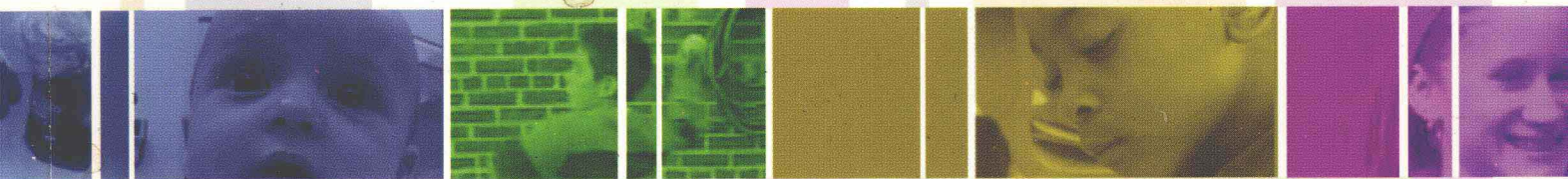


Observing Children and Adolescents



Student Workbook

Michie O. Swartwood • Kathy H. Trotter

Observing Children and Adolescents

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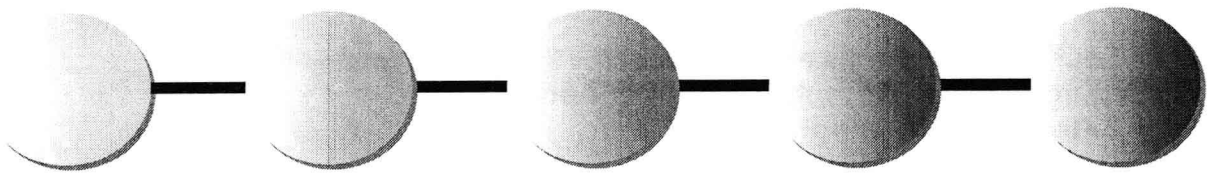
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OBSERVING CHILDREN AND ADOLESCENTS

Introduction: Connecting Content

1

0 – 2 YEARS: PRENATAL DEVELOPMENT, BIRTH, THE NEWBORN, INFANTS, AND TODDLERS

Section 1: Prenatal Development, Birth, and the Newborn

3

Prenatal Assessment

3

Birth

9

The Newborn—Sensation and Perception

14

The Newborn—Reflex Development

17

Section 2: Infants and Toddlers—Sensation, Perception, and Motor Development

21

Infants and Toddlers—Sensation and Perception
○ Smell, Taste, and Vision

21

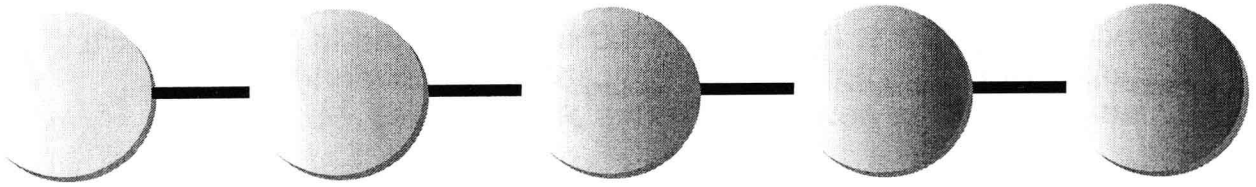
Infants and Toddlers—Motor Development
○ Gross Motor
○ Fine Motor

26

| | |
|-------------------------------------------------------------------------------------------------------------|-----------|
| Section 3: Infants and Toddlers—Cognitive and Language Development, Social and Emotional Development | 33 |
| Infants and Toddlers—Cognitive Development | 33 |
| o Early Learning | |
| o Piaget’s Sensorimotor Stage | |
| Infants and Toddlers—Language Development | 41 |
| Infants and Toddlers—Social and Emotional Development | 46 |
| o Temperament | |
| o Attachment | |
| o Gender | |
| Observation Module 1: Infants and Toddlers | 57 |
| 2 - 5 YEARS: EARLY CHILDHOOD | |
| Section 1: Early Childhood—Physical Development | 64 |
| Gross and Fine Motor Development | 64 |
| Section 2: Early Childhood—Cognitive and Language Development | 69 |
| Piaget’s Preoperational Stage | 69 |
| Language Development | 73 |
| Section 3: Early Childhood—Social and Emotional Development | 76 |
| Play | 76 |
| Gender | 80 |
| Observation Module 2: Early Childhood | 83 |
| 5 – 11 YEARS: MIDDLE CHILDHOOD | |
| Section 1: Middle Childhood—Physical Development | 91 |
| Gross and Fine Motor Development | 91 |

| | |
|-----------------------------------------------------------------------------|------------|
| Section 2: Middle Childhood—Cognitive Development | 96 |
| Piaget’s Concrete Operational Stage | 96 |
| Lev Vygotsky: The Zone of Proximal Development and Scaffolding | 100 |
| Memory | 103 |
| o Rehearsal Strategies and Suggestibility | |
| Section 3: Middle Childhood—Social, Emotional, and Moral Development | 107 |
| Self-concept | 107 |
| Peer Acceptance | 110 |
| Gender | 113 |
| Moral Development | 116 |
| Developmental Disabilities | 120 |
| Observation Module 3: Middle Childhood | 125 |
| 12 – 18 YEARS: ADOLESCENCE | |
| Section 1: Adolescence—Physical Development | 128 |
| Puberty and Body Image | 128 |
| Section 2: Adolescence—Cognitive Development | 132 |
| Piaget’s Formal Operational Stage | 132 |
| o Abstraction, Hypothetical Propositions, and Risk-taking | |
| Section 3: Adolescence—Social, Emotional, and Moral Development | 136 |
| Self Concept | 136 |
| o Identity Formation | |
| Peers and Domain Influences | 140 |

| | |
|-----------------------------------|------------|
| Cliques, Crowds, and Conformity | 144 |
| Moral Development | 148 |
| Observation Module 4: Adolescence | 152 |



OBSERVING CHILDREN AND ADOLESCENTS WORKBOOK

INTRODUCTION: CONNECTING CONTENT



Welcome to *Observing Children and Adolescents*, an observation program designed to provide you with a new way to experience and learn critical concepts in the field of child development. The goal of this program is to enhance your understanding of the major concepts and milestones of development through video illustration designed to connect a variety of important course theories with concrete examples.

We will explore physical, cognitive, and social-emotional development in children from birth through adolescence. We will cover a wide range of topics specific to each of the major content areas, divided chronologically among an ethnically diverse population. The program is designed to allow you to see, not just read or hear about, real children achieving the milestones of development, interacting with each other and caregivers, and participating in classic experiments.

Through extended overviews and carefully directed questions, this workbook will provide you with the opportunity to review the narrated video content and connect it to the information that you are learning in class and from your text. The unnarrated observation modules allow you to apply your knowledge to real-life situations, using context-based examples that can be viewed from multiple perspectives. These less structured observational exercises more closely mirror the complexity encountered in observing the development of a child.

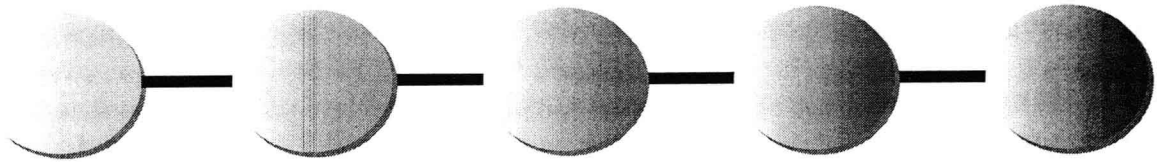
Each section of the workbook is divided into the following four sections:

Overview – The overview provides a brief summary of the narrated video segments. Important concepts illustrated in the video are outlined, with an emphasis on application. This overview sets the foundation for a review of key terms and concepts.

Key Terms and Concepts – This section covers concepts and terms which are relevant for the developmental changes illustrated in the video. Comprehensive definitions are provided for each term, helping you solidify your factual knowledge base.

Application: Knowledge in Action – This section of the workbook is designed to help you make important connections between key terms and concepts and real life situations. A series of open-ended questions are presented to stimulate critical thinking and to help you integrate and apply concepts illustrated in the video.

Observation Module: Research and Theories in Action – The observational video segments included for each module allow you to assess your ability to apply your knowledge. These video segments are unstructured and demonstrate a variety of developmental concepts. Observation module questions are designed to require you to integrate multiple perspectives, using information presented in class, in your text and workbook, and in the video.



OBSERVING CHILDREN AND ADOLESCENTS 0 TO 2 YEARS

SECTION 1: PRENATAL DEVELOPMENT, BIRTH, AND THE NEWBORN



PRENATAL ASSESSMENT

Dr. Cohen performs a detailed ultrasound on Eleanor Walsh who is in her 4th month of pregnancy. The ultrasound uses sound waves to produce an image of the unborn child for analysis. During a routine prenatal visit, ultrasound is used to estimate fetal age, determine the position and growth of the baby, and determine the health of the placenta. In high-risk pregnancies, the ultrasound is used to help rule out birth defects. Women approaching or beyond the age of 35 have a higher risk of having a baby with Down's syndrome and other chromosomal abnormalities. While the ultrasound cannot diagnose chromosomal or other abnormalities, it is a useful screen for estimating risk and the need for additional diagnostic tests such as amniocentesis.

KEY TERMS AND CONCEPTS

Amniocentesis: A prenatal assessment technique performed in the 11th to 14th week of pregnancy in which a needle is inserted into the mother's womb and a small amount of amniotic fluid is withdrawn and tested for genetic defects.

Chorionic villus sampling (CVS): A procedure used to diagnose birth defects in the first trimester of pregnancy that involves inserting a thin tube through the vagina and cervix or a needle through the mother's abdomen to collect a sample of fetal cells from the chorion membrane surrounding the fetus.

Chromosomal abnormalities: A problem with the chromosomes, either inherited or due to mutations, that leads to birth defects.

Down's syndrome: A genetic condition caused by an extra chromosome 21.

High-risk pregnancy: A pregnancy is considered high risk if the mother is over the age of 35 or has experienced a previous pregnancy with a birth defect, if there is a family history of genetic or birth defects, and if the results of other screening tests are abnormal.

Placenta: An organ that develops in the uterus just days after conception that provides respiration and nourishment for the unborn child and takes away waste.

Spina Bifida: A birth defect in which the spine fails to close properly.

Ultrasound: A prenatal assessment technique that uses sound waves to produce an image of the unborn child to estimate fetal age, to determine the position and growth of the baby, and to determine the health of the placenta.

1. According to Dr. Cohen, what is the most common chromosomal abnormality seen in live-born babies? What is the prevalence of this disorder? What is the relationship between maternal age and the risk of having a baby with this disorder?

2. Dr. Cohen explains how multiple prenatal assessment measures can be used together to make decisions regarding whether further medical monitoring procedures, such as amniocentesis, are necessary. Does he recommend an amniocentesis for Eleanor? Why or why not?

3. Describe the ultrasound procedure as performed by Dr. Cohen. What is the position of the baby? What structures does Dr. Cohen identify? What important health information is learned as a result of this ultrasound test? Be specific.
4. Describe two structural abnormalities and/or markers of chromosomal abnormalities discussed by Dr. Cohen as he performs the ultrasound.

5. What risks are associated with various prenatal assessment measures? How are decisions made regarding which measures to use? What are some ethical considerations in the use of prenatal monitoring procedures?

6. How prevalent are birth defects resulting from genetic factors? How can the family histories of prospective parents be used to determine the likelihood of a baby having a genetic disorder?

- Page 8

SECTION 1: PRENATAL DEVELOPMENT, BIRTH, AND THE NEWBORN



Birth

About to give birth, this mother is well into the second stage of labor – pushing and delivery of the baby. Contractions have become longer, stronger, and more frequent. This stage of labor, which lasts approximately one hour, is shorter than the first stage, which may take from 12 to 14 hours or longer in first pregnancies. In the final stage of labor, mild contractions lead to separation and delivery of the placenta, the baby's life support system while inside the womb.

Weighing in at 8 pounds and 19 inches long, bow-legged, wrinkled, red, screaming, and covered in vernix, Carter represents the typical newborn. The APGAR test is used to quickly assess this newborn's overall physical condition. Newborns are rated at one minute and five minutes after delivery on five distinct qualities: appearance, pulse, grimace, activity, and respiration. For each category, the minimum score is 0, the maximum score is 2. The baby's scores for each of the five categories are added together to get the final APGAR score.

KEY TERMS AND CONCEPTS

1st stage of labor: Begins with regular contractions and dilation and thinning of the cervix and ends when the cervix is fully dilated.

2nd stage of labor: Pushing and delivery of the baby.

3rd stage of labor: Separation and delivery of the placenta.

Alternative birth center: An alternative to the traditional hospital maternity environment that offers a home-like setting for labor and delivery.

APGAR test: An assessment technique performed at one minute and at five minutes after birth to estimate the newborn's overall physical condition.

Lamaze: An approach to childbirth that emphasizes drug-free labor and delivery and teaches relaxation, breathing, and imagery techniques to ease the pain.

Natural or prepared childbirth: Labor and delivery that is free of medical intervention.

Vernix: A white substance that covers and protects the baby's skin in utero.

APPLICATION: KNOWLEDGE IN ACTION

1. In the video, Lee has her baby in a hospital setting, without fetal monitoring or anesthesia. What are some other approaches to childbirth outlined in your text? How might a high-risk pregnancy impact birthing choices?
2. Lee was in labor for 9 hours with her first child, Carter. Is this typical? If she has other children, is her labor experience likely to be similar or different? Why?