





Elevate your academic curriculum for student psychiatric technicians with our flexible solutions. Streamline teaching evaluations and provide faculty with CE opportunities. Our comprehensive offerings enhance learning experiences, empowering both students and faculty to excel in psychiatry education.

COLLEGE CREDITS

Credits received for courses required for licensure as a psychiatric technician are not accepted toward meeting Range T/U requirements.

Nine (9) of the fifteen (15) required college units must be in the following subjects only (PSH 7511) for contractually approved course list).

- Anthropology
- Education
- **Guidance**
- Health Education
- Nursing
- Sociology and Welfare
- Chemistry
- <u>Criminology</u>
- Health Care
- <u>Life Science</u>
- Psychiatric Technology
- American Sign Language
- Alcohol and Drug Education
- Computer Classes (up to 9 units maximum)

The remaining six units may be in the subjects on the contractually approved list (PSH 7511) within the limit of units allowed per subject.



PSYCHIATRIC TECHNICIAN RANGE T/U APPROVED AREAS FOR JOB-RELATED COLLEGE COURSES

MAXIMUM CREDIT ALLOWED (UNITS)	COURSE TITLE		
6	ANTHROPOLOGY - Any courses, such as		
6	Anthropology Physical Anthropology The Nature of Language		
3	ART - Any courses, such as Fundamentals (techniques of any one medium) Principles of Color Art Appreciation and History Adv. Graphic Design/Communication		
	BUSINESS ADMINISTRATION - such as		
3	Managerial Accounting The Legal Environment of Business		
	CHEMISTRY - courses such as		
4	Introductory or General Chemistry		
3	COSMETOLOGY		
6	CRIMINOLOGY		
	ECONOMICS - courses such as		
3	Introductory or Survey Course in Economics (any one beginning or survey course).		
	EDUCATION - courses such as		
6	Educational Psychology Methods of Teaching the Retarded Child and Youth Development Principles of Adult Education		
	ENGLISH -		
6	Writer's Clinic or any other basic English course		
	ETHNIC STUDIES - courses such as		
6	Psychology of Identity Sociology - Race and Ethnic Relations		
3	FOREIGN LANGUAGE		
2	GEOGRAPHY - courses such as		
3	Social Geography California, U.S. or World Geography		
	GOVERNMENT - Courses such as		
3	Essentials of Modern Government California State and Local Government American Institutions		
	GUIDANCE - courses such as		
6	Self-Development		
	HEALTH EDUCATION - courses such as		
6	First Aid Instructor's Course in First Aid		
	HISTORY OR HUMANITIES - courses such as		
3	History of Western Civilization Special Studies in Humanities Man and the Humanities U.S. History		

PSYCHIATRIC TECHNICIAN RANGE T/U APPROVED AREAS FOR JOB-RELATED COLLEGE COURSES (cont)

	HOME ECONOMICS - courses such as		
3	Consumer Education Cultural Foods Family Life Education Nursery & Pre-School Nutrition Today		
	LIFE SCIENCE - any introductory courses, such as		
5	General Biology Zoology Bacteriology Physiology Heredity Anatomy Evolution Genetics		
3	MATHEMATICS - courses such as		
3	Special Studies in Mathematics Nature of Mathematics		
3	MUSIC - any general course		
15	NURSING - Any course		
3	PHILOSOPHY - Introduction to Logic		
	PHYSICAL EDUCATION – Courses such as		
2	those related directly to a common recreation activity of patients/residents. Safety Body Mechanics Adaptive or Corrective P		
3	PHYSICAL SCIENCE - courses such as Introduction to Physical Science		
3	PHYSICS - courses such as		
3	Descriptive Introduction Applied Physics		
15	PSYCHIATRIC TECHNOLOGY - any course than those used to meet licensure requirement.		
	PSYCHOLOGY - courses such as		
9	General Psychology Child Growth and Development Mental Retardatio Social Psychology Introduction to Psychology Mental Hygiene Death and I		
,	PUBLIC ADMINISTRATION - courses such as		
6	Introduction Supervisory Techniques Personnel Administration		
3	RECREATION LEADERSHIP - courses such as Recreation Leadership		
3	SOCIAL SCIENCE - courses such as American Civilization Civil Liberties		
	SOCIOLOGY AND/OR SOCIAL WELFARE - courses such as		
6	Introduction to Sociology Sociology of Large Scale Organization Sociology of Religion Sociology of Age Status Sociology of Primary Groups Social Problems and Deviance Marriage and the Family		
9	SPECIAL EDUCATION - any course related to		
9	The Developmentally or Mentally Disabled		
	SPEECH - any courses, such as		
6	Introduction to Speech Group Discussion and Problem Solving		
	STATISTICS - any courses, such as		
2			
3	Introduction to Statistics	ents	
2	Introduction to Statistics Introduction to Statistical Analysis Test and Measurement TECHNICAL OR TRADE COURSES (non-nursing) any one, only if job-related Vocational Education Vocational Rehabilitation		

ANTHROPOLOGY 6 Units



Specific teaching times are not allocated to each part of the syllabus. Teachers are expected to divide their time across the syllabus as appropriate.

Syllabus component		Teachi	Teaching hour	
Syllabi	us component	SL	HL	
Part 1	: What is anthropology?			
1.1	Core terms and ideas in anthropology			
1.2	The construction and use of ethnographic accounts			
1.3	Methods and data collection			
Part 2	: Social and cultural organization			
2.1	Individuals, groups and society			
2.2	Societies and cultures in contact			
2.3	Kinship as an organizing principle			
2.4	Political organization			
2.5	Economic organization and the environment			
2.6	Systems of knowledge			
2.7	Belief systems and practices			
2.8	Moral systems			
Part 3	: Observation and critique exercise (SL only)			
Part 4	: Theoretical perspectives in anthropology (HL only)			
Part 5	: Fieldwork (HL only)			
Total to	eaching hours	150	240	

Syllabus content

Part 1: What is anthropology? (SL and HL)

All students of social and cultural anthropology should be familiar with the set of core terms, the methods used by anthropologists and issues associated with the construction of ethnographic accounts. The teaching of part 1 should be integrated with the study of ethnography throughout the entire course. Part 1 will help students to better understand part 2. Students should have an understanding of how the terms, methods and different approaches to the construction of ethnographic accounts are connected with the historical context of the discipline.

1.1 Core terms and ideas in anthropology

While reading anthropological material, students will encounter core terms and ideas. These terms and ideas are used to describe and analyze individuals and groups in their social contexts. Students should be taught that these terms have theoretical and historical contexts. The meanings of these terms change over time, and new terms and ideas are constantly emerging. The following list of core terms and ideas is not exhaustive. They should not be presented and studied as isolated entities.

Agency

Agency is the capacity of human beings to act in meaningful ways that affect their own lives and those of others. Agency may be constrained by class, gender, religion and other social and cultural factors. This term implies that individuals have the capacity to create, change and influence events.

Community

Community is one of the oldest concepts used in anthropological studies. Traditionally, it referred to a geographically bounded group of people in face-to-face contact, with a shared system of beliefs and norms operating as a socially functioning whole. Communities existed within a common social structure and government. More recently, communities have also been defined as interest groups accessed through space, as in "Internet communities" or "communities of taste." With the advent of globalism and global studies that often question the stability of territories, space and place, community is now a highly contested concept.

Comparative

Anthropologists strive to capture the diversity of social action and its predictability by focusing on the way in which particular aspects of society and culture are organized similarly and differently across groups. While social action is frequently innovative, there are limits to its diversity, and patterns identified in one group resemble patterns identified in another.

Cultural relativism

For anthropologists, cultural relativism is a methodological principle that emphasizes the importance of searching for meaning within the local context. Non-anthropologists often interpret cultural relativism as a moral doctrine, which asserts that the practices of one society cannot be judged according to the moral precepts and evaluative criteria of another society. In its extreme form, this version of cultural relativism can lead to a non-analytical position that is contrary to the critical commitments of the discipline.

For anthropologists, cultural relativism attempts to recognize and address the problem of ethnocentrism. Ethnocentrism is the tendency to evaluate the practices of others in terms of one's own criteria. Generally, ethnocentrism has the effect of giving greater worth to the social or cultural context of the evaluator than to the context being evaluated and hinders understanding across social boundaries.

Culture

Culture refers to organized systems of symbols, ideas, explanations, beliefs, and material production that humans create and manipulate in the course of their daily lives. Culture includes the customs by which humans organize their physical world and maintain their social structure. While many anthropologists have thought of culture simply as shared systems of experiences and meanings, more recent formulations of the concept recognize that culture may be the subject of disagreement and conflict within and among societies.

Human awareness of culture may be only partly conscious, and humans learn to manipulate cultural categories throughout their lives. It is this ability to manipulate and transform culture that distinguishes humans from other animals.

Ethnographic

Anthropology places considerable emphasis on its empirical foundation based on a direct engagement with particular people and their social and cultural context. Ethnographic materials are usually gathered through participant observation.

Ethnographically grounded anthropology can be contrasted with 19th century "armchair" anthropology conducted by scholars with no first-hand acquaintance with the societies they analyzed, and with "common sense" or journalistic accounts of a particular society.

Meaning

Meaning is both constructed and transmitted through cultural categories. These attribute particular significance to persons, relations, objects, places and events. This enables people to make sense of, and give order to, their experiences, which may in turn reinforce or change meaning. The analysis of meaning is a principal focus of contemporary anthropological thinking.

Process

Social processes are what humans actually do, including human action that may work against social structure. Social process is the dynamic counterpoint of social structure. Anthropologists who focus on processes emphasize the possibility of change over time and the importance of human agency, that is, the ability to challenge existing structures and create new structures.

Process is linked to role, the dynamic counterpart of status, consisting of the behaviour associated with a person's status (for example, a doctor is entitled to prescribe medicine and does not divulge information about the health of the patient).

Qualitative

The data that anthropologists gather during fieldwork comes in many forms because anthropologists are trying to capture the complexity and diversity of social life. This data may be textual (oral or written), observational, or impressionistic, or may take the form of images or sounds. Much of the data cannot be reduced usefully to quantitative forms without losing the essence of the material as perceived from an anthropological viewpoint.

Social reproduction

Social reproduction is the concept that, over time, groups of people reproduce their social structure and patterns of behavior. This includes not only the enculturation of individual human beings but also the reproduction of cultural institutions, and material means of production and consumption. Social reproduction may be contested, leading to social change.

Society

Society refers to the way in which humans organize themselves in groups and networks. Society is created and sustained by social relationships among people and groups. The term "society" can also be used to refer to a human group that exhibits some internal coherence and distinguishes itself from other such groups.

1.2 The construction and use of ethnographic accounts

Ethnography is the basic raw material for a course in social and cultural anthropology. Students must therefore be able to understand and evaluate ethnographic materials. The data in ethnographic accounts was not collected for the specific purpose for which the student is using it. The student can only work with the available data presented in the ethnography. Thus, the student must learn how to use such materials to answer

anthropological questions. This requires the development of skills for the thoughtful and critical understanding of how ethnography is constructed: the research question, the theoretical orientation and the processes used to decide what data is included.

Selection of ethnographies

Whatever ethnographies are selected must consider the requirements indicated in the syllabus outline. It is advisable to select a range of ethnographies to cover different core terms, themes and, in addition for HL students, different theoretical perspectives. In practice, two or more ethnographies may cover the same as well as different terms, themes and perspectives. These should include some more contemporary ethnographies. Ethnographic films and other visual or virtual media may be used in the teaching of ethnography, but these must be treated in the same critical and reflective manner as written ethnographies. Students need to identify ethnographic materials in terms of place, author, time, ethnographic present, ethical considerations, methodology and theoretical perspective.

Using various ethnographic materials students are required to study four societies at HL and three societies at SL.

Representation in ethnographic accounts

Understanding the relationship between fieldwork data and ethnographic accounts is central to the syllabus. The transformation of fieldwork data into ethnographic accounts presents a variety of challenges that are commonly discussed as problems of representation. Anthropologists aim to reproduce the reality of the people studied but recognize differences between their own accounts and those of the people studied. Anthropologists have the task of connecting local perceptions to their analytical framework.

Contemporary anthropologists recognize that the distinctions they capture should be examined critically. Ethnographic materials reflect the specific perspective of an observer and are open to interpretation. Any ethnographic writing or reading should be examined with the following observations in mind:

- social groups are internally diverse and have a variable sense of identity
- different anthropologists may see and represent the same group differently
- actors and observers always operate within a social context
- anthropologists make decisions about what is studied and how it is studied
- all anthropological accounts are produced for a particular audience.

Decisions

Ethnographic accounts are often the product of many years of work, from the initial observation to field notes, analysis and the written report. Today, most contemporary ethnographic accounts focus on a specific set of questions but necessarily link their particular focus to broader patterns at play in the society in question and beyond. At all stages, what is recorded or what is not recorded is the product of decisions. Anthropologists differ in the extent to which they allow these decisions to be stated in the ethnographic accounts they produce. Decisions are influenced by the anthropologists' theoretical orientation, the audience served by the research and the goals of the research.

Reading ethnography

Each ethnography presents a point of view, which may be explicit or implicit. When reading ethnography, the student needs to identify the claims, examine the evidence and evaluate whether the data supports the claims and conclusions. Evaluation of evidence requires clear definitions of concepts and variables to support claims and theories. Ethnographic findings can be validated by comparison within a society, within a region or by cross-cultural comparison.

1.3 Methods and data collection

The ethnographic method is one of the distinguishing features of social and cultural anthropology. The methods selected by an anthropologist for collecting data in the field relate to the theoretical perspective of the anthropologist and the production of the final ethnographic text.

There are several methods and issues of data collection that anthropologists commonly need to consider in their preparation for fieldwork and during the data gathering phase of their work. These include the following.

- Fieldwork
- Participant observation
- Collection of data
- Qualitative and quantitative data
- Analysis and interpretation
- Ethical issues

Fieldwork

Anthropological accounts are based on detailed and wide-ranging data collected over a substantial period. The time that an ethnographer spends studying a group is a process called "fieldwork." Fieldwork with a particular group often takes place more than once and involves a long-term personal engagement between the ethnographer and the group. However, in many contemporary fieldwork settings ethnographers cannot have direct face-to-face contact over a prolonged period with any group. For example, work in densely populated urban settings or in a virtual environment requires a rethinking and reconceptualizing of the relations between ethnographer and the group being studied.

Participant observation

During fieldwork, many ethnographers become involved as fully as possible in the activities that they study, rather than acting as detached bystanders. At the same time, they must seek to preserve some analytical distance. The extent of their participation and its effect on the activity depend on a variety of factors, including the nature of the activity, the rapport between observers and the members of the group being studied or "actors," and the goals of the research. Participant observation has traditionally been the main method in anthropological fieldwork.

Ethnographers and actors develop social ties during fieldwork. All parties involved must constantly negotiate the nature of these ties. Social relations in fieldwork are as complex as other social relations that human beings form during their lives.

Collection of data

Ethnographers use a broad variety of techniques in collecting data, including interviewing, observation, note-taking, audio and visual recording, discussing recordings with members of the group being studied, keeping journals, collecting censuses, life histories, questionnaires, archival materials, material culture and genealogies. Data may also be collected in a variety of forms that illustrate different aspects of a given society and culture at a given time and place. These may include expressive forms and internal accounts such as music, lyrics, literature, letters, stories and films/movies. The nature of the data and the techniques used to collect it depend on the goals of the research. Each technique provides a partial view and therefore cannot stand alone, nor be used uncritically. It is essential that any such material should be examined from an anthropological perspective. The body of data collected during fieldwork is often substantial and is used selectively in analysis and in writing up the results of the fieldwork. Fieldwork data is often supplemented with the materials gathered in libraries and museums.

Qualitative and quantitative data

Qualitative data consists of texts, lists and recordings, which do not lend themselves to numerical representation, while quantitative data can be expressed in numbers. For most anthropologists, qualitative data is more crucial than quantitative data, although the quantitative often provides useful support for the qualitative.

Analysis and interpretation

The analysis of anthropological data consists of discovering consistencies and other recurrent patterns in the data. This discovery process often relies heavily on the anthropologist's theoretical framework and on the relevant works of other anthropologists. Anthropologists recognize that description and analysis are never free of theoretical and personal biases but always involve selection and interpretation. See part 1.2.

Ethical issues

Ethnographers are bound by ethical principles governing their conduct as fieldworkers and as professional practitioners. Among other things, these principles dictate that the ethnographer respects the dignity of the members of the group being studied, gives attention to the possibility that any disseminated information may be used against the best interests of those being studied, and recognizes any power differentials between the parties involved in fieldwork. Ethics is also concerned with the relationship between ethnographers and their colleagues, students and audiences. What constitutes ethical conduct is often the subject of debate and is best understood in context.

Part 2: Social and cultural organization (SL and HL)

Both SL and HL students must understand all eight themes listed below as 2.1 to 2.8. When designing a course of study, each theme must be given equal importance. Themes can be treated in any order. The themes are closely interconnected and should not be taught in isolation from each other. They should be taught in relation to ethnographic material. Teaching of the themes should emphasize patterns and processes of change in society and culture and that anthropological knowledge changes over time.

Examples of topics for detailed study are given for each theme. Teachers should not attempt to cover all the examples given; rather these should emerge from the ethnographies chosen for study. The lists are not exhaustive, and teachers may explore other possibilities. Examples of topics for detailed study are often relevant to more than one theme.

2.1 Individuals, groups and society

Description	n Examples	
The person is embedded in social structures and cultural dynamics that shape individual identity and actions. The individual is committed to different groups simultaneously. Both the nature of the group and the individual's commitment to it are dynamic and context-dependent. The person's actions may either reinforce or undermine these structures and dynamics. Anthropologists seek to understand these actions with reference to the structures in which the individual is embedded, even though the individual's own understanding may make no reference to these structures. This is often described as a tension between structure and agency.	 Socialization Status and role Gender and sexuality Personhood Conformity and nonconformity Public and private Social and group identity (for example, ethnicity and race, nationality, class, age, religious identity) Ritual (for example, rites of passage, rites of revitalization) Social movements (for example, environmental movements, human and cultural rights, indigenous movements) Modernity Globalization 	

2.2 Societies and cultures in contact

Description	Examples	
Societies have always interacted with one another and they define themselves, in significant ways, through these interactions.	 Population movement (for example, migration, forced removal, refugees) Ethnocide and genocide Indigenous movements Modernity Revitalization Tourism and travel Colonialism and post-colonialism Resistance Globalization 	

2.3 Kinship as an organizing principle

Description	Examples	
Kinship can be seen as a basic unit of human social relations. It is structured in many different ways to define groups and the differences between them. Kinship groups are not static units but define fields of relationship and meaning through which economic and political processes occur.	 Family and household Marriage Rights and property Rules of descent and residence Corporate descent groups Gender relations Migration Globalization 	

2.4 Political organization

Description	Examples	
Political organization takes many forms, but all have the common element of ordering internal and external relations.	Power, authority and leadership Formal and informal political systems (for example, egalitarian, rank, stratified, state, global) Social control and legal systems Inequality (for example, class, caste, ethnicity, age, gender, health and illness) Social organization of space and place Status and role Conflict and resistance Ideology Nation building Colonialism and post-colonialism Social movements Globalization	

2.5 Economic organization and the environment

Description	Examples
Societies interact with and transform the environment in the production, allocation and consumption of material and symbolic goods.	Division of labour Space and place Systems of production and consumption (for example, subsistence, peasant, industrial, transnational) Exchange systems (for example, reciprocity, redistribution, market) Scale (for example, local, global) Environmentalist movements Social views of the environment Development (applied anthropology, for example, advocacy, medical) Industrialization and proletarianization Urbanization Commodification Colonialism and post-colonialism Globalization

2.6 Systems of knowledge

Description	Examples
Systems of knowledge are ways of organizing and comprehending social and natural environments.	 Symbolism Arts and expression Classification systems Relationships with the environment Interaction, media and communication

2.7 Belief systems and practices

Description	Examples	
This element focuses on beliefs and ideologies both sacred and secular.	 Religion Religious movements Myths Rituals Witchcraft, magic, sorcery and divination Conversion and syncretism 	



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Psychology 9 Units

Psychology is the study of the mind and behavior, according to the American Psychological Association. It is the study of the mind, how it works, and how it affects behavior.

Psychology is the scientific study of the mind and behavior. The term "psychology" derives from the Greek terms "psyche," which means "life," and "logos," which means "explanation." It aims at explaining the links and intertwining between the mind and behavior.

What is the study of psychology?

The science of psychology benefits society and enhances our lives. Psychologists examine the relationships between brain function and behavior, and the environment and behavior, applying what they learn to illuminate our understanding and improve the world around us.

What is the difference between psychiatry and psychology?

Overall, psychiatrists are trained in both medicine and mental health, while psychologists focus solely on mental health.

Psychology includes four major areas: clinical psychology (counseling for mental and behavioral health), cognitive psychology (the study of the mental processes), behavioral psychology (understanding behavior through different types of conditioning), and biopsychology (research on the brain, behavior, and evolution).

There are many ways to classify the study of psychology, which is the study of the human mind and behavior. One school of thought is that there are four major areas:

- 1. Clinical psychology
- 2. Cognitive psychology
- 3. Behavioral psychology
- 4. Biopsychology

Clinical psychology

Clinical psychology is a specialty that provides counseling services for mental and behavioral health care for individuals and families. Clinical psychologists evaluate, diagnose, and treat many different types of mental illness. Many practitioners are also involved in research and teaching.

Clinical psychology applications can include:

- Adult counseling
- Childhood counseling
- School psychologists
- Family therapy
- Neuropsychology

Clinical psychologists may have a general practice, or they may specialize in certain age groups such as children or the elderly, or certain mental health disorders such as eating disorders, chronic illness, depression, or phobias.

Cognitive psychology

Cognitive psychology is the study of the mental processes related to perception, language, attention, thinking, memory, and consciousness. It can help people understand and overcome problem behaviors and ways of thinking. It can help people change distorted thought patterns and behaviors into functional ones.

Cognitive psychology can be used to address wide range of problems such as:

- Anxiety disorders
- Depressive disorders
- Personality disorders
- Substance abuse
- Health-related problems
- Academic performance
- Relationship problems
- Trauma
- Stress management
- Problems in daily living

Behavioral psychology

Behavioral psychology is based on the theory that all behaviors are derived from conditioning, that is, our habitual responses to our environments. It is an attempt to get at the root of why people think and act as they do.

There are two main types of conditioning in behavioral psychology:

- Classical conditioning
 - A technique used in behavioral training in which a neutral stimulus is paired with a naturally occurring stimulus
 - Eventually, the neutral stimulus triggers the same response as the naturally occurring stimulus, even without the presence of the natural stimulus
 - Pavlov's experiments with dogs are an example of this: a neutral stimulus (a lab assistant) is associated with an unconditioned stimulus (dog food) to trigger a response (salivating)
 - The neutral stimulus becomes the conditioned stimulus, and the learned response is called a conditioned response
- Operant conditioning (also called instrumental conditioning)
 - o Learning that occurs through reinforcements (rewards) and punishments
 - An association is made between a behavior and a consequence for that behavior
 - If a desirable consequence follows a behavior (a reward) that behavior is more likely to occur again in the future
 - If an undesirable response (punishment) follows a behavior, behavior is less likely to occur again

Biopsychology

Biopsychology involves research on the brain, behavior, and evolution. It aims to explain human behavior from a biological standpoint. Research is often focused on non-human mammals and may involve:

- Sensory processes
- Learning and memory
- Motivation and excitement
- Cognition

Biopsychology studies aspects of behavior including decision-making, reward processes, memory, emotion, motivation, attention, mating, reproduction, aggression, and affiliation.

References

https://neurotray.com/what-are-the-4-major-areas-of-psychology/

https://www.apa.org/

Problems in Psychology

Psychological disorders are also called mental illnesses or mental health conditions. They can affect your thinking, emotions, and behavior, often affecting your relationships and day-to-day functioning. These conditions may be temporary or lifelong.

Understanding Psychological Disorders

Mental health conditions are common. The National Alliance on Mental Illness estimates that 1 in 5 adults in the United States experiences a psychological disorder each year.

Although psychological disorders can be challenging to live with, they can be treated. Talk therapy self-care strategies, and medication can all play a role in helping people with psychological disorders function better.

Anxiety disorders

Everybody feels anxious from time to time, and anxiety is a natural part of life. But people with anxiety disorders experience persistent anxiety that often gets in the way of their day-to-day functioning. Often, their anxiety is disproportional to the situation at hand.

According to the American Psychiatric Association (APA) anxiety disorders are the most common type of neurodevelopmental condition, affecting nearly 30% of adults at

some point in their lives. Although anyone can have an anxiety disorder, they're more common among women than men.

Common types of anxiety disorders include:

- generalized anxiety disorder
- disorder (previously called hypochondria)
- separation anxiety disorder
- social anxiety disorder
- specific phobias
- panic disorder

The symptoms differ from disorder to disorder, but usually include:

- anxious thoughts or beliefs that are difficult to control
- restlessness
- trouble concentrating
- irritability

Talk therapy is considered the first-line treatment for anxiety disorders. In some cases, medications — for example, or benzodiazepines — may also be prescribed.

Lifestyle changes, such as maintaining a routine and engaging in healthy stress-relief methods may also help.

Depressive, bipolar, and other mood disorders

Mood disorders include:

 Depressive disorders such as major depressive disorder, postpartum depression and major depressive disorder with seasonal patterns also known as seasonal affective disorder.

- Bipolar disorders
- Premenstrual dysphoric disorder which involves severe premenstrual syndrome
 (PMS) symptoms especially symptoms relating to mood

The symptoms can include:

- depressive symptoms such as persistent feelings of sadness, hopelessness, or apathy
- mania symptoms which occur during manic episodes in bipolar disorder, and include periods of high energy, elation, and restlessness

Mood disorders are primarily treated through talk therapy. They can also be treated with medications — such as antidepressants, antipsychotics, and mood stabilizers.

Alternative therapies such as electroconvulsive therapy, light therapy and psychedelic-assisted therapy may also help.

Schizophrenia and other psychoses



Schizophrenia an often misunderstood condition, affects less than 1% of the U.S. population. It's a chronic psychiatric disorder that involves distortions of reality, often in the form of delusions or hallucinations.

The early symptoms of schizophrenia can include:

• isolating oneself from friends and family

- changing friends or social groups
- a change in focus and concentration
- difficulty sleeping
- irritability and agitation
- difficulties with schoolwork, or poor academic performance
- anxiety
- vague suspiciousness
- feeling different from others

Symptoms of advanced schizophrenia can include:

- hallucinations which are when someone hears, sees, or feels things that aren't there
- delusions, which are intense, false beliefs, such as believing others are conspiring to harm them

Although there's no cure for schizophrenia, it can be treated. Antipsychotic medication is the most common treatment for schizophrenia. It can help manage hallucinations and delusions.

Psychosocial intervention, which can include individual therapy, family therapy, and social skills training, may also help.

Psychosis is a symptom of schizophrenia, but people can also have psychosis without schizophrenia. In some cases, it can be a temporary condition where you have delusions and hallucinations

The symptoms of psychosis may include:

- delusions
- hallucinations

- disorganized behavior, which can seem impulsive or nonsensical to others
- catatonia which is where someone appears "frozen"
- sudden lack of interest in things that usually matter to them
- an expressionless face or a flat tone of voice, making them appear emotionless
- an ungroomed appearance

If someone is having an episode of psychosis where they pose a risk to themself or others, they may undergo rapid tranquilization, which is when they're injected with a substance that will relax or sedate them.

After an episode of psychosis, you may be prescribed antipsychotic medications to help manage hallucinations and delusions. Individual talk therapy, group therapy, and family therapy may also help.

Trauma- and stress-related disorders

The two common trauma- and stress-related disorders are obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD)

The APA estimates that 2% to 3% of people in the United States have OCD.

OCD is characterized by:

- obsessions, which are repetitive, unwanted thoughts that won't go away
- compulsions, which are behaviors or rituals they feel urged to do in order to relieve the obsessive thought

OCD can be treated and managed with talk therapy. A type of therapy called exposure and response prevention is considered the gold standard for treating OCD, but other kinds of therapy may also be used.

In some cases, medications may be prescribed to assist with OCD symptoms.

The symptoms of PTSD can include:

- avoiding people or things that remind you of the event
- depression
- difficulty thinking about the events
- difficulty remembering parts of the events
- distorted feelings of guilt, worry, or blame
- feeling anxious or "on edge"
- flashbacks
- · irritability and anger
- nightmares
- panic attacks
- reduced interest in activities you once enjoyed
- startling easily

PTSD is often treated through talk therapy, especially cognitive behavioral therapy or exposure therapy. In some cases, group therapy can be helpful.

A mental health professional may also prescribe antidepressants, or sleep medication to assist with the symptoms of PTSD.

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In some cases, medications may be prescribed to assist with OCD symptoms.

The symptoms of PTSD can include:

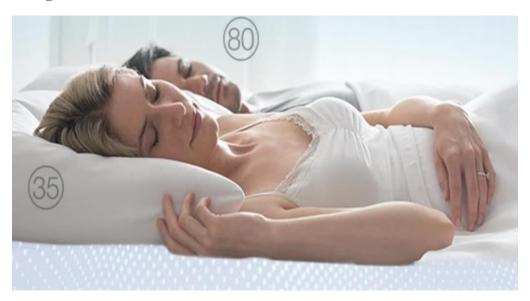
- avoiding people or things that remind you of the event
- depression
- difficulty thinking about the events
- difficulty remembering parts of the events
- distorted feelings of guilt, worry, or blame
- feeling anxious or "on edge"
- flashbacks
- irritability and anger
- nightmares
- panic attacks

- · reduced interest in activities you once enjoyed
- startling easily

PTSD is often treated through talk therapy, especially cognitive behavioral therapy or exposure therapy. In some cases, group therapy can be helpful.

A mental health professional may also prescribe antidepressants, or sleep medication to assist with the symptoms of PTSD.

Sleep disorders



Sleep disorders can affect your sleep pattern, which means you may sleep significantly more or significantly less than typical.

Certain sleep disorders involve unusual behavior while asleep, such as sleepwalking

Types of sleep disorders include:

- circadian rhythm sleep-wake disorders
- hypersomnolence disorder
- insomnia
- narcolepsy
- nightmare disorder
- non-rapid eye movement sleep arousal, which includes sleepwalking and night terrors
- parasomnia
- rapid eye movement sleep behavior disorder
- restless legs syndrome
- sleep apnea

Sleep disorders may be treated with:

- proper sleep habits
- relaxation techniques
- medications, such as sleep aids
- talk therapy

Often, a general practitioner can be your first point of contact when getting help for a sleep disorder. In some cases, you may also benefit from speaking with a sleep specialist psychiatrist, or therapist.

Eating disorders

Eating disorders affect your behaviors and thoughts around eating and food. According to the APA, eating disorders may affect up to 5% of the U.S. population.

Common types of eating disorders include:

- avoidant/restrictive food intake disorder which can involve extreme picky eating to the point of being unable to meet your nutritional needs
- anorexia nervosa which may be further categorized into a restricting type or a binge eating/purging type
- bulimia nervosa which involves alternating dieting with binge eating
- binge eating disorder which includes episodes of binge eating and, later, a sense
 of guilt and distress about the binge behavior
- pica which involves eating things that aren't food with no nutritional value for at least a month
- rumination disorder which involves repeatedly regurgitating swallowed food and either re-chewing and re-swallowing food or spitting it out
- other specified feeding and eating disorder, a diagnostic category that includes eating disorders that don't fit the diagnostic criteria for the disorders mentioned above

Treatment for eating disorders may include talk therapy, which can include individual, family, or group therapy. In some cases, medications can be used to help with accompanying symptoms.

Nutritional counseling can help people with eating disorders learn healthy nutrition and eating habits.

Substance use disorders

Substance use disorders involve the compulsive use of substances. These substances may be legal or illegal. The APA categorizes substance use disorder as a brain disease.

Substance use disorders are treatable. Usually, the first step is detoxification, which involves stopping (or gradually stopping) your use of the substance. During this phase, the withdrawal symptoms are treated.

Further treatments, such as individual and group counseling, can help encourage longterm abstinence from the substance.

Medications can also help with recovery — for example, if you experience heroin addiction a clinician may prescribe a medication called methadone or buprenorphine/naloxone (Suboxone) to help soothe withdrawal symptoms.

Treatment for substance use disorders can be provided in outpatient facilities or inpatient residential recovery programs (such as a rehabilitation program).



6 Units

Education is both the act of teaching knowledge to others and the act of receiving knowledge from someone else. *Education also* refers to the knowledge received through schooling or instruction and to the institution of teaching. *Education* has a few other senses as a noun.

Education is a word that covers both the act of instructing and the act of learning. It usually refers specifically to the teaching of children or younger people and the learning done by them.

Education is the transmission of knowledge—skills and character traits and manifests in various forms. Formal education occurs within a structured institutional framework, such as public schools following a curriculum. Non-formal education also follows a structured approach but occurs outside the formal schooling system, while informal education entails unstructured learning through daily experiences. Formal and non-formal education are categorized into levels, including early childhood education, primary education, secondary education, and tertiary education. Other classifications focus on teaching methods, such as teacher-centered and student-centered education, and on subjects, such as science education, language education, and physical education. Additionally, the term "education" can denote the mental states and qualities of educated individuals and the academic field studying educational phenomena.

Many factors influence the success of education. Psychological factors include motivation, intelligence and personality, Social factors, such as socioeconomic

status, ethnicity, and gender, are often associated with discrimination. Other factors encompass access to educational technology teacher quality, and parental involvement.

The primary academic field examining education is known as education studies. It delves into the nature of education, its objectives, impacts, and methods for enhancement. Education studies encompasses various subfields, including philosophy, psychology, sociology, and economics of education. Additionally, it explores topics such as comparative education pedagogy, and the history of education

Educational Psychology

Educational psychology is the study of how humans learn and retain knowledge, primarily in educational settings like classrooms. This includes emotional, social, and cognitive learning processes.

Areas of focus might include teaching, testing and assessment methods, psychometrics, classroom or learning environments, and learning, social, and behavioral problems that may impede learning, technology in learning. Graduates work as professors, education specialists, learning analysts, program evaluators, and find positions in research institutions, school systems, the testing industry, government agencies, and private industry.

What is Educational Psychology?

When most people think about psychology, they think about mental illness, counselors and therapy. People might come up with names like Sigmund Freud. But the field of **psychology** is quite large, with lots of different areas where people might work. Beyond trying to help people in counseling types of situations, psychology also studies everyday life types of questions, such as: Why are some people racist? Or why do we fall in love? Or how do children change as they grow up?

One of the most popular areas of psychology is **educational psychology**. Educational psychology could be defined in a lot of different ways, but the basic idea is that it's a field that studies and applies theories and concepts from all of psychology in educational settings. Educational settings might be schools, ranging from preschools all the way through college. But they also might be anywhere people learn, such as after school programs, community groups, companies or even within families. The goal of educational psychology is to make any teacher-student relationship as positive as it can be, so that the students can learn to the best of their potential.

Main Topics in Educational Psychology

So, let's get a little more specific. What are some of the major questions or ideas that educational psychologists study? The rest of this lesson will be a preview of some of the

concepts that you can learn about more if you watch the other educational psychology videos available on the website.

Two theoretical perspectives within educational psychology are the **cognitive perspective** and the **behavioral perspective**. The cognitive perspective is an area of the field that studies how people acquire, perceive, remember and communicate information. In these lessons you'll learn about how memory works, for example. The behavioral perspective, in contrast, studies the tendency to modify our behavior due to consequences. So here, you'll learn about how rewards and punishments in a classroom setting help to motivate students in both good and bad ways.

Educational psychology borrows a lot of theories from another subfield called **developmental psychology** which is the branch of psychology that focuses on how people grow and change over the course of a lifetime.

Those who specialize in this field are not just concerned with the physical changes that occur as people grow; they also look at the cognitive, emotional, and social development that occurs throughout life.

Some of the many issues developmental psychologists assist with include:

- Cognitive development during childhood and throughout life
- Developmental challenges and learning disabilities
- Emotional development
- Language acquisition
- Moral reasoning
- Motor skill development
- Personality development
- awareness and self-concept
- Social and cultural influences on child development

These professionals spend a great deal of time investigating and observing how these processes occur under normal circumstances. Still, they are also interested in learning about things that can disrupt developmental processes.

By better understanding how and why people change and grow, developmental psychologists help people live up to their full potential. Understanding the course of normal human development and recognizing potential problems early on can prevent difficulties with depression, low self-esteem, frustration, and poor achievement in school or work.

Developmental Psychology Theories

Developmental psychologists often consider a <u>wide array of theories</u> to consider different aspects of human development. A few examples are listed below:

- **Cognitive development.** A psychologist assessing intellectual growth in a child might consider <u>Jean Piaget's theory of cognitive development</u> which outlines the key stages children go through as they grow and learn.¹
- Attachment. A psychologist working with a child might also want to consider how the child's relationships with caregivers influence their behaviors, so they might turn to <u>John</u> Bowlby's theory of attachment
- **Personality**. Sigmund Freud's psychosexual theory of personality development is another influential theory that explains the importance of childhood experiences on personality development and how maladaptive coping styles and defense mechanisms emerge.³
- Social and emotional growth. Psychologists are also interested in looking at how social relationships influence children's and adults' development. Erik Erikson's theory of psychosocial development⁴ and Lev Vygotsky's theory of sociocultural development⁵ are two popular theoretical frameworks that address the social influences on the developmental process.

Each approach tends to stress different aspects of development, such as mental, parental, social, or environmental influences on <u>children's growth and progress</u>

Developmental Psychology Stages

As you might imagine, developmental psychologists often break down development according to various phases of life. Each of these periods of development represents a time when different milestones are typically achieved.

People may face particular challenges at each point, and developmental psychologists can often help people who might be struggling with problems to get back on track.

Prenatal Development

Developmental psychologists are interested in the <u>prenatal period</u> seeking to understand how the earliest influences on development can impact later growth during childhood. They may examine how primary reflexes emerge before birth, how fetuses respond to stimuli in the womb, and the sensations and perceptions that fetuses are capable of detecting prior to birth.

Developmental psychologists may also look at <u>potential problems</u> such as Down syndrome, maternal drug use, and inherited diseases that might have an impact on the course of future development.

Early Childhood Development

The period from infancy through early childhood is a time of remarkable growth and change. Developmental psychologists examine the physical, <u>cognitive</u> and <u>socio-emotional</u> growth during this critical development period.

In addition to providing interventions for potential developmental problems at this point, psychologists are also focused on helping kids achieve their full potential. Parents and healthcare experts are often on the lookout to ensure that kids are growing properly, receiving adequate nutrition, and achieving cognitive milestones appropriate for their age.

Middle Childhood Development

This period of development is marked by both physical maturation and the increased importance of social influences as children make their way through elementary school.

Kids begin to make their mark on the world as they build their <u>unique sense of self</u> form <u>friendships</u> grasp <u>principles of logic</u> and gain competency through schoolwork and personal interests. Parents may seek the assistance of a developmental psychologist to help kids deal with potential problems that might arise at this age, including academic, social, emotional, and mental health issues.

Adolescent Development

The teenage years are often the subject of considerable interest as children experience the psychological turmoil and transition that often accompanies this period of development. Psychologists such as Erik Erikson were especially interested in looking at how navigating this period leads to identity formation.⁶

At this age, kids often test limits and explore new identities as they question who they are and who they want to be. Developmental psychologists can help support teens as they deal with some of the challenging issues unique to the adolescent period, including puberty, emotional turmoil, and social pressure.

Early Adult Development

This period of life is often marked by forming and maintaining relationships. Critical milestones during early adulthood may include forming bonds, intimacy, close friendships, and starting a family and career.

Those who can build and sustain such relationships tend to experience connectedness and social support, while those who struggle with such relationships may feel alienated and lonely

People facing such issues might seek the assistance of a developmental psychologist to build <u>healthier relationships</u> and combat emotional difficulties.

Middle Adult Development

This stage of life tends to center on developing a sense of purpose and contributing to society. Erikson described this as the conflict between generativity and stagnation

Those who engage in the world, contribute things that will outlast them, and leave a mark on the next generation emerge with a sense of purpose. Activities such as careers, families, group memberships, and community involvement are all things that can contribute to this feeling of generativity.

Older Adult Development

The senior years are often viewed as a period of poor health, yet many older adults can remain active and busy well into their 80s and 90s. Increased health concerns mark this period of development, and some individuals may experience mental declines related to dementia.

Theorist Erik Erikson also viewed the elder years as a time of <u>reflecting back on life</u>. Those who can look back and see a life well-lived emerge with a sense of wisdom and readiness to face the end of their lives, while those who look back with regret may be left with feelings of bitterness and despair.

Developmental psychologists may work with elderly patients to help them cope with issues related to the aging process.

Diagnosing Developmental Issues

To determine if a developmental problem is present, a psychologist or other highly trained professional may administer a developmental screening or evaluation.

For children, such an evaluation typically involves interviews with parents and other caregivers to learn about behaviors they may have observed, a review of a child's medical history, and standardized testing to measure functioning in terms of physical and motor development, cognitive skills, language development and communication skills, and social/emotional skills.

If a problem is found, the patient may be referred to a specialist, such as a speechlanguage pathologist, physical therapist, or occupational therapist.

Coping With a Developmental Diagnosis

Receiving a diagnosis of a developmental issue can often feel both confusing and frightening, particularly when you, your own child, or an elderly parent is affected. Once you or your loved one has received a diagnosis of a developmental issue, spend some time learning as much as you can about the diagnosis and available treatments.

Prepare a list of questions and concerns you may have and discuss these issues with your doctor, developmental psychologist, and other healthcare professionals who may be part of the treatment team. By taking an active role in the process, you will feel better informed and equipped to tackle the next steps in the treatment process.

• What are the 4 major developmental psychology issues?

The four major developmental psychology issues are focused on physical, cognitive, emotional, and social development.

What are the 8 stages of development in psychology?

The Eight major stages of development are:

- 1. Prenatal development
- 2. Infant development
- 3. Early childhood development
- 4. Middle childhood development
- 5. Adolescent development
- 6. Early adult development
- 7. Middle adult development
- 8. Older adult development
- What are the basic principles of developmental psychology?

The principles of developmental psychology outlined by Paul Baltes suggest that development is (1) lifelong, (2) multidimensional, (3) multidirectional, (4) involves gains and losses, (5) plastic (malleable and adaptive), and (6) multidisciplinary.

• What are the 4 basic issues of developmental psychology?

Four developmental issues that psychologists explore are focused on the relative contributions of:

- **Nature vs. nurture**: Is development primarily influenced by genetics or environmental factors?
- **Early vs. later experience**: Do early childhood events matter more than events that happen later in life?
- Continuity vs discontinuity: Is developmental change a gradual process, or do changes happen suddenly and follow a specific course?
- Abnormal behavior vs. individual differences: What represents abnormal development, and what can be considered individual variations in development?

Methods of Teaching the Retarded

What is teaching?

Teaching is the process of attending to people's needs, experiences and feelings, and intervening so that they learn things, and go beyond the given.

Interventions commonly take the form of questioning, listening, giving information, explaining some phenomenon, demonstrating a skill or process, testing understanding and capacity, and facilitating learning activities (such as note taking, discussion, assignment writing, simulations and practice).

Types of teaching methods include differentiated instruction, lecture-based instruction, technology-based learning, group learning, individual learning, inquiry-based learning, kinesthetic learning, game-based learning and expeditionary learning.

The Retarded

What is mental retardation? It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) well below average and significant limitations in daily living skills (adaptive functioning).

According to Wikipedia Intellectual disability (ID), also known as general learning disability (in the United Kingdom) and formerly mental retardation (in

the United States). is a generalized neurodevelopmental disorder characterized by significant impairment in intellectual and adaptive functioning that is first apparent during childhood. Children with intellectual disabilities typically have an intelligence quotient (IQ) below 70 and deficits in at least two adaptive behaviors that affect everyday, general living. According to the DSM-5 intellectual functions include reasoning problem solving, planning abstract thinking judgment, academic learning, and learning from experience. Deficits in these functions must be confirmed by clinical evaluation and individualized standard IQ testing. On the other hand, adaptive behaviors include the social, developmental, and practical skills people learn to perform tasks in their everyday lives. Deficits in adaptive functioning often compromise an individual's independence and ability to meet their social responsibility.

Intellectual disability is subdivided into syndromic intellectual disability, in which intellectual deficits associated with other medical and behavioral signs and symptoms are present, and non-syndromic intellectual disability, in which intellectual deficits appear without other abnormalities. Down syndrome and fragile X syndrome are examples of syndromic intellectual disabilities.

Methods of Teaching the Retarded

By most definitions, intellectual disability is more accurately considered a *disability* rather than a *disease*. Intellectual disability can be distinguished in many ways from mental illness such as schizophrenia or depression. Currently, there is no "cure" for an established disability, though with appropriate support and teaching, most individuals can learn to do many things. Causes, such as congenital hypothyroidism, if detected early may be treated to prevent the development of an intellectual disability.

The following points highlight the nine methods of teaching the educable mentally retarded children. The methods are: 1. Individualization 2. Learning by Doing 3. Need for Learning Readiness 4. Repetition 5. Short Periods 6. Concrete Problems 7. Graded Curriculums 8. Projects 9. Teaching the Trainable Mentally Retarded.

Method # 1. Individualization:

Considering, first, special methods in the education of the Educable. Mentally Retarded, it is immediately apparent that the dominant theme in the teaching ... approaches must be the individualization of education. This does not mean that the children should receive individual instruction though this becomes possible...with small classes and may in fact prove necessary.

It implies rather, that each child is allowed to proceed at his own rate of learning according to his own unique growth pattern. Group activities are not thereby excluded nor is it desirable that they should be. These children need opportunities for group participation so that they may develop correct social attitudes.

Method # 2. Learning by Doing:

Another basic principle of special education is that the children should learn by doing. Activity methods are employed which put the emphasis on learning through experience. The mentally handicapped child, whose shortcomings lie in the area of relational and abstract thought, will always have difficulty in learning where he is required to play a passive role, and where the method of communication is largely verbal.

His intellectual deficit is such that he will always tend to learn more easily where ideas are expressed in concrete situations which he can relate to the world as he knows it. So far as possible our teaching must be through materials that make the maximum appeal to his senses – If auditory and visual percepts can be added tactile and kinesthetic, the learning process is considerably reinforced. Implicit is the idea of activity methods in the involvement of the total personality of the child.

Method # 3. Need for Learning Readiness:

Again, it is important in introducing academic work to the mentally handicapped, that we take cognizance of the concepts of maturation and learning-readiness. These children have the ability to learn to read, to write and to count, provided that the way is prepared for the introduction of these subjects through appropriate readiness programs.

We must, however, be prepared to wait until the child is intellectually and psychologically ready to accept the challenge which they present. In effect this means that mentally retarded children will be considerably older than ordinary children before making a beginning to these activities. However, the maxim of "making haste slowly" is more than justified.

Method # 4. Repetition:

Since mentally handicapped children do tend to have poorer memories than ordinary children, teaching method must provide for a considerable amount of repetition if learned material is to be retained. This, however, is no justification for rote learning procedures devoid of insight. Understanding should always precede measures designed to improve retention. Even in the case of mentally retarded, if they are well-motivated

and the material is interesting and has meaningful associations, the memory span can be much increased.

Method # 5. Short Periods:

Although the mentally retarded child has limited powers of concentration, and for this reason formal teaching periods should be kept fairly short, at the same time it is remarkable how long he can persevere when he finds the subject stimulating. We should not see in this an invitation to sugar-coat the unpalatable pill of knowledge, but rather a challenge to our understanding of his needs and genuine interests.

Method # 6. Concrete Problems:

It is also true to say that mentally retarded children do show lack of imagination and foresight and consequently have difficulty in transferring the learning experience of one situation to a similar but new and an unfamiliar one. Real life problem should be introduced whenever possible so that the immediate application of what is to be learned can be more easily appreciated.

Method # 7. Graded Curriculums:

Since these children learn more slowly than the average child the work undertaken in the basic subjects of reading and arithmetic must be carefully graded to ensure steady progress and allow feelings of success. This raises many difficulties for the teacher since the textbooks in current use are designed for ordinary children and are much too steeply graded and often too sophisticated for the mentally retarded child.

There is a great need for the production of special books for slow-learning children, and until these are forthcoming the special class-teacher may well have to make an effort to create her own materials. This is not an impossible task, especially in the early stages of teaching a subject, though it does become onerous as the child becomes more proficient.

Method # 8. Projects:

One of the most fruitful approaches to the teaching of mentally retarded children is through the introduction of Projects or Centers of Interest. There is still a great deal of controversy as to how this can best be done without serious disruption of the basic subject program. Perhaps the best arrangement is that which involves a core program of language and number, together with a peripheral program which includes all those subjects such as Geography, History and Nature Study, which are normally regarded as giving the child an increasing awareness and understanding of his environment.

Method # 9. Teaching the Trainable Mentally Retarded:

Much of what has been said is pertinent also to the education of the Trainable Mentally Retarded group of children. At this point, however, the importance of warm pupil-teacher relationships needs to be stressed. An understanding of the nature and needs of these children and a willingness to meet them provide the necessary basis for the development of suitable methods. We cannot aim so high in our ultimate objectives and our methods will on the whole have a more practical orientation.

Less emphasis will be given to the teaching of academic subjects and more time devoted to the development of sensory-motor, self – care and daily living skills. A more definite timetable will also be necessary with short periods of activity and more frequent changes of subjects since this group of mentally handicapped children do tend to tire fairly quickly.

There is also a need for much more patient repetition and practice of learned processes, and firm consolidation of each step before moving forward. Infinite patience is demanded of the teacher in achieving the desired pattern of repetition, success and praise. Only by repeated demonstration, example and practice can this be achieved.

Again, the methods which are used should be clearly related to the real-life experiences and everyday needs of the children. Arithmetic should, for example, be restricted to the handling of simple coins, while in reading the vocabulary build-up should be related to meaningful situations in the child's social environment. Many simple social activities can be dramatized in the classroom to give practice in the use of these skills.

Child and Youth Development

Child and youth development is the process of how children and young people change and develop over time, from conception to adulthood. It involves acquiring the skills, values, and social skills needed to become successful adults and participate in society.

What is youth development?

Youth development in its broadest sense refers to

the stages that all children go through to acquire the attitudes, competencies, values, and social skills they need to become successful adults. As children move through their developmental stages, they acquire a set of personal assets, or supports, that help them face the challenges and opportunities ahead. These assets allow youth to become resilient—able to bounce back from adversity. Their ability to develop successfully depends to a great extent on the support and assistance they receive from the people and institutions around them.

The "youth development" discussed here is an extension of that asset/resiliency process. In this context, youth development is a discipline in the field of youth work, founded on the belief that young people are best able to move through their developmental stages when they are supported across all sectors of the community—by individuals, family, schools, youth agencies, faith organizations, community governance, business, and more. The youth development model focuses on activities that nurture developmental as- sets rather than on reducing risks or pre- venting specific problems. Its ultimate goal is to help youth become successful adults—not just problem- free, but fully prepared to be responsible, contributing, and healthy adults.

Some key areas of child development include:

- Gross motor skills: Crawling, jumping, and running
- Fine motor skills: Writing and drawing
- Speech and language: Communicating with others
- Cognitive and intellectual: Counting and identifying shapes
- Social and emotional skills: Playing with other children

Youth development programs can help young people build strengths and assets and improve academic performance and behaviors. These programs can involve activities and strategies that:

- Involve young people in decision making
- Use young people as resources to implement programs
- Support core values such as respect, responsibility, and fairness

Some resources for youth development include:

• Character education. Resources to build and develop character in youth; supports the core values of trustworthiness, respect, responsibility, fairness, caring and citizenship.

• Infant/toddler programs that offer physical challenges to foster perceptual and motor learning. Infant/toddler programs can foster children's perceptual and motor learning and development through environments that offer safe and appropriate physical challenges.

