Before examining the basics of child development, it is important to take a brief look at the various approaches to development. While no single approach is all encompassing, each has its own perspective on the forces driving development in young children.

There is a set of principles that characterizes the pattern and process of growth and development. These principles or characteristics describe typical development as a predictable and orderly process; that is, we can predict how most children will develop and that they will develop at the same rate and at about the same time as other children. Although there are individual differences in children's personalities, activity levels, and timing of developmental milestones, such as ages and stages, the principles and characteristics of development are universal patterns.

As Early Intervention Professionals, you will often be asked to conduct a developmental assessment of a child, comparing them to other children across the various domains of development in order to determine if delays exist, and if so, in what areas and to what extent. In this section, each domain of development will be defined and explored as it relates to young children experiencing typical development.

Children benefit when caregivers can identify potential delays and early signs of disability and refer these children into important early intervention programs. Referrals should be made early, but only after patterns of concern exist. Missing one milestone should not cause an overreaction.
References and Resources: Typical Child Development, Lessons 1-3


Typical Child Development
Lesson 1: The Basics

The Psychodynamic Approach:
The psychodynamic approach looks at personality development as the driving force in child development. This development occurs as the result of resolution of conflict between internal and external forces, with the conflicts occurring in stages. The primary proponents of this approach are Sigmund Freud, Erik Erikson, Alfred Adler, and Harry S. Sullivan.

The Behavioral Approach:
The behavioral approach to child development describes how a person learns, with development occurring when a child is rewarded for appropriate behaviors that are learned through modeling, imitation, and stimulus association. The behavioral approach is considered to have been developed by Ivan Pavlov, E.L. Thorndike, John B. Watson, B.F. Skinner, and Albert Bandura.

The Humanistic Approach:
Abraham Maslow, Gordon Allport, and Carl Rogers are the most significant contributors to the humanistic approach to development. This approach emphasizes the inherent good in humans and describes development as a progression through a hierarchy of needs.

The Developmental Approach:
Child development that is viewed from the perspective of physical and cognitive maturation is the hallmark of the developmental approach. Supported by Jean Piaget, Arnold Gesell, and Lawrence Kohlberg, all growth and development is seen as occurring via a series of stages that are believed to be biogenetically programmed.

The Ethnological Approach:
The ethnological approach to child development consists of viewing children and their development in the context of their natural surroundings. Konrad Lorenz and John Bowlby proposed that the forces behind development are the constructs of instincts and critical periods, both of which are seen as integral to successful developmental progress.

Again, it is important to note that no single approach to child development encompasses all the questions, or answers, for young children when seen as individuals. As early intervention continues its evolution as a professional field, it has already undergone a shift from the behavioral approach to more of a developmental approach as family-centered practices take hold.

Critical Periods:
Those times when a child shows a maturational and/or psychological readiness for learning certain skills. Although the same skills can be acquired after these formative periods, learning often seems to be more difficult and perhaps less rapid.

Cumulative Effect:
Experience has a cumulative effect, so that it affects a child’s expectations and reactions to the next similar situation.

Developmental Transitions:
Rapid growth and development between domains is often followed by periods of disorganization, disequilibrium, and even regression.

Growth:
Biogenetically-based changes in a child’s physical characteristics: height, weight, skeletal, muscular, circulatory, respiratory, nervous systems.

Differentiation:
Skills become increasingly more specific and complex as development progresses.

Sequence of Development:
A pattern of development with predictable stages. It is the order in which children acquire developmental skills, not when, that is most critical. Regression from the sequence is normal, but mastery of earlier stages is essential before the child will progress to more advanced stages.

Range of Normalcy:
In real life, no child is truly normal in every way, and the range of ages at which skills are acquired shows wide variation.
Range of Reaction: The interaction among heredity, environment, and the child's evolving behavior, responses, and interpretation of experience. These include temperament, coping styles, sex roles, general health and nutrition of the other, understanding and availability of pre- and post-natal health care, and cultural, ethnic, and religious practices.

Developmental Milestones: Those behaviors that most typically developing children are likely to display at approximately the same age.

Norms: The average age at which any specific developmental skills are acquired by most children within a given culture. Age-level expectancies (norms) always represent a range, and never an exact point in time.

Integration: The coordination of several behaviors at the same time to form a combination of actions.

Interrelatedness: Every skill, simple or complex, develops within the context of other developmental domains.

Development: Progressive and orderly changes in a child's motor, cognitive, linguistic, social, and adaptive abilities, that result in the organization of complex and interrelated systems of competencies.

Transactional Patterns of Development: Development is a reciprocal, give and take process between a child and those adults significant to her world.

• Motor Development
  • Gross Motor
  • Fine Motor

• Cognitive Development

• Language Development

• Social-Emotional Development

• Self-Help Development

• Reflexes

Gross Motor Skills
The term gross motor skills refers to the abilities usually acquired during infancy and early childhood as part of a child's motor development. By the time they reach two years of age, almost all children are able to stand up, walk and run, walk up stairs, etc. These skills are built upon, improved and better controlled throughout early childhood. These movements come from large muscle groups and whole body movement.

Fine Motor Skills
Fine motor skills can be defined as coordination of small muscle movements which occur e.g., in the fingers, usually in coordination with the eyes. The abilities which involve the use of hands, develop over time, starting with primitive gestures such as reaching, sucking, etc. These activities involve precise hand-eye coordination. Fine motor skills are skills that involve a refined use of the small muscles controlling the hand, fingers, and thumb. The development of these skills allows one to be able to complete complex tasks such as eating, drawing, and buttoning.

Cognitive skills are those that help children understand their environment. Cognition typically refers to the child's thinking processes. These skills include visual and auditory attention, memory, comprehension, problem solving, creativity, and reasoning.

Language Development
Language skills involve the child's abilities in social interaction, the use of language as a symbol system, and verbal, vocal and nonverbal methods of communication. Receptive language involves understanding and processing what is communicated by others, and expressive language is the ability to communicate to others.
Social/Emotional Development

Social/emotional development involves the child’s positive styles of interaction and secure attachment relationships with caregivers and peers.

Social competence is the effective and appropriate use of social behaviors, as judged by appropriate members of an individual’s social ecology.

Self-Help Development

Children develop adaptive skills that enable them to take care of themselves and move toward independence in activities related to feeding, bathing, dressing, toileting, etc.

Reflexes

<table>
<thead>
<tr>
<th>Reflex</th>
<th>Stimulus</th>
<th>Responses</th>
<th>Appearance</th>
<th>Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moro</td>
<td>Quick stretch of neck</td>
<td>Arms and legs go out, then relax</td>
<td>Birth</td>
<td>4 months</td>
</tr>
<tr>
<td>Grasp</td>
<td>Pressure on palm</td>
<td>Fingers curl</td>
<td>Birth</td>
<td>6 months</td>
</tr>
<tr>
<td>Asymmetric Tonic Neck*</td>
<td>Head to side</td>
<td>Fencing position</td>
<td>Birth</td>
<td>6 months</td>
</tr>
<tr>
<td>Symmetric Tonic Neck</td>
<td>Head forward or backward</td>
<td>Arms flex/legs extend, or arms extend/legs flex</td>
<td>Birth</td>
<td>6 months</td>
</tr>
</tbody>
</table>

* This reflex occurs most often in infants who are born prematurely, and in approximately ½ of all infants carried full term.

Developmental Milestones

Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range. Pediatricians use milestones to help check how children are developing. Although each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary quite a bit. Every child is unique!
Caregivers can and should watch for “red flags.” Where developmental milestones focus on what a child can do by a certain age, “red flags” usually warn parents, caregivers and health professionals of potential delays and disabilities when a child cannot do something by a certain age, or when a child has significant difficulty doing something that most children can do easily.

http://www.healthychild.net/articles/sh39redflag.html