



UNIT-5

Factor that Influences Development

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Define the influences on development
- ✓ Evaluate influences on problem development
- ✓ Explore the exposure to family problems in early life.

Unit 5

Factors that Influences Development

Normal Development

Child development, with its physical, mental, and social factors, happens within the framework of the family lifecycle. The family lifecycle is basically known as a period of stages, each noted by a group of activities family members have to do to move onto the next stage.

Coincidentally, with physical growth, children move to organised steps of milestones. Situational factors, such as, socioeconomic class and health also play a big role in this development process. Furthermore, genetic factors can adjust the speed of moving to the next step and this might have consequences for social changes. For example, at adulthood, early-maturing females show signs of undergoing several changes whereas early-maturing males show none of them.

Physical Development

Different sections of the body grow at different speeds. The head and brain grow early, but the limbs grow later. From birth until adulthood, the speed of development decreases. In adulthood, rapid growth in a short amount of time ends at the age of twenty-one years. Until adulthood, the speed of development for males and females are different. With the onset of adulthood, females go through the rapid rate of growth a year or two earlier than males. Height, weight, and the width of their shoulders are the major sections of growth in the adult rapid rate of growth for males. Females add overall body fat and have wider hips than males.

In adulthood, children develop primary sexual factors and secondary factors. The normal age for the occurrence of primary sexual factors in the United States for males and females is between twelve and fourteen years of age. In a review of the literature on the effects of puberty, Alsaker (1996) worked out some conclusions to this. Hormonal differences in adulthood have impacts on some males and females with elevated testosterone levels. This may lead to male aggression and dominance. In females, higher oestrogen levels are linked to good attitudes and increased activity, while lower levels are linked to poorer attitudes. Physical differences in adulthood, mainly, height and muscle mass, have an impact on body-image happiness. Smaller boys and bigger girls are usually unhappy with their body image, whereas happiness with body image is shown by tall boys and slim girls.

The timing of the onset of puberty also has an impact on happiness with the body; although, this link is usually intercede by linked adaptations in height and weight. Early-maturing males are more satisfied with their bodies and feel more attractive whereas early-maturing women are usually dissatisfied with their bodies because maturation is linked with putting on weight. Early-maturing females exhibit more conduct

issues than later maturing females because of involvement in groups of older friends. In the long term, these conduct issues eventually stop. Early-maturing females also show more heterosexual behaviour than their female friends but early-maturing males do not express this elevated level of sexual actions.

While genetics play a big part in physical growth, situational factors also comes into play. Nutrition, illness, worry, and socioeconomic class all have an impact on physical growth. A hundred years ago, the typical age for the start of puberty was around five years later than the age for puberty today. This trend indicates a difference in health, health care, and living environments. Large amounts of exercise and severe dieting might stop the start of puberty in females. These factors characterize some young females with anorexia nervosa. Due to very fast muscular and skeletal development and the high energy usage of adults, a diet high in protein and minerals is optimal.

Cognitive Development

A distinction between language development and the development of intelligence has traditionally been made by researchers in the field of cognitive development. The mind refers to the section of psychology that has to do with every area of the thought process. How we grasp knowledge in the initial stage, how that knowledge is placed, and how we change that information are all questions that concern cognitive psychologists. But cognitive psychologists are also concerned with why one person is so different from another in many of these cognitive procedures.

Cognitive Processes

As incredible as these accomplishments are, there are a large number of cognitive milestones that are reached after infancy, after the preschool years, in the elementary school ages, and even, into adulthood. Nearly all sections of thoughts show marked growth during these later years.

The Swiss Developmental Psychologist, Jean Piaget, identified four different stages of cognitive growth: the sensory motor stage, the pre-operational stage, the concrete operational stage, and the formal operational stage. Elementary school-age children work within the pre-operational (two year old to seven years old) or the concrete operational stage (eight years old-eleven years old.) Pre-operational stage children have not yet developed the skills to think in a well-thought out manner. They deal with the universe symbolically, or metaphorically. That is, they grow the skill to picture doing something, rather than actually carrying it out (Rice, 2001). In the preoperational section, children usually proceed in thought from passage – to - passage and are not able to generalize.

Children in this section also find out and grow through drama performances. They have the ability to observe their parents and individuals near them and pretend to go shopping or play house. A child in the pre-operational stage is not able to view things from another individual's point of view; therefore, a child

in this stage must feel everything directly because they cannot comprehend what punishments there might be or think about how another individual might respond.

In the solid operational stage, children have the ability to think with depth. They start to grasp concepts from another individual's point of view, and grasp the ideas of dialogue and reversibility. They also grasp the skill to sort things into groups or by hierarchy; nevertheless, it is vital to understand that children in this stage are not able to think or reason in a series of ways. Solid explanations must be demonstrated or felt in order for children to grasp most ideas.

Language Development

The view that people with learning disabilities might possess particularly well developed language abilities once they are between two and four years old has followed the view that after this stage, language extension is not entirely reliant upon the making of intelligence (Yamada, 1990). Because of this explanation, language extension is best thought of away from cognitive growth.

The steps of language growth have been well known about in many research studies which have taken place over a long period of time (Bates *et al.*, 1988). In utero, the foetus can identify the mother's voice, and at birth, infants can identify voices from various noises. Babbling starts at three to four months and at seven months is utilised for both social interaction and personal amusement. By six months, babbling has impact upon the other senses. Proof for this comes from the information that deaf children display a step-by-step cessation of babbling at this stage.

Children, with language issues, do not display the figurative speech-like characteristics which factorise babble at the end of the first year and do not portray any body language of reading or contact pointing in the method that normal children do. The use of single vocabulary starts between twelve and eighteen months. By two years, many children have around two-hundred words in their lexicon and, prior to their third birthday, many children use two-word phrases and words ending in common last characters such as "-ed" and "-ing." Between three and five years of age, words, grammar, and the precise degree in which vocabulary is used to denote concepts. Also, grammatical errors such as over-generalisation e.g. house, houses; mouse, mouses, are regular occurrences.

Language is utilised by children both to manage their own actions and to engage in speech acts, which might be intended to convince individuals in their social society. Vygotsky (1962) found the difference between private speech, internal speech, and social speech. Private speech is utilised to manage the child's own actions but is expressed out loud; for example implying 'up-down, up-down' when playing with a ball. Internal speech or self-talk is muted. It is utilised to help and manage the child's own actions and appears after seven years old. Self-teaching is a process where children are trained in the utilisation of internal speech to improve academic or social abilities and is used by contemporary cognitive-actions therapists in the treatment of ADHD.

Social Development

In the stages below, the centre will be about the social growth of the child, including emotional growth, moral growth, the growth of identity, sex-role growth and the growth of peer groups and relationships with friends.

Emotional Development

Frustration, fear, and depression are three feelings of specific interest to psychologists.

Frustration is the main feeling regarding conduct problems. Emotional problems are normally characterised by fear or sadness. The maximum age of occurrence of fear toward threatening things or animals in children is about three years.

The most frequent outbursts of frustration (which is also known as temper tantrums) reach a maximum level at two years old, hence the well-known cliché, 'the terrible twos'. Rages of anger and physical frustration which are utilised to elicit care or concentration get smaller from two to seven years old.

While physical and thought skills put boundaries on the range of feelings that a child might display at each level of development, reinforcement, modelling, and the grouping of feelings by the mother and father are the first psychosocial procedures through which the actions of feelings are studied. Over the initial year of living, mothers are usually more socially reactive to positive emotional displays and thus reinforce them more frequently while at the same time reducing the occurrence of negative displays.

This normally adds to the information that the showing of negative feelings by infants gets smaller over the first year and the showing of good feelings grows. Around the end of the initial year, in unclear social settings, infants attentively investigate their mothers' facial expressions to observe what the right feeling is for the setting. This procedure of studying feelings through modelling is known as *social referencing* (Feinman, 1992). After the initial year, in the second year and until school entry, there is a habit for toddlers to copy the feelings that other people are showing. So if one child weeps, his companion will also shed tears.

Throughout middle childhood and up until adulthood, the view that responses might lead to praise or anguish by the mother, father, or other vital attachment figures follows known regulations of conduct (Kochanska, 1993). This process of learning these standards requires the experience of difficult feelings like honour, shame, and worry. These feelings have specific consequences for moral growth.

Moral Development

Research based on both Piaget's and Kohlberg's stage theories of moral development make clear that the foundations on which children manufacture moral decisions alters as they grow older and more thoughtfully mature. Up until five or six years old, children look at the wrongness of a response in light of

the amount of damage it made. Children, at this age, think that apparently immoral actions might be done with reason if there is no way anybody will find out and dispense punishment. When children move onto the solid operational stage at about seven years of age, they consider both the actions and the intentions behind those actions. The morality of an action is looked at against the amount to which the person obeyed the rules of decent conduct.

Rules are seen as a basis for judging the morality of an act and these rules are seen as useful social conventions. At about ten years old, as children travel into the time of formal routines, it is the person's intentions that are the primary factors used to evaluate the specific actions of another. Rules are viewed as a foundation for looking at the morality of an action and these regulations are viewed as good social uses.

There are sex differences in looking at moral problems. Boys typically base their ideas about the morality of an action to the extent to which it looks to have conformed to community regulations, whereas girls usually look at the moral reasoning behind an action as that which goes with their vows within a personal bonding.

Moral behaviour depends on the installation of regulations of decent conduct (Kochanska, 1993). The best parenting surroundings for installing regulations and growing moral behaviour involve the following factors (Hoffman, 1970):

- Secure the attachment between parents and children, involving care and conversation;
- Clear regulations demonstrating moral standards;
- Consistent utilisation of disciplinary actions;
- Utilisation of understanding and description;
- Providing age-related responsibility; and
- Tolerance for allowing the person to be who they are.

Absence of these conditions along with a mix of other characteristics leads to the development of conduct problems in children.

Development of Identity

Self-knowledge is everything that the child understands about himself but especially, the autobiographical remembrance. Self-knowledge is also facts about how the child operates in his social universe. Self-evaluation is about the way in which the child looks at himself compared to individuals at other growth sections. Self-discipline looks at the space to continue in more independent, driven, achievement-established behaviours, even with interferences threatened by rival internal feelings or outside stimuli.

Self-Evaluation

Confidence, which leads to self-evaluative views and associated feelings, are normally high in preschoolers and in pre-adolescent periods. At approximately twelve years of age, there is a drop in confidence grows over the course of adulthood (Harter, 1983). The dip in confidence might be attributed to the child looking at the physical adaptations that go with the slide to adulthood in a negative way. In a different light, it might be a replication of the child's enlarged mental space to picture how individuals look at him: a skill that develops in the formal operational time frame.

Furthermore, in wider, more in-depth self-evaluations, children make evaluations of themselves within particular settings, such as, the family, school, or peer groups. These evaluations lead to particular feelings of confidence such as parental confidence, social confidence, or academic confidence.

Self-Regulation

The extent to which children can understand his feelings and consider fixing particular issues in impactful routes depends on the values about their mental space to manage their status and the particular protection and coping mechanisms that they possess.

Self-Knowledge

Self-recognition, a similar type of self-knowledge, develops at approximately two years of age when children see what they look like in a mirror. Self-recognition is linked with solid connections and abused children demonstrate deficits in this section of self-knowledge (Cicchetti, 1991). Children, who show self-recognition, are highly likely to aid another child in negative times.

Sex-Role Development

One important role of identity is the sex characteristic. From birth to five years of age, children go through a process of studying the idea of gender. They initially realise the difference between the sexes and label themselves as a boy or a girl. Then they recognise that gender is secure and is irreversible. At last, they recognise that there are major differences and gender-associated behaviour that have no impact on sex. It is most likely that at this time they make gender passages, which are generalisations of the daily patterns linked with their gender characters. On the foundations of these roles they grow gender schemas, which are mental outlines, utilised to group information about the sections female and male (Levy and Fivush, 1993).

There are some well-noted gender adaptations in the skills of males and females (Halpern, 1992). Females demonstrate a quicker speech growth than males and earlier understanding in mathematics. In adulthood, males' understanding in maths goes past that of girls and their speech adaptations iron out. Boys do better on spatial activities than females throughout living.

Friendships and Peer-Group Relationships

Friendships are vital because they provide a source of social aid and an environment within which to learn about management of the network of relationships. Children, who do not have the ability to make and keep friendships, especially, during middle childhood and early adulthood, are vulnerable to developing of psychological problems. Children, who have tight bonds to their mothers and fathers, are more likely to create good peer friendships. Good parental relationships provide children with a model of good communication. Children geared up in settings have special issues with friends in their teenage years.

At all stages of growth, well-liked children are described by their friends as useful, friendly, understanding, and having the intelligence to play by the rules in games and in imaginative play. They are usually found to be brighter and more physically attractive than their peers. They understand social environments and have the abilities needed for engaging in peer-group tasks.

About ten - to -fifteen percent of children are not welcomed by their peer group. In middle childhood, two major sections of unpopular children might be described as: the frustrated child and the victim. Victims are usually highly emotional, worried, have low self-confidence, and do not have the abilities needed to protect themselves from the dominant members within the peer-group order. They are usually the focal point for bullies (Olweus, 1993). Aggressive children who are not well liked are looked at by peers as annoying, noisy, not very nice, and not having the ability to follow instructions in games and play. Their anger tends to be utilised not as much as for gaining power or a higher status in the peer organisation but more for getting specific instrumental achievements, for example, taking a toy from another child.

Popular children are good in joining peer-group tasks. They go the extra mile to interact and participate in organisation's tasks and carefully choose a time to become involved in these activities. Unpopular children, especially the aggressive ones, do not engage into group tasks. They typically annoy other children and talk about how good they are rather than listening to individuals. Happiness, a little bit of humour and care to social interactions are vital factors of socially capable children. Unpopular children, especially those considered frustrated-associated, are less involved in understanding unclear social things negatively and becoming influenced in continuous downfalls of negative social communication.

Unpopularity is typically stable over time. A child, who is not well-liked this year, is likely to stay in that category for the next year. Not being liked is not particularly made on their history. For the frustrated unpopular child, unsatisfactory mind models for relationships, hardships in understanding, unclear social settings, and poor social abilities look to be the major factors in this suspension of not being very well-liked. For the unpopular victim, the persistent unpopularity is most likely reinforced by low confidence, a lack of opportunity for social communication, and a lack of pro social abilities. Also, both sections of unpopular children miss out on vital chances for learning about getting along with others, team-work, and the controlling of groups of friendships. While not being very well-liked is not always associated long-term

problems, these children are more vulnerable to getting academic issues, dropping out of the education system, conduct issues in adulthood, mental health difficulties in adulthood, and committing crimes.

Unpopular children might benefit from social skills lessons. The main focus features of impactful social abilities schedules have been evaluated by Malik and Furman (1993). Initially, they are given terms in a group organisation, which has the good benefit of giving people a pre-made social laboratory within which to practice and get feedback on the abilities studied.

Secondly, successful schedules look at broad social considerations, such as, listening skills, self-disclosing abilities, and taking things in turn, rather than detached behavioural abilities like keeping eye contact. Thirdly, it has also been discovered that impactful social ability schedules for less well-liked, frustrated children include anger-management lessons. Here children learn to understand unclear social settings in less violent ways and to control their frustrated emotions in ways that do not lead to persistent violent fights.

Schedules that need unpopular children and their normal peer group at school to help working with each other in organised games or tasks have been discovered to make unpopularity a lesser thing, and so this might give the benefits of social ability teachings by making chances within newly learned social abilities, which might be taken on board in the long term.

Influences On Problematic Development

The development of psychological problems in children and adults is due to a variety of factors. A difference might be made among risk elements which predispose children to developing psychological difficulties, factors where the foundations have been laid for psychological difficulties, maintaining factors which lead to psychological issues once the children have grown and protective factors which stop further breakdown and impact the prognosis and response to help. Disposing risk elements, protective factors, and keeping factors that might be sub-sectioned as personal or situational issues. Personal issues refers to biological and psychological temperaments while situational issues come from the features of the child's psychosocial setting including the family, school, peer groups, and involvement with helping organisations.

Personal Predisposing Factors

Genetic risks, the consequences of prenatal and peri-natal difficulties, and the sequence of early mistreatments, injuries, and infections might predispose children to trouble in later life. Poor academic skills, hard behaviour to manage, confidence, and an external locus of management are some of the more vital factors in this group. Twin and adoption research portrays that the growth of many psychological factors, such as, behaviours and academics is partially influenced by genetic characteristics. The size of

this influence is of the order of 30-60% of overall difference within a size for many such factors (Rutter, 1991).

The function machine of power is normally polygenetic. With the possible missing gaps of diseases, such as, Autism, Down's Syndrome, and Bipolar Affective Disorder, genetic factors decide the growth of particular psychological issues through their power on wider psychological factors like behaviour (Plomin, 1986). Modern advice does not back the idea that childhood psychological issues are unalterably genetically decided.

Prenatal and Perinatal Complications

A variety of birth issues are linked to neurological damage, the issues include the use of forceps in delivery, breech delivery, a difficult birth, or accidental knotting of the umbilical cord. The infant's postnatal medical situation is normally viewed on an Apgar Scale. Apgar ratings are from zero to ten, with ratings under the number four indicating negative issues to warrant intensive care. The rating is made based on observation of the child's skin vividness, breathing, heart beats per minute, ventilation, muscle mass, and reaction to stimulation.

Early-born infants are especially susceptible to brain issues during birth. The skull of the early-born baby, because it is not fully made, does not give the security given by a baby that was born when expected. Neurological tarnish happening in the perinatal duration by premature babies is usually linked in later life with concentration issues and hyperactivity (Hinshaw, 1994). Whilst many premature babies deal with some growth delay, with decent medical facilities, maternal support and stimulation catch up and reach normal development with those who were born when expected before starting school.

Physical Insults, Injuries, and Diseases

Brain damage, in childhood, are thought to cause the growth of thinking impairment and behavioural issues, although the nature and degree of these factors depend on the amount of damage, the area of the injury, and the social environment within which the injury and recovery occur (Goodman, 1994a; Snow and Hooper, 1994). For example, the total psychological consequences for a child who gets a head injury as a result of abuse which follows onto a multi placement feeling will be a lot different from that of a child who is similarly injured in a car collision and who heals within a stable family environment.

Temperament

In their twenty-five year research of 133 children, Chess and Thomas (1995) grouped infants into three sub-categories and *easy-temperament children* made up 40% of the group. They made regular routines for eating, excretion and sleeping. They looked at new settings and got adapted to them without fuss. The children's behaviour was easy to handle and created a promising prognosis overall. They attracted adults and peers to make a caring group around them. Easy temperament is a securing characteristic.

Difficult-temperament children made up 10% of the group evaluated. They had difficulty looking at normal, everyday patterns for consumption, excretion and resting. They often avoided new environments and reacted to adaptations with fierce negative feelings. Harder to manage children were discovered to be more vulnerable to developing psychological issues.

Fifteen percent of the sample was recognised as *slow to warm up* and demonstrated some negative emotional reactions to new settings. After repetition, adaptation took place and they were relatively fine with the situation. These children were also characterised by moderate levels of normality in feeding, toileting and resting. The prognosis for this category was midway between that of the easy and difficult behaviour categories. The rest of the sample could not be placed into any one of the possible three sub-groups.

Using an altered plan, Kagan grouped children into these different sub-groups. About one in six children might be diagnosed with having what is known as an inhibited temperament. These children are shy and usually withdrawn in unfamiliar settings. (Kagan *et al*, 1989). A higher number of children with an inhibited behaviour style have mothers and fathers with worry and mood problems. Therefore it is possible that this behaviour adaptation is a vulnerable characteristic for worry and mood dysfunctions in childhood.

Personal Maintaining Factors

Once psychological issues have developed, they might be maintained by both psychological and biological concerns. Values about self-discipline and organisational abilities are vital. Specifically, children's psychological issues might be maintained by self-efficacy level, strange characteristics, mind abnormalities, immature defence strategies, and obscure coping mechanisms.

Self-Regulatory Beliefs

When children are good at finishing an activity and when they know their success is because of their skill, they feel self-efficacy (Bandura, 1981) or believe that they will be good at similar activities in the future. High occurrences of self-efficacy are linked with more impactful task completion, but children with low self-efficacy usually do not persist in trying to fix their issues and so low self-efficacy might lead to psychological issues.

Defence Mechanisms

Defence strategies are used to address the negative emotional feelings that go with conflict (Conte and Plutchik, 1995; Malan, 1979). Conflict arises when an individual wants to use one response strategy but is afraid of the punishments of doing so. These punishments might be negative external occurrences such as the frustrated responses of parents or internal feelings such as guilt. For example, a child who is frustrated with his mother might want to express his emotions but is afraid of the mother's reaction or the personal

feeling of guilt. If he utilises the primitive defence strategy of passive frustration, he may address the negative feelings of this conflict by agreeing to do specific duties around the house but doing them slowly or without interest or dedication. If he uses a neurotic defence strategy, he might cope with the conflict by directing his frustration onto brothers or sisters. If they use a mature defence system like sublimation, they might take part in a football match after doing duties to let go of the tension that stemmed from the negative emotional state.

Parent-Child Factors In Early Life

The standards of parent-child bonding, the extent to which parents give their children age-appropriate intellectual care, and the manner in which they are managed and cared for are added with a form of parenting mechanism that has been discovered to have a highly significant impact on a child's later psychological development.

Bonding

Klaus and Kennell (1976) stated that, for tight mother-child bonds to grow, the mother and child must have skin-to-skin contact immediately after the birth of the child.

Tight mother-infant bonds can grow in the without postnatal skin-to-skin connections. Although there is an absence of empirical care, connection concepts have had a big impact on the way mothers and newborn-babies are cared for in clinics in many areas of Europe and in the United States. Tight and frequent mother-infant connection is recommended. This is due to connection ideas block the view that breakdown to connect puts children at vulnerability for neglect, failure to thrive, and physical abuse, an observation un-evident by lots of psychological research.

While initial postnatal connection might not be vital for future adaptation, the quality of bonding that occurs between the child and the main caregivers, especially the mother and father, in the initial two years of life is of great importance for a healthy psychological life.

Attachment

In their book, *Patterns of Attachment*, Mary Ainsworth and others (1978) outlined three routines of mother-infant communication after a short duration of experimentally contrived separations. She considered the method of contrived separation as the "strange situation." Tightly bonded children want proximity to their mothers. Securely attached children sought proximity during reunions and explored actively in their mother's presence while the mother conversed with an interviewer. That is, they treated their mothers as a secure base from which to explore a new environment. Worried closely-connected infants changed in an unusual way between wanting and keeping proximity with their mothers on the one's perspective and not wanting or stopping proximity on the individual. These children look for communication with their mothers but were not able to get care from it. These mothers were not

responsive to the child's requests and so were not able to give their children a feeling of security. Children whose bonding routines were characterised as "*anxious avoidant*" did not want proximity to their mothers after their separation. They did not go back to their mothers after the separation and did not appear to be worried during the separation.

Further studies have demonstrated that tight bonding to a parent figure is a defence-mechanism.

Intellectual Stimulation

The amount of sensory motor and intellectual stimulation that mothers and fathers provide their children is vital to mental development.

Parenting Styles

"*Authoritative parents*" provide a happy, child-focused system of management that allows children take on age-related duties and provides an environment that supports a child's growth as a proud person. Children of parents who utilise an authoritative way learn that arguments are most effectively controlled by taking the other individual's perspective into consideration before defining a solution. This set of abilities works well with group conflict resolution. It also promotes the growth of good peer connections and subsequently the growth of a good social care network.

Children of "*authoritarian parents*," who are nice and are good in management, usually grow into shy adults who are not able to take initiative. The parents' disciplinary style trains them to know that unquestioning obedience is the optimum style to manage interpersonal conflicts and to fix issues. Children of "*permissive parents*," who are nice but lack in discipline, do not have the competence to follow their future plans and they demonstrate poor impulse control.

Children who have felt enough happiness from their mother and father usually have either been very toughly disciplined or had a very small amount or inconsistent looking after grow settling issues. This is especially the situation with capital punishment. When children watch and learn about capital punishment, they study that the use of frustration is the right way to sort out conflicts and typically using such frustration in dealing with arguments with their friends. In this style, children who have been physically disciplined are at vulnerability for growing conduct issues and getting involved in bullying. This parenting style is called "*neglecting*"

Exposure to Family Problems in Early Life

Children, whose mother and father have adaption issues, were raised up in families characterised by a lack of organisation, and have marital problems are more likely to develop psychological problems.

Parental Problems

Parental adaption issues such as depression, excessive drinking, or committing crimes might increase the child's vulnerability to psychological problems for two major reasons. First, such issues might prevent the parents from providing opportunities to develop a safe bonding relationship, reasonable intellectual stimulation, and a disciplined parenting setting. For instance, depressed mothers may find it hard to understand their infant's signs of worry and react in the right way to foster tight bonding. Dads with alcohol issues typically play a very superficial part in family life, providing little contribution to the child's family setting. The second reason why parental adaption problems might predispose children to develop psychological issues is, through a process of modelling, imitation, and reinforcement; some children might develop belief networks, behavioural routines, defence strategies, and coping mechanisms similar to their parents'.

Family Disorganization

A disorganised family setting is characterised by inconsistent rules, unclear duties, and the absence of everyday routines. This disorganisation may predispose children to develop psychological difficulties, especially conduct issues.

Stresses in Early Life

In the absence of suitable care, big threats to the child's requirements for security, support, management, or intellectual stimulation might stop the child from developing thus leading to psychological issues in the long-term future (Goodyer, 1990). Central among these early life worries are death, separation from a parent, child abuse, social problems, and institutional living. Nearly all of these early life worries interrupt the child's relationship to their bonded figures.

Separation and Bereavement

Significant loss experiences such as separations from a parent or loss of a parent through death may place children at risk for a variety of problems, particularly depression (Harrington, 1993). Children who have suffered losses in early life tend to be vulnerable to depression when faced with loss experiences in later life.

Child Abuse

Physical, sexual, and emotional abuse in early childhood might put children at a higher risk of developing later emotional or conduct issues. Children, who have been abused, are vulnerable to influence in relationships in which they are continuously abused. They also are at risk for abusing other individuals.

Social Disadvantage

Chronic social problems and poor living conditions in early life are risks factors that lead to psychological issues later in life.

Institutional Upbringing

When children are raised in an institution and have many care takers, they are at risk of developing psychological issues later in their lives, especially in making and keeping relationships.

These children, who have had no secure bonding experience themselves, lack a model on which to base the foundation in socially caring relationships.

Family System Factors

In a family, parents and siblings might keep psychological problems by looking at problem-keeping communication routines with the child who has psychological difficulties. There are many such communication routines, but a few deserve special mention. These include communication routines characterised by inadvertent reinforcement, insecure bonding, coercion, over-protection, and lack of concentration, lack of discipline by parents, confused interaction, and triangulation.

Insecure Attachment

When children do not perceive their mother or father to be a secure foundation from which to see the planet, they might interact with proximity-seeking actions such as clinging or weeping when they separate at bed time. Where parents react to one child with caring and to another child with redirection, the redirected child is more likely to continue to seek an interactive, intensive proximity-seeking activity. This is the major issue in anxious attachment.

Coercive Interaction

Coercive interaction routines involve mutual negative reinforcement and maintain a child's behaviour issues (Patterson, 1982). Children with conduct issues might engage in continuous routines of poor communication with their parents. Within such routines, the child reacts to critical parental evaluations and reprimands with frustration or destructive actions. After a prolonged period of time, in some situations, parents avoid negative communications. This avoidance allows both the child and the parents to feel the emotion of relief. This feeling of relief negatively reinforces the actions of both the child and the parents that initially started the conflict. For the child, a strong level of frustration and destructive actions is reinforced. For the parents, withdrawal from communication with the child is also reinforced. Coercive communication routines might stem from a highly authoritarian parenting style characterised by a high level of management and a low level of kindness.

Inconsistent Discipline

When the regulations governing acceptable and unacceptable actions and the punishments linked with breaking rules or not obeying the law are not clearly defined or consistently applied, issue-keeping parent-child communication routines might arise.

Children might decline to adhere with what their parents tell them to do, because it is not clear what the punishments for agreeing with or defiance will become. In such environments, the child finds it hard to understand the regulations for the right behaviour and so might persist to demonstrate difficult actions.

Confused Communication Patterns

A child's psychological issues might be reinforced by confusing interaction routines. Confused interaction routines might be characterised by troubled parental listening or by giving unclear or indirect requests. Low confidence and the problems associated with it might be reinforced by parent-child communication routines in which parents are not able to listen to the child and provide the child with easy to understand and clear feedback that he or she has been heard and understood. Many conduct and emotional issues might be maintained by parent-child interaction routines in which parents and children do not succeed in communicating with each other.

For instance, a mother or father who wants their child to be honest may indirectly state, "sometimes, I just want individuals to speak the truth." This style of indirect communication is not as effective as a direct statement like: "If we are going to trust one another, then we must aim to tell one another the truth with no lies."

Father Absence

Boys with absent fathers or those who struggle to interact with their fathers are shown to exhibit in specific conduct conditions. Children from families with strong levels of father participation demonstrate bigger influential and interpersonal competence and more confidence.

Social Network Factors

Specific factors of the family's social system make it more likely that issue-keeping routines of communication will be made and be kept that way. These are impacted by the family's levels of worry and social care, the child's enrolment in educational programs, relationships with friends, and the type of society in which the family settles.

Lack of Social Support

In socially compacted families, which have poorly established social care systems (i.e. few friends) and poor communication with their extended family, mothers, fathers, and children are more likely to interact in issue-keeping communication routines. For parents and children, social care promotes a personal

feeling of health and gives a route for getting advice on dealing with issues. Social care also provides endocrine, cardiovascular, and immune-system energy to work. When social care is absent, parents and children have fewer personal assets for dealing with issues and thus are more likely to go into issue-keeping communication routines.

High Family Stress

Stressful life occurrences, like parental job loss, serious infections, death, or a series of smaller stressful situations such as transport issues or quarrels, are examples of worries that wear away the parents' and child's coping mechanisms and will effect on issue keeping routines of family communication.

Unsuitable Educational Placement

Uncaring, negatively equipped educational settings with poorly-trained workers may not be able to address a child's psychological issues.

Children with learning disabilities might fall behind in their standards due to a lack of proper remedial teaching. They might also create negative self-criticisms because of past failures or being labelled as lazy or not academically bright enough. They might also become involved in issue-keeping communication routines with teachers and peers.

Deviant Peer-Group Membership

Children with conduct or drug addiction issues, undesirable behaviours may be reinforced through the processes of modelling and reinforcement.

Community Problems

A child's conduct and education-based psychological problems might be intensified by a variety of social issues, including a high crime-rate, inadequate job opportunities, and living in an area experiencing social unrest.

Personal Protective Factors

The presence of personal and situational protective factors that have been discovered to factorise children who demonstrate courage in the face of anxiety, which identifies situations that react well to psychological help, which might be utilised as a foundation for looking at the information for a specific child sent to for psychological treatment.

Biological Protective Factors

Children are more likely to demonstrate good adaptation if they have decent physical well-being. The absence of biological risks, a good house with good living conditions, an easy birth, no history of major

infection and illnesses, a healthy diet, and sufficient exercise all go towards robust physical well-being. Gender and age might also contribute to adaptation in a positive way. Before puberty, females deal with stress better than males, but after this stage males are better able to handle stress. Young children are not as affected by worry and stress as are older children.

Social Network Factors

Within the child and family's bigger social system, the stronger the level of social care and the lower the level of worry, the more likely it is that the child will react well to therapy (Goodyer, 1990). Better therapy reactions occur when children are part of a higher social class, probably because this is linked with a lower level of worry (Weisz and Weiss, 1993). For children, day care, pre-school enrolment, school enrolment, and group memberships may be especially important in helping the child learn self-regulation and coping mechanisms.

Day-Care Placements

Good-quality day care is characterised by a persistence in developing the connection between the child and the workers, a responsiveness of the workers to the children's needs requirements, a small ratio of infants to workers, and a secure, spacious and well-resourced physical place (McGurk *et al.*, 1993). Children who receive good-quality daycare and whose mother and father are highly-interactive in their communications develop close bonds to their mother and father. For parents who have difficulty in meeting their children's needs, good-quality day care might be an essential component in the social development of the children. In addition, such day care enrolment might give parents a chance to study without household interruptions and receive the social care that work relationships can give.

Pre-School Placements

Pre-school programs for students with mental handicaps, physical handicaps, or social adjustments issues can have a long-term impact on psychosocial adaptation, cognitive growth, and academic achievement, especially if things work out. A focal point is a good working relationship between the parents and the pre-school workers. Children and parents must have access to good role models who, by their actions and achievements, reinforce the value of education. In addition, a training style, which integrates outlining tasks, completing tasks, and evaluating performance is important for achievement.

School Placements

In their study of secondary schools, Rutter *et al.* (1979), uncovered factors of secondary-schools, which positively influenced behaviour and achievement. These factors were identified as separate from child and family factors.

These factors were –

- Strict, authoritative management of the working group by the boss;
- Strict, authoritative, controlling teachers with high expectations of achievement, clear regulations, and a continuous routine of homework, that is graded regularly;
- A participative approach to decision regarding the school curriculum outlines and management, which fosters agreement among the staff and the boss;
- Many opportunities for students to take part in the operations of the school, which fosters student loyalty;
- A balance of emphasis on both academic and extracurricular success;
- Tutors modelling good behaviour;
- Tutors frequently appreciating and praising both school and non-school success;
- A balance between intellectually able and less able students; and
- An attractive, easy-going, and pleasant school setting.

Peer-Group Membership

Peer friendships are vital because they provide an important resource of social care and situations, within which, one can study controlling of systems of relationships.

Children, who show emotion, typically have tight bonds to their mother and father. The parents, who adopt an authoritative parenting approach, are more likely to develop good peer friendships. This is most likely because their experience with their parents gives them a good cognitive outline on which to base their communications with their friends.

Further Reading:

- ✓ *Handbook of Adolescent Psychology, Contextual Influences on Adolescent, (2009), By Richard M. Lerner, Laurence Steinberg, PhD*
- ✓ *ICT Influences on Human Development, Interaction, and Collaboration, (2013), edited by Chhabra, Susheel*