Innovations in Health Sciences

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Edited by

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Cambridge Scholars Publishing

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This book first published 2020

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-5524-0
ISBN (13): 978-1-5275-5524-2

CONTENTS

PREFACE

The book is organized into six sections and 46 chapters. A brief description of each of the sections follows:

Section One has five chapters, and it identifies and discusses child development issues, including the effect of divorce on children, social support levels, and Down's syndrome, adaptive behaviours in early childhood, the social media use of adolescents, and game-based education programs in early childhood.

Section Two presents an analysis of nutrition and dietetics, including asthma and the relationship between obesity, cardiovascular diseases, obesity, and nutrition, in post-menopausal women, fatty acids and insulin resistance, the effects of pumpkin seed and cucurbitacin, the importance of hydration, the role of dietary components on gut microbiota, childhood obesity and microbiota, Type 2 diabetes mellitus and microbiome, beta-hydroxy beta-methylbutyrate (hmb) products' use in sarcopenia and cachexia patients.

Section Three has 11 chapters on nursing, including: The importance of patient education in the management of inflammatory bowel diseases; occupational risks in the healthcare sector; occupational health and safety equipment for hospitals; usage of 3-dimensional printers in nursing education; communication skills exercises for nursing practitioners and students; role losses in older women; the role of nurses in chronic disease management in geriatric patients; conflict management; developing a curriculum for nursing for non-English speaking students; aging of the community and the role of health care services; burnout syndrome in nursing; falls in the elderly and protective measures; and development and management of inflammatory bowel diseases in children.

Section Four has one chapter discussing maternal postpartum depression and breastfeeding.

Section Five discusses the importance of microbiota, and the effects of air pollution on human health and patient rights.

Section Six examines some issues and concerns in health management. This section has 16 chapters, including: organizational trust in healthcare; the evaluation of health managers' performance in the hospitals in Turkey; health conditions and multiple drug use; artificial intelligence in healthcare; literacy in health; logistics and supply chain management in healthcare

institutions; internet use in nursing services; community-based rehabilitation in cerebral palsy; resistance management in the development of health organizations; medical committees in hospitals; administrative committees in hospitals; and digital marketing in the health sector.

Contributions in each chapter are prepared by experts in the respective fields, and mirror the advances in the approach. This book contains important future tasks within the particular fields, and supplies extensive bibliographies at the end of each chapter, as well as tables and figures that illustrate the research findings. All these make this book highly useful and a 'must read' for students, researchers, and professionals in health sciences.

We would like to express our gratitude to all contributors for bearing with us as the volume has taken time to come to fruition.

We particularly wish to express our thanks to the team at Cambridge Scholars Publishing for preparing the book for publication.

The Editors

SECTION ONE:

CHILD DEVELOPMENT

CHAPTER 1

ADAPTIVE BEHAVIOURS IN EARLY CHILDHOOD

SİBEL ATLI AND GÜLEN BARAN

Introduction

Development is a dynamic process, changing qualitatively and quantitatively, starting from fertilization until death. Development is not merely the gaining of more knowledge and skills, but it is the process of someone changing into a new person. Completion of childhood skills and the acquisition of new, more complex, skills do not occur in a random order (Howard, Williams, Lepper 2011, Trawick Swith 2013). Researchers examine development by dividing it into periods. Each of these periods is qualitatively different from the others, and occurs in a specific age range (Özyurt 2012, Trawick Swith 2013). The physical, motor, cognitive, socio-emotional and linguistic development of the child enables the dependency of these successive periods in this developmentally organized process (Howard, Williams, Lepper 2011). Early childhood, in development, is the stage where basic knowledge and skills are acquired and personality is established. It is acknowledged as the most critical period, due to its effects on the following periods (Arı 2003). Adaptive behaviours, on the other hand, represent the social responsibility and independent performance of an individual in daily activities (Wolf et al. 1964). It can be defined as the total of all conceptual, social, and practical skills which people learn and implement in their daily lives (Schalock et al. 2010). Leland (1983) suggested that adaptive behaviours have a wide scope, covering motor, cognitive, linguistic, social development, and self-sufficiency skills; similarly, Keith et al. (1987) state that adaptive behaviours include self-sufficiency skills, realizing domestic activities, and interpersonal relations.

Adaptive behaviours, formed through the interaction between the organism and its environment, are very significant for successful growth

and development. The development of adaptive behaviours occurs by an individual changing himself to meet the demands of his environment, and developing strategies to adapt to it. Thus, adaptive behaviours are affected by the general development, biological needs, socialization, communication and motor skills, learning processes, and the personal characteristics and experiences of an individual. In this regard, the care for the baby/child, developmental support programs, the environment the child lives in, and parents'/educators' attitudes have a major impact on the development of adaptive behaviours (Bornstein and Hahn 2007, Lazarus 1999).

Sensory-motor skills, communication, self-management, self-care, and socialization are the primary adaptive behaviour skills from birth to the age of six (Paul 2007, Peterson 1987). Sensory-motor skills during babyhood include learning, collecting things, responding to the environment, and trying to walk. The communication skills of a baby consist of his/her first words, sounds, understanding what is said, and saying what he/she needs. Self-care skills include eating without help, dressing skills, and toilet control (GEDEP 2013). Relevant studies showed that there is a relationship between children's adaptive behaviours and cognitive development (Atli and Baran 2018a).

In evaluating a child's adaptive behaviours, it is important to consider how he/she deals with the problems, how needs are met, and how he/she adapts to daily life (Bornstein and Hahn 2007). The evaluation of adaptive behaviours by people with whom the individual lives, works, and interacts, indicates that adaptive behaviours are defined by other people's standards and expectations (Sparrow et al. 1984).

Dimensions Regarding Adaptive Behaviour Skills

According to the 2002 American Association on Intellectual and Development Disabilities (AAIDD), adaptive behaviours can be examined using three general dimensions. These dimensions are practical, conceptual, and social (Luckasson et al. 2002). The practical dimension represents the individual's personal independence, and includes the practical skills needed for daily life. Generally, it involves personal care, professional skills, money use, safety, health services, travel/ transportation, daily schedules, routines, and telephone use. In the conceptual dimension, a person's cognitive and academic skills are observed, including communication. Hence, this covers linguistic abilities, literacy, recognizing money, understanding and using concepts of time and numbers. As for the social skills dimension, this consists of an individual's awareness of personal responsibilities from a social aspect, and other

people's social expectations. Behavioural expectations encompass self-respect, tolerability, and naivety, obeying rules, avoiding victimization, and solving social problems (Luckasson et al. 2002 and Schalock et al. 2010).

The findings of longitudinal studies of the National Mental Deficiency Determination Committee (NRC) on adaptive behaviours are put forward using a four-factor structure: (a) practical skills, (b) conceptual skills, (c) social skills and (d) motor skills (Widman and McGrew 1996, Schalock 1999, Thompson et al. 1999, Tassé et al. 2012, Arias et al. 2012).

Table. 1. Dimensions Regarding Adaptive Behaviour Skills

	Practical Skills	**Conceptual Skills**	**Social Skills**	**Motor Skills**	**Work Skills**
AAIDD	Independence	Cognitive/ academic	Personal responsibility		
	Survival skills	Communication	Meeting social expectations		
NRC (0-4 years)	Survival Skills	Communication	Social	Motor/ movement	
	Self-care skills				
NRC (5-17 years)	Survival Skills	Communication	Social	Motor/ movement	
NRC (18 +)		Functional academic Communication Cognitive/practical	Social	Motor/ movement	Work Skills

(Luckasson et al. 2002, Reschly et al. 2002)

The adaptive behaviours in early childhood are made from four dimensions, which can be listed as motor, conceptual (communication, self-sufficiency and pre-school functions), social (play activities and social life skills), and practical (behaviours in the community, domestic life, health and security, self-care skills) (Harrison and Oakland 2015, Reschly et al. 2002).

Motor Skills

Motor development in early childhood represents changes in behaviours relevant to the movements that start before birth, and continue throughout life (MoE 2013). According to motor development principles, body parts gain movement ability in a specific order. The order of development starts

with the head, continues downwards, and ends at the toes. For example, a baby is expected to stretch his arm forward by strengthening his shoulders before grasping a small object, using his head and fingertips (GEDEP 2013). During the first year, babies are expected to develop their reaching and grasping abilities. The amateur grasp is replaced by the pinching grasp at the end of the first year (Berk 2013). All children learn to stand up after sitting up, to walk after standing up, and to run after walking. However, significant changes can be observed in pre-school children's primal skills acquisition rates. These differences originate from the impact of environmental factors on motor skills (Özer and Özer 2014, Ozmun and Gallahue 2016).

A 0-3 month-old baby is expected to fist his hands, react to loud noises, follow an object at 90 degrees with his eyes and head, make pushing movements with his arms and legs, firmly grasp a finger on his palm, and lift his head two fingers up from the floor when laid face down. A 3-4 month-old baby can move his head and shoulders up from the floor and resist when faced down by forcing his wrists. He can hold an object for a short time, can turn his head toward sounds; can reach for toys when laid down, and take objects to his mouth. Between 4-7 months, babies can lift their heads when laid face upwards, can sit for a long period with support, can reach and grasp objects with one hand, can hold an object in each hand and switch them between hands. At 7-8 months, they can hit objects on tables, stand up with support from their hands, use their arms to reach toward people, and begin to crawl. During the 8-12 month period, they can change places by crawling, can sit without support, can move to a sitting position, can stand up without help or with clinging or support, make walking movements, and drink from a cup with help (Gizir 2017, MoE 2013). In the 12-24 month period, they can walk independently and fall down easily, can use a spoon, collect small objects by using their heads and index fingers, form a tower with four cubes, flip the pages of a book, and take off their clothes. In the 24-36 month period, a baby can climb the stairs on his own and climb down with help, can run without falling, use the slide without help, use colouring pens, glue, and scissors, with help, paint with crayons without help, hold a full cup with a single hand, thread 2-3 beads onto a string, kick a large ball, toss an average-sized ball into the air, and jump with two feet (Gizir 2017, MEGEP 2013).

As children begin to stand on their feet with more balance, they start exhibiting skills such as tossing-catching a ball with their bodies and arms, riding a tricycle and using swings. Towards 5-6 years of age, they start to use their bodies in a more flexible manner, through guiding a bicycle in the right direction, tossing and catching an object, and jumping (Berk

2013, Ünver 2003). As of the 36th month, they exhibit rapid fine motor development, they experience an increase in hand and finger control, in addition to skills such as completing puzzles, cutting-gluing, and stringing beads, and they can also show skills of buttoning clothes, eating with a fork, and even tying shoelaces (Berk 2013, Trawick Swith 2013).

Conceptual Skills

The conceptual dimension focuses on the individual's cognitive and academic skills, including communication. Conceptual skills at the pre-school stage include: simple mathematics skills, such as recognizing concepts of number and time; linguistic skills; preparing for literacy skills; and self-sufficiency (Schalock et al. 2010). Linguistic development occurs throughout the process. Linguistic development periods can vary according to environmental conditions, individual characteristics, and developmental differences. At birth, the baby uses pre-verbal communication tools, such as crying and making noises, as he becomes aware of language, and, through time, these tools are replaced by the language used within that community. Language has two dimensions; receptive and expressive. Receptive language development is the development of skills regarding the understanding of verbal statements through interpersonal interactions from birth, and many other processes. Expressive language involves the expression of emotions and thoughts through symbols. Linguistic/communication development strengthens the baby's interaction with its environment, as well as being associated with other developmental aspects (GEDEP 2013). Communication skills during babyhood can be listed as: looking at the faces of those talking; looking and smiling at someone when they say his name; responding to an adult's smile with a smile; raising or lowering his voice to meet different needs; forming single-word sentences like 'mommy', or 'daddy', or two-word sentences; saying the names of different body parts; responding to commands like 'sit down', 'stand up', and 'yes-no'; using these commands himself; and giving appropriate responses to sentences with negative suffixes (Harrison and Oakland 2003, Lockhart 2012, GEDEP 2013). During the 24-36 month period, babies start to form longer sentences, with control over syntax and grammar due to increased vocabulary (Morrison 2007). They can form sentences with six or more words, use the past tense when referring to previous experiences, can have long conversations with another person, will wait for someone to finish talking, and learn not to interrupt (Harrison and Oakland 2015). Such verbal and non-verbal communication skills of the child are shaped based on the expectations of

the environment, cultural characteristics, interests, and attitudes.

The conceptual dimension also involves the individual's self-sufficiency behaviours. Self-sufficiency has a significant value in a person's life. Skills include a person being able to make his own choices, learn, create, and discover, by thinking freely (Berson et al. 2006). Self-management encourages creativity, motivates innovation, and fosters dealing with challenges (Schwartz 2012). It also guides a person's interest and actions toward intellectual opportunities (Van-Dijk and Kluger 2004). According to Schwartz (2012), self-management motivates independent thinking, setting personal goals and creative thinking. It is observed that people with self-management skills exhibit professional and positive behaviour with their environment (Zibenberg et al. 2018).

Self-management skills expected between birth and the age of five can be listed as follows: during the 0-24 month period, babies show attention to a toy or another object by looking at it for a few seconds, stop putting toys in their mouths, and can find something to occupy them without trying to attract attention (1-3 mins). They can discover a new room or a new situation with encouragement from their parents, for example, they can be a few steps away from their parents in a new house by keeping the parent in sight. In the 24-36 month period, they try to do many things without the help of an adult (dressing, eating, etc.). During the 6-72-month period, they can obey adult commands, such as 'be quiet!' or 'Stay calm!' They avoid pushing or hitting another child when they experience anger or sadness. They also follow simple house rules. They can keep still without wandering or moving around when needed. They immediately do whatever is asked of them. They can control their anger when a parent or another adult takes away their toys. They ask for permission from adults when needed ('Can I play outside?' etc.). They work independently, and ask for help only when it is needed. They finish the task they are doing without complaint, when told the time is up. They can also manage their anger when they face a disagreement with their friends. They follow a certain routine without any reminders (brushing teeth before bed, or feeding a pet, etc.). They ask for permission before playing with other children's toys. They choose their clothes for each day. They work on school or home tasks without any need for reminders for a minimum of 15 minutes. They can discuss solutions for conflict with others ('you can keep it for now, and I will keep it later', etc.) (MoE 2013, Harrison and Oakland 2015).

Social Skills

The social dimension of adaptive behaviours covers an individual's awareness of personal responsibilities and other people's expectations in social contexts. The behavioural expectations include: self-respect, tolerability, naivety, following rules, avoiding victimization and social problem-solving (Luckasson et al. 2002, Schalock et al. 2010). This dimension also involves the social development and play activities of the child (Harrison and Oakland 2015). The social dimension of adaptive behaviours is associated with healthy social emotional development.

Social-emotional development comprises skills such as working with a group, starting and pursuing positive interaction with others, taking responsibility, recognizing, controlling and expressing emotions, dealing with stress and negative behaviours, problem-solving and planning, etc. Children are very energetic, curious, and creative during the pre-school period; they can acquire many social skills through play and other social experiences. The close friendships established with peers during this period form the basis for new social skills. This period also offers opportunities for problem-solving (Trawick Swith 2013). Some of the social behaviours expected from children at the ages of 0-5 are: smiling when a parent is seen; relaxing when cuddled; making sounds and smiling when happy or satisfied; showing warmth toward parents (for instance, becoming happy when one of the parents returns home); showing different responses to familiar and unfamiliar people; hugging and kissing parents and other people; imitating adults' actions (e.g. pretending to be cleaning the house or driving a car); respecting the rules and instructions of people with authority; willingly sharing toys with others; greeting other children; knowing polite expressions and dinner table rules; expressing emotions and sharing the emotions of others; avoiding saying or doing things that would hurt or shame others; and apologizing when necessary (Harrison and Oakland 2015).

The other important aspect of the social dimension is play activities. Children try to adapt to their world through play. They also get their psychological and physical needs met by play. A child starts to play by trying to understand simple concepts, and continues to develop until he realizes advanced-level cognitive skills (Burriss and Tsao 2002). The assumed play behaviours of 0-5 year-old children are: smiling and showing interest to a loved toy; playing with various toys; playing games with simple rules; observing others' games; choosing a specific toy; playing with game equipment; playing pretending games with others; participating in fun activities in different settings; playing simple games

without adult supervision; inviting others to play with them; waiting turns in games; and following game rules (Harrison and Oakland 2015).

Practical Skills

The practical dimension represents an individual's personal independence and involves practical skills needed for daily life. In general, it consists of personal care, professional skills, use of money, safety, health services, travel, transportation, daily routines, and telephone use (Luckasson et al. 2002; Schalock et al. 2010). In early childhood, children are expected to exhibit behaviours appropriate for their own developmental features and society's expectations, keep up with domestic life, have self-care skills, and maintain health and safety (Harrison and Oakland 2005). Public behaviours can be considered as social competence skills. Children with undeveloped social competence may show behavioural problems (Ladd 2000). Although the expected public behaviours may differ based on socio-cultural structure, 1-5 year-old children are expected to exhibit the following behaviours: they will not go far from parents in shops, etc.; they can distinguish between the road and the pavement; they recognize their own home, will protect the environment by not littering; can inform a parent when the door rings; will ring the bell before entering someone else's house; do not speak loudly in public places; recognize official buildings and shops where their families meet their needs; do not stand up in religious ceremonies or the cinema; understand professions; check left and right directions when getting out of the car; can order their own food; and can walk alone to close friends' houses (Harrison and Oakland 2015).

From an early age, children can take various responsibilities in their home setting, and contribute to domestic chores, based on their developmental characteristics. The domestic life behaviours expected from children at 1-5 years can be listed as: removing food packaging; responding to spillages on themselves or on the floor; knowing the places of frequently used food items and clothing and getting them when asked; helping others to tidy toys and objects; putting trash and papers in the bin; fulfilling simple chores given; not damaging household items; helping the adult to prepare simple snack and meals; putting laundry in a suitable place and keeping dirty shoes away from furniture; taking their own used cup and plate into the kitchen; putting their own leftover food in the waste; filling a cup without spilling from a large jug or container; making their own beds, and folding laundry (Harrison and Oakland 2015).

One of the other behaviours to be dealt with within the practical dimension is self-care. Self-care skills include daily life routines such as

dressing, nutrition, and personal hygiene. It is fundamentally important for a child to develop self-care skills in order to develop self-esteem and independence from others (Cook et al. 2008, Raver 2009). The self-care behaviours expected from 0-5 year-old children are: drinking liquids without difficulty in the first months; opening the mouth when offered food with a spoon; swallowing soft and crushed food, such as baby food or apple puree; sleeping through the night or waking up no more than twice; eating food such as biscuits unassisted, using hands; eating food that requires biting, or chewing, and drinking from a cup or glass even if it requires holding by others; moving their arms upwards while being dressed by someone else; pointing to food or expressing a wish for food when hungry. As of the ages of 2-3, the child eats with a spoon or fork rather than using his hands; washes his hands with soap and water; wipes his own face when an adult provides a napkin, etc.; does not wet his diaper all day; sits on the toilet or the potty without needing to be held; informs an adult or his parent when he needs to use the toilet; does not wet himself through the night; brushes his teeth without any problems when told by an adult; uses the toilet without help; dresses alone; buttons his clothes; can take a shower or have a bath without help; brushes his hair on his own; and can cut meat or other food on his plate into small, chewable pieces (Harrison and Oakland 2005, MoE 2013).

It is important for the child to be aware of his own health and safety for adaptive behaviours. The health and safety behaviours of 0-5 year olds are: taking/swallowing medication without causing problems; sitting in a high chair, baby chair or regular chair without climbing or sliding; avoiding hitting walls or other objects when crawling or walking; allowing his temperature to be taken without problem; showing, pointing, or telling someone else when sustaining a cut or a bruise; obeying the 'stop' command when there is fire or broken glass around him; sitting as still as possible when an adult treats a cut or scratch; avoiding putting any object that cannot be eaten into his mouth (crayons, toys, sand, etc.); avoiding potential dangers such as fire or broken glass; avoiding touching or playing with dangerous objects (pesticides, sharp knives, etc.); avoiding crawling or climbing to high or dangerous places; explaining stomach ache or other discomfort to an adult; checking hot food before eating; putting on a jacket or sweater when cold; carrying fragile objects safely and with attention; asking for permission from an adult when wanting to get closer to something he might consider as dangerous (an animal, a crowded street, a high playground, etc.); putting on a seat belt or security belt on the baby chair or car seat himself; acting carefully when carrying scissors; carrying warm containers with care; using electric switches safely; and taking care

of his own small wounds (paper cut, knee scratch, nose bleed, etc.) (Harrison and Oakland 2015).

Promoting Adaptive Behaviors

Studies on promoting adaptive behaviours necessitate setting personal development goals and establishing personal support strategies (Tasse 2009, Tasse et al. 2012, Luckasson and Schalock 2016). The adaptive behaviours of an individual can be affected by biological factors (genetics, gender), individual characteristics (general health, mental health, and behavioural disorders), interpersonal relations (parental relations, social networks, and sibling and peer relations), and other factors (poverty, status and education of parents, the house lived in) (Shegos 1999, Hart and Larson 2007, Guerra et al. 2015). Hence, studies should be conducted on supporting the adaptive behaviours of an individual by considering multiple factors. Such support studies should also consider the environmental characteristics and expectations from the individual.

Adult support is very important for these developmental aspects. This support needs to be consistent, in order, and sensitive, because early childhood is a period that is very influential in the development of the environment, and during which the child takes the adult as the role model (Arslan 2011). The family helps the child acquire skills, knowledge, habits, and attitudes, relevant to his development. For this reason, family can be described as the most important institution responsible for a child's development, care, and education. In addition to the family, early childhood educational institutions can also be considered as organizations located within the system preparing the child for social life and support the family (Kandır 2001). This is why a child acquires survival skills firstly from the family, and families have significant responsibility for supporting a child's adaptive behaviours.

Promoting Motor Skills

Promotion of adaptive behaviours regarding motor skills requires implementation and practice. A baby's efforts to hold, grasp, ungrasp, and kick, should be supported; suitable settings should be formed after starting to walk in order to help the child acquire many new skills, such as pulling, carrying, walking, overcoming slopes, throwing, etc. (Greenman and Stonehouse 1996). There is no need for special materials to help children develop their motor skills; it is sufficient to have a spacious setting where the child can move freely, and to encourage movement using materials

which the child can reach easily (Atli and Baran 2018b).

In order to foster children's motor development, it is possible to set up spaces for riding a bicycle, place cones to encourage various movements, and create passageways and tunnels. Green areas where a child can run around and play with a ball, and do gardening, such as digging, planting, and watering, need to be established. Sandboxes where children can jump, roll and play, open-air amphitheatres where they can perform as in a theatre, dance or sing, spaces with trees and flowers where children can smell plants, and prune with small scissors, will not only inspire the child in nature, but also help to develop gross and fine motor skills in a natural setting (Roberts 2009, Atli and Baran 2018b). Indoors, spaces where children can walk and move around freely, walking and balance paths, wooden platforms, spaces with various balance beams and movement equipment, ball ponds, and climbing and sliding equipment can be set up. Also, the use of scissors, paints, and similar materials supports the development of motor skills (Atli and Baran 2018b).

Promoting Conceptual Skills

Supporting the conceptual skills of adaptive behaviours is linked to the child's cognitive and linguistic development. In order for linguistic development to occur, the caretaker should spend time with the baby, talk to him, and ask him questions that he can answer. This will improve the child's vocabulary (Aksoy and Baran 2017). Reading can be turned into a routine activity to increase a child's vocabulary. From the age of two, children enjoy poems, word games, funny sounds, and tongue twisters, even if they do not have a meaning. This will help the children to make correct sounds, and foster communication skills. Adults should act as role models for the child from the age of three, showing him how to use the language in order to understand the environment and communicate effectively. For example, additional words should be offered, without the child's asking, to help improve vocabulary (Shelov and Altmann 2015). To prepare the child for literacy and mathematics skills, games involving remembering an object, using colours and numbers in speech, and matching, can be played from the age of two. Institutions supporting pre-school skills would be a good choice after the age of three (Spock 2001). It is also important to support behaviours regarding self-management. The second year is a period during which stubbornness and temper tantrums are usual experiences. Care and love form the centre of the relationships with the child, and play an important role in shaping the child's behaviour. The child can be cuddled and encouraged at time when he puts things in

order, behaves harmoniously, and is nice. Praising what he has done and paying attention will strengthen him in terms of self-management. The adult should clearly state what is expected of the child, so, it is better if distracting objects are removed. The continuous use of the word 'no' limits a child's freedom. When it is necessary for the child to do something, using a friendly tone of voice, with words such as 'please' and 'thank you' instead of commands is more appropriate. The child needs to decide what pyjamas to wear, which story should be read, which toys he will play with. This independence will help him to become well-adjusted (Spock 2001, GEDEP 2006, Shelov and Altman 2015).

Promoting Social Skills

The promotion of social skills of adaptive behaviours requires supporting social-emotional development and providing opportunities to play. In the first six months, basic emotions such as smiling are seen as the most obvious signs. Stranger anxiety, and increase in fear due to this anxiety, are also noted. In the first year, the baby who is exploring the environment sees the caretaker as the safety point. During the first two years, a baby's ability to understand others' feelings also develops. Although the disposition of the baby affects social-emotional development, activities suitable for the baby's environment, and parental support, are also necessary for healthy social emotional development. The warmth adults show towards the baby, and the positive relationship they form with the baby in the first years of life are especially important for healthy development (Berk 2013). Emotionally healthy babies bond and receive trust from the adult, or adults, who take care of them in the first years of their lives (Trawick Swith 2013). The first social-emotional experience of babies is through looking, touching, and hearing their caretaker. Developmental materials and toys foster all fields of development as well as social-emotional (URL 1). The most important point the adult should pay attention to in the first three months is nutrition, including breast-feeding and noticing health needs on time. In addition to meeting these needs, a setting where a sense of love and safety is felt needs to be established. Toys and play activities have an important role in the socialization of the child, recognizing and controlling emotions starting from early years. Play is a process during which the child is the happiest, and learns many things, while having fun. While toys attract babies' attention from the first months, they also move towards play activities in the following years (MoE 2013). It is crucial to choose age-appropriate entertaining toys for the children. It is important to know what kinds of

toys and games they are interested in during each age period, in order to make the utmost contribution to their development. For example, tools such as stuffed toys, plastic animals, trains, and trucks support all developmental aspects, as well as creating a fun time for all age ranges (Zero to Three 2014).

Promoting Practical Skills

Within the practical dimension of adaptive behaviours, the baby's/child's self-care skills, health, and appropriate behaviour should be promoted. The needs for changing diapers, feeding, and putting to sleep, start from birth, and are replaced with the need for play, care, and love, as the child grows older. It is important for adults to know how such needs should be met at each stage. The child, especially in his first year, pursues his life by being fully dependent on the adult. During this period, maintaining the child's health, meeting his needs, and providing him with balanced and sufficient nutrition is crucial for the following developmental stages (MoE 2013). The majority of adaptive behaviours consist of daily life self-care skills, such as nutrition, cleaning, and dressing. The child hanging up his clothes, or taking his bag to an appropriate place, taking care of daily personal hygiene like keeping his nose clean, meeting toilet needs, eating his food, cleaning up after himself, and dressing on his own, are all considered as independent adaptive behaviours (Sandall and Schwartz 2002).

In terms of health, sleep is crucial. Parents should provide environments where they can take care of the baby, feed him, and let him sleep peacefully, and which will help them establish a feeding and sleep pattern through stimulating settings (McMillen et al. 1991). The first condition for correct and adequate feeding is the sleep pattern. It is observed that babies make various movements to relax themselves during sleep. Children need to sleep at the same time every night and avoid excessive action and caffeinated food one or two hours prior to sleep. Parents can read books, tell stories, and caress the baby, and spend time with him after putting him to sleep, to help him calm down (Jellinek et al. 2002, Sheldon and King 2001). It is also important for the child to complete potty training successfully. The child should move freely, without pressure, and softly, after being ready for potty training. Thus, parents should always be positive and avoid criticisms during potty training (Shelov and Altmann 2015).

Families should provide the support needed for the safety of their children. Living spaces and playing areas should be viewed from the

child's perspective and arranged accordingly. Necessary measures should be taken against home accidents. Parents should avoid putting babies to sleep in a face down position, keep away from hot drinks that may spill on the babies while holding them, keep medications, chemicals and detergents out of reach, avoid covers which can be reached and pulled by children, and turn off electrical switches, as well as teaching children about traffic rules. Parents' attitude and discipline is influential on the public behaviour of children, because parents prepare their children's behaviour. Hence, it is important to establish a system in which positive and supportive parent-child relationships support a good learning setting where acceptable behaviour can be fostered and unacceptable behaviour can be reduced via learning strategy (Jelinerk et al. 2002, Larsen and Tentis 2003, NCCA 2018).

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