

Understanding and Communicating with the 0-5 Year Old Child: A primer for Court Appointed Special Advocate

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Objectives:

1. Learn about the developmental milestones and red flags
2. Learn best practices in communicating with the young child, and
3. Learn what information to gather and report

Disclaimer

- We are not teaching you to replace professionals trained in child development
- We are teaching you to identify issues and alert the various providers and/or the court
- We are not providing legal advice of any kind
- Nothing we teach here is meant to undermine the directives of your CASA supervisor or CASA policies

Development

Milestones and Concerns

Development: Birth-2 Months old

- Physical/Motor
 - Reacts to loud noise
 - Makes quick and jerking movements
 - When on stomach, move head side to side
 - See objects 8-12 inches away
 - Smiles spontaneously
- Social/Emotional
 - Sense of Trust/Security, responds positively getting needs met
 - Makes eye contact
 - Cries to demand attention
- Language
 - Coos in response to adults' speech

Red Flags: At 2 Months Old

- Exposed to drugs in-utero
- Safety- Where is infant sleeping?
 - ABC
- Not reacting to loud sudden noises
- Caregiver's response to baby
- Colicky
 - Normative: 2-3 hours of crying in 24 hr day
 - Concern:
 - cries begin suddenly, no obvious reason
 - cries last at least 3 hours a day
 - happens at least 3 times a week

Development: 3-6 Months Old

- Physical/Motor
 - Turns head easily while on back
 - At 4 months, can roll over
 - At 5-6 months, more steady head strength and can hold his/her when on stomach
 - Reaches to grasps object with both hands (4 months)
 - Stands with support
 - Bring little feet to mouth
- Social/Emotional
 - Responds to smiles by smiling
- Language/Cognitive
 - Babbles sounds: “da-da-da” and “ba-ba-ba”
 - Laughs, as response to a smile, tickle and gentle bouncing on the knee
 - Responds to own mirror reflection in mirror

Development: 6-9 Months Old

- Physical/Motor
 - Transfer object from one hand to another
 - Starts crawling
 - Sits without support
- Social/Emotional
 - Beginning to develop discrepancy, awareness of strangers
 - Awareness of emotional tones (fear, sad, happy)
 - Play games, peek-a-boo
 - Enjoys the element of surprise
- Language/Development
 - Babbles sounds like “goo” and “gaa”
 - Responds to own name
 - Understand simple words
 - Exploring cause-and-effect

Development: 9-12 Months Old

- Physical/Motor
 - Walks with help
- Social/Emotional
 - Begins to feel anxiety from separating from attachment figures (separation anxiety)
 - Begins to feel anxiety with strangers (stranger anxiety)
- Language/Cognitive
 - Says at last one word
 - Gestures or point
 - Imitates sounds 'uh-oh'
 - Responds to "No" ; waves bye-bye
 - Shows understanding that objects exist when out of sight
 - Understanding object has purpose (cell phone, hair brush etc)

Development: 12-18 Months Old

- Physical/Motor
 - Begins using spoon
 - Walks (12 months); Runs (later on end of this stage)
 - Walk up and down stairs (toward the end of this stage)
 - Stacks two objects
 - Scribble
- Social/Emotional
 - Imitates older siblings or children
 - Signs of distress when attachment figure leaves (crying)
- Language/Cognitive
 - Says “mama” and “dada”- intentionally
 - Understands more words than can express (ie: brother, mama, ball, dog)

Red Flags: Up to 18 months

- Does not use eyes to follow or focus on an adult's face
- Hands are tightly fisted; legs still
- Does not sit alone; will not yet roll on tummy to side at 10 months
- Lack of responsiveness to visual or auditory stimuli
- Seems especially withdrawn (no crying)
- Doesn't self-regulate, even with caring support (sensory issues, history of abuse, neglect)
- Failure to Thrive
- Environment
- Early Signs of Autism
- What is the Caregiver's response AND care needs of child?

First Impressions: Exposure to Violence and a Child's Developing Brain



<https://www.youtube.com/watch?v=brVOYtNMmKk>

0:00 until 3:47

Development: 2-3 year olds

- Physical/Motor
 - Runs, jumps, climbs
 - Throw and kick ball
 - Shows interest in potty training and (at 30m -36m, trained)
 - Pull off and begin to put on own clothes
- Social/Emotional
 - Independence in brushing teeth, dressing, picking out clothes
 - Interest in anatomy
 - Tantrums (Terrific Two's+); hard time sharing things
 - What is happening during this stage?
 - Wants routine to always be same
- Language/Cognitive
 - Puts words together "I do it" or "her hit me"
 - Vocabulary between 20-200 words

Development: 3-4 year olds

- Physical/Motor
 - Throws a ball; can balance on one foot, for one second
 - Copies and draws shapes; Can use scissors
 - Potty trained
- Social/Emotional
 - Engages in solitary play; when interested in peer activity, will join play
 - Likes praise; more interest in sharing
 - Begins understanding limits and rules ; beginning to understand danger
 - Seek adult attention and approval
 - Identify emotions: happy, sad, angry
- Language/Cognitive
 - Makes simple choices
 - Engaged in pretend play
 - Vocabulary approximately of 1000 words
 - Ask questions
 - Speech is understandable

Development: 4-5 year olds

- Physical/Motor
 - Can manage toilet needs, except night time accidents
 - Stand one foot; hop; can walk on tiptoes
 - Hand-eye coordination is getting better
- Social/Emotional
 - Primarily playing with peers, not much solitary play
 - Feels sympathy for others
- Language/Cognitive
 - Draw a person with head, body, legs, arms
 - Understand 3-4 step simple directions “Get the barbie dolls, put them in toy box and close the toy box.”
 - Tells long stories, reality and fantasy is mixed
 - Count to 10; recognize numbers 0-9; knows 4-6 colors by name
 - Know days of week, months, but can not tell time (5 yrs +)

Red Flags

- Child excessively clingy, distressed
- Exhibiting sexualized behavior of concern
- Child does not seek comfort
- Hyper-vigilance (stress response)
- Refuses to speak
- Aggression
- Child's play around violence and abuse
- No eye contact
- Unable to focus, gets easily distracted
- Parents/Caregivers reactions to behavior and discipline strategies
 - Understanding needs and signals (attunement)
 - Caregivers/Parents mental health needs and stressors & environment

Case Scenario

Sia is nine-month old child and has been placed in a foster home, after she was removed from parents due to neglect, exposure to intimate partner violence (IPV). (Mother has history of alcohol use). Sia has been at this foster home for 3 weeks now.

Sia, when put down on the floor, sits and looks down. Foster Mom continues talking to Social Worker. Sia continues in same position after several minutes. Then Foster Mom picks up Sia and places her in the play pen. Sia is lying down.

Social Worker talks and smiles at Sia, Sia does not turn to look toward where sound is coming from or smile at Social Worker. Social Worker continues to work at engaging Sia for sometime. Sia then turns her head away from Social Worker. Sia does not cry.

Foster Mom is not concerned and thinks Sia is adjusting.

1. As a CASA, walking into this situation, do you have any concerns. If so, what are they?
2. What are the red flags?

Attachment vs. Bonding

- Attachment: “Relationship developed between the infant/child and a parent or primary caregiver in first 2-3 years of life. How this relationship is formed is dependent on how a parents responds to a child’s needs for care, comfort and security.” Develops gradually, through consistent and nurturing care.
- Bonding: “ Parents strong feeling of love and care help cement this bond toward the child. The bonding experience can develop, creating a more permanent bond with the child.”

Attachment Styles

- Secure
- Insecure
 - Avoidant
 - Ambivalent / Preoccupied
 - Disorganized

Avoidant Style

Parenting	Child's Response
Parent is avoidant: decrease ability to comfort child. Pushes child away	I'm loved if I'm <u>not</u> needy, so instead child behaves
Parent is uncomfortable with physical closeness/intimacy	Child becomes self-reliant
Parent is emotionally distant	Does not rely/asks for help and comfort

Ambivalent / Preoccupied

Parenting	Child's Response
Inconsistent	I'm <u>not</u> sure I'm loved
Unpredictable	I'm <u>not</u> sure about others
Responds to increase distress (i.e.: child's cries) Insensitive	I want you but fear closeness; clingy behavior

Disorganized

Parenting	Child's Response
Parent is frightening	Beliefs world is an unsafe place
Parent is harmful	Beliefs world is an unsafe place, and "I'm a bad kid."
Parent is absent	Beliefs world is an unsafe place, "I'm a bad kid," and trusting other is hard. I don't belong. My feelings overwhelm me.

Child functions in a state of fear.

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First Impressions: Exposure to Violence and a Child's Developing Brain

- https://www.youtube.com/watch?v=SCkB_I392Y8

Cultural Considerations

- Customs, beliefs, actions and values of people of a racial, ethnic, religious or social group.
 - Values about family-structure, roles in the family unit, rules
 - Health beliefs and treatment
 - Values about education and work
 - Time present in community (documented/undocumented)
 - Impact of crisis events
 - Language spoken (language preference or comfort)
 - Discipline of the child
- Goal is to be sensitive to cultural differences without dismissing issues of concerns
- Advocacy needs

What services exist?

- First 5
 - Education, training, home and school based services, and prevention programs for children 0-5 years old
- KidsConnection and SCC Mental Health
 - Mental health services (therapy/home visitation) developmental screenings and assessments for children 0-5; and, Public Health Nurse, if need is determined

AGENCIES

- Kidscope (mental health assessments, developmental screening, therapy)
- Kidango (mental health assessments; therapy and home visitation services)
- EMQFF (Systems of Care services, including therapy)
- Gardner Family Care (Systems of Care services, including therapy, case management)
- Community Solutions (Systems of Care services, including therapy, case management)
- Early Start (children from birth to 3 yrs, at risk for developmental delays,)
- Head Start (children from 3-5 yrs old, at risk for developmental delays, preschool)
- Children's Health Council (multi-disciplinary assessment and mental health treatment)
- Choices for Children and 4 C's (daycare/child care services)
- Via (early intervention programs for children with disabilities--> occupational and speech therapists)
- PHP (support for caregivers/parents of children with any special needs)
- AchieveKids (mental health services for children with special education needs)

'Help Me Help You'

What to say and do with a 0-5 year old child?

Gathering Collateral Information

- Behavioral and Emotional Indicators
 - Hyper-vigilance
 - Stress Responses (FIGHT, FREEZE, FLIGHT)
 - Retelling trauma and abuse
 - Reenactment of acts
 - Changes in affect
- Physical Concerns
 - Eating too much or too little
 - Sleeping too much or too little
 - Crying
 - Seems nervous
 - Body movement (biting nails, sweating, etc.)

'Do Say, Don't Say:' How to avoid re-traumatizing

- How long will "I" be foster care?
- Why can't "I" go home?
 - Validate the child's feelings.
 - Understand their frame of reference
 - Why are they asking you that?
 - Anxious, Angry, Scared, Sad, Miss Mom and/or Dad
 - Do not make promises
 - You can say: "I know you want to go home, I hear what you are saying. I do not know when that is going to happen." Is there something you are worried about?
 - Explore some of their worries
 - Normalize

'Do Say, Don't Say:' How to avoid re-traumatizing

- Changing diapers: What to do?
 - Follow the lead of caregiver. Have caregiver show you.
 - Reaction to child when need to change a diaper
 - Child familiar with you?

What to say and do with a 0-5 year old child?

- Get to know child's routine
- Get to know child's level of comfort
- Get to know how child responds to new people
- Get to know child in the home of caregiver
- Get to know what help child regulate, soothe, calm down

What to say and do with a 0-5 year old child?

- Get to know special needs of child (medical, etc)
- Get to know what triggers the child
 - Ask caregiver(s)
 - Can check in with Social Worker
 - Information based on history
- Exercise calm, patience and caring affect
- Do not talk bad about Mom or Dad.
 - Conflicts of loyalty
- Consistency is important

Information Gathering & Reporting

About the 0-5 year old child

Collateral Information

- Sources other than the child: foster parents, parents, therapists, wrap team members, teachers
- Important to look at credibility and assign a corresponding weight to this information.

Collateral Information

- **Credibility:** The credibility of a party is based upon the ability to trust and believe what he or she says, and relates to the accuracy of his or her testimony as well as to its logic, truthfulness, and sincerity.
- **Weight:** The weight of evidence is based on the believability or persuasiveness of evidence.

Mandated Reporting

- CASAs are mandated reporters by law
- LACY is not
- Reasonable suspicion that abuse or neglect has occurred.
- When in doubt, report!

Safe spaces with the verbal child

- A safe space is one that is free from harm, judgment, and where a youth can freely express their perspective, feelings, and opinions.
- Talk about your role and confidentiality. The fact that you write reports and who sees that report.
- Alone and out of ear shot of other people. Be sensitive to youth who have experienced sexual abuse and what a private space means to them.

Legal Advocates for Children and Youth (LACY)

- LACY is the primary provider of legal representation to Santa Clara County, California's foster youth in proceedings before the Juvenile Court.
- LACY also partners with the Court, Department of Family and Children's Services, and community-based organizations on initiatives designed to promote system-wide understanding and improvement.

Legal Advocates for Children and Youth (LACY)

- By the statute that gives us the authority to be counsel for foster youth, we cannot provide services that DFCS should themselves be providing.
 - But, we can ask the Court to intervene if DFCS is not.
- Confidentiality/Privilege

LACY: The Attorney Social Worker Model

- LACY attorneys and social workers work collaboratively to provide holistic legal services to over 1,300 foster youth.
- Structure:
 - 11 Attorneys, one Supervising Attorney
 - 9 Social Workers, one Clinical Social Work Supervisor

LACY: The Attorney-Social Worker Model

- Purpose:
 - LACY Social Workers provide LACY attorneys with assessment, testimony, informal advocacy, meeting attendance.
- Communicating with LACY

Communicating with the DFCS Worker

- Collaboration and reputation is key!
- Make an understanding early on with the DFCS social worker to share with one another key information; make their job easier so they keep you apprised and make yours easier as well.
- Anything you say to the DFCS worker cannot be kept in confidence from the Court, the parents, or even the child.

What the Court wants to know

- 0-12 Months
 - Is the infant forming healthy attachments? With whom?
 - Is the infant meeting developmental milestones?
 - Does the child healthy and well kept?
 - Does the child interact and respond to caregivers, parents, and guardians?

What the Court wants to know

- Ages 1-5
 - [All the above questions for 0-12 months]
 - Who does the child look to for help in answering questions?
 - Is the child scared? Avoidant?
 - Does the child look to the caregiver for the “right” answer?
 - What does the child like or not like about where they are staying?

What the Court wants to know

- Ages 1-5
 - Does the child go to preschool or day care? What things do they like to do while they are there?
 - What kinds of things did the child and their parents do the last time they saw them?
 - Does the child feel sad or miss anyone?
 - Has the child been to the doctor? Did they like the doctor?

CASAs of young children & the Court

- Language in reports
 - Using the statement “as evidenced by” to document how you know what you know.
 - Direct quotes from the person who has the opinion or perspective – in their own words!

Kids in Court

- If a youth expresses the desire to be present during a dependency court hearing, the youth should be present.
- In limited circumstances, it is acceptable for a youth to not be present at her dependency court hearings.
 - Youth does not want to attend after being informed about the hearing and its importance.
 - Judge determines it's a safety risk for the child to be present.
 - If the youth is out of state and cannot easily be transported. Otherwise, transportation should not be a reason to exclude the child.

Kids in Court

- If the judge finds it is contrary to the youth's interest to participate in person, s/he should consider alternatives before excluding the youth from the hearing.
 - Temporarily exclude the parent/guardian
 - Have the youth attend a portion of the hearing
 - Talk to the judge in chambers
 - Use video technology
 - Letter and hearsay statements

Kids in Court

- During the dependency hearing, the judge should document whether the youth is present and if not, why. The judge should also inquire whether the youth should be brought to the next hearing.
- During the dependency hearing, the judge should engage the youth and explain the proceeding and ruling in age-appropriate language.
- A child-friendly hearing notice should be provided to the youth.

Kids in Court

- Hearings should occur without requiring an extended wait by the youth.
- The judge should allow the youth to bring a support person with her to the hearing.
- The youth should be properly prepared before the hearing and debriefed after the hearing.

References

- <http://www.healthunit.org/professionals/redflags/Red-Flags-Guide.pdf>
- First 5 of Santa Clara County
- Zero to Three
 - <http://www.zerotothree.org/>
- Child Trauma Academy
 - <http://www.childtrauma.org/>
- CDC
 - https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf