# Emerging Minds

## Understanding child development: Ages 3-5 years

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Children develop in the context of their relational and social environment. Since the late 1950s, developmental research has documented the cognitive, social, emotional, and moral development of children in order to better understand their experiences (e.g., Bruner, 1966; Piaget, 1957; Piaget & Cook, 1952; Siegler, Deloache & Eisenberg, 2003; Vygotsky, 1978; Wadsworth, 2004). Although there has been some variety in the way that children's development has been described, most researchers agree that children typically go through relatively predictable developmental stages, mastering increasingly complex cognitive, social, language, and emotional regulation skills as they age.

A child's developmental stage will determine how they experience the world, how much they feel they are able to influence their world, and how they make sense of the events that happen to them. It is important for practitioners to understand a child's developmental journey so that they can respond to children in the ways that are most helpful.

This resource is part of a series from the Emerging Minds: National Workforce Centre for Child Mental Health that outlines the key developmental issues and experiences for children, from birth to age 12. It focuses on the developmental experiences of infants and children aged 3-5 years, providing a brief description of how adverse events may be experienced by a child of this age, and how adults can support a child that has been exposed to disruptive life events.

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- <u>Understanding child development: Ages 5–8 years</u>
- Understanding child development: Ages 9–12 years

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### Typical development for children aged 3-5 years

Children at this stage are typically egocentric in the way that they understand the world. This means that they believe the world revolves around them. They have genuine difficulty in seeing the world from another's perspective and will often assume that another person has the same feelings that they do.

At this stage, children's thinking is 'magical' rather than logical. They also have difficulty separating fact from fantasy. This can mean that children have wonderful imaginations, believing that everything they wish for can come true. They are likely to see themselves as causing special things to happen because of their wishful thinking. If something bad happens, however, they may automatically assume that this is also due to their powerful abilities. They also have a very limited understanding of concepts such as the permanence or temporary nature of events. This is likely to mean that they believe significant events such as death are reversible, rather than permanent.

Children aged 3–5 years are learning to interact socially, and to use language as a means of connecting with others. At this stage, a child should be able to interact

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with adults, and produce simple sentences that are largely understandable, although they may not have fully mastered the rules of grammar. Children are able to understand basic concepts such as colour, size and shapes, and are growing in their ability to use language to support imaginative and creative play.

Three to five-year-olds may be able to use simple language to recognise and label others' emotions (e.g. 'happy' or 'sad'). They may be able to respond to simple questions such as 'what do you see?' or 'what happens' next?'; but are not yet able to engage in self-reflection. They have a growing sense of fairness but may still rely on adults to role model and reinforce appropriate social behaviour.

Some of the key developmental milestones you would expect a child to master during this stage of development are listed below.

At 3–5 years, a child can typically:

- use a fuller range of speech sounds and their speech is becoming clearer. However, the clarity and use of grammar is still developing. The child can take part in a conversation with adults or other children and uses personal pronouns ('I', 'we' and 'me') correctly
- create short sentences and uses language to enquire about the world around them. They can ask about the present and also about past and future events
- follow three-part commands, count to 10, and understand the concepts of 'same' and 'different'
- dress and undress themselves with some help
- walk up and down steps without help, swing and climb, hop on one foot, and possibly skip
- draw a person with four parts and cut along a line with scissors
- show interest in social interactions; and
- identify when others are sad or happy.

### Children's reactions to adversity, trauma and loss

While there is never a 'good' time to experience trauma and loss, 3–5 years can be a particularly difficult age for children to deal with adverse experiences. This is because children of this age are more likely to create an internalised narrative of events, in which they blame themselves for bad things happening (due to their egocentric processing of the world). In addition, they may not have a clear memory of significant events, and memories may be encoded and recalled as bodily sensations, rather than visual memories that can be described using language. Bad events can become internalised and confused with bad feelings. Egocentric thinking means that the permanent loss of a loved one can be experienced as a personal abandonment, because of the child's tendency to believe that the world revolves around them (McLean, 2019).

Children at this age may have difficulty grasping the permanent nature of any changes brought about by trauma, death or loss. It is typical for a child of this age ask when a dead person or pet is coming home. They may need to ask repeated questions about trauma and loss in order to process and eventually understand these events.

### Children's experiences of parental difficulties

Many families face a range of adversities, including issues around parental mental illness, substance and alcohol use, housing instability, and financial strain. Children experience these issues differently, in part due to variations in their understanding, meaning-making, and developmental needs.

Children aged 3-5 years are unlikely to be able to see things from another's perspective, meaning it will be difficult for them to understand what their parent is going through. They may have strong feelings of anger and frustration towards their parents if their needs aren't being met. Their egocentric world view will mean they are likely to personalise family and parental difficulties, interpreting parental behaviour in terms of personal rejection or unworthiness ('bad things happen because I'm bad').

Routines and rituals are grounding and offer a sense of predictability for a child this age. When family routines are disrupted because of parental issues, children can feel this deeply and it can significantly increase a child's anxiety. Children this age can also blame themselves for bad events due to their feelings of omnipotence and reliance on magical thinking.

### Signs of distress in children and how they might attempt to cope

Behaviourally, the impact of trauma or loss may be most likely to show itself in terms of fear of separation, bedwetting, sleeping difficulties and regression in feeding or other skills of independence. It is extremely common for children to lose skills they have previously mastered, and to act in more demanding, younger ways in response to traumatic grief, loss and adversity.

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Children may have an increased need for reassurance in times of change, adversity and loss. This can lead to an increase in challenging behaviour as a means for seeking reassurance, consistency, and support from adults. Demanding the attention of adults can be a way for children to test out their fear of abandonment and the limits and reliability of the adults that care for them.

### How to support children and their families

It can be helpful to keep as much routine and structure as possible at this time. Children are most likely to feel the impact of trauma, death or loss on their established routines, rituals and daily care. It can be helpful to explain to children who will be responsible for taking care of them in terms of their basic needs, and how any established routines will be affected. Children at this age will benefit from interventions that emphasise consistency, repetition, rhythmic and soothing touch, and comfort. In the case of loss due to parental separation or death of a loved one, these rituals can include a memento or reminder of the significant person.

Children at this age will express their feelings through play. It can be helpful to give them access to materials and toys that can help them to express their feelings about significant events: for example, toys that represent a range of emotions, such as plastic toy lions to express 'angry' or 'scary' feelings; cats to represent 'safe' or 'loving' feelings, etc.. Pictures of happy and sad faces and storybooks can also be used as prompts to build children's 'feelings' vocabulary.

Parental time and attention are also important during this stage of a child's development. Children undergo a rapid development in their curiosity about the world, while at the same time remaining egocentric in their perspective. The loss of parental attention during this time can dampen a child's curiosity and be internalised as low self-worth.

It can be helpful to support parents to create space for child-led play and to set aside some time in which they are able to fully engage with their child's curiosity through child-led activities. This doesn't have to be a large chunk of time – even five minutes of undivided attention 3-4 times a week can make a big difference to a child's wellbeing – but it does need to be something the parent can maintain.

Parents can be supported to recognise children's fears and behaviours as reassurance-seeking and to understand the reasons why children may regress to fearful and demanding behaviour during times of difficulty. You can help parents to understand that if they respond empathically now, they will be less affected by children's behaviour later.

#### **Related resource:**

<u>Understanding and supporting preschool-age</u> <u>children who have experienced grief and loss</u>



### Adapted from:

McLean, S (2016). *Children's attachment needs in the context of out-of-home care*. CFCA Practitioner Resource. Melbourne: Australian Institute of Family Studies. <u>Available here.</u>

Mclean, S. (2018). Child development milestones: A guide for foster parents. Adelaide: University of South Australia. <u>Available here.</u>

McLean, S (2019). Parenting traumatised children with developmental differences: Strategies to help your child's sensory processing, language development, executive functioning and challenging behaviours. London: Jessica Kingsley Publishers.

### References

Argus Institute. (2011). *Developmental considerations concerning children's grief*. <u>Available here</u>.

Bruner, J. S. (1966). *Toward a theory of instruction*. Cambridge: Belkapp Press.

Maternal and Early Years. (2011). Speech and language development - what to expect 3-5 years. <u>Available here</u>.

Piaget, J. (1957). *Construction of reality in the child*. London: Routledge & Kegan Paul.

Piaget, J., & Cook, M. T. (1952). *The origins of intelligence in children*. New York: International University Press.

Siegler, R. S., DeLoache, J. S., & Eisenberg, N. (2003). *How children develop*. New York: Worth.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge: Harvard University Press.

Wadsworth, B. J. (2004). Piaget's theory of cognitive and affective development: Foundations of constructivism. New York: Longman.

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