DEVELOPMENTAL PSYCHOLOGY

MEETING III

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School Readiness

BODY

MENTAL

EMOTIONAL

SOCIAL

BODY

- Completed ossification of wrist bones
- Stretched skeleton
- Solid skeleton and developed muscles
- A certain level of physical condition
- Child can handle heavy physical stress (long sitting, school briefcase)
- Well developed fine motor skills and well-developed tiny muscles of the hands and eyes (for reading and writing)
- Good visuomotor coordination (important for writing)

MENTAL Maturity

Sufficient maturity of brain

- Developed mental processes (understanding is more realistic, fantasy processes are on decline)

CHILD:

- understands simple terms related to time (yesterday-today-tomorrow, morning-noon-evening)
- knows the seasons
- is able to sort things by size, length, quantity, kind
- is capable of logical thinking about terms (what are similarities of: table and chair; shirt and sweather, etc)
- knows basic colors - even complementary (orange, brown, pink, purple)
- has some numerical knowledge (how many legs the dog has, how many days are in a week) and skills (can count to 10)
- adds and subtracts to 5 (add and remove from a number of things)
- it can show the right number on fingers or is able select the required number from the pile of items

MENTAL Maturity

Memory (intentional memory)

- remember a sentence of eight words and literally repeat it
- do the task based on three instructions given at one time
- memorize short poems and songs, or tell jokes or riddles

Lateralization and development of sensorimotor coordination

Developed speech

- fluent and expressive speech
- grammatically correct
- to speak in sentences, answer questions

The maturity of visual and auditory differentiation and graphomotorics

(the child is able to differentiate between various shapes and name the basic shapes; knows the shapes of at least some letters and numbers, knows the first letter in the word)

MENTAL Maturity

Adequate level of intelligence

Increased requirements for intentional attention:

Ability to perceive and focus (at least 10-15 minutes)

Curiosity and interest in gaining of knowledge

SOCIAL AND EMOTIONAL Maturity

Ability to:

- manage and cope with emotions

- accept the role of a student (e.g. accept the authority of the teacher,   be the part of the group)

- perform difficult tasks, work alone

- interest in social interaction (with other classmates, making friends)

- be without a mother

- to share teacher‘s time with other children

- control himself (Don't interrupt - wait to speak; answer and ask only on call)

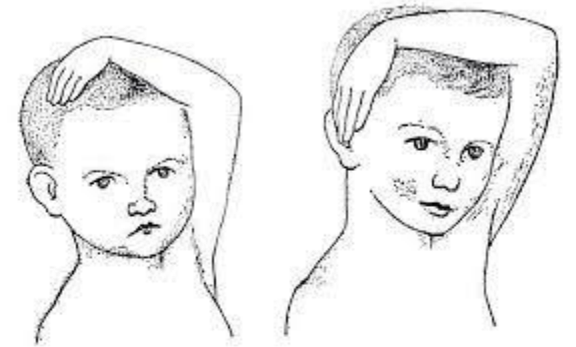
School maturity basic indicators

Age ☺

Height and weight "approx. 120 cm and 20 kg"

Second dentition

Shape of body (extension of limbs, body should dominate and head should be smaller) Philippine rate



Psychological indicators of maturity - eg: Jirásek´s test of school maturity

- drawing of human figure (laterality, overall intellectual level and graphomotoric problems)
- imitation of a written sentence, (ability to concentrate; make efforts to accomplish tasks)
- copy a group of 10 dots (accuracy and visual movement coordination)

Consequences of school immaturity

School failure

reduced self-esteem

negative emotions towards oneself, adults, school

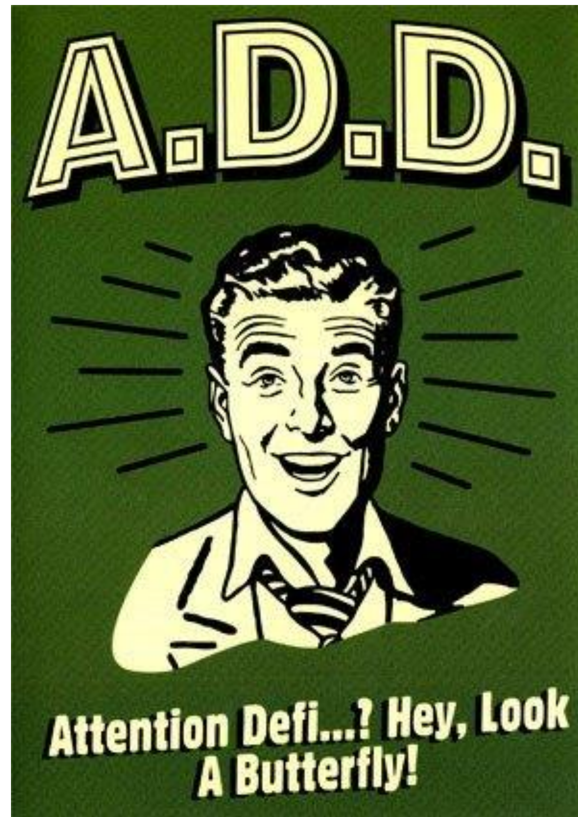
overloading at school and at home

Creating a negative attitude towards school and education

REACTIVE BEHAVIOR DIFFICULTIES AND PROBLEMS

(aggression, shyness, anxiety)

ADHD



ATTENTION DEFICIT HYPERACTIVITY DISORDER

- What do we know about the disorder?

- How does it manifest?

- What is the appropriate way to work with it?

INCIDENCE

How many children out of 100 have ADHD?

6 -10

%

Causes of the disorder - heredity (genetics)

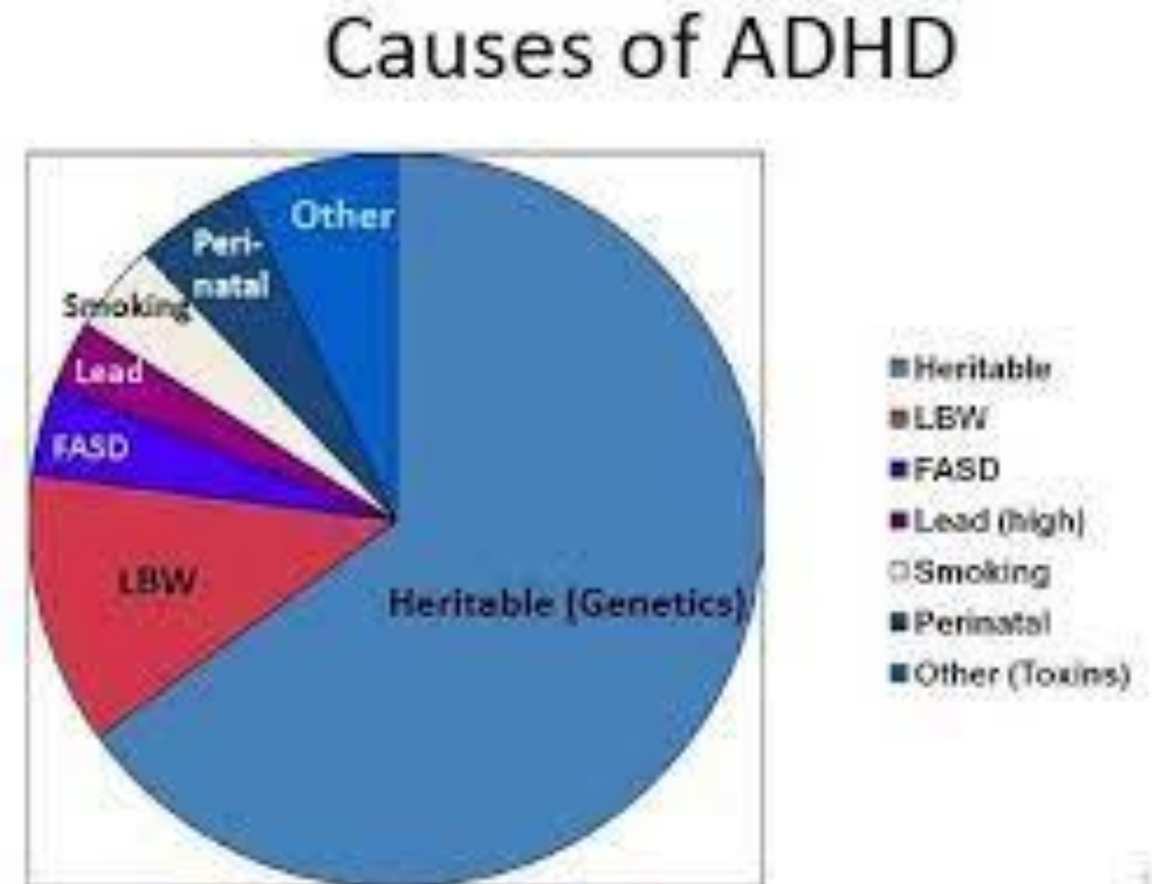
Experiences with parents?

- 5x higher incidence in first-degree relatives
- It persists in adulthood in 40-60% of cases (3-5% of adults)
- Inheritance 0.76

Causes of the disorder - non-genetic factors

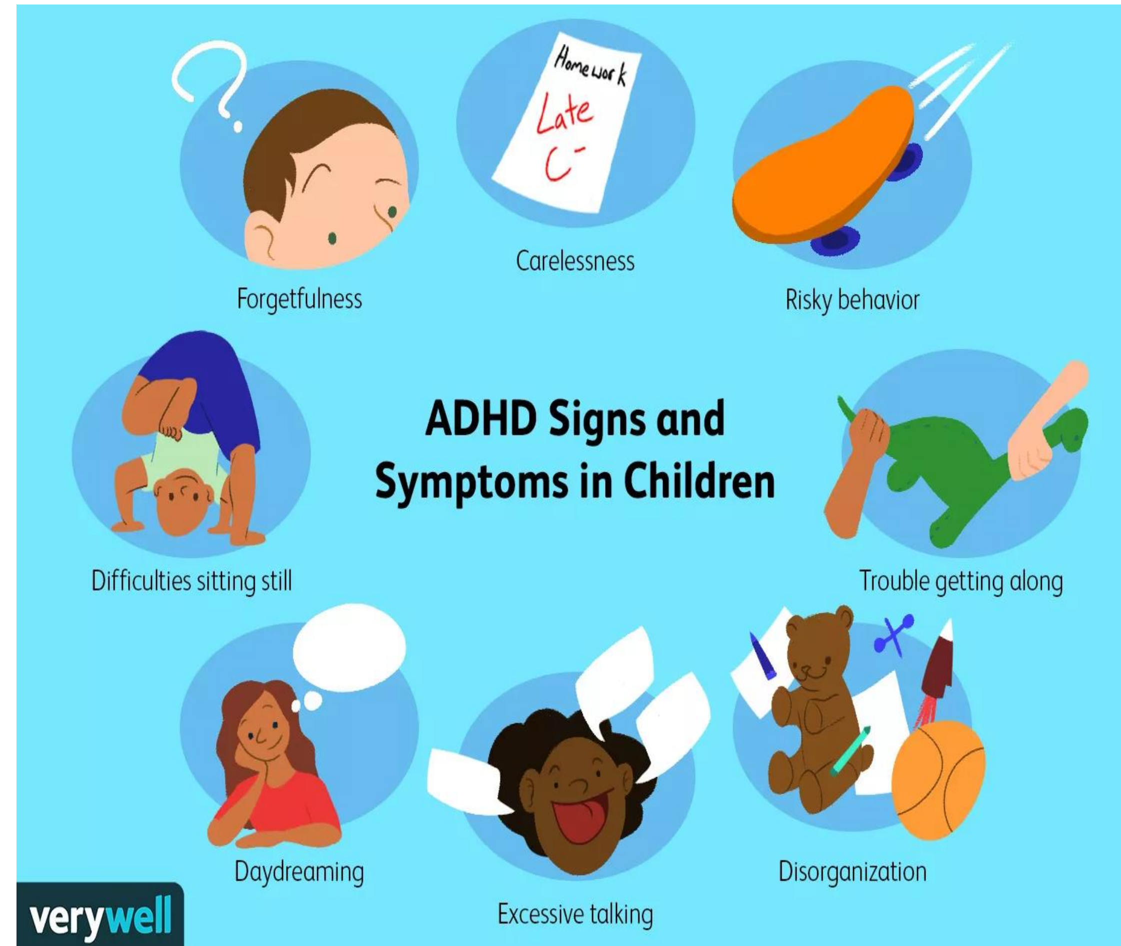
- Smoking
- alcohol during pregnancy
- Premature delivery
- Low birth weight
- Perinatal complications
- Severe head trauma in childhood

- ~~Upbringing~~



Basic manifestations and criteria for diagnosis

- Hyperactivity
- Attention deficit
- Impulsivity
- **Important to distinguish from other difficulties:**
- Beginning before the age of 7
- Persistence of symptoms (at least 6 months)
- Occurrence in at least two different environments
- **Important to keep in mind:**
- Manifestations are variable - depending on the maturation of the brain
- It is not related to the child's intelligence (although as a result it is related to poor school performance)



Hyperactivity

- **Restlessness** (restless, shaking)
- **Pointless and unnecessary movements** (can't stand sitting in place running)
- **Excessive amount of energy** (disturbs, is noisy, difficult to keep calm, constantly in motion)
- **Increased speech**

Attention deficit

- **Short intervals of focusing on one thing** (difficult to concentrate, unable to maintain attention)
- **Inability to choose from multiple stimuli - to distinguish the essential from the insignificant** (does not seem to listen)
- **Short tenacity of attention** (does not complete activities)
- **avoiding tasks that require increased mental effort**
- **Untidiness**
- **Distraction**
- **Loss of things**
- **Forgetting**

Impulsivity

- **Unstoppability in speech**
- **Quick inadequate reactions** (answering without thinking)
- **Can't wait**
- **Interrupts others, jumps into speech**
- **Poor understanding of one's own feelings and impaired ability to correct them** (acts before imagining the consequences)

Other manifestations

- **Emotional lability** (mood swings, reduced frustration tolerance)
- **Memory problems and disorders**
- **Perceptual impairment**
- **Speech disorders** (delayed speech development, pronunciation disorders)
- **Difficulties in social behavior**
- **Difficulties in interpersonal relationships, communication with peers, cheating, lying, aggression**
- **Feelings of boredom**

Diagnostics and the role of the teacher

What is the diagnosis?

Tom is 8 yrs old, during the lecture he can not sit still, sometimes he is daydreaming, he forgets things, has trouble focusing. When teacher ask question he does not raise his hand, he simply shout answer out loud. He is also interrupting girls in front of him. When he is warned by teacher he acts emotionally very instable and impulsive. His self-confidence is very instable.

May be ADHD

What is the diagnosis?

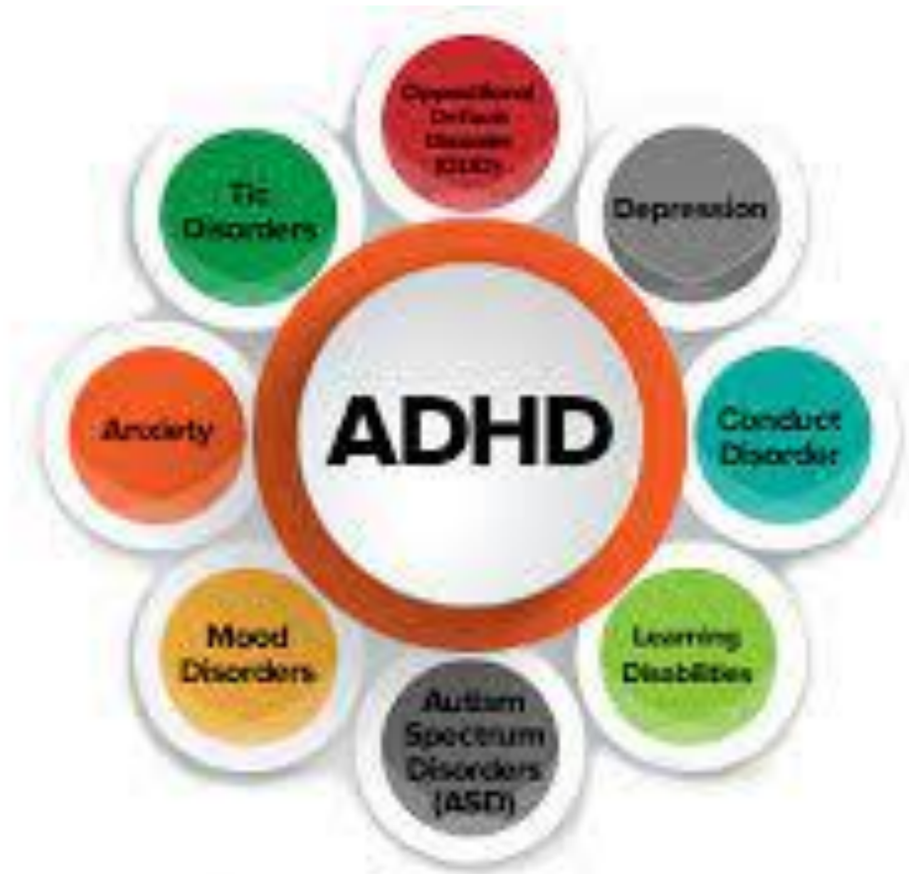
Johny is 9 years old, during the lecture, he walks around the class, when teacher tells him to sit down, he can sit maximally for five minutes. He is very hyperactive, talk very fast, he makes impression his thougths are running. During the break he touches girl´s bottoms and „breasts“ and laughing loudly. His mom says he has so much energy that he can sleep only four hours and he is still full of energy. He also has problems with focusing on what is taught.

May be BIPOLAR DISORDER (MANIC EPISODE)

UNPROFESSIONAL INTERPRETATION

Tom is 8 yrs old, during the lecture he can not sit still, sometimes he is daydreaming, he forgets things, has trouble focusing. When teacher ask question he does not raise his hand, he simply shout answer out loud. He is also interrupting girls in front of him. When he is warned by teacher he acts emotionally very instable and impulsive. His self-confidence is very instable.

Johny is 9 years old, during the lecture, he walks around the class, when teacher tells him to sit down, he can sit maximally for five minutes. He is very hyperactive, talk very fast, he makes impression his thougths are running (RACING THOUGHTS). During the break he touches girl´s bottoms and „breasts“ and laughs loudly (SEXUAL DESINHIBITION). His mom says he has so much energy that he can sleep only four hours (DECREASE NEED FOR SLEEP) and he is still full of energy. He also has problems with focusing on what is taught



Other psychiatric problems often associated with ADHD?

- Behavior disorder
- Anxiety
- Psychosocial deprivation
- Depression

Problems that look very similar to ADHD?

- Upbringing inconsistency
- Psychosocial deprivation
- Asperger's syndrome (high functional)
- Bipolar disorder (manic phase)
- Emotional disorders
- Anxiety disorders
- Poor nutrition
- Sleep deficit…

Medical Conditions Similar to ADHD

01 Anxiety Disorders
02 Depression
03 Autism Spectrum Disorder
04 Oppositional Defiant Disorder
05 Conduct Disorder
06 Bipolar Disorder
07 Seizure Disorders

TEACHER 'S ROLE IN DIAGNOSTIC PROCESS

„a reliable expert“

in daily contact with the child (possibility of long-term observation)

REPORT ON THE CHILD´S BEHAVIOR

("camera record")

The diagnosis may be given by:

-child psychiatrist (or child clinical psychologist, neurologist)

ADHD and medication

Psychostimulants = one of the most effective drugs in psychiatry

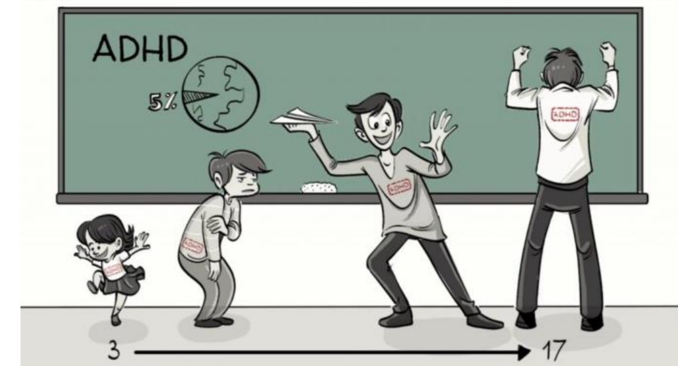
- up to 70% of respondents
- increase in dopamine in needed areas

MEDICATION:

- positively affects the core symptoms of ADHD
- reduces impulsive aggression
- improves social interaction
- increases the success of the study
- indicated treatment = prevention of drug addiction

ADHD at school

- Difficulties in cognition becomes dominant problem
- Problems with discipline, disturbance, forgetfulness
- Failure which is not caused by intellectual deficits
- Feelings of failure, failure
- Development of behavioral disorders
- Risk-taking in various areas
- Social maladaptation
- Difficulties in peer relationships
- Difficulties in relations with authorities



Theory of stages of moral development
Lawrence Kohlberg

Heinz Dilemma

an interactive animation

Theory of stages of moral development
Lawrence Kohlberg

Kohlberg's stages of moral development constitute an a**daptation of a psychological theory** originally conceived of **by Piaget**.

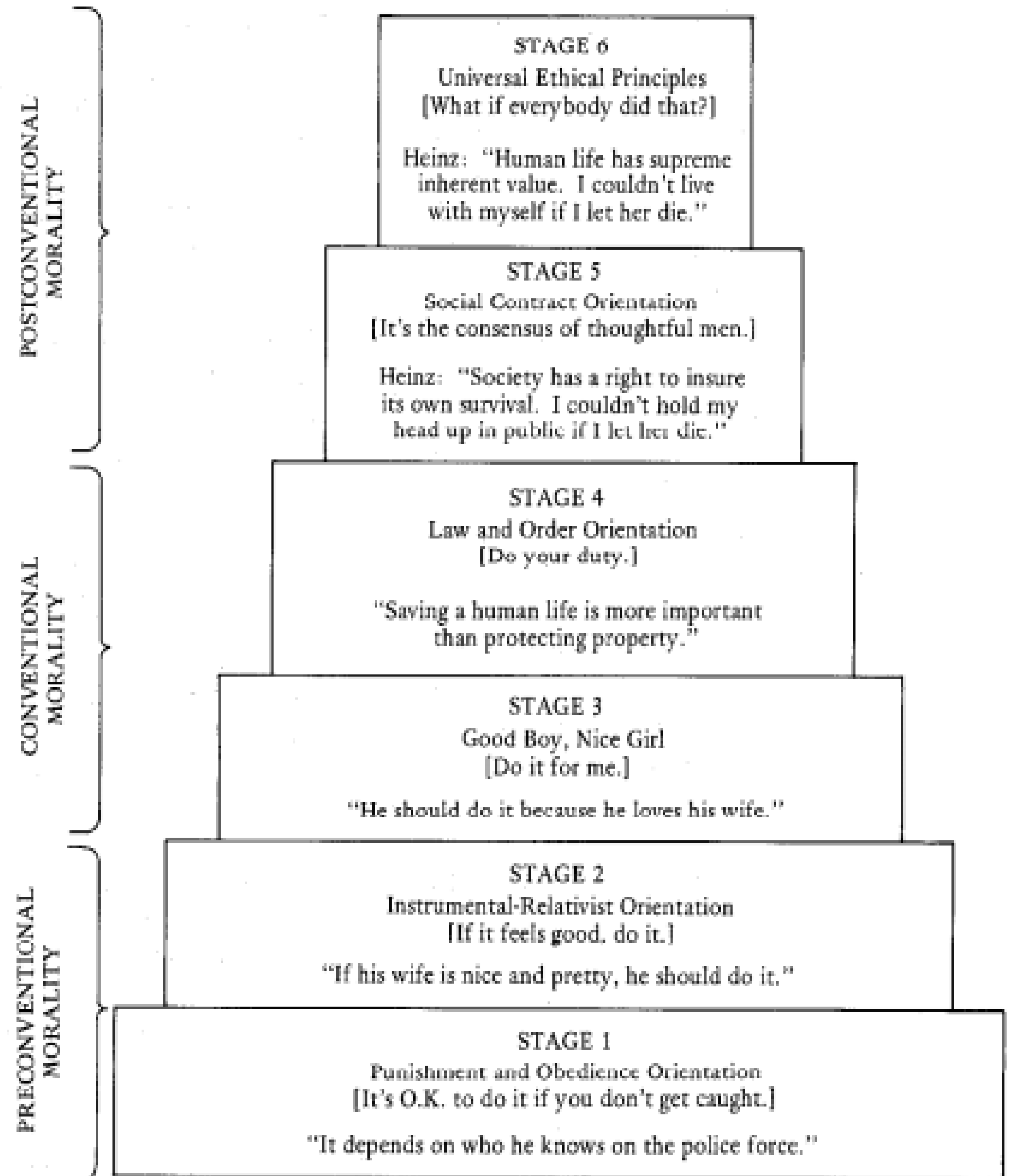
Moral reasoning has **six developmental stages**, each more adequate at responding to moral dilemmas than its predecessor.

the process of moral development was principally concerned with justice, and that it continued throughout the individual's lifetime (how individuals would justify their actions if placed in similar moral dilemmas).

Kohlberg's scale is about how people justify behaviors and his stages are not a method of ranking how moral someone's behavior is.

Kohlberg’s Six Stages

- Stages cannot be skipped
- Each stage provides a new and necessary perspective
- Each stage is more comprehensive and differentiated than its predecessors



Level 1 (Pre-Conventional)

- Child's level. (However, some adults act out of this level.)
- People at this level judge the morality of an action by its **direct consequences**.
- Solely concerned with the self in an egocentric manner.
- Person has not yet adopted or internalized society's conventions regarding what is right or wrong, but instead focuses largely on **external consequences** that certain actions may bring

1. Punishment avoidance and Obedience orientation

(*How can I avoid punishment?*)

2. Exchange of Favors: Self-interest orientation

(*What's in it for me?*)

(*Paying for a benefit*)

Level 2 (Conventional)

- Typical for adolescents and adults
- Those who reason in a conventional way judge the morality of actions by comparing them to society's views and expectations.
- At this level an individual obeys rules and follows society's norms even when there are no consequences for obedience or disobedience.
- Adherence to rules and conventions is somewhat rigid, however

3. Good Boy/Good girl: Interpersonal accord and conformity

(*Social norms*)

(*The good boy/good girl attitude*)

4. Law & Order: Authority and social-order maintaining orientation

(*Law and order, morality*)

Level 3 (Post-Conventional)

- There is a growing realization that **individuals are separate entities from society, and that the individual's own perspective may take precedence over society's view**; they may disobey rules inconsistent with their **own principles**.
- These people live by their own abstract principles about right and wrong—principles that typically include such basic human rights as life, liberty, and justice. Because of this level's "nature of self before others", the behavior of post-conventional individuals, especially those at stage six, can be confused with that of those at the pre-conventional level.

5. Social contract orientation

6. Universal ethical principles

(*Principled conscience*)

Heinz Dilemma

https://www.youtube.com/watch?v=5czp9S4u26M

https://www.youtube.com/watch?v=bounwXLkme4

https://www.youtube.com/watch?v=sBop4yfH4pg

https://www.youtube.com/watch?v=9GHJR9OuJug

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