Applications and Challenges in Integrating Theories of Human Development into Child and Adolescent Psychodynamic Psychotherapy

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KEYWORDS

• Psychodynamic • Psychotherapy • Child psychiatry • Developmental theory

KEY POINTS

- All human interactions, and therefore all forms of psychotherapy, involve careful attention to different theories of human development.
- Given the steep slope of development that is characteristic of children and adolescents, developmental theories are especially relevant in the practice of child and adolescent psychotherapy.
- Among the major theories of human development, no single theory of human development takes precedence over the other theories in the practice of psychotherapy.
- Major theories of human development include Freud's psychosexual development, Erikson's epigenetic development, Piaget's cognitive development, Kolhberg's moral development, and Bronfenbrenner's ecological systems development.

Human development is central to all forms of psychotherapy. Although some might argue that developmental constructs are relevant only to psychoanalytic therapy and psychodynamic interventions, this article argues that this argument is not valid. To be human is to age, to grow, to change, and nevertheless to remain recognizable at varying stages of life. Every therapist, no matter what modality they employ, must be keenly aware of a patient's developmentally relevant capacities.[1] In fact, both the behaviorist and the insight-oriented therapist essentially begin with the same kinds of questions. Where, a therapist asks, is a given patient in the course their particular development? And it is important to remember that this inquiry is by no means limited to interactions in psychotherapeutic settings. Any social interaction involves some kind of developmental assessment, and therapeutic interactions are without question

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a social interaction. Whether we meet in the grocery store or the therapist's office, we make quick, sometimes inaccurate, but nevertheless interactionally informing decisions about another person's developmentally driven characteristics. These decisions then inform us of how best and most successfully to interact moving forward. Hundreds of thousands of years of social evolution have adapted us to make these assessments seamlessly and what some would call unconsciously. We form opinions about each other almost immediately and then, if we are not mindful and careful, we engage throughout the rest of all further interactions in interactional confirmation bias. We see in one another what we expect, and we fail to notice behaviors that are contrary to our already formed impressions.

These assessments are arguably the first dilemma for all forms of psychotherapy, and certainly play a central role in psychodynamic psychotherapy with children and adolescents. All humans, including therapists, are prone to confirmation bias.[2] We point to behaviors that enforce our previous conclusions, and we ignore behaviors that call our views into question. For example, if we decide that a person lacks maturity for their given age, we will potentially ascribe all future behaviors of that individual to immaturity, and often we will not consider either the meaning of the immaturity or the possibility that there might be other causes for a given behavior.

These kinds of preconceptions are particularly pernicious in psychotherapy, and this is especially the case for psychodynamic psychotherapy.[2] If the goal of therapy is to understand the reasons for a given set of behaviors in order to effect change, then confirmation bias will obscure a careful examination of these complicated issues. Conversely, the therapist who is mindful and nimble in creating a developmental hypothesis for children and adolescents can more authentically understand, and thus more realistically help a young patient. It is important to note here that these same principles are true for therapy with adults, but the effects of these principles are perhaps not as stark. The developmental trajectory for young people is much steeper for those in their third decade and beyond. In other words, it is not as if adults stop changing; it is just that children and adolescents change more rapidly and sometimes more profoundly. Given that a central feature of psychodynamic interventions in children involves extrapolating and making known important defensive thematic concerns using talk, play, and displacement, it is incumbent on the psychodynamic therapist to keep an open mind and to integrate developmental expectations with ecological concerns and biological predispositions.

This article has 3 primary goals. We must first define child and adolescent psychodynamic psychotherapy, differentiating this kind of intervention from psychoanalysis at one end of the spectrum of treatments and purely behavioral therapy at the other. We must also introduce major developmental theories, including those that seek to understand sexual development, cognitive development, emotional development, moral development, and ecological development. Finally, we will use a case example to discuss how the child therapist integrates this material into psychodynamic therapy, using instances where developmental assessments were correct, and thus led to successful treatments, as well as instances where developmental assessments were inaccurate or incomplete.

THE DIFFERENCES BETWEEN PSYCHOANALYTIC AND PSYCHODYNAMIC THERAPY

Although there is debate and even controversy regarding how these 2 related forms of therapy differ, any article that focuses on a practical approach to integrating the importance of human development to child and adolescent psychodynamic therapy must recognize that vital insights exist in psychodynamic literature as well as

psychoanalytic and behavioral literature. Because this volume is devoted to psychodynamic therapy, we will focus primarily on the differences and similarities between psychodynamic and psychoanalytic interventions.

When Freud wrote about the narcissism of small differences,[3] borrowing a phrase from a well-known 19th century anthropologist, he emphasized that ideas and cultures that have much in common will become more fixated and distraught regarding their differences. To this end, these warnings can easily apply to the ongoing debates about how psychodynamic therapists and psychoanalysts define their work. This article makes the argument that the general principle of both forms of insight-oriented psychotherapy, whether with children or adults, can only be effective by actively taking developmental assessments under consideration. Still, in addition to guild tensions, there are also features of each form of therapy that require further elucidation. It is not the purpose of this article to go into great detail regarding these differences. Entire books have been written on that subject. A brief, if somewhat rudimentary, explanation of these 2 related forms of therapy will show that developmental considerations are key to both kinds of interventions.

It is helpful to start with all that psychodynamic and psychoanalytic therapy have in common. Both are more open ended in terms of length of treatment and psychological approaches than cognitive behavioral or purely behavioral interventions. Both forms of therapy can last for years and sometimes indefinitely, though some forms of psychodynamic therapy have been defined as brief interventions and last only a few months at most. Both therapies involve bidirectional communication between therapist and patient, and both maintain an open mind and a nonjudgmental stance. In this sense, both forms of therapy are object oriented. The relationship with the therapist plays a key role in the treatment process, notwithstanding the move toward computer-based behavioral treatments. In addition, both involve the idea that a therapist helps the patient to change by introducing conscious discoveries of previously unrealized motivations that result from psychological conflicts. Whereas behavioral therapies might openly characterize certain behaviors as bad or wrong and seek to help the patient to more effectively realize these characterizations, psychodynamic therapies focus on the meaning of the behavior, with the assumption that an accurate and helpful interpretation of unconscious drives necessarily foments behavioral change. These definitions are central to making the case that developmental considerations are imperative in psychodynamic and psychoanalytic therapy. An individual's cognitive development will determine to what extent they can incorporate a sophisticated formulation. An individual's emotional development will determine to what extent they can hear a given formulation without become defensive. An individual's moral development will determine how they can modify behavior as a function of societal moral norms, and an individual's ecological development takes into consideration the social forces that shape individual behavior. In other words, psychodynamic and psychoanalytic therapies are both integrative. Both involve the use of earlier psychoanalytic theories, both take biology and culture into consideration, and both look at interactions of the individual within a given culture.

What, then, are the differences between psychoanalytic and psychodynamic therapy? If both therapies use object relations principles to uncover and to make known unconscious motivations, where do the goal and practices of these 2 related modalities differ? Outside of differences in training, with classic psychoanalysis involving separate psychoanalytic institutes, the primary distinction involves the frequency of visits.[4] Psychodynamic sessions tend to happen between once and twice a week, whereas psychoanalytic sessions can be as frequent as 5 days or more per week. Some have defined psychoanalytic sessions as occurring no less than 4 days per

week.[4] These differences are important to the extent that a different kind of relationship emerges with more frequent visits, allowing perhaps a greater ability for the patient with the therapist's guidance to recognize unconscious patterns utilizing principles such as transference, countertransference and resistance. Some argue that this increased frequency allows that therapist to better appreciate developmentally subtle differences, and there exists some evidence that more complex challenges are better suited to more frequent visits. For example, patients with type I insulin dependent diabetes mellitus had better glucose control with psychoanalytic interventions than with medical counseling, though there was no comparison group to less frequent but still psychodynamically informed sessions.[5] Another study found that children with more complicated anxiety did better with more frequent visits and children with less severe anxiety did just as well with once or twice weekly meetings.[6]

For the purposes of this article, these distinctions matter most if developmental conclusions can in fact be more easily drawn with more frequent visits. Whereas this might seem a reasonable conclusion, to the author's knowledge there are no investigations that directly ask this question. Regardless, whether one is using a strictly psychoanalytic perspective or a more eclectic psychodynamic approach, a developmental framework is absolutely essential to understanding a child's circumstances. The next section of this article will focus on a primer of different developmental perspectives that feature prominently in the assessment and treatment of children and adolescents.

Developmental Perspectives

A comprehensive summary of every theory of human development is beyond the scope of this article. Still, it is instructive to examine dominant theories of development that can inform psychodynamic psychotherapeutic intervention. Importantly, it is the author's contention that no single school of developmental thought is applicable to every patient. Conversely, all schools of developmental assessment apply in different circumstances to every patient. It is therefore in a therapist's best interest to become facile with multiple developmental theories.[7] In this way, the therapist can proceed through a series of developmentally informed hypotheses and utilize the hypothesis that feels most resonant for the patient and the therapist throughout the course of treatment. It is also essential to remember that therapists themselves are progressing through different development stages, and to this end, the developmental milestones of the therapist and the patient coexist throughout any given treatment.[8] Thus, a therapist must be mindful of the multiple developmental stages that draw from many different developmental frameworks for both the therapist and the patient in order to be maximally effective throughout a given course of therapy.

For the purpose of this article, the following developmental theories will be reviewed.

- Sigmund Freud's theory of psychosexual development
- Erik Erikson's theory of the epigenetic stages of development
- Jean Piaget's theory of cognitive development
- Lawrence Kohlberg's theory of moral development
- Urie Brofenbrenner's theory of bioecological development

Sigmund Freud's Psychosexual Stages of Development

Many have argued that Freud's theories of human development are in fact multiple theories that he developed throughout his career, as he sought to develop organizing principles that make sense of the behaviors he encountered among patients in his

practice.[9] Nevertheless, with regard to development, Freud is best known for his theories of the psychosexual stages of growth. Freud conceptualized human development as a series of psychosexual conflicts that yield predictable behavior patterns. According to Freud, libido, or sexual energy is the driving force behind human behavior from the time of infancy forward, and the aging process is characterized by predictably traversing discrete libidinally driven stages that are the genesis for developmentally derived psychological conflicts and defensive behaviors. Freud felt that the avoidance of these conflicts was the source of seemingly maladaptive behavior. In other words, Freud felt that the human behaviors were understandable responses to the untenable circumstances presented by a given psychosexual conflict.[9]

As with most developmental theories, Freud's psychosexual stages have distinct names, distinct ages where he felt that these stages would normally appear, and associated regions and functions of the body from which an individual seeks to gratify libidinal desires in the negotiation of these stages. He called these regions erogenous zones. **Table 1**[9] elucidates these stages with the corresponding ages at which they occur and the associated erogenous zone for each stage, along with the observations that led to the demarcation of each stage.

Although Freud's views have been heartily criticized, it is important to note that his views were among the first to integrate sexual drives into an overarching of principle of human development and behavior. While some of what he hypothesized has been discredited, it is useful to keep in mind issues such as trust, control, and maturity when working with children and adolescents in psychotherapy. Freud felt that these characteristics stemmed from traversing each psychosexual stage.

Erik Erikson's Epigenetic Stages of Development

Erik Erikson conceptualized human development as series of predictable and opposing binary crises that each person must negotiate at roughly the same age.[13] For example, infancy was a period of *trust* or *mistrust.* Because an infant's needs are entirely dependent on others, a properly and sufficiently cared-for infant learns to trust that the world can meet their needs. According to Erikson, if the adults in an infant's life are not able to properly care for them, these infants would grow without the capacity for lasting trust and would have to relearn that the world can be trustworthy in order to move forward with tasks of maturation. Importantly, some interpret Erikson's work to suggest that each stage must be traversed in chronological order. For example, *autonomy,* in opposition to *shame and doubt,* is the binary crisis that Erikson felt comes after infancy. According to Erikson, autonomy cannot truly be mastered unless trust has already been established. Erikson called these stages "epigenetic" because he felt that humans were universally, and therefore genetically, disposed to negotiate each of these crises at approximately the same stage of life. Successful negotiation of a given crisis would yield a predictable virtue, whereas a failure to master a given crisis results in a maladaptive trait. If an infant masters trust, then the virtue the infant develops is *hope*, meaning that the individual can appropriately utilize hope as a means of traversing further conflicts in life. If trust is not mastered, then a given individual will more often withdraw, as there is little expectation that circumstances will improve. Erikson's stages are summarized in **Table 2**.[14]

Criticisms of Erikson's approach involve the extent to which his ideas exist within his own cultural context, and that he developed his theories primarily through examinations of psychiatrically hospitalized patients. Some have argued that Erikson's stages are as much a function of differing cultural expectations as they are biological or genetic imperatives.[15] Conversely, others note that all cultures roughly follow the same

Table 1
Freud's development theory

Stage	Age	Erogenous Zone	Observation
The Oral Stage	Birth to 1 Year	Mouth	Infant's main source of pleasure involves feeding
Psychological Outcome:			
The central conflict of the oral stage involves weaning the child from the primary caregiver, with whom the child interacts primarily through the mouth. This leads to aggression, often expressed through the activities involving the mouth such as alcohol intake, disordered eating, smoking, or nail biting. If weaning is successful, these children are better able to trust that the world can meet their needs.			
The Anal Stage	1–3 y	Bowel and Bladder	Toddler's main source of pleasure involves positive regard from caregivers in the mastery of toilet training.
Psychological Outcome:			
The central conflict of the anal stage involves caregivers who are either overly permissive or overly restrictive with regard to toilet training. Overly permissive toilet training will result in messy and destructive behavior. Overly restrictive toilet training will result in stringent or obsessive behavior. If toilet training goes well, the child is more likely to develop creative prowess based on the sense that good work will be rewarded.			
The Phallic Stage	3–6 y	Genitals	Toddlers and young children begin to appreciate genital sensations.
Psychological Outcome:			
Freud felt that this awakened sexual stage correlated with competition that boys feel with their fathers for their mother's affection. He called this the Oedipal Complex, and the desire to take the father's place lead to a fear of retribution called Castration Anxiety. Freud also felt that girls felt envious of the phallus that boys possess, and he referred to this feeling as Penis Envy. Understandably, this is perhaps the most controversial of Freud's hypothesis. Psychologists such as Karen Horney[10] have noted that this theory is demeaning to girls and has suggested that in fact boys envy the ability of girls to become pregnant and give birth. Freud further believed that boys negotiate this stage successfully by identifying with the same parents of the same gender, but that girls become fixated on the lack of a penis whether they identify with the mother or not. Obviously, these conclusions call into question current conceptualizations of gender dysphoria as well as the postmodern ideas of gender as a construct rather than a biological state.[11]			
The Latent Period	6 to puberty	Sexual Feelings are Absent	During this stage, children develop relationships with peers and previous experienced libidinal urges are absent.

Psychological Outcome:			
According to Freud, children can become fixated at this stage, resulting in immaturity and the inability to form a lasting, romantic, or sexual relationship. Successful negation of this stage results in the ability to connect with others and to form lasting friendships that are absent of sexual overtones.			
The Genital Stage	Puberty to Death	Maturing Sexual Interests	With the onset of puberty, individuals must balance sexual desires with existing social norms
Psychological Outcome:			
The central conflicts of the Genital Stage involve controlling libidinal needs to have lasting relationships with romantic partners and with those in the surrounding society. Freud felt that this natural evolution of the genital stage would result in sexual attraction to the opposite sex. This conclusion is also at odds with current and accepted conceptualizations of sexual orientation.[12]			

Data from Lantz SE, Ray S. Freud Developmental Theory. [Updated 2022 Dec 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024. Available at: https://www.ncbi.nlm.nih.gov/books/NBK557526/.

Table 2
Erikson's theory of development

Crisis	Age	Positive	Negative Outcome
Trust vs mistrust	0–2 y	Hope	Withdrawal
Psychological Outcome			
An infant who can trust the world to meet their needs will develop the capacity for hope and will avoid withdrawal. For Erikson, a pattern of social withdrawal might signify fundamental issues during the early stages of an individual's development.			
Autonomy vs shame/doubt	2–4 y	Will power	Compulsive Actions
Psychological Outcome			
Toddlers learn that they can do things on their own. This means that they can be praised for taking initiative or scolded for doing things that they learn they are not supposed to do. Successful negotiation of this stage results in a willingness to try new things for enjoyment, whereas compulsions occur if an individual is trying to act in a way that will not bring up feelings of shame.			
Initiative vs guilt	4–5 y	Purpose	Inhibition
Psychological Outcome			
After the development of the capacity for autonomy, children decide to undertake their own projects. If they are successful in these undertakings, they develop a sense of purpose. If they are not, they become reluctant to try new things.			
Industry vs inferiority	5–12 y	Competence	Passivity
Psychological Outcome			
The ability to take initiative leads to a tendency to work alone or with others, in pursuit of specific goals, and to feel and realize that accomplishing these goals are possible. If individuals do not feel successful in these endeavors, they will stop trying and instead adopt a more passive stance toward new ideas and projects.			
Identity vs role confusion	12–19 y	Fidelity	Repudiation
Psychological Outcome:			
Adolescence is characterized by a sense of personal and coherent values. Consistency in these values leads to a sense of predictably knowing how one view different ideas. If identity is not solidified, then then values and beliefs are rejected or inconsistently embraced.			
Intimacy vs isolation	19–29 y	Love	Distancing
Psychological Outcome:			
After one successfully solidifies values, one can begin to develop intimate relationships. In other words, according to Erikson, one must know who one is before one can decide who one romantically loves. If this stage is not negotiated, Erikson felt that individuals would resist interpersonal and authentically intimate relationships			
Generativity vs stagnation	30–64 y	Care	Self-Absorption
Psychological Outcome:			
As one progresses through life, one begins to give back to the community. If one falls short of this task, one becomes increasingly concerned only with the self.			
Integrity vs despair	65 to death	Wisdom	Nihilism
Psychological Outcome			
According to Erikson, old age is characterized by an assessment of whether one has lived true to one's values. If an individual does not feel that this has been accomplished, then one views life as a meaningless experience.			

Data from Erikson E. (1959). Theory of identity development. *E. Erikson, Identity and the life cycle*.

Eriksonian stages, and that these stages provide useful guidelines to gauge how an individual is handling specific developmental transitions.[16]

Jean Piaget's Theory of Cognitive Development

Jean Piaget was primarily interested in how children learn and acquire intelligence. He felt that humans go through distinct stages and behaviors in their quest for the acquisition of knowledge at predictable and consistent ages.[17] Piaget conceptualized these stages as a function of biological capacities. Because an infant can primarily experience sensory input, he reasoned that humans at this early age gain knowledge through sensory stimuli that are the result of specific actions. He called this stage the sensorimotor stage, as infants must manipulate their environments to generate specific sensory inputs, often using the mouth as the primary instrument of exploration. Piaget's stages are summarized in **Table 3**.[17]

Criticisms of Piaget involve the fact that he used his grandchildren[18] as his main subjects and that he did not take into consideration mental exercises that might occur in the presence of disabilities. For example, an infant lacking motor control might not be able to manipulate the environment to engage in what Piaget thought were the necessary biological sensations to generate new knowledge. In fact, researchers have noted that individuals with certain disabilities tend to conduct thought experiments in which environmental manipulations are imagined and thus experienced.[19] Still, the progression from relatively concrete views of the world to more abstract ideas hold relatively constant across cultures and are useful constructs in creating psychodynamic formulations.

Lawrence Kohlberg's Theory of Moral Development

Lawrence Kohlberg sought to understand how individuals develop morality. He utilized vignettes with morally ambiguous questions, which he asked multiple subjects as he conceptualized stages of moral development. The most famous of these is "the Heinz Dilemma," which generally posits a woman whose cancer can only be treated by a pharmacologic intervention that is too expensive for her or her husband to purchase.[20] Kohlberg asked his subjects what the woman and her family should do when the person who has access to the intervention refuses to sell it to her family at a

Table 3
Piaget's theory of cognitive development and individual differences

Stage and Age	Cognitive Capacity
Sensorimotor, Birth–2 y	Understands the world through manipulations of the world for sensory input. Through these tasks, the infant masters important concepts such as object permanence.
Preoperational, 2–7 y	Understands the world through the development of language and mental images. The child imagines and becomes playful, and conclusions are often the result of associations rather than logic.
Concrete operations, 7–11 y	Begins to draw logical conclusions and utilize deductive reasoning.
Formal operational stage, 12 and above	This form of reasoning is free of any physical barriers. Individuals form abstract ideas based on mentalization of different concepts.

Data from Bovet M. (1976). Piaget's theory of cognitive development and individual differences. In *Piaget and His School: A Reader in Developmental Psychology* (p. 269–279). Berlin, Heidelberg: Springer Berlin Heidelberg.

price she or her family can afford. Importantly, Kohlberg was more interested in the reasons his subjects gave for their answers than he was for the answers themselves. Most subjects felt that it was appropriate for the woman or her family to obtain the treatment by virtually any means possible, but some felt that the risks to this were primarily legal retribution. Others felt that the medication should be obtained because this is what a family would do for any family member, and others felt that the sanctity of a life outweighed issues of property values and the right to profit. Kohlberg organized these stages into a hierarchy, with respect for all life as the highest and most advanced stage of moral development. There were not specific ages associated with each stage, though the stages are generally organized from younger to older ages. Further, Kohlberg's conceptualized 6 discrete stages that were included under the heading of 3 organizing stages. The 6 stages were further conceptualized as distinct moral orientations. Thus, Kohlberg's punishment-obedient orientation and the self-interest orientation fell under the larger preconventional stage, whereas the interpersonal conformity and social order maintaining orientation fell under the conventional stage, and the social contract orientation and the universal ethical principal orientation fell under the postconventional stage **Fig. 1**.[21,22]

Kohlberg has been criticized for only using boys as subjects in the development of his theories.[23] This practice, some critics argue, fails to take into consideration the finding that boys are more culturally driven to consider issues of justice and fairness whereas girls are more focused on altruistic acts. Theorists such as Karen Gilligan have noted that girls might first turn to compassion and empathy when presented with similar moral dilemmas as boys.[23] Still, Kohlberg's ideas provide important guidance for therapists as they assess how an individual understands the moral principles inherent in a given behavior.

Urie Bronfenbrenner's Theory of Bioecological Development

Urie Bronfenbrenner felt that existing developmental models failed to account for the integration of cultural, social and biological influences.[24] A person's willingness to become romantically intimate, for example, is a function of the complex interplay of

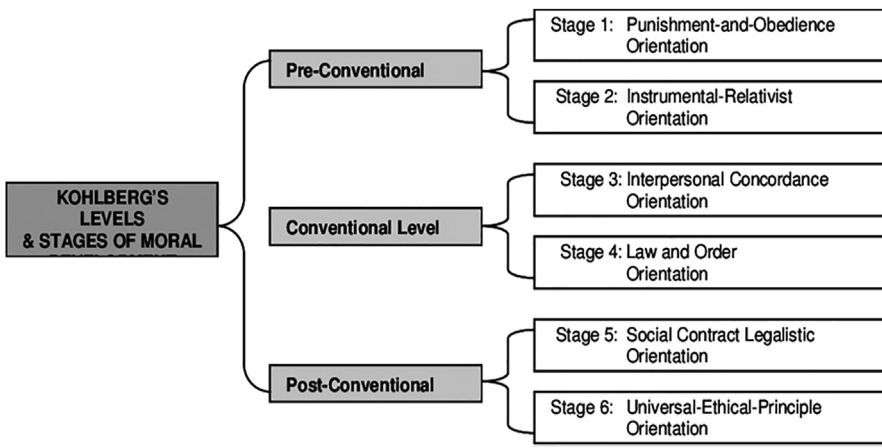

Fig. 1. Kohlbergian analysis of the moral reasoning in Lino Brocka's leading films. (Palmes, Diana & Demeterio, Feorillo. (2015). Kohlbergian Analysis of the Moral Reasoning in Lino Brocka's Leading Films. Humanities Diliman. June 2015, 12(1): 106-130. Journal website: https://journals.upd.edu.ph/index.php/humanitiesdiliman.)

internal biological changes, including changes in brain development, values within families, communities, and societies, and potent social influences such as education and relative wealth. He called his theory "bioecological" because he sought to emphasize that numerous factors – biological status, social norms, familial well-being, and so forth—intermix to yield a unique ecology that can be used to understand how a person changes throughout the life span.[25,26] In addition to conducting experiments regarding his ideas, he noted that naturalistic data played a potent role in understanding human development, and his ideas were instrumental for important public policy undertakings such as the United States Head Start Program. Bronfenbrenner's ideas are summarized in **Fig. 2**.[27]

Some have criticized Bronfenbrenner's work, noting that the complexity of his model makes it challenging to practically utilize his ideas in psychotherapeutic interactions.[28]

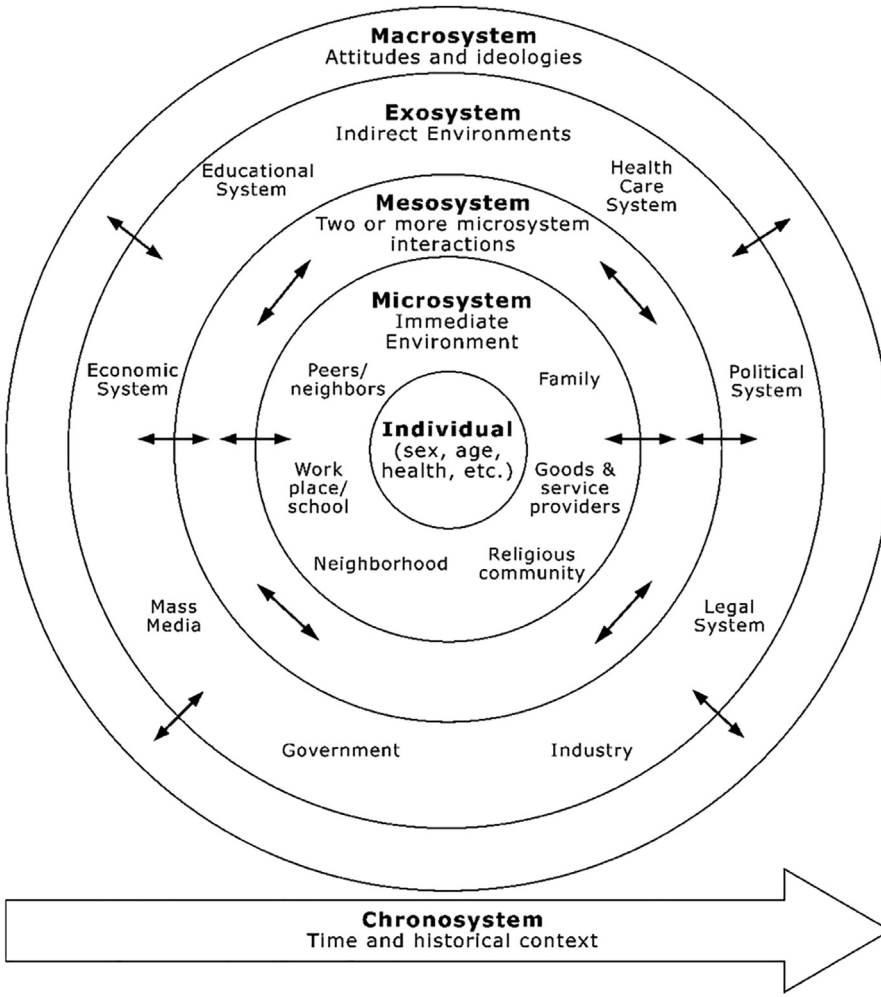

Fig. 2. Ecological systems theory. (Brown, L.E. and Strommen, J. (2018), Training Younger Volunteers to Promote Technology Use Among Older Adults. Fam Consum Sci Res J, 46: 297-313. https://doi.org/10.1111/fcsr.12254.a.)

On the other hand, many have praised Bronfenbrenner for emphasizing the extent to which ambient cultural and social implications play important roles as humans age.

Examples of Developmental Considerations in Psychodynamic Psychotherapy

The final section of this article will demonstrate, through a hypothetical psychodynamic psychotherapy case presentation, the ways that different developmental theories can be utilized or misattributed. In this way, we will demonstrate the importance of comprehensive developmental hypotheses in directing therapeutic interventions.

An 8-Year-Old Girl with Anxiety and Sudden Episodes of Aggressive Behavior

Amy is an 8-year-old cis-gender girl who presents for psychotherapy following worsening episodes of sudden aggressive behavior, as well as significant anxiety that had emerged over the last few months. Her anxiety is expressed by tearful and oppositional refusals to participate in family and school related activities. Most recently, Amy had angrily thrown a pencil holder at a friend from school during a playdate at Amy's house after her friend found more matching pieces of a jigsaw puzzle than Amy did, even though they were working on the puzzle together. This resulted in a rift between Amy and her friend, leaving Amy without any same-aged close friends at school. When the therapist asked Amy about the incident, Amy responded that her friend "wouldn't listen" and that there was an "appropriate way to complete a complicated puzzle." The therapist noted Amy's use of sophisticated vocabulary, with words such as "appropriate" and "complicated" that were more advanced than one might expect from a 9-year-old. During the session, the therapist and Amy were tossing a tennis-ball back and forth, and when the ball was inadvertently tossed higher than Amy was able to reach, Amy became enraged. "That's not how to throw a ball," she insisted, and she picked up the ball and threw it at the therapist's desk. The therapist asked Amy why she threw the ball, and Amy responded that once the ball was thrown to her out of reach, she knew that it would happen again and that this meant that she could no longer play catch. This pattern continued throughout the session, with Amy engaging in rule-oriented activities such as board games but seeming less interested in imaginary play. She often became frustrated at moments when the therapist "didn't do things right," at which point Amy would either stop interacting altogether until a new activity started, or she would throw an object in frustration in the therapist's direction. When it became clear that this behavior could potentially be harmful, the therapist intervened, noting that they couldn't continue to interact unless Amy could resist potentially destructive behavior. Amy expressed remorse after the therapist called attention to her behavior. "Am I in trouble," Amy asked nervously, and then promised to "be good." However, Amy continued to have difficulties stopping herself from destructive actions.

At the next session, Amy's mother reported that Amy had pulled her chair up to a buffet and had started to eat from the buffet table at her cousin's religious confirmation celebration. When she was told that this was not appropriate, she had thrown silverware at her father, and then she protested that she shouldn't have been told that the buffet was for lunch if she wasn't allowed to eat. Of note, Amy had been to buffets before and had never had any problems.

From a developmental perspective, the therapist noted that Amy's desire to be with peers was consistent with what Freud would have deemed appropriate latency-aged behavior. She also frequently took initiative in starting projects and sought to involve others around her, and she appeared to fear shameful feelings and scolding from adults when she was not able to manage her temper. This seemed consistent with what Erikson characterized as initiative at the risk of a sense of shame when she

was not able to tolerate a given activity proceeding as she had planned, though it was also possible that her anxiety stemmed from her sense that she could not trust others to let her know in each circumstance. However, a thorough history led her therapist to believe that Amy's needs had been easily and successfully anticipated during childhood, and that she had therefore traversed Erikson's expectations for healthy infant development. Importantly, had the therapist decided that Amy's challenge involved Erikson's conceptualization of trust at the expense of mistrust, then the therapy would have focused on restoring Amy's hope, and this focus would have been too narrow as further developmental assessment demonstrates.

The therapist realized that Amy understood nearly immediately after she lost her temper and became destructive that this was not an acceptable response to her frustration, and she feared punishment from the adults around her. Thus, from Kohlberg's perspective, Amy appeared to be preconventional in her appreciation of the expectations for the consequences of her destructive actions. From a cognitive perspective, she understood the rules for board games that were intended for much older children, though she was somewhat concrete in her application of these rules, leading the therapist to determine that her cognitive capacities as Piaget would see them were most consistent with a transition from preoperational to concrete forms of reasoning. Though she demonstrated impressive language development, her challenges in comprehending the nuance of language indicated that she had not yet become capable of what Piaget had called "formal relations." Because her understanding and use of words was beyond what was common for her age, the therapist could have incorrectly assessed that Amy was more cognitively advanced and tried to utilize formal operations in helping Amy to modify her behavior, though when other adults in Amy's world had tried to more abstractly reason with her, they had not succeeded in helping Amy to modify her behavior.

Further, the therapist noted that Amy had been to celebrations such as the confirmation party before the incident described above, and at those parties she had correctly participated in buffets. This suggested to the therapist that Amy's misunderstanding of the ways to behave at a buffet were not the result of cultural misunderstanding as the perspectives of Bronfenbrenner's ecological theory would have posited. However, Amy's inability to transfer her knowledge and understanding from one setting to a similar setting felt off-pace with the rest of her cognitive development. As already noted, she had demonstrated impressive language skills and the ability to keep in mind the intricacies of even complex board games, so her cognitive capacity in understanding situations seemed the result of a more biological inability to read social cues when the circumstances in which she found herself were not fully foreshadowed and the expectations explained. In this sense, her challenges were best viewed through the bioecological model offered by Bronfenbrenner, in which her innate or biologically driven, rather than her learned, understanding of cultural cues were limited. The therapist thus used a multiplicity of developmental theories to determine that Amy suffered from high functioning Autism with advanced language development but challenges in tolerating unexpected nuance or changed expectations. Her aggressive behavior resulted from this misunderstanding, and she felt angry and ashamed that she continued to misread social situations. She had also more recently become worried nearly constantly that these misunderstandings would continue. Through psychoeducation with her parents and her teachers, Amy's aggressive behavior improved as those around her learned to anticipate her worries in social situations and to explain to her more precisely what was expected to take place. Amy's anxiety dissipated as she learned to recognize when she was not certain how to behave and to ask for help, and she became less rigid in her approach to interactional activities. As this case demonstrates, thoughtful

applications of different developmentally driven assessments yielded therapeutic interventions that decreased Amy's anxiety and quelled her aggressive behavior, whereas a misattribution of developmental conclusions could potentially have led to therapeutic missteps.

SUMMARY

Developmental assessments are central to all forms of psychotherapeutic intervention. These interventions include psychodynamic, psychoanalytic, and behavioral therapies. Both psychodynamic and psychoanalytic therapies involve developmental assessments of every patient and corresponding applications of developmental theory that take into consideration where patients exist on their expected developmental trajectories. For every patient, multiple developmental theories must be entertained in order to generate a series of developmentally informed hypotheses. These hypotheses in turn serve to guide psychotherapeutic interventions.

Because each developmental theory is based on different expectations, one must actively and mindfully employ all theories of development and be willing to change hypotheses as a psychotherapeutic treatment progresses.

CLINICS CARE POINTS

- Confirmation Bias is a risk in the practice of psychotherapy. One can mitigate this risk through careful attention to developmental expectations of individual patients.[2]
- Evidence suggests that children with more complex psychological challenges benefit from more frequent psychotherapy visits.[5,6]
- The developmental theories posited by Freud, Erikson, Piaget, Kohlberg, and Bronfenbrenner each have important and specific shortcomings.[10,11,15–19,23,28]

DISCLOSURE

Nothing to disclose.

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