Week 1

Classical developmental theories:

Piaget: cognitive develop
Kohlberg: moral development
Erikson: psychosocial development

Piaget:

Swiss born psychologist, introduced theory of cognitive development, described the development of children's thinking as occurring through 4 stages.
Each stage builds on the one before it to enable increasingly complex forms of learning & reasoning.
Criticisms: he used his own children as his focus for his study (not a large sample size)
Underestimated children's abilities, so now we believe that children may develop some of the cognitive skills he described EARLIER than he proposed

Sensorimotor stage: birth to 2 years
Understanding based on sensory feedback & physical actions.
Infant moves from reflexive to purposeful behaviour
OBJECT PERMENANCE - understanding that objects don't seize to exist just because we cant see them.
Infants are a big bundle of reflexes (very limited control over their motor fn) but within a couple months of birth they are able to manipulate movement to investigate their environment
"mad scientist" constantly running experiments to see how the world works.

Pre-operational stage: 2-7 years
Begins to use symbolic thought (able to represent one thing in their head using another as a symbol)
They can also use language to describe internal states such as thoughts and feelings
Reasoning is intuitive rather than logical
Initially egocentric (they are the centre of their universe)
Egocentric isn't able to see your point of view (selfish understands your point of view but doesn't care)
MAGICAL THINKING - closely tied with being egocentric, they believe they can influence events through wishing and hoping for something to happen, or form associations between unconnected events simply because they occurred around the same time
Also believe animals/inanimate objects have human characteristics

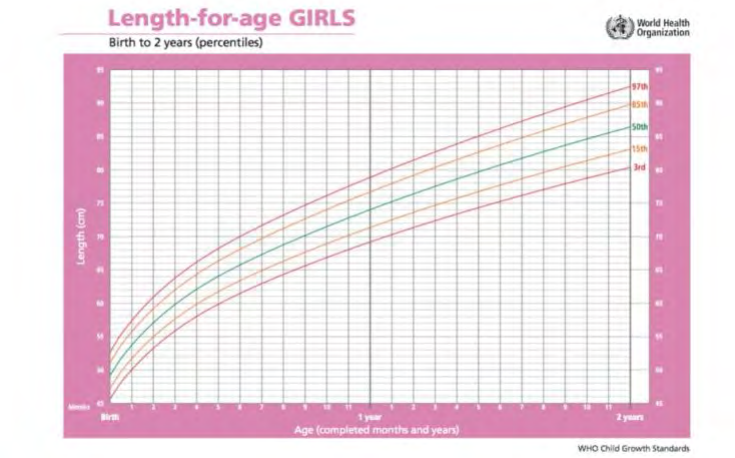
Concrete operations: 7-12 years
Able to use logic to reason through concrete (things they can see, feel, touch, taste) problems
Still have trouble with abstract concepts, but able to reason with things they can tangibly appreciate
Able to classify objects (they can put things in order: length, height, size) and group things into logical groups
CONSERVATION - the principle by which the total value of a physical quantity or parameter
The little boy video who thought there were more coins in the second row because it was more spaced out but it actually had the same number of coins, ant grasp the concept of conservation had to physically count the coins to understand it was the same

Formal operations: 12 years +
Able to use logic to reason through abstract problems (can think about things that haven't happened and reflect on the past)
Able to understand hypothetical situations (can ask what if?)
FLEXIBLE THOUGHT - ability to make decisions/reason with influence by thoughts, social interactions, feelings

Kohlberg:

American psychologist who developed theory of moral reasoning
Proposed over time & through experience we become more competent at solving moral dilemmas, moral reasoning starts in our immediate circle, then within our community & then with society more broadly.

Level 1: Pre-conventional morality
Right and wrong determined by rewards/punishment
Stage 1: punishment/obedience. Whatever leads to punishment is wrong

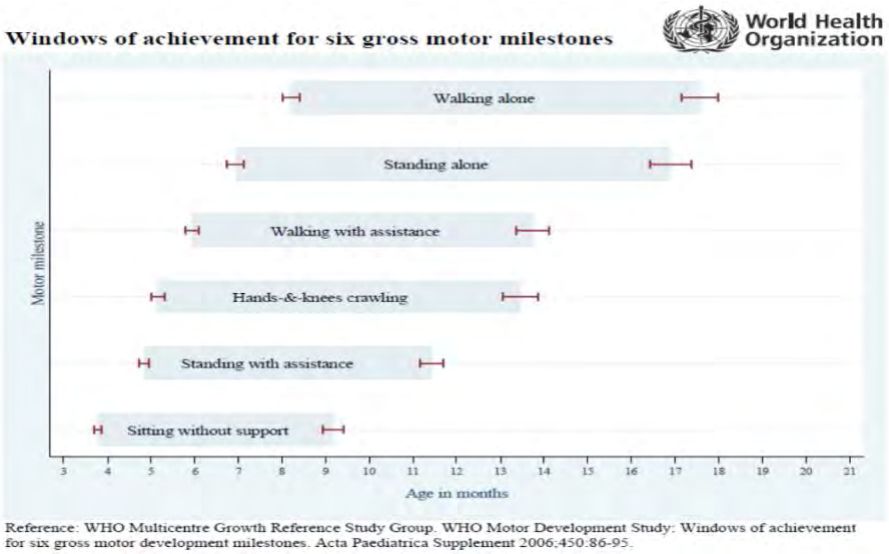


Green line 50th percentile line - out of the same population 50% of babies were shorter in length and 50% were longer in length
97th percentile - 97% fall below that line and only 3% of babies fall above (a very large baby for their age)

Most important thing to look at with a percentile chart is the TREND
Following the same line, track along the same line or growing at the rate we expect
Born on the 50th line but then drift to below the 3rd line which indicates a **failure to thrive**:
Could be an organic issue: metabolic problem, malabsorption disorder (not getting what they need to grow)
Or could be a non-organic issue: something in the child's social/emotional/physical environment which is impeding their growth in some way
(Regardless of the cause is to track their growth/development if its not occurring as expected need to intervene or refer on to ensure the child gets what they need)

Another physical change that occurs within the first 12 months is: **development of gross motor milestones**

1. Walking alone
2. Standing alone
3. Walking with assistance
4. Hand & knees crawling
5. Standing with assistance
6. Sitting without support



Reference: WHO Multicentre Growth Reference Study Group. WHO Motor Development Study: Windows of achievement for six gross motor development milestones. Acta Paediatrica Supplement 2006;450:86-95.

Baby able to coordinate their motor function
Windows of achievement are very wide
Skills build on each other, need to develop the trunk support necessary for sitting before they can stand independently (typical progression that most babies will follow)

MORAL
Kohlberg: from around the age of 7
Shift from level 1 pre-conventional morality to level 2 conventional morality
STAGE 3: GOOD INTENTIONS
Children typically follow rules/engage in behaviours because of the need to be seen as a good person in their own eyes and particularly in the eyes of others, rather than because there's an internal belief that some actions are morally good or bad
This often results in attempts to help other people however this can also lead to increase in dobbing in to get other children in trouble, or lying to avoid displeasing other people.
** So its important to make an effort to catch when children do the right thing, and to provide appropriate reinforcement, and lots of praise so they know what good behaviour looks like.
They need to be seen as a good boy/girl and respond positively to praise.

APPROACHES TO ASSESSING THE OLDER CHILD (children in school age period)
Much simpler than assessing a toddler or pre-schooler
Keen to win your approval, typically corporative
Can use head to toe or systematic assessment
Children like to feel helpful so consider giving the child a job to do during the assessment (pressing the button on the tympanic, take deep breaths when listening to their chest) - if you include the child in their examination it provides a way to promote positive self esteem while minimising the fear of the unknown

With appropriate support, school aged children can learn complex assessment and management techniques (monitoring BSL levels, pricking their own finger, administering their own insulin, Ventolin through spacer) so they have some control over their condition and feel some ownership of their management

Older children are better historians - have the cognitive capacity to answer more complex questions or provide a more detailed history - can describe their symptoms in detail and localising their pain (important to involve them when taking their history)

Older children are very inquisitive - Important to them to understand how things work
However thinking in this age group is relatively concrete so have trouble with things they cant see. Try keep information focused on things that they can see, hear or feel - using models, images, demonstration can help them understand and reduce anxiety.
Letting kids handle safe instruments if they wish.
Important! Keep telling the child what you're about to do & why you're doing it during examination, also provide reassurance.
Along with increasing cognitive ability comes the ability to worry - so children could be worried about loss of function, experiencing pain, or worried they'll die - so give information that is honest but hopeful is important

Developmentally appropriate communication, teaching & reassurance are important to ensure a positive health care interaction

Offer realistic choices as you can to help them feel empowered - what order their assessment is taken, what position they want to be in, liquid or oral meds etc

Age appropriate distraction is helpful during assessment
Young child - eye spy book, tell kids to describe what they see
Older child - iPad, videos, music
Let them decide, provide some options
If no resources to provide physical distraction; simple conversation, story telling or guided imagery is useful

Respond well to praise therefore when cooperating or being helpful acknowledge it with appropriate praise - can also be used during interactions to promote positive health behaviours at home (dental hygiene, good nutrition, physical activity) explain to the child and help them understand that these are positive actions that they can take

Also we want to know, who they live with, have they moved recently, what are the relationships like in their household, how do they get along with their family

Education/employment & eating

Where they go to school, how frequently they attend, what grade they're in. what their performance has been like lately, how relationships are school - any bullying, if they have support
Do they have job, are they financially independent
Eating - physical factors such as weight, are they skipping meals, eating 3 balanced meals a day? Are they binging? Are they exercising excessively or infrequently?

Activities & interests

What do they do outside of school? Sports, organised groups, clubs/parties, computer/tv use

Drugs & alcohol

Cigarettes, illicit drugs
Start out by asking if their family or friends use anything, then can ease into the patient's habits
We want to know what they use and how often - patterns
Also ask about regrets? If they've found themselves in situations they wish hadn't occurred
Finances - how are they affording the use, and if they've had any negative consequences from their use

Sexuality

Close relationships, kinds of sexual experiences they've had and with whom, gender of partners, risk of pregnancy and previous pregnancies
Ask about contraception specifically, and ask about condom use and STI exposure more specifically

Self harm, suicide & safety

Need to understand how they're feeling most of the time, how they're feeling more recently, have they thought of hurting themselves, have they engaged in self harm behaviours, have they thought of killing themselves?

- Opportunity to talk about it if you ask the questions

Suicide - do they have a plan?

Safety - risk of serious injury
Do they wear a seatbelt? Do they wear safety gear when playing sports? Have they ridden with a intoxicated driver?
Are they exposed to violence at school/home/neighbourhood
Do they carry or use weapons

Maintain an open and non-judgemental style when communicating and be clear that your goal is to promote optimal health outcomes