Understanding Trauma

Strategies for Responding to Trauma in Children
Likelihood of Trauma

64%
• Trauma impacts poor, wealthy, middle class alike. Not all homeless youth have experienced trauma.

• Trauma will not manifest in the same way for every child

• Interpretations of trauma are based on the adults’ response

• The developmental age of the child also determines outcomes

• The only way to know what the child has experienced is to talk through it.
TRAUMA SOURCES

• There is no one or single source of trauma that is more impactful than others.

• Verbal Abuse, Physical Abuse, Sexual Abuse, Neglect, Natural Disaster, Abandonment, Witnessing a Violent Act, Lost/Abducted—all types of trauma can have as severe an impact on a child.

• Family and loved ones can be the source, making open dialogue especially challenging.
-Children can remain in this exhausting, heightened state for extended periods

-This can become a child’s default lens processing all information and experience in a state of hypervigilance

-A hyperextended state of alert can inhibit focus, attention, and memory.
TRIUMA IMPACTS LEARNING

ELEMENTARY SCHOOL

• signs of distress through somatic complaints such as stomachaches, headaches, and pains. Frequent Nurse Visits.
• increased irritability, aggression, and anger may cause removal from class.
• behaviors and performance may be inconsistent
• impaired attention and concentration
• more school absences
• students may excessively talk and ask persistent questions about the event during academic periods
• Preoccupation with topics that induce anxiety and fear
• Clinginess to people and routines; rigidity; hypersensitivity to change
TRAUMA IMPACTS LEARNING

MIDDLE SCHOOL AND HIGH SCHOOL

• feel self-conscious about their emotional responses to the event
• experience feelings of shame and guilt about the traumatic event
• may express fantasies about revenge and retribution
• radical shift in the way these students think about the world
• shift in their interpersonal relationships with family members, teachers, and classmates
• change in their school performance, attendance
• changes in appearance, attitude about school and life
• Low mood regulation
• May default to perfectionist tendencies or indifference
Impacts on Learning for All Children

- Language Based Learning Disabilities
- Low Fluency in Reading
- Memory Loss/Poor Short Term Memory
- Trouble differentiating important information from extraneous
- Difficulty preparing for/coping with transitions
- May have low self-agency
- Hunger for control in the environment
TRAUMA IMPACTS MENTAL and PHYSICAL HEALTH

• Students can exhibit PTSD symptoms: despondent, erratic, withdrawn, excessively chatty, morbid obsessions, reclusive, aggressive, unpredictable...
• Older kids may drop out or give up on old routines including hobbies, interests, and exercise
• Derive less pleasure from daily life: onset of depression/anxiety
• Feel reluctant to participate in activities over fear related to traumatic event
• Reduced self-care: teeth brushing, showering, bathing, hair brushing
• Exhibition of disruptive behaviors including violence toward self and others
• Express general apathy toward the future and about future events
MOST SIGNIFICANT HEALTH CONCERNS

- Low threshold to small stressors—reactivity can generate volatile climate among peers
- Students with 3 or more experiences of significant trauma typically develop drug addiction
- Students with 3 or more experiences of significant trauma can develop eating disorders
- Students with 3 or more experiences of significant trauma can develop cutting behaviors/self-harm
- Students with 3 or more experiences of significant trauma can incur sleep disorders
- Students with significant trauma without assistance can experience helplessness, hopelessness, and suicidal ideation.
TRAUMA ARRESTS EMOTIONAL DEVELOPMENT

- Repeats the same mistakes without adjusting or learning from them.
- Views world in simplistic terms (B&W)
  Lacks self-awareness; regresses easily especially when under pressure
- Inability to cope with slights or rejection from peers
- Trouble keeping friends
- Personalizes and internalizes life’s mishaps as deliberate
- Cannot read emotions/understand affectations and inflection
- Projects insecurities and anger
- Does not follow cause and effect

A difficulty, reluctance or inability to learn from mistakes, work on self-improvement or develop more effective coping strategies.
TRAUMA INFORMED CARE:  WHAT CAN I DO?

• **Safety**—Help the child to feel safe (phys/emot/psych) and report any concerns immediately to Site Coordinators.

• **Trustworthiness and Transparency**—be honest, consistent and available; provide a cohesive **routine**.

• **Peer support**—encourage the individual to make friends, including with those at the site.

• **Collaboration and mutuality**—work with others who know the child and share insights with other trusted adults working to support that child.

• **Empowerment: a voice and a choice**—trauma can make people feel hopeless and helpless. Feeling out of control may prompt children to desire more choices over how they spend their time and what they do. Give students pre-approved choices and regularly ask them what they want.

• **Cultural, Historical, and Gender Factors**—exercise cultural and familial awareness; avoid reinforcing mainstream conceptions of a “normal” life: “mom, dad, family dog, own one’s home, one’s car.”
### Set and Maintain Expectations

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<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>Routine</td>
<td>Keep a consistent routine and walk through it</td>
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<tr>
<td>Behavior</td>
<td>Talk about behavior expectations routinely</td>
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<tr>
<td>Language</td>
<td>Maintain consistent language around behavioral expectations</td>
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<tr>
<td>Reminders</td>
<td>Give plenty of reminders (not warnings)</td>
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<tr>
<td>Timelines</td>
<td>Provide timelines, and give time allotments before transitions</td>
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<tr>
<td>Inquiry</td>
<td>Ask questions about what the expected behavior is</td>
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<tr>
<td>Choices</td>
<td>Provide alternatives to the student so they can choose the outcome</td>
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<tr>
<td>Breaks</td>
<td>Build in breaks and rests and countdowns in between</td>
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Strategies for Helping Students Comprehend

• The best strategy in getting to the source of trauma is to avoid questions that invoke closed responses (Yes or No).

• Avoid asking leading questions that create a template for language the child did not or would not use.

• and avoid inserting assumptions about how one might think, feel, or respond based on second hand or third hand experience with similar occurrence

• Try to treat each circumstance of trauma as unique since the context and the way the child processes it is unique to him or her.
FOR MORE INFORMATION

• https://www.samhsa.gov/nctic/trauma-interventions
• SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

http://www.nctsn.org/resources/audiences/school-personnel/effects-o-trauma

• National Child Trauma Stress Network