Erikson and Piaget Case Studies and Summary

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Clinical mental health counselors benefit from the analysis of Erikson's and Piaget's early childhood development stages, covering ages 3-8, and assessing risk factors for future addiction and addictive behaviors. The paper explores Erikson's autonomy versus shame and initiative versus guilt stages and covers Piaget's preoperational and concrete operational stages using a case study (Kail & Cavanaugh, 2022). The exploration covers the theory and etiology of addiction rooted in early childhood's physiological, biological, and neurological issues. Educating parents and offering ethical and culturally relevant strategies promotes resilience when facing challenges, and optimized interventions ensure a child's development and wellness (Mayo, n.d.).

Erikson's Autonomy Versus Shame Stage (up to age 3)

During Erikson's autonomy versus shame stage, a child who successfully navigates this stage reaches a point of knowing they can act on their world intentionally and within acceptable limits (Kail & Cavanaugh, 2022). Erikson calls this *will*, in which they control and inhibit actions through the shame of failure and the doubt of reaching new goals. The child controls behavioral disinhibition. The disinhibition or *behavioral undercontrol* (BU) presides as a key risk factor in addictions and addictive behaviors due to sharing neuro networks with addiction cravings, demonstrated in longitudinal studies of children ages 3-17 (Zucker et al., 2011).

Frederick, a white 3-year-old male in a non-religious family, presents many addiction risk factors. Frederick's early childhood BU and neuropsychological deficit risk factors can initiate substance use disorders (SUDs) (Maggs et al., 2019). The 3-year-old presents BUs such as persistent impulse control, aggression to his peers, resistance to prosocial actions, and frequent temper tantrums, through assessments, self-reported questions, and interviews with his parents

and him. These addictive behaviors activate the same reward neuropathways as addictions through the *incentive reactivity system* and present markers for drug cravings and SUDs as young as age three.

Frederick's parents reported their alcohol and marijuana use during assessments. The parents also reported a history of mood disorders in the family, possibly affecting their son's biological development. Frederick's motor skills have fallen behind, affecting him physiologically. Both parents have felt high stress in their lives since Frederick's birth due to a job loss. The parents' high stress may affect Frederick's neurological state and heightened reactivity to his environment (Blum, 2024; Crouch et al., 2019).

Offering psychoeducation about Frederick's development path, the effects of stress, and substance use would help the parents understand the impact on their son (Blum, 2024). In addition, teaching culturally sensitive parenting skills to help balance Frederick's doubt and autonomy would build independence and help him explore his world within boundaries (Kail & Cavanaugh, 2022). Implementing predictability and appropriateness through culturally appropriate rituals and boundaries, patience, and genuine concern about Frederick's needs can help the family grow together into well-being (Strasheim et al., 2002).

Erikson's Initiative Versus Guilt Stage (ages 3-4)

As Frederick grows into Erikson's next stage of development, initiative versus guilt, his *will* has developed further, yet he has much to learn to gain *purpose* (Kail & Cavanaugh, 2022). Frederick identifies with his father, who drinks and smokes cannabis often. Yet, Frederick frequently takes the initiative, creating structures with blocks, playing games, and role-playing. His behavior still does not encompass cooperativeness, as he pursues goals at all costs. When children attempt to join or an adult announces clean up time, a lengthy and loud tantrum ensues,

BU takes hold, marked by aggression toward peers, and damage to surroundings. This has become a daily event, seriously disrupting preschool and home life.

During interviews, the parents disclosed a permissive approach regarding boundaries. Discussions with Frederick revealed a positive attitude to alcohol and marijuana use, mimicking his parents' and family friend's attitudes (Strasheim et al., 2002). This poses a material risk factor for Frederick, since preschoolers mimic adults' roles and attitudes. The family's work situation causes stress, leading Frederick to feel guilty, since the world revolves around his 3-year-old mind. Plus, exposure to stress (i.e., biological effects of cortisol) may affect his cognitive abilities and sensitivities neurologically (Ricardo et al., 2020). The physiological effects of marijuana and alcohol can impact Frederick's motor skills and cognitive abilities (Kail & Cavanaugh, 2022). These can lead to frustration with others' reactions to his initiatives and confusion regarding chaotic boundaries. His pursuit of initiatives activates reward pathways, exacerbates poor boundaries, triggers BU, and stirs a family history of mental disorders, and his positive attitude toward substances together present markers for future SUDs.

During Erikson's initiative versus guilt stage, serious and culturally sensitive parental guidance must occur to change Frederick's SUDs developmental pathway. Frederick has multiple adverse childhood experiences (ACEs), combining parental stress with poor parenting skills (Crouch et al., 2019). Interventions to counter ACEs include changing positive substance attitudes, strengthening boundary-setting skills, scaffolding guidance (Zucker et al., 2011), showing love and concern, and appropriately addressing frustrations (Strasheim et al., 2002). Counseling the parents will help mitigate their stress and prevent it from shifting to their son.

Piaget's Preoperational Stage (ages 2-7)

Considering Piaget's preoperational stage, Frederick has embraced symbolic thinking, engaging with his world (Kail & Cavanaugh, 2022). His role-playing and symbolic use of blocks and toys demonstrate that he has progressed from the sensorimotor into the preoperational stage. Egocentrism, centration, and distinguishing reality from appearance pose challenges to Frederick. He remains in an egocentric view of the world, as expected. Even though role-playing does occur, he does not seem to make progress toward generalized role-playing beyond playing himself as an adult. A centration test, which uses juice in a tall glass poured into a wide short glass, still shows Frederick's lack of understanding of transformation. This causes an anger response at suddenly having less juice. Distinguishing reality from appearance by pretending a block is a car, for example, poses no problem for Frederick. However, confronting the concept that the block is a block and at the same time a pretend car does not yet register, representing a normal pretransition response (Moll & Tomasello, 2009). The issue arises as Frederick approaches four years old, and he experiences no conceptual progress in this most critical transitional stage. His vocabulary grows, however, in minimal ways, and after months of repetition, he has difficulty identifying some objects. He seems stuck. These may indicate possible cognitive, memory, and language neurological issues (Malik & Marwaha, 2023). Checkups with his doctor reflect health concerns; his exposure to cannabis smoke may produce biological issues (i.e., wheezing, which may lead to disease), and he still experiences coordination and proprioception physiological issues. These adverse conditions indicate markers of future addictive behaviors.

The counselor can point to these ACEs in Frederick's life through psychoeducation to correct his parents' behaviors (Kail & Cavanaugh, 2022). The parents can remove toxic cannabis

smoke and actively engage in role-playing activities. In this effort, their son can overcome his egocentric view of the world. They can also actively participate in active play and sensory play to explore transformations and reversibility of objects, reducing stress, expanding vocabulary, and taking others' perspectives (Bongiorno, n.d.). Together, these interventions can assist Frederick through this transitional stage.

Piaget's Concrete Operational Stage (ages 7-11)

During Piaget's concrete operational stage (ages 7-11), a child accomplishes five operational skills (DeWolfe, 2024). These skills include (a) object conservation through reversibility, (b) categorization of an object into classifications (e.g., dog, animal, pet, or Rover), (c) seriation of objects arranged along one dimension (e.g., by size), (d) role-taking that embodies other's perspectives, and (e) tempering rule rigidity through understanding others' viewpoints. Frederick has not shown interest in any of the five cognitions, with abnormally long and inappropriate tantrums, demonstrating possible neurological, emotional, or cognitive issues as measured through the strengths and difficulties questionnaire (Maggs et al., 2019). The physiological effects of continued cannabis exposure may account for coordination issues that still exist in active play, which frustrate Frederick (Kail & Cavanaugh, 2022). Suspected cognitive delays may result from biological effects of family stress, producing three times more likelihood of SUDs, and the toxic smoke environment as ACE risk factors (Crouch et al., 2019).

By age seven, Frederick should start showing progressive movement towards these abilities (Kail & Cavanaugh, 2022). Five ACE risk factors continue to present themselves through assessments, like the concept assessment kit, interviews, and observations of the family (DeWolfe, 2024). The recurring risk factors include (a) BU that may include experimenting with alcohol at an early age (Maggs et al., 2019), (b) insufficient parental skills (e.g., poor boundary

setting), (c) excessive family stress, (d) family history of mood disorders, and (e) parental ambivalence of substance use. The risk factors help counselors focus on diverting Frederick from a SUDs and addictive developmental pathway.

Understanding the risk factors and the concrete operational skills needed, the counselor assembles strategies to help Frederick during this high-growth period. Continued psychoeducation on Piaget's developmental characteristics and developing parental coaching skills for play activities can build cognitions around reversibility, conservation of objects, and assist in coordination issues. In addition, counselor-parent workshops can develop skills to reinforce positive parental modeling of appropriate substance behaviors, provide feedback about age-appropriate boundary setting, and help them coach Frederick through role-taking perspectives (Kail & Cavanaugh, 2022; DeWolfe, 2024). The interventions should mitigate ACEs affecting Frederick.

Similarities and Differences between Piaget's and Erikson's Theories

Piaget's and Erikson's differences and similarities of normal personality development and abnormal behaviors center on developmental progression and overcoming obstacles (Kail & Cavanaugh, 2022). Piaget's theory posits that children explore their worlds as scientists, experimenting with intense curiosity, creating schemes or mental models along the way. At each stage in Piaget's development, the child experiments with their surroundings. Each experiment adds to the schema or requires reworking. Erikson's theory indicates that a child's worldview revolves around relationships with their world based on internal psychological maturity and environmental experiences. A young child can learn trust, autonomy, and initiative. They learn to trust those they rely on for their needs, balancing trust against mistrust of unmet needs, which produces hopefulness and curiosity, mitigated by caution. As the child progresses, autonomy

versus shame emerges to independently control actions, like crawling and walking, which balance failures and the shame and doubt of success. A healthy balance produces the will to try. Initiative versus guilt, when navigated successfully, produces play with purpose, responsibility for some activities, and imagining possibilities. Both present children with developmental challenges to overcome as they interact with their world, developing key skills.

Abnormal personality in Piaget's theory develops when the child struggles and cannot overcome the challenges of object permanence, reversibility, appearance, egocentrism, or centration (Kail & Cavanaugh, 2022). Etiology behind these issues often points to physiological issues (e.g., substance use), biological issues (e.g., history of family mental disorders), neurological issues (e.g., stress, drug-induced cognitive, language, or memory issues), and social issues (e.g., poor parenting) (Maggs et al., 2019). Perceptions grow as children mature through egocentrism (a perception that the universe centers on them), centration (perception along one dimension), and perception of appearance versus reality. With Erikson's abnormal behaviors (e.g., BUs), children become stuck behind shame, guilt, or doubt. When dysfunctions occur in their environment, a child stalls developmentally due to biological heredity, physiological motor skill, or environmental toxicity-based neurological (e.g., cannabis smoke) issues. Healthy navigation through these dangers results in playing cooperatively after learning to overcome shame, doubt, and adjusting to conflicts. Erikson's relational factors complement Piaget's experimentation and schemes. Each theory offers insights into Frederick's development and abnormal behaviors, which a counselor can ethically and with cultural sensitivity address.

Approaching the family with interventions that incorporate ethical and cultural relevance promotes resilience for the family to maneuver the challenges in both Piaget's and Erikson's developmental obstacles (Kail & Cavanaugh, 2022). The obstacles, if not overcome, strongly

suggest risk factors for an addiction and addictive behavior developmental pathway (Zucker et al., 2011). Successful navigation through these risk factors require ethical and cultural appropriate approaches building resilience that include (a) advocacy for equal access to mental health services (ACA, 2014, A.7.a), (b) informed consent (A.2.a) about intervention impacts, (c) confidentiality protecting the family's privacy (B.1.c), (d) creating a safe environment to explore their situation (A Introduction), and (e) culturally relevant (B.1.a) and developmentally appropriate services (A.2.c). These serve to help the family grow psychologically and navigate the challenges skillfully.

Conclusion

In conclusion, Piaget's and Erikson's developmental theories offer frameworks to assess a child's developmental progress and help parents navigate the process (Kail & Cavanaugh, 2022). The paper focused on early childhood risk factors and behaviors associated with addiction and addictive behaviors (Crouch et al., 2019). Framing these factors through Piaget's model of perceptions and reactions and Erikson's theory of relationships helps identify normal and abnormal behaviors. This effort guides counselors toward appropriate interventions. Bounding interventions with ethical considerations and culturally sensitive strategies promotes the child's resilience, overcoming developmental obstacles so they progress developmentally and achieve wellbeing.

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