreatment, loss, or constant exposure to violence might impact development.

Discussion questions: Ask the group,  
“How many of you have children?”

“How long did it take you to differentiate between the different types of cries?”

What did/do you do when your baby cries?”

“How does attachment develop?” Use the diagram on page 6 to walk through the process.

“What happens when infants cry and no one responds?”

Be prepared to highlight how the delay in forming attachment may affect cognition and/or how the failure to learn cause and effect may delay the formation of attachment.

- B. Emphasis on early developmental tasks; Have to narrow the focus for this training session

- C. Attachment is attachment is attachment  
During the discussions on attachment, ensure that participants understand that it is important for the infant to attach to somebody/bodies.

If the child once forms an attachment it will be easier to form new attachments.

The primary caregiver does not have to be “Mother.” It may be “Father” or it may be a constellation of consistent caregivers such as in an extended family.

- D. Cognitive requires stimulation. Consider discussing the research on brain development. A copy of an article on brain development has been forwarded to each MidSOUTH site as a possible handout for this module. In addition, trainers may want to visit Dr. David Perry’s article, [Bonding and Attachment in Maltreated Children: how Abuse and Neglect Impact](#)

[Social and Emotional Development.](http://www.childtrauma.org) The web address is [www.childtrauma.org](http://www.childtrauma.org).

- E. Material has been included in the Participant Manual and the permanency options allowed under Arkansas law. Cover this material if time permits and if the audience is primarily composed of people who may not be familiar with the Arkansas Juvenile Code or Adoption and Safe Families Act (ASFA) legislation.

**IV. Scenario Work** Use one or both of the scenarios in the Participant Manual to structure an exercise where participants practice identifying developmental delay and planning to improve the situation. Instructions are included in the Trainer Resource section.

- A. The exercise on Timmy Brown is designed to practice using developmental charts to identify delay. It is a good exercise in a multidisciplinary group to discuss different roles and responsibilities.
- B. The exercise on Jimmy Martinez is designed to practice assessing attachment and planning for intervention in a case.
- C. Questions related to development and permanency for either scenario include:
- [Should the child advocate recommend reunification or should this case be fast-tracked for permanency?](#)
  - [If the goal is reunification, how frequently would you want to see reviews? How long would you give the parents to make significant efforts before going back before the court?](#)
  - [Many trainees will recommend “parenting classes” as a service. Discuss what they really hope the parents will learn. Is a class the best teaching modality or might some other method be more effective?](#)
  - [If no one mentions it themselves, suggest a developmental assessment and that the recommendations from that assessment be incorporated into the case plan.](#)
  - [How often should visitation occur if developing/maintaining attachment between parents and these very young children is to take place?](#)
- D. Ending Exercise: If time allows, close with the short exercise on predicting future development.




# **Permanency from a Developmental Perspective**

Resource Section

U·A·L·R

School of Social Work





# Permanency from a Developmental Perspective

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MidSOUTH Training Academy

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# Permanency from a Developmental Perspective



## Agenda

Introductions

Basic assumptions

Developmental tasks

Permanency considerations

Practice opportunity and discussion



# Assumptions and Caveats

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- ✦ Knowledge of child development is critical for effective child welfare practice.
- ✦ It is impossible to cover everything related to child development in an hour.
- ✦ Many of you have had some exposure to information on child development.
- ✦ The session may raise more questions than it answers.



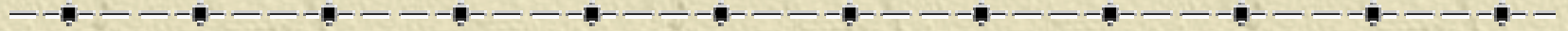
# Course Objectives

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- ✦ Review basic information on development.
- ✦ Practice applying information on development to decisions related to permanency and to developing a plan to support the option chosen.



# Child Development Defined



Development is the process of promoting the growth of a child from conception throughout the life cycle.



# Basic Assumptions about Development

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✧ Development is

- ✧ An **ongoing** process
- ✧ A **dynamic** process
- ✧ Composed of **stages**
- ✧ **Cumulative**
- ✧ Is influenced by **many factors**



# Basic Assumptions about Development

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- ✦ Failure to master early developmental tasks leads to difficulty mastering the demands of later stages.
- ✦ Development in one domain affects and is affected by development in all domains.
- ✦ Child abuse and neglect negatively affect normal development



# Basic Assumptions about Development

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✦ The developmental domains are

- ✦ Physical
- ✦ Cognitive
- ✦ Social
- ✦ Emotional



# Developmental Domains and Tasks

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Infants: 0-12 months

## ✧ Physical

- ✧ Work on fine and gross motor skills
- ✧ Walk

## ✧ Cognitive

- ✧ Develop object permanence



# Developmental Domains and Tasks

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Infants: 0 – 12 months

✧ Social

- ◆ Develop attachment

✧ Emotional

- ◆ Develop trust



# Developmental Domains and Tasks

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Toddlers: 12 months – 2 ½ years

## ✦ Physical

- ✦ Toilet training

## ✦ Cognitive

- ✦ Develop symbolic thought as expressed through language



# Developmental Domains and Tasks

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Toddlers: 12 months – 2 ½ years



## Social

- ◆ Parallel play
- ◆ Imitate social role



## Emotional

- ◆ Sense of autonomy



# Developmental Domains and Tasks

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Preschool: 2 ½ years – 5 years

## ✦ Physical

- ✦ Practice and perfect gross and fine motor skills

## ✦ Cognitive

- ✦ Concrete thinking
- ✦ Magical thinking
- ✦ Egocentric



# Developmental Domains and Tasks

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Preschool: 2 ½ years – 5 years

## ✧ Social

- ✧ Cooperative and interactive play
- ✧ Distinguishes right from wrong
- ✧ Experiments with social roles

## ✧ Emotional

- ✧ Sense of initiative
- ✧ Developing a conscience



# Developmental Domains and Tasks

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Middle Childhood: 6 years – 11 years

## ✧ Physical

- ✧ Develop coordination and physical skills

## ✧ Cognitive

- ✧ Thinking more logical and rational
- ✧ Can take on others' perspectives



# Developmental Domains and Tasks

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Middle Childhood: 6 years – 11 years

## ✧ Social

- ✧ Develops understanding of rules
- ✧ Relationships outside the home increasingly important

## ✧ Emotional

- ✧ Engages in goal-directed behavior
- ✧ Self-esteem from perceived abilities



# Developmental Domains and Tasks

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Adolescence: 12 years – 18 years

## ✦ Physical

- ✦ Adapt and adjust to puberty

## ✦ Cognitive

- ✦ Develop abstract thinking
- ✦ Able to consider many perspectives



# Developmental Domains and Tasks

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Adolescence: 12 years – 18 years

## ✧ Social

- ✧ Relationships center on peers
- ✧ May reject parents' values

## ✧ Emotional

- ✧ Develop a sense of identity



## **EXERCISE: ICE BREAKER**

### **Purpose**

The purpose of this exercise is to acquaint group members with one another and to find out what group members expected from the training.

### **Materials**

This exercise requires a white board and markers. Participants need name tents. There should be pens, markers, and paper on each table. (Please do not put permanent markers on the tables).

### **Methodology**

1. This exercise will work if the group size is 20 or smaller.
2. Ask each participant to write down two things he or she hoped to get from the workshop.
3. After the participants have completed this step, ask them to get up and circulate through the room. They are to introduce themselves to other participants and determine if anyone else has a similar learning objective to their own.
4. If/when participants find someone else with a similar learning objective, one or the other write the objective on the white board.
5. Let this exercise continue for no longer than 10 minutes. At the end of that time, ask participants to take their seats. Process the activity by highlighting similar objects, determining if anyone had an objective that is not written on the board and explaining which ones there will be time to cover in today's presentation.

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**CASE 1**  
**JIMMY MARTINEZ**

**Adults**

Mary Anne Keller, W/F  
DOB: 8-21-xx (age 24)  
Mother  
SSN: 430-25-9847

Wayne (Buddy) McAlister, W/M  
DOB: 5-8-xx (age 34)  
Father of Alicia  
No relation to victim  
SSN: 568-23-9909

**Children**

*James (Jimmy) Martinez, H/M*  
*DOB: 10-16-xx (age 20 months)*  
*Victim*  
*SSN: 432-58-1537*

Alicia McAlister, W/F  
DOB: 4-1-xx (age 4 years)  
Half sister to victim  
SSN: 432-12-2703

**Situation:**

Jimmy and Alicia came into foster care on a 72 hour hold after a physician reported the following situation:

Jimmy had a burn that covered his left hand to the wrist. Physical exam revealed two old burn scars shaped like a flat iron on Jimmy's back. Mother's account for the burn to the hand (**made to the examining physician at ACH**) went as follows: The children were playing in the bathroom and she was talking on the phone. She heard screaming, ran to the bathroom, and found the hot water running. She wondered if either Jimmy or Alicia had turned it on. Alicia is her 4 year old. There was no water standing in the tub because the drain was open. Jimmy was holding his hand and crying. She called her mother, who has a more reliable car, and the family brought the child to the doctor for an examination. She said the old iron burns had happened about six months before. Alicia was playing with the iron and tried to iron her brother's shirt while he was in it. Continuing medical evaluation revealed that Jimmy had metaphyseal fractures of the tibia and femur of both legs. There was an old, healed posterior rib fracture. He was below the 5<sup>th</sup> % for height and weight and was behind on his immunizations. MD thought the burn to the hand looked older than mother's history would suggest. Neither parent had an explanation for the fractures.

Mo. stated that Alicia is Buddy's child. Mother and Buddy have never been married. Mom has two other children by Buddy - Carla who is being raised by her grandmother (Mom's mother) and Vincent (deceased). She met Buddy when she was twelve and they have dated on and off since then. They have lived together "this last time" since a month after Jimmy was born. Jimmy is Jose' Martinez' child, but he has never seen him and she doesn't know if Jose' even knows he has a son. She met Jose' in Charleston, SC, during a time when she and Buddy were "having a little trouble." She thinks Jose' was in the Navy. They had a big fight and broke up. She moved back to Arkansas and soon found out she was pregnant.



Mom dropped out of school when she was fourteen and pregnant with Carla. After that, she really never attended with any regularity and dropped out for good when she was sixteen and pregnant with Vincent.

Mom moved in with Buddy after Carla was born. Her mother raised Carla from the day she came home from the hospital but has never obtained custody/guardianship. She is raising Carla as her own child and Carla does not know that she isn't. Mom lived with Buddy in a trailer on the back of her mother's property from age fifteen through age 20. She brought Vincent home from the hospital to this trailer. He was found dead in his crib at age three months. The coroner told the parents it was crib death. There was no autopsy. Mother had a history of disappearing for 4 or 5 days. When she would return, Buddy would take her back, although he often beat her to punish her for running off. When she was 20, she left Alicia (age 3 months) with her mother and left the state. She was gone for almost two years, and returned pregnant with Jimmy. She got Alicia from her mother's and brought her to live with Buddy and her. She still leaves for 4-5 days at a time. Buddy is the one who cares for the children during those times.

Mother has a history of being battered by Buddy, including a beating that left her hospitalized for several days while she was pregnant. She has a history of drug and alcohol use but has never had an assessment to determine the severity of her problem. Buddy has a history with local police. He has been arrested several times for violence against Mom but the charges have always been dropped. He has charges pending at this time arising from a fight in a local bar. He has several DWIs.

There have been two prior reports of neglect on Alicia, both unsubstantiated. The complaints were that she was roaming the neighborhood late at night and eating out of garbage cans.

- Based on the information available, what would you speculate is the nature of the attachment between Jimmy and his mother? [There are no right or wrong answers to this question but encourage participants to reflect back on the information presented on attachment. Jimmy and Alicia probably both have problems with attachment, based on the mother's unpredictable behavior and frequent absences. Some may speculate that Alicia's attachment may be more conflicted than Jimmy's as she has been dragged from a primary caregiver into another situation that is less than optimal.](#)
- How do you think this situation has affected 4 y/o Alicia's development? [See above. Also, it would be good to have Alicia as well as her brother assessed for level of functioning.](#)

- 
- If the permanency goal is reunification, what needs to happen in order to enhance the development of attachment between Jimmy and his mother? Be prepared at this point to confront the standard cookie-cutter case plan suggestions and focus instead on professional assessment, behaviors that need to change, and assessment of mother's drug/alcohol use.

Does the group think that reunification is a realistic goal based on information available?

What other information would they want?

How often should there be visitation?



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## Case 2 TIMOTHY BROWN

Timothy Brown is the youngest of four siblings who have come into foster care due to neglect in the parental home. His siblings are ages four years, six months; three years, four months; and two years, six months (30 months). Timmy is one year, one month (13 months) old. The children are placed in separate foster homes as there was no foster home in close proximity to the parents that would accept a sibling group of four.

Prior to foster care placement, Timmy lived with his mother, father, and three siblings in a two bedroom apartment. His father was (and still is) employed as unskilled labor in a minimum wage job. His mother stayed at home with the children. Housekeeping standards were dangerously poor, children received little stimulation and both parents were overwhelmed by the demands of four children under the age of five years. Timmy spent a good part of each day in his crib.

Timmy's mother and father stated it was "hard to get around to everyone (the children)." Neither parent made much effort to talk with the children or to play with the children. In fact, the mother appeared mystified when asked how she played with the baby. There are no books or pictures in the house. There are only one or two toys. There is a working TV. There are no crib toys and nothing on the walls in the room where the crib was kept.

The case narrative notes that Timmy does not pull up on furniture, "cruise," or walk. He "scooches" in an attempt to crawl (it's a funny-looking motion but he can get around by doing it). He does not put weight on his legs or stand when assisted. Timmy will pick up objects and bring them to his mouth using both hands. He has developed finger-thumb opposition. He feeds himself finger foods and cooperates when being bathed or dressed.

Timmy has few verbalizations. He does not engage in reciprocal verbalizations. He showed no anxiety with the caseworker (a stranger). He is very compliant and allows people to take objects away from him. He makes no attempt to search for an object after it has been taken from him. Timmy makes no attempt to engage adults' attention. He will play with toys.

1. Using the developmental chart provided, identify the areas of developmental delay. How significant is the delay (how far behind)?
  - a. In what domain(s) is development delayed?
  - b. Development is most delayed in the physical domain. This child clearly needs a medical assessment to determine why he will not bear weight on his legs.
  - c. His delays in other areas may well be due to environment and lack of stimulation. What happens if his mother and father learn to interact with him in a different manner?

2. What do you think is the nature of the attachment between Timmy and his parents? [Minimal?](#)
3. If you are the attorney ad-litem, what do you want to see in either the case plan or court order to address developmental issues? [Beware the cookie cutter answer.](#)
4. If you are counsel for the parents, what do you want to see to in the case plan to ensure development of attachment between Timmy and his parents? [Beware the cookie cutter answer.](#)
- 5.
6. If you are the caseworker, what do you want to see to in the case plan to ensure development of attachment between Timmy and his parents? [Beware the cookie cutter answer.](#)



## EXERCISE: Predicting Future Development

### Purpose

This exercise can be either the initial ice break or the ending exercise. Preferably, it will be conducted as the last exercise in the training. The purpose of the exercise is to remind participants that development is affected by many factors. Situations that appear very grim may still result in children who are successful adults.

### Materials

This exercise requires Handout 2 PFD Test. Each participant will need a pencil in order to write down the answer.

### Methodology

1. The exercise can be done as an individual assignment or as a small group exercise. It is written here as a small group exercise.
2. Divide the larger group into groups of 4-5 people. Ask the groups to appoint a spokesperson who will report out on the group work in a few minutes.
3. Tell the groups that you are going to pass out a "test." Each group member is to read the three scenarios and predict the child's development five (5) years in the future. **Do this as an individual first.**
4. After everyone has had a chance to read and answer the scenario, ask the small group members to compare their answers and try to arrive at a consensus on the answer. It is permissible to not reach consensus, but the group spokesman must be willing to present all perspectives.
5. Allow about 5 minutes for the group members to compare answers. Call time. Call time and ask the group spokesman to report on the group's decision(s). Tell the groups who these children are:
  1. Eleanor Roosevelt
  2. Albert Einstein
  3. Thomas Edison
6. Points to emphasize include:
  - Interplay between environment and heredity
  - Development is not static, so things can have a positive impact in the next five years.
  - What effects positive mentors or experiences may have

## PFD TEST

How good are you at Predicting Future Development (PFD)? To test your PFD ability, read the three case studies below and predict the children's development five years in the future. Fill in the blank with your answer selected from the following choices:

- |                   |                       |
|-------------------|-----------------------|
| a. gifted         | d. neurotic           |
| b. average-normal | e. delinquent         |
| c. psychotic      | f. mentally deficient |

1. \_\_\_\_\_

A sixteen-year old girl was willed to the custody of her grandmother by her mother. Her mother was separated from her alcoholic husband, who is now deceased. Her mother rejected the homely child, who has been proven to lie and to steal sweets. At the age of five, she swallowed a penny to attract attention. The father was fond of his child. She lived in a fantasy as the mistress of her father's household for years. The widowed grandmother could not manage four young uncles and aunts living in the household. One young uncle drank and left home. One aunt, emotional over a love affair, locked herself in her room. The Grandmother resolved to more strict with her granddaughter. She feared that she had failed with her own children. The grandmother dressed the granddaughter oddly. She did not allow her to have a playmate, and put her in braces to keep her back straight. The girl was not sent to grade school. Her aunt on her father's side of the family was crippled, and her uncle was asthmatic.

2. \_\_\_\_\_

A high school boy, in his senior year, obtained a certificate from his physician stating that a nervous breakdown made it necessary for him to leave school for six months. The boy was not a good all-around student. He had no friends, and his teachers found him to be a problem. He spoke late and his father was ashamed of his son's lack of athletic ability. The boy adjusted poorly to school. He had odd mannerisms, made up his own religion, and chanted hymns to himself. His parents regarded him as "different."

3. \_\_\_\_\_

A six-year-old boy, who was born with a large head, was thought to have had a brain fever. Three of his siblings died before he was born. His mother did not agree with the relatives and neighbors that the child was probably abnormal. He was sent to school and was diagnosed as mentally ill by the teacher. His mother was angry and withdrew the child from school, saying she would teach him herself.

Goertzel, V and Goertzel, M.B., Cradles of Eminence. Boston: Little, Brown. 1962





# **Permanency from a Developmental Perspective**

**Participant Manual**

U·A·L·R

School of Social Work

# **DEVELOPMENTAL PERSPECTIVE on PERMANENCY EFFORTS Agenda**

- I. Introductions**
  - A. Group composition (if applicable)
  - B. Caveats and assumptions
  - C. Workshop objectives
- II. Basic Assumptions Related to Development**
- III. Developmental Tasks at Different Ages**
- IV. Permanency Considerations**
  - A. Time frames
  - B. Permanency options
- V. What Would You Like to See**
  - A. Scenario work
  - B. Discussion



## **ASSUMPTIONS AND CAVEATS**

- Knowledge of child development is critical for effective child welfare practice.
- It is impossible to cover everything related to child development in an hour.
- Many of you have had some exposure to information on child development.
- This session may raise more questions than it answers.

## **COURSE OBJECTIVES**

### **Workshop participants will:**

- Review basic information on development.
- Look at the most basic developmental milestones and understand how loss and trauma impact the child's development.
- Practice applying information on development to decisions related to permanency and to developing a plan to support the option chosen.

## BASIC ASSUMPTIONS ABOUT DEVELOPMENT

### CHILD DEVELOPMENT DEFINED:

Development is the process of promoting the growth of a child from conception throughout the life cycle.

### CHARACTERISTICS OF DEVELOPMENT:

Development is

- ❖ An **on-going process** which begins at conception and continues until death;
- ❖ A **dynamic process** that involves continuous change or “growth;”
- ❖ Composed of **stages** (tasks or activities that emerge at predictable times as the individual matures;
- ❖ **Cumulative** so the early development tasks form the foundation for later, more complex tasks;
- ❖ Is influenced by **many factors**, both environmental and genetic.

### ASSUMPTIONS

- ❖ Failure to master early developmental tasks leads to difficulty mastering the demands of later stages.
- ❖ Development in one domain affects and is affected by development in all domains.  
***Regression*** is a common occurrence during growth spurts, as well as during stress
- ❖ The developmental domains are:  
Physical  
Cognitive  
Social  
Emotional
- ❖ Child abuse and neglect negatively affect normal development.
- ❖ ***Loss*** can affect developmental success; and identifying and supporting children’s strengths can promote resilience.

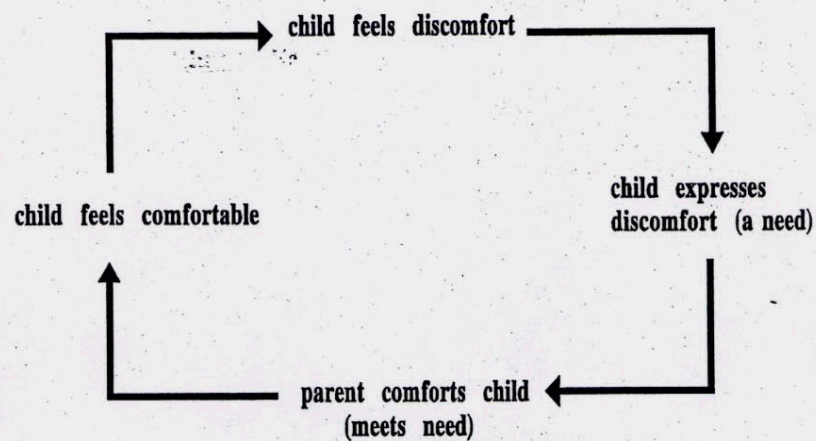


## DEVELOPMENTAL DOMAINS And TASKS

AGE	PHYSICAL	COGNITIVE	SOCIAL	EMOTIONAL
Infants (0-12 months)	Gaining fine and gross motor coordination, culminating in <b>walking</b> .	Developing <b>object permanence</b> – the ability to conceptualize an object that is out of sight.	Developing <b>attachment</b> to a primary caregiver or caregivers.	Developing a sense of <b>trust</b> .
Toddlers (12 months to 2 ½ years)	Toilet training.	Developing symbolic thought as expressed through language.	Parallel play with peers (playing side by side but not really playing together) and beginning to imitate social roles.	Developing a sense of autonomy (the awareness of themselves as separate beings). If this sense fails to develop the child may experience doubt and a sense of shame.
Preschool (2 ½ years – 5 years)	Practicing and perfecting fine and gross motor skills.	Very concrete thinkers. Can differentiate between real and pretend but have active imaginations. Magical thinking due to egocentricity.	Cooperative, interactive, play with peers; knows right from wrong; experimentation with social roles through play.	Developing a sense of initiative and development of conscience. The challenge is to nurture the conscience without going overboard to instill a deep sense of guilt.
Middle Childhood (6 years – 11 years)	Continues to develop coordination and physical skills.	Thinking is more logical and rational. Can decentralize enough to understand others' perspectives.	Adopts new roles, including gender roles. Develops an understanding of rules and attaches great importance to figuring out and following rules. Relationships outside the family increase in importance.	Can engage in purposeful, goal directed activities. Derives self-esteem from his/her perceived abilities.
Adolescence (12 years – 18 years)	Adapting and adjusting to puberty.	Develops abstract thinking; can consider many perspectives.	Social relationships center on the peer group. May reject the parents' values and "try on" other values and roles.	Develop a sense of his/her identity.

Resource Sheet 3-F

## How Attachment Develops



7/97

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## TYPES OF LOSSES

### Expected Losses

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Unexpected Losses

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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## ANXIETY IN BABIES

### Stranger Anxiety

- Begins around 7 months and peaks around 10 months.
- The child can recognize the difference between familiar faces and new people.

### Separation Anxiety

- Begins around 10 months and peaks around 18 months.
- The child expresses distress when left by the primary caregiver.

Stranger anxiety shows the baby knows to whom he belongs. The complete and total lack of stranger or separation anxiety in a child under 2 years of age should be an area of concern and assessed further.



## FACILITATING COGNITIVE DEVELOPMENT

Infants learn from everyday experiences  
in the world around them.  
To facilitate an infant's cognitive development, encourage caregivers  
to keep the following tips in mind.

- Be sensitive to the child's needs
- Allow give and take with the child
- Talk and "play" with the child
- Present a variety of stimulation geared to the developmental level of the child
- Maintain a regular, consistent schedule for meals, naps, and bedtimes

## **REUNIFICATION EFFORTS ARE NOT REQUIRED IF:** *Exceptions to Reasonable Efforts*

### **State Act 401**

- Parent/caregiver subjected child to **aggravated circumstances**
  - Child has been abandoned,
  - subjected to extreme or repeated cruelty,
  - sexually abused or
  - judicial determination that there is little likelihood that services will result in reunification.
- Parent/caregiver committed murder or voluntary manslaughter of any child
- Parent/caregiver aided, abetted, attempted, conspired or solicited murder or voluntary manslaughter
- Parent/caregiver committed felony assault that results in serious bodily injury to any child
- Parental rights were involuntarily terminated as to a sibling

## PERMANENCY OPTIONS

### Arkansas Statute § 9-27-338

- ❖ Return juvenile
- ❖ TPR unless the:
  - Child is being cared for by a relative
  - DHS has documented a compelling reason why TPR is not in the child's best interest
  - DHS has not provided services necessary for the safe return of the child
- ❖ Guardianship
- ❖ Authorize plan for permanent custody
- ❖ Continue goal of reunification



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**CASE 1**  
**JIMMY MARTINEZ**

**Adults**

Mary Anne Keller, W/F  
DOB: 8-21-xx (age 24)  
Mother  
SSN: 430-25-9847

Wayne (Buddy) McAlister, W/M  
DOB: 5-8-xx (age 34)  
Father of Alicia  
No relation to victim  
SSN: 568-23-9909

**Children**

*James (Jimmy) Martinez, H/M*  
*DOB: 10-16-xx (age 20 months)*  
*Victim*  
*SSN: 432-58-1537*

Alicia McAlister, W/F  
DOB: 4-1-xx (age 4 years)  
Half sister to victim  
SSN: 432-12-2703

**Situation:**

Jimmy and Alicia came into foster care on a 72 hour hold after a physician reported the following situation:

Jimmy had a burn that covered his left hand to the wrist. Physical exam revealed two old burn scars shaped like a flat iron on Jimmy's back. Mother's account for the burn to the hand (**made to the examining physician at ACH**) went as follows: The children were playing in the bathroom and she was talking on the phone. She heard screaming, ran to the bathroom, and found the hot water running. She wondered if either Jimmy or Alicia had turned it on. Alicia is her 4 year old. There was no water standing in the tub because the drain was open. Jimmy was holding his hand and crying. She called her mother, who has a more reliable car, and the family brought the child to the doctor for an examination. She said the old iron burns had happened about six months before. Alicia was playing with the iron and tried to iron her brother's shirt while he was in it. Continuing medical evaluation revealed that Jimmy had metaphyseal fractures of the tibia and femur of both legs. There was an old, healed posterior rib fracture. He was below the 5<sup>th</sup> % for height and weight and was behind on his immunizations. MD thought the burn to the hand looked older than mother's history would suggest. Neither parent had an explanation for the fractures.

Mo. stated that Alicia is Buddy's child. Mother and Buddy have never been married. Mom has two other children by Buddy - Carla who is being raised by her grandmother (Mom's mother) and Vincent (deceased). She met Buddy when she was twelve and they have dated on and off since then. They have lived together "this last time" since a month after Jimmy was born. Jimmy is Jose' Martinez' child, but he has never seen him and she doesn't know if Jose' even knows he has a son. She met Jose' in Charleston, SC, during a time when she and Buddy were "having a little trouble." She thinks Jose' was in the Navy. They had a big fight and broke up. She moved back to Arkansas and soon found out she was pregnant.

Mom dropped out of school when she was fourteen and pregnant with Carla. After that, she really never attended with any regularity and dropped out for good when she was sixteen and pregnant with Vincent.

Mom moved in with Buddy after Carla was born. Her mother raised Carla from the day she came home from the hospital but has never obtained custody/guardianship. She is raising Carla as her own child and Carla does not know that she isn't. Mom lived with Buddy in a trailer on the back of her mother's property from age fifteen through age 20. She brought Vincent home from the hospital to this trailer. He was found dead in his crib at age three months. The coroner told the parents it was crib death. There was no autopsy. Mother had a history of disappearing for 4 or 5 days. When she would return, Buddy would take her back, although he often beat her to punish her for running off. When she was 20, she left Alicia (age 3 months) with her mother and left the state. She was gone for almost two years, and returned pregnant with Jimmy. She got Alicia from her mother's and brought her to live with Buddy and her. She still leaves for 4-5 days at a time. Buddy is the one who cares for the children during those times.

Mother has a history of being battered by Buddy, including a beating that left her hospitalized for several days while she was pregnant. She has a history of drug and alcohol use but has never had an assessment to determine the severity of her problem. Buddy has a history with local police. He has been arrested several times for violence against Mom but the charges have always been dropped. He has charges pending at this time arising from a fight in a local bar. He has several DWIs.

There have been two prior reports of neglect on Alicia, both unsubstantiated. The complaints were that she was roaming the neighborhood late at night and eating out of garbage cans.

- Based on the information available, what would you speculate is the nature of the attachment between Jimmy and his mother?
- How do you think this situation has affected 4 y/o Alicia's development?
- If the permanency goal is reunification, what needs to happen in order to enhance the development of attachment between Jimmy and his mother?

## **Case 2**

### **TIMOTHY BROWN**

Timothy Brown is the youngest of four siblings who have come into foster care due to neglect in the parental home. His siblings are ages four years, six months; three years, four months; and two years, six months (30 months). Timmy is one year, one month (13 months) old. The children are placed in separate foster homes as there was no foster home in close proximity to the parents that would accept a sibling group of four.

Prior to foster care placement, Timmy lived with his mother, father, and three siblings in a two bedroom apartment. His father was (and still is) employed as unskilled labor in a minimum wage job. His mother stayed at home with the children. Housekeeping standards were dangerously poor, children received little stimulation and both parents were overwhelmed by the demands of four children under the age of five years. Timmy spent a good part of each day in his crib.

Timmy's mother and father stated it was "hard to get around to everyone (the children)." Neither parent made much effort to talk with the children or to play with the children. In fact, the mother appeared mystified when asked how she played with the baby. There are no books or pictures in the house. There are only one or two toys. There is a working TV. There are no crib toys and nothing on the walls in the room where the crib was kept.

The case narrative notes that Timmy does not pull up on furniture, "cruise," or walk. He "scooches" in an attempt to crawl (it's a funny-looking motion but he can get around by doing it). He does not put weight on his legs or stand when assisted. Timmy will pick up objects and bring them to his mouth using both hands. He has developed finger-thumb opposition. He feeds himself finger foods and cooperates when being bathed or dressed.

Timmy has few verbalizations. He does not engage in reciprocal verbalizations. He showed no anxiety with the caseworker (a stranger). He is very compliant and allows people to take objects away from him. He makes no attempt to search for an object after it has been taken from him. Timmy makes no attempt to engage adults' attention. He will play with toys.

1. Using the developmental chart provided, identify the areas of developmental delay. How significant is the delay (how far behind)?
  - a. In what domain(s) is development delayed?

Continued next page



2. What do you think is the nature of the attachment between Timmy and his parents?
  
  
  
  
  
  
  
  
  
  
3. If you are the attorney ad-litem, what do you want to see in either the case plan or court order to address developmental issues?
  
  
  
  
  
  
  
  
  
  
4. If you are counsel for the parents, what do you want to see to in the case plan to ensure development of attachment between Timmy and his parents?
  
  
  
  
  
  
  
  
  
  
5. If you are the family service worker, what do want to incorporate into the case plan for Timmy to address developmental issues? In the concurrent case plan?



# Permanency from a Developmental Perspective

Sample Developmental Chart

U·A·L·R

School of Social Work

## GROWTH AND DEVELOPMENT CHART

SOURCE: University of West Florida, Child Abuse and Neglect, Book III

### INFANCY (0-18 MONTHS)

Children in this age group need to be held, talked to, show much affection, played with, cuddled, hugged, visually stimulated, given physical comfort and gratification of their basic needs, and nurtured in a healthy, safe loving, family environment. This is the time of life during which the child should learn to trust and to identify with a loving parent.

### CHARACTERISTICS OF DEVELOPMENTAL ABILITIES

AGE OF CHILD	MOTOR (Physical)	MENTAL (Cognitive)	LANGUAGE (Cognitive)	SOCIAL EMOTIONAL
4 Weeks	<ul style="list-style-type: none"> <li>• Is beginning to develop neck muscles strong enough to support weight of head</li> <li>• Sucks vigorously</li> <li>• Can eat some soft, solid foods.</li> <li>• Reflexes dominate movements.</li> <li>• Hands frequently clenched in fists.</li> <li>• Head is “wobbly” and seems too heavy.</li> <li>• Hands strongly grip objects on contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Eyes focus on objects that are close up and in direct line of vision only.</li> <li>• Drops toys immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Crying and whimpering.</li> <li>• Small throaty sounds.</li> <li>• Soft vowel sound</li> </ul>	<ul style="list-style-type: none"> <li>• Stares at surroundings.</li> <li>• Smiles</li> <li>• Focuses are on people who are attentive.</li> </ul>



<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
3 – 6 Months	<ul style="list-style-type: none"> <li>• Will bear weight when held in standing position</li> <li>• Can roll over, stomach to back</li> <li>• When pulled to sitting position head is steady, does not fall back</li> <li>• When lying on abdomen, can lift shoulders off surface</li> <li>• Is beginning to reach for and grasp objects</li> <li>• Sits with support</li> </ul>	<ul style="list-style-type: none"> <li>• Looks at objects held in own hand</li> <li>• Looks for a toy when it's dropped</li> <li>• Uses a two-hand approach to grasp toys</li> <li>• Looks at objects as small as a raisin</li> <li>• Turns head toward sound of voice and follows speaker with eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Coos</li> <li>• Gurgles</li> <li>• Chuckles</li> <li>• Laughs aloud</li> <li>• Squeals</li> <li>• Has expressive noises</li> <li>• Different cries for pain, hunger, and discomfort</li> </ul>	<ul style="list-style-type: none"> <li>• Has a social smile</li> <li>• Will pat bottle with both hands</li> <li>• Anticipates food on sight</li> <li>• Differentiates mother from others</li> </ul>
6 – 9 Months	<ul style="list-style-type: none"> <li>• Rolls from back to stomach</li> <li>• Puts feet in mouth</li> <li>• Sits alone, unsupported for extended period (over 1 minute)</li> <li>• Stands with some support</li> <li>• Can lift head up when lying on back</li> <li>• Beginning to crawl or creep</li> <li>• When sitting, reaches forward to grasp object without falling</li> </ul>	<ul style="list-style-type: none"> <li>• Bangs toys during play</li> <li>• Transfer objects from hand to hand</li> <li>• Reaches for a toy with one hand</li> <li>• Picks up dropped toys</li> <li>• Is persistent in wanting toys</li> <li>• Can pull a toy that is attached to a string or cord toward self</li> <li>• Imitates sounds</li> <li>• Cries when distressed</li> </ul>	<ul style="list-style-type: none"> <li>• Responds to hearing own name</li> <li>• Vocalizes to social stimuli</li> <li>• Speaks single consonant sounds, e.g., BA, KA, MA</li> <li>• Combines syllables, e.g., DA-DA, BA, BA</li> <li>• Likes toys that make sounds</li> <li>• Beginning to enjoy peek-a-boo</li> </ul>	<ul style="list-style-type: none"> <li>• Expects repetition of stimuli</li> <li>• Likes frolicky play</li> <li>• Discriminates among strangers</li> <li>• Smiles at mirror image of self</li> <li>• Can feed self (with hands) some solid foods</li> <li>• Bites and chews on toys</li> <li>• Knows mother</li> </ul>

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
9 – 12 Months	<ul style="list-style-type: none"> <li>• Crawls well</li> <li>• Can sit steadily for more than 10 minutes</li> <li>• Stands holding on to furniture</li> <li>• Can pull self to sitting position</li> <li>• Walks, holding on to someone's hand or the furniture</li> </ul>	<ul style="list-style-type: none"> <li>• Will uncover toy seen covered up</li> <li>• Can grasp object as small as a raisin with thumb and one finger</li> <li>• Beginning to put things in and out of containers</li> <li>• Reaches for an object with index finger out-stretched</li> <li>• Likes to drop objects deliberately</li> <li>• Shows interest in pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Understands "NO" or inflection of "NO"</li> <li>• Uses MAMA or DADA, first inappropriately then with meaning of 1 to 3 words</li> <li>• Cries to get attention</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperates in games</li> <li>• Will try to roll ball to another person</li> <li>• Plays pat-a-cake and peek-a-boo</li> <li>• Waves goodbye</li> <li>• Will offer toy without releasing it</li> <li>• Likes to interact in play with adult</li> <li>• Strong emotional tie to mother</li> </ul>

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
12 – 18 Months	<ul style="list-style-type: none"> <li>• By 18 months, walks well alone</li> <li>• Creeps up stairs</li> <li>• Can get to standing position alone</li> <li>• Can stoop and recover an object</li> <li>• Walking, pulls a pull-toy</li> <li>• Seats self on chair</li> </ul>	<ul style="list-style-type: none"> <li>• Looks at pictures in a book</li> <li>• Will scribble spontaneously with pencil or crayon</li> <li>• Uses spoon for feeding self</li> <li>• Drinks from cup</li> <li>• Will follow one or two directions, i.e., "Take a ball to ..."</li> </ul>	<ul style="list-style-type: none"> <li>• Uses 3 – 5 spoken words</li> <li>• Will point to one body part</li> <li>• Will point to at least one familiar person or object</li> <li>• Uses jargon, i.e., intelligible "foreign" language with inflection</li> <li>• Imitates some words</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperates in dressing self</li> <li>• Holds own bottle</li> <li>• Finger-feeds self</li> <li>• Points or vocalizes to make desires known</li> <li>• Shows or offers toy</li> </ul>



Toddler (18 months – 3 years) Toddlers begin to seek independence from the parent and to assert their own individuality. They become very much aware of being a person who is separate from the parents. Loss or separation from the parent, however, can cause great anxiety or distress. Toddlers usually acquire mastery over bodily function, but often demonstrate occasional regression in the area.

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
18 – 24 Months	<ul style="list-style-type: none"> <li>• Can run though not gracefully</li> <li>• Walks up and down stairs with one hand held by an adult</li> <li>• Throws a ball</li> <li>• Can kick a ball or other object</li> <li>• Jumps (both feet)</li> <li>• Stands on one foot with one hand held by adult</li> </ul>	<ul style="list-style-type: none"> <li>• Can stack 2 or more toy blocks</li> <li>• Turns pages of a book, even if 2 – 3 at a time</li> <li>• Will try to imitate what an adult draws with a pencil</li> <li>• Can point to 2-3 body parts</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoys saying “NO”</li> <li>• By 2 years, can use at least 20 words</li> <li>• By 2 years, is combining two words in a phrase</li> <li>• Jargon which was elaborate at 18 months is gone by 2 years</li> <li>• Verbalizes desires with words</li> </ul>	<ul style="list-style-type: none"> <li>• Uses spoon to feed self spilling very little</li> <li>• Can remove one piece of clothing unassisted</li> <li>• Imitates housework more and more</li> <li>• Handles a cup quite well</li> <li>• Is beginning to demonstrate behaviors</li> </ul>

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
2 – 3 Years	<ul style="list-style-type: none"> <li>• Can walk up stairs</li> <li>• Can balance on one foot for one second</li> <li>• Can jump in place</li> <li>• Can walk on tiptoes</li> <li>• Can jump from bottom step</li> <li>• Use small scissors</li> <li>• Swings and climbs</li> </ul>	<ul style="list-style-type: none"> <li>• Can stack 6 or more toy blocks</li> <li>• Can imitate simple, specific, drawn lines with a pencil</li> <li>• Can anticipate and control to some extent bodily elimination</li> </ul>	<ul style="list-style-type: none"> <li>• Uses spoken phrases or 2 - 4 words</li> <li>• Is beginning to develop perceptual skills</li> <li>• Uses plurals</li> <li>• Can identify at least one picture of familiar object or person</li> <li>• Uses spoken vocabulary of 100-300 words by 3 years</li> <li>• Uses some personal pronouns, e.g., I, me, mine</li> <li>• Can point to several parts on doll on request</li> <li>• Can identify over 5 parts of body</li> </ul>	<ul style="list-style-type: none"> <li>• Can put on some articles of clothing unassisted.</li> <li>• Can wash and dry hands</li> <li>• Enjoys parallel play with peers</li> <li>• Can pour from a pitcher</li> <li>• Tries to imitate adult behavior and behavior of older children</li> <li>• Is becoming achievement oriented</li> </ul>
3 – 4 Years	<ul style="list-style-type: none"> <li>• Rides a tricycle</li> <li>• Walks up stairs alternating one foot after the other</li> <li>• Uses small scissors better</li> </ul>	<ul style="list-style-type: none"> <li>• Is beginning to develop perceptual skills</li> <li>• Can stack 8 –10 toy blocks</li> <li>• Says full name of self</li> </ul>	<ul style="list-style-type: none"> <li>• Has improved use of word order in sentence structure</li> <li>• Can answer some questions</li> </ul>	<ul style="list-style-type: none"> <li>• Knows own sex and is aware of difference of the opposite sex</li> <li>• Beginning to play actively with other children</li> </ul>

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
3 – 4 Years (Continued)	<ul style="list-style-type: none"> <li>Swings and climbs with improved coordination</li> </ul>	<ul style="list-style-type: none"> <li>Can match colors</li> <li>Has sense of round, square, and triangular shaped figures and can match them.</li> <li>Can repeat three consecutive numbers from memory</li> </ul>	<ul style="list-style-type: none"> <li>Knows rhymes and songs</li> <li>Asks questions</li> <li>Has understanding of “on, under, and behind.”</li> </ul>	<ul style="list-style-type: none"> <li>Unbuttons clothes</li> <li>Dresses self with supervision</li> <li>Has feelings of dependency on mother</li> <li>Has separation fears</li> </ul>



## 4 – 6 YEARS

Children in this age group usually struggle with a need for power and identification and develop strong affection for the parent of the opposite sex. Aggressive behavior is common, particularly in boys. Children in this age group are very peer-oriented. Some may seem to withdraw from crises in the family and would be likely to feel responsible for any separation that occurs.

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
4 – 5 Years	<ul style="list-style-type: none"><li>• Runs well</li><li>• Can hop on one foot 1 to 2 times</li><li>• Beginning to skip</li><li>• Stands on one leg for 10 seconds</li><li>• Throws ball well overhand</li><li>• Walks down stairs one foot to each step</li></ul>	<ul style="list-style-type: none"><li>• Can copy a cross with a pencil</li><li>• Can pick the longer of two lines</li><li>• Can copy a square with a pencil</li><li>• Can match colors, by 5 years</li><li>• Can identify 3 –4 colors</li></ul>	<ul style="list-style-type: none"><li>• Use spoken vocabulary over 1,000 words</li><li>• Counts up to 3 objects by pointing at them</li><li>• 90 % of speech is intelligible</li><li>• Can define words in terms of use</li><li>• Can answer questions like: “What do you do when you are cold, hungry, tired?”</li></ul>	<ul style="list-style-type: none"><li>• Can separate from mother with little or no anxiety.</li><li>• Dresses with little supervision</li><li>• Button clothes</li><li>• Likes to play “dramatic” play, make-believe</li><li>• Imagination play with a doll</li><li>• Identification with parents</li><li>• Develops memory representation of parents when out of sight</li></ul>

<b>AGE OF CHILD</b>	<b>MOTOR (Physical)</b>	<b>MENTAL (Cog.)</b>	<b>LANGUAGE</b>	<b>SOCIAL/ EMOTIONAL</b>
5 – 6 Years	<ul style="list-style-type: none"> <li>• Skips, using both feet alternately</li> <li>• Can catch a bounced ball</li> <li>• Can walk heel to toe on a line</li> <li>• Can hop on one foot for distance of 10 feet</li> </ul>	<ul style="list-style-type: none"> <li>• Can copy a square or a triangle form looking at representation of one</li> <li>• Knows own age</li> <li>• Knows morning from afternoon</li> <li>• Can draw a person with a body that has 3 – 6 parts</li> <li>• Prints simple words</li> <li>• Knows right from left by age six</li> <li>• Can repeat 4 consecutive numbers from memory</li> </ul>	<ul style="list-style-type: none"> <li>• Asks questions about meaning of words</li> <li>• Counts 10 objects</li> <li>• Names coins</li> <li>• Can tell what some things are made of</li> <li>• Can define some words</li> </ul>	<ul style="list-style-type: none"> <li>• Little supervision necessary while dressing</li> <li>• Plays “dress-up”</li> <li>• Uses elaborate dramatic play</li> <li>• Does simple chores unattended at home</li> <li>• Less anxious about possibility of separation from parents except under situations of stress or crisis</li> <li>• Tries to imitate parents more</li> </ul>

**6 –11 YEARS**

Developmental energies in this group are focused on intellectual and cognitive learning. Parents are role models for developing value systems and social ideals. Some children experience realistic fear and concern about what the future holds for them and have feelings of deprivation, loss, and sometimes, incompleteness.

<b>AGE OF CHILD</b>	<b>CHARACTERISTICS OF DEVELOPMENTAL ABILITIES</b>
6 – 7 YEARS	<ul style="list-style-type: none"><li>• Is able to learn new skills and information as one member of large group</li><li>• Learns the 3-R's; Is increasing small muscle mother skills</li><li>• Uses spoken vocabulary of more than 2,500 words</li><li>• Able to tolerate frustration and control anger</li><li>• Tries to imitate parents and the other children</li><li>• Authority-oriented</li></ul>
8 – 9 YEARS	<ul style="list-style-type: none"><li>• Becomes aware of socio-sexual differences and cultural roles</li><li>• Better impulse control</li><li>• Develops interpersonal relations with teachers and friends</li><li>• Is developing pride and self-confident; is less dependent of parents</li></ul>
9 – 10 YEARS	<ul style="list-style-type: none"><li>• Acute sensory perception</li><li>• Greater body competence, i.e., physical coordination, manual dexterity</li><li>• Competitive and well-organized play</li><li>• Enjoys peer interaction</li><li>• Will show disgust at parents when disagreement occurs</li><li>• Begins to idolize popular heroes in the culture</li></ul>
11 – 12 YEARS	<ul style="list-style-type: none"><li>• Intuitive thinking</li><li>• Speech becomes reasonable and expressive tool for interpersonal communication</li><li>• Regard for collective obedience of social laws, rules, and fair play</li><li>• Increasing urge for independence from parents</li><li>• Wants approval of peer group</li></ul>

**ADOLESCENCE (12 through 17 years)**

Establishing a strong, personal identity is the primary task of the adolescent, involving detachment from and rebellion against parents and resulting in feelings of ambivalence, isolation, and maturity. Teenagers may have incomplete or shallow self-images and may need to have their personal worth continually reinforced by the family. They may have difficulty understanding their own anger and their need to rebel, and may require a lot of comfort, understanding, and acceptance from parents.

<b>AGE OF CHILD</b>	<b>CHARACTERISTICS OF DEVELOPMENTAL ABILITIES</b>
12 – 15 Years	<ul style="list-style-type: none"><li>• Growth patterns vary; girls often mature physically and socially earlier than boys</li><li>• Heightened physical power, strength, and coordination</li><li>• Transient mood swings typical</li><li>• Competitive in play; erratic work-play patterns</li><li>• Deductive and inductive reasoning beginning to develop</li><li>• Broader use of verbal language and other symbolic conceptualizing</li><li>• Eagerness for peer approval and social relationships with other children of same sex or opposite sex</li><li>• Exploration and experimentation with self and world</li><li>• Anxiety over loss of parental nurturing</li><li>• Hostility toward parents</li><li>• Increased awareness of the opposite sex and personal sexuality</li></ul>
16 through 17 Years	<ul style="list-style-type: none"><li>• Strong need to rebel against authority and value system of parents and other adults and to be seen as autonomous adults</li><li>• Growth patterns vary</li><li>• Genital masturbation</li><li>• Inconsistent, unpredictable, paradoxical behavior</li><li>• Critical of self and others</li><li>• Verbal aggression more prominent</li><li>• Deep need for peer approval</li><li>• Desire for economic independence as a means of achieving adult cultural status</li><li>• Increased social awareness</li><li>• Highly ambivalent toward parents</li><li>• Ego-concepts often include feelings of isolation, inferiority, and self doubt</li><li>• Strong desire for interpersonal, social sexual relationships</li></ul>



## THINGS YOU SHOULD KNOW ABOUT HEIGHT AND WEIGHT

### WEIGHT

Some infants, particularly premature babies, experience a temporary weight loss during the first week. This weight is generally regained by the tenth day. Thereafter, a steady weight gain ensues in the healthy infant. An infant's average weight at birth is 7 to 7 ½ pounds.

During the first three months, the average baby gains about a pound a month or an ounce a day. Most infants' average birth weight will double in 3 to 5 months.

Birth weight usually triples by the end of the first year and quadruples by the end of the second year.

During the second year, the rate of weight gain begins to decrease. The older the child, the lower the weight increase.

After age 2, approximate annual weight increase will be about 5 pounds until the onset of the adolescent growth spurt. Both sexes experience a rapid gain in weight during adolescence which corresponds with the gain in height. This acceleration in height occurs earlier in girls (beginning at 10 – 12 years) than in boys (who usually start their growth spurt at 12 to 14 years of age).

### HEIGHT

1. The average birth length of an infant is about 21 inches.
2. The average child gains about 10 inches in the first year.
3. The typical child roughly doubles height between birth and the time of entering elementary school.
4. During early school years, height increases about 1 to 2 inches annually.
5. After the first year, the annual increments in height diminish each year except for the growth spurt during adolescence.
6. By age thirteen, the birth length has usually tripled.

The acceleration of height during adolescence occurs during the same period as does the weight gain for girls (10 to 12 years) and boys (12 to 14 years).

BASIC RULES FOR DETECTING ABNORMAL GROWTH PATTERNS	
Rule 1.	Weight loss may be an indicator of abuse or neglect. It is one of the primary areas of physical concern to assess. Linear growth, i.e., height, is rarely significantly affected by abuse or neglect, except in the most extreme cases.
Rule 2.	Weight and height are very important as a team in the child's development. If a major disparity exists between the two, this condition may be an indicator of abuse or neglect.
Rule 3.	If significant weight loss or abnormality exists, the child should receive medical attention immediately.
Rule 4.	If the child gains weight very rapidly after being removed from the home, this can be an indication that the child was abused or neglected while living at home.
NOTE:	In cases of extreme emotional abuse, it is quite possible that the child may consume food which would ordinarily be both adequate in amount and sufficient in nutritional value to satisfy normal, physical needs and still experience an inappropriate weight loss. In an older child, this phenomenon is similar to the failure-to-thrive syndrome in infants.

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HANDOUT 2

## PFD TEST

How good are you at Predicting Future Development (PFD)? To test your PFD ability, read the three case studies below and predict the children's development five years in the future. Fill in the blank with your answer selected from the following choices:

- |                   |                       |
|-------------------|-----------------------|
| a. gifted         | d. neurotic           |
| b. average-normal | e. delinquent         |
| c. psychotic      | f. mentally deficient |

1. \_\_\_\_\_

A sixteen-year old girl was willed to the custody of her grandmother by her mother. Her mother was separated from her alcoholic husband, who is now deceased. Her mother rejected the homely child, who has been proven to lie and to steal sweets. At the age of five, she swallowed a penny to attract attention. The father was fond of his child. She lived in a fantasy as the mistress of her father's household for years. The widowed grandmother could not manage four young uncles and aunts living in the household. One young uncle drank and left home. One aunt, emotional over a love affair, locked herself in her room. The Grandmother resolved to more strict with her granddaughter. She feared that she had failed with her own children. The grandmother dressed the granddaughter oddly. She did not allow her to have a playmate, and put her in braces to keep her back straight. The girl was not sent to grade school. Her aunt on her father's side of the family was crippled, and her uncle was asthmatic.

2. \_\_\_\_\_

A high school boy, in his senior year, obtained a certificate from his physician stating that a nervous breakdown made it necessary for him to leave school for six months. The boy was not a good all-around student. He had no friends, and his teachers found him to be a problem. He spoke late and his father was ashamed of his son's lack of athletic ability. The boy adjusted poorly to school. He had odd mannerisms, made up his own religion, and chanted hymns to himself. His parents regarded him as "different."

3. \_\_\_\_\_

A six-year-old boy, who was born with a large head, was thought to have had a brain fever. Three of his siblings died before he was born. His mother did not agree with the relatives and neighbors that the child was probably abnormal. He was sent to school and was diagnosed as mentally ill by the teacher. His mother was angry and withdrew the child from school, saying she would teach him herself.

Goertzel, V and Goertzel, M.B., Cradles of Eminence. Boston: Little, Brown. 1962