

TUSCARAWAS COUNTY JOB & FAMILY SERVICES

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SEPARATION,
GRIEF, AND THE
PLACEMENT PROCESS

THE FIRST DAY - "FOR YOU AND THE CHILD" by Ruth Siburt

American Foster Care Resources, Inc.

RRRring . . . Rrrring. "Hello?"

"Hello, Ruth? This is Kevin. We just got a call on a child who needs to be placed *today*. I wondered if you would consider taking him?"

The situation isn't ideal, but it's not uncommon either. If we were smart, we would hang up quick. But smart is not one of the adjectives that usually leaps to people's lips in connection with foster parents, brave and wonderful, yes, but smart? Besides, the caseworker knows he's got you with those four little words he snuck in the middle - "a child who needs".

So, a few hours later you hear . . . Knock, Knock, Knock. You open the door and there stands your caseworker with the child beside and maybe a little behind him. The child is just a scrawny little thing with freckles dancing across his nose and two front teeth missing, or perhaps she's a full head taller than you, with red lips, black lashes and yellow sparkly fingernails. The child has just been removed from the birth home, or else he's from another foster home or maybe she's moving out of institutional care back into a family situation. Whichever it is, the caseworker introduces you, you show the child the room you've prepared and introduce the rest of the family. The worker gives you any medical information he has on the child, and, a few minutes and a bit of small talk later, the worker leaves.

Now, what are you supposed to do with this young stranger?

1. **Keep It Simple.** A first day is a very good time to have a "typical" evening at home with the family. It's probably not going to be an appropriate time for Aunt Harriet and her six kids and four dogs to come for a visit, or for us to break our bank account at the swankiest restaurant in town in welcoming the child. One of the big fears the child will be having on that first day (even if the placement is an ideal one and you've been with the child before) is whether or not he can fit in his new situation. So, let's give him a chance to see what is usual before we spring any surprises on him, no matter how pleasant.
2. **Let The Child Set The Pace.** One child might follow you around talking both of your ears off and another may want to spend the first three hours alone in his room. Both children are asking for assurance that what they need is acceptable. By keeping our eyes, ears and imaginations open to the child, we can allow him to choose the opening course he needs.
3. **Ask A Minimum Of Questions.** Inquiries into preferences of TV programs or personal interests are fine, but first days are not meant for in-depth investigations into a child's background. Here again, it is usually best to allow the child to choose. He will be giving us as much or as little information as he feels safe in giving.
4. **Eat Together.** Sounds silly, doesn't it? Of course you'll eat together. But meal time can be one of the best times to acknowledge the common ground you and your new child hold. Everybody eats. If you've had the chance to discover one of the child's favorite foods it certainly won't hurt to have it show up on the dinner table. And while fancy restaurants may be out, there's been more than one first-day-ice-breaking begin with a trip to a local fast food place run by a clown. Whatever you choose, eat and enjoy.
5. **Be Clear About Expectations.** Naturally, we won't want to overwhelm the child with information right away, and for the younger child a long list of do's and don'ts may just give new ideas for mischief. But teens will need to know the basic rules of the house from the beginning. Curfew, dating and smoking policies, vary from home to home and the teenager needs to know what is or is not "Okay" in your home.
6. **Avoid Guest-Like Treatment.** This one can be a toughy with someone new in your home, but if, indeed, he's to be a member of the family and not a guest, it seems best to have it so from the first. "May I have a drink?" from a guest would bring, "Sure, let me get you one." From a new member of your family the same request might be responded to with "Yes, I'll show you where the glasses are."
7. **Smile.** When it is pleasing to you to have a person around, it's nice to have it reflected on your face. So, if you're happy the child is there, let him see it.
8. **Relax.** Remember, first days rarely make or break relationships. Everybody's nervous and, we hope, everybody's making allowances for the newness. One of the nicest things about first days is we only have to have one per child.

Oh, excuse me, will you please? I think I hear my phone ringing.

PREPARING THE CHILD FOR PLACEMENT OR RE-PLACEMENT

The child's level of development and cognitive maturity will affect the strategies used by the foster or adoptive parent to prepare the child for a change in placement. This change can be from the birth family into foster care, from foster home to adoptive home, or from one foster home to another foster home.

INFANCY (Birth to 18 months)

- There is very little **direct preparation of the child**. Instead, the foster or adoptive parent should **prepare the environment** to receive the child and to **maintain as much consistency and stability** between environments as possible.
- Ideally, the infant should have the opportunity to become accustomed to the foster caregiver **prior** to being moved through preplacement visits.
- **Very frequent contact** with the biological parent is necessary to maintain the child's relationship with his parent, if reunification is planned.

PRESCHOOL (Two to Five Years)

- The preschool child will become **frightened and anxious** when he perceives that the birth parent is upset. The caseworker, assisted by the parent, should **explain each step in the move** for the child in simple, concrete language.
- The child needs to **feel security from the people around him**.
- The caseworker can use **play techniques** to communicate information about the move.
- The child can be encouraged to **make decisions for himself** about what to take, where he wants to sit in the car, what he wants the new Mom to give him for lunch, etc.

SCHOOL AGE (Six to Nine Years)

- The school age child should be helped to **talk about the placement and his experiences**.
- The child will probably be able to recognize some of his feelings, including being sad, scared, mad, lonesome, and worried. These **feelings should be elicited and acknowledged** by the caseworker and by caregivers.
- The foster or adoptive parents should insure that the **"rules"** in the new family are clarified for the child.
- The caseworker and the foster or adoptive parents should **talk to the child about WHY she has to move**. The child may think it a punishment for something she did wrong, often the last misbehavior she remembers being punished for. The caseworker and the foster or adoptive parents should reassure the child and explain the reasons for the placement in terms the child can understand.

PREADOLESCENT (Ten to Twelve Years)

- The reasons for the placement should be **fully explained**, including the family's problems and the child's own need for safe care. The child should be given considerable opportunity to ask questions.
- The child should be encouraged to **make as many decisions as possible** about the placement process. All efforts should be made to allow the child to retain some control of his life.

PREADOLESCENT (continued)

- The caseworker can provide a detailed description of the placement setting prior to taking the child there for preplacement visits.
- The child may have concerns about loyalty. He needs a consistent message from all persons involved that he does not have to make a choice between his biological parents and his foster or adoptive caretakers.

EARLY AND MIDDLE ADOLESCENCE (13-17 years)

- Preparation of adolescents should focus on discussing the reasons for the move, plans for the future, and description of the placement setting.
- The adolescent should be engaged to participate to whatever degree possible in choosing and planning the placement.
- The adolescent may try to hide his anxiety and distress regarding the move. The caseworker should explain all aspects of the placement and acknowledge the child's feelings, "just in case any of this information might be of interest."

CHILDREN'S GRIEF PROCESS

When a child is separated from his/her parents as a result of military service, divorce, abandonment, foster care, adoption, hospitalization, or incarceration, the child's responses are similar to those of an adult faced with death of a loved one. In fact, for children separation feels like death . . . it is mysterious and feels permanent.

Theorists such as John Bowlby, Vera Fahlberg, and Katherine Kubler-Ross have offered a model of the grief process which is applicable to children. They believe that there are 5 stages of grief. The order and duration of the stages may differ from person to person.

STAGE ONE: Shock/Denial

This is often called the "honeymoon period." The child is compliant and does not appear distressed. Seems to have adjusted well to the new home. In reality, the child's mind is given the perception that nothing's changed, there is no loss - so no pain is felt on the surface. Underlying problems may result such as sleeping problems, nightmares, appetite changes and illnesses (particularly upset stomach and colds).

STAGE TWO: Anger/Protest

Once the shock and denial has worn off, the child gives up the unconscious belief that he/she will return home soon. The child may be angry at themselves, angry at the caseworker, biological parents or you! The child may become mouthy, defiant, destructive or whiny and irritable. Lying and stealing may become a problem. This stage may last several months and you begin to wonder how the child became transformed from a sweet kid to a living terror!

STAGE THREE: Bargaining

The child realizes that the lost loved one is not coming back and begins to "wheel and deal" for their return. Children may be "good as gold" hoping that they'll be rewarded for their behavior and be sent home. Conversely, they may intensify their acting out in hope that they'll be thrown out of their foster and adoptive home and returned to previous caretakers. Children will use a variety of manipulative behaviors such as threats and promises to get what they want - to go home!

STAGE FOUR: Depression/Despair

Despite his/her best bargaining techniques, the child finds that he/she is not being reunited. The child now believes that he/she will never return home and enters the mourning stage of grief. The child withdraws, is unmotivated, may cease playing, cries, and has difficulty talking about their feelings. Eating and sleeping patterns change and there may be a preoccupation with death and suicide.

STAGE FIVE: Acceptance/Detachment

Little by little, the child begins to resume normal developmental tasks and activities. His/her mood slowly changes from sadness to a variety of emotions appropriate to the situation. The child can now seek out relationships and begin to make emotional investments in new people. He/she is much more realistic about the lost person(s), can talk about them, but not dwell on them constantly.

For the child who has suffered a loss the long term effects may be: an over-reaction to loss of any kind, avoidance of close relationships (to avoid vulnerability to future losses), dependency and clinging, extreme separation anxiety, and/or difficulty with transitions (such as moving or school changes). Because the child has diverted energy and attention to cope with difficult feelings and emotions, he/she may be developmentally delayed.

GOOD KID, BAD KID . . . THE SAME KID

"AFTER THE HONEYMOON" by Ruth Siburt

American Foster Care Resources, Inc.

"You should have heard all the warnings our relatives gave us when we decided to become foster parents, but now that they've seen Danny they're singing a different tune. He's such a good boy, so helpful and polite. Best of all he's wonderful with our little Tanya. I've never known a ten year old who showed so much patience with a toddler. It's only been three weeks and already he seems like one of the family . . ."

Ahh, honeymoons, aren't they wonderful? In foster care, as well as in marriage they can have an almost magical shine about them. The relationship is brand new and everyone is doing his level best to be the perfect person he thinks he really *should* be. Some honeymoons last for months, others may barely make it through a weekend. Each experience will probably be as individual as the children involved. The two major traits honeymoons seem to hold in common are that they are temporary, and they make nice memories that sometimes help us through the less enchanted days ahead.

"Danny doesn't even seem like the same boy, he's so sassy and I hate to say it but sometimes he's downright mean to little Tanya. Now he's wetting the bed. I don't know how much more of this I can stand. Maybe I shouldn't have, but last night I told him unless the "Good Danny" can come back we won't be able to keep him . . ."

The jump from the honeymoon to testing stage can be quite a jolt. We may tend to feel we were tricked into believing that we agreed to take one child and ended up with someone startlingly different.

The first step in getting ourselves and the child through the initial testing phase is to remember that, even though all the evidence may seem to be to the contrary, the "good" child of the honeymoon and the "bad" child of the testing are only extremes of the *same* child. Our own "Danny" may never return to the darling we first met but neither is he likely to remain forever the "dragon" we're seeing now. The real child is somewhere in between the extremes and, like most of us, he will need to attain a certain measure of security and confidence before he will feel safe to show himself.

The second step is to realize that the testing phase is normal and necessary in the developing of the child's relationship with us. Biological children test limits, too. It seems to be a natural and continuing process in the childhood years. The tricky part is hanging in there until the worst of the testing is over and the good times start outnumbering the hard times again.

With an eye towards hanging in there, then, here are ten tips to help:

1. **Take It One Day At A Time.** Do your best to let go of what the child did yesterday and try not to fret about what new behavior tomorrow might present. If a day seems like too much to think about at once (and sometimes it may), then try it by the hour, letting go of the last, staying in the now, refusing to worry about what comes next.
2. **Pour On The Positives.** In the testing period your child will probably be attracting all kinds of negative attention without half-trying. The positives may be hard to come by but even if it is only for a good job of brushing his teeth, sincere appreciation can help the child in his struggle to feel better about himself.
3. **Forgive and Forget.** Sometimes forgetting is the hardest part of this little duo. What has passed need not leave your memory altogether but neither do past misbehaviors need to be revived and reviewed each time there is a problem. Forgiving means more than excusing, it means "Yes you did it all right and really you knew better. But it's the behavior that is disappointing, not you. Next time maybe you can choose to act differently."
4. **Have A Few Consistent Rules.** Experts suggest no more than five clearly defined rules for a child to keep in mind. The child will be more certain of what is expected of him and of what is most important to you. It may also be easier on you not to have to feel as if you must monitor every inch of the child's life.

5. **Keep Your Anger Out Of It.** Testing is some of the most frustrating behavior we are likely to meet and once in awhile it's bound to get the better of our normally sweet natures. When we can manage it, though, letting the child be angry all by himself tends to simplify matters.
6. **Try Laughing.** When you have a choice between laughing and screaming, try laughing. The testing child is taking himself very seriously. Sometimes it can be a great relief to him to find out that not every misstep he takes will lead to dire, earthshattering consequences. (Naturally, we're talking about laughing *with* here and not at).
7. **Use Your Agency.** Many foster care agencies offer services specifically designed to help foster parents and their kids to succeed. From support groups that can help you feel less alone with the unique problems fostering presents, to relief homes that can provide some time off from the twenty-four hour a day pressure, a good agency can help you through the toughest times. Find out what yours offers and use it, that's what they're there for. If they don't have what would help you most, ask for it.
8. **Give Yourself A Break.** Testing can just plain old wear a person out. Don't forget while you're busy nurturing your child that you are well worth nurturing, too. Walk, fish, swim, read, paint, . . . whatever is good for you to do for yourself, do it.
9. **Expect The Testing To Take Awhile.** We've all heard inspiring stories of lights suddenly dawning with a few well chosen words and a child's obnoxious behavior disappearing forever. Be happy for those who can manage it, but realize that most children don't come equipped with sudden change buttons. Most of them learn from boringly consistent repetitions of ideas and modeled behaviors. And most children learn to care for and value themselves only after they have been consistently valued and cared for.
10. **Expect It To Get Better.** Hour by hour, minute by minute--that's how most of the miracles in foster care occur. Sometimes they slip up on us so quietly and gradually, we hardly notice them, until one day, there they stand shining with a sort of magic all their own.

Hang In There.

HELPING CHILDREN EXPLAIN THEIR PLACEMENT by Kathryn S. Donley New York Spaulding for Children

When children must live apart from their family of origin, whether in foster care or adoption, they need to master the telling of WHO they are and HOW they came to be living with others. Placement workers, beset by the complexities of locating willing substitute families, grappling with a veritable blizzard of paperwork to approve and finance the plan, may overlook this problem. Before the dust has barely settled, the child will be called on to explain his person, his presence and his history to a long list of inquirers. New neighbors, teachers, playmates, and acquaintances will ask questions about him and his status. Sometimes, the questions will be casually asked; sometimes he will be grilled like a suspect. The child left to fend for himself in these circumstances is usually forced to say too much or too little. Sometimes he "embroiders" the truth and gains a reputation as a liar. Sometimes he volunteers lurid details and becomes an instant, exotic attraction.

An experienced foster parent knows this in advance and equips the child with a cover story. (Please note: a cover story, not a cover-up story! In the business world, the cover letter is a generally phrased, all-purpose letter used to summarize more elaborate information provided elsewhere.) In placement, the child can learn easily that his cover story, his short version of who he is, is an appropriate response when people ask him leading questions like: "Where did you come from? . . . How come you don't live with your folks? . . . But who are you?" Without help in preparing the answer, the child flounders. With help, he can respond confidently, truthfully, yet avoid betraying private matters.

The easiest way to prepare a cover story with a child is to imagine the potential questions, review what is appropriate information to share, and role play questions and answers. This technique works with children of all ages, as long as they have basic language skills and can learn appropriate social responses. Preschoolers, teenagers, retarded children, even disturbed children, can all benefit from such help, as can the families caring for them.

1. Imagine the Potential Questions - Actually make a list of the various possibilities and the persons who may ask the questions. This helps the child and family see the relevance of an abbreviated version of the story. In the excitement and the fantasy surrounding the placement scenario, the everyday facts of living and forming new relationships may not loom large until it is too late and the child or family may be caught unaware and without defenses:

- Imagine introducing the child to your neighbor.
- Envision the first day of school and the questions asked by teachers and classmates.
- Picture the first family gathering and the remarks made by new grandparents, cousins, uncles, others.
- Consider the children in the neighborhood who understandably are curious about the new child.

2. Review the appropriate information to be shared - Children often have trouble understanding the right to privacy. They need help to distinguish between what is known and what is shared. This is a good opportunity to help children learn how to be truthful but appropriate in answering personal questions. It also protects them from disclosing information which might be embarrassing or used against them in destructive or hostile ways.

Simple declaratory sentences are best: My name is Tony Johnson ... I used to live in Cleveland ... I'm gonna live here because my folks have problems ... I hafta live here until things get better at home ... I'm being adopted ... I got adopted because I couldn't live with my other family anymore

Three basic responses are those most often needed:

- the child's name (be consistent - use his legal name so he always can make the same response; using one name at home and another in school can be very difficult);
- the child's origin (offer the basics only; most people who ask where the child comes from are satisfied with the name of a state or town; children can learn to deflect more probing by responding with a question: "And where are you from?");

- the whereabouts or general circumstances of the child's biological family (the implication is clear - the questioner wants to know why the child is not with them). Children can answer briefly and truthfully without providing details; if the questioner is persistent, the child should end the conversation: That's family business ... I have to go now ... My family'd have to answer that ...
3. Role Play the questions and answers - Be sure the child knows the three most common concerns, and can respond comfortably to questions about them. The family should be able to respond in accord with the child. Parents and child can share an essential social task in anticipating, analyzing and solving a real-life problem. By acting out the possible questions and answers together, they learn more about each other. They "put a little money in the bank account", meaning they accumulate some shared feelings to draw on when difficulties may arise between them. They may even see such sharing as one good way to solve other problems.

THE LAST DAY "HELPING THE CHILD"

by Ruth Siburt, American Foster Care Resource, Inc.

"Here they are."

"Oh, so soon? Let's see, did we remember to pack everything? Your green sweater is right on top. Where's Igor?"

"Uh,oh. I think I left Igor at Jamie's house the last time I spent the night."

"Never mind, Andy, Dad and I can get it for you and drop it by, or else we can mail it to you. I wonder how much a stuffed iguana weighs."

The child who has been living in your home for the past two months, or maybe years, is leaving for more than a week at summer camp. He is going to another home. Like most moving days, this one is likely to be a bit hectic (especially in the last few minutes when you're trying to cram the child's two story doll house or 10,000 piece erector set into the subcompact trunk of your caseworker's car). Emotionally, it can also be quite difficult for the child. Moving probably ranks well up in the top ten on the child's list of "traumas to be avoided". Fortunately, this time the child has his foster parents to smooth the way and, we hope, alleviate many of his fears when we . . .

1. **Talk It Over.** Generally a child's move from your home has been decided on a good number of days before it actually occurs. Discuss the plans in as specific a language as your child can understand. Sometimes a little bit of knowing can stop a lot of worrying.
2. **Listen To The Child's Fears.** If the child has been especially close to us he may be seeking opportunities to tell us how he is feeling. However, many children are not so in touch with their feelings or certain of how to tell us about what is going on inside. So we will need to listen to their actions as well as their words.
"You've been spending a lot of time in your room lately. It must feel very safe to you."
Even if we've guessed the feeling wrong, we've shown the child we are interested and ready to listen. We're inviting him to tell us more.
3. **Relieve The Child Of Responsibility.** If the child is moving to someplace other than a permanent home, he may be feeling "to blame" for the move. This kind of self-downing can undermine the child's chances for growth in his new home. If we've been listening to and talking with the child, we have probably made a good beginning in releasing him from blame. Another thing we can do that may prove helpful is . . .
4. **Make "Home On The Range" Our Theme Song;** not the part about the roaming buffalo but the line about "where never is heard a discouraging word." The child may not know how much he has grown or how much you think of him. Remind the child of how hard he tried and tell him how much you appreciated his effort. But remember, we're building with brick in foster care, not with smoke; the praise has to hold up under pressure. So tell the child the things that are positive about himself and also true.
5. **Reassure The Child Of Your Continuing Availability.** Just because he won't be seeing you everyday, nor you him, doesn't mean that you need to consider each other as having fallen off the edge of the world. You can remain for each other, as nearby as the corner mailbox or as close as the telephone on the kitchen wall.
6. **Remind Yourself And The Child That For Every Last There Is Also A First.** The last day of school brings the first day of summer vacation, the last day of work brings the first of retirement and the caterpillar's last day is the first for the butterfly. Endings are really only beginnings in disguise.

7. **Help The Child To Organize.** It is the most prosaic of tips but essential, none the less. School and medical records must be collected and sent on. And of course there are the child's clothes and possessions to be sorted through and packed securely for the trip. This is the physical part of the last day tasks, but it can be a time of cooperation and warmth between you and the child. If we approach it with sensitivity as to what is valuable to the child, it can also be an experience of growth.

"Honey, look what I found on our closet shelf."

"Igor! Andy will be so happy to get this. I think we have a shoe box we can use to send it."

"You can cancel the shoe box, but maybe you'd better break out the thank you cards. There's a note around Igor's neck. It says "To Mom and Dad. With love, Andy."

8. **Never Look A Gift Iguana In The Mouth.**

WHEN A CHILD LEAVES FOSTER CARE

from Vera Fahlberg (Attachment and Separation)

When children move out of a foster home, either to return to their birth families or to be adopted, they are vulnerable to the same wide range of feelings that they had when they moved into the system. They may be sad, angry, frightened or anxious as well as eager, happy or relieved.

The child is apt to feel sad about leaving the foster home and to be angry about his lack of control and mixed feelings. By recognizing the child's mixed feelings, acknowledging the appropriateness of them, and allowing their expression, parents and caseworkers can help children handle these moves.

Helping A Verbal Child Move Into Adoption

1. If the foster parents feel comfortable with the adoptive parents and secure that this family will do a good job of parenting, the move will proceed with much less turmoil and disequilibrium for everyone. Be aware that it is normal for foster families to be initially critical of adoptive families. After all, they are getting "your" child.
2. The most important message for the child to receive at the time of the adoptive placement is permission to become close to and attached to the new parents and only foster parents can give this permission.
3. Most children over the age of three need two to three weeks to adjust to the idea of the move. For that reason, a prolonged pre-placement visitation schedule, within reason, facilitates more fully the transfer of behaviors from one household to another and makes it less likely that there will be extreme testing after the move.
4. If a child is preschool age, he should visit the home at various times of the day. Every visit should not include treats or unusual outings. Overnights, weekend or four to five day visits should be common. The child and family need to get used to each other in a variety of ways, but, most of all, in the day-to-day living situation.
5. The more the child is aware of communication among adoptive and foster parents and the caseworker during the pre-placement visits, the more secure he will be that he doesn't have to worry about hiding things.
6. The more the child is able to express his feelings about the upcoming move, the better. Remember he has mixed feelings about the move - sadness at leaving the family he has learned to trust and love; fear and anxiety about the future; and anger at being put in such a confusing situation.
7. Foster parents should feel okay about their feelings over the child's leaving and should not be discouraged from expressing sadness because the child is leaving. If everyone must remain impassive or even cheerful about such an event then children soon learn that they best not ever become attached. It is too painful to separate and have to keep all the pain hidden and suppressed. When adults express feelings, it gives children permission also.
8. The child's feelings of separation from the foster parents gives the adoptive parents a perfect opportunity to practice getting close to the child by discussing his feelings of sadness. If the adoptive parents understand the relationship between the child and his foster parents they no longer need feel competitive.
9. It's important to both the child and foster family to visit each other after placement. If adoptive children are allowed contact with their foster parents, they often come not to need it. If such contact is prohibited, the child's need for it becomes disproportionate and may affect the way he bonds with the adoptive family.

Helping A Pre-Verbal Child Move Into Adoption

1. Pre-verbal children usually can be moved over a shorter period of time because of their poor sense of time. However, during the visiting period, the goal is to arrange as much contact between the child and the new parents as possible. Visits should occur at all times of the day so that the child's routine can be learned thoroughly.
2. It's important that a child not perceive a move as someone coming and "taking" him, but rather as being "given" to someone else after much preparation and many interactions between the two sets of parents. If a child perceives a move as being taken away by relative strangers, he must live in a perpetual state of anxiety, fearing every visit by a stranger or knock at the door.
3. At the time of the move, both parents should participate in the packing. The preparation for the move and the packing should not be done secretly. The child must get the non-verbal message that this is a very special day and that something unusual is happening today. Foster parents should not feel odd expressing sadness, nor should the child be discouraged from crying or clinging to the foster mom. The foster parents should then literally hand the child over to the adoptive parents. The child should be allowed to take with her not only her clothes, but also some special toys or bedding.
4. Post-placement visits should occur from three to six weeks after the move. This should take place on the child's homeground, which is now his adoptive home. It is very important that the foster parents' other children, whether by birth, adoption or foster be allowed to go on the visit, too. This helps alleviate their feeling of guilt and concern.

Helping A Child Move Back To His Birth Family

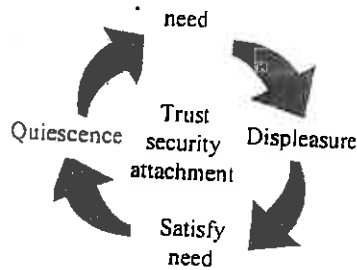
1. If a child has had regular visits with his birth parents while in foster care, then only such final steps as giving the child permission to get close to the birth parents need to be emphasized.
2. Foster parents are sometimes hesitant about contact with their foster children's birth parents and the feeling is mutual on the part of the birth parents. The new trend, however, is for both sets of parents and caseworkers to realize that the lack of contact between them only puts the child in the untenable position of choosing one set of parents over another. When this occurs, everyone loses because the child feels trapped, acts out, and makes the move more difficult.
3. The child's Lifebook should accompany him back to his birth home with the pictures and information compiled while he was in foster care. A picture of the child and his birth parents should be taken on the day of the move home and incorporated into the Lifebook.

ATTACHMENT

THE ATTACHMENT PROCESS

One of the dilemmas of parenting is that of instant love. It is impossible to expect that two total strangers, the parent and the child, are going to love each other on sight. Human beings just don't work that way. We need time and reinforcement to begin the process of attachment to another person.

Simply put, the **AROUSAL-RELAXATION** cycle looks like this:



1. Arousal—the child is distressed. Perhaps wet, hungry, or lonely so he cries.
2. Caretaker meets the needs of the child.
3. Child is satisfied and content and stops crying.
4. Child coos or smiles.
5. Caretaker is contented by the response and willing to continue meeting the needs of the child.

Dr. Vera Fahlberg describes this cycle as a "dance." As the cycle repeats itself, attachment grows and trust develops. The feeling of being safe and cared for comes from being with one particular person who looks, smells, and sounds the same every time. The child begins to feel that he is safe. He feels, "If I'm in any kind of trouble, this person will help me."

What we see in many cases of child abuse and neglect is this:



1. Arousal—child is distressed. Perhaps wet, hungry, or lonely so he cries.
2. Caretaker either doesn't respond or responds only sometimes.
3. Child becomes more aroused, cries harder. Physical abuse sometimes happens here.
4. Child learns that his needs won't be met so he doesn't give off signals of his needs (i.e. stops crying).

➤ If this becomes a regular pattern, the child eventually learns that "no one will ever help me if I need it." He becomes unattached and distrustful of the world around him.

THE IMPORTANCE
OF
THE BIRTH FAMILY

OUR FOSTER CHILD'S BIRTH PARENTS THE IMPORTANCE OF BIRTH PARENTS TO THE CHILD IN PLACEMENT

by Ner Littner, M.D. (Director of The Extension Division and The Child Therapy Training Program,
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The presence of the birth parents in the placement picture frequently complicates and renders difficult the foster parents' attempts to help the child to cooperate with the placement agency.

Why Birth Parents Are Disturbing

These are five reasons--there undoubtedly are many others--why foster parents may resent the child's birth parents or even wish to exclude them completely from the child's life.

1. Some birth parents have severe emotional problems. They may be uncooperative, unpredictable, and inconsistent. They may show up at inconvenient times, or early or late or sometimes not at all. They may return the child to the foster parent's home at the wrong time. They may be argumentative, critical or drunk. They may unrealistically promise the child anything. They may be sabotaging the foster parents' best efforts. They may treat the foster parents like hired help. They may show up with a different boy or girl friend each time. . . .
2. Their visits with the child may result in a temporary worsening of the child's behavior and functioning. The child may become quite tense prior to the visit and extremely upset and unhappy and difficult to handle after the visit.
3. The child may worsen the situation by attempting to play the foster parents and the birth parents against each other. He does so, of course, as one way of trying to deal with his own inner emotional problems
4. When the foster parents are clearly aware of how the child has been emotionally damaged by the birth parents, it is difficult for foster parents to be friendly with the birth parents
5. Finally, because foster parents are normal human beings they may have personal problems of their own All of these feelings may contribute to their feeling excessively competitive with the natural parents and needing to depreciate them in order to feel better about their own handling of the child

Why Are Birth Parents Important?

1. When a child has had living experiences with his birth parents, he identifies with many of their personality traits. He carries images of his natural parents within his own mind Because of these identifications and images, any criticism of the birth parents--even when it is completely justified--is usually experienced by the child as a criticism of and attack upon the child.
2. If a child has emotional problems, he may develop highly unrealistic pictures of his birth parents in his own mind. He may over-idealize them and their treatment of him, or he may exaggerate their problems and how badly they handled him Only when the child gains self-confidence and feels better about himself is he able to see his birth parents as they really were and are.
3. A third reason for the birth parents' importance to the child is because he may miss them deeply No matter how troubled or difficult they may be, to the child--they are his roots to the past, his support and his foundation. When he is separated from them, he feels that he has lost a part of himself.
4. Finally, the placed child never really understands why his birth parents have left him. No matter what the realistic reason for the placement, the placed child develops a series of irrational explanations that he buries deeply in his mind: . . . he was placed because he was bad and the placement is his punishment; his birth parents have rejected and abandoned him and he will never see them again; his natural parents have died; etc., etc. . . .

The Placed Child Gains From Contact With His Birth Parents

Some of these separation feelings can be discharged by the child by his talking about them at the time of placement. In effect, he can get some of his feelings about leaving his parents off his chest. When he is able to do so, these separation feelings will bother him less. However, many feelings about separation are so painful that the child is unable to face them and so ventilate them. Instead he buries these feelings in his mind and represses them

In other words, the child may have problems with his foster parents because his repressed feelings about his birth parents may color the spectacles with which he views his foster parents.

Placed children frequently are upset after a visit with their birth parents. This upset behavior may be due in part to the natural parents' tense or traumatic handling of the child. But usually most of the child's upset behavior after the visit is due to the fact that the act of seeing his birth parents again triggers the child's repressed separation feelings about the parents.

This is why it is so important for the visits to take place. It's not that we want the child to be upset, but rather because we want to help the child get as much of his repressed feelings off his chest as possible The more emotionally disturbed the child is, i.e., the more problems he has prior to placement, the greater will be his difficulty in ventilating his separation feelings

A child must have roots somewhere. Until he can establish roots in present relationships, we need to protect his roots to the past no matter how deformed they may be

As the child, through his contacts with his birth parents, is able to discharge or come to peace with some of these buried separation feelings he will not need to displace them onto the foster parents. Instead he will be better able to view the foster parents as they really are and so develop with them a more appropriate, realistic relationship.

The continuing contacts with his birth parents give the placed child continuing opportunities to see them realistically. As I have mentioned, the placed child develops a series of highly irrational feelings and fears concerning the natural parents The contacts are needed to keep demonstrating to the child what his natural parents are really like

The child is not the only one who has unrealistic fantasies about the birth parents. The foster parents also may visualize them in a completely illogical manner These unreal fantasies can be kept under control by regular contacts between the foster and birth parents.

Another advantage of the visits is that they help calm some of the child's irrational separation fears. For example, one can tell a placed child repeatedly that his birth parents are still alive even though they do not visit him; he probably won't believe what he is told. But if he is able to actually see them, this particular fear is more easily dealt with. Similarly, the child can correct his belief that his parents placed him because he was totally unimportant to them

When the birth parents are able to treat the child decently during the visits, . . . the social worker who works with the natural parents has the opportunity . . . to help them bring out their best attitudes when with the child and also help them to subdue their more upsetting ones. When this is possible, everyone benefits. The birth parents feel better about themselves. The placed child *[can]* function better with, and feel less distrust toward, the foster parents

[Another] benefit from visits occurs when the birth parents are able to re-establish their family. It is rather difficult for a child to fit into a family where he has become a stranger. It is much easier when the child has been able to maintain some form of an ongoing relationship with the other members of his family.

THE IMPORTANCE OF VISITATION

Frequent parental visitation can promote both placement stability and successful reunification. The absence of regular and frequent visitation may have serious consequences for both the child and the parent.

- Without visitation, the parent/child relationship deteriorates, both may become emotionally detached. Once this has occurred, successful reunification is extremely difficult.
- Frequent contact can reduce the negative effects of the separation for the children.
- Seeing the parent during visits reduces the child's fantasies and fears of "bad things" happening to the parent.
- Visitation with the parent often helps older children eliminate self-blame for the placement.

The rationale for decisions regarding the location, frequency, and duration of visits, and the need for supervision includes the following:

- The location of the visit should be the **least restrictive, most normal environment**, in the community, that can assure the safety of the child.
- The agency is the **least** normal, most institutionalized setting in which visits can take place. However, almost all visitation will begin at the agency. If successful, other options may be explored.
- Visits should take place, in order of preference, 1) in the home of the parent; 2) in the home of a relative; 3) in the foster home; 4) in a park or public location; 5) at the agency.
- Visits should be scheduled at **least weekly**, and more often if at all possible.
- The visit should be of adequate duration to maintain the parent/child relationship. In general, 1-4 hours is an **appropriate time range**.
- Overnight visits can be considered when it is assured that the child can be protected in the home and are most appropriate when the child is ready to be returned home. Theoretically, if the child is safe at home for lengthy visits, including frequent overnight visits, he probably should be moved home with close follow-up supervision and in-home supportive services.

There are times when a child may become excessively upset either prior to or after a visit with the parent.

- Normal feelings of loss and separation may be reactivated by seeing the parent and may be expressed in emotional distress or behavioral acting out.
- The child may be **anxious and fearful** when with the parent; their time together may be stressful.
- The child may experience **loyalty conflicts** after having visited with the parent, and may need to **reject the foster caregiver** upon return to the foster home in order to continue to feel loyal to the parent.
- If the child becomes upset over visits due to feelings of separation and loss, the frequency of visits should be **increased**, rather than decreased.
- If the child is anxious because he is not comfortable with the parent, increasing contact, perhaps with caseworker involvement to ease the discomfort, is useful.
- If loyalty conflicts contribute to the child's distress, the caseworker can reassure her that it is OK to care for both her family and her foster family.

Statement: " I just don't know how I can face Christmas without the kids. That was a time we were always together."

Response: " Yes, Christmas can be a lonely time without your family."

Statement: " I tried to get hold of the social worker three times and she never called me back."

Response: " It's frustrating not to have your calls returned."

"How can I set limits?"

It helps when setting limits to give the reason for the limits and provide an alternative or option.

--" It's time to wind things up now because it's late and we have to get the kids to bed." (Would you like to tuck Kevin in?)

--" I'm sorry, but we can't reschedule the visit for a later time today because we have to be somewhere else." (Can we set up another time right now?)

--" I can't let the kids go home with you right now because it was my understanding with the social worker that the children were to have their visit here." (Would you like to give the social worker a call?)

--" I really don't want to have a disagreement with you, especially in front of Jimmy. It is upsetting enough for him to be separated from you. Let's drop it right now for Jimmy's sake." (Can we set a time to get together and talk it over with the social worker when Jimmy isn't around?)

"How can I say nice things when I'm feeling negative?"

Foster parents are human too and should not be expected to be phony or dishonest. Some alternatives are:

-- be polite.

-- be matter-of-fact or businesslike

-- be direct

" I've had a rough day myself and this is hard for me too."

" I don't agree with you. It's hard for me to accept that, but I know you have a right to your opinion."

-- look hard for positives. Catch the parent doing something, anything, right that can be commented on sincerely.

" Johnny seemed so relaxed when he sat on your lap."

" That blue sweater makes your eyes look so blue. It's really attractive on you."

" I really appreciate your coming on time today. I know it's not easy to get transportation and it probably took a lot of effort coming on the bus."

" That's really a nice toy you brought for Karen. I'll bet it really makes her happy to have something special from you."

"What if the parent tells me something and asks me not to tell the worker?"

It is really important to establish from the beginning that you have a teamwork relationship with the caseworker. If this isn't sufficient, one of the following statements might be adapted.

- " Wait a minute! There's a whole lot about you that I don't know, and that's okay because I respect your privacy. All I really need to know is what affects Judy and how I can help get her back home with you. You don't need to tell me the rest unless you want to. I can't promise to keep secrets from the worker. If you do want to tell me things, you'll have to understand that I do keep the worker informed about the kids and my visits with you."
- " Please don't tell me those secrets you mentioned. I can't promise not to tell the worker because I'm a foster parent, and keeping her informed is part of my job."
- " It's only fair to remind you that as a foster parent I'm part of the agency team. Please don't tell me things in confidence because I'm obligated to tell the worker things that affect the plan for Bobby."
- " I'm probably not the right person for you to tell these things to because I have a responsibility to report back to the agency. If you really need to talk about them, why not try your counselor and check to see if he can keep these things confidential."
- " I'm flattered that you trust me, but I can't keep a secret from the agency, and I can't keep secrets in general."

COMMUNICATING WITH BIRTH FAMILIES

(Taken from "Working with Birth Families" by Emily Jean McFadden)

Foster parents express several common concerns about communicating with natural families. They are:

"I just don't know what to say when I first meet them."

"How do I ask for information about the child without sounding nosy?"

"How can I set limits?"

"How can I say nice things when I'm really feeling negative?"

"What if the parent tells me something and asks me not to tell the worker?"

There are no special rules for communicating with birth families. Honest concern and caring work with natural families just as they work with others. What really counts is the feeling, the tone of voice, and the actions that convey the meaning of helpfulness. The following suggestions come from Michigan foster parents who have asked and answered the questions above.

"I just don't know what to say when I first meet them."

--"Hello"

--"Won't you come in?"

--"I'm John Jones. You must be Mr. and Mrs. Brown."

--"I'm glad you're here. Jimmy has been so eager to see you again."

--"Would you like a cup of coffee?"

--"I'll be in the kitchen. I'm sure you and Jimmy want some time alone together."

"How do I ask for information about the child without sounding nosy?"

--"Could you tell me a few things about Johnny to make it easier for him while he's here?"

--"Since you're Johnny's mother and you know him better than I do..."

--"I hope you can help me make Johnny as comfortable as possible while he's here by giving me a few pointers on what he likes to eat and how to handle bedtime."

--"I understand Johnny has an allergy and I want to be sure I understand how to take care of it."

"What is reflective listening and how do I do it?"

Reflective listening is giving a response that conveys understanding of the feelings expressed.

Statement: "I just don't like the idea of someone else taking care of my child."

Response: "Sounds like it's hard for you to think about Johnny being here."

CHILD
DEVELOPMENT

NORMAL VS. DELAYED DEVELOPMENT

The most important thing to remember about normal child development is all children develop at different rates. Sometimes they may be ahead in some areas and behind in others. There is plenty of room for variation. All child development books or handouts are guidelines that tell you what changes and behaviors are exhibited by most children at specific ages. You should only be concerned if your child falls considerably behind his age level.

Many children who enter the foster care system will be "developmentally delayed". This means that even though a child is a certain age chronologically his behaviors and/or intellectual level are characteristic of a younger child. For example, you may have a 10-year old foster child who looks and acts more like a 7-8 year old. Often, but not always, foster children with developmental delays begin to "catch up" rapidly once they are placed in foster care.

PATTERNS OF DEVELOPMENT FROM BIRTH THROUGH ADOLESCENCE

2 to 3 Months

2 Months:
Grasps at rattle
Smiles
Sees bright colored objects
Recognizes mother

3 Months:
Rolls and wiggles
Bats at dangling toys
Laughs

1 to 2 Years

15 Months:
Stoops and recovers
Walks
Puts ball in box
Builds tower of three blocks
Places three blocks in a row
Uses spoon

18 Months:
Climbs up stairs
Bumps down
Removes garments
Scribbles
Names pictures

4 to 6 Months:

4 Months:
Rotates head
Holds head upright
Reaches for and touches objects

5 Months:
Grabs at feet
Uses arms to support upper body
in prone position

6 Months:
Begins to hold cup
Rolls over
Grasps cube on sight
Feeds self crackers

2 to 3 Years

Runs
Climbs up and down stairs
Walks to ball and kicks it
Turns pages of book
Builds tower of six blocks
Strings beads
Places small boxes in larger boxes

7 to 9 Months

7 Months:
Sits up alone
Stands with assistance
Holds and examines objects

8 Months:
Rocking motion in crawl position
Begins crawling

9 Months:
Picks up items with thumb and
forefinger
Initiates speech sounds

3 Years

Opens door
Climbs stairs with alternating feet
Folds paper lengthwise
Builds tower of 9 to 10 blocks,
bridges with 3 blocks
Colors

4 Years

Buttons clothes
Brushes teeth
Copies figures
Recognizes colors

6 MONTHS

Babies like to:

SHAKE, BANG, and THROW THINGS DOWN
GUM objects
RECOGNIZE familiar FACES

Give your baby:

Many HOUSEHOLD OBJECTS
Tin CUPS, SPOONS, and pot LIDS
Wire WHISKS
A CLUTCH BALL and SQUEAKY TOYS
A TEETHER and GUMMING TOYS

7 MONTHS

Babies like to:

SIT alone
USE their FINGERS and THUMB
NOTICE CAUSE and EFFECT
BITE on their FIRST TOOTH

Give your baby:

BATH TUB TOYS
More "THINGS"
STRING
More SQUEAKY TOYS

8 MONTHS

Babies like to:

PIVOT on their stomachs
THROW, WAVE and BANG toys together
LOOK for toys they have DROPPED
Make VOWEL SOUNDS

Give your baby:

SPACE to pivot and creep
2 TOYS at once to BANG together
Big SOFT BLOCKS
A JACK-IN-THE-BOX
NESTED plastic CUPS

9 MONTHS

Babies like to:

PULL THEMSELVES UP
CREEP
PLACE things generally
where they are wanted
SAY "DA-DA"
PLAY PAT-A-CAKE

Give your baby:

A SAFE CORNER of the room to EXPLORE
TOYS tied to his HIGH CHAIR
A metal MIRROR
A JACK-IN-THE-BOX

10 MONTHS

Babies like to:

POKE and PROD with their forefingers
PUT THINGS IN other things
IMITATE SOUNDS

Give your baby:

A big PEG BOARD
Some CLOTH BOOKS
MOTION TOYS

11 MONTHS TO 1 YEAR

Babies like to:

USE their FINGERS
LOWER THEMSELVES from standing
DRINK from a cup
MARK on a paper

Give your baby:

PYRAMID DISCS
A large CRAYON
A baking TIN with CLOTHES PINS
His own DRINKING CUP

1 YEAR TO 13 MONTHS

Babies like to:

CREEP
CRUISE
USE 1 or 2 WORDS
USE their FINGERS
Be HUGGED

Give your baby:

A BABYPROOF HOUSE
CUDDLING
A STACKING TOWER

13 MONTHS

Babies like to:

STAND UP, SIT DOWN
Try FEEDING themselves
RELEASE OBJECTS with more precision
IMITATE YOU
Play WHERE'S BABY

Give your baby:

His own DISH, CUP, SPOON
Your GAMES with him
FITTING TOYS

14 MONTHS

Babies like to:

Put SOUNDS together
Have an AUDIENCE
SEARCH for hidden toys
PILE 2 or 3 blocks

Give your baby:

Your ATTENTION
WOOD BLOCKS
A CONTAINER TOY

15 MONTHS

Babies like to:

WALK ALONE
FLING objects
FILL and EMPTY
RESPOND to KEY WORDS
Exercise HAND SKILLS

Give your baby:

Big OUTDOOR TOYS
Your CONVERSATION
MANIPULATIVE TOYS

16 MONTHS

Babies like to:

SQUAT DOWN
Walk CARRYING things
Use SAND
ROUGH-HOUSE

Give your baby:

PUSH and PULL TOYS
Big SOFT TOYS
Indoor or outdoor SANDBOX
YOU on the FLOOR

17 MONTHS

Babies like to:

LUG, TUG, DRAG things
WAVE BYE-BYE
Use WATER
Get INTO EVERYTHING

Give your baby:

WATER and POURING TOYS
HAMMERING TOYS
Your WATCHFULNESS
Bigger PULL TOYS

18 MONTHS

Babies like to:

OPPOSE YOU with "NO"
GET what they want NOW
Use WORDS with GESTURES
CLIMB STAIRS

Give your baby:

Your DIPLOMACY
STAIRS
A toy TELEPHONE
Cloth PICTURE BOOKS

19 MONTHS

Babies like to:

CLIMB UP onto everything
MOVE to MUSIC
IDENTIFY parts of themselves
SORT OBJECTS and SHAPES

Give your baby:

A SHAPE SORTING BOX
A RECORD PLAYER out of reach

20 MONTHS

Babies like to:

FETCH and CARRY
DIG and MESS
Have things THEIR WAY
REMEMBER from yesterday
TAKE things APART
USE 15 to 20 WORDS

Give your baby:

A carrying CASE
Little CHORES
Your PATIENCE
THINGS to take apart

21 MONTHS

Babies like to:

Claim "MINE"
MARK on PAPER
POINT to objects in BOOK
TURN PAGES
FIT things TOGETHER

Give your baby:

A big CRAYON and PAPER
PICTURE BOOKS
A CONSTRUCTION SET

22 MONTHS

Babies like to:

FIT SHAPES
WATCH GROWNUPS
PUT things BACK
COME when CALLED
SCREW and UNSCREW

Give your baby:

SHELVES for his toys
HELP in putting things away
Simple PUZZLES
A plastic JAR with screw LID

23 MONTHS TO 2 YEARS

Babies like to:

Use 3 WORD SENTENCES
RUN
HELP with household tasks
Hear RHYMES
Work with their FINGERS

Give your baby:

A DOLL or TEDDY
A TOY to RIDE
A MOTHER GOOSE BOOK
FINGER manipulative toys

MILESTONES OF DEVELOPMENT

Age 1 - 2 Years

- Explores environment, gets into things
- Takes one long nap a day
- Plays alone for short periods of time
- Explores all his body

Age 2 - 3 Years

- Runs, climbs, pushes, pulls; is very active
- Legs appear knock-kneed
- Feeds himself with fingers, spoon, cup
- Can remove some clothing
- Explores private parts
- Sleeps less, wakes easily
- Is upset if mother leaves overnight
- Wants to do things himself
- Changes his mind
- Mood swings
- Imitates adults
- Plays, beside, but not with, other children
- Not yet able to share, wait, take turns, give in
- Likes water play
- Prolongs "good nights"
- Says "no"
- Understands more than he can say
- Runs, jumps, climbs
- Feeds himself
- Carries without spilling
- Can help dress/undress self
- May not take naps
- Wants approval
- Sensitive to signs of disapproval
- Wants to be included
- Likes to do simple tasks

Age 3 - 4 Years

- Is imaginative
- May fear dark and/or animals
- May have imaginary friend
- Is talkative
- Has some patience; can wait his turn
- Puts away toys
- Plays well alone, but groups are hard
- Is attached to parent of opposite sex
- Is jealous
- Releases insecurity by whining and/or crying
- Releases tension by thumbsucking, nail biting
- Is expressive
- Continues to gain weight and height
- Continues to gain coordination
- Good eating and sleeping habits
- Is bossy and boastful
- Very active
- Laughs and giggles
- Dawdles

Age 4 - 5 Years

- Uses "toilet words" (Ex.: poophead)
- Starts things but doesn't finish them
- Asks "how" and "why"
- Very active imagination
- Has short-lived fights
- Speaks clearly
- Tells stories and/or exaggerates
- Makes up meaningless words
- Dependent on peers
- Plays with others

CHILDREN'S NORMAL DEVELOPMENT, BEHAVIOR AND NEEDS, BY APPROXIMATE AGE

ABOUT SEVEN

Physical Development

- Annual expected growth in height: two or three inches. In weight: three to six pounds. Growth slow and steady.
- Losing teeth. Most seven year olds have their six molars.
- Better eye-hand coordination. Eyes not yet ready for much close work.
- Better use of small muscles.

Characteristic Behavior

- Sensitive to feelings and attitudes of both other children and adults. Especially dependent on approval of adults. Able to assume some responsibility.
- Interest of boys and girls diverging. Less play together.
- Full of energy but easily tired, restless and fidgety, often dreamy and absorbed.
- Little abstract thinking. Learns best in concrete terms and when he can be active while learning.
- Cautious and self-critical, anxious to do things well, likes to use hands.
- Enjoys songs, rhythms, fairy tales, myths, nature stories, comics, television, movies.
- Concerned about right and wrong, but sometimes prone to taking small things.
- Rudimentary understanding of time and monetary values.

Special Needs

- The right combination of independence and encouraging support. Acceptance at own level of development.
- Chances for active participation in learning situations with concrete objects.
- Adult help in adjusting to the rougher ways of the playground without becoming too crude or rough. Warm, encouraging, friendly relationships with adults.

ABOUT EIGHT

Physical Development

- Growth still slow and steady; arms lengthening, hands growing. Poor posture may develop.
- Eyes ready for both near and far vision. Nearsightedness may develop this year.
- Permanent teeth continuing to appear.
- Large muscles still developing. Small muscles better developed too. Manipulative skills are increasing. Attention span getting longer.

Characteristic Behavior

- Often careless, noisy, argumentative, but also alert, friendly, interested in people.
- More dependent on his mother again, less so on his teacher. Sensitive to criticism.
- New awareness of individual differences. Greater capacity for self-evaluation.
- Eager, more enthusiastic than cautious. Higher accident rate.
- Gangs beginning. Best friends of same sex. Allegiance to other children instead of an adult in case of conflict.
- Much spontaneous dramatization, ready for simple classroom dramatics.
- Understanding of time and use of money.
- Responsive to group activities, both spontaneous and adult-supervised.
- Fond of team games, comics, television, movies, adventure stories, collections.

Special Needs

- Praise and encouragement from adults. Reminders of his responsibilities.
- Wise guidance and channeling of his interests and enthusiasms, rather than domination or unreasonable standards.
- A best friend.
- Experience of belonging to peer group; opportunity to identify with others of same age and sex.
- Adult-supervised groups and planned after-school activities. Exercise of both large and small muscles.

ABOUT NINE OR TEN

Physical Development

- Slow, steady growth continues; girls forge further ahead. Some children reach the plateau preceding the pre-adolescent growth spurt.
- Lungs as well as digestive and circulatory systems almost mature. Heart especially subject to strain.
- Teeth may need straightening. First and second bicuspid appearing.
- Eye-hand coordination good. Ready for crafts and shop work. Eyes almost adult size. Ready for close work with less strain.

Characteristic Behavior

- Decisive, responsive, dependable, reasonable, strong sense of right and wrong.
- Individual differences are distinct, abilities now apparent.
- Capable of prolonged interest. Often makes plans and goes ahead on his own.
- Gangs strong and of one sex only, of short duration and changing membership.
- Perfectionistic; wants to do well, but loses interest if discouraged or pressured.
- Loyal to his country and proud of it.
- Spends a great deal of time in talk and discussion. Often outspoken and critical of adults, although still dependent on adult approval. Frequently argues over fairness in games.
- Wide discrepancies in reading ability.

Special Needs

- Active rough and tumble play. Friends and membership in a group.
- Training in skills, but without pressure. Books of many kinds, depending on individual reading level and interest.
- Reasonable explanations without talking down.
- Definite responsibility.
- Frank answers to questions about coming physiological changes.

THE ADOLESCENT

Physical Development

- Rapid weight gain at beginning of adolescence. Enormous appetite.
- Sexual maturity, with accompanying physical and emotional changes. Girls are usually about two years ahead of boys.
- Skeletal growth completed, adult height reached, muscular coordination improved.
- Heart growing rapidly at beginning of period. Sometimes a period of glandular imbalance.

Characteristic Behavior

- Going to extremes, emotional instability with "know-it-all" attitude.
- Return of habits of younger child; nail biting, tricks, impudence, day-dreaming.
- High interest in philosophical, ethical and religious problems. Search for ideals.
- Preoccupation with acceptance by the social group. Fear of ridicule and of being unpopular. Oversensitiveness and self-pity. High interests in physical attractiveness.
- Strong identification with an admired adult. Assertion of independence from family as a step toward adulthood.
- Responds well to group responsibility and group participation. Groups may form cliques.
- Girls usually more interested in boys than girls, resulting from earlier maturing of the girls.

Special Needs

- Acceptance by and conformity with others of own age.
- Adequate understanding of sexual relationships and attitudes.
- Kind, unobtrusive, adult guidance which does not threaten the adolescent's feelings of freedom. Assurance of security. Adolescents seek both dependence and independence.
- Opportunities to make decisions and to earn and save money.
- Provisions for constructive recreation. Some cause, idea or issue to work for.

THE EFFECTS OF CHILDREN'S DEVELOPMENTAL LEVEL ON THEIR EXPERIENCE DURING SEPARATION AND PLACEMENT

INFANCY (Birth to 18 months)

Cognitive Development

- The infant has not developed object permanence.
- Infants have short attention span and memory.
- They do not understand change: they only feel it.
- Changes and unfamiliar sensory experiences frighten them.
- They have little or no language ability and cannot communicate, except by crying.

Emotional Development

- Infants are emotionally dependent upon others to meet their basic needs.
- Infants generally form strong attachments to their primary caretaker and often cannot be comforted by others when distressed.
- After 5-6 months, the infant displays anxiety in the presence of unknown persons.
- Emotional stability depends upon continuity, and stability in the environment and the continued presence of their primary caretaker.

Social Development

- Infants have few ways to communicate their needs. If adults do not recognize their distress, their needs may remain unmet.
- Social attachments are limited to immediate caretakers and family members.
- Infants do not easily engage into relationships with unfamiliar persons.

Implications for Separation and Placement

- Infants' cognitive limitations greatly increase their experience of stress. Infants will be extremely distressed by changes in the environment and caretakers.
- Infants have few internal coping skills. Adults must "cope" for them.
- The infant experiences the absence of caretakers as immediate, total and complete. Infants do not generally turn to others for help and support.
- Separation during the first year can interfere with the development of trust.
- The child's distress will be lessened if his new environment can be made very consistent with his old one, and if the birth parent can visit regularly.

PRESCHOOL (Two to Five Years)

Cognitive Development

- Child has limited vocabulary, does not understand complex words or concepts.
- Child does not have a well developed understanding of time.
- Child has difficulty understanding cause and effect and how events relate.
- Child may display magical thinking and fantasy to explain events.
- Child displays egocentric thinking; The world is as he views it. He doesn't understand other's perspectives.
- The child may not generalize experiences from one situation to another.

Emotional Development

- The child is still dependent on adults to meet his emotional and physical needs. The loss of adult support leaves him feeling alone, vulnerable, and anxious.
- Development of autonomy and a need for self-assertion and control make it extremely difficult for a child this age to have things "done to him" by others.

PRESCHOOL (Continued)

Social Development

- The child is beginning to relate to peers in cooperative and interactive play.
- The child relates to adults in playful ways and is capable of forming attachments with adults other than parents.
- "Good" and "bad" acts are defined by their immediate, personal consequences. Children who are bad are punished; children who are good are rewarded.

Implications for Separation and Placement

- The child needs dependable adults to help him cope. Child can turn to substitute caregivers or a known and trusted caseworker for help and support during the placement process.
- The preschool child is likely to have an inaccurate and distorted perception of the placement experience.
 - Any placement of more than a few weeks is experienced as permanent. Without visitation, child may assume parents to be gone and not coming back.
 - The child will often view separation and placement as a punishment for "bad" behavior and will cling to their own explanation for the placement. Self-blame increases anxiety and lowers self-esteem.
- Because the child cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening.
 - The child will display considerable anxiety about the new home.
 - Most often, while verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it.
- Forced placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.

SCHOOL AGE (Six to Nine Years)

Cognitive Development

- The child has developed concrete operations and better understands cause and effect.
- The child has limited perspective taking ability. She is beginning to understand that things happen to her which are not her fault.
- The world is experienced in concrete terms. The child is most comfortable if her environment is structured and she understands the rules.
- The child has a better perspective regarding time; can differentiate days and weeks, but cannot fully comprehend months or years.

Emotional Development

- Self-esteem is strongly affected by how well she does things in her daily activities, including academic performance and play activities.
- She is anxious when she does not have structure, and when she does not understand the "rules" or expectations of a new situation.
- The child's primary identification is with her family and her self-esteem is tied to people's perception of her family's worth.

Social Development

- The child can form significant attachments to adults and to peers.
- The child derives security from belonging to a same-sex social group.
- The child recognizes that being a foster child is somehow "different" from the other children.
- The child is fiercely loyal and exclusive in her relationships.
- Her value system has developed to include "right" and "wrong", and she experiences guilt when she has done something wrong.

Implications for Separation and Placement

- The child can develop new attachments and turn to adults to meet her needs, which increases her ability to cope in stressful situations.
- The child's perception of the reason for the separation may be distorted. In her cognitively concrete world, someone must be blamed, including caseworker, foster caregiver, agency or herself.
- The child will compare foster caregivers to her parents, and the caregivers will lose.
- The loss of her peer group and friends may be almost as traumatic as loss of her parents. Making new friends may be difficult. The child may be embarrassed and self-conscious about her "foster child" status, and she may feel isolated.
- The child will be very confused if the "rules" and expectations in the foster home are different from what she is used to.
- The child has a better understanding of time. Placements of a few months can be tolerated, if the child understands she is eventually to go home. Longer placements may be experienced as permanent.
- If the child was placed after some perceived misbehavior, she may feel responsible and guilty, and anxious about her parents accepting her back.

PREADOLESCENCE (Ten to Twelve Years)

Cognitive Development

- Some preadolescent children are beginning to think and reason abstractly, and to recognize complex causes of events.
- The child is able to understand perspectives other than his own. Some children have developed insight and may recognize that their parents have problems which contributed to the need for placement.
- The child's time perspective is more realistic.
- The child can generalize experiences from one setting to another.
- The child understands that rules often change depending upon the situation. The child can more easily adapt his behavior to meet the expectations of different situations.

Emotional Development

- Self-esteem and identity are still largely tied to the family. Negative comments regarding the family reflect upon him as well.
- The child has increased ability to cope independently for short periods of time. He still turns to significant adults for approval, support, and reassurance when things are difficult.
- He may be very embarrassed and self-conscious by his foster child status.

Social Development

- The child's social world has expanded to include many people outside the family.
- Peers are extremely important. Most peer relationships are of same-sex.
- Opposite sex friendships exist, but unless the child has been prematurely introduced to sexuality, these are of no special interest or concern.
- The child still needs trusted adults for leadership, support, nurturance, approval.
- They can begin to understand that their parents have the capacity to do wrong.

Implications for Separation and Placement

- The child has an increased ability to understand the reasons for the separation. With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame.
- The child can benefit from supportive adult intervention, such as casework counseling, to help sort through his feelings about the situation.
- If given permission, the child may be able to establish relationships with caregivers without feeling disloyal to his parents.
- The child may be embarrassed and self-conscious regarding his family's problems and his foster care status, which may contribute to low self-esteem.
- The child may be worried about his family as a unit and may demonstrate considerable concern for siblings and parents.
- It may be difficult to replace "best friends" in the foster care setting. The child may be lonely and isolated.

EARLY ADOLESCENCE (13-14 Years)

Cognitive Development

- The child's emerging ability to think abstractly may make complicated explanations of reasons for placement more plausible.
- The child may have an increased ability to identify her own feelings and to communicate her concerns and distress verbally.

Emotional Development

- Preadolescence is a time of emotional "ups and downs." The child may experience daily (or hourly) mood swings and fluctuations.
- Physical and hormonal changes, including significant and rapid body changes, generate a beginning awareness of sexuality. The child experiences many new feelings, some of which are conflictual and contradictory.
- The child begins to feel a desire to be "independent" but is not ready for true independence. Independence is expressed rejecting parental values and rules, and adopting the values of her peers.
- The child experiences anxiety when deprived of structure, support and rules.

Social Development

- The child may be embarrassed to admit her need for adult approval.
- The child is status conscious. Much of the child's self-esteem is derived from peer group acceptance and from being in the "right" peer group.
- The child may feel a need to keep up appearances and may defend her family in public and to adults.
- The child is beginning to become aware of social roles, and she experiments with different roles and behaviors.
- Although many children will have developed a moral attitude with clearly defined 'rights' and 'wrongs,' the values of the peer group often supercede their own.

Implications for Separation and Placement

- Early adolescence is emotionally a chaotic period. Any additional stress has the potential of creating "stress overload" and may precipitate crisis.
- The child may resist relationships with adults. Dependence upon adults threatens her "independence". By rejecting adults, the child deprives herself of an important source of coping support.

EARLY ADOLESCENCE (Continued)

Implications for Separation and Placement (Continued)

- The child may deny much of her discomfort and pain which prevents her from constructively coping with these feelings.
- Separation from parents, especially if the result of family conflict and unruly behavior on the part of the child, may generate guilt and anxiety.
- Identity is an emerging issue; dealing with her parents' shortcomings is difficult. Parents may be idealized, shortcomings may be denied; or, they may be verbally criticized, and rejected.
- Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult.
- The child has the capacity to participate in planning and to make suggestions regarding her own life.
- Persistent, repeated attempts to engage the child by a caseworker can have very positive results. The child may greatly benefit from the support and guidance of the worker.

MIDDLE ADOLESCENCE (15-17 Years)

Cognitive Development

- The child has the cognitive ability to understand complex reasons for separation, placement, and family behavior.
- The ability to be self-aware and insightful may be of help in coping with the situation and his conflicting feelings about it.
- The child is more able to think hypothetically. He can use this ability to plan for the future and to consider potential outcomes of different strategies.

Emotional Development

- The child is developing greater self-reliance. He is more able to independently make, or contribute to making, many decisions about his life and activities.
- The development of positive self-esteem is as dependent upon acceptance by peers of the opposite sex as it is in being accepted by same-sex peers.
- Identity is being formulated. Many behaviors and ways of dealing with situations are tried, and adopted or discarded in an attempt to determine what feels right for him.

Social Development

- Opposite-sex relationships are as important as same-sex relationships. Individual relationships are becoming more important.
- The child is very interested in adults as role models.
- The child is beginning to focus on future planning and emancipation.
- Toward the end of middle adolescence, many children may begin to question previously held beliefs and ideas regarding 'right' and 'wrong,' and they may be less influenced by peer attitudes. An emergence of independence ethical thinking may be evident.

Implications for Separation and Placement

- The child will probably experience ambivalence about his family. With help and reassurance that ambivalence is normal, the child may be able to accept his feelings and be able to be angry at and love his family at the same time.
- The child's need for independence may affect his response to placement in a family setting. He may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as the child's failure to "adjust" to the placement, even though it is a healthy, and expectable, response.
- The child may not remain in a placement if it does not meet his needs.
- The child may constructively use casework counseling to deal with the conflicts of separation and placement in a way that meets the child's needs without threatening his self-esteem and independence.

Infancy (0 - 12 Months)

Zero to Six Months

Primary Tasks:

During the first year the infant's development is so dramatic that parents often feel the baby "changes overnight." Physical development (which is an expression of underlying cognitive development) proceeds from head control to mobility. The primary psychosocial task for the baby is to build a sense of safety, security, and trust in other human beings — the parents and other caretakers. If this task is not accomplished, it will impact on related emotional development.

Physical Development

0-4 Weeks

- Proceeds from head to foot and central part to extremities
- Sucks reflexively
- Visually tracks to midline
- Lifts head when held upright

3-4 Months

- Prone — Lifts head momentarily
 - rolls from stomach to back
- Pulls to sit without head lag
- Grasps rattle

5-6 Months

- Reaches for objects
- Inspects objects with hands, eyes, and mouth

Cognitive/Language Development

0-4 Weeks

- Smiles selectively at mother's voice
- Startle reflex to sudden noise

3-6 Months

- Babbles and coos, squeals and gurgles (by 3 months)
- Anticipated food with vocalization
- Laughs

Psychosocial Development

0-8 Weeks

- Gazes at faces (birth)
- Smiles responsively
- Uses vocalization to interact socially

3-4 Months

- Distinguishes primary caretakers from others and will react if removed from home
- Smiles readily at most people
- Plays alone with contentment

Six to Twelve Months

Physical Development

Gross Motor

6-9 Months

- Creeps
- Sits without support
- Pulls to stand to cruise furniture

9-12 Months

- Crawls on all fours
- Attains sitting position unaided
- Stands momentarily
- First steps

Fine Motor

6-9 Months

- Transfers objects hand to hand
- Bangs with spoon
- Finger feeds part of meal
- Shakes bell

9-12 Months

- Holds, bites, and chews a cracker
- Grasps string with thumb and forefinger
- Beats two spoons together
- Begins to use index finger to point and poke

Psychosocial Development

6-9 Months

- Discriminates strangers — i.e., frowns, stares, cries
- First stranger/separation anxiety begins
- Actively seeks adult attention; wants to be picked up and held
- Plays peek-a-boo
- Rarely lies down except to sleep
- Pats own mirror image
- Chews and bites on toys
- Beginning responsiveness to own name

9-12 Months

- Social with family, shy with strangers
- Beginning sense of humor
- Becoming aware of emotions of others

*R = Receptive
E = Expressive

Toddler Years (1 - 3)

Primary Tasks:

Separate emotionally from parents or primary caretakers. Self-confidence and self-esteem develops as toddlers make move towards greater autonomy — secure in their attachment to important adults. Key milestones include locomotion, toilet training, and verbal communication.

One Year (12 - 18 Months)

Physical Development

Gross Motor

12-18 Months

- Walks alone
- Stoops and stands up again
- Climbs up on furniture
- Walks up stairs with help

Fine Motor

12-18 Months

- Builds tower of 2 cubes
- Scribbles spontaneously or by imitation
- Hold cup
- Puts raisin or pellet in bottle
- Turns book pages, 2-3 at a time
- Holds spoon

Self-Help

12-15 Months

- Feeds self with fingers
- Removes hat, shoes, and socks
- Inhibits drooling

15-18 Months

- Chews most foods well
- Opens closed doors
- Holds cup and drinks with some spilling
- Imitates housework
- Will bring familiar object upon request

Cognitive/Language Development

12-15 Months

- Jabbers expressively (E)*
- Communicates by gesture (E)
- Vocalizes more than cries for attention (E)
- Understands word NO (R)
- Shakes head to indicate NO (E)
- Says 2-3 "words" other than "ma-ma," or "da-da" (E)
- Looks in appropriate place when asked i.e., "Where is book?" (R)

15-18 Months

- Vocalizes NO (E)
- Vocabulary of 10-15 "words" (E)
- Fluent use of jargon (E)
- Points and vocalizes to indicate wants (E)

Psychosocial Development

12-15 Months

- Strong dependence on primary caretaker with increasing difficulty separating
- Difficulty quieting and relaxing into sleep
- Wants to have caretaker by all the time
- Gives toy to adult on i
- Shows sense of me and mine

15-18 Months

- Follows simple requests
- Begins to distinguish you and me
- Imitates adult activities
- Interested in strangers, but wary
- Sharp discipline not helpful
- Verbal persuasion and scolding not useful
- Autonomy expressed as defiance
- Plays alone or beside other children — solitary or parallel play
- Strong claiming of mine

*R = Receptive
E = Expressive

One Year (18 - 24 Months)

Physical Development

Gross Motor

18-24 Months

- Runs stiffly
- Pushes and pulls large objects
- Carries large teddy bear while walking
- Comes down stairs on bottom or abdomen
- Seats self in small chair

Fine Motor

18-24 Months

- Builds tower of 4-6 cubes
- Tries to fold paper imitatively
- Can wiggle thumb
- Places rings on spindle toy
- Turns pages singly
- Turns knobs (television)

Self-Help

18-24 Months

- Helps dress and undress self
- May indicate wet or soiled diapers
- Pulls person to show
- Asks for food and drink by vocalizing and gesturing
- Uses spoon with little spilling
- Replaces some objects where they belong

Psychosocial Development

18-24 months

- Moves about house without constant supervision
- Parallel play predominates
- Temper tantrums are common in situations of frustration
- Conscious of family as a group
- Enjoys role playing
- Mimics real life situations during play
- Claims and defends ownership of own things
- Begins to call self by name
- Discriminates between edible and nonedible substances

Cognitive/Language Development

18-24 months

- Points to pictures in books (R)*
- Points to one body part on request
- Vocabulary of 20 words — mostly nouns (E)
- Understands yours vs. mine (R)
- Uses words me and mine (E)
- Starts to use "you" (E)
- Enjoys simple stories (R)
- Speaks in 2 word sentences — i.e., "juice gone"

*R = Receptive
E = Expressive

Two Years (24 - 30 Months)

Physical Development

Gross Motor

24-30 months

- Jumps in place
- Can walk on tiptoe (imitation)
- Walks up and down steps, both feet on each step
- Can walk backwards
- Runs headlong

Fine Motor

24-30 Months

- Holds pencil with thumb and forefingers
- Can zip and unzip
- Builds tower of 6-8 cubes

Self-Help

24-30 Months

- Learning to use buttons, zippers, and buckles
- Pulls on socks
- Pulls on pants or shorts
- Drinks from cup without spilling
- Helps put things away
- Toilet training in progress

Cognitive/Language Development

24-30 months

- Often calls self by first name
- Speaks 50 or more words; has vocabulary of 300 words
- Uses phrases and 3-4 word sentences
- Understands and asks for "another"
- Points to 4 body parts

Psychosocial Development

24-30 months

- Initiates own play activities
- Wants routines "just so"
- Does not like change in routine
- Cannot wait or delay gratification
- Does not share
- Identity in terms of sex and place in the family is well established
- Observes other children at play and joins in for a few minutes

Two Years (30 - 36 Months)

Physical Development

Gross Motor

30-36 Months

- Builds tower of 6-8 cubes
- Holds pencil with thumb and forefingers
- Can zip and unzip
- Completes 3 piece formboard
- Turns book pages singly

Fine Motor

30-36 Months

- Completes 3 piece formboard
- Turns book pages singly
- Builds tower of 6-8 cubes
- Holds pencil with thumb and forefingers
- Can zip and unzip

Self-Help

30-36 Months

- Toilet training in progress
- Can dress with supervision
- Eats with fork and spoon
- Pours from one container to another
- Gets drink unassisted
- Avoids simple hazards

Psychosocial Development

30-36 Months

- Begins associative play activities
- Names or points to self in photos
- Joins in nursery rhymes and songs
- Likes praise
- Dawdles
- Auditory fears are prominent (noises)
- Shows sympathy, pity, modesty, and shame

Cognitive/Language Development

30-36 Months

- Verbalizes toilet needs
- Uses plural
- Increasing use of verbs
- Beginning use of adjectives and prepositions
- Vocabulary of 900 — 1000 words by 36 months
- Uses verbal commands
- Gives full name when asked
- Asks, "What's that?"

Pre-School Years (3 - 5)

Primary Tasks:

Attains proficiency in simple self-care within the home and begins to form important relationships with peers and adults in nursery school or day-care setting. This is period of continuing growth in individuation and independence. Identification and attachment to the family is strong. Children this age are egocentric, prone to magical thinking, and involved in Oedipal issues. Loss of or separation from parents during this phase of development may have a long-term impact on personal identity or the persistence of magical thinking.

Physical Development

Gross Motor

- Gallops
- Balances on one foot (1-5 seconds)
- Catches large ball, arms flexed
- Hops on one foot (3 times)
- Turns somersaults
- At 3½ period of incoordination — stumbling, falling

Fine Motor

- Copies circle
- imitates cross
- builds with lego, bristleblocks, etc.
- builds tower of 10 cubes
- spontaneously draws
- handness may shift
- imitates snipping with scissors

Three Years

Cognitive/Language Development

Receptive Language

- Follows two unrelated commands
- Has concept of two or three
- Identifies same/different with pictures
- Responds to verbal limits and directions
- Identifies 2 or 3 colors
- Listens attentively to short story
- Choose objects that are hard/soft, heavy/light, big/little

Expressive Language

- Converses in sentences
- Speech is completely intelligible
- Answers simple yes/no questions
- Rote counts to 5
- Repeats nursery rhymes
- Counts 2-3 items
- Has 50-75% articulation of consonants
- Vocabulary of 1,500 words (by age 4)
- Tells age by holding up fingers

Psychosocial Development

- Outstanding characteristic is readiness to conform to spoken word
- Begins to take turns
- Plays simple group games
- Toilets self during the day
- Apt to be fearful — i.e., visual fears, heights, loss of parents, nightmares
- Uses language to resist
- Adults can bargain with child
- Tries to please
- May masturbate openly
- May have imaginary playmates
- Associative group play predominates
- Shares upon request

Pre-School Years (3 - 5)

Three Years - continued

Cognitive

- Uses words for ordering perceptions and experiences
- Show understanding of past versus present
- Great curiosity. Asks endless questions
- Matches colors (2 or 3)
- Completes 6-piece puzzle
- Can give sensible answer to "Why do we have stoves," etc.
- Tells a simple story

Four Years

Physical Development

Gross Motor

- Runs smoothly, varying speeds
- Hops on one foot (4-9 times)
- Balances on one foot (8-10 seconds)
- Bounces ball with beginning control
- Throws ball overhand
- Walks up and downstairs with alternating feet using rail

Fine Motor

- Copies cross and square
- Attempts to cut on straight line
- Hand dominance established
- "Writes" on page at random
- May try to print own name
- Draws person — arms and legs may come directly from head

Cognitive/Language Development

- Understands opposite analogies
- Follows 3-stage commands
- Listens eagerly to stories
- Follows directions with prepositions — on, under, in front of, behind

Expressive Language

- Uses all parts of speech correctly
- Vocabulary of 2,000 plus words
- Uses color names
- Defines words in terms of use (car, pencil)
- Asks many why, what, and how questions
- 100% production and use of consonants
- Corrects own errors in pronunciation of new words
- Loves new words
- Enjoys humor and self laughing
- Loves silly songs, names, etc.
- Increasing use of imagination
- Enjoys dress-up play
- Interest in time concepts — yesterday, hour, minute, etc.
- Identifies several capabilities
- Role counts to 10
- Counts 4 items
- Categorizes animals, food, toys
- Matches geometric forms
- Identifies missing part

Psychosocial Development

- Dogmatic and dramatic
- Urge to conform/please is diminished
- Control issues prominent for many children
- May be physically aggressive
- Self-sufficient in own home
- Nightmares prominent
- May argue, boast, and make alibis
- Calls attention to own performance
- Tendency to boss and criticize others
- Rarely sleeps at nap time
- Separates from mother easily
- Often has "special" friend
- Prefers peers to adults
- Washes face, brushes teeth, and dresses self
- Uses bathroom unassisted

Five Years

Psychosocial Development

- Enjoys small group cooperative play — often noisy
- In 20-minute group activity, listens and participates
- Knows when certain events occur
- Accepts adult help and supervision
- Serious, business-like and self-assured
- Likes to complete tasks
- Wants to help and please adults
- Enjoys competitive exercise games
- Fears of parental loss, thunder, and scary animals
- More conscious of body, wants privacy
- Respects peers and their property
- Less hitting, more verbalizing
- Is capable of self-criticism and self-praise

Cognitive/Language Development

Receptive Language

- Listens briefly to what others say
- Understands 6,000 words
- Categorizes words
- Guesses object by attribute and/or use clues, i.e., what bounces
- Points to first and last in a line up

Expressive Language

- Vocabulary of 2,500 plus words
- Repeats days of the week by rote
- Defines words and asks for word meanings
- Acts out stories
- Gives rhyming word after example

Cognitive

- Ready to enter kindergarten
- Appreciates past, present, and future
- Can count 6 objects when asked, "How many?"
- Begins to enjoy humorous stories and slap-stick humor
- States address, age, name, and ages of siblings
- Acts out stories
- Learns left from right
- Matches 10-12 colors
- Predicts what will happen next

Physical Development

Gross Motor

- Balances on one foot indefinitely
- Skips smoothly
- Uses roller skates
- Rides bicycle with training wheels
- Balances on tip toes

Fine Motor

- Handedness firmly established
- Colors within lines
- Can cut on line
- Copies circle, square, and triangle
- Not adept at pasting or gluing
- Draws within small areas
- Ties knot in string after demonstration

Five Years - continued

School Milestones

- Prints first name and simple words
- Writing is mostly capitals — immature appearance
- Frequently copies left to right
- Reversals are common (b/d)
- Reads letters in sequence
- Recognizes first name
- Recognizes several or all numerals on clock, phone, calendar
- Counts and points to 13 objects
- Writes 1-10 poorly — many reversals
- Adds and subtracts using 5 fingers
- Is capable of self criticism

Elementary School Years (6 - 10)

Primary Tasks: successful mastery of the world outside their own family unit. Children this age are involved in academic learning, social interactions with same-sex peers, and developing motor skills. As they move into the latency years, there is a strong need for children to learn more about their early history and incorporate this knowledge in their growing sense of self-identity.

Physical Development

Gross Motor

- Constant motion — very active
- Movement is smooth and coordinated
- Stands on one foot, eyes closed
- Balance and rhythm are good
- Bounces ball with good control
- Hops through hopscotch course

Fine Motor

- Ties own shoes
- Makes simple, recognizable drawings

Six Years

Cognitive/Language Development

Receptive Language

- Uses picture dictionary
- Knows category labels
- Defines and explains words

Expressive Language

- Identifies likeness and differences between objects
- Identifies consonant sounds heard at beginning of words
- Gives category labels
- Likes to use big words
- Language becoming increasingly symbolic

Cognitive Development

- Names all colors
- Can tell what number comes after 8
- Understands quantity up to 10
- Can tell similarities and differences among pictures

Psychosocial Development

- Poor ability to modulate feelings
- Enjoys performing for others
- Difficulty making decisions
- Dawdles in daily routines — but will work beside adult to complete tasks
- Jealous of others; highly competitive
- Plays simple table games
- Often insists on having own way
- Easily excited and silly
- Persistent with chosen activities
- Goes to bed unassisted, but enjoys good night chat
- Frequently frustrated — may tantrum
- May return to thumb sucking, baby talk, etc.
- Praise of positive behaviors more effective than focus on negative behavior
- Often takes small things from others and claim them as found
- Begins to distinguish right and left on self
- Understands time interval differences including seasons

Elementary School Years (6 - 10)

Six Years (Continued)

School Milestones

- Begins to recognize words
- Matches words
- Identifies words by length or beginning sound/letter
- Rereads books many times
- Prints first and last name
- Invents spelling
- Reverses digits when writing tens (13/31)
- Role counts to 30 or more
- Adds amounts to 6
- Subtracts amounts within 5
- Uses simple measurement
- Names coin, states, cents value of a penny, dime, and nickel
- Writing is slow and effortful with mixed capital and lower case letters

Seven Years

Psychosocial Development

- Independent in completion of routines
- Learning to screen out distractions and focus on one task at a time
- When angry, becomes quiet and sullen
- Better control of voice and temper
- Sets high expectations for self; frequently disappointed by own performance
- Anxious to please others: sensitive to praise and blame
- Has not learned to lose games, will cheat or end game abruptly
- Little sense of humor — often thinks others are laughing at him
- Considerate of others
- Concerned about right and wrong

Cognitive/Language Development

- Speaks fluently
- Uses slang and clichés
- Understands cause-effect relationships
- Recites days of week and month of year
- Can talk about own feelings in retrospect
- Often seems not to hear when absorbed in own activity
- Capable of concrete problem solving
- Can organize and classify information
- Learns best in concrete terms
- Interested in issues of luck and fairness
- Internal sense of time emerging

School Milestones

- Reading vocabulary increases
- Writing speed increases
- Reversal errors begin to be self-monitored (b/d)
- Learns to solve addition and subtraction combinations
- Learns to tell time

Physical Development

Gross Motor

Activity level variable — calmer than 6 years

Rides bicycle

Runs smoothly on balls of feet

Fine Motor

Small muscles are well developed

Eye-hand coordination is well developed

Draws triangle in good proportion

Copies vertical and horizontal diamonds

Eight Years

Physical Development

Gross Motor

- Movement is rhythmical and somewhat graceful
- Frequent accidents due to misjudging abilities e.g., broken arm
- Holds pencil, tooth brush, and tools less tensely
- Enjoys exercise of both large and small muscles

Cognitive/Language Development

- Ease in expression and communication
- Verbally is often out of bounds — i.e., boasting, exaggerating, sharing private information
- Likes to use big words

Reading

- Variable enjoyment of reading
- Likes humor in stories
- Reads new words through context and phonics
- Able to stop and talk about what he reads
- Omits words and reads out of order
- Prefers silent reading

Arithmetic

- Knows addition and subtraction combinations — some by heart
- Learning to carry in addition
- Learning to borrow in subtraction
- Knows a few multiplication facts
- Knows $1/2$ and $1/4$
- Interested in money

Written Language

- Can write sentences
- Begins cursive writing
- Few reversal errors
- Uses capital and lower case letter forms
- Tries to write neatly

Psychosocial Development

- May be selfish and demanding of attention
- May be cheerful
- Very curious about activity of others
- Learning to lose at games
- Sensitive to criticism, especially in front of others
- Strong interest in own past — e.g. stories, baby books, lifebooks
- Strong interest in own future — often plans to be famous
- Begins to have sense of humor e.g., original riddles and jokes
- May be snippy and impatient in talk with family members

Nine Years

Physical Development

Gross Motor

Becomes interested in competitive sports — social aspects of the games are primary
Apt to overdo physical activities
Sitting posture often awkward — slouches, head close to work, etc.
Works purposefully to improve physical skills
May have somatic complaints — stomachache, dizziness, leg pains, etc.

Cognitive/Language Development

- Important year for gaining proficiency in reading, writing, and arithmetic
- Works hard and plays hard
- Frequently discusses reproduction with friends
- Associates scary daytime events with frightening dreams
- Enjoys school; wants to operate at optimal level, and may relate fears and failure more strongly to subject than to teacher
- Can describe preferred methods of learning
- Likes to read for facts and information — mysteries and biographies
- Enjoys keeping a diary and making lists
- Prefers to read silently
- Usually prefers written to mental computation
- Worries about doing well in school

Psychosocial Development

- Appears emotionally more stable
- Experiences quick, short-lived emotional extremes
- Mostly cooperative, responsible, and dependable
- Capable of concentrating for several hours
- Likes to plan ahead
- Peer pressure gains importance
- Begins to subordinate own interests to group purpose
- May take up collecting hobbies
- Learns to lose at games
- Beginning to be neater about own room
- Chooses member of own sex for special friend
- Overt criticism of opposite sex
- Makes decisions easily
- Relatively easy to discipline

Ten Years

Physical Development

- Girls and boys tend to be even in size and sexual maturity at tenth birthday
- Girls bodies undergo slight softening and rounding (10½)
- Somatic complaints decrease
- Increased fidgeting more common for girls than boys
- Little awareness of fatigue
- Bathing is strongly refused
- Loves outdoor exercise play — e.g., baseball, skating, jump rope, running

Cognitive Development

- Can participate in discussion of social and world problems
- Interest in reading varies greatly from child to child
- Humor is broad, labored, and usually not funny to adults
- Repeats "dirty" jokes to parent, but often does not understand
- Interested in own future parenthood and how they will treat own child
- Rarely interested in keeping a diary
- Wishes are mostly for material possessions, health and happiness for self and others, and personal improvement
- Enjoys memorizing
- Prefers oral to written work in school
- Interest span is short — needs frequent shift of activity in school
- Interest in movies and television diminishes

Psychosocial Development

- Seems relaxed and casual — describes self as "real happy"
- Boys show friendship with physical expression, i.e., punch, shove, wrestle
- Girls show friendship with note writing, gossip, and hand-holding
- Enjoys sharing secrets and discussing mysteries with friends
- Believes friends over parents
- Does not respond well when praised or reprimanded in front of friends
- Anger not frequent and is soon resolved
- Yells and calls names
- Little crying except with hurt feelings
- Relationship with mother tends to be sincere, trusting, and physically affectionate
- Relationship with father very positive, adoring, admiring

Adolescence

Mid Adolescence (Onset Age Varies From 13-15; Ends at Age 16-17)

Physical Development

Girls

- Pubic hair fully developed
- Axillary hair in moderate quantity
- Continued breast growth
- Menstruation well established
- Decelerating height growth
- Ovulation (fertility)
- Moderate muscle growth and increase in motor skills

Boys

- Pubic hair pigmented, curled
- Axillary hair begins after pubic hair
- Penis, testes, and scrotum continue to grow
- Height growth spurt
- Seminal emissions but sterile
- Voice lowers as larynx enlarges
- Mustache hair

Psychosocial Development

- When intelligence is normal, abstract thought is fully developed (usually by age 15) and can be applied in more situations
- Anxiously, major distractions interfere with abstract thinking
- Continued interest in ideas, ideals, values, social issues
- Increased independence from family; less overt testing
- Girls are somewhat more comfortable with body image and changes
- Boys highly concerned with body image and changes as puberty begins
- Relationships with opposite sex increase; same sex relationships continues to dominate
- Reliance on and anxiety about peer relationships continues
- May experiment with drugs
- Concerned with achievement, experiences, feelings of accomplishment, receiving recognition
- Continued interest in appearance, music, and other elements of peer culture

Adolescence

Primary Tasks:

The tasks of adolescence are similar for both boys and girls although boys tend to lag behind girls by one to two years, especially in physical maturation. Asymmetrical development e.g., cognitive development before physical growth, is common. The primary tasks are:

- Exploring personal identity and roles
- Lessening dependence on family and renewed emphasis on separation and individuation
- Exploring relationships with peers
- Exploring sexuality
- Exploring ways to feel competent, important, and accomplished

Normal development often involves swings in mood and reliability, vacillation between dependence and independence, self-absorption, impulsivity, and control; conflicts with adults.

Early Adolescence (Onset Age Varies from 11-13; Ends at Age 13-15)

Physical Development

Girls

Pubic hair pigmented, curled
Auxiliary hair begins after pubic hair
Height growth spurt
Breast development continues
Labia enlarged
Increase in subcutaneous fat
Menarche (menstruation begins)

Boys

Prepubescent physical development
Beginning growth of testes, scrotum, and penis
Downy pubic hair
Consistent height growth

Cognitive Development

- Beginning to move from concrete toward abstract thinking (reasoning based on hypotheses or propositions rather than only on concrete objects or events)
- Increased interest in ideas, values, social issues; often narrow understanding and dogmatic
- Intense interest in music, clothes, hair, personal appearance — especially common for girls
- Although conflict with family increases, most express attitudes that place strong value on family and involved parents

Psychosocial Development

- Anxious about peer acceptance
- Concern with self-identity
- Still dependent on family but increased testing of limits
- Conflicts with peers and family are a means to establish independence
- Egocentric
- Abrupt mood and behavior swings
- Girls highly concerned with body image and physical changes
- Increased interest in peers and peer culture
- Changing friends is common
- Same sex relationships still most common, although concern, anxiety and experimentation with opposite sex — especially for girls
- Strong needs for achievement and recognition of accomplishment, although may be masked by feigned indifference.

Adolescence

Late Adolescence (Onset Age Varies from 15-16; Ends at Age 17-18)

Physical Development

Girls

Full development of breasts and auxiliary hair
Decelerated height growth (ceases at 16 ± 13 months)

Boys

Facial and body hair
Pubic and auxiliary hair denser
Voice deepens
Testes, penis, and scrotum continue to grow
Emissions of motile spermatozoa (fertility)
Graduated deceleration of height growth (ceases by 17 3/4 years ± 10 months)
Muscle growth and increase in motor skills

Cognitive Development

- When intelligence is normal, abstract thinking is well established. Applications to own current and future situations and to broader issues (e.g., social concerns, academic studies)

Psychosocial Development

- As a major emancipation step becomes imminent, (e.g. graduation, moving out of the house, going to college, partial or total self-support), there may be marked increase in anxiety and avoidance behaviors
- Increasingly concerned and interested in movement towards independence. Generally not prepared emotionally or logistically for complete emancipation
- Can maintain more stable relationships with peers and adults
- Body image reasonably well established especially among girls
- More realistic and stable view of self and others, nature of problems, and better at problem solving
- Continued need for achievement and recognition for accomplishment

Adolescence (Onset Age Varies from 17-18; Ends at Age 20-21)

Physical Development

Girls

Uterus develops fully by age 18-21
Other physical maturation complete

Boys

Full development of primary and secondary sex characteristics; muscle and hair development may continue

Cognitive Development

- Ability for abstract thinking and for practical problem-solving skills is increasingly tested by the demands associated with emancipation and/or higher education

Psychosocial Development

- Partial or full emancipation is accomplished, although commonly with difficulty
- Concerns about autonomy lessen and concerns about resources (money, car) increase
- Relationships with family tend to be somewhat less conflictual. Existing conflict tends to revolve around emancipation issues
- Attention still on peers and self-identity

DISCIPLINE

FOSTERING DISCIPLINE

by Patricia Ryan, Ph.D.

Many parents today have trouble in disciplining their children. They constantly ask themselves "Am I being too tough? Am I letting them get away with too much?" If this is true in general, it is even more true for foster parents. Having to care for children whom they have not raised makes it especially difficult to determine what are realistic expectations.

1. Discipline as Teaching

Many of us think of discipline as "punishment." This is only one meaning the dictionary gives us. Other meanings for discipline include "teaching," "self-control," and "control exerted externally" such as military discipline or religious discipline. If we accept this larger definition, we come to recognize discipline as "teaching children what they need to know if they are to become responsible adults, and setting limits for their safety and the comfort of others, until they are able to control their own behavior."

There are many ways to teach. These include:

- Modeling appropriate behavior
- Explaining why things work the way they do
- Providing negative consequences for inappropriate behavior
- Allowing children the opportunity to explore and learn from their mistakes

2. Why Foster Parents Can't Use Corporal Punishment

Many states, including Ohio, prohibit foster parents from spanking, hitting or using other forms of physical punishment. Foster parents express a great deal of concern over this prohibition. Some of the points they have raised and some answers follow:

"They Tell Me to Treat the Children Just Like My Own and I Spank My Own Children"

All children are different and therefore have different needs. We would not give a diabetic child sugar just because all the other children were enjoying it. Treating children fairly means meeting each of their needs to the same extent, not treating them just alike.

"Spanking Shows You Care and That You Love Them"

Many of the children in care have been physically battered by parents who purport to love them. They have learned that the only way you can get attention is to get someone to hurt you. This message is very confusing and leads children when they become adults to show their love by hurting their children and loved ones.

Further, many, if not most children in foster care, blame themselves for being in care and feel they are not very lovable. Since they don't feel they have any worth, it is difficult for them to believe that foster parents could love them.

"Some Children Ask for It"

Children who have been abused do attempt to recreate the situation with other adults. Expecting to be hurt sooner or later they will attempt to get adults to spank or beat them so that they can relax for awhile. This also gives them a measure of control and provides a form of attention. What we want to do with these children is teach them that there are other ways of getting attention and that adults will help them learn.

"Nothing Else Works"

Although many people say that nothing else works, if they find they have to spank very frequently, then spanking isn't working either. Even though most children come into care for neglect, we find that a significant portion have been physically or sexually abused. When children have been abused, they frequently have learned to screen out part of the pain.

Such children will not react to the mild forms of physical punishment most commonly used. Having been severely hurt in the past, these children often laugh at a spanking challenging the foster parent to hit harder.

Other children who have been abused will over-react to the slightest physical discomfort. These children do not need physical punishment and it may further traumatize them.

Since foster parents never know the entire past history of the children in their homes, they have to assume every child might have been abused. If spanking is dangerous for the emotional health and well being of such a child, they have to find something else that works.

GUIDELINES FOR DISCIPLINE 20 RULES FOR REARING CHILDREN

1. Don't disapprove of what a child is, disapprove of what he does.
2. Give attention and praise for good behavior, not bad behavior.
3. Encourage and allow discussion, but remember it's the parents who should make the final decision.
4. Punishment should be swift, reasonable, related to the offense and absolutely certain to occur.
5. Throw out all rules you are unwilling to enforce and be willing to change rules if you think it's reasonable to do so.
6. Don't lecture and don't warn--youngsters will remember what they think is important to remember.
7. Don't feel you have to justify rules, although you should try to explain them.
8. As your youngster grows older, many rules may be flexible and subject to discussion and compromise. However, on the few rules you really feel strongly about, enforce them no matter what rules other parents have.
9. Allow the child or youth to assume responsibility for his decisions as he shows the ability to do so. Remember the value of natural and logical consequences.
10. Don't expect children to show more self-control than you do as a parent.
11. Be honest with your youngster--hypocrisy shows.
12. The most important factor in your youngster's self-image is what he thinks you think of him, and his self-image is a major factor in how he acts and what he does.
13. Decide on a specific behavior you would like to change. Be specific. Don't just tell your child to be "neat." Tell him to pick up his blocks.
14. Tell your child exactly what you want him to do and show him how to do it--sometimes more than once.
15. Try to avoid power struggles with your child. No one wins.
16. Children need supervision.
17. Avoid being a historian. Don't keep bringing up bad behavior.
18. Not all tips work all the time.
19. Be aware that everyone has their own tolerance for misbehavior. Because of our own biases, needs, or rules, we may be willing to put up with or even find amusing some behaviors other parents find intolerable.
20. In order to adequately manage your child's behavior, you yourself need to become more disciplined. You need to change your behavior as a parent before your child's behavior will change (ex.: no empty threats; consistent, clear messages; offering praise; setting appropriate limits).

DISCIPLINARY TECHNIQUES

1. Beat The Clock

Use a kitchen timer to set up a competition between a child and time. This usually works best for a child under age 8 years.

2. Grandma's Rule

When you do "X", you can do "Y." Not "if" but "when." Always stated in a positive manner. When you put away your toys, you may go outside to play.

3. Time Out

Is most effective when there are no toys and away from areas of activity. One (1) minute for each year up to age 5--should never be more than 5 minutes. It takes practice to become effective.

4. Remove Privileges

Be fair and reasonable. Make the punishment fit the crime.

5. Behavior Chart

Make a list of behaviors you would like your child to do. Lists are most effective when they are stated in a positive manner and you reward for a positive behavior rather than punish for a negative one.

Sometimes a star or sticker is enough of an incentive for a child to continue positive behavior. Other times you may decide that a specific number of stars may be worth something of value to your child. This would be a special treat, a new toy, or increased privileges. It is important not to set the goal too high or too low or a child may lose interest.

6. Don't Set Your Child Up For Failure

This preventive technique is often overlooked. Don't leave money or valuables laying around. Put treasured objects away or out of reach so they can't be broken or lost.

7. Extra Chores

8. Setting Consequences

There are three types of consequences: **Natural, Logical, and Artificial Consequences**

NATURAL CONSEQUENCES ARE:

Those that occur without the parent's intervention.

EXAMPLE: *John refuses to take an umbrella when it rains;
John and his belongings get wet!*

LOGICAL CONSEQUENCES ARE:

Those that the parent sets and which are directly connected to the behavior.

EXAMPLE: *John spilled his glass of milk;
John will clean up the mess.*

ARTIFICIAL CONSEQUENCES ARE:

Those that the parent sets but which have no connection to the behavior.

EXAMPLE: *John won't do his homework;
No allowance for one week!*

PROBLEM-SOLVING AND PREVENTION

Problem #1: Resisting Bedtime

Prevention:

1. Share a special bedtime ritual. Example: read a story.
2. Make sure your child gets plenty of exercise so he will be tired.
3. Limit children's naps. Most toddlers give up naps at age 2.
4. Keep bedtime the same each night.

Solving the Problem:

1. Play beat-the-clock.
2. Use the same bedtime ritual regardless of time. If bedtime is delayed, go through the rituals anyway. It gives children a feeling of consistency.
3. Perform rituals in the same order every night.
4. Offer rewards for good behavior.
5. Let your child sleep in a "special place."

What NOT To Do:

1. Don't let your child control the bedtime. Pick a reasonable time and stick with it.
2. Don't keep reminding your child that he doesn't sleep well.
3. Don't expect children to need the same amount of sleep all the time.

Problem #2: Getting Out of Bed

Prevention:

1. Discuss bedtime rules at a non-bedtime time. Let your children know what to expect at bedtime.
2. Promise (and give) rewards for following the rules. Example: When you stay in bed all night, you can go to McDonald's for breakfast. Anything your child enjoys is okay.

Solving the Problem:

1. Follow through with promised rewards.
2. Stand firm with your rules.
3. If your child calls out to you and you aren't sure if you should check on him, go ahead. But if everything is okay, give a quick kiss and tell him it's time to sleep--not play.

What NOT To Do:

1. Don't give in to noise.
2. Don't scream up the stairs or down the hall for your child to be quiet. It teaches your child that you don't care enough to talk face-to-face.
3. Don't use threats or cause fears. (Example: If you get up, the boogey man will get you!) Unless you back up threats, they are only meaningless noise.
4. Don't change rules unless you explain why ahead of time. And if changes are temporary, explain when you go back to the rules.

Problem #3: Overusing "No"

Prevention:

1. Think before saying no. Avoid saying no when you really don't care.
2. Limit "yes/no" questions.
3. Try to use "no" less yourself. Example: If your child is throwing sand, instead of saying "no," try saying "We throw balls, not sand."

Solving the Problem:

1. Understand that many children say "no" to assert their independence. Let them say "no" occasionally.
2. For toddlers, ignore the "no." If you ask if they want juice, and they say "no," give it anyway. Between 1 and 3 years of age, children often say "no" even if they mean "yes."
3. Don't set yourself up for arguments.

What NOT To Do:

1. Don't get angry.
2. Don't offer a choice when the only answer you will accept is "yes."

Problem #4: Temper Tantrums

Prevention:

1. If you see trouble coming, don't let it build up. Say, "I bet this puzzle piece goes here."
2. Make sure your child has plenty of exercise.
3. Make sure your child gets plenty of sleep.
4. Make sure you don't take a child into the store when he's sick, tired, or fussy.
5. Offer interesting toys.
6. Have at least a small space where your child can play freely.

Solving the Problem:

1. Ignore the tantrum. If you're home, walk out of the room. Give your child no attention during the tantrum. If he is destructive to himself, others, or property, put him in a confined safe place. In public, go back to the car.
2. REMAIN CALM. Say to yourself, "I can best teach my child to control himself by controlling myself."
3. Stand firm. You have good reasons for your rules.
4. Explain any changes in rules. Example: Today mommy has money for a new toy. You didn't change your mind because your child had a tantrum.

What NOT To Do:

1. Don't try to reason with a child DURING a tantrum.
2. Don't throw a fit yourself. Say to yourself, "Why do I need to act crazy? I said "no" for a good reason."
3. Don't belittle your child.
4. Don't be a historian.
5. Don't make your child pay for the tantrum by having nothing to do with him later in the day. Don't make him feel unwanted just because his behavior was.

Problem #5: Name Calling/Talking Back

Prevention:

1. Talk to your child the way you want to be talked to.
2. You need to decide if what your child says is back talk or simply how he says words. "Do I have to?" or "I don't want to" aren't really examples of back talk.
3. Avoid calling your child nicknames that you wouldn't want him to call other people.
4. Teach your child that she doesn't have to put up with abusive language.
5. Keep tabs on what words your child hears--from you, friends, or television.

Solving the Problem:

1. Put your child in "time-out."
2. Wear out the name. (One (1) minute for each year)
3. Refuse to listen to back talk or being called names.

What NOT To Do:

1. Don't use back talk yourself.
2. It's hard not to yell when you're being yelled at, but shouting answers only teaches your child how to back talk. Say "I want to help you, but I don't feel like being helpful when you call me names."
3. Don't label your children. Example: "You dummy . . ."

Problem #6: Interrupting

Prevention:

1. Limit the length of conversations.
2. Make phone calls during nap time or when the children are in school.
3. Keep special toys that children play with only when you are on the phone or have company.

Solving the Problem:

1. Give attention to your child, if possible, when you're on the phone. You can rock or cuddle.
2. Use Grandma's Rule. When you play two minutes with toys, I'll be finished.
3. Give your child his own phone to talk on.
4. If people call when your child needs your attention, tell them to call back.
5. Have "mommy time" and "together time."

What NOT To Do:

1. Don't interrupt people yourself.
2. Don't give attention for and encourage interrupting.

Problem #7: Aggressive Behavior

Prevention:

1. Supervise play closely.
2. Don't teach aggressive behavior. If you hit or throw things when you're angry, your child thinks this is okay.
3. Children bite when they are in a situation they cannot handle. Limit overwhelming activities.

Problem Solving:

1. Biting:
 - a. Pinch the child's nose shut to help them release the victim.
 - b. Give your child something they can bite.
 - c. Hold the child's jaw shut and firmly say "No biting."
2. Teach your child things he can do instead of hitting.
3. Forget the incident when it's over.
4. Remove the child immediately. Try time-out.

What NOT To Do:

1. Don't hit a child to stop him from hitting others.

Problem #8: Getting into Things

Prevention:

1. Childproof your house.
2. Decide what can and cannot be touched. "You can play here but not in mommy's room."
3. Put away breakables that cannot be replaced. Why tempt fate?
4. Explain ways for your child to go in off-limit areas. Example: "You can cross the street if you are with an adult."

Problem Solving:

1. Use distraction for children under age 2.
2. Teach your child to "touch" with his eyes, not his hands.
3. Be consistent.
4. Have things your child can touch and handle.

What NOT To Do:

1. Don't be upset if your child does touch off-limit items. Curiosity is normal.

Problem #9: Destroying Toys

Prevention:

1. Provide toys that are sturdy.
2. Provide age-appropriate toys. Many young children get frustrated by toys too advanced for them and they break the toys.
3. Give your kids things they can tear or cut or paint.
4. Share specific rules about caring for and playing with toys. Example: "Your coloring book is the only thing you can color with your crayons."
5. Supervise your child's play.

Problem Solving:

1. If they make a mess, teach a child over age two they need to help clean up.
2. Don't replace broken toys.
3. Take away toys when your child abuses them.

What NOT To Do:

1. Accidents happen. When a child breaks something, even on purpose, don't throw a tantrum yourself. It teaches your child you care more for things than for your child.
2. Don't punish too harshly. Loss of the toy may be punishment enough.

Problem #10: Child Won't Share

Prevention:

1. Let some toys belong only to your child. A toy he never has to share.
2. Let your child know he is not the only person in the universe who has to share.
3. Put labels on identical toys.
4. Understand that children do not really understand the reasons for sharing until they are 3 to 4 years old.
5. Set up sharing rules. Example: If you have it in your hands, it's yours until you put it down.
6. Your child may share better when he's not at home.
7. Sharing takes time to learn.

Problem Solving:

1. Supervise your child's play.
2. Set the timer.
3. Put a toy in "time-out."

What NOT To Do:

1. You cannot force a child to want to share.
2. Don't punish for occasionally not sharing. Just remove the toy.

Problem #11: Fighting Clean-up Time

Prevention:

1. Clean up as you go along.
2. Show your child how to clean up the mess and provide proper clean-up materials (soap, towels, etc.)
3. Be specific. Example: "Put the blocks in the bucket."
4. Let your child play "messy" games in "safe" areas--not on your new carpet.

Problem Solving:

1. Help your child clean up. Sometimes the mess is too big for your child alone.
2. Use Grandma's Rule.
3. Provide containers that make clean-up easy.

What NOT To Do:

1. Don't expect perfection.
2. Don't punish messiness.
3. Don't expect children to prepare ahead for messes. Young children don't know the value of new clothing. Provide old ones for messy games.

Problem #12: Sibling Rivalry

Prevention:

1. Don't compare.
2. Don't get involved in fights when possible.
3. Give individual attention to each child.
4. Intervene only when one child is hurting another.
5. Understand that fighting among brothers and sisters is normal.

Problem Solving:

1. Separate fighting children.
2. Use a bookcase or toy box to divide a bedroom shared by your kids. Everyone needs to have their own space.
3. Suggest a new activity. Boredom often leads to fighting.

What Not To Do:

1. Don't point out the fact that they hated each other five minutes ago when you seem them playing nicely.
2. Don't encourage competitiveness. Let each child develop their own talents.
3. Don't worry if your kids don't get along all the time.

Problem #13: Potty Training

Prevention:

1. Look for signals that your child has to go to the bathroom.
2. Put the potty in a handy place.
3. Don't start training too early (between 18 and 28 months).
4. Don't expect immediate control. There will be many accidents.

Solving the Problem:

1. React calmly to accidents.
2. Praise your child for staying dry as well as for correct toileting.
3. Take your child's potty with you. Many children won't "go" on a strange potty.

What NOT To Do:

1. NEVER punish for toileting accidents.
2. Don't make a big production out of accidents.
3. Don't ask a child if he has to go. Tell him when it's time to try.

Problem #14: Wanting Their Own Way

Prevention:

1. Provide a variety of things your child can do.
2. Say "yes" sometimes.
3. Understand that wanting things our way is normal.

Problem Solving:

1. Reward even the slightest sign of patience.
2. Avoid saying a flat-out "no." Tell your child how he can get what he wants. Example: "When you wash your hands, you can have some M & M's."

What NOT To Do:

1. Don't give in just because your child will make a scene if you don't.
2. Don't demand that your child does everything now. It makes them believe that they, too, can demand things instantly.
3. Make certain your child knows that misbehavior did not get him what he wanted. You are leaving now because you are ready, not because your child complained.

Problem #15: Dawdling

Prevention:

1. Allow yourself plenty of time.
2. Maintain a routine. Kids dawdle more when their routine is broken.
3. Don't dawdle yourself. Don't announce it's time to go when you aren't ready yet.

Problem Solving:

1. Make it easy for your child to hurry. Example: Run into mommy's arms.
2. Play beat-the-clock.
3. You may need to physically guide your child through the task (dressing or getting into the car).

What NOT To Do:

1. Don't lose control. If you're in a hurry, but your child isn't, don't slow yourself down more by yelling. It only makes him slower.
2. Don't punish for dawdling. Time has no meaning to a child under 6 years of age and hurrying has no advantages.

Problem #16: Not Following Directions

Prevention:

1. Learn how many directions your child can follow at once.
2. Let your child do as many things by herself as possible.
3. Limit number of rules. Be consistent with important rules like safety.

Problem Solving:

1. Give simple, clear directions.
2. Praise following directions.
3. Use a countdown. Example: "You have until I count to five."
4. Comment on any progress, not just when the job is done.
5. Use Grandma's Rule.
6. Walk your child through what you want him to do.

What NOT To Do:

1. Don't back down if your child resists. Tell yourself "I know my child doesn't want to do as I say, but I'm more experienced and I know what's best for him."
2. Don't expect too much of your child.

Problem #17: Clinging and Whining

Prevention:

1. Practice leaving your child for short periods at an early age.
2. Tell your child what you'll both be doing while you're gone.
3. Tell your child when you will be back.
4. Play peek-a-boo. It teaches a young child that you can go away but will still be back.
5. Reassure your child you will be coming back.
6. Provide toys your child only can play with when you are gone.
7. Make sure your child's basic needs are met--enough sleep, food, baths, and plenty of hugs so they will be less cranky.

Problem Solving:

1. Teach your child what whining is. Show your child how to ask for things without whining.
2. Ignore the whining. Use time-out when the whining is excessive.
3. Prepare yourself for a scene when you leave.
4. Understand that your child needs time with you and without you.
5. Try to start out with brief separations at first.

What Not To Do:

1. Don't give in to a whining child.
2. Don't whine yourself.
3. Don't let whining make you crazy. It won't last forever.
4. Don't become upset when your child clings. The world is a big, scary place. He is more comfortable with you.
5. Don't send mixed messages.
6. Don't belittle your child.

WHAT TO DO IF ...
(BEHAVIORS OF THE NEW CHILD)
(Reprinted from F.A.I.R. Newsletter - Spaulding for Children)

YOUR CHILD STARTS LYING:

- Stop asking if he's done it when you know he has.
- Stop giving attention for lying.
- Don't ask "WHY?" questions.
- Realize he's afraid he may be sent away if he tells the truth about something he did wrong.
- Don't give a lecture on right and wrong.

YOUR CHILD IS QUIET AND SAD:

- Say, "You seem sad to me."
- Let him know it's okay to be sad.
- Ask him if he wants to talk about it.
- Ask if you can sit and be sad with him for awhile.
- Ask if he wants to help you make up a story about a child who was sad one day.
- Ask if he is thinking about someone from his past.
- Know that you don't have the responsibility for your child's being happy at all times. Grieving is a natural part of the healing process and is not to be avoided.

YOUR CHILD SAYS, "YOU ARE NOT MY REAL PARENTS!":

- Say, "No, but you are going to stay here and we are going to work out our problems."
- Don't let it show that it hurts.
- Don't ask if he wants to go back to his "real" mother.
- Realize that what he is saying is, "Are you going to keep me?"
- Don't deny that there is a biological parent by saying, "Yes, I am." You might say that you are not the parent he was born to, but that you will be his parent now.

YOUR CHILD WETS THE BED FREQUENTLY:

- Buy yellow sheets.
- Help him change the sheets and give him a big hug.
- Don't be angry or punish him.
- Don't talk about it to other people in his presence.
- Don't worry about it unless you have to sleep with him.
- Be sure it's not a medical problem.

YOUR CHILD TALKS ABOUT THE PAST:

- Talk about yours so he will know he isn't the only one that bad things have happened to.
- Be glad that he has enough faith in you to tell you.
- Help him to understand that he isn't to blame for what happened to him.
- Remember that a child can never give up the past until he is allowed to have it.
- Listen and encourage him to talk.

YOUR CHILD DOESN'T TALK ABOUT THE PAST:

- Talk about yours so he will know that it's okay to talk about his.
- Ask the caseworker to help him do a scrapbook.
- If he has a lifebook, show an interest in it.
- Leave items that he brought from previous homes sitting out.
- At appropriate times, make casual references to things that happened before he came.
- Listen and look for clues that he wants to talk about the past.
- Don't assume that because he isn't talking, he isn't thinking.

YOUR CHILD MISBEHAVES IN SCHOOL:

- Have regular conferences with the teacher and the child present.
- Don't try to explain that if he flunks second grade he won't get into Harvard.
- Expect his school adjustment to take at least a year.
- Don't put pressure on him to achieve in school.
- Don't compare him with other children.
- Have a sense of humor.
- Don't automatically side with the teacher.
- Remember that repeating a grade is not the worst thing that can happen.

YOUR CHILD TAKES TWO HOURS TO EAT:

- After letting him know that he must finish by the time everyone else does, clear away his plate when you're done; let him go hungry.
- Do not feed him before the next meal if he didn't eat, and don't feel guilty about it. It is his choice.
- Don't be constantly reminding the child during the meal to hurry up as this gives him attention.
- Let him sit at a different table for slow eaters and take as long as he wants.
- Remember that very few children, if any, starve to death if they have food on hand.

TALKING STRAIGHT WITH CHILDREN

GUIDELINES TO EFFECTIVE COMMUNICATION:

1. Have good eye contact and body proximity.
When you have something important to say to a child, words alone are not enough. The proximity of the adult allows the message to be even clearer than if spoken from across the room.
2. Be observant of nonverbal communication.
When the words say one thing and the body posture says another, a mixed message is sent. Reflect on this with your child and try to glean the real message.
3. Be "clean" in your communication with children.
When you know the facts, don't ask for them. This is manipulative and traps the child in a lie.
4. When correcting a child's behavior, begin with the "I" word instead of "you".
"I" sentences can help us make statements. "You" sentences often cast blame.
5. Use positive language when setting a limit.
With a little practice, it is as easy as using negatives and comes off as more respectful and clarifying. It also reinforces the expected appropriate behavior (i.e. "walk" instead of "don't run").
6. Speak respectfully.
Be courteous to your child. Modeling is the best teacher.
7. Be direct and specific in your observations to children.
This kind of feedback is far more effective because it helps children believe you are attentive and observant. This is especially critical when you praise or criticize your child. Sort out the behavior from the child.
8. Offer children opportunities to practice choice-making.
This communicates the belief that you see them as capable and independent thinkers. You begin offering choices as soon as they understand spoken language.
9. Offer children opportunities to be their own problem-solvers.
Do this as often as possible in situations that do not affect the child's welfare.
10. Understand what a child is asking for before you respond.
Children's words may not be reflecting the source of their questions. Ask questions of them that clarify.
11. Let children know the consequences of behavior without threatening them.
We can discipline children effectively without manipulating them. Make consequences logical/natural instead of punitive.
12. Express your expectations of behavior when children misbehave without shaming them.
A message can be strong without being degrading.

IDENTIFYING
AND PARENTING
SEXUALLY
ABUSED
CHILDREN

BEHAVIORS RELATED TO SEX AND SEXUALITY IN PRESCHOOL CHILDREN

by Toni Cavanagh Johnson, Ph.D. (Licensed Clinical Psychologist)

The following chart attempts to describe behaviors which relate to sex and sexuality of preschool children of normal intelligence. Available literature and empirical data on child sexuality have been studied and consultation with hundreds of professionals, parents and child care providers has been sought to prepare this chart. It is a first step in defining behaviors related to sex and sexuality which are within the normal range, behaviors which raise concern and behaviors which require immediate assessment and intervention. This chart is not meant for use in the assessment of child sexual abuse. Comments and suggestions are invited by the author.

The behaviors in the first column are those which are in the normal range. This range is wide and not all children will engage in all of the behaviors, some children may engage in none while some may only do one or two. There will be differences due to the child's interest and the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos and pictures. The child's parent's attitudes and values will influence the child's behaviors.

The second column describes behaviors which are seen in some children who are overly concerned about sexuality, children who lack adequate supervision and other children who have been, or are currently being, sexually molested or maltreated.

When a child shows several of these behaviors; a consultation with a professional is advised.

The third column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually abused or maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child's ability to integrate it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought.

Sex Play is Within Normal Range of Childhood Behavior

All aspects of normal sex and sexuality for preschool children are related to curiosity and exploration. Preschoolers are trying to find out about the world, how it smells, tastes, works, sounds and feels. Everything related to the genitals, breasts, differences between males and females, and procreation are subjects of preschoolers exploration and curiosity. This interest comes and goes.

Areas of Concern

Concern arises when the child focuses on sexuality to a greater extent than 1) other areas of the child's environment or, 2) other developmentally matched peers. Interest in sex and sexuality should be in balance with the curiosity and exploration of all other aspects of the child's life. When a child is admonished about certain sexual behaviors yet continues, this raises concern. When a child does not seem to understand that the overt display of sexual behaviors is uncommon.

If a child shows several behaviors which are of concern, professional advice is recommended.

When to Seek Professional Help

When there is secrecy, anger, anxiety, tension, fear, coercion, force or compulsive interest and activity related to sex and sexuality, professional advice should be sought.

BEHAVIORS RELATED TO SEX AND SEXUALITY IN PRESCHOOL CHILDREN

Normal Range	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow touching, demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, babies.	Keeps asking people even after parent has answered questions at age appropriate level.	Asks strangers after parent has answered. Sexual knowledge too great for age.
Erections	Continuous erections	Painful erections
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent says "no".	Refuses to put on clothes. Secretly shows self in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane in days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent says "no".	Uses "dirty" words in public and at home after many scoldings.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays with or smears feces after scolding.
Plays doctor inspecting others' bodies.	Frequently plays doctor after being told "no".	Forces child to play doctor, to take off clothes.
Puts something in the genitals or rectum of self or other due to curiosity or exploration.	Puts something in genitals or rectum of self or other child after being told "no".	Any coercion or force in putting something in genitals or rectum of other child.
Plays house, acts out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

SEPARATING FALLACY AND FACT

One of the reasons that sexual abuse has not been considered to be a major social problem and has been greatly under reported to child protective services is that there are a great many misconceptions which prevail.

FALLACY One of the biggest problems in dealing with sexual abuse is that children are often lying about the activity or just "making up a story" to gain attention or get their parents in trouble.

FACT Children almost never lie about having been sexually abused. In a seven year study done in California based on more than 600 families involved in a sexual abuse treatment program, **FEWER THAN ONE PERCENT OF THE CASES WERE SHOWN TO BE BASED ON LIES OR FALSE ALLEGATIONS OF SEXUAL ABUSE OR INCEST BY THE CHILD.**

FALLACY In most sexual abuse cases, the abuser is a stranger to the child.

FACT In the vast majority of cases, the perpetrator is well known to the child - usually a relative such as a father, step-father, uncle, or boyfriend of the mother. In fact, research shows that father-daughter incest accounts for approximately 75 percent of the cases.

FALLACY Sexual abuse is more likely to occur in homes where only one parent is present.

FACT Both mother AND father figures (or substitutes) are living in the home in over 90 percent of reported sexual abuse cases.

FALLACY The lower the family income and social and educational status, the higher is the likelihood of sexual abuse of children.

FACT Eighty percent of sexually abusive fathers are employed, revealing a higher income and education level than physically abusive families in general. In addition, the victim's family usually is well respected in the community and often demonstrates involvement in church and civic affairs.

FALLACY Most father-daughter incest can be explained as caused by a provocative or seductive child.

FACT A promiscuous or seductive child is often the result, but never the cause of incest.

FALLACY In father-daughter sexual involvement, the mother is usually unaware of the occurrence of sexual abuse.

FACT While the mother nearly always denies knowledge of the incestuous affair, in some cases, she has good grounds to suspect the abuse. In therapy, the mother will often admit to knowing of the abuse or relate that she "felt uncomfortable" or "suspicious" about the behavior of the father and daughter.

FALLACY Sexual abuse is usually characterized by a violent or forcible attack or aggression on the child which often leaves physical signs such as vaginal tearing or bruising about the pubic area.

FACT Oftentimes, a father-daughter incestuous affair is characterized by warmth, gentleness, and affection with no violence involved. The father may use his position of power to persuade/coerce his daughter without ever resorting to physical violence.

FALLACY The child victim's reaction to the disclosure that sexual abuse has been occurring is always negative and usually has extremely traumatic effects on the child.

FACT The child's reaction to the disclosure of sexual abuse can range from extremely negative to neutral to positive depending on several variables. The identity of the perpetrator and the number of incidents occurring are important to gauging the child's reaction. Evidence indicates the greater the emotional bond between the perpetrator and victim and the longer the situation has existed results in greater trauma for the child. The traumatic effects are also dependent on the degree of force, violence or shame invoked on the child. In many cases, the child experiences gratification or secondary gain from the relationship, resulting in a positive or at least neutral experience for the victim. Termination of this "special relationship" can result in a "sense of loss" for the child, especially if the offender was a parent. It has often been mistakenly concluded that the accusation is false because the child doesn't exhibit severe or mild trauma to the situation. It is important not to overreact on the basis of one's own personal biases (i.e. the belief that it must have been traumatic) in assessing the situation.

FALLACY Psychologically, the sexually abused child has probably been permanently damaged by the sexual relationship that occurred.

FACT This need not be true. The degree of long range emotional problems for the victim is dependent on many of the variables listed above. Another variable is the reaction of the adults and professionals involved. Don't re-define the situation as more/less alarming than the child sees it by imposing your personal biases.

FALLACY Family sexual abuse is an isolated one-time incident.

FACT For most victims the abuse continues for years and may involve siblings sequentially. In most cases, the offender will not stop until there is intervention.

PARENTING THE SEXUALLY ABUSED CHILD

As a prospective foster or adoptive parent, you may have some valid concerns about sexual abuse. You may wonder what the special needs are of children who have been sexually abused and whether you will be able to meet those needs. By acquiring more knowledge, you will feel more confident in taking on the challenges and rewards of parenting a child with special needs.

Many parents who have fostered or adopted sexually abused children feel that their greatest obstacle was lack of information about sexual abuse in general; about their particular child's history; and about helpful resources such as support groups, skilled therapists and sensitive reading materials. This article will provide you with some basic information about child sexual abuse as well as some special considerations for parents who foster or adopt these children.

WHAT IS CHILD SEXUAL ABUSE?

Child sexual abuse is any forced or tricked sexual contact by an adult or older child with a child. Usually the adult or older child is in a position of power or authority over the child. Physical force is generally not used, since there is usually a trusting relationship between the adult or older child and the child who is abused.

There are various types of sexual activity which may take place. It can include open mouth kissing, touching, fondling, manipulation of the genitals, anus or breasts with fingers, lips, tongue or with an object. It may include intercourse. Children may not have been touched themselves but may have been forced to perform sexual acts on an adult or older child. Sometimes children are forced or tricked into disrobing for photography or are made to have sexual contact with other children while adults watch.

Child sexual abuse does not always involve physical touching. It can include any experience or attitude imposed on a child that gets in the way of the development of healthy sexual responses or behaviors. For example, a child may be a victim of "emotional incest." If a mother tells her son, in great detail, about her sexual exploits, or if a father promises his daughter that she will be his life partner when she turns 18, these would be scenarios in which the child could be considered sexually abused. Siblings who are aware of a brother or sister's victimization, but are not actually abused themselves, may also suffer many of the same effects as an abused child.

In addition, some children experience ritualistic and/or satanic abuse. Ken Wooden, founder of the National Coalition for Children's Justice, defines ritualistic abuse as a bizarre, systematic continuing abuse which is mentally, physically, and sexually abusive of children, and for the purpose of implanting evil.

HOW OFTEN DOES CHILD SEXUAL ABUSE OCCUR?

Estimates are that approximately 1 in 4 girls and 1 in 8 boys experience sexual abuse in some way before they are 18. Data on how many of these children live in foster or adoptive homes are not available. Foster care and adoption social workers are now saying they believe the percentages of boys and girls in foster care who have been sexually abused are much higher than in the general population, perhaps as high as 75%. Many came into foster care initially because of sexual abuse and others are children who were re-victimized while in foster care, either by an older foster child or by an adult.

WHAT BEHAVIORS OR SIGNS MIGHT YOU SEE IN A CHILD WHO HAS BEEN SEXUALLY ABUSED?

While no one sign or behavior can be considered absolute proof that sexual abuse has occurred, you should consider the possibility of sexual abuse when one or several of these signs or behaviors are present.

Physical Signs

- Scratches, bruises, itching, rashes, cuts or injuries, especially in the genital area
- Venereal disease

- Pregnancy in (young) adolescents
- Blood or discharge in bedding or clothes, especially underwear

Behavioral Signs

- Aggressive behavior towards younger children
- Advanced sexual knowledge for the child's age
- Seductive or "sexy" behavior towards adults or peers
- Pseudo-mature behavior (for instance, a girl who is eight and dresses like a 16-year old, wears makeup and generally acts "too old for her age," or a young boy who attempts to be his mother's "man" in every sense of the word)
- Regressed behavior (for example, the child who has been toilet trained starts wetting the bed)
- Excessive masturbation, masturbation in public places, difficulty with being re-focused to another behavior
- Poor relationships with peers
- Fear of a particular person, place or thing (for example, if the abuse occurred in the bathroom, the child may show fear in that room)
- Sudden or extreme changes in behavior (for instance, a previously good student starts having trouble with schoolwork, a child who was not sad before starts crying frequently or acting sad, or a formerly cooperative child acts defiantly or is uncooperative or unusually overly cooperative)
- Eating disorders (overeats, undereats)

Additional Behavioral Signs in Pre-teens and Adolescents

- Self-mutilation (the child may repeatedly pick at scabs, cut him/herself with a razor blade, bite his/her finger or arm, burn him/herself with a cigarette)
- Threatening or attempting suicide
- Using drugs or alcohol
- Becoming promiscuous (a child is sexually active without discrimination, or just has that reputation)
- Being prudish (the child avoids any sexuality, does not see him/herself as a sexual being in any way)
- Prostitution
- Fire-setting
- Lying, stealing
- Running away
- Isolating self or dropping friends
- Pre-occupation with death (the child may write poems about death, may ask a lot of questions about death, such as "What does it feel like and where do people go?")

Some Additional Behavioral Signs in Children Who Have Been Ritualistically/Satanically Abused

- Bizarre nightmares
- Sadistic play (for example, mutilation of dolls or small animals)
- Self-mutilation
- Pre-occupation with death
- Increased agitation on certain dates which represent satanic high holy days
- A constant fear of harm and extreme fear of being alone

ARE ALL CHILDREN AFFECTED EQUALLY BY CHILD SEXUAL ABUSE?

There is a myth that all children who have been sexually abused are "damaged goods" and that the damage is for life. In fact, with guidance and support a child who has experienced sexual abuse can certainly recover and go on to live a happy, successful life with loving and trusting relationships. However, there are many factors which influence the extent of the child's trauma and subsequent healing process. Some of these are:

- **The age of the child when the abuse began.** Children abused very early in life may carry body or sensory memories of the abuse but will not have the words to express their rage. One adult survivor of sexual abuse figured out, with the help of therapy, that the reason she became sexually stimulated when she heard and felt a room fan was because a fan had always been on when she was molested as a child. Children who are abused pre-pubescently, during the time when their sexuality is emerging, may carry greater effects of the abuse.
- **The relationship of the primary perpetrator to the child.** A child's trust of his/her primary caretaker is central to their relationship. Therefore, when abuse occurs in this context, the betrayal is intensified.
- **How long the abuse occurred.** The longer the abuse occurred, the more likely the victim is to feel that he/she should have been able to stop it and thus he or she feels more "guilty."
- **Whether there was violence involved.** In most cases where the abuse included violence or potential violence (that is, the victim was made to understand that without cooperation there would be violence) the child will have experienced additional trauma and therefore damage to his/her development.
- **The social system available to the child at the time of abuse.** The child who had someone to tell about the abuse will suffer less than the child who had no one to tell. And even in some cases where the support system is available, the child may choose not to tell for fear of the consequences. For example, the child may think, "If I tell my father that my brother is abusing me and he believes me, then my father may do something drastic like hurt my brother or send me to jail."

When children reveal their secrets, the response of adults will vary. It is important to stay as calm as possible so as not to further traumatize the child. The rage you may feel is natural, but the child may perceive that it is directed at him or her. The child needs a safe, supportive atmosphere in which to talk. Children also benefit enormously from hearing that this has happened to other children, male and female.

- Ego development of the child at the time of the abuse. If the child has a firmly established concept of his or her sexual identity, the abuse will have less impact. Children who are abused by a same sex perpetrator often have deeply felt fears about whether this means they are homosexual. One way in which parents can help allay this fear is to explain that our bodies have many nerve endings. If these nerve endings are stimulated, they will react. For example, if a bright light hits your eyes, your first response will be to blink or to shade them from the light. A simple concept to use with children is that of tickling. If a child is ticklish, he or she will laugh when tickled. It does not matter whether the person tickling is male or female; the child is reacting to the experience.

If the perpetrator is of the opposite sex, questions of identity may also come into play. For example a boy who is abused by a woman and is not aroused, may doubt his masculinity. If he is aroused physically, but not emotionally, he may equally doubt his masculinity. The same identity issues for girls may hold true.

If the child has a positive self-concept, that is, if he or she feels valued at the time the abuse occurred, there will be fewer repercussions. In fact, children with good self-esteem are more likely to feel they can say no and/or tell someone about the abuse.

DO BOYS WHO ARE ABUSED HAVE SPECIAL ISSUES?

Boys who are sexually abused face some additional problems because of persistent myths in our society. Males are rarely viewed as fitting the victim role. When boys get hurt, they are often told "act like a man," "don't be a sissy," "control your emotions." The message to boys is to stand on their own two feet and to take care of themselves. Under these circumstances, a male victim is less likely to tell and therefore cannot begin a healing process. This increases the chances that he may take on the role of the victimizer in an attempt to master his own experience.

A further complication for boys is that the media portray boys who have sexual experiences with older women as going through a "rite of passage" rather than as victims of sexual exploitation. Movies such as "Summer of 42" and "Get Out Your Handkerchiefs" are prime examples of this.

WHAT ABOUT JUVENILE SEX OFFENDERS?

Some children who have been sexually abused go on to abuse other children. While this is a serious problem, the exact percentage of sexual abuse victims who become abusers is not known.

It is important to realize that these children are victims as well as offenders and need to receive counseling from qualified therapists who understand both aspects of the problem. The therapist must be able to be empathic and understanding of the "victim" but confrontational with the "victimizer."

Victimizers have triggers that precede their behavior. For example, a child may abuse another child when he or she finds him or herself in a vulnerable or stressful situation. Sometimes this is because he or she lacks control or power. This may be when the child gets called a name at school or believes he or she is being punished unfairly. The therapist must help the child to not only recognize his/her own individual triggers but also, to understand the consequences of acting out these impulses.

In other instances, past experiences have left the child overly sexually stimulated. The child needs education and suggestions of alternative positive behaviors to replace the sexually victimizing behavior.

WHAT DO PARENTS NEED TO KNOW WHEN PARENTING A CHILD WHO HAS EXPERIENCED SEXUAL ABUSE?

Parents who foster or adopt children who have experienced sexual abuse need the wisdom of Solomon, the strength of Hercules and the patience of Mother Theresa. If you fall short in any of these areas, do not despair. You are in good company. Perhaps, more important is your desire to help a young person grow into a healthy, trusting adult. This is a privilege and one which brings real satisfaction to those who have provided foster care or adopted.

WHAT DO PARENTS NEED TO BE AWARE OF ABOUT THEMSELVES?

It is very important for you as prospective foster or adoptive parents to be honest with yourselves and with your foster and adoption worker about a number of things:

- Is there a history of sexual abuse in either the mother or father's past? If there is, how were those experiences resolved? Did you decide to "just forget about it" and chalk it up as one of those things that just happened? Or did you get help, from your parents, a teacher, a minister, a therapist or someone who could help you work through your feelings about having been abused? Parents with unresolved abuse experiences in their history may be at greater risk for either abusing the child again, or for keeping too much physical and emotional distance, for fear of abusing the child. Parent/Survivors in local support groups regularly address these phenomena.
- How comfortable are you as prospective parents, with your own sexuality and with your sexual relationship(s)? Can you talk comfortably about sex? Do you give yourselves permission to acknowledge your own sexual feelings, thoughts, fantasies and fears? Do you have a well-established relationship which allows for direct and open communication? A child who has been sexually abused may need to talk about what happened to him or her. The child's behavior may be seductive or blatantly sexual at times. A parent must be able to deal with this.

In addition, there are some other issues that are important for foster and adoptive parents to consider. They are:

- **A willingness to "be different," or experience embarrassing situations, at least for a while.** Children who have been sexually abused may behave toward their adoptive parents in ways which are different than non-abused children. For example, Lisa, age 8, began shouting loudly, in public places like the supermarket, that her father had abused her. In fact, it was her biological father and not her adoptive father who had abused her, but the strangers in the supermarket obviously did not make the distinction.
- **An ability to wait for the child's commitment while not putting off making your own.** An abused child is often untrusting and tied to the past. A child may repeatedly test your commitment to him or her. She or he may feel that if you really and truly saw her or him as they are, with all the scars, that you would not really want him or her.
- **Many parents have the hope that their love will immediately ease the mistrust their child has of the world and all its adults.** What one adoptive parent learned was "love has a different meaning for my daughter. To her, it's simply a deal: You do this for me and I'll do that for you . . . What a shock to discover that love is not enough." A true, trusting love based on more than just bargaining can come to pass with a sexually abused child, but it will take time, consistency and patience.
- **A sense of humor.** As with most situations in life, a good hearty laugh helps.

WHAT DO PARENTS NEED TO BE AWARE OF ABOUT THEIR CHILD WHO HAS BEEN SEXUALLY ABUSED?

Children who have experienced sexual abuse will probably need help in learning new behaviors and ways of relating. Some of the behaviors and emotions you may see expressed by your child are:

- **Withdrawal** - Overwhelmed by the feelings she or he has experienced, the child may retreat physically or emotionally. As a parent, you may feel confused or resentful. It can be very isolating to have someone close to you tune you out. Unless you think there is danger of physical harm to the child or others, the best course of action is to reassure the child that you care and that you will provide the limits and boundaries that your child needs.

- **Mood Swings** - A moment's tenderness can quickly explode into anger. The child may be full of confidence one day, only to sink into despair the next. It is difficult to see someone you care about in pain, but you cannot control the feelings of someone else. Point out that these mood swings are occurring. Do not allow yourself to be unfairly blamed. Try to stay calm and accepting that sometimes the child does not even know when or why his/her mood swings are occurring. Crying jags can be part of these mood swings. Accept that it is beyond your power to make it all better. Sometimes when a parent tries to rescue a child from his or her pain, he or she ends up feeling guilty, resentful and frustrated when it does not work. When a caterpillar is emerging from the cocoon, it must have a period of time to build strength in its wings. If the butterfly is released from its cocoon before its time, its strength will be diminished and it will not be able to survive on its own.

- **Anger** - The first target for the child's angry feelings may be the person he or she has come to feel the safest with - you. When a person's angry feelings are completely out of proportion to what is going on, it probably has nothing to do with the present situation. Something in the present is triggering and re-stimulating old memories and feelings. The safety of the current situation allows these feelings to be expressed. Recognize that this is actually a sign of health, but do not accept unacceptable behavior, and never expose yourself to physical violence.

You can assure your child that you are willing to work out the problem at hand, but in a safe and supportive manner. For example, a child may be offered a pillow to beat on in order to vent his or her anger.

- **Unreasonable Demands** - Some children learn the survival skills of manipulation and control. They may feel entitled to make unreasonable demands for time, money or material goods. It is important not to play into or get trapped by these demands. You need to maintain a healthy relationship with your child. This will help the child reduce these demands.

- **Sexual Behaviors** - Since the abuse was acted out sexually, the child needs help in sorting out the meaning of abuse, sex, love, caring and intimacy. Some children may try to demand sexual activity, while others may lose interest in any form of closeness. Think of all the needs that are met through sex: intimacy, touch, validation, companionship, affection, love, release, nurturance. Children need to be re-taught ways that these needs can be met that are not sexual.

A child who has been sexually abused may feel:

- I am worthless and bad

- No person could care for me without a sexual relationship

- I am "damaged goods" (no one will want me again)

- I must have been responsible for the sexual abuse because

* it sometimes felt good physically

* it went on so long

* I never said "no"

* I really wasn't forced into it

* I never told anyone

- I hate my body

- I am uncomfortable with being touched because it reminds me of the abuse

- I think I was abused but sometimes I think I must have imagined it

- I blame my (biological) mother or father for not protecting me but I can't talk about it; I don't want to hurt him/her.

A child who has been sexually abused will benefit from clear guidelines that set the rules both in the home and outside. These kinds of rules will help provide the structure, comfort and security which all children need to grow into healthy adults. Experts in the field of adoption and child sexual abuse believe these guidelines are particularly important during the first year after placement, when the child is working hard to establish new relationships with his/her adoptive family and to build trust.

The following guidelines address topics with specific reference to children who have been sexually abused.

- **Privacy:** Everyone has a right to privacy. Children should be taught to knock when a door is closed and adults need to role model the same behavior.
- **Bedrooms and Bathrooms:** These two locations are often prime stimuli for children who have been sexually abused, since abuse commonly occurs in these rooms.

By the time children enter first grade, caution should be used about children of the opposite sex sharing bedrooms or bath times.

It is not advisable to bring a child who has been sexually abused into your bed. Cuddling may be overstimulating and misinterpreted. A safer place to cuddle may be the living room couch.
- **Touching:** No one should touch another person without permission. A person's private parts (the area covered by a bathing suit) should not be touched except during a medical examination or, in the case of young children, if they need help with bathing or toileting.
- **Clothing:** It is a good idea for family members to be conscious of what they wear outside of the bedroom. Seeing others in their underclothes or pajamas may be overstimulating to a child who has been sexually abused.
- **Saying "No":** Children need to learn that it is their right to assertively say "no" when someone touches them in a way they do not like. Help them to practice this.
- **Sex Education:** All children, including the child who has been sexually abused, need basic information about how they develop sexually. They also will benefit from an atmosphere in which it is OK to talk about sex. Appropriate words for body parts, such as penis, vagina, breasts and buttocks, will give the child the words to describe what happened to him or her. Suggestive or obscene language is sometimes a trigger for old feelings for a child who was sexually abused, and should not be allowed.
- **No "Secrets":** Make it clear that no secret games, particularly with adults, are allowed. Tell children if an adult suggests such a game, they should tell you immediately.
- **Being Alone With One Other Person:** If your child is behaving seductively, aggressively or in a sexually acting out manner, these are high risk situations. During those times, it is advisable not to put yourself in the vulnerable position of being accused of abuse. In addition, other children may be in jeopardy of being abused. Therefore, whenever possible during these high risk situations, try not to be alone with your child or allow him/her to be alone with only one other child.
- **Wrestling and Tickling:** As common and normal as these childhood behaviors are, they are often tinged with sexual overtones. They can put the weaker child in an overpowered and uncomfortable or humiliating position. Keep tickling and wrestling to a minimum.
- **Behaviors and Feelings:** Help children differentiate between feelings and behaviors. It is normal to have all kinds of feelings, including sexual feelings. However, everyone does not always act on all the feelings he or she has. Everyone has choices about which feelings he or she acts on, and everyone (except very young children) must take responsibility for his or her own behavior.

WILL OUR CHILD AND FAMILY NEED PROFESSIONAL HELP?

It is very likely that at some time or other parents of a child who was sexually abused will need professional help and support for themselves and their child. The type of therapy that will be the most helpful, that is, individual, couple or family therapy, will depend on a family's particular situation. When a child is being seen in individual therapy, it is important that the parents, who have the primary responsibility for the child, be in close contact with the therapist, or included in the therapy. Try to choose a therapist who is knowledgeable about both sexual abuse and adoption issues and with whom you feel comfortable.

Support groups for foster or adoptive parents or sexually abused children and support groups for victims/survivors are another helpful resource. Foster and adoptive parents who have had a chance to talk with others who understand the experience of parenting a sexually abused child say that this kind of sharing is very useful. Dr. Nicholas Groth, a leading psychologist in the field of sexual abuse, along with many children and adult victims/survivors, say that groups for children can be most effective in the healing process. The opportunity to talk and share with other children who have also experienced sexual abuse reduces a child's sense of isolation and belief that he/she is the only one to whom this has ever happened.

IS THE HEALING EVER COMPLETED?

Recovery from child sexual abuse is an ongoing process. As this process unfolds, the child will ideally move from victim to survivor to thriver. Developmental stages, particularly adolescence and young adulthood, may trigger old feelings about the abuse. For example, the time when an adolescent's body begins to develop physically, or when he or she marries, or becomes a parent may restimulate old feelings and memories.

As discussed earlier, so many factors can influence the extent of the damage to the abused child. While foster and adoptive parents cannot erase what happened to their child earlier in his/her life, you have a wonderful opportunity to provide your child with new, healthier experiences. Those who have made the commitment to parenting a sexually abused child say that the rewards of helping a child grow into a healthy, vibrant adult are very satisfying indeed.

This paper was written for the National Adoption Information Clearinghouse by Rosemary Narimanian of Philly Kids Play It Safe and Julie Rosenzweig of the National Adoption Center.

SITUATIONS THAT PRECEDE OR "SET UP" INCEST

(From the book One in Four by Victoria Kepler,
Pages 138-143, Social Interest Press, Inc. 1984)

Each of these cues viewed singly means little and could be indicative of a normal, stable family, but, several cues together could be symptomatic of serious dysfunction within the family unit.

To understand why incest occurs consider:

1. personalities of the individuals involved
2. situation, setting, and circumstances
3. the changes or crises recently occurring in the family structure

Changes occurring in a family which may increase risk of incest:

1. Father and mother experience extreme marital problems in that they have stopped having sex with each other
2. Parent of the same sex as child becomes incapacitated or is frequently absent from home
3. Parent of opposite sex suffers a crisis such as father becomes unemployed or mother becomes widowed
4. Daughter is beginning to mature physically
5. Overcrowding in the home, especially in sleeping arrangements
6. Social and geographical isolation of family
7. Sex climate of family becomes lax, loose, or repressive
8. Alcoholism
9. Pattern develops of rigid, restrictive control by father of the social activities of one or more of the children

Characteristics of Incestuous Daughters:

1. Poor relationship with mother; mother may be gone, hospitalized or at home but does not like or want the daughter; mother may be jealous and reject the daughter
2. Daughter has a low self-esteem, feels unattractive, unloved, inadequate
3. Daughter looks for attention and affection; wants friendship of peers but is afraid of rejection so isolates herself; easily falls in love with father who bestows gifts and attention on her
4. May develop a seductive manner, look, or behavior to attract attention
5. She may be stuck on father - making her very vulnerable to advances (Electra complex), does not identify with her mother and wants to possess father for herself (if she did identify with mother, she could give up her wish for her father and devote her energies to other concerns)
6. May act as "rescuer" of father - sensing he is unhappy, may try to "rescue" whole family - believes she is the only one who can hold things together - rescuing may extend to sex with father to calm him down or to keep him from fighting with the mother or the other children in the family (daughters of "tyrants" often adopt this role)

Characteristics of Incestuous Fathers:

1. He never got over a fixation with his own mother
2. Never identified with his father
3. Was encouraged to be the "little man" of the house or take care of his parent's emotional needs
4. Inadequate coping skills
5. Lack of proper nurturance in own childhood
6. Clings to fantasy of an all-loving mother and sees in daughter a chance to finally obtain it

Characteristics of nonparticipant mother (in father-daughter incest):

1. Seeks role reversal - this basic symbiotic quality is reflected in nearly all the traits of mothers whose husbands and daughters engage in incest
2. Is frigid or wants no sex with husband - feels relief when daughter substitutes
3. Keeps herself tired and worn out
4. Weak and submissive, overly dependent on husband
5. Becomes "mom" to her husband
6. She becomes indifferent, absent or promiscuous
7. Lack of proper nurturance in own childhood
8. Inadequate coping skills

There are no conclusive signs or symptoms that incest is occurring in a family. But, when several cues are forming a pattern or are found in a combination with one another, incest may be considered as a distinct possibility.

Cues in Father-Daughter Incest:

Blurring of generational lines:

Father and/or mother takes "child" position
Daughter takes role of "mother" and "wife" in family
Father acts as suitor to daughter
Mother acts as rival to daughter

Father:

Jealous of daughter's being with peers and dating
Over-possessive of daughter
Often alone with daughter
Shows favoritism toward daughter over other siblings

Siblings:

Jealous of daughter chosen by father
Rejection of sister due to their resentment of her being "special"

Daughter:

Depressed
Withdrawn
Secretive
Excessively seductive (Lolita Syndrome)
Delinquent behavior
Suicide attempts or threats
Regressive behavior (may even appear mentally retarded)
Poor self-image
Promiscuity, and/or prostitution
Isolation from peers
Uninvolved in school activities
Grades fall
Truancy from school
Running away from home
Use of drugs and/or alcohol

Physical cues:

Pregnancy
Venereal disease
Stomachache
Genital infection
Painful discharge of urine
Lacerations, abrasions, bleeding, discharge
In some cases it has been found that extreme overweight or extreme underweight (anorexia nervosa) may be cues
Paralysis (particularly from the waist down) for which no physical cause can be found (usually comes on suddenly) - psychosomatic

Cues in younger children:

Since they have difficulty verbalizing their fears, the signs of incest in young children are likely to be physical and behavioral.

Bedwetting
Encopresis (fecal soiling)
Altered sleep patterns
Severe nightmares
Overly compulsive behavior
Excessive curiosity about sex
Seductiveness
Clinging/whining to a particular parent (nonabusive)
Hyperactivity
Difficulty in walking or sitting
Fears of phobias
Learning problems
Precocious sex play
Explicit knowledge of sexual parts
Regression in developmental milestones
Separation anxiety
Taking excessive number of baths

Cues in Brother-Sister Incest:

Brother and sister act like boy and girl friend
Sister fearful of being alone with brother
Brother and sister embarrassed when found together
Sister antagonizing brother with no retaliation

REFERENCES FOR BEHAVIORS RELATED TO SEX AND SEXUALITY IN PRESCHOOL CHILDREN

- FRIEDRICH, W., GRAMBSCH, P., BROUGHTON, D., KUIPER, J., & BEILKE, R. (1991). Normative sexual behavior in children. Pediatrics.
- FRIEDRICH, W., GRAMBSCH, P., DAMON, L., KOVEROLA, C., HEWITT, S., LANG, R., & WOLFE, V. (1992). The Child Sexual Behavior Inventory: Normative and Clinical Comparisons. Journal of Consulting and Clinical Psychology.
- JOHNSON, T.C. (1988). Child perpetrators - children who molest other children: preliminary findings. Child Abuse and Neglect, 12, 219-229.
- JOHNSON, T.C. (1991). Children Who Act Out Sexually and Important Tools For Adoptive Parents of Children Who Act Out Sexually. In J.M. and B.H. McNamara (Ed.), Adoption and the Sexually Abused Child (pp. 63-88). University of Southern Maine.
- JOHNSON, T.C. (1990). Child Sexual Behavior Checklist. Unpublished.
- JOHNSON, T.C. (1991). Understanding the Sexual Behaviors of Children, SIECUS Report, August/September.

