

**C. The Effects of Maltreatment on Preschool Children**

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***Conceptual Framework***

The primary developmental tasks and milestones in each of the four developmental domains for children age three to five are as follows:

**Physical Development of the Preschool Child**

Physical growth of the preschool child occurs at a slower rate than the infant or toddler. The child gains approximately four to five pounds per year, and grows approximately three to four inches per year. A rule of thumb to help remember an average height and weight for a three-year-old child is to think of "threes": three years, three feet tall, 33 pounds. The preschool child also loses the swayed back and protruding abdomen that are typical of the toddler.

The rate of brain growth slows considerably. By early preschool, the brain will have reached approximately 4/5 of adult size.

The preschool child is very active, and cannot sit still for long periods of time. Preschoolers prefer to be busy and involved in activities. Physical games, drawing, painting, playing with more complicated toys, and learning to use playground equipment all promote the development and refinement of gross and fine motor skills, and eye-hand coordination.

Motor abilities may differ between boys and girls, and different cultural expectations can affect the nature of motor development. In cultures that reinforce "rough and tumble" play such as running and jumping, children will typically develop muscle strength and gross motor coordination; whereas, quieter play, with toys, crayons, and dolls, will generally promote the development of fine motor coordination.

## Cognitive Development of the Preschool Child

The cognition of preschool children has certain discernible characteristics. When considered together, these can help us to understand the world view of the preschool child.

### *Egocentric Thought*

When we say that preschool children think egocentrically, we are not assigning a moral value to their behavior. We do not mean they are selfish or thoughtless, or that they only think about themselves.

Egocentrism describes the nature of their thought processes. Their universe is circumscribed; they, their family, and their homes are at the center. The scope of their awareness and understanding is limited to their immediate experience, and they view the world only from this perspective. They do not realize that other people have perspectives that might be different from theirs; their personal experiences have universal application. For example, Mike, age four, could see that his mom was upset because she was crying, so he gave her his teddy bear to make her feel better. Hilary believed the sun rose in her backyard, and set in her front yard.

Preschool children also think that everyone has the same information they do. When they describe an event, they often leave out important and obvious facts because they assume that everyone else already knows the details that they know.

The attribution of human characteristics to inanimate objects and animals is also typical. This is sometimes referred to as animism. For instance, three year old Kristin put a doll blanket over a chicken that her mother was thawing out for dinner. When asked why, she said "because the chicken was cold, and I wanted

to make it warm." Leigh, age four, had been very attached to a blanket since infancy. Leigh's mom had to launder the blanket when Leigh was asleep, because Leigh was convinced that the blanket would drown in the washer and would get dizzy in the drier. When Leigh's mom accidentally stepped on the blanket, Leigh insisted that she kiss it and apologize. Sarah told her mother the wind was blowing because it was happy, and, the flower opened its petals because it was getting a suntan.

Egocentricity does not mean that preschool children are oblivious or insensitive to other people's feelings. Even infants and toddlers become upset when other children cry. Preschoolers can also recognize visual cues of emotional states, and sometimes they can label them properly as mad, upset, happy, or sad. This is a precursor of empathy. They are, however, largely unaware of many feelings that generate visible behaviors in other people. Kelli, for instance, at age three and a half, was watching her aunt come up the front sidewalk. Aunt Judy, who had just ended a long, tiring, and frustrating day, was frowning as she approached the door. Kelli greeted her at the door with a concerned question, "Aunt Judy, why is your face mad?"

### *Illogical and Magical Thinking*

It is inaccurate to say preschool children cannot think logically. The thought patterns of preschoolers appear illogical because preschoolers draw conclusions from the limited information that is derived from their circumscribed, often incomplete understanding of the world. Information for an egocentric preschooler comes from one source – the child's own experiences and perceptions.

Preschool children also have limited understanding of cause and effect. If two events are linked sequentially, or two attributes of an object coexist, one is often thought to have caused the other.

While preschool children's reasoning may be faulty by adult standards, their conclusions make perfect sense to them, and they will stubbornly cling to them when presented with more complicated and more rational explanations.

The following examples illustrate the typical logic of preschool-aged children. It is not unusual for preschoolers to be afraid of being flushed down the toilet. In their experience, everything that gets thrown in the toilet disappears, never to be seen again. They cannot be talked out of their fear. Hilary told her mother that the sun comes up because it's yellow. Tommy said the moon shines at night because there's a man in it. Kelli was convinced that lightning caused the rain. Christopher's mother told him he couldn't go outside and play in the yard until the dew on the grass dried, so Christopher got a dish towel from the kitchen and brought it to his mother so she could dry off the grass. Andrew insisted that two pennies were more than a dime. They were larger, and there were more of them.

Preschool children have vivid imaginations and often engage in magical thinking. Fact and fantasy cannot always be differentiated. In describing an experience, the child will often embellish it to the point of fantasy. Mitchell, age four, went to the circus and saw horses in the center ring jump over low hurdles. When he later told his dad about the circus, he described the "beautiful horses that were flying in the air all around the circus tent." This should not be considered lying, as Mitchell was not deliberately fabricating. He was displaying the lively and expansive imagination of a healthy preschooler.

For Kelli, also age four, fact and fiction are easily interwoven in her imaginative play. One afternoon she came running into the kitchen and told her mom, "I need some porridge. I need some water. I need some poison. I'm going to mix them all together and make a dog." Kelli's mom said, "You don't want to use poison. You know what poison is, don't you?" Kelli said "No." Her mom said, "It's bad stuff. Poison can kill you!" Kelli thought for a moment, and then said, "All right, I'll make a dead dog."

The inability to separate fantasy from fact contributes to the development of preschool children's fears. At age four, Leigh fell and knocked out a front tooth. Her mom told her to put the tooth under her pillow and the tooth fairy would come and bring her money. Leigh became hysterical, thinking a stranger would be sneaking into her bedroom in the middle of the night.

In a similar example, Kelli woke up crying in the middle of the night. "There's something strange going on here," she told her dad. "There's a doggie with something in his hair." Her dad found a doll in a chair casting a shadow on the wall. Turning on the light and explaining that it was only the doll's shadow did nothing to calm Kelli's fear. The doll had to be moved, eliminating the shadow, before Kelli was assured that the threatening dog was no longer in the room.

### *Inability to Sequence Events in Proper Order*

Preschoolers cannot relate events or ideas in their proper sequence. They do not have a well-developed understanding of time, particularly of long time periods. They may understand today, but yesterday and tomorrow are harder, and next week is incomprehensible. They confuse first, middle, and last, and cannot order events in time. They might be able to describe events, but the events are not likely to be in sequential order.

### *Role of Cognition in the Effects of Maltreatment*

The preschool child's cognitive limitations are an important variable in understanding the potential effects of maltreatment.

A combination of drawing conclusions from very limited information, the tendency to attribute cause and effect to events that happen concurrently, and an inability to understand complex events contribute to the development of inaccurate and distorted perceptions. Abused preschool children almost universally believe that the abuse was punishment because they did something

wrong. This thought pattern may persist into the school years. It is also typical for young children in foster care to believe they were sent away because they were bad. It makes no logical sense to them that they should have to leave home because someone else, their parents, did something wrong. If necessary, the child will invent or fantasize reasons for punishment to give a cognitive structure and a plausible explanation for the abuse.

Lisa, age six, had been placed in a foster home at age five and a half. Her stepfather was a violent and dangerous man who once threw a cat through a plate glass window in a fit of temper. He and his wife had a violent argument during which time the police were called, and Lisa was removed to assure her safety. At the time of the argument, Lisa had been in the kitchen pouring a glass of milk, and she spilled it. Six months after her placement, she solemnly assured the social worker that she was bad, and that she had to live in a foster home because she spilled her milk all over the kitchen. When the worker told her she was placed in foster care so her daddy wouldn't hurt her, she indicated her daddy only hurt her mommy, not her, and that couldn't be the reason.

Understanding preschool-age cognition helps to explain the universal tendency for maltreated preschool children to develop a poor self-image and low self-esteem.

### *Language Development*

During the second year of life, children enter the stage of cognitive development referred to by Piaget as preoperations. The ability to symbolize contributes to the development of language. Between the ages of three and five, the expansion and refinement of language are the most critical and most obvious cognitive advancements.

The preschool child quickly expands duos into full sentences by adding linking words, including prepositions, conjunctions, objects, and other components. Grammar also improves.

The child's spoken vocabulary increases exponentially. The greater the child's vocabulary, the better the child can express complete thoughts, which greatly enhances the ability to communicate. Thought and understanding (receptive language) are generally more well developed than spoken (expressive) language until the child is about four.

Preschool children use and repeat new words, even when they do not fully understand their meaning. They also make up words to suit the occasion, often with amusing results. For example, Hilary, three and a half, ran to help her mother answer a knock at the door. A minute later she was back. Her dad asked her who was at the door. Hilary assured him, "Don't worry, Dad. He's gone." Not satisfied, Dad asked again, "Hilary, who was at the door?" Hilary answered, "It was a peep. But he's gone now." "A what?" asked Dad. She replied, "A peep. But he went away." It was only after careful thought that Dad realized "a peep" was Hilary's singular of the word "people;" if many are called "people," one must be a "peep."

Most preschool children talk nonstop. They enjoy using language to communicate with others, but just as often, they talk just to talk. They are socially intrusive and will try to involve themselves in other peoples' conversations. They also talk to themselves. They are especially adept at asking questions, particularly "Why?" even though they are not always interested in the answer, and they seem to enjoy interjecting the "why" just to keep the conversation going.

Parents can promote their children's language development through conversation and reading. A parent can be taught to direct comments and questions to their child throughout the day and engage them in conversation. Parents who cannot read can be encouraged to look through a magazine or book

with their children, talk about the pictures, or make up stories. Between 15 to 20 minutes of concentrated conversation each day can greatly promote children's language development.

### *Culture and Language*

The development of language ability is universal. The nature of the language, the specific meanings of words, and rules for when and how people talk with one another are culturally determined.

When a caseworker assesses a child's language development, the assessment must be made within the child's cultural context. It is important not to confuse language or speech differences with language delays or speech deficits.

Words may have idiosyncratic meanings within cultures or subcultures, and the rules of grammar and syntax may not be the same as in standard English. If a four year old's language is not understandable, and if words are not used properly in context, it is certainly possible that the child may have language or speech delays. However, the worker should not automatically assume this is the case. It may be that the worker is unfamiliar with the use of language in the family, and the child's communication skills are appropriate within that cultural context. The worker should determine whether family members and others in the child's cultural reference group are able to fully understand the child's language.

Some cultures discourage children from approaching adults to begin conversations. These children are taught to remain silent in the presence of adults as a sign of deference and respect. The worker may need to observe a child in situations in which talking is encouraged, as when playing with other children, to determine the child's language ability. The worker may also need to gather data from the parents or other adults who know the child well. If the



child's primary language is one that is unfamiliar to the worker, the worker should obtain assistance in any developmental assessment related to language.

### Social Development of the Preschool Child

There are two principal tasks of social development for the preschool child; the development of interactive play skills, and learning social roles and rules.

#### *Interactive Play*

Children do not develop interactive play until the preschool period. Toddlers engage in "parallel play," which is actually solitary play, with only incidental contact with other children likewise engaged in relatively private play.

The development of language, and the subsequent improvement in ability to communicate, promote the development of interactive play skills. Increasingly complex social interactions develop in stages throughout the preschool period.

For three year olds, toys are the focus of most play. Preschool children must learn basic social rules, such as sharing and taking turns, before they will be able to play cooperatively with other children. Frequent battles erupt while this is being learned, usually over who has possession of which toy. Few three year olds can cooperate toward accomplishment of a common goal, particularly if it means compromising their own wants and needs.

By age four and five, children increasingly form friendships with other children, and will ask to play with certain friends. Play is more cooperative, and is governed by rules. Each child may imitate a specific role in imaginative play, and children may direct each other's activities to complement their own. Joint involvement toward a common goal is more frequent. For example, Tonya and Leticia were playing "house" under the dining room table. Tonya could be

overheard directing Leticia, "Now you be the mommy. You have to hold the baby so she won't cry, because I'm working. I can't be disturbed."

Kelli, age five, understood the rules about taking turns and confronted Brian, who had been monopolizing the paints and easel; "Can't you see that I'm sad because you've been painting for too long!" Robert and Billy were trying to build a city with Legos. Their skyscraper wobbled precariously. Billy told Robert, "You hold the top and I'll make the bridge, so the building won't fall down when the cars go over the bridge."

Magical and imaginative thinking are frequently expressed in play. Preschool children will create fantasy characters and scenarios, including imaginary friends. Well-developed language allows them to talk to, and about, these friends. For example, they will weave elaborate scenarios about the life of a favorite stuffed animal, and will explain the animal's needs, feelings, and thoughts in detail to anyone who is willing to listen. Imaginative play also includes developing and telling stories, the events of which may seem unrelated, and in no logical sequence to the listening adult. Children may be overheard making up and telling stories to themselves.

### *The Functions of Play*

Children engage in play for its own sake because it is pleasurable. However, psychologists believe that play serves several additional functions for the preschool child [Gardner 1978].

Play provides children with opportunities to practice and develop language skills by conversing with other children and adults about the play activities. Stories that are read to them, and those they make up both promote the development of language.

Through play the child learns and practices social skills. These include sharing, taking turns, cooperating, and controlling impulses. One of the goals of "free play" in preschool settings is to help children develop and internalize these social skills.

Gross motor play, and activities and games that provide new challenges, help to develop gross motor abilities and promote refinements in balance and coordination. Toys with small parts, crayons, and other small objects encourage the development of eye-hand and fine motor coordination.

Children can experiment with social roles and different perspectives through imitation and imaginative play. They pretend to be someone, assume the perceived characteristics of the role, and model the person's behaviors. Jenny announced to Laurie that she was going to be the teacher, and Laurie had to be the student and sit still, because Jenny was going to write on the board and teach Laurie letters.

Children often discharge emotional tensions and anxieties through play. This affective function of play allows the child to safely discharge uncomfortable feelings. David used his "superheroes" to kill all the monsters that hid in the dark of night, waiting to attack unsuspecting victims.

Play can also help reduce fears. The imaginary companions of many children are wild animals who are made to be docile, cooperative, friendly, and totally under the child's control.

Erikson views play as a constructive means of helping children cope with stress and frustration [Gardner 1978]. Through play children can rehearse various coping strategies to help them deal with difficult situations. For example, four-year-old Joseph was scheduled to see the doctor. He engaged his younger sister in a game of "doctor," pretended to give her a shot, told her it wouldn't hurt very much, and reassured her that she would be all better soon.

These affective functions make play an excellent therapeutic tool, and a valuable casework strategy when working with preschool-age children.

Using play greatly increases the worker's ability to communicate with the child in a language the child understands. Observing play can also provide caseworkers with considerable information about children's feelings, perceptions, and needs.

Children are also more comfortable, and therefore more willing to communicate, in a play mode. The worker can use play to develop the casework relationship, and gain the child's trust and confidence. Children really like adults who take the time to play with them. Further training in play diagnostics and play therapy are useful for caseworkers who work with young children on a regular basis.

### The Emotional Development of Preschool Children

The emotional development of preschool children can be examined from several perspectives.

#### *The Development of Initiative*

Erikson considers the development of initiative to be the preschool child's most important developmental task. The preschool years are a time of active discovery. Healthy children are exuberant, self-directed, and self-starters. They delight in orchestrating activities and being in charge. They take pleasure in "attack and conquest," and they experiment with new roles and skills.

Initiative has its risks. Children must have developed basic trust in themselves and in their environments to feel confident enough to initiate new activities. They must also have learned that they are capable of autonomous behavior. The healthy development of trust and autonomy during the infant and toddler stages contributes greatly to the preschool child's competence and sense of confidence.

Self-starting and self-directed behaviors will be less well developed in children who are fearful, dependent, and unable to trust themselves or others.

### *The Development of Self-Control*

Before the age of three, children react with noticeable emotional distress to frustrating situations. Infants cry when they are uncomfortable or unhappy. Toddlers become defiant and angry, cry, or have tantrums when they can't have their own way, or when confronted with a frustrating situation.

Infants and toddlers have not developed internalized self-control, referred to as "impulse control." Their behavior is managed and contained by the structure in their environment. For example, the presence of a parent saying "no" prevents the two year old from playing with a forbidden object. When the parent leaves the room, so goes the control, and the child will often approach the desired object. Controls on the child's behavior are, therefore, externally applied. Parents can avoid a confrontation by putting things out of the child's reach.

Preschool children are better able to control their emotions and behavior. Their improved cognitive ability, including more effective use of language, helps them think and talk about problems and solutions. Crying and temper tantrums in frustrating situations decrease during the preschool years, as children develop better self-control. Improved coping abilities enable them to withstand some frustration and discomfort without becoming so emotionally aroused that their behavior becomes disorganized, as is typical for an infant or toddler. Some parents notice that their preschool-age child can turn their tears on and off at will. This is another example of their increasing emotional control.

The preschool child is also better able to delay gratification. "You can have a cookie after dinner" does not lead to a tantrum; the child is now able to wait a short time for a reward. The child's previous experiences affect his ability to delay gratification; that is, whether he has received the reward as promised. The

ability to delay gratification appears to be supported by predictability and consistency in the child's environment.

### *The Development of Conscience*

During the preschool period, the development of conscience coincides with the development of self-control. By age five, most children understand the meaning of right and wrong. They don't need the parent to tell them "no" to prevent them from touching a forbidden object. They will avoid it because they know it is wrong to touch it, and that their parents will be angry with them if they do. The internalization of standards of right and wrong behavior form the rudiments of moral behavior, or conscience. Children feel guilty when they do something wrong.

The preschool child's understanding of right and wrong is fairly basic, however. The child cannot understand abstract moral principles. The concrete application of a moral principle is a "rule," and preschool children do understand rules. They tend to view rules concretely, in a "black and white" fashion. They have fairly strict interpretations of right and wrong.

Children who grow up in chaotic environments where the rules continually change, or where no rules exist, often show signs of anxiety and emotional disturbance. Clear and consistent rules provide the preschool child with a dependable structure and a sense of security.

### *Self-Esteem*

By age three, the child has a rudimentary sense of self. She understands "I" and "me," and knows she is different from other people. With the development of conscience, she will also begin to evaluate her own behavior as good or bad. She feels pride when she is good, and guilt or shame when she is bad.

The preschool child's self-esteem is largely dependent upon other people's reactions to her. Normal expressions of initiative put her in continual contact with other people. If these people respond to her with praise and support, she is likely to feel positive about herself, and her initiatives will be reinforced. This, in turn, promotes learning and mastery of additional skills.

Conversely, if her creative initiatives result in criticism or punishment, she is likely to believe herself to be a bad child, and may experience guilt and shame. Low self-esteem and lack of confidence result, and the child will be less likely to initiate and engage in new activities. This can interfere with subsequent development in all domains.

### *Application*

#### Developmental Consequences of Maltreatment

The following are common effects of abuse and neglect on the development of preschool children.

#### *Physical*

- They may be small in stature, and show evidence of delayed physical growth.
- They may be sickly and susceptible to frequent illness, particularly upper respiratory illness (colds, flu) and digestive upset.
- They may have poor muscle tone, poor motor coordination, gross and fine motor clumsiness, awkward gait, and lack of muscle strength.
- Gross motor play skills may be delayed or absent.

### *Cognitive*

- Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays. Some severely abused children do not talk, even though they are able.
- The child may have poor articulation and pronunciation, incomplete formation of sentences, or incorrect use of words.
- Cognitive skills may be at a level more typical of a younger child.
- The child may have an unusually short attention span, a lack of interest in objects, and an inability to concentrate.

### *Social*

- The child may demonstrate insecure or absent attachment. Attachments may be indiscriminate, superficial, or clingy. The child may show little distress, or may overreact when separated from caregivers.
- The child may appear emotionally detached, isolated, and withdrawn from both adults and peers.
- The child may demonstrate social immaturity in peer relationships; may be unable to enter into reciprocal play relationships; may be unable to take turns, share, or negotiate with peers; may be overly aggressive, bossy, and competitive with peers.



- The child may prefer solitary or parallel play, or may lack age appropriate play skills. Imaginative and fantasy play may be absent. The child may lack normal interest and curiosity, and may not explore and experiment.

### *Emotional*

- The child may be excessively fearful, easily traumatized, may have night terrors, and may seem to expect danger.
- The child may show signs of poor self-esteem and a lack of confidence.
- The child may lack impulse control and have little ability to delay gratification. The child may react to frustration with tantrums, aggression, or may give up in despair and withdraw from the frustrating situation.
- The child may have bland, flat affect, and be emotionally passive and detached.
- The child may show an absence of healthy initiative, and often must be drawn into activities; he may emotionally withdraw and avoid participating in activities.
- The child may show signs of emotional disturbance, including anxiety, depression, emotional volatility, self-stimulating behaviors such as rocking, or head banging, enuresis (wetting) or encopresis (soiling), or thumb sucking.

## Using Play to Enhance Development

Caseworkers should also help parents to recognize the importance of play for preschool children. Many abusive or neglectful parents do not know how to promote or reinforce play with their children, and do not realize the opportunities for play that are available in their homes. Caseworkers can model ways that parents can play with their children. Expensive, complex, or purchased toys are not necessary. There are many resources for play in homes with very limited income that can be implemented by parents with limited parenting ability. Some possible activities that parents can do with their preschool children are:

- Cover empty cereal and cracker boxes, round oatmeal cartons, orange juice cans, and empty tin cans (no sharp edges) with contact or wrapping paper and use them to learn shapes, colors, and as building blocks.
- Cut pictures out of old magazines and paste or tape them onto large sheets of paper, including old newspaper, to make a "scrapbook," or a collage.
- Using a muffin tin or empty egg carton, sort buttons or various kinds of soup beans by kind, size, shape, or color.
- Draw pictures with pencils and crayons.
- Take turns singing songs. Form a "kitchen band" with pots, pans, spoons, and other noisemakers. Keep time to music from the radio.
- Toss pillows to one another to learn to throw and catch.
- Hide and find objects around the house, or play hide and seek.

- Put dishwashing soap and a little water in a bowl and beat them to frothy with a whisk or an egg beater. Pretend you're making clouds.
- Mix a flour and water paste, shred newspaper, and sculpt with papier mache around bottles or cans, or free form. Make a vase or pencil holder.
- Be creative.

Play is a universal activity. However, there are often differences among cultures in how people play. When teaching parents to play with their children, the worker should be familiar with culturally-specific games, stories, activities, and play objects. This will prevent trying to teach play strategies that are not acceptable within the culture, and will also help to promote a positive cultural identity. For example, if a culture does not condone active physical play for girls, the worker should not try to teach a mother to play tag in the yard with her daughter. The worker can learn culturally-specific play patterns by talking to and observing more functional families, as well as by accessing community-based service providers who specialize in working with families of a particular cultural group.

### *Case Examples*

The following cases of Jenny and Leah illustrate the variable effects of maltreatment on the development and behavior of preschool-aged children.

The cases are presented in the format of a formal psychological and developmental assessment to provide workers with an example of what should typically be included in a comprehensive assessment for case planning purposes.

Jenny Billingsley, age four years, three months

Reason for Referral:

Jenny was referred for psychological assessment by Marsha Ellis, social worker for the Adams County Department of Children's Services. Jenny is in the custody of the agency, and is currently living in a foster home. Ms. Ellis requested that an evaluation be performed to assist in adoptive planning, and to help the agency and prospective parents meet Jenny's continued emotional, social, and cognitive developmental needs.

History

Jenny has been in the custody of the Adams County Department of Children's Services as a result of abuse and neglect. Her biological parents have recently permanently surrendered Jenny to the department, and the agency plan is permanent placement into an adoptive family. Jenny has been in her current foster home for approximately a year. She has adjusted well, and her foster mother reports that Jenny continues to progress steadily in her development.

Jenny was born in August, 1985. When Jenny was three years old, she was admitted to Children's Hospital. She was diagnosed at that time as physically abused, emotionally abused, and physically and emotionally neglected. No documentation is available regarding her early development, although the case record indicates one previous hospitalization in another state, when Jenny was an infant, for nonorganic failure to thrive.

Present Assessment

The following tests were administered: the Stanford-Binet Intelligence Scale and the Adaptive Behavior Scale for Infants and Early Childhood (ABSI). A clinical interview was also conducted.

With a chronological age (CA) of four years three months, and a corrected mental age (MA) of four years zero months, Jenny achieved an Intelligence Quotient of 94 on the Stanford-Binet. This places Jenny in the average range of intelligence and puts her in the 35th percentile. Jenny's first subtest failure was in general comprehension. Her highest pass was in a subtest strongly indicative of verbal ability.

Information on Jenny's adaptive behavior was provided by her foster mother during a clinical interview. Jenny's ABSI suggests she is functioning at an adaptive level lower than her cognitive performance level. Her adaptive functioning level was comparable to a child of Jenny's age who was mildly mentally retarded. Jenny's highest areas of adaptive behavior were in motor skills and communication. Her social skills, concept abilities, and independent functioning skills were uniformly lower. Jenny's most significant weakness in adaptive behavior was self-direction. Problems in this area include Jenny's inability to attend to task and her impulsivity. She is easily frustrated. There were significant emotional indicators on the ABSI, including a strong need for attention, some rebelliousness, and anti-social behaviors. Jenny's was also noted to have problems socializing with peers; she is often jealous when other children receive attention, is disruptive and demanding in peer group activities, and is physically aggressive with other children.

Jenny related to the clinician in a friendly manner, was easily engaged to participate in activities, and followed directions well. Jenny was not noticeably apprehensive, withdrawn, or anxious. She did require considerable encouragement to remain on task toward the end of the test period. Jenny's behaviors were essentially within normal limits, and typical of a four year old in a clinical situation.

### General Impressions

Jenny exhibited age-appropriate behavior during the testing process. She achieved an I.Q. score of 94, placing her in the average range of intelligence. Her adaptive behaviors were below expectations, based upon her cognitive functioning. Jenny's lower adaptive behavior scores are likely the result of her early abusive and neglectful environment, and the lack of opportunities or stimulation to promote growth. Jenny's excessive dependency also appears to contribute to her delays in adaptive behavior. Her jealousy and anxiety when other children receive attention, her lack of self-direction, and other indicators of need for attention suggest a decreased ability to function independently. Jenny's intellectual and adaptive functioning should improve if she can benefit from a permanent, supportive, and nurturing family milieu.

### Recommendations:

- 1) Jenny should be placed in a supportive and nurturing adoptive family. Ideally, for the first two years of placement, there should be no other young children in the family. Older siblings could provide Jenny with additional nurturance, and serve as role models for independent and self-reliant activities. An adoptive family should be aware of Jenny's dependency and should encourage age-appropriate independent and self-directed behavior.
- 2) After adoptive placement, Jenny would benefit from placement in a structured preschool program. Jenny needs this chance to develop socialization and peer interaction skills before she is enrolled in regular school programming.
- 3) Adoptive parents, teachers, and other caregiving adults can assist Jenny in the development of the following areas of adaptive behavior:

- Consistently meeting her own independent needs, such as dressing and undressing, toileting, bathing, and feeding;
  - Developing gross motor skills such as jumping, hopping and running; and fine motor activities of grasping, holding and manipulating small objects, and drawing and coloring; and
  - Continuing to learn and practice conceptual skills such as identifying shapes, colors, and size variations; sorting objects into groups; engaging in imaginative and pretend games and activities; and using art objects in play, including paint, paper, clay, play dough, etc.
- 4) Because of Jenny's separation history and her attachment to her current foster mother, adoptive placement should be carefully planned to include several preplacement home visits prior to the adoptive placement. Follow-up visits and contacts by phone or letter to the foster mother should be maintained for several months, and may be lessened as Jenny becomes more fully integrated into the adoptive family.

### *Discussion*

Jenny is fortunate. Despite a history of consistent maltreatment, and a traumatic separation from her family, psychologically she is relatively healthy. Her measured I.Q. is currently within the normal range, although it is probably not reflective of her actual potential. The psychologist used the assessment to establish a developmental level for this child, which became the baseline from which to identify activities to stimulate continued development. The Adaptive Behavior Scale, which lists age-appropriate developmental tasks and abilities in increasing order of complexity, suggested logical next steps to help Jenny develop those adaptive areas in which she was delayed. Jenny also displayed

behaviors suggesting early signs of emotional disturbance, but her responsiveness to the examiner, as well as her apparent positive attachment to the foster mother, suggest that she has the potential for healthy emotional development, provided her environment is secure, stable, and nurturing.

Leah Atherton, age five years, zero months

### Referral

Leah was referred for psychological evaluation by her social worker. She is one of four Atherton children in the custody of the Department of Children's Services. The worker requested a development assessment of Leah to help in case planning, educational programming, and placement.

### History

Leah is the youngest of four Atherton children. The family has been known to the Children's Service agency for several years, during which time they received intensive in-home protective and supportive services from the agency and other community providers. The family has a history of chronic family dysfunction, of domestic violence, and of serious neglect and abuse of the children. Mrs. Atherton is reported to have been mentally ill for many years. She has been hospitalized repeatedly. Two years ago she was placed in a psychiatric facility, and she remains there currently.

About four months ago, Leah's oldest sister, Patricia, disclosed having been sexually abused by Mr. Atherton, who is her stepfather and the biological father of the three younger children. All four children have been in the care of relatives since Mr. Atherton's incarceration for this offense.

According to the social worker, Leah was subjected to serious neglect while with her family. Her father was reported to often be away from home, leaving the



care of the younger children to Patricia. The agency noted that the home was very poorly maintained, and that food was not always available. The social worker reported that Leah chronically wet the bed, that her bedding was rarely changed, and that the house often smelled of urine.

Initially, Leah was taken into agency custody at age two months, after having been diagnosed as failure to thrive. She was returned to the physical custody of her family at age four months. She received marginal but adequate care until a year later, when a domestic violence complaint was filed by the mother. Leah was again removed and placed in foster care. Leah was returned home four months later, and custody was terminated. She remained in the home for two additional years, when she was once again removed from the home and placed with relatives subsequent to her stepfather's arrest and incarceration. At the time of the present assessment, Leah is living with an aunt and uncle.

There is little information regarding Leah's early development. An assessment performed by the the county Head Start program when Leah was three years, four months old, showed developmental delays in most areas. At that time, her gross motor, cognitive, and prewriting skills were all assessed at two years; fine motor was at three years; and social was at three years, two months. Her areas of strength were language at three years, six months, and self-help at three years, 10 months.

### Present Assessment

The Stanford-Binet Intelligence Scale and the Adaptive Behavior Scale for Infants and Early Childhood (ABSI) were administered. A clinical interview was also conducted.

Leah approached the test situation cautiously, but she was easily engaged into the test procedures, interacted well with the examiner, and complied with the examiner's requests and directions. She appeared to be comfortable and demonstrated no unusual behaviors. Her demeanor during the testing was

somber; she did not smile. However, the examiner noted she did laugh and show positive affect for a brief period after the testing when playing with her sister. Leah's attention was easily maintained during the testing, and it is felt that the results are a valid indication of Leah's current abilities.

Leah's performance on the Stanford-Binet was in the low normal to borderline range of intelligence. With a cumulative age (CA) of five years, zero months, and a corrected mental age (MA) of four years, zero months, Leah's I.Q. score was 80. She passed all subtests at level III-6 (three years, six months) and no subtests at level VI (six years).

The ABSI was completed through an interview with her aunt, with whom Leah had been living. On the ABSI Leah exhibited mild deficits in all areas of adaptive behavior except in communication skills, which were in the average range. Leah had difficulty with fine motor tasks such as holding a pencil, and in gross motor tasks involving balance. She exhibited the greatest deficiencies on the ABSI in the areas of independent functioning and self-care skills such as feeding, dressing, bathing, and toileting, and in the area of personal/social behavior.

There were many indicators of maladaptive behavior on the ABSI, which reflect emotional disturbance. Leah was reported to tease and be physically aggressive against others, including pushing, kicking, slapping, scratching, biting, and grabbing at other people. She has frequent temper tantrums, throws objects, screams and cries excessively, refuses to talk to strangers, refuses to eat, will not pick up toys or do what she is told, plays with forbidden objects, and puts objects into her mouth, ears, and nose. Leah was also reported to exhibit an excessive need for attention, demand attention from caregivers, cling to adults, act silly to get attention, and pout or cry for long periods after being reprimanded. She was also described as behaving in an insecure and frightened manner in daily activities. Leah continues to wet the bed.

### General Impressions

Leah is a five-year-old girl whose current cognitive functioning is in the low normal range with an I.Q. of 80, and who displays mild deficits in all areas of adaptive behavior except communication skills, which are in the average range. She has a history of neglect, and of disruption and discontinuous care. She was diagnosed as failure to thrive as an infant, and she has been removed from her home and placed into substitute care on three separate occasions. Leah shows many behavioral indicators of emotional disturbance, many of which may have been exacerbated by the current instability of her family and placement situation. She presented herself to the examiner as a compliant child who found no pleasure in the activities; she appeared to be weary and depressed.

### Recommendations

- 1) Leah's most critical need is for a consistent, stable, predictable, and nurturing family environment. Her need is immediate. Without such a family milieu, Leah's prognosis for healthy development is extremely poor.
- 2) Leah should receive ongoing therapy from a counselor who specializes in work with young children. Therapy should help Leah understand the reasons for her family disruption, and should provide consistent and nurturing support to Leah.
- 3) Leah should continue in her preschool program. Staff should stress the development of concept skills and social interaction skills. When Leah is in a secure home environment, her ability to benefit from school programming should improve, and improvements in her cognitive and adaptive functioning should be seen.

- 4) Leah's vision should be screened to determine whether visual problems might contribute to her difficulty with visual-motor tasks.

### *Discussion*

Leah's development and behavior are fairly typical for a preschool child who has been subjected to chronic and serious maltreatment. She has pronounced developmental delays in all domains, and her I.Q. measures in the low normal range. However, her profile suggests the potential for normal cognitive development, since her verbal and communication skills, which are Leah's strengths, are one of the most prominent deficiencies in children who are mentally retarded.

Leah also shows many signs of emotional disturbance. Her behavior problems appear to be the result of low frustration tolerance and a limited ability to deal with the chronic anxiety and psychological stresses generated by her dysfunctional environment. She is also chronically depressed. Yet, she demonstrates some strengths. She played in an affectionate and interactive way with her sister, and she was able to appropriately control her behavior and respond in the structured test situation. A stable, nurturant, low stress home environment is critical, but not sufficient, to promote healthy development. Leah will probably need ongoing play therapy and a consistent, trusting relationship with her therapist to alleviate her emotional distress, and stabilize her before she will have the emotional energy to attend to other developmental issues.

### *Epilogue*

The psychologist followed both of these children for several years after these assessments were done. Jenny was adopted by a close friend of her foster mother and is thriving. She continued to have frequent contact with her foster mother. Leah was also adopted. Despite significant early adjustment difficulties

and behavior problems, she eventually integrated well into her new family, and was reported to be doing well.