

## 2/19/15 Week 6 Intro to Psychology Prenatal Development Continued..

### Fetal Period

- 2-9 months after conception
- Most physical growth occurs
- Ends at child birth

Teratogens: any agent that can cause a birth defect

### Critical Periods

- Time most susceptible to birth defects
- Biggest critical period during Embryonic
- Also when women are less likely to know they are pregnant
- Most women with unplanned pregnancies don't know for up to 2 months

Fetal Alcohol Spectrum Disorders (FASD): problems occurring in children whose mothers drank during pregnancy

- Amount effects child is different from child to child
- Dependent on how much mother drank
- Physical abnormalities
- Mental abnormalities

### Child Development

- Physical Development (Body)
- Cognitive Development (thinking and remembering)
- Socioemotional Development (relationships)

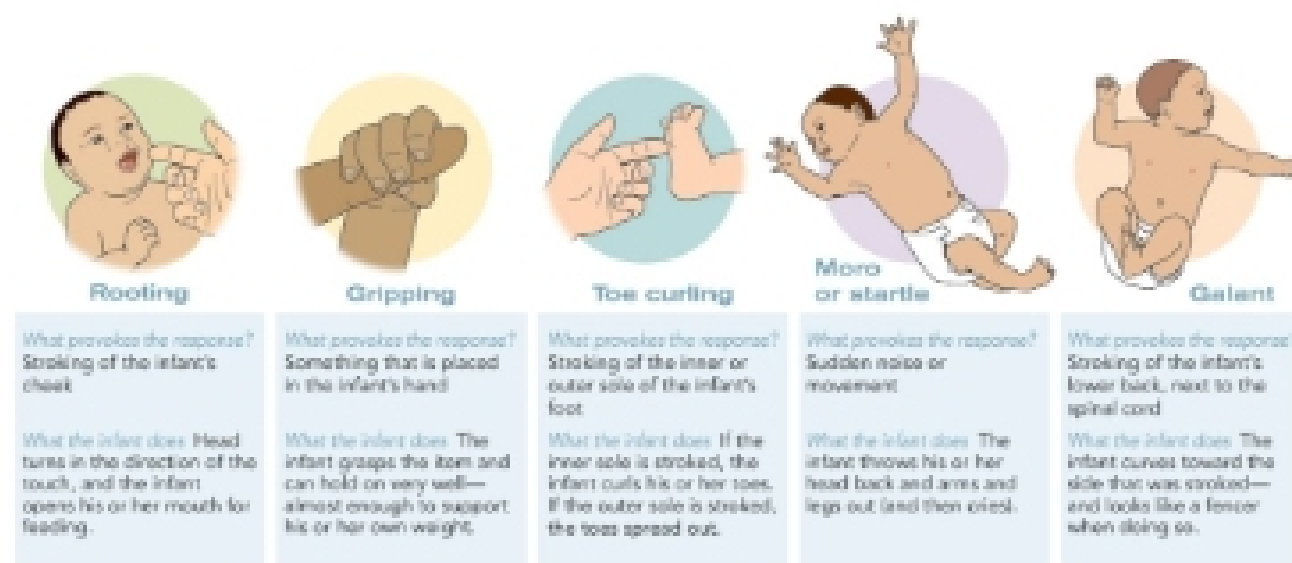
## Chapter 8: part 2

**Physical Development in Children:** human infants are mostly helpless at birth...

- They survive for 2 reasons:

- 1) we take *care* of them **WHY?** Because they're so cute
- 2) they come equipped with *survival skills* known as **reflexes**

**Reflexes:** genetically-wired, involuntary responses that are crucial for infant survival



## 5 types of Reflexes

1. rooting: turning head when touched
2. gripping: grabbing when something is put in hand
3. toe curling: response to tickling ( inner sole of foot stroked, curls toes, outer sole stroked, toes spread)
4. moro: sudden noise or movement (throws head or arms back and cries)
5. gallant: stroking lower back = infant moves toward side stroked

**Motor Development:** the gradual development of muscle control, balance and movement

**Six Motor Milestones:** infant develops motor skills from the "head" down

- ex. raising the head, rolling over, propped up, sitting up, crawling, walking (head to feet)

**Perceptual Development:** the gradual development of the senses and the interpretation of sensory information

**Perceptual Abilities @ Birth:**

- Best to Worst= smell, taste, touch, hearing, vision
- see shades of grey, hearing very poor
- sight: fixed lenses & undeveloped photoreceptors "cones"

**Q. Why can't babies see very well when they are born?**

**A. Fixed lens:** poorly developed photoreceptors called cones

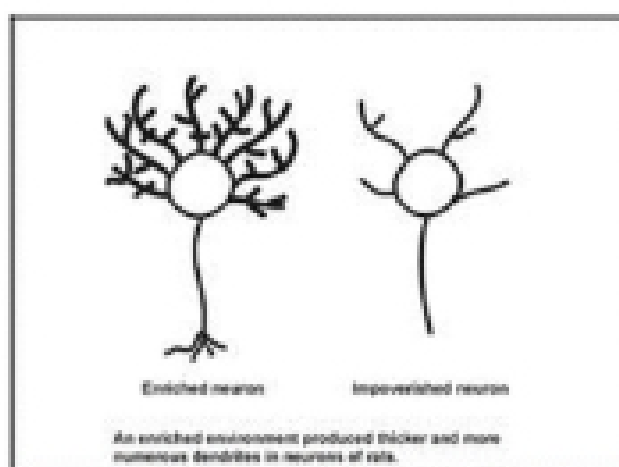
**Q. How do babies interpret what they see?**

**A. They learn to interpret what they see as they gain experiences and their brains grow new connections**

- babies are born with depth perception
- cannot understand an objects existence unless right in front of thme
- can't understand objects size
- tall glass vs. smaller, wider glass with more volume = child will pick taller because it is "bigger"

**EXAMPLES:**

- Effects of enriched environment: "build it ....and they will come"



- **Visual Cliff Experiments:** "I'm going out on a limb here...."

- Q. Are we born with the ability to perceive depth?

A. Yes, but it takes experience to fear "falling".

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- Learning about Size Constancy: "looks can be deceiving..."
    - Size Consistency: the ability to perceive an object as being the same size regardless of its size on the retina. *Learned with experience.*
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### Cognitive Development in Children

- the development of thinking, problem-solving and memory as we age.

### Jean Piaget's Theory of Cognitive Development

- **Schemas:** skills and behaviors that allow children to interact with objects and others  
ex. controls sense of child's sense of size consistency
- **Assimilation:** incorporating new information into existing schemas
- **Accommodation:** changing a schema to new information