

OMHNSS Information Brief

Trauma and Schools ¹

¹ This information brief was developed for the Ohio Mental Health Network for School Success (OMHNSS), by the Center for School-Based Mental Health Programs (CSBMHP) graduate research assistant Karin Vanderzee. A copy of the brief and an expanded report of all OMHNSS information briefs are available at www.omhnss.org.

Traumatic experiences may have devastating long term effects on children.

- » A traumatic event is “marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death” in which a person’s ability to cope is overwhelmed.
- » The range of potentially traumatic experiences is quite broad including child maltreatment, natural disasters, kidnappings, domestic violence, fires, severe motor vehicle accidents, community violence, etc.
- » Roughly one in four children will experience a traumatic event by the age of 16. Of these children, 28% will experience two or more traumatic events by the age of 16.
- » However, not all children who experience a potentially traumatic experience will be traumatized.
- » Several factors influence the impact of the trauma: age of the victim, relationship to the perpetrator, context (within the family, among peers, within the community), type of trauma, severity, duration of exposure, chronicity of the trauma, and the response of others.
- » Reactions to trauma vary according to a child’s developmental level.
 - » Preschoolers may show regressive behaviors such as thumb-sucking or bed wetting, have temper tantrums, cry, display disorganized behavior, have nightmares, become aggressive, or exhibit “magical” thinking.
 - » School-age children may become angry or moody, experience difficulties sleeping, complain of somatic problems, worry about being abandoned, feel sadness, become aggressive, display avoidance of traumatic reminders, etc.
 - » In adolescence, trauma symptoms may manifest in ways similar to adults—through withdrawal, numbing, and hyperarousal. Adolescents may also engage in risky behaviors, become disobedient, feel alienated because of their traumatic experience, etc.
- » Trauma is related to a host of negative outcomes including depression, school problems, behavior problems, dissociative symptoms, fears, eating disorders, substance abuse, victimization, anxiety, delinquency, and Post-Traumatic Stress Disorder.

Posttraumatic symptoms may manifest in the classroom in poor academic performance, behavioral problems, and relationship difficulties.

- » Academically, traumatized children may exhibit:
 - » Difficulties with sustained attention
 - » Slow processing speed due to increased arousal
 - » Difficulty with verbal problem-solving tasks and expressing emotions
 - » Deficits in executive functioning tasks (i.e., goal setting, planning, etc.)
 - » Trouble sequentially organizing material which may result in reading, writing, and verbal communication problems
 - » Difficulty taking others’ perspectives
- » Behaviorally, traumatized children may show:
 - » Increased aggression
 - » Difficulty recognizing and regulating emotions
 - » Defiant behavior
- » In their peer relationships, traumatized children may:
 - » Show aggression
 - » Display poor social skills
 - » Exhibit social withdrawal
 - » Be rejected by peers

Schools can create trauma-sensitive environments to reduce the impact of the trauma.

- » In order for traumatized children to feel physically and emotionally safe, create a school-wide supportive culture in which bullying and teasing are not accepted.
- » Develop trauma sensitive school policies and procedures.
- » Develop procedures for handling the news that a child has been traumatized and determining what information should be shared with teachers and others.
 - » Create policies that balance the need to hold children accountable for their behavior with the need to be supportive and understanding when their behavior is driven by their trauma. Not every behavior will be tied to the trauma, but some may be. It is important for children to understand the reasons for the inappropriate behavior when it is tied to the trauma, otherwise teachers’ responses to the behavior may not be effective.
- » Modify academic instruction and assignments to benefit children who have been traumatized.
 - » Balance the need to maintain typical school expectations with flexibility in order to be supportive and promote success.
 - » Maintain consistent routines to enhance feelings of normalcy.
 - » Create activities that do not require children to be put on the spot (e.g., oral presentations or calling on children who are not raising their hands during class).
 - » Present material in multiple formats (i.e., visually, verbally, through games, group work) so that children who have high levels of arousal have more opportunities to absorb what is being presented.
 - » Build opportunities for choice into the daily routine to give children a sense that they have some control over what happens to them.
 - » Focus on children’s strengths instead of weaknesses and provide encouragement.
- » Strengthen relationships between school personnel and traumatized children.
 - » Listen and accept children’s feelings without judgment.
 - » Reassure children that it is normal to have a rough time following a traumatic experience.
- » Develop a referral process so that children who may need additional professional services can get the help they need.