

# **APPENDIX I: HANDOUTS**

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**HANDOUT #1**

**LEARNING OUTCOMES**

The caregiver can:

- describe the importance of being knowledgeable about the process of development for children and youth.
- identify principles of development with respect to physical, cognitive, sexual, social, emotional, and spiritual development of children and youth.
- describe the factors that promote or inhibit the growth and development of children and youth, including the impacts of abuse and neglect.
- identify where to access specific information regarding the physical, cognitive, sexual, social, emotional, and spiritual development of children and youth.
- begin to identify potential strategies to facilitate and support the growth and development of children and youth.

## **THE IMPORTANCE OF UNDERSTANDING CHILD AND YOUTH DEVELOPMENT**

1. When caregivers are aware of the developmental stage of a child they are able to respond more effectively to that child's needs. For example, the child's stage of social development could affect decisions regarding the child's placement in day care.
2. A caregiver who is knowledgeable about child and youth development is more likely to notice a potential developmental delay in a child. Appropriate planning and assistance can only begin after any potential delays are identified.
3. It is important that caregivers understand a child's view of the world is influenced by his developmental age and is different from an adult's. This will enable caregivers to relate more effectively to a child and his world view. For example, a child's sense of time is different from that of an adult.
4. Caregivers need to respond to the child in relation to his developmental age since his developmental age may be different from his chronological age. A 15-year-old youth may have the developmental needs of a 6-year-old child).
5. It is important for caregivers to be able to differentiate between their own adult life stage and the developmental stage of the child.
6. Caregivers may have the opportunity to work with the child's parents and to assist them to develop realistic expectations of their child.

Some parents do not realize that the child is not capable of certain tasks due to her current developmental age. They may expect very young children to have the

3

same skills and abilities as older children or adults. These unrealistic expectations can be a contributing factor to abuse of the child.

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## HANDOUT #4

### PRINCIPLES OF CHILD AND YOUTH DEVELOPMENT

#### **1. General developmental patterns can be identified and predicted for most children.**

Although each child goes through developmental stages at his own rate, most children progress through a series of similar developmental stages. For example, when developing language skills, most children use words before sentences. However, children learn different vocabularies and some may learn to speak somewhat earlier than others.

#### **2. Development proceeds from the general to the specific (or from the simple to the complex).**

Development usually involves a progressive refinement of skills. For example, a baby initially reaches toward objects and grasps them. Then she has precise thumb and finger grasp, then she can hold a crayon with her fingers and draw a complete circle, then she can print a few letters, and finally, she achieves refined printing and writing skills.

#### **3. Development is continuous and may evolve in stages that are cumulative and successive. Development begins at conception and ends with death. It occurs across the lifespan.**

According to developmental stage theorists (e.g. Erikson, Piaget), the successful progression from stage to stage depends on completing the tasks of earlier stages. At predictable times in the child's development, particular tasks emerge for the child to accomplish. These tasks form the stages of child and youth development.

Hence, early recognition and intervention are important when children have a developmental delay, since the negative impact of early delays tends to increase as the child grows.

The growth cycle is orderly and sequential, with new abilities, skills, and knowledge

4

gradually being built upon prior abilities, skills, and knowledge. Like building blocks, earlier behaviour is built upon other, simpler behaviour to form new behaviour. For example, a child needs to make large muscle movements (arms and legs) as a baby before he can learn to walk; the child must learn to walk before he can run or kick a ball.

The inability to successfully accomplish the required task at any stage may create difficulty in subsequent stages. For example, Erikson (1969) in his psychosocial theory of development, states that the infant who does not learn trust because of inadequate parenting will have increasing difficulty in balancing attachment and autonomy in subsequent stages.

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Stages are not discrete entities with clear boundaries. They grow into and evolve from one another. While there may be a large number of tasks to be learned in each stage, not all tasks of any stage are likely to be learned completely before the child passes through to the next stage.

**4. The five areas of development (physical, social, emotional, cognitive, and spiritual) are interrelated.**

A child's development in one area may affect another area. For example, a child's emotional skills may affect her social skills. If a child is unable to respond appropriately when she feels angry (emotional), his response will affect her ability to get along with other people (social).

The five areas of development are defined as:

- a) **Physical and Sexual Development:** changes in bodily size, shape, and hormonal makeup.
- b) **Cognitive Development:** the ability of the child to understand the world around him and to begin to develop categories of things and events so he can generalize about new experiences.
- c) **Social Development:** the ability of the child to interact with other people, get along with them, and develop long-term, intimate relationships. Part of social development includes the development of feelings and beliefs about right and wrong behaviour; that is, the development of the child's conscience.
- d) **Emotional Development:** learning to recognize and understand one's feelings and developing appropriate ways to express those feelings.
- e) **Spiritual Development:** development of relationship with the earth, universe and/or supernatural, that is defined by the essence or "self" of the individual and is influenced by cultural beliefs and individual experiences.

The spiritual area of development is usually not addressed in courses or texts addressing human development. This may, in part, be due to the difficulty in

- 5
- MINISTRY OF CHILDREN
- discussing the "spiritual" self without also speaking about specific beliefs. In addition, spirituality and religion are often misunderstood to be one and the same. However, from a multicultural perspective, it can be argued that it is important for caregivers to be aware and supportive of this area of development in the children and youth in their care. For example, in Aboriginal cultures this area of development is "understood to be a fundamental reality of all life and all people, inseparably connected to physical reality, bodily events, interpersonal relations, individual destiny, mental processes, and emotional well-being" (Swinomish Tribal Mental Health Project, 1991, p. 127). In other words, all areas of development are connected to and influenced by spiritual development.
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## **5. While development is usually continuous, it may proceed at different rates.**

A child's rate of development may proceed at different rates in the following three ways.

- a) The rate of development may vary within any area. The child's rate of development in one area may change over time, alternating between periods of slow growth and periods of rapid growth (e.g., slower physical growth alternating with rapid physical growth or acquiring language quickly but reading skills slowly).
- b) The rate of development may differ among the five areas. Certain areas of the child's development may progress more rapidly as compared with other areas (e.g., a child's cognitive development may be slower relative to his/her physical development).
- c) The general rate of development varies among individual children. The development of some children in all five areas can be generally more advanced or slower when compared with their peers.

## **6. Trauma can inhibit a child's progress through the developmental stages.**

A child's development is closely connected to the quality of her attachment to and care by others, especially her primary caregivers. All forms of abuse and neglect can seriously inhibit a child's development at all levels. In some cases, it is possible to become "stuck" at a certain stage. For example, a one-year-old child's emotional development may be impeded or blocked if she is separated from her family, as separation anxiety is usually intense for children of this age. At this age, the child needs to build trust in adults through consistent and predictable parenting (Erikson, 1968). Poor nutrition due to neglect is another type of trauma that can impact the cognitive and/or physical development of children. In another instance, emotional neglect may impact a child's sense of identity and self-esteem and, hence, her emotional development.

**HANDOUT #5**

**DEVELOPMENTAL STAGES FOR CHILDREN AND YOUTH**

<b>DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH</b>					
<b>Age</b>	<b>Physical Development</b>	<b>Intellectual Development</b>	<b>Emotional Development</b>	<b>Social Development</b>	<b>Notes</b>
<b>0 – 6 months</b>	<ul style="list-style-type: none"> <li>• needs to be touched and held physically</li> <li>• caregiver feeds child</li> <li>• feeding pattern is established</li> <li>• has sucking and grasping reflexes</li> <li>• reaches toward objects and grasps them</li> <li>• makes large muscle movements (arms and legs)</li> <li>• is able to follow objects and focus</li> <li>• rolls over</li> <li>• supports head</li> <li>• sleeps a lot</li> <li>• no bladder or bowel control</li> <li>• rapid physical growth and change</li> </ul>	<ul style="list-style-type: none"> <li>• vocalizes (makes cooing sounds and chuckles)</li> <li>• vocalizes spontaneously</li> <li>• discovers she has impact on environment (if she cries, caregiver will come)</li> </ul>	<ul style="list-style-type: none"> <li>• establishes attachment/bonding with caregivers (caregiver and child get to know each other, learn to read each other's cues, and become emotionally attached to one another)</li> <li>• crying and smiling</li> <li>• comforts self with thumb or pacifier</li> <li>• learns to trust that basic needs will be met</li> <li>• concerned with satisfaction of needs</li> <li>• distinguishes between physical self and physical other</li> </ul>	<ul style="list-style-type: none"> <li>• recognizes caregivers</li> <li>• very dependent upon caregivers for fulfilment of needs</li> <li>• initiates social contact (smiles when caregiver appears)</li> <li>• sees self as the centre of the world</li> <li>• has no sense of right or wrong</li> </ul>	

DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH					
Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Notes
<b>6 months to 1 ½ years</b>	<ul style="list-style-type: none"> <li>• feeds self with a spoon</li> <li>• stands and walks</li> <li>• dances to music</li> <li>• sits by himself</li> <li>• has precise thumb and finger grasp</li> <li>• can stack two or more blocks</li> </ul>	<ul style="list-style-type: none"> <li>• uses one or two words to name things or actions</li> <li>• says words like “Mama” and “Dada”</li> <li>• points to familiar things</li> <li>• points to at least one body part</li> <li>• curious about everything (explores his world)</li> <li>• realizes an object can exist when out of sight and will look for it (e.g., drops things from high chair and looks for it)</li> </ul>	<ul style="list-style-type: none"> <li>• hugs caregiver</li> <li>• does not like separation from caregiver</li> <li>• expresses several emotions clearly but is unable to identify them</li> <li>• trusts caregivers</li> <li>• sees himself as permanent with enduring qualities</li> </ul>	<ul style="list-style-type: none"> <li>• plays simple games (e.g., peek-a-boo, pat-a-cake)</li> <li>• extends attachment to people other than caregivers</li> <li>• develops some independence from caregivers (can meet some of his own needs - e.g., can feed himself and reach for objects)</li> <li>• sees self as centre of the world</li> <li>• has no sense of right or wrong</li> </ul>	

**DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH**

<b>Age</b>	<b>Physical Development</b>	<b>Intellectual Development</b>	<b>Emotional Development</b>	<b>Social Development</b>	<b>Notes</b>
<b>1 ½ years to 3 years</b>	<ul style="list-style-type: none"> <li>• walks up and down stairs (one step at a time)</li> <li>• rides a tricycle</li> <li>• throws and kicks a ball</li> <li>• can put on a simple garment</li> <li>• can hold a crayon with fingers</li> <li>• increased eye-hand co-ordination (e.g., simple puzzles)</li> <li>• can draw a complete circle</li> <li>• handles small toys skilfully</li> <li>• bladder and bowel control</li> </ul>	<ul style="list-style-type: none"> <li>• child has knowledge of the following:               <ul style="list-style-type: none"> <li>- her full name</li> <li>- own gender</li> <li>- age</li> <li>- can identify at least six body parts</li> </ul> </li> <li>• can draw a partial person (e.g., head and body)</li> <li>• talks in sentences</li> <li>• speech is understandable half of the time</li> <li>• uses pronouns for self and other (e.g., I, you)</li> </ul>	<ul style="list-style-type: none"> <li>• can express feelings verbally</li> <li>• shows sympathy</li> <li>• refers to self as “I” or “me”</li> <li>• can be separated from caregivers</li> <li>• recognizes people outside of immediate environment</li> <li>• role of caregivers is crucial to the development of self (e.g., will imitate adult behaviour)</li> </ul>	<ul style="list-style-type: none"> <li>• plays with children (e.g., plays co-operatively - sometimes)</li> <li>• washes and dries own hands</li> <li>• toilet trained (partially)</li> <li>• tests boundaries and limitations (e.g., learns to say “no”)</li> <li>• learns to consider needs and feelings of others</li> <li>• world expands beyond home to the “outside world”</li> <li>• beginning to learn right from wrong</li> </ul>	

**DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH**

<b>Age</b>	<b>Physical Development</b>	<b>Intellectual Development</b>	<b>Emotional Development</b>	<b>Social Development</b>	<b>Notes</b>
<b>3 years to 6 years</b>	<ul style="list-style-type: none"> <li>• hops on one foot repeatedly</li> <li>• skips and dances well</li> <li>• good balance and co-ordination</li> <li>• has refined motor skills (e.g., can draw a square with good corners)</li> <li>• prints a few letters</li> <li>• sexually curious</li> </ul>	<ul style="list-style-type: none"> <li>• child knows the following:               <ul style="list-style-type: none"> <li>- birth date</li> <li>- function of eyes and ears</li> <li>- difference between right and left</li> <li>- names of family members and friends</li> </ul> </li> <li>• can draw a complete person</li> <li>• can complete a puzzle</li> <li>• talks in sentences</li> <li>• is completely understandable</li> <li>• defines familiar words</li> <li>• has developed certain likes and dislikes</li> <li>• understands cause and effect relationships only in relation to his own needs, wants or experiences (e.g., hot stove hurts me)</li> <li>• expresses ideas, asks questions, and engages in discussions</li> </ul>	<ul style="list-style-type: none"> <li>• can identify pictures of happy and sad people appropriately</li> <li>• identifies with caregivers and likes to imitate them</li> <li>• forms images of self</li> <li>• can be further away (physically) from caregivers</li> <li>• frequently overwhelmed by feelings (he can experience feelings of doubt and shame)</li> </ul>	<ul style="list-style-type: none"> <li>• dresses and undresses without help except for tying shoes</li> <li>• plays role in “make-believe” play</li> <li>• follows simple game rules</li> <li>• needs choices as he wants more independence</li> <li>• can share and take turns</li> <li>• often has “best friends”</li> <li>• likes to show off skills</li> <li>• will test authority</li> <li>• can identify differences in self and others (e.g., gender, colour of hair)</li> <li>• stands up for own rights</li> <li>• connects behaviour to reward and punishment</li> <li>• still needs outside controls as conscience relatively unformed</li> </ul>	



<b>DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH</b>					
<b>Age</b>	<b>Physical Development</b>	<b>Intellectual Development</b>	<b>Emotional Development</b>	<b>Social Development</b>	<b>Notes</b>
<b>6 years to 12 years</b>	<ul style="list-style-type: none"> <li>• can play sports and develop new skills</li> <li>• energetic</li> <li>• has a large appetite</li> <li>• height and weight increasing at a steady rate</li> <li>• increased co-ordination and strength</li> <li>• body proportions becoming similar to an adult's</li> <li>• fine motor co-ordination well-developed (e.g., writing and drawing skills)</li> </ul>	<ul style="list-style-type: none"> <li>• highly verbal (e.g., tells jokes, makes puns)</li> <li>• asks fact-oriented questions (e.g., wants to know “how,” “why,” and “when”)</li> <li>• can deal with abstract ideas</li> <li>• judges success based on ability to read, write and do arithmetic</li> <li>• wants to develop skills and become competent</li> <li>• enjoys projects that are task-oriented (e.g., sewing, woodwork)</li> <li>• learns to think systematically and generally about concrete objects</li> <li>• learns the concepts of past, present, and future</li> </ul>	<ul style="list-style-type: none"> <li>• acts very independent and self-assured but can be childish and silly at times</li> <li>• self is partly defined by school environment (personality is more defined)</li> <li>• likes affection from adults</li> <li>• more independent but wants caregivers to be present to help</li> <li>• can identify and label what he is feeling</li> <li>• can distinguish between wishes, motives and actions</li> </ul>	<ul style="list-style-type: none"> <li>• participates in community activities</li> <li>• enjoys working and playing with others</li> <li>• has friends</li> <li>• plays mostly with same-sex peers</li> <li>• can be alone</li> <li>• strong group identity (e.g. team)</li> <li>• learns to achieve and compete</li> <li>• imitates and identifies with same-sex adult</li> <li>• can identify conflict between parents' values and those of peers</li> <li>• strong sense of fairness</li> <li>• rules are important and must be followed</li> </ul>	

**DEVELOPMENTAL STAGES FOR CHILDREN/YOUTH**

<b>Age</b>	<b>Physical Development</b>	<b>Intellectual Development</b>	<b>Emotional Development</b>	<b>Social Development</b>	<b>Notes</b>
<p><b>12 years to 18 years</b></p>	<ul style="list-style-type: none"> <li>• growth spurts</li> <li>• develops sexual characteristics and has sexual drives</li> <li>• new needs in personal hygiene (e.g., menstruation, beard growth)</li> </ul>	<ul style="list-style-type: none"> <li>• achieves impressive changes in cognitive development, is able to think and reason</li> <li>• able to reason, generate general principles and test them out against evidence</li> <li>• capable of introspection and of perceiving differences between how things are and how they may be</li> <li>• begins to consider and sometimes make career choices</li> <li>• growth in ability to think abstractly and utilize imagination in solving problems</li> </ul>	<ul style="list-style-type: none"> <li>• identifies with significant others outside of home</li> <li>• develops sexual identity</li> <li>• part child, part adult (e.g., “Go away, come closer” messages)</li> <li>• develops independence (e.g., “I dare you to tell me what to do!”)</li> <li>• likely to show extreme mood swings</li> <li>• less dependent on family for affection and emotional support</li> <li>• strives to define self as a separate individual</li> <li>• often feels misunderstood</li> </ul>	<ul style="list-style-type: none"> <li>• challenges values of home</li> <li>• enjoys many social activities (e.g., at school)</li> <li>• relies heavily on peers (e.g., tries to conform to peer group norms)</li> <li>• has close friendships and emotional involvements</li> <li>• experiences conflict with parents (e.g., expectations)</li> <li>• experiments with sex-role expectations and standards, sexual orientation</li> <li>• develops personal moral code</li> <li>• more important to conform to group than to do right or wrong</li> </ul>	

## **SPIRITUAL DEVELOPMENT**

Health Canada has published “Child Development Framework: A Handbook for First Nations and Inuit Communities.” The handbook is an excellent resource for caregivers of First Nations children and youth. It indicates that while the communal care of First Nations children has all but disappeared, “with the cooperation of Elders, parents, communal leaders, and caregivers, much can be done to inspire spiritual beliefs and nurture traditional customs and language in the next generation.” (p. 77).

The following principles of spiritual development are presented for your consideration when caring for the developmental needs of First Nations children and youth. Examples of how to facilitate the implementation of each principle are included.

1. **The Self:** Children are gifts from the Creator, lent to us for a short time only. They are precious, and need to be treated with sensitivity and respect.

Find out who the Elders and traditional teachers are in your community. Discuss with Elders the possibility of instructing children in traditional ways.

2. **The Family:** Parents, grandparents, and the extended family need to be encouraged to see themselves as powerful spiritual role models for their children.

Acquire resources on traditional culture and background. Research the possibility of discussion with parents on traditional values.

3. **The Community:** The community must find ways to operate more effectively. It must work as a team to give children sound spiritual guidance.

4. **Record the teachings of Elders by making videos, taking notes or taping discussions and instruction. Find out if someone in the community is establishing regular assemblies on culture and traditional ways.**

CARING FOR CHILDREN: CHILD AND YOUTH DEVELOPMENT

5. **Traditional teachings must be at the heart and soul of Aboriginal community life, if culture is to survive and flourish.**

Find videos, written materials and posters on traditional teachings and cultural ways. Find out what grandparents, Elders, older people, and leaders are willing to do to make your community a better place for children to live and grow.

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**HANDOUT #7**

**WORKSHEET-RESPONDING TO DEVELOPMENT**

<b>WORKSHEET: RESPONDING TO DEVELOPMENT</b>	
<b>STAGES</b>	<b>LIST POSSIBLE CAREGIVER RESPONSES FOR EACH DEVELOPMENTAL STAGE:</b>
<b>0 to 6 months</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<b>6 months to 1½ years</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
<b>1½ years to 3 years</b>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>

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**WORKSHEET: RESPONDING TO DEVELOPMENT (CONTINUED)**

<b>STAGES</b>	<b>LIST POSSIBLE CAREGIVER RESPONSES FOR EACH DEVELOPMENTAL STAGE:</b>
<b>3 years to 6 years</b>	. . . . . . .
<b>6 years to 12 years</b>	. . . . . .
<b>12 years to 18 years</b>	. . . . . .

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**HANDOUT #8**

**DEVELOPMENTAL INFORMATION BY AGE**

**Infant and Toddler (Birth to Three Years) PHYSICAL**

**DEVELOPMENT**

**Birth to 1 year.** The development of control and mastery over one's body in both gross and fine motor skills is the infant's primary physical task, culminating in walking toward the end of the first year.

**Newborn**

- Full term babies may weigh from 2.5 kg (5 ½ lbs.) to 4 kg (9lbs.) at birth.
- A baby weighing less than 2.5 kg is considered premature and may be slower to grow and require special care during the first few months of life.
- The weight norm for girls is slightly lower than for boys at every stage of growth.
- Some weight is lost right after birth but regained by about the tenth day.
  - A newborn will sleep as much as 20 hours a day and take feedings five to eight times a day. The total feeding will be about three ounces per pound of body weight.
  - Reflexes present at birth include: sucking, swallowing, crying, hiccuping, grasping, and pupil contractions.
  - Sensory capacities present at birth are smelling, tasting, touching, temperature differences, perception of pain, and basic distinctions in vision.

**1 to 12 months**

- Weight gain averages 20 gm/day (3/4 oz.) in the first 5 months and 15 gm/day (1/2 oz) for the remainder of the first year.
- Rule of thumb is the full-term infant will double the birth weight by the fifth month and triple it by the twelfth month.
- Length of the normal infant increases by 25 to 30 cm (10" to 12") during the first year.
- Baby teeth appear between five to nine months. By the twelfth month most children have six to eight teeth.

The child should receive immunization for diphtheria, pertussis, tetanus and polio (known as DPTP) at two, four, and six months. Between twelve

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and fifteen months the child should receive immunization for measles, mumps and rubella (MMR).

**1 to 2 years.** The infant perfects the gross and fine motor skills that emerged during the first year by developing balance, co-ordination, stability, and an improved ability to manipulate objects.

**2 to 3 years:** The child develops increased strength and uses motor skills to master challenges in the environment such as bicycles, stairs, balls, playground equipment, eating utensils, crayons, and other objects. The child is developmentally ready to master toilet training.

It is important to remember that some cultures view the dependence to independence timeframe differently. Children in some cultures are not expected to eat, bathe, or dress independently until significantly later than a child raised in Canadian mainstream culture.

Caregivers encountering the more dependent child need to make sensitive inquiries as to parenting practices and expectations before assuming the child is developmentally delayed or that parenting skills are lacking.

## **COGNITIVE DEVELOPMENT**

**Birth to 1 year.** Cognition begins with alertness, awareness, recognition and interest in visual, auditory and tactile (touch) stimuli. As motor development improves, the infant begins to explore and manipulate objects and develops a rudimentary understanding of their properties. Infants develop *object permanence* toward the end of the first year.

**1 to 2 years.** The emergence of symbolic thought is central to cognitive development. This results in the ability to understand and produce language.

**2 to 3 years.** Perfection of language skills and the use of language to communicate with others are the principle cognitive tasks.

## **SOCIAL DEVELOPMENT**

**Birth to 1 year.** The most important social task is the development of attachment to the primary caretaker, most often the child's mother.

**1 to 2 years.** The child develops affectionate and trusting relationships with other family members and with adults outside the family. The child can also play and engage in simple games.

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**2 to 3 years.** The child develops rudimentary relationships with other children, which are usually characterized by “parallel play,” that is, play in the presence of, rather than in interaction with, other children. Children also begin to imitate social roles at this time.

## **EMOTIONAL DEVELOPMENT**

**Birth to 1 year.** The development of basic trust, which follows from a positive attachment between the infant and the primary caretaker, occurs during the first year. This is the key to healthy emotional development.

**1 to 3 years.** The primary developmental tasks involve the development of autonomy. This includes the mastery and control over oneself and one’s environment. Children develop a basic self-concept, experience pride and pleasure at being “good” and embarrassment, shame and distress in being “bad.”

**Pre-school (3 to 5 years)**

## **PHYSICAL DEVELOPMENT**

Most basic gross motor skills have emerged. Skills are practised and perfected, and the child increases mastery of motor skills to increasingly challenging and complex situations.

## **COGNITIVE DEVELOPMENT**

Language develops rapidly. Grammar and syntax are refined and vocabulary increases geometrically. The child uses language as a communication tool.

Thinking is concrete and egocentric in nature. Problem solving is illogical and magic thinking and fantasy are prevalent.

## **SOCIAL DEVELOPMENT**

The child expands social relationships outside the family and develops interactive and co-operative play skills with peers.

The child begins to understand, explore, imitate and practise social roles.

The child learns concepts of “right” and “wrong” and begins to understand the nature of rules. Guilt is experienced when the child has done something wrong.

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## **Adolescence (12 to 17 years)**

### **PHYSICAL DEVELOPMENT**

Physiological changes at puberty promote rapid growth, the maturity of sexual organs and the development of secondary sex characteristics. The youth must become accustomed to the changes in his body and adapt behaviour accordingly.

### **COGNITIVE DEVELOPMENT**

During early adolescence, precursors to formal operational thinking appear, including a limited ability to think hypothetically and to understand multiple perspectives.

During middle to late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

### **SOCIAL DEVELOPMENT**

Social relationships in early adolescence are centred in the peer group. Group values guide individual behaviour. Acceptance by peers is critical to self-esteem. Most peer relationships are still same-sex.

Young adolescents become interested in sexual relationships, but most contact is through groups. Some youth may begin to experiment with sexual behaviour, but many early adolescents are not sexually active with other youth.

Social roles are still largely defined by external sources.

During middle and late adolescence, values become individualized and internalized after careful consideration and independent thought.

Friends are more often selected on personal characteristics and mutual interests. The peer group declines in importance, individual friendships are strengthened and more youth date in one-on-one relationships.

The youth experiments with social roles and explores options for career choice.

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## **EMOTIONAL DEVELOPMENT**

The early adolescent strongly identifies with the peer group. Youth depend on their peers for emotional stability and support and to help mold the youth's emerging identity. Self-acceptance is greatly affected by acceptance of peers.

Early adolescents are emotionally changeable, with exaggerated and frequent mood swings. They are vulnerable to emotional stress.

During middle and late adolescence, identity is more individualized and a sense of self develops and stabilizes that is separate from either family or peer group.

Self-esteem is influenced by the youth's ability to live up to internalized standards for behaviour. Self-assessment and introspection are common.

Adapted from the Instructors Manual – MCF Child Protection Social Worker Training Program.

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**HANDOUT #9**

**WARNING SIGNS**

The age bracket given for each developmental stage is based on the statistics for the majority of children. Most children fall within two to three months of the typical age given for each developmental stage. This is the normal developmental range for a child.

Caregivers need to know when to become concerned about the child's development and growth and inform the child's worker. The warning signs are:

1. Problematic behaviours that are:

- frequent
- dangerous
- long-lasting
- extreme.

For example, a child who is consistently slow to learn in school and has trouble doing homework may have a learning disability

2. Severe and prolonged regression.

Regression means that the child reverts to an earlier developmental stage and displays behaviour typical of an earlier stage through which she has already passed.

3. A developmental lag which does not respond to the caregiver's support and assistance.

The term "developmental lag" refers to a child's slowness in accomplishing a developmental task. This may result when the conditions for development and growth are not present.

4. Blocks in one area of development which seriously affect one of the other areas of development.

For example, a block in emotional development could affect the child's intellectual development.

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**HANDOUT #10**

**CASE STUDY: HEATHER**

Heather is nine years old. She is active in several school sports. She is not a star athlete but is average compared with most of her peers.

She has two close friends from her class. They call each other after school and often do things together on weekends. She has been invited to sleep over but has avoided going. She is just learning to trust her foster family and often becomes anxious about the possibility of going too far away or staying out overnight. She was quite scared about starting her new school so we told her she could phone home anytime she wanted (i.e., at recess or lunch break). For the first three months, she called home every day. She still calls occasionally but her calls seem to coincide with the days when one or both of her friends are not at school. She seems to be a bit of a loner when her friends Sheila and Kathy are not there for her to play with.

Heather's emotional state often changes without warning. She may begin the day apparently happy or contented and then become frustrated and angry for no obvious reason. She appears to have little awareness of her mood swings or her current emotional state.

Heather is able to follow the rules at school and at home when they are clearly laid out and the consequences are defined. She recently got into trouble at school for letting a friend copy her quiz results. She seemed truly surprised when the teacher scolded her as she was simply helping her friend.

Her father sexually abused Heather before she came into care. We know there was repeated intercourse but we still do not know the full extent of the abuse because she is just beginning to talk to her psychologist about it.

Heather's marks are a little above average. They have improved dramatically over the past six months. She is proud of her marks and is now more willing to do the homework to maintain her grades. She is also reading for her own pleasure now.

Heather has taken an interest in sewing and is working with her foster mother to make an apron for her mother for Mother's Day. She enjoys using the sewing machine and making things.

Heather has moved beyond the honeymoon stage and has been testing our limits lately. Some days she is quite co-operative and on others she seems to say "no" to everybody and everything.

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APPENDIX I: HANDOUTS

# HEATHER

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# HEATHER

Chronological Age: 9 years

Intellectual Developmental Age: \_\_\_\_\_

REASONS:

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# HEATHER

Chronological Age: 9 years

Social Developmental Age: \_\_\_\_\_

REASONS:

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**HANDOUT # 11**

**SUPPORTING THE DEVELOPMENT OF CHILDREN/YOUTH-  
QUESTIONS FOR DISCUSSION**

1. Describe ways in which you would help Heather to fulfil her developmental needs in each of the following five areas of child and youth development:

*(1) Physical Development:*

*(2) Intellectual Development:*

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(3) *Emotional Development:*

(4) *Social Development:*

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2. How could you help Heather's parents promote their child's development?

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**HANDOUT #12**

**SUPPORTING DEVELOPMENTAL GROWTH**

Caregivers can support the development of a child or youth placed with them in a number of ways. This is one of the key roles caregivers carry out in helping children. Some of the ways support can be given include:

- developing a nurturing relationship with the child or youth
  - being responsive
  - being patient
  - being persistent
  - providing a stable living environment and stable relationships
  - practising active listening
  - providing support and encouragement to the child or youth
  - guiding activities so the child or youth is safe
  - creating opportunities for positive learning experiences
  - ensuring new learning is presented in small achievable steps appropriate for the child's or youth's level of development
  - presenting expectations appropriate to the child's or youth's development
  - providing a balance between structure and flexibility
  - modelling appropriate, desired behaviours
  - ensuring appropriate stimulation is available to the child or youth
  - responding, not reacting
-

SUGGESTED RESOURCES

1. **In the Beginning: Development from Conception to Age Two**  
(1992) Second Edition  
Judy Rosenblith  
Published by: Sage Publications
  
  2. **Passages: Predictable Crisis of Adult Life**  
(1974) Gail Sheehy  
Published by: Dutton: New York
  
  3. **Up the Years from One to Six** (1982) Published by:  
the Ministry of National Health and Welfare.
  
  4. **Child Psychology, the Modern Science**  
(1992) Dr. R. Vasta, Dr. M. Haith, and Dr.  
S. Miller Published by: Von Hoffman Press:  
USA.
  
  5. **Social and Personality Development, Infancy through  
Adolescence** Dr. W. Damon (1983)  
Published by: W.W. Norton and Company: New York.
  
  6. **The Developing Person: Through Childhood and Adolescence**  
Kathleen Stassen Berger and Ross A. Thompson (1995) Fourth  
Edition. Published by: Worth Publishers  
**In A Different Voice: Psychological Theory and Women's  
Development** (1982). Cambridge, M.A.: Harvard University Press.
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