CHILD DEVELOPMENT

Developmental Levels

Infant - 0-1 year
Toddler - 1-3 years
Preschool - 4-5 years
Schoolage - 6-11 years
Adolescent - 12-18 years

A word of caution: These are only guidelines. Children can be at different developmental levels at different ages than the ones suggested. Your best source of information is the parent. Also, this list is not inclusive of all behaviors at these levels.

Infants O-1 year

0-6 mos. ALLOWS NEEDS TO BE MET BY OTHER CARE GIVERS OTHER THAN PARENTS
7-12 mos. STRANGER ANXIETY IS EXPRESSED

Infants O-6 months
explores environment through senses and motor activity
responds to voice by becoming quiet
turns head toward voice
first sounds are vocalizations
looks at faces or objects - smiles or grasps for them
unaware of what is happening around him
can develop a sense of mistrust

0-1 month
likes to suck, sleep and enjoy basic comforts
stares at movement and light
attempts to lift head when lying on stomach
hands tightly closed
range of vision - 8-12” from nose

2-3 months
moves and watches hands
holds head up and follows movement with eyes
brings objects to mouth to explore
Toddlers 1-3 years

SEPARATION ANXIETY IS STRONGEST AT THIS AGE. Parents can be the vital link in cooperation. LOSS OF INDEPENDENCE IS A MAJOR CONCERN

1-2 years
- climbs
- will give objects to others
- waves
- points to body parts
- can understand others words
- vocabulary of about 50 words by age 2
- Doesn’t understand the concept of time

2-3 years
- talks about events in the “here and now”
- responds to directions and questions
- symbolic representation: to make something represent something else.
- Asks “What’s that?” a lot
- Repetitive statements and dialogues
- Cannot think to himself inside his head
- Thinks everyone thinks the way he does
- Likes to take things apart
- temper tantrums if tired or frustrated
- self-centered- world revolves around them
- does not like physical restraint

3 years
- enjoys music
- magical thinking takes place a lot
- needs companionship
- can tolerate delays
- very curious - “how” and “why” a lot
- responds to directions and questions, can verbalize

Coping strategies:

- Allow parents to be next to child as much as possible
- Lessen separation’s impact with inclusion of objects, routines, and rituals from home
- Encourage use of a “security” item - blanket (many children like the kind with the silky edge), stuffed animal, pictures of family members, keys
- Provide for as much autonomy as possible
- Allow choices whenever possible and when outcome is not important
- give simple explanations
- show and tell what to do
- play music
Schoolage 6-11 years

FEAR OF BODY MUTILATION
PREOCCUPIED WITH THEMES OF DEATH
CONTAMINATION THEORY: ILLNESS/INJURY CAUSED BY PERSON, OBJECT OR EXTERNAL ACTION WHICH HAS A “BAD” QUALITY.
INTERNALIZATION: ILLNESS IS TAKEN INTO THE BODY (swallowed, inhaled)

- Thought patterns follow a set of logical rules
- Can see the whole picture
- Beginning to understand the concept of time
- Still concrete thinker until about age 9-10
- Likes rhymes, codes, puns, magic
- Make-believe is “interiorized” - in daydreams
- More aware of “rules” and can follow them better
- Wants to know how things work and how they are made
- Still likes to fantasize but knows that it is fantasy
- Talks a lot
- Know differences and similarities
- Likes routine
- Sometimes brave and sometimes cowardly and frightened
- Expresses thoughts and feelings

Coping Strategies:

- Allow for choices as much as possible
- Allow for expression of feelings (may suppress anxieties or pain response in order to be “a good boy or good girl.”
- Reassure child about intactness of body parts
- Explain procedures beforehand and tell the child what behavior you need and expect from them.
- Set limits/boundaries if needed
- Provide privacy during procedures
- Provide external control only if the child’s control breaks down
- Help child plan ways to control painful or stressful experiences
- Provide opportunities for industry (participating in own care)