NCTSN The National Child Traumatic Stress Network

Child Trauma Toolkit for Educators

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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TRAUMA FACTS for Educators

FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

FACT: Trauma can impact school performance.

- Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

FACT: Trauma can impair learning.

Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.

Chronic exposure to traumatic events, especially during a child's early years, can:

- Adversely affect attention, memory, and cognition
- Reduce a child's ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety

FACT: Traumatized children may experience physical and emotional distress.

- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
    - Thinking others are violating their personal space, i.e., "What are you looking at?"
    - Blowing up when being corrected or told what to do by an authority figure
    - Fighting when criticized or teased by others
    - Resisting transition and/or change

FACT: You can help a child who has been traumatized.

- Follow your school's reporting procedures if you suspect abuse
- Work with the child's caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- Share Trauma Facts for Educators with other teachers and school personnel

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What can be done at school to help a traumatized child?

- Maintain usual routines. A return to "normalcy" will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child's questions about traumatic events. Clarify distortions and misconceptions. If it isn't an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn't like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other children's reactions to the traumatized child and to the information they share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.
- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.

- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
  - Shorten assignments
  - Allow additional time to complete assignments
  - Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
  - Provide additional support for organizing and remembering assignments

When should a referral be made for additional help for a traumatized child?

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

When to seek self care?

Seek support and consultation routinely for yourself in order to prevent "compassion fatigue," also referred to as "secondary traumatic stress." Be aware that you can develop compassion fatigue from exposure to trauma through the children with whom you work.

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There are children in your preschool who have experienced trauma.

Consider Ricky. Ricky, a three-year-old boy, cries inconsolably when his mother drops him off at school in the morning. His teachers thought his crying would stop when he became more comfortable in the classroom; however, he continues to cry every day and does not interact with his teachers or play with his peers. Ricky also has a speech delay and gets very upset when the other students are loud or when his daily routine is interrupted. One day the teacher asked Ricky to talk about his drawing, and he said, "Daddy hurt mommy." Ricky's mother was later observed to have a black eye and bruises that were consistent with assault.

Another example is Alexa. Alexa, a four-year-old girl, has been kicked out of two other preschools and is about to be expelled from her current school. She curses at teachers, hits, kicks, and scratches other students, and bangs her head on the table when she is frustrated. Alexa's behaviors are most difficult when transitioning from one activity to another. When the teacher meets with Alexa's father, the father reports that Alexa's mother uses drugs, that Alexa has seen her mother arrested by the police, and that Alexa's mother often does not come home at night.

What do these children have in common? They have both been exposed to trauma, defined as *an experience that threatens life or may cause physical injury and is so powerful and dangerous that it overwhelms the preschool child's capacity to regulate emotions.* Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one child may be less so for another.

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children, trauma is a chronic part of their lives. (For examples, see sidebar, at right.)

Some children show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even children who do not exhibit serious symptoms may experience some degree of emotional distress, which may continue or even deepen over a long period of time. Children who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Children who have experienced traumatic events may have behavioral problems, or their suffering may not be apparent at all.

It is important to be aware of both the children who act out and the quiet children who don't appear to have behavioral problems. These children often "fly beneath the radar" and do not get help. In any situation where there is a possibility of abuse, as in the cases above, you may be legally required to report the information to social services or law enforcement.

Be alert to the possibility of misdiagnosis due to the many presentations of trauma-related anxiety. For instance, many behaviors seen in children who have experienced trauma are nearly identical to those of children with developmental delays, ADHD and other mental health conditions. Without recognition of the possibility that a child is experiencing childhood traumatic stress, adults may develop a treatment plan that does not fully address the specific needs of that child with regard to trauma.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available

What you might observe in Preschool children:

Remember, young children do not always have the words to tell you what has happened to them or how they feel. Behavior is a better gauge and sudden changes in behavior can be a sign of trauma exposure.

- Separation anxiety or clinginess towards teachers or primary caregivers
- Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at same level as peers)
- Re-creating the traumatic event (e.g., repeatedly talking about, "playing" out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)
- Increased somatic complaints (e.g., headaches, stomachaches, overreacting to minor bumps and bruises)
- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children will need more help over a longer period of time in order to heal and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the events or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Helping children and caregivers reestablish a safe environment and a sense of safety
- Helping parents and children return to normal routines
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Explaining the trauma and answering questions in an honest but simple and age-appropriate manner
- Teaching techniques for dealing with overwhelming emotional reactions
- Helping the child verbalize feelings rather than engage in inappropriate behavior
- Involving primary caregivers in the healing process
- Connecting caregivers to resources to address their needs–young children's level of distress often mirrors their caregiver's level of distress

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There are students in your school who have experienced trauma.

Consider Amy. Her teacher brought the third grader, who had been a model student, to the school nurse, complaining that she was not paying attention or completing her work. Quiet and withdrawn in the nurse's office, Amy eventually said, "May I tell you something?" She then proceeded to talk about seeing her cat hit and killed by a car. She was both sad and frightened, couldn't make sense out of what had happened, and was having nightmares.

Another example is John. He is constantly in trouble at school, and appears to have significant problems grasping fourth grade material. His mother describes the violence that is pervasive in both their home and neighborhood. She reports that John has witnessed his father repeatedly beating her, and has been a victim himself of his father's rages. During first grade he was placed in foster care. John has also seen gun violence in his neighborhood.

What do these two very different individuals have in common? They have both been exposed to trauma, *defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope.* Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.

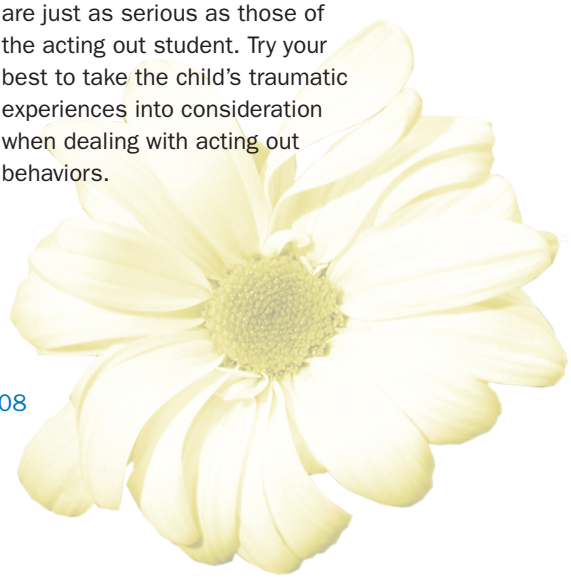
Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. **Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time.**

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

Be alert to the behavior of the students who have experienced one or more of these events. **Be aware of both the children who act out AND the quiet children who don't appear to have behavioral problems.** These students often "fly beneath the radar" and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors.



What you might observe in Elementary School students:

- Anxiety, fear, and worry about safety of self and others (more clingy with teacher or parent)
- Worry about recurrence of violence
- Increased distress (unusually whiny, irritable, moody)
- Changes in behavior:
  - Increase in activity level
  - Decreased attention and/or concentration
  - Withdrawal from others or activities
  - Angry outbursts and/or aggression
  - Absenteeism
- Distrust of others, affecting how children interact with both adults and peers
- A change in ability to interpret and respond appropriately to social cues
- Increased somatic complaints (e.g., headaches, stomachaches, overreaction to minor bumps and bruises)
- Changes in school performance
- Recreating the event (e.g., repeatedly talking about, "playing" out, or drawing the event)
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Statements and questions about death and dying
- Difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a longer period of time in order to heal, and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping children and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

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There are students in your school who have experienced trauma.

Consider Joy. Her teacher brought the sixth grader to the school nurse because she was complaining of a stomachache. The teacher was concerned about Joy's complaint and explained to the nurse that, while Joy had always been an enthusiastic and hardworking student, recently she had not been paying attention or completing her work. In the nurse's office, Joy was quiet and withdrawn, but eventually admitted that she had witnessed a girl being beaten by another student the previous day. She was sad, frightened, and afraid for her safety.

Another example is Trent. He is constantly getting into fights at school and appears to have significant problems understanding and completing his work. Trent was removed from his home in third grade and placed with his paternal grandmother. When contacted by the teacher about his problems in school, his grandmother explains that prior to coming to live with her, Trent lived in a community ridden with gang violence. His father was part of a gang and Trent used to see gun battles among gang members in his neighborhood. The grandmother also admits that Trent's father was very aggressive and may have physically abused Trent when he was younger.

What do these two very different individuals have in common? They have both been exposed to trauma, defined as *an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope.* Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time.

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Students who have experienced traumatic events may have behavioral or academic problems or their suffering may not be apparent at all.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive-by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

Be alert to the behavior of students who have experienced one or more of these events. **Be aware of both the children who act out AND the quiet children who don't appear to have behavioral problems. These students often "fly beneath the radar" and do not get help.** They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors.

What you might observe in Middle School students:

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
  - Decreased attention and/or concentration
  - Increase in activity level
  - Change in academic performance
  - Irritability with friends, teachers, events
  - Angry outbursts and/or aggression
  - Withdrawal from others or activities
  - Absenteeism
- Increased somatic complaints (e.g., headaches, stomachaches, chest pains)
- Discomfort with feelings (such as troubling thoughts of revenge)
- Repeated discussion of event and focus on specific details of what happened
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a longer period of time in order to heal, and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

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- Education about the impact of trauma
- Helping children and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

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There are students in your school who have experienced trauma.

Consider Nicole. Her teacher noticed that the tenth grader, who had previously been a very outgoing and popular student, suddenly appeared quiet, withdrawn, and "spaced out" during class. When the teacher approached her after class, Nicole reluctantly admitted that she had been forced to have sex on a date the previous week. She was very embarrassed about the experience and had not told anyone because she felt guilty and was afraid of what would happen.

Another example is Daniel. Daniel has become increasingly aggressive and confrontational in school. He talks throughout classtime and has difficulty staying "on task." When approached by the teacher, his mother describes the constant neighborhood violence that Daniel is exposed to. He has witnessed a gun battle among gang members in the neighborhood and his mother suspects that he is in a gang. She is worried that he may be using drugs and alcohol. The mother also admits that during fifth grade, Daniel was placed in foster care due to physical abuse by his father and constant domestic violence in the home.

What do these two very different individuals have in common? They have both been exposed to trauma, defined as *an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope.* Generally traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the adolescent, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even an adolescent who does not exhibit serious symptoms may experience some degree of emotional distress, and for some adolescents this distress may continue or even deepen over a long period of time. Some traumatic experiences occur once in a lifetime, others are ongoing. Many adolescents have experienced multiple traumas, and for too many adolescents trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Be alert to the behavior of students who have experienced one of these events. **Be aware of both the adolescents who act out AND the quiet adolescents who don't appear to have behavioral problems.** These students often "fly beneath the radar" and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the adolescent's traumatic experiences into consideration when dealing with acting out behaviors.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive-by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

What you might observe in High School students:

Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
  - Withdrawal from others or activities
  - Irritability with friends, teachers, events
  - Angry outbursts and/or aggression
  - Change in academic performance
  - Decreased attention and/or concentration
  - Increase in activity level
  - Absenteeism
  - Increase in impulsivity, risk-taking behavior
- Discomfort with feelings (such as troubling thoughts of revenge)
- Increased risk for substance abuse
- Discussion of events and reviewing of details
- Negative impact on issues of trust and perceptions of others
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)
- Heightened difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Some adolescents, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some adolescents need more help over a longer period of time in order to heal and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the adolescent, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping adolescents deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping adolescents and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

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Brief Information on Childhood Traumatic Grief FOR SCHOOL PERSONNEL

This information sheet summarizes material found in the "In-Depth General Information Guide to Childhood Traumatic Grief" and "In-Depth Information on Childhood Traumatic Grief for School Personnel," available at www.NCTSN.org.

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children who develop childhood traumatic grief reactions experience the cause of that death as horrifying or terrifying, whether the death was unexpected or due to natural causes. Even if the manner of death is not objectively sudden, shocking, or frightening to others, children who perceive the death this way may develop childhood traumatic grief.

For some children and adolescents, responses to traumatic events can have a profound effect on the way they see themselves and their world. They may experience important and long-lasting changes in their ability to trust others, their sense of personal safety, their effectiveness in navigating life challenges, and their belief that there is justice or fairness in life.

It's important to keep in mind that many children who encounter a shocking or horrific death of another person will recover naturally and not develop ongoing difficulties, while other children may experience such difficulties. Every child is different in his or her reactions to a traumatic loss.

Identifying Traumatic Grief in Students

Children at different developmental levels may react differently to a loved one's traumatic death. But there are some common signs and symptoms of traumatic grief that children might show at school. Teachers may observe the following in the student:

- Being overly preoccupied with how the loved one died
- Reliving or re-enacting the traumatic death through play, activities, and/or artwork
- Showing signs of emotional and/or behavioral distress when reminded of the loss
- Attempting to avoid physical reminders of the traumatic death, such as activities, places, or people related to the death
- Withdrawing from important aspects of their environment
- Showing signs of emotional constriction or "numbing"
- Being excessively jumpy or being easily startled
- Showing signs of a lack of purpose and meaning to one's life

How School Personnel Can Help a Student with Traumatic Grief

Inform others and coordinate services
Inform school administration and school counselors/psychologists about your concerns regarding the student. Your school district or state may have specific policies or laws about dealing with emotional issues with children. If you feel a student could benefit from the help of a mental health professional, work within your school's guidelines and with your administration to suggest a referral.

Answer a child's questions
Let the child know that you are available to talk about the death if he or she wants to. When talking to these children, accept their feelings (even anger), listen carefully, and remind them that it is normal to experience emotional and behavioral difficulties following the death of a loved one. Do not force a child to talk about the death if he or she doesn't want to. This may be more harmful than helpful for the child.

Create a supportive school environment
Maintain normal school routines as much as possible. A child with traumatic grief can feel that life is chaotic and out of his or her control. It's beneficial for the child to have a predictable class schedule and format. The child may also need extra reassurance and explanation if there is a change. Staff should look for opportunities to help classmates who are struggling with how best to help and understand a student with traumatic grief.

Raise the awareness of school staff and personnel
Teachers and school staff may misinterpret changes in children's behaviors and school performance when they are experiencing childhood traumatic grief. Although it is always a priority to protect and respect a child's privacy, whenever possible it may be helpful to work with school staff who have contact with the child to make sure they know that the child has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, the school staff can work together to ensure that children get the support and understanding they need.

Modify teaching strategies
Balance normal school expectations with flexibility. You might avoid or postpone large tests or projects that require extensive energy and concentration for a while following the death. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death—so that you can be supportive and perhaps rearrange or modify class assignments or work. Use teaching strategies that promote concentration, retention, and recall and that increase a sense of predictability, control, and performance.

Support families
Build a relationship of trust with the student's family. On a personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family's trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among teachers, the principal, the guidance counselor, other appropriate school personnel, the family, and the child.

Make referrals
Consider referral to a mental health professional. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and him or her family should be referred to a professional who has considerable experience in working with children and adolescents and with the issues of grief and trauma.

For more information

Additional information about childhood traumatic grief and where to turn for help is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or at www.NCTSN.org.

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SELF CARE for Educators

"There is a cost to caring." *- Charles Figley*

Trauma takes a toll on children, families, schools, and communities. Trauma can also take a toll on school professionals. **Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma**—referred to as ***compassion fatigue*** or ***secondary traumatic stress***—being physically, mentally, or emotionally worn out, or feeling overwhelmed by students' traumas. The best way to deal with compassion fatigue is early recognition.

TIPS FOR EDUCATORS:

1. Be aware of the signs. Educators with compassion fatigue may exhibit some of the following signs:

- Increased irritability or impatience with students
- Difficulty planning classroom activities and lessons
- Decreased concentration
- Denying that traumatic events impact students or feeling numb or detached
- Intense feelings and intrusive thoughts, that don't lessen over time, about a student's trauma
- Dreams about students' traumas

2. Don't go it alone. Anyone who knows about stories of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.

3. Recognize compassion fatigue as an occupational hazard. When an educator approaches students with an open heart and a listening ear, *compassion fatigue* can develop. All too often educators judge themselves as weak or incompetent for having strong reactions to a student's trauma. Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.

4. Seek help with your own traumas. Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.

5. If you see signs in yourself, talk to a professional. If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma.

6. Attend to self care. Guard against your work becoming the only activity that defines who you are. Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress. Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner/Mazel, Inc.

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What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.

If your child is experiencing traumatic stress you might notice the following signs:

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with siblings
- Difficulty paying attention to teachers at school and to parents at home
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

Many treatments include cognitive behavioral principles:

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: www.nctsn.org.

What can I do for my child at home?

Parents never want their child to go through trauma or suffer its after effects.
Having someone you can talk to about your own feelings will help you to better help your child.

Follow these steps to help your child at home:

1. Learn about the common reactions that children have to traumatic events.
2. Consult a qualified mental health professional if your child's distress continues for several weeks. Ask your child's school for an appropriate referral.
3. Assure your child of his or her safety at home and at school. Talk with him or her about what you've done to make him or her safe at home and what the school is doing to keep students safe.
4. Reassure your child that he or she is not responsible. Children may blame themselves for events, even those completely out of their control.
5. Allow your child to express his or her fears and fantasies verbally or through play. That is a normal part of the recovery process.
6. Maintain regular home and school routines to support the process of recovery, but make sure your child continues going to school and stays in school.
7. Be patient. **There is no correct timetable for healing. Some children will recover quickly. Other children recover more slowly.** Try not to push him or her to "just get over it," and let him or her know that he or she should not feel guilty or bad about any of his or her feelings.

How can I make sure my child receives help at school?

If your child is staying home from school, depressed, angry, acting out in class, having difficulty concentrating, not completing homework, or failing tests, there are several ways to get help at school. Talk with your child's school counselor, social worker, or psychologist. Usually, these professionals understand child traumatic stress and should be able to assist you to obtain help.

Ask at school about services through Federal legislation including:

1. Special Education—the Individuals with Disabilities Education Act (IDEA) which, in some schools, includes trauma services; and
2. Section 504—which protects people from discrimination based on disabilities and may include provisions for services that will help your child in the classroom.

Check with your school's psychologist, school counselor, principal, or special education director for information about whether your child might be eligible for help with trauma under IDEA.

The good news is that there are services that can help your child get better. Knowing who to ask and where to look is the first step.

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What Is Childhood Traumatic Grief?

This brief information guide to Childhood Traumatic Grief summarizes some of the material from the "In-Depth General Information Guide to Childhood Traumatic Grief," which can be found at www.NCTSN.org.

- Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member.
- Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected or due to natural causes.
- The distinguishing feature of childhood traumatic grief is that trauma symptoms interfere with the child's ability to work through the typical bereavement process.
- In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which they perceive the death of the person close to them.
- The child may have intrusive memories about the death that are shown by nightmares, feeling guilty, self-blame, or thoughts about the horrible way the person died.
- These children may show signs of avoidance and numbing such as withdrawal, acting as if they are not upset, and avoiding reminders of the person, the way the person died, or the event that led to the death.
- They may show physical or emotional symptoms of increased arousal such as irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and fears about safety for themselves or others.
- These symptoms may be more or less common at different developmental stages.
- Left unresolved, this condition could lead to more serious difficulties over time.
- Not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief; many experience normal grief reactions.

What Is Normal Grief?

In both normal childhood grief (also called uncomplicated bereavement) and childhood traumatic grief, children typically feel very sad and may have sleep problems, loss of appetite, and decreased interest in family and friends.

In both normal and traumatic grief, they may develop temporary physical complaints or they may regress, returning to behaviors they had previously outgrown, like bed-wetting, thumb-sucking, or clinging to parents.

Both groups of children may be irritable or withdrawn, have trouble concentrating, and be preoccupied with death.

Children experiencing normal grief reactions engage in activities that help them adapt to life.

Through the normal grief process children are typically able to:

- Accept the reality and permanence of the death
- Experience and cope with painful reactions to the death, such as sadness, anger, resentment, confusion, and guilt
- Adjust to changes in their lives and identities that result from the death

- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death
- Invest in new relationships and life-affirming activities as a means of moving forward without the person being physically present
- Maintain a continuing, appropriate attachment to the person who died through such activities as reminiscing, remembering, and memorializing
- Make meaning of the death, a process that can include coming to an understanding of why the person died
- Continue through the normal developmental stages of childhood and adolescence

What Additional Challenges Increase the Risk of Childhood Traumatic Grief? (Secondary Adversities)

Some evidence suggests that bereaved children who experience additional challenges related to the death—called secondary adversities—or who are already facing difficult life circumstances, are at risk for experiencing traumatic grief. For example, a child who must move after the death of a father must contend with both the absence of a parent and disruption of a social network. A child who witnessed the murder of her mother may face an array of severe additional adversities, such as participation in legal proceedings and facing intrusive questions from peers. Children whose lives are already very complicated and filled with challenges and adversities may be particularly susceptible to developing traumatic grief reactions.

What to Do for Childhood Traumatic Grief

Children with childhood traumatic grief often try to avoid talking about the deceased person or their feelings about the death, but talking about it may be important for resolving trauma symptoms that are interfering with the child's ability to grieve. If symptoms similar to those listed on this sheet persist, professional help may be needed. The professional should have experience in working with children and adolescents and specifically with issues of grief and trauma. Treatment itself should address both the trauma of the death and grief symptoms. Effective treatments are available, and children can return to their normal functioning. If you do not know where to turn, talking to your child's pediatrician or a mental health professional may be an important first step. They should be able to provide you with a referral to a mental health professional who specializes in working with children and adolescents experiencing traumatic grief reactions. Additional information is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or www.NCTSN.org.

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