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## **DEVELOPMENTAL THEORY & SELF-ESTEEM BASIC RULES & SEVERAL MAJOR DEVELOPMENTAL THEORIES IMPLICATIONS FOR THERAPY**

1) **WHAT'S IMPORTANT ABOUT SELF-ESTEEM-** abusers, victims, and survivors.

2) **Where does it begin and how is it gained and lost?**

**self-conceptions:** beliefs, concepts, expectations, attitudes, temperament--->

**behavior:** which happens in the environment-family, school, community--->

**what happens to the self:** which leads to feedback----->

back to ones self-concept.

3) **WHAT IS SELF-ESTEEM MADE UP OF? ...Coopersmith**

ACCEPTANCE, POWER & CONTROL, MORAL VIRTUE, & COMPETENCE.

4) **CONCEPT OF DEVELOPMENTALLY APPROPRIATE PRACTICES  
AND ACTIVITIES FOR INDIVIDUALS**

Progression -- Danger of rushing a child

DEVELOPMENTALLY INAPPROPRIATE PRACTICES set up a child to be:

INcompetent by putting kids into situations and making demands that they cannot succeed in or at;

PowerLESS and OUT of Control by forcing them into such situations and making them handle demands they would not otherwise chose;

NONaccepted because they don't met adult demands;

Morally VirtueLESS because as they cannot live up to expectations they had accepted due to adult demands.

5) **BASIC RULES OF DEVELOPMENTAL THEORIES**

6) **PIAGET'S STAGES OF COGNITIVE DEVELOPMENT**

7) **AINSWORTH'S PATTERNS OF ATTACHMENT THEORY**

8) **SELMAN'S FIVE STAGES OF ROLE TAKING**

9) **ERIK ERICKSON EIGHT AGES OF MAN**

10) **KOHLBERG'S SIX STAGES OF MORAL REASONING (THREE LEVELS)\***

11) **EGOCENTRISM IN ADOLESCENTS' THOUGHTS**



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## **DEVELOPMENTALLY APPROPRIATE PRACTICES** **and ACTIVITIES FOR INDIVIDUALS**

### CONCEPT OF DEVELOPMENTAL APPROPRIATENESS

The basic concept is that at different times in a child's life, he or she is able to benefit from activities and interactions within a limited scope that is **defined by development**. The development is sequential, orderly, predictable, and is dependent on both experience and natural maturity. This is true for overall development as well as for the different areas of development: fine motor, gross motor, social-emotional, language, cognitive, and so forth.

**Progression through the stages of development cannot be forced.** Attempting to do so will not make a child smarter, faster, or more socially adept. All materials and activities will be responded to **only** as much as the child's developmental stage will allow him or her. The benefits of material or interaction opportunities from progressive developmental stages will be wasted or loss upon the younger child.

**On the other hand, forcing or rushing a child can be very harmful** due to

**frustration** of having to try to do things beyond ones capacity;  
**stress of performing** to goals outside of ones natural inclinations;  
**loss of self-esteem** due to failure to gain unnatural expectations;  
engaging in non-developmentally appropriate activities **outside of the peer group**-  
thus losing the benefit of peer group interaction and stimulation;  
**non-acceptance and criticism from adults** for failure to perform;  
**failure to develop adaptive skills**: social (compassion, assertiveness, cooperation),  
intellectual (thinking ability), etc.;  
**development of a pleaser personality** from needing to please adults rather than  
self-care and assertiveness.

## **BASIC RULES of DEVELOPMENTAL THEORIES**

- 1) Development happens in **STAGES**.
- 2) There are **CRITICAL PERIODS** in development when the person is more vulnerable to harm or available for growth.
- 3) **QUANTITATIVE** changes lead to **QUALITATIVE** change. Small increases in quantity (amount, frequency, skill, etc.) lead to significant quality differences or movement into another stage.
- 4) Development is **SEQUENTIAL**. There is an order to development... 1st, 2nd, 3rd, etc.
- 5) Development is **PROGRESSIVE**. The development of the earlier stages set up for the development of later stages.
- 6) **SKIPPING** or **RUSHING** development doesn't work and/or causes harm. The developmental demands that are skipped or rushed will pull the person back for completion or resolution until they are completed. You can get stuck or regress to such stages until they are resolved.
- 7) Excessive **STRESS, ABUSE, or TRAUMA** will get people stuck or to regress at that stage. Such extreme experiences draw a person's energy and attention away from dealing with or resolving the developmental needs of the individual's stage. (Skipping or Rushing development creates stress in of itself.)
- 8) **DEVELOPMENTAL ENERGY** will eventually reassert itself.
- 9) **RESILIENCY** allows for skipped, rushed, incomplete, stalled, regressed, or suppressed Development to be re-stimulated in the organism.
- 10) **SATIATION** of developmental needs allows for movement on to the next developmental challenge. Until the developmental needs of the stage are met, an individual will stay in the stage.



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## **COGNITIVE DEVELOPMENT- PIAGET**

Piaget sees the child as trying to make sense of the world by dealing actively with objects and people. He/she moves toward **abstract reasoning**- thinking as adults know it:

- 1) to reason abstractly
- 2) to think about hypothetical situations in a logical way
- 3) to organize rules ("operations" that are mentally reversible) into complex higher order structures.

Child does this through **assimilation**- incorporating new information and experiences into previous knowledge and/or understanding, and **accomodation**- revising previous knowledge and/or understanding to incorporate new information and experiences into a new state of **equilibration**. (**example:** Assimilation: dog (dachhound)...that's a dog too (sheep dog) since all furry four legged things are dogs. Accomodation: furry four legged thing but not dog (cat), resulting in some furry four legged things are dogs (if bark and wag tail), and some are cats (if meow, purr, and climb trees).

### **Four Stages of Cognitive Development**

**Sensorimotor** (0-18 months)- six substages

- 1) **reflexes** (0-1 month) that gradually become more efficient: sucking, grasping, kicking.
- 2) **primary circular reactions** (1-4 months) repetition for own sake without any intention.
- 3) **secondary circular reactions** (4-6 months) repeated actions to produce effects that seem interesting.
- 4) **coordination of secondary reactions** (7-10 months) mastery of responses that child uses to create specific desired effects.
- 5) **tertiary circular reactions** (11-18 months) active trial and error experimentation.
- 6) **internal mental inventions** (18 months) invention of new means of affecting self and world through internal mental combinations.

**Preoperational** (18 months-age 7)

Characterized by the development and use of language; understanding the meanings of objects; and events are manipulated; as well as overt actions. Treat objects as **symbolic** of other things. **Not** necessarily committed to **fine articulated rules and concepts**.

**Concrete Operations** (age 7-12)

Now can make a **mental representation** of an entire sequence of events; **Conservation** of volume; **Relational terms** distinguishable (which is darker? btwn two light objects); **Class inclusion** understood (more yellow or more candles); Still present centered.

**Formal Operations** (age 12 and up)

Can **consider all alternatives** to solve problems; Is **deductive**; Can do **hypothetical thinking**; can use **abstract rules to solve** a whole class of problems; **rational and systematic**; **self-conscious and highly reflective**; is more **future oriented** and **remote**.

**Cannot skip stages. Each borrows upon and depends on the accomplishments of the others.**

**NOTE:** This is just cognitive development that Piaget is talking about. The other aspects of development (fine motor, gross motor, language, etc.) all must progress concurrently or else overall and particular aspects of development is affected negatively. (**example:** child who was restrained in a body cast at birth for feet problems, and subsequent developmental delays in other areas besides gross motor- fine motor, language, social emotional, self-care,... and cognitive?)



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## **IMPLICATIONS for PRACTICE and INTERACTION**

### **Appropriate Expectations**

Examples of inappropriate expectations would be:

(Sensorimotor inappropriate expectations)\*

To say a 2 month old is doing something to please mommy.

To think a 5 month old is screaming to bother you.

To expect a 7 month old to try out different ways to use a spoon.

\*appropriate at the preoperational stage and beyond.

(Preoperational...)\*\*

To expect a 12 month old to **think before they act!!**

To expect a pre-18 month old to be able to explain **why he/she put pudding on the cat!!**

To expect a 3 or 4 year old to understand **that his short wide cup has just as much chocolate milk in it as his sister's tall skinny glass.**

To expect a 3 or 4 year old to distinguish **that between grandpa who is old and great-grandpa who is old that one is older.**

\*\*appropriate at the concrete operations stage and beyond.

(Concrete Operations...)\*\*\*

To expect a 8 year old to consider all the possibilities before leaving her new sweater on the park bench as she goes off to play.

To expect a 10 year old to figure out ahead of time that you wouldn't think wearing pants so that your underwear shows is cool.

To expect a 5 year old to **know what he is supposed to do when faced with a situation he has never been in before (deductive reasoning);**

**...know not to scream and run in a museum or china shop (abstracting a rule from a known rule);**

**...to look through all her drawers if she can't find her top in the usual drawer (systematic thinking);**

**...to be aware of how dirty...active...loud they are!!**

\*\*\*appropriate upon reaching the formal operations stage.

How Children Learn at Each Stage of Development- through **free exploration and interaction in a supportive and safe emotional and social environment.**

How Children Move From Stage to Stage- through **having the opportunity to satisfy themselves in the stage. AND, by getting older!!**

Appropriate Activities & Appropriate Learning Materials result from understanding the stages- in areas of focus and application.

Individualizing for Each Child- since stages are general. And there is **a wide range of normal development and progression.** The ages are approximate. Also temperamental or personality differences.

Relationship Between Teachers and Parents- Children need their adults **to both understand developmental stages and appropriate practices. To cooperate and complement each other.**



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## **MARY AINSWORTH'S PATTERNS of ATTACHMENT THEORY\***

Other important pioneering attachment theorists include John Bowlby and Mary Main.

Dan Siegel's book, "The Developing Mind" is a more current presentation.

### **Secure Attachment (66%):**

Attachment style in which an infant separates readily from the primary caregiver and actively seeks out the caregiver when she or he returns.

### **Avoidant Attachment (20%):**

Attachment style in which an infant rarely cries when the primary caregiver leaves and avoids contact on his or her return.

### **Ambivalent (resistant) Attachment (12%):**

Attachment style in which an infant becomes anxious before the primary caregiver leaves but both seeks and resists contact on the caregiver's return.

### **Disorganized-Disoriented Attachment:**

Attachment style in which an infant shows contradictory behaviors, and seems confused and afraid.

### **Characteristics of caregivers of **securely attached** babies:**

- most sensitive to babies demands in first year of life;
- observed "demand" feeding;
- responsive to cues to stop, slow down, or speed up feeding;
- more likely to soothe babies when they cried- to answer babies sounds;
- more likely to talk to babies when they looked into caregiver's face;
- tend to hold them closer to their bodies;
- more responsive and skilled in caretaking;
- had positive feelings about themselves.

### **Characteristics of caregivers of **avoidant attached** babies:**

- angriest of all caregivers;
- tense;
- irritable;
- lacking in confidence;
- seemed uninterested in their babies;
- trouble expressing their feelings;
- shied away from close physical contact with their babies.

### **Characteristics of caregivers of **ambivalently attached** babies:**

- well meaning but less capable;
- tended to score lower on IQ tests;
- understand less how to meet their babies' needs.

\*A Child's World, Infancy Through Adolescence, Papalia and Olds, McGraw-Hill, Inc. NY, 1993.



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**SELMAN'S FIVE STAGES of ROLE-TAKING\***

STAGE	AGE	DEVELOPMENT
0	4-6	Child thinks that his or her own point of view is the only one possible.
1	6-8	Child realizes that others may interpret a situation in a way different from his or own.
2	8-10	Child has reciprocal awareness, realizing that others have a different point of view and that others are aware that he or she has a particular point of view. Child understands the importance of letting others know that their requests have not been ignored or forgotten.
3	10-12	Child can imagine a third person's perspective, taking into account several different points of view.
4	Adolescence	Person realizes that communication and mutual role-taking do not always resolve disputes over rival values.

\*A Child's World, Infancy Through Adolescence, Papalia and Olds, McGraw-Hill, Inc. New York, 1993.

**ERIK ERIKSON'S EIGHT AGES of MAN**  
**from "Childhood and Society"**

AGE	CONFLICT	VIRTUE
12-18 mo	basic trust vs. mistrust	hope
18mo-3 yrs	autonomy vs. shame	will
3-6 yrs	initiative vs. guilt	purpose
6-puberty	industry vs. inferiority	skill
puberty- young adulthood	identity vs. role confusion	fidelity
young adulthood	intimacy vs. isolation	love
middle adulthood	generativity vs. stagnation	care
old age	integrity vs. despair	wisdom



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## **KOHLBERG'S SIX STAGES OF MORAL REASONING (THREE LEVELS)**

**Level I: Preconventional (ages 4-10)** - Emphasis in this level is on external control. The standards are those of others, and they are observed either to avoid punishment or to reap rewards.

Stage 1: Orientation toward punishment and obedience. "What will happen to me?" Children obey the rules of others to avoid punishment. They ignore the motives of an act and focus on its physical form or its consequences.

Stage 2: Instrumental purpose and exchange. "You scratch my back, I'll scratch yours." Children conform to rules out of self-interest and consideration for what others can do for them in return. They look at an act in terms of the human needs it meets and differentiate this value from the act's physical form and consequences.

**Level II: Morality of conventional role conformity ages 10-13** - Children now want to please other people. They still observe the standards of others, but they have internalized these standards to some extent. Now they want to be considered "good" by those persons whose opinions are important to them. They are now able to take the roles of authority figures well enough to decide whether an action is good by their standards.

Stage 3: Maintaining mutual relations, approval of other, the golden rule.

"Am I a good boy or girl?": Children want to please and help others, can judge the intentions of others, and develop their own ideas of what a good person is. They evaluate an act according to the motive it or the person performing it, and the take circumstances into account.

Stage 4: Social system and conscience. "What if everybody did it?" People are concerned with doing their duty, showing respect for higher authority, and maintaining the social order. They consider an act always wrong, regardless of motive or circumstances, if it violates a rule and harms others.

**Level III: Morality of autonomous moral principles (age 13, or not until young adulthood, or never)** - This level marks the attainment of true morality. For the first time, the person acknowledges the possibility of conflict between two socially accepted standards and tries to decide between them. The control of conduct is now internal, both in the standards observed and in the reasoning about right and wrong. Stages 5 and 6 may be alternative methods of the highest level of moral reasoning.

Stage 5: Morality of contract, of individual rights, and of democratically accepted law. People think in rational terms, valuing the will of the majority and the welfare of society. They generally see these values best supported by adherence to the law. While they recognize that there are times when human need and the law conflict, they believe that it is better for society in the long run if they obey the law.

Stage 6: Morality of universal ethical principles. People do what they as individual think right, regardless of legal restrictions or the opinions of others. They act in accordance with internalized standards, knowing that they would condemn themselves if they did not.





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## **ADOLESCENT EGOCENTRISM**

### **FINDING FAULT WITH AUTHORITY FIGURES**

realization that adults fall short of the ideal world they can now imagine, and needing to say so.

**RECOMMENDED:** not take criticism personally, acknowledge truth.

### **ARGUMENTATIVENESS**

new ability to see nuances in any any issue and argue it. **RECOMMENDED:** encourage and take part in principles, while avoiding discussing personality.

### **SELF-CONSCIOUSNESS**

imaginary audience extreme self-consciousness in dealing with identity struggle of age; have trouble distinguishing what is interesting to themselves (themselves!) and what is to others.

**RECOMMENDED:** reality check & support self-esteem.

### **SELF-CENTEREDNESS**

personal fable, the conviction that we are special, our experience unique, and we're not subject to the same rules; immortality; **RECOMMENDED:** support specialness while noting that individual is still subject to same rules.

### **INDECISIVENESS**

suddenly aware of so many choices; perceived finality of decisions. **RECOMMENDED:** remind that they have choice after making choice & of resiliency & power.

### **APPARENT HYPOCRISY**

ideal and action not seen as different: **RECOMMENDED:** link ideal and action.