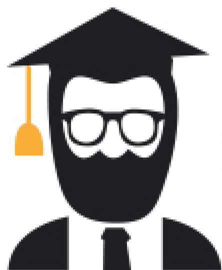

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Table 5.1 Developmental Principles, Typical Examples, and Relation to Risk Conditions

Principles	Typical Examples	Risk Conditions
1. Human beings are active in the process of their own development.	Infants actively seek stimulation by visual search and by grasping or moving toward novel phenomena.	Children who are at risk actively select and attend to environmental stimuli and attempt to act on these stimuli; if disabilities hamper self-efficacy, adaptive devices and social stimulation must be enablers of action.
2. Development change can occur at any point in the life span.	Adolescent parents and middle adult parents experience developmental change when they have a child.	Those at risk may not reach some developmental milestones until they are older, but they will continue to make progress; education continues to make a difference throughout the life span.
3. The process is not a smooth, additive one; it involves transitions and cycles, which include chaotic and disorganized as well as integrated and coordinated periods.	In the "terrible twos" the child strives for autonomy while still being dependent and so behavior fluctuates between seeking nurturing and gaining control of self and others.	Those at risk also experience setbacks, plateaux, disorganized periods, and new beginnings; these cycles may not be evidence of pathology but of developmental transition periods similar to those of typical children.
4. Biological maturation and hereditary factors provide the parameters within which development occurs.	A child's physique (e.g., wiry or solidly built) may affect timing of walking.	Biological and hereditary factors affect the levels of progress and the end points of development in areas of risk.
5. Environments can limit or expand developmental possibilities.	A child with poor nutrition or who is confined to a crib may walk later than is typical.	Certain types of delay (e.g., language, social) are very much influenced by home, school, and community environments.
6. There are both continuity and discontinuity (i.e., gradual, stable growth, and abrupt changes) in development.	The temperament of a child (e.g., slow-to-warm-up) may be evident throughout life; thinking patterns will differ qualitatively from infancy to adolescence.	Continuity of development may be less easily recognized and discontinuities may be more noticeable or attributed to nondevelopmental causes in those at risk.
7. Many developmental patterns and processes are universal (i.e., they follow similar time intervals, durations, and sequences of change in most individuals, no matter what their cultural group).	Children in all cultures use a type of "baby" grammar when they first learn to talk.	Children at risk will also show these patterns, although they may be distorted or delayed due to disabilities.
8. There are unique individual biological characteristics as well as culturally and environmentally contingent qualities that influence timing, duration, sequence, and specificity of developmental change.	Most girls talk earlier than boys, but in cultures where mothers talk more to boys, they talk early; girls in some cultures are permitted to be active and in those cultures they show higher activity levels.	Children at risk are more likely to have unique characteristics and experiences that influence how universals of development are manifested.
9. Developmental changes may be positive or negative, as they are affected by health and other factors.	A chronic illness may affect a child's progress and cause some regression to "baby" behavior.	Children with severe or progressive syndromes may show deteriorating development; a balance between maintenance of positive developmental signs and control of negative indicators may be required.
10. Developmental change intervals tend to be of shorter time spans for younger than older individuals.	Infants' motor skills are very different at 6 months and at 1 year, but there is not much change in motor skills between ages 15 and 17.	Time intervals of change are often long with children with disabilities, but developmental progress will usually occur more quickly at younger rather than older ages, making early intervention important.

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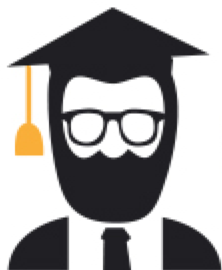

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