HEAD TO TOE- PARENTS as PARTNERS FOR THE BEST ASSESSMENT OF YOUNG CHILDREN

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Together We Can
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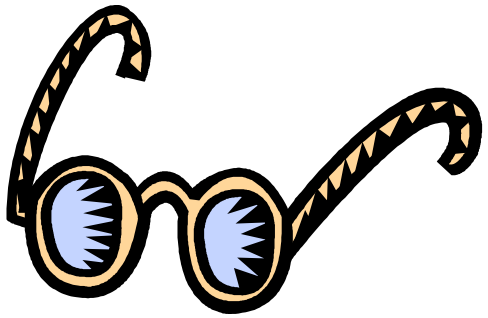
Today we will learn….

TO LOOK WITH ‘NEW’ LENSES AT THE PHYSICAL, SOCIAL AND LEARNING DEVELOPMENT OF YOUNG CHILDREN

LET’S PUT ON NEW ‘GLASSES’ TO VIEW CHILDREN’S DEVELOPMENT AND SHARE IT WITH PARENT PARTNERS



- Development is continuous from conception to maturity and its sequence is the same in all children, though its rate varies from one child to another

Illingworth 1987

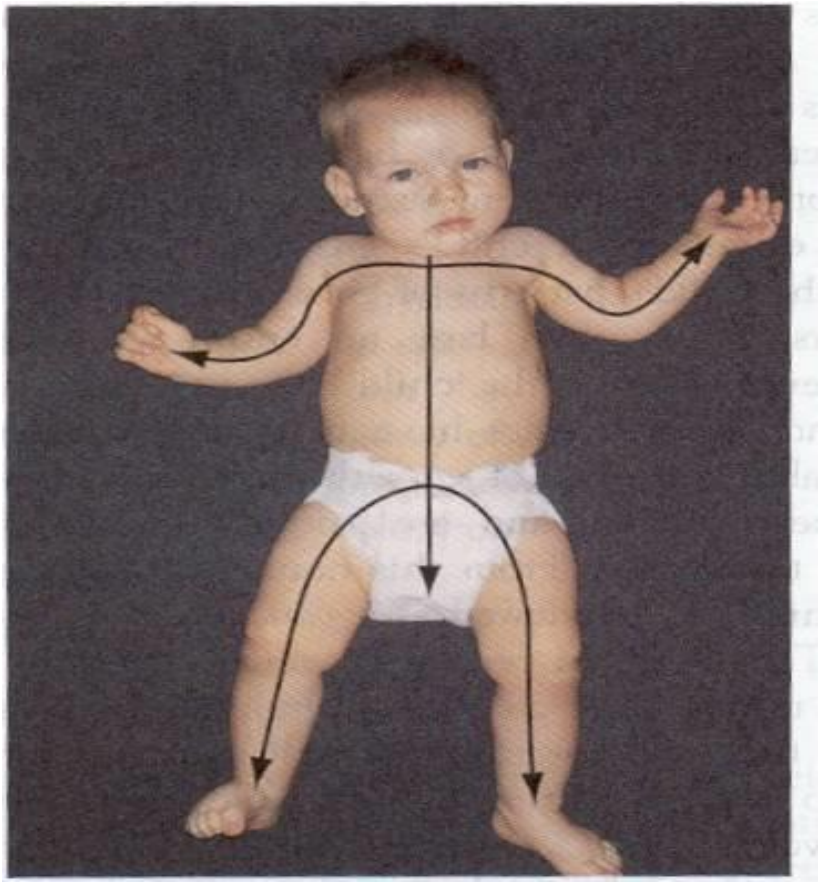
Principles of assessment

- **Listen** to parents to build partnership
- May need to see a child a second time
- Opportunistic pick up- LISTEN
- Take into account the state of the child
- Distinguish between developmental items reported and those observedDevelopment proceeds from the simple to the complex and from the general to the specific.
- Development occurs in a cephalocaudal and a proximodistal progression.
- There are critical periods for growth and development.
- Rates in development vary.
- Development continues throughout the individual's life span.

Stages of Growth and Development

- Infancy
  - Neonate
    - Birth to 1 month
  - Infancy
    - 1 month to 1 year
- Early Childhood
  - Toddler
    - 1-3 years
  - Preschool
    - 3-6 years
- Middle Childhood
  - School age
    - 6 to 12 years
- Late Childhood
  - Adolescent
    - 13 years to approximately 18 years

Growth Pattern



The child's pattern of growth is in a head-to-toe direction, or **cephalocaudal**, and in an inward to outward pattern called **proximodistal**.

Why developmental assessment?

- Early detection of deviation in child's pattern of development
- Simple and time efficient mechanism to ensure adequate surveillance of developmental progress
- Domains assessed:
  - cognitive,
  - motor,
  - language,
  - social / behavioral and
  - adaptive

Gross Motor Skills

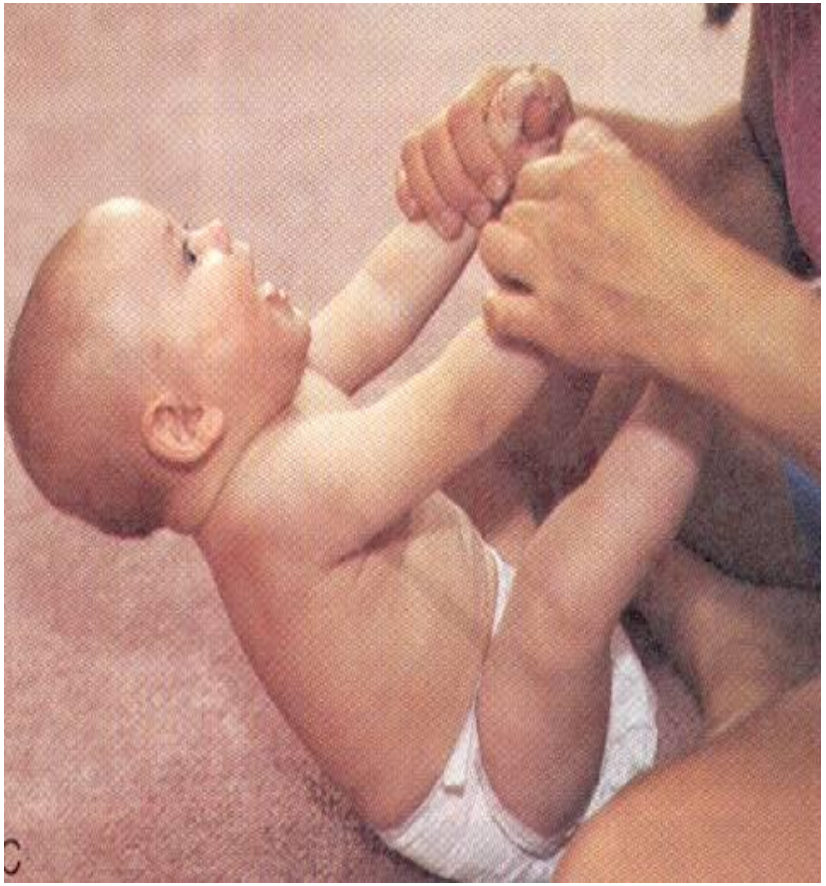
- The acquisition of gross motor skill precedes the development of fine motor skills.
- Both processes occur in a cephalocaudal fashion
  - Head control preceding arm and hand control
  - Followed by leg and foot control.

Gross Motor Development

- Newborn:
  - barely able to lift head
- 6 months:
  - easily lifts head, chest and upper abdomen and can bear weight on arms

Head Control

Newborn

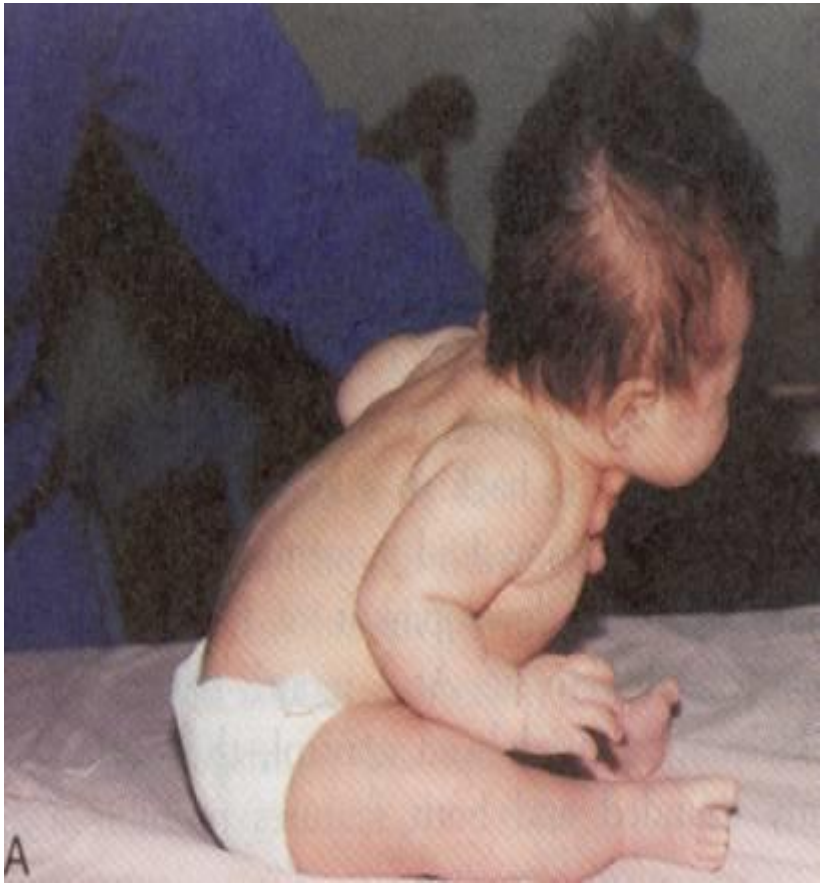


Age 6 months

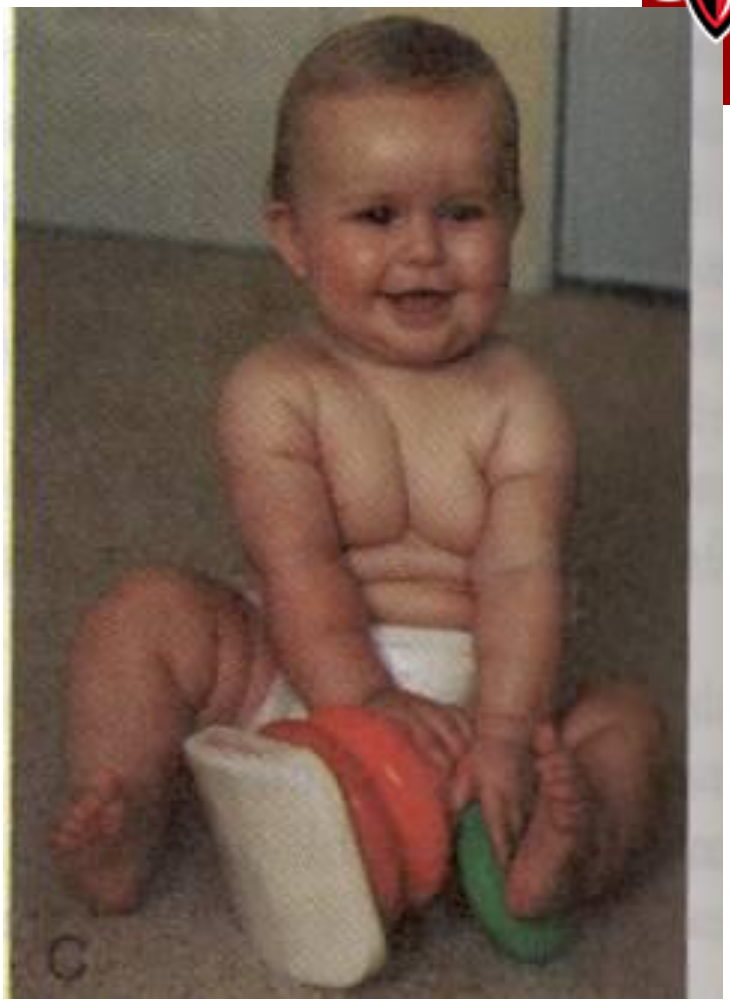
Sitting up

- 2months old: needs assistance
- 6 months old: can sit alone in the tripod position
- 8 months old: can sit without support and engage in play

Sitting Up



Age 2 months

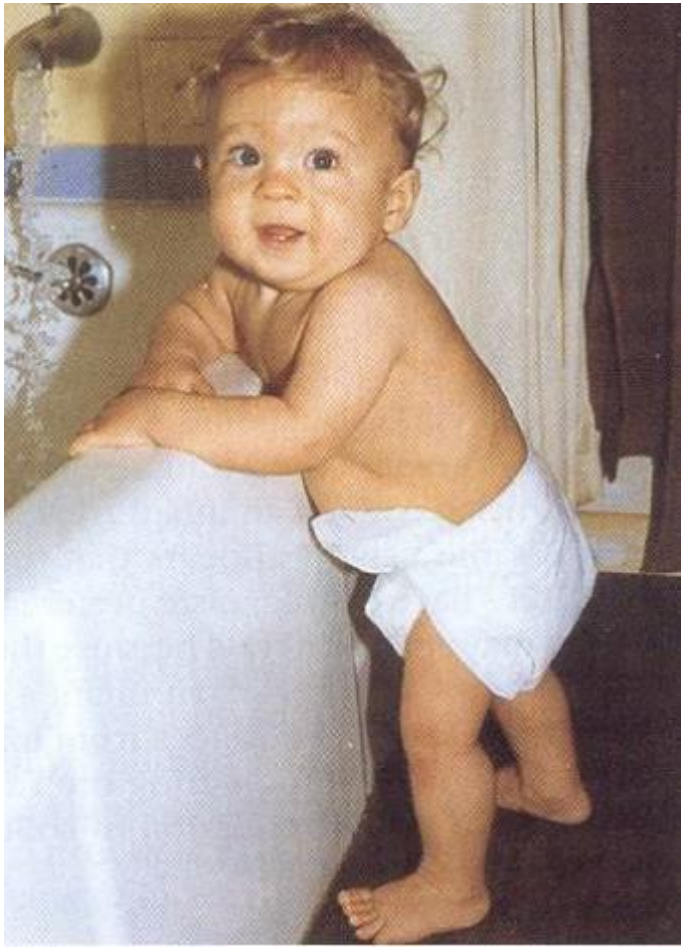


Age 8 months

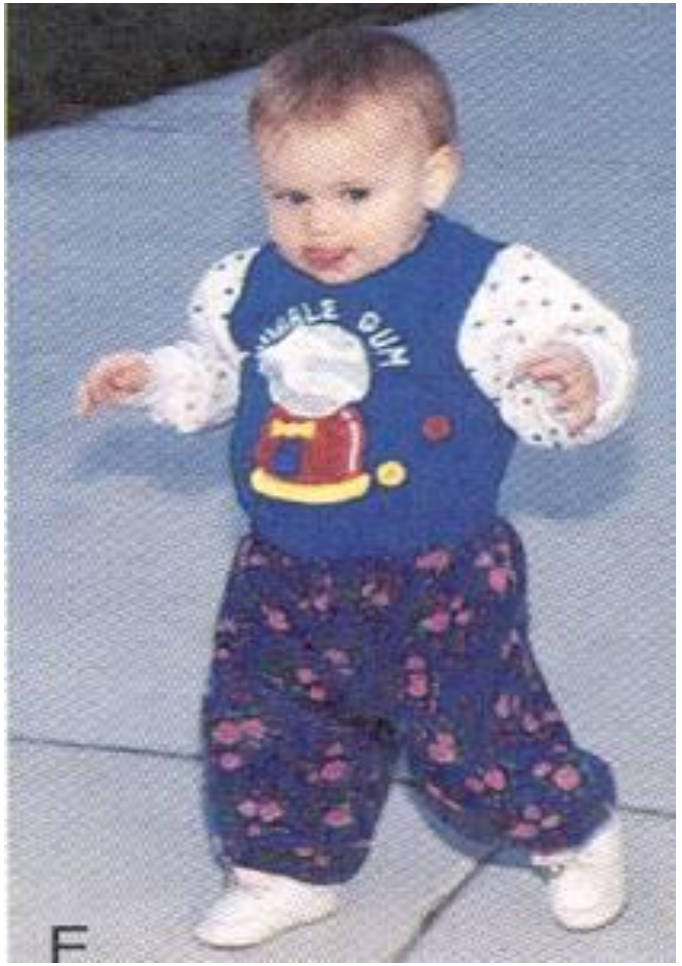
Ambulation

- 9 month old: crawl
- 1 year: stand independently from a crawl position
- 13 month old: walk and toddle quickly
- 15 month old: can run

Ambulation



Nine to 12-months



13 month old

Fine Motor - Infant

- Newborn has very little control. Objects are involuntarily grasped and dropped without notice.
- 6 month old: *palmar* grasp – uses entire hand to pick up an object
- 9 month old: pincer grasp – can grasp small objects using thumb and forefinger

Speech Milestones

- 1-2 months: coos
- 2-6 months: laughs and squeals
- 8-9 months babbles: mama/dada as sounds
- 10-12 months: “mama/dada specific
- 18-20 months: 20 to 30 words – 50% understood by strangers
- 22-24 months: two word sentences, >50 words, 75% understood by strangers
- 30-36 months: almost all speech understood by strangers

Hearing

- BAER hearing test done at birth
- Ability to hear correlates with ability enunciate words properly
- Always ask about history of otitis media – ear infection, placement of PET – tubes in ear
- Early referral to MD to assess for possible fluid in ears (effusion)
- Repeat hearing screening test
- Speech therapy as needed

Fine Motor Development

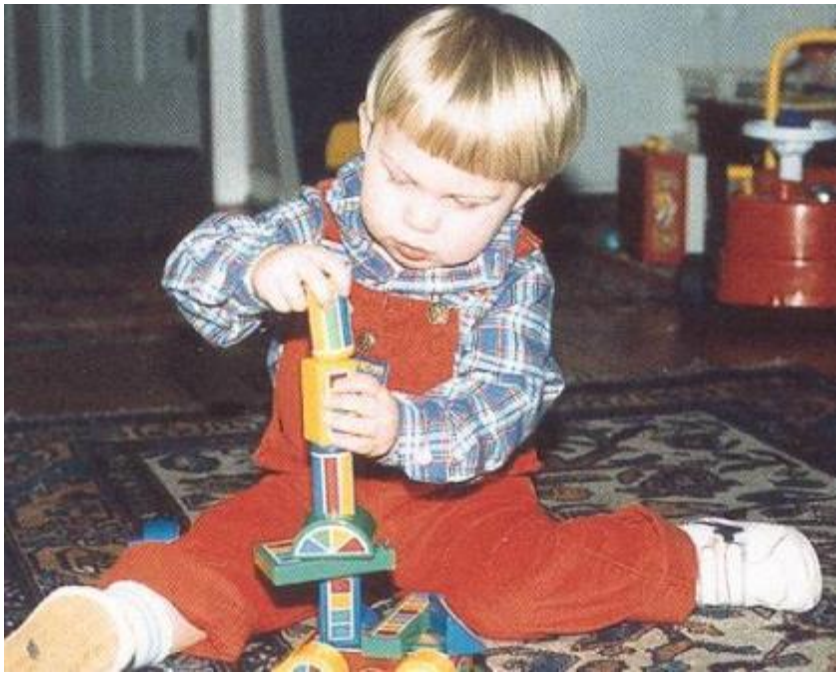
6-month-old

12-month-old

Red Flags in infant development

- Unable to sit alone by age 9 months
- Unable to transfer objects from hand to hand by age 1 year
- Abnormal pincer grip or grasp by age 15 months
- Unable to walk alone by 18 months
- Failure to speak recognizable words by 2 years.

Toddler



Adele Piliterri, Child Health Nursing, Lippincott

Fine Motor - toddler

- 1 year old:
  - transfer objects from hand to hand
- 2 year old:
  - can hold a crayon and color vertical strokes
  - turn the page of a book
  - build a tower of six blocks

Fine Motor – Older Toddler

- 3 year old: copy a circle and a cross – build using small blocks
- 4 year old: use scissors, color within the borders
- 5 year old: write some letters and draw a person with body parts

Toddler

Safety becomes a problem as toddlers becomes more mobile.

Pilliterri, Lippincott

Toddlers

Parenting concerns- toddlers

- Stranger anxiety – should dissipate by age 2 ½ to 3 years
- Temper tantrums:
  - occur weekly in 50 to 80% of children – peak incidence 18 months – most disappear by age 3
- Sibling rivalry:
  - aggressive behavior towards new infant: peak between 1 to 2 years but may be prolonged indefinitely
- Thumb sucking
- Toilet Training

Toddler Developmental Red Flags-24 mos.

- Does not follow verbal instructions without needing gestures
- Does not add gestures to help get their meaning across when they have not been understood
- Does not understand more complex sentences (When….then)
- Frequently "echoes" words
- Does not use at least 100 words
- Is not saying some 2 and 3- word combinations
- Language development seems "stuck"
- Doesn't push a movable toy

Pre-School– Ages 3-5

Fine motor and cognitive abilities

- Buttoning clothing
- Holding a crayon / pencil
- Building with small blocks
- Using scissors
- Playing a board game
- Have child draw picture of himself
  - Pre-school tasks

Red flags- preschool

- Inability to perform self-care tasks, hand washing simple dressing, daytime toileting
- Lack of socialization
- Unable to play with other children
- Able to follow directions during exam
- Performance evaluation of pre-school teacher for kindergarten readiness

Pool/Water Safety/Accidents

School-Age

School Years: fine motor

- Writing skills improve
- Fine motor is refined
- Fine motor with more focus
  - Building: models – Legos
  - Sewing
  - Musical instrument
  - Painting
  - Typing skills
  - Technology: computers

School performance

- Ask about favorite subject
- How they are doing in school
- Do they like school
- By parent report-
  - any learning difficulties, attention problems, homework
- Parental expectations
  - Realistic social, academic and behavioral goals

Red flags: school age

- School failure
- Lack of friends
- Social isolation
- Aggressive behavior-
  - fights, fire setting, animal abuse
- Changes in eating or sleeping patterns

School Age- gross motor

- 8 to 10 years-
  - team sports
- Age ten-
  - match sport to the physical and emotional development

School Age

School Age- cognitive

- Greater ability to concentrate and participate in self-initiating quiet activities that challenge cognitive skills-
  - Reading, writing, studying
  - playing computer and board games
  - playing instruments
  - other hobbies

13 to 18 Year Old

Who are family partners?

Each day we assess hundreds of ways our children develop

Eyes, ears, and intuition--

Look objectively- describe in observable and measureable terms

Make notes of observations

Participate in assessment process- Child Find, ASQ, pre-school assessments

Discuss with health care provider

- Physical Development
- Health
- Social and Emotions
- Behavior
- Language and Cognition

Let's see what we've learned so far …

1. Why is it important to monitor your child's development?

2. Who are parents typical partners in child development?

3. What are the major tools that parents have to assess their developing children?

4. What areas are usually covered in developmental milestones?

Information collected and maintained by parents

Beyond the '*Baby Book*'

accurate & current

objective & honest

easily accessible

clear & understandable

- Your Child's Profile &
- 'Smart Card'
  - Immunizations
  - Insurance
  - Physicians
  - Caregivers
  - Likes and dislikes
  - Emergency contacts

MEASURING AND RECORDING PHYSICAL DEVELOPMENT

Partnering with doctors

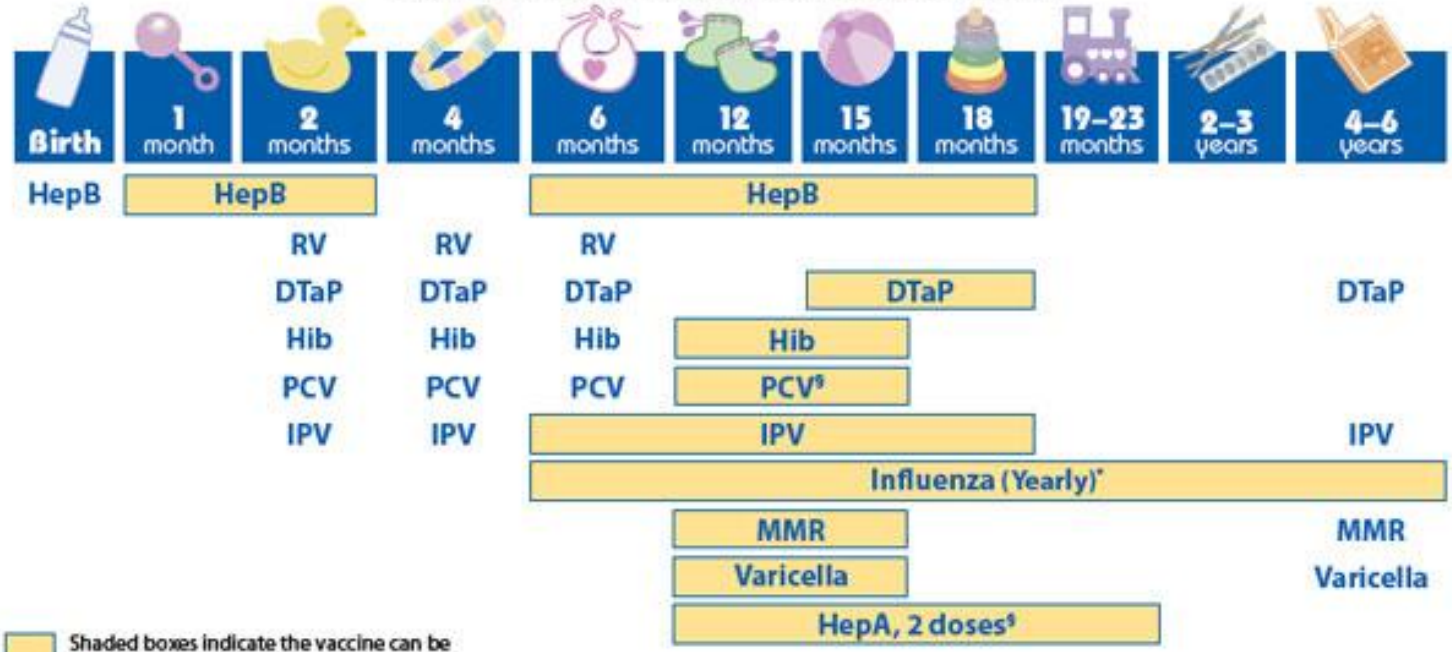
Making memories

Well-child visits usually are scheduled for your child at the following ages:

- 3-5 days
- 2 weeks
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 1 year
- 15 months
- 18 months
- 2 years

2010 Recommended Immunization Schedule for Children from Birth through 6 years old

The Recommended Immunization Schedule for Persons Aged Birth Through 6 Years Old is approved by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians



Shaded boxes indicate the vaccine can be given during shown age range.

See second page for more information on vaccine-preventable diseases and the vaccines that prevent them.

NOTE: If your children miss a shot, you don't need to start over, just go back to your healthcare provider for the next shot. The healthcare provider will keep your children up-to-date on vaccinations. Talk with your healthcare provider if you have questions. *See back for further information on vaccine-preventable diseases and the vaccines that prevent them.*

FOOTNOTES

§ HepA vaccination is recommended for high-risk children older than 2 years, along with a dose of meningococcal vaccine (MCV4) and pneumococcal vaccine (PPSV). HepA vaccination may be administered to any child over 2 for whom immunity is desired. See vaccine-specific recommendations at http://www.cdc.gov/vaccines/pubs/ACIP-list.htm.

* Children 6 months or older should receive flu vaccination every flu season. If this is the first time for flu vaccine, a child 6 months through 8 years of age should receive two doses, separated by at least 4 weeks. If this child only receives one dose in the first season, he or she should receive two doses the next season, if still younger than 9 years. Ask your child's healthcare provider if a second dose is needed.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636)
or visit **http://www.cdc.gov/vaccines**

CDC

National Infant Immunization Week

Immunizations Make sure to tell your health care provider if …

- Is your child 'sick' today?
- Does your child have allergies to medications, food, or latex?
- Has your child had a severe reaction to vaccines in the past (high fever over 101, rapid rash, hives, vomiting, swallowing/breathing difficulties)?
- Have you been told that your child has asthma or wheezing problems within the past 12 months?
- Has your child, parent, brother or sister had a seizure?
- Have you been told that your child has an immune system problem, cancer, or a nervous system problem?
- In the past 12 months has your child had a blood transfusion, blood products , immune globulin, or antivirals?
- Has your child had vaccinations in the past 4 weeks?

Social and emotional development

- Children have a wide range of normal feelings and behaviors, which are affected by themselves, their families and surroundings. Behavior is the main way children let adults know their needs.

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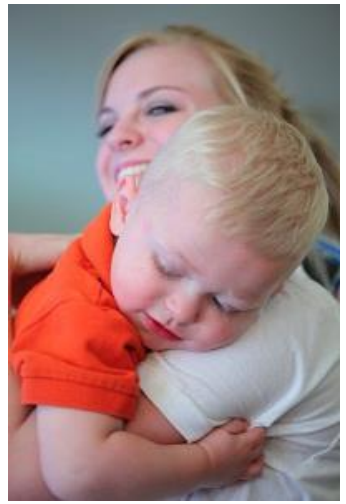
Differences in behavior

- Young children who cannot yet speak often communicate by using body language and emotional expressions. There are several factors to consider when deciding the meaning of your child's behavior:

1. Developmental stage
2. The environment
3. Current emotional needs
4. Individual differences, including temperament



Assessing your child's behavior ask yourself,

- Is my child able to be separated from me and bond with at least one other adult without a meltdown?
- Is my child able to involve himself deeply in play?
- Is my child working on emotional tasks that are appropriate for her age and ability? For example, if she's two and a half, is she 'taking charge' of herself from time to time?
- Is my child learning to follow routines at school without too much trouble?
- Can my child settle down and concentrate when asked to?
- Is my child aware of all her feelings and can she tell or show them without harming herself or others?

Language- a key to thinking

- Get needs met
- Control world
- Navigate social situations
- Express thoughts
- Process new knowledge

Phases of speech

- 1- PRE-SPEECH- babbling, crying, gestures, body language
- 2- ONE WORD DIRECTIVES – one word means a whole sentence- "Give me my bottle immediately (so that I can throw it over the edge of the crib again and you can pick it up)". Another example would be "Dada", which could mean "Daddy, please come to me."
- 3- Two words; No Daddy, more cookie, go-bye-bye
- 4– Three words, "Where is ball?" "That is not egg," "I want more sugar"
- 5- More complex language as more information is learned, "I want to go to the store." "Mommy, come here."

Let's see, what have we just learned?

- Where do young children learn most of their language?
- Think about your child. Visualize the last conversation you had with him or her. What phase of speech is she or he in? How do you know this?
- Think of a time of day when you could add an extra conversation with your child?

Formal Assessment of your child's development to share with your partners

- Many parents of children between the ages of birth and 5 1/2 years use the Ages & Stages Questionnaires® (ASQ) to check their child's overall development and the Ages & Stages Questionnaires® to check their child's development. The results of these questionnaires help determine if a child's development is on schedule and help parents inform their partners of their developmental concerns.

How it works

- 21 age ‘different’ questionnaires in family friendly language in home language.
- Letter for parents on the purpose of screening and a consent form.
- ASQ-3 Questionnaires are completed and collected by trained specialist
- Results are prepared for families
- ASQ results are discussed with families
- Families can share this information with their health care provider or If necessary, be referred for further consultation

Important points to remember

- Try each activity with your child before making a response.
- Make the ASQ-3 a game that is fun for you and your child.
- Make sure that your child is rested, has a full tummy (has been fed).
- The questions in each section go from easy to more difficult.
- Your child may be able to do some but not all of the items.
- YES means that your child can is doing that skill.
- SOMETIMES means that your child is just beginning or just does it sometimes.
- NOT YET means that your child is not doing this behavior.

What did we learn today?

- Name three of your partners in child development.
- Why are parents said to be the first and best assessors of their children?
- Why is it a good idea to use the ASQ frequently across your child's early childhood?
- How frequently is it recommended to update the Smart Card? Why
- Do children all develop at the same rates as others? If not, what may be one reason?

Thank you,

- For further information, contact the Picard Center

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