



Child and Adolescent Development CYM Training

Claire L. Williams - © Pikes Peak Respite Services 2021

Child Development in Neurotypical Children: 2 Months-5 Years

Children have never been good at listening to their elders, but they have never failed to imitate them – James Baldwin

Babies and Children have milestones they should meet in order to be considered “on track” for normal development. As a respite provider for PPRS there are many ways to help foster development in all children, even developmentally delayed babies, and children, one of the biggest things you can do is be aware of what normal development looks like according to the CDC chart.

Cross sectional and longitudinal research suggests that motor delays early on in development persist and worsen throughout development. A greater understanding of functional milestones exhibited by young children on the autism spectrum may lend support for the development of more substantive screening measures (Ketcheson et al., 2020). All children develop at their own rate, some meet milestones faster than others, however if you notice a baby or child is seriously behind in meeting milestones listed below it could mean they have developmental delays.

As a PPRS Child and Youth Mentor, you will most likely be working with babies and children who have therapists, caseworkers, and parents already addressing delayed milestones. Always prioritize following their guidance and the instructions outlined in the service plan. This training has been developed to provide you with general knowledge of milestones, their time frames, and activities you can do to help.



Two Months

What Most Babies Do

- Social and Emotional
 - Begins to Smile at People
 - Can Briefly Calm Themselves (May Bring Hands to Mouth and Suck on Hand)
 - Tries to Look at Parent
- Language/Communication
 - Coos, Makes Gurgling Sounds
 - Turns Head Towards 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 Does not Change
- Movement/Physical Development
 - Can Hold Head up and Begins to Push up When Lying on Tummy
 - Makes Smoother Movements with Arms and Legs

How to Help Foster Development

- Cuddle, Talk, and Play with Baby During Feeding, Dressing, and Bathing
- Help Baby to Learn to Calm Themselves
- Help Baby Get into a Routine. Always Follow the Parents or Caregiver Schedule
- Act Excited when Baby Smiles and Makes Sounds
- Pay Attention to the Baby's Different Cries so you Learn to Know what They Want
- Play Peek-a-Boo
- Talk, Read, and Sing to the Baby
- Copy the Baby's Sounds Sometimes, but Also use Clear Language
- Lay the Child on Their Tummy if Able and Put Toys Near the Child
- Encourage the Baby to Lift Their Head by Holding a Toy at Eye-Level

Four Months

What Most Babies Do

- Social and 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 They are 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
 - Recognized 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

How to Help Foster Development

- Hold and Talk to the Baby. Smile and be Cheerful While Doing So
- Help Establish Steady Routines for Sleeping and Feeding
- Copy the Babies Sounds While Using Normal Language as Well
- Have Quiet Times When you Read or Sing to the Baby
- Give Age-Appropriate Toys to Play with Such as Rattles or Colorful Pictures
- Play Games Such as Peek-a-Boo
- Provide Safe Opportunities for the Baby to Reach for Toys and Explore Their Surrounding
- Puts Toys or Rattles in the Baby's Hand and Encourage Them to Hold it

Six Months

What Most Babies Do

- Social and 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 Mirror
- Language/Communication
 - Respond 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
 - Show Curiosity about things and Tries to Get Things that are Out of Reach
 - Brings 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

How to Help Foster Development

- Play on the Floor with the Baby Every Shift if Possible
- Learn to Read the Baby's Moods. If They are Happy, Keep Doing What you are Doing, If they are Upset Take a Break and Comfort the Baby
- Use "Reciprocal Play" – When the Baby Smiles you Smile, When the Baby Makes Sounds you Copy Them
- Repeat the Baby's Sounds and Say Simple Words with Those Sounds. For Example: if the Baby Says, "Bah," Say Bottle or Book
- Read Books to the Baby Every Chance You Get
- When the Baby Looks at Something, Point at it and Talk About it
- When the Baby Drops a Toy on the Floor, Pick it Up and Give it Back to the Baby. This Teaches Them Cause and Effect
- Point Out New Things to the Baby and Name Them
- Put Toys Just out of Reach to Encourage the Baby to Roll Over to Get The Toy.
- Read Colorful Picture Books. Make Sure to Show the Baby and Point to the Pictures as You Read

Nine Months

What Most Babies Do

- Social and 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 "Babababa"
 - 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 They See You Hide
- Plays Peek-a-Boo
- Puts Things in Their Mouth
- Move Things Smoothly from One Hand to the Other
- Picks up Things like Cereal Between Thumb and Index Finger
- Movement/Physical Development
 - Stands, Holding On
 - Can Get into Sitting Position
 - Sits without Support
 - Pulls to Stand
 - Crawls

How to Help Foster Development

- Observe how the Baby Reacts to New Situations and People; Try to Continue to do Things that Make the Baby Happy and Comfortable
- As They Move Around More, Stay Close so the Baby Knows you are Near
- Continue with Routines, they are Very Important Now
- Play Games
- Say in Words What the Baby is Feeling
- Describe what the Baby is Looking at.
- Copy the Baby's Sounds and Words
- Prompt Desired Behaviors from the Baby.
- Teach Cause and Effect by Rolling Balls Back and Forth, Pushing Toy Cards and Trucks, and Putting Blocks in and out of a Container
- Provide Ample Room for the Baby to Move Around and Play in a Safe Environment
- Put the Baby Close to Things so They Can Pull Up on Them Safely. Near Leave a Baby This Age Standing Alone without You Nearby

One Year

What Most Babies Do

- Social and Emotional
 - Is Shy or Nervous with Strangers
 - Cries when Mom or Dad Leaves
 - Has Favorite Things and People
 - Shows Fear in Some Situations
 - Hand You a Book When They Want 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 is 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
 - May Take a Few Steps without Holding on
 - May Stand Alone

How to Help Foster Development

- Give the Child Time to Get to Know You, Play with Their Favorite Toy, Stuffed Animal, or Blanket to Help Gain Trust.
- In Response to Unwanted Behaviors just a Firm No is Sufficient. Never Yell, Spank, or Give Long Explanations
- Give the Child Lots of Hugs and Praise for Good Behavior
- Spend more Time Encouraging Wanted Behaviors Than Punishing Unwanted Behaviors
- Try to Read with the Child Every Shift
- Build on What the Child Says
- Name Pictures in Books and Body Parts
- Provide Toys Baby can Push or Pull in a Safe Area

Eighteen Months

What Most Babies Do

- Social and Emotional
 - 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 They Want
- Cognitive (Learning, Thinking, Problem Solving)
 - Knows what Ordinary Things are for
 - Points to get the Attention of Others
 - Shows Interest in a Doll or Stuffed Animal by Pretending to Feed
 - Point to One Body Part
 - Scribbles on Their Own
 - Can Follow One-Step Verbal Commands without Any Gestures
- Movement/Physical Development
 - Walks Alone
 - May Walk up Steps and Run
 - Pulls Toys While Walking
 - Can Help Undress Themselves
 - Drinks from a Cup
 - Eats with a Spoon

How to Help Foster Development

- Provide a Safe, Loving, and Fun Environment
- Describe the Child's Emotions
- Encourage Empathy
- Copy the Child's Words but Correctly
- Use Words that Describe Feelings or Emotions
- Use Simple, Clear Phrases
- Ask Simple Questions
- Play with Blocks, Balls, Puzzles, and Toys that Teach Cause/Effect and Problem Solving
- Encourage Child to Drink from a Cup and Use a Spoon. No Matter How Messy.

Two Years

What Most Children Do

- Social and Emotional
 - Copies Others, Especially Adults and Older Children
 - Gets Excited when with Other Children
 - Shows More and More Independence

- Shows Defiant Behavior
- 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 2-4 Words
 - Follows Simple Instructions
 - Repeat Words Overheard in Conversation
 - Points to Things in a Book
 - Walks Up and Down Stairs Holding On
 - Throws Ball Overhand
 - Makes or Copies Straight Lines and Circles
- 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 Four or More Blocks
 - Might Use One Hand More Than the Other
 - Follows Two-Step Instructions
 - 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

How to Help Foster Development

- Praise the Child for Being a Good Helper
- At this Age Children Still Play Next to (not with) Each Other and Do not Generally Share Well. For Play Dates Give the Child Lots of Toys to Play with. Give the Child Attention or Praise when They Follow Instructions.
- Teach the Child to Identify and Say Body Parts, Animals, and Other Common Things
- Do not Correct the Child When They say a Word Incorrectly. Just Repeat it Yourself Correctly.
- Encourage the Child to Use Words Instead of Noises or Pointing
- Help the Child do Puzzles with Shapes, Blocks, or Farm Animals



Three Years

What Most Children Do

- Social and Emotional
 - Copies Adults and Friends
 - Shows Affection for Friends without Prompting
 - Takes Turns in Games
 - Shows Concern for Crying Friend
 - Understands the Idea of Mine vs Theirs
 - Shows a Wide Range of Emotions
 - Separates Easily from Mom and Dad
 - May Get Upset from Major Changes in Routine
 - Dresses and Undresses Self
- Language/Communication
 - Follows Instructions with 2-3 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
 - Talks Well Enough for Strangers to Understand Most of the Time
 - Carries on a Conversation Using 2-3 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 3-4 Pieces
 - 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
 - Walks Up and Down Stairs, One Foot on Each Step



How to Help Foster Development

- Encourage Getting Along with Others with Siblings, or Play
- Work with the Child to Solve a Problem when They are Upset
- Talk About the Child’s Emotions

- Set and Follow Rules and Limits for the Child According to Their Parent, Caregiver, and/or Service Plan
- Give Child Instruction of Only 2 or 3 Steps
- Try to Read to the Child Every Shift if Possible, Ask the Child to Point to Things in the Pictures and Repeat Words After You
- Give Child an Activity Box with Paper, Crayons, and Coloring Books if Available. Color and Draw Lines and Shapes with the Child
- Play Counting Games. Count Body Parts, Stairs, Books, and Toys.

Four Years

What Most Children Do

- Social and Emotional
 - Enjoys Doing New Things
 - Plays “Mom” and “Dad”
 - Often Cannot Tell What is Real and What is Make-Believe
 - Talks About what They Like and What They are Interested in
- Language/Communication
 - Knows some Basic Rules of Grammar
 - Sings a Song or Says a Poem from Memory
 - 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 Story
 - Understands the Idea of “Same” and “Different”
 - Draws a Person with 2-4 Body Parts
 - Uses Scissors
 - Starts to Copy some Capital Letters
 - Plays Board or Card Games
 - Tells You What They Think is Going to Happen Next in a Book

How to Help Foster Development

- Play Make Believe with the Child. Let Them be the Leader and Copy what they are Doing
- Suggest the Child Pretend Play for an Upcoming Event that They Might be Nervous About
- Give the Child Simple Choices when Possible. Let the Child Choose what to Eat for Snack, Playtime, or What to Wear

- During Times that the Child is Playing with Other Children, Let Them Solve Their Own Problems, but be Nearby if Needed
- Encourage the Child to Always Use Words, Share Toys, Take Turns
- Give the Child Toys to Build Imagination like Dress-Up Clothes, Kitchen Sets, Blocks, and Play Vehicles
- Always use Good Grammar when Speaking to the Child
- Take Time to Answer the Child's "Why?" Questions
- If the Child likes Music and is Able, Play Their Favorite Music and Dance with Them or Encourage Singing

Five Years

What Most Children Do

- Social and 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 is Make Believe
 - Shows more Independence
 - Is Sometimes Demanding and Sometimes Very Cooperative
- Language/Communication
 - Speaks very Clearly
 - Tells a Simple Story Using Full Sentences
 - Uses Future Tense
 - 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

Early Child Development



"The first five years has so much to do with how the next 80 turn out"

- Bill Gates

Growing Baby's Brain - 1000 Trillion Synapses

BETWEEN THE AGE OF 3-7 a child's brain has reached almost 90% of its adult size

The development of synapses occurs at an astounding rate during children's early years, in response to the young child's experiences. By the age of 3, their brains have approximately 1,000 trillion synapses, many more than they will ever need.

DEVELOPMENT through active Engagement

The more the sensory experience during the early years, the stronger these synapses. Active engagement of synapse can be done only by enabling children to explore and discover large variety of sensory experiences such as touch, smell, sound, sight, and speech.

A little bit about **Flintobox** Designed for 3-7 year olds

Flinto is a monthly discovery box to inspire children to explore the awesome world around them and feed in curiosity for new things.

CREATE + EXPLORE + READ + PLAY =

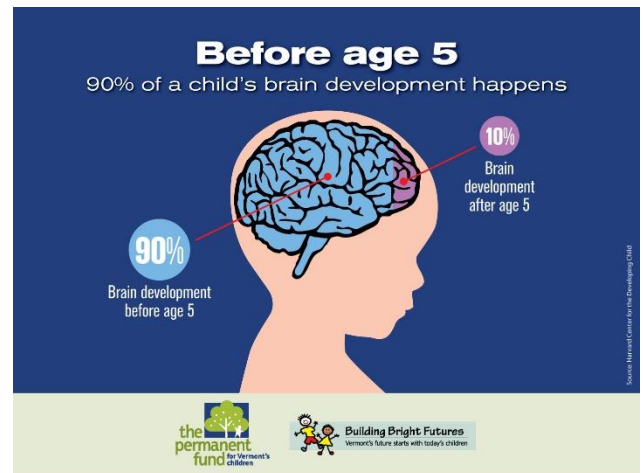
www.flintobox.com

- 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 Their Own
- Swings and Climbs

How to Help Foster Development

- Give Child More Freedom to Choose Activities and Problem Solve on Their Own
- The Child May Start to Talk Back or Use Swear Words as a Way to Feel Independent. Do Not Give Much Attention to this Behavior
- If the Parents/Caregiver Have Started Teaching the Child Their Address and Phone Number, Review These with the Child on a Shift
- When Reading to the Child See if They Can Predict what will Happen in a Story
- Encourage the Child to “Read” by Looking at the Pictures and Telling the Story in a Book
- Play with Toys that Encourage the Child to put Things Together
- Teach Child Concepts like Morning, Afternoon, Evening, Today, Tomorrow, and Yesterday.

(CDC, 2021)



Child Development in Children with Autism and/or Other Developmental Disabilities

Allow children to be happy in their own way, for what better way will they find? – Samuel Johnson

Autism Spectrum Disorder (ASD) currently holds the highest incidence among developmental disabilities in the United States, with recent statistics estimates of 1 in every 54 children. Although the American Academy of Pediatrics (AAP) recommends screening for ASD at 18 and 24 months of age, the average age of diagnosis in the United States (US) is approximately 4 years of age (Ketcheson et al., 2020). Janvier (2016) supported this statement by stating that, while ASD can be diagnosed within the first two years of life, the median age of diagnosis is typically around the fourth birthday. This delay in identification is even greater in low income, minority communities. Racial, ethnic, and economic disparities in access to healthcare in general have been well documented and may result from factors such as limited availability of services in the community, financial hardship, diverse cultural beliefs, and social prejudice (Janvier et al., 2016).

Identifying ASD in children at an early stage is challenging due to the similarity between behaviors displayed by neurotypical infants and those with ASD. Consequently, diagnosing ASD often takes more time, causing added stress for families. To encourage early detection, the American Academy of Pediatrics advocates for regular screening of young children for developmental delays during well-child visits, coupled with dedicated autism screening at 18 and 24 months or whenever caregivers raise concerns (Janvier et al., 2016).

Milestone Delays in Children with ASD

- Functional Delays
 - Kneeling
 - Standing
 - Squatting
 - Walking
 - Smiling
 - Toileting
 - Combination of Words and Phrases
 - Social Communication Skills

Perhaps the most important issue in the identification and treatment of children with autism spectrum disorder (ASD) is the need for early diagnosis and early, specialized intervention. Research has shown that early, specialized intervention can result in significant developmental progress compared with beginning intervention at later ages (Janvier et al., 2016). Again, this might be difficult accomplish due to children with ASD being diagnosed later, however, faster identification measure could be a possibility in the future. This will hopefully lead to better outcomes for children with ASD or other developmental disabilities. A large body of evidence suggests that early language acquisition predicts later functional and developmental outcomes. In fact, several studies have identified certain benchmarks as indicative of later outcomes, including “useful language” by age 5. Rutter (1970) reported that language use by 5 years of age differentiated later general adaptive and social outcomes. Howlin et al. (2004) found that children with useful speech by age 5 were more social and required fewer residential support services. (Kover et al., 2016).

Language milestones are extremely important in determining developmental trajectories. Here is a reminder of typical language and communication development according to the CDC (2021). **Two Months:** Coos, Makes Gurgling Sounds, Turns Head Towards Sounds. **Four Months:** Begins to Babble, Babbles with Expression and Copies Sounds They Hear, Cries in Different Ways to Show Hunger/Pain/Being Tired. **Six Months:** Respond to Sounds by Making Sounds, String Vowels Together when Babbling, Responds to Own Name, Makes Sounds to Show Joy and Displeasure, Begins to Say Consonant Sounds. **Nine Months:** Understands “No”, Makes a lot of Different Sounds, Copies Sounds and Gestures of Others, Uses Fingers to Point at Things. **One Year:** Responds to Simple Spoken Requests, Uses Simple Gestures, Makes Sounds with Changes in Tone, Says “mama” and “dada”, Tries to say Words that You Say. **Eighteen Months:** Says Several Single Words, Says and Shakes Head

“No”, Points to Show Someone What They Want. **Two Years:** Points to Things or Pictures when They are Named, Knows Names of Familiar People and Body Parts, Says Sentences with 2-4 Words, Follows Simple Instructions, Repeat Words Overheard in Conversation. **Three Years:** Follows Instructions with 2-3 Steps, Can Name Most Familiar Things, Understands Words Like “in,” “on,” and “under”, Say First Name/Age/Sex, Names a Friend, Says Words like “I,” “Me,” “We,” and “You”, Talks Well Enough for Strangers to Understand Most of the Time, Carries on a Conversation Using 2-3 Sentences. **Four Years:** Knows Some Basic Rules of Grammar, Sings a Song or Says a Poem from Memory, Tells Stories, Can Say First and Last Name. **Five Years:** Speaks very Clearly, Tells a Simple Story Using Full Sentences, Uses Future Tense, Says Name and Address. To some extent, age of first words predicted developmental trajectories of functional behavior. Language milestones are commonly noted by parents and assessed by primary care physicians; thus, they may help to flag when immediate intervention is justified. Language milestones—by virtue of hinting at what and when a child is learning—point to the importance of studying indicators of learning processes (i.e., how). Critically, early language learning processes (e.g., fast-mapping of vocabulary) are likely to be optimally informative for predicting developmental trajectories and for understanding differences among individuals with ASD (Kover et al., 2016).

Some children with ASD, however, are able to decode words but struggle with reading comprehension. Essentially, they are able to reach some milestones and have a general understanding of language and communication but simply miss a few steps. Emerging research indicates that many young children with ASD evidence a similar pattern scoring higher on measures of print skills and below average on measures of understanding. Similarly, learners with ASD who score poorly on reading comprehension measures generally obtain lower scores on oral language measures (Whalon et al., 2015).

Something that can be extremely beneficial to the development of children with ASD is shared reading. Shared reading is the practice of reading aloud to children and is most effective when interactive instructional strategies (e.g., expansions, modeling, corrective feedback, and praise) are incorporated (Whalon et al., 2015). Shared reading can also assist with emotion comprehension if the teacher presents the story in a way that displays feelings and depending on the content of the story being told. Shared reading is not only beneficial to children who have Autism Spectrum

Disorder and/or other developmental disabilities, but also for neurotypical children and can still help with emotion recognition and speech and communication.



Some children with ASD may have a language delay instead of or in addition to the delay in reading comprehension as well as emotion recognition. However, some children with ASD will not have a language delay and those children may have better outcomes than children with ASD that have a language delay. In a research study by Goodwin et al (2017), the group of children with a language delay was diagnosed at a younger age but their historical ASD symptoms were more severe than children who did not have a language delay.

Adaptive Functioning

Adaptive Function: Skill Sets

- Conceptual
 - This Includes;
 - Reading
 - Numbers
 - Money
 - Time
 - Communication Skills
- Social
 - These Skills Help us to get Along Well with Others. These Skills Include;
 - Understanding and Following Social Rules and Customs
 - Obeying Laws
 - Detecting the Motivations of Others in Order to Avoid Victimization and Deception
- Practical Life Skills
 - These are the Skills Needed to Perform the Activities of Daily Living. This Includes;
 - Feeding
 - Bathing
 - Dressing
 - Occupational Skills
 - Navigational Skills (MentalHealth.net, 2021)

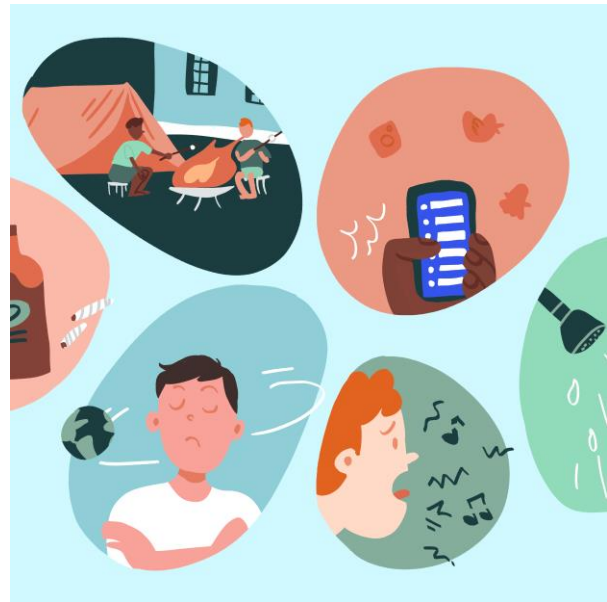
Assessing adaptive functioning in individuals with ASD holds significant importance as it serves as a key indicator for service needs, intervention focus, treatment response, and overall quality of life. Independence in adulthood is more closely tied to adaptive functioning rather than intelligence or ASD symptoms (Goodwin et al., 2017). Understanding the adaptive functioning of those you support can be immensely beneficial. This awareness guides the prioritization of skills to work on, substantially enhancing the individual's quality of life.

Studies indicate that individuals with functional language by age 5 demonstrate better adaptive functioning and academic achievement compared to peers without functional language at the same age. Furthermore, stronger language abilities between ages 4 and 6 predict improved adaptive functioning, social skills, and fewer ASD symptoms during middle childhood for individuals with Autistic Disorder or Asperger's Disorder (Goodwin et al., 2017).

Adolescent Development in Neurotypical Individuals

I think teens push boundaries because their lives are so confusing; they want to know what will hold fast. The only way to find out is to push. – Kathleen Bauer

As caregivers, it is important to understand adolescent development so that we can better appreciate how and why young people behave the way they do, and how we can help them make better decisions. Basic biological and brain-related changes that occur during adolescence can influence both their thinking and behavior. While each teenager is an individual with a unique personality and interests, there are also many developmental milestones—or issues—that everyone faces during adolescence. In this section of the training, we will focus on typical adolescent development – that is, the growth, behaviors, and feelings that developmental scientists have found to be common and predictable for the majority of adolescents.



Human beings inherently prioritize social perception and attach great significance to how they're viewed by others. Situations where individuals perceive negative evaluations can provoke heightened physiological and psychological stress. This inclination intensifies during adolescence, a period when young people place increased importance on peer and romantic relationships (Corbett et al., 2021).

One of the initial hurdles adolescents encounter is puberty, which encompasses the physical changes linked to adolescence. The onset and progression of puberty exhibit significant individual differences, including variations based on gender. Puberty generally commences

- For Girls
 - Around 8-13 Years of Age
- For Boys
 - Around 9-14 Years of Age

Puberty can come with a flood of behavioral issues as the hormone levels start to change. Puberty is also around when adolescents are trying to figure out who they are and who they want to be. This is a very confusing time for many individuals and offering them support and advice could improve their outcome and the quality of their teenage years. Identity development is an

important task in adolescence. Adolescents are supposed to be concerned with developing educational and professional goals while shaping an image of who they are and want to be (Verhoeven et al., 2019). Some ways that one could help a teenager navigate this time in their life would be to;

- Help teens to develop a strong sense of self by talking with them about how to choose healthy behaviors
- Talk about what makes a healthy relationship, what it feels like to be in one, and what to do if they feel like they are in an unhealthy relationship

Adolescents should feel confident in trying out new roles (whether broadening or deepening adolescents' self-understandings), reflecting on their own thoughts and feelings, and in critically assessing societal inequalities. Discovering who you are and want to be is understood to require some courage, because it may involve risks and discomfort; it is accompanied by new experiences and change. A supportive social climate may help adolescents to feel safe enough to take these risks and deal with such possible discomfort (Verhoeven et al., 2019).

Not only are adolescents having to navigate high school and “interesting” high school friendships/relationships, but they are also expected to prepare to be an adult. Adolescence is a critical time for establishing habits and trajectories for health across the adult life course as well as for transitioning into adult roles in family, work, and civic domains. It can be a challenging phase to navigate, with high mortality from accidents, violence, and other behavioral causes (Ozer, 2017). Helping adolescents navigate the craziness of high school, figure out their self-identity, and preparing to be an adult could greatly benefit them and help should be offered if you feel as though it is needed/if the individual asks.

Sexual Orientation and Gender Identity

Figuring out who you are as a young person often comes with trying to sort out your sexual orientation and gender identity. Sorting out gender identity and sexual orientation questions can be confusing for adolescents, especially because lesbian, gay, bisexual, and transgendered (LGBTQ+) youth are so often bullied and stigmatized. This mistreatment harms these young people's self-esteem and also increases their risk for developing other more serious problems, like depression or drug abuse, or engaging in risky behaviors. Because of the negative experiences, LGBT teens may feel particularly alone, cut off, or even defective. All adolescents may experience a period of confusion and exploration before accepting and committing to their



gender identity or sexual orientation. An understanding and caring adult can be an invaluable resource for all young people, and especially LGBTQIA+ teens.

Schools can play an important role in adolescents' identity development (Verhoeven et al., 2019). As an example, the high school that I attended was in a small town where the

LGBTQ+ community is typically not accepted and may have been bullied if they “came out” in high school. This stunted their identity development, in a way, and they were not able to be themselves for the first 18 years of their lives due to the fear of being ostracized by the community. They were, fortunately, able to “come out” after graduation, but having to wait that long to be who you are could be devastating to any adolescent.

As a Child and Youth Mentor, you will need to try to empathize with the experiences that the person that you are supporting has. We can all empathize with the difficulties of high school and puberty and trying to determine your identity and how you want to express yourself. LGBTQ adolescents and young adults face additional challenges related to sexual orientation, evolving gender roles, peer pressure, bullying, and progression through developmental stages. Sexual minorities including the LGBTQ community are understudied with respect to health and health care inequalities (Walia et al., 2019). Being patient, supportive, and ensuring that the person that you are supporting has equal healthcare opportunities could be what brings their experience as an individual who is part of the LGBTQ+ community into a positive light.

Prosocial Relationships

As children move into adolescence, they transition from non-recursive thinking to recursive thinking, which involves understanding others’ thoughts and the awareness that others evaluate them (Corbett et al., 2021). Encouraging teenagers to assist others can significantly benefit their social and communication skills. Helping behavior, a component of prosocial behavior, involves voluntary actions that benefit others or foster positive relationships (e.g., offering emotional or practical support).

As adolescents seek more autonomy from parents, their interactions regarding giving and receiving help shift more towards peers (van Rijsewijk et al., 2016). Supporting teenagers in assisting others can create a positive ripple effect, fostering a cycle of continued helpfulness. Engaging in reciprocal acts of help can be immensely beneficial for adolescents, promoting prosocial relationships and contributing to their personal growth.

Past studies indicate that girls often exhibit more pronounced prosocial behavior, and these traits are notably significant in girls' relationships. In the perspective of those seeking help, girls may be preferred as sources of support due to generally higher levels of empathy compared to boys. Girls also tend to mobilize their peers more readily, as sharing and helping are prominent aspects of their peer interactions (van Rijsewijk et al., 2016).

However, while boys and girls may demonstrate different tendencies, boys also possess the potential to be helpers, and girls may not always exhibit helping behaviors. Gender identities aside, teaching adolescents to embrace helpfulness can significantly enhance their relationships with friends, family, and future partners. It's essential to note that boys are not inherently lacking in empathy; rather, societal conditioning often directs less emphasis on nurturing behaviors toward boys from an early age (e.g., engaging with baby dolls, being encouraged to be polite and quiet). Teaching adolescent boys (and children) the value of being helpers can substantially increase the number of positive relationships they foster in their lives.

Good habits formed at youth make all the difference- Aristotle

In a study by van Rijsewijk et al. (2016), they examined social networks based on the question “Who helps you (e.g., with homework, with repairing a flat [bicycle] tire, or when you are feeling down?).” The effects of individual characteristics (academic achievement, symptoms of depressive mood, and peer status) on receiving help and giving help were examined, and we investigated the contribution of (dis)similarity between adolescents to the development of prosocial relations. Feeling as though you are alone, like you do not have any resources, has the potential to cause great emotional distress for adolescents. Even if the parents of the adolescent do not have a history of providing help, teaching other young people to be helpers could increase the chance of a positive outcome for teenagers who have not had help in the past.

Unfortunately, sometimes helping is selective, and teenagers (adults too) will only help peers that they know/like. Depressed adolescents were less often mentioned as helpers, especially by low-depressed peers. Moreover, lower academic achievers indicated that they received help from their higher achieving peers. Rejected adolescents received help more often, but they less often helped low-rejected peers. Last, low- and high-popular adolescents less often helped each other, and also high-popular adolescents less often helped each other. These findings show that (dis)similarity in these characteristics is an important driving factor underlying the emergence and development of prosocial relations in the peer context, and that prosocial behavior should be defined in terms of benefiting *particular* others (van Rijsewijk et al., 2016).

Social Media

Social media Social media's impact on young people's development and emotions has been a subject of extensive discussion, often highlighting potential negative effects. Studies indicate that adolescents spend more time each day communicating with peers through digital platforms than they do sleeping, attending school, or interacting with adults. Consequently, researchers studying adolescent development are increasingly focusing on digital media, including mobile devices, text messaging, online gaming, and social media platforms (Prinstein et al., 2020).

Despite concerns, spending significant time on social media and texting isn't inherently detrimental. These platforms allow teenagers to stay connected with friends and family, fostering relationships that might not have been feasible otherwise.

Among the broader population of adolescents, digital communication tools serve as an important means of social connection and friendship maintenance. The use of digital media creates a forum that may allow for the development of rapid and nuanced communication skills, the solicitation and provision of empathy for even minor daily hassles, identity exploration, artistic creativity, and perhaps even increasingly gender balanced opportunities to safely express emotional vulnerability. However, the beneficial role of digital media may be especially evident among adolescents who come from underrepresented or at-risk backgrounds. Adolescents who feel ostracized or stigmatized

Figure 1.11

[illegible]

100

adapting to physical and emotional changes, managing new hygiene routines, and abiding by social norms. Puberty-related occupational performance challenges for adolescents with ASD include coping with puberty, menstruation, masturbation, personal hygiene, family routines, safety, emotional regulation, behavior management, and social participation (Larson et al., 2021).

Many adolescents with ASD and other developmental disabilities face many of the same problems that neurotypical adolescents do. They may also need to figure out their sexual orientation and gender identity, they may also have a hard time figuring out who they are and who they want to be, and they may thrive with the different type of communication that social media offers. It is important to remember, that wherever the teen is on the spectrum, or whatever their diagnosis may be, they are people and deserve the utmost respect and dignity as they navigate life and all the things that come with being a teenager. Teenagers with ASD need to be cared for and educated in a respectful environment where their privacy is maintained, their individual identities are respected, and they receive comprehensive familial, social, and financial support. It is suggested that a cultural, professional, and institutional background in which all components of the autistic teenager's dignity are protected and emphasized be provided (Mohammadi et al., 2019).

Dignity:

- Value
- Honor
- Humanity
- Status
- Respect

The word “dignity” has increasingly become a part of contemporary discussion on home care. Because an illness can create a background in which a person's dignity might be violated, all individuals need to have their dignity maintained, even under adverse circumstances. Therefore, maintaining and respecting the dignity of the person supported is one of the main rights of the individual receiving home care and is also one of the moral responsibilities of caregivers (Mohammadi et al., 2019). Respect is crucial in supporting individuals, regardless of age, and particularly for teenagers with autism who often face added challenges due to societal expectations. These expectations can lead to higher levels of disrespect simply because they might not conform to the standards set by their peers. It's important to acknowledge that expecting them to meet certain norms might be unfair and unreasonable. Creating a cultural, professional, and organizational environment that respects every aspect of dignity for teenagers with autism is imperative (Mohammadi et al., 2019).

One thing that adolescents with autism may need additional support in is executive functioning. Executive function, or the ability to control and coordinate thoughts, emotions, and behavior, continues to develop during the adolescent years. Also, theory of mind, defined as the ability to understand mental states to predict one's own behavior as well as the behavior of others, extends well into late adolescence. The increased stress response appears especially

salient for anticipation of social evaluation, which has been associated with age and pubertal maturation (Corbett et al., 2021). Something that can be very beneficial to individuals with ASD in regard to executive functioning and Practical Life Skills is occupational therapy.

Occupational therapy is the second most common service that adolescents with ASD receive to support occupational performance skills, such as social interaction, self-care, and home management, and contextual factors, including consistency of routines and sensory environments. Specific examples may include a female adolescent starting menstruation and having increased difficulty managing hygiene routines or challenges with feminine products and bras secondary to sensory processing difficulties (Larson et al., 2021).

It does not matter if an individual has ASD or is neurotypical, being an adolescent is a crazy and confusing time, and these young adults could greatly benefit from any support, guidance, or resources that caregivers can offer.



Citations

- CDC. (2021, January 22). *CDC's Developmental Milestones*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>.
- Corbett, B., Muscatello, R., Kim, A., Patel, K., & Vandekar, S. (2021). Developmental effects in physiological stress in early adolescents with and without autism spectrum disorder. *Psychoneuroendocrinology*, 125, 105115–105115. <https://doi.org/10.1016/j.psyneuen.2020.105115>
- Goodwin, A., Matthews, N., & Smith, C. (2017). The Effects of Early Language on Age at Diagnosis and Functioning at School Age in Children with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 47(7), 2176–2188. <https://doi.org/10.1007/s10803-017-3133-1>
- Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry*, 2, 212–229. doi:10.1111/j.1469-7610.2004.00215.x.
- Janvier, Y., Harris, J., Coffield, C., Louis, B., Xie, M., Cidav, Z., & Mandell, D. (2016). Screening for autism spectrum disorder in underserved communities: Early childcare providers as reporters. *Autism : the International Journal of Research and Practice*, 20(3), 364–373. <https://doi.org/10.1177/1362361315585055>
- Ketcheson, L., Pitchford, E., & Wentz, C. (2020). The relationship among early functional milestones and core deficits in Autism Spectrum Disorder. *Research in Autism Spectrum Disorders*, 78, 101638–. <https://doi.org/10.1016/j.rasd.2020.101638>
- Kover, S., Edmunds, S., & Ellis Weismer, S. (2016). Brief Report: Ages of Language Milestones as Predictors of Developmental Trajectories in Young Children with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 46(7), 2501–2507. <https://doi.org/10.1007/s10803-016-2756-y>
- Larson, S., Nielsen, S., Hemberger, K., & Klug, M. (2021). Addressing Puberty Challenges for Adolescents With Autism Spectrum Disorder: A Survey of Occupational Therapy Practice Trends. *The American Journal of Occupational Therapy*, 75(3). <https://doi.org/10.5014/ajot.2021.040105>
- MentalHealth.net. (2021). *Adaptive Behavior (Life Skills)*. Mental Help Adaptive Behavior Life Skills Comments. <https://www.mentalhelp.net/intellectual-disabilities/adaptive-behavior-life-skills/#:~:text=Adaptive%20functioning%20is%20affected%20by%20three%20basic%20skill,feeding%2C%20bathing%2C%20dressing%2C%20occupational%20skills%2C%20and%20navigational%20skills.>
- Mohammadi, F., Rakhshan, M., Molazem, Z., Zareh, N., & Gillespie, M. (2019). Caregivers' perception of dignity in teenagers with autism spectrum disorder. *Nursing Ethics*, 26(7-8), 2035–2046. <https://doi.org/10.1177/0969733018796679>
- Odgers, C.L., & Jensen, M.R. (2020). Annual Research Review: Adolescent mental health in the digital age: Facts, fears, and future directions. *Journal of Child Psychology and Psychiatry*, 61, 336–348
- Ozer, E. (2017). Youth-Led Participatory Action Research: Overview and Potential for Enhancing Adolescent Development. *Child Development Perspectives*, 11(3), 173–177. <https://doi.org/10.1111/cdep.12228>
- van Rijsewijk, L., Dijkstra, J., Pattiselanno, K., Steglich, C., & Veenstra, R. (2016). Who Helps Whom? Investigating the Development of Adolescent Prosocial Relationships. *Developmental Psychology*, 52(6), 894–908. <https://doi.org/10.1037/dev0000106>
- Prinstein, M., Nesi, J., & Telzer, E. (2020). Commentary: An updated agenda for the study of digital media use and adolescent development – future directions following Odgers & Jensen (2020). *Journal of Child Psychology and Psychiatry*, 61(3), 349–352. <https://doi.org/10.1111/jcpp.13219>
- Rutter, M. (1970). Autistic children: Infancy to adulthood. *Seminars in Psychiatry*, 2, 435–450.

- Verhoeven, M., Poorthuis, A., & Volman, M. (2019). The Role of School in Adolescents' Identity Development : A Literature Review. *Educational Psychology Review*, 31(1), 35–63. <https://doi.org/10.1007/s10648-018-9457-3>
- Walia, H., Banoub, R., Cambier, G., Rice, J., Tumin, D., Tobias, J., & Raman, V. (2019). Perioperative Provider and Staff Competency in Providing Culturally Competent LGBTQ Healthcare in Pediatric Setting. *Advances in Medical Education and Practice*, 10, 1097–1102. <https://doi.org/10.2147/AMEP.S220578>
- Whalon, K., Martinez, J., Shannon, D., Butcher, C., & Hanline, M. (2015). The Impact of Reading to Engage Children With Autism in Language and Learning (RECALL). *Topics in Early Childhood Special Education*, 35(2), 102–115. <https://doi.org/10.1177/0271121414565515>

Picture Citations

- Clipart Panda - Free Clipart Images. (n.d.). <http://www.clipartpanda.com/categories/childhood-clipart>.
- Early Childhood Clip Art*. Cliparts. (n.d.). <http://cliparts.co/early-childhood-clip-art>.
- eCommunicator. (2018, October 2). *How to Encourage a Child's Brain Development*. eCommunicator. <https://www.ecwusa.com/2018/10/02/how-to-encourage-a-childs-brain-development/>.
- Family Psychiatry and Therapy. (2020, February 27). *How Brain Development Affects Children's Mental Health*. Family Psychiatry & Therapy. <https://familypsychnj.com/2019/07/how-brain-development-affects-childrens-mental-health/>.
- Mud bugs clipart*. Clipground. (n.d.). <https://clipground.com/mud-bugs-clipart.html>.
- adolescence development clipart*. Clipground. (n.d.). <https://clipground.com/adolescence-development-clipart.html>.
- Your Social Media Strategy*. icma.org. (n.d.). <https://icma.org/articles/pm-magazine/your-social-media-strategy>.