human services

Child development and trauma specialist practice resource: 0 – 12 months

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

0-2 weeks

- anticipates in relationship with caregivers through facial expression, gazing, fussing, crying
- is unable to support head unaided
- hands closed involuntarily in the grasp reflex
- startles at sudden loud noises
- reflexively asks for a break by looking away, arching back, frowning, and crying

By 4 weeks

- focuses on a face
- follows an object moved in an arc about 15 cm above face until straight ahead
- changes vocalisation to communicate hunger, boredom and tiredness

By 6-8 weeks

- participates in and initiates interactions with caregivers through vocalisation, eye contact, fussing, and crying
- may start to smile at familiar faces
- may start to 'coo'
- turns in the direction of a voice

By 3-4 months

- increasing initiation of interaction with caregivers
- begins to regulate emotions and self soothe through attachment to primary carer
- can lie on tummy with head held up to 90 degrees, looking around
- can wave a rattle, starts to play with own fingers and toes
- may reach for things to try and hold them
- learns by looking at, holding, and mouthing different objects
- laughs out loud
- follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other)
- notices strangers

May even be able to:

- keep head level with body when pulled to sitting
- say "ah", "goo" or similar vowel consonant combinations
- blow a raspberry
- bear some weight on legs when held upright
- object if you try to take a toy away

By 6 months

- uses carer for comfort and security as attachment increases
- is likely to be wary of strangers
- keeps head level with body when pulled to sitting
- says "ah", "goo" or similar vowel consonant combinations
- sits without support
- makes associations between what is heard, tasted and felt
- may even be able to roll both ways and help to feed himself
- learns and grows

By 9 months

- strongly participates in, and initiates interactions with, caregivers
- lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like "dada" and "mamma"
- watches reactions to emotions and by seeing you express your feelings,
- starts to recognise and imitates happy, sad, excited or fearful emotions
- unusually high anxiety when separated from parents/carers
- is likely to be wary of, and anxious with, strangers
- expresses positive and negative emotions
- learns to trust that basic needs will be met
- works to get to a toy out of reach
- looks for a dropped object
- may even be able to bottom shuffle, crawl, stand
- knows that a hidden object exists
- waves goodbye, plays peekaboo

Child development and trauma specialist practice resource: 0 – 12 months

Possible indicators of trauma

- increased tension, irritability, reactivity, and inability to relax
- increased startle response
- lack of eye contact
- sleep and eating disruption
- loss of eating skills
- loss of acquired motor skills
- avoidance of eye contact
- arching back/inability to be soothed
- uncharacteristic aggression
- avoids touching new surfaces eg. grass, sand and other tactile experiences
- avoids, or is alarmed by, trauma related reminders, eg sights, sounds, smells, textures, tastes and physical triggers
- fight, flight, freeze response
- uncharacteristic, inconsolable or rageful crying, and neediness
- increased fussiness, separation fears, and clinginess
- withdrawal/lack of usual responsiveness
- limp, displays no interest
- unusually high anxiety when separated from primary caregivers
- heightened indiscriminate attachment behaviour
- reduced capacity to feel emotions – can appear 'numb'
- 'frozen watchfulness'
- loss of acquired language skills
- genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease

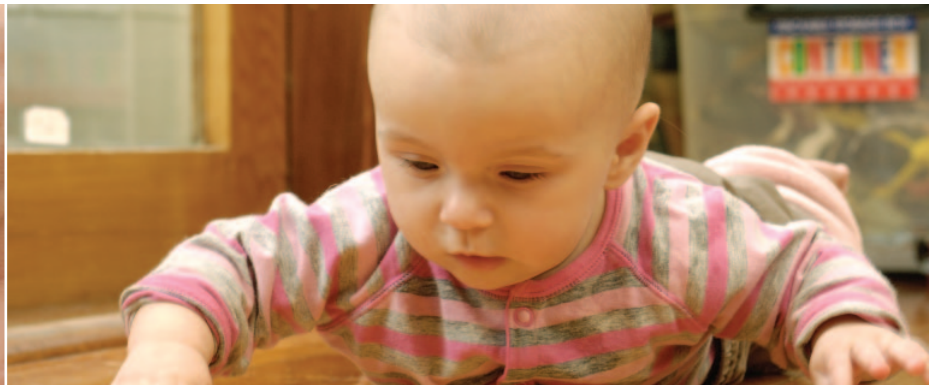
Trauma impact

- neurobiology of brain and central nervous system altered by switched on alarm response
- behavioural changes
- regression in recently acquired developmental gains
- hyperarousal, hypervigilance and hyperactivity
- sleep disruption
- loss of acquired motor skills
- lowered stress threshold
- lowered immune system
- fear response to reminders of trauma
- mood and personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- insecure, anxious, or disorganised attachment behaviour
- heightened anxiety when separated from primary parent/carer
- indiscriminate relating
- reduced capacity to feel emotions - can appear 'numb'
- cognitive delays and memory difficulties
- loss of acquired communication skills

Parental/carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves, to manage their own shock and emotional responses
- seek information and advice about the child's developmental progress
- maintain the child's routines around holding, sleeping and eating
- seek support (from partner, kin, MCH nurse) to understand, and respond to, infant's cues
- avoid unnecessary separations from important caregivers
- maintain calm atmosphere in child's presence. Provide additional soothing activities
- avoid exposing child to reminders of trauma
- expect child's temporary regression; and clinginess - don't panic
- tolerate clinginess and independence
- take time out to recharge



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