

## Chapter 1 : Child Development, Young Teens ( years old) | Child Development | NCBDDD | CDC

*A master's in child and adolescent development offers a variety of career choices to professionals in a variety of fields. "The field of child and adolescent development is different than clinical or psychological counseling," says Gilman. "It's a unique specialization, more focused on."*

Children who are entering adolescence are going through many changes. This article offers advice for adolescents and parents to negotiate these changes. Contact Us

**What is adolescence?** Adolescence is the period of transition between childhood and adulthood. Children who are entering adolescence are going through many changes physical, intellectual, personality and social developmental. Adolescence begins at puberty, which now occurs earlier, on average, than in the past. The end of adolescence is tied to social and emotional factors and can be somewhat ambiguous.

**What are the physical changes of adolescence?** There are three main physical changes that come with adolescence: The growth spurt an early sign of maturation ; Primary sex characteristics changes in the organs directly related to reproduction ; Secondary sex characteristics bodily signs of sexual maturity that do not directly involve reproductive organs

**What are the intellectual changes of adolescence?** Adolescent thinking is on a higher level than that of children. Children are only able to think logically about the concrete, the here and now. Adolescents move beyond these limits and can think in terms of what might be true, rather than just what they see is true. They are able to deal with abstractions, test hypotheses and see infinite possibilities. Yet adolescents still often display egocentric behaviors and attitudes.

**What are the social and emotional changes of adolescence?** Adolescents are also developing socially and emotionally during this time. The most important task of adolescence is the search for identity. This is often a lifelong voyage, launched in adolescence. Along with the search for identity comes the struggle for independence. How can parents support healthy adolescent development? While adolescence can be a trying period for both youth and their parents, the home does not have to become a battleground if both parents and young people make special efforts to understand one another. The following guidelines may help parents: Give your children your undivided attention when they want to talk. Speak to your children as courteously and pleasantly as you would to a stranger. Your tone of voice can set the tone of a conversation. Try not to make judgments. Keep the door open on any subject. Avoid humiliating your children and laughing at what may seem to you to be naive or foolish questions and statements. Encourage your children to "test" new ideas in conversation by not judging their ideas and opinions, but instead by listening and then offering your own views as plainly and honestly as possible. Love and mutual respect can coexist with differing points of view. Help your children build self-confidence by encouraging their participation in activities of their choice not yours. Make an effort to commend your children frequently and appropriately. Too often, we take the good things for granted and focus on the bad, but everyone needs to be appreciated. Encourage your children to participate in family decision-making and to work out family concerns together with you.

**What can adolescents do during this time?** Avoid looking at your parents as the enemy. Try to understand that your parents are human beings, with their own insecurities, needs and feelings. Listen to your parents with an open mind, and try to see situations from their point of view. Share your feelings with your parents so that they can understand you better. Live up to your responsibilities at home and in school so that your parents will be more inclined to grant you the kind of independence you want and need. Bolster your criticisms of family, school and government with suggestions for practical improvements. Be as courteous and considerate to your own parents as you would be to the parents of your friends.

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## Chapter 2 : WHO | Adolescent development

*Developmental Milestones. This is a time of changes for how teenagers think, feel, and interact with others, and how their bodies grow. Most girls will be physically mature by now, and most will have completed puberty.*

**Key points** Adolescence is one of the most rapid phases of human development. Biological maturity precedes psychosocial maturity. This has implications for policy and programme responses to the exploration and experimentation that takes place during adolescence. The characteristics of both the individual and the environment influence the changes taking place during adolescence. Younger adolescents may be particularly vulnerable when their capacities are still developing and they are beginning to move outside the confines of their families. The changes in adolescence have health consequence not only in adolescence but also over the life-course. The unique nature and importance of adolescence mandates explicit and specific attention in health policy and programmes. Recognizing adolescence Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. All societies recognize that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognized differs between cultures and over time. In the past it has often been relatively rapid, and in some societies it still is. In many countries, however, this is changing. But it is only one characteristic that delineates this period of development. Age is often more appropriate for assessing and comparing biological changes e. Although the order of many of the changes appears to be universal, their timing and the speed of change vary among and even within individuals. Both the characteristics of an individual e. These developments are linked to hormonal changes but are not always dependent on them. Developments are taking place in regions of the brain, such as the limbic system, that are responsible for pleasure seeking and reward processing, emotional responses and sleep regulation. At the same time, changes are taking place in the pre-frontal cortex, the area responsible for what are called executive functions: The changes in the pre-frontal cortex occur later in adolescence than the limbic system changes. Over the course of the second decade, adolescents develop stronger reasoning skills, logical and moral thinking, and become more capable of abstract thinking and making rational judgements. These external influences, which differ among cultures and societies, include social values and norms and the changing roles, responsibilities, relationships and expectations of this period of life. Implications for health and behaviour In many ways adolescent development drives the changes in the disease burden between childhood to adulthoodâ€™for example, the increase with age in sexual and reproductive health problems, mental illness and injuries. The appearance of certain health problems in adolescence, including substance use disorders, mental disorders and injuries, likely reflects both the biological changes of puberty and the social context in which young people are growing up. Other conditions, such as the increased incidence of certain infectious diseases, for example, schistosomiasis, may simply result from the daily activities of adolescents during this period of their lives. Many of the health-related behaviours that arise during adolescence have implications for both present and future health and development. For example, alcohol use and obesity in early adolescence not only compromise adolescent development, but they also predict health-compromising alcohol use and obesity in later life, with serious implications for public health. Implications for policies and programmes The changes that take place during adolescence suggest nine observations with implications for health policies and programmes: Adolescents need explicit attention. Adolescents are not all the same. Some adolescents are particularly vulnerable. Adolescent development has implications for adolescent health. Adolescent development has health implications throughout life. The changes during adolescence affect how adolescents think and act. Adolescents need to understand the processes taking place during adolescence. To contribute positively, adults need to understand the processes taking place during adolescence. Public health and human rights converge around concepts of adolescent development.

## Chapter 3 : Adolescence ( years old) | Child Development | NCBDDD | CDC

*For information on parenting and child development of middle childhood children (ages 8 to 11), please visit our Middle Childhood Parenting and Development center. For information on parenting adolescents (ages ), please visit our Child Development Theory: Adolescence topic center.*

Nature versus nurture Although developmental change runs parallel with chronological age, [30] age itself cannot cause development. Environmental factors affecting development may include both diet and disease exposure, as well as social, emotional, and cognitive experiences. Plasticity of this type can occur throughout the lifespan and may involve many kinds of behavior, including some emotional reactions. Genetic-environmental correlations are circumstances in which genetic factors make certain experiences more likely to occur. In all of these cases, it becomes difficult to know whether child characteristics were shaped by genetic factors, by experiences, or by a combination of the two. What relevant aspects of the individual change over a period of time? What are the rate and speed of development? What are the mechanisms of development? What aspects of experience and heredity cause developmental change? Are there typical individual differences in the relevant developmental changes? Are there population differences in this aspect of development for example, differences in the development of boys and of girls? Empirical research that attempts to answer these questions may follow a number of patterns. Initially, observational research in naturalistic conditions may be needed to develop a narrative describing and defining an aspect of developmental change, such as changes in reflex reactions in the first year. Such studies examine the characteristics of children at different ages. Some child development studies examine the effects of experience or heredity by comparing characteristics of different groups of children in a necessarily non-randomized design. Child development stages Milestones are changes in specific physical and mental abilities such as walking and understanding language that mark the end of one developmental period and the beginning of another. Studies of the accomplishment of many developmental tasks have established typical chronological ages associated with developmental milestones. However, there is considerable variation in the achievement of milestones, even between children with developmental trajectories within the typical range. Some milestones are more variable than others; for example, receptive speech indicators do not show much variation among children with typical hearing, but expressive speech milestones can be quite variable. Prevention of and early intervention in developmental delay are significant topics in the study of child development. Increased knowledge of age-specific milestones allows parents and others to keep track of appropriate development. Here are descriptions of the development of a number of physical and mental characteristics. Speed and pattern[ edit ] The speed of physical growth is rapid in the months after birth, then slows, so birth weight is doubled in the first four months, tripled by age 12 months, but not quadrupled until 24 months. At birth, head size is already relatively near to that of an adult, but the lower parts of the body are much smaller than adult size. In the course of development, then, the head grows relatively little, and torso and limbs undergo a great deal of growth. However, genetic factors can produce the maximum growth only if environmental conditions are adequate. Some of these differences are due to family genetic factors, others to environmental factors, but at some points in development they may be strongly influenced by individual differences in reproductive maturation. Motor[ edit ] A child learning to walk Abilities for physical movement change through childhood from the largely reflexive unlearned, involuntary movement patterns of the young infant to the highly skilled voluntary movements characteristic of later childhood and adolescence. Definition[ edit ] "Motor learning refers to the increasing spatial and temporal accuracy of movements with practice". Speed and pattern[ edit ] The speed of motor development is rapid in early life, as many of the reflexes of the newborn alter or disappear within the first year, and slows later. Like physical growth, motor development shows predictable patterns of cephalocaudal head to foot and proximodistal torso to extremities development, with movements at the head and in the more central areas coming under control before those of the lower part of the body or the hands and feet. The dorsolateral frontal cortex is responsible for strategic processing. The parietal cortex is important in controlling perceptual-motor integration and the basal ganglia and supplementary motor cortex

are responsible for motor sequences. Intra-limb correlations, like the strong relationship and distance between hip and knee joints, were studied and proved to affect the way an infant will walk. There are also bigger genetic factors like the tendency to use the left or right side of the body more, predicting the dominant hand early. Sample t-tests proved that there was a significant difference between both sides at 18 weeks for girls and the right side was considered to be more dominant Piek et al. Some factors, like the fact that boys tend to have larger and longer arms are biological constraints that we cannot control, yet have an influence for example, on when an infant will reach sufficiently. Overall, there are sociological factors and genetic factors that influence motor development. This is significant in motor development because the hind portion of the frontal lobe is known to control motor functions. This form of development is known as "Portional Development" and explains why motor functions develop relatively quickly during typical childhood development, while logic, which is controlled by the middle and front portions of the frontal lobe, usually will not develop until late childhood and early adolescence. Skilled voluntary movements such as passing objects from hand to hand develop as a result of practice and learning. Infants with smaller, slimmer, and more maturely proportionated infants tended to belly crawl and crawl earlier than the infants with larger builds. Infants with more motor experience have been shown to belly crawl and crawl sooner. Not all infants go through the stages of belly crawling. However, those who skip the stage of belly crawling are not as proficient in their ability to crawl on their hands and knees. Atypical motor development such as persistent primitive reflexis beyond 4â€”6 months or delayed walking may be an indication of developmental delays or conditions such as autism , cerebral palsy , or down syndrome. Children with disabilities[ edit ] Children with Down syndrome or Developmental coordination disorder are late to reach major motor skills milestones. A few examples of these milestones are sucking, grasping, rolling, sitting up and walking, talking. Children with Down syndrome sometimes have heart problems, frequent ear infections , hypotonia , or undeveloped muscle mass. This syndrome is caused by atypical chromosomal development. Along with Down syndrome, children can also be diagnosed with a learning disability. Learning Disabilities include disabilities in any of the areas related to language, reading, and mathematics. These principals allow him or her to make sense of their environment and learn upon previous experience by using motor skills such as grasping or crawling. There are some population differences in motor development, with girls showing some advantages in small muscle usage, including articulation of sounds with lips and tongue.

**Chapter 4 : Early and Middle Childhood | Healthy People**

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Micki Caskey, Vincent A. Early adolescence is a distinct period of human growth and development situated between childhood and adolescence. During this remarkable stage of the life cycle, young adolescents, to year-olds, experience rapid and significant developmental change. Understanding and responding to the unique developmental characteristics of young adolescents is central among the tenets of middle level education. Tenets of This We Believe addressed: Educators who value working with this age group and are prepared to do so Curriculum that is relevant, challenging, integrative, and exploratory Organizational structures that support meaningful relationships and learning During the 20th century, early adolescence gained acceptance as a distinctive period of development. Stanley Hall , American psychologist, identified early adolescence i. Other notable psychologists and theorists Flavell, ; Havighurst, ; Piaget, , advanced the credibility of early adolescence and developmental stage theory. Research suggests distinctive characteristics of young adolescents with regard to their physical, cognitive, moral, psychological, and social-emotional development, as well as spiritual development Scales, While examining these developmental characteristics of young adolescents, two cautions warrant consideration. First, developmental characteristics are overlapping and interrelated; each affects another characteristic. These categorizations vary and are relatively arbitrary Scales, Many factorsâ€”race, ethnicity, gender, culture, family, community, environment and the likeâ€”influence development. Cognizant of these cautions, a summary of developmental characteristics follows. Physical Developmental Characteristics Physical development refers to bodily changes including growth, improved gross and fine motor skills, and biological maturity. In early adolescence, the young adolescent body undergoes more developmental change than at any other time except from birth to two years old. Because bones are growing faster than muscles, young adolescents often experience coordination issues. The onset of puberty is an intense developmental period with hormones signaling the development of primary sex characteristics genitalia and secondary sex characteristics e. Girls tend to mature one to two years earlier than boys Caissy, The increased adrenal hormone production affects skeletal growth, hair production, and skin changes Dahl, The young adolescent brain undergoes remarkable physical development. The prefrontal cortexâ€”an area of the brain that handles executive functions such as planning, reasoning, anticipating consequences, sustaining attention, and making decisionsâ€”continues to develop. Adults can provide accurate information, respond to questions, and encourage young adolescents to consult credible resources Scales, Schools can support physical development by offering responsive educational opportunities for young adolescents. Schools also need to provide a programs that encourage adequate exercise and healthy lifestyles, b access to plenty of water and nutritious food during the school day, c appropriate instruction concerning the risks of alcohol and drug use, teenage pregnancy, and sexually transmitted diseases. When young adolescents avoid physical activity due to concerns about body image Milgram, , teachers can incorporate movement in classroom activities, minimize peer competition, and interrupt comparisons between early and late maturing youth. Intellectual Development Intellectual development refers to the increased ability of people to understand and reason. In young adolescents, intellectual development is not as visible as physical development, but it is just as intense Stevenson, ; Strahan et al. Typically, young adolescents are eager to learn about topics they find interesting and usefulâ€”ones that are personally relevant Brighton, During early adolescence, youth develop the capacity for abstract thought processes Elkind, ; Flavell, ; Piaget, , though the transition to higher levels of cognitive function varies considerably across individuals. Young adolescents typically progress from concrete logical operations to acquiring the ability to develop and test hypotheses, analyze and synthesize data, grapple with complex concepts, and think reflectively Manning, Similarly, they are increasingly able to think through ideological topics, argue a position, and challenge adult directives

Brighton, ; Stevenson, Additionally, they appreciate more sophisticated levels of humor Stevenson, To make sense of the world around them, young adolescents, as learners, build upon their individual experiences and prior knowledge Piaget, Intellectually, young adolescents seek opportunities to explore the varied facets of their environment Brighton, They also tend to be inquisitive about adults and are often keen observers of adult behavior Scales, Implications for Practice Teachers need to consider the intellectual developmental differences of young adolescents when planning learning experiences. In addition, young adolescents need teachers who understand and know how they think Stevenson, To foster intellectual development, these youth need to interact directly with their worldâ€”through discourse and hands-on experience with peers and adults Stevenson, Similarly, young adolescents need to learn and engage in democratic principles Brighton, Teachers can also provide forums for them to examine the reasons for school, home, and societal rules. As adult role models, teachers can guide young adolescents to connect intellectual thought and moral reasoning. During early adolescence, many of the attitudes, beliefs, and values that young adolescents develop remain with them for life Brighton, They move away from blanket acceptance of adult moral judgment to the development of their own personal values; however, they usually embrace the values of parents or key adults Scales, As noted, the increased capacity of young adolescents for analytical thought, reflection, and introspection characterizes the connection between their intellectual and moral development. As they progress into the interpersonal conformity stage of moral development Kohlberg, , young adolescents begin to reconcile their understanding of people who care about them with their own egocentricity Roney, They transition from a self-centered perspective to considering the rights and feelings of others Scales, Gender affects how adolescents approach moral dilemmasâ€”males view moral issues through a justice lens and females use an interpersonal care lens Gilligan, They also begin to view moral issues in shades of gray rather than only in black and white. While young adolescents start to consider complex moral and ethical questions, they tend to be unprepared to cope with them. They can organize instructional experiences that foster critical thinking skills and higher levels of moral reasoning. For example, teachers plan assignments that help students to incorporate their thoughts and feelings in writing Scales, Teachers can engage young adolescents with activities that require consensus building and application of democratic principles; teacher advisory programs and service learning can foster teamwork and build community Brighton, In addition, teachers can design experiences for students to examine moral dilemmas and contemplate responses Scales, Further, teachers can develop scenarios that prompt young adolescents to examine concepts of fairness, justice, and equity. School programs or curricula can include a focus on societal issues such as the environment, poverty, or racial discrimination. Acknowledged as a legitimate domain of human development, spiritual development is rarely referenced in education. Understandably, concerns about the separation of church and state and First Amendment rights prompts educators to avoid this aspect of human development Brighton, Nevertheless, the exclusion of spiritual domain limits the prospect of developmentally responsive education Lingley, Acceptance of the spiritual domain in middle level education is important. Young adolescents often want to explore spiritual matters, develop connections between self and others, and gain a sense of themselves and the world Scales, Implications for practice will depend on commitments to educating the whole child. Psychological Development During early adolescence, psychological development is characterized by identity formation and the quest for independence. Young adolescents experience two stages of identity formation: Identity development depends on the degree of exploration and commitment to an identity see Marcia, They may experience an increased awareness of their ethnic identity as well Scales, As young adolescents expand their affiliations to include family and peers, feelings of conflict may arise due to competing allegiances Wiles et al. The search for identity and self-discovery may intensify feelings of vulnerability, as they become attuned to the differences between self and others Scales, Typically, early adolescence is intense and unpredictable Scales, They are often self-conscious and highly sensitive to criticism of their perceived personal shortcomings Scales, Emotionally-charged situations may trigger young adolescents to resort to childish behaviors, exaggerate simple events, and vocalize naive opinions or one-sided arguments. Their emotional variability makes young adolescents at risk of making decisions with negative consequences Milgram, and believing that their experiences, feelings, and problems are unique Scales, Young adolescents need frequent

opportunities to explore and experiment with various roles and experiences within the classroom context. Teachers can provide educative experiences such as role-playing, drama, and reading that foster identity formation. In addition, teachers can incorporate opportunities for student choice and self-assessment. Likewise, teachers can acknowledge the importance of friendships and explain that shifting peer allegiances are normal. Scales, To foster successful experiences for every young adolescent, schools need to provide organizational structures such as teaming and advisory programs. These structures help to ensure that every young adolescent is known well by at least one adult and has regular occasions to experience positive relationships with peers. Young adolescents need opportunities to form relationships with adults who understand them and who are willing to support their development. Young adolescents deserve school environments that are free from harsh criticism, humiliation, and sarcasm. In early adolescence, social-emotional maturity often lags behind physical and intellectual development. Young adolescents have a strong need to belong to a group—with peer approval becoming more important and adult approval decreasing in importance. Scales, As young adolescents mature socially and emotionally, they may experience conflicting loyalties to peer group and family Wiles et al. Young adolescents often experiment with new behaviors as they seek social position and personal identity Scales, They are also torn between their desire to conform to the peer group norms and their aspiration to be distinctive and independent Brighton, Young adolescents experience a variety of peer associations—positive and negative. During early adolescence, youth typically widen their circle of friends Brighton, and may experience feelings of romantic or sexual attraction Scales, Issues of sexual orientation and identity can also arise at this time Brighton, Negative peer associations, particularly bullying, also become more prevalent in the middle school years. Young adolescents tend to emulate their esteemed peers and non-parent adults. Young adolescents may be rebellious toward their parents and adults, yet tend to depend on them Scales, Young adolescents also frequently test the limits of acceptable behavior and challenge adult authority. They may overreact to social situations, ridicule others, and feel embarrassment Scales, Teachers can design cooperative learning activities and collaborative experiences for young adolescents to interact productively with peers Scales, Schools play a key role in providing young adolescents with educative programs that promote freedom and independence within a safe space. School districts need to support programs that interrupt negative peer interactions, particularly bullying, that impedes the healthy development of youth. Practitioners, parents, and others who work with young adolescents need to be aware of both subtle and obvious changes in developmental characteristics. Such changes can give adults insights into the challenges facing young adolescents and illuminate possible reasons for shifts in their abilities and behaviors. The middle school founders e.

**Chapter 5 : Child Psychology Degree Online | Child Development Courses | SNHU**

*In these lessons, students become familiar with the four key periods of growth and human development: infancy (birth to 2 years old), early childhood (3 to 8 years old), middle childhood (9 to 11 years old), and adolescence (12 to 18 years old).*

**ShareCompartir Developmental Milestones** This is a time of many physical, mental, emotional, and social changes. Hormones change as puberty begins. Most boys grow facial and pubic hair and their voices deepen. Most girls grow pubic hair and breasts, and start their period. They might be worried about these changes and how they are looked at by others. This also will be a time when your teen might face peer pressure to use alcohol, tobacco products, and drugs, and to have sex. Other challenges can be eating disorders, depression, and family problems. At this age, teens make more of their own choices about friends, sports, studying, and school. They become more independent, with their own personality and interests, although parents are still very important. Here is some information on how young teens develop: Show more concern about body image, looks, and clothes. Focus on themselves; going back and forth between high expectations and lack of confidence. Show more interest in and influence by peer group. Express less affection toward parents; sometimes might seem rude or short-tempered. Feel stress from more challenging school work. Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems. **Thinking and Learning** Children in this age group might: Have more ability for complex thought. Be better able to express feelings through talking. Develop a stronger sense of right and wrong. **Positive Parenting Tips** Following are some things you, as a parent, can do to help your child during this time: Be honest and direct with your teen when talking about sensitive subjects such as drugs, drinking, smoking, and sex. Help your teen make healthy choices while encouraging him to make his own decisions. It is important that she knows you are listening to her. When there is a conflict, be clear about goals and expectations like getting good grades, keeping things clean, and showing respect , but allow your teen input on how to reach those goals like when and how to study or clean. Here are a few tips to help protect your child: Make sure your teen knows about the importance of wearing seatbelts. Motor vehicle crashes are the leading cause of death among to year-olds. Encourage your teen to wear a helmet when riding a bike or a skateboard or using inline skates; riding on a motorcycle, snowmobile, or all-terrain vehicle; or playing contact sports. Injuries from sports and other activities are common. Talk with your teen about the dangers of drugs, drinking, smoking, and risky sexual activity. Ask him what he knows and thinks about these issues, and share your thoughts and feelings with him. Listen to what she says and answer her questions honestly and directly. Talk with your teen about the importance of having friends who are interested in positive activities. Encourage her to avoid peers who pressure her to make unhealthy choices. Know where your teen is and whether an adult is present. Make plans with him for when he will call you, where you can find him, and what time you expect him home. Set clear rules for your teen when she is home alone. Talk about such issues as having friends at the house, how to handle situations that can be dangerous emergencies, fire, drugs, sex, etc. **Healthy Bodies** Encourage your teen to be physically active. She might join a team sport or take up an individual sport. Helping with household tasks such as mowing the lawn, walking the dog, or washing the car also will keep your teen active. Meal time is very important for families. Eating together helps teens make better choices about the foods they eat, promotes healthy weight, and gives your family members time to talk with each other. Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or afterschool care.

## Chapter 6 : Child & Adolescent Development: Overview

*Adolescence typically describes the years between ages 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that.*

Learn how kids grow and develop from birth through adolescence. Get the hands-on experience you need to work with young people in a variety of settings, from schools to clinics to hospitals. Prepare yourself to enter a competitive graduate program in psychology or the social sciences. By choosing the concentration in child and adolescent development, psychology majors gain an in-depth understanding on the unique physical, social, psychological and cognitive needs of young people. In fact, in many courses you can even choose to work in the field over writing a research paper. Your professors will work with you to find opportunities that best match your interests. Curriculum Courses for the program, which are offered on campus, on location and online, are relatively small. Expect about students in the child and adolescent concentration classes and the upper level psychology courses - more for the introductory psychology courses. Most professors keep classes highly interactive by encouraging participation in class discussions and assigning group-based projects. And many professors invite students to participate in special research projects to gain even more professional experience. General education Degree-specific courses General Education Program Our programs are designed to equip you with the skills and insights you need to move forward. In recent years, employers have stressed the need for graduates with higher order skills - the skills that go beyond technical knowledge - such as: Through foundation, exploration and integration courses, students learn to think critically, creatively and collaboratively, giving you the edge employers are looking for. Includes molecular and cellular mechanisms of major processes such as muscle contraction, neural transmission, and signal transduction and examines the structure and function of the 11 organ systems of the human body. Laboratory exercises BIOL to follow lecture topics. PSY Introduction to Psychology This course provides students an introduction to the scientific study of behavior and mental processes. Students prepare for more advanced concepts in upper-level Psychology courses by learning the basics of how to evaluate research and exploring various areas of specialization within the discipline. PSY Research I: Statistics for Psychology How do psychologists organize, summarize, and interpret information? Students in this course study applications of statistical methods in psychological research and practice. Computation of tests will be conducted on the computer. Students will build upon statistical knowledge and develop an in-depth conceptual and practical understanding of hypothesis testing, tests of significance, standardization, correlation, and analysis of variance in a wide variety of psychological uses. Students will learn the theory of statistical decisions, practical application of statistical software, and how to analyze journal articles. This course typically should be completed during the first semester of the sophomore year. Scientific Investigations Students in this course will develop an understanding a variety of research methods, including experimental, survey, correlation and case-history techniques. They will become aware of the strengths and weaknesses of each method and understand when each method is best used. PSY Senior Seminar in Psychology Capstone This capstone course integrates previous classroom and practical experience with a focus on current issues in psychology. This course likely will include cross-cultural aspects of psychology, ethics, recent career trends in psychology and other topics dictated by current events in psychology. Coverage may change over time, but the basic focus on integrating the past and anticipating the future for psychology seniors will be the major concern. More University Accreditation Southern New Hampshire University is a private, nonprofit institution accredited by the New England Association of Schools and Colleges as well as several other accrediting bodies.

**Chapter 7 : Child development - Wikipedia**

*Spencer A. Rathus provides a hands-on approach in the chronologically organized CHILDHOOD AND ADOLESCENCE: VOYAGES IN DEVELOPMENT, Sixth Edition, to help you understand the link between.*

Puberty Upper body of a teenage boy. The structure has changed to resemble an adult form. Puberty is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual maturity. The average age of onset of puberty is at 11 for girls and 12 for boys. Hormones play an organizational role, priming the body to behave in a certain way once puberty begins, [23] and an active role, referring to changes in hormones during adolescence that trigger behavioral and physical changes. This is triggered by the pituitary gland, which secretes a surge of hormonal agents into the blood stream, initiating a chain reaction to occur. The male and female gonads are subsequently activated, which puts them into a state of rapid growth and development; the triggered gonads now commence the mass production of the necessary chemicals. The testes primarily release testosterone, and the ovaries predominantly dispense estrogen. The production of these hormones increases gradually until sexual maturation is met. Some boys may develop gynecomastia due to an imbalance of sex hormones, tissue responsiveness or obesity. The first facial hair to appear tends to grow at the corners of the upper lip, typically between 14 and 17 years of age. This is followed by the appearance of hair on the upper part of the cheeks, and the area under the lower lip. Facial hair is often present in late adolescence, around ages 17 and 18, but may not appear until significantly later. Early maturing boys are usually taller and stronger than their friends. Pubescent boys often tend to have a good body image, are more confident, secure, and more independent. However, early puberty is not always positive for boys; early sexual maturation in boys can be accompanied by increased aggressiveness due to the surge of hormones that affect them. Girls attain reproductive maturity about four years after the first physical changes of puberty appear. Adolescence is marked in red at top right. The first places to grow are the extremities—the head, hands and feet—followed by the arms and legs, then the torso and shoulders. During puberty, bones become harder and more brittle. At the conclusion of puberty, the ends of the long bones close during the process called epiphysis. There can be ethnic differences in these skeletal changes. For example, in the United States of America, bone density increases significantly more among black than white adolescents, which might account for decreased likelihood of black women developing osteoporosis and having fewer bone fractures there. This process is different for females and males. Before puberty, there are nearly no sex differences in fat and muscle distribution; during puberty, boys grow muscle much faster than girls, although both sexes experience rapid muscle development. In contrast, though both sexes experience an increase in body fat, the increase is much more significant for girls. Frequently, the increase in fat for girls happens in their years just before puberty. The ratio between muscle and fat among post-pubertal boys is around three to one, while for girls it is about five to four. This may help explain sex differences in athletic performance. These changes lead to increased strength and tolerance for exercise. Sex differences are apparent as males tend to develop "larger hearts and lungs, higher systolic blood pressure, a lower resting heart rate, a greater capacity for carrying oxygen to the blood, a greater power for neutralizing the chemical products of muscular exercise, higher blood hemoglobin and more red blood cells". For example, girls tend to reduce their physical activity in preadolescence [48] [49] and may receive inadequate nutrition from diets that often lack important nutrients, such as iron. Reproduction-related changes Primary sex characteristics are those directly related to the sex organs. In males, the first stages of puberty involve growth of the testes and scrotum, followed by growth of the penis. The first ejaculation of seminal fluid generally occurs about one year after the beginning of accelerated penis growth, although this is often determined culturally rather than biologically, since for many boys first ejaculation occurs as a result of masturbation. Menarche, the beginning of menstruation, is a relatively late development which follows a long series of hormonal changes. Changes in secondary sex characteristics include every change that is not directly related to sexual reproduction. In males, these changes involve appearance of pubic, facial, and body hair, deepening of the voice, roughening of the skin around the upper arms and thighs, and increased development of the sweat glands. In females, secondary sex changes

involve elevation of the breasts, widening of the hips, development of pubic and underarm hair, widening of the areolae, and elevation of the nipples. Changes in the brain The human brain is not fully developed by the time a person reaches puberty. Between the ages of 10 and 25, the brain undergoes changes that have important implications for behavior see Cognitive development below. However, the creases in the brain continue to become more complex until the late teens. The biggest changes in the folds of the brain during this time occur in the parts of the cortex that process cognitive and emotional information. However, this does not mean that the brain loses functionality; rather, it becomes more efficient due to increased myelination insulation of axons and the reduction of unused pathways. The areas of the brain involved in more complex processes lose matter later in development. These include the lateral and prefrontal cortices, among other regions. During adolescence, myelination and synaptic pruning in the prefrontal cortex increases, improving the efficiency of information processing, and neural connections between the prefrontal cortex and other regions of the brain are strengthened. Specifically, developments in the dorsolateral prefrontal cortex are important for controlling impulses and planning ahead, while development in the ventromedial prefrontal cortex is important for decision making. Changes in the orbitofrontal cortex are important for evaluating rewards and risks. Three neurotransmitters that play important roles in adolescent brain development are glutamate , dopamine and serotonin. Glutamate is an excitatory neurotransmitter. During the synaptic pruning that occurs during adolescence, most of the neural connections that are pruned contain receptors for glutamate or other excitatory neurotransmitters. Dopamine is associated with pleasure and attuning to the environment during decision-making. During adolescence, dopamine levels in the limbic system increase and input of dopamine to the prefrontal cortex increases. Serotonin is a neuromodulator involved in regulation of mood and behavior. Development in the limbic system plays an important role in determining rewards and punishments and processing emotional experience and social information. Changes in the levels of the neurotransmitters dopamine and serotonin in the limbic system make adolescents more emotional and more responsive to rewards and stress. The effect of serotonin is not limited to the limbic system: Several serotonin receptors have their gene expression change dramatically during adolescence, particularly in the human frontal and prefrontal cortex. This allows the individual to think and reason in a wider perspective. The age at which particular changes take place varies between individuals, but the changes discussed below begin at puberty or shortly after that and some skills continue to develop as the adolescent ages. The dual systems model proposes a maturational imbalance between development of the socioemotional system and cognitive control systems in the brain that contribute to impulsivity and other behaviors characteristic of adolescence. One is the constructivist view of cognitive development. The second is the information-processing perspective , which derives from the study of artificial intelligence and attempts to explain cognitive development in terms of the growth of specific components of the thinking process. Improvements in cognitive ability By the time individuals have reached age 15 or so, their basic thinking abilities are comparable to those of adults. These improvements occur in five areas during adolescence: Improvements are seen in selective attention , the process by which one focuses on one stimulus while tuning out another. Divided attention , the ability to pay attention to two or more stimuli at the same time, also improves. Improvements are seen in both working memory and long-term memory. Adolescents think more quickly than children. Processing speed improves sharply between age five and middle adolescence; it then begins to level off at age 15 and does not appear to change between late adolescence and adulthood. Adolescents are more aware of their thought processes and can use mnemonic devices and other strategies to think more efficiently. This provides the ability to plan ahead, see the future consequences of an action and to provide alternative explanations of events. Adolescents also develop a more sophisticated understanding of probability. The appearance of more systematic, abstract thinking is another notable aspect of cognitive development during adolescence. For example, adolescents find it easier than children to comprehend the sorts of higher-order abstract logic inherent in puns, proverbs, metaphors, and analogies. Their increased facility permits them to appreciate the ways in which language can be used to convey multiple messages, such as satire, metaphor, and sarcasm. Children younger than age nine often cannot comprehend sarcasm at all. Metacognition A third gain in cognitive ability involves thinking about thinking itself, a process referred to as metacognition. Adolescents are much better able than children to

understand that people do not have complete control over their mental activity. Being able to introspect may lead to two forms of adolescent egocentrism, which results in two distinct problems in thinking: These likely peak at age fifteen, along with self-consciousness in general. Through experience outside the family circle, they learn that rules they were taught as absolute are in fact relativistic. They begin to differentiate between rules instituted out of common sense—“not touching a hot stove”—and those that are based on culturally-relative standards codes of etiquette, not dating until a certain age, a delineation that younger children do not make. This can lead to a period of questioning authority in all domains. Thus, it is during the adolescence-adulthood transition that individuals acquire the type of wisdom that is associated with age. Wisdom is not the same as intelligence: Risk-taking Because most injuries sustained by adolescents are related to risky behavior car crashes, alcohol, unprotected sex, a great deal of research has been done on the cognitive and emotional processes underlying adolescent risk-taking. In addressing this question, it is important to distinguish whether adolescents are more likely to engage in risky behaviors prevalence, whether they make risk-related decisions similarly or differently than adults cognitive processing perspective, or whether they use the same processes but value different things and thus arrive at different conclusions. The behavioral decision-making theory proposes that adolescents and adults both weigh the potential rewards and consequences of an action. However, research has shown that adolescents seem to give more weight to rewards, particularly social rewards, than do adults. Some have argued that there may be evolutionary benefits to an increased propensity for risk-taking in adolescence. For example, without a willingness to take risks, teenagers would not have the motivation or confidence necessary to leave their family of origin. In addition, from a population perspective, there is an advantage to having a group of individuals willing to take more risks and try new methods, counterbalancing the more conservative elements more typical of the received knowledge held by older adults. Risktaking may also have reproductive advantages: Research also indicates that baseline sensation seeking may affect risk-taking behavior throughout the lifespan. Having unprotected sex, using poor birth control methods e. Stanley Hall The formal study of adolescent psychology began with the publication of G. Hall, who was the first president of the American Psychological Association, viewed adolescence primarily as a time of internal turmoil and upheaval sturm und drang.

**Chapter 8 : Adolescence - Wikipedia**

*Child & Adolescent Development 5 Abuse, neglect, and poor parenting can severely undermine development, not just in the psychosocial domain, but also in the moral, physical (e.g., failure to thrive,) linguistic, and.*

**Purpose** To introduce students to the stages of human growth and development that take place during middle childhood and puberty. **Context** This lesson is the second of a two-part series aimed at introducing students to the different stages of growth and development in human beings from birth to 18 years of age. In these lessons, students become familiar with the four key periods of growth and human development: Conversely, they also learn that it is very natural and normal for children to reach these markers at different times. **Infancy and Early Childhood** helps students to become better aware of all of the natural physical stages of growth children experience in the first five years of life. In **Growth Stages 2: Middle Childhood and Early Adolescence**, students focus on the kinds of physical changes that children in their age range begin to undergo during puberty. Research shows that children are fascinated by films and stories about early stages of human development and they are particularly intrigued by comparisons of themselves now and earlier. It may be helpful at this level to inform students about changes that will take place in them during adolescence, since when they reach puberty, they may be too embarrassed to talk to adults about it. The importance for growth of adequate rest, proper food, regular checkups, and shots to prevent disease should be supported by some science behind the advice. **Benchmarks for Science Literacy**, p. For more background information and research, see the **Growth 2: Human Development** teacher sheet. Ideas in this lesson are also related to concepts found in the following benchmark: **Motivation** This section will serve as a brief review of the basic concepts from the first lesson in this series and a lead-in to the growth and development changes experienced by older children. Since students at these grade levels fall within late-early childhood ages 3 to 8 and middle childhood ages 9 to 11, warm-up questions should help them make the connection between the growth stages they previously learned about, their awareness of their own growth and development, and the kinds of changes that kids undergo during middle childhood and early adolescence the focus of this lesson. In what ways do infants and children aged 1 to 5 grow and develop? Do children continue to grow in stages when they become 8, 9, 10, 11 years of age? Why or why not? As learned in the previous lesson, all people are different and have different parents [genetics] whom they naturally follow in terms of growth. Have you noticed any changes in your own growth and development? Encourage students to support their answers using examples. Since you may find teaching about puberty at the level to be a bit difficult or inappropriate, this lesson has been structured to focus primarily on the physical changes that kids experience between middle childhood and early adolescence puberty. And while the lesson briefly covers all of the changes that boys and girls undergo, it will be up to you to determine the extent to which students examine and talk about the more sensitive areas of this topic. This resource will help them gain some of the facts about growth spurts during middle childhood and adolescence—basically, that it is perfectly normal for all kids to grow at different rates and to different degrees at different times. This is a key benchmark point. When finished reading, review what they have read by asking questions like these: Genes influence human growth and development in countless ways. They largely determine the shape and size of a person, eye and hair color, etc. When do boys and girls usually start puberty? It is normal for all kids to start puberty at different times. However, the average age for girls to start is about 10 years old, with others beginning somewhere between 7 and Boys usually start at about 11 years, while others may begin between 9 and What is important to remember about weight gain or loss? Since people come in all shapes and sizes, it is important to remember that it is often normal or healthy for a person to weigh more or less than what is considered normal. Like everything else, our genes play a big part in determining our weight, so it is important to accept this fact and not go on any radical diets to either lose or gain weight. Doctors can help decide a healthy weight range for a person. Next, distribute the **Growth Stages During Puberty** student sheet, which separates and breaks down the key growth areas that boys and girls experience, while briefly covering the kinds of natural emotional changes they typically undergo during this period. Many of the growth areas listed on the student sheet may make students feel uncomfortable or lead to

teasing among others. Emphasizing how everyone experiences these natural and normal changes may help the class to maintain the right focus while learning about what lies ahead of them developmentally. When finished reading over the student sheet, discuss what they have read and check their comprehension with questions like: Who usually experiences puberty first, boys or girls? Girls begin about a year before boys. Shoulders broaden, muscles develop, and they put on more weight. In which area do girls usually first experience growth during puberty? The voice deepens and may begin cracking for a certain period of time. What kinds of feelings or emotional changes happen during this rapid period of growth? Both boys and girls start caring about what others think, become self-conscious about growth changes, separate from parents and identify more with friends, etc. Assessment Review and reinforce the lesson material. Consider and pose questions that help students further identify and apply what they have learned to their own lives. Such questions may include: What do you think are some good ways to cope with the changes that occur during this rapid period of growth? Talk to family members, understand that changes are natural and normal, meet with a doctor if overly concerned, read articles or books on the subject. Do you think it is helpful to know about these kinds of changes? If some students say "No," encourage them to explain why. Do kids have any control over these kinds of changes? Again, your family genetics serve as a natural plan of growth for you. It is important to appreciate and accept this fact. However, you do have some control over your own growth and development. That is, if you eat right, get plenty of sleep, exercise regularly, and see a doctor regularly, you will help to ensure that you grow and develop to your full potential. Extensions Inside the Human Body: The Respiratory System is an excellent resource for both elementary- and high-school students. Early elementary students can enjoy a storybook, a coloring book, games, worksheets, and articles that provide basic material on air pollution, smoking, lung health, and the respiratory system.

**Chapter 9 : Child and Adolescent Development Psychology (BA) | SNHU**

*Child development entails the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence, yet having a unique course for every child.*

URL of this page: Information During adolescence, children develop the ability to: These include grasping higher math concepts, and developing moral philosophies, including rights and privileges. Establish and maintain satisfying relationships. Adolescents will learn to share intimacy without feeling worried or inhibited. Move toward a more mature sense of themselves and their purpose. Question old values without losing their identity. Early, prepubescent changes occur when the secondary sexual characteristics appear. Girls may begin to develop breast buds as early as 8 years old. Breasts develop fully between ages 12 and 14. Pubic hair, armpit and leg hair usually begin to grow at about age 9 or 10, and reach adult patterns at about 13 to 14 years. Menarche the beginning of menstrual periods typically occurs about 2 years after early breast and pubic hair appear. It may occur as early as age 9, or as late as age 16. The average age of menstruation in the United States is about 12 years. Girls growth spurt peaks around age 11. Boys may begin to notice that their testicles and scrotum grow as early as age 9. Soon, the penis begins to lengthen. By age 17 or 18, their genitals are usually at their adult size and shape. Pubic hair growth, as well as armpit, leg, chest, and facial hair, begins in boys at about age 12, and reaches adult patterns at about 17 to 18 years. Boys do not start puberty with a sudden incident, like the beginning of menstrual periods in girls. Having regular nocturnal emissions wet dreams marks the beginning of puberty in boys. Wet dreams typically start between ages 13 and 15. The average age is about 14 and a half years. Nocturnal emissions occur with the peak of the height spurt. They are sensitive, and worried about their own body changes. They may make painful comparisons about themselves with their peers. Physical changes may not occur in a smooth, regular schedule. Therefore, adolescents may go through awkward stages, both in their appearance and physical coordination. Girls may be anxious if they are not ready for the beginning of their menstrual periods. Boys may worry if they do not know about nocturnal emissions. During adolescence, it is normal for young people to begin to separate from their parents and make their own identity. In some cases, this may occur without a problem from their parents and other family members. However, this may lead to conflict in some families as the parents try to keep control. Friends become more important as adolescents pull away from their parents in a search for their own identity. Their peer group may become a safe haven. This allows the adolescent to test new ideas. In early adolescence, the peer group most often consists of non-romantic friendships. These often include "cliques," gangs, or clubs. Members of the peer group often try to act alike, dress alike, have secret codes or rituals, and participate in the same activities. As the youth moves into mid-adolescence 14 to 16 years and beyond, the peer group expands to include romantic friendships. In mid- to late adolescence, young people often feel the need to establish their sexual identity. They need to become comfortable with their body and sexual feelings. Adolescents learn to express and receive intimate or sexual advances. Young people who do not have the chance for such experiences may have a harder time with intimate relationships when they are adults. Adolescents very often have behaviors that are consistent with several myths of adolescence: This is normal self-centeredness. However, it may appear especially to adults to border on paranoia, self-love narcissism, or even hysteria. Another myth of adolescence is the idea that "it will never happen to me, only the other person. A strong need for peer approval may tempt a young person to take part in risky behaviors. Motor vehicle safety should be stressed. Adolescents should not have the privilege of using motor vehicles unless they can show that they can do so safely. Other safety issues are: Adolescents who are involved in sports should learn to use equipment and protective gear or clothing. They should be taught the rules of safe play and how to approach more advanced activities. Young people need to be very aware of possible dangers including sudden death. These threats can occur with regular substance abuse, and with the experimental use of drugs and alcohol. Adolescents who are allowed to use or have access to firearms need to learn how to use them properly. If adolescents need to be evaluated if they appear to be isolated from their peers, uninterested in school or social

activities, or doing poorly at school, work, or sports. Many adolescents are at increased risk for depression and potential suicide attempts. This can be due to pressures and conflicts in their family, school or social organizations, peer groups, and intimate relationships. Ideally, they should be allowed to have their own bedroom. If this is not possible, they should have at least some private space. Teasing an adolescent child about physical changes is inappropriate. It may lead to self-consciousness and embarrassment. Parents need to remember that it is natural and normal for their adolescent to be interested in body changes and sexual topics. It does not mean that their child is involved in sexual activity. Adolescents may experiment with a wide range of sexual orientations or behaviors before feeling comfortable with their own sexual identity. Parents must be careful not to call new behaviors "wrong," "sick," or "immoral. It is normal for the parent to find the adolescent attractive. This often happens because the teen often looks very much like the other same-sex parent did at a younger age. This attraction may cause the parent to feel awkward. The parent should be careful not to create a distance that may make the adolescent feel responsible. Attraction that crosses the parent-child boundaries may lead to inappropriately intimate behavior with the adolescent. This is known as incest. The parent should not see it as a rejection or loss of control. Parents need to be constant and consistent. Although adolescents always challenge authority figures, they need or want limits. Limits provide a safe boundary for them to grow and function. Limit-setting means having pre-set rules and regulations about their behavior. Power struggles begin when authority is at stake or "being right" is the main issue. These situations should be avoided, if possible. One of the parties typically the teen will be overpowered. This will cause the youth to lose face. The adolescent may feel embarrassed, inadequate, resentful, and bitter as a result. Parents should be ready for and recognize common conflicts that may develop while parenting adolescents. Parents should know that their adolescents will repeatedly challenge their authority. Keeping open lines of communication and clear, yet negotiable, limits or boundaries may help reduce major conflicts. Most parents feel like they have more wisdom and self-growth as they rise to the challenges of parenting adolescents. Child, adolescent, and adult development. Nelson Textbook of Pediatrics.