



School Mental Health Training



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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Lecture 3

Normal child development 2





Learning objectives



**social and emotional
development of
primary and secondary
school children**



**moral development and
how to promote it**



**brain development and
its relation to schooling**

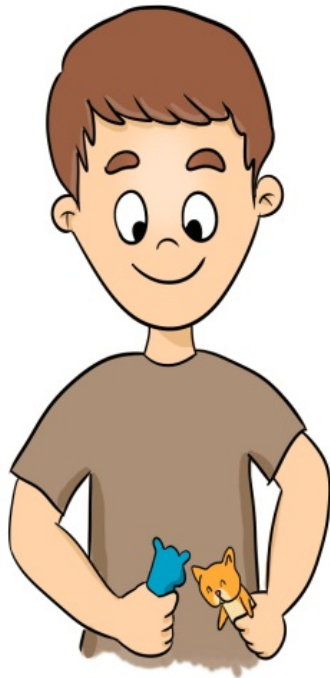
Primary school age (6–12 years)



Several **difficulties** may emerge during this stage, some of which are common, some of which may warrant more careful investigation

Educators are in a position to help students navigate these typical challenges by continuing to educate students about what is and what is not appropriate

Primary school age (6–12 years)



Teachers are in a position to be **powerful role models** and teach children the necessary skills to manage problems that are part of typical development

While some of the behaviours listed as areas of concern are part of typical development, the key distinction is the **frequency, duration, and level** of the behaviour



Typical difficulties of primary school-age children	Atypical difficulties of primary school-age children (warranting further investigation)
<ul style="list-style-type: none">• arguments/fights with siblings and/or peers• curiosity about male and female body parts• testing limits• limited attention span• worry about being accepted• lying• not taking responsibility for behaviour	<ul style="list-style-type: none">• excessive aggressiveness• serious injury to self or others• excessive fears• school refusal/phobia• frequent excessive or extended emotional reactions• inability to focus on activity even for five minutes• patterns of delinquent behaviour• fire fixation/setting

Secondary school age (12–18 years)



Adolescence is a time of significant change beginning with puberty, which now occurs at earlier ages than previously

Adolescents go through a complex stage where they **separate** from parents to find their place among their peers

During this stage, adolescents often 'try on' **several identities** as they determine where they best fit among others and become more comfortable with themselves

Secondary school age (12–18 years)



Advances during adolescence

- achieving more mature peer relations
- achieving a masculine or feminine social role
- accepting one's physical strength
- achieving emotional independence
- beginning preparation for marriage and family life
- beginning preparations for making a living
- acquiring a set of values, ethics or an ideology as a guide to behaviour
- developing socially responsible behaviour



The secondary school-age child

Social and emotional milestones

- heightened level of self-consciousness
- belief that no one else has ever experienced similar feelings and emotions
- exhibit the 'it can't happen to me' syndrome (invincibility)
- become very cause-oriented
- exhibit a 'justice' orientation
- establishing an identity
- establishing autonomy
- becoming comfortable with one's sexuality

Strategies to promote healthy development

- create an atmosphere of respect, trust and honesty
- be considerate of students' privacy
- empathize with the student's perspective
- pick your battles
- maintain expectations and don't write off negative behaviour as typical teenage behaviour
- know the warning signs when behaviour becomes dangerous
- notice changes in students' behaviour

The secondary school-age child (12–18 years)



Several adolescent behaviours, while challenging, are part of **typical development**, including mood swings, self-involvement, testing limits and peer conflicts

Educators are in an important position to **identify** atypical and problematic behaviour

If educators identify any **warning signs** they should not hesitate to contact the student's parents or request a consultation with a professional



Moral development



Moral development involves

Developing the ability to tell the difference between right and wrong

Utilizing this knowledge to make decisions

Morality

Like social-emotional development, morality develops in phases and is influenced by multiple factors

Theorists such as Jean Piaget and Lawrence Kohlberg have described phases of moral development

Moral development age < 10

Typical moral development

- children see the world through the lens of other-directed morality such as authority figures
- rules are seen as absolute and unbreakable
- children's understanding of why rules should be followed is generally based upon their appreciation of the consequences of breaking them such as being punished

Strategies to promote healthy moral development






Moral development age < 10



Typical moral development	Strategies to promote healthy moral development
<ul style="list-style-type: none">• children see the world through the lens of other-directed morality such as authority figures• rules are seen as absolute and unbreakable• children's understanding of why rules should be followed is generally based upon their appreciation of the consequences of breaking them such as being punished	<ul style="list-style-type: none">• set a good example• explain to children the reasons behind a rule• demonstrate to them how one behaviour is better than another• use story telling to demonstrate moral situations• praise the child for following a rule and bring their attention to how it made others around them feel• encourage children to show empathy towards others, like writing them a card if they are sick

Moral development age 10+

Typical moral development	Strategies to promote healthy moral development
<ul style="list-style-type: none">• children's morality changes as they develop an ability to view situations from other people's perspectives• their appreciation of morality becomes more self-directed and less 'black and white'• children will generally have begun to view moral rules as socially-agreed upon guidelines• children still feel it is important to follow rules, however these rules are viewed as guidelines that are meant to benefit society rather than inflexible orders• children realize that choices should not be based solely on the fear of negative consequences	



Moral development age 10+

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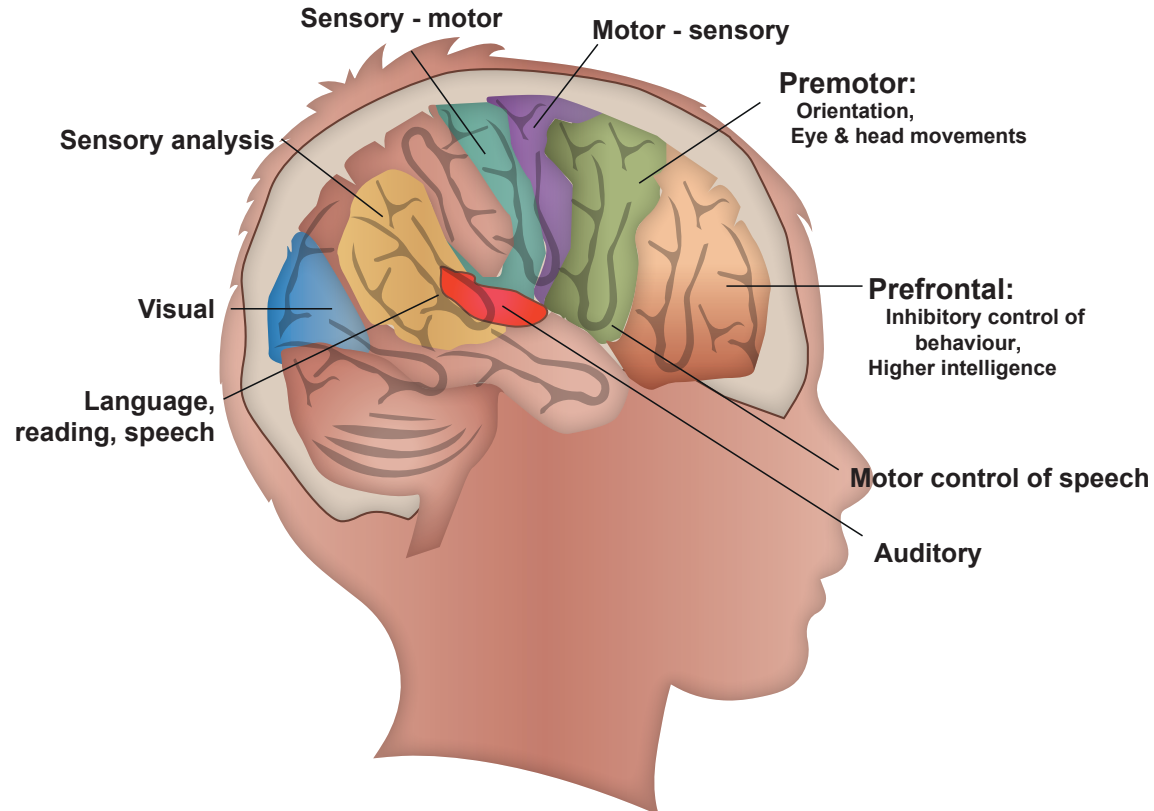
Brain development and schooling



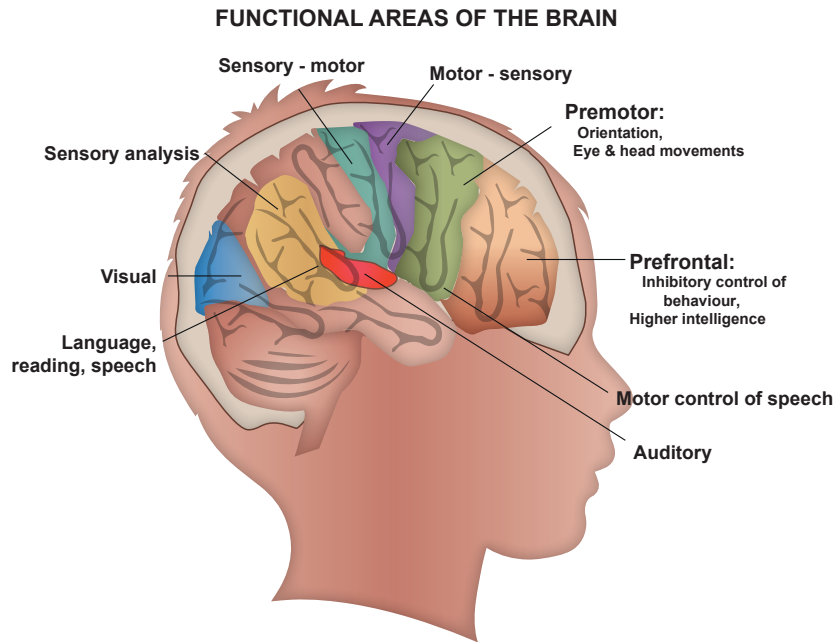
It is important for educators to be aware of **key aspects** of brain development in order to better understand child and adolescent behaviour

Difficulties with specific areas of the brain can **impact behaviour**, and in deciding expectations in the classroom, as well as how to address challenges, it is important to consider typical brain development

FUNCTIONAL AREAS OF THE BRAIN



Different areas of the brain serve different functions such as controlling speech, vision, hearing, language and reading



The prefrontal cortex

Used in **decision-making** and the **ability to control behaviour**. Skills frequently referred to as **executive functioning**

Impact students' abilities to **solve problems** and **control impulsive behaviour** in the classroom

Different areas of the brain serve different functions such as controlling speech, vision, hearing, language and reading



Differences in brain functioning and behaviour

Some children are born with genetic problems or medical conditions which impact specific parts of the brain and affect how they function academically

The brain area related to language, speech and sensory analysis impacts the child's demonstrate ability to share learned information through speech

Example: due to **stuttering**, a child may not be able to demonstrate his/her actual reading proficiency and may also have a **sensory processing problem** where the environment is perceived differently than other students



Differences in brain functioning and behaviour

Brain area related to processing problems

The child may understand a concept but may not be able to explain it in a response to a verbal question

For one type of sensory processing problem, a child may be especially sensitive to their physical environment, such as having difficulty tolerating normal lighting, being more sensitive to noises, disliking being touched

Due to this condition the child may appear nervous and withdrawn in the classroom



Differences in brain functioning and behaviour

Brain impairment related to trauma

It is possible for children and adolescents to develop difficulties with how their brains function, e.g. being in an accident, traumatic brain injury, or being exposed to trauma

Although these changes are not always permanent it is important for an educator to consider how a child's behaviour may change under these circumstances

For instance, when a child is in an accident areas of their brain may be effected and impact on behaviour



Differences in brain functioning and behaviour

Brain impairment related to trauma

Although early trauma may differ from an accident where there is no physical injury to the brain it can still impact how the brain functions and how the child behaves

For example, a child who experiences ongoing abuse may have actual physical changes to their brain that impact sleep, mood, attention, and cause them to remain in a state of fear

Thank you

