

Human growth and development case study

[Education](#)



The paper is focused primarily on cognitive, physical, and social developments. This paper will discuss the relationship I see between theories of observing and planning and theories of development in childhood education. Michael is 6 years and 11 months old. It is October and he is in first class. Michael rarely makes contact, and when he is directly asked to do so he turns and looks at the back wall of the classroom. He displays this behavior also when asked to participate in group work.

When in class he maintains a low level of continuous dialogue which is never directed towards other students. When he asks questions in class they never have any relevance to the immediate context of the lesson. When he talks to other students he talks at them rather than to them and does not require a response. It is also evident in his interaction with the teacher that his conversation lacks any element of transaction. He demonstrates a literal understanding of instruction. I. E. Recently he was told to sit down and finish his work and not to move until he was finished.

Michael did finish the work but continued to sit all through lunch until the teacher on yard duty noticed him sitting in the empty classroom. He reported he had been told not to move. It is clear that he does not understand facial expressions and body language and communication needs to be kept at a very concrete and unambiguous level. Increasingly he is becoming socially isolated in the class as he displays little interest in the other children and they find his behavior difficult to understand.

At a time in their lives when children are beginning to form real friendships his difficulties are becoming more apparent in the social area. He moans

quiet frequently that the other children call him a baby out in the yard and this has become an issue with his parents as they claim he is being bullied in the art. Close observation of Michael reveals that he does in fact behave in a babyish manner quiet a lot of time and lacks levels of independence consistent with his age group. He along with the rest of his class has completed the Micro T. And Stigma T. Sets of reading and math attainment. On both tests Michael scores two standards deviations above the norm indicating that his intellectual ability is very high. This in turn calls into question his lack of ability to function in the social and communication areas. A report is compiled for all students prior to the annual parent teacher meeting. When completing Michael's report form the only option for the teacher is to tick " poor" in all the sections relating to social development. At the parent teacher meeting Michael's social and communication skills become the focus of the discussion.

They reluctantly agree that they had noticed some worrying behavior particularly when they compared his development to that of their younger son who is four. They report that they try to provide Michael with opportunities to socialize but that on occasion when he invites other children home to play Michael ignores them. People rather than with them.. He doesn't look people in the eye when he speaks to them, and he seems unaware of the subtleties of verbal and nonverbal communication. He is socially isolated, has low level of independence. Michael's intellectual ability is very high.

If Michael were evaluated medically he would possibly receive a diagnosis of Asperger Syndrome (AS). What is Asperger Syndrome? Austrian pediatrician Hans Asperger first described the problem in 1944, but it was not until 1991 that the constellation of symptoms/experiences now known as Asperger Syndrome (or Asperger's Disorder) became more widely known and accepted. In 1994 the American Psychiatric Association included the diagnosis in their Diagnostic and Statistical Manual of Mental Disorders (DSM). Since then, as many as one in 250 children and adults may meet the diagnostic criteria.

The medical community places AS in the same family of problems such as autism, what the DSM calls " pervasive developmental disorders. " Those with AS have a difficult time developing good relationships, particularly with peers, for several reasons: * Nonverbal communication struggles-? children with AS have trouble expressing and interpreting nonverbal forms of communication such as eye contact, facial expressions, body postures, and gestures. He may miss or misinterpret subtle nonverbal cues that signal anger, irritation, boredom, or amusement in others, often leading to misunderstanding and conflict in relationships. Verbal communication struggles-? unlike autistic children, those with AS can express themselves verbally, but he struggle to use these abilities wisely in the midst of conversations. He are better at communicating information about things he know than entering into the give and take of normal conversation. * Lack of social or emotional reciprocity-? AS children struggle to understand and relate to the feelings of others. This does not mean that he have no feelings;

but that he have difficulty entering into another person's experiences, emotions, and thoughts.

How Aspirer Syndrome can affect Michaels development Aspirer Syndrome can affect a Michaels development in a numerous number of ways. Erickson described development in a set of stages; an individual must overcome one to move on to the next. AS could seriously disturb the succession of reaching these stages and leave a person feeling very lost and confused if gone untreated. For instance, Michael who is in the stage of Industry vs.. Inferiority may be comparing himself to his peers and realize he is very different. The issues a child has in the socially anxious and even more cut off in the future (Beer, 2007).

Piglet's theory on intellectual growth can somewhat be contradicted with children who have Aspirer Syndrome. Pigged said that all children when through four stages of cognitive development. The first is seniority, the second is operational, the third is concrete-operational, and the fourth is formal-operational stage (Skip and Shaffer 61). These different stages coincide very well with children who do not have Aspirer Syndrome, but he do not coincide very nicely with children who do. Michael who has AS is very intellectual, and more advanced then what Pigged thought was capable in his stages.

Pigged believed that children couldn't really move ahead in the stages while he was still in a young age but this is not true in relationship with children who have AS. One the other hand there are some areas that Michael is not as advanced as he should be according to Pigged. This Just continues to

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prove that Piggard had to think about different ways that different children have of developing cognitively. Many students with Espalier's may have a lack of self-motivation. According to Mason's Hierarchy of Needs and theory of motivation, a person has basic needs to fulfill.

The lower levels of needs include survival, safety, belonging and self-esteem. The higher levels of needs include self-actualization, aesthetic appreciation, and intellectual achievement. (Gene ; Chukka, 2007) When considering Mason's theory, Michael may never reach the higher needs because the lower level needs have not been met. He often feel like he don't belong, he feel unsafe and he can also struggle with self-esteem. These factors can have a great effect on a Michaels motivation in the classroom. Michael may also have needs in the classroom that the teacher will need to accommodate for.

It may be physical needs, such as softened lights or loud noise reduction or environmental needs, such as workspace that is comfortable and not overwhelming for the student. Michael may also have academic needs in the classroom as well, such as wait time, physical information rather than verbal or hands on manipulative. Some classroom teachers may need to have interventions set in place in the case that a student with Espalier's has behavior modifications in lace. There needs to be a set discipline plan for all students as well as the AS student in the classroom.

They might also have an individualized behavior plan designed to meet their specific needs and goals. These are set in place to help the AS student succeed in the regular education classroom. The key to keeping Michael

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motivated in the classroom is to find what works for him. It will not be the same for everyone and it is up to the school, teachers, counselors and parents to find a way to help that individual child be successful in their education. Just like any other student, Michael wants to succeed and be part of the school and classroom community.

With the proper motivational techniques, this is possible for Michael. Characteristics, and the affect this disorder of Michael's development Aspirer their development. Hans Aspirer described these group of children with a significant and chronic nonrepresentational social disorder (Miles and Simpson 1). Michael show to have a lot of difficulty in social settings. Some characteristics of Michael are that he do not deal with social situations correctly. Autistic children have much more problems with language than children with AS, and this is the biggest preference between the two disorders.

He also tend to show a lot of repetitive behaviors, and obsessions with certain things Jackson 45). People with AS can also experience some problems with their sleeping patterns, motor skills and emotions. There is no specific cause to Aspirer Syndrome or Autism, it is a fact of something going wrong in your genes. A diagnosis for Aspirer Syndrome is usually made between the ages of four to eleven. The child has to demonstrate an impairment in social situations, repetitive behaviors, and their also has to be not a severe impairment in language to be diagnosed as AS and not Autism.

He have to take a series of cognitive and genetic assessments to see where he fall on the ADOS-IV Diagnostic Criteria. If he obtain a certain amount of

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these qualities he are classified as having Aspirer Syndrome (Prior 18).

Aspirer Syndrome is a very common disorder, it is important for people to understand the characteristics, and the affect this disorder has on the five domains of their development. Cognitive Domain There are some different cognitive findings with children who have Aspirer Syndrome. A defining characteristic of AS is an average or above average intellectual opacity (Miles and Simpson 10).

Michael tends to do very well intellectually in school, mostly this is due to his ability to become fixated on a topic and therefore in a way become an expert on the topic. Children with AS usually also get diagnosed with an attention deficit disorder. Michael seem to have a hard time with paying attention, and he get distracted very easily. Michael seem to get lost in his own word very often. One minute it may seem like Michael is paying attention to what you are doing, and the next he is completely in his own word, and is total unaware of his surroundings.

Other then these few cognitive problems unlike Autism, Aspirer Syndrome doesn't have as many. Linguistic domain Children with Aspirer Syndrome have some issues with language. Although it is much less serious then with children with Autism it is still a big part of their life. Michael has a lot of difficulty with language, body language and facial expressions. It is very hard for him to figure out what other people mean by the way they speak and the different kinds of expressions they make. Children with AS take things very literal, and this is a huge problem with their language Jackson 100).

This is very important for teachers to understand, because when they give a student or else they will get very confused. For example, if a teacher tells Michaels to leave the room for a second, he would walk out of the classroom for exactly one second and then come back in. It is very hard for Michael to understand the true meaning as to what the person is telling him, and therefore he get very confused. There are some ways of helping these children with their difficulties which is having them take speech-language assessments.

This studies the child's understanding of nonliterary engage, verbal problem solving, and nonverbal communication (Miles and Simpson 26). Getting Michael into these programs early in his life, can really impact how well his language understanding develops as adults. Physical domain Children with Aspirer Syndrome tend to have some physical problems. Physical activity can be hard for children with AS because most of the children have a degree of fine and gross motor problems (Prior 207). Children with AS tend to have bad balance and hand eye coordination, they can also be very clumsy.

This makes it very hard for Michael to play on a team. Difficulties with fine motor skills affect Michaels performance academically. He can sometimes have trouble grasping a pencil, and therefore he write very messy. This also causes a lot of problems in physical education class (Miles and Simpson 62). Students with AS have a very hard time physically and gym can be very hard on them emotionally because children tend to make fun of someone who is very bad at sports. Children with Aspirer Syndrome also have problems with textures and sensory perception.

Certain textures can really bother a person with AS. So can different sounds. A child with AS has heightened senses and this causes them to get very disturbed by certain things (Jackson 61). Children with AS also have different dietary needs. There is a theory that gluten and casein products can not be broken down with people on the Autistic spectrum. The removal of these foods can be very beneficial to the child's health. Going on a gluten free diet has shown some amazing results in helping children with Autism deal with their dietary needs (Jackson 82).

Social Domain Children with Asperger Syndrome have a lot of difficulty with social situations. Michael sometimes doesn't know how to handle some situations that he is not used to. It is said that children with AS don't understand when they are standing too close to someone, which would make them uncomfortable. Also Michael has difficulties with following people around, and not knowing that this is bothering the person he is following. It is also very hard for Michael to tell if someone is bored because he doesn't understand people's facial expressions, and different emotional expressions (Jackson 164).

Research states that children with AS demonstrate impairments in their relationships with peers, difficulties with participating in reciprocal conversations and using nonverbal communication cues within social exchanges (Prior 105). Michael also has a very hard time with maintaining eye contact with Michael to be socially awkward in his lack of eye contact (Prior 106). This can be very frustrating for Michael because he feels like he is doing everything right and normal with other people, but he ends up doing

things all wrong. Emotional Domain (Self-esteem) Some children have a much healthier self-regard than others.

However, children who are aware that they have significant difficulties that keep them apart from their peers are almost guaranteed to have low self-esteem. And this is exacerbated by sleep robbers, bullying, difficulties with school-work, relationship problems etc. Clearly, self-esteem issues are common in children with Aspirer Syndrome. Studies show that children who are given help with Social Skills and are able to translate this into real life situations, develop higher self-esteem, and some children benefit from Cognitive Behavioral Therapy There are several strands that Michaels parents and teachers should keep an eye on.

Teachers need to make sure that Michael is not being bullied, that he can access school work, that he can cope with playtime's and dinner hours. Espies are often perfectionists, and therefore often feel that they are letting people down when they do not do something perfectly. Michael needs to know his rules about doing his best. He often avoids situations where he is afraid of failing. Michael need to be encouraged to take risks, maybe going into a social situation, and then emphasis the things he has done well. Success in one situation can give the confidence to tackle another new thing.

Conclusion Every child is unique - unique in the way he develops and grows. A child's development from baby to toddler, from child to teenager from teenager to adult usually follows an expected pattern. Sometimes this pattern of development is delayed. The delay may be mild or severe. Every child develops differently, however some differences may indicate a

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developmental disorder or delay. This is where important developmental milestones or stages are missed or delayed. Many children with Espaliers Syndrome also have sensory processing difficulties.

Children with Espaliers Syndrome often find social situations extremely trying and stressful. They frequently have stereotypical patterns of behavior and can be obsessive about very specific interests, in addition to some speech and language peculiarities and issues with non-verbal communication. Many of these young people have average or above average intelligence - but lack the skills to communicate easily, have very poor social skills and may not be able to empathic or relate well to other children or adults.

These children often have great difficulty 'reading' other people's emotions or feelings. These difficulties can persist through teenage and adult life. However with family and school supports and with early intervention, young people None of us can choose our genes, our parents, or the place where we are born. We all have feelings and we all live in the same world. Let's make it a kind and friendly place for everyone. Advises for Michael parents and teachers: Aspire - The Aspirer Syndrome Association of Ireland Collinear House, Carmichael Centre, Collinear Street, Dublin 7, Ireland.