

Jessica:

A Child Development Case Study

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Abstract

Jessica is a twenty year old female from Berne, Indiana, who is currently attending Manchester College to pursue a degree in elementary education. This comprehensive case study focuses on the different aspects of Jessica's development, including physical, cognitive, and emotional development from before birth to present day, and how these different parts of child development work together to form a person. This case study also discusses Jessica's home life and the situations that helped form her into the distinctive person she is today. Even though Jessica has faced many different challenges and unique situation in her lifetime, this case study has determined that Jessica's development in all areas was relatively normal when compared with research. The reflection at the end of the case study discusses the experience that Jessica had while writing about her own development.

Part 1-Introduction

Jessica is currently a twenty year old female pursuing a degree in elementary education at Manchester College. During her infancy and childhood, Jessica lived about six miles from the small town of Berne, Indiana on the family farm with her parents, older brother William, younger sister Becca, countless cats, and one dog. Jessica also grew up within a reasonable distance of extended family, giving her the opportunity to interact with both sets of grandparents and cousins around her age. Her father worked at the Stone Quarry next door as a truck driver, and her mother worked as an accountant for an automotive factory now known as Camryn Industries. Since both of her parents worked, Jessica and her siblings went to a home-based daycare during the summer. During the school year, Jessica and her siblings stayed with her grandparents after school.

When Jessica was in the seventh grade, Jessica and her family moved to a brand new home on the outskirts of Berne, taking only one cat with them. Another life-changing event occurred for Jessica's family when they agreed to raise Jessica's second cousin, Brayden when she was a freshman in high school.

Growing up, Jessica loved to play outside with her siblings and animals. She also enjoyed reading, singing, acting, playing board games and puzzles, and spending time with her family and friends. Her favorite foods include pepperoni and cheese pizza, chicken, tacos, and oreo cookies. The majority of the food Jessica eats is plain. There was very little that Jessica did not like doing, eating, or playing while growing up. As a child, Jessica did not like anyone to mess with her hair and did not like to do chores. Her least favorite food is pickles. Many aspects of Jessica's development were perfectly normal, while some other aspects of her development were not normal at all.

Part 2-Physical Development

Jessica's mother had a relatively normal pregnancy with Jessica. Jessica's mother, Rhonda, stated that she had no morning sickness, and weight gain during the pregnancy was between 25-30 pounds (personal communication, February 17, 2010). Jessica's mother began to feel movement around the fifth month, which McDevitt and Ormrod (2010) state is the period in which the mother can usually begin to feel movement (p. 124). Jessica was born at 38 weeks gestational age. She weighed 5 pounds, 14 ounces, and was 18 ½ inches long at birth.

During infancy and toddlerhood, Jessica was a very active and determined child. Jessica was breastfed, allowing her to get the best nutrients possible during infancy. At nine months of age, Jessica was diagnosed with congenital glaucoma in her left eye. Doctors surgically placed a tube in Jessica's eye to help relieve the pressure. This left Jessica legally blind in her left eye. Jessica also walked at nine months, and had twelve teeth when she turned one year old. At one year, Jessica weighed about 18 pounds, and was 32 inches tall. At two years of age, Jessica weighed around 22 pounds and was 28 inches tall.

During early childhood, Jessica continued to grow and develop gross and fine motor skills. McDevitt et al. (2010) states that "physical movement is a hallmark of early childhood, and dramatic changes occur in both gross motor skills and fine motor skills" (p.159). By the time Jessica started kindergarten at age 5, she could, run, skip, hop, and climb with ease. Jessica also continued to improve with dressing herself, holding a pencil, and cutting with scissors. Jessica also discovered that she was right handed. Her height and weight continued to increase at a steady rate. At five years of age, Jessica weighed 33 pounds and was 39 inches tall. Jessica continued to grow and be active during middle childhood. For a few summers, Jessica participated in funball, a softball league for young girls. At age nine, Jessica got braces to help

straighten her teeth. Jessica also fractured her right wrist in the fifth grade, requiring her to wear a cast for about a month. At 10 years of age, Jessica weighed 55 pounds and was 46 inches in length. Jessica was diagnosed with Turner Syndrome at age 10, a chromosome disorder which causes short stature, very little or no reproductive maturation, and a variety of other possible health issues. The National Institute of Health (2007) states that Turner Syndrome presents a “challenging array of genetic, developmental, endocrine, cardiovascular, psychosocial, and reproductive issues” (Bondy, Care of Girls with TS). As a result of this diagnosis, Jessica was placed on growth hormone shots until she stopped growing.

Early adolescence was a challenging time for Jessica in several different ways. The growth hormone helped Jessica grow rapidly, and as a result, the difference in size between her and her peers began to shrink. At age 15, she weighed 90 pounds, and was 57 inches tall. Around age 14, Jessica was placed on hormone replacement therapy to help start puberty, a result of Turner Syndrome. Jessica was also diagnosed as a type 1 diabetic when she was in the 8th grade, forcing her to make healthier food choices and take control of her health.

Jessica continued to grow and mature until she was about 17 years old. She was taken off of the growth hormone shots, and has completed growing at 59 ½ inches, and weighs 140 pounds. To help keep in shape, Jessica joined the swim team her sophomore year in high school, and remained on the team through her senior year. Jessica still remains on hormone replacement therapy for regular menstrual cycles, and was recently put on a beta blocker for slight hypertension. She also had several more eye surgeries to help relieve increasing pressure in her eye, but none were successful, and Jessica was placed on eye drops to help control the pressure. Despite all of her physical challenges she has faced throughout her life, Jessica continues to try to lead a healthy lifestyle.

Part 3-Cognitive Development

The pregnancy Jessica's mother had with her was normal with minimal complications. Jessica's mother also did not engage in any risky behaviors, such as smoking or drinking, during her pregnancy, so it can be assumed that Jessica's brain developed normally while in the womb, including the formation of the hindbrain, forebrain, and midbrain. Millions of neurons that will eventually aid in development and learning also formed normally during prenatal development (McDevitt et al., 2010, p.152).

During infancy, Jessica hit all of the developmental milestones regarding speech development. The first word she said was dad around 10 months of age, and by the time Jessica was 2, her vocabulary continued to increase in both receptive and expressive language. McDevitt et al. (2010) state that "on average, children begin using a few recognizable words sometime around their first birthday, and they are putting these words together before their second birthday" (p.321).

Jessica's cognitive development also was relatively normal during early childhood. Her speech and grammar continued to improve dramatically. At age 4, Jessica attended preschool to help get her ready for school. While at preschool, Jessica began to learn formally about letters and numbers, colors, shapes, and many other important things. Jessica also learned how to spell her name. In kindergarten, Jessica taught herself how to read through engaging picture books provided by her teacher and read-alouds. She continued to improve her reading skills throughout kindergarten, and developed a vast interest in books. Research has suggested that Jessica's interest in books might have been a result of engaging and meaningful study of books at a young age. According to a study conducted by Laura Fingeret, "the research on effective schools

demonstrates that successful teachers choose content-rich texts for classroom read-alouds as well as for students' independent reading" (Fingeret, 2008, p. 96.).

During middle childhood, Jessica continued to make several gains cognitively. She continued to read on her own on a regular basis, and scored high marks on her Accelerated Reading tests. She especially enjoyed reading the Boxcar Children series. She also consistently made the honor roll. Even though Jessica was doing well in school, she struggled slightly with math because she would not check her work and would make careless errors. Jessica also discovered her interest in singing during this time. She would often sing at church, and joined the school choir in fourth grade. She even made the All-State Honor Choir in fourth and sixth grade. Jessica also joined the school band and learned how to play the flute in the fifth grade because of her developing interest in music. In addition to participating in the school music programs, she also joined the Adams County Children's Choir and a performing arts school called Pizzazz. According to a study conducted by Glenn Schellenberg, "Music listening and music lessons can lead to short-term and long-term cognitive benefits" (Schellenberg, 2005, p.320).

Jessica continued to excel in the area of music during early adolescence. She continued to excel in choir, making the All-State choir again in the seventh and eighth grade. Since school was consuming more of her time, Jessica decided to quit playing the flute in the 7th grade. Jessica also continued to make the honor roll and do well in school. Her struggle with math continued to improve, and her writing skills became stronger. In her free time, Jessica loved to play board games, put puzzles together, and solve brain teasers.

During late adolescence, Jessica continued to develop normally regarding her cognitive development. During high school, she took several advanced classes, including AP English and

Calculus. She also took an internship course with the school librarian and had two cadet teaching placements, which ultimately helped her decide to major in elementary education in college. She continued to receive excellent grades, and made the honor roll every year. She was also selected to join the National Honor Society her junior year. As Jessica got older, she gradually began to become less involved in musical activities. She graduated 13th in her class with an Academic Honors Diploma.

In college, Jessica continues to do well academically, and has fallen just short of making the Dean's list every semester. She still enjoys leisure reading, especially mystery novels. She also enjoys puzzles and playing mind games. She continues to strive to get the best grades possible in all of her classes. Jessica works hard on all of her assignment to ensure that she gets the most out of her last formal educational experience.

Part 4-Emotional Development

Jessica began to develop relationships with others before she was even born. Research has suggested that a fetus can feel, hear, and even react to their mother's emotional state. Karin Bilich states that "the fetus can listen, learn, and remember at some level, and, as with most babies and children, they like the comfort and reassurance of the familiar" (Bilich, 2002). This study shows that development in the womb is vital to the physical, cognitive, and emotional development of a child.

During infancy, Jessica began to form close attachments to her primary caregivers, especially her mother. The attachment bond theory developed by psychiatrist John Bowlby and psychologist Mary Ainsworth, states that "the mother-child bond is the primary force in infant development" (Segal & Jaffe, 2007). Jessica also suffered from stranger anxiety when she was around one, and gradually began to form relationships with others besides her family.

During early childhood, Jessica continued to form several relationships, both with her family and her peers. She enjoyed playing with her siblings and her peers at the babysitter's. Jessica is the middle child, and many people believe that birth order can have some affect on a child's development. Natalie Lorenzi suggests that the middle children "are agreeable, diplomatic, and compromising, and they handle disappointment well. They have realistic expectations, are the least likely to be spoiled, and they tend to be the most independent" (Lorenzi, 2007). This statement is very true of Jessica. During early childhood, Jessica became very independent, and enjoyed trying new things.

Middle childhood was a very happy time for Jessica. She did very well in school, and had many friends. Jessica also learned that she was very good at reading and singing, while she was not very good at art or sports. McDevitt et. al. states that "elementary school children are usually aware that they do some things well and other things poorly"(p.450). Knowing these limitations helped Jessica make realistic expectations for herself regarding school performance and social activities.

During early adolescence, Jessica became slightly depressed. Jessica became very upset about her short stature and being diagnosed with several medical conditions, but gradually learned to accept them. Jessica was also very shy in high school, causing her to have very few friends. The Child Development Institute states that "School-age children who rate themselves as shy tend to like themselves less and consider themselves less friendly and more passive than their non-shy peers." (Hyson, M & Trieste, K, 2010). Jessica continued to remain close to both her immediate and extended family during this time.

Jessica continued to be attached to her family during late adolescence, but gradually began to become more independent. During high school, Jessica made a few close friends who

helped her become more social. She attended many social events with her friends, including football games, basketball games, prom, and various other social activities. Joining clubs such as the swim team and National Honor Society, also helped her become more social. Her family life also changed considerably with the addition of a little adoptive brother named Brayden her freshman year. Jessica was very excited to have a new little brother, but was sometimes upset when she had to stay home and help take care for him.

While in college, Jessica continues to be a bit reserved, but has become more social. She continues to make many new friends around campus. Through her interactions with new people at college, Jessica quickly understood that everyone is different. She also understood that experiences and environment can also play a very important role in how you act and what you believe. McDevitt et al. states that older adolescents “are more attuned to the complex dynamics- not only thoughts, feelings, and present circumstances, but also past experiences-that influence behavior” (p.468) She also has taken several leadership positions, which has helped her become more open and social. She has gained more independence, but still remains in close contact with her immediate family.

Part 5-Reflection

When I first started writing this case study over myself, I had no idea of what to expect, or what I would discover about myself. I felt awkward talking about myself in third person, but I gradually learned to ignore that fact after writing the first couple of sections. I also thought it would be simple to write about myself, but I found that it was challenging and complicated to talk about my development on several different occasions. I often had trouble finding the words to describe my experiences.

I learned several things about myself while completing this case study. I learned that my cognitive development was normal, and that I experience all of the different stages according to Piaget's theory. My physical development was filled with several challenges, but I still followed the normal developmental trends that every human being experiences while they are growing. I also saw happy and sad periods in my emotional development, but after researching more, I found out that my emotional high and lows were also very normal for the age in which I experienced them.

While writing this case study, I struggled with different parts, especially the prenatal, infancy, and early childhood sections because I had to rely mostly on my parents and research to complete those sections. There were also several period where I didn't know what to write about, or I didn't know how to explain everything I wanted to say. Even though it took me awhile to write some of the sections of my case study, I managed to find several relevant topics to discuss, and effectively complete my case study.

Writing this case study has helped me relate to the content we have learned in class. Learning about emotional attachment and mother child bonds helped me understand why I was so close to my mother when I was younger, and continue to be close to her today. Learning about physical development helped me realize that I walked at an early age. Learning and writing about my experiences has also helped me understand why children I observe everyday do what they do.

Writing this case study was a very valuable and rewarding experience. I enjoyed talking to my parents about my development, and discovering the many things that shape who I am today. I also learned first-hand how children can be so different because of their background and home life. I now realize that my experiences as a child has helped shape me into the person I am

today. I am very thankful for this experience because not only has it helped enhance the study of child development, it also helped me learn more about myself.

Bibliography

- Bilich, K. A. (n.d.). Baby's Alertness in the Womb. Retrieved from
<http://www.parents.com/pregnancy/stages/fetal-development/baby-alertness-in-the-womb/?page=3>
- Bondy, C. A. (n.d.). Care of Girls and Women with Turner Syndrome. *The Journal of Clinical Endocrinology & Metabolism*.
- Fingeret, L. (2008). "March of the Penguins": Building Knowledge in a Kindergarten Classroom. *Reading Teacher*, 62(2), 96-103. Retrieved from ERIC database.
- Hyson, M. C., & Van Trieste, K. (n.d.). The Shy Child. Retrieved from
http://www.childdevelopmentinfo.com/disorders/shy_child.shtml
- Lorenzi, N. (n.d.). How Birth Order Shapes Personality. Retrieved from
<http://www.parents.com/baby/development/sibling-issues/how-birth-order-shapes-personality/?page=3>
- McDevitt, T. M., & Ormrod, J. E. (2010). *Child Development and Education* (4th ed.). Upper Saddle River, New Jersey: Pearson.
- R. Grandlinard, Personal Communication, February 17, 2010
- Schellenberg, E. (2005). Music and cognitive abilities. *Current Directions in Psychological Science*, 14(6), 317-320. doi:10.1111/j.0963-7214.2005.00389.x.
- Segal, J., & Jaffe, J. (n.d.). Attachment and Adult Relationships. Retrieved from
http://www.helpguide.org/mental/eqa_attachment_bond.htm