

Theoretical approaches to child development

Piaget

Concerned primarily with cognitive ability, Piaget theorised that development occurs across four stages: sensorimotor, pre-operational, concrete operational and formal operational. Every normally developing child passes through each stage in the same order and at similar ages.

Information Processing

Child development is gradual, age-related and marked by quantitative changes in attention, memory and thinking each of which contribute to the refinement of sophisticated problem-solving and interpretation skills. Again, this approach looks to universal patterns of development.

Sociocultural Theory

This approach draws heavily on the work of Vygotsky and seeks to understand child development within social and cultural contexts. Development is determined primarily by social interaction and specific cultural practices and is characterised by qualitative change observed as sudden leaps in ability at particular ages.

Psychoanalytic

Largely derived from the theories of Freud and his followers, this perspective describes normal social and emotional development as a series of stages related to innate human drives. Although prescribing a universal pattern of development, psychoanalysts seek to also explain individual developmental pathways and deviations from the norm.

Social Learning

Social context is seen as a vital contributor to gradual and cumulative child development. Focusing primarily on behavioural development, social learning theorists maintain that children learn by observing others and that they continue or discontinue certain behaviours based on the association of that behaviour with pleasant or negative consequences.

Bowlby

Based on an amalgamation of evolutionary, psychoanalytic and cognitive theories, this approach attributes children's development to the quality and impact of early attachment relationships with their primary care-givers.

for further information on these approaches see Chapter One of DeHart (above)

Further reading

DeHart, G.B et al. (2004) *Child Development: its nature and course*, Los Angeles, McGraw-Hill.

Maughan, B. (2001) 'Prospect and retrospect: Lessons from longitudinal research', in Taylor, E. & Green, J. (eds) *Research and Innovation on the Road to Modern Child Psychiatry*, Volume 1, Festschrift for Professor Sir Michael Rutter, London, Gaskell.

Shonkoff, J. & Phillips, D. (eds) (2000), *From Neurons to Neighbourhoods*, USA, National Academy of Sciences.

(Also available in full online at <http://www.nap.edu>).

The Up Series. (Seven Up / 7 Plus Seven / 21 Up / 28 Up / 35 Up / 42 Up) (1999) [DVD] Directed by Michael Apted, USA.

What is development?



- Childhood is a period of massive physical and psychological change without equivalent in adult life. These changes take place across all areas of development.
- All children are unique in some way but, at the same time, they will share similarities with others at similar stages in development.
- The professional task is to take a snapshot of a child's development at a particular moment. The analysis however is temporal, taking into account the onset of problems, their duration and their timing in relation to other events in the child's life.
- Much impairment has long-term sequelae in adulthood. However, many children who experience impairment to their development will go on to have relatively untroubled adult lives.
- Some form of impairment at some point in childhood might be considered to be normative.

Connections

connecting modules

'What is a threshold?' - the concept of normal and abnormal development is fundamental to the concept of threshold

'What is outcome?' - reducing impairment or abnormality in development is a primary focus of children's services

'How to do a social history' and 'How to do a routine individual assessment' - the application of ideas in this presentation to day-to-day assessment

exercises with this lecture

Normal and abnormal development group exercise
Discussion group 1 and 2



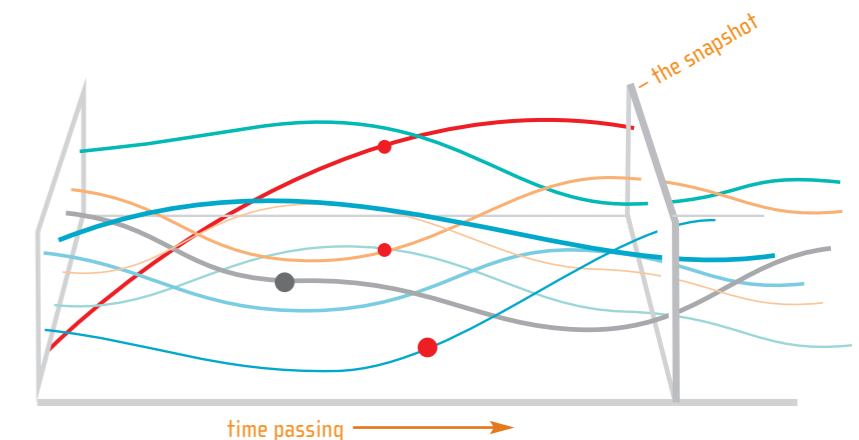
the other lectures in this module

What is different about children's development?
What are the features of abnormal development?
What differentiates between abnormal and normal child development?
What is abnormal and normal health?

most relevant Practice tools

Threshold has the fullest description of the ideas described in this presentation.

The illustration shows a series of interlocking lines that indicate fluctuations in dimensions of children's well-being over time. A plane is drawn across the lines, indicating a snapshot of what is happening in the child's life at a single moment in time. Practitioners are generally dealing with circumstances at a single moment in time. But that moment sits at the end of a longer period of development, and it sits before future continuities and discontinuities in that development. This lecture deals with the essential aspects of development; later lectures give some of the empirical evidence.



- 1 Childhood is a period of massive development. From birth to five years, the foundations of later well-being are laid, including dramatic changes in linguistic, cognitive and regulatory skills, as well social, emotional and behavioural capabilities. Less rapid but still significant changes occur thereafter, including far-reaching physiological changes at puberty, frequently associated with considerable social and emotional adjustment. Development means that, even in the early years, there are significant differences between individual children, including those whose environments are similar.
- 2 Child development is generally thought of as a series of age-related changes that are orderly, cumulative and directional. This indicates that concern might be expressed when there is: (a) lack of order, for example when a child's reading ability is not consistent with attention and enjoyment in school; (b) lack of accumulation, for example when gains in behaviour regulation do not produce attentiveness; and (c) lack of consistent direction, for example when there is weight loss or a sudden dip in educational ability.
- 3 The development of children unfolds along individual pathways whose trajectories are marked by continuities, discontinuities and significant transitions points. There are similarities in pathways, and common features to continuities and transitions, but there are also differences. This provides opportunities to think about the way individual children are similar and different from others at similar developmental stages; it also provides opportunities to consider what is normative or typical, and to calculate how individual children differ from the norm (or the typical child).
- 4 Continuities, discontinuities and transitions all require careful consideration and interpretation of the evidence since, on their own, they neither signal healthy nor unhealthy child development. A continuity of strong attachments is usually a positive sign, but so too are discontinuities of living situation in some circumstances - for example, where they encourage adaptability and independence.
- 5 The necessity of not jumping to conclusions about health or unhealthy development applies when interpreting the development of children exposed to even severe adversity. The resilience of children not to succumb to risk and the high rates of recovery among children suffering significant impairments to development are among the most striking features of research on child well-being. For example, the evidence on outcomes of children placed at birth in poor quality orphanages and later adopted emphasises both the negative impacts of institutionalised living but also considerable recovery from early deficits.
- 6 Several aspects of child development create challenges for its interpretation. Three examples relating to anti-social behaviour illustrate the point. First, similar impairments will be manifest in different ways across childhood; for example, anti-social behaviour in pre-school tends to be manifest as irritability, temper outbursts and disobedience but in adolescence it is associated with stealing or running away.
- 7 Second, many impairments are common and most children will suffer some form of impairment as they grow up, for example most boys steal at least once (indicating behavioural impairment) and most adolescent children will experience anxiety or depression at some point (indicating impairment to psychological health).
- 8 Third, growth curves differ by dimension of development. For example, children generally get taller with age, but typically anti-social behaviour increases very slowly until 14 years in girls and 17 years in boys, after which it rises significantly for two or three years before diminishing.
- 9 Patterns in the timing and onset of abnormalities in child development can indicate that apparently similar problems are in fact quite different. For example, longitudinal research clearly delineates between anti-social behaviour that occurs

across the life-course, and is evident from three years of age onwards, and that which is specific to adolescence. The former has more negative consequences than the latter, probably has different causes and, where that is the case, will respond to different types of interventions.

10 These first illustrations regarding interpreting signs about children's development – there will many more examples in subsequent presentations and exercises – emphasise the importance not only of recording the presence or absence of problems, risks and protective factors, but also of recording the start point (onset), the end point (to get at duration) and the potential influence of critical switch points (timing), such as puberty, that might help to explain the child's situation.

What influences development?

11 There are two ways to think about the influences on children's development. The first is based on empirical evidence. Research stresses three primary influences: (a) genes; (b) developmental history; and (c) current environment. The genes a child inherits will influence aspects of development; this can happen directly, or indirectly through interaction with the environment. For example, hyperactivity which has a strong genetic inheritance, will lead to different behavioural manifestations depending upon the environment to which it is exposed. It is rare to find any impairment to development that can be accounted for solely by genetic inheritance or solely by environment and context.

12 A second way to think about influences on child development is to refer to one of the many theories of child development. Effectively, these are ways of thinking about the issue, some of which also have some predictive value. So, for example, social learning theories of development stress the way in which children adapt their behaviour according to whether they receive certain rewards. Information processing theory views child development in the context of how the child's brain interprets the world. The list on the back page summarises some enduring theories of child development. Theories of this type are helpful in reflecting on different ways of understanding child development but tend to become counter-productive when one is seen as more important than the others.

The long-term significance of child development

13 An understanding of child development is the starting point of Common Language analysis because it helps to structure thinking about what can be achieved for a given child (outcomes) and what kinds of interventions (services) are likely to contribute to those outcomes. But developmental trajectories have much greater significance.

14 The well known Jesuit maxim, 'Give me the child until he is seven and I will give you the man' reminds us that trajectories beginning in childhood can continue into adulthood. Different types of impairment have different types of sequelae. Emotional disorders such as separation anxiety or depression, for example, are generally less enduring than disorders characterised by aggressive, disruptive or antisocial behaviour. Children who are persistently delinquent in childhood, tend to leave school early, leave home early, have sexual relationships early and have children early; and each of these sequelae frequently increase the risks of poor adult functioning, in which continued anti-social behaviour is a part.

15 At the same time it is important to bear in mind that there is no direct link between childhood problems and adult difficulty. Most children experience some impairment to their development, and most will, by definition, experience reasonably adjusted adult lives.