

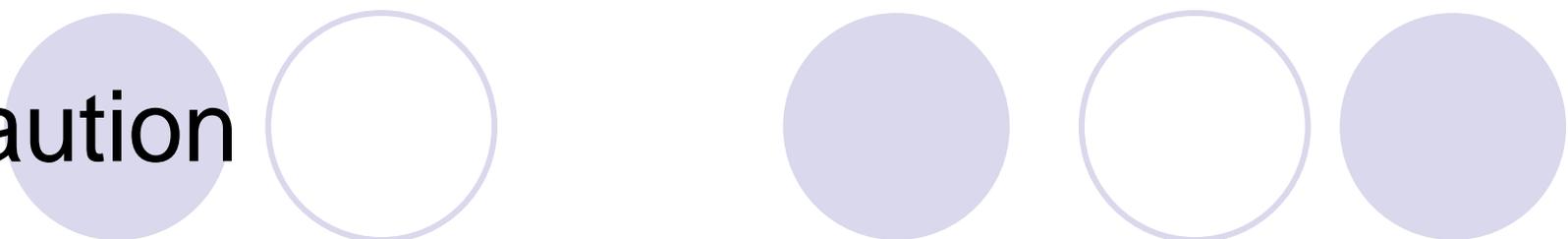
Psychosocial Development



Cognitive, Behavioral, and Moral Growth
in Children

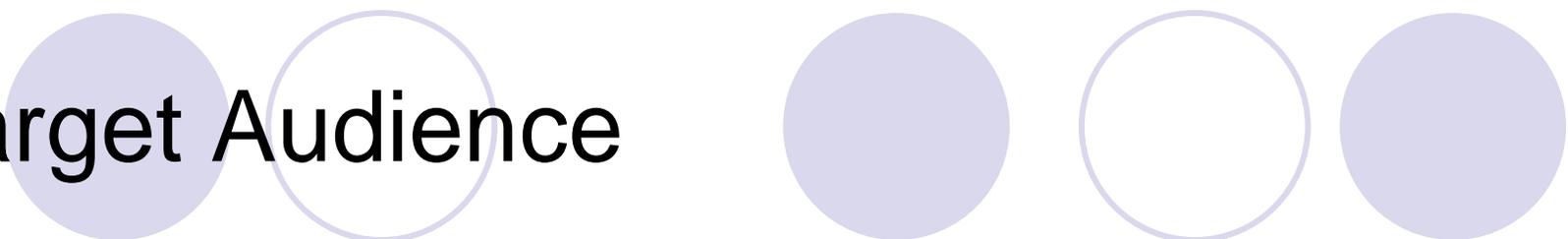
For Nurses, Nurse Aides, and Case Managers

Caution



The intention of this module is to provide general information regarding pediatric care. Individual children may differ. Should the information in this module contradict the information given to you by your agency or by the child's physician, defer to the agency or physician information.

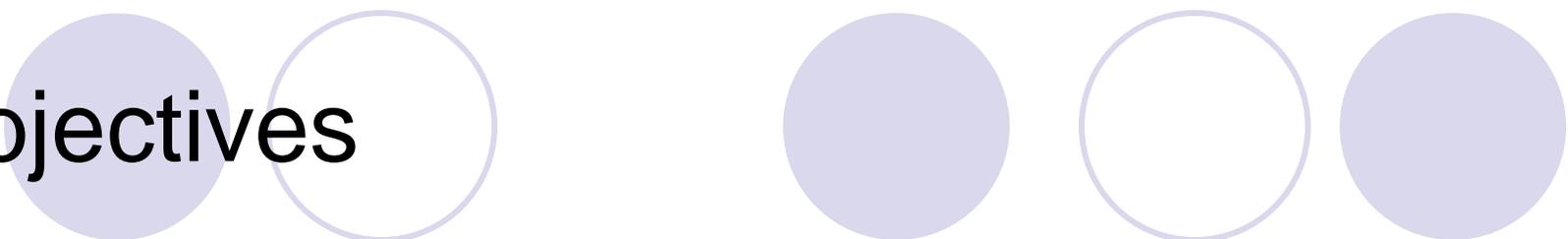
Target Audience



This module is mandatory for any nurse, nurse aide, or case manager with less than one year experience in pediatrics who will be caring for a child on the CAP/C program.

This module is recommended for other nurses, nurse aides, and case managers.

Objectives



- State the main developmental characteristics and tasks of infants, toddlers, preschoolers, school-agers, early adolescents, middle adolescents, and late adolescents.
- Relate the cognitive, behavioral, and moral development of children of different ages to the care provided.

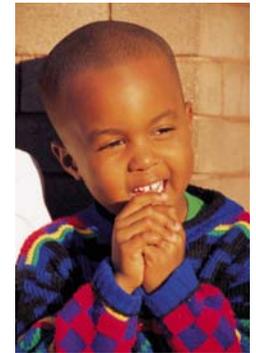
Development of Personality and Mental Functioning

- Personality and cognitive skills develop in much the same manner as biological growth - new accomplishments build on previously mastered skills.
- Many aspects on a child's development depends on physical growth and how they mature.
- Some children are fast growers, others are moderate, some are slow to reach maturity.
- Children that are medically fragile and with disabilities are usually slower to reach growth and development milestones.

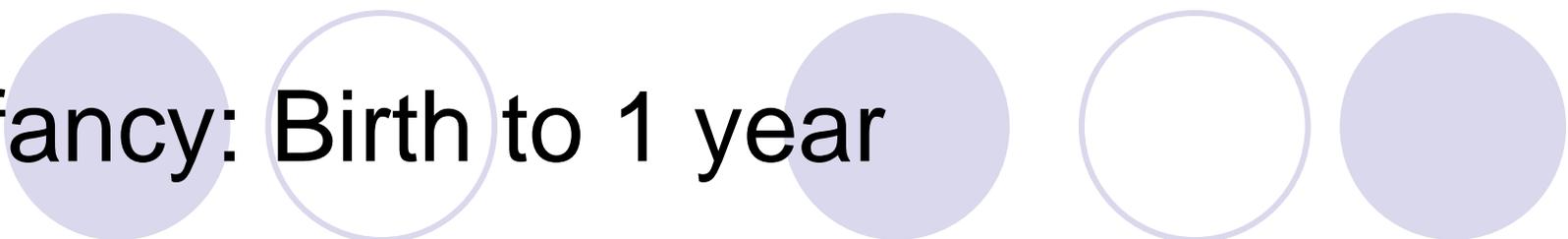


Developmental Age Periods

- Infancy: Birth to 12 Months
- Toddler: 1-3 Years
- Preschool: 3-6 Years
- School Age: 6-12 Years
- Early Adolescence: 12-14 Years
- Middle Adolescence: 14-17 Years
- Late Adolescence: 17-20 Years



Infancy: Birth to 1 year



- Major Developmental Characteristics

- Infants understand the world through actions and sensations, not through mental thought
- Sucking is a particularly important action and sensation
- Infants are learning to develop trust, particularly in their regular caregivers
- Infants, around 9 months of age, develop object permanence. They understand that they are separate from the world around them and that even though they can't see something, it is still there.



Infancy: Birth to 1 Year

How does an infant learn through movement and sensation? Here is one example:

At 1-2 months of age, an infant will accidentally suck his thumb, find that he likes it, and later repeat the action. Eventually this leads to the understanding of cause and effect; as infants begin looking around their environment more and moving their bodies more, they find that a certain action (sucking on their bottle) will produce a certain response (they aren't hungry anymore).

Infancy: Birth to One Year

- What Does All of This Mean to You?

- A medically fragile infant can not understand the world through movement and sensation the same way a non-disabled infant could. They need those opportunities replaced. For example, an infant that is solely tube fed and does not have the opportunity to suck should be given a pacifier during tube feedings. An infant who has poor tone or muscle weakness may need a device such as a switch toy in order to learn cause and effect.



Infancy: Birth to 1 Year

- Remember the adage: “You can’t spoil an infant.” Prompt attention to their needs whenever possible helps infants develop trust in the environment around them. There will always be times where it is just not possible for you to immediately address their needs; those situations naturally occur often enough to teach self-comfort and delayed gratification.

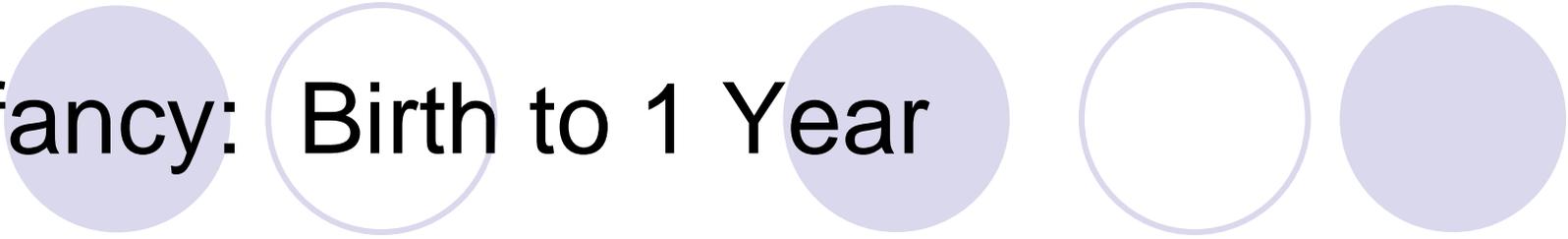
Infancy: Birth to 1 Year

- Try to not let the parents be the “bad guys”. If you need to do something unpleasant to the infant (for example give a shot), try to do it yourself (for example don’t ask the parents to hold the infant down during the shot) and let the parents be the source of comfort (hold and comfort the baby after the shot is given). That way the infant can develop trust in the caregiver.

Infancy: Birth to 1 Year

- Object permanence is the beginning of stranger anxiety and separation anxiety. Have consistent staff and allow the child to get used to staff in the parent's presence.





Infancy: Birth to 1 Year

● Interactions

- A newborn can see 8-12 inches (the distance from the mom's breast to her face)
- Infants have a visual preference for human faces
- Infants have well developed hearing, and prefer the female voice

Infancy: Birth to 1 Year



○ Infant States

- Deep sleep
- Light sleep
- Drowsy
- Quiet alert
- Active Alert
- Crying

Use states as cues. Quiet Alert is the best state for doing therapy activities, feeding, etc. As motor activity increases, be aware they are on their way to crying – take a break, allow the baby to ‘pull himself together’ and calm himself before continuing.

Infancy: Birth to 1 Year

- Habituation

Infants will habituate to the familiar and will stop paying attention. Change the stimulus to regain their interest.

Engaged	Disengaged
<ul style="list-style-type: none"> • Eyes becoming wide open and bright as the infant focuses on the caregiver. • Alert face or an animated face with wide open, bright eyes, often accompanied by gently pursed lips as if the infant were saying “ooh.” • Grasping or holding onto the caregiver or objects in the environment. • Hand-to-mouth activity, often accompanied by rooting and sucking movements. The infant may also suck on his or her fingers. • Smiling. • Turning eyes, head, or body toward someone who is talking. • Smooth motor movements. 	<ul style="list-style-type: none"> • Crying or fussing • Hiccoughing • Spitting up or gagging • Jittery or jerky movements • Frowning or grimacing • Becoming red or pale • Agitated or thrashing movements • Falling asleep • Averting the gaze (the infant moves her eyes or head away from the caregiver)

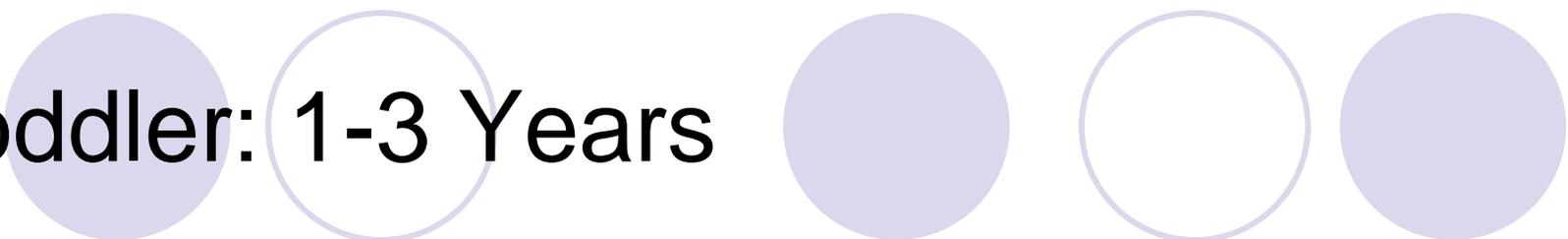
Infancy: Birth to 1 Year

○ Self-Regulation

- Flexed posture
- Hands to face
- Sucking
- Grasping finger
- Smooth controlled movements

The nervous system of a premature baby is often too immature to be able to do these. Their posture is often extended, with hands open, and extremities splayed out. Just as with a disabled child you need to replace these deficits: assist the baby into a flexed position, with their hands close to their face, their hand wrapped around your finger or a toy, and allow them to suck on a pacifier, finger, etc. This is also when swaddling is helpful.

Toddler: 1-3 Years



- Major Developmental Characteristics
 - Children begin to understand the world through mental operations rather than purely through actions
 - Children are developing a sense of autonomy (sense of self)
 - This is a time of increased exploration and trial and error experimentation

Toddler: 1-3 Years

- How Are these Characteristics Shown?

- Toddlers will try to do things for themselves: feed themselves, wash themselves, etc. Control begins a big issue, and so temper tantrums begin (peak at two years of age).
- As they struggle with separating themselves from their parent, they often experiment with separation and proximity: they will move away from parent, look back, move away further, then return to parent.

Use of a transitional object becomes important.



Toddler: 1-3 Years



- Toddlers experiment with certain sounds and actions as a way of getting attention from their caregiver. Have you ever seen a toddler fall, but not cry until after they look around and see that mom is watching?
- Toddlers experiment with combining objects in novel ways; i.e., putting the slice of bologna in the CD player. This is the beginning of problem solving – use a stick to obtain an out of reach toy.
- Imitation is an important mode of learning; make-believe play is important.

Toddler: 1-3 Years

- What Does All of This Mean to You?
 - Compensate for physical deficits so that disabled toddlers can still do things for themselves (i.e., adaptive utensils for eating)
 - Compensate for impaired mobility with appropriate devices so that they can still experiment with separation from parent, still explore



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Toddler: 1-3 Years



- Initiate therapy and play activities that increase strength and mobility and meet the need for exploration and autonomy
- Childproof! They may not be able to get the bologna in the CD player, but they can still put the Cheerio down the trach tube. Provide a safe and supervised environment for exploration and experimentation.

Toddler: 1-3 Years

- Allow the child to imitate and make-believe. Have them take a blood pressure on a doll. Let them see you put a pulse ox probe on mom before you put it on the child.
- Keep the transitional object (blanket, teddy bear, etc) nearby and allow them to use it for comfort, especially in the parent's absence.



Toddler: 1-3 Years

- Give appropriate choices that give the child some control. Saying 'You have to take your medicine.' will elicit a tantrum. Saying 'Which medicine would you like first - the pink one or the white one?' makes it clear that not taking the medicine is not a choice, but they do have a choice, and that will elicit cooperation.

Preschool: 3-6 Years



- Major Developmental Characteristics
 - Children learn to identify with their same sex parent and see them as role models
 - Children are increasingly able to accomplish tasks on their own, and begin to make choices about what activities to pursue. They need assistance to make realistic and appropriate choices and support in allowing them to accomplish the tasks



Preschool: 3-6 Years

- Cognitive Development: Pre-Operational Thought
 - Egocentrism
 - Conservation
 - Magical Thinking



Preschool: 3-6 Years

- Egocentrism – the inability to take on another’s perspective – does not mean selfishness – for example, a child will comfort an upset adult by bringing their favorite stuffed animal; the stuffed animal comforts the child, so it must comfort everyone

Preschool: 3-6 Years

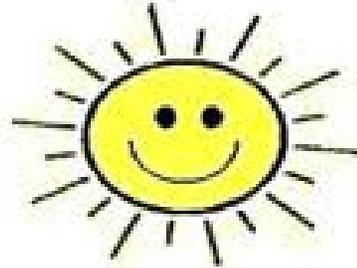
- Conservation – the inability to distinguish that the amount of liquid in a short fat glass is the same amount of liquid in a tall skinny glass



Preschool: 3-6 Years

○ Magical Thinking

- Confusion of coincidence for causality – carrying an umbrella will cause it to rain
- Animism – objects have characteristics of living things – the sun goes down because it is tired
- Unrealistic beliefs about the power of wishes – resentment toward the sibling caused the sibling's illness



Preschool: 3-6 Years

Understandably, this kind of thought process leads to the development of fears, which can not be relieved by logic – saying ‘there is no such thing as monsters’ will not work – spraying the room with ‘monster spray’ will work



Preschool: 3-6 Years



- Moral Development – Preconventional
 - From about 2-4 years of age, rules are fixed by a higher authority and should be unquestionably obeyed in order to avoid punishment.
 - By 4-8 years, there is more than one right, according to the point of view. The correct choice is the one that protects the person's self interest. Punishment is a risk you naturally want to avoid. Fairness is important – you can break a rule if someone was being unfair to you, or because they might do something in return for you someday.



Preschool: 3-6 Years

- What does this all mean to you?
 - Promote and encourage independence and give the child the tools they need to succeed in the task they are trying to accomplish. This is a critical time during which they will either learn that their disability does not need to hold them back, or that they need to depend on others for everything because they can't do anything for themselves.



Preschool: 3-6 Years

- Put bad-tasting nutritional supplements, medications, etc in short fat glasses!
- Do not try to provide rational explanations.
- Understand that children may think their illness is a punishment for something they did. Siblings may think something they thought, said, or did caused their brother's or sister's illness.

Preschool: 3-6 Years

- Understand children's fears and try to think from their perspective based on their limited experiences. If you are giving a shot, know that the child may think they are going to pop like a balloon. If you don't cover the shot site with a Band-Aid, understand that they may think all of their insides are going to leak out the hole.



School Age: 6- 12 Years



- Major Developmental Characteristics

- This period is one in which the child is directed away from the family group and centered around the wider world of peer relationships.
- There is a steady advancement in physical, mental and social development, with emphasis on developing skill competencies.
- During this period, children elaborate on previously acquired traits and skills. Children are more active physically and use that energy and acquired knowledge to achieve vigorous play.



School Age: 6-12 Years

- Self-concept is developed during this time. Children apply themselves to school, hobbies, and same sex friendships. Children that are encouraged and praised for their accomplishments will develop diligence and perseverance. Children who are not encouraged, punished, or find it impossible to meet expectations will feel inferior about their capabilities. Children can work for delayed reward.



School Age: 6-12 Years

- School-age children have the ability to risk trying when success is not ensured.
- Modesty develops. There are wide variations among cultures and families



School Age: 6-12 Years

- Cognitive Development – Concrete Operations
 - Children begin to think logically
 - Children do not understand abstract or hypothetical
 - Children can classify things and put them in sequence
 - Reversibility – ability to mentally trace backwards



School Age: 6-12 Years

- Now understands conservation – the amount of liquid in the short fat glass is the same as in the tall thin glass
- Animism and egocentrism decline



School Age: 6-12 Years

- Moral Development

- Good boy, good girl mentality with focus on social relationships – if I obey the rules people will like me. Eager to please adults, cooperative
- Good behavior means good motives – love, empathy, trust, concern.



School Age: 6-12 Years

- So What Does All of This Mean To You?
 - This is a critical period in the development of a child's self concept.
 - Illness and medical issues may interfere with this normal development. Health care workers need to be aware of these challenges.



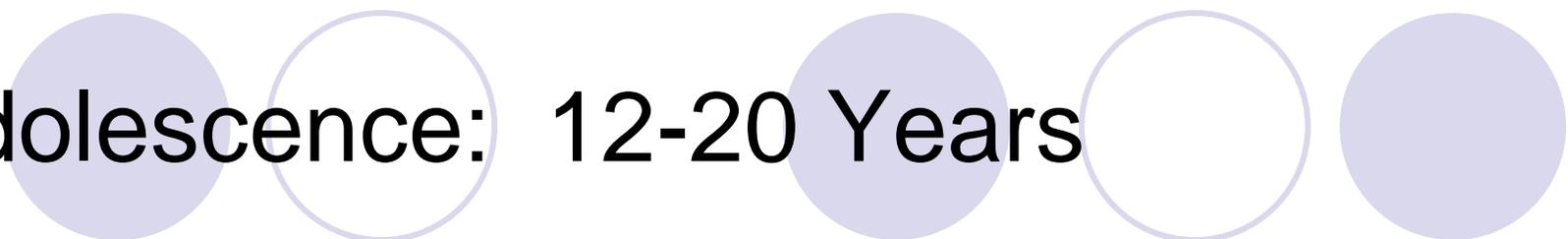
School Age: 6-12 Years

- Say what you mean. Expect to be taken literally. If a child has a fever, saying “You’re burning up.” may give the child a mental image of him/herself on fire. Avoid sarcasm.
- Praise good behaviors such as taking medication or working hard during therapy.
- Encourage trying new things such as self care and praise accomplishments.

School Age: 6-12 Years

- Reward systems such as earning points that can be turned in for prizes works well at this stage and can be useful in gaining compliance with medications, therapies, diet, etc
- Respect the child's modesty as you bathe, dress, or toilet the patient





Adolescence: 12-20 Years

- Major Developmental characteristic
 - The adolescent is trying to find their place in the world. They will experiment with a variety of behaviors and activities (can be good or bad behaviors and activities) to find where they feel they best fit in to society

Adolescence: 12-20 Years

- Cognitive Development – Formal Operations
 - Capable of hypothetical and deductive reasoning
 - Ability to understand abstract
 - Ability to weigh multiple points of view
 - By late adolescence, thinking is less self-centered and more about concepts such as justice or religion. The adolescent becomes idealistic but absolutist and intolerant of opposing views

Early Adolescence: 12-14 Years

- In early adolescence, teens are self-conscious, they scrutinize their physical appearance, and some mild degree of distortion of body image is normal.

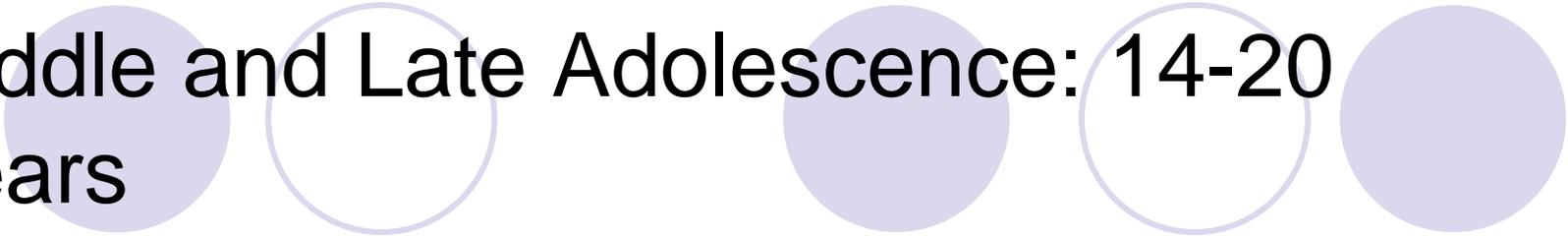
Adolescents this age begin the gradual separation from family by seeking out other adults as role models and forming close relationships with teachers, parents, and you



Middle Adolescence: 14-17 Years

- The adolescent is now sorting out their beliefs, questioning, and analyzing. The peer group exerts less influence.
- They begin to think seriously about what they want to do when they grow up.

Middle and Late Adolescence: 14-20 Years

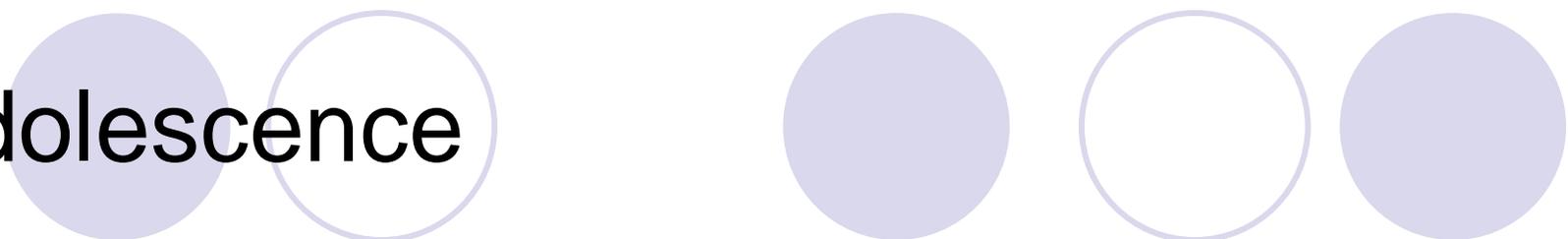


○ Moral Development

- More concerned with society as a whole and maintaining social order. The emphasis is on obeying rules and respecting authority – what would happen if everyone broke the rules? – there would be chaos. This is the stage of development where most people stop.

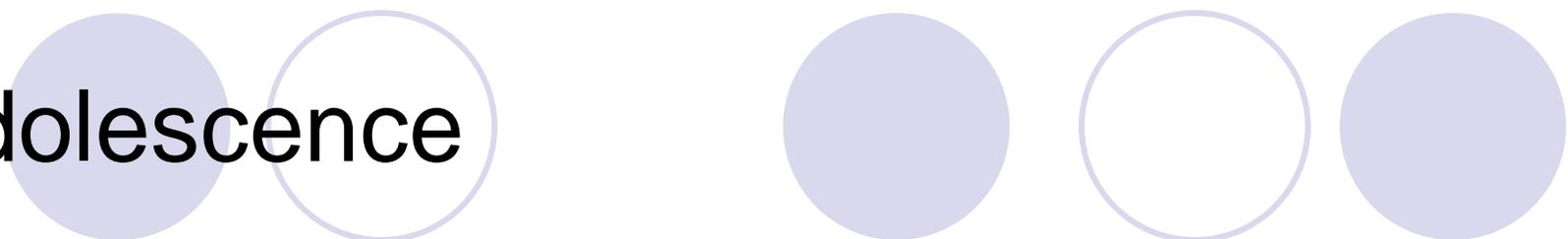
Late Adolescence: 17-20 Years +

- Some people go one stage further. They are concerned with human rights and dignity. Laws that don't promote the general welfare should be changed. Laws should be grounded in justice. People have an obligation to break unjust laws. They question moral conventions and develop a personal code of ethics.



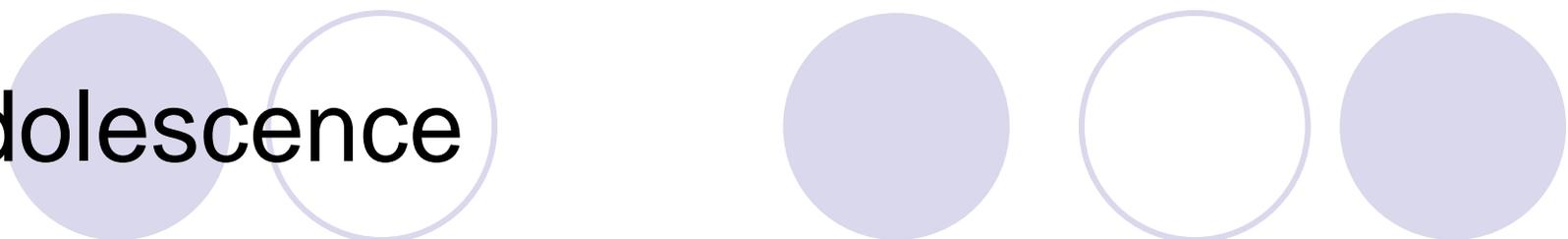
Adolescence

- So What Does all of This Mean To You?
 - Early adolescents with physical differences may have an even more difficult time with body image than do their peers. They are also normally struggling at this point to be just like their peers. This may lead to poor choices in terms of adhering to treatments that make them feel different or self-conscious.



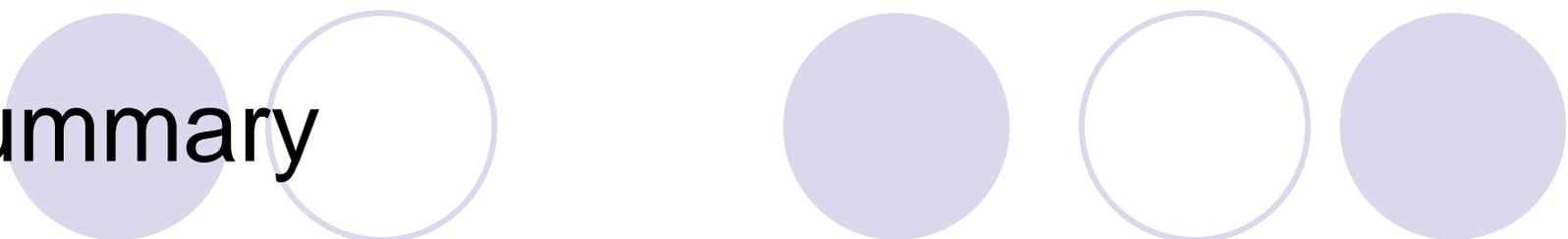
Adolescence

- The medically fragile adolescent may never have opportunities to explore the world outside of their immediate family and homes and development into adulthood in the normal process. Understanding this age group is important in developing good nurse/patient relationships.



Adolescence

- Adolescents look to adults other than their parents as role models. Demonstrate good judgment and appropriate behavior, consistent with what you advise them. For instance, an apparently healthy adult who smokes cigarettes telling a teenager not to smoke is useless. It doesn't matter if the teenager has respiratory problems. Adolescents have a "It won't happen to me" mentality. Just don't smoke.



Summary

As a CAP/C Case Manager, Nurse, or Nurse Aide, your goal is always to promote normal development and autonomy to the extent possible and safe. Develop the goals to promote the highest level of independence that the recipient can achieve and decrease reliance on formal support systems.