CHILD DEVELOPMENT

presented by

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AGENDA

- Overview and Introduction
- Goals & Objectives
- Age: Birth to 5 years
- Age: 6-13 years
- Age: 14-21 years
- Lunch
- Disabilities and Development

GOALS OF PRESENTATION

- Participant will learn:
  - Responses to expect from clients based on their developmental age
  - How to establish and maintain rapport with clients dependent on their developmental age.
  - How specific disabilities are defined and how they impact client's development.

OVERVIEW: RULE 40

- Tenn. Code Ann. § 37-1-149,and Supreme Court Rule 13.
- Child's 'best interests' refers to a determination of the most appropriate course of action based on objective consideration of the child's specific needs and preferences. Informed by 18 different factors

OVERVIEW: RULE 40 (CONTINUED)

- Today we will look at assessing the baby/child/teen development in such a way to assist in determining their physical and social-emotional needs.
- In addition, we will briefly discuss how maltreatment impacts expected development and how specific disabilities impact development.

DEVELOPMENT: < 6 YEARS

- Children under 1 year of age tend to communicate without words.
- Personality, brain size and volume and attachment- all impacted by genetics and environment, are developed before age 3 years.

AGE: BIRTH TO 5 YEARS

BABIES

TODDLERS

KINDERGARTENERS

DEVELOPMENT: < 6 YEARS

- Going into custody, witnessing domestic violence, being a victim of violence, abuse is felt to “change” a child’s brain adversely. As we “see” them, we must be able to determine their level of functioning in order to formulate what their needs may be.

DEVELOPMENT: < 6 YEARS

- As we “see” very young children, we must be able to determine their level of functioning in order to formulate what their needs may be.
- Developmental Milestones are used to “measure” a child’s development

DEVELOPMENT: < 6 YEARS

- Definition-Developmental Milestones are a set of age-specific tasks or functional skills that most children can do at a certain age range

DEVELOPMENT: < 6 YEARS

DEVELOPMENTAL MILESTONES

- Language- 2 areas: expressive (what a child says)-jargon, words, sentences-short then long; receptive (what is said to child and child understands) -following commands
- Gross motor-using large muscles (i.e. moving body, arms and legs)-sitting up, crawling, walking; running; stairs, jumping, dress self, skipping

DEVELOPMENT: < 6 YEARS

- Fine Motor- moving fingers, toes –balance, coloring between the lines, tying shoes, using scissors
- Cognitive- problem solving- identify caregivers, identify simple pictures, memory formation
- Social- smiling, peek-a-boo; play with toys (i.e. dolls toys, etc.), social and imaginative play

STAGES OF DEVELOPMENT

- Erik Erikson- German born, American psychologist
- Stages of Psychosocial Development

Stages	Ages
Trust vs. Mistrust	Birth to 2 years
Autonomy vs. Shame and Doubt	2-4 years
Initiative vs. Guilt	4-5 years
Competence vs. Inferiority	5-12 years
Identity vs. Role Confusion	13-19 years
Intimacy vs. Isolation	20-39 years
Generativity vs. Stagnation	40-64 years
Ego Integrity vs. Despair	65-Death

DEVELOPMENT: < 6 YEARS

- You Should Consider:
  - Developmental Level
  - Physical and Mental Health
  - Age and length of custody
  - Visitation-frequency
  - Medication

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DEVELOPMENT: < 6 YEARS

- Tools to Consider:
- Early Periodic Screening Diagnosis Treatment (EPSDT) well-child visits- growth chart-ht & wt, BMI
- Screening Tests
  - Developmental Milestones
  - Behavior
- Developmental Tests
  - Occupational and Physical Therapy
  - Speech/Language Therapy

TALKING WITH YOUNG CHILDREN

- "Get on child's level"
- Talk about child's favorite character, toy, fun game, etc.
- Watch body language
  - Give frequent "breaks"
  - Consider non food incentives like stickers

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TALKING WITH YOUNG CHILDREN

- Child should be in a "child-friendly" place.
- Before they are brought to the room, a child should be shown the actual room for the meeting /court and have the roles of the various participants explained.

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TALKING WITH YOUNG CHILDREN

- Notes to Signal a “Break”-
  - Increasing squirming or shuffling,
  - Laying head down,
  - Fussing, speaking out, crying, etc.
  - Not answering questions
  - Mumbling, “shutting down,” etc.
- Resume the proceeding when child is ready to return.

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AGE : 6-13 YEARS (SCHOOL-AGED)

CHILDREN

PRETEENS

TEENS

STAGES OF DEVELOPMENT

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- Stages of Psychosocial Development

Stages	Ages
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Ego Integrity vs. Despair	65-Death

DEVELOPMENT: 6-13 YEARS

- You Should Consider:
  - Developmental Level
  - Physical and Mental Health
  - Age and length of custody-changes
  - School Level and Performance
  - Medication
  - Visitation

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DEVELOPMENT: 6-13 YEARS

- Psychological/Behavioral Tests
  - Depression
  - ADHD
  - Conduct Disorder

TALKING WITH CHILDREN/TEENS

- Talk <u>with</u> the child/teen about school, likes and dislikes, friends, etc. to put them at ease, build rapport.
- Try to find common interests
- Display a non judgmental demeanor
- Use a non judgmental tone of voice
- Do NOT use legal jargon

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TALKING WITH CHILDREN/TEENS

- Use developmentally appropriate language
- Watch Body Language
- Notes to Signal a "Break"-
  - Increasing squirming or shuffling,
  - Laying head down,
  - Not answering questions
  - Mumbling, "shutting down," etc.
- Resume the conversation/proceeding when child/teen is ready to return.

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TALKING WITH CHILDREN/TEENS

- Child/ teen should be in a “child-friendly or teen-friendly” place.
- Prior to their case, a child/teen should be shown the actual room for the meeting /court and have the roles of the various participants explained.

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AGE: 14-21 YEARS

TEENS

OLDER TEENS

YOUNG ADULTS

STAGES OF DEVELOPMENT

- Erik Erikson- German born, American psychologist
- Stages of Psychosocial Development

Stages	Ages
Trust vs. Mistrust	Birth to 2 years
Autonomy vs. Shame and Doubt	2-4 years
Initiative vs. Guilt	4-5 years
Competence vs. Inferiority	5-12 years
Identity vs. Role Confusion	13-19 years
Intimacy vs. Isolation	20-39 years
Generativity vs. Stagnation	40-64 years
Ego Integrity vs. Despair	65-Death

DEVELOPMENT: 14-21 YEARS

- You Should Consider:
  - Developmental Level
  - Physical and Mental Health
  - Age and length of custody-changes
  - School Level and Performance/Work Performance
  - “Sexual Identity”-Protect –home, school, work

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DEVELOPMENT: 14-21 YEARS

- You Should Consider:
  - Vocation/College/Military
    - Assessments
  - Psychological/Behavioral Tests
  - Medication
  - Visitation

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TALKING WITH TEENS/YOUNG ADULTS

- Talk <u>with</u> the teen/young adult about school or work, likes and dislikes, friends, etc. to put them at ease, build rapport. LISTEN!!!
- Try to find common interests
- Display a non judgmental demeanor
- Use a non judgmental tone of voice
- Do NOT use legal jargon

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TALKING WITH TEENS/YOUNG ADULTS

- Watch Body Language
- Notes to Signal a "Break"-
  - Increasing shuffling of fidgeting
  - Laying head down
  - Not answering questions
  - Mumbling, "shutting down," etc.
- Resume the proceeding/conversation when teen/young adult is ready to return.

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DISABILITIES THAT FURTHER IMPACT DEVELOPMENT

DEVELOPMENTAL DISABILITIES

- Definition: Developmental disabilities are a group of conditions due to impairment in physical, learning, language or behavioral areas.
- Causes: Complex mix of genetic, parental health and behavioral factors (i.e. drugs, alcohol, smoking, etc.)

DEVELOPMENTAL DISABILITIES

- Prevalence: 1 in 6 children have 1 or more developmental disabilities

AUTISM SPECTRUM DISORDER

- Definition: Autism Spectrum Disorders (ASD)- are a group of developmental disabilities that often are diagnosed during early childhood and can cause significant , social, communication and behavioral challenges over a lifetime.

CDC, ADDM Website

ASD CRITERIA

- This group of developmental disabilities is considered a “spectrum” of disorders. This means ASD affects each person differently, and symptoms can range from mild to severe.
- There are differences in when symptoms are first noticed and how they affect a person’s functioning.

CDC, ADDM Website

ASD CRITERIA

- All children with ASD demonstrate:
  - 1) Persistent qualitative deficits in social communication and social interactions; and
  - 2) Restricted and/or repetitive interests or movements, patterns of behavior

Diagnostic Statistic Manual -5th Edition

CDC: ADDM STATISTICS

- Prevalence:
  - 1 in 38 boys vs 1 in 152 girls
  - Boys are 4 times more likely than girls to be diagnosed
  - By age 3, 85% had developmental concerns (as documented in health records)
  - 42 % identified and evaluated by age 3;
  - 19% identified and evaluated between ages 3 and 4
  - 39% identified and evaluated after age 4

CDC-2014 Autism and Developmental Disabilities Monitoring Report

ASD: TENNESSEE STATS

- 1.6% (1.7% in all ADDM sites) of 24,940 children, 387
- 1 in 64 children
- 4.7 times higher in boys
- 1.5 times more likely to be identified among white children than Hispanic children

ASD: TENNESSEE STATS

- No difference between being identified white vs black or black vs Hispanic children
- 39.4% of children with ASD had intellectual disability
- 61% of children identified had developmental concerns by 3 years of age, but only 34% received a comprehensive evaluation by 3.

INTELLECTUAL DISABILITY (ID)

- Definition: Limits to a person's ability to learn at an expected level and function in daily life. Levels of ID vary greatly in children. Children with ID might have a hard time letting others know their wants and needs, and independently taking care of themselves

CDC

INTELLECTUAL DISABILITIES

- Prevalence: Varies according to how it is defined (IQ vs function)
- Most common causes (must occur before 18 years old)- Down Syndrome, Fetal Alcohol Syndrome, Fragile X Syndrome, other genetic conditions, birth defects and congenital infections

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- ADHD is a disorder where a pattern of inattentive and/or hyperactivity-impulsivity is more frequently displayed and impairs functions in a minimum of 2 settings.

* National Institute of Mental Health

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- New York Times-March 31, 2013- Incidence:
  - 11% of school age children (6.69 % in 1997-2008;
  - Geographic differences: LA, SC, TN -23% vs CO, NV- <10%
  - 1 in 5 high school boys (15% boys vs 7% girls
  - 6.4 million children aged 4-17 (up 16% from 2007
  - 2/3 of the children received prescriptions for stimulants
  - $ 4-9 billion/year (increase due to advertisement, teen abuse of meds) www.nytimes.com

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- Prevalence of ADHD in children is increasing. It is 6.69%, which is up 33%

* National Center for Health Statistics at Center for Disease Control

QUOTE- CHURCHILL & PINNOCK

"Never have SO MANY

needed SO MUCH

from SO FEW."