

WHY EVERY TEACHER NEEDS TO KNOW ABOUT CHILDHOOD TRAUMA

Child Development and Trauma Specialist Practise Resource: 12 Months - 3 Years



Developmental Trends

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

By 12 months

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| <ul style="list-style-type: none"> enjoys communicating with family and other familiar people seeks comfort, and reassurance from familiar objects, family, carers, and is able to be soothed by them begins to self soothe when distressed understands a lot more than he / she / they can say expresses feelings with gestures, sounds and facial expressions expresses more intense emotions and moods | <ul style="list-style-type: none"> does not like to be separated from familiar people moves away from things that upset or annoy can walk with assistance holding on to furniture or hands pulls up to standing position gets into a sitting position claps hands (play pat-a-cake) indicates wants in ways other than crying learns and grows in confidence by doing things repeatedly and exploring | <ul style="list-style-type: none"> picks up objects using thumb and forefinger in opposition (pincer) grasp is sensitive to approval and disapproval <p>May even be able to:</p> <ul style="list-style-type: none"> understand cause and effect understands that when you leave, you still exist crawl, stand, walk follow a one-step instruction – “go get your shoes” respond to music |
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By 18 months

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| <ul style="list-style-type: none"> can use at least two words and learning many more drinks from a cup can walk and run | <ul style="list-style-type: none"> says “no” a lot is beginning to develop a sense of individuality needs structure, routine and limits to manage intense emotions | <p>May even be able to:</p> <ul style="list-style-type: none"> let you know what he / she / they is / are thinking and feeling through gestures pretend play and play alongside others |
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By 2 years		
<ul style="list-style-type: none"> takes off clothing 'feeds' / 'bathes' a doll, 'washes' dishes, likes to 'help' Builds a tower of four or more cubes recognises/ identifies two items in a picture by pointing 	<ul style="list-style-type: none"> plays alone but needs a familiar adult nearby actively plays and explores in complex ways 	<p>May even be:</p> <ul style="list-style-type: none"> able to string words together eager to control, unable to share unable to stop himself doing something unacceptable even after reminders tantrums
By 2 ½ years		
<ul style="list-style-type: none"> uses 50 words or more combines words (by about 25 months) 	<ul style="list-style-type: none"> follows a two-step command without gestures (by 25 months) alternates between clinginess and independence 	<ul style="list-style-type: none"> helps with simple household routines conscience is undeveloped; child thinks "I want it, I will take it"
By 3 years		
<ul style="list-style-type: none"> washes and dries hands identifies a friend by naming throws a ball overhand speaks and can be usually understood half the time 	<ul style="list-style-type: none"> uses preposition (by, to, in, on top of) carries on a conversation of two or three sentences helps with simple chores may be toilet trained 	<ul style="list-style-type: none"> conscience is starting to develop; child thinks "I would take it but my parents will be upset with me"

Possible Indicators of Trauma

<ul style="list-style-type: none"> behavioural changes, regression to behaviour of a younger child increased, tension, irritability, reactivity, and inability to relax increased startle response sleep and eating disruption 	<ul style="list-style-type: none"> loss of eating skills loss of recently acquired motor skills avoidance of eye contact 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 uncharacteristic, inconsolable or rageful crying, and neediness fussiness, separation fears, and clinginess withdrawal / lack of usual responsiveness loss of self-confidence 	<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', apathetic or limp 'frozen watchfulness' 	<ul style="list-style-type: none"> loss of acquired language skills inappropriate sexualised behaviour / touching sexualised play with toys 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 sleep disruption 	<ul style="list-style-type: none"> loss of acquired motor skills lowered stress threshold lowered immune system greater food sensitivities
<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 increased resistance to parental direction 	<ul style="list-style-type: none"> memory for trauma may be evident in behaviour, language or play 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
- avoid unnecessary separations from important caretakers
- seek support (from partner, kin, Mother Care Health Nurse) to understand, and respond to, infant's cues
- 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.*