WELCOME!

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

I. INTRODUCTIONS & PURPOSE
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 PLAN
IX. SUMMARY/EVALUATION
Workshop Learning Objectives

Participants will:

- know the processes and milestones of typical 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

Name, and whether foster/adoptive parent

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 or discuss this evening
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
Test your knowledge...

- Take 5 minutes to complete the handout titled: Test Your Knowledge
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”?
Brainstorm all the possible influences on a child’s development, both positive and negative.
INFLUENCE DEVELOPMENT

- Nutrition
- Physical disabilities
- Religion
- Genetic factors
- Socioeconomic status
- Peer group
- Formal education
- Informal education
- Siblings
- Family’s values
- Opportunity to practice
- Medical care
- Stability of placement
- Community standards
- Emotional problems
- Maltreatment
- Neighborhood
- Culture
CULTURE

Values

Codes of Conduct
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

**Cognitive:** 14:B
- Thinking
- Perception
- Memory
- Reasoning
- Problem solving
- Executive function
- Language

**Social:** 11:C
- Social roles
- Sexual development
- Moral development
- Involvement in social groups
- Development of relationships

**Emotional:** 13:D
- Personal traits
- Identity
- Self esteem
- Mood, affect

**Physical:** 12:A
- Body structure
- Sensory development
- Motor development
BRAINSTORM

- What are common characteristics and abilities within the domains for a preschool child?
  - Cognitive/language
  - Social
  - Emotional
  - Physical

- What might it look like or sound like?

- How might the skills be developed
Sharing…

Reactions or notes from the video?

It’s really not about RIGHT or WRONG…

it’s about TRANSFORMATION
Preschool Development

Social / Emotional
Controlled freedom - the balance between freedom to “practice” and feeling protected against danger

Physical
- Rule of 3’s
- Brain growth slows

Language
- Enjoy practicing language
- Collective monologue

Cognitive
- Illogical
- Egocentric
- Animistic thinking
Attachment is Critical to Development

- Secure Attachment
- Exploration/Stimulation
- Positive Brain Development
- Positive development in all domains
CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD’S NEEDS

Support My Exploration
Watch Over Me
Help Me
Enjoy With Me

I need you to ...

Welcome My Coming To You

Protect me
Comfort Me
Delight in Me
Organize My Feelings

Always: be BIGGER, STRONGER, WISER, and KIND. Whenever possible: follow my child’s need. Whenever necessary: take charge.

Marvin, Cooper, Hoffman, & Powell 2002
Intimacy vs Isolation  
(Young Adult)

Identity vs 
Identity Confusion  
(Adolescence)

Industry vs Inferiority  
(School Age)

Initiative vs Guilt  
(Preschool)

Autonomy vs Shame & Doubt  
(Toddler)

Trust vs Mistrust  
(Infancy)

Erikson, Erik (1968).  
“Identity, Youth & Crisis,”  
New York: Norton.
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
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
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
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?
Attending worship services is an important part of life for you. You have always taken your children, ages three and five, with you. Your recent addition, four-year-old Kayla, tolerates about one-third of the service before everything “breaks loose” and you are dealing with a full-blown tantrum. Quiet toys and simple snacks only work for so long.

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?
Bedtime is always a hassle; it seems the pajamas available are never the “right” ones, which leads to nightly meltdowns for Alicia, age four. She cannot settle for a substitute—if the purple pajamas are in the wash, she is inconsolable (even though you have offered the pink ones, the polka dot ones, the ones with the cupcake patch on the front, etc.)

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

ACE Study - Felitti and Anda
More likely to rely on survival-oriented portions of the brain (brainstem)

“Use it or lose it” operation

FIGHT – FLIGHT – FREEZE
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

What adverse experiences have created trauma for Cheryl?

- Abuse
- Neglect
- Parental substance abuse
- Imprisonment
- Loss of Parents
What are some of the signs indicating CHERYL’S trauma has effected her development?

**Emotional**
- Proximity/assurance seeking
- Violent tantrums
- Night terrors

**Social**
- Cannot engage in imaginative, interactive play
- Cannot share/take turns

**Cognitive**
- Cannot be understood
- Use of very simple sentences
- Short attention span

**Physical**
- Awkward gait
- Lack of coordination
  (could be neurological)
What services would you discuss with your worker, regarding CHERYL’S NEEDS?

- Comprehensive developmental and psychological assessment
- Evaluation by a physician for her awkward gait maybe a neurological evaluation
- Assessment to determine if best to remain with foster parent, or be placed with her sister.
- Emotional support to the foster family
- Respite
- Consultation with specialists

Permanency: reunification may not be possible -
What's your plan?

You don't know what it's like to be me!

At first I loved a simple plan. Then I realized, with creeping horror, that they were serious.
Supportive 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
Physical Development of School Aged Children

Which is/are true of school age children?

A. They are active and energetic  
B. They are quick to participate in physical activity  
C. Puberty may begin  
D. Their growth is slow and steady
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
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
School age children with good self-esteem are not sensitive to other’s opinions about themselves.

True
False
Trust vs Mistrust (Infancy)

Autonomy vs Shame & Doubt (Toddler)

Initiative vs Guilt (Preschool)

Industry vs Inferiority (School Age)

Identity vs Identity Confusion (Adolescence)

Intimacy vs Isolation (Young Adult)

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
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
Reactions, Comments, Questions?

TRAUMA
Learning Disorders

- **Definition:** significant difficulties in acquiring basic academic skills

- **Characteristics:** linked with poor social skills and poor self-esteem

- **Causes:** heredity is most common risk factor

- **Treatment:** special testing, IEP – speech and language therapy, resource classes; Won’t “catch up” or “grow out of it” on their own
Oppositional Defiant Disorder

- **Definition:** Frequent and consistent uncooperative and hostile behavior

- **Characteristics:** Frequent tantrums, excessive arguing, defiance, deliberately annoy, angry, seeks revenge

- **Causes:** Unknown, biological and environmental factors may have a role

- **Treatment:** Comprehensive evaluation to look for other disorders, Parent Training Programs, individual psychotherapy, family psychotherapy, Cognitive-Behavioral therapy – Dialectical behavior therapy – emphasizing psychosocial aspects of treatment
Autism Spectrum Disorder

Definition: A group of complex neurobiological disorders, characterized by social impairment, that typically last throughout a person’s lifetime.

Characteristics: Characteristics vary widely – general difficulty relating to others, may hardly speak or be easily understood, do not usually sustain eye contact, difficulty reading social cues, prone to repetitive behaviors, and may have sensitive senses. Red flags – not reaching developmental milestones, or seeming to go “back.” Asperger’s Syndrome is on the “mild” end of the Autism spectrum.

Causes: Strong genetic basis, research is also looking at possible environmental origins. According to the Center for Disease Control and the World Health Organization evidence doesn’t support vaccines as a cause.

Treatment: Highly structured behavioral programs, therapy (such as speech or occupational), IEP.
Attention-Deficit/Hyperactivity Disorder

- **Definition:** Inattentive, hyperactive, or both

- **Characteristics:** Inattentive – can’t sustain attention, doesn’t follow through on directions, hard to organize and stay organized, loses things, easily distracted, forgetful. Hyperactive – fidgety, restless, difficulty engaging in quiet activities, excessive talking, difficulty waiting their turn

- **Causes:** Biologically based, tends to run in families; evidence does not support minor head injuries, minor brain damage from infections and birth, or dietary factors as causes

- **Treatment:** Medication (stimulants such as Ritalin, Adderall and some non-stimulants such as Clonidine and Straterra). Behavioral therapy (rewards systems, clear expectations) possibly an IEP/adapted classroom environment.
Definition: Repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated.

Characteristics: Aggression to people or animals, destruction of property, deceitfulness or theft, serious violations of rules.

Causes: More likely in children physically or sexually abused, coercive behavior management, neglect.

Treatment: Early intervention is needed, Parent training – providing a stable environment with predictable consequences.
**Definition:** DSM IV “enuresis”; problems after the age of three (for normally developing child)

**Causes:** Not a disease, but a symptom – could be a sleep disorder, may not have full bladder control, may reflect child’s tension and emotions

**Treatment:** Limit liquids before bedtime, encourage child to use bathroom, praise child on dry mornings, avoid punishments, wake child during the night to use bathroom
Definition: DSM IV “encopresis” problems after age four

Causes: Problems during toilet training, physical disabilities (can’t clean), physical condition (chronic constipation), family or emotional problems

Treatment: Combination of education, therapy, behavior modification
Reactive Attachment Disorder

- **Definition:** Inhibited (hyper-vigilant, highly ambivalent) disinhibited (indiscriminate sociability) attachments

- **Causes:** Interference with intimate social functioning

- **Characteristics:** either does not attach, or attaches superficially with everyone

- **Treatment:** Specific counseling to focus on providing stability in the relationship, a stable environment, and teaching attachment-encouraging parenting skills
**Depression**

- **Definition:** Chronic or recurrent sadness that leads to substantial impairments.

- **Causes:** Exposure to stressful conditions such as abuse and neglect, loss or prolonged separation.

- **Characteristics:** Different from adult depression, irritability often prominent. Feelings of hopelessness, boredom, changes in sleeping/eating habits, substance use, problems in school, outbursts, reckless behavior, aches and pains, thoughts about death and suicide.

- **Treatment:** Antidepressants and cognitive-behavioral therapy.
Bipolar Disorder

Definition: Several times a day cycle through depressive symptoms (sadness, withdrawn, irritable) and mania (elated mood, grandiose behaviors, flight of ideas, decreased need for sleep).

Characteristics: May laugh hysterically for no reason, may act as if rules do not apply to them, may think they can do “superhuman” acts; may be “grouchy,” may hang out in their room or alone, may have uncontrollable crying.

Causes: Genetic vulnerability paired with stressful life event.

Treatment: Lithium, anticonvulsants (Depakote) atypical neuroleptics (Risperidone). May be problematic side effects such as weight gain, polycystic ovarian syndrome, and thyroid problems.
Anxiety Disorders

Definition: Cluster of disorders whose primary features include excessive fearfulness and stress response somatic symptoms such as stomach aches or headaches, react to “trigger” events, hyper vigilance, dissociation; Generalized Anxiety Disorder, Post Traumatic Stress Disorder, Adjustment Disorder, Obsessive-Compulsive Disorder

Characteristics: Nightmares, easily scared, anxious, seem to be “out if it”

Causes: Abuse, neglect, and other traumatic events

Treatment: Trauma-Focused Cognitive Behavioral Therapy. Not recommended to use medication alone
FETAL ALCOHOL SPECTRUM DISORDER

Definition: Continuum of congenital medical conditions including brain damage, mental retardation, learning problems, behavior problems, impaired growth, and head and face abnormalities

Characteristics: Difficulty sleeping, difficulty making and keeping friends, boundary issues, attention problems, easily frustrated, difficulty understanding cause and effect

Causes: Infant exposed to alcohol in utero

Treatment: Stable and structured home, ease into transitions/changes, routines, use calming techniques, repetition, know early warning signs of frustration, give directions one at a time, clearly, and repeat
Laurie...

Read Laurie’s Story....
Choose one of the four questions to respond to
How would you describe Laurie’s development to school staff?

- Physical Development
- Cognitive Development
- Social Development
- Emotional Development
What’s your plan...

- Hoarding Food
- Bedwetting
- Stealing
- Advising Teacher
- Community Resources
  - Caring for yourself?
Final Thoughts...

1. One thing I am going to start doing at home is...
2. I can’t wait to tell …… about …
3. I was really surprised by...
4. It reminded me of a child I have (or had) in my home when we discussed...
5. I think it is really going to help me to remember...

Thank You!