

**THE CASA KANE COUNTY
CASA/GAL TRAINING PROGRAM**



**READING PACKET
NO. 3**

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 will 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 2-year-olds, the more skilled they will be at controlling behavior impulses as 3-year-olds.
7. Growth is continuous, but it is not always steady and does not always move forward smoothly. 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 and that they are wanted. They also need the self-confidence that comes from learning new things.

How Children Grow and Develop, Cont'd.

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.

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

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 (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.
- As a CASA/GAL volunteer, you need to become aware of your values, attitudes and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child's needs.

Children's Needs

Children served by CASA/GAL programs come to the court's attention because their parents or caretakers are not meeting their most basic needs—for food, clothing, shelter or security. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does have consequences. Later in this chapter, we will look more closely at the effects of disturbing children's attachments to their primary caretakers.

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. The first two levels (food, clothing and shelter; protection and security) were described as basic for survival. The remaining three levels were primary relationships, esteem and community and wholeness.

In recent years, Maslow's theory has been questioned and other theories have evolved. Dr. Edward Deci established that there are three universal psychological needs: autonomy, relatedness and competence. Autonomy refers to people's need to perceive that they have choices. Relatedness refers to people's need to feel connected to others. Competence is the need to meet every day challenges with success and growth. Unlike Maslow's theory, these three needs are not sequential, but are all necessary.

Other researchers have redesigned Maslow's pyramid. If you would like to read additional information on this research, please follow this link: psychcentral.com/news/2010/08/23/updated-maslows-pyramid-of-needs/17144.html

As a CASA/GAL volunteer it is important to fully understand the needs of the child you are assigned, to best advocate for the child's best interests. Understanding these theories can provide a framework for you to refer to when working with the child and family.

Children's Needs, Cont'd.

Important Points About Children's Needs

- To be an effective CASA/GAL volunteer, you must keep the child's needs clearly in mind. The child's needs are paramount.
- 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/GAL volunteer is to identify the child's unmet needs and to advocate for those needs to be met.

Cultural Considerations

Maslow developed his hierarchy of needs based on a study of participants in the United States, an individualistic society where primary importance is put on the self, immediate family and individual achievement as an indicator of success. Many cultures are considered collectivist societies, where belonging to a group and harmony within the group is of primary importance. No matter what kind of culture a child comes from, your primary concern as a CASA/GAL volunteer is that the child's basic needs—for food, shelter and clothing—are being met.

*P. Gambrel and R. Cianci. "Maslow's Hierarchy of Needs: Does It Apply in a Collectivist Culture?"
Journal of Applied Management and Entrepreneurship, April 2003.*

Importance of Attachment in Child Development

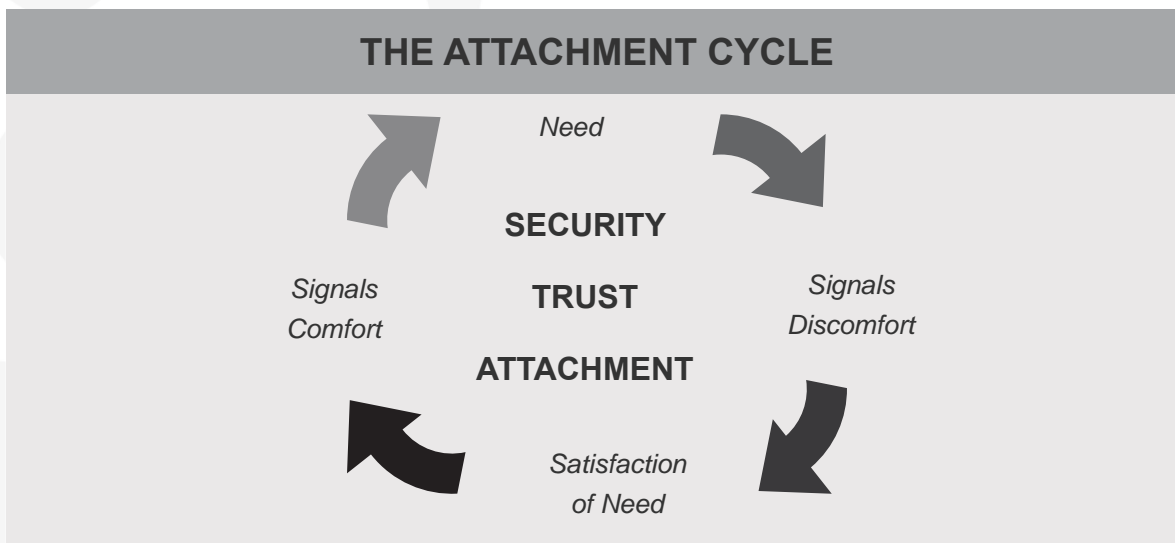
What Is Attachment?

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 3, 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: Some children have a naturally "sunny" or easy personality that draws adults to them. In rare circumstances, children may have a condition that would make it difficult for them to form attachments, such as autism spectrum disorders or other disorders.
2. The conditions under which the child is cared for: Children whose needs are regularly met have an easier time trusting their world.
3. The child's parents or caretakers: Some adults have a nurturing or outgoing disposition and can establish relationships easily with adults and children. Substance abuse or mental health problems can interfere with the adult's ability to attach to a child. Interruption or loss of a caretaking relationship can affect a child's attachment.



Importance of Attachment in Child Development, Cont'd.

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."

Cultural Considerations

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. Attachment behaviors may look different in different cultures. Keep this in mind as you work with children and families as a CASA/GAL volunteer.

Disrupted Attachment

The attachment cycle may be disrupted or inconsistent for many of the children in the child protection system. Some children may cry for hours at a time without getting their needs met; others 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.

Prevalent Signs and Symptoms of Disrupted Attachment

- Lack of trust for caregivers or others in a position of authority
- Resistance to being nurtured or cared for
- Difficulty giving or receiving genuine affection
- Difficulty or inability to interpret facial or social cues
- Poor social skills
- Reduced ability to recognize emotions of others
- Poor or reduced emotional self-regulation
- Low self-esteem or feelings of inadequacy

Importance of Attachment in Child Development, Cont'd.

- Demanding, clingy or over-controlling behaviors
- Chronic lying, stealing or other behaviors to provoke anger in others
- Impulsive behavior
- Difficulty understanding cause and effect
- Decreased capacity for emotional self-reflection
- Limited compassion, empathy and remorse

Developmental Variations in Children with Disrupted Attachment

Early Childhood

- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled or comforted
- Lack of response to smiles or other attempts to interact
- Lack of comfort seeking when scared, hurt or sick
- Excessive independence; failure to re-establish connection after separation

Elementary School Years

- Frequent complaints about aches and pains
- Age-inappropriate demands for attention
- Disinvestment in school and/or homework
- Inability to reflect on feelings or motives regarding behaviors
- Inability to understand the impact of behavior on others, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships

Importance of Attachment in Child Development, Cont'd.

- May appear amoral (lacking moral development)
- Lying and stealing

Adolescence

- Aggressive, anti-social, impulsive, risk-taking or delinquent behavior
- Substance abuse
- Higher levels of disengagement
- Related depression and/or anxiety

From Students FIRST Project, Quick Facts on Disrupted Attachment:

www.studentsfirstproject.org

The Separation Experience

Children in the child protection system may experience trauma from being removed from the home. Each new placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because children's safety has to be the primary consideration, sometimes they must be moved for protection.

When children are removed from their homes, 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.

Read the scenario that follows. Reflect on what you read. Think about your responses to the following questions:

1. What feelings did you experience as you imagined being removed from your home and your parents?
2. Relate your feelings to the feelings that Ben Harris and Robert Price might have had when they were removed from their home. You will be asked to write down your thoughts on the Discussion Guide for Session 3.
3. What might you, as Chris Jackson, do to mitigate the negative effects of removal for Ben Harris and Robert Price?

The Separation Experience, Cont'd.



Sit comfortably and close your eyes as you visualize yourself as a 4-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 all your fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.

Trauma and Resilience

Resilience: Activity 3E

Part 1: Think of a time of adversity in your life. What helped you get through the difficult time? Do you remember a particular person who was especially helpful?

Listen to the example of each of the “seven Cs” that the facilitator shares.

Part 2: Listen as a volunteer reads the paragraph below about resilience. In pairs, choose one of the “seven Cs” of resilience and answer the following question:

- How can you help to build or reinforce this characteristic in a child you work with as a CASA/GAL volunteer?

Resilience



Considerable research has shown that child abuse and neglect increase the likelihood of developing problems later, but not all children subjected to lives of severe adversity go on to become dysfunctional adults. Some don't experience problems or do so to only a minor degree. This is resilience: the ability to become strong, healthy or successful again after something bad happens. Resilient people overcome the ravages of poverty, abuse, unhappy homes, parental loss, disability or any of the other risk factors known to set people on a difficult course in life. Resilient children achieve normal development despite their experience of past or present adversity. Studies of resilient people have repeatedly identified the presence of certain protective factors: personal qualities, family, relationships, outlooks and skills that assist them in overcoming hardships and finding success. Helping children and youth, in the child welfare system, discover and/or develop some of these characteristics can significantly improve their chances for positive life outcomes.

The Seven Cs of Resilience

When we encounter stress in our lives, we tend to develop ways to overcome that stress or prevent it in the future. Over time, overcoming stress can be refined, practiced and improved, making us more resilient to adverse situations. Healthy ways of dealing with stress include fostering one of the “seven Cs”:

- Competence: Ability to handle a situation effectively
- Confidence: Believing in personal abilities
- Connection: Having strong ties to family and community, creating a sense of belonging
- Character: Having a solid set of morals and values to help determine right from wrong
- Contribution: Feeling like a valuable member of society able to make a difference
- Coping: Ability to handle stress appropriately
- Control: Knowledge and ability to effect an outcome

Adapted from “The 7 Cs: The Essential Building Blocks of Resilience,”
from Fostering Resilience, <http://www.fosteringresilience.com/7cs.php>.

The 7 Cs: The Essential Building Blocks of Resilience

Bottom Line #1: Young people live up or down to expectations we set for them. They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous, and creative.

Competence: When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.

Confidence: Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

Connection: Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

Character: Young people need a clear sense of right and wrong and a commitment to integrity.

Contribution: Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good, and may therefore more easily turn to others, and do so without shame.

Coping: Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick-fixes when stressed.

Control: Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Bottom Line #2: What we do to model healthy resilience strategies for our children is more important than anything we say about them.

[The 7 Cs are an adaptation from The Positive Youth Development movement. Rick Little and colleagues at The International Youth Foundation first described the 4 Cs of confidence, competence, connection, and character as the key ingredients needed to ensure a healthy developmental path. They later added contribution because youth with these essential 4 characteristics also contributed to society. The additional two C's – coping and control – allow the model to both promote healthy development and prevent risk.]

Resources vs. Deficits	
If I look through a RESOURCES lens, I am likely to...	If I look through a DEFICITS lens, I am likely to...
Look for positive aspects	Look for negative aspects
Empower families	Take control or rescue
Create options	Give ultimatums or advice
Listen	Tell
Focus on strengths	Focus on problems
Put the responsibility on the family	See the family as incapable
Acknowledge progress	Wait for the finished product
See the family as experts	See service providers as experts
See the family invested in change	Impose change or limits
Help identify resources	Expect inaction or failure
Avoid labeling	Label
Inspire with hope	Deflate the family's hope

*Adapted from materials developed by CASA for Children, Inc.,
Portland, Oregon.*

Seeing the Strengths and Resources in Families



Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case. Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them. For instance, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system or you may identify healthy adults who in the past were important to a child or family. Using a resource lens creates more options for resolution, and it empowers and supports children and families.

Following are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- Does the family have extended family or non-relative kin who could be a resource?
- How are family members coping with their present circumstances?

Cultural Considerations

Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques and values may be based on cultural norms and/or accepted community standards.

For instance, in a deficit model, a family with a female head of household may be viewed as dysfunctional or even immoral. But using a resources lens, the female-head-of-household structure is appreciated for the strength and survival skills of the mother, and there is a deeper examination of historical and institutional factors that have contributed to the existence of matriarchal families.

In another example, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to a child's development and

Seeing the Strengths and Resources in Families, Cont'd.

potentially dangerous. Additionally, in the United States the ideal of the nuclear family dominates. However, in many communities, extended family have a greater role in childrearing and family may include members of a faith community or others who are not blood relatives.

People in different cultures and socioeconomic classes may use different skills and resources to deal with stress and problems. Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. For example:

- Mental ability allows for the access and use of information.
- Emotional resources provide support and strength in difficult times.
- Spiritual resources give purpose and meaning to people's lives.
- Good health and physical mobility allow for self-sufficiency.
- Cultural heritage provides context, values and morals for living in the world.
- Informal support systems provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- Healthy relationships nurture and support.
- Role models provide appropriate examples of and practical advice on achieving success.