Children's Development: Infancy to Age 5

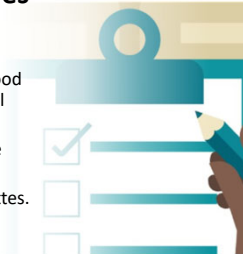
Child Development for District Court Judges
November 16, 2020

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Today's Objectives

- Define development and early childhood.
- Describe typical development in early childhood across physical, cognitive, and socioemotional domains.
- Identify common reactions to change and the impact of divorce during early childhood.
- Apply information and learning to case vignettes.



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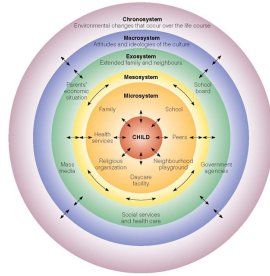
Defining Development and Early Childhood



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Guiding Principles of Development

- Results from constant interplay of biology and the environment
- Occurs in a multilayered context
- Dynamic, reciprocal process (i.e., children are not passive recipients of environmental influence)
- Cumulative in that development builds on itself
- Occurs throughout the lifespan



(Steinberg, Lowe Vandell, & Bornstein, 2011)

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Setting the Stage



- What comes to mind when you think of the early childhood years (i.e., birth to five)?
- What developmental tasks do children face during the early childhood years?
- What would you like to learn about early childhood and how it applies to your work?

Group Discussion

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Why Is Early Childhood So Important?

A child's brain _____ size in the first year of life.

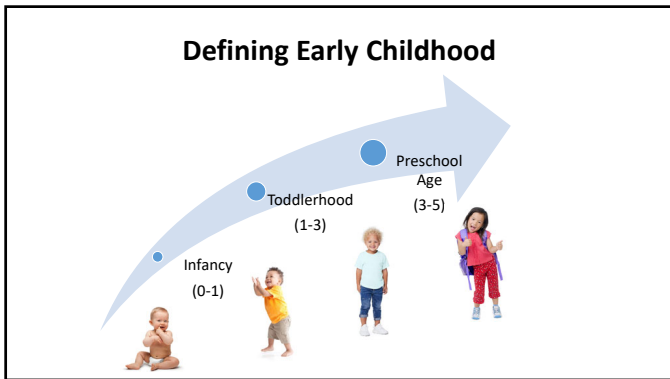
- a. Stays the same
- b. Doubles in
- c. Triples in

By age 3, the brain reaches _____% of it's adult volume.

- a. 20%
- b. 50%
- c. 80%

(Gilmore et al., 2007; Nowakowski, 2006)

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Developmental Milestones in Early Childhood

- **Developmental milestones:** Set of functional skills or age-specific tasks that most children can do at a certain age.
 - Physical development (e.g., gross and fine motor skills)
 - Social-emotional development (e.g., relationships with others, managing emotions)
 - Cognitive and language development (e.g., memory, reasoning, language)
- **Milestones can be delayed when young children experience:**
 - Inadequate caregiving (e.g., abuse and neglect)
 - Environmental deprivation and stressors
 - Other negative risk factors

(Office of Disease Prevention and Health Promotion, 2018)

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Resources: CDC's Act Early Initiative

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Resources: Zero to Three

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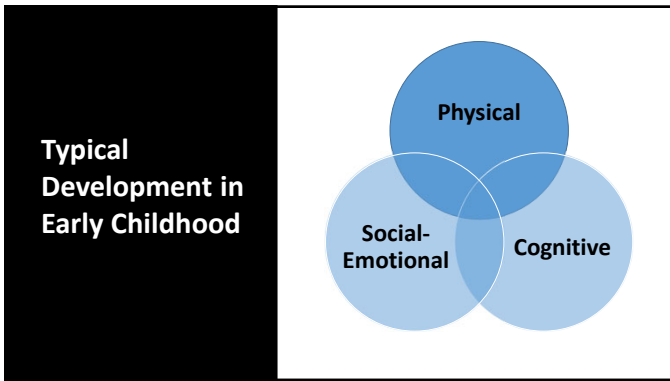
Resources: National Child Traumatic Stress Network (NCTSN)

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Typical Development in Early Childhood

Physical, Social-Emotional, Cognitive

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Physical Development

- **Types of Motor Skills**
 - **Gross motor skills:** movements related to large muscles such as arms, legs, and trunk.
 - **Fine motor skills:** movements involving smaller muscle groups such as those in the hand and wrist.
- **Importance of Motor Skills**
 - To be able to move and complete tasks independently.
 - To be able to explore world around them, promoting cognitive, speech, and sensory development.

Gross motor skills in use look like...

Fine motor skills in use look like...

(Pathways, 2020)

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Physical Development

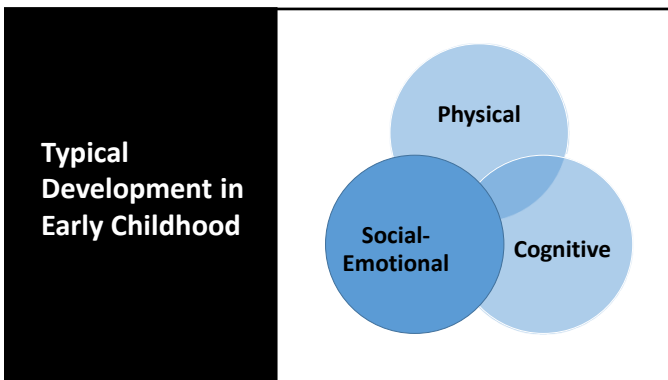
<https://www.zerotothree.org/resources/201-busy-bodies-how-the-development-of-physical-skills-supports-learning>

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Physical Development Milestones

Age	Gross Motor	Fine Motor
6 mo	<ul style="list-style-type: none"> Rolls both ways Sits with and without support of hands 	<ul style="list-style-type: none"> Transfers objects from hand to hand
1 yr	<ul style="list-style-type: none"> Walks by holding onto objects Takes first steps 	<ul style="list-style-type: none"> Explores objects in multiple ways (e.g., hand, mouth, smell)
2 yr	<ul style="list-style-type: none"> Kicks a ball Walks up and down stairs, two feet at a time 	<ul style="list-style-type: none"> Uses spoon and fork well Turns pages of a book one at a time
2.5 yr	<ul style="list-style-type: none"> Jumps with both feet Can walk on tiptoe 	<ul style="list-style-type: none"> Holds pencil or crayon between fingers (instead of fist)
3 yr	<ul style="list-style-type: none"> Climbs stairs using alternate feet Rides tricycle and runs well 	<ul style="list-style-type: none"> Puts on shoes and socks Carries a container without spilling
4 yr	<ul style="list-style-type: none"> Skips on one foot Throws ball overhand 	<ul style="list-style-type: none"> Cuts with scissors (not well) Can dress self (not tying shoes)
5 yr	<ul style="list-style-type: none"> Hops and skips Has good balance (e.g., skate) 	<ul style="list-style-type: none"> Dresses without help, ties shoes Prints simple letters

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Social-Emotional Development

- Important for:**
 - Understanding thoughts and feelings to help communicate and act appropriately.
 - Developing healthy relationships with friends and family.
- Allows children to express themselves appropriately in different environments and with different people to:**
 - Succeed in preschool and school
 - Make friends and maintain friendships
 - Resolve conflicts
 - Learn social norms
 - Make appropriate decisions
 - Resist negative social pressure
 - Learn strengths and weaknesses
 - Gain awareness of what others are feeling and develop empathy

(Zero to Three, 2020)

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Social-Emotional Development



<https://www.zerotothree.org/resources/30-from-feelings-to-friendships-nurturing-healthy-social-emotional-development-in-the-early-years>

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Developing Attachment Relationships

- Phase 1 (1-2 mo) • Indiscriminate Social Responsiveness
- Phase 2 (2-7 mo) • Discriminating Sociability
- Phase 3 (7-24 mo) • Attachments
- Phase 4 (36+ mo) • Goal-Corrected Partnerships

(Bowlby, 1969)

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Social-Emotional Development




<https://www.zerotothree.org/early-development/social-and-emotional-development>

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Factors that Influence Attachment

Characteristic	Description
Sensitivity	Responding promptly and appropriately to the infant's signals
Positive Attitude	Expressing positive affect and affection for the infant
Synchrony	Structuring smooth, reciprocal interactions with the infant
Mutuality	Structuring interactions in which parents and infant attend to the same thing
Support	Attending closely to and providing emotional support for the infant's activities
Stimulation	Frequently directing actions toward the infant




(De Wolff & van Ijzendoorn, 1997)

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Factors that Influence Attachment Security

- Mothers and fathers have somewhat distinctive, yet similar styles of parent-child interaction.
- Benefits of maintaining contact with both parents exceed any special need for relationships with male or female parents.
- Literature demonstrates that infants and toddlers need regular interaction with both parents to foster and maintain attachments.
 - E.g.: feeding, playing, diapering, soothing, putting to bed.



(Lamb, 1997; Kelly & Lamb, 2000)

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Social-Emotional Milestones

Age	Developmental Tasks
6 mo	<ul style="list-style-type: none"> • Able to display emotions (e.g., joy and sadness at 2.5 months, fear and anger between 3 and 6 months) • Responds to expressions of emotions
1 yr	<ul style="list-style-type: none"> • Shy or anxious with strangers • Cries when parents leave • Enjoys imitating people in play • Prefers certain people and toys
Toddlerhood	<ul style="list-style-type: none"> • Imitates behavior of others, especially adults and older children • Aware of himself/herself as separate from others leading to increased independence (and defiant behaviors) • Enthusiastic about company of other children • Learning how to regulate emotions
Preschool Age	<ul style="list-style-type: none"> • Imitates adults and playmates • Shows affection for familiar playmates • Can take turns in games • Continuing to learn how to regulate emotions

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Period of Purple Crying

THE LETTERS IN PURPLE STAND FOR

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try.	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

(National Center on Shaken Baby Syndrome, n.d.)

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Typical Development in Early Childhood

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Cognitive Development

- Process of growth and change in intellectual abilities, such as acquiring knowledge, thinking, reasoning, and understanding.

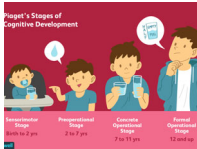
"What we see in the crib is the greatest mind that has ever existed, the most powerful learning machine in the universe."

-Gopnik, Meltzoff, & Kuhn (1999)

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Cognitive Development Piaget's Stage Theory

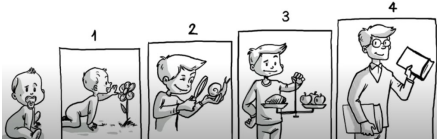
- Piaget held that mental development unfolds in a fixed sequence of developmental stages:
 - **Sensorimotor Stage (0-2 yrs)**
 - **Preoperational Stage (2-7 yrs)**
 - **Concrete Operational Stage (7-11 yrs)**
 - **Formal Operational Stage (11+ yrs)**
- Research now suggests that:
 - Development does not always progress in a smooth manner
 - Sociocultural environment plays an important role
 - Domain-specific knowledge and skills constructed in a dynamic way (i.e., not simply driven by brain development; impacted by relational interaction)



(Piaget, 1976)

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Cognitive Development




<https://www.youtube.com/watch?v=IhcgYgx7aAA>

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Sensorimotor Stage (0-2 Yrs)

- **General Tenets**
 - "Thinking" consists of coordinating sensory information with motor activity
 - Infants learn through looking, sucking, listening, touching, mouthing, grasping.
- **Stage Accomplishments**
 - Certain actions produce certain results (causality)
 - Object permanence
 - Mental representation



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Preoperational Stage (2-7 Yrs)

- **General Tenets**
 - Children are able to represent previous experiences to themselves mentally.
 - Children acquire a storehouse of images and symbols, especially spoken and written words.
- **Stage Accomplishments**
 - Pretend play
 - Deferred imitation
 - Egocentrism



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Cognitive Development Milestones

Age	Developmental Tasks
6 mo	<ul style="list-style-type: none"> • Coos and babbles in first month • Finds partially hidden objects • Explores with hands and mouth • Struggles to get objects that are out of reach
1 yr	<ul style="list-style-type: none"> • Explores objects in different ways (e.g., touches, shakes) • Finds hidden objects easily • Looks at correct picture when the image is named • Begins to use objects correctly • Begins using words (first word between 11 and 14 months)
Toddlerhood	<ul style="list-style-type: none"> • Uses grammatically correct sentences by 24 months • Finds objects even when hidden 2 or 3 levels deep • Sorts by shape and color • Engages in pretend play
Preschool Age	<ul style="list-style-type: none"> • Understands "mine" and "his/hers" • Sorts objects by shape and color • Completes 3-4 piece puzzles • Draws a person with 2 to 4 body parts

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Common Reactions to Change



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Common Reactions to Change

- Many children show emotional and behavioral changes in the first year after parental separation, with most problems resolving in 2-3 years.
 - Sense of loss may last for years (exacerbation on holidays, birthdays, other special events)
 - Adjustment to a new living situation, continuing parental tensions cause ongoing distress.
 - Reactions depend on: stage of development, parents' ability to focus on child's needs and feelings, child's temperament, and parents' pre- and post-separation psychosocial functioning.



(Cohen & Weitzman for AAP, 2016)

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Common Reactions to Change

- **Infants**
 - Reactive to changes in routine and caregivers
 - May be fussier, irritable, or listless and have feeding or sleep disturbances
 - Normal separation anxiety may increase between 6-9 months of age
- **Toddlers**
 - Separation anxiety (i.e., may be reluctant to separate from parents even in familiar settings)
 - Developmental regression (e.g., loss of toileting or language skills)
 - Eating and sleeping disturbances are common

(Cohen & Weitzman for AAP, 2016)

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Common Reactions to Change

- **Preschool-Age Children**
 - Do not understand the permanence of the separation and will repeatedly ask for the absent parent
 - May be demanding and defiant (e.g., tantrums, acting out)
 - Developmental regression (e.g., loss of toileting and self-help skills)
 - Eating and sleeping disturbances common
 - Test and manipulate differences in limit setting by the two parents
 - By 4 or 5, may blame themselves for the separation, begin acting out, have nightmares, have more reluctance to separate, and fear they may be abandoned

(Cohen & Weitzman, 2016)

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Separation Anxiety

- **Infants**
 - Develops after a child gains an understanding of object permanence (i.e., as early as 4-5 months, generally by 9 months).
- **Toddlers**
 - Some toddlers may not demonstrate separation anxiety in infancy, and begin demonstrating challenges at 15-18 months.
- **Preschoolers**
 - By the time children are 36 months, most clearly understand the effect their anxiety or pleas at separation have on parents

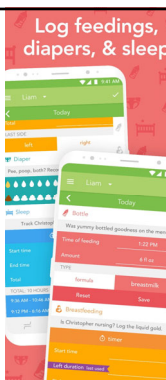


(AAP, 2015)

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General Considerations

- Young children’s routines (e.g., feeling/eating, napping/sleeping) should ideally remain as unchanged as possible.
 - For infants, this may include a daily communication log
 - The *quality* of parenting the child receives is more important than the type of custody arrangement.
- When children are attached to both parents, helpful to support continuity of both relationships.



(Cohen & Weitzman for AAP, 2016)

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Implications for Custody and Access Arrangements

- Parents lived together prior to separation and relationship with both parents is of adequate quality and supportiveness
 - Maintenance both parent-infant attachments
- Concerns about child maltreatment, substance abuse, mental illness, or domestic violence
 - Evaluations of parental adequacy recommended; supervised or restricted visiting may be required to ensure safety
- Parents have never lived together and infant has had no opportunity to attach to one of the parents (common when paternity is being established legally)
 - Efforts needed to support development of attachment relationship

(Lamb, 1997; Kelly & Lamb, 2000)

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Overnights and Breastfeeding

- **“Fourth” Trimester Theory**
 - Evidence that treating newborns as if they were still “in utero” for first three months can make life easier for baby and parents.
 - Postpartum care should be an ongoing process, rather than a single encounter (e.g., comprehensive postpartum visit at 12 weeks).
 - Feeding is better when it is baby-led, not led by routine (e.g., some babies may want a quick snack or some comfort sucking).
- **Breastfeeding Recommendations**
 - Infants should be fed breastmilk exclusively for the first 6 months after birth to achieve optimal growth, development, and health.
 - Breastfeeding should continue with the addition of complementary foods throughout the first year; should continue as long as mutually desired.
 - Protects against a variety of diseases and conditions in the infant (e.g., bacteremia, otitis media, late-onset sepsis, type I and II diabetes, leukemia and lymphoma, childhood obesity).

(American Academy of Pediatrics, 2020; American Academy of Family Physicians, 2020; American College of Obstetricians and Gynecologists, 2018; World Health Organization, 2020)

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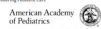


Overnights and Breastfeeding

- **Some considerations:**
 - Exclusively breastfed infants under 6 month of age nurse every 1.5-3 hours (i.e., 20-60 minutes for each feeding).
 - Women can produce the same amount of milk from breastfeeding or pumping (depends on how often and long the nipple is stimulated).
 - At 6 months of age, most infants begin eating some solid food.

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CLINICAL REPORT Guidelines for the Clinician in Resolving Pediatric Care



Helping Children and Families Deal With Divorce and Separation

Series 1 (2005), 34(1), 34(2), 34(3), 34(4), 34(5), 34(6), 34(7), 34(8), 34(9), 34(10), 34(11), 34(12), 34(13), 34(14), 34(15), 34(16), 34(17), 34(18), 34(19), 34(20), 34(21), 34(22), 34(23), 34(24), 34(25), 34(26), 34(27), 34(28), 34(29), 34(30), 34(31), 34(32), 34(33), 34(34), 34(35), 34(36), 34(37), 34(38), 34(39), 34(40), 34(41), 34(42), 34(43), 34(44), 34(45), 34(46), 34(47), 34(48), 34(49), 34(50), 34(51), 34(52), 34(53), 34(54), 34(55), 34(56), 34(57), 34(58), 34(59), 34(60), 34(61), 34(62), 34(63), 34(64), 34(65), 34(66), 34(67), 34(68), 34(69), 34(70), 34(71), 34(72), 34(73), 34(74), 34(75), 34(76), 34(77), 34(78), 34(79), 34(80), 34(81), 34(82), 34(83), 34(84), 34(85), 34(86), 34(87), 34(88), 34(89), 34(90), 34(91), 34(92), 34(93), 34(94), 34(95), 34(96), 34(97), 34(98), 34(99), 34(100)

USING CHILD DEVELOPMENT RESEARCH TO MAKE APPROPRIATE CUSTODY AND ACCESS DECISIONS FOR YOUNG CHILDREN

Joan B. Kelly and Michael E. Lamb

Decisions regarding custody and access are most often made without reference to the research on child development, although this literature can be useful in conceptualizing children's needs after separation and divorce. Research on attachment processes, separation from attachment figures, and the roles of mothers and fathers in promoting psychosocial adjustment are reviewed in this article. It concludes with a discussion of the implications for young children's parenting schedules.

American Academy of Pediatrics

Family and Conciliation Courts Review

Resources: Divorce, Separation, Custody

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Case Scenarios

- Please spend 10-15 minutes in your breakout groups.
- Review your assigned case scenario, noticing concerns related to early childhood development.
- Answer the questions provided.

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Case Scenario #1

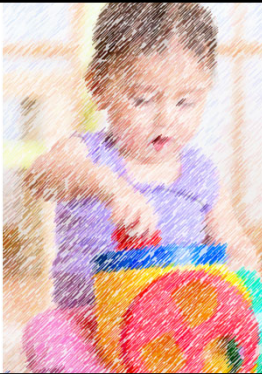
- Child Age:** 9-months-old
- Context:** Parents of baby stayed home from work the first 4 weeks of baby's life and were both involved in meeting baby's needs. Mother stayed home another 6 weeks after the father returned to work. Baby is now in a day care while parents work full-time. When baby was 6-months-old, father moved out, but still sees baby every day at mother's home.
- Legal Details:** Father files a custody action seeking primary custody because mother is a "workaholic" and he seeks a temporary custody order because mother won't let him have overnights. Mother states that overnights are harmful, as they disrupt the baby's routine.

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Case Scenario #1

Discussion Questions

- What should the court consider to support the baby's positive physical, cognitive, and psychological development?
- How would you resolve the temporary custody request? Does it matter that mother is or is not breastfeeding?
- What other information do you want before making a permanent custody decision?



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Case Scenario #2

- **Child Age:** 6-8 weeks
- **Context:** Unwed mother gives birth to child 2 weeks before her due date. Father and mother broke up before baby was born and mother does not tell him when she has the baby. He finds out 1 week after the baby is born and tries to communicate with mother so he can see his son, but she avoids his calls for a while. When baby is 5 weeks old, mother allows dad to see the baby at her home for an hour and agrees he can visit the baby at her home for one-hour visits when she is there to supervise. He shows up for every visit mom agrees to. Mother won't let him have any unsupervised time with the baby.
- **Legal Details:** Father files a paternity and child custody action and is seeking joint custody. He has filed a motion for a temporary order for overnight visitation arguing that mom is interfering with his ability to form a relationship with his child.

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Case Scenario #2 Discussion Questions



- What should the court consider to support baby's positive physical, cognitive, and psychological development?
- How would you resolve the temporary custody request? Does it matter that mom is or is not breast feeding?

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Case Scenario #3

- **Child Age:** 3 years of age
- **Legal Details:**
 - A permanent custody order for baby awarded joint legal and physical custody between mom and dad. Things worked well until girlfriend (GF) moved into dad's home when toddler was 2.5 years of age. GF is actively involved with the child and dad reports the child has a positive relationship with her.
 - Six months after GF moves in, mom has filed a motion to modify, arguing that since GF moved in, the child now has temper tantrums, cries when going to dad's, and is having more nighttime potty accidents than before. Dad says child's behavior is normal for the child's age and that the child settles down and is happy once at his house and cries when leaving his house to go to mom's. Assume there is a substantial change in circumstances affecting the child's welfare.

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Case Scenario #3 Discussion Questions

- What child development issues related to the best interests of the child are raised in this scenario?
- What additional information would you like to know before deciding?



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Resources

- **Local Children's Developmental Services Agencies (CDSAs, developmental assessments):**
<https://bearly.nc.gov/index.php/contact/cdsa>
- **UNC Carolina Institute for Developmental Disabilities (developmental assessments):**
<http://www.cidd.unc.edu/services/clinical/>
- **Duke Children's Evaluation Center (general mental health assessment and informed referral):**
https://www.dukehealth.org/locations/duke-childrens-evaluation-center?utm_source=google&utm_medium=organic&utm_campaign=Directory+Management
- **Duke Child and Family Study Center (variety of treatment and assessment for children):**
https://www.dukehealth.org/locations/duke-child-and-family-study-center?utm_source=google&utm_medium=organic&utm_campaign=Directory+Management
- **Duke Family Studies Program and Clinic (family therapy to address conflict):**
https://www.dukehealth.org/locations/duke-family-studies-program-and-clinic?utm_source=google&utm_medium=organic&utm_campaign=Directory+Management

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