

# Maryland School Mental Health Alliance\*

## *Trauma in Children and Adolescents Information for School Clinicians*

### Definition

When a child feels extremely threatened by an event he or she is involved in or witnesses, this is called **trauma**. A student's age, level of development, and availability of support will factor into how well he/she deals with the trauma.

- Trauma-causing events include but are not limited to:
  - Violence (e.g. school shootings, witness/victim of abuse)
  - War
  - Terrorism
  - Natural disaster (e.g., fire, hurricane, earthquake, flood)
  - Accidents
  - Medical procedures
  - Serious threats (e.g. bomb threats)

Trauma can result from two different sets of circumstances: ***acute traumatic events*** and ***chronic traumatic situations***. Acute traumatic events are short-lived and occur at a particular time and place. These traumatic events involve (1) experiencing a serious injury to oneself or witnessing a serious injury to or the death of someone else, (2) facing imminent threats of serious injury or death to oneself or others, or (3) experiencing a violation of personal physical integrity. Chronic traumatic situations, on the other hand, involve repeated exposure to trauma over long periods of time which can result in intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt and shame.

With psychiatric trauma, emotional and distressful memories are stored in the brain and can lead to other emotional and social problems. Trauma symptoms may appear within days, weeks, months or even years after the trauma.

### Why do we care?

- As many as 67% of trauma survivors experience lasting psychosocial impairment.
- Trauma can affect a child's brain and delay certain abilities which can make it harder for the child to concentrate and study. A traumatic event can also hinder a child's emotional maturity, causing a child to close the world out, stagnating emotional growth. The child may also experience many negative emotions in which he/she may feel extreme betrayal and lack of faith in his/her life and the world.
- Trauma can have serious effects on a student's well-being physically, emotionally and academically.
  - Some children will experience difficulty coping with the traumatic events and may develop Post Traumatic Stress Disorder (PTSD), Child Traumatic Stress (CTS), depression or overwhelming, prolonged grief.

- PTSD is an anxiety disorder that occurs following exposure to an extreme stressor (i.e., when a person sees or is a part of a highly traumatic event). The event will usually be a life-threatening or extremely distressing situation that causes a person to feel intense fear, horror or a sense of helplessness. The risk of developing PTSD is related to the seriousness of the event, the child's proximity to the event, whether or not the event was repeated, and the child's relationship to those affected.
- CTS is a psychological response that some children have as a result of a traumatic event. These responses remain once the event has passed and negatively affects the daily life of the child.
  - 1 out of 4 children will experience a traumatic event before the age of 16 and some of these children will develop CTS
  - If left untreated, CTS can lead to long term difficulties in school, relationships and jobs.

### **Signs & Symptoms**

People respond in different ways to extreme trauma and PTSD may not present itself in children the same way it does in adults.

- Very young children may:
  - Report generalized fears such as stranger or separation anxiety
  - Avoid situations that may or may not be related to the trauma
  - Have sleep disturbances
  - Engage in posttraumatic play in which the child may repeat themes of the trauma
  - Lose an acquired developmental skill (e.g., toilet training)
- Elementary school-aged children may:
  - Experience time skew (mis-sequencing trauma related events when recalling the memory).
  - Experience omen formation (belief that there were warning signs that predicted the trauma).
  - Begin to believe that if they are alert enough they will recognize warning signs and avoid future traumas.
  - Exhibit posttraumatic play or reenactment of the trauma in play, drawings, or verbalizations.
- Adolescents may:
  - Engage in reenactment, in which they incorporate aspects of the trauma into their daily lives.
  - Exhibit impulsive and aggressive behaviors.
  - Avoid trauma reminders.
  - Have higher levels of arousal (irritability, difficulty sleeping and concentrating)
  - Look as if he/she is on guard
  - Seem disconnected or have relationship problems.
  - Have psychiatric problems such as depression, dissociation (losing conscious awareness of the "here and now"), or another anxiety disorder.

- Engage in aggressive and/or self-destructive behavior (i.e., alcohol or drug abuse, high-risk sexual behaviors)
- Have physical complaints (i.e., stress-related conditions, eating disorders, headaches)
- Have lower grade point averages
- Receive more negative remarks from teachers
- Have more absences from school
- Experience concentration difficulties

### **What can we do about it?**

1. Actively involve and inform parents, caregivers, teachers and other close adults (if it's okay with the student or if required by law).
2. Assess the student for measures of PTSD symptoms, depression, anxiety, and any other type of social, emotional, or academic impairment.
3. Watch for risk factors including but not limited to:
  - Direct exposure of close proximity to the trauma
  - The severity of the traumatic event
  - Parental reaction to the traumatic event
  - A feeling that there is still a threat to one's life
  - Previous traumatic experiences
  - Past history of mental illness
4. Educate the child on trauma/PTSD and letting them know that he/she is not alone.
5. Teach relaxation training/techniques
6. Use Cognitive Therapy
7. Use stress/trauma and real life exposure (gradually expose the student to feared situations when/where it is safe in order to reduce anxiety).
8. Teach coping strategies and problem solving techniques
9. Help the child to re-establish and rebuild social relationships
10. Consider using medication management to treat PTSD. Medication may significantly reduce symptoms, enhance the effectiveness of psychotherapy and improve quality of life.

### **Special Issues in Working with stress in trauma survivors:**

Working with stress or trauma survivors requires sensitivity and patience. Trauma survivors may:

- Be guarded and slow to trust. Make sure you carefully explain counseling procedures, confidentiality, and try to build a safe environment for the child.
- Overreact to real or perceived injustices. Be consistent and predictable.
- Express a wide variety of symptoms which can be difficult to deal with. Try to view symptoms as adaptive and creative ways that the trauma survivor has learned in order to cope, obtain colleague support if needed, and take care of yourself!
- Try to reenact the stress or trauma and may provoke adults into being abusive. Don't fall into this trap by checking your own anger and frustration.

- Scare easily. Be conservative in the use of physical contact (always ask before touching a traumatized student, unless it is a matter of safety).

### **Key Resources & Links**

- **The International Society for Traumatic Stress Studies:** Fact sheet on Trauma and PTSD  
<http://www.istss.org/resources/professionals.cfm>
- **The National Child Traumatic Stress Network: Understanding Child Traumatic Stress Brochure:** Defines Child Traumatic Stress, symptoms, PTSD, responses to stress, and traumatic stress recovery.  
[http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/Understanding\\_Child\\_Traumatic\\_Stress\\_Brochure\\_9-29-05.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf)
- **The National Child Traumatic Stress Network:** Immediate Recovery Services  
[http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/Understanding\\_Child\\_Traumatic\\_Stress\\_Brochure\\_9-29-05.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf)
- **Approaches to the Treatment of PTSD:** Discusses PTSD and what can be done to treat it.  
<http://www.trauma-pages.com/trauma.php>
- **American Academy of Child & Adolescent Psychiatry: Talking to Children about Terrorism and War:** Tips on how to talk to children after a traumatic event occurs, not limited to terrorism/war. <http://www.aacap.org/publications/factsfam/87.htm>
- **American Academy of Child & Adolescent Psychiatry: Helping Children after a disaster:** Information for parents about trauma, PTSD, and what behavioral changes to look out for. <http://www.aacap.org/publications/factsfam/disaster.htm>
- **American Academy of Child & Adolescent Psychiatry: Posttraumatic Stress Disorder (PTSD):** Defines PTSD, and gives symptoms of PTSD.  
<http://www.aacap.org/publications/factsfam/ptsd70.htm>
- **National Institute of Mental Health: Helping Children and Adolescents cope with violence and disasters:** Defines trauma, describes how children react to trauma and how to help them, including tips for parents and caregivers. Also defines PTSD and its treatments.  
<http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-what-parents-can-do.shtml>
- **National Center for PTSD/ PTSD in Children and Adolescents:** Offers a fact sheet for PTSD in children and adolescents including diagnosis of PTSD, causes, risk factors, symptoms, and treatment.  
[http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_children.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html)
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS manual),** by Lisa Jaycox, Ph.D., 2004. This manual was written for mental health/medical professionals to use in a group setting. The manual focuses on the reduction of symptoms of post-traumatic stress disorder (PTSD) by using the following six techniques: education, relaxation training, cognitive therapy, real life exposure, stress or trauma exposure, and social problem-solving.  
<http://www.hscenter.ucla.edu/research/cbits.shtml>

*\*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.*