

Part I: Child Development

Introduction

Assessment of Child Development

When using Part I to assess child development and respond to an individual child's needs, caseworkers and caregivers need to consider the developmental tasks associated with each stage of development. They must also be alert to certain behaviors (or lack of certain behaviors) in order to determine whether a child is progressing in a way that would be considered typical for a particular age or stage, or whether a factor that may signal some developmental problem(s) or be indicative of trauma exists. (An example of the former would be a child whose development lags because of fetal alcohol syndrome associated with parental substance abuse; an example of the latter would be a child whose development lags because of exposure to domestic violence.) These two sections bookend each stage.

The Growing Brain

In recent years, the fields of pediatrics, psychology, and neuroscience have made important contributions to understanding how children's brains grow and develop across childhood. The first three years of life are an especially intense period of growth in all areas of a child's development. New content that is supported by research has been added to the guide to reflect the significance of brain development. Specifically, facts about the brain are presented for each age, and additional information has been distributed across the domains that relate to these facts, including new suggested behaviors for effective parenting.

The Five Areas of Development

Arranged according to age group, the various subsections provide an overview of common behaviors that can be expected of children and youth whose developmental progress would be considered typical for each of the age groups. These behaviors are further divided into five separate domains, or areas of development: physical, emotional, social, mental, and moral. Each area of development includes brief descriptions of common behaviors associated with that area of development, along with suggested caregiver responses that can be used to encourage growth (and, in some cases, monitor typical but sometimes difficult behaviors).

When referring to the first two subsections of this part of the guide (Birth to Six Months and Six Months to One Year), users will notice that the fifth area of development (moral) is not included for children who are younger than one year because they are not able to distinguish between right and wrong until they progress beyond infancy.

Variations in Child Development and the Role of Trauma and Resiliency

The tasks and indicators listed for each age group may be more observable at certain times and/or in certain individual children. It is important to appreciate that inevitably there will be overlap among the ages and stages described here.

Children engaged by the child welfare system, especially those who have been removed from their birth families, have likely experienced traumatic events in their young lives, thereby impacting their development. A removal leading to the separation of the family, in and of itself, can cause trauma. Trauma to a child "results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014). Children's relationships, behaviors, and sense of self may all be impacted. Adverse effects of trauma may be immediate or have a delayed onset. Recent revisions to this guide include indicators of trauma for each age and stage in order to support caseworkers in trauma-informed assessments and responses, and to help caregivers understand that some behaviors in children may be a result of trauma.

It is important to note that not all children who are involved in or witness traumatic events develop traumatic stress responses. Some children are able to adapt and cope with trauma better than others, especially if intervention is early.

Sources

Much of the original information in this guide was adapted with permission from *Adoption of Children with Special Needs* (Allen 1982). The information related to trauma and child traumatic stress was drawn from the National Child Traumatic Stress Network (NCTSN) and the Substance Abuse and Mental Health Services Administration (SAMHSA). See the reference list beginning on page 87 for specific citations from these sources and other works that have informed the development of this guide.