

## Child development and trauma specialist practice resource: 3 – 5 years

### Developmental trends

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

#### Between 3-4 years

- communicates freely with family members and familiar others
- seeks comfort, and reassurance from familiar family and carers, and is able to be soothed by them
- has developing capacity to self soothe when distressed
- understands the cause of feelings and can label them
- extends the circle of special adults eg. to grandparents, baby-sitter
- needs adult help to negotiate conflict
- is starting to manage emotions
- is starting to play with other children and share
- has real friendships with other children
- is becoming more coordinated at running, climbing, and other large-muscle play
- can walk up steps, throw and catch a large ball using two hands and body
- use play tools and may be able to ride a tricycle
- holds crayons with fingers, not fists
- dresses and undresses without much help
- communicates well in simple sentences and may understand about 1000 words
- pronunciation has improved, likes to talk about own interests
- fine motor skill increases, can mark with crayons, turn pages in a book
- day time toilet training often attained

#### Between 4-5 years

- knows own name and age
- is becoming more independent from family
- needs structure, routine and limits to manage intense emotions
- is asking lots of questions
- is learning about differences between people
- takes time making up his mind
- is developing confidence in physical feats but can misjudge abilities
- likes active play and exercise and needs at least 60 minutes of this per day
- eye-hand coordination is becoming more practised and refined
- cuts along the line with scissors/can draw people with at least four 'parts'
- shows a preference for being right-handed or left-handed
- converses about topics and understands 2500 to 3000 words
- loves silly jokes and 'rude' words
- is curious about body and sexuality and role-plays at being grown-up
- may show pride in accomplishing tasks
- conscience is starting to develop, child weighs risks and actions; "I would take it but my parents would find out"



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### Possible indicators of trauma

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| <ul style="list-style-type: none"> <li>• behavioural change</li> <li>• increased tension, irritability, reactivity and inability to relax</li> <li>• regression to behaviour of younger child</li> <li>• uncharacteristic aggression</li> <li>• Reduced eye contact</li> </ul>  | <ul style="list-style-type: none"> <li>• loss of focus, lack of concentration and inattentiveness</li> <li>• complains of bodily aches, pains or illness with no explanation</li> <li>• loss of recently acquired skills (toileting, eating, self-care)</li> <li>• enuresis, encopresis</li> </ul>                                       | <ul style="list-style-type: none"> <li>• sleep disturbances, nightmares, night terrors, sleepwalking</li> <li>• fearfulness of going to sleep and being alone at night</li> <li>• inability to seek comfort or to be comforted</li> </ul>   |
| <ul style="list-style-type: none"> <li>• mood and personality changes</li> <li>• obvious anxiety and fearfulness</li> <li>• withdrawal and quieting</li> <li>• specific, trauma-related fears; general fearfulness</li> <li>• intense repetitive play often obvious</li> <li>• involvement of playmates in trauma related play at school and day care</li> <li>• separation anxiety with parents/others</li> <li>• loss of self-esteem and self confidence</li> </ul> | <ul style="list-style-type: none"> <li>• reduced capacity to feel emotions - may appear 'numb', limp, apathetic</li> <li>• repeated retelling of traumatic event</li> <li>• loss of recently acquired language and vocabulary</li> <li>• loss of interest in activities</li> <li>• loss of energy and concentration at school</li> </ul> | <ul style="list-style-type: none"> <li>• sudden intense masturbation</li> <li>• demonstration of adult sexual, knowledge through inappropriate sexualised behaviour</li> <li>• genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</li> <li>• sexualised play with toys</li> <li>• may verbally describe sexual abuse, pointing to body parts and telling about the 'game' they played</li> <li>• sexualised drawing</li> </ul> |

### Trauma impact

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| <ul style="list-style-type: none"> <li>• behavioural changes</li> <li>• hyperarousal, hypervigilance, hyperactivity</li> <li>• loss of toileting and eating skills</li> </ul>   | <ul style="list-style-type: none"> <li>• regression in recently acquired developmental gains</li> <li>• sleep disturbances, night terrors</li> </ul>  | <ul style="list-style-type: none"> <li>• enuresis and encopresis</li> <li>• delayed gross motor and visual-perceptual skills</li> </ul>  |
| <ul style="list-style-type: none"> <li>• fear of trauma recurring</li> <li>• mood and personality changes</li> <li>• loss of, or reduced capacity to attune with caregiver</li> <li>• loss of, or reduced capacity to manage emotional states or self soothe</li> <li>• increased need for control</li> <li>• fear of separation</li> </ul> | <ul style="list-style-type: none"> <li>• loss of self-esteem and self confidence</li> <li>• confusion about trauma evident in play...magical explanations and unclear understanding of causes of bad events</li> <li>• vulnerable to anniversary reactions set off by seasonal reminders, holidays, and other events</li> </ul> | <ul style="list-style-type: none"> <li>• memory of intrusive visual images from traumatic event may be demonstrated/recalled in words and play</li> <li>• at the older end of this age range, children are more likely to have lasting, accurate verbal and pictorial memory for central events of trauma</li> <li>• speech, cognitive and auditory processing delays</li> </ul> |

### Parental/carer support following trauma

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| <p>Encourage parent(s)/carers to:</p> <ul style="list-style-type: none"> <li>• seek, accept and increase support for themselves to manage their own shock and emotional responses</li> <li>• remain calm. Listen to and tolerate child's retelling of event</li> <li>• respect child's fears; give child time to cope with fears</li> <li>• protect child from re-exposure to frightening situations and reminders of trauma, including scary T.V. programs, movies, stories, and physical or locational reminders of trauma</li> </ul> | <ul style="list-style-type: none"> <li>• accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long)</li> <li>• expect and understand child's regression while maintaining basic household rules</li> <li>• expect some difficult or uncharacteristic behaviour</li> <li>• seek information and advice about child's developmental and educational progress</li> <li>• take time out to recharge</li> </ul> |
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