

Developmental Norms

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Learning Objectives

- Describe factors that impact developmental milestones
- Identify normal behaviors that appear abnormal in adolescence
- Identify syntonic and dystonic forces within Erikson's Stages of Psychosocial Development

Presenter Bios



- Dr Jenifer Sokol, DO, MPH, is a board-certified Adult and Child & Adolescent Psychiatrist and has served as Medical Director for Magellan Behavioral Health since 2023. She previously spent 14 years working directly with at-risk populations across levels of care, including 9 years in Pennsylvania outpatient community mental health. She completed her medical degree at Rowan University School of Osteopathic Medicine, and her Psychiatry Residency and Child & Adolescent Fellowship at Virginia Commonwealth University.
- Dr. Adriana Torres-O'Connor, PsyD, MBA, MSW is the Psychologist Advisor for Magellan Behavioral Health of PA. She provides consultation to the care management team and supports children's service providers striving to provide effective and accountable treatment services to the individuals and families they serve. Dr. Torres-O'Connor has extensive experience providing learning, development and consultation services, program evaluation and program development in mental health and educational settings to support clinical and operational excellence and accountability. Prior to joining Magellan, Dr. Torres-O'Connor has held clinical and operational leadership positions within children's, adult and family services in community, center, and education-based settings.

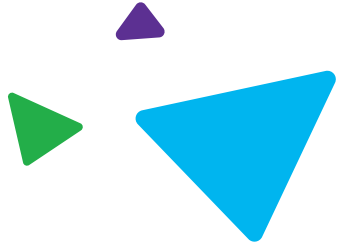
Child Development

- Gross Motor
- Fine Motor
- Language
- Cognition
- Social Emotional

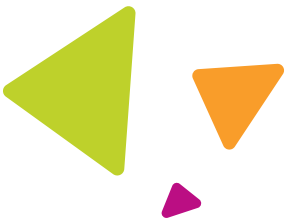
All milestones should improve over time, BUT everyone progresses in their own way



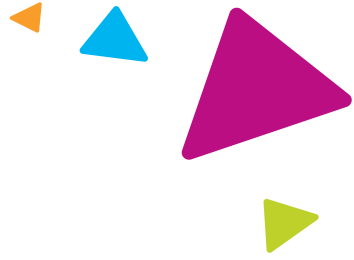
Factors that impact Milestones ^{1, 2, 3}



- Birth Order:
 - First born w/ incr 1:1 attention vs younger siblings “keeping up” with older siblings
- Premie (born at 37 weeks or LESS)
 - adjusted age = (actual age – weeks born early)
 - Use adjusted age to track milestones from birth to 2 yrs old.
- Prolonged Illness/Hospitalizations
- Adverse Childhood Experiences
 - Including lack of primary caregiver or multiple caregiver transitions
 - Trauma/neglect



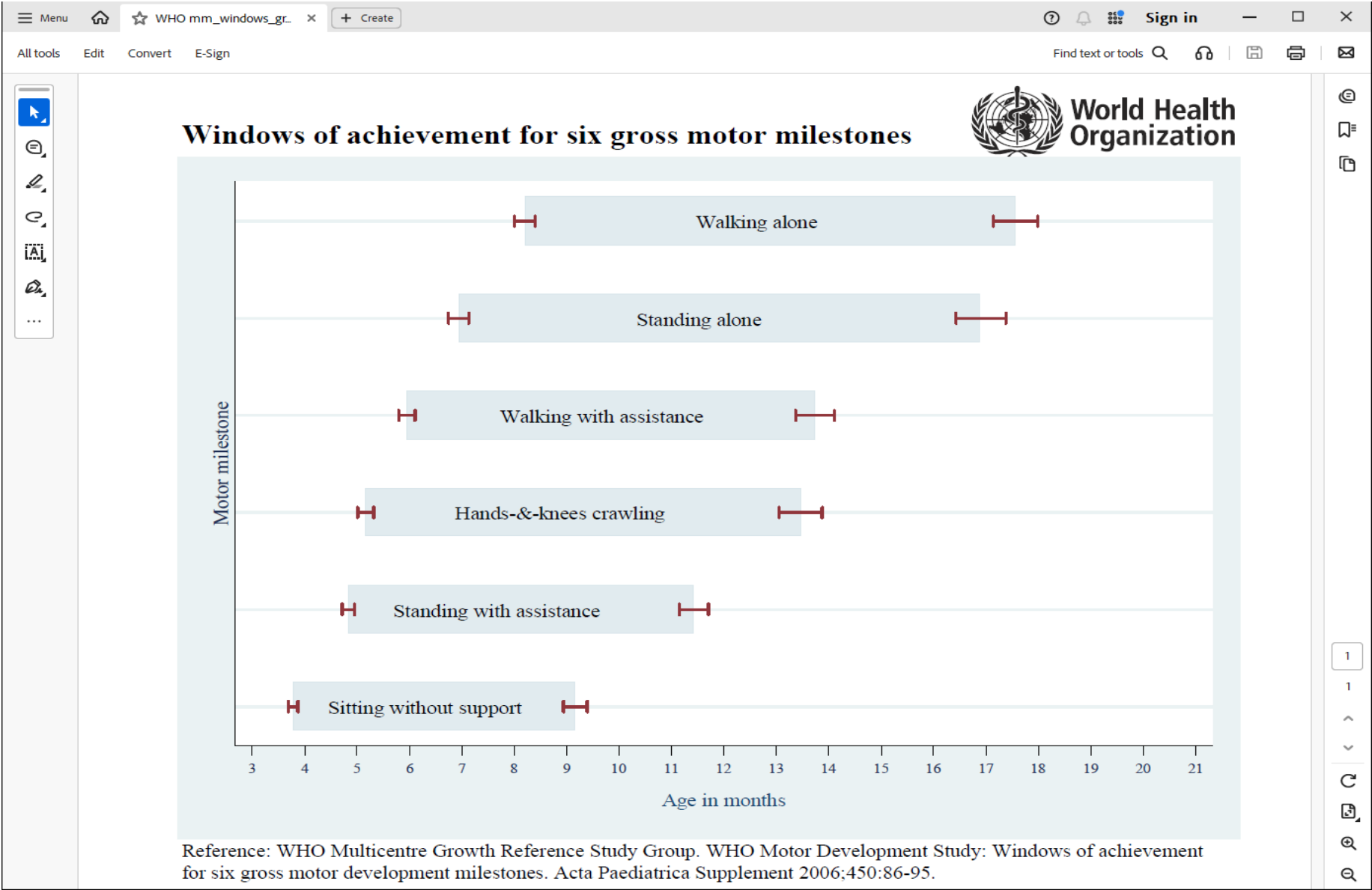
Misunderstandings



Daycare expectations are not the same as appropriate development

- Daycare requires FULLY toilet trained for 3 yr old classroom
- Normal Child Development – Toileting ⁴
 - Daytime bladder control = most by 4 yrs old
 - Nighttime bladder control = most by 5 to 7 yrs old.
 - Nocturnal enuresis rates = 15% at age 5 vs 1-2 % by 15.
 - 1 parent with hx = 50% offspring affected
 - 2 parents with hx = 75% offspring affected
 - No family hx = 15%

Gross Motor



Fine Motor ⁶



2 yrs old

- Uses a spoon
- Tries to use switches, knobs or buttons on a toy

3yrs old

- String large beads or macaroni
- Uses a fork
- Put on some clothing - e.g. loose pants

4 yrs old

- Copies square shapes
- Draws a person with a head and ONE other body part
- Draws circles and squares
- Uses child-scissors

5 yrs old

- **Copies** a triangle, draws a person with at least 3 body parts
- Dresses and undresses without assistance; including medium sized buttons
- Prints some letters
- Uses fork and spoon

Language – MOST by 18 months ⁷



- Looks around with “where” questions
- Follows simple directions – “hug the teddy bear”
- Shakes head for “no” and nods for “yes”
- Uses gestures when excited – clapping, high-five, or when silly- sticking out tongue, funny faces
- Uses strings of sounds and speech-like inflection

Language – Most by 2 years ⁷



- Uses and understands words for common items (foods, toys, animals, etc) – speech not always clear; e.g. DU for “shoe” or DAH for “dog”
- Put 2 or more words together
- Follow 2-step directions (e.g. pick up toy and put it in the bin)
- Uses “me”, “mine” and “you”.
- Uses words to ask for help
- Uses Possessives (e.g. Mom’s sock).

Language – most by 3 years ⁷



- Uses combinations but may repeat words or phrases; e.g. “I want I want juice”
- Uses plurals
- Tries to get attention with words
- Gives reasons for things (e.g. wearing a coat because it’s cold)
- Speech clearer for those who know the child

Language – most by 4 years ⁷



- Compare things: bigger, smaller
- Tells a story from book or show
- Understands and uses some location words – “inside”, “on”, “under”
- Uses “a” or “the”
- Pretends to read
- Can recognize signs or logos
- Says all syllables in a word, and less repeating of sounds
- Others understand MOST of what child says
 - Except sounds later to develop: e.g. L, J, R, Sh, Ch, S, V, Z, and Th
 - Says consonant clusters “tw” or “nd” but not all correctly; e.g. “Spway” for “spray”

Language – most by 5 years ⁷



- Sentences are longer and more complex
- Connects information, ideas, and characters to tell a story
- Uses at least ONE irregular plural form (e.g. feet, men)
- Understands and uses location words - behind, beside, between
- More words for time – yesterday, tomorrow
- Follow simple directions and rules to play a game.
- Locate front of book and title
- Imitates reading and writing
- Blends word parts (e.g. Cup + Cake = cupcake)
- Identifies SOME rhyming words
- Speech is understandable

Cognition 8,9



2 yrs old:

- Cause and effect (e.g. wind up toys, turning lights on and off)
- Logical sequence to play (e.g. place doll in bed and cover with blanket)
- Plays with more than one toy at the same time

3 yrs old:

- Question everything BUT see things from one (their) perspective

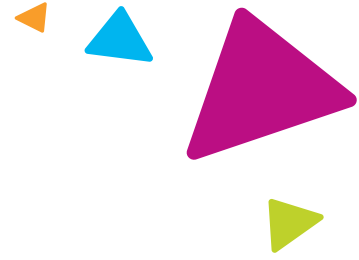
4 yrs old:

- A day includes morning, afternoon, and night.
- Different seasons
- Correctly names some colors
- Follows 3-part commands
- Approaches problems from SINGLE point of view.

5 yrs old

- Essential ideas of counting – 10 or more objects
- alphabet, big vs small, and some shapes.
- Knowledge of items used daily in the home
- Able to pay attention for 5-10 min (e.g. story time, reading a book)

Social/Emotional 8, 9



2 yrs old

- Look at caregiver face to see reaction when in a new situation

3yrs old

- Vivid fantasy life; imaginary friends, make-believe.
- Joins peers in play

4 yrs old

- Plays includes different roles; e.g. “teacher”, “parent”.
- Cooperates and shares with peers
- Eats independently
- Negotiates solution to conflict.
- Interested in new things BUT imagines unfamiliar images are “monsters”
- Trouble telling fantasy vs reality.
- Changes behavior based on location (e.g. library vs park vs home).

5 yrs old

- Friends = wants to please them and be like them.
- Imaginative play
- Shows more independence
- Follow rules/ take turns when planning game

Developmental Stages of Play ¹⁰



- Solitary/Independent (until 2 yrs old)
 - No interest in playing with others
 - Benefits include self-exploration and creativity
- Spectator/Onlooker (2 yrs old)
 - watch others play but don't play with them.
 - Child may ask about what they see or talk to the children playing but do NOT join action
- Parallel Play (2+)
 - Child plays along side or NEAR others (e.g. playing with different toys in the same sand box)
 - Focus on own task but aware the other child exists
- Associate Play (3-4 yrs old)
 - Child starts to interact with others during play BUT not a lot of interaction. (playing on same playground equipment but doing different things)
- Cooperative Play (4+)
 - Plays with other children; interest in BOTH activity AND other children involved

School Age: 6-12 years old ^{11,12}



Motor Skills: What they can do

6-7 = practices skills with goal of being better; riding a bike, jumping rope. Enjoys many activities

8-9 = more graceful with movements and abilities; jumps, skil, chases. Able to completely dress and groom self. Can use hammer or screwdriver

10-12 = enjoys organized sports or activities. Can sew, pain, draw

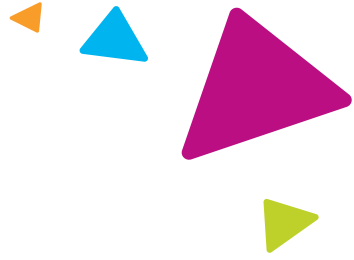


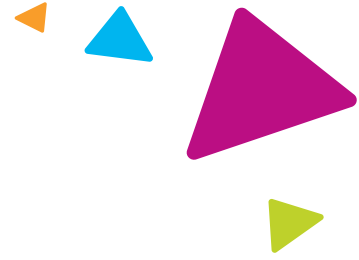
Cognition: What they understand

6-7 = knows day vs night; right vs left. Understands concepts of numbers. Understands commands with THREE separate instructions. Can explain an object's use. Can repeat 3 #s backwards. Starts reading (age-appropriate books)

8-9 = increased reading, understands fractions, can count backwards; knows date and is able to names months and days of the week in order. Enjoys collecting things

10-12 = reads well. Writes stories





School Age: 6-12 years old ^{11,12}

- Social/Emotional Development: How they interact with others
 - 6-7 yrs old
 - Cooperates and shares
 - Can be jealous of others/siblings
 - Enjoys copying adults
 - Can play alone but friends are becoming more important
 - Likes board games
 - 8-9 yrs old
 - Likes competition and games
 - Enjoys clubs and groups
 - May be more modest about their body.
 - May be more interested in relationships but won't admit it
 - 10-12 yrs old
 - Friends more important. May have a "best friend"
 - Enjoys talking to others.
 - Likes and respects parents
 - Starts to show more interest in relationships/dating

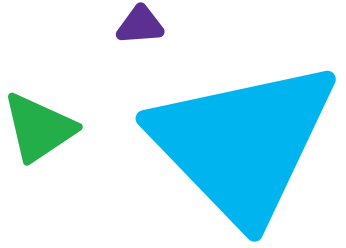
Adolescence: 13-18 yrs old

Social, Emotional, and Cognitive Development ^{13,14,15}

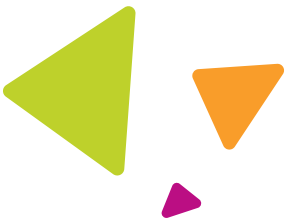


- Abstract thinking
- Concerned about philosophy, politics, and social issues
 - Questioning old values without losing their identity
 - Think about sense of purpose and may start thinking long term/goal setting
- Compares self to peers; may be sensitive about appearance
- Shift in peer group to incl romantic friendships
- Focus on independence and control
 - Independence from parents – own opinions and ideas
 - Shift in relationships: importance of peers >>> family
 - May experience “being in love; “long-term” committed relationships

Normal behavior that appears abnormal: Puberty impact on behavior ¹⁵



- Adolescent Self-centeredness
 - Feeling that you are “on-stage” and others looking or staring
 - Misinterpretation: paranoia or narcissism/self-centeredness
- Underestimating risk
 - Feeling that things will “never happen to me, only the other person
 - Risk of STD or pregnancy from unprotected sexual activity
 - Risk of vehicle crash when driving under the influence of substances or speeding
 - Misinterpretation: mood disorder or behavioral disorder.



Tantrums ^{16,17}



- Definition: an uncontrolled outburst of anger and frustration
- Causes: hunger, frustration tired, attention seeking, not getting something they want, avoiding something
 - E.g. 2 or 3 yr old wants a specific cup vs Teen wanting to stay out late.
- Appearance: whine, cry, yell, kick, flail arms and legs, fall to floor, stamp feet, hold breath, pull or push, leave room, throw items, or knock things over
- Most tantrums: 1-4 yrs old. Decrease as near school age, and has language to express thoughts and feelings.
- Concerning: worsening after 4 yrs old, violent (hurting themselves, others, or property), high # of tantrums per day

Psychological Development



Erikson's Stages of Psychosocial Development¹⁸



- Introduced in the 1950s
- Draws parallels to Freud's theory of psychosexual development during childhood while expanding to include the influence of social dynamics and psychosocial development in adulthood.
- Accounts for 8 stages throughout the lifespan influenced by biological, psychological and social factors (biopsychosocial framework)
- Each stage (age range) is defined by two opposing psychological tendencies:
 - Positive (syntonic)
 - Negative (dystonic)

Erikson's Stages of Psychosocial Development cont.¹⁸



- Psychosocial development:
 - Is a dynamic process
 - Resolution of crises at each stage is ongoing not fixed
 - You can revisit earlier stages when life challenges previous balance
 - Is shaped by social and cultural context
 - Bio-psych-social integration across multiple influences
 - Is balanced not resolved/eliminated
 - Healthy development needs balanced ratios favoring positive tendencies/experiences while allowing functional negative elements to occur (periods of dystonic)
 - Relationships, work and one's identity formed within psychosocial contexts have important implications for healthy aging.¹⁹

Erikson's Stages of Psychosocial Development cont.¹⁸



- Stage 1(birth – 18 mths): Trust vs. Mistrust
 - Ego strength/virtue: Hope
 - Infant learns whether the world is safe and predictable through consistent caregiving
- Stage 2 (18 mths -3 yo): Autonomy vs. Shame & Doubt
 - Ego strength/virtue: Will
 - Toddler develops independence and self control
 - Balances “me do it” assertiveness with accepting necessary limits

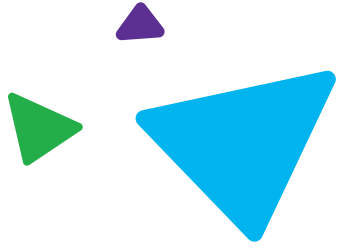


- Stage 3 (3yo – 6yo): Initiative vs. Guilt
 - Ego strength/virtue: Purpose
 - Child takes initiative in planning activities and using goals
 - Excessive restrictions can create guilt about natural assertiveness
- Stage 4 (6yo – 12yo): Industry v. Inferiority
 - Ego strength/virtue: Competence
 - School age child masters culturally valued skills through formal education
 - Social comparison with peers crystallizes feelings of competence or inadequacy
- Stage 5 (12yo – 18 yo): Identity vs. Role Confusion
 - Adolescent integrates childhood identifications into coherent identity
 - Psychosocial moratorium allows exploration

- 
- Stage 6 (Young Adulthood – approx. 19yo-40yo): Intimacy vs Isolation
 - Ego strength/virtue: Love
 - Young adult forms deep, committed relationships
 - Fuses newly formed identity with others without losing self
 - Stage 7 (Middle Adulthood – approx. 40yo-65yo): Generativity vs. Stagnation
 - Ego strength/virtue: Care
 - Middle aged adult contributes to the next generation through parenting, mentoring or creative work
 - Shift focus from personal achievement to nurturing others.
 - Stage 8 (Late Adulthood – approx. 65yo-death): Integrity vs Despair
 - Ego strength/virtue: Wisdom
 - Older adult reflects on life and confronts mortality
 - Accepts life as lived – choices, relationships, accomplishments and achieves integrity or experiences despair

Real Life scenarios

Trust vs Mistrust



- **Trust - (birth to 18 months):**
 - **Consistent Presence:** Despite working long hours, a mother always returns to her baby, reassuring the infant that her absence is not abandonment.
- **Mistrust:**
 - **Unresponsive Care:** A caregiver, overwhelmed by stress, rarely makes eye contact or speaks to the child while feeding, creating emotional coldness.



Autonomy vs Shame & Doubt (18 mths – 3yo)



- **Autonomy:**
 - **Making Simple Choices:** A parent asks, "Do you want the blue cup or the red cup?" allowing the child to assert their willpower.
- **Shame and Doubt:**
 - **Excessive Criticism for Messes:** Scolding a child for making a mess while eating or for an inevitable accident during potty training makes them feel ashamed of their bodily functions.

Initiative vs. Guilt (ages 3–5)



- **Initiative:**
 - **Independent Caretaking:** A child takes initiative to water a plant or feed a pet without being asked, building responsibility.
- **Guilt:**
 - **Play Repression:** A child tries to initiate a game of tag but is told by peers or adults that they are too loud or annoying, causing them to withdraw.

Industry vs. Inferiority (ages 6–12)



- **Industry:**
 - **Resilience Building:** A child experiences failure but is supported by parents who encourage trying again, teaching that mistakes are part of learning.
- **Inferiority:**
 - **Neurodivergent Frustration:** A child with ADHD or autism is forced into a standard, fast-paced teaching style that doesn't match their processing speed, causing them to feel inferior.

Intimacy vs. Isolation stage (approx. ages 19–40)



- **Intimacy:**
 - **Deepening Friendships:** Maintaining long-term, intimate friendships that offer emotional support during life transitions, rather than just superficial acquaintances.
- **Isolation:**
 - **Superficiality:** Maintaining many "friends" online or in person but having no one to rely on for true emotional intimacy or sharing significant life events.

Important Considerations

- Development exists within parameters of:
 - Chronological age
 - Developmental age
 - Mental age



QUESTIONS?



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