# Supporting Students Affected by Trauma

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Many children and adolescents in the United States have been exposed to traumatic events, including such life-changing issues as the death of a family member or exposure or subjection to abuse. Some of these children will face a variety of mental health, physical, or emotional consequences that can last well into adulthood. These consequences may result in deficits across areas of development, such as “*regulatory capacities*, *interpersonal skills*, *intrapersonal development*, and *cognitive development*.”1

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Approximately 14-43% of girls and boys experience at least one trauma, with around 1-15% of girls and of boys developing Post-traumatic Stress Disorder as a result.2 According to a national survey conducted in 2008, a little over 60% of children 17 and younger were exposed to violent events in the previous year, and a little more than 10% reported being exposed to five or more incidents of violence.3 School and mental health professionals are responsible for supporting students affected by trauma. These professionals are in the unique position to implement evidence-based strategies, refer students and families to related services, and provide them with local and national resources.

This research-to-practice brief aims to disseminate important information to educators in regards to trauma terminology, risk and protective factors, resiliency, evidence-based strategies, and diversity considerations. The brief also provides essential online resources and contact information of helpful organizations.

## What is Trauma?

Trauma can be broadly defined as a child’s or adolescent’s exposure to experiences “that are *over-whelming*; lead to *strong negative emotions*...and involve some degree of *experienced or witnessed threat to self*.”1 A child’s inability to cope with such experiences is what sets traumatic reactions apart from children’s typical responses to stressful events. Many factors come into play that may make an experience traumatic, such as the type of event, the length of exposure, proximity, relationship to the victims, reactions of adults, and other personal influences.4 Thus, an event may be traumatic for one child, while another child may be able to recover without developing long-lasting difficulties.5 In order to further understand trauma terminology, the following distinctions are helpful in distinguishing among childhood traumatic stress, traumatic grief, and uncomplicated bereavement.

Childhood traumatic stress

When children’s reactions to traumatic events are so severe and prolonged that they affect their daily functioning.

Childhood traumatic grief

When children have significant reactions to the death of another individual, such as a family member or friend, which last a long peri-od of time.

Uncomplicated bereavement

Typical childhood grief, through which children are able to process the events in a healthy manner without it significantly affecting their daily functioning and normal development.

Adapted from: The National Child Traumatic Stress Network Schools Committee. (2008). Child trauma toolkit for educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

## Symptoms of Trauma

The signs of possible trauma often depend on a child’s developmental level. For example, while a young child may exhibit separation anxiety or generalized fears, a teenager may frequently bring up details of the event or appear indifferent about the traumatic experience. It is important to remember that across ages, students’ behavior and academic performance may be affected by trauma, or they may not exhibit any visible signs of difficulties at all. Even when there is not obvious evidence, the quiet – even indifferent appearing - child or youth should not be overlooked, as she or he may be struggling with internalizing behaviors such as depression or anxiety.5 The following non-exhaustive list provides some examples of signs of possible trauma.

### Toddlers and Preschool Students5

* Excessive anxiety, worry, and fear related to safety
* Sleep difficulties (e.g., has frequent nightmares, wakes up often, takes longer to fall asleep)
* Stunted developmental progress or reversion to a previous stage
* Significant increase in irritability and upset mood

### Elementary School Students6, 7

* Difficulties remembering the order of the traumatic events
* Looking for warning signs to try and prevent another trauma
* Recreating scenes from the trauma through play or art
* Difficulty sleeping
* Psychosomatic complaints (e.g., headaches, stomachaches)

### **Middle and High School Students7**

* Flashbacks
* Impulsive and aggressive behavior
* Difficulties in school (e.g., completing assignments, participating in class, enjoying typical after school activities)
* Increased risk of substance use
* Increased risk of recklessness and suicidal behavior

### Risk and Protective Factors

There are several risk and protective factors associated with trauma and the possible development of Posttraumatic Stress Disorder. Risk factors increase the vulnerability of an individual to the hazardous effects of trauma.8 It is important to remember that being exposed to more than one risk factor has a “multiplicative rather than additive” effect on children’s functioning.9 In other words, it is exponential-ly detrimental for a child to face multiple risk factors.

Some ***risk factors***that can increase the chance of trauma include “single-parent households; poverty; previous exposure to trauma; lack of family, school, or social support; and parental depression or other illness.”8 Developmental deficits in abilities such as “communication, problem solving, executive functioning, social-emotional functioning, and cognitive ability” can also put children at increased risk of trauma.8

***Protective factors***mitigate the effects of trauma on a child’s functioning.8 These may include a child’s social support network, including healthy family relationships, adult role models, and school and community support.10 Protective factors also can stem from personal strengths, such as “high self-esteem, self-efficacy, and possessing a repertoire of adaptive coping skills.”10 These are also considered “promotive factors,” meaning that they have a positive influence on an individual’s life whether or not adversity exists.11

Not only do children’s risk and protective factors influence their response to trauma, their parents’ ability to cope with trauma also play a part. Younger students are particularly influenced by their par-ents’ risk and protective factors, as they are dependent on and look to their parents for support and guidance.8

## Homelessness as a Risk Factor

Homelessness is a frightening and sometimes even traumatizing experience, especially for a child or adolescent. Homelessness can be described as a “chronic stressor,” meaning that the traumatic conditions typically last for long periods of time and can come and go.1

Students and families experiencing homelessness may worry about food, housing, and clothing on a daily basis. Oftentimes, education is not a primary concern until these basic needs are met. Due to their situation, students’ grades and school attendance while in a homeless situation may plummet.12

Typically living in unsafe or inadequate conditions, children and adoles-cents who experience homelessness are more likely to be exposed to violence.12 Youth who live on their own are also more likely to be victim-ized, engage in substance use, and attempt suicide.12 In other words, homelessness puts these students at a great risk of other traumatizing experiences that may significantly impact their well-being.

## Fostering Resiliency

Despite the real and obvious threats that trauma poses to well-being, there is hope. Especially with proper and timely support, many children and youth can bounce back. Resiliency can be defined as “the ability to rebound from adverse situa-tions.”13 In order to be resilient in the face of adversity, students must have acquired a variety of coping and adaptive strategies. One of the ways to promote resiliency in children is through relationship building. While this may seem like an overwhelming and time-consuming task, research has found that spending a little extra time with a person can “provide opportunities for teaching moments and serve as the building blocks for meaningful rela-tionships.”13

Positive relationship building is key to creating a safe and healthy school cli-mate, along with the elements of providing “opportunities for growth and achievement,” having an “awareness and respect for diversity,” developing “transparent and unbiased norms and expectations,” and ensuring that everyone has “individual value and [a] shared purpose.”14

While many schools are off to a great start by implementing evidence-based programs to foster resiliency and safety, their efforts should not end there. Creating a safe and healthy school climate is an ever-changing process that integrates “positive norms, goals, and values… — weaving them as threads through all of the school’s activities, from back-to-school night through graduation day.”14

A socially supportive school environment goes hand in hand with building resiliency in students. This type of environment “requires schools to establish clear rules, ensure that teachers and students know what is expected of them, and set high academic and behavioral standards.”15

“One of the ways to promote resiliency in children is through relationship building.”

## School Trauma Response

While creating a safe and healthy school can go a long way in preventing and mitigating the effects of crises and trauma, unfortunately schools may still have to respond to trauma and crisis situations, such as a sui-cide, accident, or threat of violence. Therefore, schools should have well-designed plans in place. These plans should not only incorporate actions to take during a crisis, but also before and after. By being prepared and consistent in responding, schools may prevent significant panic and chaos as a result.

The following tips are provided for school crisis response.15

* Provide accurate information to parents and teachers during and after a crisis event.
* Provide resources and return to a regular school schedule and routine that is familiar and comfortable for students.
* Let students participate in positive activities that take their mind off the event.
* Provide students with voluntary opportunities to process feelings and thoughts about the event with an adult.
* Give feedback and praise to students and teachers to support them through the healing process.15

### Resources

* [National Association of School Psychologists](http://www.nasponline.org/resources/crisis_safety/)
*  [National Child Traumatic Stress Network](http://www.nctsn.org/resources/audiences/school-personnel/crisis-situation)

## Evidence-based Strategies

As professionals who may work with traumatized students and families, it is important to use interventions that have been proven to be effective to address this population’s needs.

## Infants, Toddlers, and Preschoolers

* Nurse-Family Partnership

Nurses visit the homes of prenatal and first-time parents who are of low-income backgrounds to ensure the parents’ and children’s well-being. Some of the services they provide include checking for pre-natal complications, informing parents about good nutrition, sup-porting family-child interactions, and helping families identify other community resources. To learn more about this program, [click here.](http://www.nursefamilypartnership.org)

Child-Parent Psychotherapy (CPP)

Therapists (including psychologists, social workers, or counselors with a master’s degree or higher) work with families in which the child, birth-6, has experienced one or more traumatic events, resulting in behavioral, social-emotional or other difficulties. By working with both the parent and the child, CPP helps build a stronger relationship within the family and develop resiliency and the social support protective factor.

*The following treatments and strategies were retrieved from SAMHSA’s National Registry of Evidence-based Programs and Practices. For more information,* [*click here*](http://www.nrepp.samhsa.gov)*.*

## Elementary School Students

* Grief and Trauma Intervention for Children

This individual or group intervention helps children (7-12) cope with stress, grief, and depression due to trauma. It incorporates different activities such as art and play and can be done in various settings, including communities, schools, and afterschool programs.

* I Feel Better Now! Program

This afterschool program for elementary school students consists of two individual session, seven group sessions, and one parent-child session. The program uses cognitive restructuring techniques to allow students to overcome the consequences of trauma.

## Middle and High School Students

* Responding in Peaceful and Positive Ways

The aim of this classroom-based middle school program (grades 6-8) is to prevent violent behavior by teaching and practicing problem-solving skills and conflict resolution techniques. Students in 8th grade also learn how to make a successful transition to high school. The program can be incorporated into the regular social studies, science, or health curricula.

* Cognitive Behavioral Therapy (CBT) for Adolescent Depression

This modified version of cognitive behavioral therapy emphasizes the use of concrete examples and focuses on introducing adolescents to the CBT treatment model and how to monitor and change their thought patterns.

The National Child Traumatic Stress Network (NCTSN) provides a list of promising practices for professionals, which includes many of the strategies described above. Visit http://nctsn.org/resources/topics/treatments-that-work/promising-practices for further details. In collaboration with the National Center for PTSD, the NCTSN also published a Psychological First Aid guide (2nd edition) for schools to help educators respond to a crisis event, which can be accessed at: http://www.nctsn.org/content/psychological-first-aid-schoolspfa. Psychological first aid is an evidence-based model that addresses a school’s immediate response to a crisis in order to reduce the development of significant reactions and long-term difficulties. It ensures that individuals who may require more intensive support are identified quickly and referred to the necessary services.

## Trauma-Informed Care

Organizations working with families and children need to be very cognizant of the complexity and impact of trauma experiences. The term “trauma-informed care” has been used to describe a framework with the following components:

* “An understanding of and responsiveness to the impact of trauma,”
* An emphasis on “physical, psychological, and emotional safety for both providers and survivors,” and
* A creation of “opportunities for survivors to rebuild a sense of control and empowerment.”16

Not only do trauma-informed care systems use evidence-based strategies and interventions, they also make an effort to build resiliency, increase protective factors, consider the effect of trauma on family systems, address the well-being of staff, and ensure that resources are available for families.17

### Resources

* [The National Child Traumatic Stress Network: Creating Trauma-Informed Systems](http://nctsn.org/resources/topics/creating-trauma-informed-systems)
* [National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint](http://beta.samhsa.gov/nctic)
* [Child Welfare Information Gateway: Treatment and Trauma-Informed Care](https://www.childwelfare.gov/responding/trauma.cfm)

## Homelessness

Students experiencing homelessness face a unique set of challenges that can be traumatizing and have a long-lasting impact on their well-being and functioning. To help educators reach out to students and families experi-encing homelessness, the following suggestions are made.

Possible Sources of Trauma

* Limited or no access to basic necessities and health resources
* Frequent moves
* Difficulties with transportation and school enrollment and adjustment
* Increased likelihood of exposure to violence
* Significant stress due to living insecurity
* Lack of social support
* Stigma associated with homelessness

Ways to Support

* Ensure every school day is meaningful for the student
* Ask open-ended questions to learn more about the living situation
* Avoid labeling the living situation as “homeless,” especially when discussing it for the first time with the student
* Learn more about homeless students’ rights under the McKinney-Vento Act and how schools should support these students
* Gather a list of contacts and resources related to homelessness and the McKinney-Vento Act
* Connect with local organizations and programs that may be of assistance to homeless students, families, and unaccompanied homeless youth
* Make note of any changes that could indicate crisis or significant need (e.g., change in behavior or appearance)
* Prepare materials in the event of an upcoming move to ease the transition for the student and lessen the educational gap

Adapted from: Bowman, D., & Popp, P.A. (2013). Students experiencing homelessness. In E. Rossen & R. Hull (Eds.), *Supporting and educating trauma-tized students: A guide for school-based professionals* (73-92). New York, NY: Oxford University Press.

## Resources and Organizations

* [American Academy of Child & Adolescent Psychiatry: Facts for Families](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Home.aspx)
* [Child Welfare Information Agency](https://www.childwelfare.gov)
* [National Center for Homeless Education: Resilience Resources](http://center.serve.org/nche/ibt/sps_resilience.php)
* [The National Child Traumatic Stress Network](http://www.nctsn.org)
* [The National Institute for Trauma and Loss in Children](https://www.starr.org/training/tlc)
* [Substance Abuse and Mental Health Services Administration](http://www.samhsa.gov)
* [Yale Childhood Violent Trauma Center](http://www.nccev.org/index.aspx)

**Notes**

## Endnotes

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DEFINITION OF HOMELESSNESS

The federal McKinney-Vento Act guarantees school enrollment for anyone who, *due to a lack of permanent housing*, lives in inadequate or temporary settings, such as:

* In emergency or transitional shelters
* In motels, hotels, or campgrounds
* In cars, parks, public places, bus or train stations, or abandoned buildings
* Doubled up with relatives or friends
* In these conditions and is a migratory child or youth

[Project HOPE-Virginia](http://hope.wm.edu)

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