

SUMMARY OF DEVELOPMENT FROM BIRTH TO AGE 5 YEARS

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CENTRAL CONCEPTS

1. REGULATION

Humans must learn how to regulate (i.e. maintain functioning within optimal limits and away from extremes) their physiological, psychological, emotional, behavioural and interpersonal systems. Initially infants depend on caregivers to support those functions but an increasing capacity to maintain regulation autonomously is associated with normal development. Challenges to regulatory functioning can be described as stress. Excessive stress is overwhelming and can be traumatic.

2. CONTINUITY AND DISCONTINUITY IN DEVELOPMENT

There are periods of time in which infants learn and develop in gradual, continuous ways and times when it seems a threshold is reached and there is a qualitative change in functioning (i.e. discontinuity). At these stages infants and children seem to have a new program on-line that enables them to experience the world in a new way that adds to older ways of experiencing the world; older ways do not disappear. Sensitive caregivers recognize these changes and respond appropriately. Periods of discontinuity are predictable and

3. DIFFERENTIATION

Development is characterized by the ability to make increasingly nuanced distinctions in perceptions and responses. This applies to development throughout the lifespan.

4. PARENTAL CHARACTERISTICS THAT APPLY FOR CHILDREN OF ALL AGES

Parents need to be able to maintain a positive, confident and reflective approach to their children. Psychiatric disorders and drug or other substance abuse are associated with significantly adverse outcomes in infants and children. A reflective approach indicates that parents can consider what is going on in the minds of their babies and children. They understand that the child's experience is distinct from their own and is not always immediately apparent from the child's behaviour. It is influenced by the child's developmental level. They understand that the child reacts to the parent's approach and that either one may be communicating without awareness of doing it. This reflective approach is implicit in how parents relate to their children (and others) both verbally and non-verbally. This approach is associated with positive outcomes for



DEVELOPMENTAL AGES AND TRANSITIONS

BEFORE BIRTH

It is clear that babies whose mothers are stressed in pregnancy are at higher risk for subsequent difficulties of many kinds. The subsequent difficulties are moderated by many factors including quality of parenting that occur throughout infancy and childhood but there is good evidence that the high levels of stress in pregnancy alone have deleterious effects.

BIRTH TO TWO MONTHS

Babies are getting used to being outside the womb. They have to learn to regulate their physiological systems. Over the first 6-8 weeks they have some capacity to engage with the outside world but it is very time limited. They have some ability to follow interesting stimuli. Their behaviour indicates that they can recognize familiar objects and can even identify some characteristics of their own mothers. By six to eight weeks of age they are able to observe and engage for longer times. This gives rise to an ability to organize perceptions. Even a schema for the human face (two dots in a circle) can elicit a smile – the social smile. This signifies an important transition in functioning associated with changes in functioning in the central nervous system, new modes of learning and new capacities for interpersonal relating.

TWO TO SIX MONTHS

They now have a good ability to remain aware and engaged over longer periods of time. This enables huge amounts of learning about the world and about the self. They are engaged by changes or variations in their environments as long as those variations are not excessive. Different babies have differing tolerances for change or novelty as part of what is probably a temperamental or constitutional characteristic. There is some evidence that this characteristic persists throughout life.

This is an intensely social period in infant development. Infants are learning to distinguish animate from inanimate objects, self from other, unique individuals, especially those who provide feelings of security and care, from others, etc. By the age of four months they can reliably identify their primary caregivers and after the age of six months often cannot be soothed by anyone else. Infants need a small number of dedicated caregivers so that they can learn from others who are not constantly changing. Dedicated caregivers also learn about the baby and adapt themselves to the needs, signals and systems of that individual infant. Thus babies need caregivers who are aware, sensitive, responsive and can learn about infant development.

Infantile colic or fussiness is a common phenomenon in babies. It seems to be a developmental phase with babies falling on a continuum from easy to very difficult, the latter crying inconsolably for hours every day. The distress stops in normal babies by age four to six months. There is no consistent evidence associating it to diet, incompetent parenting, etc. Parents may need support and education to help them tolerate the crying.

SIX TO 15 MONTHS

Several important milestones occur within this period of time. By six months infants can consistently identify their primary caregivers. They may begin to develop anxiety in the presence of strangers. By 12 months they form stable attachment patterns with their primary caregivers. These patterns tend to continue into adulthood. The attachment patterns describe how infants and parents interact when the infant feels insecure. Caregivers must be able to identify signals of insecurity in their babies and respond to them effectively.

Optimal patterns (the secure classification) are revealed when infants have learned that they can reliably turn to their caregivers to be reassured and to feel secure. Secure infants tend to have significantly better psychological, cognitive, social and even physical outcomes.

Insecure patterns include those in which the infant must suppress overt expressions of distress in order to maintain proximity to the caregiver (avoidant classification) or cannot regain a feeling of security and must retain proximity thus sacrificing opportunities to play and explore (ambivalent or resistant classification).

Finally there are infants who show evidence in their behaviour that they are frightened or confused by the same caregivers they are motivated to seek out when they feel insecure (disorganized classification).

In this period of time infants also begin to recognize that they can intentionally communicate feelings, interests and wishes to others. They become able to know in a very rudimentary way that others have feelings, thoughts and wishes too and babies become able to “read” those expressions. From this age a babies can understand the intention behind pointing and they look in the direction indicated rather than just at the pointing finger. They become able to use social referencing, the ability to appraise a situation by the emotional expression of another. These are the roots of psychological intimacy, the ability to share the contents of one’s mind with another and even to know the contents of one’s own mind. Caregivers must be able to understand feelings, to realize that babies have minds, and be able to communicate about psychological experiences.

18 MONTHS TO THREE YEARS

This is a period of accumulating experiences and skills. Language becomes much more sophisticated and useful. It can be used to describe both the internal and external worlds. Children become interested in books, often familiar stories repeated over and over again although in the earlier part of the age period, often because of specific experiences in the story rather than an understanding of a story line. Closer to the age of three years, children begin to be able to understand longer more consistent story lines and even to create them. Stories can be used to confuse their perception of “reality”.

Exploration of the world and of specific objects increases as locomotion and motor dexterity improve. With increasing competence there is also increasing demand for autonomy and independence alternating with increased need for reassurance and security by checking in with caregivers. Tantrums of the “terrible two’s” are manifestations of the struggle for independence. They also exemplify a time of normal behavioural and emotional dysregulation, i.e. it seems as if development has gone backwards. Similarly regression in the ability to maintain a constant emotional state and predictable behaviour seems to occur in adolescence however it is normal in both cases.

This is an age when behavioural guidelines are important. Children from the ages of 2-5 years need to learn how to behave with others and how to curb aggression in social situations. This is very much a teaching function for parents. Children learn well when parents provide these guidelines in ways that children can understand (often behavioural rather than verbal in the younger part of this age range) and provide them with understanding and love. Parents teach their children appropriate behaviour and protect their self esteem when they take “authoritative” as opposed to “authoritarian” or “permissive” approaches.

More complex feeling states such as guilt and shame can be experienced. Empathic, supportive behaviours are not uncommon and even toddlers can try to console or take care of another distressed child or adult.

THREE TO FIVE YEARS

There are many profound cognitive changes in this period of time. Children of 3-5 years of age relate more completely as persons than do those under three. Their grasp of language is much stronger.

The biggest change associated with the changes in relating is a cognitive change that enables children to maintain more lasting impressions of the stories or narratives of others’ experiences. This allows children to develop much more complex relationships with others. For example it allows them to have triadic relationships (i.e. relationships with two or more others at a time). Whereas previously they could keep track of only one other at a time, now they can be aware of what more than one person feels. They can assess the impact of one relationship on another. This is the root of Freud’s Oedipal conflicts although the issues dealt with are not just sexual in nature as he believed. They become able to develop much more complex interactive relationships with peers. They can begin to form groups. They develop and maintain themes in play and can play out roles. Their imaginations inform their play and they are happy to display it.

They come to understand rules and are interested in abiding by rules. This applies in subtle ways too as they develop new levels of relational sophistication. They learn the rules of emotional display - which feelings one shows in which circumstance. Although they wish to please and to be like their parents and other adults and older children, they retain a predominantly positive view of themselves. They also learn how to regulate their behaviour to suit particular situations. Thus they can adapt their behaviour to be appropriate to the playground, to home or to school.

DEVELOPMENTAL AGES AND TRANSITIONS IN SUMMARY



Summary of Development from Birth to Age Five Years, Wittenberg, 2013

REFERENCES

This paper was written on a background of readings from many sources and owes a debt of gratitude to many scientists and authors.

The following resources can help take readers to more information about particular findings referred to here.

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Research and clinical evidence increasingly demonstrates that:

- The early years have a unique and formative impact on development, relationships and functioning throughout life
- Many adverse outcomes can be prevented when parents are provided with support and information that enables them to be optimally responsive to their infants and young children
- When there are identified risks and disorders in young children or in family functioning, well planned early intervention can promote optimal outcomes

The goal of infant mental health practice is to ensure optimal child outcomes, a sense of security and self-esteem and the abilities to

- form satisfying relationships
- engage with the world
- cope and problem solve
- continue positive development throughout life

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The goal of IMHP is to promote the development of infants through **education, information dissemination, networking and advocacy.**

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- To increase the knowledge and skill of caregivers to meet the needs of infants, toddlers and families
- To provide information on the development of infants and toddlers
- To provide information on prevention, interventions and resources available
- To provide specialized education programs and support to service providers
- To advocate for policy and funding needed to promote the well-being of infants and their families
- To increase the responsiveness of services to the needs of parents
- To raise society's awareness of its responsibility for infant rights and outcomes

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