

## Section Four

# CHILD DEVELOPMENT BASICS

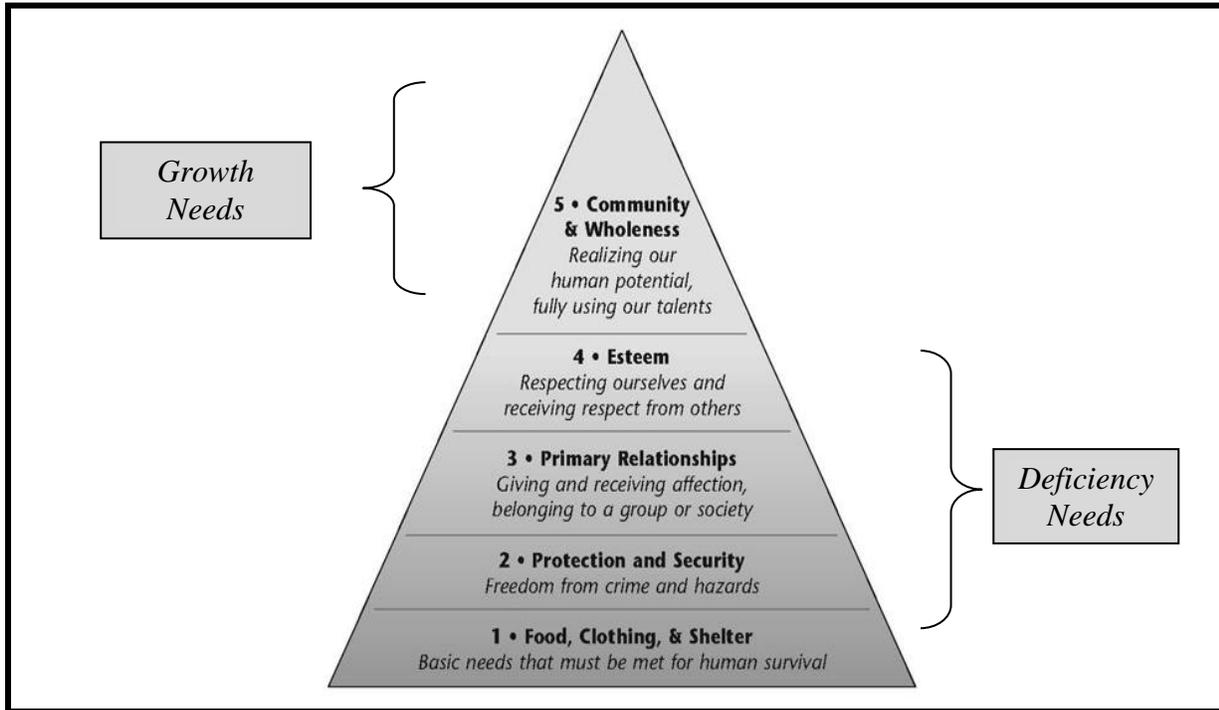
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### Maslow's Hierarchy of Needs

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at one level are not met, the needs at the next level cannot be met.



Maslow's hierarchy of needs is often depicted as a pyramid consisting of five levels: the four lower levels are grouped together as *deficiency needs* associated with physiological needs, while the top level is termed *growth needs* associated with psychological needs.

While *deficiency needs* must be met, *growth needs* are the need for personal growth. The basic concept is that the higher needs in this hierarchy only come into focus once all the needs that are lower down in the pyramid are mainly or entirely satisfied.

Once an individual has moved past a level, those needs will no longer be prioritized. However, if a lower set of needs is continually unmet for an extended period of time, the individual will temporarily re-prioritize those needs—dropping down to that level until those lower needs are reasonably satisfied again. Innate growth forces constantly create upward movement in the hierarchy unless basic needs remain unmet indefinitely. This will come into play as you learn about abuse and neglect, and child trauma.

## ***DEFICIENCY NEEDS***

### ***1. Physiological—food, clothing and shelter***

- The need to breathe
- The need to drink water
- The need for sleep
- The need to eat
- The need to dispose of bodily wastes

If some needs are not fulfilled, a human's physiological needs take the highest priority. Physiological needs can control thoughts and behaviors, and can cause people to feel sickness, pain, and discomfort.

### ***2. Safety—protection and security***

When physiological needs are met, the need for safety will emerge. Safety and security rank above all other desires when pertaining to physiological needs. These include:

- Physical security—safety from violence, delinquency, aggressions.
- Security of employment.
- Security of revenues and resources.
- Family security.
- Security of health.

### ***3. Love/Belonging—primary relationships***

After physiological and safety needs are fulfilled, the third layer of human needs is love and belonging. This involves emotionally-based relationships in general, such as:

- Friendship.
- Sexual intimacy.
- Having a supportive and communicative family.

Humans need to feel a sense of belonging and acceptance, whether it comes from a large social group (such as clubs, work, religious groups, professional organizations, sports teams, gangs) or small social connections (family members, intimate partners, mentors, close colleagues, confidants). They need to love and be loved (sexually and non-sexually) by others.

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### *4. Esteem needs*

According to Maslow, all humans have a need to be respected, to have self-respect, and to respect others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel accepted and self-valued, be it in a profession or hobby.

There are two levels to Esteem needs. The lower of the levels relates to elements like fame, respect, and glory. The higher level is contingent to concepts like confidence, competence, and achievement. The lower level is generally considered less advanced and more external; it is dependent upon other people. However confidence, competence, and achievement only need one person and everyone else is inconsequential to one's own success.

### ***GROWTH NEEDS***

Though the deficiency needs may be seen as “basic,” and can be met and neutralized (i.e., they stop being motivators in one's life), growth needs are an enduring driver of behavior.

### *5. Self-actualization—community and wholeness*

Self-actualization is the instinctual need of humans to make the most of their abilities and to strive to be the best they can.

- They embrace the facts and realities of the world rather than denying or avoiding them.
- They are spontaneous and creative in their ideas and actions.
- They are interested in solving problems.
- They feel a closeness to other people, and generally appreciate life.
- They have a system of morality that is fully internalized and independent of external authority.
- They have discernment and are able to view all things in an objective manner.

### ***IMPORTANT POINTS ABOUT CHILDREN'S NEEDS***

- Healthy growth and development depend on adequately meeting basic needs (e.g., the development of friendships depends on more basic needs being met).
- Children's needs depend on their age, stage of development, attachment to their family/caregivers, and reaction to what is happening around them.
- The essence of your role as a CASA volunteer is to identify the child's unmet needs and to advocate for those needs to be met.



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### *Activity: Understanding the Needs of Children*

#### ***PART I***

A. Review Maslow's hierarchy of needs and write down all of the things that you think children need.

B. Which of the needs on the list are child protection issues?

#### ***PART II***

Assume you are the CASA volunteer for Robert and Rose, the younger children in the Harris-Price case study.

A. Which of the needs that you wrote down above would you wish to address for Robert? Which would you wish to address for Rose?

B. Where do Robert's needs fall on Maslow's hierarchy? Where do Rose's fall?



## Developmental Characteristics of Children

When children’s needs are met appropriately, they are able to grow and develop optimally. It is important for CASA volunteers to be able to assess age-appropriate behavior for children from birth through adolescence. The next few pages provide information on growth and development that will be a resource to you in your work.

### ***AGE: BIRTH TO 6 MONTHS***

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Looks at shapes, such as the shape of faces</li> <li>• Stares or swat at moving objects</li> <li>• Connects people with events—such as mother with bottle</li> <li>• Tells family member from others</li> <li>• Repeats actions that cause toys to move or make noises</li> </ul>	<ul style="list-style-type: none"> <li>• Babbles and coos</li> <li>• Cries when something is wrong</li> <li>• Makes sounds to get attention</li> <li>• Responds to sounds by making gestures</li> </ul>	<ul style="list-style-type: none"> <li>• Explores by looking, grasping, swatting</li> <li>• Sucks</li> <li>• Follows objects with eyes</li> <li>• Brings fists together</li> <li>• Begins to roll over, rolls over</li> <li>• Balances head</li> <li>• Reaches with both hands</li> <li>• Pulls to sitting position</li> <li>• Holds onto bottle when being fed</li> </ul>	<ul style="list-style-type: none"> <li>• Smiles at faces and voices</li> <li>• Smiles o babbles when held, rocked, or played with</li> <li>• Shows discomfort by crying or tensing body</li> <li>• Laughs and makes noises to show pleasure</li> <li>• Different cried to show different needs</li> </ul>

### ***AGE: 6 MONTHS TO ONE YEAR***

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Repetitive actions</li> <li>• Uncovers hidden toys</li> <li>• Shakes or moves objects to make noise</li> <li>• Explores nearby areas more carefully</li> <li>• Tries to name familiar people</li> <li>• Looks at pictures in a book</li> <li>• Remembers games played before</li> </ul>	<ul style="list-style-type: none"> <li>• Says dada and mama</li> <li>• Babbles to self and familiar people</li> <li>• Copies mouth and lip movements</li> <li>• Imitates sounds and gestures</li> <li>• Combines words and gestures; e.g., “bye-bye”</li> <li>• Imitates sounds things make</li> <li>• Stops doing things when told “no”</li> </ul>	<ul style="list-style-type: none"> <li>• Sits without support</li> <li>• Crawls—pulls to standing</li> <li>• Feeds self with fingers and messily with a spoon</li> <li>• Begins to stand alone—holding onto furniture</li> <li>• Opens drawers and cupboards</li> <li>• Picks up toys with thumb and first finger</li> </ul>	<ul style="list-style-type: none"> <li>• Reaches out and pats reflection in a mirror</li> <li>• Pulls away from things not wanted</li> <li>• Participates in games like peek-a-boo</li> <li>• Begins to imitate and play with adults</li> <li>• Responds to name</li> <li>• May cling to familiar person if a stranger is present</li> <li>• Shows hurt feeling when scolded</li> </ul>

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### *AGE: ONE TO TWO YEARS*

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Understands simple instructions</li> <li>• Connects the order of events, such as food, wash, nap</li> <li>• Begins to name things</li> <li>• Finds new ways to get things done</li> <li>• Recognizes self in a mirror</li> <li>• Recognizes body parts on a doll</li> <li>• Fills a box or can with objects</li> </ul>	<ul style="list-style-type: none"> <li>• Uses dada and mama correctly</li> <li>• Puts simple words together</li> <li>• Uses one word to indicate needs</li> <li>• Imitates words</li> <li>• Follows simple instructions</li> <li>• Asks simple questions</li> </ul>	<ul style="list-style-type: none"> <li>• Throws a ball</li> <li>• Walks up and down stairs with help</li> <li>• Pulls clothes off</li> <li>• Uses a spoon, drinks from a cup</li> <li>• Walks and runs without falling</li> <li>• Climbs on and sits in a chair</li> <li>• Carries, pushes, pulls a large toy</li> <li>• Turns pages in a book</li> <li>• Tells when they are wet, soiled and need to use the restroom</li> </ul>	<ul style="list-style-type: none"> <li>• Watches children play, plays with other, may not share well</li> <li>• Shows a sense of humor</li> <li>• Shows a preference for a toy</li> <li>• Demonstrates anger by crying or fighting</li> <li>• Shows affection</li> <li>• Shows more independence in activities and self care, decision making</li> <li>• May slap, bite, or hit and refuse to do what they are asked</li> </ul>

### *AGE: TWO TO THREE YEARS*

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Takes simple objects apart and puts them together</li> <li>• Develops longer memory span</li> <li>• Matches colors, sizes and shapes</li> <li>• Makes simple choices</li> <li>• Knows what some objects are used for</li> <li>• Begins to understand numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Uses three-word sentences</li> <li>• Using words to show feelings and thoughts</li> <li>• Uses more expressive language</li> <li>• Listens to memorize simple rhymes</li> <li>• Uses me, I, and you</li> </ul>	<ul style="list-style-type: none"> <li>• Jumps</li> <li>• Walks up and down stairs—alternating feet</li> <li>• Kicks a large ball</li> <li>• Makes simple lines with crayons</li> <li>• Puts on and takes off clothes</li> <li>• Unzips clothes</li> <li>• Washes, dries hands, combs/brushes hair</li> <li>• Stays dry at night</li> </ul>	<ul style="list-style-type: none"> <li>• Becomes frustrated easily</li> <li>• Protects and cares for belongings</li> <li>• Imitates adult activities</li> <li>• Expresses pride in accomplishments</li> <li>• Shows a sense of humor and enjoys surprises</li> </ul>



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***AGE: THREE YEARS***

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Puts together a 5–10 piece puzzle</li> <li>• Draws figures with head and hands</li> <li>• Counts to five and can count three objects</li> <li>• Shows greater awareness of time</li> <li>• Sees likeness and differences</li> <li>• Understands words of place</li> </ul>	<ul style="list-style-type: none"> <li>• Speaks in longer sentences</li> <li>• Uses language to describe objects, events, and things</li> <li>• Asks and answers questions</li> <li>• Uses language in imaginative play</li> <li>• Listens to longer stories</li> </ul>	<ul style="list-style-type: none"> <li>• Walks downstairs without help</li> <li>• Jumps from a bottom step</li> <li>• Does forward somersaults</li> <li>• Paints with a brush</li> <li>• Unbuttons, zips, laces shoes, dress and undresses with help</li> <li>• Brushes teeth—with help</li> <li>• Expresses need to use the toilet</li> </ul>	<ul style="list-style-type: none"> <li>• Takes turns and shares</li> <li>• Plays with a group of children</li> <li>• Chooses a special friend</li> <li>• Expresses anger verbally</li> <li>• Selects activities independently</li> </ul>

***AGE: FOUR YEARS***

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>• Draws a person with detailed features</li> <li>• Puts together a 10 piece puzzle</li> <li>• Matches letters to letters in a name</li> <li>• Names colors, shapes and textures</li> <li>• Brushes teeth, uses the toilet</li> </ul>	<ul style="list-style-type: none"> <li>• Acts out and tells stories</li> <li>• Shows pleasure playing with word sounds and meaning</li> <li>• Gives longer answers to questions</li> <li>• Uses past tense</li> </ul>	<ul style="list-style-type: none"> <li>• Bounces a ball</li> <li>• Walks backwards</li> <li>• Jumps over low ropes</li> <li>• Shows great eye-hand coordination</li> <li>• Buttons, laces, dresses, and undresses</li> </ul>	<ul style="list-style-type: none"> <li>• Makes demands for attention, shows off, expects praise</li> <li>• Easily encouraged or discouraged</li> <li>• Enjoys leadership roles. Can appear bossy</li> <li>• Experiments and solves problems</li> <li>• Apologizes easily</li> </ul>



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***AGE: FIVE YEARS***

<b>Cognitive</b>	<b>Language</b>	<b>Physical</b>	<b>Social/Emotional</b>
<ul style="list-style-type: none"> <li>Shows definite purpose in using objects</li> <li>Counts to 20</li> <li>Prints numbers 1–5</li> <li>Compares objects by size and weights</li> <li>Names shapes and days of the week</li> </ul>	<ul style="list-style-type: none"> <li>Repeats songs and nursery rhymes</li> <li>Recalls events in order</li> <li>Follows three-step instructions</li> <li>Says their full name and address</li> <li>Uses future tense</li> <li>Pronounces words clearly and uses them in sentences</li> <li>Uses more words to express needs, fears, feelings, and ideas</li> </ul>	<ul style="list-style-type: none"> <li>Skips, jumps, marches, gallops, and hops</li> <li>Bounces and catches a ball</li> <li>Rides a tricycles</li> <li>Can balance on one foot</li> <li>Completes puzzles with 20–30 pieces</li> <li>Draw human figure with features</li> <li>Tries to tie shoes</li> </ul>	<ul style="list-style-type: none"> <li>Enjoys playing with other children or may prefer to play alone</li> <li>Likes to run errands</li> <li>Take responsibility for own actions</li> <li>Rarely quarrels</li> <li>Respects others belongings</li> <li>Follows a leader and enjoys being the leader</li> </ul>

***AGE: SIX YEARS TO PUBERTY***

<b>Cognitive</b>
<ul style="list-style-type: none"> <li>Capable of organized learning, understands concepts of time, distance, money, past and future</li> <li>Begins to shift and sort information into categories</li> <li>Develops interest in historic events, foreign lands, and different cultures</li> <li>Refines readiness skills in reading, numbers, and writing</li> <li>Understands charts, graphs, and diagrams, especially when making objects</li> <li>Organizes collections</li> <li>Improves their reasoning and problem solving skills</li> <li>Develops and interest in learning special skills like music, art or sports</li> </ul>
<b>Language Development</b>
<ul style="list-style-type: none"> <li>Uses more and more words to talk about people, things, or feelings</li> <li>Criticizes and complains in very clear terms</li> <li>Makes puns and comical comments with words and phrases</li> <li>Can be verbally aggressive when interacting with others</li> <li>Are fascinated by rhymes, anagrams, codes, and foreign words</li> </ul>



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### *SCHOOL AGE: SIX TO PUBERTY (continued)*

<b>Physical Development</b>
<ul style="list-style-type: none"><li>• Loses their baby roundness, are long legged and gain weight</li><li>• Writes more clearly and tries more detailed work</li><li>• Develops a coordinated sense of balance</li><li>• Practices personal hygiene independently</li><li>• Performs simple household tasks</li><li>• Develops a sense of rhythm</li></ul>
<b>Social/Emotional</b>
<ul style="list-style-type: none"><li>• Spends increasing amounts of time with others of their own age and gender</li><li>• Forms clubs around friendships and neighborhood alliances</li><li>• Shares secrets, handshakes, rituals with friends</li><li>• Develops competitive feelings and the need to be strong</li><li>• Strives to succeed in school work and develops careful, consistent work habits</li><li>• Develops an active imagination and interest in creative play</li><li>• Develops a strong sense of fair play</li><li>• Enjoys independent activities, such as reading or watching television</li><li>• Learns to control their emotions and tries to hide their needs and fears from adults</li></ul>

You are not expected to be a child development expert. Rather, you need to be aware of typical child development so you will know when to recommend an assessment by a child development professional. When observing a child's development, keep in mind these key points:

- ✓ There is a wide range of typical behavior. At any particular age 25% of children will not exhibit the behavior or skill, 50% will show it, and 25% will already have mastered it.
- ✓ Some behaviors may be typical—in the sense of predictable—responses to trauma, including the trauma of separation as well as abuse and neglect.
- ✓ Prenatal and postnatal influences may alter development.
- ✓ Other factors, including culture, current trends, and values, also influence what is defined as typical.

#### ***Reflection Questions***

- *Which age groups do you have the most interest or experience with?*
- *Which age groups do you want to learn more about?*



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### **Additional Tips on How Children Grow and Develop**

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel, or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, *they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development from a consistent figure in their life.*
5. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.
6. During the formative years, the better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as two-year-olds, the more skilled they will be at controlling behavior impulses they experience as three-year-olds.
7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
8. Behavior is influenced by needs. For example, active 15-month old babies touch, feel, and put everything into their mouths. That is how they explore and learn; they are not intentionally being a nuisance.
9. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from learning new things.
10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident as well as offering some new activities that will challenge them gives them a balance of activities that facilitates healthy growth.

*Source: Resources for Child Caring, Inc., Minnesota Child Care Training Project,  
Minnesota Department of Human Services.*



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***Activity: Ages and Stages***

**Review the Harris-Price Case and try to establish the developmental level of nine-month-old Rose. Make notes in the chart below for each of the areas. Be sure to keep in mind the principles of development from the previous sections.**

<b>Cognitive</b>
<b>Language Development</b>
<b>Physical Development</b>
<b>Social/Emotional</b>

A. Is Rose on target?

B. What additional information would you need to gather in order to assess her?

C. What might help her in areas in which she is lagging behind?



## Attachment and Resilience

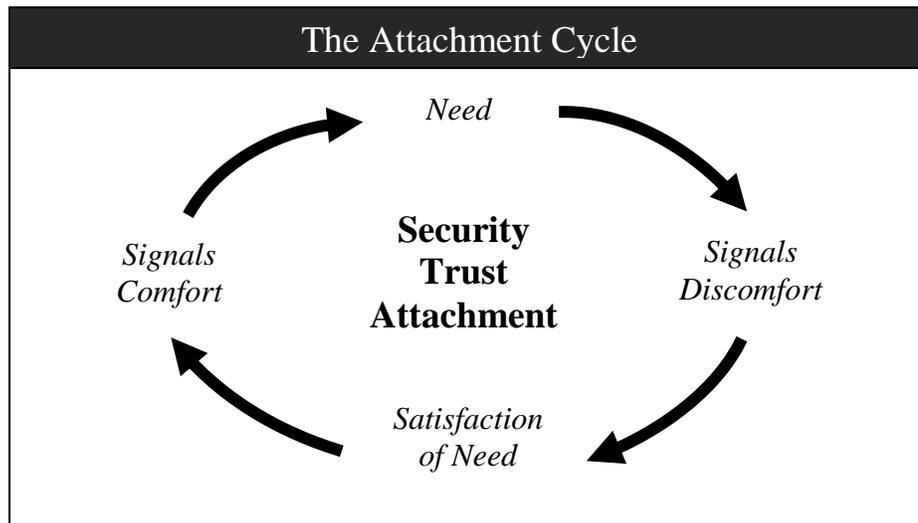
### *ATTACHMENT*

Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently.

Attachment develops intensely throughout the first three years of life. After age three, children can still learn how to attach; however, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.

Children who are learning to attach will be influenced by three specific factors:

1. The child's genetic predisposition
2. The conditions under which the child is cared for
3. The child's parents or caretakers



When a baby cries, the caretaker responds by picking up the child. The caretaker continues to stroke, talk to, and hold the baby during feeding or diaper changing. After several days of this routine the child learns that to get needs met, all he/she has to do is cry. The caretaker responds and immediately begins to soothe the infant, resulting in an increased sense of trust and security. This cycle of consistently meeting a child's needs creates a secure attachment between the infant and caretaker. It is referred to as the "attachment cycle" or the "trust cycle."

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Healthy attachments **are** based on the nature of the relationship between the child and the caretaker. They **are not** based on genetic ties to or the gender or culture of the caretaker.

The basic needs of many of the children in the CASA program have not been met. Some children may cry for hours at a time or may get hit when they cry. As a result, a child may stop crying when hungry and may not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away, or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may seek satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

Think about what you have observed in a healthy relationship between a child and parent. There is a distinct cycle of infant attachment development:

1. Expressing a need (by crying);
2. Having that need met (through feeding, diapering, holding);
3. Growing familiar with the person who meets the need; and
4. Trusting that the caretaker will be there every time. This leads to “bonding” with that person, the trusted caretaker.

This is the healthy attachment cycle. You will learn more about attachment and bonding at the Advocacy Academy.

### ***RESILIENCE***

Not all children subjected to lives of severe adversity go on to suffer problems. While abuse and neglect certainly increase the likelihood of developing problems, some children don't experience problems, or do to only a minor degree. This is resilience.

In short, resiliency theory suggests that certain children (and adults) have qualities of personality, family, relationships, outlooks, and skills that allow them to rise above enormous hardship. Resilient people are those who escape the ravages of poverty, abuse, unhappy homes, parental loss, disability, or many of the other risk factors known to set many people on a course of life anguish. Numerous studies of resilient people have identified the presence of the same protective factors—aspects of their personalities, their families, their significant relationships, or their experiences—that help them succeed.



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**Activity: Risk Factors and Protective Factors**

The chart below contains the risk and protective factors that influence a person’s response to adversity. Put a check mark by the *protective factors* that you believe can be influenced. For example, a person cannot do much to become the firstborn child, but he/she could become a better reader.

Risk Factors	Protective Factors
<p><b>Early Development</b>            Premature birth or complications            Fetal drug/alcohol effects            Difficult temperament            Long-term absence of caregiver in infancy            Poor infant attachment to mother            Shy temperament            Siblings within two years of child            Developmental delays</p> <p><b>Childhood Disorders</b>            Repeated aggression            Delinquency            Substance abuse            Chronic medical disorders            Behavioral or emotional problems            Neurological Impairment            Low IQ (less than 80)</p> <p><b>Family Stress</b>            Family living in poverty            Separation/divorce/single parent            Large family—five or more children            Frequent family moves</p> <p><b>Parental Disorders</b>            Parent with substance abuse issues            Parent with mental disorders            Parent with criminal behavior</p> <p><b>Experimental</b>            Witness to conflict and violence            Removal of child from the home            Substantiated neglect            Physical abuse            Sexual abuse            Negative relationship with parent</p>	<p><b>Early Development</b>  <input type="checkbox"/> Easy temperament  <input type="checkbox"/> Positive attachment to mother  <input type="checkbox"/> Firstborn child  <input type="checkbox"/> Independence as a toddler</p> <p><b>Family</b>  <input type="checkbox"/> Child lives at home  <input type="checkbox"/> Parent is consistently employed  <input type="checkbox"/> Parent has high school education or higher  <input type="checkbox"/> Childcare support—older siblings  <input type="checkbox"/> Regular involvement in religious activities  <input type="checkbox"/> Regular rules, routines, chores at home  <input type="checkbox"/> Family discipline—fair with discussion  <input type="checkbox"/> Positive relationships with parents  <input type="checkbox"/> Perception of parental warmth  <input type="checkbox"/> Parental knowledge of child’s activities</p> <p><b>Child Competencies</b>  <input type="checkbox"/> Reasoning/problem solving skills  <input type="checkbox"/> Good student  <input type="checkbox"/> Good reader  <input type="checkbox"/> Child perception of competencies  <input type="checkbox"/> Extracurricular activities/hobbies  <input type="checkbox"/> IQ higher than 100</p> <p><b>Child Social Skills</b>  <input type="checkbox"/> Gets along with other children  <input type="checkbox"/> Gets along with adults  <input type="checkbox"/> Likeable child  <input type="checkbox"/> Sense of humor  <input type="checkbox"/> Empathy</p> <p><b>Extra-familial Social Support</b>  <input type="checkbox"/> Adult mentor outside the family  <input type="checkbox"/> Support for child at school  <input type="checkbox"/> Support for child with religious organization, faith or spirituality</p>



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<p><b>Social Drift</b> Academic failure or drop out Negative peer group If female, teen pregnancy</p>	<p><input type="checkbox"/> Support for child from peers <input type="checkbox"/> Adult support and supervision in the community</p> <p><b>Outlook and Attitudes</b> <input type="checkbox"/> Internal locus of control as teen <input type="checkbox"/> Positive and realistic expectations for future <input type="checkbox"/> Plans for the future <input type="checkbox"/> Independent minded</p>
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**Pick two of the protective factors you checked and answer the following question:**

- What is one action you could take as a *CASA* volunteer to strengthen these protective factors for a child?



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### Separation

Understanding typical reactions of children and their parents to separation and loss provides motivation for fulfilling your CASA role. By integrating this understanding about separation and loss with information on child development, behavior, attachment, and a child's sense of time, you will be able to assess a child's needs more accurately. When children are removed from their homes, no matter how strong or weak the attachment, they feel isolated and detached. Not only do they worry about not seeing their parents, but they also fear losing their peer groups and siblings, changing schools, or missing something as simple as their bed or toys.

#### ***SEPARATION ANXIETY DISORDER***

While all children would be expected to show signs of distress if removed from their homes, some children have extreme reactions. In a child with separation anxiety disorder, the feelings of anxiety become so intense that they interfere with the child's ability to participate in daily activities. Below is a list of characteristics of a child who suffers from separation anxiety disorder:

- Recurrent excessive distress when separation from home or caretakers occurs or is anticipated
- Persistent and chronic worry about losing a caretaker or that person being hurt
- Persistent worry that an event will lead to separation from a caretaker (e.g., getting lost or being kidnapped)
- Reluctance or refusal to go to school, camp, or a friend's house because of the fear of separation
- Clinging to a parent or shadowing the parent around the house
- Excessive fear of being alone in the child's room, the child's house, or elsewhere
- Reluctance or refusal to go to sleep without being near a caretaker or when away from home
- Nightmares involving separation
- Complaints of physical symptoms (headaches, stomachaches, nausea, vomiting) when separation from a caretaker takes place or is anticipated
- Enuresis (bed wetting) and encopresis (soiling)

For some children, medication can significantly reduce the anxiety and allow them to return to school. These medications may also reduce the physical symptoms. Generally, psychiatrists use medications as an addition to psychotherapy. Both play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In play therapy, the therapist helps the child work out the anxiety by expressing it through play. In behavioral therapy, the child learns to overcome fear through gradual exposure to separation from the parents.



## Section Four

### ***THE CHILD'S EXPERIENCE***

For the next few minutes, try to imagine the experience of being a child who is removed from his/her home as a result of the local child protection agency filing a petition for abuse or neglect.

*Visualize yourself as a four-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks, and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.*

*There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can't imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.*

*But the lady doesn't take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, "Come right in." Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, "Welcome. This is your new home. We are so glad to have you." She keeps smiling and seems really nice, but there must be some mistake. You didn't ask for a new home...you already have a mom and dad...you don't have brothers and sisters...this isn't your room...and what is this food that they are giving you? You realize that this is your entire fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.*

#### ***Reflection Questions***

*Taking into account the issues that are raised for children when they are moved, consider the Harris-Price case. Remember that Ben, Robert, and Rose are not placed together in their emergency foster care placement.*

- *What issues does this separation raise for Ben?*
- *How is it different for Robert?*
- *Since Rose can't tell you how she is feeling, what might be some signs that the separation is affecting her negatively?*



## Section Four

### ***THE PARENT'S EXPERIENCE***

Following is a description of what it's like to have your children removed from your home and placed in foster care. Knowledge about parents' feelings leads to more meaningful contact with parents. You may often observe that both a parent and a child have a similar reaction to the separation experience because grief and loss are experienced universally as a series of emotions including denial, anger, sadness, and, eventually, acceptance. Sometimes these reactions proceed in the order outlined below; sometimes people skip around or cycle back to a previous stage as they work through their personal reactions to grief and loss.

#### **Stage 1: Denial**

When the loss of your child hits you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can't think of anything except the child who has been taken. You take care of the rest of the family or go to work like a sleepwalker without really knowing what you're doing. You wonder what your child is doing now. If you have a car and know where the foster home is, you may drive by just to be sure it is there. You wonder if the foster parents are taking good care of your child and doing all the things the way he/she is used to. You may think you hear your child or see him/her in his/her old room. You remember all the good times, even if there weren't very many. You try to keep busy and not think at all, but you keep coming back to your last glimpse of your child. This shock usually lasts from a few days to a few weeks. Other people may try to be comforting to you, but you feel distant from and "outside" the rest of the world.

#### **Stage 2: Anger**

As you come out of the numbness of shock, you experience sadness, anger, and physical upset. You might lose your appetite, or you might eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes, or sleeping pills. You might start using drugs, or increase your use. You may find yourself suddenly tearful "over nothing." You are afraid of what people think of you. You are angry at perfect strangers on the street because it is you going through this and not them. You are angry with God. If your child was placed in foster care against your wishes—or even if he/she wasn't—you are furious at the social agency, the court, and everybody there. You are mad at yourself and go over and over and over in your mind what happened to see what you could have done to make it different. You can't come up with anything, but you can't quit thinking about it either. You are angry at your child and feel he/she was difficult on purpose. You tell yourself you are glad your child is gone and never want him/her back. You think how nice it is without him/her. Above all, you resent your child for making you go through all this pain.



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You get scared at how angry you are or feel guilty about the anger and start avoiding your child or your work. But it is normal to feel angry when things are not the way you would like them to be. Anger sometimes helps you act to change things. When anger doesn't help, you learn to give it up and try something else to get what you want. You might stay with being angry because it hurts less than the next step, which is sadness.

### Stage 3: Sadness

When the anger has worn off, you go into the blues. You may feel you don't care about anybody or anything. It isn't worth getting up each day, and nothing interests you. You may feel worthless and no good. You might think about suicide. You might get ill. If you are a single parent and all your children have been taken, you may feel desperately lonely. You don't know who you are without your children to care for, or what to do with your day with no one to fix meals for. The world seems barren and silent, and you feel empty and hollow. You might feel guilty because there is less stress with the child out of the home. You might find you can survive without your child, but feel bad because of it.

### Stage 4: Acceptance

One day things just seem to be better. You begin eating and sleeping well again. You miss your child but are now more realistic about his/her being in foster care. You again pay attention to the house, your work, and the rest of the family. You get interested in keeping your agreements about visiting your child and making your appointments with your caseworker. You begin to realize that you may actually have more time with your child now and feel better when you're with him/her than you did before the foster care, when you were trying to handle too much. You begin to see that both you and your child need relationships with others to deal with the loneliness, and now you have some energy for that.

Adapted from *The Parents' Guide to Foster Family Care*, Barbara Rutter, New York: Child Welfare League of America, 1978.

### ***Reflection Question***

- *How might knowing this information about the separation experience for parents impact your recommendations for visitation and your expectations about the compliance with court orders?*



## Section Four

### **The Importance of Family to a Child: Why Minimally Adequate Parenting (MAP) Is Important**

*Children grow up best in families. To develop into functional, emotionally stable adults, they need that unique sense of belonging that comes from being part of a family. Children need the safety net that only the unconditional acceptance of family can provide. They need the knowledge of and connection to their cultural/ethnic heritage that is learned within the family.*

*\*Adapted from Beyond Rhetoric: A New American Agenda for Children and Families, National Commission on Children. Government Printing Office. 1991.*

A CASA volunteer's role is to advocate for the services necessary so the child can go home safely. If the child cannot be returned home safely, what is in the child's best interest? This is not an easy question to answer. As a CASA, you start with the assumption that a child's family is usually the best setting for raising and nurturing that child. This is true even if the family's lifestyle, beliefs, resources, and actions are radically different from yours. As long as the child's family meets or can be helped to meet the minimum sufficient level of care required for the safety of that child, the child belongs with his/her family.

As discussed in section one, minimally adequate parenting (MAP) means that all basic needs are met and the child is not harmed physically, sexually, or emotionally. On the other hand, the optimum level of care means that the child has considerably more than the minimum: things like a library card, tutoring, a community of faith, sports, Scouts, music lessons, college, a loving extended family. The state intervenes when basic needs are not met—not when a family is unable or unwilling to provide an optimal level of care.

Remember **Minimally Adequate Parenting** from Section One:

1. It relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. It is a relative standard, depending on the child's needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
4. It remains the same when considering reunification as when considering removal.

The idea that a minimum sufficient level of care should be the standard for families is often difficult for CASA volunteers to embrace. It feels counterintuitive, as though it defies common sense. You may be tempted to ask, "Wouldn't any child be better off in a family without the limitations that are present in this situation?" The truth is that most would not. The overwhelming sense of loss that children suffer when removed from their homes—loss of love, of security, of the familiar, of their heritage, of control in their



## Section Four

lives; feelings of worthlessness; and the almost unendurable pain of separation—is terribly painful for most children. Despite the bad things that have happened in their lives, most children in the system love their families and want desperately to be reunited with them. Take a moment to think back to your own childhood. Whatever it was like, how would you have felt if a stranger came one day to take you away to live with a “better” family?

If parenting hovers at the minimum sufficient level of care, the child protective services system and the court likely will not get involved. If the child’s basic needs are not being met and/or the child is being abused, the child protective services system steps in. Once the system has intervened, the responsibilities of the parent (e.g., to seek substance abuse treatment or learn parenting skills) and those of the child protective services agency (e.g., to provide visitation, arrange counseling, etc.) are spelled out in agreements that are enforced by court orders.

Ideally, these agreements will help the parent move at least to a minimum sufficient level of care. The steps in these agreements with parents need to be small and measurable. Appropriate resources need to be available to support changes that the parent makes. If the steps are too big or complex, the parent may give up, causing the family situation to deteriorate and the child to lose the chance to ever return home. If the steps are not measurable, success cannot be determined.

For example, a parent can “attend parenting classes” for six months without ever making a change in behavior. If the agreement specifies that the parents are “able to describe and apply five ways to discipline their child without spanking,” both the parents and any observer will be able to tell whether the task gets accomplished. **As a CASA volunteer, you should routinely ask the question of both parents and case managers, “How will you know when this requirement is met?”**



**Section Four**

**Section Four Review Questions**

- What are the five categories of Maslow’s hierarchy of needs?
  
- Which two tips about the development of children do you think will help you most in your role as a CASA volunteer?
  
- What three factors will influence children who are learning to attach?
  
- What additional information about child development do you want to acquire?

**Questions for My Coordinator**

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## **Child Development Resources**

### **American Academy of Child & Adolescent Psychiatry**

[www.aacap.org](http://www.aacap.org)

The American Academy of Child and Adolescent Psychiatry works to assist parents and families in understanding developmental, behavioral, emotional, and mental disorders affecting children and adolescents. The website includes journal information, facts, resources, and information on legislation.

### **American Academy of Pediatrics (AAP)**

[www.aap.org](http://www.aap.org)

AAP offers materials for professionals working in the field of child abuse, including policy statements, and resources for prevention, recognition, and treatment.

### **Association for Treatment and Training in the Attachment of Children (ATTACH)**

[www.attach.org](http://www.attach.org)

ATTACH is an international coalition of professionals and families dedicated to creating public awareness and education regarding attachment and the critical role it plays in human development. The organization provides a quarterly newsletter, hosts an annual conference, and compiles a membership directory.

### **Attachment Disorder.net**

[www.attachmentdisorder.net](http://www.attachmentdisorder.net)

Written by an adoptive parent of a child diagnosed with attachment disorder, this site provides information, resources, and support for parents and others trying to help children with attachment problems.

### **The Barr-Harris Children's Grief Center**

[www.barrharris.org](http://www.barrharris.org)

The center offers help for children facing the pain of death, divorce, separation, or abandonment, and provides a list of books/links for school professionals, parents, and advocates who deal with children's grief.

### **Child Development Institute**

[www.cdipage.com](http://www.cdipage.com)

This site, aimed at parents, provides information on child development, child psychology, parenting, learning, health, safety, and childhood disorders such as attention deficit disorder, dyslexia, and autism.

### **MedTerms Medical Dictionary**

[www.medterms.com](http://www.medterms.com)

This resource allows you to search for information on any medical term through a wide search and can also link you to a multilingual dictionary and a drug database.

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### **The National Center for Post-Traumatic Stress Disorder**

[www.ncptsd.org](http://www.ncptsd.org)

This program of the US Department of Veterans Affairs offers a broad range of activities, including research, training, and public information. The site includes an index of worldwide literature on PTSD.

### **National Organization on Fetal Alcohol Syndrome (NOFAS)**

[www.nofas.org](http://www.nofas.org)

NOFAS is committed to raising public awareness of fetal alcohol syndrome and to developing and implementing innovative ideas in prevention, intervention, education, and advocacy in communities nationwide. NOFAS also operates a national clearinghouse for regional, state, and local fetal alcohol syndrome organizations.

### **SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence (FASD Center)**

<http://fasdcenter.samhsa.gov>

The mission of the FASD Center is to facilitate the development and improvement of FASD prevention, treatment, and care systems in the United States by providing national leadership and facilitating collaboration in the field.

### **Trauma Information Pages**

[www.trauma-pages.com](http://www.trauma-pages.com)

Dr. David Baldwin's Trauma Pages focus primarily on emotional trauma and traumatic stress, including post-traumatic stress disorder, whether following individual traumatic experience(s) or a large-scale disaster. The site includes information on trauma resources, a bookstore, articles, and links.

### ***Violence & Childhood: How Persisting Fear Can Alter the Developing Child's Brain***

[www.childtrauma.org/ctamaterials/vio\\_child.asp](http://www.childtrauma.org/ctamaterials/vio_child.asp)

This article by Bruce Perry, a researcher in children's mental health and neuroscience, offers a neuro-developmental perspective on the impacts of violence on children. Perry discusses how "exposure to violence activates a set of threat-responses in the child's developing brain; in turn, excess activation of the neural systems involved in the threat responses can alter the developing brain; finally, these alterations may manifest as functional changes in emotional, behavioral and cognitive functioning."

### **Zero to Three**

[www.zerotothree.org](http://www.zerotothree.org)

Zero to Three is a national organization that supports the health and well-being of infants and toddlers by informing, educating, and supporting the adults who influence their lives. Aimed at both parents and professionals, this site provides resources, public policy papers, parenting tips, and publications—all related to infants and toddlers.





