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Child Development: Potpourri
Faculty Disclosure

➢ In the past 12 months I have no relevant financial relationships with manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

➢ I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Objectives

1. The attendees will have an understanding of developmental norms for early school age, middle childhood, early adolescence, mid-adolescence and late adolescence.

2. The attendees will learn tools when working with children with neurodevelopmental disorders.

3. The attendees will learn how best to talk to parents when Reiki alone may not be enough to treat the child’s neurodevelopmental disorder or suspected neurodevelopmental disorder.
Overview of Development

1. Theories
2. Temperament
3. Cultural
MATURATIONAL THEORY-NORMATIVE APPROACH (Gesell)

➢ Behavior depends entirely on neurological and physical maturation

➢ Age norms for developmental milestones

➢ Clinically a child is assessed based on classification as delayed, deviant or normal based on the timing of emergence of specific skills

➢ Child’s environment contributes in a minor way
PSYCHOSEXUAL THEORY (Freud)

➢ Freud made a significant contribution to understanding personality development

➢ Emotional life has powerful influence on behavior and development

➢ Interactions between parent and child influence personality, resiliency, adjustment and behavior into adulthood
PSYCHOSOCIAL THEORY: (ERIK ERICSON)

- Useful structure to understand the stages of emotional development throughout life cycle

- When these stages occur is also based on focuses of culture, family, individual differences and changing demands of society

- Extending to adulthood allows clinicians to see issues confronting parents in their own development
PSYCHOSOCIAL THEORY: (ERIK ERICSON)

STAGES 1 - 4

1. Birth to 18 months
   Issue: Trust vs. Mistrust

2. 18 months to 3 years
   Issue: Autonomy vs. Shame and doubt

3. 3-6 years
   Issue: Initiative vs. guilt

4. 6-11 years
   Issue: Industry vs. inferiority

STAGES 5-8

5. Adolescence
   Issue: Identity vs. Role confusion

6. Young adulthood
   Issue: Intimacy vs. Isolation

7. Adulthood
   Issue: Generativity vs. Stagnation

8. Old age
   Issue: Ego integrity vs. despair
SOCIAL LEARNING THEORY

➢ This theory evolved from strict behaviorism (only behavior itself can be changed or altered)

➢ Strict behaviorism does not take into account a child’s environment (inner life or motivations)

➢ Sees the environment as the major force shaping child development and behavior
Children are viewed as using their evolving physical and mental capacities (cognitive development) to actively engage in the environment.

Observed his children and their process of making sense of the world around them.
PIAGET’S THEORY OF COGNITIVE DEVELOPMENT

SENSORIMOTOR STAGE (BIRTH TO 2 YEARS)

➢ Ways of Understanding the World
  ➢ Through direct sensations and motor actions
  ➢ Infant builds an understanding of him/herself through interactions with the environment
  ➢ Able to differentiate between itself and other objects
  ➢ Object Permanence/cause and effect

PREOPERATIONAL STAGE (AGES 2 TO 4)

➢ Ways of Understanding the World
  ➢ The child is not yet able to conceptualize abstractly
  ➢ Needs concrete physical situations
  ➢ Child’s own perceptions and linkage of events
  ➢ Objects are classified in simple ways
PIAGET’S THEORY OF COGNITIVE DEVELOPMENT

CONCRETE OPERATIONS (AGE 7-11)

➢ Ways of Understanding the World
  ➢ Child begins to think abstractly and conceptualize, creating logical structures that explain his/her physical experiences
  ➢ Can reverse changes to the world mentally to gain understanding

FORMAL OPERATIONS (BEGINNING AT AGE 11-15)

➢ Ways of Understanding the World
  ➢ Cognition reaches final form
  ➢ No longer requires concrete objects to make rational judgments
  ➢ He/she capable of deductive and hypothetical reasoning
  ➢ Mastery of abstract ideas
Nature vs. Nurture

➢ The role of Nature vs. Nurture

➢ The child and the environment are given equal weight

➢ Children are natural experimenters if given the opportunity and support to explore

➢ Theories in the 1950’s: children were born with “blank slates”
What is temperament?

➢ Personality determined by the parenting they received

➢ Thomas and Chess the first to describe temperament

➢ A child’s first and most natural way of reacting to the world around him

➢ It is the foundation of personality
What is temperament?

➢ Temperament is the how of behavior, rather than the why (motivation) or what (ability)

➢ Temperament can help us predict how each individual child will behave in a given situation

➢ Temperament is remarkably stable from infancy to adulthood in most cases
Temperament

➢ Certain temperamental characteristics may increase the likelihood for:

➢ behavioral concerns

➢ discipline problems

➢ adjustment difficulties

➢ Is it temperament style or behavior disorder?

➢ Autism Spectrum Disorder

➢ Attention Deficit Hyperactivity Disorder

➢ Oppositional Defiant Disorder

➢ Generalized Anxiety Disorder
Thomas and Chess’ 9 Traits of Temperament

1. Sensitivity
2. Regularity
3. Activity Level
4. Intensity
5. Approach/Withdrawal
6. Adaptability
7. Persistence and Attention Span
8. Distractibility
9. Mood
Three Constellations of Behavior

- The nine temperament characteristics can be grouped into three constellations:

- 1. Easy child (40% of the population)
- 2. Difficult child (10% of the population)
- 3. Slow-to-warm child (15% of the population)
Flexible, Easy to Care for:

➢ Positive mood

➢ Regular schedule

➢ Adaptable to change

➢ Tolerant

➢ Mild reactions
Feisty, Difficult to Care for “Spirited”

➢ Irregular body functions
➢ Negative mood
➢ Slowly adaptable to change
➢ Intense reactions
➢ Sensitive
➢ Variable attention span and persistence
Fearful, Cautious or Slow to warm up

➢ Withdrawing from change
➢ Slowly adaptable
➢ Slightly negative mood
➢ Mild reactions
➢ Low/moderate activity level
Goodness of Fit

- Exists when the parents’ expectations and demands from their child can be met by the child’s motivations, capacities, and behavioral style

- A poor fit occurs when there is a mismatch between the parents expectations and the child’s ability to fulfill them
Goodness of Fit

Not only children have temperaments, parents do too.

When the temperaments of parent and child are compatible, parents find it easier to work with the harder edges of their child’s behavior.
Goodness of Fit

- Parent with opposite temperament as child
- Parent with same temperament as child
Goodness of Fit

➢ Support parents by educating them about the concept of temperament

➢ Assist parents in searching for different ways of interacting with their child

➢ Provide parents with suggested readings on temperament
What is your Temperament Style?

➢ Temperament scale can be given to parents to fill out about their child and themselves
Culture-Sensitive Perspective

Hispanic Americans (variation in culture Puerto Rico, Mexico)

- Family of central importance
- Sense of worth = meeting family obligations
- Obedience and sociability are of > value than school achievement and autonomy in children

Black Americans (primarily from West Africa)

- Resiliency and strength are valued in children
- “Spoiled” or “bad” are often positive terms valued as being strong “going after mother’s attention”
- Early independence is often valued, more so in boy
- A lot of decision making remains with the women
Culture-Sensitive Perspective

Asian Americans (Japan, China, Vietnam, Cambodia, Philippines)

➢ Children are seen as very independent
➢ A women’s sense of self-worth weigh heavily on success of children (education)

Non-Hispanic White Americans (dominant Euro-American culture)

➢ Children are viewed as completely dependent at birth
➢ Weakness, illness and disability all contain some element of personal failure
Ghost in the Nursery (1975)

Selma Fraiberg psychoanalyst

Unprocessed trauma from the lives of parents show up as ghosts when these parents have babies of their own

Demonstrated how working through the parents’ histories of trauma allows them to be present for their own children
What is Normal Development?
Early school age 5 years

➢ Social and Emotional Milestones: age 5

➢ Wants to please friends
➢ More likely to agree with rules
➢ Can tell what’s real and what’s make-believe
➢ Is sometimes demanding and sometimes very cooperative
➢ Apologies for mistakes
Early School: (5 years)

Language and Cognition:

➢ Speaks very clearly
➢ Tells a simple story using full sentences
➢ Knows right and left on self
➢ Can draw a person with at least 6 body parts
➢ Can print some letters or numbers
➢ Learn well from direct experience
Middle Childhood: (6 - 7 years)

SOCIAL/EMOTIONAL

➢ Age 6
  ➢ Anxious to do well
  ➢ Thrive on encouragement
  ➢ Easily upset when hurt

➢ Age 7
  ➢ Sensitive to other’s feelings, but sometimes tattles
  ➢ Conscientious and serious (strong likes and dislikes)

COGNITION:

➢ Age 6
  ➢ Enjoy the process more than the product
  ➢ Beginning to understand past and present

➢ Age 7
  ➢ Bothered by mistakes and try hard to make their work perfect
  ➢ Enjoy hands-on exploration
Middle Childhood: (8-9 years)

SOCIAL EMOTIONAL

➢ Age 8
   ➢ Enjoy socializing and sharing humor
   ➢ Adjust well to change
   ➢ Bounce back from disappointment

➢ Age 9
   ➢ Impatient, critical of self and others
   ➢ Often feel worries or anxious

COGNITION

➢ Age 8
   ➢ Full of ideas, work quickly
   ➢ Often take on more than they can handle

➢ Age 9
   ➢ Able to manage more than one concept at a time
   ➢ Have trouble understanding abstract thinking
Middle Childhood: (10-11 years)

SOCIAL EMOTIONAL

➢ Age 10
  ➢ Friendly, quick to anger and quick to forgive
  ➢ Usually truthful (developing right from wrong)

➢ Age 11
  ➢ Moody, self-absorbed and sensitive
  ➢ Have trouble making decisions

COGNITION

➢ Age 10
  ➢ Increasing able to think abstractly
  ➢ Can concentrate for long periods

➢ Age 11
  ➢ Able to see the world from various perspectives
  ➢ Would rather learn new skills than review or improve previous work
Early Adolescence: (12-13 years)

SOCIAL EMOTIONAL

➢ Age 12
  ➢ Capable of self-awareness insight and empathy
  ➢ Will initiate own activities without adult prompting

➢ Age 13
  ➢ Very concerned about personal appearance
  ➢ Moody and sensitive; anger flare up suddenly
  ➢ Feelings easily hurt and can hurt other’s feelings

COGNITION

➢ Age 12
  ➢ Increasingly able to organize their thought and work
  ➢ Can and will see both sides of an argument

➢ Age 13
  ➢ Tentative, worried and unwilling to take risks on tough intellectual tasks
  ➢ Like to challenge intellectual as well as social authority
Adolescence: (14-17 years)

➢ Dr. Haim Ginott sums it up
➢ Teens become interested in romantic and sexual relationships
➢ Brain continues to change and mature, but not yet at adulthood
  ➢ Prefrontal cortex not fully developed yet
  ➢ Example: “Marijuana is legal now, so it can’t be that bad.”
Attention Deficit Hyperactivity Disorder

➢ On going pattern of inattention, hyperactivity, impulsivity (symptoms)

➢ The age of onset of symptoms has been raised from 7 years to 12 years

➢ Rate of ADHD 11% for children between 4 and 17

➢ Functional impairment in multiple setting (school, sports, extracurricular activity, social setting (birthday party) and home.

➢ Inattention
  ➢ Often difficulty organizing tasks and activities
  ➢ Often forgetful in daily activities (e.g., doing chores, running errands)

➢ Hyperactivity/impulsivity
  ➢ Often interrupts or intrudes on others (e.g. butts into conversations, games or activities; may start using other people’s things without receiving permission)
  ➢ Driven by a motor
### Attention Deficit Hyperactivity Disorder

#### Things to Remember
- Need movement
- Can have co-morbid sensory integration disorder
- Do better when shown
- Simple steps
- May be visual learners

#### Ideas
- Silly putty/ fidget toy
- Sit on exercise ball
- Sit on beach ball
- Balancing chip game
- Yoga
  - Stress buster moves (handout)
  - Theme related to child
Autism Spectrum Disorder

- Clinically defined by characteristic behavioral impairments in:
  - Reciprocal social interactions and verbal and nonverbal communication
  - Restricted and repetitive behaviors and interests

- Most recent prevalence 1 in 59 children from CDC’s Autism and Developmental Disabilities Monitoring
**Autism Spectrum Disorder**

**THINGS TO REMEMBER**
- Atypical social interaction
- Atypical communication
- Restricted activities/play
- Parents know child best
- Sensory sensitivities:
  - Crave movement
  - Tactile defensive

**IDEAS**
- Ask parent child’s interests
- Sensory tool box
- Yoga
- Sensory check list (may be sensitive to heat)
- Blanket roll
- Tight hugs
Anxiety

➢ The occurrence of anxiety is a normal part of child development

➢ Preschool years: fear of monsters and the dark

➢ School aged: injuries and natural events (storms)

➢ Older children: school performance and social competence
Anxiety

**THINGS TO REMEMBER**

- Anxiety becomes clinically significant when fear or worry are excessive or developmentally inappropriate, leading to functional impairment.
- High heritability of anxiety is noted.
- If sudden onset of anxiety can be a red flag: trauma, violence, stress in home or community.

**IDEAS**

- May not want eyes closed.
- May be anxious about Reiki.
- Explain in simple terms.
- Show child what you will be doing on parent first?
- May be fearful of dark.
- May be nervous of candles in room.
- Three Part Breath.
Sensory Integration Disorder

**DEFINITION**

➢ Neurological condition where sensory information is misinterpreted and unable to be “organized”

➢ Child will find it hard to process and act upon information received from the senses: sounds, sights, movement, touch, smell and taste

➢ Not included in DSM 5

➢ (Diagnostic and Statistical Manual of Medical disorders)

**IDEAS**

➢ Might want to do movement exercises before Reiki
  ➢ stress buster moves (handout)

➢ Dim lights

➢ Music

➢ Deep Touch Pressure
  ➢ Calms and modulates CNS and child feels more grounded

➢ Bundle Roll

➢ Ball Massage
Most families want to do the best for their children and will make good choices if they have the right information and support.

Active listening during opening interview promotes communication and rarely takes more than a couple of minutes.

What are you hoping for in this visit?

What are you most worried about?
Remind Parents

➢ “Parent the child you have”— quote by Cindy Goldrich, Ed,M.

➢ Start wherever you are with whatever you got

➢ Parent is not alone

➢ If you feel child needs additional support than you can give:

➢ Explain “I have noticed…"
➢ Do you see these things at home?
➢ I would suggest sharing your concerns with his/her primary care provider
Resources

ADHD: PRACTITIONERS

➢ CHADD.org: National Organization for Education and Advocacy for ADHD
➢ National Institute of Mental Health
➢ Additude.com
➢ www.zensationalkids.com
➢ www.childrensyoga.com
➢ Alertprogram.com

ADHD: PARENT

➢ Mindful Parenting for ADHD by Mark Bertin, MD
➢ CHADD.org: National Organization for Education and Advocacy for ADHD
➢ Additude.com
➢ ADHD: Non-Medication Treatments and Skills for Children and Teens by Debra Burdick
Resources

ASD: PRACTITIONERS

➢ Autism Asperger Network: AANE.org
➢ Autism Society of America
➢ www.autism-society.org
➢ www.Autismspeaks.org
➢ Center for Disease control (CDC) website
➢ How to talk to parents about Autism by Roy Sanders

ASD: PARENTS

➢ Autism Asperger Network: AANE.org
➢ Autism Society of America
➢ www.autism-society.org
➢ www.Autismspeaks.org
➢ Center for Disease control (CDC) website
➢ The alertprogram.com
Resources

ANXIETY: PRACTITIONERS

➢ www.childanxiety.net

➢ National Institute of Mental Health www.nimh.nih.gov

➢ Anxiety Disorders Association of America www.adaa.org

ANXIETY: PARENTS

➢ Growing UP Brave by Donna Pincus, Ph.D

➢ Anxious Kids Anxious Parents by Reid Wilson, PHD and Lynn Lyons, LICSW

➢ Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children by J. Dacey and L. Fiore

➢ What to do when you worry too much: A kids guide to overcoming Anxiety by D. Huebner

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References


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➢ YouTube video: Welcome to Holland https://youtube/KvCJZw8Ymwx

➢ AT&T commercial” It’s not Complicated Grandma.
References

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➢ www.cdc.gov