TEACHER RESOURCES: TRAUMA RESPONSES IN EARLY TEENS AND ADOLESCENCE

Information sheet produced for the Victorian Bushfire Support and Training for Affected Schools Project

May 2010
D1.1

This project was funded by the Australian Government.
Trauma responses in adolescence

What are the developmental challenges for young adults in their early teens and adolescence (13-18 years)?

This is the period of transition from childhood to adulthood. The peer group and continuity of environment and community are increasingly important to the young adult. Piaget calls this period the formal operational stage where young people begin to think abstractly, reason logically and draw conclusions from the information available, and then apply all these processes to hypothetical situations. Adolescence is a period characterised by feelings of invincibility which may have been challenged by their experiences in the trauma. Montessori defined this period as the period of Construction of Social Self. It is characterised by self-concern, self-assessment, critical thinking and re-evaluation. It is a period of transition both physically and mentally as the young person begins to try to find their place in this world. The young person begins to construct their social and moral values and solidify their cultural development. It is a period of emerging financial independence.

Parenting and environment post trauma

Following disasters, there is often a loss of community and loss of peer group. There may be an interruption in development of self confidence and their emerging adult identity. Parents may not be emotionally available to support the needs of the teenager or, in contrast, may feel closer as a result of their shared experiences.

How do children and young adults react following trauma?

Young adults may feel increasingly isolated and have difficulty in making new friendship groups following disasters. In contrast, the shared experiences may bring greater closeness with their peers. Some young adults may be forced into adult roles as their family recovers from crisis. For others, we may see an emerging, increasing self reliance. The young person may have guilt at not being strong enough or adult enough to help save or protect the home. In addition, emerging behaviour problems may come to the notice of the legal system. Increased risk-taking behaviours are normal for young adults but may be more extreme in the post trauma environment. The young person may have increased sensitivity to situations that they previously handled well. Increased moodiness may be of concern as this may be a symptom of more serious stress reactions. Behaviour problems and other post trauma reactions in the long term may result in poor academic functioning leading to early school withdrawal.

Being a teenager is typified by increased need for independence and increased conflict with parents, teachers and caregivers. However, adolescence is also a period when some adult mental health issues begin to emerge.

If you are concerned about the teenager in your care, you can find ways to solve conflict, improve your relationship, and resolve distressing behaviours by discussing these issues with a professional such as a psychologist or counsellor. Some post-traumatic reactions expressed by young adults may include the following. Remember, young adults may present with one or more of these symptoms. You may like to refer the young adult for professional assessment and treatment if the behaviours are severe or impact on their academic, social and emotional functioning.
- **Re-experiencing** (e.g., distressing memories that pop into the head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about event)
- **Avoidance** (e.g., refusal to participate in school activities related to disaster, refusal to talk about event, memory blanks for important aspects of event)
- **Hyperarousal** (e.g., difficulties controlling anger, difficulties concentrating, overly alert and on edge, easily startled, sleep disturbance)
- **Emotional numbing** (e.g., appearing “flat” or emotionally “numb” or does not show a range of emotions)
- **Emotional distress** (e.g., self-blame and guilt, mood swings and irritability, loss of self-esteem and confidence, worry that they are “going crazy” or are “abnormal”)
- **Behaviour changes** (e.g., angry outbursts, aggression, non-compliance)
- **Academic difficulties** (e.g., non-attendance, concentration and memory difficulties, loss of motivation, difficulty with authority, difficulties keeping up with workload, confrontational)
- **No longer participating** in enjoyable activities (e.g., sports, drawing, music etc)
- **Increase in physical complaints** (e.g., headaches, stomach-aches, rashes)
- **Using alcohol or drugs** to help numb painful emotions
- **Participation in risky or reckless behaviours** (e.g., sex, riding without a helmet etc)
- **Suicidal or self-harming thoughts or behaviours**
- **Relationship difficulties** with friends or family (e.g., becoming withdrawn, avoiding social events/interactions, aggressive or controlling behaviour)
- **Appetite changes**
- **Loss of hope** in the future.

### Key points

- Adolescents are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- Post traumatic symptoms in this age group may be confused with the normal developmental demands of individuation and identity formulation.
- Social support and peer group becomes critical in this period. Both may be adversely affected in the post trauma environment.
- Difficulty regulating affect associated with post trauma symptoms, in addition to the demands of increasing self-reliance, may increase teenager’s vulnerability to a range of adverse outcomes including trouble with the law, increased risk taking and conflict with parents, teachers, and peers.