

social and emotional development, are not as easy to assess. Easily measured developmental milestones are well established through age 6 years only. Other types of assessment (e.g., intelligence tests, school performance, and personality profiles) that expand the developmental milestone approach are available for older children but generally require time and expertise in administration and interpretation.

PSYCHOSOCIAL ASSESSMENT

Bonding and Attachment in Infancy

The terms *bonding* and *attachment* describe the affective relationships between parents and infants. **Bonding** occurs shortly after birth and reflects the feelings of the parents toward the newborn (unidirectional). **Attachment** involves reciprocal feelings between parent and infant and develops gradually over the first year.

Attachment of infants outside of the newborn period is crucial for optimal development. Infants who receive extra attention, such as parents responding immediately to any crying or fussiness, show less crying and fussiness at the end of the first year. **Stranger anxiety** develops between 9 and 18 months of age, when infants normally become insecure about separation from the primary caregiver. The infant's new motor skills and attraction to novelty may lead to headlong plunges into new adventures that result in fright or pain followed by frantic efforts to find and cling to the primary caregiver. The result is dramatic swings from stubborn independence to clinging dependence that can be frustrating and confusing to parents. With secure attachment, this period of ambivalence may be shorter and less tumultuous.

Developing Autonomy in Early Childhood

Toddlers build on attachment and begin developing autonomy that allows separation from parents. In times of stress, toddlers often cling to their parents, but in their usual activities they may be actively separated. Ages 2 to 3 years are a time of major accomplishments in fine motor skills, social skills, cognitive skills, and language skills. The dependency of infancy yields to developing independence and the "I can do it myself" age. Limit setting is essential to a balance of the child's emerging independence.

Early Childhood Education

There is a growing body of evidence that notes that children who are in high quality early learning environments are more prepared to succeed in school. Every dollar invested in early childhood education may save taxpayers up to 13 dollars in future costs. These children commit fewer crimes and are better prepared to enter the workforce after school. Early Head Start (less than 3 years), Head Start (3 to 4 years), and prekindergarten programs (4 to 5 years) all demonstrate better educational attainment, although the earlier the start, the better the results.

School Readiness

Readiness for preschool depends on the development of autonomy and the ability of the parent and the child to separate for hours at a time. Preschool experiences help children

develop socialization skills; improve language; increase skill building in areas such as colors, numbers, and letters; and increase problem solving (puzzles).

Readiness for school (kindergarten) requires emotional maturity, peer group and individual social skills, cognitive abilities, and fine and gross motor skills (Table 7-1). Other issues include chronologic age and gender. Children tend to do better in kindergarten if their fifth birthday is at least 4 to 6 months before the beginning of school. Girls usually are ready earlier than boys. If the child is in less than the average developmental range, he or she should not be forced into early kindergarten. Holding a child back for reasons of developmental delay, in the false hope that the child will catch up, can also lead to difficulties. The child should enroll on schedule, and educational planning should be initiated to address any deficiencies.

Physicians should be able to identify children at risk for school difficulties, such as those who have developmental delays or physical disabilities. These children may require specialized school services.

Adolescence

Some define adolescence as 10 to 25 years of age but adolescence is perhaps better characterized by the developmental stages (*early*, *middle*, and *late* adolescence) that all teens must negotiate to develop into healthy, functional adults. Different behavioral and developmental issues characterize each stage. The age at which each issue manifests and the importance of these issues vary widely among individuals, as do the rates of cognitive, psychosexual, psychosocial, and physical development.

During **early adolescence**, attention is focused on the present and on the peer group. Concerns are primarily related

Table 7-1 Evaluating School Readiness

PHYSICIAN OBSERVATIONS (BEHAVIORS OBSERVED IN THE OFFICE)	
Ease of separation of the child from the parent	
Speech development and articulation	
Understanding of and ability to follow complex directions	
Specific pre-academic skills	
Knowledge of colors	
Counts to 10	
Knows age, first and last names, address, and phone number	
Ability to copy shapes	
Motor skills	
Stand on one foot, skip, and catch a bounced ball	
Dresses and undresses without assistance	
PARENT OBSERVATIONS (QUESTIONS ANSWERED BY HISTORY)	
Does the child play well with other children?	
Does the child separate well, such as a child playing in the backyard alone with occasional monitoring by the parent?	
Does the child show interest in books, letters, and numbers?	
Can the child sustain attention to quiet activities?	
How frequent are toilet-training accidents?	