

# Handout: 7 Ages Developmental Milestones

## Infants: (0-18 months)

### Developmental Milestones

#### Physical:

##### 0 -3 months

- Sucking, grasping reflexes
- Lifts head when held at shoulder
- Moves arms actively
- Is able to follow objects and to focus

##### 3- 6 months

- Rolls over
- Holds head up when held in sitting position
- Lifts up knees, crawling motions
- Reaches for objects

##### 6-9 months

- Sits unaided, spends more time in upright position
- Learns to crawl
- Climbs stairs
- Develops eye-hand coordination

##### 9-18 months

- Achieve mobility, strong urge to climb, crawl
- Stands and walks
- Learn to walk on his or her own
- Learns to grasp with thumb and finger
- Feeds self
- Transfers small objects from one hand to another

#### Emotional/Social:

- Wants to have needs met
- Develop a sense of security
- Smiles spontaneously and responsively
- Likes movement, to be held and rocked
- Laughs aloud
- Socializes with anyone, but knows mother or primary caregiver
- Responds to tickling
- Prefers primary caregiver

- May cry when strangers approach
- Commonly exhibits anxiety
- Extends attachments for primary caregivers to the world
- Demonstrate object permanence; knows parents exist and will return (helps child deal with anxiety)
- Test limits

**Intellectual/Cognitive:**

- Vocalizes sounds (coos)
- Smiles and expresses pleasure
- Recognizes primary caregiver
- Uses both hands to grasp objects
- Has extensive visual interests
- Puts everything in mouth
- Solves simple problems, e.g., will move obstacles aside to reach objects
- Transfers objects from hand to hand
- Responds to changes in environment and can repeat action that caused it
- Begins to respond selectively to words
- Demonstrates intentional behavior, initiates actions
- Realizes objects exist when out of sight and will look for them (object permanence)
- Is interested and understands words
- Says words like “mama”, “dada”

# Toddlers: (18-36 months)

## Developmental Milestones:

### Physical

- Enjoy physical activities such as running, kicking, climbing, jumping, etc.
- Beginnings of bladder and bowel control towards latter part of this stage
- Are increasingly able to manipulate small objects with hands

### Emotional/Social

- Becoming aware of limits; says “no” often
- Establishing a positive, distinct sense of self through continuous exploration of the world
- Continuing to develop communication skills and experiencing the responsiveness of others
- Needs to develop a sense of self and to do some things for him/herself
- Making simple choices such as what to eat, what to wear and what activity to do

### Intellectual/Cognitive

- Toddlers have a limited vocabulary of 500-3,000 words and are only able to form three to four word sentences.
- They have no understanding of pronouns (he, she) and only a basic grasp of prepositions (in, on, off, out, away).
- Most toddlers can count, but they do so from memory, without a true understanding of what the numbers represent.
- Cognitively, children in this age range are very egocentric and concrete in their thinking, and believe that adults know everything. This means that they look at everything from their own perspective.
- They assume that everyone else sees, acts, and feels the same way they do, and believe that adults already know everything. This results in their feeling that they don't need to explain an event in detail.
- Toddlers might have a very clear picture of events as they relate to themselves but may have difficulty expressing thoughts or providing detail. Because of this, most of the questions will need to be asked of their caregivers.
- Toddlers are able to relate their experiences, in detail, when specifically and appropriately questioned.
- Learning to use memory and acquiring the basics of self-control.

# Pre-School: (3-6 years old)

## Developmental Milestones:

### Physical

- Is able to dress and undress self
- Has refined coordination and is learning many new skills
- Is very active and likes to do things like climb, hop, skip and do stunts

### Emotional/Social

- Develops capacity to share and take turns
- Plays cooperatively with peers
- Is developing some independence and self-reliance
- Is developing ethnic and gender identities
- Learning to distinguish between reality and fantasy
- Learning to make connections and distinctions between feelings, thoughts and actions

### Intellectual/Cognitive

- With pre-schoolers, their ability to understand language usually develops ahead of their speech
- By age 6, their vocabulary will have increased to between 8,000 and 14,000 words but it is important to remember that children in this age group often repeat words without fully understanding their meaning
- They have learned the use of most prepositions (up/down, ahead/behind, beside) and some basic possessive pronouns (mine, his, ours), and have started to master adjectives
- Pre-school children continue to be egocentric and concrete in their thinking. They are still unable to see things from another's perspective, and they reason based on specifics that they can visualize and that have importance to them (i.e. "Mom and Dad" instead of "family").
- When questioned, they can generally express who, what, where, and sometimes how, but not when or how many. They are also able to provide a fair amount of detail about a situation.
- It is important to keep in mind that children in this age range continue to have trouble with the concepts of sequence and time. As a result, they may seem inconsistent when telling a story simply because they hardly ever follow a beginning-middle-end approach

# School-Age Children (7- 9 years old)

## Developmental Milestones:

### Physical

- Have increased coordination and strength
- Enjoy using new skills, both gross and fine motor
- Are increasing in height and weight at steady rates

### Emotional/Social

- Increased ability to interact with peers
- Have more same-sex friends
- Increased ability to engage in competition
- Developing and testing values and beliefs that will guide present and future behaviors
- Has a strong group identity; increasingly defines self through peers
- Need to develop a sense of mastery and accomplishment based upon physical strength, self-control and school performance

### Intellectual/Cognitive

- By early elementary age, children start logical thinking, which means that rather than accepting what they see as true, they begin to apply their personal knowledge and experience to a particular situation to determine whether it makes sense or not.
- Temporal concepts greatly improve in this age range, as early elementary children start to understand the idea of the passage of time, as well as day, date and time as a concept as opposed to a number.
- Most early elementary aged children have acquired the basic cognitive and linguistic concepts necessary to sufficiently communicate an abusive event.
- They can also copy adult speech patterns. As a result, it is easy to forget that children in this age range are still not fully developed cognitively, emotionally, or linguistically.

# Early Adolescence (10 – 12 years old)

## Developmental Milestones:

### Physical

- Have increased coordination and strength
- Are developing body proportions similar to those of an adult
- May begin puberty—evident sexual development, voice changes, and increased body odor are common.

### Emotional/Social

- Increased ability to interact with peers
- Increased ability to engage in competition
- Developing and testing values and beliefs that will guide present and future behaviors
- Has a strong group identity; increasingly defines self through peers
- Acquiring a sense of accomplishment based upon the achievement of greater physical strength and self-control
- Defines self-concept in part by success in school

### Intellectual/Cognitive

- Early adolescents have an increased ability to learn and apply skills.
- The early adolescent years mark the beginning of abstract thinking but revert to concrete thought under stress.
- Even though abstract thinking generally starts during this age period, preteens are still developing this method of reasoning and are not able to make all intellectual leaps, such as inferring a motive or reasoning hypothetically.
- Youth in this age range learn to extend their way of thinking beyond their personal experiences and knowledge and start to view the world outside of an absolute black-white/right-wrong perspective.
- Interpretative ability develops during the years of early adolescence, as does the ability to recognize cause and affect sequences.
- Early adolescents are able to answer who, what, where, and when questions, but still may have problems with why questions.

# Middle Adolescence (13 – 17 years old)

## Developmental Milestones:

### Physical:

- 95% of adult height reached
- Less concern about physical changes but increased interest in personal attractiveness
- Excessive physical activity alternating with lethargy
- Secondary sexual characteristics

### Emotional/Social:

- Conflict with family predominates due to ambivalence about emerging independence
- Strong peer allegiances – fad behavior
- Experimentation – sex, drugs, friends, jobs, risk-taking behavior
- Struggle with sense of identity
- Moodiness
- Rejection of adult values and ideas
- Risk Taking – “it can’t happen to me”
- Experiment with adult roles
- Testing new values and ideas
- Importance of relationships – may have strongly invested in a single romantic relationship

### Intellectual/Cognition:

- Growth in abstract thought reverts to concrete thought under stress
- Cause-effect relationships better understood
- Very self absorbed

# Late Adolescence (18 -21 years old)

## Developmental Milestones:

### Physical:

- Physical maturity and reproductive growth leveling off and ending
- Firmer sense of sexual identity

### Emotional/Social:

- Separation from caregivers
- More comfortable seeking adult advice
- Peers are important but young person can now evaluate their influence and opinions rather than wholeheartedly embracing them without question
- Intimate relationships are important
- Acceptance of adult responsibilities

### Intellectual/Cognition:

- Abstract thought established – future oriented; able to understand, plan and pursue long range goals
- Philosophical and idealistic
- What do I want to do with my life? – increased concern for the future
- Greater capacity to use insight



# Handout: Useful Interview Strategies

**Open-Ended Questions:** When you ask questions that are an open invitation to say whatever is on the person's mind, it is sometimes amazing what people will share. Solutions often begin to emerge from this type of processing out loud. This is any question for which "yes" or "no" or "I don't know" are not likely responses.

**Examples:**

*"What else can you tell me about that?"*

*"Tell me what you do when you get up in the morning?"*

**"When..." Rather Than "If..." Questions:** When implies trust that the person is going to do something. If implies that they may or may not. When presumes a desire for and the possibility of a positive outcome

**Examples:**

*"When... (you go to school and everything is great what is that like)"*

*"When you are in control of your temper..."*

*"When you go to visit your father what happens..."*

**Questions That Begin With "How"** These questions tend to be more solution-oriented, and less likely to call for blame or defensive responses than "why" questions.



**Examples:**

*"How can you tell? How do you know this?"*

*"How did you do it before?"*

*"How would that be helpful to you/ your family?"*

*"How long have you felt this way?"*

Questions That Begin With “Wh...” are also solution-oriented

**Examples:**



***“Where is the best place for this to happen?”***

***“What would (your children/mother/friend) say to you about this?”***

***“Who helped you when...?”***

***“What difference would this make to you?”***

***“What would it take...?”***

***“What are your thoughts about this?”***

***“What part of this do you agree with, and disagree with?”***

***“Who can you call when you are feeling that way?”***

***“Where can you go when you decide you want to get help for that?”***

**Coping Questions: When dealing with difficult behaviors or situations you can ask questions in a way that demonstrates empathy and compassion. These questions acknowledge your understanding of the pain, fear or frustration that the family member may be experiencing. It also helps point out that they are, in fact, doing the best job they can, given the circumstances right now.**

**Examples:**



**“I imagine living with a new family is hard. How do you handle all the changes? What seems to help? How did you come up with the idea of making lists of questions to ask the foster mother? That’s very clever!”**

**“How do you do it? It must have been very tough just to get through the week. Who do you turn to when you feel you need help?”**

**“How did you manage to go to school when you are so sad and want to just sleep? What have you figured out helps when you get up a going in the morning?”**

**Exception-Seeking Questions:** Elicit information that addresses how a problematic situation might have been different. These questions allow the receiver to talk about their successes (strengths). Exceptions are the building blocks of success. They shrink the problem. Exceptions focus on the possibilities.

**Examples:**

“Tell me about the times, in recent days, when you could have hit your brother (screamed at him, called him names, etc.), but somehow managed to handle it differently?”



“When you are... (sad, mad, upset...), what is different at home?”

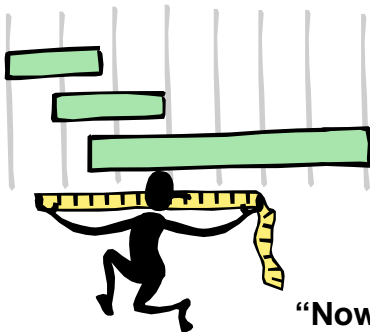
“Let’s talk about the days when you do feel safe and hopeful. What is different on those days?”

“Tell me about the most recent time when you could have gotten stoned, but you didn’t. How did you manage not to?”

**Scaling Questions:** These questions are used to rate or rank the level of importance, motivation, or confidence in a specific situation. They help you and the person gauge where a situation is and how one might change that situation?

**Example:**

“Let me ask you, on a scale of 1 to 10, with 10 standing for ‘I feel very safe’ stands for 10 and ‘I feel very unsafe stands for 1’ how close would you say you are to 10 right now, today?”

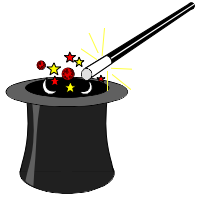


“Okay, now this time I’m going to ask you a slightly different question. This time, 10 stands for ‘I know that my parents will keep me safe at all time’ and 1 stands for, ‘I do believe my parents will keep me safe’ where would you put yourself on the same 1 to 10 scale?”

“Now, on the same scale of 1 to 10, how determined would you say you are that you will get there?” What would it take to move one point higher? If you could move one point higher, how would it be better for you?”

**Miracle Questions: These questions are inspirational because they help to remove hopelessness. When asking these questions, attempt to get realistic answers versus a pie in the sky dream such as “things will be better for my family if one of us wins a lot of money at the casino.” Help them see what they want, how their life can be, and remember the dreams they have forgotten. Encourage them to give details – to really visualize it when it is better.**

**Example:**



**A worker speaking with a child, “What if you woke up tomorrow and your family was the best one ever. Tell me what that would be like.”**

**“If you could change your family to make it perfect what would you change?”**

**“If someone gave you a magic wand and you could create a “do-over” for the past few years/months/weeks of your life, describe yourself and your family.”**

Adapted from: Insoo Kim Berg and Susan Kelly in their book *Building Solutions in Child Protective Services*, W. W. Norton & Company, 2000. Source: Northern California Core Training Curriculum, University of California Davis, 2006.

# Worksheet: Observation Form

<b>Relationship Builder</b>	<b>How well did the worker use the relationship builder (or not) – give examples:</b>	<b>How did Jennifer respond (give examples):</b>
Open-ended questions		
Close-ended questions		
Encouragers		
Paraphrasing		
Summarization		
Scaling questions		
Coping questions		
When – rather than if		
How and other “W” questions – BUT not WHY		
Exception seeking question		
Miracle question		

## Children's Reactions to Loss: Common Behavior Patterns of the Grieving Process

- Separation is always traumatic for children
- A child's reaction to separation is partly dependent on the quality of attachments he has before the separation (secure and insecure attachment can look the same at the time of separation)
- Children's responses to separation will vary according to their developmental age
- Uncertainty hampers a child's ability to cope
- Trauma diverts children from developmental tasks
- Children's reaction will vary over time

The Grief and Loss stages based on the work of Elizabeth Kubler-Ross

1. Shock/Denial
2. Anger or Protest
3. Bargaining
4. Depression
5. Resolution

*Not everyone will experience all of these stages  
or experience them in this order.  
Also, it is possible to experience these reactions  
more than once or at the same time.*



New research shows that yearning is a more dominant characteristic after a loss than sadness.

"Grief is really about yearning and not sadness. That sense of heartache. It's been called pangs of grief." Holly Prigerson

## **SHOCK / DENIAL**

- Child seems indifferent or in shell shock
- May not show emotions or appear to be emotionally unattached
- May try to please the adults – honeymoon period
- Is in denial – mom will come and get me
- Be careful not to misinterpret the child's initial response to placement

## **ANGER OR PROTEST**

- First emotional response occurs
- Loss can no longer be denied
- Anger may be directionless or directed at the person the child believes is responsible
- Guilt and blame – child may blame himself
- May hurt self, others, property
- Oppositional behaviors

## **BARGAINING**

- Trying to regain control of their life
- Promises to be better if...
- Bargaining with person in power
- Eager to please
- Try to undue what the child believes caused the abuse or placement
- Trying to prevent final loss

## **DEPRESSION**

- Fear, panic and hopelessness
- Expression of despair and futility
- Touchy and out of sorts
- Listless, without energy
- Regression in behaviors and skills
- Emotional or physical symptoms
- Even young child think of suicide or try to harm themselves

## **RESOLUTION**

- Child believes the loss is final
- Younger children may believe other family is dead
- Child tries to attach to caregiving family
- Child may feel loyalty bonds
- Child behaviors become normal
- If child detaches from birth family and reunification is still the plan Resolution can be a problem
- The younger the child the quicker this stage is usually reached.
- All time lines MUST be on the child's developmental clock.

## Handout: Impact of Separation – by Rose Wentz

	Issue	Implications	Visitation planning strategies
INFANTS	<ul style="list-style-type: none"> <li>•Drug exposed infants</li> </ul>	<ul style="list-style-type: none"> <li>•Hard to comfort, feed and may not want to be held.</li> </ul>	<ul style="list-style-type: none"> <li>•Meet infant’s needs before visit.</li> <li>•Teach parent how to understand needs and respond to infant.</li> </ul>
	<ul style="list-style-type: none"> <li>•Infants’ cognitive limitations greatly increase their experience of stress.</li> </ul>	<ul style="list-style-type: none"> <li>•Infants will be extremely distressed by changes in the environment and caregivers.</li> <li>•Expect the infant to show stress in bodily functions such as eating, sleeping and being “fussy”.</li> </ul>	<ul style="list-style-type: none"> <li>•Help parent understand why infant may be distressed.</li> <li>•Infants should have people they “know” help with all transitions from one caregiver to another.</li> <li>•Do not force an infant to eat or sleep during a visit.</li> <li>•Have caregiver and parent share information with each other on the infant shows stress and how to comfort child.</li> </ul>
	<ul style="list-style-type: none"> <li>•Infants have few internal coping skills.</li> <li>•Infants do not generally turn to others for help and support. It needs to be provided.</li> </ul>	<ul style="list-style-type: none"> <li>•Adults must “cope” for them.</li> <li>•Infants who have too many changes will be impacted at a higher level</li> </ul>	<ul style="list-style-type: none"> <li>•Give the infant items that bring her comfort such as a blanket or stuffed animal.</li> <li>•Do bonding activities on visits.</li> <li>•Allow infant to choose who or what they want to be comforted by. Praise parent who is able to allow others to comfort their infant.</li> </ul>
	<ul style="list-style-type: none"> <li>•Infants experience the absence of caregivers immediately.</li> </ul>	<ul style="list-style-type: none"> <li>•Infants will forget people who are absent from their life.</li> <li>•Infants may cling to new caregiver and refuse to go to parent.</li> <li>•Infants need multiple contacts each week to maintain an active memory of a person and to attach to that person.</li> </ul>	<ul style="list-style-type: none"> <li>•Inform parent of this normal behavior.</li> <li>•Have visit as soon as possible after placement</li> <li>•Use voice recordings, phone calls, &amp; pictures to keep memory active.</li> <li>•Always say good-bye – do not let parents disappear hoping that will not upset the infant.</li> <li>•Do visits/contacts several times a week and encourage the birth parent to “provide care” for the infant during a visit so attachment is maintained.</li> </ul>
	<ul style="list-style-type: none"> <li>•Separation during the first year can interfere with the development of trust.</li> <li>•Attachment is essential for the infant to live and develop.</li> </ul>	<ul style="list-style-type: none"> <li>•Expect that a healthy infant will attach to his caregiver and that will help with the child continuing his developmental tasks.</li> <li>•Infants can attach to more than one caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>•Let parent know that attachment to caregiver does NOT interfere with attachment to birth parent.</li> <li>•Praise the parent for supporting the infant’s developmental need to attach.</li> <li>•Minimize the number of changes in caregivers that an infant has.</li> </ul>
	<ul style="list-style-type: none"> <li>•Consistency and schedules are critical for an infant’s development.</li> </ul>	<ul style="list-style-type: none"> <li>•Infants’ distress will be lessened if their new environment can be made consistent with the old one.</li> </ul>	<ul style="list-style-type: none"> <li>•Keep the child on the same food, schedule and other routines – changes should occur slowly.</li> <li>•Follow a regular schedule – preferably the infant’s.</li> </ul>



	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>INFANTS</b>	<ul style="list-style-type: none"> <li>•Infants miss the parent even if that parent was inconsistent before separation (incarceration) and they have no cognitive memory of that parent.</li> </ul>	<ul style="list-style-type: none"> <li>•Even children adopted at birth want to have contact with their parents.</li> <li>•Birth family is always a part of who a child/adult is.</li> </ul>	<ul style="list-style-type: none"> <li>•Infants need visits even when they have not had a prior relationship or cannot remember their parent.</li> <li>•Ensure infant has contact with birth family; including siblings and extended family.</li> </ul>
	<ul style="list-style-type: none"> <li>•Infant’s developmental changes can occur weekly.</li> </ul>	<ul style="list-style-type: none"> <li>•Parents will not recognize the infant’s changes or act as if the infant has not changed.</li> </ul>	<ul style="list-style-type: none"> <li>•Inform parent of the changes.</li> <li>•Teach parent how to adapt to new skills of the infant</li> </ul>
<b>TODDLER</b>	<ul style="list-style-type: none"> <li>•Typical reactions by toddlers: fear, regression, fantasy, guilt, bewilderment, change in level of aggression, generalized emotional neediness, inability to enjoy play or using play to recreate the family.</li> </ul>	<ul style="list-style-type: none"> <li>•Toddler will test their “new world” to try and understand how it works.</li> <li>•Toddler behaviors that some find hard to handle will increase after being traumatized.</li> <li>•Workers, caregivers and parents often want to blame someone or interpret the behaviors as related to things besides the separation, i.e. XXX must not be a good parent of the child.</li> </ul>	<ul style="list-style-type: none"> <li>• Expect to toddler to show behavioral signs of trauma and loss.</li> <li>• Do not blame adults or shame the toddler.</li> <li>• Provide structure, rules, consistency and stability for the toddler – minimize how many changes the toddler must have – make changes slowly</li> <li>• Reassure the toddler that she is loved.</li> <li>• Control behaviors that can cause harm to the toddler or others but do not overreact.</li> </ul>
	<ul style="list-style-type: none"> <li>•The toddler needs dependable adults to help him/her cope.</li> </ul>	<ul style="list-style-type: none"> <li>• Child can turn to relative, substitute caregivers or a known and trusted worker for help and support during the placement process.</li> </ul>	<ul style="list-style-type: none"> <li>• Early &amp; regular contact with parent or other who the toddler has emotional ties.</li> <li>• Do bonding activities.</li> <li>• Place siblings together and/or provide time for them to comfort each other.</li> <li>• Provide toddler with his favorite comfort item.</li> </ul>
	<ul style="list-style-type: none"> <li>•The toddler is likely to have an inaccurate and distorted perception of the placement experience.</li> <li>•See people on extremes of all good or all bad</li> </ul>	<ul style="list-style-type: none"> <li>• Toddler may make up stories about abuse, what occurred, why it occurred, what is happening to him in care, etc. This can appear to be lying to others.</li> <li>• Toddler may fear new caregiver or environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss reality and fantasy with the child.</li> <li>• Do not punish child for “telling lies”.</li> <li>• Assure toddler he is safe with caregivers.</li> <li>• Inform parents and caregivers of these issues so they do not overreact to things he may tell them, e.g. “My new mommy is mean to me.”</li> </ul>
	<ul style="list-style-type: none"> <li>•Any placement of more than a few weeks is experienced as permanent.</li> </ul>	<ul style="list-style-type: none"> <li>•Without visitation, the child may assume parents to be gone, dead or not coming back.</li> <li>•A toddler can complete the grief and loss cycle in a few weeks. A toddler believes what they see and experience and not what they are told.</li> </ul>	<ul style="list-style-type: none"> <li>•Do frequent visits, if not possible, have pictures, talk about the absent parent or have phone calls or audio tapes.</li> <li>•Prepare the parent for the toddler’s behavior and lack of memory if visits have not occurred regularly.</li> <li>•Give the toddler a chance to remember or reestablish a connection with the parent at the beginning of a visit.</li> </ul>

TODDLERS	Issue	Implications	Visitation planning strategies
	<ul style="list-style-type: none"> <li>•The toddler will often view separation and placement as a punishment for ‘bad’ behavior.</li> </ul>	<ul style="list-style-type: none"> <li>•Toddler will cling to her own explanation for the placement.</li> <li>•Self-blame increases anxiety and lowers self-esteem.</li> <li>•Toddler may believe if she repeats the bad behavior, which she believes caused the placement, the new family will send her home.</li> </ul>	<ul style="list-style-type: none"> <li>•Explain, in simple language, that the adults are responsible and will fix the problem. May need to repeat this information multiple times</li> <li>•Help parent learn how to explain what happened in a way that will not increase the toddler’s belief that she is responsible.</li> <li>•Let toddler know that her being good or bad will not change things such as where she is placed, when she gets to go home, etc. Try to avoid replacing the toddler and stating to the toddler that she caused the change due to her behavior.</li> </ul>
	<ul style="list-style-type: none"> <li>•Because the toddler cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening.</li> </ul>	<ul style="list-style-type: none"> <li>•Even what appears to be a small change to adults can be a new trauma to the toddler, i.e. changing beds at the home, change in caregivers, or changes of when visits occur.</li> </ul>	<ul style="list-style-type: none"> <li>•Prepare child for any changes, new experiences and what will happen “next”. “Today is a special day so you will see your dad at lunch but not at bedtime.”</li> <li>•Have a schedule and keep it unless there is no other choice.</li> <li>•Have toddler practice things ahead of the event, i.e. going through screening at the jail, bed time routine, riding to jail.</li> </ul>
	<ul style="list-style-type: none"> <li>•Want to please their parents and adults they are attached to.</li> </ul>	<ul style="list-style-type: none"> <li>•Confused when given mixed messages about which parent he can trust or love.</li> <li>•Will act different with different parents in response to trying to please that person.</li> </ul>	<ul style="list-style-type: none"> <li>•Give child clear boundaries and messages.</li> <li>•Do not ask the child to choose between parents.</li> <li>•No bad talk about the other parent.</li> <li>•Each adult be consistent in his/her messages. Child is able to respond to differences among adults.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.</li> </ul>	<ul style="list-style-type: none"> <li>•The toddler will revert to infant like behaviors; wanting their bottle, asking to be feed, wetting their pants or bed, etc.</li> <li>•They may become whiney and clinging to any adult who shows affection</li> </ul>	<ul style="list-style-type: none"> <li>•Expect this behavior; do not take it “personally” when a child acts out his feelings. Inform parent of changes in behaviors or skills.</li> <li>•Allow the behaviors without comment during the transition time. When the toddler is more secure slowly work towards regaining these developmental skills. Often the toddler will do this on his own once he feels secure.</li> <li>•Allow the toddler time to be clinging – may need to start the goodbye part of the visit early so there is enough time.</li> <li>•Practice how to say goodbye with the toddler, i.e. you will have X number of kisses and hugs.</li> <li>•Make sure people the toddler is attached to say goodbye before they leave. Do not “disappear” or sneak out.</li> </ul>

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>PRESCHOOLERS</b>	<ul style="list-style-type: none"> <li>The child needs dependable adults to help him cope.</li> </ul>	<ul style="list-style-type: none"> <li>Child can turn to a relative, substitute caregivers or a known and trusted worker for help and support.</li> </ul>	<ul style="list-style-type: none"> <li>Visits should always include at least one person the child trusts.</li> <li>Prepare parent if the child does not currently trust/remember the parent.</li> <li>Regular contact is necessary to build trust and maintain memories.</li> </ul>
	<ul style="list-style-type: none"> <li>The preschool child is likely to have an inaccurate and distorted perception of the placement experience.</li> </ul>	<ul style="list-style-type: none"> <li>Magical thinking can cause them to make up stories about their parent or their situation.</li> <li>Look for clues the child has fantasies and talk to the child about the fantasies such as; feelings the pain, of sorrow, of being responsible for the situation.</li> </ul>	<ul style="list-style-type: none"> <li>Try to explain when things will occur in a manner the child will understand. Do not wait for the child to ask for the information.</li> <li>Do not treat child's perception/magical thinking as a lie.</li> <li>Do not avoid talking about a traumatic placement or event in the hopes that the child will forget the event.</li> <li>Use books and stories to help the child understand what is real.</li> <li>Ask the child to tell you her "story" about what happened.</li> <li>Drawing or playing is a way for the child to share her perceptions.</li> </ul>
	<ul style="list-style-type: none"> <li>They may believe they are responsible for their parent being in jail, getting a divorce or why family violence occurred.</li> </ul>	<ul style="list-style-type: none"> <li>Self blaming can be shown through regression in behaviors or skills such as bed wetting, trouble sleeping, developing fears (monster in the closet), nightmares and toddler like tantrums.</li> </ul>	<ul style="list-style-type: none"> <li>Inform the parent of the child's behaviors or belief that she caused the parent's arrest.</li> <li>Parent and others to give clear message the child is NOT responsible. Especially important if the child did something like call the police.</li> </ul>
	<ul style="list-style-type: none"> <li>The child will display considerable anxiety about the new home/family.</li> </ul>	<ul style="list-style-type: none"> <li>Child may try to do things that make new home be more like parent's home. This may be seen as not following the rules.</li> <li>Caregiver should check how the child is doing regularly especially during the first days of placement.</li> </ul>	<ul style="list-style-type: none"> <li>Ask parent about the child's schedule and home life.</li> <li>Use that information to make things in the caregiver home mimic the child's home; food, routines, toys, clothes.</li> <li>Parent asks child about new home and schedule. Encourage and praise the child for adjusting to his new home.</li> <li>While verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. Make changes slowly. Provide clear and simple rules to the child to follow.</li> </ul>
	<ul style="list-style-type: none"> <li>The child may wonder how the necessities of life (food, toys, etc.) will be provided.</li> </ul>	<ul style="list-style-type: none"> <li>This feeling can lead to overeating, begging or manipulation.</li> <li>Child may refuse to let go of an item.</li> </ul>	<ul style="list-style-type: none"> <li>Reassure the child that her needs will be met.</li> <li>Do not try remove comfort item from child unless necessary.</li> <li>Most behaviors are temporary and will go away once the child feels secure so do not overreact.</li> </ul>

**PRE-SCHOOLERS**

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
	<ul style="list-style-type: none"> <li>Any placement of more than a month is experienced as permanent.</li> </ul>	<ul style="list-style-type: none"> <li>Without visitation, the child may assume parents to be gone, dead or not coming back.</li> <li>Child does not understand time periods such as six months or two years.</li> <li>Child may “forget” many things about birth family within a short time. (Short term cognitive memory but child usually has a long term subconscious memory of that parent.)</li> <li>Child will go through grief and loss cycle quickly. Expect changes in behaviors such as denial, anger, and bargaining.</li> <li>Child may try to bargain (not always stated out loud). If I am good can I go home?</li> <li>Child may not know how to express emotions or fears expressing emotions.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that the child has immediate contact after placement and frequent visits thereafter.</li> <li>Pictures and phone calls can help supplement visits.</li> <li>Talk to the child about the next visit but do not try to explain things that may take months or years to occur.</li> <li>Do not deny visits in the hope that the child will adjust faster to new home if there is no contact.</li> <li>Address the child’s need for love and stability NOW.</li> <li>Prepare parent for child’s lack of memory if the visits do not occur regularly.</li> <li>Give the child time to reestablish a relationship with a parent he has not seen in weeks or months.</li> <li>Child’s anger at parent may be related to anger phase of grief/loss cycle or shows anger to another person.</li> <li>Talk to the child and assure him that he will have a family and that the adults will work to be sure the child is loved even by family members whom he has not seen for awhile.</li> </ul>
	<ul style="list-style-type: none"> <li>Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.</li> </ul>	<ul style="list-style-type: none"> <li>Child is likely to regress on one or more developmental tasks.</li> <li>Child may refuse to be alone, try to control world, or display symptoms similar to depression.</li> <li>Child may lack concentration and is not able to enjoy normal activities.</li> <li>Child needs to know that she has some influence on adults to get her needs met. Child may manipulate, have repeated requests or insist on their own way.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare the parent for this to occur.</li> <li>Expect behavioral changes and emotional reactions; the child may act out his emotions towards the parent, caregiver or social worker.</li> <li>Do not take it “personally” but allow the child a safe way to act out the emotions.</li> <li>Encourage child to do things that have brought him joy in the past. But do not pressure the child.</li> <li>Allow child to express his emotions and show him that you still love him when he expresses his emotions. He does not have to be perfect to be loved.</li> <li>Acknowledge child’s emotions and praise him for even small steps he makes towards adjusting to the situation.</li> <li>Meet the child’s needs. Allow the child control over safe things like what to wear to the visit, which vegetable to eat, etc.</li> </ul>

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>PRESCCHOOLERS</b>	<ul style="list-style-type: none"> <li>• Child attaches to new caregiver or to primarily to one parent and feels loyalty conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Child calls new caregiver mom/dad</li> <li>• Child shows signs of confusion about who is my parent/family</li> <li>• Child's self esteem is connected to <u>everyone</u> he considers his family.</li> <li>• Adults should talk to each other directly and never use the child to send messages.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform the parent of the child's behavior and how this is normal and healthy</li> <li>• Parent assures the child that he can love two moms or dads.</li> <li>• Do not ask the child to choose between parents.</li> <li>• Maintain frequent contacts with all birth parents or past caregivers.</li> <li>• One adult should never talk negatively about another adult with whom the child is attached.</li> <li>• Explain to the child that many children have multiple families (divorce) and that this is normal.</li> </ul>
	<ul style="list-style-type: none"> <li>• Child needs to know what happened to parent or what she is doing while away from the child. Especially for parents in jail, hospital or settings away from family home.</li> </ul>	<ul style="list-style-type: none"> <li>• Child wonders what their parent's life is like in jail or hospital. She may ask a lot of questions this is normal for this age.</li> <li>• Child will make up worse stories about parents life if no information is given.</li> </ul>	<ul style="list-style-type: none"> <li>• Answer the child's questions. You may need to repeat the answers.</li> <li>• Do not wait for the child to ask. Provide information about things like where you sleep, what you eat, do children live there, etc.</li> <li>• Draw or take pictures of yourself in jail or where you are now.</li> <li>• Do not share information on difficult things you may experience in jail or hospital.</li> </ul>
	<ul style="list-style-type: none"> <li>• Child may have emotions she does not know how to handle.</li> </ul>	<ul style="list-style-type: none"> <li>• Child may say things to be in control or express anger that upset others: (not unusual for normal child/parent interactions for this age) <ul style="list-style-type: none"> <li>○ "I hate you, you're not my friend, you can't make me"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prepare parent for this behavior.</li> <li>• Do not overreact or the child will probably repeat the statement or behavior.</li> <li>• Often occurs when parent is trying to set boundaries. Continue to enforce boundary/rule. "John, you may not want to be my friend but you cannot hit me."</li> </ul>
<b>SCHOOL AGE</b>	<ul style="list-style-type: none"> <li>• The child can develop new attachments and turn to adults to meet his/her needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Child will call caregivers mom and dad.</li> <li>• If given permission, the child may be able to establish relationships with caregivers without feeling disloyal to own parents.</li> <li>• Child may bond with other children she who are a part of the new family.</li> </ul>	<ul style="list-style-type: none"> <li>• Allow the child to determine what names/titles are used; what to call foster parents, step-parents, other children in the home, etc.</li> <li>• Prepare the parent for this normal reaction and that this shows that the child is healthy and normal.</li> <li>• Adults should give positive support of each other's role. Disagreements should be handled without placing the child in the middle.</li> <li>• Keep child in contact with caregivers and others in the home when the child moves to another home.</li> </ul>

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>SCHOOL AGE</b>	<ul style="list-style-type: none"> <li>• The child will compare one parent to another.</li> </ul>	<ul style="list-style-type: none"> <li>• The child may talk about what the “other” parent does or does not do.</li> </ul>	<ul style="list-style-type: none"> <li>• Let the parent know that this is normal.</li> <li>• Let the child talk about without assuming that he prefers one person over the other.</li> <li>• Never talk negatively about the other parent/caregiver.</li> <li>• Don’t push a child to provide information about the other parent(s).</li> </ul>
	<ul style="list-style-type: none"> <li>• The loss of siblings, peer group and friends may be almost as traumatic as the loss of parents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Making new friends may be difficult.</li> <li>▪ The child may be embarrassed and self-conscious about “foster child” status.</li> <li>▪ Children who lose too many relationships may refuse to form new friendships.</li> <li>▪ Keep siblings together whenever possible.</li> </ul>	<ul style="list-style-type: none"> <li>• When possible allow the child to attend the same school.</li> <li>• If not possible, ensure the child can maintain contact with friends.</li> <li>• Encourage the child to make friends but acknowledge to the child that it is normal to be afraid that this may cause more lose.</li> <li>• Have the child get involved in activities and hobbies.</li> <li>• Parents and caregivers work to maintain these connections.</li> <li>• Have the child develop a scrapbook to save pictures, letters and stories of the people in their life.</li> </ul>
	<ul style="list-style-type: none"> <li>• The child may be confused if the ‘rules’ and expectations in the caregiver’s home are different from what she is used to</li> </ul>	<ul style="list-style-type: none"> <li>▪ The child may not want to ask about the rules or is in shock in the first days and does not remember the rules.</li> <li>▪ The child may feel a need to test the rules to see what happens.</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver should learn from the child and family about the rules the child had in last home.</li> <li>• Whenever possible maintain those rules. Example: Keep bedtime the same. If change is needed slowly move bed time to meet the rules of the new family.</li> <li>• Be non-judgmental of the rules of the other parent/caregiver</li> <li>• Provide clear rules and do not overreact if the child does not follow all the rules immediately.</li> <li>• Give the child some choices, “Would you like to store your shoes under your bed or in the closet?”</li> </ul>
	<ul style="list-style-type: none"> <li>• The child has a better understanding of time. Placements of a few months can be tolerated without affecting attachments.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The child is capable of remembering a parent they have not seen in months or years.</li> <li>▪ The child may be shy when they first see their parent if contact is not frequent.</li> <li>▪ The child is likely to have emotions such as fear, angry, disappointment regarding the parent.</li> </ul>	<ul style="list-style-type: none"> <li>• Have regular visits and use photographs, letters and phone calls to supplement the contact.</li> <li>• Involve the child in planning the visit.</li> <li>• Be sure the visit does not regularly interfere with the child’s schedule, school attendance or time with peers.</li> <li>• Provide parent with information on the child’s life, school and friends – help the parent have information that can be used to talk to the child</li> </ul>

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>SCHOOL AGE</b>	<ul style="list-style-type: none"> <li>•The child has an increased ability to understand the reasons for the separation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame.</li> <li>▪ Do not over estimate his ability to fully understand.</li> <li>▪ Language skills are more advanced than cognitive and abstract thinking skills.</li> </ul>	<ul style="list-style-type: none"> <li>•Give the child honest answers about the situation and the adult's responsibilities.</li> <li>•Include the child in court hearings or provide him information. Do not assume he does not know or care about court.</li> <li>• Parent and others should answer the child's questions honestly and as completely as possible.</li> <li>• Do not wait for child to ask the questions.</li> </ul>
	<ul style="list-style-type: none"> <li>•The child may be worried about family members she does not live with and may demonstrate considerable concern for siblings and parents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child may ask questions, be protective of siblings to the point of interfering when adults try to discipline the sibling.</li> <li>▪ Child may be "parentified" in his behaviors towards siblings or parents.</li> </ul>	<ul style="list-style-type: none"> <li>•Ensure frequent contact and when not possible share information so the child is assured of everyone's safety.</li> <li>•Provide information about the parent's whereabouts and condition.</li> <li>•Allow for early &amp; regular phone calls to parent or other family members.</li> <li>•Allow child time to adjust and feel secure before trying to change behaviors that are protective of siblings or parent.</li> <li>•Do not force the child to give up parentified behaviors immediately.</li> </ul>
	<ul style="list-style-type: none"> <li>•The child may be embarrassed and self-conscious regarding family's problems and foster care status, which may contribute to low self-esteem.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is very aware of being different and may deny or hide the fact that she is a foster child or that parents have divorced.</li> <li>▪ Child may not want to go on visits, especially if that will make her seem different.</li> <li>▪ Child may want to hide the fact that her parent is in jail or hospitalized.</li> <li>▪ Severe reactions may include the child refusing to visit a parent.</li> <li>▪ Child may be taunted by others for what the parent did (committed a crime).</li> <li>▪ Child may refuse to go to school.</li> </ul>	<ul style="list-style-type: none"> <li>•Help the child develop ways to explain her situation to her peers.</li> <li>•Have visits in locations where the child is comfortable, i.e. the child may not want caregivers or parents to attend school events where the child has to explain what is happening to her friends.</li> <li>•Allow the child to not tell others about parents being in jail.</li> <li>•The child can benefit from supportive adult intervention, such as counseling, to help sort through his feelings about the situation.</li> <li>•Talk to the child about how he is doing at school, if he is being taunted or treated badly due to parent's actions.</li> <li>•Get child to help with the planning of the visit and changes in her life. Allow her some choices and control.</li> </ul>
	<ul style="list-style-type: none"> <li>• Child will have intense emotions and may not know how to handle them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anger, sometimes quite intense, is expressed as both an honest reaction to what is happening to him/her and as an externalizing attempt to cope with his/her pain, sadness, and helplessness.</li> </ul>	<ul style="list-style-type: none"> <li>•Allow the child ways to express her emotions in a safe manner.</li> <li>•Let her know it is OK to have these emotions.</li> <li>•Parent should admit to things he/she did that lead to the child having these feelings. Do not be defensive or tell child not to feel that way.</li> </ul>

	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>SCHOOL AGE</b>	<ul style="list-style-type: none"> <li>• Shaken sense of identity – who am I? who is my family?</li> </ul>	<ul style="list-style-type: none"> <li>▪ May delay the child’s development</li> <li>▪ The child may need help resolving family relationship issues so he can continue to progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform the parent it is developmentally normal for children in this age to start to “pull” away and not want to be with his parents in public places. This is not an indicator of a lack of attachment.</li> <li>• Share family history or stories to help enhance family connections.</li> <li>• Do not expect child to spend every minute with the parent on longer visits.</li> </ul>
	<ul style="list-style-type: none"> <li>• Moral lapses are not rare, as the foundation of development of morality (parent) is shaken and the child experiences painful injustices.</li> </ul>	<ul style="list-style-type: none"> <li>▪ This may be evidenced in such behavior as lying and stealing.</li> <li>▪ Aware of concepts of justice, crime and punishment.</li> </ul>	<ul style="list-style-type: none"> <li>• Parents and caregivers should discuss moral development and have consistent expectations and consequences when the child does not meet expectations.</li> <li>• Non-custodial parent should be actively involved in setting expectations, boundaries and enforcing discipline.</li> <li>• Help child to understand why parent is in prison.</li> </ul>
	<ul style="list-style-type: none"> <li>• Shows stress with symptoms such as headaches and stomach aches.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child may become ill or say she does not feel well when experiencing stress or to avoid a situation.</li> </ul>	<ul style="list-style-type: none"> <li>• All medical issues should be evaluated by a physician.</li> <li>• Teach the child methods of handling stress.</li> <li>• Track to see if there is a pattern when the child is sick or uses illness as a way of escaping.</li> <li>• Try to get her to discuss what is causing her stress rather than focusing on the illness.</li> </ul>
<b>ADOLESCENT</b>	<ul style="list-style-type: none"> <li>• Early adolescence is an emotionally and physically chaotic period for all teens.</li> </ul>	<ul style="list-style-type: none"> <li>• Any additional stress has the potential of creating “stress overload” and may precipitate crisis.</li> </ul>	<ul style="list-style-type: none"> <li>• Teach the youth methods of handling the stress.</li> <li>• Do not overreact to outward changes – hair, clothes.</li> <li>• Give youth choices in planning visits and changes in his life.</li> <li>• Ensure that the youth has at least one trusted adult in his life.</li> </ul>
	<ul style="list-style-type: none"> <li>• The youth may resist relationships with adults. Dependence upon adults threatens “independence”.</li> </ul>	<ul style="list-style-type: none"> <li>• By rejecting adults, the youth deprives self of an important source of coping support.</li> </ul>	<ul style="list-style-type: none"> <li>• Allow the youth choices in how the relationship will occur but not whether he should have relationships with adults.</li> <li>• Even youth who state they do not want a relationship have told researchers that they wanted the relationship and feared rejection so acted as if they did not want adult relationships.</li> <li>• Prepare parent for this normal teen behavior.</li> </ul>
	<ul style="list-style-type: none"> <li>• The youth may deny much of own discomfort and pain, which prevents him/her from constructively coping with those feelings.</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental regression, evidenced as choosing younger friends, withdrawing, interrupted school achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Teach the youth it is OK to have emotions and how to handle the pain.</li> <li>• Provide emotional support even if this is initially rejected by the teen.</li> <li>• These reactions are usually temporary. Do not overreact.</li> </ul>



	<b>Issue</b>	<b>Implications</b>	<b>Visitation planning strategies</b>
<b>ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>• Separation from parents, especially if the result of family conflict and unruly behavior on the part of the youth, may generate guilt and anxiety.</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of emotions, physical illness, eating disorders, depression, suicide, etc.</li> <li>• Acting out behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• It is important that ALL the adults who are responsible develop an agreed upon plan to handle the youth's behavior.</li> <li>• Adults work together with youth to set consistent boundaries and consequences.</li> <li>• Support from parents, adults or therapist is essential.</li> </ul>
	<ul style="list-style-type: none"> <li>• Identity is an emerging issue; dealing with parents' shortcomings is difficult. .</li> </ul>	<ul style="list-style-type: none"> <li>• Parents may be idealized or shortcomings may be denied.</li> <li>• May see adults as all good or all bad.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not take it personally when youth "notices" your shortcomings.</li> <li>• Honest, open discussion of parent's behaviors. Most helpful if parent initiates this discussion and takes responsibility.</li> </ul>
	<ul style="list-style-type: none"> <li>• Exploring his/her sexual identity.</li> </ul>	<ul style="list-style-type: none"> <li>• Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult.</li> <li>• Sexual relationship may start earlier for traumatized teens and teen may be susceptible to abuse by others.</li> </ul>	<ul style="list-style-type: none"> <li>• Be willing to discuss or provide the youth information about sex, your values and expectations.</li> </ul>
	<ul style="list-style-type: none"> <li>• The youth has the capacity to participate in planning and to make suggestions regarding own life.</li> </ul>	<ul style="list-style-type: none"> <li>• He may refuse to attend visits.</li> <li>• He may act as if he does not care or want to be involved in planning.</li> </ul>	<ul style="list-style-type: none"> <li>• He should be included in developing visitation plans.</li> <li>• Persistent repeated attempts to engage the youth by parent or worker can have very positive results.</li> <li>• When possible, longer visits with opportunities to learn from parent (cooking, driving, sports, shopping, etc.) provide normal interaction activities.</li> <li>• Predictable schedules is not as important as allowing the youth choices.</li> </ul>
	<ul style="list-style-type: none"> <li>• The youth will be mourning the loss of family and home.</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms of mourning may include such things as feelings of emptiness, tearfulness, difficulty concentrating, chronic fatigue, and troublesome dreams.</li> <li>• May choose to join a new family such as a gang.</li> </ul>	<ul style="list-style-type: none"> <li>• Talk to the youth about her feelings, refer her to counseling and monitor for suicidal thoughts.</li> <li>• Do not expect teen to quickly bond to new caregiving family or follow new household rules; the teen may see this as denying her birth family or the other parent.</li> </ul>

	Issue	Implications	Visitation planning strategies
<b>ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>• Anger, both as a direct response to disruption and circumstances surrounding it, and to cover feelings of powerlessness, vulnerability, and grief.</li> </ul>	<ul style="list-style-type: none"> <li>• Expect withdrawal, both psychological and physical distancing and detachment. Adolescents, because of their greater independence, mobility, and access to resources (e.g. friends, organizations) outside the home, are often able to withdraw from the problems of the home to maintain their equilibrium</li> <li>• Watch out for social and behavioral problems, such as sexual misconduct, truancy, delinquency, substance abuse, eating disorders and gang activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the youth to be involved with friends and activities that bring her joy.</li> <li>• Adults regularly check with teen. Do not accept “no” if you suspect there is a problem.</li> <li>• Prepare parent for teen’s emotions. Have parent accept responsibility for how his/her actions contributed to these emotions.</li> <li>• Do not overreact and/or expect teen to deny emotions.</li> <li>• Connect teen with other people or groups that are a positive “family” – sports, church, hobby groups, school activities, cultural groups, extended family, etc.</li> </ul>

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