School Age & Adolescence

## Latency or School Age:7-11yr.



## I. Motor Development

The normal grade-school child, 7-11 years of age engages in complex motor tasks, e.g., playing football, skip ropes.

II. Social characteristics The school age child:

- 1. Prefers to play with children of the same sex; avoid and is critical of those of the opposite sex.
- 2. Identifies with the parent of the same sex.
- 3. Have relationships with adults other than parents(teachers, group leaders).
- 4. Demonstrate little interest in psychosexual issues.(latent).
- 5. Has internalized a normal sense of right and wrong (conscience) and understand how to follow rules.

- II. Cognitive characteristics. The school child
- 1. Is <u>industrious</u> and organized (gather collection of objects-stamps).
- 2. Has the capacity for <u>logical thoughts</u> and can determine that objects have more than one property (an object can be red and metal)
- 3. Understand the concepts of <u>conservation and</u> <u>seriation</u>; both are necessary for certain types of learning:
- A. <u>Conservation</u> involves the understanding that a quantity of a substance remains the same regardless of the size or shape of the container it is in (two containers may contain the same amount of water even though one is tall, thin tube and one is short, wide bowl)
- B. <u>Seriation</u> involves the ability to arrange objects in order with respect to their sizes or other qualities.

Age Range	Description of Stage	Developmental Phenomena
Birth-2 yr.	SENSORIMOTOR Infants know the world only through motor activities and sensory impressions- looking, touching, mouthing, grasping.	<ul> <li>Object         Permanence         by 8-12         months OP         develop.         (objects         continue to exist         when they pass         from view)         • Stranger         anxiety</li> </ul>
2-6 or 7years	PREOPERATION AL Representing things with words and images; using intuitive rather than logical reasoning	<ul> <li>Animism=         everything         that exist is         living and         endowed with         a will.</li> <li>Egocentrism         (unable to         distinguish their         own perspective         from that of</li> </ul>

## **7-11** years CONCRETE Conservation **OPERATIONAL** Once **Thinking** conservation logically about is learned, an object if they they learn r able 2 reversibility= manipulate if things it.While in FOS changed they will be the the presence of the object is not same. necessary 4 the **Egocentric** thought 2 take thoughts and believe in olace. animation decline. 12 through **❖** Abstract logic **FORMAL** Adulthood Speculate **OPERATIONAL** (11yr-16yr) about all **Abstract** reasoning (the possible capacity for solutions. deductive or ❖ Potential for propositional moral reasoning) reasoning.

## Adolescence: 11-20 years



- I. Early adolescence (11-14 yr. of age)Puberty is marked by:
- A. The development of <u>secondary sexual</u> <u>characteristics</u> and inc. skeletal growth.

Because onset and progression of puberty are so variables, Tanner (satages of sexual development) has proposed a scale consist of 5 stages to describe the onset and progression of pubertal change.

- B. <u>First menstruation (Menarche)</u> in girls occur at 11-14yr age.
- C. <u>First ejaculation</u> in boys occur at 12-15 yr. of age
- <u>D. Cognitive maturation and formation of personality.</u>
- E <u>Sex drives, which are expressed through</u> <u>physical activity and masturbation.</u>
- 2. Early adolescents show strong sensitivity to the opinion of peers but are obedient.
- 3. Alteration in expected level of development (acne, obesity) may cause psychological difficulties.

- II. Middle adolescence (14-17 years of age)
- A. Characteristics:
- 1. Great interest in gender roles, body image, and popularity.
- 2. Heterosexual <u>crushes</u> (love for unattainable person e.g. rock star) are common.
- 3. Homosexual experience may occur.
- 4. Efforts to develop an identity by adopting current teen fashion in clothing and music, and preference for spending time with peers over family are normal, but may lead to conflict with parents.
- B. Risk- Taking Behavior
- 1. Readiness to challenge parental rules and feelings of <a href="mailto:omnipotence">omnipotence</a> may result in <a href="risk-taking behavio">risk-taking behavio</a> (smoking).
- C. Education about <u>obvious short-term benefits</u> rather than reference to long-term consequences of behavior is more likely to decrease <u>teenager's unwanted behavior</u>.

- III. Late Adolescence (17-20 yr. of age)
- A. Development
- 1. develop <u>morals</u>, <u>ethics</u>, <u>self-control</u>, <u>and realistic</u> appraisal of their own abilities. They become concerned with humanitarian issues and world problems.
- 2.. Some, develop ability for abstract reasoning.
- B. In their effort to form one's identity, an <u>identity</u> <u>crisis</u> may develop. If the identity crisis not handled effectively, adolescents may experience <u>role</u> <u>confusion</u> they do not know where they belong in the world, and may display behavioral abnormalities through <u>criminality</u> or an <u>interest in cult.</u>

• 1st Illness and death in child & Adolescence

A child's reaction to illness and death is closely associated with the child's developmental stage.

- 1. During the toddler years-hospitalized children fear separation from parents more than they fear harm, pain or death.
- 2. During preschool years, the child's greatest fear when hospitalized-is bodily harm.
- 3. School-age children (7-11yr.) cope well with hospitalization. Thus, this is the best age to perform elective surgery.
- 4. At age 9 yr. children begin to understand that children can also die and begin to fear their own death.
- 5. Ill adolescents may challenge the authority of doctors and nurses and resist being different than peers. Both of these factors can result in <u>noncompliance with medical advice.</u>
- 6. A child with <u>ill sibling</u> or parent may respond by <u>acting</u> <u>badly</u> at school or home.(acting out DM)

- 2<sup>nd</sup>. Adopted children <u>should be told</u> by their parents that they are adopted <u>at the earliest age</u> <u>possible.</u>
- Mental retardation: the most common genetic causes of retardation are <u>Down's syndrome</u> and <u>Fragile X syndrome</u>.

Mildly (IQ=50-69) and Moderately (IQ=35-49) MR children and adolescents commonly know they are handicapped, and because of this they may become frustrated and socially withdrawn. They have poor self-esteem because of difficulty in communicating with peers.