

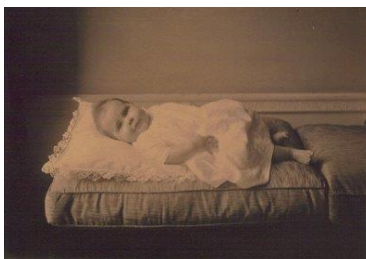
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Child Development and TA Psychotherapy

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"The unrememberable and unforgettable" ... Doug Watt

When I was one, I was just begun...



When I was one, I was just begun
 When I was two I nearly new
 When I was three, I was nearly me
 When I was four, I was that much more
 When I was five, I was just alive
 Now that I am six, I'm as clever as clever
 I think I'll stay six for ever and ever.
 A.A. Milne

Why child development and TA psychotherapy: the central theme in TA psychotherapy and TA theory is that during our infancy we all develop a life story, a narrative which we then follow through life. Berne the father of TA called this story the life script. More recently the book on life scripts edited by Richard Erskine has as its heading "life Scripts – unconscious relational patterns. The foundations for that script narrative are all unrememberable and yet unforgettable as Doug Watt described in the UK conference on psychotherapy – I did not write the date in my notes – however, I believe it was around 1997, when psychotherapists were increasingly aware of the importance of pre-language experience in the formation of what in TA, we call the protocol. The pre-verbal life script.

If life script was developed in relationship, then it is equally true that healing the hurts and re-writing the dysfunctional aspects of the script narrative are most effectively achieved in empathically attuned relationships. IN order to achieve those transformational relationships, we need to learn from what the researchers are now telling us about child development.

It is equally true that when I was training to become a TA therapist the ideas regarding ego states and script theory were all based on the ideas of the 50's – 80's and what was known then about child development influenced the development of TA and other models of psychotherapy. It therefore is important to refresh our understanding of the core concepts of TA theory and practice in the light of what we now know.

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The following notes start with the recent ideas, however there are also the most significant concepts which were formational in the practice of psychotherapy from the days of Freud. There is also a long list of milestones, from the NHS in the UK – which is full of Parent messages about what to do and not do with your child along with the actually interesting milestones.

Sue Gerhardt: “Why love matters” - A very readable key book on child development, drawing together material from other sources, such as Allan Schore’s more difficult but equally important book; “Affect regulation and the origin of the self”

Quotes from the book:

- The foundations are built during pregnancy and in the first two years of life... This is when the social brain is shaped, the emotional style and emotional resources established.
- Small differences in the foundations make huge differences in the outcome.
- The poorly handled baby develops a more reactive stress response and different biochemical patterns from a well-handled baby: Our minds emerge, and emotions are organised in engagement with others, not in isolation.
- Babies of agitated mothers may stay over aroused and have a sense that feelings explode out of you, there is nothing to be done about it. Well managed babies come to expect a responsive world.
- Researchers have found that the most difficult and irritable babies do fine when with responsive parents, no such thing as a difficult baby which is largely the perception of the parent.

Difficult parents:

- 1) Neglectful; the child develops a depressed way of interacting, less positive feelings and their left brains are less active, perform less well on cognitive tasks and are insecurely attached.
- 2) Intrusive; mother may be depressed but is also angry even if covertly, and is hostile to the baby, but is also overly involved with the baby. The child is insecurely attached in an avoidant or chaotic way.

Parents, bring the baby into the emotional world by identifying feelings and labelling them. Children of depressed parents are 6 times more likely to be depressed themselves as adults.

The Brain; Neuroscience and psychotherapy: The brain more than doubles in weight in the first year of life, this growth is experience dependent: As are the emotional, cognitive and verbal development and their related growth and development areas within the brain.

Schore describes how the most important and vital aspect of relationship is in looking at faces, the open eyes, including the large pupil size, large, dilated pupils are signs of pleasure and interest and invite a positive response. The baby smiles more, and the mothers care more: “The reciprocal and sustained, face to face gaze transactions” this directly effects the development of the brain and the release of neuroendocrine, which bring pleasure and directly stimulates the growth and development of the brain. However, negative looks and interactions stimulates the production of cortisol which in turn prevents the development of the brain.

“The volume of the brain in general and in particular the size of the prefrontal cortex (which is so important in controlling and self-calming) is directly affected by abuse or neglect, the earlier the abuse or neglect the smaller the brain volume”

The prefrontal part of the cortex has a unique role; linking the sensory areas of the cortex; thoughtful responses to emotions, within the emotional and survival areas of the sub-cortex, which are responsible for our emotional intelligence. This area, the orbito-frontal cortex develops after birth and does not mature until toddlerhood... this development is directly related to the baby’s experience of his / her interaction with people... i.e., it is experience dependent. The first area to develop is the social brain and is highly responsive to social experience.

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Experience with the Romanian orphans who were left without contact with adults has shown that they have a virtual black hole where this area of their brains should be. There is little hope of full recovery or of developing this part of the brain.

“Mentalising... The capacity to recognise others minds, develops as a result of healthy attachments, people who have a borderline disorder grow up avoiding his because it would involve recognising the parent’s lack of love or hatred”

Schore: “Affect regulation and the Origin of the self” Drawing on research in neurobiology and infant research Schore proposes that an infant’s affective interactions with the early human social environment directly and indelibly influence the post-natal maturation of brain structures the will then regulate all future socio emotional functioning... the first relationship, with one’s mother acts as a template as it permanently shapes the individuals capacity to enter all later relationships. Early postnatal development represents an experiential shaping of the infant’s genetic potential. ... 70% of the cerebral cortex’s genetic content is added after birth.”

The Interpersonal World of the Infant: Daniel Stern: In this significant contribution Stern proposes a model of child development based on an assumption that the child has a sense of self at birth. This fits well with what we experience as Transactional (Script) Analysts. This is a radical shift from traditional views such as Mahler’s. Stern came to this view as a psychoanalyst from ongoing research and observations of infants.

Infants begin to experience a sense of an emergent self from birth. They are pre-designed to be aware of self – organising processes. They never experience a period of total self / other undifferentiation. There is no confusion of self and other in the beginning or at any point during infancy. They are pre-designed to be selectively responsive to external social events and never experience an autistic like phase.

During the period of 2 – 6 months the infant consolidates the core sense of self as a separate, cohesive, bounded, physical unit with a sense of their own agency, affectivity and continuity in time. There is no symbiotic like phase. In fact, the subjective experiences of union with another can occur only after a core self and a core other exists.”

The four senses of the self. Each one defines a different domain of self-experience and social relatedness.

- 1) **The emergent self: 0 – 2 months.** In which the infant responds to the environment and develops their sense of self.
- 2) **The core self: 2-6 months.** The infant appears in social interaction to be an integrated whole. They are controlling their own actions, own their own affectivity, with a sense of continuity and a sense of others versus others.
- 3) **The subjective self: 7-15 months.** In this phase the infant develops a sense of themselves with others. including attachment.
- 4) **The verbal self: 16 months +.** During the 2nd year language emerges. A new medium to exchange with others and create shared meanings. Language causes a split, an alienation, in the self between the verbal self and the emergent, core, and inter-subjective relatedness, all of which continue to have experiences.

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Mahler's Developmental Theory (From Object relations In Psychoanalytic theory Greenberg & Mitchell 1983) Mahler's (very different) model was evolved from the Freudian drive theory and ideas regarding development, which saw the need for the child to gain genital primacy in overcoming the Oedipus complex, and also built upon object relations theory. Mahler saw the primary need as coming to terms with the human environment, with success as being the completion of the separation / individuation process, which based upon her ideas of the relationship between the self and its objects.

Mahler stressed the importance of both the conscious and unconscious attitudes of parents towards children as the key factor in their development.

1. The normal autistic phase: The neonate appears to be oblivious to all stimulation; the infant is operating as a closed system, removed from external reality. The newborn lacks the capacity to be aware of the world, or to relate to it. Limited experience of maintenance or disruption of homeostasis.
2. The Normal symbiotic Phase: After 3 – 4 weeks the infant starts to respond to the environment. This brings with it the "dim awareness of the mother as an external object". Cathexis is now directed towards the periphery as well as inwards. From the infant's perspective there is no distinction between the self and the other object, the mother and baby form a symbiotic & omnipotent unit. The baby starts to organise experience. Initially this is categorised as good (pleasurable) or bad (painful). These are related to the maintenance of homeostasis. " Islands of good and bad begin to form in the as yet undifferentiated matrix of Id and Ego." Early precursors of the sense of self and others are laid down during this phase. Both the autistic and symbiotic phase fall within Freud's primary narcissism epoch.

Mahler describes Narcissism as the cathexis of a still merged image of self and object.

3. The Differentiation sub phase: From 4 – 10 months the first phase of separation / individuation begins. (Mahler called this hatching!). Initially the child explores the mother then further afield, scanning the world then back to mother. The child develops the capacity to differentiate between outside and internal sensations, between external objects.
4. The Practising Sub phase: There are two parts to this phase: Early practising and the practising sub phase proper (From the time of walking upright). The baby can now move some way from the mother, although mother is still home base! Inanimate objects may become transitional objects (Winnicott 1965). There is an increasing differentiating from mother. The Child perceives himself as omnipotent. The mother must be willing to relinquish ownership of the child's body and respond with the child at the child's pace.
5. The Rapprochement sub phase: The continued development and expansion of the child's world has a price. Between 15 – 18 months the child comes to a realisation that contrary to his earlier narcissistic view of himself he is in fact a very small person in a very big world. There follows a loss of the idealised self, and an increase in separation anxiety. There is also a new realisation is also that mother is a separate person. There is at 18 – 24 months a rapprochement crises, a difficult time, the manner of resolution determines many features of later personality development. During this phase the child experiences a need for help from outside, simultaneously he in the service of individuation and separation the child needs to deny that it actually comes from another person. This ambivalence leads to intense neediness often rapidly alternating with intense battles.

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The very intense fear of loss of mother's love, and the re-engulfment in the symbiosis is central to the splitting of good and bad objects in the transference process involved with a Borderline personality disorder. Successful resolution of this splitting process is seen as central to healthy development. (In Freudian terms the child is moving from oral to anal phase of development.)

6. The phase of Libidinal object constancy: This is an open-ended phase, with the results variable throughout life. The two principal tasks are to find a stable sense of the self and others. The child attains a sense of individuated self with a sense of the other as a positively cathected presence. This permits adequate functioning in the absence of the other. (Psychological constancy similar to Piaget's object constancy).

- Separation = emergence from the symbiosis with mother.
- Individuation = achievements marking the child's own characteristics

What is Attachment?

Attachment is a special emotional relationship that involves an exchange of comfort, care, and pleasure. The roots of research on attachment began with Freud's theories about love, but another researcher is usually credited as the father of attachment theory.

John Bowlby devoted extensive research to the concept of attachment, describing it as a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Bowlby shared the psychoanalytic view that early experiences in childhood have an important influence on development and behavior later in life. Our early attachment styles are established in childhood through the infant/caregiver relationship.

In addition to this, Bowlby believed that attachment had an evolutionary component; it aids in survival. "The propensity to make strong emotional bonds to particular individuals is a basic component of human nature" (Bowlby, 1988, 3).

Characteristics of Attachment

Bowlby believed that there are four distinguishing characteristics of attachment:

1. Proximity Maintenance - The desire to be near the people we are attached to.
2. Safe Haven - Returning to the attachment figure for comfort and safety in the face of a fear or threat.
3. Secure Base - The attachment figure acts as a base of security from which the child can explore the surrounding environment.
4. Separation Distress - Anxiety that occurs in the absence of the attachment figure

Attachment theory: Bowlby 1951 wrote that mother love in infancy is as important for mental health as vitamins and proteins are for physical health. Individuals with any kind of psychiatric disorder always show a disturbance in their social relationships.... This has been caused by disturbed bonding in childhood. There is a general tendency in infancy to seek attachments. The strength of attachment refers to the intensity of the behaviours, the security to confidence the child has in the attachment figure being there when needed. (Nb. Famous experiments with monkeys by Harlow and Zimmerman 1959, the warm cloth mother was more important than the wire but feeding mother)

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During the 1970's, psychologist Mary Ainsworth further expanded upon Bowlby's groundbreaking work in her now-famous "Strange Situation" study. The study involved observing children between the ages of 12 to 18 months responding to a situation in which they were briefly left alone and then reunited with their mother (Ainsworth, 1978).

Based on these observations, Ainsworth concluded that there were three major styles of attachment: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. Researchers Main and Solomon (1986) added a fourth attachment style known as disorganized-insecure attachment. Numerous studies have supported Ainsworth's conclusions and additional research has revealed that these early attachment styles can help predict behaviours later in life.

There are 3 types of attachment in infants in the "strange situation" experiment designed by Ainsworth

- (15%) Anxious – avoidant. (Indifference to relationships, the mother is largely ignored)
- (70%) Securely attached.
- (15%) Anxious – resistant. (Ambivalent re relationships, the baby is wary and unsettled in mothers presence)
- Main et al. (1991) describe a 4th attachment type... Chaotic: unorganised / traumatic unresolved grief is a category used in the Adult attachment interview... This is where the parent is feared, as fear normally creates and increases proximity seeking behaviour however when the parent is feared the child faces internal conflict and becomes chaotic.

Characteristics of Secure Attachment: Children who are securely attached generally become visibly upset when their caregivers leave and are happy when their parents return. When frightened, these children will seek comfort from the parent or caregiver. Contact initiated by a parent is readily accepted by securely attached children and they greet the return of a parent with positive behaviour. While these children can be comforted to some extent by other people in the absence of a parent or caregiver, they clearly prefer parents to strangers.

Parents of securely attached children tend to play more with their children. Additionally, these parents react more quickly to their children's needs and are generally more responsive to their children than the parents of insecurely attached children. Studies have shown that securely attached children are more empathetic during later stages of childhood. These children are also described as less disruptive, less aggressive, and more mature than children with ambivalent or avoidant attachment styles.

As adults, those who are securely attached tend to have trusting, long-term relationships. Other key characteristics of securely attached individuals include having high self-esteem, enjoying intimate relationships, seeking out social support, and an ability to share feelings with other people.

In one study, researchers found that women with a secure attachment style had more positive feelings about their adult romantic relationships than other women with insecure attachment styles (McCarthy G., 1999)

Characteristics of Ambivalent Attachment: Children who are ambivalently attached tend to be extremely suspicious of strangers. These children display considerable distress when separated from a parent or caregiver, but do not seem reassured or comforted by the return of the parent. In some cases, the child might passively reject the parent by refusing comfort or may openly display direct aggression toward the parent.

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According to Cassidy and Berlin (1994), ambivalent attachment is relatively uncommon, with only 7% to 15% of infants in the United States displaying this attachment style. In a review of ambivalent attachment literature, Cassidy and Berlin also found that observational research consistently links ambivalent-insecure attachment to low maternal availability. As these children grow older, teachers often describe them as clingy and over-dependent.

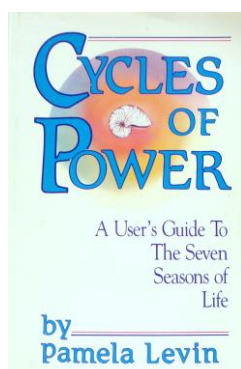
As adults, those with an ambivalent attachment style often feel reluctant about becoming close to others and worry that their partner does not reciprocate their feelings. This leads to frequent breakups, often because the relationship feels cold and distant. These individuals feel especially distraught after the end of a relationship. Cassidy and Berlin described another pathological pattern where ambivalently attached adults cling to young children as a source of security (1994).

Characteristics of Avoidant Attachment: Children with avoidant attachment styles tend to avoid parents and caregivers. This avoidance often becomes especially pronounced after a period of absence. These children might not reject attention from a parent, but neither do they seek our comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger.

As adults, those with an avoidant attachment tend to have difficulty with intimacy and close relationships. These individuals do not invest much emotion in relationships and experience little distress when a relationship ends. They often avoid intimacy by using excuses (such as long work hours), or may fantasize about other people during sex. Research has also shown that adults with an avoidant attachment style are more accepting and likely to engage in casual sex (Feeney, J., Noller, and Patty 1993). Other common characteristics include a failure to support partners during stressful times and an inability to share feelings, thoughts and emotions with partners.

Characteristics of Disorganized Attachment: Children with a disorganized-insecure attachment style show a lack of clear attachment behaviour. Their actions and responses to caregivers are often a mix of behaviours, including avoidance or resistance. These children are described as displaying dazed behaviour, sometimes seeming either confused or apprehensive in the presence of a caregiver.

Main and Solomon (1986) proposed that inconsistent behaviour on the part of parents might be a contributing factor in this style of attachment. In later research, Main and Hesse (1990) argued that parents who act as figures of both fear and reassurance to a child contribute to a disorganized attachment style. Because the child feels both comforted and frightened by the parent, confusion results.



Pam Levin – the Cycles of Power _

taj article 1982 – A classic TA concept for which she won the Eric Berne memorial prize. While it has little in common with the more recent research ideas on child development – it is a really great metaphor for child needs during development.

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Levin's concept is that these 7 stages are repeated throughout life

- 1) The power of being – it is ok for you to be here – 0-6 months
- 2) The power of doing – ok to explore the world – 6 – 18months
- 3) The power of thinking – ok to think for self and be different – 18 months to 3 yrs
- 4) The power of identity – ok to be you – the sex you are etc... 3 yrs – 6yrs.
- 5) The power of being skilful – ok to do your own thing your way – 6 yrs – 12 yrs
- 6) The power of regeneration – ok to become sexual and adult – 13 - 18
- 7) The power of re-cycling – reprocessing all the stages – 19 onwards.

Erik Erikson's theory of ego psychology holds certain tenets that differentiate his theory from Freud's. in relation to TA, it is important to remember that Erikson was for some time Eric Berne's analyst.

- The ego is of utmost importance.
- Part of the ego is able to operate independently of the id and the superego.
- The ego is a powerful agent that can adapt to situations, thereby promoting
- mental health.
- Social and sexual factors both play a role in personality development.

Erikson's theory was more comprehensive than Freud's and included information about "normal" personality as well as neurotics. He also broadened the scope of personality to incorporate society and culture, not just sexuality

Erik Erikson Psychosocial Worksheet

Stages Normal Growth Crises	Psychosexual Zones/Stages	Psychosexual Modes	Psychosocial Zones Radius of Significant Relations	Psychosocial Modalities
Trust vs. Mistrust	Oral-Respiratory-Sensory- Kinaesthetic	Passive Incorporative Active Incorporative	Maternal Person	To get to take
Autonomy vs. Shame- Doubt	Anal-Urethral-Muscular	Retentive Eliminative	Parental Persons	To hold (on) To let (go)
Initiative vs. Guilt	Infantile-Genital-Locomotor	Intrusive Inclusive	Basic Family	To "make" (going after) To "make like" (playing)
Industry vs. Inferiority	Cerebral-Cortical/"Latency"		Neighborhood, School, Community	To make things To make things together
Identity vs. Role Confusion/Diffusion	Puberty		Peer Groups and Outgroups; Models of Leadership	To be oneself (or not to be) To share being oneself
Intimacy vs. Isolation	Genitality		Partners friendship, competition, cooperation in sex,	To lose and find oneself in another

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			(heterosexual, homosexual)	
Generativity vs. Stagnation/Self-Absorbtion)			Divided labor and shared household	To let be To make be To take care of
Integrity vs. Despair			"Mankind" "My Kind"	To be through having been To face not being (To be a has-been)

The Developmental Stages of Erik Erikson - By Arlene F. Harder, MA, MFT

"It is human to have a long childhood; it is civilized to have an even longer childhood. Long childhood makes a technical and mental virtuoso out of man, but it also leaves a life-long residue of emotional immaturity in him."

— Erik Homburger Erikson (1902-1994)

Our personality traits come in opposites. We think of ourselves as optimistic or pessimistic, independent or dependent, emotional or unemotional, adventurous or cautious, leader or follower, aggressive or passive. Many of these are inborn temperament traits, but other characteristics, such as feeling either competent or inferior, appear to be learned, based on the challenges and support we receive in growing up.

The man who did a great deal to explore this concept is Erik Erikson. Although he was influenced by Freud, he believed that the ego exists from birth and that behaviour is not totally defensive. Based in part on his study of Sioux Indians on a reservation, Erikson became aware of the massive influence of culture on behaviour and placed more emphasis on the external world, such as depression and wars. He felt the course of development is determined by the interaction of the body (genetic biological programming), mind (psychological), **and** cultural (ethos) influences.

He organized life into eight stages that extend from birth to death (many developmental theories only cover childhood). Since adulthood covers a span of many years, Erikson divided the stages of adulthood into the experiences of young adults, middle aged adults and older adults. While the actual ages may vary considerably from one stage to another, the ages seem to be appropriate for the majority of people

Stage 1 - Basic Trust vs. Mistrust >> Drive and Hope

Birth – 18 months

- Developing trust is the first task of the ego, and it is never complete.
- The child will let mother out of sight without anxiety and rage because she has become an inner certainty as well as an outer predictability.
- The balance of trust with mistrust depends largely on the quality of maternal relationship.

Stage 2 - Autonomy vs. Shame and Doubt >>> Strength, courage and willpower

18 months – 3 years

- If denied autonomy, the child will turn against him/herself urges to manipulate and discriminate.
- Shame develops with the child's self-consciousness.

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- Doubt has to do with having a front and back -- a "behind" subject to its own rules. Left over doubt may become paranoia.
- The sense of autonomy fostered in the child and modified as life progresses serves the preservation in economic and political life of a sense of justice.

Stage 3 - Initiative vs. Guilt >> Purpose

The play age = 3 – 5yrs

- Initiative adds to autonomy the quality of undertaking, planning, and attacking a task for the sake of being active and on the move.
- The child feels guilt over the goals contemplated and the acts initiated in exuberant enjoyment of new locomotor and mental powers.
- The castration complex occurring in this stage is due to the child's erotic fantasies.
- A residual conflict over initiative may be expressed as hysterical denial, which may cause the repression of the wish or the abrogation of the child's ego: paralysis and inhibition, or overcompensation and showing off.
- The Oedipal stage results not only in oppressive establishment of a moral sense restricting the horizon of the permissible, but also sets the direction towards the possible and the tangible which permits dreams of early childhood to be attached to goals of an active adult life.

After Stage 3, one may use the whole repertoire of previous modalities, modes, and zones for industrious, identity-maintaining, intimate, legacy-producing, despair-countering purposes.

Stage 4 - Industry vs. Inferiority >> Method and Competence

School - 6 – 12 years

- To bring a productive situation to completion is an aim which gradually supersedes the whims and wishes of play.
- The fundamentals of technology are developed
- To lose the hope of such "industrious" association may pull the child back to the more isolated, less conscious familial rivalry of the Oedipal time
- The child can become a conformist and thoughtless slave whom others exploit.

Stage 5 - Identity vs. Role Confusion (or "Diffusion") >> Devotion and Fidelity

12 – 18 years

- The adolescent is newly concerned with how they appear to others.
- Ego identity is the accrued confidence that the inner sameness and continuity prepared in the past are matched by the sameness and continuity of one's meaning for others, as evidenced in the promise of a career.
- The inability to settle on a school or occupational identity is disturbing.

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Stage 6 - Intimacy vs. Isolation >> Affiliation and Love**18 – 35 years**

- Body and ego must be masters of organ modes and of the other nuclear conflicts in order to face the fear of ego loss in situations which call for self-abandon.
- The avoidance of these experiences leads to isolation and self-absorption.
- The counterpart of intimacy is distantiation, which is the readiness to isolate and destroy forces and people whose essence seems dangerous to one's own.
- Now true genitality can fully develop.
- The danger at this stage is isolation which can lead to sever character problems.

Erikson's listed criteria for "genital utopia" illustrate his insistence on the role of many modes and modalities in harmony:

- mutuality of orgasm
- with a loved partner
- of opposite sex
- with whom one is willing and able to share a trust, and
- with whom one is willing and able to regulate the cycles of work, procreation, and recreation
- so as to secure to the offspring all the stages of satisfactory development

Stage 7 - Generativity vs. Stagnation >> Production and Care**Ages 35 - 65**

- Generativity is the concern in establishing and guiding the next generation.
- Simply having or wanting children doesn't achieve generativity.
- Socially valued work and disciples are also expressions of generativity.

Stage 8 - Ego Integrity vs. Despair >> Wisdom**65 - death**

- Ego integrity is the ego's accumulated assurance of its capacity for order and meaning.
- Despair is signified by a fear of one's own death, as well as the loss of self-sufficiency, and of loved partners and friends.
- Healthy children, Erikson tells us, won't fear life if their elders have integrity enough not to fear death.

Freud

According to Sigmund Freud, personality is mostly established by the age of five. Early experiences play a large role in personality development and continue to influence behaviour later in life.

Freud's theory of psychosexual development is one of the best known, but also one of the most controversial. Freud believed that personality develops through a series of childhood stages during which the pleasure-seeking energies

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of the id become focused on certain erogenous areas. This psychosexual energy, or libido, was described as the driving force behind behaviour.

If these psychosexual stages are completed successfully, the result is a healthy personality. If certain issues are not resolved at the appropriate stage, fixation can occur. A fixation is a persistent focus on an earlier psychosexual stage. Until this conflict is resolved, the individual will remain "stuck" in this stage. For example, a person who is fixated at the oral stage may be over-dependent on others and may seek oral stimulation through smoking, drinking, or eating.

Oral Stage: Age Range: Birth to 1 Year - Erogenous Zone: Mouth

During the oral stage, the infant's primary source of interaction occurs through the mouth, so the rooting and sucking reflex is especially important. The mouth is vital for eating, and the infant derives pleasure from oral stimulation through gratifying activities such as tasting and sucking. Because the infant is entirely dependent upon caretakers (who are responsible for feeding the child), the infant also develops a sense of trust and comfort through this oral stimulation.

The primary conflict at this stage is the weaning process--the child must become less dependent upon caretakers. If fixation occurs at this stage, Freud believed the individual would have issues with dependency or aggression. Oral fixation can result in problems with drinking, eating, smoking or nail biting.

Anal Stage - Age Range: 1 to 3 years - Erogenous Zone: Bowel and Bladder Control

During the anal stage, Freud believed that the primary focus of the libido was on controlling bladder and bowel movements. The major conflict at this stage is toilet training--the child has to learn to control his or her bodily needs. Developing this control leads to a sense of accomplishment and independence.

According to Freud, success at this stage is dependent upon the way in which parents approach toilet training. Parents who utilize praise and rewards for using the toilet at the appropriate time encourage positive outcomes and help children feel capable and productive. Freud believed that positive experiences during this stage served as the basis for people to become competent, productive and creative adults.

However, not all parents provide the support and encouragement that children need during this stage. Some parents' instead punish, ridicule or shame a child for accidents. According to Freud, inappropriate parental responses can result in negative outcomes. If parents take an approach that is too lenient, Freud suggested that an *anal-expulsive personality* could develop in which the individual has a messy, wasteful or destructive personality. If parents are too strict or begin toilet training too early, Freud believed that an *anal-retentive personality* develops in which the individual is stringent, orderly, rigid and obsessive.

Phallic Stage - Age Range: 3 to 6 Years - Erogenous Zone: Genitals

During the phallic stage, the primary focus of the libido is on the genitals. At this age, children also begin to discover the differences between males and females.

Freud also believed that boys begin to view their fathers as a rival for the mother's affections. The Oedipus complex describes these feelings of wanting to possess the mother and the desire to replace the father. However, the child also fears that he will be punished by the father for these feelings, a fear Freud termed *castration anxiety*.

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The term Electra complex has been used to describe a similar set of feelings experienced by young girls. Freud, however, believed that girls instead experience *penis envy*.

Eventually, the child begins to identify with the same-sex parent as a means of vicariously possessing the other parent. For girls, however, Freud believed that penis envy was never fully resolved and that all women remain somewhat fixated on this stage. Psychologists such as Karen Horney disputed this theory, calling it both inaccurate and demeaning to women. Instead, Horney proposed that men experience feelings of inferiority because they cannot give birth to children.

Latent Period - Age Range: 6 to Puberty - Erogenous Zone: Sexual Feelings Are Inactive

During the latent period, the libido interests are suppressed. The development of the ego and superego contribute to this period of calm. The stage begins around the time that children enter into school and become more concerned with peer relationships, hobbies and other interests.

The latent period is a time of exploration in which the sexual energy is still present, but it is directed into other areas such as intellectual pursuits and social interactions. This stage is important in the development of social and communication skills and self-confidence.

Genital stage - Age Range: Puberty to Death- Erogenous Zone: Maturing Sexual Interests

During the final stage of psychosexual development, the individual develops a strong sexual interest in the opposite sex. This stage begins during puberty but last throughout the rest of a person's life.

Where in earlier stages the focus was solely on individual needs, interest in the welfare of others grows during this stage. If the other stages have been completed successfully, the individual should now be well-balanced, warm and caring. The goal of this stage is to establish a balance between the various life areas.

Jean Piaget's Background

Jean Piaget was born in Switzerland in 1896. After receiving his doctoral degree at age 22, Piaget formally began a career that would have a profound impact on both psychology and education. After working with Alfred Binet, Piaget developed an interest in the intellectual development of children. Based upon his observations, he concluded that children were not less intelligent than adults, they simply think differently. Albert Einstein called Piaget's discovery "so simple only a genius could have thought of it."

Piaget's stage theory describes the cognitive development of children. Cognitive development involves changes in cognitive process and abilities. In Piaget's view, early cognitive development involves processes based upon actions and later progresses into changes in mental operations.

Key Concepts

Schemas - A schema describes both the mental and physical actions involved in understanding and knowing. Schemas are categories of knowledge that help us to interpret and understand the world.

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In Piaget's view, a schema includes both a category of knowledge and the process of obtaining that knowledge. As experiences happen, this new information is used to modify, add to, or change previously existing schemas.

For example, a child may have a schema about a type of animal, such as a dog. If the child's sole experience has been with small dogs, a child might believe that all dogs are small, furry, and have four legs. Suppose then that the child encounters a very large dog. The child will take in this new information, modifying the previously existing schema to include this new information.

Assimilation - The process of taking in new information into our previously existing schema's is known as assimilation. The process is somewhat subjective, because we tend to modify experience or information somewhat to fit in with our pre-existing beliefs. In the example above, seeing a dog and labelling it "dog" is an example of assimilating the animal into the child's dog schema.

Accommodation - Another part of adaptation involves changing or altering our existing schemas in light of new information, a process known as accommodation. Accommodation involves altering existing schemas, or ideas, as a result of new information or new experiences. New schemas may also be developed during this process.

Equilibration - Piaget believed that all children try to strike a balance between assimilation and accommodation, which is achieved through a mechanism Piaget called equilibration. As children progress through the stages of cognitive development, it is important to maintain a balance between applying previous knowledge (assimilation) and changing behaviour to account for new knowledge (accommodation). Equilibration helps explain how children are able to move from one stage of thought into the next.

Characteristics of the Sensorimotor Stage:

The first stage of Piaget's theory lasts from birth to approximately age two and is centered on the infant trying to make sense of the world. During the sensorimotor stage, an infant's knowledge of the world is limited to their sensory perceptions and motor activities. Behaviors are limited to simple motor responses caused by sensory stimuli. Children utilize skills and abilities they were born with, such as looking, sucking, grasping, and listening, to learn more about the environment.

Object Permanence:

According to Piaget, the development of object permanence is one of the most important accomplishments at the sensorimotor stage of development. Object permanence is a child's understanding that objects continue to exist even though they cannot be seen or heard.

Substages of the Sensorimotor Stage:

The sensorimotor stage can be divided into six separate substages that are characterized by the development of a new skill.

Reflexes (0-1 month):

During this substage, the child understands the environment purely through inborn reflexes such as sucking and looking.

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Primary Circular Reactions (1-4 months):

This substage involves coordinating sensation and new schemas. For example, a child may suck his or her thumb by accident and then later intentionally repeat the action. These actions are repeated because the infant finds them pleasurable.

Secondary Circular Reactions (4-8 months):

During this substage, the child becomes more focused on the world and begins to intentionally repeat an action in order to trigger a response in the environment. For example, a child will purposefully pick up a toy in order to put it in his or her mouth.

Coordination of Reactions (8-12 months):

During this substage, the child starts to show clearly intentional actions. The child may also combine schemas in order to achieve a desired effect. Children begin exploring the environment around them and will often imitate the observed behavior of others. The understanding of objects also begins during this time and children begin to recognize certain objects as having specific qualities. For example, a child might realize that a rattle will make a sound when shaken.

Characteristics of the Preoperational Stage:

The preoperational stage occurs between ages two and six. Language development is one of the hallmarks of this period. Piaget noted that children in this stage do not yet understand concrete logic, cannot mentally manipulate information, and are unable to take the point of view of other people, which he termed egocentrism.

During the preoperational stage, children also become increasingly adept at using symbols, as evidenced by the increase in playing and pretending. For example, a child is able to use an object to represent something else, such as pretending a broom is a horse. Role playing also becomes important during the preoperational stage. Children often play the roles of "mommy," "daddy," "doctor" and many others.

Egocentrism:

Piaget used a number of creative and clever techniques to study the mental abilities of children. One of the famous technique's egocentrism involved using a three-dimensional display of a mountain scene. Children are asked to choose a picture that showed the scene they had observed. Most children are able to do this with little difficulty. Next, children are asked to select a picture showing what *someone else* would have observed when looking at the mountain from a different viewpoint.

Invariably, children almost always choose the scene showing *their own* view of the mountain scene. According to Piaget, children experience this difficulty because they are unable to take on another person's perspective.

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Conservation:

Another well-known experiment involves demonstrating a child's understanding of conservation. In one conservation experiment, equal amounts of liquid are poured into two identical containers. The liquid in one container is then poured into a different shaped cup, such as a tall and thin cup, or a short and wide cup. Children are then asked which cup holds the most liquid. Despite seeing that the liquid amounts were equal, children almost always choose the cup that appears fuller.

Piaget conducted a number of similar experiments on conservation of number, length, mass, weight, volume, and quantity. Piaget found that few children showed any understanding of conservation prior to the age of five.

Tertiary Circular Reactions (12-18 months):

Children begin a period of trial-and-error experimentation during the fifth substage. For example, a child may try out different sounds or actions as a way of getting attention from a caregiver.

Early Representational Thought (18-24 months):

Children begin to develop symbols to represent events or objects in the world in the final sensorimotor substage. During this time, children begin to move towards understanding the world through mental operations rather than purely through actions.

Characteristics of Concrete Operations:

The concrete operational stage begins around age seven and continues until approximately age eleven. During this time, children gain a better understanding of mental operations. Children begin thinking logically about concrete events but have difficulty understanding abstract or hypothetical concepts.

Logic:

Piaget determined that children in the concrete operational stage were fairly good at the use of inductive logic. Inductive logic involves going from a specific experience to a general principle. On the other hand, children at this age have difficulty using deductive logic, which involves using a general principle to determine the outcome of a specific event.

Reversibility:

One of the most important developments in this stage is an understanding of reversibility, or awareness that actions can be reversed. An example of this is being able to reverse the order of relationships between mental categories. For example, a child might be able to recognize that his or her dog is a Labrador, that a Labrador is a dog, and that a dog is an animal.

Characteristics of the Formal Operational Stage:

The formal operational stage begins at approximately age twelve to and lasts into adulthood. During this time, people develop the ability to think about abstract concepts. Skills such as logical thought, deductive reasoning, and systematic planning also emerge during this stage.

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Logic:

Piaget believed that deductive logic becomes important during the formal operational stage. Deductive logic requires the ability to use a general principle to determine a specific outcome. This type of thinking involves hypothetical situations and is often required in science and mathematics.

Abstract Thought:

While children tend to think very concretely and specifically in earlier stages, the ability to think about abstract concepts emerges during the formal operational stage. Instead of relying solely on previous experiences, children begin to consider possible outcomes and consequences of actions. This type of thinking is important in long-term planning.

Problem-Solving:

In earlier stages, children used trial-and-error to solve problems. During the formal operational stage, the ability to systematically solve a problem in a logical and methodical way emerges. Children at the formal operational stage of cognitive development are often able to quickly plan an organized approach to solving a problem.

Milestones:

National Health Service in the UK publishes - Birth-to-5 development timeline - This is a guide to the milestones in your child's development from birth to five years old.

The ages given are averages and a lot of children will gain one skill earlier than another.

Various vaccinations and health checks are mentioned, as well as many "normative Parent messages" about what you should or should not do. I have chosen them in place as it is interesting to see what advice the average mother will receive. These are the UK norms.

1-4 weeks - Loves looking at faces - Your new baby will enjoy looking at faces and start to recognise their parents. In their first few weeks, babies like looking at faces. If a face is close, they'll focus on it and follow it. By two weeks most babies begin to recognise their parents. It's essential to encourage your child's learning in these early weeks, and talking to your baby is a great way to start. A health professional, usually a health visitor, will carry out a new baby review during these weeks. They'll talk to you about feeding your baby, becoming a parent and how you can help your baby to grow up healthily. As a minimum, your baby should be weighed with no clothes on at birth and again at five and 10 days.

1-4 weeks - Startled by sudden noises - If your baby hears a loud noise they may be startled. Babies can respond to sights and sounds from an early age. Reacting to loud noises is all part of development. You can help your child learn by holding them close, making eye contact and talking to them. They'll look back at you and begin to understand how conversations work. Even making baby noises will teach your baby how to listen, the importance of words and taking turns in a conversation.

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4-6 weeks - Starts to smile- Your baby will begin to smile and respond to the sounds around them. Babies begin to smile at around four to six weeks. You can encourage development by making faces and noises and talking about what's going on around you. Start by saying simple things like 'Are you hungry now?' or 'Do you want some milk?'

4-12 weeks - Lifts their head - Your baby will try to lift their head while lying on their front. Babies will try to lift their head while lying on their front, almost like they're doing a mini press-up. They'll soon start to wriggle and kick, and it's not long before they can roll over, back to front or front to back. This means they can roll off beds or changing tables, so take care not to leave them on their own.

6-8 weeks - Vaccinations and full health check - Your baby is due to have their DTaP/IPV/Hib and pneumococcal vaccinations this month and will also have a full health check.

At six to eight weeks your baby will be given a number of tests and a full health review by a health professional. At eight weeks they'll also be given their scheduled pneumococcal and diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (DTaP/IPV/Hib) vaccinations. After the injection your baby may be upset for up to 48 hours. They may have a mild fever and a small lump where they had the injection. This health review is a good opportunity to talk about any concerns you have and ask for any information you need.

3-5 months - Reaches out for objects- Your baby will start to reach out for objects as their muscles develop. As they develop their arm and hand muscles babies will start to reach for objects. In order to grow and develop, children need time and attention from someone who's happy to play with them. You don't need expensive toys to help children learn. You can teach them through playing, singing, reading and talking.

3 months - Vaccinations due-Your baby is due to have their DTaP/IPV/Hib and MenC vaccinations this month. At three months your baby will be given their scheduled vaccinations for meningococcal conjugate (MenC) and diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (DTaP/IPV/Hib). After the injection your baby may be upset for up to 48 hours and may have a mild fever and a small lump where they had the injection. Scheduled vaccinations are a good time to talk about any concerns you have about your child's health. You can also contact your health visitor or go to the local child health clinic at any time.

4-6 months - Starts making noises - Your baby will enjoy making new and different sounds. Babies enjoy making new and different sounds, and by six months they'll also make repetitive noises. There are many ways to help their development, through playing, reading, music and more. Have fun singing nursery rhymes and songs, especially those with actions, like Pat-a-cake, Row, row, row your boat and Wind the bobbin up. If you repeat the sounds your baby makes back to them, your baby will learn to copy you.

4 months - Vaccinations due - Your baby is due to have their DTaP/IPV/Hib, MenC and pneumococcal vaccinations this month. At four months your baby will be given their scheduled vaccinations for meningococcal conjugate (MenC), pneumococcal and diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus, influenzae type b (DTaP/IPV/Hib). After the injection your baby may be upset for up to 48 hours and may have a mild fever and a small lump where they had the injection. Scheduled vaccinations are a good time to talk about any concerns you have about your child's health. You can also contact your health visitor or go to the local child health clinic at any time.

5 months - Can hold objects - Your baby will lift objects up to suck them. By five months babies can lift and hold objects but are unable to let go of them. They will often put things in their mouth to explore the taste and texture. They'll enjoy shaking things that make a noise, so rattles are great. Shake one around in front of your child so they learn how to make a noise with it.

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6 months - Hand-to-hand co-ordination - Your baby will learn to pass things from one hand to the other.

At around six months babies learn to pass things from hand to hand. Find toys that they can pick up and move around, as that will help them improve their co-ordination. Singing with your baby is ideal stimulation because it involves language and music. Music without words can be good for young minds at this time too.

6 months - Starts to eat solids - Now is a good time to introduce your baby to solid food.

Health experts agree that around six months is the best age to introduce solid food. Before this, your baby's digestive system is still developing, and weaning too early can increase the risk of infections and allergies. Weaning your baby with healthy foods such as fruit, vegetables and yoghurt will increase the chance of them being healthy in the future. There's nothing wrong with the occasional jar of baby food, but be aware that many contain additives, preservatives and sodium (salt).

6-8 months - Sits without support - Your baby is getting stronger and can now sit without assistance.

As your baby gets stronger, they'll start to sit without assistance. If your baby is not able to sit unsupported by nine months, talk to your health visitor or GP. It's a good time to remove cot bumpers as your baby may use them to pull themselves up and could fall out of the cot.

6-9 months - Teething starts - Your baby will start to get their first milk teeth.

Most babies get their first milk tooth at around six months, usually in the front of their mouth at the bottom. During teething your baby may become restless, but there are ways to relieve the discomfort. Give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot. Stay nearby in case of choking. For babies over four months old, rub sugar-free teething gel on their gums or give them sugar-free baby paracetamol or ibuprofen.

6-9 months - First aid for babies - Starts trying to crawl

Your baby is learning to become more mobile. Some babies learn to crawl backwards before they crawl forwards. Some learn to walk without ever crawling. Others are bottom shufflers. As soon as your baby can crawl, fit safety gates to stop them climbing and falling downstairs.

6-9 months - Can pull themselves upright -Your baby can use furniture to help them stand.

At this stage of development children will start to pull themselves up and can stand while holding on to furniture. Before you know it, your toddler will be eager to discover new things and trying to climb. Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches to stop babies climbing out.

7 months - Responds to your voice - Your baby can respond to very quiet noises if not distracted.

Babies will now turn to you when they hear your voice across the room. They can also respond to very quiet noises on either side if not distracted by something else. The more you chatter with them, the better their vocabulary and communication skills will become. Babies under 12 months pick up the tone and warmth of the voice and listen to the tune of your conversation.

9-11 months - Learns to drop things -Your baby can now let go of things or hand an object to someone.

Babies will now enjoy letting go of things or handing toys to someone. Encourage this new skill by playing with them. To grow and develop children need time and attention from someone. You can start to teach your child about shape when they're around 12 months old. Toys that require your child to put different shapes through matching holes are useful. Talking about each shape helps, for example, 'That was the round one', or 'This is a square'.

10-18 months - Walks alone - Although a little unsteady, your baby will start trying to walk on their own.

When babies start to walk, they can be unsteady on their feet but can move very quickly. They trip and fall often. Teach your child how to climb stairs, but never let them go up and down on their own. Encourage your child to walk

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with you (using reins for safety) as soon as he or she is able. It might slow you down, but it's a great way for you both to get some exercise. If your child is not walking by 18 months talk to your health visitor or GP.

11-12 months - Enjoys finger foods - Your baby will love trying to feed themselves with finger foods. Even if your baby doesn't have any teeth, you can encourage them to chew by giving them finger foods. These are small pieces of food they can pick up and hold in their hands. Try breadsticks, cucumber or chunks of cheese. By giving them finger foods, children will learn to feed themselves.

12 months - Responds to their own name - Your baby can say words like mama and dada. When children start to use words, they will learn meaning from you. Try repeating words to them while they play. Using repetitive language, like saying 'Where's it gone?' each time you hide something, helps to embed words in their mind. They will also love repetitive games, like peekaboo, or hiding something and bringing it out again.

12 months - Health review due - Your child is due for a full health check. Your child will have a second full health review, covering language and learning, safety, diet and behaviour. This is a time for you and your partner to discuss any concerns you have with a health professional and to prepare for toddlerhood. During the review you will have the opportunity to discuss your baby's progress or ask for information.

12-13 months - Vaccinations due - Your child's MMR, pneumococcal and Hib/MenC vaccinations are due now. At 12-13 months, your child will receive three jabs - Hib/MenC; measles, mumps and rubella (MMR); and pneumococcal vaccines - in a single visit. About one in 10 children will develop a fever six to 10 days later, as the measles part of the MMR vaccine starts to work. Some also develop a measles-like rash and go off their food. If you're concerned about side effects, contact your health visitor or GP.

12-18 months - Takes an interest in words - Your child may start to say words and understand them. As well as saying between six and 20 recognisable words, children will start to understand many more. They may also start to use language in play, for example when pretending to feed a teddy or doll or talking on a toy telephone. Talk to your child about the things they can see and read to them regularly. With toddlers you don't have to read the story as it happens in the book. Sitting down together and talking about the pictures in the book is enough.

13-15 months - Gains more independence - Your child will begin to feed themselves and want to take off their own clothes. Children will start to feed themselves with a spoon around now, though it will be messy. They may be fussy about what they eat and always eat the same favourite foods, but as long as your child eats some food from each of the five food groups you don't need to worry. Gradually introduce other foods or, after a while, go back to the foods your child didn't like and try them again. Your child will also try to take off easily removed clothes like loose socks or tops.

15-18 months - Begins to build with bricks - Your child will enjoy playing and building with bricks. Your child will gradually learn to entertain themselves for some of the time, but they have to learn from you first. Spend time playing with your child to help them learn the skills they need. It can be hard to find time to play with your child, especially when you've got other things to do. The answer to this can be to find ways of involving your child in what you're doing. Children learn from everything they do and everything that's going on around them.

1.5-2 years - Learns to kick or throw a ball - Your child will start kicking and throwing balls. As they develop new skills, encourage your child and tell them they're doing well. You'll see them respond by laughing and getting excited. If you want to encourage good behaviour, it's important to be as positive as you can around them. At this age children should undertake around 30 minutes of structured activity and at least 60 minutes of unstructured physical activity each day.

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1.5-2 years - Puts at least two words together- Your child will know a range of single words and talk in short sentences. By the age of two a child will be able to say a range of single words and many children will be talking in short sentences. If your child is trying to say a word but gets it wrong, say the word properly. For example, if your baby points to a cat and says 'Ca!' say 'Yes, it's a cat'. Don't criticise or tell them off for getting the word wrong. Your child may also be able to point to parts of their body.

2-2.5 years - Full health check- Your child is due to have their third full health and development review. This health review will be carried out by a member of the Healthy Child team (usually your child's health visitor, nursery nurse or children's nurse). The check will cover general development, growth, behaviour, teeth brushing, sleeping habits, safety and vaccinations. This review is a chance for you and your partner to ask questions and get ready for the next stage of your child's development. The health professional carrying out the review will encourage you to talk about how things are going and listen to any concerns you may have.

1.5-4 years - Starts to have bladder control - Your child may be ready for potty training. Most parents start thinking about potty training around now, but there's no perfect time. Every child is different. You can't force your child to use a potty, but you can try to work out when your child is ready. There are several signs that your child is starting to develop bladder control. They will know when they've got a wet or dirty nappy or when they're passing urine. They may also tell you in advance if they need a pee.

1.5-5 years - Learns to hold a crayon - Your child will enjoy painting or scribbling with a crayon, paint or pencils. Children love scribbling and painting. At first, you'll need to show your child how to hold the crayon or paintbrush. Use crayons, felt tips or powder paint and try talking to your child as they do it. Name colours by saying, for example, 'This is red'. This will help your child to understand the concept of colour. You can make powder paint thicker by adding washing-up liquid as well as water. Use old envelopes and the inside of cereal packets for paper.

3-4 years - Starts free early years education- Your child is entitled to free early education. Learning how to make friends is one of the most important things your child can do. Going to nursery and spending time playing with other children is a great way to do this. Most nursery schools accept children from the age of three. All children under five in England are entitled to at least 12.5 hours of free education a week for 38 weeks a year. These free sessions are available in a variety of settings in the public and private sectors, including nursery schools and classes, day nurseries, childminder networks and playgroups.

3-4 years - Talks well in sentences- Your child can chant rhymes and talk clearly enough to be understood. If your child is already talking, try to use sentences that are a word or two longer than the sentences they use. You can also increase your child's vocabulary by giving them choices such as, 'Do you want an apple or a banana?' If your three-year-old is hard to understand mention this to your health visitor.

3-4 years - Starts to draw people- Your child can draw a recognisable person with a face and maybe arms and legs. Your child's drawing will depend on how much practice and encouragement they get. This is also a good time to try other creative play like modelling and dressing up. TV can entertain your child and give you a bit of time to do other things but try not to have it on all the time. Aim for no more than two hours a day. Always make sure you know what your child is watching.

3-5 years - Starts to use a knife and fork - Your child is learning to eat independently. Your child may be a slow eater so be patient. Remember to praise your child for eating, even if they only manage a little. Try to make mealtimes enjoyable and not just about food. Sit down and have a chat about other things. If you know any other children of the same age who are good eaters, ask them to tea.

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40 months -Vaccinations due -Your child is due to have their MMR and DTaP/IPV vaccinations this month. Your child will be given the MMR vaccination against measles, mumps and rubella as well as the DTaP/IPV against diphtheria, tetanus and pertussis (whooping cough). About one in 10 children develop a fever six to 10 days later as the measles part of the vaccine starts to work. Some also develop a measles-like rash and go off their food. If you're concerned about possible side effects, contact your health visitor or GP.

4-5 years - Full health review - Your child is due to have a full health review where their weight and height is measured. Your child will have a full health review. Their weight and height will be measured and their vision and hearing tested. Once your child reaches school age the school nursing team and staff will help monitor your child's health and development. They'll work with you to make sure your child is offered the right vaccinations and health checks as well as providing advice and support on all aspects of health and wellbeing, including speech, social skills and behaviour, hearing and vision.

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