Child and Adolescent Development

* How could today’s topics of Child Development and/or Communication help us in our daily interactions with children?
Child Development

Definition:
• Process by which a child grows and changes throughout his/her life span
• Changes influence how child perceives and understands his/her world

Periods of Development:
• Prenatal: Conception — Birth
• Infancy & Toddlerhood: Birth — 2 years
• Early Childhood: 2 — 6 years
• Middle Childhood: 6 — 12 years
• Adolescence: 12 — 19 years
Theories

What is a theory?
• Orderly set of ideas which describe, explain, and predict behavior

Why are theories important?
• To give meaning to what we observe
• As a basis for action -- finding ways to improve the lives and education of children
Preformationism

- Children seen as little adults
- Childhood is not a unique phase
- Children cared for until they could begin caring for themselves: around 7 years old
- Children treated as adults (e.g. clothing, worked at adult jobs, could be married, were made into kings, were imprisoned or hanged as adults)
Reformation Period: 16th Century

- Puritan religion influenced how children were viewed
- Children were born evil and must be civilized
- Goal emerged to raise children effectively
- Special books were designed for children
Age of Enlightenment: 17th Century

- John Locke believed in *tabula rasa* (or “blank slate”)
- Children develop in response to nurturing
- Forerunner of behaviorism
Age of Reason: 18th Century

- **Jean-Jacques Rousseau** leading theorist
- Children were noble savages, born with an innate sense of morality; timing of growth should not be interfered with
- Rousseau used the idea of stages of development
Industrial Revolution: 19th Century

- Charles Darwin
- Predominate theories of natural selection and survival of the fittest
- Darwin made parallels between human prenatal growth and other animals
- Forerunner of *ethology* (study of human behavior and social organization from a biological perspective)
Theories about children's development expanded around the world including:

- Psychoanalytical Theories (Freud, Erikson)
- Behavioral and Social Learning Theories (Pavlov, Skinner)
- Biological Theories (Hall, Gesell)
- Cognitive Theories (Piaget, Vygotsky)

Childhood was seen as worthy of special attention

Laws were passed to protect children
Domains of Development

Cognitive Domain
- Thought processes and intellectual abilities including attention, memory, problem solving, imagination, creativity, academic and everyday knowledge, metacognition and language

Physical Domain
- Body size, body proportions, appearance, brain development, motor development, perception capacities, physical health

Social/Emotional Domain
- Self-knowledge (self-esteem, metacognition, sexual identity, ethnic identity), moral reasoning, understanding and expression of emotions, self-regulation, temperament, understanding others, interpersonal skills, and relationships
Development Diagrams: Activity

DIRECTIONS:

1. Number off 1 to 4
2. Move to assigned table
3. Take 5 — 10 minutes to review the information in the three domains (cognitive, physical and social/emotional) for your assigned age group
4. As a group, create a graphic aid that highlights some of the milestones of your age group in the three domains
5. Be prepared to share out your graphic aid to the group
### Teaching Problem-Solving Skills by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Techniques</th>
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</thead>
</table>
| 3-5 Years | • Emotion coaching  
          • “Show me the hard part”  
          • Storybooks/creative play |
| 5-7 Years | • Problem-solving steps  
          • Craft materials  
          • Open-ended questions |
| 7-9 Years | • Break down problems into chunks  
          • “The Broken Escalator” video — discussion |
| 9-11 Years | • Creative problem-solving with prompts  
            • Make them work for it  
            • Graphic organizers |
| 12+ Years | • Play games involving critical thinking  
             • Apply the SODAS method  
             • Encourage joining problem-solving groups |
Problem-Solving: 3-5 Years

Emotion Coaching:

- Name and validate emotions

- Time/space to process emotions

- Problem-solving!
Problem-Solving: 5-7 Years

Problem-Solving Steps:

• What am I feeling?
• What’s the problem?
• What are some solutions?
• What would happen if . . . ?
• Which one will I try?
Problem-Solving: Open-Ended Questions

Make them think by asking:

- How could we work together to solve this?
- How do you know...?
- Can you tell me about...?
- What do you think would happen if...?
- What did you learn?
- What was easy? What was hard?
- What would you do differently next time?
Problem-Solving: 7-9 Years

Break Down Problems into Chunks:

• Brainstorm together
• Ask open-ended questions
• Listen

Broken Escalator — Video:

• Broken Escalator
Problem-Solving: 9-11 Years

Creative Problem-Solving with Prompts:

• Provide materials (sticky notes, paper clips, tape)
• Challenge kids to solve unusual problems
  - Design a game with rules that could apply to the problem
  - Make a communication device for a brainstorming session
  - Apply solutions to real-life problems
• Problem-Solving Graphic Organizers
### Problem-Solving: 12+ Years

#### Situation: A kid in my class that I don’t like is throwing paper at me

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Throw paper back at him</strong></td>
<td><strong>Tell the teacher</strong></td>
<td><strong>Ignore him</strong></td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td><strong>Disadvantages</strong></td>
<td><strong>Disadvantages</strong></td>
</tr>
<tr>
<td>1. I’ll hit someone else and they won’t like me.</td>
<td>1. I’ll be a tartarate.</td>
<td>1. He’ll keep throwing paper at me.</td>
</tr>
<tr>
<td>2. I’ll get in trouble.</td>
<td>2. The teacher won’t care.</td>
<td>2. I’ll look weak.</td>
</tr>
<tr>
<td>3. I might get grounded.</td>
<td>3. I’ll get beat up.</td>
<td>3. His friends might throw things at me too.</td>
</tr>
<tr>
<td><strong>Advantages</strong></td>
<td><strong>Advantages</strong></td>
<td><strong>Advantages</strong></td>
</tr>
<tr>
<td>1. It might make him stop.</td>
<td>1. The teacher will make him stop.</td>
<td>1. I can look cool.</td>
</tr>
<tr>
<td>2. Other kids will think I’m funny.</td>
<td>2. I’ll lose points for the day.</td>
<td>2. I won’t be breaking a class rule.</td>
</tr>
<tr>
<td>3. I can get even.</td>
<td>3. I can tell my parents I made a good choice.</td>
<td>3. He might stop.</td>
</tr>
</tbody>
</table>

**Solution:** I will ignore him and tell the teacher if he does it again.
Problem-Solving: Activity

DIRECTIONS:

• Partner up!
• Read through scenarios
• Choose one or more of the strategies listed for each
• Now, check the answer key
• How’d you do?

- Keep practicing ways to support independent problem-solving for kids!
Child Development: Common Difficulties

Infancy — Birth to 4 Years:
- Separation Anxiety
- Sleep Problems
- Feeding Problems
- Temper Tantrums

Early Childhood — 5 to 7 Years:
- Sleep Problems
- Toileting Problems
- Learning/Communication
- Phobias
Child Development: Common Difficulties

Middle Childhood — 8 to 11 Years Old:

- Conduct Problems
- Attention and Over-activity Problems
- Fear and Anxiety
- Repetition problems
- Somatic Problems
- School Refusal
- Mood Disorders
- Self-esteem problems
Child Development: Common Difficulties

Adolescence – 12 to 17 Years Old:

- Mood Disorders
- Anxiety Disorders
- Relationship Difficulties
- Self-Esteem Problems
- Deliberate Self-harm
- Eating Disorders
- Substance Abuse
- Conduct Disorder
Child Development: Risk Factors
Biological Risk Factors are anything which affects the function and behavior of a living organism. Internally, this factor can be a physical, physiological, chemical, neurological, or genetic condition which causes a psychological effect.

- Age of the Mother
- Poor Prenatal Nutrition
- Maternal Use of Alcohol
- Maternal Use of Tobacco
- Use of Other Drugs
- Prenatal and Postnatal Illnesses
- Pregnancy and Birth Complications
- Genetic Factors
- Child Temperament
Biological: Poor Maternal Nutrition

- Poor nutrition prior to and during the pregnancy can result in developmental delays as well as specific types of physical conditions.

- Estimated that the standard 400 mcg dosage of Folic Acid that comes in most daily vitamins is capable of reducing the rates of Spina Bifida by a full 50%.

- Importantly, it is necessary for the mother to have been taking Folic Acid prior to pregnancy.
Biological: Maternal Use of Alcohol

- Heavy alcohol use by the mother during pregnancy can result in **Fetal Alcohol Syndrome (FAS)**.

- Over 40% of women who drink heavily have children with FAS.

- FAS is characterized by a pattern of malformations and disabilities resulting from **heavy** or **binge** drinking during pregnancy.
Biological: Maternal Use of Alcohol

- Results in developmental delays, physical stigmata, perceptual-motor, attention, and activity level problems.

- Lower levels of alcohol intake during pregnancy can also lead to “Fetal Alcohol Effects” reflected in significant development delays.

- No “safe” level of alcohol intake in pregnancy has been determined.
Biological: Maternal Use of Tobacco

- Tobacco use by the mother during pregnancy can result in:
  - premature birth and associated low birth weight
  - miscarriages
  - decreased placental blood flow
  - subtle developmental delays

- Data suggests heavy smoking may relate to later risk for conduct disorder in child

- Several studies have found a significant association between smoking during pregnancy and ADHD
Biological: Use of Other Drugs

- Use of other drugs such as **Narcotics** and **Cocaine** can result in adverse outcomes such as children being born addicted and into unhealthy environments.

- Children of drug abusing mothers often show **developmental delays**, serious problems with **emotional regulation**, and problems with **attention and activity level**, among other difficulties.

- This may contribute to significant problems in the quality of early mother-child interaction patterns.
Biological: Cocaine and Pregnancy

• Reports suggests that 1 — 2 % of newborns are exposed to Cocaine. Some studies suggest the rate of SIDS to be 30 times that of the general population.

• A range of other potential effects on the fetus have been documented:
  • Spontaneous Abortion
  • Prematurity and Low Birth Weight
  • Microcephaly
  • Fetal Growth Retardation
  • Placental Abruption - A dangerous birth complication in which the placenta separates from the uterus prematurely

• The main concern has been the effects of Cocaine on the developing brain. Researchers have found that children exposed to Cocaine in the womb have lower IQ scores and more learning, emotional, and behavior problems.
**Biological: Illnesses/Injuries**

- **Viral illnesses** like *Rubella (German Measles)* during the first trimester can result in a range of problems including deafness, heart problems, cleft palate, and mental retardation. *Congenital Rubella Syndrome (CRS)* has also been shown to significantly increase the rates of Infantile Autism.

- **Head injuries** and childhood illnesses with **high fevers** have also been shown to increase the risk for learning problems, developmental delays, and ADHD.

- It has also been suggested that early **strep infections** can be associated with OCD like features or tic disorders in children.
Diverse pregnancy and birth complications (e.g., Anoxia, prematurity, Toxemia, low birth-weight, Meconium Aspiration Syndrome) have been found to be associated with a wide range of childhood problems including:

- general developmental delays
- speech and language problems
- general school difficulties
- ADHD
Biological: Genetic Factors

- Genetic factors have been shown to be significant contributors to a range of child and adult psychological disorders.

- Disorders with significant genetic loadings include Autism, ADHD, Schizophrenia, and Bipolar disorder, among others.
An additional biological risk factor is childhood temperament.

Temperament can be thought in terms of inborn individual differences in behavioral style that are reflected in the child’s interaction with his/her environment.

The child’s temperament can make him/her either easy or difficult to parent.
Psychosocial Risk Factors

• In addition to biological risk factors, there are a range of **psychosocial** circumstances that can have an impact on the child.

• These factors can increase the child’s risk for developing specific forms of psychopathology or other more general problems that may require treatment.
Psychosocial Risk Factors: Examples

- Effects of Cumulative Life Stress
- Effects of Divorce
- Physical Abuse
- Sexual Abuse
Experiencing numerous life changes within a restricted period of time has been found to be associated with a range of child health and adjustment problems such as:

- Anxiety
- Depression
- Increased Rates of Drug Use
- Recurrent Abdominal Pain
- Problems in Diabetic Control
- General Problems with Health and Adjustment
There is evidence that high levels of stress in expectant mothers can impact offspring.

There is also some evidence to suggest links between stress during pregnancy and the development of difficult temperament and delays in motor and mental development.
Divorce is not a single event — rather it usher in a range of major life stressors and life transitions that can impact the child.

- Changes in Residence
- Changes in School
- Loss of Friends
- Possible Separation From One Parent
- Possible Economic Hardships
- Possible Parental Conflict
- Possible Remarriage and new Step-family
Psychosocial: Short Term Effects of Divorce

- Short term effects usually take the form of **Emotional Problems** and **Behavioral Difficulties**.

- Emotional responses and changed rules and contingencies can have a major impact on behavior.
Psychosocial: Effects of Physical Abuse

Effects of physical abuse can include:

- Impaired self esteem
- Anxiety
- Depression
- Emotionally constricted/inhibited behavior
- Irritability
- Extreme aggressive behavior
- PTSD
Psychosocial: Sexual Abuse

An estimated **20%** of all women and **5-10%** of all men are victimized before adulthood.

- **Types** of sexual abuse
  - Contact
  - Non-Contact
- **Most common age is between 8 and 12**
- **Victims most often girls**
- **Perpetrators most often males**
- **Seldom a one-time thing**
Psychosocial: Effects of Sexual Abuse

- Can result in significant psychological problems: internalizing and externalizing in nature.
- Studies suggest that younger children have more internalizing problems and older children have more externalizing problems, although many display both.
- Findings suggest 40 to 60% of sexually abused children show evidence of emotional/behavioral disturbance with around 15 to 20% displaying severe disturbance.
Psychosocial: Effects of Sexual Abuse

Common Responses to Sexual Abuse Include:

- Anger and hostility
- Oppositional/defiant and/or conduct disorder
- Guilt and depression
- Physical, or somatic, complaints
- Problems in school and social functioning
- Effects on sexuality
  - Highly sexualized behaviors
  - Fearful/inhibited behaviors
However...

- While these factors can often increase the **risk** of developing various types of psychological/behavioral or physical difficulties, ...

- It is important to realize that the **impact** on individuals can differ greatly, and ...

- Protective factors can contribute to increased **resiliency**.
Trauma-Informed Strategies: Social-Emotional

- How do we build a student’s sense of social and community responsibility?

- Video: 5 Keys to Social and Emotional Learning Success
Adverse Childhood Experiences (ACEs)

- 10 most common childhood traumas
- Toxic stress — ongoing, perceived threat to physical/emotional safety
- Linked with mental health issues such as:
  - depression
  - addiction

Trauma-Informed School — Video:
- A School's Journey Toward Trauma Sensitivity
Trauma-Informed Strategies: Mindfulness

Mindfulness — Video:
• How Mindfulness Empowers Us

Flipping Your Lid — Video:
• Flipping Your Lid
Trauma-Informed Strategies: Activity

Trauma-Informed Classroom Strategies Article — Turn and Talk:

• **Building Relationships**
  - Community Circles, Surveys, Active Listening, Modeling Apologies

• **Encouraging Responsibility**
  - Feedback, Accountability, Providing Due Dates/Planning Ahead

• **Promoting Regulation**
  - Soothing Music, Brain Breaks, Physical Movement in Lessons

• Creating “**Calming Areas**” in Classrooms
If We Could See Trauma, . . .

. . . What Would It Look Like?

“Could someone help me with these? I’m late for math class.”
Last Thoughts...

Remember, what you SEE is just the tip of the iceberg...