



## **CHILD DEVELOPMENT**

**By: Ronald Brown**

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## IN-SERVICE TRAINING

## OUTLINE OF PROGRAM

**Title:**            **Child Development**

**Subject:**        **Developmental delays and needs—etiology, behavioral manifestations, and implications for treatment**

**Date:**            **Number of Hours:**    **3**            **Name of Provider:** **Ron Brown**

**Qualifications of Provider:** **MA, Developmental Psychology; Licensed Administrator, TX; Peer Reviewer, COA; Child Placing Experience since 1978; founder and developer of a number of child placing agencies**

### **I.        Stated Learning Objectives:**

- a.        Review normal stages of human development**
- b.        Understand causes of developmental delays**
- c.        Be able to recognize attained level of development, based on child's behaviors**
- d.        Enhance ability to meet developmental needs of children with developmental delays**

### **II.       Description of Curriculum**

**A summary of the child development process, etiology of developmental delays, and implications for treatment**

### **III.      Description of Learning Activities**

**Reading**

**Practice assessment and treatment plan activities**

### **IV.      Summary of information gained and expected application**

***SESSION VII***

**CHILD DEVELOPMENT**

**"SPECIAL NEEDS" HOW WE CAN ELIMINATE THEM?**

## A Guide for Parents...

**PARENTS:** Being a parent is one of life's greatest experiences. Use this guide to see just how your child grows and changes. Do not become alarmed if he cannot do all the things listed. Every child grows and learns in his own way.

6 MONTHS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS
ROLLS from stomach to back	SITS without support	WALKS well	GOES up steps two feet on a step	WALKS up steps, one foot for each step	HOPS and SKIPS on one foot
REACHES for toy	PULLS to stand	CARRIES toy while walking	WALKS on tiptoes	PICKS up small objects with ease	MARCHES in time
TRANSFERS toy from one hand to other	CRAWLS on all fours	RUNS SPEAKS several words which are understandable and meaningful	EASILY unbuttons buttons	CATCHES a ball with his hands	
LOOKS for noise made near him	UNDERSTANDS the meaning of NO and BYE-BYE	REFERS to self by name	UNWRAPS candy	TELLS stories	SPEAKS clearly and can be understood by others not in the family
MAKES SOUNDS for specific reasons (hunger, wet, etc.)	REPEATS sounds made by others	RECOGNIZES self in mirror	NAMES objects such as toys & food	SPEAKS in complete sentences "I want a cookie."	BRUSHES his teeth
HELPS hold bottle while drinking	FEEDS self cookies or crackers (may not be neat)	FEEDS self with spoon (may spill some)	SPEAKS in three word sentences. "Me go home."	DRESSES self	CARES for all toilet needs
PLAYS with toes	WAVES bye-bye	DRINKS from a cup	PULLS off sock as part of undressing	FEEDS self well	FOLLOWS two directions, "go get the ball" & "throw it to me."
PATS mirror image	SHY with people he doesn't know	OCCUPIES self	IS toilet trained	WASHES face & hands	RECOGNIZES shapes
Puts everything into his mouth	TURNS pages of a magazine or book	PLAYS with an adult (rolls ball to adult)	SHOWS interest in TV & radio	GETS ALONG with other children	COPIES a circle, square, triangle & a cross
FOLLOWS toys when held in front of his eyes and moved		BUILDS a tower of four blocks	HELPS adults by putting away toys & clothes (when told)	IMITATES adults doing simple tasks	RECOGNIZES coins
		SHOWS body parts (eyes, nose, foot) when asked	TURNS pages, one at a time	BUILDS a tower of ten blocks	
			RECITES nursery rhymes (Mary had a little lamb, etc.)	COPIES a circle	MATCHES some objects & colors

## ASSUMING RESPONSIBILITY

There is a close connection between a child feeling "I am capable" and "I am lovable". Self-esteem has a lot to do with children feeling responsible. Teachers say they can spot kids who have chores--they do much better at schoolwork.

The PREP Program (Preparation for Effective Family Living), written by the authors of S.T.E.P., contains the following suggestions for each age group:

### **Children's Responsibilities at Different Ages**

This chart provides general guidelines for what responsibilities children can be expected to assume. Since children grow at different rates, some may not be ready for specific responsibilities as early as others. No one child would be expected to do all the tasks for a given age group.

<b>2 &amp; 3 year olds</b>	<b>4 year olds</b>	<b>5 year olds</b>	<b>6 year olds</b>
Put away toys. Put magazines in a rack. Sweep floor. Help set table. Clean up food dropped during a meal. Make simple choices- (such as cold/hot cereal) Clear & clean own plate, set dishes on counter washing. Become toilet trained. Learn to brush teeth & hair, wash hands/face. Dress & undress with some help. Help carry in groceries. Put things away on low shelf. Hang up coat on a low hook. Put dirty clothes in hamper or basket.	Set the table. Put away groceries. Help plan grocery list, help with shopping. Polish own shoes. Feed a pet at a certain time each day (such as before dinner). Help with yard and garden chores. Help vacuum and make the beds. Help with dishes. Dust. Help make sandwiches. Prepare cold cereal. Help put food on plates for dinner. Help prepare a simple dessert (for example, Frost cupcakes or put topping on ice cream). Share toys with friends Get the mail. Play in secure area without constant supervision and attention.	Help plan meals. Make own simple breakfast or sandwich and clean up. Pour own drink. Tear lettuce for a salad. Combine ingredients for a simple recipe. Clean own room and make own bed. Choose clothes and dress self. Clean sink, toilet, bathtub Wash mirrors/windows. Separate laundry into piles of white/colored. Fold and put away clean clothes. Answer the telephone & learn to make own calls. Work on own in yard (weeding, clipping, cleaning up). Pay for a small item in a store. Assist in cleaning out car. Take out trash. Have an allowance & decide how to spend it. Clean up after pets. Learn to tie shoes. Use alarm clock and go to bed on own.	Choose clothes appropriate for weather conditions or for special event. Peel or cut vegetables without adult supervision. Use stove with adult supervision to cook simple foods (hot dogs, boiled egg) Make toast. Prepare own sack lunch for school. Hang up own clothes in the closet Bring wood for fire place. Rake weeds and leaves. Walk dog. Tie own shoes. Take care of own minor injuries such as small cut or scrape. Keep garbage can clean. Clean out car. Put away clean dishes. Carry own lunch money and notes to school. Clean up sink and tub after self/hang up clean towels.

<b>7 year olds</b>	<b>8 &amp; 9 year olds</b>	<b>9 &amp; 10 year olds</b>	<b>10 &amp; 11 year olds</b>
<p>Wash, oil &amp; lock up bike Write down phone messages. Run errands. Sweep &amp; wash porch or patio. Water lawn. Wash dog. Train a pet. Carry in grocery bags. Wash walls and floors. Wash and wipe dishes.</p>	<p>Mop and buff floors. Help arrange furniture. Help select and shop for own clothes. Sew on buttons. Sew tears in seams. Start to read recipes and cook for simple family meals. Baby sit for short periods. Paint fence or shelf. Write simple letter. Feed baby. Bathes younger sibling. Wax furniture. Vacuum rugs.</p>	<p>Change own sheets Measure detergent, operate washer &amp; dryer. Prepare simple boxed foods. Make and serve pre-packaged drinks, coffee, or tea. Wait on guests. Plan own parties. Sew, knit, and use a sewing machine. Schedule homework, practice times.</p>	<p>Dry, hang and put away own clothes. Wash the car. Earn money by doing chores for neighbors. Learn how to manage money, use bank. Keep track of own appointments if not within biking distance, remind parent they'll need a ride. Use comparative shopping and buy groceries. Baby sit. Take city bus on own. Pack own suitcase.</p>

<b>11 &amp; 12 year olds</b>	<b>Teenagers</b>
<p>Join organizations &amp; take on assignments, attend meetings, become leader in an organization. Mow lawn. Clean oven and stove. Take a paper route. Check and add oil to car. Read a tire gauge &amp; inflate car tires with a foot pump. Prepare more complicated meals.</p>	<p>Earn money. Use the family car. Open and maintain an account. Use a parent's credit card with parent's permission. Stay home alone when parents are away. Decide with parents reasonable curfew.</p>

## SESSION VII—SPECIAL NEEDS

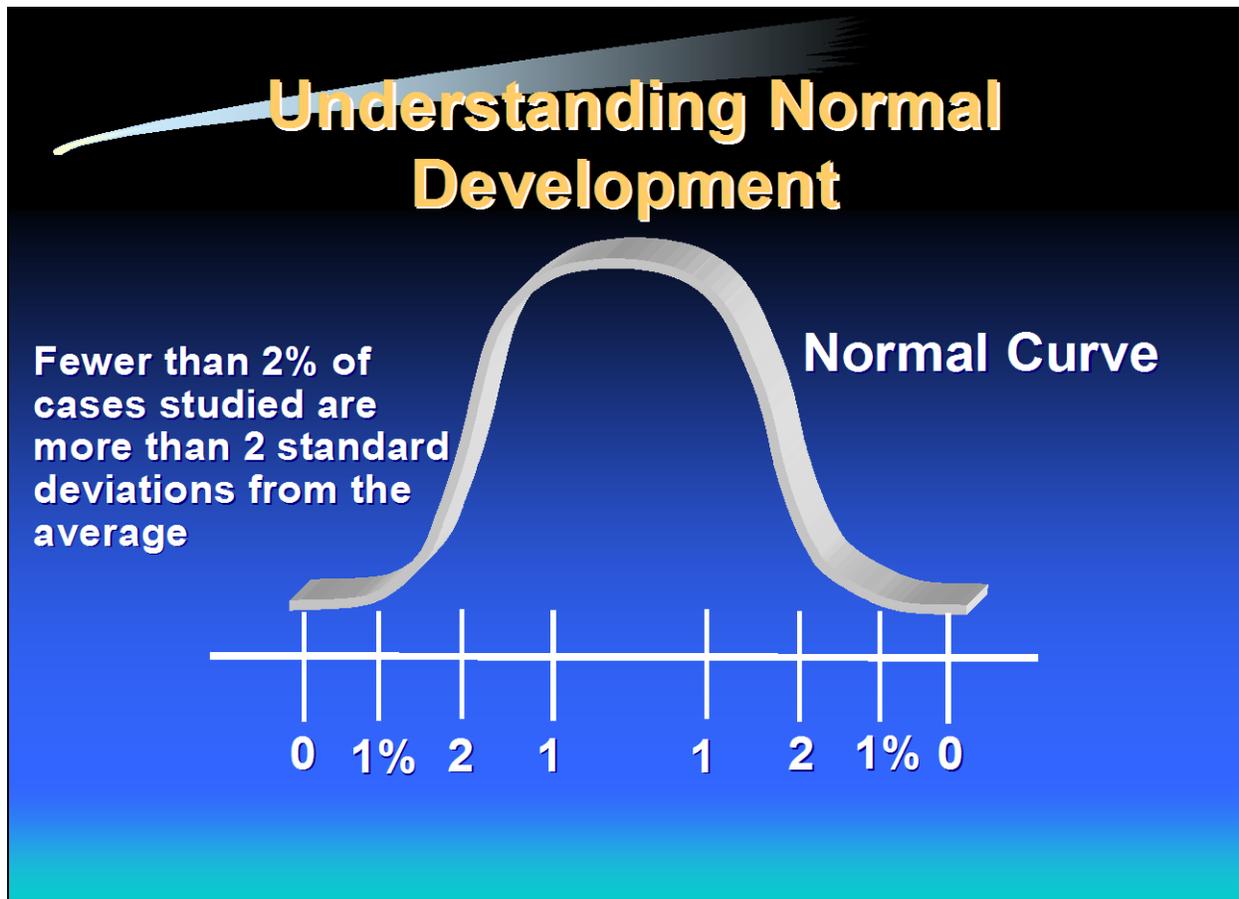
### "WHERE'S THE ITCH AND WHO'S GONNA SCRATCH IT?"

#### A. Overview

In relating to others, there are at least five areas of development to consider in understanding and predicting behavior. If we can do this, then we can modify our own behavior to reach our own desired outcomes as well as outcomes for others.

First, it is important to know what is a desirable attribute/behavior for any given chronological age (see “A Guide for Parents” and Assuming Responsibility” above). How is it determined to be desirable? What motivates the behavior? How can it be changed? How is an attribute/behavior defined "undesirable?"

#### NORMAL CURVE



Score Average  
(I.Q., attractiveness, weight, height, etc.)

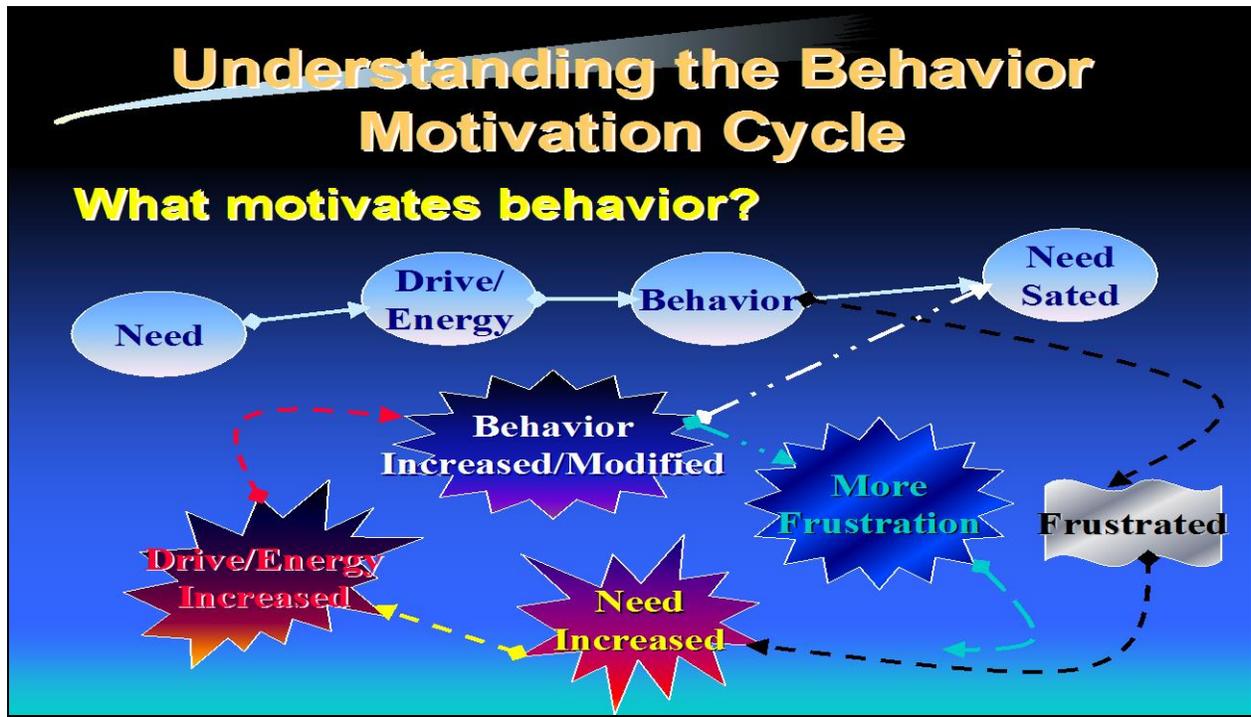
## TABLE 1

It is no accident that the normal curve bears the name "Normal." If the Y axis is the number of cases studied and the X axis is the variable under study, then the most cases would score averages. The further removed from the average score cases are, the fewer cases there are. A very few cases (less than 2%) are more than 2 standard deviations from the average. These few cases are depicted in the < or > 1% areas of the graph above and are defined as "abnormal," i.e., fewer than 2% of cases studied score within this range of a particular attribute.

In most cases, human nature finds normal to be desirable, and abnormal, undesirable. Take, for example, the study of "beautiful" women. In the aspects measured, it was found that the closer to average a woman scored in each aspect, the more beautiful she was perceived by evaluators. The goal of a foster parent, or any helper, is to attempt to provide an environment that moves the abnormal attribute or behavior toward being normal.

What is normal is complicated somewhat in children in that attributes/behaviors at one age may be appropriate for that age, but inappropriate at another age. So, it is important to understand developmental stages (which will be addressed later).

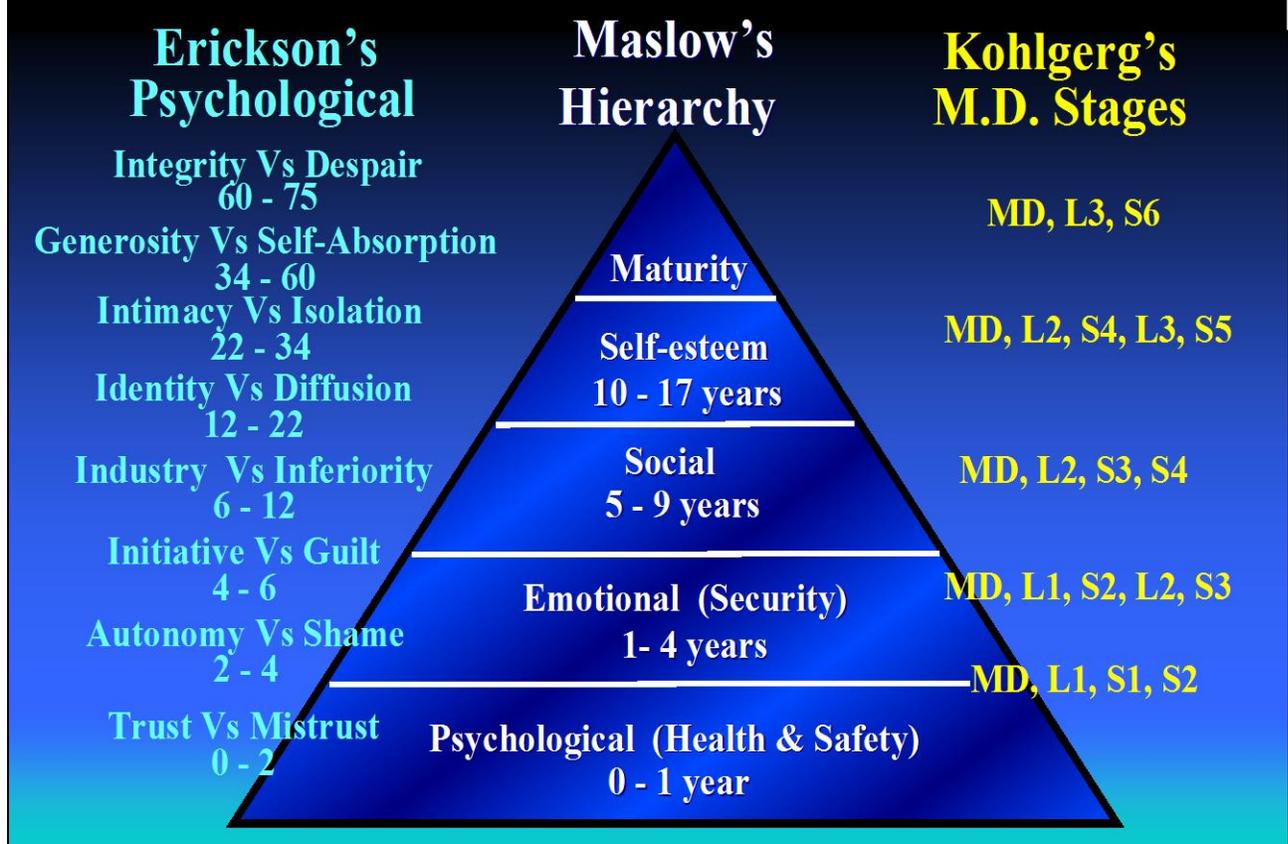
**FIGURE 1**



When someone has a “need,” it creates “drive/energy” to fulfill that need. Thus, behavior is directed toward what the needy individual believes will “sate” that need. If the individual was mistaken in his/her assumptions regarding productive behavior, then she/he will be “frustrated,” the need will “increase,” the “energy” will increase, and so will “behavior,” etc., etc., etc.! “Frustration” can only lead to a “breakthrough” when *productive* behavior is employed. Too often, helpers focus on the unproductive (abnormal) behavior rather than the productive (normal) behavior.

For example, the child who needs social approval is in emotional pain for lack of it and is motivated to do something to gain his peers' approval. He may boast, tease, fight, or exhibit a host of other unproductive things if he has not been taught social skills, and he will be frustrated to the point of "acting out" even more because his need, energy, and unproductive behavior will increase. If he can be taught how to behave in order to gain pleasure (social approval) or escape pain (rejection), then he will be sated.

# The Hierarchy of Moral And Emotional Developmental Needs



*"What men is there among you, when his son ask him for a loaf, will give him a stone?"  
(MATT. 7:9)*

As in all developmental stages, each ascending level of need must be satisfied before the next higher level of need is addressed. For example, a person who is starving is motivated to eat, and if food is presented, he will not worry about social disapproval for his lack of manners.

“Normal” for an individual is determined by chronological age, and physical and intellectual development. But basically, the age ranges in which each need is a priority are listed in the hierarchy.

If we can place a client's maturity level with regard to at least five areas of development, then we can guess what is normal for the client and what should be normal for him/her, what are the primary needs, and how we can help him/her satiate those needs and move along in maturing to the client's desired developmental level.

## **B. Four Areas of Development/Individual Attributes**

- 1. Moral Development**
- 2. Emotional Development**
- 3. Cognitive Development**
- 4. Physical Development**

### **1. MORAL DEVELOPMENT**

People's behavioral decisions are largely determined by what they *think* is right. One may behave differently than one believes he/she should. However, if that happens, cognitive dissonance ("guilt") will ensue, and a "need" will be created causing *energy* and *behavior* designed to sate that need. So, people behave, as they believe they should or, if they do not, they behave to alleviate the disequilibria caused by the "misbehaviors."

For purposes of predicting and understanding behavior, what is right is less important than how an individual goes about *deciding* what is right. Kohlberg postulated three levels of moral development (the process by which an individual decides what is right) depicted as follows:

#### **CLASSIFICATION OF MORAL JUDGMENT – LEVELS AND STAGES OF DEVELOPMENT Appendix 12**

##### **Level I:**

Moral value resides in external, quasi-physical happenings, in bad acts, or in quasi-physical needs rather than in persons and standards.

**Stage 1:** Obedience and punishment orientation. Egocentric deference to superior power or prestige, or a trouble avoiding set. Objective responsibility.

**Stage 2:** Naively egoistic orientation. Right action is that instrumentally satisfying the self's needs and occasionally others'. Awareness of relativism of value to each actor's orientation to exchange and reciprocity.

##### **Level II:**

Moral value resides in performing good or right roles, in maintaining the conventional order and the expectancies of others.

**Stage 3:** Good-boy orientation. Orientation to approval and to pleasing and helping others. Conformity to stereotypical images of majority or natural role behavior, and judgment by intentions.

**Stage 4:** Authority and social-order maintaining orientation. Orientation to "doing duty" and to showing respect for authority and maintaining the given social order for its own sake. Regard for earned expectations of others.

### **.Level III:**

Moral value resides in conformity by the self to shared or shareable standards, rights, or duties.

**Stage 5:** Contractual legalistic orientation. Recognition of an arbitrary element or starting point in rules or expectations for the sake of agreement. Duty defined in terms of contract, general avoidance of violation of the will or rights of others, and majority will and welfare.

**Stage 6:** Conscience or principle orientation. Orientation not only to actually ordained social rules but also to principles of choice involving appeal to logical universality and consistency. Orientation to conscience as a directing agent and to mutual respect and trust.

**Another way of viewing moral development is to view it as development of conscience:** the higher the level, the more mature the conscience. **(It is important to note that in all development, each preceding stage must be attained before a succeeding stage can be attained.)**

At the very first level, right and wrong are determined by the individual in terms of physiological effects of behavior. At Stage 1, the individual behaves to avoid pain. When a baby is born, it cries when in pain; "wrong" for the baby is to be in pain. At Stage 2, the individual behaves to gain pleasure. The baby soon learns that when it cries, it is taken care of. As Table 2 depicts, during the first two years of life, this level of moral development dominates a child's behavior.

During this time, it is important that the child has at least one person who consistently cares for him/her; as Table 2 depicts, this is a time when the child is learning "trust" and "autonomy." If not learned at this time, i.e., if parent isn't consistently available for comfort, trust and autonomy will not be learned and the child cannot mature in moral and emotional development. This is important to note, as we will show later the implications for emotional dysfunction. Recent research has indicated that neglect, during this period of life has very significant physiological effects on the brain, causing, among other things, attachment disorders, ADHD, learning disabilities and other developmental delays in cognitive and emotional areas.

At level 2 of moral development (when emotional needs are driving the child and initiative and industry must be resolved -- (see Table 2), moral judgment is executed in accordance with expectations of others. In Stage 3, the child is motivated by approval and will define "right" in terms of gaining it. Once the child has resolved "initiative," he/she will have advanced to Stage 4 because he/she must keep the rules in the absence of approval in this stage. Therefore, he/she must, to some degree, internalize rules. At this stage, (s)he can be "industrious" and begin to find his/her niche among peers (Table 2).

By around age 10, most children have reached the cognitive developmental level in which they can think abstractly and hypothesize (ask "what if?"). When a child has reached this cognitive level of development (s)he is ready to advance to Level 3 of moral development. Given appropriate nurturing and teaching, the child will understand that rules are changeable; a rule is not acceptable just because authority says so. (S)He is able to "de-center" from the self; (s)he understands that there are other points of view than his/her own. (S)He understands the principle of a rule and evaluates morality based on *intent* of behavior rather than *consequences*. When this understanding is present, the child can move into Level 3, Stage 5 of moral development, where rules can change when people agree that the change will benefit whomever the rules are concerned. Democracy, for instance, functions at this stage of thinking. At this stage of development, children are concerned about asserting themselves, influencing others, and discovering where they fit. This is the time that children are learning their "self-esteem" and working out the famed "identity crisis."

If an individual matures to Stage 6, (s)he makes moral decisions based upon principles (s)he believes to be in the best interests of humanity, regardless of what the majority believes. So, for instance, although the Supreme Court has ruled in favor of "pro-choice" with regard to abortion, and the majority has not legislated a new position, a person functioning at Stage 6 may break the law in his/her effort to save a baby if that is his/her value.

## **2. EMOTIONAL DEVELOPMENT**

**(see Appendix 14 - "Special Needs" II and III) (Also see Appendix 15--Locus of Information--AIM).**

Knowing a child's moral development has implications for emotional development. There are two types of emotional disorders -- "**External**" and "**Internal**." The types of disorders named here are descriptive of where the "moral" pain must originate to inhibit the individual from "wrong" behavior. Someone or something in the environment must stop "Externals"; "internals" are thwarted by introspective phenomena. In order to be labeled an internal or external diagnosis, a child must be unlike 98% of his peers in a particular emotional area (those individuals in the shaded areas of the normal curve in Table I).

As mentioned before, children in the first level of moral development are learning trust, i.e., when the child has a physiological or emotional need, caregiver is consistently responsive. Children who are not so fortunate to have at least one nurturing, consistent caregiver during this time often become fixated at this level of maturity. The human brain is somewhat disorganized at birth, and the rhythm of feeding, rocking, sleeping, etc., facilitates the organizing process that helps the individual make sense of higher level information as (s)he grows older and more mature. Without this consistency, the brain grows, but grows rather haphazardly. These children often become external disorders (II A of Appendix 14). Unfortunately, it seems that such children become "imprinted" at this level. Cognitively, by age 1-2 years, the human brain is developed to the point where it is ready to make the jump to the next level. If trust is not resolved by this time, the

child never seems to quite assimilate the information needed to understand a higher level of moral reasoning.

**External disorders** have not attached or bonded well to anyone and, therefore, have no reason to please anyone (unless it is in their own visceral self-interests), which is the drive that is necessary for advancement into Level 2, Stage 3, moral reasoning; their needs are mostly physiological (in Maslow's Hierarchy of development). They often are labeled "**conduct disorder**" and appear to have no conscience in the traditional sense of the word. Their rules are determined by consequences only; what feels good is right; what hurts is wrong (see II A of Appendix 14).

"**Attention deficit disorders**" often are external disorders. The child who is motivated to feel good is very impulsive, trying very hard to take every opportunity, without regard to the impact on others or self, to gain personal satisfaction. Therefore, they indiscriminately react to every stimulus in search of gratification, making them appear hyperactive and unable to focus on, or attend to, any single thing. (\*Note: There are other possible reasons for being hyperactive, as discussed later.) In general, then, external disorders need structure and supervision imposed externally, since they are unable to do it themselves. General characteristics and treatment recommendations are listed in Appendix 14. *In Appendix 15, "Inward Style" summary applies. Inward styles need immediate self-gratification and should be motivated by consistency of rewards and consequences for behaviors whose expectations have been clearly defined. The major task of the Inward style is to link cause and effect since that was missing during the first stage of development. (There was not discernable response to the child's indication of need during this time of life because the caregiver was not available).*

**Internal disorders** are those abnormal children who lie within 2% of the population who are different with regard to one of the internal disorder axes (Appendix 14 B). These children generally have advanced to a Level 2 or higher stage of moral development and definitely feel "pain" within.

Perhaps the "**Anxiety Disorders**" made it to Level 2, Stage 3, but caregiver would not grant necessary approval to satiate the emotional need (Maslow's Hierarchy) of this level and, therefore, became excessively concerned about their self-worth and effect on others. Whereas, conduct disorders are not susceptible to others' opinions, anxiety disorders are just the opposite. Therefore, treatment involved lots of positive input: counseling, warmth, strokes, etc.

\***Hyperactive children** may be an internal disorder because of being so anxious or "nervous" that they are staying busy in order to avoid pain. Or they may be reacting to a physiological imbalance, which might be ameliorated by a physician or nutritionist.

"**Affective, Depressed**" children have experienced feelings of failure for so long that they eventually feel their future is hopeless and they are helpless to do anything about it. Because of this mind-set, they develop a tunnel vision so that even when they do positively affect the environment, they don't see that they did. With these expectations,

they "shut down." These children are very difficult to help. One must provide warmth and encouragement, have lots of patience and, above all, encourage successful activity. It is important to discover an aptitude and an interest and provide the therapeutic environment to make them feel emotion about performing in this area.

"Adjustment Disorders" are reacting to a defined trauma. Normal resolution of trauma is six months. After this period, if the reaction has not improved, an abnormality (adjustment disorder) is present. To treat, one must reduce the cause, or teach a new technique to deal with the cause. For example, in foster care, many children have been severely abused. They are removed from their families to reduce the cause; we provide counseling to assist them in dealing with the trauma, but we place them in foster care, initiating a new trauma.

"Schizoids" are basically functioning outside reality. One might theorize that such individuals have developed to Level 2, Stage 4 or Level 3, Stage 5, but have violated their own code of internalized rules to the point that the "cognitive dissonance" created forces them to change their behavior or change their minds about the truth (for though one can change the truth, the truth doesn't change). When we change reality, things unheard or seen can be heard or seen or vice-versa.

Treatment should focus, then, on keeping these people in reality and/or medicating them. Appendix 14 depicts the characteristics of internal disorders and a list of general treatment recommendations. *(In Appendix 15, "Outward Style" applies. Outward styles need to set reasonable goals, chart their own progress and be evaluated based on the accomplishment of these goals, not whether they are "good" or "bad.")*

### **3. COGNITIVE DEVELOPMENT**

In order for any development (except physiological) to occur, intellectual development must precede it. Appendix 14, IA and B outlines the definitions and characteristics of retarded intellectual development.

Whereas normal children can develop to think abstractly, hierarchize, and hypothesize, children with retardation are very concrete and literal. So, they become proficient in hands-on tasks. However, they will not advance to a stage of moral development requiring abstract reasoning. Therefore, they are very rigid. If children with retardation are to learn anything, it must be presented simply and concretely. Since they are unable to categorize proficiently, they tend to learn exactly and only what is taught. Therefore, they have no mnemonic aids, and everything must be repetitive to the point of becoming a habit before they can perform a task. If a change occurs, they are not well equipped to apply past experiences to new occurrences and they become anxious. The defenses they employ to survive emotionally include one or more of the following: a) identification--since children with retardation are to some extent victims of the literal environment, they change with it. Therefore, they may become like the respected adult to maintain their own identity; b) rebellion--if rules change, to a child with retardation, that is equivalent to changing truth; his/her only recourse is to "rebel" or maintain the rules he/she knows; c)

moodiness--because of the retarded child's direct relationship with his/her environment, when things are good (s)he is good; when things are bad (s)he is bad, causing the child to appear moody; d) regression--although a child with retardation may have learned a skill at a high level of functioning, emotional stress will cause him/her to behave at his/her intellectual level, thus causing an appearance of regression. The important thing to remember is that children with retardation are prisoners of their limited intellect and, although we can hope for better things, we should not place our expectations beyond their abilities. *In Appendix 15, "Closed Style" children may be emotionally limited and exhibit many of the same needs and behaviors as children with mental retardation. These children need a "script" so they will know what to expect and know how to perform what is expected. Their basic need is security, and security is largely a function of knowing what comes next.*

Finally, Appendix 14 III depicts the characteristics of Learning Disabled. Most foster children are victims of cause III A. 4 and are treated by III B. 7c.

Each of these categories of children need much the same thing, albeit for different reasons. Inward style children need structure (rules, rewards, consequences, consistency) in order for them to make the link between cause and effect and experience the reinforcement necessary to manage behavior. Outward style children need structure so that they may begin to be able to evaluate themselves against an objective standard. Closed style children need a structure in order to know what to expect and feel secure. Therefore, each foster home will need to determine beforehand what the rules, rewards, consequences and daily schedule will be. These policies will need to be written and made to be a part of the daily program of the facility.

#### **4. PHYSICAL DEVELOPMENT**

##### **A. Physical Changes in Boys:**

1. Growth in size and weight, development of muscles.
2. Voice changes.
3. Hair growth on body and face.
4. Skin problems.
5. Sexual maturity.

##### **B. Physical Changes in Girls:**

1. Growth in size and weight.
2. Menstruation.
3. Development of breasts.
4. Hair growth on body.
5. Skin problems.

##### **What do these changes mean to the foster parents in terms of providing for the physical needs of teens?**

1. Dietary needs increase.
2. Clothes are outgrown quickly; new types of clothing are needed.
3. New needs in personal hygiene: razors, deodorants, etc.
4. Greater need for privacy.

Exhibit VI

# Developing a Daily Routine and Schedule

## Daily Routine and Leisure Time Activities

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Awake</b>							
<b>Breakfast</b>							
<b>Room Clean-up</b>							
<b>Bath/Shower/Dress</b>							
<b>Off to School/Day Care</b>							
<b>Home from school/Day Care</b>							
<b>Leisure Time (T.R. Log)</b>							
<b>Homework</b>							
<b>Chores (List)</b>							
<b>Job</b>							
<b>Bedtime</b>							
<b>Family Activities (list)</b>							
<b>Other (list)</b>							

### RULES, PAYMENTS, & CONSEQUENCES

<u>RULE</u>	<u>PAYMENT</u>	<u>CONSEQUENCE</u>
Keep Daily Schedule (Whereabouts/Activities all times)	Privileges	Withdrawal of privileges
Keep hands and feet to self (Health and Safety)	[Special Contract]	Redirection/Restriction (Shadowing/time out)
Knock/Gain Permission/Enter (Privacy)	[Special Contract]	Redirection/Withdrawal of privileges
Ask/Gain Permission/Use or Take (Property)	[Special Contract]	Restitution/Fine
Obey Fps first time (Supervision/authority)		Withdrawal of privileges or other above appropriate
If don't know, ask (Cover all bases)		Withdrawal of privileges or other above appropriate

**\*Document all meals, money exchanges, and clothing purchases**

**SPECIAL NEEDS**  
**APPENDIX 14**

**I Mental Retardation (organic and environmental)**

**A. Definitions:**

<i>Range (IQ)</i>	<i>Nomenclature</i>	<i>Educational</i>
1) 70-84	Mild	Slow learner/Institutional Support tutoring)
2) 55-69	Moderate	Educable (EMR classroom)/Learning Support
3) 40-54	Severe Trainable	(Sheltered workshop)/Life Skills Support
4) 25-39	Severe Trainable	(Sheltered workshop)/Life Skills Support
5) Below 25	Profound	Total Care (Institution)

**B. Characteristics:**

1. More skillful in sensory-motor
2. More rigid
3. Needs repetition, simplification, concreteness
4. Defenses: Identification, rebellion, moodiness, regression

**II Emotional Disturbances:**

**A. External**

1. Attention Deficit - need structure
  - a. Inattentive
  - b. Impulsive
  - c. Hyperactive
2. Conduct Disorder - develop trust with fairness and consistency
  - a. Violate rules
    - 1) Aggressive
    - 2) Non aggressive
  - b. Lack of affection
    - 1) Bonding issues
    - 2) Attachment issues
    - 3) Undeveloped conscience

## **B. Internal**

1. Anxiety Disorder - logical cognitive to explain and change relationships
  - a. Concern about selves - susceptible to others' input
  - b. Stressful, worrisome
  - c. Separation anxiety
  - d. Shy
2. Affective, Depressed - encourage successful activity; elicit emotion
  - a. Hopeless, inactive, don't care, fluctuation of moods
3. Adjustment Disorders - reduce cause or teach new techniques
  - a. Reacting to defined stress
4. Schizoid - keep in reality, medicate
  - a. Hallucinate
  - b. Delusions.

## **III Learning Disability (Learning Support)**

Inability to conform to currently acceptable academic norm (organic or cultural - potential (IQ) - minus achievement level (standardized tests) equals L.D.

### **A. Causes**

1. Health
2. Sensory deficit
3. Poor teaching (environment)
4. Emotional

### **B. Characteristics**

1. Most are reading deficits
2. Most are males
3. Most are from deficient families
4. Most have negative self-concept
5. Most have high aspirations
6. In absence of sublimation (refinement; satisfaction in an activity for its own sake); unmotivated; relationship between sublimation and superego implies:
  - a. Character disorders more likely L.D.
  - b. Learning under conditions where youth did not want to Learn (forced, survival) more likely L.D.

### **C. Treatment:**

1. Tutoring
2. Tutoring + therapy
3. Therapeutic tutoring

Please read the following discourse about Locus of Information. Then select a child, ten or older, and answer the questions in the “Examiners Assessment.” Then graph the responses by adding all the “Yes” responses in each column and transferring that number onto the graph. Scores of 9-10 are high, 7-8 are medium, and 5-6 are low; below 5 are normal. When you have “diagnosed” the child, e.g., “closed,” “closed,” “outward,” “open,” etc., draft a plan for helping the child catch up developmentally, based on the reading. For assistance, please contact your case manager or regional director.

## LOCUS OF INFORMATION

### Appendix 15

One of the most important concepts in behavior management and self-regulation is *Locus of Information*, the degree to which an individual is open to receiving information from two sources: from within self and from outside self. In a sense, we all live in two different worlds. The first is the very personal, intimate, inner world of our thoughts, feelings, emotions, and beliefs. The second is the outside world of people, objects, events, and places. A healthy, mature individual must be open to receiving information equally from both the inner world and the outside world.

Within the inner world, an individual must be aware of and be able to use his/her own feelings, thoughts, and beliefs in order to relate to others effectively. At the same time, an individual must be able to integrate accurate information from the outside world with his/her inner perspective. Not all individuals are equally open to both inner and outside sources of information. Some are open to one source more than the other. Others have difficulty using information from either source. Failure to achieve a balance from both sources will significantly impair a person's relational skills.

Probably the most salient factor responsible for determining an individual's sensitivity to both information sources is the person's experiences. Very young children, who have experienced chronic trauma of neglect, abuse, and chaos, are likely to shut out the outside sources of information and remain self-centered, closing themselves off from any perspective outside their own, or closing themselves off from both internal cues and external cues. Others may have developed unhealthy attachments with abusive caretakers to the extent that they are mostly dependent upon external cues for navigating their world.

Knowing a client's *Locus of Information* provides the caretaker or helper with a valuable tool, which can be used effectively in designing a behavior management program and help a child feel sufficiently safe to heal and grow.

## **CLOSED STYLE (RIGID AND INHIBITED)**

### **BASIC NEED - SECURITY**

The Closed Style refers to individuals who are "closed" to both inner and outside sources of information. The style of behavior that results from this pattern is characterized by rigid, dogmatic adherence to absolute principals or rules. When clear-cut rules are not available to the person with a closed style, he becomes confused and disoriented. If his stress or anxiety level is low, he will withdraw. If his anxiety level is high, the closed style individual can become aggressive.

The errors a closed style person makes are associated with his inability to process information. Unless directions are made simple and in concrete language, he becomes confused and will not be able to begin work on the task at hand. It often seems that the person with a closed style is refusing to do a task when he really does not know how to begin.

The closed style individual also depends heavily upon others for structure. Since he has limited information, he is ineffective at organizing his environment and solving problems.

#### **Behavioral Characteristics:**

1. Cannot get a job done unless others are immediately available to help.
2. Oblivious to what is going on around him.
3. Becomes confused and disoriented easily.
4. Misinterprets simple statements.
5. Gives answers that have nothing to do with the question being asked.
6. Afraid to assert himself or take risks.
7. Shows signs of nervousness (nail biting, crying, rocking, nervous tics, foot tapping, poor eye contact).
8. Generally unresponsive; hard to get to know; does not relate well.
9. Upset by any change in routine; inflexible; unable to adapt to rule changes.
10. Rigidly follows established patterns; can follow rules when they have been practiced.

## **WORKING WITH THE "CLOSED STYLE" INDIVIDUAL**

1. Make all information simple.
2. Always present information in a very clear, concrete, and organized manner.
3. Use pictures, demonstrations, role-playing, and models to make information easier to understand.
4. Reduce the number of choices the individual has to make.
5. Keep daily routines and schedules simple and consistent.
6. A relationship with an "accepting" and "approving" adult is absolutely necessary.
7. The individual's anxiety level will be lower if he is made to feel safe.
8. Adults should be supportive and helpful when the individual is confused.
9. Provide enough structure and guidance to support the individual, but do not provide so much that the individual becomes overly dependent.
10. Expect the individual to try to avoid responsibilities because he doesn't want to fail.
11. Will have high anxiety and will withdraw when confused.
12. A display of warmth to superior is a sign of trust.

## **INWARD STYLE (UNDISCIPLINED)**

### **BASIC NEED - IMMEDIATE SELF GRATIFICATION**

The individual with an Inward Style shows a greater receptivity to inner sources of information than he does to outside information. These persons are not "tuned in" to the world around them and they tend to "march to their own drums." Their interpersonal relationships are often characterized by exploitation, coercion, and manipulation. They spend most of their energies seeking immediate gratification of their needs and avoiding responsibilities.

The person with the inward style is easily frustrated when things do not go his way, and he has difficulty relating to authority figures. These individuals act immaturely, tend to be boisterous in a crowd, and have many problems with behavioral control. They have abundant energy, but they are unable to channel their energies in a productive fashion. Often, energies are utilized to draw attention to themselves. When confronted, they often become defiant or uncooperative.

#### **Behavioral Characteristics:**

1. Negativistic: "I won't!"
2. Acts defiant; will not do what is asked.
3. Easily frustrated; lacks tolerance for tasks he doesn't enjoy.
4. Tends towards temper tantrums and can be destructive.
5. Asserts his independence in a negative way.
6. Antisocial tendencies (steals, lies, destroys property, bullies, defies, resents discipline).
7. Speaks disrespectfully to adults and authority figures.
8. Blames others when things don't go well.
9. Makes derogatory remarks about the activities others are involved in.
10. Breaks rules.

## **WORKING WITH THE "INWARD STYLE" INDIVIDUAL**

1. Make every attempt to reduce frustration.
  2. Provide rewards and consequences to tell the individual how he is doing.
  3. Individual will be more productive if given the opportunity to work alone and in his own way. He has difficulty following strict rules and procedures.
  4. Make sure he understands the task before letting him go to work.
  5. Repeat directions because individual has trouble with attention and listening skills.
  6. Adjust methods to provide maximum information.
  7. Feedback will not be effective if it is delayed; it must be immediate. Grades, for example, are not immediate enough.
  8. Always use a helpful tone of voice. A punitive tone will cause him to withdraw.
  9. Social isolation (removal from the group) or "time out" is a very effective management tool.
  10. Always be very consistent.
  11. Slow down the individual's decision-making and working speed. He tends to rush and be very impulsive, making many careless mistakes.
  12. Expect slow mastery of skills; conditioning is very slow because the individual is "tuned out" much of the time.
- 
1. Always explain consequences and rewards clearly and repeat them frequently.

## **OUTWARD STYLE (ANXIOUS AND NEEDING ACCEPTANCE)**

### **BASIC NEED - ACCEPTANCE APPROVAL**

The individual with the Outward Style has a greater receptivity to the outside sources of information than he does to the inner sources. Outward style persons are excessively concerned with outside evaluations of their worth or performance. These individuals associate external evaluations with acceptance. For this reason, they often become very competitive. They feel they can confirm their worth as an individual by getting others to admire them. They are very conscientious, hard-driving, and ambitious, but they lack self-confidence.

Outward style persons never complete a task for the sake of mastery. All of their efforts are devoted to gaining the attention and approval of others for their good performance. In this sense, they are very goal oriented and well organized. When they fail, they feel a sense of rejection and blame themselves for the failure.

#### **Behavioral Characteristics:**

1. Tries too hard.
2. Always wants to show off or impress others.
3. Overly sensitive to criticism or correction.
4. Worries about pleasing others.
5. Frequently seeks adult contact and approval.
6. Excessively competitive and jealous.
7. Tries to out perform classmates by producing more work.
8. Outwardly nervous during tests or evaluations.
9. Fearful of failure.
10. Friendly rather than distant in relationship with adults.

## **WORKING WITH THE "OUTWARD STYLE" INDIVIDUAL**

1. Always provide a graceful "way out" to avoid failure or embarrassment.
2. Don't allow displays of warmth and affection to be used as an excuse for not meeting responsibilities.
3. Expect defensiveness and avoidance behaviors when the outward style person is confronted.
4. Must be motivated by a show of approval; will have periods of depression or will be unproductive if approval is not given.
5. Can be effectively motivated by being made to feel guilty.
6. Avoid harsh criticism; reacts catastrophically and takes it personally.
7. Give immediate and periodic approval for desired behaviors.
8. Must have emotional support and show of confidence in order to face difficulties.
9. Derives ego strength and sense of importance by affiliation with significant authority figures.
10. Avoid making value judgments of performance; don't use words such as "good" or "bad."
11. Structure the situation so the individual can evaluate himself against objective standards.
12. Use charts and graphs to record progress; have the individual chart his own progress.
13. Make the individual accountable and responsible.
14. Encourage the individual to make his own decisions.
15. Frequently ask the individual to give you his opinion.
16. Set high but reasonable expectations.

## **OPEN STYLE (FLEXIBLE AND MATURE)**

### **BASIC NEED - SELF ACTUALIZATION**

The person with an Open Style equally receives information from both inner and outside sources. These individuals are extremely flexible and are capable of being goal oriented, reflective, and self-critical at the same time. They are not afraid to try something new, and are always willing to consider alternatives or initiate new activities. They carefully evaluate their own effectiveness and quickly make necessary changes to become even more effective. They learn quickly from their mistakes. Self-confidence is a positive feature of the individual with the open style. Open individuals are risk-takers, and they attack the problems of everyday life with zest and originality. The open style person has good interpersonal relationships and he can resolve differences without difficulty.

#### **Behavioral Characteristics:**

1. Tells stories or describes things in an interesting fashion.
2. Is open to new ideas.
3. Shows persistence in attacking problems.
4. Thinks creatively in new situations.
5. Can apply what he has learned to a new situation.
6. Can constructively assert himself.
7. Shows initiative.
8. Is flexible.
9. Is well informed.
10. Shows respect for adults but can stand on own two feet.

## **WORKING WITH THE "OPEN STYLE" INDIVIDUAL**

1. Use mistakes as an opportunity to learn and improve.
2. Stress "learning for its own sake."
3. Adults are viewed by the individual as an important source of information.
4. Individual sees the adult more as an equal than an authority figure.
5. Adult's knowledge is valued but is not seen as infinite.
6. Individual works best if treated maturely and as an adult.
7. Individual reacts with interest to creative or unusual approaches.
8. Adult must have patience and be willing to listen to the individual's ideas and opinions.
9. Be careful not to treat in a patronizing manner.
10. Stretch the individual's imagination; challenge him to think.
11. Utilize frequent changes in routine and approach.
12. Allow him to follow his natural curiosity.
13. Emphasize transfer of learning to new situations.
14. Encourage him to use his intuition.

## ASSESSMENT OF INHERENT MOTIVATION (A.I.M.)

Chester J. Singer, Ph.D. (1988)

### FORM A: EXAMINER'S ASSESSMENT

**INSTRUCTIONS:** Read each statement carefully and darken the circle under YES if it "generally" describes the client of NO if it does not describe the client. Use the accompanying answer sheet to record your responses]. *Helpful hint: Print out the "Examiner's Assessment," answer the questions by hand, and then transfer responses to the form.*

<u>YES</u>	<u>NO</u>	
_____	_____	1. Has difficulty functioning independently; requires assistance to complete many tasks.
_____	_____	2. Often refuses to do as asked; is frequently defiant.
_____	_____	3. Shows off; wants to impress others; likes attention.
_____	_____	4. Flexible; seldom demands to have things his or her way.
_____	_____	5. Does not seem to be "tuned in" to what is going on.
_____	_____	6. Easily frustrated; lacks perseverance; uses avoidance strategies.
_____	_____	7. Has boundless energy; is still willing to work when others have quit.
_____	_____	8. Works independently without coaxing; seems to be self-motivated.
_____	_____	9. Seems to need directions repeated often; often confused by simple procedures.
_____	_____	10. Frequently displays temper; uses abusive language; can become aggressive towards others when things do not go as planned.
_____	_____	11. Easily hurt by criticism; pouts or seems depressed when in trouble;
_____	_____	12. Works diligently to solve problems; takes pride in success; likes a challenge.
_____	_____	13. Frequently misunderstands the statements of others; seems disoriented in social situations.
_____	_____	14. Always finding a way to get in to trouble; untrustworthy.
_____	_____	15. Always trying to please; will do almost anything to gain approval.

- \_\_\_\_\_      \_\_\_\_\_      16. Has good judgment; can be depended upon to make wise decisions.
- \_\_\_\_\_      \_\_\_\_\_      17. Frequently responds with an answer that has little or nothing to do with the question that was asked.
- \_\_\_\_\_      \_\_\_\_\_      18. Likes to "pick on" others; seems to enjoy seeing others have difficulty; tries to control others by threats.
- \_\_\_\_\_      \_\_\_\_\_      19. Tries to align self with authority figures; likes to be a "helper."
- \_\_\_\_\_      \_\_\_\_\_      20. Interacts easily with adults; likes to share ideas.
- \_\_\_\_\_      \_\_\_\_\_      21. Afraid of failure; easily threatened by others' expectations; not a "risk taker."
- \_\_\_\_\_      \_\_\_\_\_      22. Seems to have a "chip" on shoulder; won't accept responsibility for doing wrong; quick to place blame on others.
- \_\_\_\_\_      \_\_\_\_\_      23. Envious of the good fortune of others; jealous when others receive attention.
- \_\_\_\_\_      \_\_\_\_\_      24. Has a good fund of information; always has something to contribute.
- \_\_\_\_\_      \_\_\_\_\_      25. Frequently seems anxious; may have nervous habits such as nail biting, or toe tapping; symptoms may increase when stressed.
- \_\_\_\_\_      \_\_\_\_\_      26. Uncomfortable around authority figures; seems to be trying to gain control; passively resistant.
- \_\_\_\_\_      \_\_\_\_\_      27. Always tries to do more than others; seems to need to be the first or the best; becomes depressed when status is lost.
- \_\_\_\_\_      \_\_\_\_\_      28. Seems to be able to use skills gained in one situation to solve problems in another situation.
- \_\_\_\_\_      \_\_\_\_\_      29. Seclusive; hard to figure out; needs attention but resists others' attempts to get close.
- \_\_\_\_\_      \_\_\_\_\_      30. Frequently breaks rules; feels rules are for others to follow; uncomfortable in highly structures situation.

- \_\_\_\_\_ 31. Self-concept seems dependent upon level of performance; becomes nervous when being evaluated; verbalizes fear of doing poorly but wants to do well.
- \_\_\_\_\_ 32. Generally respectful of adults but expects respect in return.
- \_\_\_\_\_ 33. Quickly confused by any change in routine; difficulty adapting to new rules; rigid.
- \_\_\_\_\_ 34. Frequently criticizes others; seems to take pleasure in finding fault with others; finds the misfortune of others to be humorous.
- \_\_\_\_\_ 35. Easy to make friends with; forgiving, accommodating; seldom critical; wants praise for accomplishments.
- \_\_\_\_\_ 36. Very creative; has good ideas; interesting to talk to.
- \_\_\_\_\_ 37. Refuses to cooperate when not sure of what is expected; quickly responds when shown what to do; becomes dependent upon those who provide help.
- \_\_\_\_\_ 38. Holds values that are rejected by society; displays very little sense of conscience or shame for doing wrong.
- \_\_\_\_\_ 39. Has a strong sense of conscience; feels badly when others are angry; works hard to redeem self.
- \_\_\_\_\_ 40. Has a mature view of "right and wrong;" can be objective; will work to correct an injustice to another individual.

## A.I.M. ANSWER SHEET (FORM A)

1) <u>YES</u> <input type="checkbox"/>	2) <u>YES</u> <input type="checkbox"/>	3) <u>YES</u> <input type="checkbox"/>	4) <u>YES</u> <input type="checkbox"/>
5) <u>YES</u> <input type="checkbox"/>	6) <u>YES</u> <input type="checkbox"/>	7) <u>YES</u> <input type="checkbox"/>	8) <u>YES</u> <input type="checkbox"/>
9) <u>YES</u> <input type="checkbox"/>	10) <u>YES</u> <input type="checkbox"/>	11) <u>YES</u> <input type="checkbox"/>	12) <u>YES</u> <input type="checkbox"/>
13) <u>YES</u> <input type="checkbox"/>	14) <u>YES</u> <input type="checkbox"/>	15) <u>YES</u> <input type="checkbox"/>	16) <u>YES</u> <input type="checkbox"/>
17) <u>YES</u> <input type="checkbox"/>	18) <u>YES</u> <input type="checkbox"/>	19) <u>YES</u> <input type="checkbox"/>	20) <u>YES</u> <input type="checkbox"/>
21) <u>YES</u> <input type="checkbox"/>	22) <u>YES</u> <input type="checkbox"/>	23) <u>YES</u> <input type="checkbox"/>	24) <u>YES</u> <input type="checkbox"/>
25) <u>YES</u> <input type="checkbox"/>	26) <u>YES</u> <input type="checkbox"/>	27) <u>YES</u> <input type="checkbox"/>	28) <u>YES</u> <input type="checkbox"/>
29) <u>YES</u> <input type="checkbox"/>	30) <u>YES</u> <input type="checkbox"/>	31) <u>YES</u> <input type="checkbox"/>	32) <u>YES</u> <input type="checkbox"/>
33) <u>YES</u> <input type="checkbox"/>	34) <u>YES</u> <input type="checkbox"/>	35) <u>YES</u> <input type="checkbox"/>	36) <u>YES</u> <input type="checkbox"/>
37) <u>YES</u> <input type="checkbox"/>	38) <u>YES</u> <input type="checkbox"/>	39) <u>YES</u> <input type="checkbox"/>	40) <u>YES</u> <input type="checkbox"/>
<b>Column "YES" Totals</b>			
<b>CLOSED</b>	<b>INWARD</b>	<b>OUTWARD</b>	<b>OPEN</b>

**Enter number of "Yes" answers from each of the column totals into spaces provided below**

	CLOSED	INWARD	OUTWARD	OPEN	
<b>10</b>					<b>10</b>
<b>9</b>					<b>9</b>
<b>8</b>					<b>8</b>
<b>7</b>					<b>7</b>
<b>6</b>					<b>6</b>
<b>5</b>					<b>5</b>
<b>4</b>					<b>4</b>
<b>3</b>					<b>3</b>
<b>2</b>					<b>2</b>
<b>1</b>					<b>1</b>

## ASSESSMENT OF INHERENT MOTIVATION (A.I.M.)

Chester J. Singer, Ph.D. (1988)

### FORM B: CLIENT'S SELF-REPORT

**[INSTRUCTIONS: Read each statement carefully and darken the circle under YES if it generally describes you or NO if it does not describe you. Use the accompanying answer sheet to record your responses].**

1. I have trouble getting things done correctly unless someone is around to help me.
2. When someone in charge orders me to do something, it makes me feel like refusing to do it.
3. I do some pretty crazy things sometimes just to get others to notice me.
4. I don't mind letting others have their way.
5. I often have trouble figuring out what others want me to do.
6. If a job looks like it is going to be too difficult, I usually will try to get out of having to do it.
7. I am usually the one who is still working when others around me have quit.
8. Nobody ever has to coax me to start working on a difficult job.
9. I often get confused whenever someone gives directions for a job or an assignment.
10. When things don't go my way, I can get really mad.
11. It makes me feel bad when someone criticizes me.
12. I always like to do the jobs that others can't handle.
13. I would rather be alone than with a group of people.
14. I can't resist getting into a little trouble now and then just for the fun of it.
15. I always try hard to please those who are in charge.
16. I can always be depended upon to make the right decision.
17. I always seem to end up saying something dumb when I am around others.
18. If others know what is good for them, they will do things my way.
19. I like it when those who are in charge pick me to help out on a project.

20. I enjoy working side-by-side with adults to solve a problem or get a job done.
21. I don't like to take a chance on something when I think there is a possibility that I might do it wrong.
22. I am always getting blamed for things that someone else has done.
23. I get upset when someone beats me at something or makes me look second best.
24. I have a very good memory for facts and important information.
25. I get really nervous when others are expecting me to do a good job.
26. It bothers me when those who are in charge want to run things their way.
27. It bothers me when I don't win or do a better job than others.
28. I always learn a lesson from my mistakes so that I don't make the same mistake again.
29. I feel uncomfortable when someone gets to know me too well.
30. It seems like those in charge make rules just to keep me from having any fun.
31. When I don't do a good job, I feel like others are upset with me.
32. I like to share my ideas with those who are in charge.
33. I can't stand it when those in charge change the way I am used to doing things.
34. It can be pretty funny sometimes when others get into trouble or make a dumb mistake.
35. I get along with just about everybody I know.
36. Others see me as someone who is always coming up with good ideas.
37. When I'm not sure about what I'm supposed to do, I won't do anything until someone comes to help me.
38. People are always giving me trouble for the things I say and do.
39. My conscience really bothers me when I do something wrong. I feel like I have to make up for what I have done.
40. When somebody else doesn't get a fair break, I always feel like I have to help to make things right.

## A.I.M. ANSWER SHEET (FORM B)

1) <u>YES</u> <input type="checkbox"/>	2) <u>YES</u> <input type="checkbox"/>	3) <u>YES</u> <input type="checkbox"/>	4) <u>YES</u> <input type="checkbox"/>
5) <u>YES</u> <input type="checkbox"/>	6) <u>YES</u> <input type="checkbox"/>	7) <u>YES</u> <input type="checkbox"/>	8) <u>YES</u> <input type="checkbox"/>
9) <u>YES</u> <input type="checkbox"/>	10) <u>YES</u> <input type="checkbox"/>	11) <u>YES</u> <input type="checkbox"/>	12) <u>YES</u> <input type="checkbox"/>
13) <u>YES</u> <input type="checkbox"/>	14) <u>YES</u> <input type="checkbox"/>	15) <u>YES</u> <input type="checkbox"/>	16) <u>YES</u> <input type="checkbox"/>
17) <u>YES</u> <input type="checkbox"/>	18) <u>YES</u> <input type="checkbox"/>	19) <u>YES</u> <input type="checkbox"/>	20) <u>YES</u> <input type="checkbox"/>
21) <u>YES</u> <input type="checkbox"/>	22) <u>YES</u> <input type="checkbox"/>	23) <u>YES</u> <input type="checkbox"/>	24) <u>YES</u> <input type="checkbox"/>
25) <u>YES</u> <input type="checkbox"/>	26) <u>YES</u> <input type="checkbox"/>	27) <u>YES</u> <input type="checkbox"/>	28) <u>YES</u> <input type="checkbox"/>
29) <u>YES</u> <input type="checkbox"/>	30) <u>YES</u> <input type="checkbox"/>	31) <u>YES</u> <input type="checkbox"/>	32) <u>YES</u> <input type="checkbox"/>
33) <u>YES</u> <input type="checkbox"/>	34) <u>YES</u> <input type="checkbox"/>	35) <u>YES</u> <input type="checkbox"/>	36) <u>YES</u> <input type="checkbox"/>
37) <u>YES</u> <input type="checkbox"/>	38) <u>YES</u> <input type="checkbox"/>	39) <u>YES</u> <input type="checkbox"/>	40) <u>YES</u> <input type="checkbox"/>
<b>Column "YES" Totals</b>			
<b>CLOSED</b>	<b>INWARD</b>	<b>OUTWARD</b>	<b>OPEN</b>

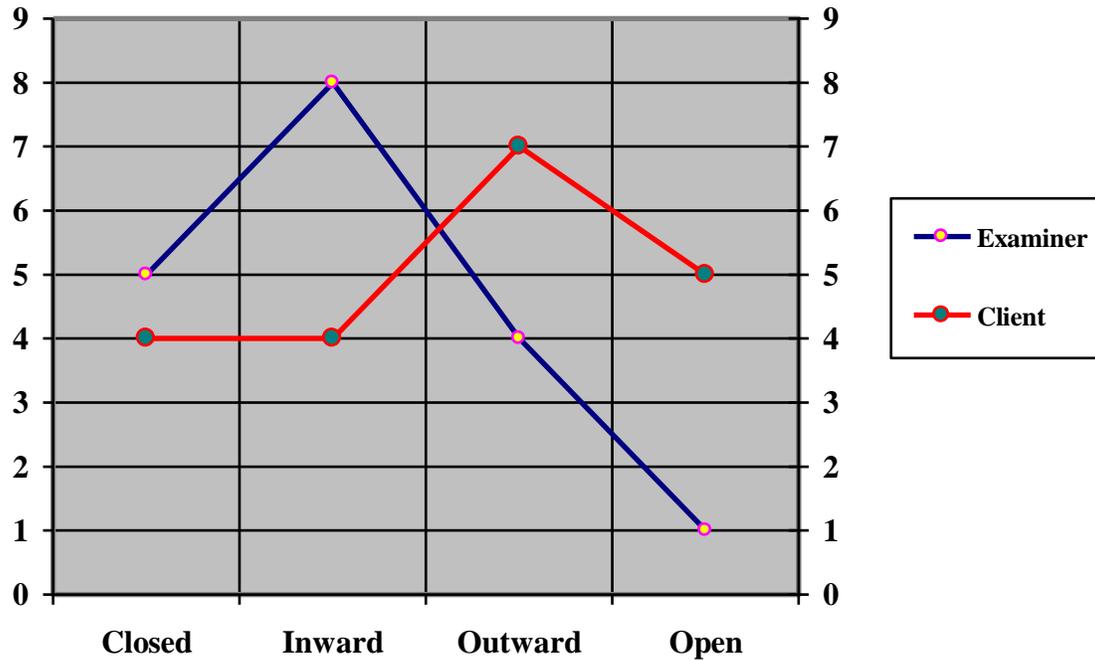
**Enter number of "Yes" answers from each of the column totals into spaces provided below**

	CLOSED	INWARD	OUTWARD	OPEN	
<b>10</b>					<b>10</b>
<b>9</b>					<b>9</b>
<b>8</b>					<b>8</b>
<b>7</b>					<b>7</b>
<b>6</b>					<b>6</b>
<b>5</b>					<b>5</b>
<b>4</b>					<b>4</b>
<b>3</b>					<b>3</b>
<b>2</b>					<b>2</b>
<b>1</b>					<b>1</b>

## EXAMPELS OF A.I.M. GRAPHS

If the number of “yes” answers from the four columns on form A (Examiners Assessment) were 5, 8, 4, 5, the resulting graph would be the blue line.

If the number of “yes” answers from the four columns on form B (Clients Self-Assessment) were 6, 7, 3, 6, the resulting graph would be the red line.



## SESSION VII SPECIAL NEEDS CONTINUES

Having understood moral, emotional, and intellectual development, we can learn to formally assess, plan for, and execute treatment for abnormal children.

For assessment, we employ the "Child Behavior Checklist (Exhibit 3) and "Revised Child Behavior Profile" (Exhibit 4). (Note that checklists and profiles are age- and sex-specific and must reflect those characteristics of the client.) Behaviors of the client are scored in accordance with the directions. Scores are transferred to the corresponding category on the profile and totaled. These totals are plotted on the corresponding number on the graph above the totals. If a plotted point is above the dotted line, that means two out of one hundred children are like that child, causing that child to be abnormal with the diagnosis listed directly below the plotted point.

Note that the diagnoses on the left side of the graph are "internalizing" (top of exhibit 4) and those on the right side are "externalizing." "Hyperactive" may be either or neither for reasons discussed earlier. The diagnoses correspond to our earlier discussion.

### LET'S PRACTICE!

A. Let us assume a 15-year-old girl who was placed in your home two weeks ago has the scores on the left side of the graph. She has been coming home, going to her room and staying there. [Experiential Education activity]

- What are her problems (Depression, Schizoid)
- What type? (Internalizing)
- What must be included in treatment? (Encouragement, counseling, warmth, opportunities for success, patience, keep in reality)
- Specifically, what has happened to her? (Sexually abused)
- Specifically, what is she doing/feeling? (Worthless, embarrassed, masturbating, worrying about safety and security)  
(Note, scores of "2" especially)

#### *Group Learning Activity-*

Someone volunteer to be her and go lock yourself in the next room. Group deal with her.

\* \* \* \*

- Debrief --** Look for utilization of principles of communication.  
Look for dealing with her at appropriate developmental level.  
Ask volunteer how certain things affected her.

- B. Assume a 13-year-old boy doesn't want to go to school. His reason is that he doesn't like gym class because he is embarrassed about his body and performance. The group is not told his reason, however, and he is not apt to offer that information. He starts by saying "I'm not going to school today; I don't feel like it."

*Debrief* by previous guidelines.

- C. A 15-year-old girl wants to go out with "Spike" who drives a Porsche, is 23, and a known drug dealer. The 15-year-old has been sexually abused, has poor self-image, and thinks this is her opportunity for success.

*Debrief* by previous guidelines. Watch for "20 questions" approach, power struggle, offers to meet this fellow (when no intention of allowing her to go out).

- D. Assume a 14-year-old girl has the scores on the right side of the graph.

- What is her problem? (Conduct disorder/immature, and hyperactive/cruel)
- What type? (Externalizing)
- What must be included in treatment? (Structuring, supervision)
- Suggest Behavior Contracting (Appendix 16 - "Reasons and Rules"; "Contract 2" and "Trouble-Shooting Guide". Facilitate these components in above order. Pay close attention to asterisked (" \* ") numbers in the "Troubleshooting Guide" - they are the most frequently violated.

*Group Learning Activity:*

- Ask the group to define the desirable behavior. Ask them to contract with a volunteer in the group. Have someone record the contract, and then facilitate the "Trouble-Shooting Guide" and necessary changes.

## **BEHAVIOR CONTRACTING**

### **PUNISHMENT**

#### **Appendix 16**

When punished, behavior decreases. However, after the punishment the behavior returns, if the behavior, which was punished, is still reinforced in other situations.

Punishment- aversent consequences by withdrawing reinforcers.

Physical punishment-the child learns to avoid or escape the punisher. The child learns negative attitude toward the punisher. The child learns how to be aggressive to others.

### **EFFECTIVE PUNISHMENT (RULES)**

1. Prevent avoidance and escape from punisher.
2. Undo or prevent teaching the child a hateful attitude toward the punisher.
3. Reduce the need for punishment later.
4. Not provide a model of aggressive behavior.

### **SOLUTION**

1. Withdraw reinforcers and provide clear-cut steps to earn reinforcers back.
2. Undo--attention and affection for good behavior. Prevent--don't hit and don't punish in anger.
3. Give warning signal, ("Stop"). Reward good, in compatible behavior. Do not reinforce objectionable behavior ever.
4. Don't aggress.

### **WHEN TO PUNISH**

1. Problem behavior occurs so often there is no good behavior to reinforce.
2. When problem behavior endangers the child.
3. When reinforcement of incompatible behavior is not as powerful as the reinforcers causing the problem.

## **REASONS AND RULES**

In giving children reasons, the child is able to reason out consequences and gives him a principle to follow.

### **STEPS**

1. Describe behavior.
2. After number of times of occurrence, ask the child for reasons of consequences (positive and negative).
3. When a child repeats it, repeat it back to him.
4. When the child understands, work on more general rules for behavior.
5. When the child learns general rules, these can be used to make future plans about actions to be taken.

### **RULES ABOUT RULES** **(Remember, rules are really for the adults)**

1. Short
2. Positive
3. Easy to remember.
4. Specified behavior and consequences.
5. Easily enforceable.
6. Teachable.

## **TROUBLESHOOTING**

The following questions may help you to spot the problems in your contracting system.

### **THE CONTRACT**

1. Was the target behavior clearly specified?
2. Did the contract provide for immediate reinforcement?
3. Did it ask for small approximations to the desired behavior?
4. Was reinforcement frequent and in small amounts?
5. Did the contract call for and reward accomplishment rather than obedience?
6. Was the performance rewarded after its occurrence?
7. Was the contract fair?
8. Were the terms of the contract clear?
9. Was the contract honest?
10. Was the contract positive?
11. Was contracting as a method being used systematically?
12. Was the contract mutually negotiated?
13. Was the penalty clause too punitive?

### **THE CLIENT**

1. Did he understand the contract?
2. Is he getting the reinforcer from some other source?
3. Do the reinforcers have to be reevaluated?
4. Has a new problem behavior developed that is drawing the mediator's attention away from the target behavior?

## **THE MEDIATOR**

1. Did the mediator understand the contract?
2. Did he dispense the kind and amount of reinforcement specified in the contract?
3. Did he dispense it according to instructions, at the rate specified, and with consistency?
4. Did punishment accidentally accompany the performance being reinforced?
5. Did he stop mediating?
6. Do you need a new mediator?

## **MEASUREMENT**

1. Have the data been verified as accurate?
2. Did your data collector understand what he was supposed to count?
3. Did you rehearse the counting task with him?
4. Did you reinforce him for *his* behavior?
5. Is the data collection task too complex or too difficult?
6. Should you try to get another data collector?

***On the following page, you will find a blank contract. [Please select a challenge that one of your children (or a child you know) is presenting. Then complete a behavioral contract that you believe would best address this problem]***

# Contract

**Effective Dates:**                    **From** \_\_\_\_\_ **to** \_\_\_\_\_

We, the undersigned parties, agree to perform the following behaviors:

**If** \_\_\_\_\_ **then** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If** \_\_\_\_\_ **then** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If** \_\_\_\_\_ **then** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bonus:** \_\_\_\_\_

\_\_\_\_\_

**Penalty:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
(Mediator)

\_\_\_\_\_  
(Counselor)

**This contract will be reviewed in 2 weeks from date of agreement.**

**SESSION VII**  
**GSP LEARNING FEEDBACK**  
**Child Development/Special Needs**

**1. What is the most important gift that a foster parent can give to a child in therapeutic foster care?**

- a. Love and affection
- b. Consistent rules and consequences
- c. Communication
- d. Restrictions for rule violations
- e. Rewards for positive behavior

**2. In the behavioral contract, what is the best evidence that a target behavior is clearly specified?**

- a. The child understands it
- b. It can be observed and counted
- c. The child accomplishes it
- d. The child agrees with it

**3. The most effective house rules are those which:**

- a. Tell the child what is prohibited
- b. The child agrees with
- c. Tell the child what (s)he should do
- d. Are gratifying to the foster parent

**4. The most important reason behavioral reinforcement should be immediate is because:**

- a. Otherwise the foster parent may forget
- b. Children are more likely to repeat a behavior that is positively reinforced immediately
- c. That's what children want
- d. Children will link their actions to the consequences and learn "cause and effect" more readily when reinforced immediately

**5. Threatening a child with removal from the foster home is not a good discipline tool because:**

- a. Children should never be denied basic human needs as punishment
- b. Foster parents may not really mean what they say in the heat of emotion
- c. Children are likely to test the threat
- d. Regulations prohibit it
- e. All the above

**6. The most basic of human needs is:**

- a. Love and affection
- b. Approval
- c. Self-esteem
- d. Health and safety

**7. Children whose primary need is approval need foster parents who:**

- a. Praise them for good behavior
- b. Disapprove of them for bad behavior
- c. Seek their opinion on matters
- d. Provide them opportunities for self-evaluation
- e. a and c
- f. c and d

**8. A child should be punished every time he or she does something wrong.**

- a. True
- b. False

**9. Explain your answer to number 8:**