Social Services Assistant

Day 2 – Participant Manual

Developmental Milestones

Normal vs Trauma Related Behavior

Supporting Families and Children

Day 2:

New Social Services Assistant Training Agenda

Tuesday	
9:00 – 10:30	Welcome Basic Needs and Child Development Developmental Milestones (0-5) Attachment
10:30 -10:45	**Break**
10:45 – 12:00	Developmental Milestones – Early Childhood (5-11) Early Adolescence (11-14)
12:00 – 1:00	**Lunch Break**
1:00 – 3:00	Middle Adolescence (14-18) Late Adolescence (18-21)
2:30 – 2:45	**Break**
2:45 – 3:30	Normal vs Trauma Related Behavior Supporting Families and Children
3:30 – 4:00	Wrap Up and Review

New Social Services Assistant Training

UA LITTLE ROCK MidSOUTH College of Business, Health, and Human Services University of Arkansas at Little Rock

Day 2

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TARGET OUTCOMES

- Identify major developmental, trauma, and attachment concepts that affect child welfare practice.
- Recognize how unmet needs, trauma, and developmental differences may show up in behavior and functioning.
- Apply trauma-informed and developmentally informed responses when engaging children, caregivers, and resource families.
- Identify key medical, developmental, and behavioral concerns that may require support, referral, or further assessment.

3

Behavior Starts With Basic Needs

4

Activity: What Need Might They Have?

5

A five-year-old screams throughout the entire ride to family time.

Scenario 1

6

A teenager refuses to get out of the vehicle when arriving for a scheduled family time visit.

Scenario 2

7

A toddler cries uncontrollably after every family time visit.

Scenario 3

8

Child Development

9

REFLECTION:

Why is it important to understand development in your role?

10

What Should I Expect?

A child's growth and development can be divided into four periods:

- Infancy
- Preschool years
- Middle childhood years
- Adolescence

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CHILD DEVELOPMENT KEY DOMAINS

- **Physical:** The development of physical changes
- **Cognitive:** This domain includes intellectual development and creativity.
- **Social/Emotional:** the growth of a child in understanding and controlling their emotions.
- **Language:** The ability to communicate with others grows from infancy.

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DEVELOPMENTAL MILESTONES: (0-5 YEARS)

- Physical Development
- Sensory Development
- Cognitive Development
- Social Development

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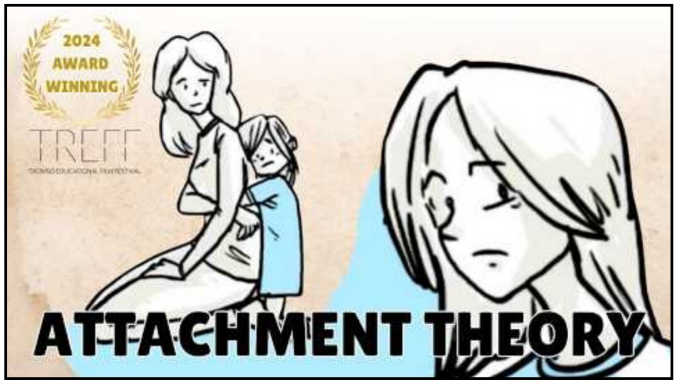

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When Attachment Has Been Disrupted

You May Notice a Child Who:

- Refuses to talk to adults
- Pushes adults away when comfort is offered
- Becomes overly attached very quickly
- Has difficulty separating from caregivers
- Appears emotionally withdrawn
- Reacts strongly to changes in routine

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SUPPORTING HEALTHY ATTACHMENT DURING PREGNANCY

- Treat expectant parents with dignity and respect.
- Encourage participation in prenatal care and services.
- Reinforce positive conversations about the baby.
- Share observations or concerns with the team.
- Maintain professional boundaries while providing support.

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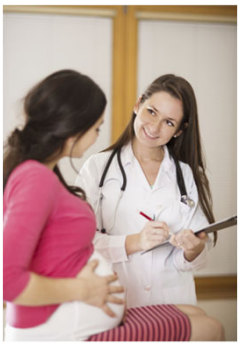
Imagine you are working with a first-time expectant caregiver who is five months pregnant. During your visit, she mentions that the pregnancy doesn't feel 'real' yet, and she hasn't started thinking about the baby as a person. How might you encourage her to start that bonding process?

Activity: Prenatal Bonding Scenario

18



PRENATAL CARE VISITS

- Once each month for weeks four through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

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DEVELOPMENTAL MILESTONES: EARLY CHILDHOOD (5-11)

- ❑ Physical
- ❑ Cognitive
- ❑ Social/Emotional

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Adolescent Development

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Write down the first three words you think of when you hear the word **"pre-teen"** or **"teenager".**

Activity: Perceptions of Teens

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DEVELOPMENTAL MILESTONES: EARLY ADOLESCENCE (11–14)

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WARNING SIGNS: EARLY ADOLESCENCE (11 - 14)

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DEVELOPMENTAL MILESTONES: MIDDLE ADOLESCENCE (14–18)

- Physically mature
- Abstract thinking develops
- Relationships deepen; Sexual exploration
- More time spent with peers, less with family

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DEVELOPMENTAL MILESTONES: LATE ADOLESCENCE (18–21)

- Transition into adulthood
- Long-term planning and complex decision-making
- Manage daily living skills independently

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Development Wrap Up

- Developmental Milestones
- Prenatal Bonding
- Reactive Attachment Disorder

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Normal vs. Trauma Related Behavior

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TRAUMA-INFORMED RECALL

Write down as many of the six principles of trauma-informed care as you can remember on a sticky note.

Activity

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Six Key Principles of Trauma Informed Practice

1. Safety
2. Trustworthiness/Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Background Differences

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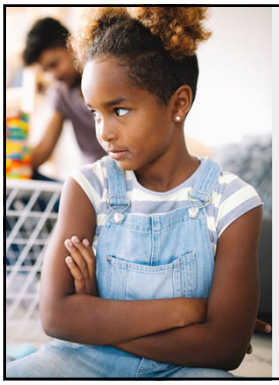

Trauma informed practice means approaching with curiosity to discover the **"why"** behind the behavior.

All behavior has meaning…

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Understanding Children's Behaviors

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Understanding Children's Behaviors

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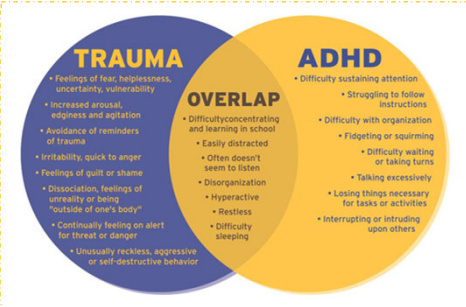
When Behaviors Look Similar



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Activity: Overlap Between ADHD and Trauma

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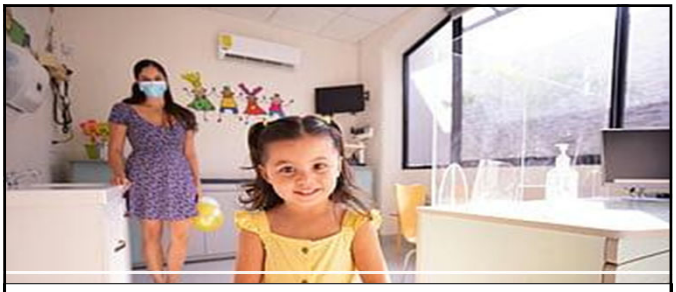

Supporting Families and Children

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Practical Strategies for Supporting Children

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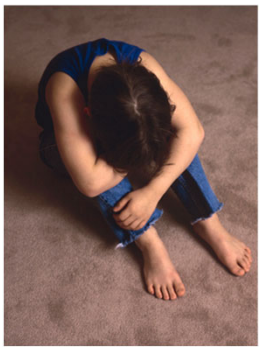

DEPRESSION:

- About 3% of children and teens between the ages of 3 and 17 have depression.
- About 1 in 5 teens have been diagnosed with major depression.

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FAILURE-TO-THRIVE (FTT)

Child under 3 whose weight falls below the 3rd percentile or drops across two major growth chart lines

Signs include:

- Slowed or stopped growth
- Excessive crying
- Irritability
- Lethargy

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SUPPORTING FAMILIES OF CHILDREN WITH FAILURE T0 THRIVE:

- Encourage caregivers to follow the child's medical and nutritional plan.
- Observe feeding interactions when appropriate.
- Ensure prescribed formula, food, or feeding supplies are available if concerns arise.
- Report concerns about feeding, weight loss, or missed medical appointments.
- Reinforce positive caregiver child interactions during meals and feeding routines.

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Target Outcomes Evaluation

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What Need Might They Have?

Scenario 1

A five year old screams the entire ride to family time.

Questions:

What behavior do you see?

What unmet need might exist?

How should the Assistant respond?

Scenario 2

A teenager refuses to get out of the vehicle.

Questions:

What behavior do you see?

What unmet need might exist?

How should the Assistant respond?

Scenario 3

A toddler cried uncontrollably after every visit.

Questions:

What behavior do you see?

What unmet need might exist?

How should the Assistant respond?

Developmental Milestones

This handout lists the skills children develop at different ages as part of typical child development. Each skill is a developmental milestone. For each milestone, there is a typical age range when most children master that skill. For example, a child will typically begin walking between the ages of 9 and 15 months. *Please remember, however, every child is an individual and may develop a skill before or after the typical age range.*

Each of the following tables reviews developmental milestones in different areas of development such as motor skills and communication skills. For example, running and jumping are motor skills, and pointing and using words are communication skills. These areas of development are called developmental domains. Each table lists five developmental domains: motor skills, communication, cognitive skills, social and emotional development, and adaptive skills. There are tables for six age ranges or developmental stages: infants, toddlers, pre-school age children, school-age children, early adolescents and late adolescents.*

Infant Developmental Stage (ages birth to 1 year)

Domain	
Motor	• Develops head control, rolls, sits independently, crawls on all fours, pulls to stand and then walks by 1 year of age. • Reaches out and grasps a toy with either hand, begins to pick up small objects with the thumb and first finger, puts toys in and takes out of containers, begins to build a stack of blocks by 1 year.
Communication	• Makes to-and-fro vocalizations, imitates non-speech sounds, babbles da-da and ma-ma, says a few words by 1 year. • Imitates simple gestures, reaches to be picked up, plays pat-a-cake and begins to point to indicate wants. • Responds to familiar voices, turns head when name is called, understands simple commands, looks to find a toy when asked.
Cognitive	• Shakes and bangs toys in play, bangs 2 toys together, tries to find a toy that is hidden.
Social and Emotional	• Has warm joyful expressions, follows parent's gaze, plays peek-a-boo, waves bye-bye, shows stranger anxiety. • Is able to accept soothing from attachment figures.
Adaptive Skills	• Holds a bottle, finger feeds, drinks from a cup, lifts legs to help with dressing.

Toddler Developmental Stage (ages 1 to 3 years)

Domain	
Motor	• Walks, runs, walks up stairs, kicks a ball, does a broad jump, rides a tricycle. • Stacks blocks, uses a spoon and fork, holds a crayon with fingers, begins to use scissors.
Communication	• Points to indicate wants, uses a variety of gestures, does hand gestures for familiar songs. • Uses single words by 1 year and phrases by 2 years, speaks clearly in sentences by 3 years. • Points to body parts, understands short directions, fills in words in songs.
Cognitive	• Has developed object permanency, finds a hidden toy. • Copies simple shapes, such as a circle and a cross. • Imitates care giving, pretend and imaginative play.
Social and Emotional	• Has developed trust and secure attachment to his/her caregiver(s). • Is interested in other children, engages in parallel play, and then learns to take turns in play. • Shows independence, tries to control the environment. • May have difficulty regulating emotions when frustrated.
Adaptive Skills	• Feeds self with spoon, fork and cup without spilling. • Puts on a hat, takes off all clothes. • Uses the toilet independently.

Pre-School Developmental Stage (ages 3 to 5 years)

Domain	
Motor	• Begins to participate in sports. • Throws a ball overhand, catches a bounced ball. • Does a broad jump, stands on one foot and learns to hop.
Communication	• Speaks clearly in complex sentences, tells stories. • Gives age, full name and address.
Cognitive	• Names colors, understands counting, and can count 10 or more objects. • Recognizes letters, understands concepts like same and different. • By 5 years, begins to understand another person's perspective.
Social and Emotional	• Engages in magical thinking and fantasy play. • Increasingly independent, expands social relationships outside the family. • Talks about friends and begins to be part of a peer group.
Adaptive Skills	• Feeds self with a spoon and fork and learns to spread with a knife. • Dresses self independently except for shoe laces.

VIDEO: The Heart of Attachment

REFLECTION SHEET

Instructions: As you watch the video, listen carefully for the answers to the questions below. Record your responses in the boxes provided. Once the video is complete, we will review and discuss each question as a group.

According to the video, what does secure attachment look like and what role does the caregiver play in helping it develop?

How might a child who did not form a secure attachment early in life struggle in relationships, school, or everyday situations?

Thinking about the children you will work with in your role — why does understanding attachment theory matter for how you show up during home visits, family time, and interactions with children in care?

BEHAVIORS THAT SHOW PRENATAL BONDING AND ATTACHMENT

Bonding does not begin at birth, it begins in the womb. The behaviors and activities below are ways expectant caregivers can begin to build an emotional connection with their unborn child. Use this reference during the scenario activity to identify bonding behaviors you might suggest to an expectant caregiver.

- **Naming and Acknowledging:** Choosing or discussing a name for the baby, referring to the baby by name or nickname, talking to the baby directly, acknowledging the baby as a person before birth
- **Physical Connection:** Rubbing or touching the belly, responding to the baby's kicks or movements, practicing skin-to-skin preparation, and attending prenatal appointments consistently
- **Sensory Engagement: T**alking or reading to the baby, singing or playing music near the baby's belly, playing calming sounds, exposing the baby to the caregiver's voice regularly
- **Preparing the Home:** Setting up a dedicated space for the baby, purchasing or gathering supplies, and creating a safe, welcoming environment in the home before the baby arrives
- **Emotional and Mental Engagement:** Journaling thoughts or letters to the baby, imagining the baby's personality, visualizing life after birth, discussing the baby with supportive family or friends
- **Health and Nutritional Care:** Taking prenatal vitamins consistently, attending all scheduled prenatal appointments, eating nutritious meals, avoiding alcohol, tobacco, and harmful substances, and getting adequate rest
- **Seeking Support and Education:** Attending prenatal classes or parenting preparation programs, seeking prenatal counseling, building a support network of trusted adults, and asking questions during medical visits
- **Spiritual and Cultural Connection:** Praying for or with the baby, incorporating cultural or faith-based traditions into the pregnancy experience, sharing family history or stories with the unborn child

POSTNATAL ATTACHMENT BEHAVIORS

After birth, attachment continues to develop through consistent, responsive caregiving. The following behaviors support a healthy and secure attachment between caregivers and the child.

- **Responsive Caregiving:** Responding consistently and promptly to the baby's cries and needs; soothing the baby when distressed: making eye contact during feeding and caregiving
- **Physical Nurturing:** Holding; cuddling; and rocking the baby; skin-to-skin contact; gentle touch; breastfeeding when possible; carrying the baby close
- **Verbal and Emotional Engagement: T**alking to the baby during daily routines; using the baby's name; responding to coos and sounds; expressing warmth and positive emotion during interactions
- **Consistency and Predictability:** Establishing feeding and sleeping routines; being present and available; following through on caregiving in a consistent and predictable way
- **Reading Cues**: Learning to recognize and respond to the baby's hunger, tiredness, and discomfort cues; adjusting caregiving based on the baby's signals and individual temperament

REMINDER: When suggesting bonding activities to expectant caregivers, always be mindful of the caregiver's background, lived experiences, and comfort level. Some caregivers may have experienced pregnancy loss, trauma, or difficult family histories that shape how they respond to these suggestions. Offer a range of options rather than a single approach and frame all suggestions with warmth and without judgment. Your role is to encourage and support, not to prescribe.

School-Age Developmental Stage (ages 5 to 11 years)

Domain	
Motor	• Masters complex gross and fine motor skills and perceptual-motor skills. • Participates in organized sports, plays a musical instrument. • Drawings are much more sophisticated.
Communication	• Improving use of grammar and syntax. • Describes experiences in detail. • Talks about thoughts and feelings.
Cognitive	• Develops more logical and rational thinking. • Develops the ability to understand another's perspective. • Sustains attention to finish a task. • Is able to plan and organize school work.
Social and Emotional	• Strengthens relationships outside the family. • Increased importance of friends, often same sex peers. • Participates in peer groups, adopts age-appropriate social roles. • Is confident and goal-directed, has special interests. • Self-esteem is based on child's view of his own abilities.
Adaptive Skills	• Understands the function of money. • Uses a phone and develops computer skills.

Early Adolescent Developmental Stage (ages 11 to 14 years)

Domain	
Motor	• Highly developed gross and fine motor skills. • Special talents with specific sports or musical instruments emerge. • Adept with computer keyboard.
Communication	• Talks about experiences in detail. • Uses the proper tense of verbs. • Tells basic parts of the plot of story, movie, or TV show.
Cognitive	• Explains ideas in more than one way, greater ability for complex thought. • Describes a short-term goal and what he or she needs to do to reach it. • Writes reports or essays at least 1 page long. • The early adolescent begins to question authority and society standards. • Strong sense of right and wrong. • Recognizes the likes and dislikes of others.
Social and Emotional	• Concerned about body image, looks, and the clothes she or he wears. • Acceptance by peers is critical to his or her self-esteem. • Periods of moodiness, may feel sad. • Anxiety related to challenging schoolwork. • Increasing modesty and desire for privacy. • May argue with parents. • Beginning to experiment with different adult roles and identities
Adaptive Skills	• Independent in self-care. • Has basic cooking skills. • Goes to the store, selects and purchases items, and gets correct change.

10 Warning Signs of Troubled Teen Behavior You Shouldn't Ignore

1.	**Sudden Withdrawal from Family and Friends**	• Stop engaging in activities they once enjoyed. • They may prefer to stay alone in their room or avoid social events.
2.	**Drastic Changes in School Performance**	• Missed assignments or falling behind in class. • Emotional withdrawal or lack of participation in school activities.
3.	**Increased Anger and Aggressive Behavior**	• Frequent outbursts or violent tendencies. • Lash out over small issues or become overly defensive.
4.	**Extreme Mood Swings and Emotional Instability**	• Sudden changes in mood, from extreme happiness to deep sadness. • Emotional outbursts or irritability • Mood swings affect daily life.
5.	**Sudden Risk-Taking Behavior**	• Reckless actions like speeding or skipping school can signal deeper issues. • Using risky behavior to cope with emotional pain or stress.
6.	**Decline in Personal Hygiene and Self-Care**	• Unkempt hair, dirty clothes, and poor hygiene are red flags. • A sudden lack of interest in grooming or caring for themselves.
7.	**Secretive or Defensive Behavior**	• Avoids sharing details about their life. • Defensive behavior may arise when they feel questioned or scrutinized.
8.	**Changes in Eating or Sleeping Habits**	• Skipping meals, overeating, or lack of appetite. • Changes in sleep patterns, like insomnia or excessive sleeping, are also red flags.
9.	**Self-harm or Expressions of Suicidal Thoughts**	• Physical signs of self-harm, such as unexplained cuts or burns. • Expression of suicidal thoughts, directly or indirectly, through comments or behavior.
10.	**Sudden Change in Friendships and Peer Group**	• New friends can sometimes lead teens to unhealthy or risky behaviors. • Peer pressure can encourage behavior that teens might not typically engage in.

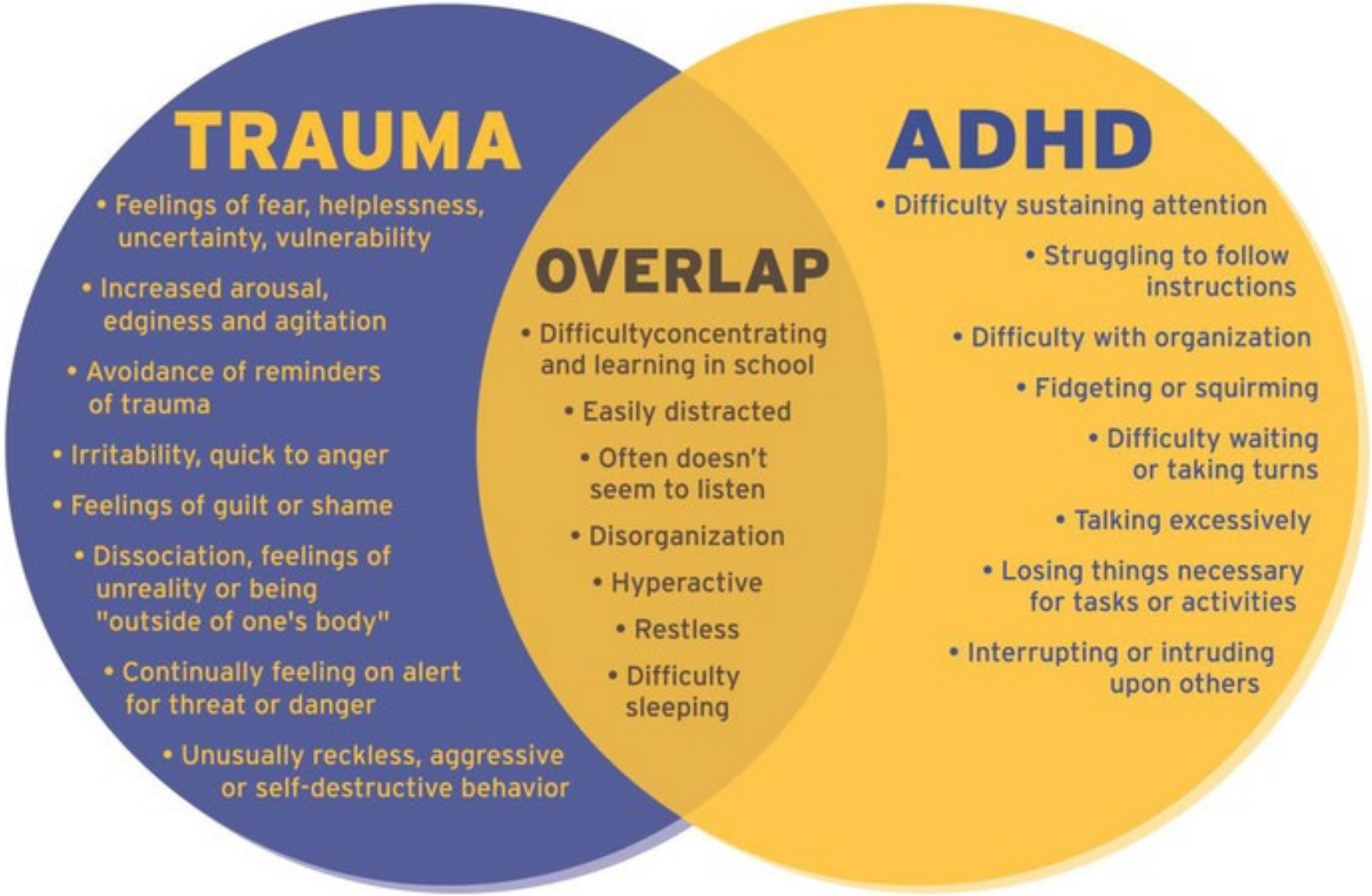
Source: *Used in part from 10 Warning Signs of Troubled Teen Behavior You Shouldn't Ignore*
https://ncboysacademy.org/10-warning-signs-of-troubled-teen-behavior-you-shouldnt-ignore

Middle and Late Adolescent Developmental Stages (14 to 18 years and 18 to 21 years)

Domain	
Motor	• Physically mature. • Participates in sports, musical groups, leisure activities based on individual choice.
Communication	• Gives complex directions, e.g., to a location, for a recipe. • Has detailed conversations on a variety of topics. • Sets a long-term goal, plans and completes the work to achieve it.
Cognitive	• Continues to develop own identity, considers different possibilities. • Thinks about global concepts such as justice, politics, and government. • Is idealistic, may be intolerant of opposing views. • Starts to think about career decisions, adult roles.
Social and Emotional	• Understands subtle social cues in a conversation. • Cooperates with peers in planning and participating in a project. • Talks with others in detail about shared interests. • Goes out with friends without adult supervision. • Shares concerns individually with health care provider. • Goes out on dates. • Develops sexual identity and orientation.
Adaptive Skills	• Decides menu and prepares the main meal of the day. • Uses the computer for complex tasks including research on the Internet, word processing. • Earns money at a part-time or full-time job. • Tries to improve work performance after receiving constructive criticism.

** The information provided in these tables was adapted in part from the Vineland Adaptive Behavior Scales Second Edition Bright Futures for Families (www.brightfuturesforfamilies.org), How Kids Develop, and the website of the Center for Disease Control and Prevention National Center on Birth Defects and Developmental Disability (www.cdc.gov/ncbddd/actearly/milestones).*

OVERLAP BETWEEN TRAUMA AND ADHD



VIDEO: Trauma-Informed Care De-escalation

REFLECTION SHEET

Instructions: As you watch the video, listen carefully for the answers to the questions below. Record your responses in the boxes provided. Once the video is complete, we will review and discuss each question as a group.

Why is a trauma-informed approach important when responding to challenging behavior?

What are some ways Social Services Assistants can help de-escalate a situation without making the child or family feel more threatened?

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

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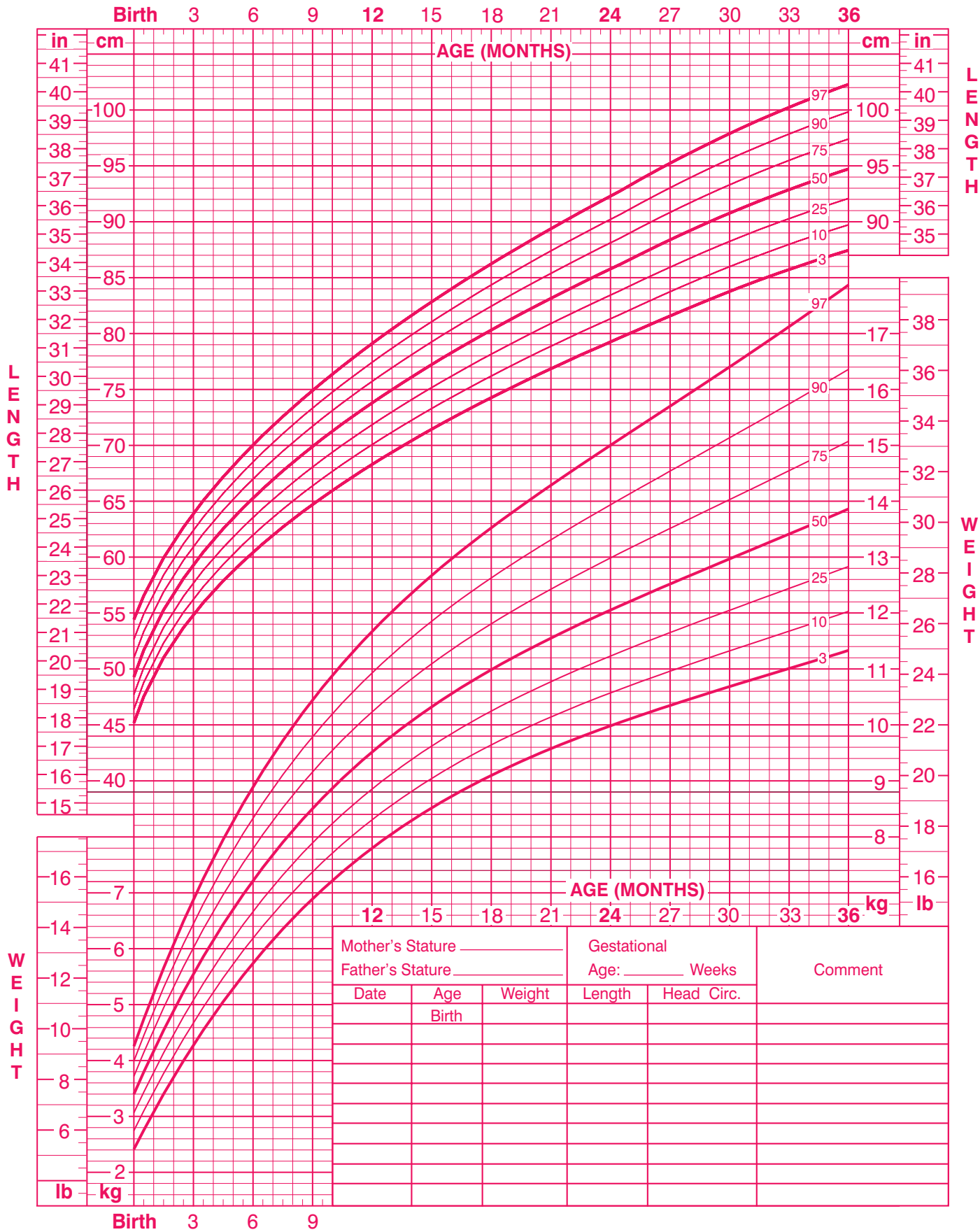

Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

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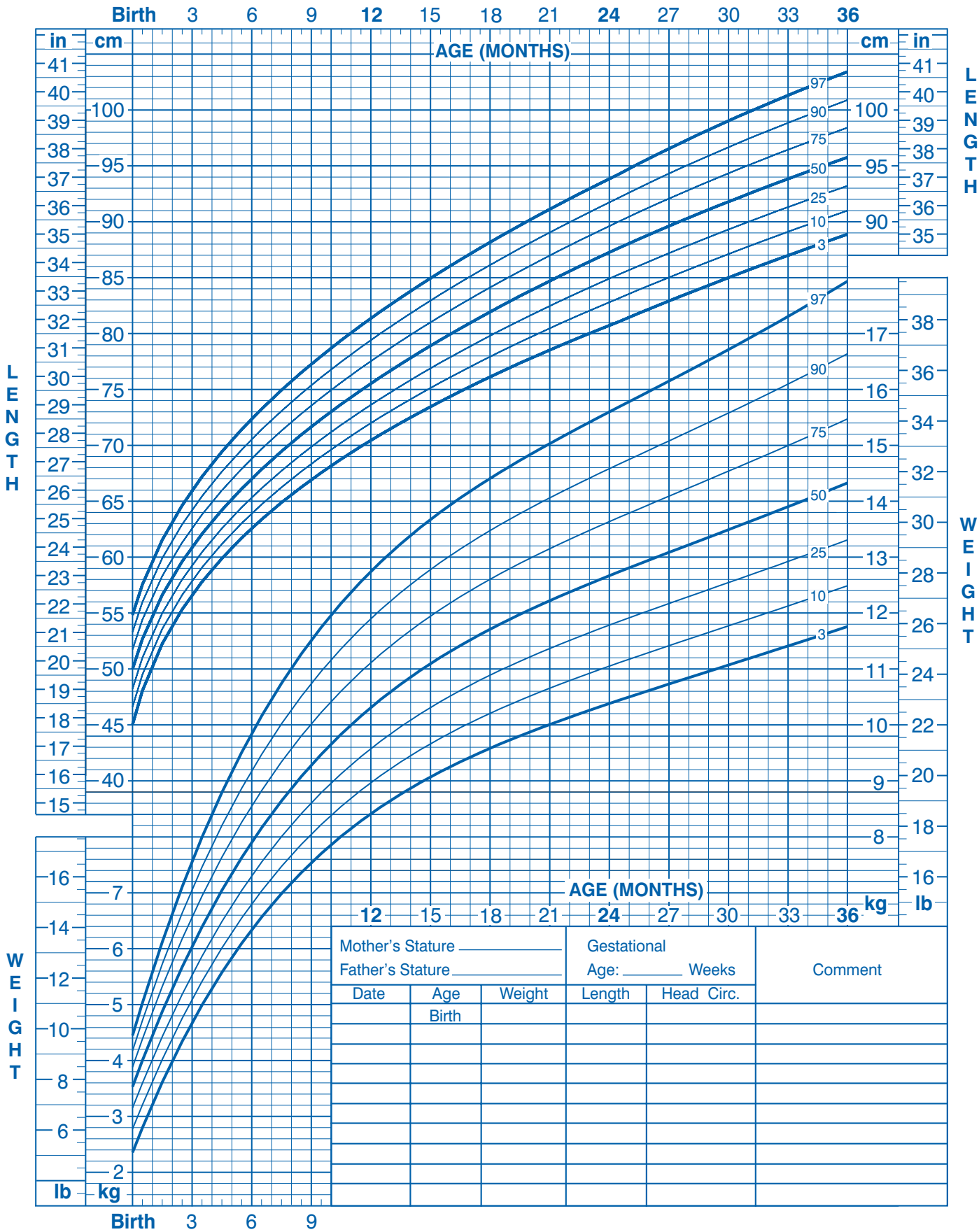

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