The Changing Child
Tasks, Milestones and Needs of Children

Presented by:
Kristine Buffington, MSW, LISW-S
Magistrate Ali Frantz-Rufo
Terri Worthington, MSSA, LISW-S

Maslow’s Hierarchy of Needs
What we know

- All children develop differently
- Have same trajectory
- Developmental stages build on each other
- Tasks must be accomplished to enable child to move to next stage
- Development is impacted by biology and environment
- Prevention of trauma and early intervention are best, it is never too late to impact the life of a child

Domains of Development

- Physical
  - Gross and fine motor
  - Includes sensory development
- Cognitive
  - Language, memory, perception, reasoning, problem-solving, thinking
- Emotional
  - Personal traits, self-esteem, mood
  - Reciprocal emotional relationships
- Social
  - Relationships, social roles
  - Interactions with others

Children at each Stage
Infants – Ages 0-18 months
- Primary task: to attach to caregiver(s)
- Primary relationships are with caregivers
- Development is dramatic
- Must develop mastery over body
- Must develop sense of safety, security, trust in others
- Need consistency in routines, environment, caregivers

Infants – Ages 0-18 months
- Psychosocial development task: Hope: Trust vs. Mistrust, (Erikson, 1963) as impacted by:
  - The degree to which his/her environment is safe
  - How well his caregivers respond to his basic physical and emotional needs
  - This stage of development is a key cornerstone of the foundation of the child's belief systems

Infants: Milestones
- Must realize parents don’t magically appear/disappear; they will come back
- Crawling; exploring the world (approx 6 mos.)
- Walking; being independent (around 12 mos.)
- End of stage can climb, run
- Separation anxiety
Attachment
- An affectionate bond between two people
- Endures through space/time, joins them emotionally.
- Cornerstone of emotional growth and development.
- Bond is not instantaneous, nurtured over time.
- Healthy attachment builds social skills.
- Sets stage for future learning and relationships.
- Develops confidence in self, willingness to try new things.

Infants: Possible Impact of Trauma/Maltreatment
- Trauma includes exposure to domestic violence, neglect, physical, sexual, and emotional abuse
- Highest risk of death due to abuse & neglect
- Can impair ability to attach
- May teach the infant mistrust in others and life
- May impact brain connections and strengthen the brain’s emergency responses vs. executive functions
- Mental health and physical health problems
- Can result in smaller brain size and lower IQ scores (DeBellis, Keshaven, et. al., 1999; Koenen et. al., 2003)
Infants 0-18 Months: Ameliorative & Resiliency-Building Factors

- Development of a safe environment
- Steady and positive attachments
- Early intervention programs
- Good nutrition and preventative health care

Infants: Communication

- Initially make sounds
- Adult repeats sound and baby tries to copy or may smile
- Adult can smile and make face
- May say few words towards end of stage
- Imitate what they see and hear

Observing Infants

- Shape of head
- Eyes follow at 3 months
- Skin should be firm, not sagging
- Eyes should not be glassy
- Respond with noise of some sort
- Kicking arms and legs, not stiff
- How do parents respond to cries or needs
- Have appropriate clothes, toys,
Infants: Parenting Plans
- Short frequent visits with both healthy and safe parents to promote bonding
- AFCC guidelines suggest overnights with one parent only
- Resources to assist caregivers in responding to child’s developmental needs
- Steady routines and structure
- Helping families to move beyond survival needs

Toddlers: 18 mos.-3 yrs
- Primary task is to balance autonomy with dependence on parent
- Primary relationship still with parent
- Some relationship with other children (parallel play)
- Decision-making is by emotion not logic
- Still learning through sensation and movement
- Egocentric

Toddlers: 18 mos.-3 yrs
- Psychosocial Task: Will: Autonomy vs. Shame & Doubt (Erikson, 1963) as impacted by:
  - The opportunities provided to the child to interact with his/her environment
  - Caregiver’s responses to the child’s attempts to manipulate his environment
  - Caregiver’s responses to the child’s attempts toward independence including potty training
Toddlers: Milestones

- Perfects gross and fine motor skills
- Develops balance, coordination, stability
- Toilet-training occurs
- Need consistency in routines, caregivers
- Reassurance
- Fear of abandonment

Toddlers: Possible Impact of Trauma/Maltreatment

- Can demonstrate regression and loss of developmental milestones
- May show speech & learning problems
- Problems with sleeping, eating, anxiety, moodiness, depression
- Mental and physical health problems
- Can mimic abusive adult behaviors
- Shows signs of emotional and behavioral dysregulation

Communication

- Expanding knowledge of language
- Has beginning language skills: receptive vs. expressive
- Imitates others
- Few words at beginning of stage to full sentences at end of stage
- Use simple questions/answers
- Can understand simple directions
  - Increased vocabulary by the end of stage, receptive language very developed
  - Says many words before knows meaning (Piaget, J. 1954/1967; Edwards et. al., 2000)
Parenting Plans

- Short, frequent and predictable visits:
  - Access to both parents when both parents are safe and willing to meet child’s emotional, social, and physical needs
  - Stable and predictable schedules

Pre-Schoolers: Ages 3-5

- Primary task is to attain proficiency in self-care
- Primary relationship still with parent, but interested in peers
- Still egocentric thinking
- Begins to form relationships with peers and adults outside the home

Pre-Schoolers: Ages 3-5

- Primary psychosocial tasks: early: Autonomy vs. Shame & Late: Initiative vs. Guilt (Erickson, 1963)
- Still engages in parallel play, not fully ready for sharing toys etc.
### Pre-Schoolers: Milestones

- Develops a conscience
- Understands gender differences
- Attachment to family is strong
- Going to school is second step toward independence
- Has “animism” thinking toward objects
- Magical Thinking

### Pre-School: Possible Impact of Trauma/ Maltreatment

- Regression to earlier stages of development
- May experience nightmares, clinginess, anxiety, depression, moodiness, affect & behavioral regulation problems
- Mental health and physical health problems
- May mimic observed adult abusive behaviors without understanding full meaning and impact
- Delays in development, problems in learning

### Ameliorative & Resiliency Factors

- Caregivers who are nurturing, protective, interactive, and understand impact of trauma
- Safe environment
- Early Intervention programs
- Trauma-Informed mental health treatments for the child & caregivers
Communication
- Expanded vocabulary
- Has good command of language
- Understands his environment
- Can not conceive of other’s motivations
- Draw or play while talking
- Steer clear of two part questions
- Do ask: who, what, where
- Don’t ask: when, why, how long, how many times

Parenting Plans
- Can tolerate longer separations
- Needs time with both parents

Early Elementary: Ages 6-8
- Caregiver stage
- Primary task is to master the world outside the family
- Primary relationship is with family but same sex peers becoming important
- Thinking moves from egocentric to more logical and rational
- Developing better sense of self
Early Elementary: Ages 6-8

- Primary Psychosocial Task: Industry vs. Inferiority
  - School success has strong impact
  - Family stress can cause difficulties
  - May insist on following rules at all times (no gray areas)
  - Begin to learn that what you see is not always what you get (conservation and reversibility)

Milestones

- Becoming very active
- May misjudge abilities=frequent accidents
- Develops ability to understand others points of view
- Interested in fairness
- Development of peer group
- Begins sense of humor
- Goal directed

Possible Impact of Trauma/Maltreatment

- Fears may also exist for other family members, friends, or children...
- Regression to previous developmental stages
- Mental & physical health difficulties
- Learning problems
- Increasing difficulties with peers and adults
- Increasing affect & behavioral regulation difficulties
Ameliorative & Resiliency Factors

- Caregivers who are nurturing, protective, interactive, and understand impacts of trauma
- Safe environment (physical & emotional)
- Assistance in understanding child protection, court, placements, other life changes, and what is being done to help other family members
- Extra supports to succeed in school
- Recognition and opportunities to practice & develop talents
- Evidence-based trauma-focused treatments

Communication

- Concrete – have you ever touched someone vs. has anyone ever made you touch them
- Be clear about who is who. Pronouns can be mistaken.
- Make sure you are on same page with child
- Do ask: who, what, where, when and how long, how many times
- Have much concern about the adult getting 'in trouble'.

Parenting Plans

- Time with each parent (Child will express need for the schedule to be “fair”)
- Access to both safe, healthy, and nurturing parents
- Benefit to staying in home school if track record of success/familiarity
- Access to after-school and other sports and recreational activities
Middle School: Ages 9-12

- Primary Task: Learn about world & their place in it
- Primary relationship: still with parents, peers become increasingly important
- Emotionally more stable.
- Knows they are part of both parents.
- Views things as black and white.
- Has sense of powerlessness.
- Has more tools to fight back

Middle School: Ages 9-12

- Psychosocial tasks: Competence:Industry vs. Inferiority
  - School and peer relationships impacting this significantly
  - Stress at home
  - Caregiver's feedback to child is significant influence
  - Begins to reason beyond “concrete reality”
  - Better able to work with symbols
  - Begins to develop “hypothetic-deductive reasoning”
  - Might begin to think about other’s motivations

Milestones

- Interested in competition
- Boys/girls start to even in size
- Enjoys school/worries about grades
- Learns, and adopts social roles (esp gender specific)
- Peer pressure gains importance
- Understands rules
Possible Impact of Trauma/Maltreatment

- Possible regression to previous developmental stages
- More noticeable emotional, social, and cognitive delays and learning difficulties
- More noticeable emotional and behavioral dysregulation
- More likely to come to the attention of law enforcement and delinquency courts

Ameliorative & Resiliency Factors

- Caregivers who are nurturing, protective, interactive, and understand impact of trauma
- Safe environment (emotional & physical)
- As many resources and supports as needed to ensure school success
- Recognition, development, and opportunities to demonstrate and practice talents
- Mentoring
- Assistance and information to understand important life issues and changes
- Evidence-based trauma-focused treatments

Communication

- Wants open, honest discussion
- Able to manipulate situation
- Make sure you are on same page with child
- Do ask: who, what, where, when and how long, how many times
Parenting Plans

- More flexibility as child’s schedule becomes full with peers/activities
- Still need to have time with both parents

Adolescent: Ages 13-17

- Primary tasks:
  - Learn who they are
  - Prepare for independence
- Primary relationship with peers
- Brain is completely revamping
- Self-esteem issues and feel unloved
- Critical, judgmental

Adolescent: Ages 13-17

- Primary Psychosocial tasks: Identity vs. Confusion (Erickson, 1963)
  - Must be seen by self and others as competent and valuable
  - Must be informed and listened to about key life decisions
  - Positive impact by experiencing success with peers and in other life arenas
  - Significant development of hypothetical and deductive reasoning skills
  - Greater ability to generate a continuum and diversity of perspectives and solutions
  - May build very logical justifications for their own perspectives
Impact of Trauma/Maltreatment

- High risk behaviors including higher risk of substance abuse, rule-breaking, and/or sexual behaviors
- More noticeable delays in cognitive, emotional, and social development
- Greater risk of dropping out of school
- May give up on rules/laws due to recognized violations of social contract between adults and children
- Mental health and physical health problems
- Loss of faith in themselves, life, and others

Ameliorative and Resiliency Factors

- Nurturing, protective, interactive caregivers who understand impact of trauma
- Safe environment (emotional & physical)
- Intensive resources provided if having difficulties in school (this is life-saving!!!)
- Mentoring
- Assistance in understanding own life circumstances
- Having input valued and responded to when others are making decisions
- Recognition, development, and practice of talents
- Pro-social activities under adult supervision
- Evidence-based trauma-focused therapy
- Opportunities to make a positive contribution

Communication

- Act interested in him/her
- Know current music, movies
- Allow self to be educated about child’s interest
- Be careful of your reaction
- Show sincerity
- “hang in” with teen
- Be wary of the “why?” question
Parenting Plans

- Parenting plans must be flexible to meet needs.
- Communication b/w parents is critical
- Given input on schedule

Contact Information

Kris Buffington (419) 944-4602 or kbuffington46@hotmail.com

Magistrate Ali Frantz-Rufo, Stark County Juvenile Court, Canton, Ohio

Terri Worthington (440)279-1319 or worthington.56@osu.edu