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Developmental and Behavioural Psychology



Childhood



Adolescence



Adulthood



Ageing



HUMAN DEVELOPMENT • A LIFE-COURSE VIEW

Development spans prenatal life, infancy, childhood, adolescence, adulthood, and older adulthood. These phases overlap; age boundaries are approximate. Biological, cognitive, emotional, and social development interact, and each person's pattern is individual.

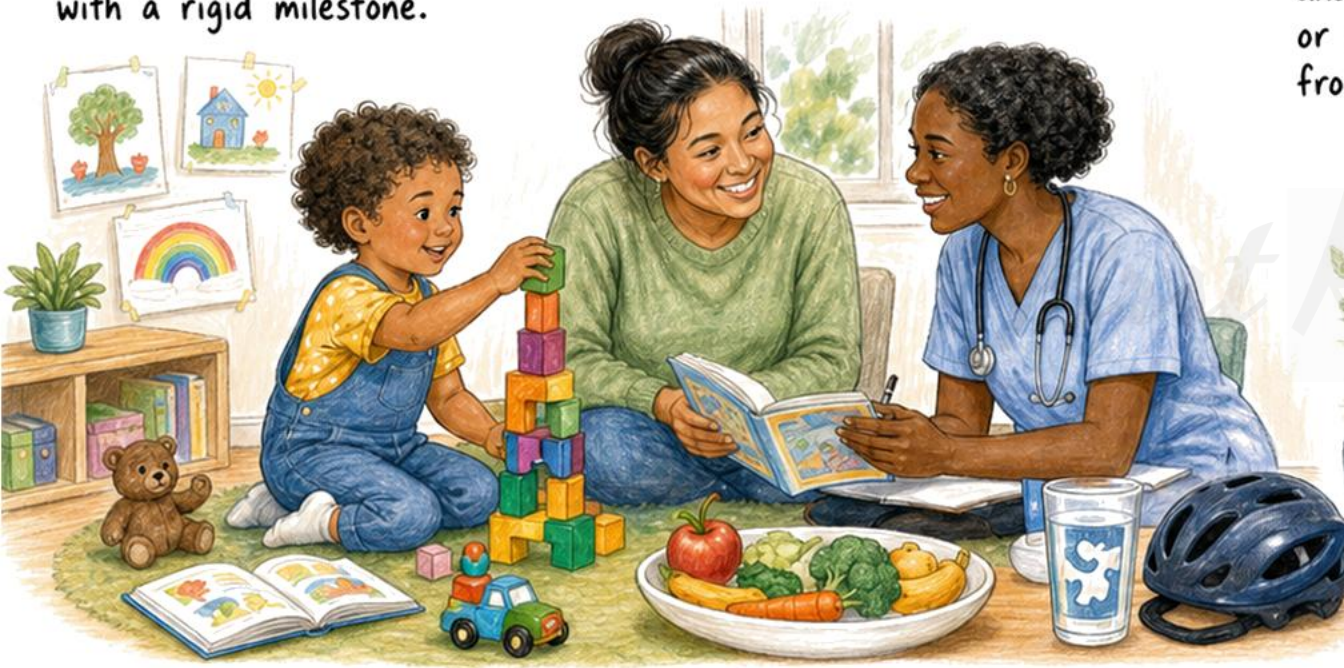


- **PRENATAL** • Growth is shaped by genetics, health, environment, healthcare, safety, and resources. Support recommended antenatal care, nutrition, infection prevention, and review of medicines or exposures. Address mental health without blaming the pregnant person for outcomes.

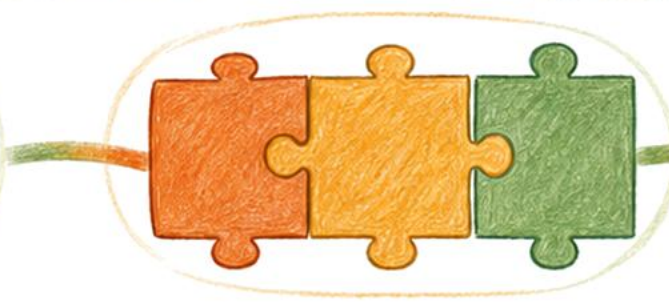
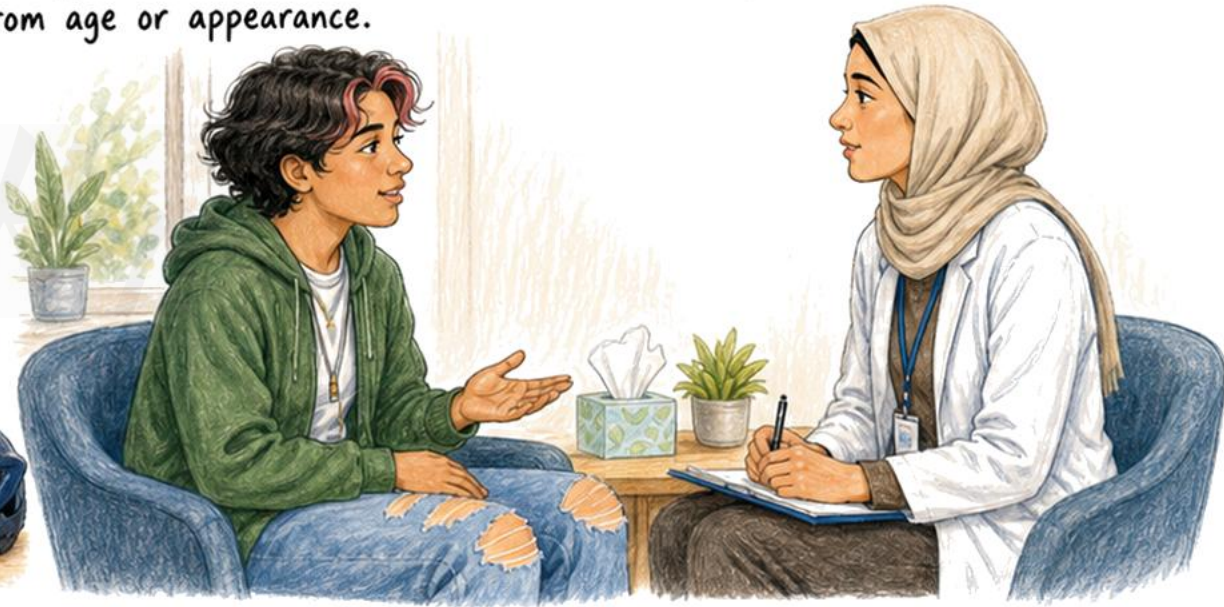
- **INFANCY** • Rapid growth includes movement, communication, attachment, and learning. Offer responsive care, safe sleep and injury prevention, infant feeding support based on informed choice and clinical need, immunization under current guidance, and growth monitoring. Observe concerns, explain options accessibly, obtain consent, and refer within role.

CHILDHOOD TO ADOLESCENCE • MATCH CARE TO DEVELOPMENT

CHILDHOOD • Movement, language, thinking, play, emotional regulation, and peer relationships develop at different rates. Promote nutrition, oral health, immunization under current guidance, injury prevention, sleep, and accessible learning. Listen to the child, involve caregivers appropriately, and assess concerns rather than comparing one child with a rigid milestone.



ADOLESCENCE • Puberty, abstract thinking, identity, relationships, and increasing autonomy can bring new health needs. Use respectful, non-judgmental language and accessible information. Where lawful, offer private conversation and explain confidentiality plus its safety or reporting limits. Apply consent, assent, capacity, safeguarding, and local-law requirements. Ask which family, cultural, disability, gender, or support factors matter; never infer maturity, risk, or beliefs from age or appearance.

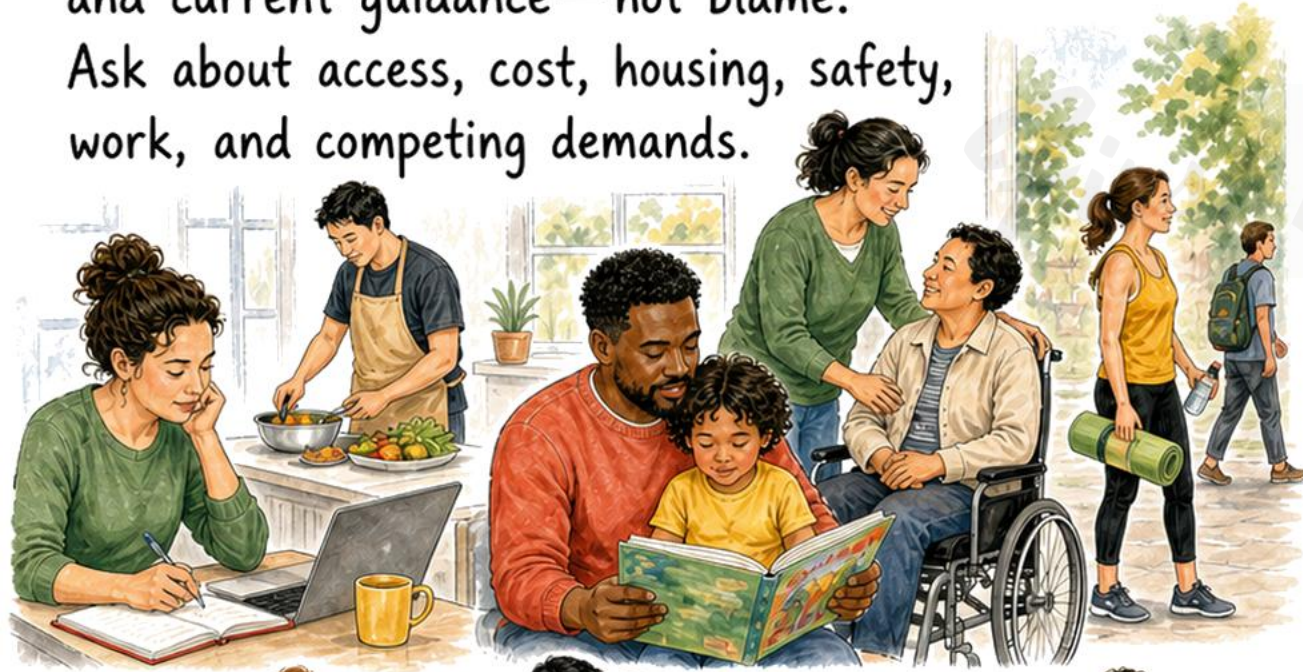


ADULTHOOD AND OLDER ADULTHOOD • PERSON-CENTRED CARE

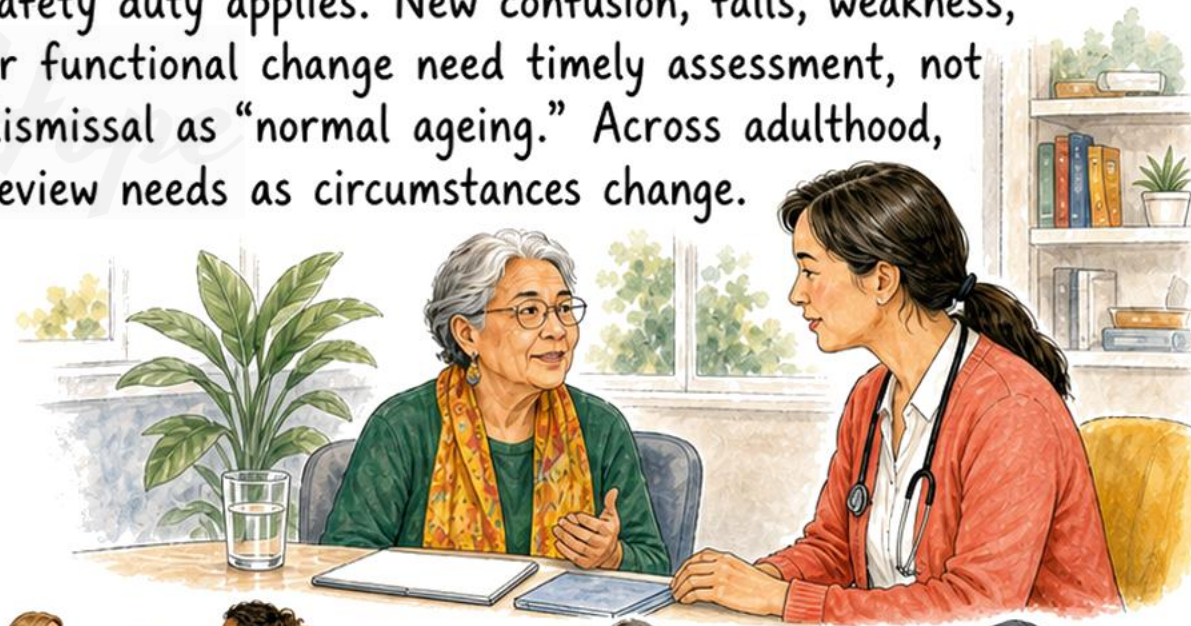
ADULTHOOD • Health needs change with relationships, work, caregiving, reproduction, disability, and long-term conditions.

Base prevention, screening, and medicines review on age, history, risk, preference, and current guidance—not blame.

Ask about access, cost, housing, safety, work, and competing demands.



OLDER ADULTHOOD • Older people are highly diverse; ageing does not equal illness, dependence, or impaired capacity. Assess goals, function, mobility, pain, senses, cognition, nutrition, medicines, social connection, and environment individually. Adapt communication and support autonomy. Involve family or other supporters with permission, unless a lawful safety duty applies. New confusion, falls, weakness, or functional change need timely assessment, not dismissal as “normal ageing.” Across adulthood, review needs as circumstances change.

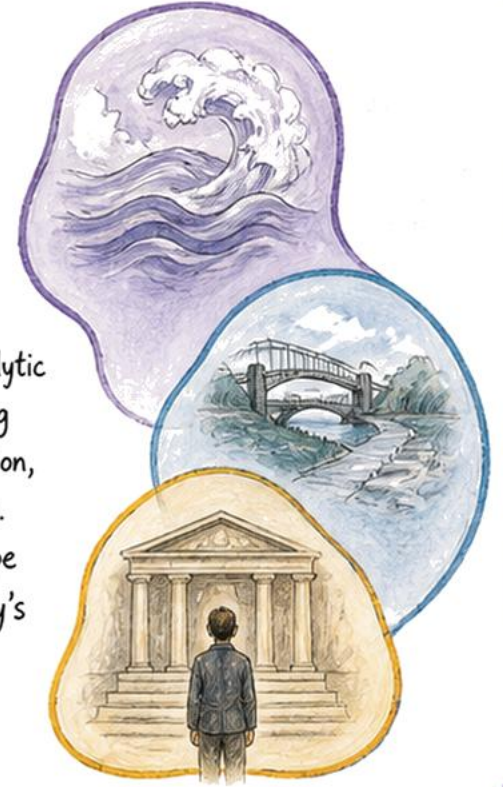


PERSONALITY • PATTERNS, CONTEXT, AND A HISTORICAL MODEL

Personality describes relatively enduring patterns of thinking, feeling, and behaving. Biology, development, relationships, culture, learning, and situation all contribute. Patterns can change, and a brief healthcare encounter cannot reveal a complete personality.



FREUD'S MODEL • Historically, psychoanalytic theory described the id as pleasure-seeking impulses, the ego as reality-oriented mediation, and the superego as internalized standards. Conflict among them was proposed to shape behaviour. This model influenced psychology's history but is not a validated diagnostic framework or a basis for predicting care decisions.



PRACTICE SAFEGUARD • Do not infer personality, capacity, risk, or adherence from appearance or one interaction. Describe observed behaviour, ask about needs, and leave formal assessment to appropriately trained professionals.



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