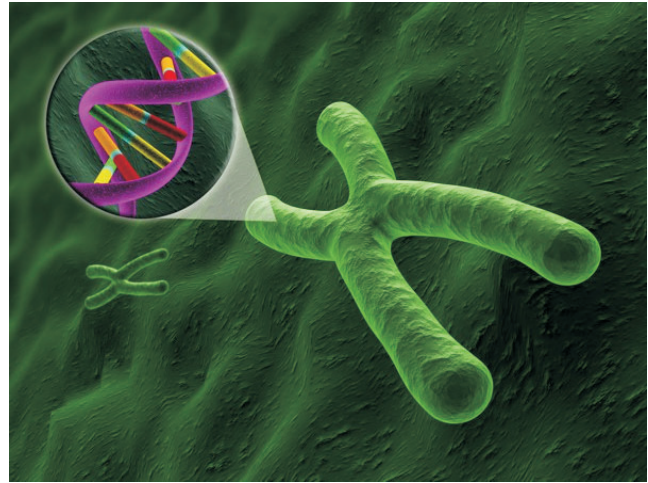


Typical and Atypical Behaviors in Children

AN EXTRA CHROMOSOME can affect a person's entire genetic coding. Trisomy 21 (Down syndrome) results from an extra chromosome on the 21st chromosome. It is an example of how genetics can influence atypical behaviors in children.



Objective:



Describe typical and atypical behaviors in children.

Key Terms:



attention deficit
hyperactivity disorder
atypical behavior
autism
chromosomes
enuresis
fetal alcohol syndrome

irritable babies
late premature babies
methamphetamine
normal
oppositional defiant
disorder
psychopathology

seasonal affective
disorder
single-parent family
Trisomy 21
typical behavior

Childhood Behaviors

Childhood behaviors generally occur during a predictable time frame. Some children, however, fail to meet what are considered “normal behaviors” or “milestones” for their age.

ATYPICAL BEHAVIORS

Atypical behavior is behavior outside the normal activities for the age group, behavior uncommon or infrequent for the group, socially unacceptable behavior, and/or abnormal

behavior. In contrast, **typical behavior** is regular behavior or actions that conform to the norms of a particular group. **Normal** is conforming to a regular pattern or standard of behavior. Different categories exist for considering atypical and typical behaviors. Four of these categories are variation in developmental milestone patterns, culture, prematurity, and special needs.

Variation in Developmental Milestone Patterns

Child development follows a predictable pattern of developmental milestones within a certain time frame. When the skills and development vary, they are atypical. A child may excel in one skill and be slow to develop another skill. Older children in the family may encourage or slow down the younger child's skill development. For example, a sibling may encourage the child to walk, or he or she may talk for the child. In general, infant boys tend to be slower in reaching developmental milestones than girls of the same age.

Culture

Typical behavior in one culture may not be viewed as typical in a different culture. One cultural behavior variation is eye contact. In some cultures, limiting eye contact is a sign of respect. However, limited eye contact could be viewed as developmentally inappropriate in another culture. Another example pertains to speaking to adults. In some cultures, children speak to an adult only when spoken to first. This lack of speaking may be viewed as atypical behavior in a different culture. Taking the lead is another example. In some cultures, children must ask permission to take the initiative. A lack of initiative may be viewed as atypical in a different culture. Also, a child being taught in an unfamiliar language often has developmental delays.

Prematurity

Babies born before 40 weeks exhibit the most effects of premature birth. Typically, they have delayed motor skill development and a higher risk of respiratory problems. **Late premature babies** (late preterm babies) are babies born between 34 and 37 weeks of the pregnancy. They may have modest developmental and academic delays. Studies show that an infant born at 34 weeks has a brain weighing 35 percent less than that of a full-term baby born at 40 weeks.

Special Needs Children

Special needs may pertain to genetic or behavior problems.

Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder (ADHD) is a chronic condition that may make it difficult for one to control behavior and focus, so paying attention is difficult. ADHD affects approximately 5 million children in the United States, about 3 to 5 percent of all children. Symptoms are in three categories: inattention, hyperactivity, and impulsiveness. In terms

of inattention, children may be forgetful and/or easily distracted. In addition, they may daydream and have difficulty in organizing tasks and in following through to finish a task. Examples of hyperactivity are difficulty playing quietly and staying seated. These children are always moving, talking excessively, squirming, and fidgeting. Signs of impulsiveness are difficulty waiting for his or her turn, interrupting others, and blurting out answers before a question is completed.



FIGURE 1. Children with ADHD often have much going on in their minds.

Oppositional Defiant Disorder

Oppositional defiant disorder (ODD) is a condition typified by a child who defies authority. ODD can disrupt the child's regular routine and daily activities at school and with the family. Common ODD behaviors are being uncooperative, disobedient, hostile, and/or argumentative.

Autism

Autism is a neural development disorder that appears within the first three years of life and affects the brain's normal development of social and communication skills. It is a physical condition linked to abnormal biology and chemistry in the brain. Children may exhibit impaired social interaction and may not communicate well. Boys are three to four times more likely than girls to be affected by the autism spectrum of disorders. Autism can be genetic and environmental. Environmental factors include diet, digestive tract changes, mercury poisoning, vaccine sensitivity, and the inability of the body to use vitamins and minerals properly.

Down Syndrome

Trisomy 21 (Down syndrome) is a genetic condition in which a person has 47 chromosomes instead of the usual 46. **Chromosomes** are long pieces of DNA found in the nucleus of cells; DNA is the material that holds genes. Down syndrome occurs when there is an extra copy of chromosome 21, which causes problems with the way the body and brain develop. Trisomy 21 is the most common single cause of human birth defects. Physical symptoms range from mild to severe differences from the norm, and physical development may be slower than normal. Many children with Down syndrome do not reach average adult height. Other physical symptoms are decreased muscle tone and some differences in appearance. Delayed mental and social development may include impulsive behavior, poor judgment, short attention span, and slow learning.

DEVELOPMENTAL DELAY SYMPTOMS

So far you have read about different categories for thinking about typical and atypical behaviors. You have seen how developmental milestones are used to measure typical and atypical behaviors, and you have seen how some special needs conditions relate to atypical behaviors. Next, you will read about developmental delay symptoms. Developmental delay symptoms refer to when children are not progressing through the typical growth patterns.

Age Two

Physical delays include not walking by 18 months or walking on toes rather than in the typical heel-to-toe pattern. Communication delays include not speaking 15 words by the age of 18 months and not using two-word phrases. A cognitive delay is evident when at 15 months the child does not know the function of items (e.g., a fork, a spoon, and a telephone) and does not follow simple instructions.

Age Three

Physical delays include falling frequently when walking, an inability to build a four-block tower (fine-motor skill), and difficulty climbing stairs, picking up small objects (fine-motor skill), and copying a circle. Communication delays are obvious when the child does not understand simple directions and is unable to talk in short phrases. Social-emotional delays mean the child has extreme difficulty leaving parents and no interest in being near other children.



FIGURE 2. Difficulty picking up small objects is a sign of developmental delay.

Age Four

Physical delays are clear when the child is unable to throw a ball overhead (gross-motor skill), cannot jump (gross-motor skill), cannot ride a tricycle (gross-motor skill and balance), and does not hold crayons or pencils between his or her thumb and fingers (fine-motor skill). Communication delays are not speaking in sentences of more than three words and having trouble remembering and communicating a recent problem to others.

Social-emotional delays mean the child has no interest in active games or fantasy play, ignores people not in his or her family, and has no self-control when angry. Adaptive (taking care of self) delays are when the child refuses to use the toilet and soils his or her underwear, requires help to dress, and has chronic difficulty falling asleep.

Age Five

Communication delays mean the child has difficulty concentrating and cannot remember first and last names. Social-emotional delays are obvious when the child is very fearful or timid, extremely aggressive, does not respond to others, and is often unhappy or sad. Adaptive delays occur when the child is unable to manipulate a toothbrush effectively, does not follow the steps to wash and dry his or her hands, and has trouble using the toilet independently.

FACTORS ASSOCIATED WITH ATYPICAL BEHAVIOR

You have read about categories for thinking about atypical behaviors and symptoms of developmental delays. In this section, you will read about factors that contribute to atypical behaviors. These factors include alcohol and drug use during pregnancy, health issues, parent-and-child relationships, family composition and environment, and child-rearing practices.

Alcohol and Drugs During Pregnancy

Fetal alcohol syndrome (FAS) is growth, mental, and physical problems that may occur in a baby when a mother drinks alcohol during pregnancy. FAS causes the same risks as using alcohol in general, except that it poses extra risks to an unborn baby. Alcohol is easily passed across the placenta to the fetus. No “safe level” of alcohol consumption exists during pregnancy. However, drinking alcohol is most harmful during the first three months of pregnancy. FAS symptoms include vision, hearing, and central nervous system problems, trouble learning, heart defects, decreased muscle tone and poor condition, and behavioral problems as well as delayed development in thinking, speech, movement, and social skills.

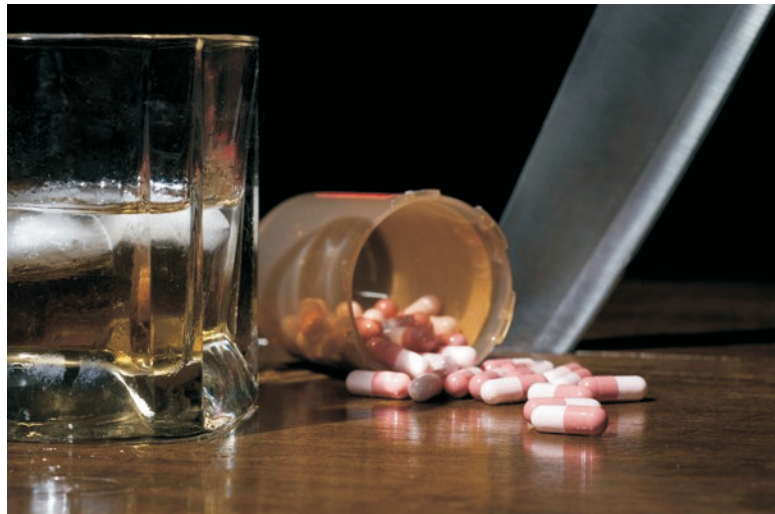


FIGURE 3. Drug and alcohol abuse can cause severe damage during pregnancy.

The use of **methamphetamine** (a central nervous system stimulant drug with a high potential for abuse) during pregnancy can have serious effects on the child. Children exhibiting physical and learning disabilities and behavioral problems born to women who used methamphetamine during pregnancy are termed **irritable babies**. Methamphetamine use during pregnancy affects the development of the baby’s brain, spinal cord, heart, and kidneys. It may result in prenatal complications, premature delivery, and birth defects. Growth and developmental delays, attention deficit disorder, and unprovoked fits of anger may be other issues that exist due to methamphetamine use.

Health Issues

Seasonal affective disorder (SAD) is episodes of depression that occur at a certain time of the year, usually winter, due to the decreased amount of light. SAD affects 14 million American children and adults with feelings of depression and mood swings referred to as “winter blues.” Symptoms are increased appetite with weight gain, increased sleep, and daytime sleepiness. Other symptoms are less energy; an inability to concentrate in the afternoon; loss of interest in work and activities; slow, sluggish, and lethargic movement; social withdrawal; unhappiness; and irritability.

Enuresis is bedwetting. It can be caused by a physical disease or disorder (e.g., kidney or bladder infection, diabetes, or congenital defect of the urinary system) or by emotional problems (e.g., stress, physical abuse, or sexual abuse) affecting a child who is normally dry at night. Enuresis affects 20 percent of 3-year-old children and decreases to 2 percent by the age of 12. Regression is “a child’s sudden neglect of potty practices” and may involve an outbreak of accidents or a desire to return to diapers. If physical reasons are ruled out, the child may be regressing in response to an emotional need, such as a change in the child’s routine (i.e., new sitter or start of preschool), the birth of a sibling, a major illness, death, conflict, or an upcoming or recent move.



FIGURE 4. Enuresis is when a child does not make it to the toilet.

Parent-and-Child Relationships

These relationships are complicated and are typically discussed in the following two ways that impact a child’s behavior: secure and insecure attachments. Secure attachments are associ-



FURTHER EXPLORATION...

ONLINE CONNECTION: Childhood Depression

Depression can be based on mental disorders genetically passed from parent to child or can be based on situations. For example, a parent with bipolar disorder can pass the condition to a child genetically. Also, an otherwise happy, healthy child can become depressed after the loss of a loved one. Atypical behaviors are usually symptoms of depression. So when a child begins acting atypically, it may be due to depression. Some symptoms of depression are decreased energy, feelings of hopelessness, loss of interest in activities, and sulking.

Find other resources for explaining symptoms of depression in children. Begin with these:

<http://www.psychologytoday.com/blog/alphabet-kids/201009/20-signs-and-symptoms-childhoodteen-depression> and <http://www.webmd.com/depression/guide/depression-children>.

ated with positive developmental outcomes, such as social-emotional competence, resilience, and a lower risk of **psychopathology** (mental disorders). Children in secure-attachment relationships tend to have responsive and reliable caregivers, use parents as a secure base for exploration, need soothing and calming by parents, and are distressed at separation. Insecure attachments are associated with children who are anxious-resistant, ambivalent, or exhibit disorganized behaviors. Various studies predict maladaptive developmental outcomes, such as psychopathology or social and academic problems. Children in insecure-attachment relationships tend to have unresponsive caregivers and unmet needs, do not accept soothing by parents, and may be more difficult to work with.

Family Composition and Environment

A **single-parent family** is a family in which the children are under age 18 headed by a parent who is widowed or divorced and not remarried or by a parent who has never married. Fifty percent of children live in single-parent homes, typically with their mothers. Often the parent is cohabiting with another adult. According to the *Encyclopedia of Children's Health*, social scientists find that children of single-parent households are disadvantaged compared to children of households with both biological parents. Problems for the children of single-parent households can be directly linked to the economic conditions of lower income and not solely to parenting style. These children often attain lower levels of educational achievement, are twice as likely to drop out of school, are more likely to become teen parents, experience more conflict with their parent(s), have less supervision by adults, are more likely to become truants, more frequently abuse drugs and alcohol, are involved in more high-risk sexual behavior, are more likely to join a gang, are twice as likely to go to jail, are four times as likely to need help for emotional and behavioral problems, are more likely to participate in violent crime, are more likely to commit suicide, and are twice as likely to get divorced in adulthood.

The *Encyclopedia of Children's Health* emphasizes that single-parent families do not always develop atypical behavior in children. Single-parent households can create positive experiences for children by providing stable and safe childcare, a home routine, clear and consistent rules and discipline practices, and interaction with the important people in their children's lives (e.g., teachers, coaches, and friends).

Child Rearing

Family stress, especially disagreement about child rearing, is discussed by Lawrence Kutner in the article "When Parents Disagree on Discipline." Studies by Dr. James H. Bray at Baylor College of Medicine in Houston have found that "parents who have significantly different child-rearing styles are more likely to have children with behavioral problems than families who have similar styles."

Children are more likely to have depression if a parent suffers from a psychological disorder (e.g., depression). In addition, divorce or separation often causes a child to develop low self-esteem or vent anger by acting out, becoming antisocial, and being impulsive.

Summary:



Atypical behavior is behavior outside the normal activities for the age group, behavior uncommon or infrequent for the group, socially unacceptable behavior, and/or abnormal behavior. In contrast, typical behavior is regular behavior or actions that conform to the norms of a particular group.

Four categories for thinking about atypical behavior are variation in developmental milestone patterns, culture, prematurity, and special needs. Atypical behaviors can be detected through developmental milestones. Developmental delay symptoms refer to when children are not progressing through the typical growth milestones. Alcohol and drug use during pregnancy, health issues, parent-and-child relationships, family composition and environment, and child-rearing practices can result in delays.

Checking Your Knowledge:



1. What is enuresis?
2. What are two symptoms of attention deficit hyperactivity disorder?
3. What is one example of a developmental delay for a two-year-old child?
4. What are two examples of how methamphetamines can affect the development of a baby?
5. What causes seasonal affective disorder (SAD)?

Expanding Your Knowledge:



Explore different support groups for parents with special needs children (e.g., autism and ADHD). What are the mission statements of the groups? Write a three-page summary of the groups, and explain why it is important for parents to receive additional help when parenting children with special needs. In your essay, write about how the children's atypical behaviors impact the parents, why the parents need additional support, and how the support groups are helping parents.

Web Links:



Early Intervention Support

<http://www.earlyinterventionsupport.com/>

Regression

<http://www.healthychildren.org/English/ages-stages/toddler/toilet-training/pages/Regression.aspx/>

Down Syndrome

http://kidshealth.org/parent/medical/genetic/down_syndrome.html