



Understanding the Needs of the Traumatized Child in the Classroom

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Defining a Traumatic Incident

Traumatic Incident:

“Anything that is out of the ordinary range of daily events and is deeply distressing to someone.” (Newcastle, North Tyneside & Northumberland MHTrust, 2001)

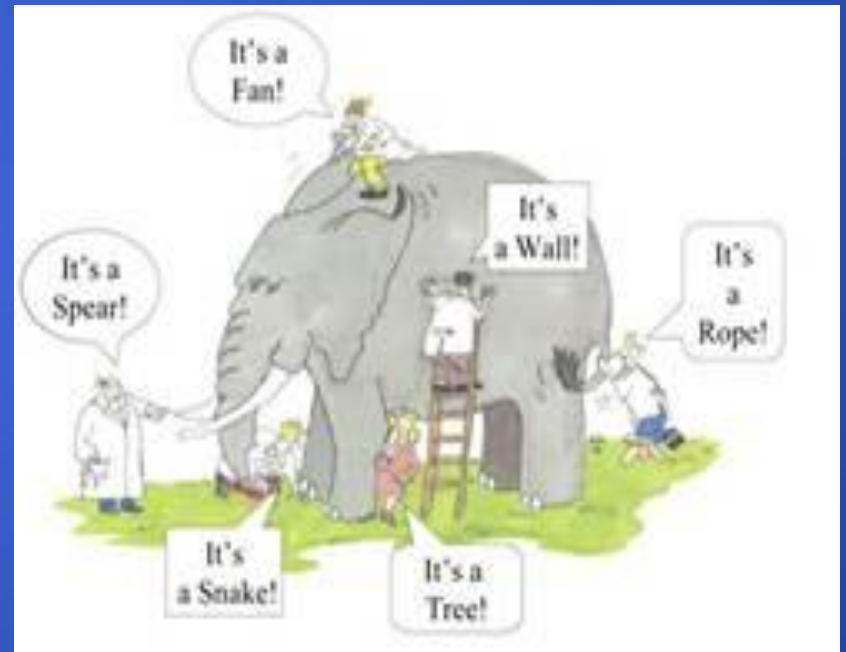
An event is most likely to be traumatic if:

- It happened unexpectedly.
- The child was unprepared for it.
- The child felt helpless to prevent it.
- It happened repeatedly.
- Someone was intentionally cruel.



It's All About Perception

- Crisis is a subjective experience.
- If a child *perceives* that he/she is in danger, then the crisis feels very real, even if others would not view it as a crisis.



Parents Shape Child's Reality

- “During disasters, young children take their cues from their parents. As long as their caregivers remain responsive to their needs, they often survive terrible incidents without serious psychological scars.” From *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* by Bessel Van Der Kolk, M.D., (2014)

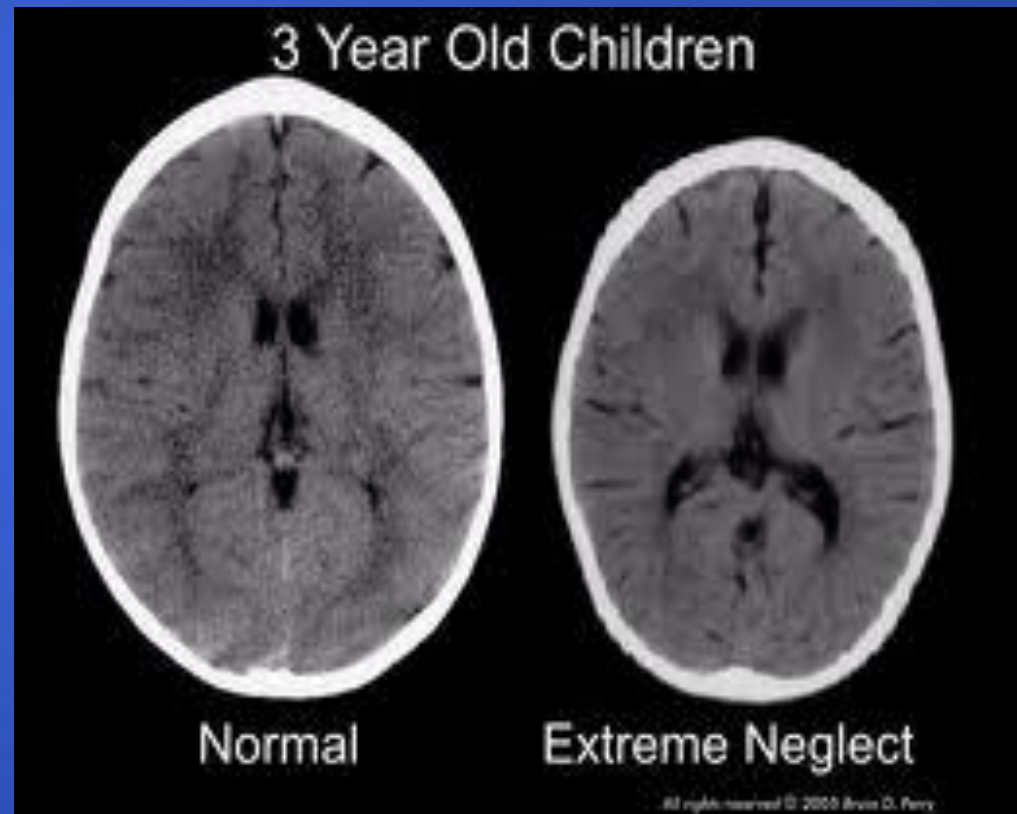
Complex Trauma (Courtois, 2008)

- Occurs repeatedly, and cumulatively over a long period of time, within specific relationships and contexts.
- Victim is entrapped and conditioned in a variety of ways.
- Development is often seriously compromised by the repetitive abuse and inadequate response of others they rely on for safety and protection.
- Examples: child abuse, domestic violence

The Developing Brain

(O'Neill, Guenette, & Kitchenham, 2010)

- Child abuse and neglect often occur during a developmentally vulnerable period in which the child's nervous system is undergoing tremendous growth and organization.
- Neurobiological research indicates that changes are structural as well as functional.



Long-Term Impact of Trauma

O'Neill, Guenette, & Kitchenham, 2010)



If an individual continues to experience a real or perceived threat over an extended period of time, the cortisol and other hormones released during fight or flight begin to break the body down.

- Being in constant “fight or flight” can slow down brain cell growth and development and suppress the immune system.
- Children exposed to trauma demonstrate less creativity and flexibility in problem-solving, significant delays in receptive and expressive language, and lower IQ scores.
- Earlier age at onset of trauma and longer duration of abuse have been found to be correlated with smaller intracranial volume.

Different Responses to Trauma

Hyperarousal Response

- Defiant
- Easily misinterpreted as willful opposition.
- May be resistant or aggressive.
- Locked in persistent state of “fight or flight”.
- Hyper-vigilant, anxious.
- May show panic or increased heart rate.

Dissociative Response

- Avoidance or psychological flight, withdrawing from the outside world and retreating to inner self.
- May be detached or numb.
- Often compliant or adult requests.
- May appear “robotic”.
- May show avoidance by missing class.

Info from Inaugural Lecture by Bruce Perry (2004). Entitled “Maltreatment and the Developing Child: How Early Childhood Experiences Shapes Child and Culture” on www.lfcc.on.ca.

Individual Differences in Response to Trauma

A child's response to trauma depends on a number of factors:

- Child's age and developmental stage
- Child's temperament
- How the child understood or perceived the danger
- The child's past experience with trauma
- What follows the trauma. Did life return to normal?
- The child's support network.

Symptoms of PTSD in Children

Re-Experiencing

- Event replays in child's mind.
- Intrusive recurrent memories of event.
- Repetitive play.
- Nightmares

Arousal

- Disorganized & agitated behavior.
- Irritability or anger.
- Nervous & jumpy.

Avoidance

- Avoidance of thoughts, feelings, or places that remind child of what happened.
- Numbing or lack of emotions.

Children at Highest Risk for PTSD

1. Those who directly witnessed a traumatic event.
2. Those who suffered direct personal consequences.
3. Those who had other mental health problems or learning disabilities prior to the event.
4. Those who lack a strong social support network.

Behaviors That Might Observed in Children Exposed to Trauma

- Anxiety, fear, and worry about safety of self and others
- Unusual irritability or moodiness
- Dramatic changes in behavior (increased activity level, decreased attention span, withdrawal, angry outbursts or aggression)
- Increased somatic complaints
- Absenteeism
- Distrust of others
- Changes in school performance
- Recreating event (through play, artwork, etc.)
- Over or under-reaction to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Increased risk of substance abuse (for teens)

Optimal Arousal Zone

Increased Sensation

Emotional Reactivity

Hyperactivity

Intrusive Imagery Disorganized Cognitive Processes

Hyper-arousal Zone

Window of Tolerance

“Optimal Arousal Zone”

Hypoarousal Zone

Absence of sensation

Numbing of emotions

Disabled Cognitive Processes

Reduced Physical Movement

Environmental Triggers

- Loud or sudden noises
- Tone of voice of teacher
- Facial expressions
- Florescent lights
- Touch
- Sudden unexpected movement
- Being called on in class.



Responding to Environmental Triggers

- Prepare the child for unexpected changes in routine (give them ear plugs for fire drills, let them know if a sub is coming in, etc.)
- Provide a 1:1 staff support nearby for the child during fire drills and other unexpected events or changes in routines.
- Allow the child to wear a hood or hat to shield noise and lighting.
- Always ask the child for permission before touching him/her (some children actually benefit from firm pressure such as a bear hug).
- Help the child practice how they will respond to anxiety-provoking experiences.

Panic Attack Symptoms

Feeling of imminent danger or overwhelming

DOOM

HOT & COLD

flashes

Increased heart rate or

Heart palpitations

Feeling dizzy /

light headed

Chest

Pain / discomfort

Difficulty breathing

shortness of breath

Butterflies /

NAUSEA

Sweating

Sense of things being unreal /

derealisation

Trembling

Fear of losing control / going crazy

FEAR OF DYING

Feeling of **CHOKING**

Tingling

Sensations

Need to ESCAPE /

Avoid



Interventions for Panic Attack

- Remain calm, do not reinforce the child's fear.
- Use calm, neutral voice.
- Model slow deep breathing.
- Limit talking.
- Reassure the child with short simple statements, "You are ok.", "You are safe".
- Provide weighted blanket or firm pressure if the child will allow it.
- Encourage the child to sit down against wall with legs bent and head between legs.

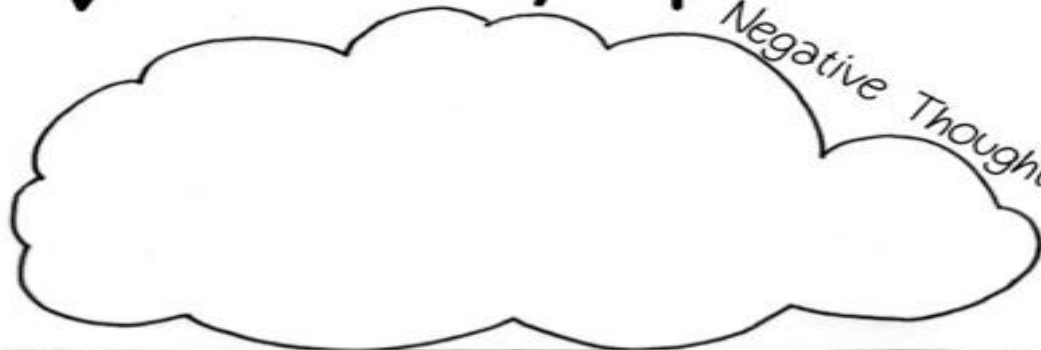
How Do We Help Traumatized Children at School?

1. Establish a sense of safety. (If the child *perceives* a threat, the body is going to stay in a fight-or-flight state).
2. Help the child to develop a trusting relationship with a caring adult in the classroom.
3. Establish a sense of structure and routine (predictability=safety)
4. Break down information into smaller pieces.
5. Try to avoid disciplining the child for trauma-related behaviors. Understand that traumatized children have a difficult time with modulating levels of arousal and may display fight, flight or freeze reactions that may appear as if they are being defiant.

Tips for Teachers

- Be aware of any changes in the child's behaviors.
- Encourage the child to pursue interests through extra-curricular activities.
- Encourage exercise.
- Educate the child about the impact of stress and trauma on the body and mind.
- Develop a safety plan with child for any situations that make the child nervous.
- Discuss any transitions or changes in routine in advance.
- Encourage expression through art, music, crafts, etc., and discuss the child's work afterwards. Ask him/her what it means to them, what he/she was trying to express, feelings it invoked, etc.
- Help the child label feelings whenever possible
- Start a journal or mailbox communication with the child so he/she can disclose feelings "anonymously".

Voice of Truth

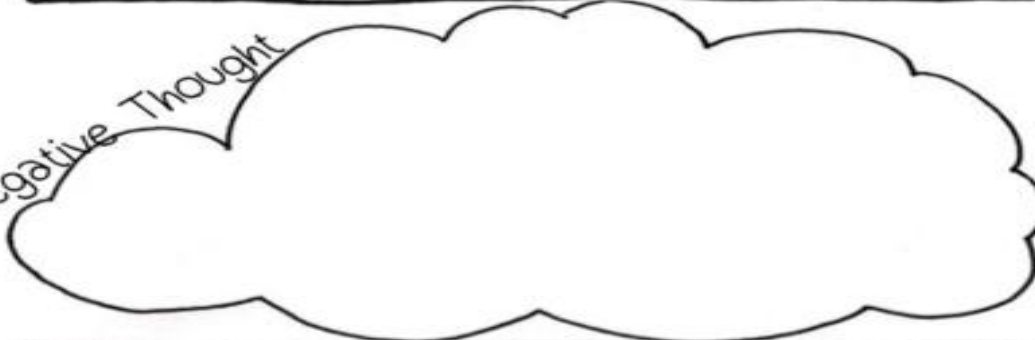


Negative Thought

Voice of truth:

A large, empty rectangular box with a black border, intended for writing the voice of truth.

Negative Thought



Voice of truth:

A large, empty rectangular box with a black border, intended for writing the voice of truth.

Emotion thermometer

At which moments you have this feeling?



out of control



angry



frustrated / difficult



nervous / shy / scared



excited



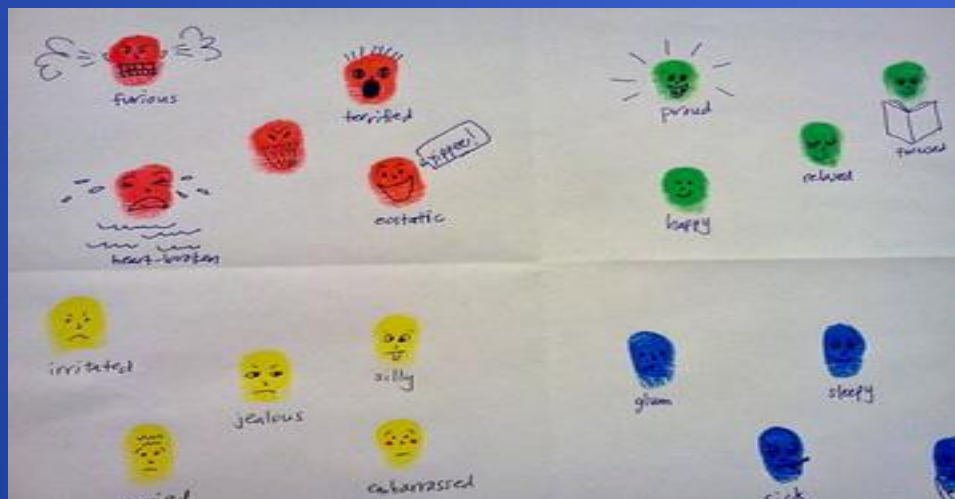
happy



calm

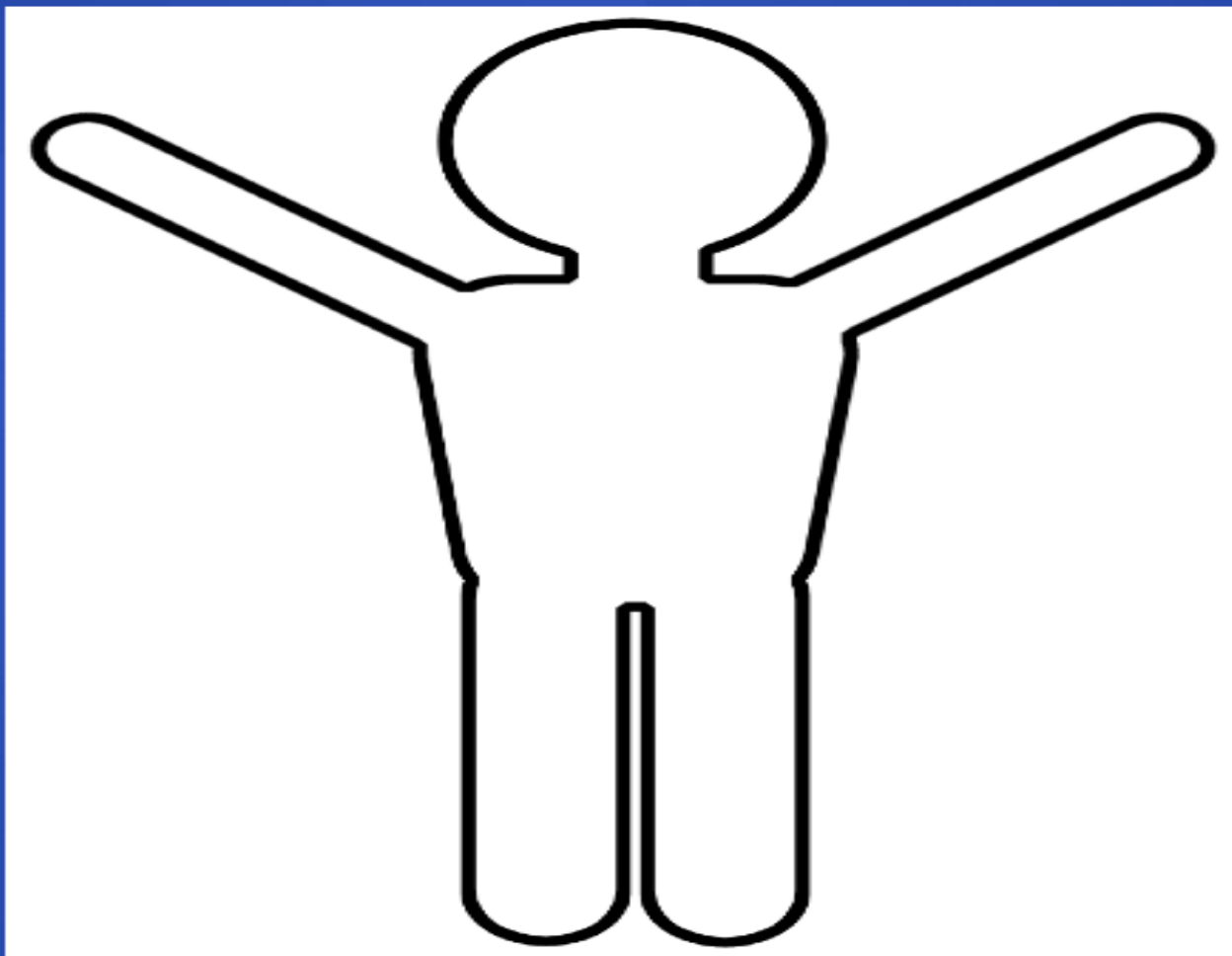


sad



Where Do I Feel?

We can recognize emotions by feeling them in our body. Color in where you feel each emotion.



	Sadness	Happiness	Fear	Anger	Love
Color:					

MAKE BELIEVE

YOU COULD ADJUST
THE WEATHER
EACH
MORNING TO
SUIT YOUR
MOOD...

....WHAT
WOULD
TODAY
BE LIKE?

- ☐ SUNNY
- ☐ CLOUDS
- ☐ WARM
- ☐ COOL
- ☐ MILD
- ☐ STORMY



D A T E

HOW BIG IS THIS PROBLEM?

lost pencil



argument with friend



pet died



someone cut you in line



not called on



grandma sick



indoor recess



a kid hit you



's Self-Care Plan!

MIND

BODY

SUPPORTIVE PEOPLE IN MY LIFE

I WANT TO ACCOMPLISH

SPIRIT



Self Care Plan by Social Work Tech | Ignacio Pacheco

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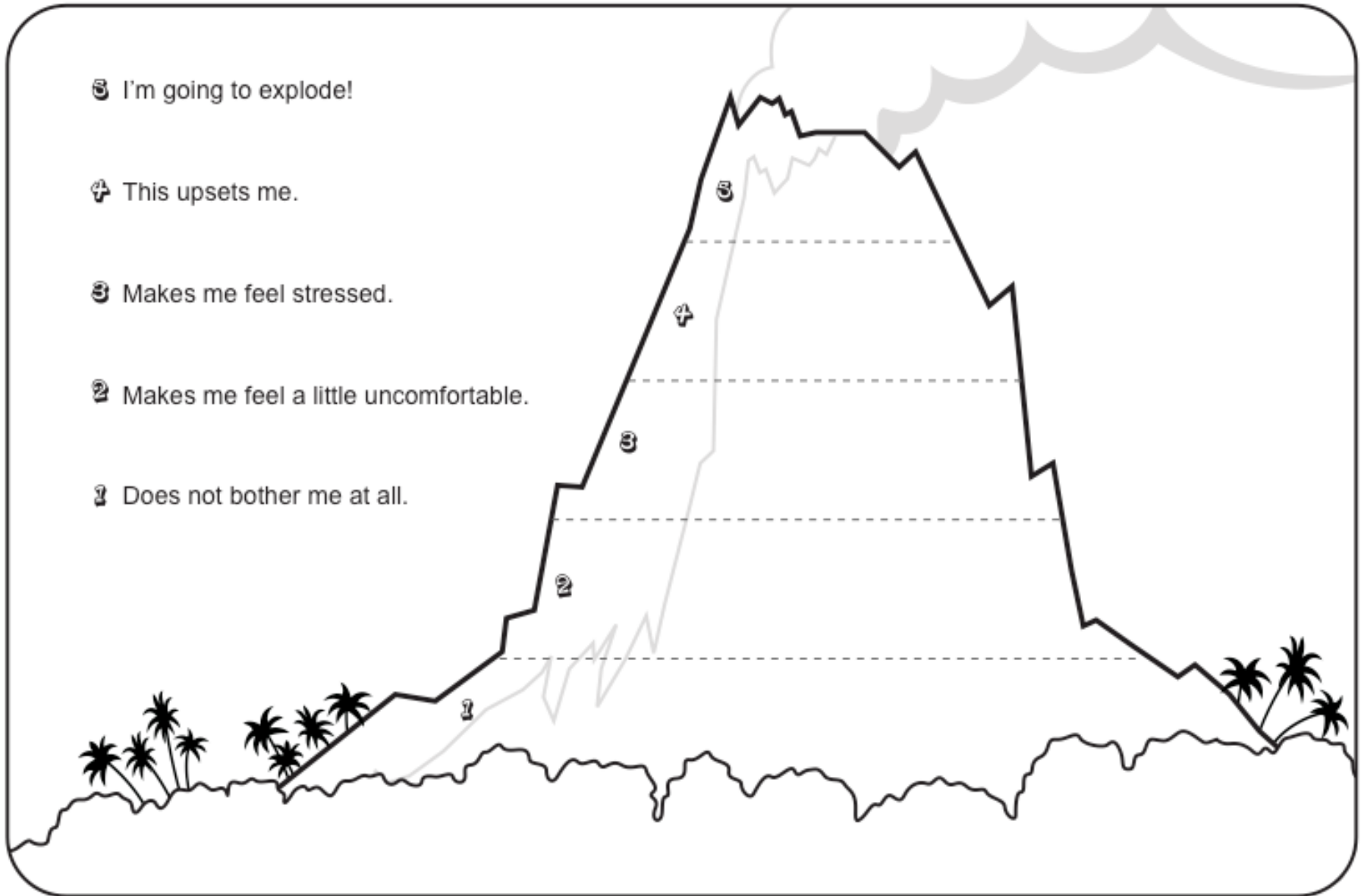
5 I'm going to explode!

4 This upsets me.

3 Makes me feel stressed.

2 Makes me feel a little uncomfortable.

1 Does not bother me at all.



Creating a Feeling of Safety in the Classroom

1. Create a secure, low-stimulus environment in the classroom.
2. Provide high structure & predictability (forewarn the student about fire drills, changes in routine, transitions, etc.)
3. Monitor peer interaction (particularly during lunch, PE, recess, etc.)
4. Help the child identify who is “safe” to talk to about the trauma and related feelings.
5. Arrange daily telephone contact with parent, if necessary.
6. Establish a communication system with child’s parent. Parents should communicate any potential triggers to the teacher (anniversary dates related to trauma, visits with biological parents (for foster or adopted children), significant court dates, etc.
7. Develop a crisis plan. Where can the child go when overwhelmed? Who is able to help calm the child when necessary? Who is responsible for following up with parents?

Additional Ideas for Promoting a Sense of Safety

- Place child's desk close to teacher's.
- Place child's desk near the door.
- Do not place the child near children that may tease, provoke, bully or distract him/her.
- Laminate a color-coded map of the school layout and give it to child.
- Practice emergency procedures, teach first aid, and do other things to help the student feel more empowered in emergency situations.