

## Child development and trauma specialist practice resource: 12 – 18 years

### Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

#### Physical development

- significant physical growth and body changes
- develops greater expertise/skills in sport
- changing health needs for diet, rest, exercise, hygiene and dental care
- puberty, menstruation
- sexuality and contraception
- increased need for nutritious balanced diet, including adequate calcium, protein and iron

#### Self concept

- can be pre-occupied with self
- secondary sex characteristics affect self concept, relationships with others and activities undertaken
- dealing with own sexuality and that of peers
- developing identity based on gender and culture
- becoming an adult, including opportunities and challenges

#### Social-emotional development

- empathy for others
- ability to make decisions (moral)
- values and a moral system become firmer and affect views and opinions
- spends time with peers for social and emotional needs beyond parents and family
- peer assessment influences self concept, behaviour/need to conform
- girls have 'best friends', boys have 'mates'
- may explore sexuality by engaging in sexual behaviours and intimate relationships
- develops wider interests
- seeks greater autonomy personally, in decision making
- more responsible in tasks at home, school and work
- experiences emotional turmoil, strong feelings and unpredictable mood swings
- interdependent with parents and family
- conflict with family more likely through puberty
- able to negotiate and assert boundaries
- learning to give and take (reciprocity)
- focus is on the present - may take significant risks
- understands appropriate behaviour but may lack self control/insight

#### Cognitive and creative characteristics

- thinks logically, abstractly and solves problems thinking like an adult
- may take an interest in/develop opinions about community or world events
- can appreciate others' perspectives and see a problem or situation from different angles
- career choice may be realistic, or at odds with school performance and talents



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### Possible indicators of trauma

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| <ul style="list-style-type: none"> <li>• increased tension, irritability, reactivity and inability to relax</li> <li>• accident proneness</li> <li>• reduced eye contact</li> <li>• sleep disturbances, nightmares</li> </ul>  | <ul style="list-style-type: none"> <li>• enuresis, encopresis</li> <li>• eating disturbances/disorders</li> <li>• absconding or truanting and challenging behaviours</li> <li>• substance abuse</li> </ul>   | <ul style="list-style-type: none"> <li>• aggressive/violent behaviour</li> <li>• firefighting, hurting animals</li> <li>• suicidal ideation</li> <li>• self harming eg. cutting, burning</li> </ul>  |
| <ul style="list-style-type: none"> <li>• efforts to distance from feelings of shame and humiliation</li> <li>• loss of self-esteem and self confidence</li> <li>• acute psychological distress</li> <li>• personality changes and changes in quality of important relationships evident</li> </ul> | <ul style="list-style-type: none"> <li>• increased self-focusing and withdrawal</li> <li>• reduced capacity to feel emotions – may appear ‘numb’</li> <li>• wish for revenge and action oriented responses to trauma</li> <li>• partial loss of memory and ability to concentrate</li> </ul> | <ul style="list-style-type: none"> <li>• trauma flashbacks</li> <li>• acute awareness of parental reactions; wish to protect parents from own distress</li> <li>• sexually exploitive or aggressive interactions with younger children</li> <li>• sexually promiscuous behaviour or total avoidance of sexual involvement</li> <li>• running away from home</li> </ul> |

### Trauma impact

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| <ul style="list-style-type: none"> <li>• sleep disturbances, nightmares</li> <li>• hyperarousal, hypervigilance, hyperactivity</li> <li>• eating disturbances or disorders</li> <li>• trauma acting out, risk taking, sexualised, reckless, regressive or violent behaviour</li> </ul>                                       | <ul style="list-style-type: none"> <li>• flight into driven activity and involvement with others or retreat from others in order to manage inner turmoil</li> <li>• vulnerability to withdrawal and pessimistic world view</li> </ul>  | <ul style="list-style-type: none"> <li>• vulnerability to depression, anxiety, stress disorders, and suicidal ideation</li> <li>• vulnerability to conduct, attachment, eating and behavioural disorders</li> </ul>   |
| <ul style="list-style-type: none"> <li>• mood and personality changes and changes in quality of important relationships evident</li> <li>• loss of, or reduced capacity to attune with caregiver</li> <li>• loss of, or reduced capacity to manage emotional states or self soothe</li> <li>• lowered self-esteem</li> </ul> | <ul style="list-style-type: none"> <li>• flight into adulthood seen as way of escaping impact and memory of trauma (early marriage, pregnancy, dropping out of school, abandoning peer group for older set of friends)</li> <li>• fear of growing up and need to stay within family orbit</li> </ul> | <p>Memory for trauma includes:</p> <ul style="list-style-type: none"> <li>• acute awareness of and distress with intrusive imagery and memories of trauma</li> <li>• vulnerability to flash backs, episodes of recall, anniversary reactions and seasonal reminders of trauma</li> <li>• may experience acute distress encountering any reminder of trauma</li> <li>• partial loss of memory and concentration</li> </ul> |

### Parental/carer support following trauma

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| <p>Encourage parent(s)/carers to:</p> <ul style="list-style-type: none"> <li>• seek, accept and increase support for themselves to manage their own shock and emotions</li> <li>• remain calm. Encourage younger and older adolescents to talk about traumatic event with family members</li> <li>• provide opportunities for young person to spend time with friends who are supportive and meaningful</li> <li>• reassure young person that strong feelings - whether of guilt, shame, embarrassment, or wish for revenge - are normal following a trauma</li> <li>• help young person find activities that offer opportunities to experience mastery, control, and self-esteem</li> <li>• encourage pleasurable physical activities such as sports and dancing</li> <li>• monitor young person’s coping at home, school, and in peer group</li> </ul> | <ul style="list-style-type: none"> <li>• address acting-out behaviour involving aggression or self destructive behaviour quickly and firmly with limit setting and professional help</li> <li>• take signs of depression, self harm, accident proneness, recklessness, and persistent personality change seriously by seeking help</li> <li>• help young person develop a sense of perspective on the impact of the traumatic event and a sense of the importance of time in recovering</li> <li>• encourage delaying big decisions</li> <li>• seek information/advice about young person’s developmental and educational progress</li> <li>• provide the young person with frequent high protein snacks/ meals during the day</li> <li>• take time to recharge</li> </ul> |
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