Explanatory Theories

- **What is the focus of the theory?**
- **What does the theory help to explain?**
- **In using the theory, what is being assessed?**
- **How does the theory guide us as to what action to take in response to our assessment?**
- **Describe how the theory supports your theoretical framework for practice: Strength-based**

Intervention Theories

- **What is the focus of the theory?**
- **What does the theory help to explain?**
- **In using the theory, what is being assessed?**
- **How does the theory guide us as to what action to take in response to our assessment?**
- **Describe how each theory supports your theoretical framework for practice:**

Theory: Avoiding Bias and Oppressive Practice

Feedback:

References

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PROCESS RECORDING

Student Name:	Professor: Gary Kupfer	Date of Interview:
Purpose of Interview:	People Present (Please use Initials or other identifiers to protect the client's confidentiality: Social Worker "SW" and Foster Child – "C."	
Observations of Client's physical appearance and mental status:		

Content (Dialogue)	Theory Used	Skills used	Intent	Professor's Comments

Student's Impressions:
Future Plans:
Questions for Professor:

(Kupfer, September 2017)

After taking the Advanced Child Welfare course in the Fall of 2017, I feel better equipped with integrating theory into my practice with children and families. In the course, I completed process recordings out in the field that required me to specify theories used when interacting with families in addition to explaining my intent and skills employed. This assignment boosted my confidence when approaching theory and helped me understand that social work practitioners utilize it regularly and in all practice situations. The Theoretical Framework for Practice assignment enhanced my ability to use theory when engaging, assessing, and developing intervention plans in collaboration with families. It explained how evidence-based explanatory and intervention theories could assist practitioners in avoiding bias when assessing, help them better understand human behavior, and develop tailored solutions for the families served. This assignment changed my outlook on theory as I was able to apply how it could be used in all child welfare settings by merely having honest conversations with people, employing good listening skills, and grasping their intergenerational background. Once social workers understand the focus of the theories and what they aim to explain, they will recognize that they already employ some of the tactics and make use of the ones they don't. The Advanced Child Welfare course and specifically, the Theoretical Framework for Practice assignment helped guide me to better outcomes for the families I serve.

Jaclyn Garcia
MSWII Student
California State University, Fresno

PROCESS RECORDING INSTRUCTIONS

***In SWK 278, the Process Recording assignment assists in the development of advanced social work practice skills through the application of social work practice knowledge, values, and a theoretical framework.** Important skills to develop in social work practice is engagement/building of rapport with a client, an assessment of client functioning and the formulation of an individualized client intervention plan. The Process Recording is a tool that guides the acquisition of these skills, as it helps, depending on the situation, to determine:

- what is the presenting issue and what areas need to be explored to understand factors influencing current client functioning;
- appropriate strength-based questions to be asked during the interview (Motivational Interviewing/Appreciative Inquiry);
- what 'intent' (to assess/to intervene) is behind the theory used in connection with a question/a statement;
- what protective factors need to be explored;
- how to identify client strengths/resiliency;
- how to intentionally build self-worth and self-esteem in clients;
- strategies to seek client participation in the development of an individualized case plan, e.g., Problem-Solving, Task-Centered;
- conversational skills being used, e.g., Open-ended questions, Affirming statements, Reflective questions, Summarizing statements (OARS);

The Process Recording should include the following:

- Student Name:
- Name of Professor:
- Date of Interview:
- Purpose of Interview:
- People Present:
- Observations of Client's physical appearance and mental status:

(Kupfer, September 2017)

1. **Content (Dialogue)**
   Record the conversation between you and your client(s). This should include a description of observations and interactions, both verbal and nonverbal. Dialogue should be recorded selectively and when pertinent. The student writes down at least 20-30 minutes of communications with the client(s). Each statement, question, or response is recorded. Use "SW" for student and "C" for client, "C2" another client etc. Record as accurately as possible. Each exchange, SW and C, is to be numbered in chronological order, e.g., 1., 2., 3., etc..

2. **Identification of Theory Used**

   For each recorded statement/question and response, identify what theory you are using. Students may use the teacher's 'Theory-Based Assessment/Case Plan Tool' as a resource. Students may use other theories they are familiar with as long as they can explain why they are using a specific theory – see 'Intent' heading below.

3. **Identification of Skills Used**

   The student will identify what skill(s) they are applying through the use of the specific statement/question, e.g., Open-ended, Closed-ended, Reflective Question, Clarifying Question, Affirmation, Summarizing.

4. **Intent of Theory Used**

   The use of a theory has to be supported by your intent – what is it you are attempting to do by using a specific theory. For example, many theories can be identified as Explanatory (assessment) theories or Intervention (case plan) theories, or both. Are you using a specific theory to: assess who is part of a family (Family Systems theory); identify community resources (Ecological theory); build motivation for self-advocacy (Empowerment theory), etc..

PROCESS RECORDING RUBRIC

Process Recording

The process recording consists of verbatim documentation of an actual 20-30 minutes of conversation with another person. The process recording must include identification of all techniques of communication used by the author, as well as an analysis of the effectiveness of the communication process.

Grading Rubric for Process Recording			
	Criteria		
Standards	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
Identifies who participated in the interview and their role. (2 points)	Clearly identifies who participated in the interview and their role.	Moderate identification of who participated in the interview and their role.	Little or no identification of who participated in the interview and their role.
Describes the setting and purpose of the interview (3 points)	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Clearly describes the setting and the purpose of the interaction.	Moderate description of either setting or purpose of the interaction	Little or no description of the setting and/or purpose of the interaction
Narrates the content of the interview dialogue (5 points)	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Clearly narrates the content of the interview dialogue for the entire interaction.	Moderate narration of the content of the interview dialogue for the entire interaction.	Minimal or Unclear narration of the content of the interview dialogue for the entire interaction.
Identifies the theory being used at different points in the interview. (10 points)	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Clearly identifies theories used throughout the entire interaction.	Moderate identification of theories used throughout the entire interaction.	Minimal or no identification of theories used throughout the entire interaction.
Identifies the therapeutic communication techniques or skill used at each point in	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Correctly identifies each therapeutic communication technique or skill used throughout the entire	Correctly identifies ¾ of the therapeutic communication techniques or skills used throughout	Incorrectly identifies communication techniques or skills used throughout the interaction. Reflects

(Kupfer, September 2017)

the interview. (10 points)	interaction. Reflects consistent and skillful use of varied therapeutic communication techniques or skills.	the interaction. Reflects use of many therapeutic communication techniques or skills.	minimal use of therapeutic communication techniques or skills.
Explains the Intent/rationale for the specific theory used at each point in the interview. (15points)	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Provides detailed intent/rationale for all theories used.	Provides detailed intent/rationale for ¾ of the theories used.	Limited or unable to provide intent/rationale for the theories used.
Presentation of written paper. (5 points)	**Outstanding** □	**Satisfactory** □	**Unsatisfactory** □
	Reflection and documentation regarding the effectiveness of the communication are evident. Appropriate use of terminology. Ideas are presented in a clear logical format.	Documentation and reflection reflect attainment of the goal. Appropriate use of terminology. Ideas are presented in a clear logical format.	Reflection and documentation is superficial or minimal. Inappropriate use of terminology. Ideas are not presented in a clear logical format making comprehension difficult.

Building A Theoretical Framework for Practice INSTRUCTIONS

***In SWK 278, each student will develop their own Theoretical Framework for Practice. A social work practitioner working from a theoretical framework provides the foundation for the skills of engagement, assessment and developing, in collaboration with a client, an appropriate and individualized intervention plan. A theoretical framework for practice provides a "road map" on how to do these critical core functions in social work practice. Because of the diversity of work environments social work practitioners may find themselves working in, e.g., whether clients primarily tend to be children, parents or older adults, certain theories may be more applicable than others. Also, the social work practitioner will likely identify specific theories they believe are more useful than others.**

For this assignment, students will develop a list of theories they find useful/helpful in building their own theoretical framework for practice. The theoretical framework for practice must, at a minimum, include at least 6 explanatory (assessment) theories and 4 intervention theories. Examples of both kinds of theories can be found in the instructor's "Theory-based Assessment and Case Plan Tool" that was previously disseminated for class review (see class Blackboard). The discussion of each theory needs to include:

- What is the focus of the theory?
- What does the theory help to explain?
- In using the theory, what is being assessed?
- How does the theory guide us as to what action to take in response to our assessment?

The answers to the above questions will require some on-line research on each theory.

- Describe how each theory supports your theoretical framework for practice, e.g., being strength-based, solution-focused.

In addition, write at least two full paragraphs (1/2 a page) to discuss how using theoretical framework avoids biased and oppressive social work practices.

(Kupfer, October 2017)

THEORETICAL FRAMEWORK FOR PRACTICE SCORING RUBRIC

Grading Rubric for Theoretical Framework for Practice Assignment			
	Criteria		
Standards	**Outstanding □ 90-100%**	**Satisfactory □ 80-89%**	**Unsatisfactory □ 70-79%**
Identifies 6 explanatory (assessment theories) (12 points)	Clearly identifies what the focus is of each of the 6 theories, what each theory helps to explain, for each theory – what will be assessed, and how does each explanatory theory guide a response.	Moderate identification of what the focus is of each of the 6 theories, what each theory helps to explain, for each theory – what will be assessed, and how does each explanatory theory guide a response.	Little or no identification of what the focus is of each of the of the 6 theories, what each theory helps to explain, for each theory – what will be assessed, and how does each explanatory theory guide a response.
Identifies 4 intervention theories. (8 points)	**Outstanding □ 90-100%**	**Satisfactory □ 80-89%**	**Unsatisfactory □ 70-79%**
	Clearly identifies what the focus is of each of the 4 intervention theories, what does each theory help explain, what does each theory assess, and how does each intervention theory guide a response .	Moderate identification of what the focus is of each of the 4 intervention theories, what does each theory help explain, what does each theory assess, and how does each intervention theory guide a response.	Little or no identification of what the focus is of each of the 4 intervention theories, what does each theory help explain, what does each theory assess, and how does each intervention theory guide a response.
Describes how each theory supports their theoretical framework for practice. (15 points)	**Outstanding □ 90-100%**	**Satisfactory □ 80-89%**	**Unsatisfactory □ 70-79%**
	Clearly describes how each theory supports their theoretical framework for practice.	Moderate description of how each theory supports their theoretical framework for practice.	Minimal or no identification of how each theory supports their theoretical framework for practice.

(Kupfer, October 2017)

Describes how using their theoretical framework avoids biased and oppressive social work practices. (10 points)	**Outstanding □ 90-100%**	**Satisfactory □ 80-89%**	**Unsatisfactory □ 70-79%**
	Clearly describes how using their theoretical framework avoids biased and oppressive social work practices.	Moderate description of how using their theoretical framework avoids biased and oppressive social work practices.	Minimal or no description of how using their theoretical framework avoids biased and oppressive social work practices.

(Kupfer, October 2017)

Theoretical Framework for Practice

SWRK 278

For Professor G. Kupfer

California State University, Fresno

THEORETICAL FRAMEWORK FOR PRACTICE

Introduction

In the social work profession, practitioners engage with diverse populations across the spectrum. Specifically, in Child Welfare Services (CWS), many clients have experienced some level of oppression, vulnerability, poverty, and discrimination. Due to this, research reveals that there is a strong association between the factors mentioned and negative life outcomes. Unfortunately, those who have reaped the consequences of social injustice often find themselves becoming involved with CWS. Although all parents who are receiving services from CWS share some commonalities, each case is different and requires a certain set of skills from the practitioner. It is vital for social work practitioners to recognize the significance of theory when working with clients as a means to understand their behavior and develop proper interventions. Explanatory theories aid the practitioner in understanding how clients think, feel, and act. Intervention theories help with finding solutions to the issues at hand in search for family improvement. This paper will contain a discussion that thoroughly explains 6 explanatory and 4 intervention theories. It will examine how the theories support the strength-based theoretical framework for practice. Lastly, it will discuss how theory helps avoid biased and oppressive social work practices.

Explanatory Theories

Psychodynamic Theory:

- **What is the focus of the theory?**

Psychodynamic theory is a staple theory used in the social work field. Originated by Sigmund Freud, it focuses on explaining how internal processes motivate human behavior. For

instance, an individual's needs, drives, emotions, and ego as a defense mechanism in the person-in-environment are all factors that psychodynamic theory seeks to describe.

- **What does the theory help to explain?**

Psychodynamic theory helps provide the practitioner with an understanding of why clients behave in certain ways due to their past and current experiences. For instance, when a client has experienced trauma, the memories from the experience influence current behavior. Often times, the behavior displayed of clients leads to the agencies involvement.

- **In using the theory, what is being assessed?**

In using psychodynamic theory, practitioners assess the client's feelings and emotions from the past and present as it pertains to behavior.

- **How does the theory guide us as to what action to take in response to our assessment?**

The theory guides and enhances the practitioners plan of action such as improving the client's ability for emotional self-regulation, to find meaning in their adverse situation, and to be optimistic about the future (Kupfer, 2017). Asking the client questions such as, "how are you feeling?" are significant in terms of attaining information and building rapport.

- **Describe how the theory supports your theoretical framework for practice: Strength-based**

Psychodynamic theory supports a strength-based framework in the event that the practitioner interconnects positive questions in leading to exploring the client's emotions and feelings. For example, when exploring the client's past experiences that may include discussion of trauma, the practitioner could include questions such as asking about what the client liked about their childhood and current positive events that are happening within their life. This may enable an

easy transition into a difficult conversation and can help the client find some comfort from their adverse experiences. Emphasizing that despite having gone through difficult patches in life, there are still some things to be hopeful about. For these reasons psychodynamic theory is meaningful when working with clients.

Cognitive Theory:

- **What is the focus of the theory?**

Cognitive theory is defined as, "a group of concepts pertaining to the way individuals develop the intellectual capacity for receiving, processing, and acting on information" (Brandell, 2014, p. 36). The focus of cognitive theory when working with clients is to gain an understanding of what the client knows about themselves, their experiences, and their lived environment (Siegal, n.d.).

- **What does the theory help to explain?**

Cognitive theory helps explain human behavior by exploring the clients thought process and functioning that in turn results in enhanced intervention strategies.

- **In using the theory, what is being assessed?**

The practitioner uses cognitive theory to assess if the client's thoughts are rational or irrational. Exploring the views and perceptions of the client are also assessed in order for the practitioner to build an effective and appropriate intervention strategy.

- **How does the theory guide us as to what action to take in response to our assessment?**

Cognitive theory guides practitioners the ability to help the parent and child reframe certain deficit-based cognitions in hopes to facilitate change in thinking and behavior. This can be

accomplished by providing the parents knowledge with regard to proper parenting, safety, or other aspects that require assistance or intervention.

- **Describe how each theory supports your theoretical framework for practice:**

  Strength-based

Within cognitive theory, practitioners can implement a strength-based framework by emphasizing the client's strengths and what is working well within the family before introducing the need for a change in behavior. Emphasizing one's strengths promotes trust within the client and practitioner that can enable positive outcomes.

Social Learning Theory:

- **What is the focus of the theory?**

Social learning theory (SLT) focuses on how learned human behavior influences one's interaction with the environment.

- **What does the theory help to explain?**

SLT explains how human beings learn from, "what we do; both observable behavior and unobservable behavior. Most of human behavior is learned through life experiences throughout the lifespan which includes individual learning from culture and life circumstances. This can account for both normative and dysfunctional actions, feelings, and thoughts" (Brandell, 2014, p. 23).

- **In using the theory, what is being assessed?**

In utilizing SLT, practitioners are able to assess what learned behavior the client acquired from their parents such as: Values, beliefs, discipline strategies, persons of influence, barriers to

success, oppression, and societal views. These are all significant factors to understand in order for practitioners to be able to increase and improve service delivery and interventions to clients.

- **How does the theory guide us as to what action to take in response to our assessment?**

An example of how SLT guides practitioners in proper interventions strategies includes: When a social worker encounters a child who is aggressive and disruptive in school hindering their own ability to learn, the social worker can utilize SLT to assess what persons of influence that child has in addition to the people the child is surrounded by regularly that could be reinforcing the disruptive behavior. After figuring out the causes, the practitioner will therefore have a better understanding of how to help the child.

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

Social learning theory employs a strength-based framework when the practitioner points out and gives the client credit for positive behavior they demonstrate. For instance, informing a parent that they have done a great job in instilling family values into their children provides the parents some assurance that they have strengths to be proud of.

Family Systems Theory:

- **What is the focus of the theory?**

The focus of family systems theory (FST) includes a discussion of how it is a social system that serves various functions for an individual. Brandell (2014) indicates that family as a system has structures such as roles, boundaries, and rules. In addition, families have processes that include communication and patterns of behavior.

THEORETICAL FRAMEWORK FOR PRACTICE

- **What does the theory help to explain?**

When working with families, practitioners utilize FST as a means to help them comprehend the families structure and process.

- **In using the theory, what is being assessed?**

In using FST, practitioner's asses the family dynamics in order to obtain an understanding of how behavior within the family is influenced. In turn, this allows for an effective assessment of what is needed (p. 7). Moreover, the practitioner will be able to address boundaries within the family, rules, organization, power distribution, communication process, and supports. An example of FST being utilized within CWS involves practitioners aiming to identify if there is a child who is being targeted amongst his/her siblings, if the child or family has external support, or which one of the parents has the ability to provide safety to the child.

- **How does the theory guide us as to what action to take in response to our assessment?**

As mentioned in the latter, having knowledge of how the family functions as a whole allows the practitioner to improve their assessment. Actions that may take place afterwards include providing the family with ways to improve or strengthen their relationships by referring them to counseling or other resources.

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

Family systems theory supports a strength-based framework by the practitioner identifying strengths and positive behavioral patterns within the family. In addition to exploring internal strengths, they also assess positive external ties the family may have.

THEORETICAL FRAMEWORK FOR PRACTICE

Ecological Systems Theory:

- **What is the focus of the theory?**

Ecological systems theory (EST) focuses on the relationship between the individual (or group, family, or community) and the greater environment (Brandell, 2014, p. 11).

- **What does the theory help to explain?**

EST helps explain the significance of looking at the interaction the client has in the context of his/her social environment. By exploring other aspects of the individual's life such as how they relate with their neighborhood peers and community help with a practitioner's assessment. In further, identifying the clients bond with close or extended family, friends, organizations, community, and supportive institutions will enable practitioners to make the proper choices for children and families.

- **In using the theory, what is being assessed?**

In using the theory, the practitioner is assessing the family's access to supports such as extended family, community relations, and other institutions.

- **How does the theory guide us as to what action to take in response to our assessment?**

After assessing the family's connection with other supports, the practitioner is able to recognize what is needed to improve this family's situation. For example, due to the utilization of EST, a social worker at my field placement was able to make the right call in securing a foster child's spot within his community's soccer team. The child was close to his teammates and felt that playing soccer with them every weekend made him feel like a "normal" kid. The social work practitioner made arrangements with the resource family as they were able to come to the

agreement and drive him to his hometown every weekend so he could participate on the team. Ecological theory allows practitioners the ability to provide clients support and access to resources by better connecting them with extended family, and community organizations (Kupfer, 2017).

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

Ecological systems theory supports a strength-based framework by the practitioner examining the family's positive connection with the community. By identifying the strength's the family encompasses, the practitioner is better equipped with making sound decisions for the family by keeping them connected to relationships they have with their community. Assessing strengths also helps the practitioner identify extended family members that can assist with keeping the family intact. Exploring how the family unit is connected in isolation and throughout society can lead to positive outcomes due to the different connections they have.

Environmental Theory: Physical

- **What is the focus of the theory?**

Environmental theory focuses on the family's physical needs in the context of their environment.

- **What does the theory help to explain?**

Environmental theory helps explain the motivation of a client's behavior due to the impact he/she is experiencing from their physical environment.

- **In using the theory, what is being assessed?**

THEORETICAL FRAMEWORK FOR PRACTICE

Environmental theory guides the practitioner is assessing the family's physical needs. This includes the client's residence, e.g., space, privacy, sleeping arrangements, and access to resources such as transportation.

- **How does the theory guide us as to what action to take in response to our assessment?**

In response to assessing the needs of the client. The practitioner will be able to locate proper interventions through the use of agency and community resources. Eliminating most physical barriers such as providing assistance with sleeping arrangements in the home and access to transportation, it may help keep a vulnerable family intact.

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

Environmental theory explains how the client's physical environment can affect their behavior. For instance, a dirty home with animal urine on the carpet can be hazardous for young children who crawl on the carpet. A practitioner can implement a strength-based framework when assessing a client's home for physical safety by emphasizing the strengths the parents display with regard to other aspects of their home. For example, pointing out that despite their carpet needing to be shampooed and kept clear from animal urine, it is great that the parents have food in the home and are able to provide other significant needs to their children.

Intervention Theories

Maslow's Hierarchy of Needs

- **What is the focus of the theory?**

Lester (2013) explains the focus of Maslow's hierarchy of needs (MHN's) as, "5 categories of basic needs: physiological, safety and security, belongingness, esteem, and self-actualization"

(p. 15). It is described that these needs are sequential within a five tier model often shown as levels on a pyramid. Maslow asserted that as one moves up the biological scale from infancy to adulthood, they will achieve certain needs on the scale. MHN's theory explains how the lower needs on the pyramid are more powerful than the higher needs due to them being basic needs for physical survival. Once the basic needs are satisfied, individuals can become motivated to fulfill the next level (Lester, 2013).

- **What does the theory help to explain?**

MHN's helps explain and identify what basic needs are required for an individual to survive. It also justifies how people cannot improve their life circumstance if not even their basic survival needs are being met.

- **In using the theory, what is being assessed?**

From a CWS aspect, practitioners utilize MHN's theory when assessing if a child's fundamental needs are being met by their parents such as: adequate food, water, clothing, shelter, and safety.

- **How does the theory guide us as to what action to take in response to our assessment?**

MHN's helps practitioners link their assessments to what the basic human needs are in order to identify weaknesses in the family that may need intervention. Interventions include providing a plan to link the family with the basic necessities for survival, addressing safety, removing the children from the home if needed, and increasing client self-esteem. Practitioners increase client self-esteem by helping the clients realize that they are the experts within their own lives. Building their confidence with positive comments such as, "you can do this," and equipping

them with the knowledge, skills, and resources needed to succeed is a factor to keeping parents competent and intact.

- **Describe how each theory supports your theoretical framework for practice:**

  Strength-based

Maslow's hierarchy of need's is a great example of practitioners identifying strengths within theory. During and after an assessment, practitioners aim to classify strengths and weaknesses that act as an assistance or barrier for them to gain access to basic necessities. For example, the practitioner identifies that a family is using an ice-chest to store food in due to their inability to purchase a new refrigerator. The parents made the right decision in making sure to store the food in a cold temperature so it does not go bad and so that they can still feed their children. If the practitioner provides the parents with positive feedback and words of encouragement for the choice they made, it can in turn build their self-determination.

Empowerment Theory:

- **What is the focus of the theory?**

As mentioned in the latter, CWS clients often times experience oppression through their social conditions. People of color; of low socio-economic status; women; gay men, and lesbians often fall into this category (Brandell, 2014). Empowerment theory focuses on promoting the idea that oppressed populations have the ability to increase their personal, interpersonal, or political power in order to improve their life (Siegal, n.d.).

- **What does the theory help to explain?**

Empowerment theory explains the significance of teaching the client advocacy skills and informing them of the fact that people can change. In doing so, it can empower them to build

self-confidence and achieve success for their family. Small steps to increasing client confidence can dramatically change perceptions and behavior.

- **In using the theory, what is being assessed?**

The practitioner utilizes empowerment theory to assess how much power the client has. Does the client have the ability to advocate for themselves in order to obtain better outcomes? Identifying questions as these assist the practitioner in figuring out what the client needs in order to succeed.

- **How does the theory guide us as to what action to take in response to our assessment?**

If the practitioner identifies that the client is powerless and lacks motivation, he/she will employ empowerment theory strategies to assist. For example, providing the client with positive feedback, words of encouragement, in addition to making sure the client learns how to advocate for themselves. An example includes the family being able to state, "I can do this… I am capable." In addition, the social worker can build self-esteem by stating, "you can do this… you are able and ready."

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

Empowerment theory employs a strength-based framework by practitioners utilizing the same comments as MHN's. For instance, the practitioner strengthens and builds client self-esteem, self-confidence, and supports their ability to advocate for themselves. Practitioners assess strengths prior to deficits in order to guide them towards an intervention.

Problem-Solving Model:

THEORETICAL FRAMEWORK FOR PRACTICE

- **What is the focus of the theory?**

The problem-solving model focuses on the practitioner collaborating with client(s) in order to help them solve problems within their lives.

- **What does the theory help to explain?**

Utilizing the problem-solving model, it assists with helping explain what needs to be accomplished for the client in order to solve the issues at hand.

- **In using the theory, what is being assessed?**

If an issue or problem arises within the assessment. The practitioner will consequently assess the families understanding of the problem.

- **How does the theory guide us as to what action to take in response to our assessment?**

In response to the practitioner helping the family understand the problem at hand, he/she will brainstorm with the family on possible solutions to the problems. Within CWS, this is usually accomplished at Child Family Team Building meetings. In further, the agency and the client(s) work collaboratively to identify which solution would fit best for the family. Once the family has tried out the solutions, the practitioner would unite with the family again to see if the solutions were effective or not. The problem-solving model can be utilized multiple times with clients as it is an effective way for practitioners to provide families with the proper services needed.

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

THEORETICAL FRAMEWORK FOR PRACTICE

The problem-solving model assists with finding solutions to problems clients encounter within their lives. While planning solutions in collaboration with the family, strengths are always identified within the meeting in order to motivate families and help them realize that they are capable of success.

Behavioral Theory:

- **What is the focus of the theory?**

Brandell (2014) describes the focus of behavioral theory as it includes all aspects of overt actions, thoughts, and feelings, as they are strongly influenced by respondent, operant, and observational learning. Behaviorists claim that all behavior is learned within one's person-in environment (p. 24).

- **What does the theory help to explain?**

Behavioral theory explains how personal behavior within the client is influenced by the learning processes they've acquired from their culture, involvement in organizations, community, and social phenomenon's (Brandell, 2014, p. 23).

- **In using the theory, what is being assessed?**

Practitioners utilize behavior theory to help them assess the client's cognitions and perceptions of themselves.

- **How does the theory guide us as to what action to take in response to our assessment?**

In response to the assessment, utilizing reinforcement, mentoring, and coaching with clients and specifically those who have negative views of themselves and their abilities is significant within the helping process. In doing so, the clients may feel open for positive change on their

outlook and behavior. Providing positive feedback and words of encouragement such as "good job," or "you successfully completed this all on your own," are ways practitioners can help clients change irrational views of themselves and begin towards positively modifying their behavior.

- **Describe how each theory supports your theoretical framework for practice: Strength-based**

As mentioned in the latter, behavioral theory guides practitioners in coaching, mentoring, and providing positive reinforcement that assist with strengthening the client. Utilizing the strength-based perspective, practitioners make motivational comments such as, "you can do this," and, "I believe in you," in order to strengthen them.

Theory: Avoiding Bias and Oppressive Practice

Theories are "supported through evidence obtained through the scientific method. They help professionals from multiple disciplines explain behavior on the basis of what organisms have learned from the environment" ("Cheet Sheet For," n.d.) In addition, theories help explain why a problem is occurring and where the most efficient intervention should take place. For these reasons, practitioners utilize theory when working with clients in order to avoid bias that can include oppressive and discriminative practice.

The use of theory provides the practitioner a road map with directives on what to do next for the client. For example, within child welfare services, some agencies utilize Safety Organized Practice and now are implementing the Core Practice Model. These strategies were created from theories in order to guide social workers in making effective assessments, interactions, and

solutions for families. Utilizing theory leaves no room for practitioners to use their "gut feeling," as that can lead to the oppressive practice as mentioned in the latter.

Feedback:

Name of student, you did a good job on this assignment. You write in a clear and understandable way. You did a good job of citing various authors in your identification of assessment and intervention theories. In some areas, though, I felt you were too brief and could have elaborated more on how assessment and intervention theories could affect actual social work practice. Consequently, I deducted two points in the identification of assessment theories and one point in the identification of intervention theories. Out of a possible 45 points, you earned 42 points (93%).

References

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THEORETICAL FRAMEWORK FOR PRACTICE

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Child Welfare Services as an Institution of Power

Oppression or Empowerment?

Oppression:

Fear
Targeting – keeping a group down
Limitation of opportunities due to inequitable eligibility criteria
Institutional policies/guidelines – certain groups have a preference
Lack of encouragement/support to achieve (they can't change/they can't do it)
Lack of positive expectations
Powerlessness
- Lack of respect/dignity
- Feelings of helplessness
- Feels vulnerable/unsafe
- Lives in poverty
- Has no voice in decision-making
- Feels hopeless/depressed

Information about services/resources withheld
Focus is on deficits
The social worker is the expert on the family/determines what the family needs

Empowerment:

Belief that people can change
Gives people opportunities/options
Use of a team approach that is collaborative
Family members are the experts/determine what the family needs
Parents/children have a voice –
- Are asked to self-identify what they see as the problem
- Are asked to say what they want to see happen
- Are asked what they see as solutions

Use of Family Engagement staffing (2 months and 8 months past the disposition hearing) –
- what's working, what's not working

Identifies strengths –
- Solution focus – where have they been successful in the past?
- What support systems does a family have?

Information about services/resources is shared.
Encourages/motivates – reinforces successes with positive statements
Honors the lived experiences that shaped the individual/family

(Kupfer/Whittle 2018)

Explanatory (Assessment) Theories

Explanatory (Assessment) Theory	Intent of Using Theory
Maslow's Hierarchy of Needs	Assess for • Are basic needs being met, e.g., food, water, clothing, heating/cooling of residence? • Are there any safety/danger issues, e.g., exposed wiring, evidence of sanitation issues (rancid food, piles of unwashed dishes, piles of unwashed clothes, pests/vermin – cockroaches, mice, rats) animal feces, animals that would pose a danger to young children, child access to weapons, child access to drug paraphernalia, young child access to unfenced pools/bodies of water, e.g., Koi ponds, lakes, rivers/streams.
Environmental theory (physical)	Assess for: • Does the residence meet everyone's needs, e.g., space, privacy? • Are sleeping arrangements adequate? • Does the family have access to reliable transportation?
Environmental theory (socio-cultural)	Assess for: • Do the parents have social relationships with extended family, neighbors, faith-based community, community organizations? For questions to ask, see "Working with Families: The Six Protective Factors" (Social Connections) handout. • What are the family's values, beliefs, traditions, norms? • How are decisions made/who has the power in the family?
Environmental theory (socio-economic)	Assess for:

Kupfer (8/31/2017)

Explanatory (Assessment) Theories

	• Sources of income • Sources of economic resources/support
Family Systems Theory	Assess for: • Identify immediate/extended family members (use of genogram). • Identify roles and responsibilities of immediate/extended family members. • What is the interaction like between immediate family members, e.g., supportive, toxic oppressive (domestic violence?).
Ecological Theory	Assess for: • Closeness/distance of extended family. • Closeness/distance of friends. • Neighborhood support, e.g., activities, organizations the family participates in or are members of. • Are there community institutions that support the family? • Is the parent(s) open/closed to receiving services? • Use of Ecomap.
Attachment Theory	Assess for: • Is child(ren) safe, secure, loved and nurtured? • For questions to ask regarding attachment/nurture, see "Working with Families: The Six Protective Factors" (Nurturing and Attachment) handout.

Explanatory (Assessment) Theories

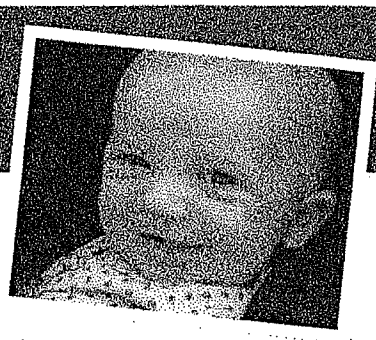
Developmental Theory	Assess for: • Is child(ren)'s development appropriate for their age? • Do parents know age appropriate activities to stimulate their child(ren)'s development? • What kind of grades is the child(ren) getting in classes at school? • How does child(ren) relate to peers? • For questions to ask about parent knowledge of child development, see the CDC handout on Child Development/the Northern Training Academy handout on Child Development/the "Working with Families: The Six Protective Factors" (Knowledge of Parenting and Child Development) handout.
Cognitive Theory	Assess for: • Are the parent's thoughts about the current situation rational or irrational? • What does the parent(s) and child(ren) think is/are the problem(s)/solution(s)? • For questions to ask about parent knowledge of parenting, see the "Working with Families: The Six Protective Factors" (Knowledge of Parenting and Child Development) handout.
Psychodynamic Theory	Assess for: • The parent(s) and child(ren) feel _____ about the current situation. 1. Angry 2. Fearful 3. Sad 4. Mad 5. Happy 6. Hopeful 7. Indifferent 8. depressed

Kupfer (8/31/2017)

Explanatory (Assessment) Theories

	• If only _____ would happen, then I would feel more positive about my/our situation.
Social Construction Theory	Assess for: • How does the parent(s) view themselves (positively/negatively)? • How does the parent view themselves in relationship to others (positively/negatively)? • How does the parent think others view them (positively/negatively)? • Seek to understand the world through the eyes of the parent/child. What is their reality? • For questions to ask a parent about their view of their coping/problem-solving skills, see "Working with Families: The Six Protective Factors (Parental Resilience) handout.
Social Learning Theory	Assess for: • What important values/beliefs did the parent(s) learn from their parents? • How was the parent(s) disciplined? Do they do the same with their children? • What persons have had the most influence on the parent(s) in terms of how they think, what they do? What did they learn from these persons?
Conflict Theory	Assess for: • What barriers do the parents believe have prevented them from being successful? What prevents them from overcoming those barriers? • Have the parents experienced discrimination, prejudice, being treated unfairly, being treated as less than equal by others? By organizations or institutions?
Transpersonal Theory	Assess for: • Do the parents practice any kind of spirituality? • If so, how do their spiritual beliefs affect their personal life/the life of their family?

Your Baby at 2 Months



Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Begins to smile at people
- ❑ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ❑ Tries to look at parent

Language/Communication

- ❑ Coos, makes gurgling sounds
- ❑ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ❑ Pays attention to faces
- ❑ Begins to follow things with eyes and recognize people at a distance
- ❑ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ❑ Can hold head up and begins to push up when lying on tummy
- ❑ Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't respond to loud sounds
- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Doesn't bring hands to mouth
- ❑ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Bebé a los 2 Meses

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 3 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Le sonríe a las personas
- ❑ Puede calmarse sin ayuda por breves momentos (se pone los dedos en la boca y se chupa la mano)
- ❑ Trata de mirar a sus padres

En las áreas del habla y la comunicación

- ❑ Hace sonidos como de arrullo o gorjeos
- ❑ Mueve la cabeza para buscar los sonidos

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Se interesa en las caras
- ❑ Comienza a seguir las cosas con los ojos y reconoce a las personas a la distancia
- ❑ Comienza a demostrar aburrimiento si no cambian las actividades (llora, se inquieta)

En las áreas motora y de desarrollo físico

- ❑ Puede mantener la cabeza alzada y trata de alzar el cuerpo cuando está boca abajo
- ❑ Mueve las piernas y los brazos con mayor suavidad

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No responde ante ruidos fuertes
- ❑ No sigue con la vista a las cosas que se mueven
- ❑ No le sonríe a las personas
- ❑ No se lleva las manos a la boca
- ❑ No puede sostener la cabeza en alto cuando empuja el cuerpo hacia arriba estando boca abajo

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO.**

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Your Baby at 4 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Smiles spontaneously, especially at people
- ❑ Likes to play with people and might cry when playing stops
- ❑ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ❑ Begins to babble
- ❑ Babbles with expression and copies sounds he hears
- ❑ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ❑ Lets you know if she is happy or sad
- ❑ Responds to affection
- ❑ Reaches for toy with one hand
- ❑ Uses hands and eyes together, such as seeing a toy and reaching for it
- ❑ Follows moving things with eyes from side to side
- ❑ Watches faces closely
- ❑ Recognizes familiar people and things at a distance

Movement/Physical Development

- ❑ Holds head steady, unsupported
- ❑ Pushes down on legs when feet are on a hard surface
- ❑ May be able to roll over from tummy to back
- ❑ Can hold a toy and shake it and swing at dangling toys
- ❑ Brings hands to mouth
- ❑ When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Can't hold head steady
- ❑ Doesn't coo or make sounds
- ❑ Doesn't bring things to mouth
- ❑ Doesn't push down with legs when feet are placed on a hard surface
- ❑ Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Bebé a los 4 Meses

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 5 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Sonríe espontáneamente, especialmente con otras personas
- ❑ Le gusta jugar con la gente y puede ser que hasta llore cuando se terminan los juegos
- ❑ Copia algunos movimientos y gestos faciales, como sonreír o fruncir el ceño

En las áreas del habla y la comunicación

- ❑ Empieza a balbucear
- ❑ Balbucea con entonación y copia los sonidos que escucha
- ❑ Llora de diferentes maneras para mostrar cuando tiene hambre, siente dolor o está cansado

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Le deja saber si está contento o triste
- ❑ Responde ante las demostraciones de afecto
- ❑ Trata de alcanzar los juguetes con la mano
- ❑ Coordina las manos y los ojos, como cuando juega a esconder la carita detrás de sus manos
- ❑ Sigue con la vista a las cosas que se mueven, moviendo los ojos de lado a lado
- ❑ Observa las caras con atención
- ❑ Reconoce objetos y personas conocidas desde lejos

En las áreas motora y de desarrollo físico

- ❑ Mantiene la cabeza fija, sin necesidad de soporte
- ❑ Se empuja con las piernas cuando tiene los pies sobre una superficie firme
- ❑ Cuando está boca abajo puede darse vuelta y quedar boca arriba
- ❑ Puede sostener un juguete y sacudirlo y golpear a juguetes que estén colgando
- ❑ Se lleva las manos a la boca
- ❑ Cuando está boca abajo, levanta el cuerpo hasta apoyarse en los codos

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No sigue con la vista a las cosas que se mueven
- ❑ No le sonríe a las personas
- ❑ No puede sostener la cabeza con firmeza
- ❑ No gorjea ni hace sonidos con la boca
- ❑ No se lleva las cosas a la boca
- ❑ No empuja con los pies cuando le apoyan sobre una superficie dura
- ❑ Tiene dificultad para mover uno o los dos ojos en todas las direcciones

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Baby at 6 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Knows familiar faces and begins to know if someone is a stranger
- ❑ Likes to play with others, especially parents
- ❑ Responds to other people's emotions and often seems happy
- ❑ Likes to look at self in a mirror

Language/Communication

- ❑ Responds to sounds by making sounds
- ❑ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ❑ Responds to own name
- ❑ Makes sounds to show joy and displeasure
- ❑ Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- ❑ Looks around at things nearby
- ❑ Brings things to mouth
- ❑ Shows curiosity about things and tries to get things that are out of reach
- ❑ Begins to pass things from one hand to the other

Movement/Physical Development

- ❑ Rolls over in both directions (front to back, back to front)
- ❑ Begins to sit without support
- ❑ When standing, supports weight on legs and might bounce
- ❑ Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't try to get things that are in reach
- ❑ Shows no affection for caregivers
- ❑ Doesn't respond to sounds around him
- ❑ Has difficulty getting things to mouth
- ❑ Doesn't make vowel sounds ("ah", "eh", "oh")
- ❑ Doesn't roll over in either direction
- ❑ Doesn't laugh or make squealing sounds
- ❑ Seems very stiff, with tight muscles
- ❑ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Bebé a los 6 Meses

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 7 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Reconoce las caras familiares y comienza a darse cuenta si alguien es un desconocido
- ❑ Le gusta jugar con los demás, especialmente con sus padres
- ❑ Responde antes las emociones de otras personas y generalmente se muestra feliz
- ❑ Le gusta mirarse en el espejo

En las áreas del habla y la comunicación

- ❑ Copia sonidos
- ❑ Une varias vocales cuando balbucea ("a", "e", "o") y le gusta hacer sonidos por turno con los padres
- ❑ Reacciona cuando se menciona su nombre
- ❑ Hace sonidos para demostrar alegría o descontento
- ❑ Comienza a emitir sonidos de consonantes (parlotea usando la "m" o la "b")

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Observa a su alrededor las cosas que están cerca
- ❑ Se lleva la cosas a la boca
- ❑ Demuestra curiosidad sobre las cosas y trata de agarrar las cosas que están fuera de su alcance
- ❑ Comienza a pasar cosas de una mano a la otra

En las áreas motora y de desarrollo físico

- ❑ Se da vuelta para ambos lados (se pone boca arriba y boca abajo)
- ❑ Comienza a sentarse sin apoyo
- ❑ Cuando se para, se apoya en sus piernas y hasta puede ser que salte
- ❑ Se mece hacia adelante y hacia atrás, a veces gatea primero hacia atrás y luego hacia adelante

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No trata de agarrar cosas que están a su alcance
- ❑ No demuestra afecto por quienes le cuidan
- ❑ No reacciona ante los sonidos de alrededor
- ❑ Tiene dificultad para llevarse cosas a la boca
- ❑ No emite sonidos de vocales ("a", "e", "o")
- ❑ No rueda en ninguna dirección para darse vuelta
- ❑ No se ríe ni hace sonidos de placer
- ❑ Se ve rígido y con los músculos tensos
- ❑ Se ve sin fuerza como un muñeco de trapo

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO.**

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Your Baby at 9 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ May be afraid of strangers
- ❑ May be clingy with familiar adults
- ❑ Has favorite toys

Language/Communication

- ❑ Understands "no"
- ❑ Makes a lot of different sounds like "mamamama" and "bababababa"
- ❑ Copies sounds and gestures of others
- ❑ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ❑ Watches the path of something as it falls
- ❑ Looks for things he sees you hide
- ❑ Plays peek-a-boo
- ❑ Puts things in her mouth
- ❑ Moves things smoothly from one hand to the other
- ❑ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ❑ Stands, holding on
- ❑ Can get into sitting position
- ❑ Sits without support
- ❑ Pulls to stand
- ❑ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't bear weight on legs with support
- ❑ Doesn't sit with help
- ❑ Doesn't babble ("mama", "baba", "dada")
- ❑ Doesn't play any games involving back-and-forth play
- ❑ Doesn't respond to own name
- ❑ Doesn't seem to recognize familiar people
- ❑ Doesn't look where you point
- ❑ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Su Bebé a los 9 Meses

Nombre del niño | Edad del niño | Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 10 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Bebés a Esta Edad?

En las áreas social y emocional

- ❑ Puede ser que le tenga miedo a los desconocidos
- ❑ Puede ser que se aferre a los adultos conocidos todo el tiempo
- ❑ Tiene juguetes preferidos

En las áreas del habla y la comunicación

- ❑ Entiende cuando se le dice "no"
- ❑ Hace muchos sonidos diferentes como "mamamama" y "dadadadada"
- ❑ Copia los sonidos que hacen otras personas
- ❑ Señala objetos con los dedos

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Observa el recorrido de las cosas al caer
- ❑ Va en busca de las cosas que usted esconde
- ❑ Juega a esconder su carita detrás de las manos
- ❑ Se pone las cosas en la boca
- ❑ Pasa objetos de una mano a la otra con facilidad
- ❑ Levanta cosas como cereales en forma de "o" entre el dedo índice y el pulgar

En las áreas motora y de desarrollo físico

- ❑ Puede sentarse solo
- ❑ Se sienta sin apoyo
- ❑ Se parar sosteniéndose de algo
- ❑ Gatea

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No se apoya en las piernas con ayuda
- ❑ No se sostiene en las piernas con apoyo
- ❑ No balbucea ("mama", "baba", "papa")
- ❑ No juega a nada que sea por turnos como "me toca a mí, te toca a ti"
- ❑ No responde cuando le llaman por su nombre
- ❑ No parece reconocer a las personas conocidas
- ❑ No mira hacia donde usted señala
- ❑ No pasa juguetes de una mano a la otra

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO.**

La Academia Americana de Pediatría recomienda que se evalúe el desarrollo general de los niños a los 9 meses. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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Your Child at 1 Year

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Is shy or nervous with strangers
- ❑ Cries when mom or dad leaves
- ❑ Has favorite things and people
- ❑ Shows fear in some situations
- ❑ Hands you a book when he wants to hear a story
- ❑ Repeats sounds or actions to get attention
- ❑ Puts out arm or leg to help with dressing
- ❑ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ❑ Responds to simple spoken requests
- ❑ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ❑ Makes sounds with changes in tone (sounds more like speech)
- ❑ Says "mama" and "dada" and exclamations like "uh-oh!"
- ❑ Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- ❑ Explores things in different ways, like shaking, banging, throwing
- ❑ Finds hidden things easily
- ❑ Looks at the right picture or thing when it's named
- ❑ Copies gestures
- ❑ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ❑ Bangs two things together
- ❑ Puts things in a container, takes things out of a container
- ❑ Lets things go without help
- ❑ Pokes with index (pointer) finger
- ❑ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ❑ Gets to a sitting position without help
- ❑ Pulls up to stand, walks holding on to furniture ("cruising")
- ❑ May take a few steps without holding on
- ❑ May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't crawl
- ❑ Can't stand when supported
- ❑ Doesn't search for things that she sees you hide.
- ❑ Doesn't say single words like "mama" or "dada"
- ❑ Doesn't learn gestures like waving or shaking head
- ❑ Doesn't point to things
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO.**

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Su Hijo de 1 Año

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 1 año de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Actúa con timidez o se pone nervioso en presencia de desconocidos
- ❑ Llora cuando la mamá o el papá se aleja
- ❑ Tiene cosas y personas preferidas
- ❑ Demuestra miedo en algunas situaciones
- ❑ Le alcanza un libro cuando quiere escuchar un cuento
- ❑ Repite sonidos o acciones para llamar la atención
- ❑ Levanta un brazo o una pierna para ayudar a vestirse
- ❑ Juega a esconder la carita y a las palmaditas con las manos

En las áreas del habla y la comunicación

- ❑ Entiende cuando se le pide que haga algo sencillo
- ❑ Usa gestos simples, como mover la cabeza de lado a lado para decir "no" o mover la mano para decir "adiós"
- ❑ Hace sonidos con cambios de entonación (se parece más al lenguaje normal)
- ❑ Dice "mamá" y "papá" y exclamaciones como "oh-oh"
- ❑ Trata de copiar palabras

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Explora los objetos de diferentes maneras (los sacude, los golpea o los tira)
- ❑ Encuentra fácilmente objetos escondidos
- ❑ Cuando se nombra algo mira en dirección a la ilustración o cosa que se nombró
- ❑ Copia gestos
- ❑ Comienza a usar las cosas correctamente, por ejemplo, bebe de una taza, se cepilla el pelo
- ❑ Golpea un objeto contra otro
- ❑ Mete cosas dentro de un recipiente, las saca del recipiente
- ❑ Suelta las cosas sin ayuda
- ❑ Pide atención tocando a las personas con el dedo índice
- ❑ Sigue instrucciones sencillas como "recoge el juguete"

En las áreas motora y de desarrollo físico

- ❑ Se sienta sin ayuda
- ❑ Se para sosteniéndose de algo, camina apoyándose en los muebles, la pared, etc.
- ❑ Puede ser que hasta dé unos pasos sin apoyarse
- ❑ Puede ser que se pare solo

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No gatea
- ❑ No puede permanecer de pie con ayuda
- ❑ No busca las cosas que la ve esconder
- ❑ No dice palabras sencillas como "mamá" o "papá"
- ❑ No aprende a usar gestos como saludar con la mano o mover la cabeza
- ❑ No señala cosas
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO.**

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Your Child at 18 Months (1½ Yrs)

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Likes to hand things to others as play
- ❑ May have temper tantrums
- ❑ May be afraid of strangers
- ❑ Shows affection to familiar people
- ❑ Plays simple pretend, such as feeding a doll
- ❑ May cling to caregivers in new situations
- ❑ Points to show others something interesting
- ❑ Explores alone but with parent close by

Language/Communication

- ❑ Says several single words
- ❑ Says and shakes head "no"
- ❑ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ❑ Knows what ordinary things are for; for example, telephone, brush, spoon
- ❑ Points to get the attention of others
- ❑ Shows interest in a doll or stuffed animal by pretending to feed
- ❑ Points to one body part
- ❑ Scribbles on his own
- ❑ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ❑ Walks alone
- ❑ May walk up steps and run
- ❑ Pulls toys while walking
- ❑ Can help undress herself
- ❑ Drinks from a cup
- ❑ Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't point to show things to others
- ❑ Can't walk
- ❑ Doesn't know what familiar things are for
- ❑ Doesn't copy others
- ❑ Doesn't gain new words
- ❑ Doesn't have at least 6 words
- ❑ Doesn't notice or mind when a caregiver leaves or returns
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO.**

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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Su Bebé a los 18 Meses (1½ Años)

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 19 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Le gusta alcanzarle cosas a los demás como un juego
- ❑ Puede tener rabietas
- ❑ Puede ser que le tenga miedo a los desconocidos
- ❑ Le demuestra afecto a las personas conocidas
- ❑ Juega a imitar cosas sencillas, como alimentar a una muñeca
- ❑ Se aferra a la persona que le cuida en situaciones nuevas
- ❑ Señala para mostrarle a otras personas algo interesante
- ❑ Explora solo, pero con la presencia cercana de los padres

En las áreas del habla y la comunicación

- ❑ Puede decir varias palabras
- ❑ Dice "no" y sacude la cabeza como negación
- ❑ Señala para mostrarle a otra persona lo que quiere

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Sabe para qué sirven las cosas comunes; por ejemplo, teléfono, cepillo, cuchara
- ❑ Señala una parte del cuerpo
- ❑ Señala para llamar la atención de otras personas
- ❑ Demuestra interés en una muñeca o animal de peluche y hace de cuenta que le da de comer
- ❑ Hace garabatos sin ayuda
- ❑ Puede seguir instrucciones verbales de un solo paso que no se acompañan de gestos; por ejemplo, se sienta cuando se le dice "siéntate"

En las áreas motora y de desarrollo físico

- ❑ Camina solo
- ❑ Jala juguetes detrás de él mientras camina
- ❑ Puede subir las escaleras y correr
- ❑ Puede ayudar a desvestirse
- ❑ Bebe de una taza
- ❑ Come con cuchara

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No señala cosas para mostrárselas a otras personas
- ❑ No puede caminar
- ❑ No sabe para qué sirven las cosas familiares
- ❑ No copia lo que hacen las demás personas
- ❑ No aprende nuevas palabras
- ❑ No sabe por lo menos 6 palabras
- ❑ No se da cuenta ni parece importarle si la persona que le cuida se va a o regresa
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 18 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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Your Child at 2 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows more and more independence
- ❑ Shows defiant behavior (doing what he has been told not to)
- ❑ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- ❑ Points to things or pictures when they are named
- ❑ Knows names of familiar people and body parts
- ❑ Says sentences with 2 to 4 words
- ❑ Follows simple instructions
- ❑ Repeats words overheard in conversation
- ❑ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ❑ Finds things even when hidden under two or three covers
- ❑ Begins to sort shapes and colors
- ❑ Completes sentences and rhymes in familiar books
- ❑ Plays simple make-believe games
- ❑ Builds towers of 4 or more blocks
- ❑ Might use one hand more than the other
- ❑ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ❑ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ❑ Stands on tiptoe
- ❑ Kicks a ball
- ❑ Begins to run
- ❑ Climbs onto and down from furniture without help
- ❑ Walks up and down stairs holding on
- ❑ Throws ball overhand
- ❑ Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't use 2-word phrases (for example, "drink milk")
- ❑ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❑ Doesn't copy actions and words
- ❑ Doesn't follow simple instructions
- ❑ Doesn't walk steadily
- ❑ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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Su Hijo de 2 Años

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 2 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Copia a otras personas, especialmente a adultos y niños mayores
- ❑ Se entusiasma cuando está con otros niños
- ❑ Demuestra ser cada vez más independiente
- ❑ Demuestra un comportamiento desafiante (hace lo que se le ha dicho que no haga)
- ❑ Comienza a incluir otros niños en sus juegos, como jugar a sentarse a comer con las muñecas o a correr y perseguirse

En las áreas del habla y la comunicación

- ❑ Señala a objetos o ilustraciones cuando se los nombra
- ❑ Sabe los nombres de personas conocidas y partes del cuerpo
- ❑ Dice frases de 2 a 4 palabras
- ❑ Sigue instrucciones sencillas
- ❑ Repite palabras que escuchó en alguna conversación
- ❑ Señala las cosas que aparecen en un libro

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Encuentra cosas aun cuando están escondidas debajo de dos o tres sábanas
- ❑ Empieza a clasificar por formas y colores
- ❑ Completa las frases y las rimas de los cuentos que conoce
- ❑ Juega con su imaginación de manera sencilla
- ❑ Construye torres de 4 bloques o más
- ❑ Puede que use una mano más que la otra
- ❑ Sigue instrucciones para hacer dos cosas como por ejemplo, "levanta tus zapatos y ponlos en su lugar"
- ❑ Nombra las ilustraciones de los libros como un gato, pájaro o perro

En las áreas motora y de desarrollo físico

- ❑ Se para en las puntas de los dedos
- ❑ Patea una pelota
- ❑ Empieza a correr
- ❑ Se trepa y baja de muebles sin ayuda
- ❑ Sube y baja las escaleras agarrándose
- ❑ Tira la pelota por encima de la cabeza
- ❑ Dibuja o copia líneas rectas y círculos

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No usa frases de 2 palabras (por ejemplo, "toma leche")
- ❑ No sabe cómo utilizar objetos de uso común, como un cepillo, teléfono, tenedor o cuchara
- ❑ No copia acciones ni palabras
- ❑ No puede seguir instrucciones sencillas
- ❑ No camina con estabilidad
- ❑ Pierde habilidades que había logrado

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

La Academia Americana de Pediatría recomienda que, a los 24 meses de edad, se evalúe el desarrollo general de los niños y se realicen pruebas de detección del autismo. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

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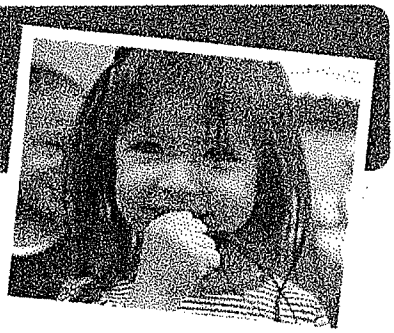
Your Child at 3 Years



Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies adults and friends
- ❑ Shows affection for friends without prompting
- ❑ Takes turns in games
- ❑ Shows concern for a crying friend
- ❑ Understands the idea of "mine" and "his" or "hers"
- ❑ Shows a wide range of emotions
- ❑ Separates easily from mom and dad
- ❑ May get upset with major changes in routine
- ❑ Dresses and undresses self

Language/Communication

- ❑ Follows instructions with 2 or 3 steps
- ❑ Can name most familiar things
- ❑ Understands words like "in," "on," and "under"
- ❑ Says first name, age, and sex
- ❑ Names a friend
- ❑ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ❑ Talks well enough for strangers to understand most of the time
- ❑ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ❑ Can work toys with buttons, levers, and moving parts
- ❑ Plays make-believe with dolls, animals, and people
- ❑ Does puzzles with 3 or 4 pieces
- ❑ Understands what "two" means
- ❑ Copies a circle with pencil or crayon
- ❑ Turns book pages one at a time
- ❑ Builds towers of more than 6 blocks
- ❑ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- ❑ Climbs well
- ❑ Runs easily
- ❑ Pedals a tricycle (3-wheel bike)
- ❑ Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Falls down a lot or has trouble with stairs
- ❑ Drools or has very unclear speech
- ❑ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ❑ Doesn't speak in sentences
- ❑ Doesn't understand simple instructions
- ❑ Doesn't play pretend or make-believe
- ❑ Doesn't want to play with other children or with toys
- ❑ Doesn't make eye contact
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO.**

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Su Hijo de 3 Años

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Copia a los adultos y los amigos
- ❑ Demuestra afecto por sus amigos espontáneamente
- ❑ Espera su turno en los juegos
- ❑ Demuestra su preocupación por un amigo que está llorando
- ❑ Entiende la idea de lo que "es mío", "de él" o "de ella"
- ❑ Expresa una gran variedad de emociones
- ❑ Se separa de su mamá y su papá con facilidad
- ❑ Se molesta con los cambios de rutina grandes
- ❑ Se viste y desviste

En las áreas del habla y la comunicación

- ❑ Sigue instrucciones de 2 o 3 pasos
- ❑ Sabe el nombre de la mayoría de las cosas conocidas
- ❑ Entiende palabras como "adentro", "arriba" o "debajo"
- ❑ Puede decir su nombre, edad y sexo
- ❑ Sabe el nombre de un amigo
- ❑ Dice palabras como "yo", "mí", "nosotros", "tú" y algunos plurales (autos, perros, gatos)
- ❑ Habla bien de manera que los desconocidos pueden entender la mayor parte de lo que dice
- ❑ Puede conversar usando 2 o 3 oraciones

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Puede operar juguetes con botones, palancas y piezas móviles
- ❑ Juega imaginativamente con muñecas, animales y personas
- ❑ Arma rompecabezas de 3 y 4 piezas
- ❑ Entiende lo que significa "dos"
- ❑ Copia un círculo con lápiz o crayón
- ❑ Pasa las hojas de los libros una a la vez
- ❑ Arma torres de más de 6 bloquecitos
- ❑ Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

En las áreas motora y de desarrollo físico

- ❑ Trepa bien
- ❑ Corre fácilmente
- ❑ Puede pedalear un triciclo (bicicleta de 3 ruedas)
- ❑ Sube y baja escaleras, un pie por escalón

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ Se cae mucho o tiene problemas para subir y bajar escaleras
- ❑ Se babea o no se le entiende cuando habla
- ❑ No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- ❑ No usa oraciones para hablar
- ❑ No entiende instrucciones sencillas
- ❑ No imita ni usa la imaginación en sus juegos
- ❑ No quiere jugar con otros niños ni con juguetes
- ❑ No mira a las personas a los ojos
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Child at 4 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Enjoys doing new things
- ❑ Plays "Mom" and "Dad"
- ❑ Is more and more creative with make-believe play
- ❑ Would rather play with other children than by himself
- ❑ Cooperates with other children
- ❑ Often can't tell what's real and what's make-believe
- ❑ Talks about what she likes and what she is interested in

Language/Communication

- ❑ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ❑ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ❑ Tells stories
- ❑ Can say first and last name

Cognitive (learning, thinking, problem-solving)

- ❑ Names some colors and some numbers
- ❑ Understands the idea of counting
- ❑ Starts to understand time
- ❑ Remembers parts of a story
- ❑ Understands the idea of "same" and "different"
- ❑ Draws a person with 2 to 4 body parts
- ❑ Uses scissors
- ❑ Starts to copy some capital letters
- ❑ Plays board or card games
- ❑ Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- ❑ Hops and stands on one foot up to 2 seconds
- ❑ Catches a bounced ball most of the time
- ❑ Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Can't jump in place
- ❑ Has trouble scribbling
- ❑ Shows no interest in interactive games or make-believe
- ❑ Ignores other children or doesn't respond to people outside the family
- ❑ Resists dressing, sleeping, and using the toilet
- ❑ Can't retell a favorite story
- ❑ Doesn't follow 3-part commands
- ❑ Doesn't understand "same" and "different"
- ❑ Doesn't use "me" and "you" correctly
- ❑ Speaks unclearly
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO.**

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Su Hijo de 4 Años

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Disfruta haciendo cosas nuevas
- ❑ Juega a "papá y mamá"
- ❑ Cada vez se muestra más creativo en los juegos de imaginación
- ❑ Le gusta más jugar con otros niños que solo
- ❑ Juega en cooperación con otros
- ❑ Generalmente no puede distinguir la fantasía de la realidad
- ❑ Describe lo que le gusta y lo que le interesa

En las áreas del habla y la comunicación

- ❑ Sabe algunas reglas básicas de gramática, como el uso correcto de "él" y "ella"
- ❑ Canta una canción o recita un poema de memoria como "La araña pequeñita" o "Las ruedas de los autobuses"
- ❑ Relata cuentos
- ❑ Puede decir su nombre y apellido

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Nombra algunos colores y números
- ❑ Entiende la idea de contar
- ❑ Comienza a entender el concepto de tiempo
- ❑ Recuerda partes de un cuento
- ❑ Entiende el concepto de "igual" y "diferente"
- ❑ Dibuja una persona con 2 o 4 partes del cuerpo
- ❑ Sabe usar tijeras
- ❑ Empieza a copiar algunas letras mayúsculas
- ❑ Juega juegos infantiles de mesa o de cartas
- ❑ Le dice lo que le parece que va a suceder en un libro a continuación

En las áreas motora y de desarrollo físico

- ❑ Brinca y se sostiene en un pie hasta por 2 segundos
- ❑ La mayoría de las veces agarra una pelota que rebota
- ❑ Se sirve los alimentos, los hace papilla y los corta (mientras usted lo vigila)

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No puede saltar en el mismo sitio
- ❑ Tiene dificultades para hacer garabatos
- ❑ No muestra interés en los juegos interactivos o de imaginación
- ❑ Ignora a otros niños o no responde a las personas que no son de la familia
- ❑ Rehúsa vestirse, dormir y usar el baño
- ❑ No puede relatar su cuento favorito
- ❑ No sigue instrucciones de 3 partes
- ❑ No entiende lo que quieren decir "igual" y "diferente"
- ❑ No usa correctamente las palabras "yo" y "tú"
- ❑ Habla con poca claridad
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO**.

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Your Child at 5 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Wants to please friends
- ❑ Wants to be like friends
- ❑ More likely to agree with rules
- ❑ Likes to sing, dance, and act
- ❑ Is aware of gender
- ❑ Can tell what's real and what's make-believe
- ❑ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ❑ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ❑ Speaks very clearly
- ❑ Tells a simple story using full sentences
- ❑ Uses future tense; for example, "Grandma will be here."
- ❑ Says name and address

Cognitive (learning, thinking, problem-solving)

- ❑ Counts 10 or more things
- ❑ Can draw a person with at least 6 body parts
- ❑ Can print some letters or numbers
- ❑ Copies a triangle and other geometric shapes
- ❑ Knows about things used every day, like money and food

Movement/Physical Development

- ❑ Stands on one foot for 10 seconds or longer
- ❑ Hops; may be able to skip
- ❑ Can do a somersault
- ❑ Uses a fork and spoon and sometimes a table knife
- ❑ Can use the toilet on her own
- ❑ Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't show a wide range of emotions
- ❑ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ❑ Unusually withdrawn and not active
- ❑ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ❑ Doesn't respond to people, or responds only superficially
- ❑ Can't tell what's real and what's make-believe
- ❑ Doesn't play a variety of games and activities
- ❑ Can't give first and last name
- ❑ Doesn't use plurals or past tense properly
- ❑ Doesn't talk about daily activities or experiences
- ❑ Doesn't draw pictures
- ❑ Can't brush teeth, wash and dry hands, or get undressed without help
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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Su Hijo de 5 Años

Nombre del niño _____ Edad del niño _____ Fecha de hoy _____

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 5 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional

- ❑ Quiere complacer a los amigos
- ❑ Quiere parecerse a los amigos
- ❑ Es posible que haga más caso a las reglas
- ❑ Le gusta cantar, bailar y actuar
- ❑ Está consciente de la diferencia de los sexos
- ❑ Puede distinguir la fantasía de la realidad
- ❑ Es más independiente (por ejemplo, puede ir solo a visitar a los vecinos de al lado) [para esto todavía necesita la supervisión de un adulto]
- ❑ A veces es muy exigente y a veces muy cooperador

En las áreas del habla y la comunicación

- ❑ Habla con mucha claridad
- ❑ Puede contar una historia sencilla usando oraciones completas
- ❑ Puede usar el tiempo futuro; por ejemplo, "la abuelita va a venir"
- ❑ Dice su nombre y dirección

En el área cognitivia (aprendizaje, razonamiento, resolución de problemas)

- ❑ Cuenta 10 o más cosas
- ❑ Puede dibujar una persona con al menos 6 partes del cuerpo
- ❑ Puede escribir algunas letras o números
- ❑ Puede copiar triángulos y otras figuras geométricas
- ❑ Conoce las cosas de uso diario como el dinero y la comida

En las áreas motora y de desarrollo físico

- ❑ Se para en un pie por 10 segundos o más
- ❑ Brinca y puede ser que dé saltos de lado
- ❑ Puede dar volteretas en el aire
- ❑ Usa tenedor y cuchara y, a veces, cuchillo
- ❑ Puede ir al baño solo
- ❑ Se columpia y trepa

Reaccione pronto y hable con el doctor de su hijo se el niño:

- ❑ No expresa una gran variedad de emociones
- ❑ Tiene comportamientos extremos (demasiado miedo, agresión, timidez o tristeza)
- ❑ Es demasiado retraído y pasivo
- ❑ Se distrae con facilidad, tiene problemas para concentrarse en una actividad por más de 5 minutes
- ❑ No le responde a las personas o lo hace solo superficialmente
- ❑ No puede distinguir la fantasía de la realidad
- ❑ No juega a una variedad de juegos y actividades
- ❑ No puede decir su nombre y apellido
- ❑ No usa correctamente los plurales y el tiempo pasado
- ❑ No habla de sus actividades o experiencias diarias
- ❑ No dibuja
- ❑ No puede cepillarse los dientes, lavarse y secarse las manos o desvestirse sin ayuda
- ❑ Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte **www.cdc.gov/preocupado** o llame **1-800-CDC-INFO.**

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Supporting Children & Family Services

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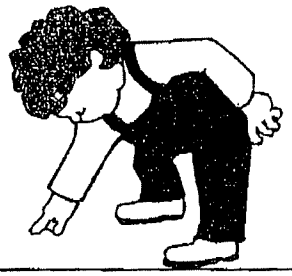
Child Developmental Milestones



Normal physical development: Approximately birth to 3 months

Birth to 3 months: Gains about 1 oz. per day after initial weight loss in first week

Birth
- ✓ Reflexes (e.g., sucking, grasping, hands fisted, random movement, etc.)
- ✓ Vision at 8-12 inches and can lift head

1 month
- ✓ Can lift head to 45-degree angle
- ✓ Vocalizes and gurgles

2 months
- ✓ Alert to people

3 months
- ✓ Chuckles
- ✓ Smiles
- ✓ Whines and vocalizes
- ✓ Rolls over

Activities that promote healthy growth: Approximately birth to 3 months

- ✓ Offer me a finger to hold. Listen to me and learn my responses. Smile and touch me when you talk to me. Tell me I am wonderful.
- ✓ Help me to develop trust. Gently hold me while talking in sweet encouraging tones. Call me by name and make eye contact.
- ✓ Pick me up when I cry and reassure me. Don't leave me alone crying and give me the impression that no one cares for me.
- ✓ Learn how to soothe me and meet my needs before I cry.
- ✓ Gently rub my back, sing to me, play music for me or bounce me gently to music. I am sensitive to sound so keep music low.
- ✓ Hold me securely in new places and protect me.
- ✓ Keep me clean, well fed and clothed appropriately for the temperature.
- ✓ Give me colorful toys that make interesting sounds.
- ✓ Sucking calms me so let me suck my fingers or a pacifier. Be gentle and don't interrupt my sucking by pulling or jiggling something I'm sucking on.

Developmental Concerns: By the end of 3-4 months

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Does not seem to respond to loud noises
- ✓ Does not notice hands by 2 months
- ✓ Does not follow moving objects with eyes by 2 to 3 months
- ✓ Does not grasp and hold objects by 3 months
- ✓ Does not smile at people by 3 months
- ✓ Cannot support head well by 3 months
- ✓ Does not reach for and grasp toys by 3 to 4 months
- ✓ Does not babble by 3 to 4 months
- ✓ Does not bring objects to mouth by 4 months
- ✓ Begins babbling, but does not try to imitate any of your sounds by 4 months
- ✓ Does not push down with legs when feet are placed on a firm surface by 4 months
- ✓ Has trouble moving one or both eyes in all directions
- ✓ Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- ✓ Does not pay attention to new faces or seems very frightened by new faces or surroundings
- ✓ Experiences a dramatic loss of skills he or she once had

Normal physical development: Approximately 4-6 months

4-6 months: Gains 5-6 oz. per week

4 months
- ✓ Grasps rattle
- ✓ Pulls to sit up
- ✓ Can bear some weight on legs
- ✓ Laughs and smiles

5 months
- ✓ Birth weight doubles
- ✓ Sits without support
- ✓ Feeds self cracker
- ✓ Turns toward voice

6 months
- ✓ Adds 2-3 inches to height
- ✓ Sits up
- ✓ Holds 2 cubes and works to reach for desired toy
- ✓ Imitates speech sounds

Activities that promote healthy growth: Approximately 4-6 months

- ✓ During bath time, try washing me in a sitting position. I may also want to sit up and play. Help me sit up for 5-10 minutes and help me keep my back straight.
- ✓ Give me safe healthy finger foods at 5-6 months. (e.g., crackers)
- ✓ Lay me on a blanket on the floor and let me roll and reach.
- ✓ Spend time with me - play, smile, nod, talk and laugh with me. Give me toys or attention when I need a distraction.
- ✓ Respond to my fears and cries by holding, talking to and reassuring me. Talk to me about what I'm feeling and tell me that it's OK.
- ✓ Talk to me, sing to me or give me my favorite toy at diaper changing time. Don't scold, make loud noises or frowning faces.
- ✓ Keep me in my car seat even if I complain. Distract me with songs or toys and reassure me. Put my seat where I can see outside.
- ✓ Avoid separating me from you for days. I need consistent, reliable relationships so if you leave me for long periods expect me to be more clingy for awhile and need more reassurance.

Developmental Concerns: By the end of 7 months

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Seems very stiff, with tight muscles
- ✓ Seems very floppy, like a rag doll
- ✓ Head still flops back when body is pulled to a sitting position
- ✓ Reaches with one hand only
- ✓ Refuses to cuddle
- ✓ Shows no affection for the person who cares for him or her
- ✓ Doesn't seem to enjoy being around people
- ✓ One or both eyes consistently turn in or out
- ✓ Persistent tearing, eye drainage, or sensitivity to light
- ✓ Does not respond to sounds around him or her
- ✓ Has difficulty getting objects to mouth
- ✓ Does not turn head to locate sounds by 4 months
- ✓ Does not roll over in either direction (front to back or back to front) by 5 months
- ✓ Seems impossible to comfort at night after 5 months
- ✓ Does not smile on his or her own by 5 months
- ✓ Cannot sit with help by 6 months
- ✓ Does not laugh or make squealing sounds by 6 months
- ✓ Does not actively reach for objects by 6 to 7 months
- ✓ Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- ✓ Does not bear weight on legs by 7 months
- ✓ Does not try to attract attention through actions by 7 months
- ✓ Does not babble by 8 months
- ✓ Shows no interest in games of peek-a-boo by 8 months
- ✓ Experiences a dramatic loss of skills he or she once had.

Normal physical development: Approximately 7-11 months

7-11 months: Gains 2-3 oz. per week

7 months
- ✓ Plays peek-a-boo, pulls to stand, gets to sitting position
- ✓ Nonspecific "dada" or "mama"

8 months
- ✓ Thumb-finger grasp is weak
- ✓ Shakes head "no" and shouts for attention

9 months
- ✓ Walks holding onto furniture and plays pat-a-cake
- ✓ Shy with strangers

10 months
- ✓ Stands momentarily
- ✓ Specific "dada" or "mama" and can put 2 words together

11 months
- ✓ Stands alone well
- ✓ Plays ball with strangers
- ✓ May recognize words as symbols

Activities that promote healthy growth: Approximately 7-11 months

- ✓ Play peek-a-boo, puppets, wave bye-bye, and teach me words and colors even if I can't repeat the words right now.
- ✓ Have a regular bedtime routine. Slow my activity an hour before bedtime, rock me, pat my back and bring my favorite blanket. Once dry, fed and well prepared for bed, leave me with a kiss. Ignore my cries for a few minutes until I am asleep.
- ✓ Encourage physical exploration within your eyesight. Keep dangerous objects away from me and baby-proof my environment. Be there to comfort me when I get hurt.
- ✓ Help me stand by holding my hands. Make sure my heels are flat.
- ✓ I may purposefully drop and throw things as an experiment. Give me safe things to drop and throw.
- ✓ Open a cupboard in the kitchen kept safe for my exploration. Keep only non-breakable objects that are baby-friendly.
- ✓ Give me something interesting on my tray to explore at mealtime. (e.g., cooked spaghetti, spoons)
- ✓ Do not force me to eat and understand that I am learning and will be messy with my food.

Development Concerns: By the end of one year

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- ✓ Does not crawl
- ✓ Drags on side of body while crawling (for over one month)
- ✓ Cannot stand when supported
- ✓ Does not search for objects that are hidden while he or she watches
- ✓ Says no single words ("mama" or "dada")
- ✓ Does not learn to use gestures, such as waving or shaking head
- ✓ Does not point to objects or pictures
- ✓ Experiences a dramatic loss of skills he or she once had

Normal physical development: Approximately 12-23 months

1 year
- ✓ Birth weight triples
- ✓ Stoops and recovers, learning to drink from cup, pulls up to a standing position, walks holding on to furniture
- ✓ Knows 3 words other than "mama" or "dada"

13-14 months
- ✓ Scribbles, 6+ word vocabulary, tries to sing, points
- ✓ Walks backwards. Better cup control, spilling less
- ✓ Towers 2 cubes and begins using a spoon

15-16 months
- ✓ Begins using double syllable words and asks "What's that?" Learns names of body parts, objects, colors
- ✓ Removes clothes, pulls adult hand to show something

17-19 months
- ✓ Walks up steps, towers 4 cubes, asks for "more," 20 word vocabulary, hands toy to adult if unable to operate
- ✓ Throws ball, follows directions, helps in simple tasks

20-23 months
- ✓ Kicks ball forward, jumps in place, puts on clothes
- ✓ Plays with 2 toys, pedals tricycle, towers 8 cubes, washes and dries hands

Activities that promote healthy growth: Approximately 12-23 months

- ✓ Learning to walk takes time. Hold my hand and encourage me to take steps when I'm ready, don't rush me.
- ✓ If I grab, hit or bite when I'm mad, don't scold me or hit me. Teach me words to use instead of hurting others.
- ✓ It will take time before I'm able to do many things. Set limits, but I will break rules many times before I learn. "No!" is not enough, please explain why. (e.g., "The stove is too HOT!" Move me and show me a safe place to play.)
- ✓ Give me choices whenever possible. Don't say "no" too often and distract me if I am refusing something. Reward me for good behavior. Ignore my "no" if I do not get a choice.
- ✓ Let me scribble with thick washable crayons or felt markers, tape a paper to the table so it doesn't slip.
- ✓ Compare colors and sizes with me (big spoon, red balloon).
- ✓ Tell me about the story, let me pat the pages and make noises, help me learn to turn pages by half lifting one.
- ✓ Building blocks, sandboxes, ride and pull toys, jack-in-the-box, music toys and balls are very important learning tools.
- ✓ Understand that me and mine are important before I can learn about you and yours. Set up a box that is mine.
- ✓ Teach me about not hurting others and sharing, but don't shame me. Be patient and encourage my empathy for others.

Developmental Concerns: By the end of 2 years

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Cannot walk by 18 months
- ✓ Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes
- ✓ Does not speak at least 15 words
- ✓ Does not use two-word sentences by age 2
- ✓ By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- ✓ Does not imitate actions or words by the end of this period
- ✓ Does not follow simple instructions by age 2
- ✓ Cannot push a wheeled toy by age 2
- ✓ Experiences a dramatic loss of skills he or she once had

Normal physical development: Approximately 2-4 years

2 years
- ✓ Average height: 32-36", weight: 22-31 lbs
- ✓ Uses short sentences and adds "ing" and plurals

2 ½ years
- ✓ Average height: 33-38", weight: 24-34 lbs
- ✓ Gains muscle control for toilet training
- ✓ Asks "what, where, who" questions
- ✓ Shows interest in peers, has difficulty sharing
- ✓ Displays some self-control

3 years
- ✓ Average height: 33-42", weight: 24-42 lbs
- ✓ Buttons clothes, walks downstairs and uses the toilet
- ✓ Increased vocabulary and uses past tense, asks "why"
- ✓ Has difficulty sharing and develops a basic sense of time
- ✓ Identifies preferences and increased sense of self
- ✓ Loses swayed back and large abdomen of the toddler at 3 ½ years old
- ✓ Can balance on one foot briefly and walks heel to toe

4 years
- ✓ Catches a ball 2 out of 3 times and cuts with scissors
- ✓ Talks to self and can share better

Activities that promote healthy growth: Approximately 2-4 years

- ✓ Let me do it myself when possible. Let me feed myself even if I'm messy. Give me 2 choices when you can.
- ✓ Let me make choices about the food I eat and let me refuse food. Reduce in-between snacks so I will be hungry at mealtimes. Don't use food as a reward or punishment.
- ✓ Teach me about dangerous things (matches, knives, strangers, stray animals, cars, etc.). Significant consequences should be given for dangerous behavior after giving warnings.
- ✓ Naps are still important to reduce cranky and moody behavior.
- ✓ Give me a warning that it will soon be time to move along.
- ✓ Don't hurry me too much, I need patience and time to learn.
- ✓ Read to me, color with me, teach me games.
- ✓ If there is a new baby, remember I will be jealous. Assure me of your love, give me special time and let me help with the baby.
- ✓ Talk to me about what I'm feeling - comfort me and don't scold me.
- ✓ Offer a hand when I'm in a new situation as a substitute for picking me up. Don't insist I have to grow up.
- ✓ Blow bubbles for me. Teach me to catch and throw a ball.
- ✓ Respect my fears and do not force me into fearful situations. Comfort me and encourage me that there is nothing to fear.

Strategies for potty training and tantrums: Approximately 2-4 years

Potty training tips

- ✓ No age is exact for toilet training. Watch for me to grimace at dirty diapers, show you my wet pants and stay dry for up to 2 hours. I need to be verbal enough to understand toilet training.
- ✓ Change me as soon as possible, tell me it's nice to be clean
- ✓ Let me have a toy to keep me happy and busy on the potty-chair. Put me on the potty briefly at first (up to 5 minutes).
- ✓ Praise my efforts and encourage me to let you know when I need to go potty. Teach me the family words for toilet training.
- ✓ Dress me in easy to remove clothing, be patient, never scold me, visit the potty before going somewhere, help me wipe, teach me to wash my hands and show me how to flush.

Tantrums

- ✓ Make sure I get enough sleep, eat healthy and keep a regular routine. I need physical activity during the day. Teach me to ride a tricycle, encourage running, dancing and jumping.
- ✓ Learn warning signs and distract me. Don't expect too much.
- ✓ Since tantrums are a release of frustrated feelings and a way to get attention, ignore me if I'm in a safe place. Don't reward tantrums. Stay calm and leave me reassuring me you will be back when I'm quiet. When I stop, talk to me, tell me what I'm feeling. Help me express my frustration in words.

Development Concerns: By the end of 3 years

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Frequent falling and difficulty with stairs
- ✓ Persistent drooling or very unclear speech
- ✓ Cannot build a tower of more than four blocks
- ✓ Difficulty manipulating small objects
- ✓ Cannot copy a circle by age 3
- ✓ Cannot communicate in short phrases
- ✓ No involvement in "pretend" play
- ✓ Does not understand simple instructions
- ✓ Little interest in other children
- ✓ Extreme difficulty separating from mother or primary caregiver
- ✓ Poor eye contact
- ✓ Limited interest in toys
- ✓ Experiences a dramatic loss of skills he or she once had

Development Concerns: By the end of 4 years

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Cannot throw a ball overhand
- ✓ Cannot jump in place
- ✓ Cannot ride a tricycle
- ✓ Cannot grasp a crayon between thumb and fingers
- ✓ Has difficulty scribbling
- ✓ Cannot stack four blocks
- ✓ Still clings or cries whenever parents leave
- ✓ Shows no interest in interactive games
- ✓ Ignores other children
- ✓ Doesn't respond to people outside the family
- ✓ Doesn't engage in fantasy play
- ✓ Resists dressing, sleeping, using the toilet
- ✓ Lashes out without any self-control when angry or upset
- ✓ Cannot copy a circle
- ✓ Doesn't use sentences of more than three words
- ✓ Doesn't use "me" and "you" correctly
- ✓ Experiences a dramatic loss of skills he or she once had

Normal physical development: Approximately 5-7 years

Average height: 40-50", weight: 34-55 lbs.

4-5 years

- ✓ Paints and colors, draws figures in 6 parts, learning shapes and colors
- ✓ Climbs, runs, bike or trike riding
- ✓ Broad vocabulary, listens carefully, asks questions
- ✓ Learning letters, numbers and written name
- ✓ Recognizes differences and similarities
- ✓ Short and long term memory improves
- ✓ Develops friendships with peers, recognizes gender
- ✓ Believes rules can change to suit their own needs

6-7 years

- ✓ Body proportions are similar to that of an adult
- ✓ Imagination is an important part of development
- ✓ Enjoys achieving in sports, rides a bike without training wheels and learns to skate
- ✓ Can learn to swim, swing, climb on jungle gyms and other more complex physical tasks
- ✓ Learning to read and do simple math
- ✓ Understands concepts of first, next, last, large, larger, etc.
- ✓ Understands time concepts of yesterday, today, tomorrow
- ✓ Looks forward to holidays, birthdays and annual events

Activities that promote healthy growth: Approximately 5–7 years

- ✓ Discuss physical gender differences with me. Teach me the proper names for body parts without shame. If I am old enough to ask the question, I am old enough to understand the answer. Don't give me more information than I ask for.
- ✓ Create a home library with interesting books about heroines and heroes, fables and fun stories. Read to me every day and let me read a part of each book, discuss the ideas in the book.
- ✓ Remember rewards works better than punishment. Have a sticker chart, give balloons, pennies for the bank, etc.
- ✓ Play children's music, sing, clap and dance with me.
- ✓ Encourage physical involvement and imaginative expression. (e.g., "Itsy-Bitsy Spider" and "I'm a Little Teapot")
- ✓ Teach me to count, sing my ABC's and write my name with lots of patience. This will take time and repetition.
- ✓ I need a bike or trike, balls, clay and play space with toys.
- ✓ Plant a garden or a pot from seed. Help me water it and watch it grow. Pick flowers for my table and let me eat the vegetables.
- ✓ Follow a routine at bedtime. Show me the clock and tell me it's time for bed. Let me pick out my bath toys, choose my pajamas, read me a story, etc. Spend time with me. Sing me a song, rub my back. Kiss me, say goodnight, I love you.
- ✓ Give me permission to say no to adults that make me feel uncomfortable. Talk with me and get to know how I'm feeling.

Developmental Concerns: By the end of 5 years

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range:

- ✓ Acts extremely fearful or timid
- ✓ Acts extremely aggressively
- ✓ Is unable to separate from parents without major protest
- ✓ Is easily distracted and unable to concentrate on any single activity for more than five minutes
- ✓ Shows little interest in playing with other children
- ✓ Refuses to respond to people in general, or responds only superficially
- ✓ Rarely uses fantasy or imitation in play
- ✓ Seems unhappy or sad much of the time
- ✓ Doesn't engage in a variety of activities
- ✓ Avoids or seems aloof with other children and adults
- ✓ Doesn't express a wide range of emotions
- ✓ Has trouble eating, sleeping or using the toilet
- ✓ Can't tell the difference between fantasy and reality
- ✓ Seems unusually passive
- ✓ Cannot understand two-part commands using prepositions ("Put the doll on the bed, and get the ball under the couch.")
- ✓ Can't correctly give her first and last name
- ✓ Doesn't use plurals or past tense properly when speaking
- ✓ Doesn't talk about her daily activities and experiences
- ✓ Cannot build a tower of six to eight blocks
- ✓ Seems uncomfortable holding a crayon
- ✓ Has trouble taking off clothing
- ✓ Cannot brush her teeth efficiently
- ✓ Cannot wash and dry her hands
- ✓ Experiences a dramatic loss of skills he or she once had

Normal physical development: Approximately 8-12 years

Average height: 45-58", weight: 45-85 lbs.

8-9 years

- ✓ Play and imagination are still important developmental tools
- ✓ May enter puberty early
- ✓ Very verbal and asks factual questions, may request instruction
- ✓ Social roles are better understood
- ✓ School and neighborhood are important arenas for growth

10-11 years

- ✓ Girls may experience a growth spurt
- ✓ Tolerates frustration better, good with time concepts, can plan and understands cause and effect, more rational and logical
- ✓ Needs affection and affirmation from adults
- ✓ Concrete thinking with a strong sense of fairness
- ✓ Begin to see conflicts between peers and parent values

Activities that promote healthy growth: Approximately 8-12 years

- ✓ Turn off the TV and play a game with me or talk things over. Don't let me watch PG-13 or R-rated movies.
- ✓ Bake cookies with me. We can wear aprons and don't get too upset about how messy the kitchen becomes.
- ✓ Teach me cards and board games I can play with my friends.
- ✓ Encourage outside play. (e.g., jump rope, skates, balls, etc.) Draw a hopscotch grid on the sidewalk with chalk.
- ✓ Teach me about nurturing by giving me responsibility for a family pet. Understand I may forget and remind me.
- ✓ I need to know how to swim to stay safe in water.
- ✓ Teach me about nature through camping, hiking and going to the zoo.
- ✓ Let me organize a water fight with the hose and balloons.
- ✓ Establish family traditions. Remind me about what we did last year. Tell me why it is important.

Strategies for child safety: Approximately 8-12 years

- ✓ Know where I am at all times. Teach me to check in and give me timelines. Provide clear instructions to me about what you believe is safe and supervise my activities.
- ✓ Make my house safe, friendly and child centered. Children can visit under your watchful eye.
- ✓ Get to know the parents in my neighborhood and my friend's parents. Teach me to keep away from places that are unsafe.
- ✓ Give me permission to say "my mom or dad wants me home" or "my mom won't let me" if they need to make an excuse to get out of an uncomfortable or pressure situation.
- ✓ Teach me about drugs, alcohol, smoking and teen pregnancy. Let me tell you how I feel about these things.
- ✓ Value me and teach me how to value and care for myself.
- ✓ Teach me to be cautious of overly friendly adults or strangers.
- ✓ Ask me how I'm feeling. Listen and keep communication open.
- ✓ Be reliable and predictable and create a safe place for me to put my trust. Forgive me when I fail and apologize when you have let me down. Teach me about respect by modeling it.
- ✓ Teach me about my bright future and celebrate each accomplishment along the way. Give me vision.

Normal physical development: Approximately 13-18 years

13-14 years
- ✓ Challenges limit setting and parent's judgment
- ✓ Wants to be with peers more often
- ✓ Puberty has begun or been achieved
- ✓ Awkwardness and self-doubt may occur with new growth

15-16 years
- ✓ Girls full stature is achieved, boys may continue some growth until age 18
- ✓ Skills are developed and refined
- ✓ Introspection and intense self-analysis
- ✓ Conflict between parents grows, will push you away as he or she attempts to take on more autonomy
- ✓ Peers values become more important
- ✓ Experimentation with social roles is expected
- ✓ Boys may experience a growth spurt.

17-18 years
- ✓ Hormonal and brain development continues
- ✓ Interest in school increases or decreases
- ✓ Youth relies more on peers for affection and approval
- ✓ Individual identity forms, seeks independence
- ✓ Parents and family are still important and necessary
- ✓ Vision for the future and belief in self is essential

Activities that promote healthy growth: Approximately 13-18 years

- ✓ Be clear about what you expect of me. Set curfews and know where I am at all times. Make sure I check in frequently.
- ✓ Start with small freedoms, assuring me that larger freedoms will be allowed once I've proven myself capable of the smaller ones.
- ✓ Allow me to have my own music in my room.
- ✓ Encourage me to express my feelings in writing and verbally. It's OK to be angry, not mean.
- ✓ When I speak, listen to the feeling underneath along with the words. Am I scared? Or hurting?
- ✓ Peers are very important for me! Allow me to talk on the phone and have friends over.
- ✓ As much as you can, let me wear what I like as part of self-expression.
- ✓ Encourage volunteer or paid work. Instill responsibility and polite public behaviors.
- ✓ Support and encourage me to gain a special talent early in my teen years (dance, music, drama, sports, art, etc.).

Strategies for dealing with conflict: Approximately 13-18 years

- ✓ Understand my need for developing a separate self and do not take my struggles to gain independence personally.
- ✓ Understand that I still need supervision, guidance and protection even if I push you away or am critical of you. Troubled children often report a parent doesn't "love them enough" to wonder where they are or what they do.
- ✓ Acknowledge my feelings and maintain consistent consequences for my disobedience of clear limits you set.
- ✓ Consequences should always be related to my disobedience. (e.g., If an hour late, set the next curfew time an hour earlier.)
- ✓ Don't give up - when I make mistakes, disobey or lose my temper when you set limits, know that this is normal. Reassure me that you still care and won't give up on me.
- ✓ Give me another chance. I want your love and approval and will keep trying. Reassure me that you are still proud of me.
- ✓ Give me a vision for who I can become. Give me a reason why I should make healthy positive choices.
- ✓ Maintain communication and physical affection.

At Risk Adolescents

- ✓ Typical adolescent behavior taken to the extreme – more moody, more hostile.
- ✓ Defiance. Ignoring the rules. Violating curfew.
- ✓ Totally uncommunicative to you or teachers. Only talks to peers.
- ✓ Sense of complete aimlessness or alienation.
- ✓ Destructive eating habits. Eating disorders can be life-threatening.
- ✓ Missing money or greater expenditures.
- ✓ Greater secrecy.
- ✓ Drinking or other substance abuse

Factors that can increase risk

- ✓ Undiagnosed learning disability. This child is subject to constant personal frustration and criticism from others. Discouragement and disaffection soon follow. It's never too late for educational/psychological testing.
- ✓ Unhappy family life
- ✓ Family size
- ✓ Traumatic illness in the family
- ✓ Severe moodiness or depression
- ✓ Isolated family
- ✓ Friends that have destructive characters and behaviors

Symptoms of PTSD (Post Traumatic Stress Disorder)

Play

- ✓ Children begin to play out, draw, dramatize or tell their stories of trauma.
- ✓ Post-traumatic play is often grim, monotonous, and, at times, dangerous. Connection between the play and the trauma is usually not obvious.
- ✓ For this reason, it often goes unnoticed as a symptom by caretakers. The power to play is so strong that it impels the child to play.
- ✓ Even adolescents, well beyond the age-range of the usual "pretend" player, may play post-traumatically with art or music.
- ✓ For this reason, some "acting out" behavior in adolescents is actually post-traumatic play.

Symptoms in very young children

- ✓ Ego-centric
- ✓ Time Skew – Mis-sequencing trauma
- ✓ Omen Formation – should have seen it coming
- ✓ Bids for control

Symptoms in elementary school-aged children

- ✓ Generalized fear – stranger or separation anxiety, avoidance of situations or people associated with trauma
- ✓ Sleep disturbance
- ✓ Preoccupation with words
- ✓ Post-traumatic play
- ✓ Lost developmental skills

PTSD in Adolescents

- ✓ May begin to look like adults
- ✓ Traumatic reenactment

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Using Motivational Interviewing Techniques in SMART Recovery®

By Jim (GJBXVI) Braastad

According to research dating back to the 1960's, people tend to believe what they hear themselves say. However, in order for them to "hear", they first have to "say". Getting people to open up and "talk" is a difficulty often encountered in our meetings. It is important to remember that most SMART Recovery® Facilitators and Volunteers are not professionally qualified to perform Motivational Interviewing or provide Motivational Enhancement Therapy and doing so is **NOT** the purpose of SMART Recovery®. However, drawing upon and utilizing the basic skills and principles used in Motivational Interviewing can be a useful tool for our Volunteers to use to further assist our members and meeting participants accomplish their goals.

What Is Motivational Interviewing?

- As defined by its developers, *"Motivational Interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence."*
- Is based on the Stages of Change
- Assumes that motivation is fluid and can be influenced
- Is focused and goal oriented, helping resolve ambivalence by increasing the discrepancy between current behaviors and desired goals, while minimizing resistance.

Goal of Motivational Interviewing: The goal of Motivational Interviewing is to get individuals to resolve their ambivalence about changing their behavior, without evoking resistance to change.

Roadblocks to Listening

Thomas Gordon, PhD

- *Giving advice, making suggestions, or providing solutions*
- *Persuading with logic, arguing, lecturing*
- *Moralizing, preaching*
- *Disagreeing, judging, criticizing, or blaming*
- *Shaming, ridiculing, or labeling*
- *Interpreting or analyzing*
- *Reassuring, sympathizing, or consoling*
- *Questioning or probing*
- *Withdrawing, distracting, or humoring*

Motivational Interviewing Techniques Can Help People Change By:

- Helping them to recognize their high-risk behavior
- Allowing them to evaluate how much of a problem their current behavior is for them in relation to other issues in their life
- Looking at ways to begin the process of changing their behavior(s), such as identifying strengths, weaknesses and developing action plans

OARS: Four Basic Skills of Motivational Interviewing

"OARS" can be used to help SMART Recovery® members and meeting participants by establishing interactive communications that can help lead them into resolving their problem behavior(s) themselves. While we cannot recover for them, we can certainly help them "work it out". This is accomplished by:

- Developing discrepancy between where they are now and where they want to be *(i.e. their goals)*.
- Helping them acknowledge and resolve their ambivalence *(i.e. conflict)* in making the necessary changes to reach their goals.

Four Basic Skills in Motivational Interviewing

- ***O****pen-ended questions*
- ***A****ffirmations*
- ***R****eflective Listening*
- ***S****ummary Statements*

1. **Open-Ended Questions:** The asking of open-ended questions, questions that cannot be answered with a limited response, *(i.e. "yes', "no", "maybe", "seven", "next week", etc.)*, will help individuals investigate and explore their own thinking, and moves us, as Facilitators and Volunteers, away from giving or offering "advice". Open-ended questions are the "door-openers" that encourage members to do most the talking, with the goal to elicit statements that develop discrepancy and reflect self-efficacy. As stated previously, people tend to believe what they hear themselves say, and we can help elicit these self-motivating statements with well chosen, open-ended questions.
2. **Affirmations:** Making affirming statements help individuals acknowledge their positive behaviors and strengths, which then builds confidence in their ability to change. Affirming statements allow for both recognition of their difficulties and support of their strengths, letting them know their concerns and issues are valid. These affirmations convey respect, understanding and support, and need to be both genuine and appropriate.
3. **Reflective Listening:** Paraphrase *(mirror)* the individuals' comments by repeating back what they said. This lets them know you heard what they said and it makes sure you heard what you think you heard. This also "deepens" the conversation by allowing the individual to hear *(again)* what they said, which will help them understand their own thoughts better.
4. **Summary Statements:** Summary statements pull together everything stated, allowing for the transition to the next topic. You might ask what they have learned or got out of the experience. These are similar to reflective listening, but can be a major help in developing discrepancy.

   The "S" in OARS is also sometimes referred to as **"Self-motivational Statements"**. These are used to get individuals to both recognize and verbalize the issue(s) they are dealing with, by pointing out the observations you have made and asking for their further input.

No matter which skill or method used, emphasize personal choice and control. If you tell someone what to do, it is usually taken as being confrontational and will often foster resistance. Again, create a "free and friendly space" to explore the difficult issues. When emphasizing and allowing personal choice and control over their problem behavior(s), there is less resistance and it gets them engaged in their recovery.

Examples of "OARS" Components

Open-ended questions:

- Who is the most important person in your life? Why is she/he important to you?
- How does being on probation affect your home/work life?
- What are the 5 most important things in your life?
- How can I help you with ___?
- What was the best 5 minutes of your day? What was the worst 5 minutes?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to___?
- Where would you be most likely to___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- Who are those in your life that will support your changing this behavior?
- What do you want to do next?
- How does your (behavior) affect your family?
- What do you know about the risks of (drinking/drugs)?
- How will getting off probation affect your home/work life?

Affirming responses:

- I appreciate that you were willing to share that with us.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- Congratulations on the successful completion of...
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've really enjoyed this discussion today.
- You are very courageous to be so open about this.
- You've accomplished a lot in a short time.
- You've tried very hard to quit.

Reflective Listening statements:

- So you feel...
- It sounds like you...
- You're wondering if...
- So, what I hear you saying is...
- This is what I am hearing; please correct me if I am wrong...

Summary Statements: *(Begin with a statement indicating you are making a summary)*

- Let me see if I understand this so far...
- Here is what I've heard. Tell me if I've missed anything.
- What you've said is important.
- I value what you say.
- Did I hear you correctly?
- We covered that well. Now let's talk about...

"OARS" in Action

Scenario: You have someone in your meeting that, during "check-in", stated his job is stressful and he stops "for a couple" every night to unwind after work, except that the couple turns into a couple too many.

Facilitator: You stated your job is an activating event of stress in your life. Tell us some more about your work. (Open-ended question)
Participant: I'm a lawyer in a large company. There is a lot of pressure put on everybody to produce and bring in new clients.

Facilitator: It really sounds like your work is quite stressful. (Reflective Listening)
Participant: Yes, it is quite challenging but it pays well and I really like going to court to try cases.

Facilitator: So even though your work is stressful, you find it rewarding. (Reflective Listening)
Participant: Well most of the time, but lately I wonder where it is all going.

Facilitator: What other concerns do you have about your work? (Open-ended question)
Participant: That's really a good question. Actually there has been alot of cutbacks lately– "downsizing" they call it. It keeps me on edge and I just can't relax anymore.

Facilitator: What kinds of things have you done in the past to relax? (Open-ended question)
Participant: Biking, but lately, I've just been too tired to go.

Facilitator: What other kinds of things help you relax? (Open-ended question)
Participant: Going out to eat at a good restaurant at the end of the week or having some friends over and preparing a gourmet meal for them... but I haven't done any of those things much at all lately either.

Facilitator: You've mentioned many things about your current lifestyle, such as the cutbacks at your work and the stress you feel because of it. You also spoke of having little energy to do some of the things that you used to like to do to relax. What are some things that might help get you back to doing some of those things that you once enjoyed? (Summary Statement)

Do you see the direction this interaction moved?

By using the skills of "OARS", the Facilitator was able to navigate the conversation so that the participant did the talking... which allows him/her to hear what they are saying and come up with their own solutions.

DEARS: Five Principles of Motivational Interviewing

Five Principles of Motivational Interviewing

- ***D****evelop Discrepancy*
- ***E****xpress Empathy*
- ***A****mplify Ambivalence*
- ***R****oll with Resistance*
- ***S****upport Self-efficacy*

1. Develop Discrepancy: By pointing out discrepancies, you create a gap between where the person has been (or currently is) and where they want to be. The individual can come to a realization that their current behavior(s) is not leading them towards their goals and they become more motivated and open to change. The goal is to resolve that discrepancy by changing behavior.
2. Express Empathy: Empathy is one of the most important elements of Motivational Interviewing. As SMART Recovery® Facilitators and Volunteers, we listen to people to get an idea of their concerns and their reasons for behaving as they do. We try to put ourselves in their place, viewing the world through their eyes, thinking as they think, feeling as they feel, and experiencing their world as they experience it. In order to express empathy effectively, place yourself in their perspective.

   When people feel understood, they are more likely to be open and share their experiences. The more people are willing to share their experiences with us, the better we are able to determine where they need information and support. Empathic listening is **ESSENTIAL** to minimizing resistance. Our ability to demonstrate empathy, to understand and feel what people are experiencing, has a major impact on their willingness and ability to change. It has been shown that high levels of empathy are closely linked to positive results across a broad range of different therapies.
3. Amplify Ambivalence: Ambivalence to "change" is normal. However, it can become paralyzing and cause some people to remain "stuck." By recognizing and verbalizing ambivalence, you help people acknowledge their ambivalence by discussing it with them and exploring the two different "sides" they are dealing with, which can help them work through it. If this does not occur, long-lasting behavior changes become less likely.
4. Roll with Resistance: Like ambivalence, resistance is a normal behavior that should be expected when people are being asked to change. Arguing with a person, or creating a power struggle by threatening or trying to assert control will usually only make matters worse. When you tell someone what to do, it is likely to be deemed as confrontational and fosters resistance. Instead, seek to clarify and understand; invite the consideration and openness to new perspectives. By encouraging people to come up with their own solutions to their situations as **THEY** define them, we invite them to examine new perspectives without badgering, lecturing or imposing new ways of thinking on them. Emphasizing and allowing personal choice and control over their problems can help minimize resistance. **If you meet resistance, it is a telltale sign to respond differently.**
5. Support Self-Efficacy: A person's belief that change is possible is an important motivator in making change. In Motivational Interviewing, there is no "right way" to change. If a specific plan for change doesn't work, people can come up with other plans. However, for this to occur, they must believe that change is possible and that they are capable of making the changes necessary to improve their current situation. Create a friendly space for them to explore the difficult issues and engage them in conversations that will help them believe that change **IS** both possible and attainable.

Examples of "DEARS"

Developing Discrepancy:

- *Tell us some good things and not so good things about your behavior.*
- *How do you think your life would be different if you were not drinking?*
- *What do you see your life to be like if you don't make changes and continue to use?*
- *How does your _____ fit in with your goals?*
- *On one hand, you say that your _____ are important to you, yet you continue to _____, help me to understand...*
- *What do you feel you need to change to obtain your goals?*
- *How will things be for you a year from now if you continue to _____?*
- *Hypothetically speaking, if you were to make a change in any area of your life, what would it be?*

Expressing Empathy:

- *I understand how difficult this is...*
- *Yes, making changes is hard work... it is VERY hard work!*
- *I know where you're at with this.*
- *That must have been hard on you.*

Amplifying Ambivalence:

- *How has your behavior been a problem to you? How has it been a problem for others?*
- *What was your life like before you started having problems with drinking?*
- *If you keep heading down the road you're on, what do you see happening?*

Rolling with Resistance:

- *That is OK if you don't want to quit... it is your choice.*
- *Maybe you aren't ready to quit.*
- *What do you want to do? How do you want to proceed?*
- *Where do you want to go from here?*

Supporting Self-Efficacy:

- *It seems as though you have put a lot of thought into your goals...*
- *You have a good plan of action...*
- *It sounds like you are still struggling with making these changes, but you have had some success at making some.*
- *It sounds like you have made real progress. How does that make you feel?*

Readiness to Change Ruler

(An adaptation of "Importance/Confidence Ruler" by Stephen Rollnick, PhD)

- People come to SMART Recovery® meetings with different levels of motivation (or readiness) to change. We often tend to overestimate the motivation of those who say they're ready to change and underestimate the motivation of those who indicate no interest in change.
- An effective Facilitator will operate at the same level of change where the individual is in order to minimize resistance and gain cooperation.
- You might ask early on, *"On the following 5-point scale from 1 to 5 where 1 is 'Not Ready' and 5 is 'Ready', where are you at now in terms of changing your behavior?"*
- People move forward and back along this "Readiness to Change" scale.

On the following scale, what number best reflects how ready you are to change your behavior?

CIRCLE ONE

Not Ready to Change	Thinking of Changing	Undecided/ Uncertain	Somewhat Ready	Very Ready to Change
1	2	3	4	5

Scaling Examples:

- **Multiple Problems** *(When dealing with someone experiencing multiple issues):*
  - *I realize it might be difficult to put numbers on each of the problems we're discussing. So let's say number 5 is the most urgent and 1 is the least. How do you think you would rate your drinking?*
  - *What number would you give your other problems? (i.e. marriage, health)*
- ***Coerced Individuals*** *(Negotiating goals with coerced individuals):*
  - *Whose idea was it that you come here? Who suggested you come here?*
  - *What makes _____ think that you need to come here?*
  - *What does _____ think is the reason that you have a drinking problem?*
  - *What does _____ say you need to do differently?*
- ***Self-Acceptance*** *(Working towards self-acceptance):*
  - *Let's say when you first started coming, the problem that brought you here was a 1 and where you want to be is 10. Between 1 and 10, where would you say you are right now?*
  - *What do you think you'll need to do to move up to ____ (the next level)?*
  - *Let's say that two months from now you've gotten up to a 7. What do you think people will notice that is different about you that will tell them you are at 7?*

Scaling Questions:

- *Let's say 10 means how you want your life to be and 1 means how bad things were when you first came. How would you rate your problem today?*
- *What would it take to go from (#) up to (#)?*
- *Suppose 10 means you will do anything to stop drinking and change your life around good for you and 1 means all you are willing to do is to sit and do nothing. Where would you say you are today?*
- *You've come a long way! What do you have to do to move up from (#) to (#)?*

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Chapter 2:
Working With Families: The Six Protective Factors
Nurturing and Attachment

Juggling the demands of work, home, and other responsibilities leaves many parents feeling like they do not have nearly enough time with their children. But even small acts of kindness, protection, and caring—a hug, a smile, or loving words—make a big difference to children. Research shows that babies who receive affection and nurturing from their parents have the best chance of developing into children, teens, and adults who are happy, healthy, and competent. Research also shows that a consistent relationship with a caring adult in the early years is associated with better grades, healthier behaviors, more positive peer interactions, and an increased ability to cope with stress later in life.

Infant brains develop best when a few stable caregivers work to understand and meet the infant's need for love, affection, and stimulation. Conversely, neglectful and abusive parenting can have a negative effect on brain development. A lack of contact or interaction with a caregiver can change the infant's body chemistry, resulting in a reduction in the growth hormones essential for brain and heart development. Furthermore, children who lack early emotional attachments will have a difficult time relating to peers.

As children grow, nurturing by parents and other caregivers remains important for healthy physical and emotional development. Parents nurture their older children by making time to listen to them, being involved and interested in the child's school and other activities, staying aware of the child or teen's interests and friends, and being willing to advocate for the child when necessary.

How Programs Can Help

- Use parent education strategies (workshops, lending libraries) as opportunities to share information about how a strong parent-child bond enhances brain development and supports positive behavior in young children.
- Share resources available from your agency and throughout the community on how parents can nurture and connect with their children at every age.
- Engage and include all important adults in a child's life, including fathers, grandparents, and extended family, as part of a child's "nurturing network."
- Acknowledge cultural differences in how parents and children show affection.
- Recognize that when a child does not show a positive response to the parent (due to an emotional, developmental, or behavioral disability, for example), the parent may need additional support.

How Workers Can Help

Even a few minutes of quality time in the car, at the store, or while cooking dinner mean so much to a child. Your role as a partner with the parent is to model and acknowledge nurturing behaviors as parents make connections with their baby, child, or teen. You can also point out instances of positive interaction between parent and child to reinforce behavior.

Some parents have chosen to communicate the importance of nurturing and attachment this simply: "Our family shows how much we love each other."

In order to explore ...	Ask the parent ...
• How the parent observes and attends to the child • Specific play or stimulation behaviors	• How much time are you able to spend with your child or teen? • When you spend time with your child or teen, what do you like to do together? • How do you engage your child or teen during everyday activities (diapering, meals, driving in the car)? • What games or activities does your child or teen like?
• How the parent responds to the child's behavior	• What does your child or teen do when he/she is sad, angry, tired? • What happens when your child (cries for a long time, has a tantrum, wets the bed, skips school)?
• How the parent demonstrates affection • How the parent models caring behavior	• How do you show affection in your family? • How do you let your child know that you love him or her?
• How the parent recognizes accomplishments	• What are your child's greatest gifts and talents? • How do you encourage these talents? • What do you do when your child does something great?

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Knowledge of Parenting and Child Development

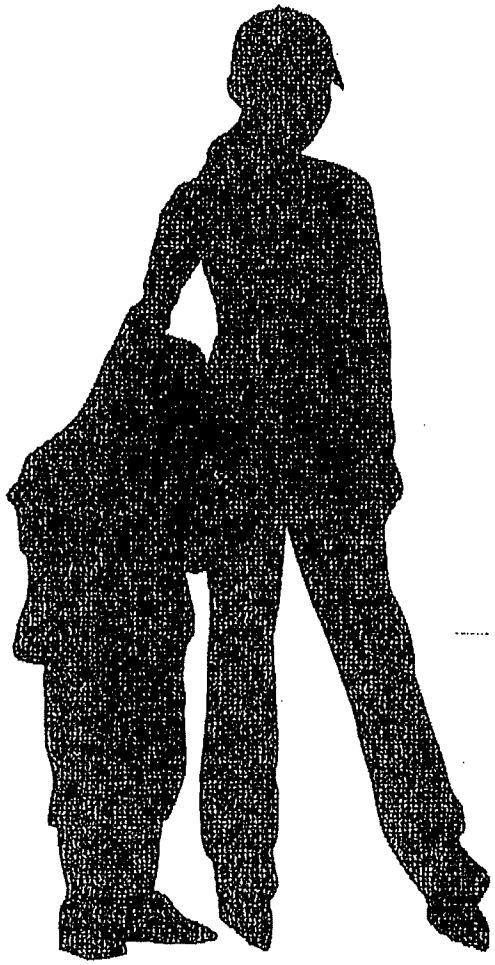
Parents who understand the usual course of child development are more likely to be able to provide their children with respectful communication, consistent rules and expectations, and opportunities that promote independence. But no parent can be an expert on all aspects of infant, child, and teenage development or on the most effective ways to support a child at each stage. When parents are not aware of normal developmental milestones, interpret their child's behaviors in a negative way, or do not know how to respond to and effectively manage a child's behavior, they can become frustrated and may resort to harsh discipline.

As children grow and mature, parents need to continue to learn and change how they respond to their children's needs. Information about child development and parenting may come from many sources, including extended families, cultural practices, media, formal parent education classes, and a parent's own experiences. Interacting with other children of similar ages helps parents better understand their own child. Observing other caregivers who use positive techniques for managing children's behavior also provides an opportunity for parents to learn healthy alternatives.

Parenting styles need to be adjusted for each child's unique temperament and circumstances. Parents of children with special needs may benefit from additional coaching and support to reduce frustration and help them become the parents their children need.

How Programs Can Help

- Offer informal, daily interactions between parents and program staff, plus coaching from staff on specific developmental challenges when they arise (e.g., inconsolable crying, eating or sleeping problems, biting, sharing toys, lying, problems with peers).
- Provide parent education opportunities through classes or workshops that address topics parents request or that respond to current issues.
- Provide observation opportunities such as video monitors or windows into classrooms and outdoor space, where parents can watch their child interacting with other children and learn new techniques by observing staff.
- Give parents opportunities to participate in conversations with other parents about their own experiences as children and how they want to change their parenting.
- Offer a lending library of educational materials about parenting and child development.



How Workers Can Help

All parents have questions about raising their children, and they need timely answers and support from someone they trust. One way to describe this is simply to acknowledge, "Parenting is part natural and part learned."

Parents may feel more comfortable voicing concerns and exploring solutions when providers:

- Focus on the parents' own hopes and goals for their children
- Help parents identify and build on their strengths in parenting
- Model nurturing behavior by acknowledging frustrations and recognizing the parents' efforts

In order to explore	Ask the parent
• The parent's view of his/her child's strengths	• What does your child do best? • What do you like about your child?
• How the parent views his/her own role	• What do you like about being a parent of an infant (or preschooler, or teenager)? • What are some of the things that you find challenging as a parent?
• How the parent observes and interprets the child's behavior	• What kinds of things make your child happy (frustrated, sad, angry)? • What does your child do when he or she is happy (frustrated, sad, angry)? • Why do you think your child (cries, eats slowly, says "no," breaks rules)?
• How the parent encourages positive behavior through praise and modeling	• How have you let your child know what you expect? • What happens when she/he does what you ask?
• Whether the parent can identify alternative solutions for addressing difficult behaviors • Community, cultural, and ethnic expectations and practices about parenting	• How have you seen other parents handle this? What would your parents have done in this situation? • What teaching (discipline) methods work best for you? • How does your child respond?
• How the parent understands the child's development • Any parental concern that the child's behavior appears to be outside the normal range	• How do you think your child compares to other children his/her age? • Are there things that worry you about your child? • Have others expressed concern about your child's behavior?
• How the parent encourages healthy development	• How do you encourage your child to explore his/her surroundings, try new things, and do things on his/her own?

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Parental Resilience

Parents who can cope with the stresses of everyday life as well as an occasional crisis have resilience—the flexibility and inner strength to bounce back when things are not going well. Parents with resilience also know how to seek help in times of trouble. Their ability to deal with life's ups and downs serves as a model of coping behavior for their children.

Multiple life stressors, such as a family history of abuse or neglect, physical and mental health problems, marital conflict, substance abuse, and domestic or community violence—and financial stressors such as unemployment, financial insecurity, and homelessness—can reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

All parents have inner strengths or resources that can serve as a foundation for building their resilience. These may include faith, flexibility, humor, communication skills, problem-solving skills, mutually supportive caring relationships, or the ability to identify and access outside resources and services when needed. All of these qualities strengthen their capacity to parent effectively, and they can be nurtured and developed through concrete skill-building activities or through supportive interactions with others.

How Programs Can Help

- Hire or develop staff who can develop trusting relationships with families, and provide opportunities for these relationships to flourish.
- Understand that mental health consultants are an integral part of the staff team, available to staff and to parents when additional support is needed.
- Train staff to observe children for early signs of child or family distress and respond to children and their families with encouragement, support, and help in solving problems.
- Provide resources to help parents understand the causes of stress and how it affects health, relationships, and family life.
- Teach parents concrete skills to prevent stress, such as planning and goal setting, anticipating difficulties, problem-solving, communication, and self-care.
- Link parents with resources for stress management, such as exercise opportunities, relaxation techniques, and venues for meditation or prayer.
- Partner with resources in the community that help families manage stress and deal with crises, including programs that offer family-to-family help for personalized, sustained support, as well as services such as mental health counseling, substance abuse treatment, domestic violence programs, and self-help support groups.

How Workers Can Help

The word "resilience" will not be understood by all parents. Explore alternative ways of talking about these skills, for example, using an affirmation such as: "I have courage during stressful times or in a crisis."

By partnering with parents, you can help them pinpoint factors that contribute to their stresses, as well as the successful coping strategies they use and their personal, family, and community resources.

In order to explore	Ask the parent
• What the parent identifies as his or her coping strengths and resilience • The parent's strengths in parenting	• What helps you cope with everyday life? • Where do you draw your strength? • How does this help you in parenting?
• What the parent identifies as everyday stressors • Problem-solving skills • Stressors precipitated by crises	• What kinds of frustrations or worries do you deal with during the day? • How do you solve these everyday problems as they come up? • Has something happened recently that has made life more difficult?
• Impact of stress on parenting	• How are you able to meet your children's needs when you are dealing with stress? • How are your children reacting to (crisis)?
• How the parent communicates with his or her spouse or partner • Whether there is marital stress or conflict	• How do you and your spouse or partner communicate and support each other in times of stress? • What happens when you and your spouse or partner disagree?
• Needs that might be identified by a different family member (not all family members may identify the same needs) • Actions that a parent may need to take when additional needs are identified	• Are other family members experiencing stress or concern? • Has anyone in your family expressed concern about drug/alcohol abuse, domestic violence, or mental health issues? • What steps have you taken to address those concerns?
• Short-term supports (respite care, help with a new baby, help during an illness) • Long-term strategies (job training, marital counseling, religious or spiritual practices)	• When you are under stress, what is most helpful? • Where in the community can you find help?
• The parent's ability to set and work toward personal goals	• What are your dreams (long-term goals) for yourself and your family? • What are your goals for your family or children in the next week (or month)? • What steps might you take toward those goals in the next week (or month)?

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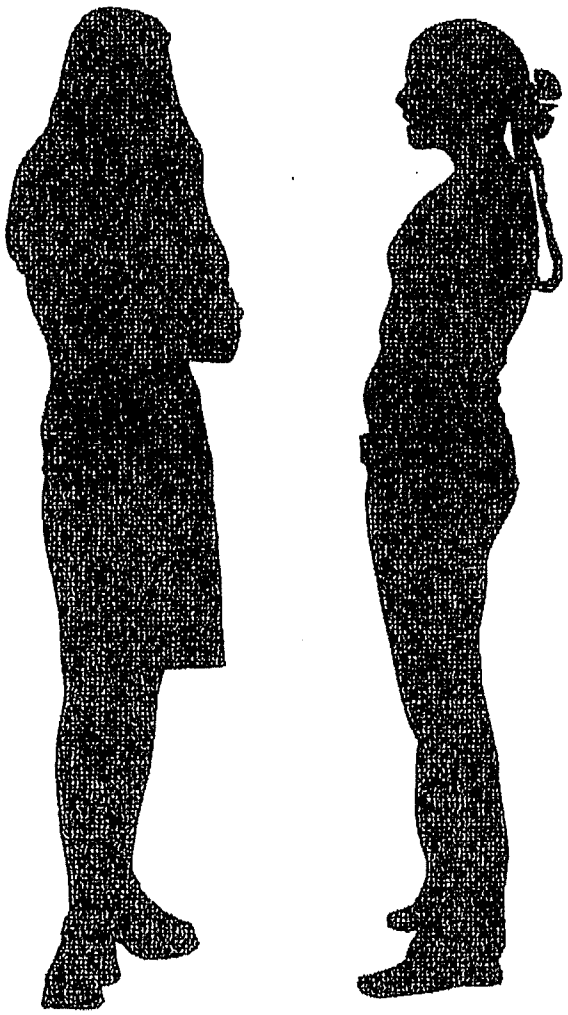
Social Connections

Parents with a network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support such as transportation or occasional child care. A parent's supportive relationships also model positive social interactions for children, while giving children access to other supportive adults. On the other hand, research has shown that parents who are isolated and have few social connections are at higher risk for child abuse and neglect.

Being new to a community, recently divorced, or a first-time parent makes a support network even more important. It may require extra effort for these families to build the new relationships they need. Some parents may need to develop self-confidence and social skills to expand their social networks. Helping parents identify resources and/or providing opportunities for them to make connections within their neighborhoods or communities may encourage isolated parents to reach out. Often, opportunities exist within faith-based organizations, schools, hospitals, community centers, and other places where support groups or social groups meet.

How Programs Can Help

- Set aside a welcoming space for parents to mingle and talk. Provide coffee, snacks, or other "perks."
- Use regular potluck dinners with parents and children to reach out to new parents and foster new friendships.
- Sponsor sports and outdoor activities for parents, including fathers.
- Provide classes and workshops on parenting, cooking, health, and other topics of interest.
- Connect parents with organizations and resources outside the program, such as churches or other classes that fit their interest.
- Create special outreach activities for fathers, grandparents, and other extended family members.
- Offer parents who seem interested specific suggestions, information, or services to help them make social connections.
- Offer resources to help parents overcome transportation, child care, and other barriers to participating in social activities.



How Workers Can Help

Identifying and building on parents' current or potential social connections, skills, abilities, and interests can be a great way to partner with them as they expand their social networks. For parents who have difficulty establishing and maintaining social connections, your discussion may help them identify what is holding them back.

Encourage parents to express goals regarding social connections in their own terms, such as, "I have friends and know at least one person who supports my parenting."

In order to explore . . .	Ask the parent . . .
• The parent's current social support system, including family, friends, and membership in any formal groups	• Do you have family members or friends nearby who help you out once in a while? • Do you belong to a church, temple, mosque, women's group, men's group? • Do you have a child in the local school or Head Start program?
• The parent's social skills and capacity to make and keep friends	• Who can you call for advice or just to talk? • How often do you see them?
• The parent's desire for new friends and social connections	• What kinds of things do you like to do for fun or to relax? • Would you be interested in meeting some other moms and dads who also (have a new baby, have a teenager, like to cook, sing in a choir)?
• The parent's potential strengths and challenges in making social connections (including concerns such as parent's language, comfort level in groups, access to babysitting and transportation, recent arrival in the community)	• What are some benefits of getting out or joining a group? • What kind of support would you need in order to be able to get out for an evening? • How does your spouse or partner help out so that you have some time with friends?
• Needs that might be met with better social connections (for instance, respite care, a sympathetic listener, a role model)	• Would it help you to have more friends or acquaintances to call about _____? • Would it help you to know other moms and dads who are dealing with _____?
• The parent's interest in starting or facilitating a community group	• What would it take to get a group of parents together to _____?

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Concrete Supports for Parents

Families whose basic needs (for food, clothing, housing, and transportation) are met have more time and energy to devote to their children's safety and well-being. When parents do not have steady financial resources, lack health insurance, or face a family crisis (such as a natural disaster or the incarceration of a parent), their ability to support their children's healthy development may be at risk. Some families also may need assistance connecting to social service supports such as alcohol and drug treatment, domestic violence counseling, or public benefits.

Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Offering concrete supports also may help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

How Programs Can Help

- Connect parents to economic resources such as job training and social services.
- Serve as an access point for health care, child care subsidies, and other benefits.
- Provide for immediate needs through a closet with extra winter coats and a direct connection to a food pantry; facilitate help from other parents when appropriate.
- Help families access crisis services such as a battered women's shelter, mental health services, or substance abuse counseling by helping families make initial calls and appointments, assisting with transportation, and providing the name of a contact person in addition to a phone number.
- Link parents with service providers who speak their language or share a similar background, when available.
- Train staff to listen for family stress and initiate positive conversations about family needs.
- Let parents know about all available community resources, so they may select what is most appropriate for their needs.

When needed services do not exist in your community, work with parent-advocates and community leaders to help establish them. Parents who go public with their need usually find that they are not alone. The fact that a parent is willing to publicize a cause may mobilize the community. Parents who are new to advocacy may need help connecting with the media, businesses, funding, and other parts of the community to have their needs heard and identify solutions.

How Workers Can Help

Most parents are unlikely to use or identify with the words "concrete supports." Instead, they might express a goal such as, "My family can access services when we need them."

Working with parents to identify their most critical basic needs and locate concrete supports keeps the focus on family-driven solutions. As a partner with the family, your role may simply be to make referrals to the essential services, supports, and resources that parents say they need.

In order to explore...	Ask the parent...
• The parent's view of the most immediate need	• What do you need to (stay in your house, keep your job, pay your heating bill)?
• Steps the parent has taken to deal with the problem	• How have you handled this? • What kind of response have you gotten? • Why is this working or not working?
• Ways the family handles other problems • Current connections that might offer help for the new problem	• What has worked well in the past? • Are there community groups or local services that have been or might be able to offer assistance? • Do you belong to a faith community? Do you have a relationship with a pediatrician? Is your child enrolled at a local school?
• Other services and supports that would help the family	• Have you thought about _____(local program that provides housing or food)? • Did you know that _____provides (free homework help, meals on weekends, low-cost child care)?
• The parent's desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process	• What kind of help do you need to get to these appointments? • When would be a good time for me to give you a call to see how it's going?

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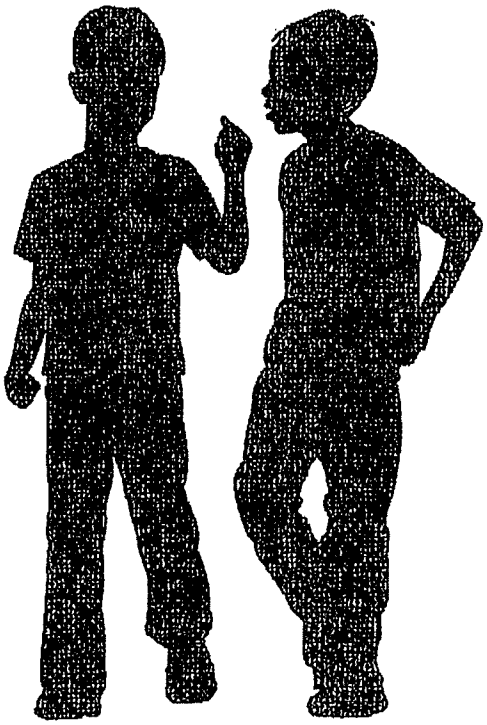
Social and Emotional Competence of Children

Children's emerging ability to interact positively with others, self-regulate their behavior, and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Parents and caregivers grow more responsive to children's needs—and less likely to feel stressed or frustrated—as children learn to tell parents what they need and how parental actions make them feel, rather than "acting out" difficult feelings.

On the other hand, children's challenging behaviors or delays in social emotional development create extra stress for families. Parenting is more challenging when children do not or cannot respond positively to their parents' nurturing and affection. These children may be at greater risk for abuse. Identifying and working with children early to keep their development on track helps keep them safe and helps their parents facilitate their healthy development.



How Programs Can Help

- Use both structured curriculum and informal interaction to teach children to share, be respectful of others, and express themselves through language.
- Include discussions about the importance of feelings in programming for children and parents.
- Create and post a chart that describes which social and emotional skills children typically do and do not possess at different ages.
- Provide art programs that allow children to express themselves in ways other than words.
- Foster ongoing engagement and communication with parents about their children's social and emotional development and the actions the program is taking to facilitate it. Children often take home what they are learning at school.
- Encourage and provide opportunities for parents to share resources with each other and exchange ideas about how they promote their children's social and emotional development.
- Take timely action when there is a concern—this might include asking another experienced teacher or staff member to help observe a child, talking with the parent, or bringing in a consultant.

How Workers Can Help

As a partner with parents, your role may simply be to explore how parents perceive their children's social and emotional development and how that is affecting the parent-child relationship.

Not all parents will relate to the terms "social and emotional competence." They may choose to communicate its importance in terms of the desired outcomes: "My children feel loved, believe they matter, and can get along with others."

In order to explore...	Ask the parent...
• How the parent provides a safe and stable home and family environment that supports healthy social and emotional development	• How many people provide care for your baby or toddler? How often do these people change? • What routines do you keep in caring for your young child? • All families experience conflict from time to time. What happens when there is conflict in your house? • How do you keep your child or teen safe at home? In your neighborhood or community?
• Whether the parent identifies any delays in social and emotional development • Where the parent might seek help for any concerns	• How does your child's ability to manage emotions and get along with others compare to other children his or her age? • Do you have any concerns about your child's social/ emotional skills? • Who might be able to answer your questions about your child's social and emotional development?
• How the parent responds to emotional needs	• How do you know when your child or teen is happy? Sad? Lonely? Hurt? • How do you comfort your child? • How do you talk to your child about feelings?
• How the parent understands the child's social and emotional competence	• How does your child show affection toward you and other family members? • How does your child get along with peers? • How does your child handle feelings such as frustration or anger? How quickly is he or she able to calm down? • What kinds of things help your child calm down when he or she is upset?

FRIENDS has developed a comprehensive survey to help programs assess family protective factors.
For more information, visit: http://friendsnrc.org/protective-factors-survey

Intervention Theories/Models (Plan/Goals)

Intervention Theory/Model	Plan/Goal
Maslow's Hierarchy of Needs	• Are basic needs met, e.g., adequate food, water, clothing, shelter? • Address any safety/danger issues of parent(s)/child(ren) by meeting an immediate need or developing a case plan for more complex safety/danger issues. • If the child(ren) is in immediate danger, consider removing them from the parent(s)'s custody until such time that the safety/danger issue is resolved. • Increase a parent(s)'s/child(ren)'s self-esteem by building their confidence and competence.
Environmental theory (physical)	• Improve the adequacy of the residence to meet everyone's needs. • Improve the adequacy of the sleeping arrangements. • Improve the family's access to reliable transportation.
Environmental theory (socio-cultural)	• Improve the family's connectedness to extended family, neighbors, a faith-based community and community organizations/institutions to improve family functioning/family support.
Environmental theory (socio-economic	• Determine what financial support family is eligible for. • Improve job opportunities through job training programs. • Identify who could provide temporary financial assistance If situation is temporary.
Family Systems Theory	• Improve/strengthen immediate family relationships – counseling/parenting classes
Ecological Theory	• Improve family supports/access to resources by better connectedness with extended family, a faith-based community, community organizations/institutions.
Attachment Theory	• Improve a parent(s)'s ability to nurture their child(ren). • Improve a parent(s)'s knowledge of positive parenting strategies.

Kupfer (8/20/2017)

Intervention Theories/Models (Plan/Goals)

Developmental Theory	• Improve a parent(s)'s knowledge of the developmental stages of children and how to promote a child's development in each stage. • See CDC handout on Child Development and the Northern Training Academy handout on Child Development.
Cognitive Theory	• Use the Stages of Change Model and Motivational Interviewing to help a parent/child make changes in their thinking/behavior
Behavioral Theory	• Provide coaching, mentoring and positive reinforcement to guide the parent/child towards positive change in their behavior.
Psychodynamic Theory	• Improve a parent(s)'s/child(ren)'s ability for emotional self-regulation. • Improve a parent(s)'s/child(ren)'s ability to find meaning in their adverse situation. • Improve a parent(s)'s/child(ren)'s ability to be hopeful/optimistic about the future.
Social Construction Theory	• Using a solution-focus strategy, create a parent(s)'s/child(ren)'s positive view of themselves/how they believe others view them by identifying their strengths/ their past successes and building their self-advocacy skills.
Transpersonal Theory	• Improve a parent(s)'s/child(ren)'s connection to a faith-based community for support. • Using a cognitive/behavioral strategy, encourage the parent(s)/child(ren) to incorporate their spiritual beliefs into how they live their life.
Task-Centered Model	• Assist the parent(s)/child(ren) ability to break down a problem or situation into small tasks that they can accomplish.
Problem-Solving Model	• Collaborate with the parent(s)/child(ren) in understanding the problem, brainstorming possible solution, having them pick a solution, having them try out a solution and then evaluating how the solution worked.
Empowerment Theory	• Building self-esteem and self-confidence in a parent(s)/child(ren) to believe "I can do this!"

PROCESS RECORDING

Student Name:	Professor: Gary Kupfer	Date of Interview: 10/25/17
Purpose of Interview: Attend to monthly contact as secondary social worker to family. Specific follow-up inquiries include the children's well-being, development, progress in school (when applicable), and other presenting needs for the family.	People Present: Social Work Intern (SW), Mother (C), infant (C1), 3 year old (C2), 9 year old (C3)	
Observations of Client's physical appearance and mental status: Client presented as well-groomed. Client appeared to have recently stepped out of the shower. Her hair was still damp, and she smelled of soap. Client was dressed appropriately for the weather with a light sweater and jeans. Client appeared cheerful and greeted SW at the door with a smile. Client appeared stressed and bothered during middle segments of the interview—her speech quickened, and she repeatedly tapped her fingers. At the interview's closure, the client appeared more cheerful again—playing with her children and smiling. All three children appeared happy and dressed appropriately for the weather.		

Content (Dialogue)	Theory Used	Skills used	Intent	Professor's Comments
**Interview segment is not from beginning of conversation, nor does it capture the conversation's closure. 1) SW: Ms. C, how did everything go with the letter I provided you earlier this week, for the doctor? C: [shaking head] No, I mean, the letter was fine. It told the doctor that the children were back in my care. But, he isn't taking any new clients I guess. So, I need to find the kids a new doctor.	Cognitive Theory	Open-ended question	Seeking information or knowledge on the outcome of a letter for services	_____, you did an excellent job on this process recording. I was able to easily connect the theory (theories) you used with the "Intent" or why you were using a theory (theories). I like the positive comments you made about the client in #12. Besides Empowerment
2) SW: I'm sorry to hear that. If you would like, go ahead and provide me the specifics of your health coverage and your preferred areas of town, and I can do some research on physicians	Maslow's HON/ Developmental/ Cognitive Theory/Problem-Solving Model	Affirming statement/Open-ended question	Sympathize w/ C & brainstorm other options for basic health & developmental	

too. Do you think that would be helpful? C: Yeah! That would be great. I don't have that stuff on me now, but I can let you know tomorrow. 3) SW: That sounds perfect. And how are C1, C2, and C3 doing? C1 looks so strong, almost standing up on his own. C: He is! He's crawling all over the place too. C2 is good. Getting ready to go to school like C3. She does her "homework" with C3 [Hands SW a drawing by C2]. And C3 is doing great in school. All As and two Bs. 4) SW: That's fantastic! [Turning to C2 w/ pen and paper]. I love your drawings. Would you like to draw me something? And I'm sure mommy helps you with homework in the evenings? [Turning back to C] What do your evenings look like during the week? C: Yup, we all work on homework together, then have dinner, and then go to the park to play (or go on walks as a family) and then in bed by 9:00. 5) SW: Great. And how do you feel about getting everyone, including yourself, to appointments? I understand it's quite a bit. C: It is a lot. I mean…three of them and just one of me. But we're making do [smiling toward children].	Developmental Theory/Cognitive Theory Behavioral/Family Systems/ Attachment theory/ Environmental Theory (socio-cultural Psychodynamic Theory	Observation statement/Open-ended question Reinforcing statement/ Open-ended question Open-ended question/affirming statement	needs of children. Seek C's thoughts on suggestion Seeking information on the developmental progress of all three children Inquire about parent attachment/support with children/ family norms/ interactions between mom & children & provide encouragement for doing "HW" Inquire about client's emotional state and any feelings of being overwhelmed	theory, you were also using Behavioral theory (positive reinforcement) and your intent was also to build up the client's self-confidence and self-esteem (Maslow's HON).

6) SW: How are you doing with transportation and paying for gas? C: Yup, I have a car and it seems to be running fine. But gas is expensive, you know? Driving to all appointments in different areas [tapping fingers on knee]…that's why I want a new doctor that can see all three of them.	Environmental theory (socio-economic)/ Environmental theory (physical)	Open-ended question	Inquire about client's physical access to reliable transportation & financial means to pay for transportation	
7) SW: Wow, definitely…that sounds like a lot of driving. Again, I will help to look for a physician, and maybe I can look into gas vouchers as well. Do you think that sounds okay? C: Yes! Really, anything helps. We'll get by without them, but it would definitely help.	Cognitive Theory/ Empowerment Theory/ Problem-Solving Model	Affirm client feelings/Closed-ended question	Seek information on brainstorming transportation options/empower & encourage client through services	
8) SW: Great, I will look into this immediately and get back to you by next week. And what about support from your family? Do you think your mom will continue to provide you support? C: Yeah, my mom will always be there for us. She's there to give me emotional support…and spiritual. We all go to church together on Sundays.	Cognitive Theory/Family Systems Theory/ Environmental Theory (socio-cultural)	Restatement/Open-ended question/closed-ended question	Segue from economic to seeking info & knowledge on familial/social support	
9) SW: That's great to hear. Can you tell me more? C: After I drop C3 at school, all of us spend the morning with my mom. They love spending time with her. We'll play, do arts & crafts, read from the Bible. And going to church really	Transpersonal/Ecological Theory	Open-ended /probing/clarifying question	Further inquire about client's spirituality (church/community institution) as source of resiliency/support	

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15) SW: And how are C2s immunizations coming along? I know last time we spoke we were waiting to hear back from Dr. G. C: Still haven't heard back from him, but I was going to give him a call again tomorrow.	Maslow's HON (physical health as basic need)/ Cognitive theory	Open-ended question	Seek information/knowledge about meeting child's basic need of physical health	
16) SW: Maybe until we hear back from Dr. G., we can start looking into Head Start programs. How do you feel about that? C: Yup, already on it. I was actually planning on going down to the program Monday morning with my mom to check it out.	Developmental/Problem-solving model/Psychodynamic Theory	Brainstorming statement/Open-ended question	Provide alternative option for academic/developmental needs of child and assess how C feels about option	

Student's Impressions: I felt unsure about how to address the mother's stress related to transporting the children and arranging for them to see the same primary physician. I felt like attempting to problem-solve was the best option, but perhaps I should have allowed the mother to express her frustrations further. Also, I was worried that throwing out options, like gas vouchers, may potentially act as false hope. After I made the suggestion, I immediately felt a twinge of panic because I was not sure whether I could even provide them. Otherwise, I hope I made it clear that it was a *potential* option, nothing certain.
Future Plans: I will look into the gas vouchers for the client. I will also wait to hear back about the clients' specific health coverage to begin searching for prospective primary physicians. Additionally, I will consider following-up with Dr. G. about the immunizations. I will also continue to follow-up about how the new house is coming along and the children's developmental progress.
Questions for Professor: What other theories could have fallen under certain segments of the interview? Were there missed opportunities for probing? Were there missed opportunities for affirming the client's feelings or statements?

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Theory-Based Assessment/Case Plan Tool

Explanatory Theory (Assessment)	Area of Strength?	Area of Change Needed?	Mutually Agreed Desired Outcome of Intervention	Intervention Theory/ (Plan/Goals)
Maslow's Hierarchy of Needs Theory	☐	☐		
Environmental Theory	☐	☐		
Family Systems Theory	☐	☐		
Ecological Theory	☐	☐		
Attachment Theory	☐	☐		
Developmental Theory	☐	☐		
Cognitive Theory	☐	☐		
Psychodynamic Theory	☐	☐		
Social Construction Theory	☐	☐		
Social Learning Theory	☐	☐		
Conflict Theory	☐	☐		

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