

# **RESPONDING TO CHILDREN'S EMOTIONAL NEEDS**



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## DISCOVERING WHAT A CHILD R-E-A-L-L-Y NEEDS

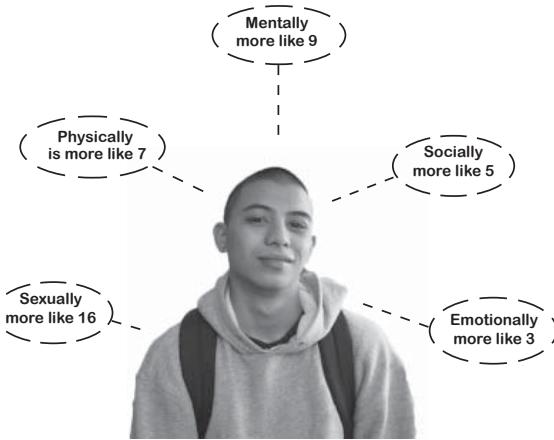
Every child is born with enormous potential and specific characteristics and traits. Some of these are shared by all human beings and some of these traits come from genetic links inherited from birth parents and family members.

After a baby is born, development proceeds in stages. No stage can be skipped and each stage is an important building block for the next one. For example, children often crawl and pull themselves up on furniture before they begin to walk. Although each child may go through similar growth and developmental stages, the successful negotiation of each stage depends on several factors, particularly the presence of loving caregivers to help the child with each new phase of learning.

If there are no developmental delays and the child has lived in an environment where the parents have been available and emotionally healthy enough to meet the needs of their children, then we can assume that normal developmental processes will occur. Even so, we must look beyond the child's chronological age. If, however, the child has been in an environment where they may have experienced highly stressful or traumatic events and the parents have been largely unavailable to provide support, the normal developmental process is likely to be drastically impacted. According to the National Institute for Mental Health, trauma is defined as "*The experience of an event by a child that is emotionally painful or distressful which often results in lasting mental and physical effects.*" Repeated exposure to trauma and stress can delay developmental growth and progress. Some children may actually regress to earlier stages of behavior in response to the stress they have or are currently experiencing. For example, children who have been potty trained may start wetting their pants or wetting the bed during sleep. This kind of response could be related to something as serious as being removed from their family or as seemingly joyful as a new baby entering the family.

Being slow to reach a particular stage, and even the experiences of trauma and stress, does not mean that a child will not eventually reach the next stage of growth and development. But, to make the difference it will take a lot of care and patience from foster caregivers who need specific knowledge and skills, as well as an understanding of when to bring in professional help.

The charts at the end of this section provide a quick guide to "Common Characteristics of Children Age Birth to 19." If a child's development seems delayed, ask the child's doctor or caseworker about getting help.



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## **UNDERSTANDING DEVELOPMENT FROM A TRAUMA-INFORMED PERSPECTIVE**

Children entering foster care can be particularly vulnerable to behavioral and physical symptoms related to their exposure to stress or situations that rise to the level of trauma. In 2004 DCFS decided that in order to provide the best possible services for children and families, the system needed to become more trauma informed. By developing an understanding of trauma and its potential impact on child development and behavior, child welfare professionals and foster caregivers are in a better position to respond to the needs of children and families who may have experienced a high level of stress associated with trauma.

Becoming trauma informed also means being able to recognize and understand when a child's behavioral issues could be related to previous stressful or traumatic experiences. It is extremely important for caregivers to observe the children in their care for behavioral symptoms that might be related to trauma. When children do not have the words to explain feelings, they may attempt to communicate by behaving in ways that may seem strange or abnormal to adults. It is vital for caregivers to understand that a child's unusual behavior may be a normal response to a very abnormal or stressful situation. The following responses to stress or trauma could be observed during various stages of development:

- Even before birth during the third trimester, consistent violence can affect the infant through the mother. Infants born to stressed mothers had a higher heart beat and difficulty with regulation and soothing.
- Infants are sensitive to caregivers' emotional state and behavior. Infants read the facial expression of the caregiver and respond to stress with increased crying, over stimulation, and/or apathy.
- Infants and toddlers exposed to trauma may avoid eye contact, smile less, lack directed vocalizations (won't engage with others when babbling), or maintain frozen watchfulness (as if they are waiting for something to happen).
- Witnessing family members being hurt is especially stressful to toddlers who are struggling with developmental concerns regarding safety, competency, and body integrity.
- Trauma can result in impairment of ability to play. Play offers the opportunity for self-discovery, mastery, and problem-solving.
- Exposure to trauma can disrupt the child's ability to achieve what is called "narrative coherence," for example, be able to tell a story about their day with a beginning, middle, and end.

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- School age children exhibit increased anxiety, depression, guilt, hypervigilance, loss of interest and return of old fears.
  - The experience of trauma sometimes impairs ability to regulate emotions, and may be seen in a school-age child having difficulty expressing feelings.
  - Trauma experience can disrupt the brain's function of using visual information to assist in language development.
  - Adolescents affected by trauma can have difficulties with acting out, identity, eating, suicidality, substance abuse, hypersexuality, delinquency, and truancy.
  - Children who have experienced trauma tend to experience an accelerated thrust toward self-sufficiency and engage in activities beyond their developmental capacity.
  - Exposure to trauma heightens the need to identify with a peer group and use it for a sense of safety.

## **COPING WITH CHILDREN'S COMMON REACTIONS TO PLACEMENT**

After a child is placed in foster care, the question is not *whether* he or she will react to placement, but *how* and *when* the child will react. Here are some general comments on normal reactions.

All children in foster care will have some angry and sad feelings due to past experiences, or low self-esteem and will be in the process of grieving at being separated from their families. These feelings may come out in behaviors directed at you simply because you are there. Don't take misbehavior personally. It is important to remember that any child placed in any foster home is:

- dealing with feelings about having been a victim of abuse or neglect;
- working through the separation from family or other foster family;
- coping with the separation from friends, relatives, neighbors, and, sometimes, a neighborhood community;
- adjusting to a new foster family;
- having concerns about going to a new school; and
- worrying about making new friends.

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Putting yourself in the child's shoes can help you understand when a little extra attention and support might be just what is needed to help the child adjust. How would you react to being separated from all of your natural supports—home, job, family and friends—overnight? Your feelings of sadness, nervousness about your new living arrangement, uncertainty about new roommates, stress related to moving your belongings, and apprehension about a new job are much the same as what a foster child feels moving into a new foster family.

Many children have a relatively mild reaction to their new placement. They may be shy and withdrawn, or slow to warm-up to your kindness and help. Or, they may react by being overly friendly and compliant. There may be occasional verbal outbursts in response to frustration, and they may resist going to school or taking part in activities. But, this child will typically respond to your consistent parenting skills, caring attitude, support and understanding. Other children, especially children who have experienced previous foster care placements, are more likely to show their reaction to being placed in foster care with behaviors that will test your patience and parenting abilities. Based on past experiences, these children may enter your home with an expectation that this placement may not work either and that they may fail. They may also anticipate that sooner or later you will reject and get rid of them. When you respond to their behavior with kindness and understanding, they may test you by pushing limits and creating situations which are intended to make you act in a way which they expect, based on their past experiences.

### **Typical Patterns of Behavior at Placement**

Behaviors at placement can follow two typical patterns. For instance, the child may start off with problematic behavior and, generally, after a fairly short period of time, the caregivers will see both the *frequency* and *intensity* of the behavior starting to decline.

As a second pattern, the child is withdrawn at first, and then begins to act out after a few days, so his or her behavior actually gets worse. Younger children may have emotional outbursts, run around like a hurricane, or be withdrawn or crying in a corner. The older child may be more subtle or more angry and may be focused on intentionally trying to destroy something or aggravate someone.

Not understanding why they are separated from their family, experiencing a feeling of loss or loss of control in their lives, or just being afraid and reacting angrily can create either of these patterns or other problematic behavior at placement. Many of these children will eventually respond to your patient and consistent parenting and adjust to being placed with your family. It just might take a little longer.

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## Tips To Help Decode a Child's Behavior

### **Understand Normal Behavioral Development**

Even experienced parents often forget the normal social, emotional and behavioral patterns of children at different ages. Pages 28-43 of this handbook section provide a quick reference.

### **Uncover the Child's History**

Talk to the child's caseworker about the child's behavior. Ask about the child's previous history before coming to your family. Understanding where a child came from and his or her previous reactions and behavior in that environment can provide clues about the current behavior.

### **Look At Your Home Environment**

A safe, nurturing, and *predictable* home environment is what every child needs. This type of home environment will go a long way to help any child overcome fear, anxiety, loss, grief and other emotional trauma. *Predictability* will also help the child who neurologically cannot predict, or whose previous environment was not predictable, understand the "cause and effect" of his or her behavior — "when I do this, I can expect that to happen."

### **Understand Your Reactions to Problem Behavior**

We all have a tendency to think a child's misbehavior in our presence is directed at us. We take it personally. Then we get angry. . .and then we get locked into an emotional power struggle which frustrates everyone involved. Many children in foster care often act out angrily because, in their previous environment, acting out angrily is the only thing that got a *consistent* response. When they were being good and fairly well-behaved, they were being ignored. Once any caregiver realizes that the child is not personally out to make them angry — it's just the child's attempt to create some "cause and effect" — the caregiver can stop reacting emotionally.

Not taking it personally allows the caregiver to be a good observer of what triggers the child's behavior and allows him or her to work with the child objectively. Think about your own history and try to identify circumstances and specific behaviors that serve as triggers for your anger. Acknowledge that the child may act out in a specific way because he or she knows what response it will elicit from you. Taking a moment to separate feelings about matters unrelated to the child's behavior will make it easier to observe and learn from the child's reaction.

### **Identify What "Triggers" Problem Behavior**

There is always a reason for problem behavior. Usually the reasons can be identified by a good observer. When a child displays problem behavior, think about what was happening before the behavior took place. Look for a pattern. For example, you may see a pattern of destructive behavior following visits or a phone call from the child's relatives. Or, your child may always react to going to school or to bed. Sometimes, the "triggers" occur just before the bad behavior

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happens. Other times, the “trigger” may be more remote, like the day or week before. Being a good observer can help you make a good guess about the “trigger” to the bad behavior.

### **Bring Trigger Events to Your Child’s Attention — Listen to Every Explanation**

Remember: not every “trigger” to behavior is readily observable. For example, a child may be emotional after hearing a song on the radio that evokes a memory. This type of “trigger” is very difficult to spot and usually can only be identified when the child talks about it. After the event, ask the child about what “triggered” the behavior. Questions like, “What were you thinking right before you got angry?” may allow the child to connect his or her feelings with the behavior and give you helpful information. After a behavioral outburst, when things are calm, discuss the behavior with the child. Point out your observation about what “triggered” the bad behavior and ask him or her to share in finding a solution. Example: “I’ve noticed that when I say to you that it’s bedtime, you usually seem to have a hard time. Is there anything we can do together to help you when it’s time for bed?”

By bringing these observations to the child’s attention, you are helping the child understand the cause and effect of his own behavior. You are also showing your desire to help. By asking the child why bedtime is difficult, you are getting information which will help solve the problem. In this example, it could be as simple as the child being afraid of the dark, with a night-light being a solution to the problem.

### **Try Not to Label a Child’s Behavior**

It is easy to slip into the habit of using labels to describe a child. For example, you may think a child is “depressed” and communicate that to a therapist. “Depressed” has different meanings to different people. If you can observe behavior, and describe it to the intervention team or therapist, it is more helpful. Example: “Darryl seems withdrawn and overly shy. He stays in his room for most of the day and doesn’t have a good appetite. He acts sad and doesn’t want to play with other kids.” will be more helpful than saying “Darryl is depressed.”

### **Log Behavior to Help Pinpoint the Problem**

Keeping a log of your observations of a child’s behavior can help identify what triggers the problem. Record the circumstances under which your child’s problem behavior occurs over time. Your behavioral log will help you and any therapist or counselor more quickly separate “common” behavior associated with the trauma of abuse, neglect and foster care from behavior related to severe emotional disturbance.

A log is also helpful in measuring progress. If a child starts by acting out 15 times a day, and through logging events you see that the behavior has dropped to five times a day, you are clearly making good progress. This specific information is also much more helpful to a therapist instead of commenting, “He does this all day long!”

# PROTECTING AND NURTURING CHILDREN

Normally, the bonding between mother and child, and the child's attachment, love, and commitment to the entire family provides a nurturing environment for healthy development. **Attachment** is defined as *an affectionate and emotional tie between two people that continues indefinitely over time, even if distances separate people.* Children learn their family's language and vocabulary, preferences in food, feelings about other people, and ways of handling problems. Their identity is forged in their families. Feeling protected and nurtured allows children to push forward and explore new things, feeling firmly secure and connected to their family foundation.

## Supporting Children New to Foster Care

Children lose their personal foundation for growth and development, however shaky, when the bond with mother and attachment to family is broken by foster care.

**Myth:** Children coming into foster care feel relieved and, perhaps, grateful to be leaving an abusive or neglectful family situation.

**Fact:** Most children remain very attached to siblings, extended family, and even parents who have abused or neglected them. Children may feel protective of their birth families, as well as guilty and/or disloyal about living in the foster home.

Children in care often see their family's behavior as normal. Even children who know their family may live differently than other families, often find their family's behavior reassuring because it is dependable. Leaving a dependable situation and the only family you have ever known, while receiving the message that your family is "bad," may seem like a much worse trade-off to a child than enduring abuse or neglect. The child may also be left questioning his or her own adequacy and worth in being part of a family with problems.

How much a child's life is impacted by separation from family depends on:

- the age when they entered foster care;
- the types and number of losses and separations they have experienced;
- their personal capacity to cope with the situation; and
- help and support they receive at the time.

*Foster caregivers have the right to know specific information about children and their families. See Section 8, page 20 for a list.*

Getting all available information about a child new to your home is very important to understanding her feelings, helping the child adjust to your family and getting the services needed.

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## **Stages of Grief Impact Children's Behavior**

Losing a family member or best friend is a serious loss to anyone. Even losing a small thing, like keys, can lead to feelings of self-doubt and anger. Children in foster care often have experienced multiple serious losses. They did not ever expect to be separated from parents, brothers and sisters, extended family, friends, pets, schools, or neighborhoods. Some children have lost their health and an opportunity for normal growth, development, and a normal education due to past abuse or neglect. Children, like adults, react to losses by expressing their feelings through behavior that is very similar to the human grieving process.

### **Stage 1     Shock and Denial**

**"I don't believe this could have happened to me!"**

When a child is first placed with your family, he or she may be very eager to please, be cooperative, and be generally enjoyable to be around. Experienced foster families recognize these symptoms of shock and denial as the "honeymoon" stage. Enjoy this time and realize that the child's true self and feelings have not likely emerged. Other children in shock and denial may have difficulty eating or sleeping or revert to behavior of a much younger child, such as wetting the bed or sucking fingers.

### **Stage 2     Bargaining**

**"If I could just go home and be a better son,  
I know everything would be OK!"**

Children in this stage will do everything he or she can think of to get back home. Many children think that if they are "good," then they can go home. They may also decide to be "bad" so the foster family will not want them and will send them home. Or, their bargaining may be somewhere in the middle. For example, a child may ask if he can go home if he goes to school and makes good grades.

### **Stage 3     Anger**

**"Why did this happen to me and my family?  
Someone doesn't understand and is picking on us!  
I hate these people. Help! Let me out of here!"**

When bargaining does not appear to work, anger sets in. Most children have trouble expressing their feelings, so they simply act them out. A child may come to you in the anger stage. She may break things, attempt to run away, refuse to wash or brush teeth, or find ways to hurt herself. The anger stage is often the most difficult stage for foster families because it is difficult to cope with the behavior, understand what the child is feeling, and feel adequate in being able to support the child. Anger is the stage in which many caregivers give up and request the removal of the child. When this happens, the child is likely to be even angrier with the next foster family.

**Stage 4      Despair**

"Now what will I do?  
How will I get home?  
I'll never find them!"

Eventually, reality sinks in. Sometimes the child gives up fighting and his or her behavior changes dramatically to depression. This stage can be dangerous, as the depressed child may also be self-destructive. Watch for symptoms of depression: loss of appetite or sleep, being withdrawn or listless, or trying dangerous or risky behaviors without thought of personal consequences. For example, becoming sexually promiscuous, using drugs, attempting suicide, and self-harm are all examples of a child in this stage. Younger children may seem to express *no fear* of doing unusually dangerous acts for someone of that age.

**Stage 5      Managing Loss: Understanding and Coping**

"It looks as if there is nothing that I can do.  
My mom really needs to clean up her act.  
Being here is better than being scared all the time.  
My foster family seems willing to help.  
I guess I should try to get along here for now."

At this stage, children begin to form new friendships, especially with adults. They may accept the caregiver's role and begin to enjoy their new teacher or being part of the school band. They will be able to move into new situations more easily and will act less frustrated. Clues from children transitioning into this stage may range from talking about the foster family auto as "our car" to calling an unrelated child living in the home "my brother."

Each person works through the grief process at his or her own rate. It may take days, weeks or even years depending on the number of losses experienced, the seriousness of each loss, and whether or not the person has ever learned to deal with loss in the past. Children in foster care often move from one stage of grief and then back, or even appear to display the despair and anger stages of grief at the same time.

Understanding that the child is grieving, and then trying to determine the child's stage of grief can help you and your family to better understand what he is feeling and why his behavior might vary and seem unpredictable.

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## **SEPARATING “PROBLEM” BEHAVIOR FROM EMOTIONAL DISTURBANCE**

Sometimes the traumas suffered by children, coupled with the emotional adjustment to foster care, make it difficult to exactly define when normal behavior crosses the line to emotional/behavioral disturbance or mental illness.

One way to think about the signs of emotional or behavioral disturbance is to think of a child’s reaction that *lasts too long, is exaggerated, or is consistently inappropriate for the situation or stage of the child’s development.*

Examples of separating behavior from emotional or behavioral disturbances:

- it is appropriate to get angry when someone calls you a name, but plotting to seriously hurt someone because of an insult is not;
- it is not unusual for 2-year-olds to throw themselves on the floor in a temper tantrum, but it would be unusual for teenagers to behave in the same way;
- it is normal to panic and flee from a fire, but not from a working elevator;
- it is appropriate to cry at a funeral, but not to break out crying at school every day for six months;
- it is not unusual for us to talk to ourselves on occasion, but it is unusual for us to hear voices talking to us...and especially to act on the direction of those voices; and
- it is usual for babies to wet the bed but not for adolescents, unless there is a medical problem.

### **When to Ask for Help**

#### **Prior to Placement**

A Mental Health Screening for *every child over 5* is included in the Comprehensive Health Evaluation, which is required during the first 21 days in foster care. A “Developmental Screening” is done for every child under 5 years of age. The results of this evaluation should be in the child’s case file. Asking for information about a child’s behavior is important in matching your family’s skills and time to the child’s personal needs and need for behavioral services. If you accept a child with a history of receiving behavioral health services prior to placement in your home, consult with the caseworker to make sure you know exactly what services he is receiving now and what to do if you or the child needs further help.

Also consider seeking additional training. Several classes are offered in the classroom setting or in digital format to help caregivers increase their skills for taking care of children impacted by trauma or with developmental concerns.

## **When Nothing You Try Works**

With some children, nothing seems to work. This is not an indication of failure as either a parent or a foster caregiver. The child will persistently “test” your family, the rules of the house, and your patience. Ask yourself, “Is this behavior something I’ve seen before?” and, “Do I feel comfortable managing this behavior on my own?” If the answer is “no,” you should immediately ask the caseworker for services for the child and consultation for yourself. Every child is different. **Caregivers should never be afraid to ask for help if the child’s behavior is unusual or something they have never seen before.** Getting help for the child before a crisis develops will help everyone succeed.

## **Helping Children Move Forward**

*Self-esteem is our feeling of self-worth — the picture of ourselves we carry in our heads.* Children in foster care, and even children who have been adopted, may have very low self-esteem. They have been hurt physically and emotionally by abuse or neglect and not being able to be with their family. Children in care often feel worthless and powerless. Parents and other adults, in general, may seem unreliable, unresponsive and rejecting. The child may lack information about why he has been separated from his family. When a person lacks information, it is very difficult to feel worthwhile and competent and act responsibly. Without understanding “why,” it is difficult to know who to trust or who to blame. Children who have been in multiple placements may be confused, angry and insecure. Or, they may experience developmental delays due to abuse, neglect, or being separated from significant others. Temporary delays can cause frustration at lack of success or satisfaction related to accomplishing physical, emotional, social and intellectual tasks. For example, a dip in schoolwork causing a child to repeat a grade can add to the child’s low self-esteem.

Low-self esteem affects a child’s behavior. Closely observing your child’s behavior can give you clues to his level of self-esteem. One of the first ways to build a child’s self-esteem is to work at developing healthy communication. As self-esteem improves, the child’s ability to control his behavior also improves.

Although observed difficulties should be reported to the assigned child welfare professional as soon as possible, the immediate response of the caregiver is also an essential part of the child’s recovery process. There are many things that a caregiver can do to help the children in their care to manage and eventually overcome many of the behavioral or emotional symptoms related to trauma.

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## HEALTHY COMMUNICATION

Are you an adult who thinks that the main purpose of communication is to get information to your children? Communicating is not telling children to eat their green beans and reminding them to not talk to strangers. That is sending information *one-way* about diet and safety. Communication is a *two-way* bridge connecting you and your child's feelings. Healthy communication does more — it builds a strong relationship between you and your child, enabling your child to develop a healthy concept and good relationship with you and others.

Building healthy communication helps a child:

- feel secure, cared for and loved;
- believe he matters and is important to you;
- feel safe and not alone with his worries; and
- learn to tell you what he or she feels and needs directly in words, instead of behavior.

**Be Available.** Children need to feel that their parents are available to them. This means being able to spend time with your child. When does your child really want to talk to you? After school? Before bed? In the car when it is just you and the child? Children rarely talk about feelings on command. Parents need to be available when children want to talk.

**Show Empathy.** Tune in to how your child is feeling, even if you don't agree with him. Empathy is about appreciating feelings — not about who is right or wrong.

**Be a Good Listener.** Even when you can't do anything to fix a problem, being a good listener makes your child feel loved. Ask your child for his or her ideas and feelings before talking about yours. Try to understand exactly what he or she is saying to you. What your child is trying to say is important, even if it doesn't seem important to you. You don't have to agree to be a good listener. When you listen first, the child can calm down and be ready to listen to you later.

**Listen First — Then, Be a Good Sender.** If a child feels heard first, she will be more receptive to listening to you. Make sure that your tone of voice, body language and words all send the same message. For example, if you say "NO!" and laugh, the child will be confused about what you really want. Use *words* to communicate directions about what you want a child to do. Use *feeling words* when you praise behavior and the word "you." For example, "You really did a good job taking that phone message from the doctor's office. I would have forgotten your sister's appointment day and time if you hadn't taken such a complete message."

Self-esteem affects a child's self-concept and motivates behavior. Healthy communication will help you understand the feelings driving your child's behavior and will also build your child's self-esteem and confidence in you.

**Be a Good Role Model. Children will copy your way of communicating.** Young children learn better from copying what adults do than by being told. If you use many feeling words, it will help your child learn to use feeling words to express himself. When adults use feeling words instead of screaming, doing something hurtful, or calling someone a name, children learn that using feeling words is a better way to deal with strong feelings. Saying feelings, rather than acting on them, helps children control themselves.

### **Essential Messages: Tips for Talking With Infants, Toddlers, and Preschoolers**

**Children need to know that there will always be someone there to take care of them.**

*What you can say:*

"Scary things have happened to you, but you are safe now. You are with me and I will take care of you."

**Children miss their parents, even if their parents have been abusive or neglectful.**

*What you can say:*

"I know you miss your mom and dad. They broke some rules when they [hit you, or left you alone or a simple phrase that describes the child's experience]. There are grown-ups who are helping them learn to follow the rules so you can be safe with them. Right now, you are with me, and I will take care of you."

**Children need to know that it is not their fault they were taken away.**

*What you can say:*

"You didn't do anything wrong. You didn't deserve to be hit. She is trying her best to learn how to [not hit/take care of children] so you can be safe with her. Right now, you are with me, and I will take care of you."

**Children need to know that their parents love them and want to take care of them.**

*What you can say:*

"Your mom and dad love you very much, but they have problems and sometimes they don't know what a little boy or girl needs to be safe and healthy. People are helping them learn how to take care of you, and grown-ups are helping them get better. Right now, you are with me, and I will take care of you."

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### Other things you can do:

- remember that even babies who cannot speak understand much more than they can say. They are listening to you. Talk to them in simple words. Explain, as best you can, what is happening;
- set limits, explain them, and enforce them. It is comforting for children to have structure;
- let little children stay near you as much as possible. Little children who seem clingy are communicating a need for closeness. It is comforting for children to be close to adults. Once they feel more secure, they will be able to explore more on their own;
- have special songs, prayers, or stories that you share. It is comforting for children to have rituals;
- always tell children the truth. If you don't know what is going to happen, be honest about that, but reassure them that there will always be someone to take care of them; and
- help children develop a sense of self by helping them build the stories of their lives. There are several ways to do this with little children:
  - build picture books that show pictures of the houses where they've lived and the people who cared for them. It would be good if the book could include a description of a small ritual or other comforting custom that occurred in each home so that the child can have a sense of really having been cared about and cared for in that home;
  - if you can't build a book, tell children the story of the places they've lived and the people who have cared for them and loved them; and
  - make sure that children have comforting objects (including special toys or blankets and their life story books) that can go with them from home to home.

### Books you can use:

1. Laura McAndrew, Little Flower. (Suitable for any child old enough to sit still and listen to a story).
2. Jennifer Wilgocki and Marcia Kahn Wright, Maybe Days: A Book for Children in Foster Care. Magination Press. (Children 4 – 10)
3. Geraldine and Paul Blomquist, Zachary's New Home: A Story for Foster and Adopted Children. Magination Press (Children 3 – 8)
4. Janice Levy, Finding the Right Spot: When Kids Can't Live With Their Parents. Magination Press (children 6 – 10).
5. Jill Krementz, How it Feels to be Adopted. (Children ages 10 – 15).
6. Katherine Paterson, The Great Gilly Hopkins. (Children ages 9 – 15).

The DCFS Lending Library also has resources that caregivers can borrow. Visit the DCFS Virtual Training Center website at [www.DCFSTraining.org](http://www.DCFSTraining.org) or call the DCFS Office of Training at 877-800-3393 during regular business hours.

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## Tips for Talking to School-Age Children and Adolescents

The same communication rules apply to older children and adolescents as apply to young children, but the language, style of conversation, and the approaches shift according to the child's developmental (not necessarily chronological) age.

### **Essential messages:**

#### **What Happened**

Children need to hear a clear message about the neglect, abuse, and violence that led to placement in words that are honest but not too frightening. The words need to be adapted to the developmental age of the child.

#### **Placement is Never a Child's Fault**

It is very common for children to blame themselves for what happened to them and what happened to their family. Validate the child's response to trauma as a normal reaction to what happened. It sometimes helps to have children think about how old or how big they were when the trauma took place that led to placement and that they were too young or too small to really make a difference. Begin to gently help the child understand that while they may want to believe that they could have prevented the trauma or saved their mother, father, siblings, etc., even the grown-ups in their family weren't able to do this.

#### **Help for Parents**

Children need to hear how their parents are being helped to do whatever is necessary to reunite and provide the safety, nurturance, and guidance all children need. If parents are missing, children need to hear how service providers are working to search for them and help them once they are found.

#### **Involvement in Service Planning**

Older children can participate in information gathering and the service planning process. They need clear messages about progress, or how parents or guardians are being helped, what they are doing, the back-up/concurrent plan if parents or guardians can't or won't do what's necessary, time frames, and what children need to be doing day-to-day and in the next few weeks.

#### **Time Frames**

Older children need to hear a clear message of the time frame for working to make their families better, including the timelines dictated by child welfare policy related to the search for permanency.

#### **Capacity for Change**

Older children are busy trying to figure out who they are and how they fit in the world. They need to understand that their experience with trauma, especially chronic, early trauma that takes place within the context of their family, does not mean that they will grow up to be "just like" those who have hurt them or their family. For example: Just because a child was hit doesn't mean that he or she will hit their own children.

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## **MESSAGES AND STRATEGIES FOR DEALING WITH CHALLENGING BEHAVIOR**

### **Frightening or Threatening Behavior**

When children hurt themselves or someone else, they must be stopped. But it is not enough to tell them that the behavior is “not acceptable” or “not appropriate.” Again, children need words to help them understand their experience. Children who are threatening need to be told the following messages in simple words:

1. it is not safe for you to hit. It hurts people. It is my job to keep you safe, and I’m not going to let you hurt me or yourself or anyone else;
2. someone hit you (or you have seen people hit), but that was wrong. Hitting isn’t the way to solve problems. It hurts and makes people angry and afraid;
3. you didn’t deserve to be hit. No one deserves to be hit, no matter what they do; and
4. it is okay for you to be upset or angry. You can come to me. I will help you. But you need to find some way to tell me that you are upset and angry that doesn’t hurt. You need to use your words or draw a picture or show me how you are feeling with dolls or puppets.

### **Hitting and Biting in Young Children**

Avoid encouraging children to hit an object as a substitute for hitting a person. The very act of hitting the object can make them more angry, more aroused, and more difficult to calm down.

With very young children who bite, substituting a teething ring or other object can be useful. Say to the child, “You can’t bite (yourself, or me, or your brother). Biting hurts. If you need to bite, bite this.

Use a game with puppets to help children problem-solve about hitting or biting. Have the puppet come to the child and say that it has a problem – it hits, or it bites, and it is getting into trouble all the time. The puppet can ask the child for ideas about how to stop. This strategy distances the problem from the child a little bit, and lets the child think through ways to stop hitting.

## **DISCIPLINE AND SELF-ESTEEM**

When we feel competent and good about ourselves, it is much easier to be self-disciplined. Discipline is a learning experience that teaches children how to discipline themselves by controlling their behavior.

Discipline teaches children:

- rules of the family and society;
- how to get their needs met without hurting themselves, others or property;
- how to get along with other children and adults;
- how to feel good about themselves; and
- how to feel good about the person disciplining them.

Punishment is not discipline. Punishment means “to pay for.” Punishment includes spanking, ridiculing the child, threatening, grounding, isolating and removing privileges. Punishment does not give the child the chance to be in control. Adults are in control when they hand out punishment.

Discipline sends a lasting lesson to a child that includes responsibility, respect and fairness. Punishment may be part of discipline, but is never the main ingredient.

### **Disciplining Children in Foster Care**

No parents were born knowing how to effectively discipline children. Most use the techniques used by their parents. If their parents used spanking, they are likely to include spanking as a punishment for their children. This won't work and *is not allowed* in disciplining children in foster care, per DCFS Licensing Standards. Often, new foster caregivers struggle with using different punishments for their children by birth and children in care and become frustrated with the extremely challenging behavior of children in foster care.

Children may be reacting to placement or stages of grief in losing their family and life as they knew it, or they may have experienced little or no discipline, harsh punishments or multiple caregivers with different expectations. Spanking and corporal punishment are not allowed because they send the wrong message to children who already suffer from low self-esteem and powerlessness due to abuse and/or neglect.

Learning other discipline techniques and when to use them is crucial to any caregiver's success. Effective discipline training is available from DCFS and agencies. Your local school district may also offer classes for parents. Even experienced caregivers need new ideas when challenged by new children. Remember: If it doesn't work – get new ideas – get help – BEFORE it becomes a crisis! Professional help *is available* in assessing what the child needs. Talk to the child's caseworker.

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## **Threatening Behaviors from Older Children and Adolescents**

Older children need to hear the same messages about threatening behavior as just described. Caregivers must:

- take a gentle but firm stance emphasizing that the foster home does not allow violence by anyone, towards anyone, verbal or physical;
- let children and adolescents know that while you understand that unfortunately they were in situations where people's arguments became physical, you will be taking steps to make sure that everyone is safe;
- label and validate children's and adolescent's emotions after their behavior has been out of control;
- use a direct, honest, and calm approach, using humor when appropriate, and language that's "real" and not condescending or "too young." At the same time remember that a teen in foster care may emotionally be much younger than their years; and
- when things are calmer, be sure to point out any positive behaviors, anything that went well and/or validate their emotions or needs. Positive behavior might include NOT doing something like not hitting after they cursed someone out.

### **Messages and Strategies for Helping Children Feel More in Control**

Children's behavior will improve when they feel more in control. The best ways for caregivers to help children feel more in control are:

- have predictable routines and rituals that the child can depend on;
- work with teachers or others in the child's life to establish similar kinds of expectations and consequences across environments;
- explain things to the child. Let him know what will be happening throughout the day. This will make the world feel more predictable to him and, therefore, more controllable;
- let the child make developmentally appropriate choices. For very young children, such choices may be limited to what shirt to wear or which breakfast cereal to eat. Older children can be allowed to choose when during the day they will do certain chores, or even what chores they will be expected to do. Adolescents who have been responsible may be given choices in what time their curfew will be;

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- make the rules of your house very clear, and enforce them calmly and consistently;
  - praise children for things that they do well. Make sure that in your praise, you include a description of exactly what the child did that you liked. Praising good behavior is the best way to achieve behavioral change. It is much more effective than punishing bad behavior;
  - don't make promises you can't keep;
  - prepare children for important occasions such as visits with a parent or major changes in routine. Let them know what will be happening. Talk together about what the child is looking forward to, and what she or he may be worried about;
  - if parents don't follow through with visits, comfort the child. Empathize with the child's feelings. Don't condemn the parent. Just understand the child's frustration and pain, and reassure the child that it is not his fault that the parent didn't visit;
  - help children anticipate that there will be problems between you, and that you understand that problems are a normal part of life and that they can be solved;
  - be steadfast. Understand that you will have to do all of these things over and over again;
  - use self monitoring techniques. Teach children to rate their personal stress and self control on Self Monitoring Thermometers or other scales;
  - have some fun. Use games to make skill development enjoyable. Practice day to day self control. Activities like taking turns, tolerating frustration, or losing the game with grace offer opportunities for learning and practice; and
  - remember that practice is crucial for learning new behaviors, especially practice geared to reminders that trigger traumatic responses.

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## **TIPS TO NURTURE CHILDREN - FROM EXPERIENCED FOSTER CAREGIVERS**

- Every day, point out something your child does well. Genuine praise helps a child feel good about himself and tells him or her you care enough to notice.
- Explain “house rules” to all children as they come into your home, including why people and things work the way they do. If you can’t explain a rule, ask yourself why you really need it.
- Demonstrate appropriate behavior and have other children help you. Actions speak louder than words.
- Plan time alone for positive attention with every child. Remember: The oldest needs just as much one-on-one time as the youngest. Realistically, limit the number of children in your family to ensure quality, not quantity, parenting according to your time and energy.
- Anticipate problems and discuss consequences before problems come up. Get the child’s history from the caseworker and strategize the “If this happens, then we’ll do this. . .” together.
- Talk to the child in words and terms appropriate for his age or developmental level.
- Respond to the child’s feelings and your feelings first — then to the behavior. For example, a child crying hysterically needs you to respond to her feelings. After she calms down, you both can talk about her behavior in the grocery store when she had angry tears.
- Try to recognize when you are upset or stressed about something else. Respond, don’t react, to the child’s behavior. His behavior may be a reflection of your mood or lack of attention.
- Give the child a chance to learn from his mistakes. Unless it is dangerous or too costly, let the child learn the consequences of his or her actions.
- Be realistic with your expectations. Give yourself and the child time to change. Keep a behavioral log. If the child was throwing temper tantrums every day and now it’s down to twice a week — that’s progress.
- Let your child know when he or she controls behavior well. Reinforce — reinforce — reinforce!

## TRAINING RESOURCES FOR CAREGIVERS

### **Virtual Training Center (VTC)**

The VTC is the new training system for the child welfare community. The VTC is available either through the Internet or the DCFS internal D-Net. It houses the most up-to-date class schedules, registration information, transcripts, training announcements, and resources. The VTC offers caregivers several benefits:

- 24 hour availability: the VTC can be accessed from either a work or home computer using a secure personal logon and password, 24 hours a day, every day;
- user friendliness – easily search for training events by date or by course name; and
- instant access to records – view and print your own transcript anytime.

Visit the on-line Virtual Training Center (VTC) anytime at [www.DCFStraining.org](http://www.DCFStraining.org) or call 877-800-3393 during regular business hours.

### **Adoption/Guardianship Conversion Course**

Licensed foster parents who are adopting a child already placed with them in foster care can take a nine-hour training to answer questions and concerns during the transition to adoption. Participants have to be referred to this training by either their licensing or adoption worker.

### **Adopt Only Training**

Families that do not foster and are only interested in adopting a child under DCFS care who is legally free or adopting a child through an adoption agency must complete nine-hours of adoption training arranged by the adoption agency. One additional hour of training related to the needs of the specific child must also be completed through the adoption agency.

### **Prospective Foster Parent Training**

Persons interested in becoming licensed foster parents must complete the 27-hour PRIDE Pre-Service Foster Parent Training. To attend this training, the prospective foster parent(s) must be referred by the agency or DCFS licensing worker. These classes are offered regularly throughout the state.

Related caregivers must complete the 6-hour Related Caregiver PRIDE Pre-Service Training as part of the licensing process to foster children related to them. This training is offered in classroom or DVD training and requires the referral of the licensing worker. If a related caregiver desires to provide foster care to unrelated children, they must be referred to and complete the 27 hours of PRIDE Pre-Service Foster Parent Training.

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## **In-Service Training for Licensed Foster and Adoptive Caregivers**

Foster and adoptive caregivers who already have a license can self-enroll for any of the Foster PRIDE classes listed below by registering through the Virtual Training Center or calling the Registration Line at 877-800-3393. There are other in-service classes and courses, so check the VTC for availability.

### **PRIDE Modules**

1. Foundation for Meeting the Developmental Needs of Children at Risk (12 hours)
2. Using Discipline to Protect, Nurture and Meet Developmental Needs (9 hours)
3. Addressing Developmental Issues Related to Sexuality (3 hours)
4. Responding to the Signs and Symptoms of Sexual Abuse (6 hours)
5. Supporting Relationships Between Children and Their Families (9 hours)
6. Working As A Professional Team Member (9 hours)
7. Promoting Children's Personal and Cultural Identity (6 hours)
8. Promoting Permanency Outcomes (9 hours)
9. Managing the Impact of Placement on Your Family (6 hours)
10. Understanding the Effects of Chemical Dependency on Children and Families (15 hours)
12. Understanding and Promoting Pre-Teen and Teen Development (6 hours)

### **PRIDE Online: Computer-based Training for Licensed Caregivers**

In addition to the classroom courses, the PRIDE In-service modules have been revamped and are available for online training. Foster caregivers and adoptive or guardianship parents who already hold a foster care license can take the web-based versions of PRIDE On-line modules. The on-line courses offer convenience and flexibility, since they are available 24/7 via a computer or mobile device that can access the Internet. Caregivers can still get training credit hours toward licensing when they complete the course. PRIDE Online is also an easy way to get a refresher of a specific topic or to make up a missed classroom session.

To access the PRIDE Online courses caregivers must have an account on the Virtual Training Center. After completing the log-in there will be instructions for the first-time set up for PRIDE Online. Call the Registration Unit at 877-800-3393 with questions.

The PRIDE Inservice Modules are also available on CD for users want to do the coursework on a computer without accessing the Internet. This version of Digital

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PRIDE doesn't have the newest features, but does cover the same material. To borrow the CDs for a module, contact the licensing worker or call the DCFS Registration Unit at 877-800-3393.

### **PRIDE Digital Curriculum – At Home Training Using a Computer**

Caregivers may contact the DCFS Registration Unit to request any of Modules 1 through 9 to complete at home. Caregivers need a computer with a CD drive, speakers and a printer. Instructions are included with the CD, which is mailed to the home.

### **Transracial Parenting Training**

Licensed foster and adoptive parents can register for the nine-hour Transracial Parenting course, developed for parents who have or may consider adopting or fostering a child of another race, culture or ethnicity. Additionally, Effective Black Parenting is 45-credit-hour course that is offered over 15 weeks. It covers the many complex cultural considerations specific to parenting Black children.

### **Educational Advocacy Training**

It is **mandatory** for one caregiver in each family to attend this training in order to be licensed or re-licensed. This six-hour training covers information foster and adoptive parents need to know so that they can advocate for their foster or adopted children's educational rights and needs.

### **Reunification Training**

Licensed caregivers gain greater understanding of the purpose of the child's connections to the birth family and learn skills to help facilitate reunification with the child's family.

### **Child Trauma Training for Caregivers**

Provides information to help caregivers understand, recognize and respond appropriately to behaviors related to child trauma.

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## USING A LIFE Book CAN ANSWER THE PAST AND PRESERVE THE PRESENT

The “*life book*” is an account of a child’s life in words and pictures, similar to a “scrapbook,” but more therapeutic. Starting a life book for a child new to foster care, or continuing a life book started by another caregiver, can help a child cope with feelings of grief, loss and separation from family and his former life. The child’s lifebook should be his to keep if he leaves your home. Classes on life books are available online and in the classroom. Check with your licensing worker or the DCFS Office of Training.

### Rebuilding the Past

“Who am I? Where did I come from? What was my first word? What did I look like in kindergarten?” are questions every child asks. For caregivers, answering these questions may not be easy. Working with the child to record past life history in a life book gives her the opportunity to tell you about her family and you a chance to record what she says. This insight to the child’s feelings can be very helpful in understanding her current behavior.

If parents, grandparents or other relatives are available, talk to the caseworker about gathering information and items for the child’s life book related to his past, including: earlier photos, information about his birth (weight, length, day of the week, etc.), photos of his parents, siblings and extended family, first words, age when he took his first step and other developmental milestones. Your notes and gathering of important items and people together in one place may reassure your child that he will not “forget” his family and former life while he is in foster care.

### Recording the Present

Do not forget to save the present, while you, the foster child and the caseworker are recapturing the past. Ask the child what he wants to save in the life book. Then, make sure you save additional things you know will be important to him later in life. Anything that records events in a child’s life can be kept in a life book. Categories of information and items commonly kept in life books follow.

<b>Help the Child Remember. . .</b>	<b>Examples</b>
developmental milestones	first tooth; first step, riding a bicycle, braces
injuries, illnesses, or hospitalizations	broken arm, copies of immunizations, photo at hospital
special occasions: birthdays, graduations, vacations, award ceremonies, holidays, including visits with family	records of who was present, photos, invitation or announcement
favorites: toys, pets, friends, neighbors	anecdotes about happenings, photos, including year
current and former caregivers	photo, names and information used with the family’s consent
special activities: scouts, plays ,volunteer work, clubs, camping, Sunday school or church	Girl Scout camp photos, program from a play

— Make sure to date and write a sentence or two about each item in the life book. —

## FAMILY VISITING

Planning and making successful family visits happen are difficult teamwork tasks for caregivers and caseworkers, but some of the most important. Research has repeatedly confirmed that family visiting is the key to family reunification. If you are fostering a child whose permanency goal indicates a certain, or possible, return home to family, visiting will be an important part of the Service Plan for the family. Visitation as part of reunification is detailed in Chapter 3. Although complicated arrangements and emotions do not make visits easy, the results speak for the value of family visiting.

Visits are important to consider for all permanency goals. Visits strengthen the connections to the important people in the child's life. With guidance from caregivers, therapists and caseworkers, visits can help the child sort through complicated feelings and prepare him for emotional changes as he grows older.

### **Why Visits Work**

When a child is removed from home, both the parents and the child feel like failures. Parents frequently feel inadequate and children may feel that somehow the breakup of the family is their fault. When someone from outside the family removes the child, there is trauma and a feeling of loss of control. Visits help to heal the feelings of failure and inadequacy and lay the groundwork for building a better parent-child relationship.

### **Dealing with Expectations and Emotion**

Even though everyone wants visits to happen, all parties involved in the visit have different expectations. The feelings surrounding each person's expectations make emotional balance difficult for everyone — including caseworkers and caregivers.

**Children** want to visit family to:

- be reassured they are still loved and lovable;
- know that the parents, siblings and extended family are okay;
- receive permission from the parents to be happy where he or she is living until returning home is possible; and
- ease the pain of separation, loss and grief.

**Parents** want to visit children to:

- be reassured that the child is cared for;
- reassert their commitment to the child;
- know that the child has not forgotten them;
- be informed about the child's growth and development; and
- become better at parenting.

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**Caregivers** attending visits expect to:

- keep in touch with changes in the family impacting the permanency plan;
- better understand the child's relationship to the parents, to better understand the child; and
- provide support to the child in his or her effort to understand the situation and to help the child cope.

**Caseworkers** have the primary responsibility in making visits happen by:

- working with the parents, caregivers, and child, when appropriate, to set up a visitation schedule that follows DCFS rules and the case plan;
- supervising the visit or making arrangements if supervised visits are necessary;
- recording clinical observations of what happened during the visit, such as parent-child interaction, etc.; and
- reporting about visits to the juvenile court.

Sometimes visits do not go well and children return to the foster home disappointed. If the visiting plan or the visit doesn't satisfy everyone's hopes and expectations, emotions are likely to be running high. The caseworker has the stress of dealing with everyone's emotions, while caregivers may be left with a very disappointed, sad and/or angry child acting out his feelings. Even if the results of a visit do not seem positive at the moment, every visit is a positive step toward the child reaching a permanent family.

### **Place, Frequency and Length of Visits**

When the permanency goal is return home, a visiting plan must be established within three working days after placement outside the home unless the placement was an emergency. In emergency placement, the visiting plan must be established within 10 working days after placement.

Parents are expected to visit at least weekly unless there is a documented reason. Visits are to be in the parents' home if consistent with the safety and well-being of the child. If visits cannot be in the parents' home, they are to be in the most homelike setting possible. Length of visits should increase unless specific harm to the child is caused by the visits. Small children may need more frequent visits to remember parents. Older children may need longer visits to see their parents as an important part of their lives.

Sometimes visits take place at foster homes, if the caseworker agrees and the caregiver is willing to host the visit.

## Sibling Visits

The caseworker must file a sibling visitation and contact plan with the court within 10 days after the child enters substitute care. Caregivers should help develop the sibling visitation and contact plan. The plan should specify the frequency of visits and approved contact beginning immediately after the children come into DCFS care. The children can also participate in developing the plan. This plan is included in the children's case plan.

Foster caregivers, DCFS and agencies may not reduce or ask a court to reduce the frequency of visits based on the unavailability of a supervisor for the visits or as a form of discipline.

The visitation and contact plan should specify how long each visit should last, include the location and supervision to be provided for visits, list approved contact that the children may have between visits and times of day when that contact may occur (for example, after school, etc.). A brief statement of the reasons for selecting the frequency and length of the visits and type of approved contacts should also be recorded in the case plan.

DCFS or agencies are responsible for scheduling and providing visits among all siblings placed apart at least twice per month, *beginning no later than two weeks after the child comes into temporary custody*, unless:

- a court has ordered that sibling visits occur less frequently or not at all; or
- one sibling may physically, mentally, or emotionally harm another during the visit and supervision could not prevent the risk of such harm. This should be determined by prior observation or documentation of their interaction as recorded in the child's case file and the risk must be documented in the child's case file.

The caseworker will identify the child's siblings and add them to the visitation and contact plan. The child's siblings may include children/youth:

- living in intact families;
- living in substitute care, including out of state placements;
- in an ILO/TLP, Youth in College, or Placement Alternative Contract living arrangement;
- who are hospitalized;
- residing in group homes or residential placements;
- who have been adopted, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are under legal guardianship, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are emancipated; or
- who have attained adulthood.

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## **Supervising Sibling Visits**

Visits give the caseworker time to make clinical observations necessary to making decisions about services and permanency recommendations. If a caseworker decides not to supervise a visit and supervised visits are required in the case plan, he or she is responsible for obtaining other staff to supervise. Caregivers may be asked by the caseworker to supervise visits if the caseworker feels it is appropriate. The caseworker's supervisor must approve any person other than the caseworker supervising visits. Caregivers are encouraged to become acquainted with the child's siblings. This can be easily accomplished by supervising sibling visitation when possible. Caregivers are not required to supervise visits and should agree when they feel comfortable with the situation and know the supervisor has approved. Caregivers can be reimbursed for supervising short and overnight visits. (See Section 9, page 7) Caregivers are encouraged to host sibling visits whenever possible. A reimbursement fee for activities during the visit is available. (See Section 9, page 7)

## **Transportation**

The caseworker has the primary responsibility for arranging transportation for visits. Caregivers are encouraged to provide transportation for the children to visit. Reimbursement for mileage may be available. (See Section 9, page 7)

## **Grandparent Visits**

DCFS encourages visits between grandparents or great-grandparents and children in foster care if it is in the best interest of the child. In cases where the grandparents or great-grandparents have been granted visiting privileges by a divorce court in accordance with the Illinois Marriage and Dissolution of Marriage Act (750 ILCS 5/607) DCFS will allow the visits.

## **Confidentiality of Foster Caregiver Information**

A foster caregiver's name, address and phone number cannot be disclosed without prior written notice to the caregiver, according to Illinois law (CFSRA 535.3, effective 7-24-98). The caregiver may request the caseworker not release this information to the child and also has the right to seek a Section 2-25 Order of Protection from the court. A person who has been told the name, address and phone number of the child's caregiver who knowingly and willfully re-discloses this information is guilty of a Class A misdemeanor, according to the new law mentioned above.

# **AGES AND STAGES OF CHILD DEVELOPMENT**

As the child's caregiver, you know him better than anyone. You know when something is great; as well as when something seems a bit different or not quite right. If you have a concern, start by checking these charts to help you determine whether the child's development and behavior are consistent with what the chart shows for his age. If they are not, call the caseworker and together decide if he needs to be seen by his doctor.

## **Birth to Six Months**

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Develops own rhythm in feeding, urinating, bowel movements and in sleeping.</p> <p>Grows rapidly.</p> <p>Gains early control of eye movement.</p> <p>Develops motor control in orderly sequence. Watch for these developmental milestones</p> <ul style="list-style-type: none"><li>• balances head</li><li>• rolls over</li><li>• pulls self to sitting position</li><li>• sits alone momentarily</li></ul>	<p>Adapt schedule to baby's rhythm as much as possible.</p> <p>Supply adequate food. Change baby's position frequently.</p> <p>Exercise baby's arms and legs as you bathe and change him/her.</p> <p>Supply visual stimuli, such as mobiles.</p>
<b>M E N T A L</b>	<p>Begins to grasp objects.</p> <p>Learns through senses. Discriminates mother from others; is more responsive to her.</p>	<p>Let baby grasp your fingers as you pull him up.</p> <p>Provide objects to see, hear, grasp. Encourage shared play activities with child.</p>
<b>S O C I A L</b>	<p>Coos and vocalizes spontaneously. Babbles in two word syllables.</p> <p>Imitates movements. Gazes at faces. Smiles to be friendly.</p> <p>Likes to be played with, tickled and jostled.</p> <p>Smiles at self in mirror.</p>	<p>Talk to her a great deal.</p> <p>Play pat-a-cake and peek-a-boo.</p> <p>Bounce her on your knee.</p> <p>Provide a mirror toy.</p>
<b>E M O T I O N A L</b>	<p>Plays with hands and toes.</p> <p>Shows excitement through waving arms, kicking, wriggling.</p> <p>Shows pleasure with anticipation of bottle or being picked up.</p> <p>Cries in different ways when cold, wet, or hungry. Don't be afraid of spoiling him/her. A cry is a baby's main way of communicating needs.</p> <p>Fears loud or unexpected noise; strange objects, situations, or persons; sudden movement, pain.</p>	<p>Allow freedom for hands and legs.</p> <p>Show facial expressions of smiling or frowning.</p> <p>Learn to "read" his cries.</p>

## Six Months to One Year

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p><i>Large muscle:</i> 8 months on — crawls. 9 months on may begin to walk.</p> <p><i>Small muscle:</i> Learns to let go with hands.</p> <p>Puts everything in mouth.</p> <p>Begins to have teeth come in.</p> <p>Cannot control bowels.</p>	<p>Be sure dangerous objects are out of reach.</p> <p>Provide experiences that give leg and arm exercise.</p> <p>Play “dropping things” game to help him/her understand the world.</p> <p>Provide foods he/she can eat with hands and other activities which exercise fingers.</p> <p>Have special patience and things to chew on. Child may be cranky.</p> <p>Refrain from trying to potty train.</p>
<b>M E N T A L</b>	<p>Learns through senses — especially mouth, seeing, smelling, tasting and touching.</p> <p>Likes to put things in and take things out.</p> <p>Likes to do things over and over.</p> <p><i>Language:</i> Begins to understand such familiar words as “eat”, “mama”, “bye-bye”, “doggie”.</p> <p>Likes to hear you name objects.</p>	<p>Provide toys and games that involve hearing.</p> <p>Encourage shared play activities.</p> <p>Be sure there are not toys with small or loose parts.</p> <p>Repeat words and activities.</p> <p>Say the names of objects as the child sees or uses them.</p>
<b>S O C I A L</b>	<p><i>With Adults:</i> Finds mother or mother substitute extremely important.</p> <p>Will “talk” using babbling sounds.</p> <p>Will start to imitate.</p> <p>Has eating as a major source of social interaction.</p> <p><i>With peers:</i> Will not play with other infants — will poke, pull, push, etc., instead.</p>	<p>Have one person be in charge of most of the child’s care.</p> <p>Talk to the baby.</p> <p>Do things you want the child to do.</p> <p>Realize the child may not want to play with others.</p>
<b>E M O T I O N A L</b>	<p>Needs to be held and cuddled, warmth and love.</p> <p>Needs to feel sure someone will take care of him.</p> <p><i>Personality Traits:</i> Becomes unhappy when mother leaves. Draws away from strangers.</p> <p>Same fears as before.</p>	<p>A special person should provide physical comfort. Needs of hunger, cleanliness, warmth, holding, sensory stimulation, and interaction with an adult should always be met. <b><u>Don't be afraid of spoiling him.</u></b></p> <p>If mother must leave, a special person should provide care. Proceed slowly in introducing the child to new people.</p>

## One to Two Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p><i>Large Muscles:</i> Begins to walk, creep up and down stairs, climb on furniture, etc.</p> <p>Enjoys pushing and pulling toys.</p> <p><i>Small muscles:</i> Begins to feed self with a spoon and can hold cup.</p> <p>Can stack two or three blocks. Likes to take things apart. Likes to put in and take out things.</p> <p>Takes off pull-on clothing.</p>	<p>Provide large, safe space for exercising arms and legs.</p> <p>Provide push or pull toys to help with balance in walking.</p> <p>Fix easily eaten food. Allow child to feed self at times. He/she will be messy.</p> <p>Provide toys or games he/she can take apart, stack, squeeze, pull, etc. Encourage shared play with the child.</p> <p>Let the child try to dress him or herself.</p>
<b>M E N T A L</b>	<p>Cannot control bowels.</p> <p>Learns through senses.</p> <p>Is curious — likes to explore — pokes fingers in holes.</p> <p><i>Language:</i> Can say the names of some common objects.</p> <p>Uses one-word sentences — “no”, “go”, “down”, “bye-bye”. Can point to common body parts and familiar objects. Can understand simple directions such as “get your coat”.</p> <p><i>With Adults:</i> Finds mother still very important.</p> <p>Enjoys interaction with familiar adults. Imitates — will copy your behavior.</p> <p>Demanding, assertive, independent, waves bye-bye.</p> <p><i>With Peers:</i> Plays alone, but does not play well with others the same age.</p>	<p>Do not try to potty train.</p> <p>Have toys or play games which make sounds or have different “feels”, colors, shapes, etc.</p> <p>Be sure area is safe. Allow child to explore.</p> <p>Talk to child often. Say names of objects child sees you use. Talk about activities during bathing and dressing.</p> <p>Teach names of body parts.</p> <p>Have a special person provide most of the care.</p> <p>Be sure to do the things you want the child to do.</p> <p>Although the child likes other children, he/she may want an adult close by.</p>
<b>E M O T I O N A L</b>	<p>Needs the love, warmth and attention of a special adult to develop trust — the feeling that someone will take good care of him/her.</p> <p><i>Personality Traits:</i> Reaches a peak of thumb sucking at 18 months.</p> <p>May throw temper tantrums.</p> <p>General emotion is “happy.” Anger chiefly aroused by interference with physical activity. Cries because he/she cannot put wishes into words.</p>	<p>Have a special, caring adult look after the child.</p> <p>Ignore thumb sucking. Calling attention to it will only make it worse.</p>
<b>M O R A L</b>	Conscious of adult approval and disapproval.	Temper extreme responses to the child and maintain consistent responses to the child's behavior.

## Two to Three Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	<p><i>Large Muscle:</i> Runs, kicks, climbs, throws a ball, jumps, pulls, pushes, etc. Enjoys rough and tumble play.</p> <p><i>Small Muscle:</i> Can turn some doorknobs, scribbles, eats easily with a spoon, helps dress and undress self. Can build a tower of six to seven blocks.</p> <p>Can begin to control bowels. Bladder control comes slightly later.</p>	<p>Provide lots of room and many experiences in which the child uses arms and legs.</p> <p>Provide activities that use fingers: clay, finger paint, pick-up objects, stacking objects, large crayons for scribbling. Share in these activities with the child.</p> <p>Gradually start toilet training. Consult an authority if unsure of methods.</p>
<b>M E N T A L</b>	<p>Continues to learn through senses.</p> <p>Still is very curious.</p> <p>Has a short attention span.</p> <p><i>Language:</i> Uses three to four word sentences.</p>	<p>Provide sensory experiences.</p> <p>Allow child to explore. Have as few "no-no's" as possible.</p> <p>Do not make child do things for more than a few minutes.</p> <p>Talk often with the child. Explain things simply.</p>
<b>S O C I A L</b>	<p>Begins to enjoy simple songs and rhymes.</p> <p><i>With Adults:</i> Considers mother still very important. Does not like strangers. Imitates. Dawdles.</p> <p>Helpful with adults.</p> <p><i>With Peers:</i> Enjoys playing alone.</p> <p>Enjoys having other children near, but does not play with them much.</p> <p>Pinches, kicks, bites and pushes when angry — usually caused by interference with physical activity or possessions.</p>	<p>Sing songs that have repetition, are low in key and have short range.</p> <p>Allow time to do things for self. Allow time to explore.</p> <p>Provide opportunity for uninterrupted play.</p> <p>Do not force children to play together.</p> <p>Do not allow children to hurt each other.</p>
<b>E M O T I O N A L</b>	<p>Begins to develop sense of self. Needs to do some things for self. Enjoys praise.</p> <p><i>Personality traits:</i> Tests powers — says "no" often. Shows lots of emotion — laughs, squeals, throws temper tantrums violently, etc.</p> <p>Fears loud noises, moving quickly or to high places, large animals, mother's departure.</p>	<p>Provide simple experiences in which the child can successfully do things for him/her self. Praise him/her often.</p> <p>Be firm in following through with your instructions, but do not punish the child for cries expressing feelings and independence.</p> <p>Avoid sudden situations involving these fears. Do not force or ridicule the child.</p>
<b>M O R A L</b>	Child usually appears self-reliant and wants to be good, but is not yet mature enough to be able to carry out most of his/her promises.	Maintain realistic expectations of what the child can do.

### Three to Four Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	<p><i>Large Muscle:</i> Runs easily and jumps.</p> <p>Begins to climb ladders. Can start to ride tricycles. Tries everything. Is very active.</p> <p><i>Small Muscle:</i> Dresses self fairly well. Cannot tie shoes.</p> <p>Can feed self with a spoon and fork. Likes to play with mud, sand, finger paints, etc. Can begin to put together simple puzzles and construction toys.</p> <p>Takes care of toilet needs more independently — can stay dry all day but may not stay dry all night. Sex: becomes very interested in his/her body and how it works.</p>	<p>Carefully supervise opportunities for large muscle activity.</p> <p>Set limits for distances. Child tends to wander too far.</p> <p>Provide many opportunities for child to practice small muscle skills.</p> <p>Encourage those activities which strengthen and coordinate small muscles.</p> <p>Explain all body parts without judgement. Questions about body functions should be answered simply and honestly.</p>
<b>M E N T A L</b>	<p>Continues to learn through his/her senses.</p> <p>Uses imagination a lot — starts dramatic play and role playing.</p> <p>Begins to see cause and effect relationships.</p> <p><i>Language:</i> Likes to learn simple songs and rhymes, likes to play around with sounds, knows more than he/she can say in words. Is curious and inquisitive.</p>	<p>Provide many sensory experiences.</p> <p>Provide props for dramatic play.</p> <p>Point out and explain common cause and effect relationships — how rain helps flowers grow, how dropping makes glass break, how hitting makes a person hurt.</p> <p>Explain things to the child, answer questions honestly and help him put feelings into words.</p>
<b>S O C I A L</b>	<p><i>With Adults:</i> Can leave mother for short periods of time though she is still very important. Begins to notice differences in the ways women and men act. Imitates adults.</p> <p><i>With Peers:</i> Starts to be more interested in others, begins group play — likes company. Is not ready for games or competition — has loosely organized group.</p>	<p>Be a positive role model. At the start of sex-role development, he/she will act as he/she sees you act.</p> <p>Provide enough materials so that several children can use them together. Help the child find out socially acceptable ways of dealing with others.</p>
<b>E M O T I O N A L</b>	<p>Is anxious to please adults and is dependent on other approval, love and praise.</p> <p>May strike out emotionally at situations or persons when he/she has trouble.</p> <p>Is sensitive to the feelings of other people toward him/her self.</p> <p>Is developing some independence and self-reliance.</p> <p>May have fear of unusual people, the dark, animals.</p>	<p>Give your approval through facial expressions, gestures and verbal response. Avoid negative remarks about the child. Emphasize the teacher's and family's love for the child.</p> <p>Offer love, understanding and patience. Help him/her work with and understand his/her own emotions.</p> <p>Develop a warm relationship with him/her. Express and show love for and confidence in him/her.</p> <p>Encourage the child to do things for him/her self.</p> <p>Do not force the child to participate in frightening activities and don't ridicule.</p>
<b>M O R A L</b>	<p>Begins to know right from wrong.</p> <p>Finds others' opinion of him/her are important. Increases self control and shows less aggression. Uses verbal threats such as "I'll kill you".</p>	<p>Provide clear limits — enforce them consistently but not harshly.</p> <p>Praise the child whenever you honestly can.</p>

## Four to Five Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Average height — 40.5 inches. Average weight — 36 pounds.</p> <p>Is very active — consistently on the go. Is sometimes physically aggressive.</p> <p>Has rapid muscle growth. Would rather talk or play than eat.</p>	<p>Provide plenty of play space both indoors and out. Provide for rest — she will tire easily.</p> <p>Child needs ample protein in diet. Nutrition is important.</p>
<b>M E N T A L</b>	<p>Has large vocabulary — 1,500 to 2,000 words. Has strong interest in language.</p> <p>Is fascinated by words and silly sounds.</p> <p>Likes to shock adults with bathroom language.</p> <p>Has insatiable curiosity. Asks innumerable questions – incessant talker.</p> <p>Can reason a little, but still has many misconceptions.</p>	<p>Provide interesting words, stories. Play word games.</p> <p>Ignore bad language.</p> <p>Answer questions patiently.</p> <p>Provide experiences that will expand his reasoning ability, such as riddles and guessing games. Clarify misconceptions.</p>
<b>S O C I A L</b>	<p>Really needs to play with others. Has relationships that are often stormy. Has tendency to exclude some from group.</p> <p>Likes to imitate adult activities. Good imagination. Loves to pretend.</p> <p>Relying less on physical aggression.</p> <p>Is learning to share, accept rules and take turns.</p>	<p>Send him/her to a good nursery school or play group, if possible.</p> <p>Provide props for dramatic play.</p> <p>Help her learn positive social behavior without punishing or scolding.</p> <p>Expect her to take simple responsibilities and follow simple rules such as taking turns.</p>
<b>E M O T I O N A L</b>	<p>Exhibits a great amount of demanding, threatening or name calling.</p> <p>Often is bossy, belligerent. Goes to extremes — bossy, but then shy. Frequently whines, cries, complains.</p> <p>Often tests people to see who she/he can control.</p> <p>Is boastful, especially about self and family.</p> <p>Has growing confidence about self and world.</p> <p>Beginning to develop some feelings of insecurity.</p>	<p>Keep your sense of humor.</p> <p>Provide outlets for emotional expression through talking, physical activity, or creative media.</p> <p>Establish limits and stick to them.</p> <p>Provide opportunities for talking about self and family.</p> <p>Strengthen his positive self concept by pointing out the things he can do for himself.</p> <p>Assure him of your love and the love of his parents.</p>
<b>M O R A L</b>	Is becoming aware of right and wrong; usually has desire to do right. May blame others for wrongdoings.	Help her learn to be responsible for actions and behavior, and teach the importance of making right choices.

## Five to Six Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Can dress and undress self. Has tendencies to be far sighted — may cause hand/eye coordination.</p> <p>Prefers use of one hand or the other.</p> <p><i>Toileting:</i> Is able to care for own toilet needs independently.</p> <p>Sex: Knows difference in sexes – interest lessening: more modesty, less bathroom play. Interested in babies and where they come from.</p> <p><i>Eating:</i> Has bigger appetite. May have stomach aches or vomiting when asked to eat disliked foods.</p> <p>Prefers plain cooking, but accepts wider choices of foods.</p>	<p>Do not try to teach skills that require continued eye coordination such as reading.</p> <p>Do not force child to change hands.</p> <p>Offer simple, accurate explanation.</p> <p>Offer appealing variety in food without force. She is more sensitive to spicy food than adults.</p>
<b>M E N T A L</b>	<p><i>Language:</i> May stutter if tired or nervous.</p> <p>Will follow instructions and accepts supervision. Knows colors, numbers, etc. Can identify coins. May be able to print a few letters.</p>	<p>Do not empathize — it's only temporary. Begin group experiences on half day basis.</p>
<b>S O C I A L</b>	<p><i>With Adults:</i> May fear mother won't return. Mother is the center of his or her world. Copies adults. Likes praise.</p> <p><i>With Peers:</i> Plays with boys and girls. Is calm and friendly. Is not too demanding in relations with others. Can play with one child or a group of children.</p> <p>Likes conversation during meals.</p> <p>If doesn't like school, may develop nausea and vomiting.</p> <p>Is experiencing an age of conformity. Is critical of those who do not conform.</p>	<p>Avoid leaving until child is prepared. He or she needs mother's reassurance of return.</p> <p>Encourage child to find activities at school she/he enjoys. Offer comfort. Provide a secure noncritical environment</p> <p>Help child learn the value of individual differences.</p>
<b>E M O T I O N A L</b>	<p>In general, is reliable, stable, well adjusted.</p> <p>Though not fearful, may show some fear of dark, falling, dogs, or bodily harm.</p> <p>If tired, nervous, or upset may develop tension. Outlets of nail biting, eye blinking, throat clearing, sniffling, or nose twitching.</p> <p>May still suck thumb.</p> <p>Is concerned with pleasing adults.</p> <p>Is easily embarrassed.</p>	<p>Try not to appear overly concerned. Deal with cause of tension, not the habit it creates. Increases in temporary nervous habits are normal. Offer distractions.</p> <p>Understand the child may still need rest or quiet times.</p> <p>Show your love.</p> <p>Be sensitive to things that embarrass him/her.</p>
<b>M O R A L</b>	<p>Is interested in being good. May tell untruths or blame others for wrongdoing because of desire to please and do right. Is aware of right and wrong.</p>	<p>Help him know right from wrong. Don't be shocked if he tells an untruth, but help him learn to accept responsibility for actions. Teach right behaviors and attitudes that can be incorporated into daily living.</p>

## Six to Seven Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	<p>Is vigorous, full of energy, has general restlessness. Is clumsy; poor coordination. Is in an ugly duckling stage.</p> <p><i>Toileting:</i> Rarely has accidents — may occur when emotionally upset or over excited. May need reminders.</p> <p>Sex: Has marked awareness of sexual differences. Investigates others.</p> <p>Engages in sex play and show.</p> <p>May play doctor and hospital.</p> <p>Begins to suppress masturbation.</p> <p><i>Eating:</i> Has unpredictable preferences and strong refusals. Often develops a passion for peanut butter. Uses fingers and talks with mouth full.</p> <p>Has more colds, sore throats and other diseases.</p> <p>Should have been inoculated for chicken pox, measles, whooping cough, diphtheria, German measles, mumps.</p>	<p>Accept accidents calmly. Child may be embarrassed.</p> <p>Recognize that children will be able to accept idea that baby grows in womb. Know that child is gathering information.</p> <p>Not worry. Understand that it's usually just curiosity.</p> <p>Give honest, simple answers in a calm manner.</p> <p>Be a role model for good habits.</p> <p>Be aware of disease symptoms. Ill health may result in crankiness. Child needs plenty of rest and balanced meals.</p>
<b>M E N T A L</b>	<p><i>Language:</i> May develop stuttering when under stress. Wants all of everything. Finds it difficult to make choices.</p> <p>Begins to have organized, continuous memories.</p> <p>Can read and write.</p>	<p>Not offer excessive choices, but provide opportunities for making choices. Symptom is temporary and may disappear of own accord.</p>
<b>S O C I A L</b>	<p><i>With Adults:</i> Blames mother for everything that goes wrong. Identifies more strongly with father. Doesn't like to be kissed in public. Expands outside the family. Considers teacher important.</p> <p><i>With Peers:</i> Friendships are unstable. Is sometimes unkind to peers. Gives negative response often. Is a tattletale. Must be a winner — changes rules to fit own needs. In school, may develop problems if over placed; can't keep mind on work; fools around, whispers, bothers other children.</p> <p>When eating, makes meals difficult because of perpetual activity. Is not a good meal finisher.</p>	<p>Help the child to see adults care about her but do not attempt to replace parents.</p> <p>Give guidance in making and keeping friends.</p> <p>Give help in learning to be a good loser. Allow time for peer interaction.</p> <p>Allow extra time for morning meals.</p>

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## Six to Seven Years (cont.)

	CHARACTERISTICS	PARENTS SHOULD
<b>E M O T I O N A L</b>	<p>Feels insecure as result of drive toward independence. Finds it difficult to accept criticism, blame, or punishment.</p> <p>Is the center of his/her own world and his/her main concern. Is boastful.</p> <p>Generally is rigid, negative, demanding, unadaptable, slow to respond; exhibits violent emotional extremes; tantrums reappear. If not winner, often makes accusations of cheating.</p>	<p>Allow needed time, leeway, more chances. Child requires patience and understanding.</p> <p>Understand that the child needs support for independence and opportunities to do things for self while attempting self-identity.</p> <p>Set reasonable limits, offer explanation of limits and help child stay within the limits. Be consistent. Avoid games that designate a winner.</p>
<b>M O R A L</b>	<p>Is very concerned with good and bad behavior, particularly as it affects his/her family and friends. Sometimes blames others for wrongdoings.</p>	<p>Teach child to be concerned and responsible for own behavior and how to perfect it. Assure him/her that everyone makes mistakes. Teach simple repentance.</p>

## Seven to Eight Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	<p><i>Large Muscle:</i> Drives himself until exhausted.</p> <p><i>Small Muscle:</i> May have permanent pout on face. Has minor accidents. Loves pencils instead of crayons.</p> <p><i>Sex:</i> Is less interested in sex. Drop in sex play and experimentation. Can be very excited about new babies in the family.</p> <p><i>Eating:</i> Has less appetite. In general; has fewer illnesses, but may have colds of a long duration.</p> <p>May develop nervous habits or assume awkward positions.</p>	<p>Distract child before point of complete exhaustion.</p> <p>Know: Child has well-established hand-eye coordination now.</p> <p>Be patient with annoyances and do not draw attention to awkwardness.</p>
<b>M E N T A L</b>	<p>Is eager for learning. Uses reflective, serious, thinking. Thoughts beginning to be based on logic and she/he can solve more complex problems. Attention span is good.</p> <p>Enjoys hobbies and skills. Likes to collect things and tell about things she/he has worked on, such as projects, writings and drawings. Favors reality.</p> <p>Likes to be challenged, to work hard and to take time completing a task.</p>	<p>Ask many thought provoking questions. Stimulate his/her thinking with open ended stories, riddles, thinking games, discussions, etc. Give opportunities for decision making and selecting what she/he would do in particular situations.</p> <p>Encourage the pursuit of hobbies and interests.</p> <p>Allow plenty of time to accomplish a task. Most stories and situations should deal with reality. Give challenges right for his/her level of ability.</p>

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## Seven to Eight Years (cont.)

	CHARACTERISTICS	PARENTS SHOULD
<b>SOCIAL</b>	<p><i>With Adults:</i> Will avoid and withdraw.</p> <p>Has strong emotional responses to teacher — may complain teacher is unfair or mean.</p> <p>Likes more responsibility and independence. Is often concerned that she or he will not do well.</p> <p><i>With Peers:</i> Participates in loosely organized group play. Concerned with self and how other people treat him/her. May fight or battle out problems.</p> <p>Starts division of the sexes. (Girls play with girls and boys play with boys.)</p> <p><i>School:</i> May fear being late; has trouble on the playground; "kids are cheating" or "the teacher picks on me" are often said.</p>	<p>Show understanding and concern.</p> <p>Assign responsibility and tasks she/he can carry out, and then praise her/him for effort and accomplishment. Help him/her assume responsibility for wrongdoing.</p> <p>Provide peace and quiet.</p> <p>Attempt to prevent conflicts before they get to fighting stage.</p> <p>Help child see his or her interactions realistically.</p>
<b>EMOTIONAL</b>	<p>Complains a lot: "nobody likes me" or "I'm going to run away".</p> <p>May not respond promptly or hear directions — may forget. Is easily distracted.</p> <p>May stay on the edge of the scene in an attempt to build a sense of self through observation. Is attempting to control nervous habits, but blinking, scowling, headaches and dizziness appear.</p> <p><i>Visual fears:</i> night, scary places, people.</p> <p>Is less domineering and less determined to have own way.</p> <p>Dislikes criticism; is eager for peer approval. Wants to please peers and be like age group.</p> <p>Is more sensitive to own and others' feelings. Is often self critical and a perfectionist. Is often dreamy, absorbed and withdrawn. More inhibited and cautious. Is less impulsive and self centered.</p>	<p>Give reasonable sympathy.</p> <p>Remind and check. Offer personal support and reassurance.</p> <p>Continue to help the child develop social skills. Give praise for positive behavior such as waiting his/her turn, sharing, and giving other children a chance to express their ideas.</p> <p>Build her confidence; instead of criticizing, look for opportunities to give approval and affection. Accept need for peer approval and need to belong.</p> <p>Offer love, patience and sensitivity. Let the child know she has progressed, and continue to encourage her and give confidence. Accept moods and aloofness. Encourage the child to express herself and turn interest to others.</p>

*If a child lives with approval,  
he learns to live with himself.  
—Dorothy Law Nolte*

## Eight to Nine Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Is busy, active, speedy, has frequent accidents. Makes faces.</p> <p><i>Toileting:</i> May need to urinate in connection with disagreeable tasks.</p> <p>Sex: May handle genitals if worried. Tells dirty jokes — laughs, giggles. May peep at each other and parents. Wants more exact information about pregnancy and birth. May question father's part.</p> <p><i>Eating:</i> Has good appetite; wolfs down food. Belches spontaneously. May accept new foods.</p> <p><i>In General:</i> Has improved health and few short illnesses.</p>	Continue to be available to answer questions.
<b>M E N T A L</b>	<p>Wants to know the reason for things.</p> <p>Often overestimates own ability.</p> <p>Often cries if fails — "I never get anything right."</p>	<p>Direct child toward attempting what she/he can accomplish, but still provides a challenge.</p> <p>Stress what the child has learned, not the end product.</p>
<b>S O C I A L</b>	<p><i>With Adults:</i> Demands close understanding with mother.</p> <p><i>With Peers:</i> Makes new friends easily, works at establishing good two-way friendships. Enjoys school; doesn't like to miss school and tends to talk more about school. Develops close friend of own sex — separation of the sexes. Considers clubs and groups important.</p> <p><i>Eating:</i> Is not as interested in family table conversation; will want to finish meal and go on with own business. May become sensitive to the killing of animals for food.</p>	<p>Provide opportunity for peer interaction not only on a personal level, but also on a group and club basis.</p> <p>Offer simple explanation for the killing of animals for food. Remain understanding of his feelings.</p>
<b>E M O T I O N A L</b>	<p>Has more "secrets". May be excessive in self criticism; tends to dramatize everything; is very sensitive.</p> <p>Has fewer and more reasonable fears; may have some earlier tension patterns, but will be less persistent.</p> <p>May argue and resist requests and instructions, but will obey eventually.</p> <p>Could want immediate (cash) reward.</p> <p>Is usually affectionate, helpful, cheerful, outgoing, and curious; but can also be rude, selfish, bossy, and demanding — variable.</p> <p>Is sometimes giggly and silly.</p>	<p>Provide the youth with a locked box or drawer. Praise; do not criticize. Encourage efforts and let child know you see his/her progress. Teach that others also make mistakes.</p> <p>Keep directions simple and avoid unnecessary urging in order to avoid the "I already know" responses.</p> <p>Guide her toward overcoming negative emotions and developing positive ways of showing interest and enthusiasm.</p> <p>Let her enjoy humor when appropriate and be patient with giggling.</p>
<b>M O R A L</b>	May experience guilt and shame.	Do not compare one child with another. Praise and build self confidence.

## Nine to Ten Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Active, rough and tumble play is normal, especially for boys. Great interest in team games.</p> <p>Has good body control. Is interested in developing strength, skill and speed. Likes more complicated crafts and shop work.</p> <p>Girls are beginning to develop faster than boys.</p>	<p>Provide many activities to sustain interest. Include team games.</p> <p>Give opportunities for developing skills such as handicrafts and active games. Include many activities in which the child uses hands and has an opportunity to use small muscle skills.</p> <p>Do not compare boys to girls or force them to interact.</p>
<b>M E N T A L</b>	<p>Has definite interests and lively curiosity; seeks facts. Capable of prolonged interest. Can do more abstract thinking and reasoning on his own. Likes to memorize Individual differences become more marked.</p> <p>Likes reading, writing and using books and references.</p>	<p>Give specific information and facts; use the children's interests. Do not give all the answers; allow time to think, meditate and discuss. Respect and be aware of individual differences when making assignments and giving responsibilities.</p> <p>Provide opportunities for reading, writing and checking references; however, do not tire the child.</p>
<b>S O C I A L</b>	<p>Likes to collect things.</p> <p>Boys and girls differ in personalities, characteristics and interests. Is very group and club oriented, but is always with same sex. Sometimes silly within the group.</p> <p>Boys especially, begin to test and exercise a good deal of independence.</p> <p>Absorbed by friends and activities. Likes group adventures and cooperative play.</p>	<p>Help with hobbies.</p> <p>Accept natural separation of boys and girls. Recognize and support the need they have of acceptance from peer group.</p> <p>Be warm, but firm. Establish and enforce reasonable limits.</p> <p>Encourage friendships and help children who may have few or no friends.</p>
<b>E M O T I O N A L</b>	<p>Worries. May have some behavior problems, especially if he is not accepted by others.</p> <p>Is becoming very independent, dependable and trustworthy.</p> <p>Is very conscious of being fair. Is highly competitive. Argues over fairness.</p> <p>Has difficulty admitting she behaved badly or has made a mistake; but is becoming more capable of accepting her own failures and mistakes and takes responsibility for own actions.</p> <p>Is clearly acquiring a conscience.</p> <p>Is well aware of right and wrong; wants to do right, but sometimes overreacts or rebels against an overly strict conscience.</p>	<p>Use positive guidance, let him know you accept him even though you do not approve of his behavior.</p> <p>Provide many experiences for exercising independence and dependability. Praise these positive characteristics.</p> <p>Be fair in dealings and relationships with her. Give opportunities for competing, but help her learn to be a good loser.</p> <p>Do not ridicule or tear her down for wrongdoings, but help her learn to take responsibility for her own behavior.</p> <p>Express your love and support for him often.</p>

## Ten to Eleven Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Girls are concerned with style. Girls may begin rapid increase in weight.</p> <p>Boys are more active and rough.</p> <p>Has motor skills well in hand.</p> <p>Has 14-16 permanent teeth.</p>	Help with nutrition.
<b>M E N T A L</b>	<p>Is alert, poised. Argues logically.</p> <p>Begins to use fractions. Likes to read.</p> <p>Has rather short interest span.</p> <p>Begins to show talents.</p> <p>Concerned with facts.</p>	Use reasoning. Provide books geared to interests.  Provide lessons for music, art, or other interests. Good time to discuss drug abuse.
<b>S O C I A L</b>	<p>May develop hero worship.</p> <p>Is affectionate with parents. Finds mother all important.</p> <p>Is highly selective in friendship — may have one best friend.</p> <p>Has great pride in father.</p> <p>Important to be "in" with the group.</p>	Spend time with the child.  Spend time with the child.
<b>E M O T I O N A L</b>	<p>Is casual and relaxed. Likes privacy.</p> <p>Girls maturing faster than boys.</p> <p>Seldom cries but may cry in anger. Not typically an angry age. Anger, when it comes is intense and immediate.</p> <p>Main worry concerns school and peer relationships.</p>	Provide cupboard or box for "treasures" and a "Keep Out" sign for door.
<b>M O R A L</b>	Has a strong sense of justice and a strict moral code. More concerned with what is wrong than with what is right.	Maintain consistency. Be aware that children at this age will be very concerned with behavior that they see as hypocritical. Model behavior that you want to see the child imitate.

*Children need love especially when  
they do not deserve it.*

—Harold Shulbert

## Eleven to Twelve Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	<p>Girls begin to show secondary sex characteristics.</p> <p>Boys are ahead of girls in endurance.</p> <p>Is increasingly aware of body.</p> <p>Has increase in muscle growth. May show self consciousness about learning new skills.</p>	<p>Explain menstruation.</p> <p>Let child take initiative. Rapid growth may mean large appetite, but less energy.</p>
<b>M E N T A L</b>	<p>Challenges adult knowledge. Has increased ability to use logic.</p> <p>May have interest in earning money.</p> <p>Is critical of own artistic products.</p> <p>Is interested in world and community.</p>	<p>Let child try a paper route or other job, if she wants.</p> <p>Let child participate in community drives they may be interested in.</p>
<b>S O C I A L</b>	<p>Is critical of adults. May be quiet around strange adults.</p> <p>Strives for unreasonable independence.</p> <p>Has intense interest in teams and organized, competitive games. Considers membership in clubs important.</p>	<p>Provide for organized activities in sports or clubs.</p>
<b>E M O T I O N A L</b>	<p>Anger is very common. Resents being told what to do.</p> <p>Rebels at routines. Often is moody. Dramatizes and exaggerates his/her expressions, ("worst mother in the world").</p> <p>Many fears, many worries, many tears.</p>	<p>Let child help set the rules and help decide on own responsibilities.</p> <p>Be understanding.</p>
<b>M O R A L</b>	Has strong urge to conform to group morals.	Keep the lines of communication open.

*Don't limit a child to your own learning,  
for he was born in another time.  
—Rabbinical saying*

## Twelve to Fifteen Years

	<b>CHARACTERISTICS</b>	<b>PARENTS SHOULD</b>
<b>P H Y S I C A L</b>	<p>Onset of adolescence is usually accompanied by sudden and rapid increases in height, weight, and size.</p> <p>Girl has gradually reached physical and sexual maturity. Boy is beginning physical and sexual maturity.</p> <p>Development is rapid. Acne.</p> <p>Physical strength increases greatly.</p> <p>Concerned with appearance.</p>	<p>Understand child will need more food.</p> <p>Explain to child what is happening — not to worry if not like all the rest.</p> <p>Consult a physician. May need special diet and/or medication to treat acne.</p>
<b>M E N T A L</b>	<p>Thrives on arguments and discussions.</p> <p>Ability to memorize usually increases.</p> <p>Able to think logically about verbal positions.</p> <p>Developing ability to introspect and probe into his own thinking.</p> <p>Able to plan realistically for the future. Idealism.</p> <p>Reads a great deal.</p>	<p>Do not let discussions become arguments.</p> <p>Do not put down his or her ideas, for they are truly the child's, but do help him to see the reality.</p> <p>Understand child needs to feel important in the world, to know they have something to believe in, a cause to fight for.</p>
<b>S O C I A L</b>	<p>Withdraws from parents who are "old fashioned".</p> <p>Boys usually resist any show of affection. Usually feel parents are too restraining. Needs less family companionship and interaction. Rebels.</p> <p>Has less intense friendships with those of the same sex. Usually has a whole group of friends. Girls show more interest in opposite sex than do boys.</p> <p>Annoyed by younger siblings.</p>	<p>Do not feel hurt or take it personally. Remember you still are important, but not in the same way as when they are children.</p> <p>Understand his or her need to be independent.</p>
<b>E M O T I O N A L</b>	<p>Sulking is common.</p> <p>Fewer anger responses, but main ones are verbal retorts and then may leave.</p> <p>More worried than fearful about grades, appearance, popularity.</p> <p>Withdrawn, introspective.</p>	<p>Do not take it personally.</p> <p>Fitting in with friends and searching for identity as a person is important to him or her.</p>
<b>M O R A L</b>	<p>Knows right and wrong.</p> <p>Tries to weigh alternatives and arrive at decisions by himself.</p> <p>Is concerned about fair treatment of minorities.</p> <p>Is usually or reasonably thoughtful.</p> <p>Isn't likely to lie, but doesn't always tell the whole truth.</p>	<p>Give opportunities.</p> <p>Be available.</p>

## Fifteen to Nineteen Years

	CHARACTERISTICS	PARENTS SHOULD
<b>P H Y S I C A L</b>	Has essentially completed physical maturity. Physical features are shaped and refined.	Understand youth needs less food.
<b>M E N T A L</b>	May need some special testing to help determine future educational plans.  If she/he reads, tends to read exhaustively. Prefers the books and magazines of adults.	Help arrange testing at school. Encourage talking about the future.
<b>S O C I A L</b>	Can maintain friendly relations with parents.  Sometimes feels parents are too "interested".  Dates actively — varies greatly in maturity. Some are uncomfortable with opposite sex while others talk of marriage.  Enjoys activities with friends of the opposite sex.  Usually has many friends and few confidants.  May have a job.	Try not to pry.
<b>E M O T I O N A L</b>	Worried about the future — what to do.  Anger responses less frequent.  Still worries about appearance.	Be available to talk <u>and</u> listen.
<b>M O R A L</b>	Knows what is right and wrong, but doesn't always do right.  Thinks more like his or her parents.  Takes blame well and is not so likely to blame others without just cause.  Wants to find the meaning of life and feel secure in it.	Be positive and encouraging.

*Telling a teenager the facts of life  
is like giving a fish a bath.  
—Arnold H. Glasow*