

CHILD DEVELOPMENT

Professional
Development for
Hotline Operators



INTRODUCTION

This training was developed by UA Little Rock/MidSOUTH for new and experienced Hotline Operators. There is also a possibility there will be supervisors in the audience. Since the audience may have more experienced staff, the training is designed to tap into their experiences and expertise as well. The training on child development is one of a series of free-standing modules. There is no pre-requisite for this training.

LEARNING OUTCOMES

Upon completion of this training, Hotline Operators will be able to:

- Recognize signs of developmental delay in children who are reported for potential abuse and neglect.
- Describe the possible impacts of child maltreatment on normal development.
- Apply development information using tools provided in the training to structure questions for reporters.
- Apply developmental information in assessing safety threats to children.

SECTION I INTRODUCTIONS & AGENDA

Begin the session by introducing yourself to the participants and welcoming them to training. Take a few minutes to discuss the training. Refer participants to **Handout 1, “Agenda.”**

Cover a few “housekeeping” issues. These topics should include but are not limited to:

- Sign-in Sheets: Sign-in sheets must be completed for each training section.
- Cell phones: Turn cell phones off during training.
- Attendance: Credit for completing the training will only be awarded if the participant has attended the entire training section.

MATERIALS LIST

Participant Manual

Evaluation – one per student

Flipchart Setup (easel, markers, pad)
– one per table, or whiteboard and markers

OPTIONAL:

Developmental Characteristics Cards

Handouts

- Handout 1 – Agenda

SECTION II ICEBREAKER**A. Ice breaker/expectations of workshop**

Conduct an icebreaker. One has been included, but the trainer may substitute another exercise as long as the same purposes are accomplished.

Purpose

The purposes of this exercise are to determine what participants hope to learn, and to determine their knowledge of normal child development.

Materials

This exercise requires the Participant Manual **page 1**, “What’s In It For Me?” and a flipchart setup for each small group.

Methodology

1. Turn to **page 1**, “What’s In It for Me?”
2. Ask each participant to spend a few minutes answering the questions.
3. If there is a large group, ask participants at each table to compare their lists and decide whether there are common themes and issues. If the group is small, there will probably be sufficient time to cover everyone’s issues and concerns.
4. Call time and begin the debriefing/processing.

Processing

- As participants discuss their answers, make notes on the flipchart or whiteboard. Be attuned to common issues or themes.
- If there are issues that are clearly outside the scope of this session (such as questions about sexual abuse), make sure participants know they will be covered in another session.

TEACHING NOTES

TEACHING NOTES

- Consider posting this list and returning to it as needed. Encourage participants to add materials if something pops into mind.
 - Trainers must be flexible enough to incorporate appropriate issues and concerns from this list.
 - Anticipate that there may be questions about why this module is included in Hotline training. Be ready to lead a discussion geared toward the fact that much of the information that will help them decide whether to take a report will center around whether a behavior or action is normal and whether injuries are consistent with the history given. For example, could a nine-week-old get bruises on his face because he banged his own face into a crib? Operators need to have a good knowledge of normal development.
- B. Quickly review the assumptions about the training, **PM page 2**.
- Knowledge of child development is critical for effective child welfare practice.
 - Knowledge of child development helps in determining appropriate questions to ask when taking a hotline report.
 - It is impossible to cover everything related to child development in two hours.
 - Many of you have had some exposure to information on child development.
 - This session may raise more questions than it answers.
- C. Quickly review the workshop learning outcomes. (See above.)

SECTION III BASIC TENETS OF DEVELOPMENT

- A. Use the information on Participant Manual **pages 3 and 4** to structure a brief lecture on the basic tenets of development.

An alternative to a lecture is to start this session by having people in small groups jot down three things they know about normal development and discuss them with each other. This may be particularly powerful if there are experienced people in the class or there are many people in the class who have children of their own. Then do a very quick report out.

Consider demonstrating the characteristics of development (Participant Manual page 4) through an exercise that involves standing and/or moving.

Methodology

1. Make cards of the developmental topic. Number the cards 1 through 5 (Ongoing process, dynamic, directional, stages, cumulative).
2. Pass them out to 5 class members.
3. Ask the student with card 1 to read it to the group. Then ask the whole group to comment on what that statement means.
4. Proceed through all the cards.

Summarize by ensuring student know:

- Normal is what is typical for the majority of the members of a group.
- Normal is a statistical concept best applied to traits, not to individuals.
- There are a wide range of behaviors that fall into the broad category of normal.
- Child development is:

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- Ongoing
- Dynamic
- Directional
- Stages
- Cumulative

Quickly point out the information on **page 3** related to what studies have shown. Use this to move into the discussion of developmental domains.

B. Developmental Domains and Tasks

Information on the developmental domains and the developmental tasks and milestones in each domain is located on **pages 5-8** in the Participant Manual. Give students a few minutes to look over the information. Some may note that the domains in some of the materials do not match exactly. One chart lumps social/emotional as one domain and breaks language development out from cognitive development as its own domain. If the class asks, the take-away learning point is that domains represent a large, specific area of growth, where there are specific tasks to master and milestones that indicate those tasks have been mastered and the child is ready to move on up the developmental scale.

Development will vary by child. A child's individual rate of development may vary by trait. For example, a child's physical development may be considered accelerated while language development happens right on time or is delayed. Consider asking the class here, "How old was your child when he or she started walking?" (Or ask some other question which might demonstrate the range in normal.)

In assessing children's development, it is important to remember that determining "normal" involves evaluating each child individually for each domain or area of development.

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C. Physical Development Domain Activity– Infants and Toddlers, **Pages 6-9**

Purpose

The purpose of this exercise is to quickly highlight developmental milestones in the physical domain for infants and toddlers.

Materials

This exercise requires **pages 6 – 9** in the Participant Manual.

Methodology

1. Refer participants to **page 9**, Physical Development – Infants, Toddlers and Pre-School.
2. Ask them to answer the questions on the handout. These are:
 - At what age do infants roll from stomach to back?
 - At what age can infants sit with assistance?
 - At what age do toddlers walk down stairs one foot at a time?
 - Do toddlers walk up stairs before they walk down stairs?
 - If you have children (or are around small children in your family) did when did they walk?
 - Did your children have some things they did backward? (Like a child who learns to go backwards in his or her walker before he or she can go forward)?
 - What do 4- and 5-year-olds have the fine motor skills to do?

Processing

Depending on time, this activity can be done a number of ways. If time is running short, it might be better to ask participants to do the activity individually or as a larger group activity. However, if time permits, this activity works well as a team activity. If done as a group activity, ask participants to write their answers on the flip charts and share with the

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larger group. If done as an individual activity, ask participants to write their answers down in the participant manual and share their answers with the larger group if time permits.

During the discussion, be ready to acknowledge and highlight the broad range of “normal” behaviors. This would be a good time to introduce participants to the idea that there is a connection between abuse and developmental delays. Understanding what is “normal” will help participants identify development that is *not* normal. This ultimately could help them identify when child abuse is taking place when a report comes in.

SECTION IV MALTREATMENT AND BRAIN DEVELOPMENT

A. Refer participants to **page 10**, “In Focus: Understanding the Effects of Maltreatment on Early Brain Development.” The list below is a summary of the article and appears as a bulleted list in the participant manual.

Be sure to tell participant that there has been a tremendous amount of research in the last few years related to the critical window of time for brain development in the first three years of life.

Begin by giving a brief synopsis of the brain development basic materials. These are bullet points on page 11, which include:

- a. Babies have an active role in brain development through their interactions with their environments.
- b. We are seeing scientific evidence of altered brain function due to abuse, and even more importantly, to neglect.
- c. Genetically, the brain develops from the bottom up (from simple to complex). The first areas to develop are the parts of the brain that govern the bodily functions necessary for life. The last parts to develop are the parts that regulate emotions and the parts that are involved in abstract thought.

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- d. Interactions with the environment shape the brain's development and influence the people these babies will become.
- e. Babies are born with most of the neurons (about 100 billion) they will ever have.
- f. By age 3, a child's brain has reached 90% of its adult size.

During the first 3 years, the brain is organizing itself through the development of neural pathways and through culling of some of the synapses and neurons that are not used. So, during the first three years, it is not only **what** the child learns that is important, but the brain is also setting systems that influence **how well** the child learns, what sorts of stimuli the child attends to, etc.

This is a good place to regroup and to elicit feedback from the participants related to specific ways that maltreatment may impact not only brain development but also other developmental domains.

B. POSSIBLE HOTLINE CALL

There are developmental charts in the Participant Manual on pages 11-22. Point out to students that they do not have to memorize developmental tasks and milestones. There is plenty of information available to them on the Internet. What they need to know is when the information in a report indicates a developmental problem, or when knowledge of development would lead one to believe that the injury or condition reported is inconsistent with developmental stages and milestones.

Let's look at a possible Hotline call.

Purpose

The purpose of this exercise is to allow participants to practice using the information they have learned on a possible hotline call.

TEACHING NOTES

TEACHING NOTES

Materials

This exercise requires Developmental Charts and page 23. Participants may also wish to refer back to all materials presented today.

Methodology

1. Refer participants to page 23, A Possible Hotline Call.
2. Ask them to read the scenario and answer the questions that follow.
3. List at least 3 questions you would want to be sure to ask the person
4. making the Hotline call.
5. Physically, is this where she should be developmentally for her age?
6. Considering her age, how likely is it that the child hit her head on the
7. coffee table while crawling?

Processing

Depending on time, this activity can be done a number of ways. If time is running short, it might be better to ask participants to do the activity individually or as a larger group activity. However, if time permits, this activity works well as a team activity.

This will be an important time to reinforce the point that child abuse and developmental delays may have a connection. Parental expectations that are unreasonable for a child's developmental stage are an important underlying consideration in some abusive situations. Some developmental stages are riskier if parents have low frustration levels and/or lack understanding that their child's "irritating" behavior is developmentally normal. Neglect may have even more devastating impacts on development than physical or sexual abuse.

C. Closing and Final Comments

Ask the following question: **Why is it important to understand child development?**

At the end of the day, it is important for participants to realize that one consequence of child abuse and neglect is a delay in development, potentially paired with physical and emotional problems throughout the child's life. The more Hotline Operators know about the effects of maltreatment, the better they may understand and document some of the information relayed by reporters.

Reinforce that Hotline Operators have an important role in helping to stop child abuse. Their work is highly valued and appreciated.

TEACHING NOTES

CHILD DEVELOPMENT Participant Manual

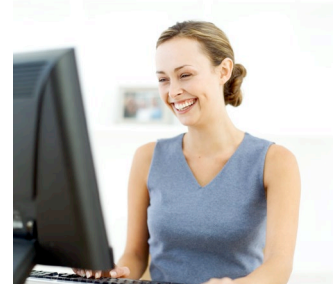
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WHAT'S IN IT FOR ME?**DEVELOPMENTAL ISSUES IN CHILD DEVELOPMENT**

If this training only addressed two things, I hope they would be:

- 1.**
- 2.**



With regard to child development and child maltreatment, I would like to know more about:

When I am handling calls about child maltreatment, two things that really make me crazy are:

- 1.**
- 2.**

Something that would make my job easier is:



ASSUMPTIONS ABOUT TODAY’S TRAINING

- Knowledge of child development is critical for effective child welfare practice.
- Knowledge of child development helps in determining appropriate questions to ask when taking a hotline report.
- It is impossible to cover everything related to child development in two hours.
- Many of you have had some exposure to information on child development.
- This session may raise more questions than it answers.

LEARNING OUTCOMES

Workshop participants will:

- Recognize signs of developmental delay in children who are reported for potential abuse and neglect.
- Describe the possible impacts of child maltreatment on normal development.
- Apply development information using tools provided in the training to structure questions for reporters.
- Apply developmental information in assessing safety threats to children.

BASIC IDEAS 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 **ongoing process**.

- Begins with conception and does not end until death.
- Occurs through the life span.

Development is a **dynamic process**.

- Development involves change.
- Change is also thought of as “growth.”

Development is **directional**.

- Proceeds from simple to complex.
- Example – Baby pulls up, then crawls, then walks, then runs.

Development involves many **stages**.

- Stage: Identifiable phase in the human developmental process when certain tasks or activities occur.

Development is **cumulative**.

- Early developmental tasks form the foundation or “building blocks” for the development of later, more complicated tasks.

Studies have shown the following:

- ❖ 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
- ❖ Loss can affect developmental success; and identifying and supporting children's strengths can promote resilience.
- ❖ **Child abuse and neglect, as well as other traumas, negatively affect normal development.**

DEVELOPMENTAL DOMAINS

<p><u>PHYSICAL</u></p> <ul style="list-style-type: none">• Motor<ul style="list-style-type: none">○ Gross Motor – activities involving the large muscles of the body; <i>examples</i> – running, sitting○ Fine Motor – activities involving the small muscles; <i>examples</i> – speech, using hands• Sensory<ul style="list-style-type: none">○ Five Senses: vision, smell, hearing, touch, taste• Neurological Coordination of Movement and Perception <p><u>COGNITIVE</u></p> <ul style="list-style-type: none">• Thinking, Problem-Solving• Perception• Memory• Reasoning• Concept Development• Language <p><u>SOCIAL</u></p> <ul style="list-style-type: none">• Attachment• Social Roles• Group Values & Norms• Adoption of a Moral System	<p><u>EMOTIONAL</u></p> <ul style="list-style-type: none">• Personal Traits• Identity• Self-Esteem• Reciprocal Relationships <p><i>Development in any domain affects, and is affected by, development in all of the other domains.</i></p> <p>Developed from <u>The Effects of Abuse and Neglect on Child Development: A Training Curriculum</u>: Institute for Human Services: Columbus, OH, 1990.</p>
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DEVELOPMENTAL DOMAINS AND TASKS

AGE	PHYSICAL	COGNITIVE	SOCIAL	EMOTIONAL
Infants (0-12 months)	Gaining fine and gross motor coordination, culminating in walking .	Developing object permanence – the ability to conceptualize an object that is out of sight.	Developing attachment to a primary caregiver or caregivers.	Developing a sense of trust .
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	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

		egocentricity.		a deep sense of guilt.
Middle Childhood (6 years –11 years)	Continuing 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.

DEVELOPMENTAL MILESTONES - (0-5 Years)**Physical Domain**

Infants (0 – 12 Months):	Walking
Toddlers (12 Months – 2 ½ Years):	Toilet Training
Preschool (2 ½ - 5 Years):	Practice/Perfect Gross and Fine Motor Skills

Cognitive Domain (Piaget)

Infants (0 – 12 Months):	Object Permanence/Sensorimotor Thinking
Toddlers (12 Months – 2 ½ Years):	Symbolic Thought/Language
Preschool (2 ½ - 5 Years):	Pre-Operational Thinking

Social Domain

Infants (0 – 12 Months):	Attachment
Toddlers (12 Months – 2 ½ Years):	Parallel Play/Imitate Social Rules
Preschool (2 ½ - 5 Years):	Interactive, Cooperative Play & Knows Right and Wrong

Emotional Domain (Erikson)

Infants (0 – 12 Months):	Trust
Toddlers (12 Months – 2 ½ Years):	Autonomy vs. Doubt/Shame
Preschool (2 ½ - 5 Years):	Initiative vs. Guilt

**PHYSICAL DEVELOPMENT – INFANTS, TODDLERS
AND PRE-SCHOOL**

Use your development chart and your personal experience to answer the following questions:

- Around what age do infants roll from stomach to back?
- Around what age can infants sit with assistance?
- Around what age do toddlers walk down stairs one foot at a time?
- Do toddlers walk up stairs before they walk down stairs?
- If you have children (or are around small children in your family), when did they walk?
- Did your children have some things they did backward? (Like a child who learns to go backwards in his or her walker before he or she can go forward)?
- What are a few things that you can think of that 4- or 5-year-olds have the fine motor coordination to do?

In Focus: Understanding the Effects of Maltreatment on Early Brain Development

- Babies have an active role in brain development through their interactions with their environments.
- We are seeing scientific evidence of altered brain function due to abuse, and even more importantly, to neglect.
- Genetically, the brain develops from the bottom up (from simple to complex). The first areas to develop are the parts of the brain that govern the bodily functions necessary for life. The last parts to develop are the parts that regulate emotions and the parts that are involved in abstract thought.
- Interactions with the environment shape the brain's development and influence the people these babies will become.
- Babies are born with most of the neurons (about 100 billion) they will ever have.
- By age 3, a child's brain has reached 90% of its adult size.
- During the first 3 years, the brain is organizing itself through the development of neural pathways and through culling of some of the synapses and neurons that are not used. So, during the first three years, it is not only **what** the child learns, but the brain is also setting systems that influence **how well** the child learns, what sorts of stimuli the child attends to, etc.
- **Child maltreatment has adverse effects on this development – an adaptive response to negative environments, but maladaptive in other settings.**
- The neural pathways that develop in neglected babies prepare them to cope in negative environments and impair their ability to respond to kindness and nurturing.
- Chronic stress (including maltreatment) over-develops regions in the brain involved in anxiety and fear. If these areas are frequently activated, other regions (such as complex thought) cannot be activated and are “unavailable for learning.”
- Fear response is always on, and child is frequently anxious, hyperactive, and impulsive.

The bullet points above are summary of the information from the article *In Focus: Understanding the Effects of Maltreatment on Early Brain Development* from the National Clearinghouse on Child Abuse and Neglect Information.

<https://s3.amazonaws.com/nmimh/pdfs/resources/pdf+website+documents/earlybrain.pdf>

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, shown 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 caregiver.

DEVELOPMENTAL ABILITIES

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

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

AGE OF CHILD	PHYSICAL	COGNITIVE	LANGUAGE	SOCIAL/EMOTIONAL
9 – 12 Months	<ul style="list-style-type: none"> • Crawls well • Can sit steadily for more than 10 minutes • Stands holding onto furniture • Can pull self to sitting position • Walks holding onto someone's hand or the furniture 	<ul style="list-style-type: none"> • Will uncover toys seen covered up • Can grasp object as small as a raisin with thumb and one finger • Beginning to put things in and out of containers • Reaches for an object with index finger outstretched • Likes to drop objects deliberately • Shows interest in pictures 	<ul style="list-style-type: none"> • Understands "NO" or inflection of "NO" • Uses "MAMA" or "DADA," first inappropriately then with meaning of 1 to 3 words • Cries to get attention 	<ul style="list-style-type: none"> • Cooperates in games • Will try to roll ball to another person • Plays pat-a-cake and peek-a-boo • Waves goodbye • Will offer toy without releasing it • Likes to interact in play with adult • Strong emotional tie to mother
12 – 18 Months	<ul style="list-style-type: none"> • By 18 months, walks well alone • Creeps up stairs • Can get to standing position alone • Can stoop and recover an object • Walking, pulls a pull-toy • Seats self on chair 	<ul style="list-style-type: none"> • Looks at pictures in a book • Will scribble spontaneously with pencil or crayon • Uses spoon for feeding self • Drinks from cup • Will follow one or two directions, i.e., take a ball to ... 	<ul style="list-style-type: none"> • Uses 3 – 5 spoken words • Will point to one body part • Will point to at least one familiar person or object • Uses jargon, i.e., intelligible "foreign" language with inflection • Imitates some words 	<ul style="list-style-type: none"> • Cooperates in dressing self • Holds own bottle • Finger-feeds self • Points or vocalizes to make desires known • Shows or offers toys

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.

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

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

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

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.

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

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

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.

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

ADOLESCENCE (12 - 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.

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

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

The average birth length of an infant is about 21 inches.

The average child gains about 10 inches in the first year.

The typical child roughly doubles height between birth and the time of entering elementary school.

During early school years, height increases about 1 to 2 inches annually.

After the first year, the annual increments in height diminish each year except for the growth spurt during adolescence.

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.

A Possible Hotline Call

Read the following scenario and respond to the questions below.

Scenario

You receive a phone call from the hospital to make a report about a 4-month-old baby who was brought in by her parents. The parents said the baby hit her head on the edge of the coffee table when she was crawling.

Please respond to the following:

List at least 3 questions related to development that you would want to be sure to ask the person making the Hotline call.

1)

2)

3)

Physically, is this child where she should be developmentally for her age?

Considering her age, how likely is it that she hit her head on the coffee table while crawling?

Handout 1**Hotline Operator Training: Child Development****Agenda**

- I. Introductions and Agenda
 - A. Ice Breaker/Expectations of Workshop
 - B. Assumptions About the Training
 - C. Learning Objectives

- II. Basic Ideas Related to Development
 - A. Broad Description of Development
 - B. Developmental Domains, Tasks, and Milestones
 - C. Hands-on Activity

- III. Maltreatment, Trauma, and Brain Development

- IV. Applying Material to a Hotline Call