Unit 4:
The Newborn and Infancy

Related Reading: Cook and Cook Chapter 3

Essential Question: What is the first month like for a newborn baby?

Newborn babies are active from birth.

- Babies are born with reflexes—an automatic response to stimulation.
- The suckling and rooting used for nursing reflex help babies survive.
- Reflexes are also part of the bonding experience between an infant and the parent.
- Newborns have big heads, no necks, short legs and big, distended torsos.
- Newborns have spent an average of 12 hours squeezing through the birth canal, their head can often be misshapen, with a pointy or conehead appearance.
- A baby's skull has a soft spot called the fontanels, which during labor allows the head to compress enough to fit through the birth canal. A rear fontanels takes about four months to close, while a front one takes between nine and 18 months.
- Also expect your baby's genitals to be somewhat swollen from the extra dose of female hormones he got from you just before he was born; the face and the eyes can appear swollen as well.
- Newborn skin varies in appearance according to gestational age. Gestational age is determined by how far into your pregnancy your baby was born. Premature babies have thin, transparent-looking skin and may be covered with lanugo, a fine, downy hair. Late babies have a slightly wrinkly appearance and very little, if any, lanugo. Babies born prematurely will also still be covered with vernix coating, a cheesy white substance that protects the baby's skin while in the amniotic fluid. Full-term and post mature babies will have only a few traces of vernix in the folds of their skin.
- Birthmarks may occur. They range from temporary off-colored patches to permanent splotches. About half of all babies are born with milia, white dots on their faces that look like tiny pimples. These will disappear within a few weeks of birth.
- Most Caucasian babies are born with dark blue eyes and their true eye color, be it brown, green or blue, may not reveal itself for weeks or months. The color of a baby's eyes in the first minutes after birth won't last, exposure to light changes a baby's initial eye color.
- Most African and Asian babies usually have dark grey or brown eyes at birth, their dark eyes becoming a true brown or black after the first six months or year. Multiracial children often turn out to have the most beautiful colored eyes.
- Your newborn baby will probably look scrunched up, with his arms and legs not fully extended. This is normal, and his limbs will uncurl as he gets used to being outside your of the womb.
- Some babies appear bowlegged at birth. It's part of the stretching-out process and will most likely take care of itself by the time he's five or six months old.
- By the end of the first month, a baby may lift his head briefly when he's lying on his stomach and may also be able to turn it from side to side. Jerky movements give way to more fluid ones as his nervous system and muscle control mature.
The baby's primitive reflexes, such as sucking and chewing on his hands, remain dominant.

Newborns are adjusting to a new world very different from the warm, safe confines of the womb, which is why so many infants take to swaddling, being wrapped securely in a blanket.

* Food is the most important thing in your newborn's life, sleep is almost as important.
* Most newborn babies will feed every two to three hours around the clock.
* Most newborns sleep for a total of 16 to 17 hours in a 24-hour period, but that's usually broken up into eight or so naps. By the end of the month your baby may have developed something of a feeding and sleeping pattern, but you may not notice any real pattern for months.
* Babies spend their time moving in and out of several different states of sleepiness, quiet alertness, and active alertness.

Having undergone the trauma of birth, a baby is now trying to deal with an enormous amount of stimulation. During the first month, babies usually become quiet and calm when caregivers speak to them gently and hold them upright. Most babies love to be held, caressed, kissed, stroked, massaged, and carried. Touch is an important means of communicating with your baby.

* A newborn baby's vision is pretty fuzzy. A caregiver's face is the most interesting thing to them right now, followed by high-contrast items which is why black and white toys and mobiles have been introduced.
* A newborn's range of vision is only 12 inches/30 centimeters or so.
* There is often short periods of time when a newborn is quiet and alert. This is prime time for learning. These periods can be used to play and talk with a baby.
* Even this early, babies can recognize faces and gestures intuitively.
* Mobiles with high-contrast patterns, and picture books with strong line drawings will captivate your baby.
* Babies will show over stimulation by yawning, averting their gaze, arching their backs, turning their faces, fussing, or crying.
* Babies find their own reflections fascinating.
* If a baby was born prematurely, you'll find that he'll need time before he can do the same things as other children his chronological age. This is why most babies born prematurely are given two ages by their pediatricians their chronological age calculated from their birthday and their adjusted age calculated from their due date. You should measure your child against his adjusted age, not his chronological one. Most doctors assess a preterm child's development from the time he should have been born and evaluate his skills accordingly.
Physical Development and Milestones

A developmental milestone is a skill that a child acquires within a specific time frame. For instance, one developmental milestone is learning to walk. Most children learn this skill or developmental milestone between the ages of 9 and 15 months.

Milestones develop in a sequential fashion. This means that a child will need to develop some skills before he or she can develop new skills. For example, children must first learn to crawl and to pull up to a standing position before they are able to walk. Each milestone that a child acquires builds on the last milestone developed.

We now know that our brains are not fully developed at birth. In fact, a baby's brain weighs about one quarter of what an adult's brain weighs!

The brain grows very rapidly during the first several years of life. During this time, your child is learning all sorts of new skills.

Because children usually acquire developmental milestones or skills during a specific time frame or "window", we can predict when most children will learn different skills. The pages below describe the types of skills children usually learn at different ages.

* Fine Motor Skill Development - This is the child's ability to use small muscles, specifically their hands and fingers, to pick up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.

* Gross Motor Skill Development - This is the child's ability to use large muscles. For example, a six-month-old baby learns how to sit up with some support, a 12-month-old baby learns to pull up to a stand holding onto furniture, and a five-year-old learns to skip.

Head and Neck Control

* At birth, a baby has little control over his head because his neck muscles are fairly weak. Your baby will rely on you to support his head and neck for at least the first month or so. This is the foundation for all later movement such as sitting up and walking, little by little during the first six months of life.

* Babies usually lift their heads when they are about a month old, and hold it up when placed in a sitting position at around 4 months. Neck muscles and head control should be strong and steady by age 6 months. By the end of his first month, babies should be able to lift their head briefly and turn it from side to side when lying on their stomach.

* At 3 to 4 months babies will be able to raise their head to 45 degrees while on their stomach and keep it up steadily.

* At 5 to 6 months babies can hold their head steady and erect, and flex it forward when pulled into a sitting position.

* When a baby establishes good head control, he can move on to sitting up, rolling over, and crawling. Head control is also necessary for swallowing solid foods and sitting in a highchair.
At 5 months babies will probably be able to lift their head, push up on their arms, and arch their back to lift their chest off the ground. They may even rock on their stomach, and kick their legs and arm. All these exercises help them develop the muscles they need to roll over in both directions - likely by the time he's about 6 months old babies will use the same muscles to sit independently and crawl. Most babies have mastered sitting up by 6 or 7 months; crawling comes a little later.

Eyesight

* Unlike a baby's hearing, which is fully mature by the end of his first month outside the womb, the sense of sight develops gradually over 6 to 8 months, at which point your baby will see the world almost as well as you do.
* A newborn's eyes are physically capable of seeing just fine at birth, their brain isn't ready to process all that visual information, so things stay pretty fuzzy for a while. As the brain develops, so does the ability to see clearly, giving babies the tools they need to understand and manage his environment. The range of clarity grows steadily, month by month.
  * At first a baby can't focus farther than 8 to 15 inches away - just far enough to make out the face of the person holding him. They can detect light, shapes, and movement beyond that, but it's all pretty blurry right now.
  * At one month or next, he'll be able to consistently focus both eyes and track a moving object.
  * Babies can see color from birth, but he had difficulty distinguishing similar tones, such as red and orange. That's one reason he preferred black-and-white or high-contrast patterns.
  * At 4 months babies begin to develop depth perception.
  * At 5 months a baby will get better at spotting very small items and tracking moving objects. Most can probably distinguish between similar bold colors and will start working on more subtle differences in pastels.
  * At 8 months is almost adult in its clarity and depth perception at this point. Eyes are probably close to their final color, though you may see subtle changes later.

Teething

* Babies develop tooth buds, the foundation for baby teeth while in the womb. Most babies sprout their first tooth between 4 and 7 months of age.
* By age 3, your child should have a full set of 20 baby teeth.
* While some babies breeze through the teething process, many seem to struggle with it and experience discomfort. Among the symptoms your teething baby may exhibit: Drooling, gum swelling and sensitivity irritability or fussiness.
* At about 18 months, children may be ready to start learning to brush his teeth.
* Adults can encourage babies to crawl by providing opportunities that allow the infant to reach and grab.
* Learning how to hold things enables your baby to play. Being able to grasp things is also his first step on the road to feeding himself, reading, writing, drawing, and self-care.
As a newborn, your baby has an innate ability to grasp objects, but it will take him at least a year to develop the coordination to pick up and hold things securely in his hands. He'll start working intensively on this skill by 3 months and make leaps with each passing month.

Newborn babies are born with the grasping reflex — touch a baby's palm and he'll curl his tiny fingers around yours. But these movements are instinctual and involuntary for the first eight weeks. During this time, a baby's hands will mostly be clenched in a fist, but they will soon begin to open and close them on purpose and to examine them. They may even try to grasp soft objects, such as a stuffed animal.

At 3 months, babies can bat at toys over and over. He's also developing his hand-eye coordination, noticing things he'd like to hold and attempting to pick them up. With a floor gym, your child can lie on a soft mat and swipe at fun things hanging above him.

At 4 months, a baby can pick up large objects, such as blocks. They won't be able to grab smaller objects, like peas, until they develop better finger dexterity.

At 9 to 12 months babies can pick up objects with little effort. Preference for left or right hand dominance is emerging, though you won't be able to determine true left- or right-handedness until he's 2 or 3 years old. The pincer grasp, which lets him pick up small objects between his thumb and forefinger is also more developed. With his increased coordination, many babies begin using utensils when eating.

Crawling

Crawling is a baby's first method of getting around efficiently on their own. In the traditional crawl, babies start by learning to balance on their hands and knees. Babies then figure out how to move forward and backward by pushing off with their knees. At the same time, they begin strengthening the muscles that will soon enable him to walk.

Most babies learn to crawl between the ages of 6 and 10 months. Babies will likely start crawling soon after he's able to sit well without support — probably by the time he's 6 or 7 months old. After this point, they can hold their heads up to look around, and the arm, leg, and back muscles are strong enough to keep them from falling on the floor when they get up on their hands and knees.

After a baby has mastered crawling, they will learn to walk. They often pull themselves up using furniture or other people.
Walking

* At about 8 months babies will probably start trying to pull himself up to a stand while holding onto furniture so make sure everything in his path is sturdy enough to support him. Once he can do that, he may be able to take steps when held in a walking position, or even scoop up a toy from a standing position.

* At 9 or 10 months babies will begin to figure out how to bend his knees and how to sit after standing.

* By 11 months babies will probably have mastered standing solo, stooping, and squatting. They may even walk while gripping your hand. Most children make those early strides on tiptoe with their feet turned outward.

* At 13 months, three-fourths of toddlers are walking on their own.

* At 14 months, a toddler should be able to stand alone. He can probably squat down and then stand back up again, and he might even work on walking backward.

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**Developmental Milestones**

<table>
<thead>
<tr>
<th>Child's Age</th>
<th>What Most Kids Can Do</th>
<th>What Some Kids Can Do</th>
<th>What a Few Kids Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>Lifts head</td>
<td>Responds to sounds</td>
<td>Stares at faces</td>
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<tr>
<td>2 months</td>
<td>Vocalizes sounds, gurgling and cooing</td>
<td>Follows objects</td>
<td>Holds head up for short periods</td>
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<tr>
<td>3 months</td>
<td>Laughs</td>
<td>Holds head steady</td>
<td>Recognizes your face and scent</td>
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<tr>
<td>4 months</td>
<td>'Holds head up steadily'</td>
<td>Can bear weight on legs</td>
<td>Coos when you talk to him</td>
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<td></td>
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<td></td>
<td>Can grasp a toy</td>
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<td></td>
<td>Reaches out for objects</td>
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<td></td>
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<td></td>
<td>Can roll over</td>
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<td></td>
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<td></td>
<td>Imitates speech sounds baba, dada</td>
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<td>May cut first tooth</td>
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<td></td>
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<td>May be ready for solids</td>
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<tr>
<td>5 months</td>
<td>'Can distinguish between bold colors'</td>
<td>Can roll over</td>
<td>Amuses himself by playing with hands and feet</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Turns toward new sounds</td>
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<td></td>
<td></td>
<td></td>
<td>Recognizes own name</td>
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<td></td>
<td></td>
<td></td>
<td>May sit momentarily without support</td>
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<td></td>
<td></td>
<td></td>
<td>Mouths objects</td>
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<td></td>
<td></td>
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<td>Stranger anxiety may begin</td>
</tr>
</tbody>
</table>

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6 months * Turns toward Reaches for May lunge sounds and objects and forward or start voices mouths them crawling Imitates * Sits without May jabber or sounds, blows support combine bubbles Is ready for syllables Rolls in both solids May drag directions object toward himself

Speech and Language Development

This is the child's ability to both understand and use language. For example, this includes a 12-month-old baby saying his first words, a two-year-old naming parts of her body, or a five-year-old learning to say "feet" instead of "foots".

Essential and Discussion Question- How do babies communicate other than crying?

- Babies begin communicating their needs through crying.
- They will grow an increased interest in listening to adults and exchanging vocalization with them.
- 1-2 months- babies will begin with vowels sounds cooing.
- 6 months- babies will add consonant combinations to their cooing which becomes babbling. This is when the babbling will begin to sound like the native language of the child.
- 8 months- babies will begin to understand some common words used by caregivers bottle, blanket, baby, dog, eat.
- 9 months- babies will use gestures for intentional communication
- 12 months- babies will begin to use single words such as bottle, dog, Mama, Dada.
- 18 months- toddlers will begin using two word combinations my book, my dog.
- Vocabulary should begin to increase rapidly after 18 months.

Theories of Language Development

- Behaviorist Perspective- B.F, Skinner This perspective looks at language as being acquired through operant conditioning. As babies begin to make sounds, parents or caregivers positively reinforce those sounds.
- Nativist Perspective- Noam Chomsky This perspective view language as something that is part of the brain at birth. Chomsky believed children are born with a Language Acquisition Device. Children are born with a set of language rules common to every language.
- Interactionist Perspective- This approach focuses on the interaction in the child's environment and stresses the social context of language learning.
Possible Speech and Language Delays

* Chronic ear infections can interfere with language development—children do not hear speech production of others properly.

Enlarged tonsils and adenoids can interfere with language development as the effect oral motor movements of the mouth and tongue.

* Temperament may influence language development. Cautious children may be more reserved about speaking. Children in larger or more verbal families might try to speak more quickly to express their needs.

Cognitive Development

This is the child's ability to learn and solve problems. For example, this includes a two-month-old baby learning to explore the environment with hands or eyes or a five-year-old learning how to do simple math problems.

> Essential and Discussion Question- How does an infant solve problems? How does this relate to cognitive development?

Social Context of Cognitive Development

* Vygotsky—sociocultural theory emphasizes that children live in cultural contexts that affect their cognitive development. Activities with caregivers help children master skills that have meaning in their lives. The Zone of Proximal Development is the range of tasks children can do but not independently.

* Piaget—Infants have a way of making sense of their experiences called schemes. As children develop, they form new schemes and rearrange the existing schemes.

The Sensorimotor Stage

Birth - 1 month Reflexive Schemes

Newborn reflexes

Sucking, rooting, etc.

1- months Primary Circular Reactions

Experiences that happen by chance that infants repeat

noises, movements with mouth

4- 8 months Secondary Circular Reaction

Imitation of familiar behaviors

8-12 months Coordination of Circular Reactions

Object Permanence—goal directed behavior

12-18 months Tertiary Circular Reactions

Ability to search in several locations for a hidden object

18 months -2 years Mental Representation

Individual displacement
Social Context of Cognitive Development

Essential and Discussion Question- How does the social context of family and caregivers relate to cognitive development?

This is the child’s ability to interact with others, including helping themselves and self-control. Examples of this type of development would include: a six-week-old baby smiling, a ten-month-old baby waving bye-bye, or a five-year-old boy knowing how to take turns in games at school.

Assessments focus on cognitive products from children rather than the cognitive processes previously discussed. Caregivers with concerns might choose to have their child assessed by a physician or physiologist.

Factors that may influence cognitive development:

- Emotional and verbal responsiveness of the parent
- Parental acceptance of the child
- Physical environment
- Appropriate play materials
- Parental involvement with the child
- Opportunities for daily stimulation—singing, books, play with other children

Infant and Toddler Care Settings

- NAEYC—The National Association for the Education of Young Children—this organization specifies standards for developmentally appropriate practice.

Child care in the United States is not federally funded or regulated.

- Child Care Centers should promote cognitive, social, and emotional growth.
- Sufficient continuity of care to ensure the infant is able to bond and form attachments with caregivers.
- Children are stimulated through one-on-one interaction with caregivers.
- Adults listen and respond appropriately.
- Play interactions are done in ways that are sensitive to the specific developmental needs of the infant.
- Caregivers talk, sing, and read to infants to promote listening and speaking skills.
- Basic needs for food, comfort, and safety are met.
- Feeding and sleeping schedules are met.
- Appropriate games and activities are provided with time to play with other peers.
- The environment is safe and easy to clean. Babies spend a lot of time on the floor.
- Areas need to be free of hazards. Soft carpets, blankets, and toys are a necessity.
- Visual displays that are stimulating to development.
- Space is arranged so children may move independently.
- Variety of toys, both those children would see at home, and learning toys that would be in schools and day care centers.
- Room temperature is controlled.
- Environment is free of lead and other tetragons.
Sleeping area is separate from play area.

- Food and bottles are labeled.
- Cribs, high chairs, and other furniture meet approved safety standards.
- Infants have their own diapering supplies.
- Health guidelines are met.

Temperament and Emotional Development

Essential and Discussion Question: How would you describe your temperament as a child? What type of parenting fits with your temperament? Additional Option: Why do infants show stranger anxiety?

- Erikson: autonomy vs. shame and doubt - parents offer reasonable choices for young children and suitable guidance putting objects in mouth, pulling on cords to appliances etc.

Basic emotions - sadness, happiness, fear, disgust, anger, surprise, interest

- Social Smile - occurs from 6-10 weeks
- Social Referencing - actively seek comfort from a familiar person
- Stranger Anxiety - fear of unfamiliar adults
- Attachment - strong, affectionate bond with another

- Bowlby's Ethological Theory of Attachment - infant's emotional tie to a caregiver
- Secure attachment - parent is a secure base, prefer parent to stranger, quickly seek comfort of caregiver when they return
- Avoidant attachment - unresponsive to parent when present
- Resistant attachment - seeks closeness to caregiver - if caregiver leaves, expresses anger toward them when they return
- Disoriented attachment - infants are confused upon the return of the caregiver.

Factors that Affect Attachment

- Stability of attachment - the quality and stability of the attachment with a caregiver there are consistent opportunities for interaction
- Cultural Variations - cultural influences and how attachment of infants is perceived by parents
- Sensitive care giving - responding to the needs of the infant
- Family Circumstances - divorced parents, attachment to other parent
Emotional Development

Age Milestones

Birth
- Pleasant and unpleasant stimuli
- Swaddling and eating—pleasant
- Discomfort—unpleasant

2-3 months
- Social Smiling
- Response to adults

3-4 months
- Laughing
- Expression of emotions through facial cues

6-8 months
- Fear—Stranger anxiety
- Anger—toy is taken away
- Attachment to a familiar caregiver

8-12 months
- Understand facial expressions of others
- Social referencing

Temperament

- The easy child—usually cheerful, adapts to new experiences, establishes regular routines during infancy.
- The difficult child—slow to accept new experiences, reactions are often negative and intense, slow to adapt to infant routines.
- The slow-to-warm-up child—negative moods, varied reactions to environmental stimuli, adjusts slowly to new experiences.
- Genetic Influences can effect temperament because it has a genetic foundation.
- Heredity also effects temperament
- Parenting styles

Developmental Delays

- A delay depends on whether the problem is physical or cognitive.
- A physical delay can be a symptom of a larger disability, such as spina bifida or autism—but it can also simply mean that your child needs a few more weeks or months to catch up to his peers.
- Some children will have delays in a particular area, such as walking, while the rest of their skills continue developing on or ahead of schedule.
- Language and other cognitive delays can be difficult to pinpoint at a young age, but it's important to catch them early so they don't lead to other, long-term problems.
- Some children have difficulty with receptive language, understanding the meanings of words and sentences, and others struggle with expressive language expressing ideas in words and sentences.
Problems might stem from a hearing impairment, a problem with the central nervous system or brain, or a problem with the larynx, throat, nasal, or oral cavities.

Children are placed at genetic risk by being born with a genetic or chromosomal abnormality. A good example of a genetic risk is Down syndrome, a disorder that causes developmental delay because of an abnormal chromosome. Environmental risk results from exposure to harmful agents either before or after birth, and can include things like poor maternal nutrition or exposure to toxins e.g. lead or drugs or infections that are passed from a mother to her baby during pregnancy e.g., measles or HIV.

* Environmental risk also includes a child’s life experiences. For example, children who are born prematurely, face severe poverty, mothers depression, poor nutrition, or lack of care are at increased risk for developmental delays.

* Risk factors have a cumulative impact upon development. As the number of risk factors increases, a child is put at greater risk for developmental delay.

There are several general “warning signs” of possible delay. These include:

**Behavioral Warning Signs**
- Does not pay attention or stay focused on an activity for as long a time as other children of the same age
- Focuses on unusual objects for long periods of time; enjoys this more than interacting with others
- Avoids or rarely makes eye contact with others
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do
- Shows aggressive behaviors and acting out and appears to be very stubborn compared with other children
- Displays violent behaviors on a daily basis
- Stares into space, rocks body, or talks to self more often than other children of the same age
- Does not seek love and approval from a caregiver or parent

**Gross Motor Warning Signs**
- Has stiff arms and/or legs
- Has a floppy or limp body posture compared to other children of the same age
- Uses one side of body more than the other
- Has a very clumsy manner compared with other children of the same age

**Vision Warning Signs**
- Seems to have difficulty following objects or people with her eyes
- Rubs eyes frequently
- Turns, tilts or holds head in a strained or unusual position when trying to look at an object
- Seems to have difficulty finding or picking up small objects dropped on the floor after the age of 12 months
- Has difficulty focusing or making eye contact
Closes one eye when trying to look at distant objects

Eyes appear to be crossed or turned

Brings objects too close to eyes to see

One or both eyes appear abnormal in size or coloring

Hearing Warning Signs

Talks in a very loud or very soft voice

Seems to have difficulty responding when called from across the room, even when it is for something interesting

Turns body so that the same ear is always turned toward sound

Has difficulty understanding what has been said or following directions after once she has turned 3 years of age

Doesn't startle to loud noises

Ears appear small or deformed

Fails to develop sounds or words that would be appropriate at her age

In addition, because children usually acquire developmental milestones or skills during a specific time frame or "window", we can predict when most children will learn different skills. If a child is not learning a skill that other children are learning at the same age, that may be a "warning sign" that the child may be at risk for developmental delay. If a child has not learned these skills during a specific time frame, it does not mean the child is delayed.

How is a developmental delay identified?

Developmental delay is identified through two types of play-based assessments: Developmental Screening and/or Developmental Evaluation. A developmental screening test is a quick and general measurement of skills. Its purpose is to identify children who are in need of further evaluation. A screening test can be in one of two formats, either a questionnaire that is handed to a parent or childcare provider that asks about developmental milestones or a test that is given to your child by a health or educational professional. A screening test is only meant to identify children who might have a problem. The screening test may either over-identify or under-identify children with delay. As a result, a diagnosis cannot be made simply by using a screening test. If the results of a screening test suggest a child may have a developmental delay, the child should be referred for a developmental evaluation. A developmental evaluation is a long, in-depth assessment of a child's skills and should be administered by a highly trained professional, such as a psychologist. Evaluation tests are used to create a profile of a child's strengths and weaknesses in all developmental areas. The results of a developmental evaluation are used to determine if the child is in need of early intervention services and/or a treatment plan.
What are early intervention services?

Early intervention services include a variety of different resources and programs that provide support to families to enhance a child's development. These services are specifically tailored to meet a child's individual needs. Services include:

- Assistive technology devices a child might need
- Audiology or hearing services
- Counseling and training for a family
- Educational programs
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Respite services
- Speech-Language...
Possible Signs for Developmental Delays

Age | Warning Signs
--- | ---
4 to 6 months | 
by 4 months, doesn't imitate the sounds her parents make
by 6 months, isn't laughing or squealing

12 to 15 months | 
at 12 months, doesn't use gestures such as waving or shaking her head
* by 12 months, isn't using at least a couple of consonants c, b, etc.
* by 12 months, isn't somehow communicating to you when she needs help with something
* at 15 months, doesn't understand and respond to words like "no" and "bye-bye"
* by 15 months, isn't using at least six different gestures waving, pointing, etc.
* by 15 months can't say at least one to three 18-24 months words

18 to 24 months | 
at 18 months, isn't saying at least six to ten words
* by 18 to 20 months, isn't pointing out things of interest, such as a bird or airplane overhead
* by 20 months, isn't making at least six consonant sounds
* at 21 months, doesn't respond to simple directions
* by 21 months, doesn't pretend with her dolls or herself brushing her hair, feeding her doll, etc.
* at 24 months, can't join two words together
* doesn't know the function of fork, hairbrush
* by 24 months, doesn't imitate actions or words of others
* at 2 years, doesn't point to body parts when asked
* falls frequently or is unable to use the stairs

30-36 months | 
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drools persistently

* at 30 months, can't be understood by anyone in her family

* at 36 months, uses no simple sentences, doesn't ask questions, and can't be understood by strangers

* 3 to 4 years at 3, can't speak in short phrases

* at 3, is unable to understand short instructions

* at 3, has no interest in interacting with other children

* at 3Y2, consistently fails to add final consonant to words for example, saying "ca" instead of "cat"

* at 4 years, still stutters frequently

* at 4, isn't almost fully understand
Principle #2: The teacher understands how children learn and develop, and can provide learning opportunities that support their intellectual, social and personal development.

Students will need to find a doll that will become "their child" for a week. The "child" must accompany the students through their various activities throughout the week. The students will keep a log of all activities and care provided for the child. This is to include feeding schedules, diaper changes, day care arrangements if the student works, bathing, stimulation and interaction for each day.

Sample Lesson Plan:

Objective- Today we will identify the developmental milestones of infants by examining theories of development.

Materials-

Video
Theories of development

Motivation-

How do babies learn to eat with a spoon? Crawl? Talk?
Discuss with a partner or small group.
Think of an infant you are familiar with. What can this child do independently?

Procedure-

List the skills you think infants develop and the order you think they occur in development.
Share with a partner.
Share with the whole group.
Create a new list on cards or sentence strips that can be rearranged as the order is discussed.
Discuss the developmental milestones as they occur in infants.

Students can be provided with various resources and milestones can be broken down into various stages or areas.

Assessment

This will be part of the "Infant Log" created as the student becomes a caregiver for a week. Students will list the developmental milestones of their child and how they impacted the care given throughout the week.
The Newborn:

Skin color is light, may appear wrinkled and dry
Average weight 6.5-9 pounds
Length between 18-21 inches
Head is 1/4 body length
Fontanels "soft spots"
Sensitive to light
Unable to focus on distant objects

Motor Development:
Reflexive movements designed for protection and survival
Swallowing, sucking, gagging, coughing, yawning, blinking
Rooting reflex in reaction to touching around cheek or mouth
Startle reflex set off by sudden loud sounds
Grasping, Stepping, Tonic, Plantar reflexes
Maintains fetal position
Hands in fist
Cogit. PcyelQpinci
Designed to capture and hold attention of adult care-giver
Attracted to high contrast geometric shapes
Follows a slowly moving object
Hears as well as adults—prefers mother's voice
Frequently synchronizes body movements to speech pattern of care-giver
Keen sense of smell

gigcjloment:
Crying and fussing
React to loud noises
Shows sound preferences
Makes occasional sounds other than crying

Social DeyeIQprncnt
Sleeps 17-19 hours per day
Likes to be held close and cuddled
Emotional attachment and bonding begins
Begins to develop a sense of trust and security
Cerebral palsy and other movement disorders are basically a matter of muscle control; how it can mean much more. Some children have difficulty only with movement, while others also have problems with vision, hearing, speech or learning. Movement disorders can vary considerably from child to child. Some are stiff and tense, while others may appear weak or in constant movement. Some are only clumsy, while others may be unable to learn to sit or walk alone.

Treatment is Available

Early diagnosis is important to receive treatment that maximizes a child's potential. Although treatment is available at any age, the earlier you recognize a problem and seek professional help, the more likely your child can be helped. And help is available. Talk to your child's doctor. Other sources include developmental evaluation centers, neurologists, developmental pediatricians, and physical, speech and occupational therapists who specialize in working with children. Medical professionals know the value of working in partnership with the child's parents.

A Note to Parents

As a parent, you most often will be the first to know "something is wrong." You see your baby not lifting his or her head, reaching out or rolling over as you think he or she should, or having difficulty feeding. Perhaps the baby just doesn't seem like your other children, or like other babies you see. It may not be anything definite, just something you sense.

Children who have difficulty with muscle control may be slow learning movements that other babies develop easily, without being taught. Children who have these physical challenges can often be helped to overcome some, or all of them. It is important to remember that children with physical disabilities can have high, normal or low intelligence.

If you are concerned about your child's muscle control, don't hesitate tell your doctor. Physicians know parents' observations and concerns are important. They will be happy to discuss them with you.

The entire family's positive attitude and commitment are important to permit a child to reach his or her full potential.
IS YOUR BABY OKAY? Watch for these signs*

**Normal Development Warning Signs**
- Pushes up on arms
- Difficulty lifting head
- Pushes back with head
- Holds head up
- Stiff legs
- Constantly fisted hand and stiff leg on one side
- Difficult to change this position

**Sits with support**
- Holds head up
- Straight back
- Unable to lift head
- Arms held back

**Poor head control**
- Sits without support
- Poor ability to lift
- Arms free to reach head and back
- Will not take

**Arches back, stiff legs**
- Pulls to stand
- Difficultly crawling
- Uses only one side of body to move

**Walks on toes, sits with weight on one side or walking, independent standing**
- Holds arms
- Uses predominately or walking, stiffly and bent one hand
- Excessive tip-toe
- One leg may be stiff
- Difficulty getting to stand
- Stiff legs, pointed toes

*90% of babies do these movements by the ages indicated. Remember to correct your child's age for prematurity.*
Parents' Stories
Some things to watch for!

4-5 Months
Rachel was a breech baby and experienced meconium aspiration at birth. By age four months, we realized she was having problems holding her head up and using her hands. We began therapy shortly after this with a referral from our pediatrician. Now at age four and a half, Rachel is learning to walk with a walker, attends school and is beginning to maximize her potential.

Frank and Jenni S.

6-7 Months
Jason, who was eight weeks premature, was always a difficult child to diaper. His legs were stiff and difficult to get apart. At six months of age, he arched backward whenever we tried to place him in sitting. By eight months he still had not learned to sit by himself. These two problems made us very concerned about his gross motor development. Our pediatrician referred him for treatment and at 30 months, although he has a diagnosis of cerebral palsy, he is walking by himself.

Larry and Porn R.

10-12 Months
Christopher was born five weeks early. We were in the hospital two weeks before coming home. During his first year of life, we began to notice that he did not use his right hand as often as his left. As he began to pull to stand, he dragged the right leg. In standing, he tended toward the left side and dragged the right leg when walking around furniture. At 11 months, we took him to see a neurologist, who referred us to physical and occupational therapy. Now at three years of age, Christopher is walking, although he sometimes walks up on his right toe.

The drawings are examples of normal posture and movement, and illustrations of how these same movements might look in children with cerebral palsy or other movement differences. They may be indicators of significant developmental problems. If you have a question, ask your doctor.

When physical problems are seen, the following behaviors may be additional warning signs:

* extreme irritability or crying
* failure to smile by three months
* feeding difficulties
* persistent gagging or choking when fed

Warning signs are just that. Warnings do not necessarily mean there are problems, but they should be discussed with the baby's doctor at the next regular visit. If your baby is developing normally, your doctor will be able to reassure you. If not, further testing may be indicated, or therapy may be recommended.

2-3 Months
Jeffery was born at 42 weeks following an uneventful pregnancy. At three months, we felt he was not developing as well as our first child. When placed on his tummy, he could not push up on his arms and sitting, he had difficulty holding up his head for any length of time. By six months, we were very anxious and asked our pediatrician to refer us for evaluation. Although the neurologist has still not been able to give us a definite diagnosis, she felt that his delayed movement skills warranted therapy. Jeffery is now 10 months old and although he does not sit by himself, he can push up on his arms from tummy lying and get onto his hands and knees.

Robert and Cindy P.

8-9 Months
Matt, the second of twins, was the only one of our three children who refused to be placed on his tummy. He also would not take any weight on his feet, even at nine months of age, when his brother was walking around furniture. After talking with our pediatrician, we were referred to a neurologist for further consultation. Although the neurologist could not make a diagnosis, he was concerned, and Matt began therapy at nine months of age. He took his first steps at 15 months. His therapist feels he may be able to discontinue treatment by his second birthday.

Bob and Sue D.
Physical Development

Age Height

Bmi 18-21 Inches, gains about 5-6 ounces/week.

7 months, average 20-27 inches; grows about 1 inch/month.

8-16 pounds, growth increases ½ inch/month.

Motor Skills Development

Age Gross Motor Skills Fine Motor Skills

1 month/.. raises head straightly, follows with eyes to midline only.

4 months/.. holds head up, hands are open at rest.

6 months/.. rolls from front to back, back to front.

12 months/.. sits well unsupported.

Language Development

Age Infants Do At These Stages

1-2 months/.. sounds startle them.

2 months/.. smiles responsively.

5 months/.. cons.

6 months/.. enjoys pincer grasp.

8 months/.. begins to use dada/mama.

12 months/.. follows one-step commands.

Object Permanence

12 months/.. pretenders-sweet liquids and knows mother's milk from another type of milk.

Cognitive Development

Age

1-4 months/.. puts everything in mouth.

4-8 months/.. sense of spatial relation.

8-12 months/.. depth perception.
Social and Emotional Development

Age What Infants Do At These Stages

Birth - 1 month
- Fixes on face
- On crying

2 months
- Recognizes arent by smell and hearing voice

3 months
- Plays Pat-A-Cake

4-5 months
- Looks at familiar objects or people
- Enjoys observing environment

6 months
- Recognizes strangers
- Plays Pat-A-Cake

9 months
- Comes when called
- Cooperates with dressing

12 months
- Shows increased understanding of others

Atypical Developments and Disorders
- Premature birth
- Fetal Alcohol Syndrome (FAS)
- Acquired Immunodeficiency Syndrome (AIDS)
- Sudden Infant Death Syndrome (SIDS)
- Infantile colic
- Infant Beta-Carotene Skin
- Failure to Thrive
- Infant Respiratory Distress Syndrome

Developmental Alerts

Birth - One Month
- Does not show alarm or startle in response to loud noises
- Does not suck and swallow with ease
- Does not show steady gains in weight, height, and head circumference
- Does not grasp with equal strength in both hands
- Does not make eye-to-eye contact when awake and being held
- Does not become quiet soon after being picked up
- Does not roll head from side to side when placed on stomach
- Does not express needs and emotions with cries and patterns of vocalization that can be distinguished from one another
- Does not stop crying when picked up and held

One - Four Months
- Does not continue to show steady increases in height, weight, and head circumference
- Does not smile in response to the smiles of others
- Social smile is a significant developmental milestone
- Does not follow a moving object with eyes focusing together
- Does not bring objects together over midline
- Does not turn head to locate sounds
- Does not begin to raise head and upper body when placed on stomach
- Does not reach for objects of familiar persons

Four - Eight Months
- Does not show even, steady increase in weight, height, and head size
- Too slow or too rapid growth are both causes for concern
- Does not explore own hands and objects
- Placed in hands
- Does not hold and shake a rattle
- Does not smile, babble, and laugh out loud
- Does not search for hidden objects
- Does not use pincer grasp to pick up objects
- Does not have an interest in playing games such as "pat-a-cake" and "peek-a-boo"
- Does not appear interested in new or unusual sounds
- Does not reach for and grasp for objects
- Does not sit alone
- Does not begin to eat solid pureed foods
Eight - Twelve Months

- Does not blink when fast moving objects approach the eyes
- Does not begin to cut teeth
- Does not imitate simple sounds
- Does not follow simple verbal requests: come, byebye
- Does not pull self to a standing position
- Does not transfer objects from hand to hand
- Does not show anxiety toward strangers
- Does not interact playfully with parents, caregivers, and siblings
- Does not feed self; hold own bottle or cup; pick up and eat finger foods
- Does not creep or crawl on hands and knees
Sigmund Freud
Erik Erikson

Stages of Development

1 month to 11 or 12 years of age

Psychosexual Stages

Oral Stage
Oral Fixation
Oral Dependence
Resist Maturation
Helplessness, Needy

8 Stages of Development
Stage 1-Trust vs. Mistrust
Central Task
Definition:
Developmental Tasks
Completion of each stage

B.F. Skinner
Operant Conditioning
Positive: adding stimulus
Negative: remove a stimulus
Reinforcement: increase frequency
Punishment: decrease frequency
Positive reinforcement, Negative reinforcement, Positive punishment, Negative punishment
Avoidance Learning

Robert R. Sears
Methods of Infant Care
Inborn Patterns of Movement
Learns new motions, how?
Feeding Experience
Affection Learned
Mother-Child Relationship

Abraham Maslow
Humanistic Approach to Motivation
Hierarchy of Needs
5 Levels
Physiological Needs in Infancy
How Maslow’s needs affect Education

Lev Vygotsky
Sociocultural Perspective of Cognitive Development
Interactions = key to success
Role of Language & Private Speech
Vygotsky vs. Piaget
Role of Adults & Peers
Scaffolding
Arnold Gesell

Pioneer in observing and measuring behavior

- Goal: Establish universal developmental norms beginning at birth.
- Among the first to conduct quantitative study of human development from birth to adolescence.

Baby Einstein knows that babies are naturally curious.

- All of the products are designed to encourage discovery and inspire new ways for parents and little ones to interact.
- What makes Baby Einstein products unlike any other?

Activities for infants:

- There are many activities that will not only keep infants entertained, but will also help their learning ability.
<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Gross Motor Skills</th>
<th>Fine Motor Skills</th>
<th>Language Development</th>
<th>Cognitive Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 4 month</td>
<td>18-21 inches</td>
<td>Gains 5-6 ounces/week during 1st month</td>
<td>Sounds startle them</td>
<td>Prefers sweet liquids and knows mother's milk from another type of milk</td>
<td>Bonding</td>
<td></td>
</tr>
<tr>
<td>1-4 months</td>
<td>Averages 20-27 inches</td>
<td>Grows about 1 inch/month</td>
<td>8-16 pounds</td>
<td>Raises head slightly</td>
<td>Holds head up</td>
<td>Follows with eyes to midline only</td>
</tr>
<tr>
<td>4-8 months</td>
<td>Length increases 1/2 inch/month</td>
<td>Gains about 1 pound/month</td>
<td>Rolls onto back, back to front</td>
<td>If supported, sits well</td>
<td>Transfers hand-to-hand</td>
<td>Grasps with both hands together</td>
</tr>
<tr>
<td>8-12 months</td>
<td>Increases by approximately 1 pound/month</td>
<td>Birth weight nearly triples by one year of age</td>
<td>Crawls</td>
<td>Cruises</td>
<td>Pulls to stand</td>
<td>Uses pincer grasp</td>
</tr>
</tbody>
</table>
Infants

Activities for Infants Birth to 12 months

- Hold, rock, and sing to young babies.
- Take them outside on nice days.
- Explain what you are doing throughout the day when you change or feed them.
- Let young babies lie on a big piece of paper and hear the crunching noise when they move.
- Play different kinds of music on the radio.
- Put bright toys near babies.
- Give them soft toys like a stuffed animal or a clean sock to hold and feel.
- Give babies toys they can move and make noise with like a rattle.
- Have a clean space for babies to crawl. Put bright toys near babies so they can reach out or move toward them. Put a big cardboard box on the floor so the babies can crawl inside and play.

- Read aloud books that have colorful pictures.
- Have blankets and scarves for infants to hide under.
1 to 4 months: Physical Development

- Physical Development cont.
- Legs may appear slightly bowed
- Feet appear flat with no arch
- Cries with tears
- Color vision is present
- Gains approximately 1 pound per week

Motor Development

- Reflexive motor behaviors are changing:
  - Tonic neck and stepping reflexes disappear
  - Rooting and sucking reflexes are well developed
  - Can be pulled up into a sitting position
  - Begins to raise up on arms
  - Turns head from side to side when in a face up position

Motor Development cont.

- Shows greater activity in upper body parts
- Begins rolling from front to back
- Movements seem to be large and jerky

Cognitive Development

- Fixates on moving object at a distance of 12 inches
- Continues to gaze at moving objects
- Has some sense of size, color, and shape
- "out of sight, out of mind"
- Moves eyes from one object to another
- Reaches for small objects
- Looks in the direction of sound
1 to 4 months
Speech and Language Development
Reacts to sounds
Vocalizes, looks, and makes movements in face to face exchanges with parent
Babbles or coos when spoken to ah, eh, uh
Imitates sounds
Laughs out loud

1 to 4 months
Personal Social Development
Imitates, maintains, terminates, and avoids interactions
Reacts differently to different adult voices
Enjoys being held and cuddled
Coos gurgles and squeals when awake
Smiles in response to friendly faces
Entertains self for brief periods

4 to 8 months
Physical Development
Gains approximately one pound per month
Exceeds original birth weight
Head and chest circumference are equal
Begins to cut teeth lower in first
Legs appeared bowed which gradually disappears
Establishes true eye color

4 to 8 months
Motor Development
Blinking reflex is well established
Sucking reflex becomes voluntary
Parachute reflex appears at end of stage
Swallowing reflex is more complex to move solids from front of mouth to back
Uses finger and thumb to grasp objects
Chews and mouths objects
Reaches with both arms

4 to 8 months
Motor Development cont.
Holds own bottle
Handles, shakes, and pounds objects
Sits alone without support
Pulls self into crawling position
Rolls over
Lifts head when placed on back
Begins scooting backwards

4 to 8 months
Cognitive Development
Locates familiar voices and sounds
Uses hands, eyes, and mouth to explore own body
Looks for objects dropped over side of crib
Reaches accurately with either hand
Plays actively with small toys, such as a rattle
4 to 8 months

Speech and Language Development
- Responds to own name and simple requests
- Imitates non-speech sounds (coughing)
- Produces full range of vowels
- Responds to variations in tone of voice
- Talks to toys
- Reacts differently to noises
- Expresses emotions

Personnel-Social Development
- Continuously watches people and activities
- Begins to develop self-awareness
- Responds to different facial expressions
- Remains friendly to strangers
- Establishes a trust relationship with parents
- Enjoys being held and cuddled
- Laughs out loud
- Becomes upset if toy or object is taken away

8 to 12 months

Physical Development
- Weight increases by one lb per month
- Uses abdominal muscles for breathing
- Anterior fontanel begins to close
- Approximately 4 lower and 4 upper teeth erupt
- Arms and hands are more developed than feet and legs
- Legs appear bowed
- Feet appear flat, arch is not fully developed
- Can see distant objects
- Both eyes work in unison

Motor Development
- Reaches with one hand to grasp objects
- Manipulates objects from one hand to another
- Explores new objects by poking with finger
- Stacks objects or places them inside one another
- Begins pulling oneself into a standing position
- Begins to stand alone
- Crawls up and down stairs
- Walks with adult support
- Maintains good balance when sitting

Cognitive Development
- Watches people, objects and activities
- Shows awareness of distant objects
- Follows simple instructions
- Reaches for toys that are visible, but out of reach
- Puts everything in the mouth
- Imitates activities (e.g., "Patty Cake")
- Shows appropriate use of everyday items

Speech and Language Development
- Babble deliberately to initiate social interaction
- Shakes head for no and yes
- Responds to name
- Waves and says "dada" or "mama"
- Enjoys simple songs
- Hands objects to adults
- Able to use signs for desires
8 to 12 months

Personal-social development.

- Exhibits a fear of strangers
- Wants a parent to be in constant view
- Enjoys being included in daily family activities
- Shows need to be picked up and held
- Begins to resist caregivers requests
- Becomes attached to a favorite toy or blanket
- Offers toys and objects to others
- Carries out simple directions

Bevelopmental delays

A child's continuing reluctance to attempt a new skill or failure to fully acquire a basic developmental skill.

Example: A 10-month-old who tries to sit alone but still uses both hands for support.

Signs:
- Not smiling
- Not babbling in response to others
- A child whose reflexes are insufficient
- Continuous crying
- Frequent health problems

Interventions for developmental delays

- Recognize the delay exists
- Discuss concerns with parent or caregiver
- Suggest the child be evaluated
- Assist with finding necessary services

Evaluation:

- Observation and recording
- Screening
- Diagnostic assessment

References:


Trust vs. Mistrust

Trust - confidence that develops in other humans' behavior (UCD p226)
- Developed by the meeting of basic needs by mother and other primary caregivers.
  - If developed properly, this trust will transfer to the rest of society.
  - If it doesn't develop properly, the babies may grow up to be fearful, sicious, and mistrustful.

Piaget:
Sensorimotor Period
- Use of all the senses to explore and learn from their environment.
  - Smell, touch, and put in their mouth almost everything they can find.
- As a parent or caregiver, you are providing the environment that they will be exploring, so try and make it one that they can learn from.
Piaget: Sensorimotor Period cont

There are 6 stages to the sensorimotor period. The first four apply to infants:

Stage 1 - Modification of reflexes roughly birth to 1 month.

Stage 2 - Primary circular reactions roughly 1 to 4 months.

Stage 3 - Secondary circular reactions roughly 4 to 8 months.

Stage 4 - Coordination of secondary schemes roughly 8 to 12 months.

Piaget: Object Permanence

Object Permanence - the awareness that objects continue to exist even when they are no longer visible.

Object permanence is beginning to develop at this time, but not until after the first 4 months.
Piaget: Object Permanence cont.

In the first 4 months their view of objects is out of sight out of mind's http://webpages.acs.ttu.edu/taraste/v/5EPT4.htm

After 4 months they will begin to look for objects that have disappeared but not for very long or in very logical places.

Vygotsky: social constructivism

* Social interaction provides support for language development
* Zone of Proximal Development - the discrepancy between a child's actual mental age and the level that child may reach with assistance in solving problems

Urie Bronfrenner: Childcare center, family, peers and perhaps extended family influence infants the most, They are still very dependent on their primary caregiver.

They don't get much of a chance to experience things outside the Microsystem.
The Newborn
Birth to One Month

- Physical body is ready to eat, breathe, regulate temperature
- Motor development is reflexive and protective
- Responds to environment
- Crying is major means of communication
- Sensitivity to light
- Can see outlines and shapes
- Thrives on security, cuddling
One to Four Months

- Rapid growth, stabilized bodily systems
- Increased motor skills and voluntary muscle control
- More social responsiveness
- Eyes move in unison, but out of sight out of mind
- Grows about one inch per month
- Begins to raise up on arms
- By 4 months can be put into a sitting position with support
- Babbles or coos when spoken to, smiles
- Watches hands and can reach for small objects
Four to Eight Months

* Much more active, moves body, watches activity around them
* First teeth come in
* Establishes true eye color
* Can pick up objects with finger and thumb pincer grip
* Turns toward familiar voices and sounds, recognizes own name
* Has depth perception, fear of falling
* Realizes that an object is hidden, things don't just disappear
* Can only deal with one toy at a time
* Enjoys throwing objects
Eight to Twelve Months

* Preparing for walking and talking
* Claps along when others are clapping
* Crawls and pulls up to a standing position
* Walks with adult support
* Puts everything in mouth
* Understands use of everyday objects, such as cups, brush, spoon
* Waves “byebye”, dances to music
* Exhibits fear of strangers, attached to parents or caregiver
* Sometimes has a favorite toy or blanket
* Jabbers continuously
Erik Erikson

Trust vs Mistrust

Child must develop trust
Mothers satisfy basic needs
Freud

* Early experience effects later behavior

- Sucking experiences
- Close relationships
- Non-4rustrating life to grow up mentally
Robert ft Sears

* Effect of infant care on their behavior

Childrearing experiences

Feeding experience

Mother-Child relationship central to learning
Bandura

* Social cognitive theory: children integrate what they find in social experiences

Environmental influences change skills

Build mental pictures based on these experiences

Have an active role in constructing knowledge
Importance of parents acceptance

No parent is perfect

Don't deny negative feelings, leads to tension

Learn to read messages from children regarding their needs

Building a positive self concept begins at birth
* Sensorimotor period

Learn to use 5 senses to find out new things

Adult provides environment

Child has control over what they learn
Vygotsky

* Child development series of stages
* Begins with a period of stability, ends with a crisis
* Value of social interaction during year I

Birth is a crisis period 2 months
Child dependent on social interaction
12 months new crisis
Arnold Gesell

* Child has unique qualities at each age
* Children are only able to do what their neurological development allows
* Mind controls actions
* Developed norms in cognitive, affective, physical, and motor areas
* Potential determined by heredity
Prenatal Maternal Conditions

- Poor nutrition could also lead to mental deficiency and physical weakness
- Depending on mother's age, could lead to retardation
- Low blood oxygen level can lead to damage of nervous system
- X-ray exposure could damage the tissue and also cause retardation
- Any kind of substance abuse or use could lead to atypical physical development
- Diseases lead to mental retardation and physical malformations
Premature Infants

* Touch is very important and beneficial
* Gentle, swaying waterbeds makes infants less irritable and more responsive
* Exosurf drug that helps babies form surfactant to coat inner lining of lungs
* May have delays in sensory development
* May be difficult for child and mother to be in sync with each other
Premature Infants cont'd

* Low birthweight is sometimes caused by prenatal smoking
* Poor nutrition and diseases also cause prematurity and low birthweight
Some infants are born without all the sensory and/or motor capabilities. Early intervention programs—formal attempts by outside agents to maintain or improve quality of life for children—include subsidies for child care expenses, public health programs that provide immunizations or nutritional supplements, parenting classes.
Appropriate and Inappropriate Infant Caregiving Situations

Inappropriate

A six- and a four-month-old infant six months old are next to each other in musical mechanical swings with the tunes clashing. As the caregiver feeds a three-month-old, she vigorously rocks her chair with one foot and with the other taps a bouncer that holds a crying baby. “Sssssh,” she keeps repeating.

Inappropriate

Soft music plays. Two babies are on separate blankets, each with a few objects within easy reach. Sometimes the infants grasp the toys; sometimes they gaze out the low, nearby window. The caregiver, who is feeding Matthew on her lap, smiles at the babies and returns her attention to Matthew.

Rationale

Sensitive caregiving includes creating a calm and peaceful environment for infants while they are being fed or diapered. The caregiver needs to be aware of how unhurried focused care - her “fully there” time - influences physical care times. Her ability to stay focused on an individual infant is in part reliant on her trust that the other babies are content to play quietly once their physical needs have been met.
A six- and a four-month old infant six next to each other in musical mechanical swings with the tunes clashing. As the caregiver feeds three-month-old Matthew, she vigorously rocks her chair with one foot and with the other taps a bouncer that holds a crying baby. “Sssssh,” she keeps repeating.

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Mary notices a smelly diaper. She asks her companion caregiver, “Did you change Chelsea before putting her down?” When the coworker responds no, Mary goes to the crib, picks up Chelsea, and wordlessly proceeds to change her diaper. “Who else in the room needs to be changed?” she asks as she lays Chelsea down and walks away.

When Mary notices an odor, she stops at the crib and says, “Chelsea, I need to check your diaper.” She extends her hands and waits for the baby’s response before picking her up. At the changing table, she tells Chelsea exactly what she is going to do before she does it, and she gives her enough time to respond to her caregiving. Before putting Chelsea down, Mary again tells her what she is going to do.

Caregivers often talk about infants rather than to infants. When adults ignore an infant during caregiving times, the message is given that the baby does not rate personal and undivided attention. When staff are better trained and talk with infants, the children also tend to do better in language development Tizard, et al, 1972.

Five babies, ranging in age from five months to a year old, are at a table, their feet dangling in midair. Three slumped to the side and the other two sit upright. Two are crying. None of the babies can reach her bowl or spoon. A caregiver methodically pushes a spoon into the mouth of the first baby, then the second and so on.

Nine-month old Emily is sitting at a weaning table; her chair sized so she can get up and down by herself and her feet touch the floor. In front of her is a bowl and two spoons. The caregiver, who sits opposite Emily, lets the baby attempt to feed herself, occasionally giving her a bit with a spoon. She uses normal language in telling Emily what she is doing before she does it, and she waits and observes the baby’s reaction before acting.

Many adults operate on the assumption that infants are helpless. This assumption motivates caregivers to put or place infants in positions that they are not ready for or are not able to support by themselves. Self-induced, independent movements create favorable, emotional, and intellectual development Pikler 1969. Magda Gerber, renowned infant specialist, advises caregiver, “allow infants to do what it is they are ready and willing to do... Self-initiated activities need to be reinforced by being quiet available and enjoying what the infants actually do” 1984, 2.

A caregiver sits on the floor to feed James, who is confined in a bouncer. Sulee, curious, crawls over. After repeated attempts to ignore the intruding child, the frustrated caregiver stops feeding, picks up Sulee, puts her in another part of the room, and returns to the task of feeding James.

James, a five-month-old, is being held while being bottle fed. The caregiver’s actions are unhurried, and her attention is focused on James, Because the feeding area is separate from the exploratory area, nothing interrupts her time with James.

Infants deserve uninterrupted, individual caregiving. Their well-being requires caregivers to invest in quality time while providing physical care.
ight-month-old Kisha, who has crawled under a rocking chair, begins to cry. Her caregiver, noting her distress, bends down and lifts her up, saying, "You're all right. You're all right."

Kisha crawls under a child's table and begins to cry. Her caregiver drops to her hands and knees and calmly talks to Kisha, encouraging her to crawl out. She waits for the baby's reaction. Kisha, who appears afraid to move forward with her head, cries louder. The caregiver slowly reaches forward and gently places her hand on Kisha's head, while telling the baby what she is doing with her. By providing just enough help to move out from under the table, the caregiver is reinforcing the infant's involvement in helping to solve this problem.

As adults, we do not like to see infants struggle. But, by not allowing babies to use their natural competencies, we teach them to become victims. Caregivers need to provide just enough help for the baby to problem-solve his own dilemma. Honig 1981. The baby then becomes a valued participant in his own care and develops positive self-esteem.

A caregiver, looking over the daily activity sheet, notes that Reed is supposed to have her bottle by 4 o'clock. But Reed is still sleeping, and it's 4:05 now. Knowing that Reed's mom will be coming at 4:30, the caregiver wakes up the infant, hurriedly changes her diaper, and begins to feed her a bottle.

The caregiver goes over to Reed, who is resting peacefully, and she makes a mental note to check the sleeping infant in 15 to 20 minutes. She records her observations on Reed's daily activity sheet.

A caregiver is better able to meet a baby's individual needs if she observes the behaviors and responses of the child and includes these in the baby's care. Caregivers also may have to help parents understand that a baby's individual schedule is what is best for her.

Two-month-old Brent begins to cry. The caregiver goes to the crib and puts a pacifier in his mouth. The caregiver goes to Brent and says softly, "I hear you, but I don't know why you are crying. Let me pick you up and see about your diaper and check when you had your last feeding."

Because it is hard for adults to listen to a baby cry, our immediate response is to stop the crying. But crying is a form of infant communication, and our role as caregivers is to try to understand what the baby is communicating. Is he hungry, tired, wet, thirsty, or startled? By reacting instead of interacting, we exclude the baby from the process of his care,
Inappropriate Practice Appropriate Practice Rationale

A six- and a four-month old infant six next to each other in musical mechanical swings with the tunes clashing. As the caregiver feeds three-month-old Matthew, she vigorously rocks her chair with one foot and with the other taps a bouncer that holds a crying baby. "Sssssh," she keeps repeating.

Soft music plays. The two babies are on separate blankets, each with a few objects within easy reach. Sometimes the infants grasp the toys; sometimes they gaze out the low, nearby window. The caregiver, who is feeding Matthew on her lap, smiles at the babies and returns her attention to Matthew.

Sensitive caregiving includes creating a calm and peaceful environment for infants while they are being fed or diapered. The caregiver needs to be aware of how unhurried focused influences physical care times. Her ability to stay focused on an individual infant is in part reliant on her trust that the other babies are content to play quietly once their physical needs have been met.

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Five babies, ranging in age from five months to a year old, are at a table, their feet dangling in midair, Three slumped to the side and the other two sit upright. Two are crying. None of the babies can reach her bowl or spoon. A caregiver methodically pushes a spoon into the mouth of the first baby, then the second and so on.

A caregiver sits on the floor to feed James, who is confined in a bouncer, Sulee, curious, crawls over. After repeated attempts to ignore the intruding child, the frustrated caregiver stops feeding, picks up Sulee, puts her in another part of the room, and returns to the task of feeding James.
Eight-month-old Kisha, who has crawled under a rocking chair, begins to cry. Her caregiver, noting her distress, bends down and lifts her up, saying, "You're all right. You're all right."

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http://httpprints.yorku.ca/archive/00000223/01/SIDS_CDPS.pdf
Toddler's 1-3 yrs

Physical Development

8-24 months
- Walk, run, slide
- Throw and catch
- Stacks objects
- Holds crayon in fist
- Turns pages in book

24-36 months
- Walks up and down stairs
- Kicks up a ball
- Rubs a tricycle
- Jumps in place
- Builds a tower or two
- Holds crayon with thumb and forefinger

Body Characteristics
- Height increases 2 or 3 inches
- Weight increases 4 to 6 pounds
- Body changes from chunky to lean and tall

Cognitive Development

12-18 months
- Try new ways to do things
- Imitate behavior of others
- Use trial and error
- Object hiding activities

24-36 months
- Enjoys stories
- Listens attentively
- Repeats comments during stories
- Matches four colors
- Attempts to play with unfamiliar toys

Development

18-24 months
- Picture ideas, objects and events in mind
- Classifications
- Cause and Effect
- Names objects in books

12-18 months
- Starts to use words
- Repeat syllables
- Understands simple directions
- Uses gestures

24-30 months
- Recognizes 300-500 words
- Sees nursery rhymes
- Asks questions
- Recognizes self
- Enjoys adult attention
- Understands own needs
- Loses to talk

Possible delays and atypical development

Social and Emotional Development

12-18 months
- Attaches to caregiver
- Explores surroundings
- Gives and receives toys
- Picks up and puts away toys
- Plans alone for short periods

24 months
- Lives alone
- Shows affection
- Recognizes own name
- Understands own needs
- Loses to talk

* Routines and behaviors
* Atypical behaviors

* Routines and behaviors
* Atypical behaviors
JiSpectrum Disorder Early Indicators

A developmental disorder, neurologically based, not to communicate to share focus. Characterized as a Spectrum of difficulties in communication, socialization, and behavior.

Characteristics Include:
- Communicate to express wants or needs,
- Restricted patterns of behavior but not conventionally
- Adherence to routine
- Persistent preoccupations eq. wheels of a car
- Repetitive motor mannerisms eq. hand flapping

Often co-occurs with MR/Lue5ted nteention Mental Retardation MR.

There have been a great deal of debate of the years as to the most beneficial types of intervention characterized by significantly sub-average intellectual functioning.

The best intervention found so far have been highly-structured behavioral programs.

IQ of 70-71 and below.

Clinician Directed, with discrete trial training methods.

Indicators:
- * Attending behavior: Children with MR have limited consciousness of following directions.

51% SSF children have a comprehension level that is on par with expected levels of their age.
- * Prompted visual responses with cognition but production skills are poorer. They can’t express as much as they are able to understand.

Attention/Classroom Adaptations: Learning Disabilities.

Positive environment: “A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written.

Specifically, an underlying process problems characterized by a gap/discrepancy in achievement level.

Step-by-step task development.

Teach daily and living social skills. Encourage independence.

More specifically, an underlying process problems characterized by a gap/discrepancy in achievement level.
Types of LDs

- Reading disability: dyslexia
- Writing disability: dysgraphia
- Math disability: dyscalculia

ADHD is NOT a learning disability although it does co-occur.

Intervention Approaches

- No cure is with kelp, but people can be successful
- Learning is improving
- Work in prevention
- Institutions by professionals

Theorists

- Jean Piaget
  - Sensorimotor: Birth-2yrs
  - Preoperational: 2-7yrs
  - Pulling a lever to hear the sound of a music box, putting objects in and taking them out of containers

- Erik Vygotsky
  - Scaffolding, Cognitive

- Erikson
  - Autonomy vs. shame and doubt 1-3yrs
  - Initiative vs. guilt 3-6yrs
  - Use new mental and motor skills, children want to choose and decide for themselves
  - Autonomy is fostered when parents permit reasonable free choice and do not force shame on the child
  - Through make-believe play, children experiment with the kind of person they can become

- Urie Bronfenbrenner
  - The Ecological Research Model
    - Begins with the child
    - Microsystem: consists of family, school, church, play groups, etc.
    - Mesosystem: defines how the child interacts with the groups he/she has contact with on a daily basis

Sigmund Freud

- Anal Stage 1-3yrs
  - Through make-believe play, children experiment with the kind of person they can become
Sigmund Freud, Psychosexual Development

Young toddlers and preschoolers enjoy holding and releasing urine and feces. Toilet training becomes a major issue between parents and children. If parents insist that children be trained before they are ready or make too few demands, conflicts about anal control may appear in the form of extreme orderliness and cleanliness or messiness and disorder.

J. Lev Vygotsky, Growth and Learning Interaction

Language/Communication

Learning leads to sociocultural cognitive areas:
- Language
- Concepts
- Problem solving
- Intellectual needs

Affective Area
- Aggression
- Dependency
- Cooperation
- Fears
- Self-concept
- Affective needs
- Motivation


Description:
4 videocassettes 97 mm. : sd., col. ; 1/2 in. + 1 workbook 39 p.

All locations:
Towson University, Media Resource Services Video Cassette I LB1139.23 £877

Other title:
Infant and toddler care

Notes:
MOD 131 has title frame and MOD 128 has the container label as Infant and toddler care.
VHS

Credits:
Producer/director: Larry Walcoff; content designer: Arleen Prairie; produced by General Learning Video.

Summary:
"This program is one in a series of programs presenting information about developmentally appropriate practice on a variety of topics designed for early childhood educators, caregivers, and students."

Contents:
MOD 128 Child centered curriculum -- MOD 129 Exploring and learning -- MOD 130 Sensory and art -- MOD 131 Keys to quality infant and toddler care.

Local note:
MOD131 7651

Subjects:

Other author:

Format:
Videos/Films all

Videos - VHS

ISBN:
1557402973

Workbook:
http://catalog.umd.edu/F/XP2RJA71Q1PSII9JIRPXQI5GP3 77C8E4FR9EFNFP9P6HGNIQ,.. 6/5/2006
Title: Toddlers [videorecording] The second year of life

Writer and executive producer: Christine Schrank.

Published: Lake Zurich, IlL: Learning Seed, c2003.

Description: 1 videodisc 21 mm.: sd,, color; 4 3/4 in. + 1 leader's guide [12] p. ; 19 cm.


Notes: DVD. Closed-captioned. Narrator: Matt Doughtie.

Summary: Producer Physical, mental, emotional and social development intertwine as toddlers learn to move, think and speak in new ways. Watch our cast of toddlers struggle with the conflict between wanting to be independent and the desire to cling to the security of a parent. Learn about different personality styles and the role of temper tantrums in emotional development.
Developing High-Quality Family Involvement Programs in