

**The Development of Infants and Toddlers:  
Effects of Abuse and Neglect**

**AGENDA**

- I. Introductions and WIIFM
- II. Understanding the Principles of Child Development
- III. Typical Development of Infants and Toddlers
- IV. Effects of Abuse and Neglect on Development of Infants and Toddlers
- V. Treatment and Parenting Strategies for Abused and Neglected Infants and Toddlers
- VI. Special Developmental Issues of Infants and Toddlers
- VII. Transfer of Learning/Evaluations

**Competencies**

923-01-001	Knows the principles of development
923-01-002	Knows the developmental domains and understands how there may be developmental variations between physical, emotional, cognitive, and social domains
923-01-003	Understands how infants and toddlers develop in each domain - social, emotional, cognitive, and physical.
923-01-006	Knows how heredity and environment affect development
923-01-007	Knows how the primary family's values and standards for behavior influence development
923-01-008	Can recognize indicators of healthy development
923-02-001	Understands how separation from the primary family and placement in out-of-home care can affect development
923-02-002	Understands how trauma can affect brain development
923-02-003	Understands how abuse, including sexual abuse, and neglect can affect infant and toddler development
923-02-006	Knows signs of possible developmental problems in infants and toddlers.
923-02-009	Understands why it is important to identify early signs of problems in a child's development.

923-02-013	Can recognize and report early signs of developmental delays and disabilities and emotional problems in infants and toddlers
923-03-003	Knows common challenges in caring for children at various developmental stages and knows how to manage these challenges.
923-03-005	Knows how to care for, nurture, and discipline children at various developmental stages in ways suitable for their level of development
923-03-006	Can care for, interact with, and nurture infants and toddlers in ways that enhance their development
923-05-002	Understands why infants and toddlers are at high risk of abuse and neglect
923-05-005	Understands how children's cognitive development affects their understanding of the abuse or neglect

## DEVELOPMENT QUIZ

At what age would the following developmental milestones TYPICALLY be achieved by a child?

1. Able to complete a 3-4 piece puzzle	
2. Develops a social smile	
3. Fully potty-trained	
4. Shows preferences for specific people and toys	
5. Begins to sort by shapes and colors	
6. Can walk without support	
7. Able to feed herself at home, but "forgets" how when at a friend's home or in a restaurant	
8. Responds to own name	
9. Understands concepts such as 'in', 'on', 'under'	
10. Reacts to frustration by hitting, biting, and screaming	
11. Weaves fact and fantasy together in play, and tells imaginative "tall tales"	
12. Says several single words	
13. Achieves "object permanence" – knows that an object continues to exist, even when it is out of sight	
14. Finger feeds self	
15. Starts using hands and eyes in coordination	
16. Struggles to get objects that are out of reach	

# DEVELOPMENT ACTIVITY SHEET

Indicators of Delay in each Developmental Domain	Parenting Strategies to Encourage Development
PHYSICAL:	
COGNITIVE:	
EMOTIONAL:	
SOCIAL:	

## Timmy Brown Psychological Assessment

### **PART ONE**

Timothy Brown

D.O.B. 8-14-84 (C.A. 1 year, 0 mo. 16 days)

Date of Assessment: 8-30-85

### REFERRAL

Timmy was referred for psychological evaluation by Brenda Jones, social worker for Washington County Children's Services. Ms. Jones was concerned about possible delays in Timmy's development and requested assistance in determining an appropriate treatment plan for him.

### BACKGROUND

Timmy is the youngest of four children. He lives at home with his parents and three siblings, age 4-1/2, 3-1/2, and 2-1/2. The Brown family receives ongoing in-home protective and supportive services from Washington County Children's Services. The family was originally referred to the agency because of alleged serious neglect of the children. Short-term removal of the children and placement in foster care were necessary in 1984. The children's service agency reports that the condition of the home remains marginal and the children do not receive adequate stimulation. The agency reports that the parents have limited parenting skills and are often overwhelmed with the demands of caring for four preschool aged children. The parents are reported to be committed to the children and do appear to make attempts to improve child and home care.

### Medical

Timmy's mother reports that he has had chronic respiratory problems since early infancy, which have resulted in repeated illness and occasional hospitalization. Screenings for cystic fibrosis have been negative. At the time of the assessment, Timmy was congested and was having difficulty breathing. His mother indicated that the congestion was fairly typical. No other medical problems were reported.

### Developmental

There is limited information regarding Timmy's early development. No significant birth problems were reported by his mother. The children's service social worker who had been monitoring the family indicated she felt that Timmy was delayed.

## PRESENT ASSESSMENT

### Tests Administered

Denver Developmental Screening Test (DDST); Adaptive Behavior Scale for Infants and Early Childhood (ABSI); diagnostic clinical interview and play diagnosis.

### Test Results

On the DDST, Timmy exhibited moderate delays in the areas of motor, language, and personal-social development. Timmy's lower body gross motor development was significantly delayed, as he exhibited almost no ability to bear weight on his legs. While he did crawl, he did not pull to standing, did not cruise holding on, nor walk. He would not stand when assisted. Upper body gross motor development appeared to be within normal ranges; however, fine motor abilities were delayed. Timmy had developed finger-thumb opposition but did not demonstrate a good pincer grasp with either hand. He did manipulate objects using both hands and put objects into his mouth. In general, motor development was typical of an eight-month old child. The inability to bear weight on his legs is more typical of a one- to two-month old infant.

Timmy's language development on the DDST was also delayed. His verbalizations were very limited both in quantity and in quality. He occasionally babbled and elicited random sounds, but his verbalizations appeared to be nonspecific. He could not be engaged into reciprocal verbalization or imitation of sounds by the examiner during the testing situation. His language development appeared to be at approximately a 7-month level as measured by the DDST.

The ABSI was completed through an interview with Timmy's mother. Much of the information was corroborated by the examiner through observation during the testing situation, and the ABSI data generally appears valid. The ABSI indicates moderate delays in most areas of adaptive behavior. Timmy's area of greatest strength was independent functioning, which for a child of Timmy's age includes primarily feeding skills, including finger-feeding, and cooperation when being bathed or dressed. His physical development was significantly delayed, again primarily because of the inability to use his legs, which precluded any upright locomotion. Timmy's communication skills and personal-social development were also moderately delayed on the ABSI. There were no reports of significant maladaptive behaviors which would suggest emotional disturbance.

## Timmy Brown Psychological Assessment

### **PART TWO**

#### GENERAL IMPRESSIONS

Timothy is a 12-month old male infant who exhibited moderate delays in all areas of physical, cognitive, language, and interpersonal/social development. He was a compliant infant who participated in the testing situation without exhibiting any distress, despite the strangeness of the room and the examiner. He permitted the examiner to manipulate him physically, to take away objects, and to engage him in activities without protest or exhibition of oppositional behavior. He appeared to be overly passive and lacked in age-appropriate autonomous behavior. Timmy did approach and manipulate objects in the room and showed a mild interest in exploring, but he did not engage other persons in play or interaction, and he did little more with objects than visually explore and manipulate them with his hands.

Timmy's lack of use of his legs is of major concern. There is considerable discrepancy between his upper and lower body gross motor competence. His limited locomotion may contribute to limitations in his ability to explore the environment and to participate in certain types of play. While his inability to walk is consistent with his delays in other domains, the inability to bear weight on his legs may suggest hypotonia, cerebral palsy, or other physical deterrent to his motor development.

The reportedly poor home environment and limited skills of the parents have probably contributed to Timmy's delays. Inadequate stimulation, including verbal and social interaction, limited mobility, and limited access to toys and objects of interest to explore and manipulate have probably contributed to Timmy's general delay. The degree of his delay might, however, indicate more serious developmental problems and should be monitored on an ongoing basis.

## RECOMMENDATIONS

- 1) Timmy should be evaluated by a physician to rule out physical causes of lower body motor delays such as hypotonia, cerebral palsy, or orthopedic problems.
- 2) Timmy would benefit from an intensive infant stimulation program offered through the county program for the mentally retarded. A Head Start home trainer could also be considered. Mrs. Brown should be taught activities she can do with Timmy at home. Timmy should also be enrolled in protective day care for several hours each day. The caregiver should provide physical activities and exercises to strengthen muscle tone and encourage Timmy to stand and walk. Play activities should be structured to encourage exploration, appropriate interpersonal interaction, and to increase Timmy's exposure to language.
- 3) Timmy should be re-evaluated after six months of remedial programming to assess his progress and to determine the need for additional intervention.

# Development of Infants and Toddlers and the Effects of Abuse and Neglect

## RESOURCE GUIDE

### I. DEVELOPMENT

- **GENERAL DEVELOPMENT**

<http://www.princeton.edu/futureofchildren/publications/journals/article/index.xml?journalid=44&articleid=186&sectionid=1208&submit>

*Journal Issue: Caring for Infants and Toddlers* Volume 11 Number 1 Spring/Summer 2001  
The Future of Children

- This article, "Development in the First Years of Life", is one of a number of infant and toddler-related articles in this on-line journal.

- **SEXUAL DEVELOPMENT**

[http://brightfutures.aap.org/pdfs/Guidelines\\_PDF/9-Promoting-Healthy-Sexual-Development.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/9-Promoting-Healthy-Sexual-Development.pdf)

Guidelines for Promoting Healthy Sexual Development  
Bright Futures

- This brochure notes typical behaviors related to sexual development and gives ideas for parents to encourage healthy sexual development.

- **IMPACT OF TRAUMA ON DEVELOPMENT**

[http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/Winter%2006\\_Putnam.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Winter%2006_Putnam.pdf)

The Impact of Trauma on Child Development, Winter 2006, *Juvenile and Family Court Journal*  
Frank Putnam

- This article describes how early childhood traumatic experiences can impact development. It also discusses treatment interventions.

### II. DEVELOPMENTAL DISABILITIES

- **DEFINITION OF DEVELOPMENTAL DISABILITIES**

[http://www.nichd.nih.gov/health/topics/developmental\\_disabilities.cfm](http://www.nichd.nih.gov/health/topics/developmental_disabilities.cfm)

Developmental Disabilities

National Institute of Child Health and Human Development

- This e-article describes the different types of developmental disabilities, treatments, and where to go for additional information.

- **TRAUMA AND DEVELOPMENTAL DISABILITIES**

[http://www.nctsn.org/nctsn\\_assets/pdfs/reports/traumatic\\_stress\\_developmental\\_disabilities\\_final.pdf](http://www.nctsn.org/nctsn_assets/pdfs/reports/traumatic_stress_developmental_disabilities_final.pdf)

Facts On Traumatic Stress And Children With Developmental Disabilities, 2004

National Child Traumatic Stress Network

- This report by the Adapted Trauma Treatment Standards Work Group provides statistics about trauma in special needs populations and makes suggestions for adapting treatment protocol to the benefit of these populations.

- **PRENATAL DRUG EXPOSURE**

<HTTP://WWW.ARCHRESPITE.ORG/ARCHFS49.HTM>

ARCH Factsheet Number 49, April 1997

Chapel Hill Training-Outreach Project

- This factsheet provides information on potential health conditions of drug-exposed infants, developmental outcomes and patterns, parenting techniques, and strategies and resources.

- **FETAL ALCOHOL SPECTRUM DISORDER**

[http://fasdcenter.samhsa.gov/documents/WYNK\\_Adoption.pdf](http://fasdcenter.samhsa.gov/documents/WYNK_Adoption.pdf)

Adopting and Fostering Children with Fetal Alcohol Spectrum Disorders

SAMSA

- This brief publication helps parents how their children are affected, which parenting strategies work best, and how to get services and support.

- **FAILURE TO THRIVE**

[http://kidshealth.org/parent/food/weight/failure\\_thrive.html](http://kidshealth.org/parent/food/weight/failure_thrive.html)

KidsHealth

Nemours Foundation's Center for Children's Health Media

- This e-article defines failure to thrive and identifies its major causes and symptoms. It also provides links to feeding tips and growth charts.

- **CEREBRAL PALSY**

<http://www.nichcy.org/InformationResources/Documents/NICHCY%20PUBS/fs2.pdf>

Disability Fact Sheet #2 January 2004

National Dissemination Center for Children with Disabilities (NICHCY)

- This fact sheet provides a clear definition of Cerebral Palsy and describes the disability's three major categories. Treatment recommendations are also provided.

- **SPINA BIFIDA**

<http://www.nichcy.org/InformationResources/Documents/NICHCY%20PUBS/fs12.pdf>

Disability Fact Sheet #12 January 2004

National Dissemination Center for Children with Disabilities (NICHCY)

- This fact sheet describes Spina Bifida, its incidences and characteristics, educational implications, and resources.



- **AUTISM SPECTRUM DISORDER**

<http://www.autismspeaks.org/whatisit/faq.php>

Frequently Asked Questions

Autism Speaks

- This publication answers parents' most asked questions about autism including what is it, how common is it, what causes it, and what to do if you suspect your child is autistic.

<http://www.autismspeaks.org/whatisit/learnsigns.php#redflags>

Watch for the Red Flags of Autism

*First Signs, Inc.*

- a list of signs indicating the need for an immediate evaluation

- **HEARING**

<http://www.ndaap.org/hearing.htm>

Facts on Infant Hearing Loss

North Dakota Chapter of the American Academy of Pediatrics

- This e-article lists common causes of infant hearing loss, explains the screening protocol, and reviews typical hearing development.

- **VISION**

<http://www.allaboutvision.com/parents/infants.htm>

Your Infant's Vision Development

Access Media Group- Healthcare Publishers

- This e-article gives a detailed description of vision development from pregnancy through late infancy.

- **SPEECH**

<http://www.asha.org/public/speech/development/Parent-Stim-Activities.htm>

Activities to Encourage Speech and Language Development

American Speech Language and Hearing Association

- This e-article provides tips for encouraging speech and language development at various stages of development from birth to age six.

### III. **PARENTING STRATEGIES**

- **SPECIAL CARE**

[HTTP://WWW.CO.WHATCOM.WA.US/HEALTH/PDF/CHILD/INFANTS\\_WITH\\_SPECIAL\\_NEEDS.PDF](HTTP://WWW.CO.WHATCOM.WA.US/HEALTH/PDF/CHILD/INFANTS_WITH_SPECIAL_NEEDS.PDF)

Caring for Infants with Special Needs

Whatcom County CSHCN Program

- This e-article offers suggestions to help in caring for a baby with special needs.



- **PROMOTING ATTACHMENT**

[http://www.frua.org/home/promo\\_attach.shtml](http://www.frua.org/home/promo_attach.shtml)

Adoption/Attachment Partners as published on the FRUA website

- Claiming behaviors, responding to the relation cycle, proximity, initiating positive interactions

- **PROMOTING DEVELOPMENT**

<http://www.babydevelopmentnews.com/infantdevelopment.html>

the PASTE Rule for Encouraging Infant Development

- The author, Dalene Joubert, an experienced occupational therapist, describes five areas in which parents can do specific activities to encourage their infant's development.

[HTTP://WWW.PARENTHOOD.COM/ARTICLE-TOPICS/PLAYING WITH YOUR BABY PROMPTS HEALTHY DEVELOPMENT.HTML](HTTP://WWW.PARENTHOOD.COM/ARTICLE-TOPICS/PLAYING_WITH_YOUR_BABY_PROMPTS_HEALTHY_DEVELOPMENT.HTML)

Playing With Your Baby Promotes Healthy Development

Parenthood.com

- A short but good list of activities to do with your child to encourage development.

<http://www.nea.org/grants/13330.htm>

Reading To Infants and Toddlers

Read Across America, National Education Association

- Lists tips for reading to infants and toddlers.

[http://www.naeyc.org/families/early\\_years](http://www.naeyc.org/families/early_years)

Helping Toddlers Become Problem Solvers

Early Years Are Learning Years, National Association for the Education of Young Children

- Provides ideas for items and activities that encourage children to explore their environment and encourage cognitive development.

- **PACIFIER USE**

[http://www.aap.org/commpeds/ochs/oralhealth/pact/ch8\\_sect1b.cfm](http://www.aap.org/commpeds/ochs/oralhealth/pact/ch8_sect1b.cfm)

Protecting All Children's Teeth (PACT)

American Academy of Pediatrics

- This brief guide discusses the benefits and potential problems of pacifier use and offers tips on when and how to use a pacifier.

- **TOILET TRAINING**

[http://www.aap.org/publiced/BR\\_ToiletTrain.htm](http://www.aap.org/publiced/BR_ToiletTrain.htm)

Parenting Corner Q&A

American Academy of Pediatrics

- Answers the question "when is the right time to start toilet training?"



#### IV. ADDITIONAL PARENTING RESOURCES

##### Infant/Toddler Development

<http://www.zerotothree.org>

[http://www.cdc.gov/LifeStages/infants\\_toddlers.html](http://www.cdc.gov/LifeStages/infants_toddlers.html)

<http://www.ohiohelpmegrow.org/>

<http://ohioline.osu.edu/asc-fact/index.html>

##### Sexual Development

[http://www.kidshealth.org/parent/growth/sexual\\_health/development.html](http://www.kidshealth.org/parent/growth/sexual_health/development.html)

##### Special Needs

<http://www.specialchild.com>

[http://www.ucp.org/ucp\\_channelres.cfm/1/11/57/4873](http://www.ucp.org/ucp_channelres.cfm/1/11/57/4873)

##### FAS/Drugs

<http://www.faslink.org>

<http://www.drugexposedinfants.com/>

##### Autism

<http://www.autismspeaks.org>

##### Cerebral Palsy

<http://www.ucp.org/>

##### Spina Bifida

<http://www.sbaa.org>

##### Attachment

<http://www.attach.org/>

<http://aspe.hhs.gov/daltcp/Reports/inatrpt.htm>

<http://www.center4familydevelop.com/understandingad.htm>

##### Failure to Thrive

<http://www.nationwidechildrens.org/GD/Templates/Pages/Childrens/GI/GILongContent.aspx?page=4210>

##### Prematurity

<http://www.preemies.org/>

<http://www.preemieparentsupport.com/>

##### Sensory Processing Disorder

<http://www.sinetwork.org/>

<http://www.sensory-processing-disorder.com/child-developmental-checklist.html>

##### Trauma

<http://www.nctsn.org/>

