









Developed by The Institute for Human Services for The Ohio Child Welfare Training Program



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#### How to Use This Chart



Overview: This developmental milestones chart is designed specifically for Children Services staff. It includes normal expectations of developmental milestones for children birth through adolescence, and information about the possible effects of maltreatment.

# How To Use: Caseworkers and other CPS professionals will find many ways to use this chart. Below are some suggestions:

- Review the chart prior to scheduled interactions with children to prompt your recall of common milestones and to help you identify potential developmental delays or concerns.
- Copy the chart that corresponds to the age of the child you will be seeing, and use it to assess the child's achievement of milestones and apparent delays. Circle apparent delays, or developmental areas needing further assessment.

#### **Infants and Toddlers**

Physical Cognitive Social			
Thysical	Cogiliite	JUCIUI	
Newborn: rough, random, uncoordinated, reflexive movement 3 mo: head at 90 degree angle, uses arms to prop; visually track through midline	Sensori-motor: physically explores environment to learn about it; repeats movements to master them, which also stimulates brain cell development	Attachment: baby settles when parent comforts; toddler seeks comfort from parent, safe-base exploration 5 mo: responsive to	
5 mo: purposeful grasp; roll over; head lag disappears; reaches for	4-5 mo: coos, curious and interested in environment	social stimuli; facial expressions of emotion	
objects; transfer objects from hand to hand; plays with feet; exercises body by stretching, moving; touch genitals, rock on stomach for pleasure	<ul> <li>6 mo: babbles and imitates sounds</li> <li>9 mo: discriminates between parents and others; trial and error problem solving</li> </ul>	<ul> <li>9 mo: socially interactive; plays games (i.e., patty- cake) with caretakers</li> <li>11 mo: stranger</li> </ul>	
7 mo: sits in "tripod"; push head and torso up off the floor; support weight on legs; "raking" with hands	12 mo: beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some	anxiety; separation anxiety; solitary play 2 yr: imitation, parallel and symbolic, play	
9 mo: gets to and from sitting; crawls, pulls to standing; stooping and recovering; finger- thumb opposition; eye- hand coordination, but no hand preference	may use single words; receptive language more advanced than expressive language 15 mo: learns through imitating complex behaviors; knows		
12 mo: walking	objects are used for specific purposes		
15 mo: more complex			
motor skills	2 yrs: 2 word phrases; uses more complex		
2 yrs: learns to climb up stairs first, then down	toys and understands sequence of putting toys, puzzles together		

in self, caretakers, environment br	onic malnutrition: growth retardation, rain damage, possibly mental
environment (can get other's to take care of him) de 12-18 mo: "terrible twos" may begin; willful, stubborn, tantrums Inter 18-36 mo: feel pride when they are "good" and embarrassment when they are "bad" Delo mi 18-36 mo: Can recognize distress in others – beginning of empathy Insee 18-36 mo: are emotionally attached to toys or objects for security Pass ur "Frod de Feel Imm	etardation ad injury and shaking: skull fracture, bental retardation, cerebral palsy, aralysis, coma, death, blindness, eafness mal organ injuries onic illness from medical neglect ays in gross and fine motor skills, poor buscle tone guage and speech delays; may not be language to communicate cure or disorganized attachment: verly clingy, lack of discrimination of guificant people, can't use parent as burce of comfort sive, withdrawn, apathetic, hresponsive to others zen watchfulness", fearful, anxious, epressed I they are "bad" hature play – cannot be involved in aciprocal, interactive play

#### Preschool

Emotional	Possible effects of maltreatment
Self-esteem based on what others tell him or her	Poor muscle tone, motor coordination Poor pronunciation, incomplete sentences
	Poor pronunciation, incomplete sentences Cognitive delays; inability to concentrate Cannot play cooperatively; lack curiosity, absent imaginative and fantasy play Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive Attachment problems: overly clingy, superficial attachments, show little distress or over-react when separated from caregiver Underweight from malnourishment; small stature Excessively fearful, anxious, night terrors Reminders of traumatic experience may trigger severe anxiety, aggression, preoccupation Lack impulse control, little ability to delay gratification Exaggerated response (tantrums, aggression) to even mild stressors Poor self esteem, confidence; absence of initiative Blame self for abuse, placement Physical injuries; sickly, untreated illnesses Eneuresis, encopresis, self stimulating behavior – rocking, head-banging

## **School Aged**

Physical	Cognitive	Social
Physical Slow, steady growth: 3 -4 inches per year Use physical activities to develop gross and fine motor skills Motor & perceptual motor skills better integrated 10-12 yr: puberty begins for some children	Use language as a communication tool Perspective taking: 5-8 yr: can recognize others' perspectives, can't assume the role of the other 8–10 yr: recognize difference between behavior and intent; age 10-11 yr: can accurately recognize and consider others' viewpoints Concrete operations: Accurate perception of events; rational, logical thought; concrete thinking; reflect upon self and attributes; understands concepts of space, time, dimension Can remember events from months, or years earlier More effective coping skills	<ul> <li>Friendships are situation specific</li> <li>Understands concepts of right and wrong</li> <li>Rules relied upon to guide behavior and play, and provide child with structure and security</li> <li>5-6 yr: believe rules can be changed</li> <li>7-8 yrs: strict adherence to rules</li> <li>9-10 yrs: rules can be negotiated</li> <li>Begin understanding social roles; regards them as inflexible; can adapt behavior to fit different situations; practices social roles</li> <li>Takes on more responsibilities at</li> </ul>
	from months, or years earlier	different situations; practices social roles Takes on more

Emotional	Possible effects of maltreatment
Self esteem based on ability to perform and produce Alternative strategies for dealing with frustration and expressing emotions Sensitive to other's opinions about themselves	<ul> <li>Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers; academic challenges are threatening, cause anxiety</li> <li>Little impulse control, immediate gratification, inadequate coping skills, anxiety, easily frustrated, may feel out of control</li> </ul>
<ul> <li>6-9 yr: have questions about pregnancy, intercourse, sexual swearing, look for nude pictures in books, magazines</li> <li>10-12 yr: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing, re-enacting intercourse with clothes on)</li> </ul>	<ul> <li>Extremes of emotions, emotional numbing; older children may "self-medicate" to avoid negative emotions</li> <li>Act out frustration, anger, anxiety with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing</li> <li>Extreme reaction to perceived danger (i.e., "fight, flight, freeze" response)</li> <li>May be mistrustful of adults, or overly solicitous, manipulative</li> <li>May speak in unrealistically glowing terms about his parents</li> <li>Difficulties in peer relationships; feel inadequate around peers; over-controlling</li> <li>Unable to initiate, participate in, or complete activities, give up quickly</li> <li>Attachment problems: may not be able to trust, tests commitment of foster and adoptive parent with negative behaviors</li> <li>Role reversal to please parents, and take care of parent and younger siblings</li> <li>Emotional disturbances: depression, anxiety, post traumatic stress disorder, attachment problems, conduct disorders</li> </ul>

### **Adolescents**

Emotional	Possible effects of maltreatment
Psycho-social task is identity formation	All of the problems listed in school age section
Young adolescents (12-14): self- conscious about physical appearance and early or late development; body image rarely objective, negatively	Identity confusion: inability to trust in self to be a healthy adult; expect to fail; may appear immobilized and without direction
affected by physical and sexual abuse; emotionally labile; may over-react to parental questions or criticisms; engage	Poor self esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy
in activities for intense emotional experience; risky behavior; blatant rejections of parental standards; rely on peer group for support	May overcompensate for negative self- esteem by being narcissistic, unrealistically self-complimentary; grandiose expectations for self
Middle adolescents (15-17): examination of others' values, beliefs; forms identity by	May engage in self-defeating, testing, and aggressive, antisocial, or impulsive behavior; may withdraw
organizing perceptions of ones attitudes, behaviors, values into coherent "whole"; identity includes positive self image	Lack capacity to manage intense emotions; may be excessively labile, with frequent and violent mood swings
comprised of cognitive and affective components	May be unable to form or maintain satisfactory relationships with peers
Additional struggles with identity formation include minority or bi- racial status, being an adopted child, gay/lesbian identity	Emotional disturbances: depression, anxiety, post traumatic stress disorder, attachment problems, conduct disorders

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