



Traumatized Children: Tips for Educators

BY KATHY SIEVERING, MA, NCSP, *Jefferson County School District, Golden, CO*

Psychological trauma refers to emotional and/or physical reactions caused by an extremely distressing experience that is painful, terrorizing, and shocking. A normal response to an extreme event, such as trauma may result in lasting mental and physical effects. A traumatic event involves a single experience or repeated events that completely overwhelm the child's ability to cope. In some cases, the sense of being overwhelmed is delayed by weeks or months, while the child struggles to cope with immediate danger.

Childhood trauma may be caused by a wide range of events including, but not limited to, physical and sexual abuse, natural disasters, or witnessing/experiencing extreme threat or violence. Traumatized children feel complete helplessness due to real or perceived threats to their own lives or the lives of loved ones. In general, the more direct the exposure to the traumatic event, the higher the risk of emotional harm. This handout provides educators with an overview of childhood trauma and tips for supporting children who are trauma victims.

RESPONSES TO TRAUMA: A DEVELOPMENTAL PERSPECTIVE

While trauma causes immediate and acute feelings of confusion, disorientation, and terror in many children, there are developmental differences in response based on a child's age and previous experiences. Below are descriptions of symptoms and reactions children might display following one or a series of traumatic events. Symptoms and reactions surface in varying degrees and time periods. For example, some children might display minimal separation anxiety following a traumatic event, while others may develop immediate and exaggerated anxiety symptoms for longer periods of time. When significant changes in personality persist for more than 3 months, mental health services may be warranted.

The following descriptions include both positive and negative reactions noted in children following traumatic events. Although many resources address only negative responses, especially those pertaining to large-scale traumatic events, many children demonstrate bravery, courage, and a desire to help others.

Primary School-Age Children (Ages 5-8)

- Separation anxiety: clinginess, difficulty separating from parents, sense of powerlessness
- Sleep disturbances: increased nightmares, disrupted sleep patterns, night terrors, irritability and/or oppositional behavior due to fatigue, sleeping in odd places (on the floor next to parent's bed)
- Anxiety: increased worries or fears, jumpiness, avoidance of stress-provoking situations, repeated acting out of the traumatic event (often through play), strong need for safety and security
- Regression: toileting problems, thumb-sucking, baby talk, whining, clinging, tearfulness, hygiene issues (refusal to wash, brush teeth, or dress oneself), breakdown in bedtime routine
- Blunted emotions: numbness, lack of affect, not communicating with others, lack of interest, increased daydreaming
- Somatic concerns: headaches, stomachaches, bodily aches and pains, hyperventilating, trembling, racing heart rate
- High degree of agitation: more frequent and intense temper tantrums, heightened aggression, increased peer/sibling conflicts, difficult to soothe, heightened impulsivity and/or hyperactivity
- Heightened concerns for family members, friends, and peers: desire to help but uncertain how to be useful
- Magical thinking: believing that one's thoughts cause actions, such as blaming himself or herself for the trauma

Intermediate School-Age Children (Ages 9-11)

- Heightened fears: phobias, repetitive thoughts/worries about the event, sense of powerlessness
- Sleep disturbances: nightmares, night terrors, irritability and/or oppositional behavior due to fatigue, difficulty falling or staying asleep
- Somatic concerns: headaches, stomachaches, bodily aches and pains, increased or decreased appetite, hyperventilating, racing heart rate, feeling faint
- Blunted emotions: numbness, lack of affect, not communicating with others, lack of interest, staring into space, increased daydreaming
- Increased anxiety: repetitive ideas, fears, thoughts, memories
- Behavioral regression: agitation, behaviors typical of a child 2-3 years below chronological age
- Social difficulties: increased arguments with peers, more physical altercations
- Desire to take positive action, need for empowerment
- Academic changes: poor concentration, increased distractibility, heightened disorganization, lack of motivation, "who cares" attitude, sloppy work, or desire to do well academically but unable to keep up with assignments and homework
- Desire to understand why the traumatic event(s) occurred

Middle School-Age Children (Ages 12-14)

- Increased conflicts: more arguments with peers, moodiness, negative attitude
- Academic failure: poor concentration, increased distractibility, heightened disorganization, lack of motivation, "who cares" attitude
- Increased aggression, rebellion, and/or agitation: increased arguments, rule-breaking, and arguing
- Somatic complaints: headaches, stomachaches, bodily aches and pains
- Intense need to understand why the traumatic incident occurred
- Desire to be near loved ones: family, friends, spiritual community
- Social difficulties: increased arguments with peers, more physical altercations
- Improved social bonds: stronger desire to be with close friends
- Desire to help others in similar situations, make a difference, improve the situation
- Increased creativity used as an outlet for intense feelings: art, writing, music, movement
- Heightened anxiety: sense of powerlessness, increased fears, phobias, loss of safety and security

High School Youth (Ages 15-19)

- Increased aggression, rebellion, and/or agitation: increased arguments, rule-breaking, refusal to go to school
- Physical concerns: increased illness, excessive absences/tardies, feeling overwhelmed and exhausted, or excessive spurts of energy, recurring intrusive thoughts or feelings, startle reactions
- Changes in grades or attitudes towards school: poor ability to focus or concentrate, refusal to complete or turn in homework, disorganization, lack of motivation, confusion, desire to do well in school but trouble organizing thoughts and time
- Personality changes: moodiness, increased tearful episodes, helplessness, hopelessness, intense desire to be alone or strong need to be with others and discomfort being alone
- Increased anxiety: loss of control and safety, intense feelings of vulnerability
- Increased creativity used as an outlet for intense feelings: art, writing, music, movement
- Desire to take positive action: need for empowerment, need to improve the situation/make it better/help others, need to connect with others in similar situations
- Improved social bonds: stronger desire to be with close friends
- Desire to be near loved ones: family, friends, spiritual community
- Intense need to understand why the traumatic incident occurred

HOW EDUCATORS CAN SUPPORT TRAUMATIZED CHILDREN

While most educators don't receive training in how to help traumatized children, students often turn to their teachers for emotional support following a crisis or traumatic event. Finding a balance between teaching core subjects and helping students with their emotional and social needs is difficult. Given the pressure to improve state achievement test scores, teachers and administrators feel torn. They are expected to increase their students' achievement scores no matter what the circumstances. Even if students recently lost a parent or experienced a school shooting, they must attend to assignments, homework, and standards tests. Educators can help alleviate traumatic stress through the following:

- Move towards resumption of classroom/school routines following a large-scale event.
- Maintain structure and expectations but allow movement and social breaks.

- Offer opportunities to draw or write about experiences. Don't ask children to share pictures in a group because explanations may unknowingly impact others.
- Involve students in activities that encourage empowerment by helping others.
- Repeat teaching of main concepts and offer extra academic support.
- Allow traumatized children to use quiet places in the classroom; incorporate quiet time, play calming music, and refrain from yelling or using a loud voice.
- Realize that students might attend memorial or funeral services. Don't expect make-up work from those times.
- Give students choices and control during the day.
- Note noises or situations that trigger feelings related to the event. Eliminate them if possible.
- Read or offer books to students that reinforce hope and resilience.
- Maintain close communication with parents as a student might display different reactions at home versus school.

SUMMARY

While there are some general behavioral patterns noted in children following traumatic events, many react in unique ways. Despite individual differences, traumatized children need to feel safe and secure, experience empathy, and feel a sense of empowerment.

RECOMMENDED RESOURCES

Print

- Goldman, L. (2004). *Raising our children to be resilient: A guide to helping children cope with trauma in today's world*. New York: Brunner-Routledge.
- Muldaff, S. J., & Pillo, C. (2000). *A terrible thing happened: A story for children who have witnessed violence or trauma*. Washington, DC: Magination Press.
- Singleton, D. M. (2008). *The aftermath of Hurricane Katrina: Educating traumatized children Pre-K through college*. Lanham, MD: University Press of America.

Online

- Child Trauma Academy: <http://www.childtrauma.org>
- National Child Traumatic Stress Network: <http://www.nctsn.org>
- National Institute for Trauma and Loss in Children (TLC): <http://www.tlcinst.org>
- Parent Trauma Resource Center: <http://www.tlcinst.org/PTRC.html>

Kathy Sievering, MA, NCSP, is a "retired" school psychologist now working part-time at Lincoln Academy School in the Jefferson County School District, CO; she also continues to maintain a private practice. She is an active member and presenter for the Colorado Society of School Psychology, State Crisis Team. She responded to the Columbine and Bailey school shootings and is a founding member of CoCERN, the Colorado Crisis Education and Response Network.

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