Biosocial Development: Middle Childhood

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  - Attention-Deficit Disorders
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Biosocial Development: Middle Childhood

General Information

- Most significant influence on development during this stage is the changing social context:
  - Children enter wider educational and cultural communities
  - Children no longer depend on family for self-care (independence is on the rise)
  - School attendance is mandated
  - Children spending much more time with age mates
  - Increasing differences between children are evident in size, health and ability to learn in school

Two Views

- Positive Side (Adult View)
  - Disease and death rates are lowest
  - Growth is slow and steady; coordination maintained
  - Many new skills are easily learned and mastered
  - Virtually no gender differences (strength, physical ability)
  - Sexual urges/fantasies are dormant (Freud's Latency)
- The "Other" Side
  - Much variability between children (size, shape, intelligence, etc.)
  - Social world is expanding rapidly
  - ***Egocentrism*** is declining (concern and perhaps anxiety regarding how others perceive them)

Potential Problems: Obesity

- Almost a third of U.S. children are obese—double the rate since 1980.
  - Obesity = 30% over ideal weight for height
  - Reduces exercise and increases blood pressure, both of which increase risk for serious health problems in adulthood (e.g., heart disease, stroke, diabetes)
  - Obese children who do not slim down are more likely to experience psychological as well as physical problems
- Factors Influencing children's weight:
  - Genes
  - Environmental factors (e.g., cultural values, lack of exercise, poor quality food, watching TV/video)
- Best Case: good diet, good eating habits, exercise

Brain Development and its Implications

- Brain reaches adult size at age 7
- Hemispheric specialization makes brain more efficient overall
- Some Implications:
  - better able to control their bodies and emotions
  - ***Selective attention*** —ability to attend to information from many areas of brain at one time and pay special attention to most important elements
  - ***Automatization***—process by which thoughts and actions are repeated in sequence until they become routed or automatic and need little conscious thought
  - Decrease of ***reaction time*** —length of time it takes to react to a stimulus
  - Cognition is improved (reflected in testing)

Children with Special Needs

Some children, because of a physical or mental disability, require special help in order to learn--13% of all U.S. schoolchildren in 2000

Attention-Deficit Disorders

- *ADD*—Attention-Deficit Disorder – child has great difficulty concentrating; may be prone to anxiety and depression and may seem distracted
- *AD/HD*—Attention-Deficit Hyperactivity Disorder – same as above **plus** excitability, impulsivity, need to be active
  - Possible causes include: neurological, genetic vulnerability, teratogens, postnatal damage (e.g., lead poisoning)

Special Needs (continued)

Help for Children with Attention-Deficit Disorders

- drugs with reverse effect
  - 11 million prescriptions for Ritalin in 1999
- ongoing changes at home and school
- psychological therapy for child and family
- structure of classroom
  - too rigid or too loose harmful
  - flexible structure helpful

Learning Disabilities –a marked delay in a particular area of learning not associated with any physical handicap, overall mental retardation, or unusually stressful home environment (experienced by half of children with ADD and AD/HD

- **Dyslexia -** unusual difficulty with reading: the most common learning disability

- Indications of learning disabilities - discrepancy between *expected learning* and *actual accomplishment* in a particular academic area.