

WHY EVERY TEACHER NEEDS TO KNOW ABOUT CHILDHOOD TRAUMA

Child Development and Trauma Specialist Practise Resource: 1-12 Months



Developmental Trends

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

0 – 2 weeks

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| <ul style="list-style-type: none"> anticipates in relationship with caregivers through facial expression, gazing, fussing, crying | <ul style="list-style-type: none"> is unable to support head unaided hands closed involuntarily in the grasp reflex | <ul style="list-style-type: none"> startles at sudden loud noises reflexively asks for a break by looking away, arching back, frowning, and crying |
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By 4 weeks

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| <ul style="list-style-type: none"> focuses on a face | <ul style="list-style-type: none"> follows an object moved in an arc about 15cm above face until straight ahead | <ul style="list-style-type: none"> changes vocalisation to communicate hunger, boredom and tiredness |
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By 6 - 8 weeks

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| <ul style="list-style-type: none"> participates in and initiates interactions with caregivers through vocalisation, eye contact, fussing, and crying | <ul style="list-style-type: none"> may start to smile at familiar faces may start to 'coo' | <ul style="list-style-type: none"> turns in the direction of a voice |
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By 3 – 4 months

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| <ul style="list-style-type: none"> increasing initiation of interaction with caregivers begins to regulate emotions and self-soothe through attachment to primary carer | <ul style="list-style-type: none"> may reach for things to try and hold them learns by looking at, holding and mouthing different objects laughs out loud | <p>May even be able to:</p> <ul style="list-style-type: none"> keep head level with body when pulled to sitting say 'ah', 'goo' or similar vowel-consonant combinations |
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<ul style="list-style-type: none"> can lie on tummy with head held up to 90 degrees, looking around can wave a rattle, starts to play with own fingers and toes 	<ul style="list-style-type: none"> follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other) notices strangers 	<ul style="list-style-type: none"> blow a raspberry bear some weight on legs when held upright object if you try to take a toy away
By 6 months		
<ul style="list-style-type: none"> uses carer for comfort and security as attachment increases is likely to be wary of strangers keeps head level with body when pulled to sitting 	<ul style="list-style-type: none"> says 'ah', 'goo' or similar vowel consonant combinations sits without support makes associations between what is heard, tastes and felt 	<ul style="list-style-type: none"> may even be able to roll both ways and help to feed himself learns and grows
By 9 months		
<ul style="list-style-type: none"> strongly participates in, and initiates interactions with caregivers lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like 'dada' and 'mama' watches reactions to emotions and by seeing you express your feelings, 	<ul style="list-style-type: none"> starts to recognise and imitates happy, sad, excited or fearful emotions unusually high anxiety when separated from parents / carers is likely to be wary of, and anxious with strangers expresses positive and negative emotions 	<ul style="list-style-type: none"> learns to trust that basic needs will be met works to get to a toy out of reach looks for a dropped object may even be able to bottom shuffle, crawl, stand knows that a hidden object exists waves goodbye, plays peekaboo

Possible Indicators of Trauma		
<ul style="list-style-type: none"> increased tension, irritability, reactivity, and inability to relax increased startle response lack of eye contact sleep and eating disruption loss of eating skills 	<ul style="list-style-type: none"> loss of acquired motor skills avoidance of eye contact arching back/inability to be soothed uncharacteristic aggression 	<ul style="list-style-type: none"> avoids touching new surfaces e.g. grass, sand and other tactile experiences avoids or is alarmed by trauma-related reminders, e.g. Sights, sounds, smells, textures, tastes and physical triggers
<ul style="list-style-type: none"> fight, flight, freeze response uncharacteristic, inconsolable or rageful crying, and neediness increased fussiness, separation fears, and clinginess withdrawal/lack of usual responsiveness limp, displays no interest 	<ul style="list-style-type: none"> unusually high anxiety when separated from primary caregivers heightened indiscriminate attachment behaviour reduced capacity to feel emotions – can appear 'numb' 'frozen watchfulness' 	<ul style="list-style-type: none"> loss of acquired language skills genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease

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Trauma impact

<ul style="list-style-type: none"> neurobiology of brain and central nervous system altered by switched on alarm response behavioural changes 	<ul style="list-style-type: none"> regression in recently acquired developmental gains hyperarousal, hypervigilance and hyperactivity 	<ul style="list-style-type: none"> sleep duration loss of acquired motor skills lowered stress threshold lowered immune system
<ul style="list-style-type: none"> fear response to reminders of trauma mood and personality changes loss of, or reduced capacity to attune with caregiver loss of, reduced capacity to manage emotional states or self-soothe 	<ul style="list-style-type: none"> insecure, anxious, or disorganised attachment behaviour heightened anxiety when separated from primary parent/carer indiscriminate relating reduced capacity to feel emotions – can appear 'numb' 	<ul style="list-style-type: none"> cognitive delays and memory difficulties loss of acquired communication skills

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
- seek information and advice about the child's developmental progress
- maintain the child's routines around holding, sleeping and eating
- seek support (from partner, kin, Mother Care Health Nurse) to understand, and respond to, infant's cues
- avoid unnecessary separations from important caregivers
- maintain calm atmosphere in child's presence – provide additional soothing activities
- avoid exposing a child to reminders of trauma
- expect child's temporary regression; and clinginess – don't panic
- tolerate clinginess and independence
- take time out to recharge



Reference:

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