YOUTH TRANSITIONS TO ADULTHOOD

Building Resiliency Throughout Development

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LEARNING OBJECTIVES

1. Participants will be able to describe successful vs. unsuccessful resolution of typical adolescent developmental stages.
2. Participants will be able to identify three ways trauma impacts the transition to adulthood.
3. Participants will be able to identify at least two strategies to build resiliency.

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DEVELOPMENTAL PSYCHOLOGY

- Freud's Psychosexual Theory
- Erikson's Psychosocial Theory
- Piaget's Cognitive Development Theory
- Kohlberg's Moral Development Theory
- Vygotsky's Sociocultural Theory
- Bowlby and Ainsworth Attachment Theory

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ERIKSON'S PSYCHOSOCIAL STAGES

Stage	Age Range	What happens at this stage?
Infancy	0-18 months	Trust vs. Mistrust – Is my world safe?
Early Childhood	2-3 years	Autonomy vs. Shame and Doubt – Can I do things by myself?
Preschool	3-5 years	Initiative vs. Guilt – Am I good or bad?
School Age	6-11 years	Industry vs. inferiority – How can I be good?
Adolescence	12-18 years	Identity vs. Role Confusion – Who am I, and where am I going?
Young Adult	19-40 years	Intimacy vs. Isolation – Am I loved and wanted?
Middle Adulthood	40-65 years	Generativity vs. Stagnation – Will I provide something of value ?
Maturity	65+ years	Ego Identity vs. Despair – Have I lived a full life?

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PIAGET'S COGNITIVE DEVELOPMENT THEORY

Stage	Age Range	What happens at this stage?
Sensorimotor	0-2 years old	Motor movement exploration; object permanence; individual awareness; cause and effect
Preoperational	2-7 years old	Symbolic learning; egocentric; concrete
Concrete Operational	7-11 years old	Logic operations, while still fairly concrete; conservation of size; introduction of inductive logic
Formal Operational	11 years +	Abstract reasoning; theoretical/ philosophical abilities; beginning to use deductive reasoning

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DEVELOPMENT OF EXECUTIVE FUNCTIONING

- Miyake et al. (2000): Three components of executive function
  - Working memory
  - Inhibition
  - Cognitive flexibility

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THE MARSHMALLOW EXPERIMENT

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THE RESILIENT YOUNG ADULT

- Optimism / hope for the future
- Cognitive Flexibility
- Self-Efficacy
- Self-Compassion
- Purpose and Meaning
- Social Support
- Mentor Modeling
- Genetic Factors

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WHAT IS TRAUMA?

- Trauma: the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (National Child Traumatic Stress Network)
- **Complex trauma**: chronic or repeated exposure to traumatic events, often within caregiving relationships
  - Developmental trauma / early trauma: can affect the brain architecture, hormonal systems, and psychological development
  - Toxic Stress: strong, frequent, or prolonged adversity without adequate adult support

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TRAUMA SYMPTOMS BY AGE

- **Children**: regression, separation anxiety, somatic complaints, hyperactivity, irritability, withdrawn, etc.
- **Teens**: risk-taking behaviors, irritability, substance use, depression, anger, mood swings, suicidal ideation, self-harm, etc.
- **Adults**: emotional numbing, intrusive thoughts, interpersonal conflict, avoidance, work difficulties, may verbalize/recognize distressing symptoms better, etc.

Highlights the need for developmentally tailored interventions

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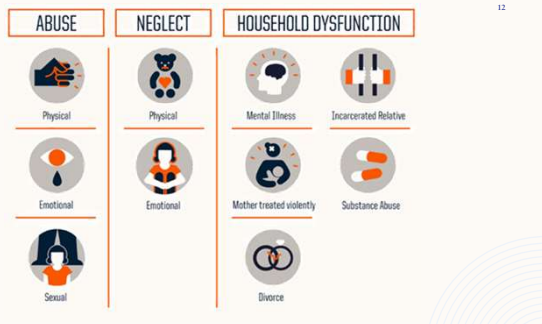

https://collectivehealthtrust.org/adverse-childhood-experiences-aces-fact-not-fate/

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IMPACTS OF TRAUMA

- Youth: brain changes, emotional dysregulation, academic difficulties, high-risk behaviors, "foreshortened future"
- Family: strained relationships within family/siblings, intergenerational trauma, vicarious trauma
- Societal burden: higher healthcare costs, legal system involvement, lost productivity
- CDC (2021) estimates $428 billion in lifetime costs related to child maltreatment in a single year cohort

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RESILIENCY FACTORS IN ADOLESCENTS

- Resilience: ability to adapt well despite adversity
- Internal vs. External Resilience
- Building protective factors can prevent chronic trauma responses

Examples of resilience factors:

- Protective relationships
- Self-regulation and coping skills
- Community and cultural support
- School and extracurricular involvement
- Cognitive flexibility and optimism
- Access to mental health services

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TREATMENT APPROACHES

- **Psychological First Aid (PFA):** immediate, non-invasive response promoting calm and safety
- **Evidence-based treatments:**
  - TF-CBT – Gold-standard for adolescents; combines trauma processing and coping skills
  - EMDR – Includes grounding and bilateral stimulation; effective in memory processing
  - CPT – Helps reframe trauma-related distortions; CBT
  - DBT – Assists with mindfulness, emotional regulation, distress tolerance, interpersonal effectiveness

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TREATMENT APPROACHES

Medications typically used as adjuncts, not stand-alone treatment—e.g., for anxiety, sleep, depression

- Assessment tools:
  - UCLA PTSD Index
  - TSCC
  - CAPS-CA-5
- Differential diagnoses: ADHD, MDD, GAD, bipolar, borderline, ODD, mood disorders—may mimic trauma symptoms in adolescents

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RESILIENCY BUILDING OPPORTUNITIES

- **Teachers & School Personnel** – Watch for academic declines, withdrawal, or dysregulation; Refer students to school counselors or mental health providers
- **First Responders** – Understand that youth in crisis may not respond logically; Avoid escalation using calm, trauma-informed communication; Encourage follow-up mental health care, particularly after home accidents, violence, or death.
- **Mental Health Providers**– Use validated screening tools; Avoid pathologizing post-trauma reactions

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RESILIENCY BUILDING OPPORTUNITIES

- **Physicians & Nurses** – Screen during routine exams especially with somatic symptoms; Consult with behavioral health specialists
- **Attorneys & Legal Professionals** – Adjust questioning, recognize trauma's effect on memory; Prepare client if expect will be asked questions that are triggering

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DISCUSSION QUESTIONS

- What trauma-related symptoms or behaviors are most commonly misunderstood in your field?
- What is one trauma-informed practice your profession could implement more consistently?
- Have you encountered a situation where interprofessional collaboration helped a traumatized youth? What worked?
- How can cultural competence be strengthened in trauma-informed work within your discipline?
- What screening tools or referral resources are currently available in your setting—and what's missing?
- What barriers exist in your setting to making trauma-informed referrals?
- How can your profession partner with others to improve outcomes?

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FINAL TIPS & TAKEAWAYS

- Healthy exposures to stress during childhood and young adulthood can assist in successful resolution of developmental stages.
- Trauma can be cumulative – not marked by a single "large scale" event, but rather the accumulation of an entire childhood of "smaller" events.
- Increasing resiliency through multiple avenues is protective against the negative impact of trauma.

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