

# 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		
<b>0 – 2 weeks</b>		
<ul style="list-style-type: none"> <li>anticipates in relationship with caregivers through facial expression, gazing, fussing, crying</li> </ul>	<ul style="list-style-type: none"> <li>is unable to support head unaided</li> <li>hands closed involuntarily in the grasp reflex</li> </ul>	<ul style="list-style-type: none"> <li>startles at sudden loud noises</li> <li>reflexively asks for a break by looking away, arching back, frowning, and crying</li> </ul>
<b>By 4 weeks</b>		
<ul style="list-style-type: none"> <li>focuses on a face</li> </ul>	<ul style="list-style-type: none"> <li>follows an object moved in an arc about 15cm above face until straight ahead</li> </ul>	<ul style="list-style-type: none"> <li>changes vocalization to communicate hunger, boredom and tiredness</li> </ul>
<b>By 6 - 8 weeks</b>		
<ul style="list-style-type: none"> <li>participates in and initiates interactions with caregivers through vocalization, eye contact, fussing, and crying</li> </ul>	<ul style="list-style-type: none"> <li>may start to smile at familiar faces</li> <li>may start to 'coo'</li> </ul>	<ul style="list-style-type: none"> <li>turns in the direction of a voice</li> </ul>
<b>By 3 – 4 months</b>		
<ul style="list-style-type: none"> <li>increasing initiation of interaction with caregivers</li> <li>begins to regulate emotions and self soothe through attachment to primary carer</li> </ul>	<ul style="list-style-type: none"> <li>may reach for things to try and hold them</li> <li>learns by looking at, holding and mouthing different objects</li> <li>laughs out loud</li> </ul>	<p><b>May even be able to:</b></p> <ul style="list-style-type: none"> <li>keep head level with body when pulled to sitting</li> <li>say 'ah', 'goo' or similar vowel consonant combinations</li> </ul>

<ul style="list-style-type: none"> <li>• can lie on tummy with head held up to 90 degrees, looking around</li> <li>• can wave a rattle, starts to play with own fingers and toes</li> </ul>	<ul style="list-style-type: none"> <li>• follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other)</li> <li>• notices strangers</li> </ul>	<ul style="list-style-type: none"> <li>• blow a raspberry</li> <li>• bear some weight on legs when held upright</li> <li>• object if you try to take a toy away</li> </ul>
<b>By 6 months</b>		
<ul style="list-style-type: none"> <li>• uses carer for comfort and security as attachment increases</li> <li>• is likely to be wary of strangers</li> <li>• keeps head level with body when pulled to sitting</li> </ul>	<ul style="list-style-type: none"> <li>• says 'ah', 'goo' or similar vowel consonant combinations</li> <li>• sits without support</li> <li>• makes associations between what is heard, tastes and felt</li> </ul>	<ul style="list-style-type: none"> <li>• may even be able to roll both ways and help to feed himself</li> <li>• learns and grows</li> </ul>
<b>By 9 months</b>		
<ul style="list-style-type: none"> <li>• strongly participates in, and initiates interactions with caregivers</li> <li>• lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like 'dada and 'mama'</li> <li>• watches reactions to emotions and by seeing you express your feelings,</li> </ul>	<ul style="list-style-type: none"> <li>• starts to recognise and imitates happy, sad, excited or fearful emotions</li> <li>• unusually high anxiety when separated from parents / carers</li> <li>• is likely to be wary of, and anxious with strangers</li> <li>• expresses positive and negative emotions</li> </ul>	<ul style="list-style-type: none"> <li>• learns to trust that basic needs will be met</li> <li>• works to get to a toy out of reach</li> <li>• looks for a dropped object</li> <li>• may even be able to bottom shuffle, crawl, stand</li> <li>• knows that a hidden object exists</li> <li>• waves goodbye, plays peekaboo</li> </ul>

<b>Possible Indicators of Trauma</b>		
<ul style="list-style-type: none"> <li>• increased tension, irritability, reactivity, and inability to relax</li> <li>• increased startle response</li> <li>• lack of eye contact</li> <li>• sleep and eating disruption</li> <li>• loss of eating skills</li> </ul>	<ul style="list-style-type: none"> <li>• loss of acquired motor skills</li> <li>• avoidance of eye contact</li> <li>• arching back/inability to be soothed</li> <li>• uncharacteristic aggression</li> </ul>	<ul style="list-style-type: none"> <li>• avoids touching new surfaces e.g. grass, sand and other tactile experiences</li> <li>• avoids or is alarmed by trauma related reminders, eg. Sights, sounds, smells, textures, tastes and physical triggers</li> </ul>
<ul style="list-style-type: none"> <li>• fight, flight, freeze response</li> <li>• uncharacteristic, inconsolable or rageful crying, and neediness</li> <li>• increased fussiness, separation fears, and clinginess</li> <li>• withdrawal/lack of usual responsiveness</li> <li>• limp, displays no interest</li> </ul>	<ul style="list-style-type: none"> <li>• unusually high anxiety when separated from primary caregivers</li> <li>• heightened indiscriminate attachment behaviour</li> <li>• reduced capacity to feel emotions – can appear 'numb'</li> <li>• 'frozen watchfulness'</li> </ul>	<ul style="list-style-type: none"> <li>• loss of acquired language skills</li> <li>• genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease</li> </ul>

## Trauma impact

<ul style="list-style-type: none"> <li>neurobiology of brain and central nervous system altered by switched on alarm response</li> <li>behavioural changes</li> </ul>	<ul style="list-style-type: none"> <li>regression in recently acquired developmental gains</li> <li>hyperarousal, hypervigilance and hyperactivity</li> </ul>	<ul style="list-style-type: none"> <li>sleep duration</li> <li>loss of acquired motor skills</li> <li>lowered stress threshold</li> <li>lowered immune system</li> </ul>
<ul style="list-style-type: none"> <li>fear response to reminders of trauma</li> <li>mood and personality changes</li> <li>loss of, or reduced capacity to attune with caregiver</li> <li>loss of, reduced capacity to manage emotional states or self soothe</li> </ul>	<ul style="list-style-type: none"> <li>insecure, anxious, or disorganized attachment behaviour</li> <li>heightened anxiety when separated from primary parent/carer</li> <li>indiscriminate relating</li> <li>reduced capacity to feel emotions – can appear 'numb'</li> </ul>	<ul style="list-style-type: none"> <li>cognitive delays and memory difficulties</li> <li>loss of acquired communication skills</li> </ul>

## Parental / carer support following trauma

<p><b>Encourage parent(s) carers to:</b></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>seek information and advice about the child's developmental progress</li> <li>maintain the child's routines around holding, sleeping and eating</li> <li>seek support (from partner, kin, Mother Care Health Nurse) to understand, and respond to, infant's cues</li> </ul>	<ul style="list-style-type: none"> <li>avoid unnecessary separations from important caregivers</li> <li>maintain calm atmosphere in child's presence – provide additional soothing activities</li> <li>avoid exposing a child to reminders of trauma</li> <li>expect child's temporary regression; and clinginess – don't panic</li> <li>tolerate clinginess and independence</li> <li>take time out to recharge</li> </ul>
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**Reference:**

*Australian Victorian State Government Health and Human Services  
 Adapted for a global audience by Get into Neurodiversity.*