
Child & Youth Development in a Child Welfare Context

Version 1.2, 2012



Goals

- Know and assess normal development
- Educate and counsel parents, foster parents and other caregivers
- Understand cultural variations and values
- Identify early warning signs re: developmental problems
- Intervene early to access services
- Identify developmental concerns related to trauma, abuse and neglect

2

Agenda

- A Framework for Understanding Child Development
- Ages 0-2
- Ages 3-5
- Ages 6-12
- Adolescence
- Case Application
- Child Development Game

3

Age Range

- ▣ 0-2, Infancy/toddlerhood
- ▣ 3-5, Preschool
- ▣ 6-12, School Age
- ▣ 13+, Adolescence

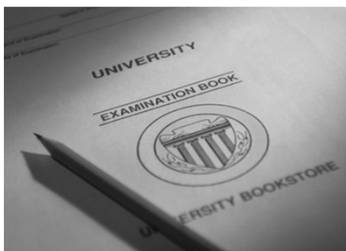
4

Topics of Each Age Range

- ▣ Normal Development
- ▣ Brain Development
- ▣ Attachment
- ▣ Grief & Loss
- ▣ Red Flags
- ▣ Implications for Practice

5

Testing, testing...



6

What about you?



What small success have you had in your work recently that you are proud of?

Discuss in your groups.

7

What about you?



Core Competencies & Learning Objectives

- ▣ What will make this day worth your time?
- ▣ Any other areas you would like to discuss?

8

Understanding Development

- ▣ Dynamic and ongoing
- ▣ Directional
- ▣ May involve stages
- ▣ Cumulative
- ▣ Occurs across many domains

9

Developmental Domains: **SPECS**

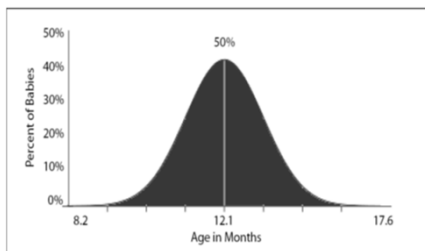
put on your glasses!

- ▣ **Social**
- ▣ **Physical**
- ▣ **Emotional**
- ▣ **Cognitive**
- ▣ **Sexual**



10

Normal Distribution Curve



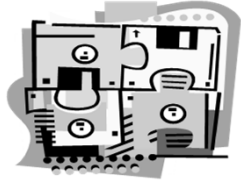
11

Theories

- ▣ **Biological**
- ▣ **Cognitive**
- ▣ **Psychoanalytic**
- ▣ **Family**
- ▣ **Non-stage constructs**

12

What Genetic & Environmental Factors Determine the Final Outcome?



13

Heredity



Genetic potential
+ development
= maturation

14

Environment

- ▣ Prenatal
- ▣ Physical
- ▣ Social/Cultural
- ▣ Learning
- ▣ Emotional



15

The Brain

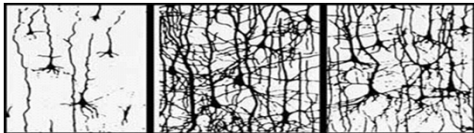
- ❑ Most complex organ in the human body
- ❑ 100 billion neurons
- ❑ Trillions of synapses
- ❑ Prime mandate is survival
- ❑ Creation of social relationships is the primary survival strategy

16

Synaptic Density*

- ❑ Born with 100 million neurons
- ❑ Brain develops more rapidly and extensively during the first year than previously thought
- ❑ Significant influence of environment & experience
- ❑ Synaptic Pruning: "Use it or lose it"

* (Perry 2002)



Birth

Six years old

14 years old

17

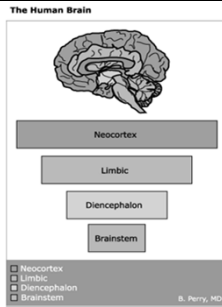
Principles of Brain Development

- ❑ Genetics provide blueprint; environment shapes expression of genes
- ❑ Sequential development is use-dependent
- ❑ Healthy growth needs specific repetitive patterns of activity
- ❑ Experience during critical periods of childhood organizes the brain

18

Brain Functions

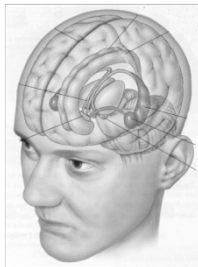
- ❑ Brain Stem: regulation & control of body
- ❑ Limbic system, cortex & neocortex: reception & interpretation of sensory data
- ❑ Cortex & neocortex: conscious thought, memory, & emotions



19

Brain Function and Trauma

- ❑ Brain Stem
- ❑ Reticular Formation
- ❑ Cerebral Cortex
- ❑ Limbic System



20

What is normal within a cultural frame?



21

Video Clip

Childhood: Louder Than Words



The role of culture
in child
development

22

Infants

□ I am what I am given



23

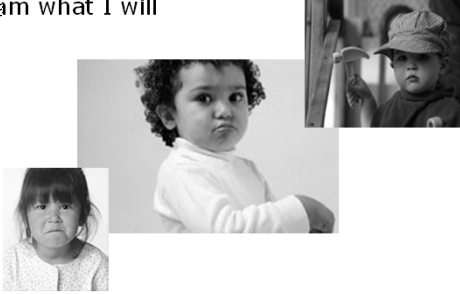
Infants

- S – Attachment, smiles
- P – Mastery over body, alertness
- E – Basic trust, sings, plays
- C – Object permanency, peek-a-boo
- S – Sensual creatures: everything in the mouth, explores body parts, bats eyes

24

Toddlers

- ❑ I am what I will



25

Toddlers Age 1 - 2

- ❑ S – Relationships with family (Age 1 – 2)
Relationships with peers (Age 2 – 3)
- ❑ P – Fine & gross motor skills (Age 1 – 2)
Challenges motor skills (Age 2 – 3)
- ❑ E – Autonomy (Age 2 – 3)
- ❑ C – Language (Age 2 -3)
- ❑ S – Interested in body parts, curious

26

Infant Brain Development

Critical Windows of Opportunity:

Vision - Birth to 6 months

Speech - Birth to 3 years

Emotional Development - Birth to
18 months

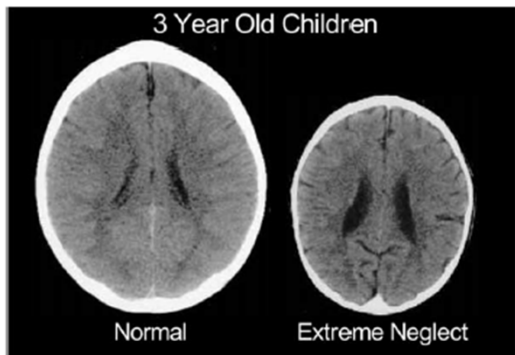
27

Infant Brain Development

Effects of Child Maltreatment

- ❑ Limited Environmental Stimulation
 - Synaptic connections (flow of brain signals) may be eliminated or fail to develop
 - May result in deficits in cognitive abilities
- ❑ Acute Stress
 - Causes a physiological coping response
 - Alters development of neurotransmitters
 - Promotes structural and functional alterations in areas of the brain

28



29

Video Clip

-The First Years Last Forever-



**The dance of
attunement**

30

Video Concept Review

❑ Rhythm, Repetition, & Consistency

- Assists brain organization
- Foundation for current and later learning

❑ Reciprocal Communication

- Parents are more engaged with Child
- Parents meet the child's needs more effectively

❑ Enjoying Parenting

- Parents are less inclined to harm their child

31

Infant Brain Development

Attachment & Attunement:

- ❑ Attachment refers to the social and emotional relationships children develop with the significant people in their lives.
- ❑ Attunement is being aware of, and responsive to, another person.

"Just as the brain allows us to see, smell, taste, think, talk and move, it is the organ that allows us to love...or not."
Bruce Perry

32

Infant Brain Development

Attachment Plays a Role

- ❑ Development of:
 - Language
 - Trust and positive world view
 - Self-esteem
- ❑ Anxiety reduction/sense of security
- ❑ Learning through social interactions
- ❑ Self-reliance

33

Stages of Attachment Formation

- **Birth to 3 months**
 - Pre-attachment
- **3-8 months**
 - Recognition/discrimination
- **8-36 months**
 - Active attachment
- **3 years on...**
 - Partnership



34

Key Factors for Attachment

- Claiming
- Attunement
- Physical Contact

35

Responses to Disruptions in Attachment

- **Protest**
- **Despair**
- **Detachment**

36

Application to Practice

- ❑ Read the case scenario "Rasa" with your table group.
- ❑ Discuss the following questions:
 - What is happening between Azar & Rasa?
 - What needs to happen between Azar & Rasa?
 - How would you help Azar with her parenting?
 - How can you address the role of culture in your interactions with Azar & Rasa?

37

Infant Brain Development

Attachment Templates

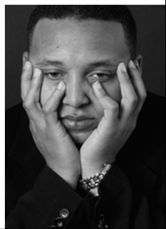
- ❑ First relationship with primary caregiver builds template for future relationships
- ❑ Secure attachment builds neural connections
- ❑ Childhood experiences are the foundation for the brain's capabilities later in life

38

Implications for Practice

- ❑ How do our systems and practices reinforce the negative developmental templates that abused and neglected children and parents have?

HOW DO OUR KIDS
GET LEFT BEHIND?



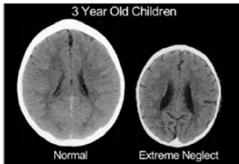
Grief & Loss in Children Ages 0-2

- ❑ Infants Experience Acute Stress and Fear
 - May present as
 - ❑ Decreased activity level
 - ❑ Sleep disturbance
 - ❑ Weight loss
- ❑ Toddlers Experience Overwhelming Crisis
 - May present as
 - ❑ Protest
 - ❑ Vigilance
 - ❑ Emotional detachment

40

Video Clip

-Understanding Traumatized Children: The Core Concepts-



**How poverty of
experience
disrupts
development**

41

Maltreatment & Brain Development

- ❑ Neglect means that there was an absence of appropriate stimulation at the right time of development.
- ❑ Trauma means that there was an over stimulation at the wrong time and perhaps for a prolonged period of time.

42

Dysfunction Resulting from Maltreatment

Depends on the insults:

- Timing*
- Nature*
- Pattern*

43

Failure to Thrive

- Decelerated or arrested growth
- Weight for age falls below the 5th percentile (corrected for prematurity)
- Organic (explained by physical condition)
- Nonorganic (not explained by physical condition)

44

Video Clip

-The Listening Heart-



Fetal alcohol
syndrome
identification and
intervention

45

Implications for Practice

- ▣ What can we do to address red flags for delayed development in the children we serve?

How can we
Best intervene?



Taking It Home

- ▣ What was the most important thing you learned today?



47

Welcome Back!



48

What about you?

- ❑ How is your memory?
- ❑ Let's test your brain!
- ❑ Write down what you remember & win a prize!



49

Pre-School

- ❑ I am what I can Imagine



50

Pre-school

- ❑ S – interactive play, social roles
- ❑ P – gross and fine motor skill mastery
- ❑ E – initiative, self-esteem
- ❑ C – increased vocabulary, concrete & egocentric thought
- ❑ S – curiosity, masturbation

51

Stages of attachment

3 years on...

- Partnership
 - Attachment solidifies
 - Increased verbal communication of needs
 - Negotiation of differences

52

Interrupted Attachment

Developmental Effects:

- Low self-esteem
- General distrust of others
- Mood disorders
- Inadequate social skills
- Generalized cognitive and language delays

53

Application to Practice

- Read the case scenario "Jazmine" with your table group
- Discuss the following questions
 - What do you do before the visit to help with your planning?
 - What kind of changes would you make to the timing and setting for the visit?
 - What kinds of suggestions would you make to Marisol to help her engage with Jazmine?

54

Grief & Loss in Children Ages 3-5

- May view separation as punishment
- May have trouble eating and sleeping
- May regress in bowel and bladder control
- May think death is temporary, reversible
- May use magical thinking to explain loss
- If loss is due to separation (placement), may think parents and siblings are gone forever

55

Developmental Disability Definition

- Begins before 18 and continues indefinitely
- Presents a substantial disability
- Must be due to:
 - Intellectual Delay
 - Cerebral Palsy
 - Epilepsy
 - Autism
 - Other closely related disabling conditions

56

Autism

- Presents with varying impact
- Affects 1 in 150 children (1 in 94 males)
- Affects social interactions and communication
- Appears in the first 3 years
- Responds to early intervention
- Lasts throughout life

57

Effects of Maltreatment Ages 3-5

Varies based on

- developmental stage of child
- nature of maltreatment
 - neglect, abuse or trauma
- frequency and duration of maltreatment
- severity of maltreatment

58

Implications for Practice

- Establish a collaborative treatment team
 - Build a team early to provide assessment and intervention for behavioral and mental health needs
 - Help caregivers and parents work within the team model
- Help caregivers use positive discipline
 - Natural and logical consequences
 - Choices within limits
 - Engagement through games and play

59

Implications for Practice

- What can we do to address delayed development associated with maltreatment in the children we serve?



**How can we
Best Intervene?**

60

School Age

- I am what I learn



61

Video Clip

-Life's Lessons-

The 5-7 shift



62

School Age

- S – Same sex friends, rules guide behavior
- P – Improved complex gross motor skills, perpetual motion, naturally physical
- E – Industry, mastery, self-control, needs recognition
- C – Logical and sequential, concrete operations
- S – Increased modesty

63

Grief & Loss in School Age Children

- ❑ Children age 6-9
 - May be curious and ask many questions
 - May become fearful and anxious
 - May withdraw from others
 - May feel abandoned by both parents
- ❑ Children over age 9
 - Have increased ability to understand reason for separation
 - May worry about family more than about self

64

Trauma

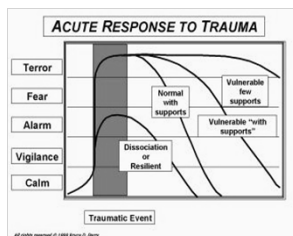
- ❑ Trauma results from the over-activation of the stress network
- ❑ Repeated activation of traumatic experiences increases the severity of traumatic effects and makes them less amenable to treatment

65

Video Clip

-Understanding Traumatized Children: The Core Concepts-

The fear response and the impact of child trauma



66

Brain Development

The Stress Response

- ❑ Survival strategies involve more primitive brain functions
- ❑ Primary adaptive responses to threat exist on two continuums:
 - Hyperarousal (fight or flight)
 - Dissociative (surrender)
- ❑ Different people may have different responses to the same trauma

67

Posttraumatic Stress Disorder

- ❑ Extreme stressor, intense fear, helplessness or disorganized behavior
- ❑ Persistent reliving of the traumatic event
- ❑ Emotional numbing, flat affect, depression
- ❑ Persistent psychological hyper-reactivity
- ❑ For children:
 - a loss of previous functioning
 - an inability to master new developmental stages

68

Co-Morbidity with PTSD

- ❑ For children:
 - Major depression
 - Panic disorder
 - Anxiety disorder
 - ADHD, ODD, & conduct disorder
- ❑ For adolescents:
 - All of the above
 - Substance abuse
- ❑ For adolescent girls:
 - All of the above
 - Increased likelihood of health problems

69

Mental Health Concerns

- ❑ 1 in 10 U.S. children and adolescents suffers from mental illness severe enough to cause some level of impairment
- ❑ Fewer than 1 in 5 of these children receives needed treatment
- ❑ Common disorders include anxiety disorders (OCD, PTSD), depression, bipolar disorder and conduct disorders.
- ❑ Social workers play a vital role in meeting children's needs with **early assessment and intervention**

70

Attention Deficit/Hyperactivity Disorder

- ❑ The most common psychiatric disorder treated in children (3-5% of school age children)
- ❑ It is an emotional, cognitive, and behavioral disorder
- ❑ Symptoms include
 - Impulsivity
 - Hyperactivity
 - Inattentiveness
 - Low tolerance for frustration

71

Co-Morbidity with ADHD

Co-occurs with other psychiatric disorders

- ❑ Oppositional defiant disorder 33-50%
- ❑ Conduct disorder 20-40%
- ❑ Mood disorders 10-20%
- ❑ Anxiety disorders 35%
- ❑ Learning disability 20-30%

72

Depression in Children

- ❑ May appear as sad or irritable
- ❑ Symptoms include
 - School difficulties, refusal to attend
 - Withdrawal, isolation
 - Physical complaints
 - Negative attitude
 - Aggressive or antisocial behavior

73

Effects of Maltreatment Ages 6-12

- ❑ Effects of an unpredictable environment
 - anxiety and an inability to perform
 - inability to learn coping strategies to manage the environment
 - impulsivity and inability to delay gratification

74

Implications for Practice

- ❑ What can we do to improve our interactions with traumatized children?

**How can we
Best Intervene?**



Resiliency

- Ability to overcome adversity
 - Individual factors – cognitive and social skills, self-esteem, help-seeking
 - Environmental factors – support, stability, community connection
 - Genetic factors – associated with gene regulating serotonin levels

76

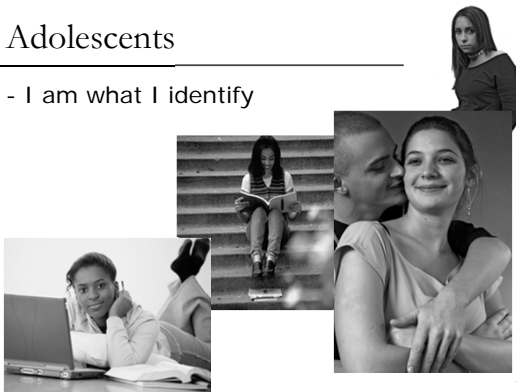
Application to Practice

- Read the case scenario “Erik” with your table group
- Discuss the following questions
 - What can you do to engage Erik during this meeting?
 - What could you do differently to plan the next meeting?
 - What could you do differently during the next meeting to make it easier to interact with Erik?

77

Adolescents

- I am what I identify



78

Adolescents

- ❑ S – Peer identification, social acceptance
- ❑ P – Growth, brain development, puberty
- ❑ E – Individual identity, labile, likes intense emotion, moral development
- ❑ C – Formal operations
- ❑ S – Physical relationships, sexual identity, gender identity

79

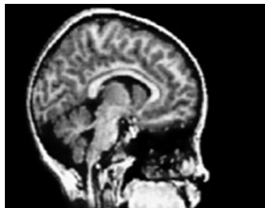
Emerging Adults

- ❑ Ages 18-25
- ❑ Continued development of the prefrontal cortex
 - improving impulse control, planning, and goal setting
- ❑ Age of risk taking
- ❑ Emerging adults may over-value potential rewards and underestimate negative consequences

80

Video Clip

-Inside the Teenage Brain-



Brain development during adolescence

81

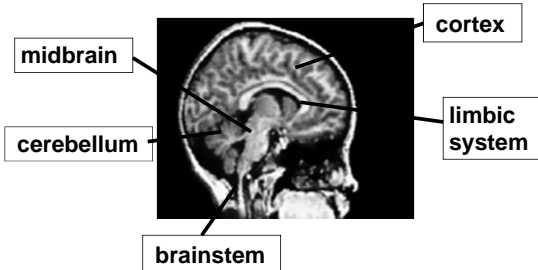
Adolescence

The Last "Best" Chance

- ▣ Transition in biology and behavior
- ▣ Transition to adult roles, responsibilities
- ▣ Most significant time of brain development after infancy

82

Adolescent Brain Development



83

Behavioral Impact: Puberty

Highly active limbic system
(emotions and sexual behavior)

+

Underdeveloped prefrontal cortex
(Poor decision making under pressure)

=

Risk taking, mood swings,
conflict with authority

84

Behavioral Impact: Age-Related

- ❑ Adolescents need practice to learn
 - How to weigh long-term consequences of behavior
 - How to regulate their affect for better self-control and planning
 - How to navigate complex social situations in the face of strong emotions and/or conflicting feelings

85

Sleep and Adolescents

- ❑ Changes
 - Changes in circadian rhythm
 - Increased need for sleep (9+ hours)
- ❑ Confounding Factors
 - Teens daily activities don't leave enough time for sleep



86

Consequences

- ❑ Decreased motivation
- ❑ Impaired ability to process emotion and think effectively at the same time
- ❑ Difficulty learning
- ❑ Delayed reaction time

87

Grief & Loss in Adolescence

- Indicators & Characteristics
 - May feel guilt about the separation or loss
 - Loss may exacerbate emotional fluctuation
 - Stress overload may occur
 - May not admit need for support and therefore experience anxiety

88

Implications for Practice

- How can we help teens process feelings of grief?

How can we
Best Intervene?

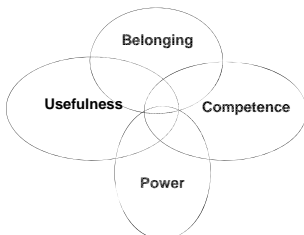


Effects of Maltreatment

- Maladaptive behaviors:
 - Truancy, unruly acting out behavior, or depression
 - Lack of confidence about the future
 - Feelings of guilt, shame, self-doubt, and lack of self-worth
 - Avoidance of intimacy
 - Mental health diagnoses

90

Youth Development for Success



91

What Makes a Difference

- Reflectiveness
 - curiosity about one's thoughts, feelings, & motivations
 - willingness to try to make sense of emotions
- Agency
 - conviction that what one does matters
 - belief one can intervene effectively in one's own life
- Relatedness
 - engagement & interactions w/others
 - Willingness to use connections when available

92

Implications for Practice

- How can you help facilitate Positive Youth Development?

**How can we
Best Intervene?**



Application to Practice

- ❑ Tammy and Marcus
- ❑ Vignettes pages
- ❑ What chronological age are they?
 - How would you expect them to act?
- ❑ What developmental age are they?
 - How would you respond?

94

What Would You Do?



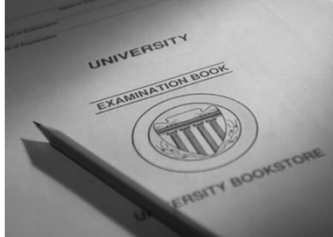
95

Lets Play A Game



96

Testing, testing...



97

Thank You & Evaluations



98
