

Child Development

FosterParentCollege.com® A Viewer Guide

This class will explore typical child development and the “red flags” that may indicate problems with development or behavior in children who have experienced maltreatment. An understanding of typical child development is critical for foster parents so they can understand when their child is delayed in his or her development or is exhibiting behavioral problems. This knowledge also helps parents have more realistic expectations for their child and provides a basis for discussions with the child’s physician or social worker. Since many children in care have developmental or behavior challenges, it is important to understand risks and protective factors that influence development.



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At the end of this course you will be able to:

- Identify red flags of development that indicate problems in abused and neglected children.
- Describe the impact of abuse and neglect on child development.
- Understand risk and protective factors.
- Identify developmental domains and stages.
- Understand temperament and goodness of fit.

This companion guide provides the content of this course.

Typical Child Development

Child development is a process in which children master new skills as they grow. Development is sequential; one skill leads to the acquisition of the next. Child development is remarkably similar in children throughout all cultures and all regions of the world.

“Nature vs. nurture”

Development is influenced by the genes a child inherits (DNA) and by the child’s environment and experiences and how they interact over time.

Developmental Milestones

Developmental milestones are “benchmarks” or physical or behavioral signs of the child’s developmental progress. Common milestones are a baby saying his first word or taking his first step. Each milestone has a typical age range during which that skill is mastered, although the actual age of mastery may fall outside the range and still be considered typical.

Developmental Domains

Developmental domains describe the different areas of development:

- **Motor skills** – running, jumping, picking up small objects
- **Communication** – speaking, using gestures, and understanding language
- **Cognitive skills** – thinking and problem solving skills, memorization, paying attention, and being able to plan and organize
- **Social and Emotional Development** – interacting with others, expressing emotions
- **Adaptive Skills** – self-help skills and daily living skills

In this first interactive exercise viewers are asked to match a child’s activity or behavior with one of the developmental domains: motor skills, communication, cognitive skills, social and emotional development, or adaptive skills.

A child runs to get a ball.

Running is a motor skill.

A child points to an apple he wants to eat.

Pointing to something is a good example of nonverbal communication.

A child brings home, completes and then hands in homework.

Cognitive. This is an example of thinking and organizing skills.

A child asks another child to play.

This is social and emotional development.

A child learns to use the toilet.

Adaptive skills. Children use not one but a combination of the other domains to accomplish adaptive skills.

Skills in different domains are interrelated and depend on each other. A delay in one domain might be accompanied by a delay in another domain.

Developmental Stages

Developmental stages are specific age ranges during which a typically developing child would be expected to show the same characteristic skills or behaviors. Stages are an easy way of describing all the development that happens during a particular age range. While development is cumulative, there can be variations in how a child achieves a specific milestone.

The six developmental stages are:

1. Infant (ages birth to 1 year)
2. Toddler (ages 1 to 3 years)
3. Pre-school (ages 3 to 5 years)
4. School-age (ages 5 to 11 years)
5. Early adolescence (ages 11 to 14 years)
6. Late adolescence (ages 14 to 18 years)

In the next interactive exercise, viewers are asked to match a description of a child's skill or milestone with the correct developmental stage. A brief explanation follows each correct answer.

A child succeeds at being potty trained.

Ages 1 to 3. Most children are toilet trained during the toddler stage.

A child experiences a rapid period of growth.

Ages birth to 1. The most rapid growth typically happens during the infant stage.

A child takes turns and cooperates in play with other children.

Ages 3 through 5. Social development happens during the pre-school age.

A child learns to use scissors and button buttons.

Ages 3 through 5. These are pre-school stage skills.

A child imitates the behavior of others, especially adults and older children.

Ages 1 to 3. This is part of the social and emotional development of the toddler stage.

A child is concerned about her body image, looks, and the clothes she wears.

Ages 11 through 14. This is part of the social and emotional development and typically happens in the early adolescent stage.

A child experiences stranger anxiety.

Ages 1 to 3. This may begin in late infancy but is typical of the toddler stage.

A child begins to develop trust, the building block of attachment.

Ages birth to 1. This social and emotional development typically happens in the infant stage.

A child experiences a period of rapid cognitive learning; thinking becomes more rational and logical.

Ages 5 through 11. This cognitive development typically happens in the school-age stage.

A child thinks logically, understands abstract and hypothetical ideas.

Ages 14 through 18. This cognitive development typically happens in late adolescence.

A child shows increasing independence, may become frustrated easily and throw a tantrum.

Ages 1 to 3. This social and emotional development typically happens in the toddler stage.

A boy matures physically, develops secondary sexual characteristics such as facial hair, increased musculature, etc..

Ages 14 through 18. This sexual development typically happens in the late adolescent stage.

A child is able to understand the perspective of others.

Ages 5 through 11. This cognitive development typically happens in the school-age stage.

A child's acceptance by her peers is critical to her self-esteem.

Ages 11 through 14. This social and emotional development typically happens in the early adolescent stage.

A child begins to understand and practice social roles.

Ages 3 through 5. This is social and emotional development typically happens in the pre-school stage.

A child participates in peer groups, usually with the same sex.

Ages 5 through 11. This social and emotional development typically happens during the school-age stage.

A child has a strong sense of right and wrong.

Ages 5 through 11. This cognitive development typically happens in the school-age stage.

A child speaks clearly in sentences and can tell stories.

Ages 3 through 5. This communication development typically happens in the pre-school stage.

Temperament and Goodness of Fit

The concepts of temperament and goodness of fit will help parents understand and support a child's social and emotional development. Temperament is a child's behavioral style: the "how" a child does something, not "why." Some children respond intensely to change and others are flexible and adapt quickly. Understanding a child's temperament can help parents adjust their expectations.

There are three basic temperament types in children:

1. Adaptable
 - The child is positive, content, and adapts to change with little protest.
2. Intense
 - The child often is very active, easily frustrated, and responds with big reactions to change or limits
3. Slow to warm up
 - The child is withdrawn or adjusts slowly to new situations.

Goodness of fit refers to how well a child's temperament matches the parent's temperament. A child who is intense and easily frustrated would be a poor fit with a parent who also is easily frustrated, responds intensely, and follows an irregular schedule. That same child paired with a parent who is flexible, has a positive mood, and high frustration tolerance would be a good fit. The importance of considering the temperament of the child ready for placement and that of the foster parent cannot be overstated; the success of placement often hinges on the suitability of the match of temperaments.

Developmental Delay

It is not uncommon for a child to be delayed in a developmental domain. The child usually catches up with his peers. If a child is behind in many skills in many domains, he is much more likely to have a persisting developmental problem that needs intervention. Foster parents need to watch for "red flags" of behavioral or mental health problems so the child can be examined by a professional. Red flags are behaviors that:

- are typical of a child who is much younger or very much older
- look unusual for a child of any age
- are very frequent or persist for too long.

Red Flags of Development

The child who is withdrawn and speaks very little entering foster care.

Withdrawal is not a behavior we expect to see in typically developing children at any age. Children who remain withdrawn are at high risk for an attachment disorder and possible speech and language disorder.

The young child who shows overly sexualized behavior.

This is a red flag for possible sexual abuse. An example of overly sexualized behavior would be an eight-year-old girl who inappropriately hugs, rubs against or sits on the laps of adult men.

The hyperactive child who can't sit still in circle time or interrupts the class.

Many children have trouble sitting still in some situations. It becomes a problem when it happens very frequently and in most situations. That's a red flag for potential ADHD.

The child who demonstrates oppositional and aggressive behavior.

These behaviors and tantrums may be typical behaviors for toddlers, but they become problems if they are frequent or if they persist to older ages. It's a big red flag if these behaviors are seen regularly at home and at school.

Community Resources

Federal law requires that all children placed in foster care be evaluated for developmental problems and Early Intervention services. Parents who have noticed red flag behaviors should write down what they observe and discuss any concerns with the child's doctor or social worker. Be sure to mention any observations about the child's temperament as that can influence behaviors.

Case Studies: An Introduction

The following case studies look at 5 children who are in different age groups and how their experienced maltreatment impacts their development.

Domains: Toddler Developmental Stage (ages 1 to 3 years)

- **Motor**
 - Crawls, walks, runs, kicks a ball, rides a tricycle
 - Stacks blocks, holds a crayon with fingers, begins to use scissors

- **Communication**
 - Points to indicate wants
 - Uses single words by 1 year and phrases by 2 years, speaks clearly by 3 years
 - 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 and then pretend play

- **Social and Emotional**
 - Has developed trust and secure attachment to his/her caregiver
 - Is interested in other children, engages in parallel play, 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 and cup without spilling
 - Puts on a hat, takes off all clothes
 - Uses the toilet independently

The Effects of Maltreatment on Toddlers

The following interactive presents statements describing abuse or neglect. Statements are followed by an explanation.

The parents or caregivers maltreat or are unresponsive to an infant.

(abuse) The child may have difficulty learning to trust. This impacts the child's social and emotional domain.

The parents or caregivers fail to provide stimulation to or play with the infant.

(abuse) This may lead to delays in cognitive and communication skills.

An adult vigorously shakes a crying infant.

(abuse) This causes Shaken Baby Syndrome and can damage the developing brain and lead to very serious developmental problems. This type of injury can affect all domains of development.

An infant receives poor nutrition.

(neglect) The child may not grow as expected and be physically smaller than other children in his age group (failure to thrive). This can potentially impact all developmental domains, especially communication, cognitive and social and emotional development.

A young child does not receive medical care for ear infections.

(neglect) The child may have conductive hearing loss. This can impact all developmental domains, especially cognitive, communication, and social and emotional development.

Case Study 1: Sadie (Infant and Toddler Stages)

A foster parent has had 16-month-old Sadie for two months. Sadie was exposed prenatally to drugs and has been diagnosed as “failure to thrive” as she is not maintaining her expected rate of growth for length and weight. Sadie is very quiet, does not make sounds, does not like to be picked up or touched and vomits daily. She does not look at her foster mother except when she is being fed and does not play with toys or attend to her mother during peek-a-boo. When Sadie does cry, she is difficult to comfort. Sadie cannot crawl or stand but does finger-feed herself Cheerios.

Summary: Sadie is showing delays in all domains of development. She also has health problems: failure to thrive and vomiting, possibly GERD. She needs to be seen by her health care provider who will monitor her growth and treat the GERD. She needs to be seen by an infant mental health specialist and also needs a formal hearing test to rule out possible hearing loss that is causing a delay in speech and language.

Domains: Pre-School Developmental Stage (ages 3 through 5 years)

- **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 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, learning to spread with a knife
 - Dresses self independently except for shoe laces

The Effects of Maltreatment on Pre-school Age Children

The following interactive presents statements describing the effects of abuse or neglect. Statements are followed by an explanation.

A neglected pre-school age child may show delays in a number of developmental domains.

A common problem is delay in speech and language skills. The child may not have had stories read to her, been engaged regularly in conversation, or may have been ignored.

The abused pre-schooler may appear emotionally detached, isolated, and withdrawn from both adults and peers.

Or he may be overly active, have difficulty focusing more than briefly, and approach strangers inappropriately. These apparent attachment issues demonstrate significant delays in social and emotional development, as well as atypical behaviors.

The child may be excessively fearful, easily traumatized, and may have frequent night awakenings.

The pre-school age child with Post Traumatic Stress Disorder, or PTSD, may have great difficulty with specific situations that remind him of the trauma. These will present major issues with ongoing social and emotional development.

A neglected or abused pre-schooler may prefer solitary or parallel play, or may lack age-appropriate play skills with objects and materials.

Imaginative and fantasy play may be absent. A child who has been exposed to domestic violence may be very aggressive in his play and be defiant with adults. Again, these present major issues with ongoing social and emotional development.

Case Study 2: Jonathan and Larry (Pre-school Stage)

Jonathan and Larry, age 4, were placed in kinship care one year ago; both boys are small for their age. Larry had severe burns on his feet and legs, will not go near the bathtub or bathroom, and is not toilet trained and smears his feces on himself and his surroundings. He is a good eater but will eat to the point of vomiting; he has night terrors. Jonathan sleeps well but is a very picky eater. Jonathan has said some complete sentences and will play with others, but resorts to hitting and biting when the play does not go his way. Both boys have started pre-school through Early Intervention.

Summary: Both boys have suffered severe abuse and neglect, are delayed in all developmental domains, and exhibit problem behaviors; smearing of feces is a major red flag for a possible serious mental health disorder. Larry may meet the criteria for PTSD, both boys have attachment issues and health issues. Both boys need further assessment, ongoing mental health services, and a continuation of Early Intervention services. Both need to be seen by their physician for referrals for speech and language services and for a comprehensive cognitive assessment.

Domains: School-Age Developmental Stage (ages 5 through 11)

- **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

The Effects of Maltreatment on School Age Children

The following interactive presents statements describing the effects of abuse or neglect. Statements are followed by an explanation.

School-age children who have experienced neglect or abuse may have had little opportunity to develop more complex motor skills.

They may not have participated in sports or even had a bicycle to ride. Delays in motor skills are usually due to lack of experience or lack of the chance to practice those skills. In addition, school-age children may have more difficulty with visual-motor or perceptual-motor skills, or how the eyes, hands, and brain work together.

School-age children who continue to show speech and language problems likely have a significant speech and language disorder and will need ongoing therapy.

They may also have cognitive problems. Some of the most common problems are difficulty sustaining attention or concentrating, planning, and organizing. These are called executive function skills and are very important for schoolwork.

School-age children who have experienced neglect or abuse are at high risk for a number of problems with social and emotional development.

They may have low self-esteem and may have few skills in initiating and maintaining friendships. They may be very sensitive to peer expectations for performance and withdraw from social contact, or they may respond by being surly and aggressive. These children may not be engaged in any productive, goal-directed activity, and they are at risk for inappropriate behaviors such as lying, stealing, and bullying.

Case Study 3: Abby (School-Age Stage)

Nine-year-old Abby has been living with her foster-adoptive mother for two years. At home Abby has been caught lying and stealing but denies any wrong doing when confronted with the evidence. She cries easily and can be very defiant, but also has a sweet, compassionate side. At school she is delayed in her academics and receives specialized services through an IEP. It is difficult for Abby to maintain her attention during class and appears to not have any friends her age; she prefers to play with younger children. Abby is quite small for her age and has some sleep issues, but in general her health is good. She is self-conscious about her pigeon-toed gait.

Summary: The school is appropriately addressing her academic needs but may want to include her in a social skills group. She needs to be seen by her primary health care provider to evaluate her sleep issues; she is not getting enough sleep for a 9-year-old and lack of sleep can cause anxiety and attention problems. She needs to be evaluated for attention problems.

Domains: Early Adolescent Developmental Stage (ages 11 through 14)

- **Motor**
 - Highly developed gross and fine motor skills
 - Special talents with specific sports or musical instruments emerge
 - Adept with computer keyboard current technology

- **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
 - 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

- **Adaptive Skills**
 - Independent in self-care
 - Has basic cooking skills
 - Goes to the store, selects and purchases items, and gets correct change

The Effects of Maltreatment on Early Adolescent Children

The following interactive presents statements describing the possible developmental outcomes for adolescents who have been abused or neglected. Statements are followed by an explanation.

Puberty may be delayed in adolescents who have experienced prolonged periods of malnutrition and neglect.

Inadequate nutrition slows physical growth and subsequently sexual maturation.

These youth may have problems in the cognitive domain.

They may be academically delayed, have significant problems keeping up with the demands of school, and difficulty maintaining attention to finish homework, as well as remembering to bring schoolwork home or hand in completed work. They are at risk for Attention Deficit Hyperactivity Disorder and other problems with executive functions. These problems may be compounded by frequent absences from school and numerous changes in schools.

They may have difficulty in the social and emotional domain.

Youth who have been abused or neglected may refuse to go to school, arrive late, or skip classes, and they may fail to follow other social rules. In a few cases, they may become the school bully and intimidate other students. Youth who have been sexually abused often have considerable difficulty in establishing and maintaining intimate relationships. Intense guilt, shame, poor body image, lack of self-esteem, and a lack of trust can pose serious barriers to a youth's ability to enter into mutually satisfying and intimate relationships with significant others.

Abused and neglected youth may demonstrate considerable difficulty in formulating a positive identity.

Identity confusion and poor self-image are common. They may not be able to engage in appropriate social or vocational roles. This affects social and emotional, as well as adaptive, development.

Case Study 4: Germaine (Early Adolescent Stage)

Germaine, 14-years-old, has been living with his current foster family for the past five months. Previously he spent his early years with his adoptive family but the placement unraveled. At age 12 Germaine became depressed, stopped going to school, refused to do chores. He eventually ran away and was placed in shelter care where he stayed for six months prior to his current foster home. At home Germaine has responded positively to structure and basic rules but still acts depressed. He is in counseling and has joined a support group at school for gay adolescents; his parents hope this will help him feel more comfortable with himself. Germaine has academic problems and the school has scheduled an evaluation.

Summary: Germaine's adoptive placement was not a good fit for a young man trying to understand his sexuality. His depression needs to be treated and cognitive behavioral therapy (CBT) and medication have proven to be helpful. Germaine may need to see a child psychiatrist to consider medication management. It would be helpful if Germaine got involved in community activities to help him expand his circle of friends.

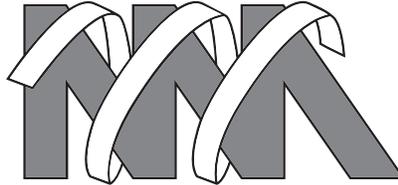
In Closing

A good understanding of typical child development and the effects of abuse and neglect on a child's development and behavior will help foster parents implement parenting strategies that are appropriate. Sharing observations with the child's case worker and medical provider coupled with knowing the level of their child's skills will help get the right services for their child.

Viewers are reminded to access the printable material in the handout section of the course.

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