



CHILDHOOD TRAUMA REACTIONS:
TIP SHEET SERIES

EARLY TEENS & ADOLESCENTS

CONROD
CENTRE OF NATIONAL RESEARCH
ON DISABILITY AND
REHABILITATION MEDICINE

 THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

 Queensland
Government

Produced for the Queensland Government Natural Disaster Response, 2011.

TRAUMA RESPONSES IN EARLY TEENS AND ADOLESCENTS

Natural disasters can be very traumatic for teenagers as they may involve actual or threatened harm to self or loved ones, can elicit feelings of intense fear, helplessness or horror and are often associated with many losses. Adolescents typically present with a similar pattern of traumatic stress reactions that are seen in younger children and adults. However, there are several important unique developmental differences in the rate and manifestation of symptoms during adolescence.

How do early teens and adolescents react following trauma?

Children cope with trauma in different ways and there is no one 'standard' way that a child will react.

A teenager's reaction to a traumatic event will vary greatly depending on their developmental level, premorbid functioning, previous life experiences, level of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how youth will react, research tells us that fortunately the majority of teenagers are resilient and only experience minimal transient distress. Some teenagers will experience moderate to severe initial elevations in psychological distress but will gradually return to their previous functioning over time. A small minority of teenagers will experience immediate traumatic stress reactions that persist or intensify over time. Finally, some teenagers appear resilient at first, but develop trauma reactions later on.



*"Every teenager
reacts differently
to trauma"*



Trauma responses to be aware of in adolescents include:

- Re-experiencing (eg, distressing memories that pop into head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about event)
- Avoidance (eg, refusal to participate in school activities related to disaster, refusal to talk about event, memory blanks for important aspects of event)
- Hyperarousal (eg, difficulties controlling anger, difficulties concentrating, overly alert and on edge, easily startled, sleep disturbance)
- Emotional numbing (eg, appearing 'flat' or emotionally 'numb' or does not show a range of emotions)
- Emotional distress (eg, self-blame and guilt, mood swings and irritability, depression loss of self-esteem and confidence, worry that they are 'going crazy' or are 'abnormal')
- Behaviour changes (eg, angry outbursts, aggression, non-compliance)
- Academic difficulties (eg, non-attendance, concentration and memory difficulties, loss of motivation, difficulty with authority, difficulties keeping up with workload, confrontational)
- No longer participating in enjoyable activities (eg, sports, drawing, music)
- Increase in physical complaints (eg, headaches, stomach aches, rashes)
- Excessive concern for friends and family
- Use of alcohol or drugs to help numb painful emotions
- Participation in risky or reckless behaviours (eg, sex, riding without a helmet)
- Suicidal or self-harming thoughts or behaviours
- Appetite changes
- Loss of hope in the future
- Relationship difficulties with friends or family (eg, becoming withdrawn, avoiding social events/interactions, aggressive or controlling behaviour)

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. Adolescence is also a period when some adult mental health issues begin to emerge. It is therefore important to refer the young person for professional assessment and treatment if their problems are severe, are a change from the teenagers normal behaviour, persist for longer than one month or impact on academic, social and emotional functioning.

TIP SHEET SERIES: EARLY TEENS & ADOLESCENTS



"Peer group is critical for helping teens cope following trauma"

Parenting and environment post trauma

Following disasters, there is often a loss of community and loss of peer group, which is particularly important for this age group. There may be an interruption in the development of self-confidence and emerging adult identity. Parents may not be emotionally available to support the needs of their teenager or, in contrast, they may become closer as a result of shared experiences. In comparison to younger children who depend more on their parents to help them cope, adolescents are more likely to turn to their friends for support.

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.
- Early intervention is recommended.

© Kenardy, De Young, Le Brocque & March, CONROD, University of Queensland, 2011
This resource was originally funded by the Australian Government and developed for The Australian Child and Adolescent Trauma, Loss & Grief Network (ACATLGN). This resource has been revised for use as part of the Queensland Government Natural Disaster Response, 2011.