

Child Development and Trauma Specialist Practice Resource: 5-7 Years



Developmental Trends		
The Following information needs to be understood in the context of the overview statement on child development:		
Physical skills		
<ul style="list-style-type: none"> • active, involved in physical activity, vigorous play • may tire easily 	<ul style="list-style-type: none"> • variation in levels of coordination and skill • many become increasingly proficient in skills, games, sports 	<ul style="list-style-type: none"> • some may be able to ride bicycle • may use hands with dexterity and skill to make things, do craft and build things
Social-emotional development		
<ul style="list-style-type: none"> • has strong relationships within the family and integral place in family dynamics • needs caregiver assistance and structure to regulate extremes of emotion • generally anxious to please and to gain adult approval, praise and reassurance 	<ul style="list-style-type: none"> • conscience is starting to be influenced by internal control or doing the right thing "I would take it, but if my parents found out, they would be disapproving" • not fully capable of estimating own abilities, may become frustrated by failure • reassured by predictable routines • friendships very important, although they may change regularly 	<ul style="list-style-type: none"> • may need help moving into and becoming part of a group • some children will maintain strong friendships over the period • may have mood swings • able to share, although not all the time • perception of, and level of regard for self, fairly well developed

Cognitive and creative characteristics		
<ul style="list-style-type: none"> • emerging literacy and numeracy abilities, gaining skills in reading and writing • variable attention and ability to stay on task; attends better if interested • good communication skills, remembers, tells and enjoys jokes 	<ul style="list-style-type: none"> • may require verbal, written or behavioural cues and reminders to follow directions and obey rules • skills in listening and understanding may be more advanced than expression • perspective broadens as experiences at school and in the community expand 	<ul style="list-style-type: none"> • most valuable learning occurs through play • rules more likely to be followed if he/she has contributed to them • may have strong creative urges to make things

Possible Indicators of Trauma		
<ul style="list-style-type: none"> • behavioural changes • increased, tension, irritability, reactivity, and inability to relax • sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep • regression to behaviour of younger child 	<ul style="list-style-type: none"> • lack of eye contact • 'spacey', distractible, or hyperactive behaviour • lack of control over bladder and bowel movements or smearing of faeces • eating disturbances 	<ul style="list-style-type: none"> • bodily aches and pains – no apparent reason • accident proneness • absconding/truanting from school • firelighting, hurting animals
<ul style="list-style-type: none"> • obvious anxiety, fearfulness and loss of self-esteem • frightened by own intensity of feelings • specific fears • efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions • reduced capacity to feel emotions – may appear 'numb', or apathetic • 'frozen watchfulness' 	<ul style="list-style-type: none"> • vulnerable to anniversary reactions caused by seasonal events, holidays, etc • repeated retelling of traumatic event • withdrawal, depressed affect • 'blinking out' or loss of concentration when under stress at school with lowering of performance 	<ul style="list-style-type: none"> • explicit, aggressive, exploitive, sexualised relating/engagement with other children • sexualised behaviour towards adults • verbally describes experiences of sexual abuse pointing to body parts and telling about the 'game' they played • sexualised drawing • excessive concern or preoccupation with private parts and adult sexual behaviour • verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour • running away from home



Trauma impact

<ul style="list-style-type: none"> • changes in behaviour • hyperarousal, hypervigilance, hyperactivity • regression in recently acquired developmental gains • sleep disturbances due to intrusive imagery • lack of control over bladder and bowel movements 	<ul style="list-style-type: none"> • trauma driven, acting out risk taking behaviour • eating disturbances • loss of concentration and memory • flight into driven activity or retreat from others to manage inner turmoil 	<ul style="list-style-type: none"> • post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates • loss of interest in previously pleasurable activities
<ul style="list-style-type: none"> • fear of trauma recurring • mood or personality change • loss of, or reduced capacity to attune with caregiver • loss of, or reduced capacity to manage emotional states or self soothe • increased self-focusing and withdrawal • concern about personal responsibility for trauma 	<ul style="list-style-type: none"> • wish for revenge and action oriented responses to trauma • may experience acute distress encountering any reminder of trauma • lowered self-esteem • increased anxiety or depression • fearful of closeness and love 	<ul style="list-style-type: none"> • child is likely to have detailed, long-term and sensory memory for traumatic event - sometimes the memory is fragmented or repressed • factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted • intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness • vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma • speech and cognitive delays

Parental / carer support following trauma

Encourage parent(s) carers to:

- seek, accept and increase support for themselves to manage their own shock and emotional responses
- listen to and tolerate child's retelling of event – respect child's fears; give child time to cope with fears
- increase monitoring and awareness of child's play, which may involve secretive re- enactments of trauma with peers and siblings; set limits on scary or harmful play
- permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
- reassure the older child that feelings of fear or behaviours that feel out of control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself with time
- encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully, and reminding child that these are normal but hard reactions following a very scary event
- maintain communication with school staff and monitor child's coping with demands at school or in community activities
- expect some time-limited decrease in child's school performance and help the child to accept this as a temporary result of the trauma
- protect child from re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma
- expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules
- listen for a child's misunderstanding of a traumatic event, particularly those that involve self-blame and magical thinking gently help child develop a realistic understanding of event - be mindful of the possibility of anniversary reactions
- remain aware of your own reactions to the child's trauma - provide reassurance to child that feelings will diminish over time
- provide opportunities for child to experience control and make choices in daily activities
- seek information and advice on child's developmental and educational progress
- provide the child with frequent high protein snacks/meals during the day
- take time out to recharge



Reference:

*Australian Victorian State Government Health and Human Services
 Adapted for a global audience by Get into Neurodiversity.*