DEVELOPMENT OF PRESCHOOLERS AND SCHOOL AGE CHILDREN AND THE EFFECTS OF ABUSE AND NEGLECT

AGENDA

<table>
<thead>
<tr>
<th>Introductions and WIIFM</th>
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<tr>
<td>Principles of Development</td>
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<tr>
<td>Development of Preschool Children</td>
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<tr>
<td>Effects of Abuse, Neglect, and Other Traumas on Preschool Children</td>
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<td>Development of School Age Children</td>
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<td>Effects of Abuse, Neglect, and Other Traumas on School Age Children</td>
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<td>Special Issues</td>
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<td>Collaborating to Develop a Service Plan for School Age Children</td>
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<td>Wrap Up, Questions, Evaluations</td>
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COMPETENCIES

<table>
<thead>
<tr>
<th>923-01-001</th>
<th>Knows the principles of development</th>
</tr>
</thead>
<tbody>
<tr>
<td>923-01-002</td>
<td>Knows the developmental domains and understands how there may be developmental variations between physical, emotional, cognitive, and social domains</td>
</tr>
<tr>
<td>923-01-004</td>
<td>Understands how preschoolers and school age children develop in each domain - social, emotional, cognitive, and physical</td>
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<tr>
<td>923-01-007</td>
<td>Knows how the primary family’s values and standards for behavior influence development</td>
</tr>
<tr>
<td>923-01-008</td>
<td>Can recognize indicators of healthy development</td>
</tr>
<tr>
<td>923-02-001</td>
<td>Understands how separation from the primary family and placement in out-of-home care can affect development</td>
</tr>
<tr>
<td>923-02-002</td>
<td>Understands how trauma can affect brain development</td>
</tr>
<tr>
<td>923-02-004</td>
<td>Understands how abuse, including sexual abuse, and neglect can affect preschool school-aged children’s development</td>
</tr>
<tr>
<td>923-02-007</td>
<td>Knows signs of possible developmental problems in preschool and school-aged children.</td>
</tr>
<tr>
<td>923-02-009</td>
<td>Understands why it is important to identify early signs of problems in a child’s development.</td>
</tr>
<tr>
<td>923-02-014</td>
<td>Can recognize and report early signs of developmental delays and disabilities, and emotional problems in preschool and school-aged children</td>
</tr>
<tr>
<td>923-03-003</td>
<td>Knows common challenges in caring for children at various developmental stages and knows how to manage these challenges.</td>
</tr>
<tr>
<td>923-03-004</td>
<td>Knows how to help children be self-sufficient, suitable for their level of development</td>
</tr>
<tr>
<td>923-03-005</td>
<td>Knows how to care for, nurture, and discipline children at various developmental stages in ways suitable for their level of development</td>
</tr>
<tr>
<td>923-03-007</td>
<td>Can care for, interact with, and nurture preschoolers and school age children in ways that enhance their development</td>
</tr>
<tr>
<td>923-05-001</td>
<td>Understands the scope, dynamics, and indicators of physical abuse, sexual abuse, and neglect</td>
</tr>
<tr>
<td>923-05-005</td>
<td>Understands how children’s cognitive development affects their understanding of the abuse or neglect</td>
</tr>
<tr>
<td>923-05-007</td>
<td>Understands the effects of maltreatment on school performance</td>
</tr>
<tr>
<td>923-05-012</td>
<td>Can adjust parenting style to better care for a child who has been maltreated</td>
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</tbody>
</table>
LEARNING OBJECTIVES

- Participants will understand why knowledge of preschool and school age child development is essential for effective parenting
- Participants will review their knowledge of the principles of development and the developmental domains as introduced in Preservice
- Participants will explore their own cultural influences and consider the influences of culture of youth placed in their home and the impact culture has on development
- Participants will know the processes and milestones of normal development for preschool and school age children
- Participants will know challenges faced when parenting a preschooler or school age child and will understand the need to tailor parenting strategies to meet the needs of the child
- Participants will understand the impact of abuse, neglect, and other traumas on preschool and school age development
- Participants will begin to identify indicators of possible delays
Welcome!

Development of Preschoolers and School Age Children and the Effects of Abuse and Neglect

Written by the Institute for Human Services

for the Ohio Child Welfare Training Program

Agenda

I. INTRODUCTIONS
II. PRINCIPLES OF DEVELOPMENT
III. PRESCHOOL DEVELOPMENT
IV. EFFECTS OF ABUSE & NEGLECT
V. SCHOOL AGE DEVELOPMENT
VI. EFFECTS OF ABUSE & NEGLECT
VII. SPECIAL CONCERNS
VIII. DEVELOPING A SERVICE PLAN
IX. SUMMARY/EVALUATION

Workshop Learning Objectives

Participants will:
- know the processes and milestones of normal development
- understand the potential negative outcomes of abuse and neglect
- learn positive parenting strategies
- understand common special development problems, become more aware at recognizing delays, and learn how to communicate needs
Introductions

- Identify the specific age of any preschool/school age child in your home or with whom you have significant contact
- State any specific developmental concerns about which you want to learn more

Why is it important for you to know about child development and the effects of abuse and neglect on development?

- Proper behavior management or discipline strategies
- Avoid misinterpretation of the child’s actions
- Understand which behaviors are culturally-based
- Recognize what is not typical
- Work and communicate collaboratively with birthparents
- Reduce crisis during placement
- Be aware of issues that may increase risk of abuse or neglect

Principles of Development

- Development is Cumulative
  Earlier developmental tasks lay the foundation for more complex tasks.
- Development is Directional
  Development evolves in a predictable, defined direction.
- Development is Ongoing
  Development begins before conception and continues until death.
- Development Involves Stages
  Tasks or activities emerge at predictable times.
- Development is Dynamic
  Development is not static; it involves continuous change.
What is “Normal”? 

CULTURE

- Values
- Codes of Conduct

Diversity: Contrasting Perspectives

- What values and codes of conduct influenced parenting practices in this video?
- Did you relate to any of the parents in this video?
- What alternative parenting practices did you identify that might have some value?
Understanding Cultural Influences on Development Helps You...

- Avoid errors in assessing/judging children and their parents
- Avoid making the false assumption child is delayed
- Provide parenting advice consistent with the parent’s cultural practices

Developmental Domains

<table>
<thead>
<tr>
<th>Cognitive: Thinking</th>
<th>Physical: Body structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception</td>
<td>Sensory development</td>
</tr>
<tr>
<td>Memory</td>
<td>Development</td>
</tr>
<tr>
<td>Reasoning</td>
<td>Motor development</td>
</tr>
<tr>
<td>Problem solving</td>
<td></td>
</tr>
<tr>
<td>Executive function</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional: Personal traits</th>
<th>Social: Social roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>Sexual development</td>
</tr>
<tr>
<td>Self esteem</td>
<td>Moral development</td>
</tr>
<tr>
<td>Mood, affect</td>
<td>Involvement in social groups</td>
</tr>
<tr>
<td></td>
<td>Development of relationships</td>
</tr>
</tbody>
</table>

Preschool Development

<table>
<thead>
<tr>
<th>Social / Emotional</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled freedom</td>
<td>Rule of 3’s</td>
</tr>
<tr>
<td>“balance” between freedom to “practice” and feeling protected against danger</td>
<td>Brain growth slows</td>
</tr>
<tr>
<td>Language</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Enjoy practicing language</td>
<td>Logical</td>
</tr>
<tr>
<td>Collective monologue</td>
<td>Egocentric</td>
</tr>
<tr>
<td></td>
<td>Animistic thinking</td>
</tr>
</tbody>
</table>
Attachment is Critical to Development

Secure Attachment
- Exploration/Stimulation
- Positive Brain Development
- Positive Development in All Domains

CIRCLE OF SECURITY

Support My Exploration
Watch Over Me
Help Me
Enjoy With Me

Welcome Me
Caring To You

Protect me
Comfort Me
Delight in Me
Organize My Feelings


Marvin, Cooper, Hoffman, & Powell 2002

Trust vs Mistrust
Identity vs Isolation
Autonomy vs Shame & Doubt
Initiative vs Guilt
Industry vs Inferiority
Identity vs Identity Confusion
Intimacy vs Isolation

**Initiative vs. Guilt**

- Balance between giving children enough space and protecting them against danger
- See behavior from the perspective of “exploring and learning” not “being defiant and acting out”
- Children can make mistakes in a protected environment

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**Preschool Sexual Development**

- Ongoing part of the development of human beings; we are “sexual beings”
- Occurs in all domains
- Many children in out-of-home care have been victims of child sexual abuse and many caregivers wonder if behaviors are developmentally appropriate or cause for concern

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**Challenges of Parenting a Preschooler**

- Inability to regulate emotions
- Unable to think logically
- Demanding
- Egocentric
- Social difficulties
- Different temperament
- May not meet parental expectations
- May have difficulty mastering developmental tasks
Parenting Scenarios

- What aspects of “typical” development led to this situation?
- What special needs could be influencing the child’s behavior?
- How would you handle this scenario?

Examples of Trauma

- Physical Emotional, or Sexual Abuse
- Physical or Emotional Neglect
- Witness to Domestic Violence
- Mentally Ill or Substance Abusing Household Member
- Household Member Imprisoned
- Loss of a Biological Parent

Relationship Between Impaired Attachment & Brain Development

- More likely to rely on survival-oriented portions of the brain (brainstem)
- “Use it or lose it” operation
- FIGHT – FLIGHT – FREEZE

ACE Study: Felitti and Anda

NC Partnership for Children
### Physical Impairment
- small in stature
- sickly, susceptible to frequent illness
- poor muscle tone/strength, poor coordination
- gross motor play skills may be delayed or absent

### Cognitive Impairment
- speech absent, delayed, or hard to understand
- may not use language to solve problems
- unusually short attention span, lack of interest in objects, inability to concentrate
- less flexibility and creativity in problem solving tasks, conditioned fear responses

### Social Impairment
- hyper-arousal or hypersensitivity to environmental stimuli
- insecure or disorganized attachment
- social immaturity
- absence of normal interest and curiosity
- lower frustration tolerance
- engage in specific, odd behaviors that represent their attempts to cope
**Emotional Impairment**

- excessively fearful
- poor self esteem
- lack impulse control, cannot delay gratification
- reacts to frustration with tantrums, aggression
- impairments in affect regulation, stress management, empathy, and pro-social concern for others (NCTSN)
- bland, flat affect
- absence of healthy initiative
- may be diagnosed with mental health disorders such as anxiety, PTSD, depression, RAD, etc.

**CHERYL**

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proximity/assurance seeking</td>
<td>Cannot engage in imaginative, interactive play</td>
</tr>
<tr>
<td>Violent tantrums</td>
<td>Cannot share/take turns</td>
</tr>
<tr>
<td>Night terrors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot be understood</td>
<td>Awkward gait</td>
</tr>
<tr>
<td>Use of very simple sentences</td>
<td>Lack of coordination</td>
</tr>
<tr>
<td>Short attention span</td>
<td>(could be neurological)</td>
</tr>
</tbody>
</table>

**Treatment Goals**

- Ensure safety
- Help child develop a positive attachment
- Help child learn to appropriately express and regulate emotions
- Helped child develop age-appropriate social skills
- Help child understand past maltreatment
- Help child develop effective problem solving skills

National Childhood Traumatic Stress Network
Welcome Back! 

Please place your developmental task on the appropriate flipchart.

Physical Development of School Aged Children

Which is not true of school age children?
A. They are active and energetic
B. They are quick to participate in physical activity
C. They cannot do complex tasks such as skateboarding
D. Their growth is slow and steady

Cognitive Development of School Age Children

Which of the following is a characteristic of school age cognitive development?
A. There are dramatic changes in cognitive development between 5 and 7
B. Changes to the development of perspective do not occur until late school age years
C. Abstract thinking is well developed in school age children
Social Development of School Age Children

Which of the following is true regarding school age children's social relationship?

A. Increases in cognitive ability and self control allow for higher quality interpersonal relationships
B. Increased involvement in extracurricular activities results in strong friendships that continue even after the activity ends
C. School aged children regard social roles with considerable flexibility

Emotional Development of School Age Children

- School age children with good self-esteem are not sensitive to other’s opinions about themselves.

  True
  False

Industry vs. Inferiority

- Goal is for the child to be self-directed, productive, and goal-oriented
- Increased need to be liked; extremely sensitive to criticism
- Need to have their effort recognized to build their self-esteem
Sexual Development of School Age Children

- Ages 6-9: Increased interest, experimentation, and exposure, lack of accurate information
- Ages 9-12: Puberty, avid interest in sexuality and sex, romantic relationships begin

Challenging Aspects of Parenting School Age Children

- The challenge comes when the child can’t or won’t... (homework, chores, inappropriate behavior, etc.)
- Caregiver’s expectations and parenting skills must “match” child’s abilities

Understanding the Traumatized Child

Impact on:
- Emotional well-being
- Relationship with parents/other adults
- Relationship with peers
- Ability to be self-directed/competent
- School performance
Special Considerations

- Learning Disorders
- Autism Spectrum Disorder
- Attention-Deficit/ Hyperactivity Disorder
- Oppositional Defiant Disorder/Conduct Disorder
- Bedwetting and Soiling
- Reactive Attachment Disorder
- Depression
- Bipolar Disorder
- Anxiety Disorders
- Fetal Alcohol Spectrum Disorder

Developing a Service Plan

1. Assessing Laurie’s Development
2. Parenting Laurie
3. Working with Laurie’s Teacher
4. Advocating for Community Services

Final Thoughts...

Thank You!
## Test Your Knowledge

**Instructions:** Match the correct concept with the following descriptions of a key developmental principle.

<table>
<thead>
<tr>
<th>Description</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Earlier developmental tasks lay the foundation for more complex tasks.</td>
<td>A. Development is On-going</td>
</tr>
<tr>
<td>2. Development evolves in a predictable, defined direction.</td>
<td>B. Development is dynamic</td>
</tr>
<tr>
<td>3. Development begins before conception and continues until death.</td>
<td>C. Development is directional</td>
</tr>
<tr>
<td>4. Tasks or activities emerge at predictable times</td>
<td>D. Development involves stages</td>
</tr>
<tr>
<td>5. Development is not static it involves continuous change.</td>
<td>E. Development is cumulative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Norms, beliefs, values, and standards of behavior that regulate a child’s life.</td>
<td>A. Pre-natal Environment</td>
</tr>
<tr>
<td>7. Nature of the child’s interpersonal relationships and degree of nurturance.</td>
<td>B. Physical Environment</td>
</tr>
<tr>
<td>8. Degree and type of stimulation available to the child</td>
<td>C. Learning Environment</td>
</tr>
<tr>
<td>9. Chemical balance of mother’s body</td>
<td>D. Social/cultural Environment</td>
</tr>
<tr>
<td>10. Quality of air, nutritious value of food, hazards in the home</td>
<td>E. Emotional Environment</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>Concept</th>
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<tbody>
<tr>
<td>11. Includes the child’s interaction with others</td>
<td>A. Physical Domain</td>
</tr>
<tr>
<td>12. Consists of the development of the body structure</td>
<td>B. Cognitive Domain</td>
</tr>
<tr>
<td>13. Includes the development of personal traits and characteristics</td>
<td>C. Social Domain</td>
</tr>
<tr>
<td>14. Includes thinking, perception, and reasoning</td>
<td>D. Emotional Domain</td>
</tr>
</tbody>
</table>
Referring to the list of characteristics your group created, answer the following questions as you watch the video.

List any developmental tasks (in your assigned domain) mentioned or shown on the video that you do not have on your chart.

Did you have characteristics on your chart that might not be typical of preschoolers?

What activities did you notice the teachers using to promote development?

Other ideas for helping preschoolers develop?
Sexual Development

Circle the age range during which you are most likely to see the behaviors listed below.

The behaviors below are mostly likely observed between the ages of:

3-5  6-9  10-12

- Interested in, and has questions about pregnancy, birth and, intercourse
- Experimentation with sexual swearing
- Adheres to social divisions between boys and girls
- Looks for nude pictures in books, magazines, catalogues
- Masturbates in private
- Talks about sex with same-gender friends
- Is increasingly exposed to sexually explicit material but does not necessarily have accurate information about sex

The behaviors below are mostly likely observed between the ages of:

3-5  6-9  10-12

- Develops a primitive, stereotypic understanding of gender role differences; notices and is interested in differences between female and male bodies
- Not self-conscious about the body
- Has not learned masturbation should be done in private
- With concrete explanations, can understand pregnancy, birth, and nursing
- Not aware of intercourse, nor ask questions about it
- Looks at and touches own and others’ genital areas
- May insert objects into her vagina as part of exploring her body
The behaviors below are mostly likely observed between the ages of:

3-5  6-9  10-12

- Initiates competitive games involving urination and sexual activity such as “peeing” contests, strip poker, truth/dare, stripping for club initiation
- Interactive touching (stroking/rubbing; open-mouthed kissing, re-enacting intercourse)
- Giggling and talking about physical changes
- Feels awkward; is concerned and embarrassed about physical changes
- Focus on own body development and compares herself to same gender peers
- Reads information about sex with avid interest
- Intense interest in viewing other’s bodies
- Discreet masturbation
- May begin sexual/romantic fantasies
- Boy-girl social relationships begin: flirting, hand holding, kissing, spending time together
- Boy-girl involvement with sexual exploration is with approximately same-aged peers
- Erections result from erotic as well as non-erotic stimuli
Cheryl

Cheryl is four years old. She was referred to the public children services agency for neglect when neighbors found her trying to cross the street unsupervised at 10:00 PM on a Saturday evening. The subsequent investigation found that she had been severely and chronically abused and occasionally neglected. Her mother was addicted to heroin and used other drugs and alcohol as well. She often locked Cheryl up in the closet for punishment, beat her, and left her alone when she went out “partying”. Cheryl’s mother has no visible means of support. Neighbors think she prostitutes to earn drug and rent money.

At the hearing, Cheryl’s mother arrived high, and the agency was granted temporary custody of Cheryl. She was placed in your care.

After several days, Cheryl’s ongoing worker visits you for your input regarding Cheryl’s development. This is what you share with the worker:

- Cheryl uses simple, short sentences. Her pronunciation is difficult for you to understand, although you are starting to catch on to her speech patterns. Other children and most adults cannot understand her most of the time.
- Cheryl is physically awkward. She walks pigeon-toed, with a halting gait. Her hand-eye coordination is poor, and she is “always bumping into things”.
- Cheryl has night terrors, with screaming and crying, though it seems that she never fully wakes up from these dreams. It is very difficult to calm Cheryl during these episodes. You hold her and rock her until she settles down.
- Cheryl had difficulty staying on task and was easily distracted when you and she colored in the coloring book. You noticed that her coloring marks were haphazard, she drew jagged lines, and very little of her coloring was within the lines.
- Cheryl tries to play with children her own age, but does not know how to play cooperatively. She becomes angry when other children expect her to share her toys and take turns in games. Cheryl does not do any “pretend play” like other children her age. Most of the children in the neighborhood think she is “a baby” and avoid her.
- Cheryl follows you around and frequently seeks proximity and reassurance from you when she is playing.
- Cheryl has severe temper tantrums, which include hitting, screaming, biting, and throwing toys against the walls. These tantrums occur five to ten times a day when Cheryl is frustrated or when she cannot get her own way.
Discussion Questions for Cheryl

What adverse experiences have created trauma for Cheryl?

What are some of the signs in each developmental domain indicating Cheryl’s trauma has effect her development?

Based on your informal assessment of Cheryl’s developmental level, what kinds of services would you discuss with her worker?

Given the strong connection between impaired attachment and impaired development (Remember Erickson’s Trust v. Mistrust), How would you help Cheryl learn to trust the people around her and develop healthy attachments?
Laurie

Laurie is nine. She was placed in your home, her third foster home, about one month ago after having disrupted from an adoption. The case was recently transferred to a new caseworker, Joan Williams, so both of you are just getting to know Laurie. Joan calls to introduce herself and says, “I don’t know what to do with this kid.” She also tells you Laurie’s teacher had called and was having difficulty with Laurie in school.

In your role as Laurie’s advocate, you begin gathering information about her to help you better parent her and to help Laurie’s teacher better manage her. Your goal is to help Laurie resolve her problems, preserves the placement, and promote healthy development. You have gathered the following information about Laurie.

Laurie was born to a 17-year-old girl who abandoned her at a neighbor's home when Laurie was one year old. At that time, she was functioning at a six- to eight-month-old developmental level. There was no evidence of abuse, but it appeared Laurie had been chronically and severely neglected. She was placed in a foster home.

During the following year in foster care, she developed well and eventually closed most of the gaps between her chronological age and her developmental age. She was placed for adoption at age two.

The adoption disrupted a year and a half ago because the adoptive parents felt they could "never really get close to Laurie." She has lived in three foster homes since that time. The first foster family requested that Laurie be removed after five months. Her second foster family moved out of state, but the placement was not going well and was expected to disrupt. You agreed to take Laurie to stabilize placement. You are flexible, affectionate, and patient and have worked with difficult children in the past. However, "something about Laurie" confounds you.

Laurie exhibits the following behavior patterns.

• When she is first placed in a foster home, she is "superficially compliant." After several months, the foster parents describe her as "sneaky."

• The former foster mother found piles of deteriorating food hidden in Laurie's closet. She became angry because of the unsanitary conditions and patiently explained this to Laurie. Two weeks later, she again found rotting food, this time in the bureau drawers. Laurie is hiding food in your home, too. It is frustrating, as Laurie can get anything she wants from the kitchen any time she wants.
• Laurie does not sleep well. She cries out in her sleep, and sleepwalks.

• Laurie is enuretic and wets the bed several times a week. She often "forgets" to change her bedding, and will pull the covers over the wet sheets.

• She loves to help you in the kitchen, but doesn't regularly complete her routine chores. She wants to be involved in activities, but is easily discouraged and gives up when they don't go exactly right. She seems to lose interest in many activities quickly.

• Laurie is in constant conflict with her foster siblings. She tries to participate in games, but demands that she be the center of attention and cannot share or take turns. When the game does not go her way, she becomes totally disruptive.

• She has low frustration tolerance. When confronted by events that would be only mildly annoying to most nine-year olds, Laurie becomes totally enraged and throws screaming tantrums, slams doors, throws objects, and kicks furniture and people.

• Laurie takes other people's belongings and hides them, and then forcefully denies having taken them. You suspect Laurie may be taking change off your husband's dresser.

• Laurie completes her school papers, but they are often carelessly done, are messy, and at times, unreadable. She is below grade level in most subjects, and doesn't like school. She does well in reading. The school psychologist says she has average intellectual potential, with a measured full scale IQ of 102. He noted no learning disabilities or attention deficit disorder.

• She is disruptive in class. She is frequently out of her seat without permission, she persistently approaches the teacher for attention, she races to volunteer for any and all projects, and she bothers other children who are trying to work. She cannot attend to schoolwork for more than a few minutes at a time.

• At recess, Laurie prefers to play with the first grade children. She can be bossy and argumentative with them. She does not get along with her classmates, who see her as a pest and "weird." She is always chosen last by classmates to be on a team, and the children often complain to the teacher "she'll just mess things up for us."

• The teacher has told you "Laurie just seems to need more love." She reports Laurie has told her many times how you seem to prefer your own children to her. She recently complained to the teacher you bought everyone in the family but her new jeans. You tell her none of the children had been bought jeans, and that Laurie was lying to her.
• Laurie is indiscriminately affectionate with adults. She wants to hug and kiss the teacher every day, she often clings to the teacher, and she becomes jealous and upset when the teacher shows attention to the other children. When you met Laurie for the first time, she said, "I'm glad you're my new mom. I just love to get new families" and climbed onto your lap.

Discussion Questions

1. You are meeting with Laurie’s school to discuss Laurie’s Individualized Education Plan. What would you tell the school about Laurie’s development? How do her behaviors reflect developmental delays and unresolved or poorly resolved, developmental issues? Assess her development in all four domains.

2. How do you plan to deal with the following problems- hoarding food, bedwetting, stealing? What do you think are the possible causes of Laurie’s behavior problems? What activities will you do with Laurie to help her development? What steps will you take to “nurture” yourself and help preserve the placement?

3. How would you suggest the teacher deal with the following problems - Attention seeking behaviors, messy and incomplete homework papers, and lying? What suggestions do you have for the teacher to help Laurie “catch up” academically? Consider Laurie’s strengths when making suggestions on how to teach her.

4. What services and community resources will you access for Laurie? Identify possible resource agencies, and the types of services you would seek. What kind of support would you need for your family?
Development of Preschoolers and School Age Children and the Effects of Abuse and Neglect

RESOURCE GUIDE
All articles retrieved 6-14-10 unless otherwise noted.

I. TYPICAL DEVELOPMENT

An Overview of Child Development and Early Child Care and Education
http://nccic.acf.hhs.gov/poptopics/child_dev_ece.html
  o This is a great article summarizing child development between 0-8 and it provides links to many other helpful articles.

Four-Year-Old Developmental Milestones
http://www.cdc.gov/ncbddd/actearly/milestones/milestones-4yr.html
  o This Factsheet from the Center for Disease Control provides a list of developmental milestones for four year olds.

Middle Childhood (6-8) Developmental Milestones
http://www.cdc.gov/ncbddd/child/middlechildhood.htm
  o This e-article from the Center for Disease Control provides parents with some developmental milestones to watch for in their 6-8 year old child. It also has suggestion for parenting activities.

Middle Childhood (9-11) Developmental Milestones
  o This e-article from the Center for Disease Control uses the same format as the article listed above to inform parents about 9-11 year old development.

Erikson’s Psychosocial Developmental Tasks
Child Development Institute
http://www.childdevelopmentinfo.com/development/erickson.shtml
  o This e-article gives a concise overview of Erikson’s stages of development.
II. AREAS OF CONCERN

The Impact of Maltreatment on the Developing Child
Dana M. Hagele, MD, MPH, 2005
  o A technical article that discusses the impact of maltreatment on brain development and how that can affect all areas of development.

The Impact of Trauma on Child Development
Frank Putnam, MD, 2006
  o This journal article examines the connection between early childhood trauma and lifelong physical and mental health problems.

Child and Adolescent Mental Health
SAMHSA
http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp
  o A good starting place for overviews on major mental health issues in children. Lots of link to specific mental health disorders.

The ABC’s of Learning Disorders
by Ernest J. Bordini, Ph.D.
http://cpancf.com/articles_files/learning_disorders.asp (Retrieved 6-4-08)
  o This e-article discusses the prevalence of Learning Disorders, the types of Learning Disorders, and special education to combat Learning Disorders.

Autism Spectrum Disorder: Frequently Asked Questions
Autism Speaks
http://www.autismspeaks.org/be_informed.php
  o Provides information on diagnosis, treatment, and the rights of the child.

Children and Adolescents with Autism
SAMHSA
  o This factsheet discusses the symptoms and prevalence of autism, and provides suggested resources.

ADHD
National Institute of Mental Health
  o A very thorough discussion of what is ADHD – signs, causes, treatment. In addition, it provides tips for caring for youth with ADHD. Lots of good citations, too.
ADHD: A Guide for Families
American Academy of Child and Adolescent Psychiatry
http://www.aacap.org/cs/adhd_a_guide_for_families/resources_for_families_adhd_a_guide_for_families
  - provides an overview of the signs, treatment, and resources for children with ADHD.

Oppositional Defiant Disorder Resource Center
American Academy of Child and Adolescent Psychiatry
http://www.aacap.org/cs/ODD.ResourceCenter
  - This website provides an overview of ODD and links to additional resources about this disorder.

Conduct Disorder Resource Center
American Academy of Child and Adolescent Psychiatry
http://www.aacap.org/cs/ConductDisorder.ResourceCenter
  - This website provides an overview of Conduct Disorder and links to additional resources.

Facts for Families: Bedwetting
American Academy of Child Adolescent Psychiatry
http://www.aacap.org/cs/root/facts_for_families/bedwetting (retrieved 8/14/08)
  - A brief overview of the causes and treatments for bedwetting.

Facts for Families: Problems with Soiling and Bowel Control
American Academy of Child Adolescent Psychiatry
http://www.aacap.org/cs/root/facts_for_families/problems_with_soiling_and_bowel_control (Retrieved 8/14/08)
  - A brief overview of the causes and treatments for bowel issues.

Reactive Attachment Disorder
Mayo Clinic
http://www.mayoclinic.com/health/reactive-attachment-disorder/DS00988
  - This e-article provides an overview of Reactive Attachment Disorder from the clinical/mental health perspective. Reviews signs, causes, and treatment.

What is Attachment
Evergreen Attachment and Treatment Training Institute
http://www.attachmentexperts.com/whatisattachment.html
  - This e-article gives an overview of typical attachment and attachment disorder.
**Childhood Depression – Symptoms and Treatment**  
National Institute for Mental Health  
- Provides an overview of childhood depression including signs and treatment options.

**Bipolar Disorder in Children and Teens**  
National Institute for Mental Health  
- This booklet describes Bipolar Disorder in youth and how it is different from adult Bipolar Disorder. It also has suggestions for treatment.

**Anxiety Disorders**  
SAMHSA  
- This Fact Sheet from SAMHSA provides an overview of the types of anxiety disorders and their potential treatment.

**Strategies for Daily Living (with an FAS Child)**  
National Organization on Fetal Alcohol Syndrome  
[http://www.nofas.org/living/strategy.aspx](http://www.nofas.org/living/strategy.aspx)  
- Reviews lifelong effects of FAS and makes suggestions for how to parent a youth with FAS.

**Improving the Odds for the Healthy Development of Young Children in Foster Care**  
National Center for Children in Poverty, January 2002  
- This Brief explores the current research on young children in foster care and makes recommendations for child welfare providers.

**Preschool and Kindergarten Readiness Milestones**  
Kidsoup (for-profit website offering lesson plans)  
- This article provides assessment guidelines to determine your preschooler’s readiness for kindergarten. This is a great website to get activity ideas to help your preschooler grow and develop.
ADDITIONAL RESOURCES

Asperger Syndrome Coalition of the United States, Inc
www.asperger.org

Autism-PDD Resources Network
www.autism-pdd.net/

Center for Child and Family Advocacy
www.nationwidechildrens.org/GD/Templates/Pages/Childrens/CCFA/CCFALong.aspx?page=5235

Child Development Institute
www.childdevelopmentinfo.com/

Easter Seals, Inc.
www.easterseals.com

National Black Association for Speech-Language and Hearing (NBASLH)
www.nbaslh.org

National Childhood Traumatic Stress Network
www.nctsnet.org/

Ohio Can Do for Kids (focus on maltreated and traumatized children)
www.ohiocando4kids.org

Parents and Caregivers of Children with Special Needs
www.specialchild.com

Parent Trauma Resource Center
www.tlcinstitute.org/PTRC.html

Responsive Classroom
www.responsiveclassroom.cc/rc/articlelibrary/index.asp