

Child Development Course

Welcome, Introduction and Opening Preface

Welcome and Overview

Hello everyone and welcome to our on-line course on typical and atypical child development. Before we get started, I would like to introduce the course and provide you with some important information about this class.

Course Design

This course uses an online format to present aspects of typical and atypical child development for ages birth to 22. Its format is influenced by case based learning and therefore uses case studies to illustrate courses content through life-like scenarios. The course is to be completed at your own pace and will take approximately between 10 and 12 hours to complete.

The course is dived into four Modules:

- Module 1 covers Birth through age 3;
- Module 2 covers ages 4 through 8;
- Module 3 covers ages 9 through 13 and
- Module Four covers ages 14 through 21.

The course draws on several different modalities to help learners achieve mastery of the course material. PowerPoint slides, illustrations, a matrix and pictorial navigation guides along with voice narration present various aspects of child development. Matrices summarize developmental domains or milestones covering social – emotional, language, and communication, cognitive (thinking and learning in older ages), and lastly movement and physical development. Case studies describe a child in the context of his or her family and provide insight into how these developmental domains may present in a child. At the close of each module there is a self-assessment exercise or quiz to assess learners' mastery of the modules' material.

Course Purpose

This course was designed to supplement the training and support the work of State of Wisconsin certified Children's Long-Term Support (CLTS) Functional Screeners. The Functional Screener's responsibilities include using the Children's Long-Term Functional Screening tool to screen children for their eligibility for the Wisconsin children's long-term care support services system. This system includes access to Federal Medicaid programs (via Katie Beckett or SSI), children's long-term support community and home-based waivers (the Children's Long-Term Support Waiver), and county-based programs (Children's Community Options Program). The CLTS screen is designed to assess a child's eligibility for these programs based on his or her functional abilities, health-related needs, and type of disability (physical, intellectual, developmental, or severe emotional disturbance which is sometimes referred to as behavioral health). The outcome of the CLTS functional screen is the determination of a child's eligibility status for multiple programs that may have differing eligibility criteria. It also determines whether a child qualifies for a specific level of care (such as nursing home level of care) which may be required to qualify for certain children's long-term support programs. Therefore, a screener's understanding of childhood development is extremely important in

determining whether a child is able to access needed services as a result of qualifying for long-term supports services.

In order to conduct the CLTS functional screen, functional screeners collect information about an applicant's individual functional status, specific diagnosis (if the child has one), health, functional or adaptive behavior skills and need for assistance from various programs that serve children who are identified as having a functional disability or being at risk for being functionally disabled. Functional screeners screen children throughout the state and are employed in a variety of community program or work settings. Therefore, it is important for functional screeners to have awareness and understanding of the multitude of factors that influence children and their families. These factors include, but are not limited to: the child's health status, physical development, functional or adaptive skill level; family configurations, values, socio-economic status, areas of strengths and challenges; child's access to a supportive and enriching environment cultural influences; and geographic location.

Scope of Course

Presenting all information about typical and atypical child development and the factors that can impact it that Functional Screeners would need to be able to appropriately screen all children is outside the scope of this course. The breadth and depth of knowledge that would have to be covered is simply too great to include within a 10-12 hour on-line course. Therefore, this course aims to familiarize screeners with developmental milestones and other aspects of and impacts on development that the screeners can use as a guide when conducting the CLTS Functional Screen. The bibliography section includes resources, web links, and references used in developing this course. It also includes additional information on child development and the factors that influence it, including a review of developmental theories.

Course Development

In developing this course, we reviewed existing methods of teaching about typical and atypical development and found that they did not adequately address the specific needs of those who conduct the Children's Long-Term Support Functional Screen. Specifically, we found that most courses on development only address typical development with atypical development being covered in a separate course either in abnormal development or special education and that many only address certain aspects of development without adequately addressing the whole child or the environment and context in which he/she lives or his or her life experiences which can include the impact of a child's culture, race and ethnicity, and trauma history.

For example, many courses heavily focus on theories of development (Bowlby, Brazelton, Erickson, Freud, Gesell, Kohlberg, Piaget, Vygotsky) that primarily address aspects of attachment, psychosocial, psychosexual, personality maturational, moral, cognitive, or social development. Having a strong background in these theories is important for functional screeners because the majority of tools that address, measure, and seek to elucidate child development have been heavily influenced by work attributed to the research and writings of several of these theorists. In particular, Jean Piaget's and Erik Erikson's work have had a major impact on the development of many screening and assessment tools such as the CDC's developmental milestones, the Ages and Stages Questionnaire and multiple tools utilized by physicians, nurses, and allied health

professionals such as occupational therapists, physical therapists, speech/language clinicians, early childhood educators, and so on. Although these theorists have significantly contributed to the field of child development, they typically do not adequately address the more concrete issues of physical and language and communication development or present a thorough discussion of child development in the context of the family and society. Bronfenbrenner's social ecological model focuses on these larger influences, but does not specifically address issues of cognitive, language and communication, physical, or social-emotional development. Despite their having made important contributions to the overall field of child development, we will not be covering these theories in this course. However, we do encourage you to read or refer to the resources provided with this course for additional information on these theories as they will further learners' depth and breadth of understanding of child development.

Another focus often seen in courses on child development, particularly those offered in departments of psychology, is the "nature versus nurture debate." This debate is concerned with the extent to which particular aspects of behavior and physical development are outcomes of either inherited genetic (nature) or acquired or learned (nurture) characteristics. Nature is perceived as pre-born wiring from conception and is influenced by genetic/DNA inheritance and other biological and neurological factors. Nurture is identified as the impact of the parents and the environment on the child. As such, nurture includes other issues rarely adequately addressed in courses in child development: namely race, ethnicity, and cultural competence. In addition nurture includes areas these courses typically do not sufficiently discuss and review: potential issues related to trauma, a child and family's general quality of life, socioeconomic status, neonatal development including premature birth, community services and educational resources including early screening and the unevenness of early intervention services, the quandary of rural versus urban support and issues of access to health care and how these impact the functioning of a child.

The nature-nurture concept is particularly relevant to Functional Screeners because both nature and nurture can play a significant role in a child's developmental functioning. For example, although a child may have a nature-based diagnosis (e.g., Down syndrome) how well he or she functions may be heavily influenced by the nurturing he or she has received such as through parents who have the knowledge and skills to encourage his or her independence, the economic ability to pay for daily living skills therapy, and the ability to afford to live in a neighborhood that provides access to a school that provides appropriate academic supports. Services accessed through the CLTS Waiver may address some of these issues (such as access to daily living skills), thereby positively contributing to a child's development.

Another major challenge in developing this course is the variety of reasons for which a child might qualify for long-term support services. Although children must fall within one of three categories—intellectual or developmental disability, physical disability, or severe emotional disturbance/behavioral health disability—he or she does not have to have a diagnosis in order to qualify under any of these categories, although he or she does have to have functioning that is significantly impaired and consistent with one of these three categories. Thus, some children will already be identified as falling into one of these categories when they present for screening, but some may not. Some of the reasons children may qualify will be able to be identified in utero (such as spina bifida),

others at birth (for example, cystic fibrosis and other birth defects), and still others only as the child grows and fails to meet developmental milestones (such as cerebral palsy, autism spectrum disorder, or behavioral health issues). In addition, the full extent of the child's functional challenges can unfold over time, as can be the case with some seizure disorders (such as progressive seizures) which can cause a child to lose function over time, not just fail to achieve a certain level of functioning (as in cerebral palsy). Children may also have multiple diagnoses (e.g., autism and PKU) that may impact their level of functioning. And, some children who may appear to be lagging behind their peers might not qualify for the children's long-term support services because their delays are more attributable to an undiagnosed medical issue (such as a child who does not appear to be appropriately developing language may have significant fluid in his or her ears), the quality of their environment and the types of experiences they have had than to disability (such as children who have not had opportunities to develop fine motor skills through the use of scissors, crayons and other fine motor manipulatives or haven't learned how to positively interact with other children, follow directions, and share because they have had limited exposure to positive role modeling of these activities). Therefore, it is extremely important for Functional Screeners to have a thorough understanding of typical and atypical development, how it can unfold over time, and what factors can impact it.

It is important at this point to stop and realize that the majority of the approximately 4 million babies born in the U.S. each year are born without impairments and at birth not need/require/nor qualify for long-term care supports services. However, each year there are approximately 150,000 or 1 in every 33 babies born with birth defects or significant impairments which may be inherited (i.e., caused by genes as in the case of Down syndrome), or acquired during pregnancy or birth because of prenatal events that can include exposure to teratogens (which are any substance that disrupts normal fetal development as in the case of Fetal Alcohol Syndrome), an injury to the fetus during pregnancy (as in the case of an intrauterine stroke), or an injury at birth (as in the case of hypoxic ischemic encephalopathy). All parents are at risk for having a child with a birth defect; birth defects can happen in any and all families, regardless of race, age, and socioeconomic or educational status. Furthermore, birth defects can occur at any stage of fetal development. However, most birth defects occur in the first three months of the pregnancy, when the fetus's organs are forming, making it a very important stage of development. Birth defects can also occur later in pregnancy, even during the last six months of pregnancy when tissues and organs are continuing to grow and develop. Although we don't know the cause for most birth defects, we think many of them are caused by a complex mix of factors. These factors include genes (information inherited from parents), behaviors, toxins, and/or other environmental experiences. But, we typically don't fully understand how these factors interact to cause functional impairments. It is also important to remember that not all birth defects are medically significant (for example, club foot), not all birth defects are immediately evident at birth (e.g., some cases of cerebral palsy) and not all children born with a birth defect will not be functionally impaired enough to require or be eligible for long-term supports (such as, some children with PKU). Therefore, we will review a few case studies in the course that reference early birth histories as they relate to the child's development.

In addition to being born with a disability, children can also acquire a disability at any point in time. Like disabilities present at birth, acquired disabilities might not result in



functional impairments significant enough for the child to qualify for long-term support services. Although disabilities can be acquired through disease (such as bacterial meningitis) or accident (such as traumatic brain injury), we will not cover all types of acquired disability in this discussion. Course references, readings, and resources will provide additional information to guide or supplement materials not covered.

Children may have disabilities that have an unclear origin and/or may not be immediately evident. Intellectual disability, speech apraxias, autism spectrum disorder, attention deficit hyperactivity disorder and many other behavioral health/severe emotional disturbances are in this category. It is also possible for children who are challenging to describe or are frequently described as being “odd”, “quirky”, or “different” to later qualify as fitting into this category. Although some of these children may have a seizure disorder, which can put the child at risk for having autism, having seizures does not necessarily mean the child will have a disability of any kind. In other words, it is possible for a child to have seizures but to not experience any significant functional impairments. Therefore, children with seizure disorders and children who are frequently thought of as being unusual should be monitored over time to see if they do end up meeting criteria for Autism Spectrum Disorder or other behavioral health or severe emotional disturbance that significantly impairs their functioning. However, caution must be exercised to not assume that all such children will go on to develop these challenges or to qualify for children’s long-term support services as there is considerable variation in children’s developmental trajectories and in what is considered within normal limits of development; the developmental course for any given child is a very individualized experience.

In summary, this course is founded on the premise that child development unfolds across the fetal, neonatal and postnatal time periods, based on broadly conceived genetic and environmental factors, which make children the sum of all they inherit and experience. Therefore, to better meet the needs of CLTS functional screeners, we’ve elected to use case studies to address and tackle the interesting and complex unfolding of individual children’s venture into family and community life. This course and the case studies within it view a child’s achievement of milestones or domains as part of a continuum, recognizing that growth in different developmental domains can occur at different paces. This course attempts to consistently address complex issues such as cultural awareness, racial and gender disparities, while considering access to programs, environmental, healthcare, and educational resources in addressing family life, community support and protection, and learning and advocacy for children. The case studies included in this course represent our commitment to recognize, include, and address values, best practices, and person/family centered philosophies in working with children and their families.

Course Learning Goals

The goal of this course is to increase the knowledge, awareness, and skills of CLTS Functional Screeners in identifying typical and atypical child development within the context of the family and its culture. Ultimately, completion of this course should increase the confidence of CLTS Functional Screeners in understanding when a child’s development is not keeping pace with that of his or her peers and their ability to appropriately differentiate between children who are merely lagging behind their age

peers in some aspects of development versus those who are developmentally significantly behind and therefore qualify for long-term support services.

Understanding child development provides potential insights into and the knowledge to understand the stages/milestones/domains and life course development that are important for accurate screening, assessment, diagnosing process, goal setting, and addressing intervention-treatment strategy choices and planning. We will talk about these areas in this course or the supplemental materials and references. Information on the course's outline and instructions for accessing it will follow this section.

In summary, the course begins with an introduction and then moves to review typical concepts of developmental milestones and the four main domains of development: social and emotional/behavioral, language and communication, cognitive, and physical-motor development. In review, the broad definitions of these domains are social and emotional development which encompasses personality, and interpersonal development, including relationship with parents, peers, and the community. Language and communication focuses on both receptive and expressive language, along with hearing and processing of information. Cognitive development includes thought processes, perceptual capacities, and language acquisition and is most easily identified with thinking and learning as children age. Physical and motor development is most noticeable in the early years as an infant moves from having very little independent movement to complete physical independence and the achievement of his or her adult size. Typically developing children achieve most of their physical milestones in the first few years of life, with minor refinements (e.g., increasing speed when running) in this domain until they enter puberty when their physical development is focused around the development of secondary sex characteristics and generally becoming bigger and stronger.

Again the course overview is followed by Four Modules, one for each of the 4 developmental age ranges used by the Centers for Disease Control (CDD): Module 1 covers birth through age 3; Module 2 covers ages 4 through 8; Module 3 covers ages 9 through 13; and Module 4 covers ages 14 through 21. Each module presents aspects of typical and atypical development for that age range for each developmental domain and includes an opportunity to see how issues of development may look in real-life through case studies that addresses issues of the family's culture, ethnicity, financial status, environmental factors, and access to health and safety resources. A quiz or self-assessment exercise concludes each module.