

**Helping Traumatized Children At School**  
**Barbara Gortych, Ph.D.**  
**bgortych@aol.com**

**Resources for Trauma Sensitive Schools**

Craig, Susan E. *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K-5*. (New York, Teachers College Press, Columbia University, 2016)

Comer, Jonathan, et al. "Adjustment Among Area Youth After the Boston Marathon Bombing and Subsequent Manhunt" *Pediatrics* (originally published online June 2, 2014).

Gurwich, Robin. *HATS (Healing After Trauma Skills)* Contact Robin at Duke University for Training

Mass. Advocates for Children: Trauma and Learning Policy Initiative *Helping Traumatized Children Learn: A Report and Policy Agenda* (Boston, Mass. Advocates for Children, 2004)

Mass. Advocates for Children: Trauma and Learning Policy Initiative *Creating and Advocating for Trauma-Sensitive Schools* (Boston, Mass. Advocates for Children, 2004)

Rossen, Eric and Hull, Robert, eds. *Supporting and Educating Traumatized Students: A Guide for School-based Professionals*. (Oxford, Oxford University Press, 2013)

Steele, William and Malchiodi, Cathy A. *Trauma-Informed Practices with Children and Adolescents* (New York, Rutledge, 2012)

Van der Kolk, Bessel *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (New York, Penguin Books, 2014)

Van der Kolk, Bessel A., McFarlane, Alexander C., and Weisaeth, Lars, eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (New York, Guilford Press, 2007)

Websites:

NCTSN The National Child Traumatic Stress Network: [www.NCTSN.org](http://www.NCTSN.org)

SAMHSA (Substance Abuse and Mental Health Services Administration): [www.samhsa.gov](http://www.samhsa.gov)

## Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?  
Yes      No      If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?  
Yes      No      If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes      No      If yes enter 1 \_\_\_\_\_
4. Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?  
Yes      No      If yes enter 1 \_\_\_\_\_
5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes      No      If yes enter 1 \_\_\_\_\_
6. Were your parents ever separated or divorced?  
Yes      No      If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
Often or very often pushed, grabbed, slapped, or had something thrown at her?  
Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes      No      If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes      No      If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes      No      If you yes enter 1 \_\_\_\_\_

Now add up your "YES" answers: This is your ACE score.

(Retrieved from [www.cestudy.org/yahoo\\_site\\_admin/assets/docs/ACE\\_Calculator-English.127193712.pdf](http://www.cestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127193712.pdf))

## 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

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.

Mass Advocates for Children  
 Helping Traumatized  
 Children Learn 2005

## Appendix C

### Factors Influencing the Trauma Response<sup>163</sup>

Characteristics of the Individual	Characteristics of the Environment	Characteristics of the Traumatic Event(s)
<ul style="list-style-type: none"> <li>■ Child's age and stage of development</li> </ul>	<ul style="list-style-type: none"> <li>■ Immediate reactions of caregivers or those close to child</li> </ul>	<ul style="list-style-type: none"> <li>■ Frequency, severity, and duration of the event(s)</li> </ul>
<ul style="list-style-type: none"> <li>■ Prior history of trauma</li> </ul>	<ul style="list-style-type: none"> <li>■ Type of, quality of, and access to constructive supports</li> </ul>	<ul style="list-style-type: none"> <li>■ Degree of physical violence and bodily violation</li> </ul>
<ul style="list-style-type: none"> <li>■ Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>■ Attitudes and behaviors of first responders and caregivers</li> </ul>	<ul style="list-style-type: none"> <li>■ Level of terror and humiliation involved</li> </ul>
<ul style="list-style-type: none"> <li>■ Strengths and vulnerabilities of personality style; coping and resiliency skills</li> </ul>	<ul style="list-style-type: none"> <li>■ Degree of safety afforded the victim in the aftermath</li> </ul>	<ul style="list-style-type: none"> <li>■ Persistence of the threat</li> </ul>
<ul style="list-style-type: none"> <li>■ Individual's culturally based understanding of the trauma</li> </ul>	<ul style="list-style-type: none"> <li>■ Prevailing community attitudes and values</li> </ul>	<ul style="list-style-type: none"> <li>■ Physical and psychological proximity to the event (i.e., when the individual him/herself is not the victim)</li> </ul>
	<ul style="list-style-type: none"> <li>■ Cultural and political constructions of gender, race, and sexual orientation</li> </ul>	

ROSSER & HULL  
 SUPPORTING EDUCATORS  
 TRAUMATIZED STUDENTS  
 OXFORD UNIV. PRESS, 2013

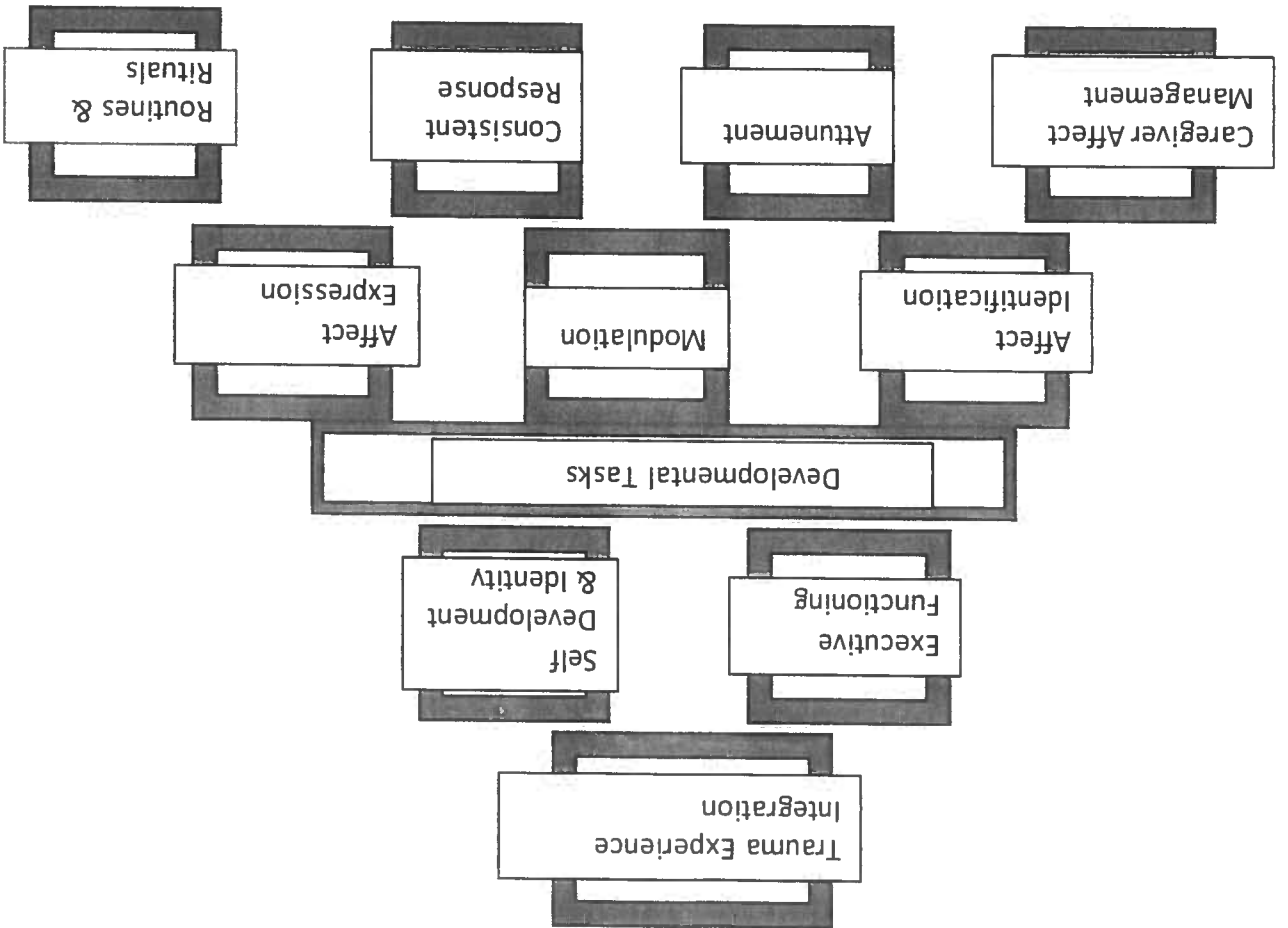
Table 1.1\* IMPACT OF TRAUMA ON CHILDREN

Domain of Impact	Potential Impact on Traumatized Children	What Educators May See
Regulatory capacities	<ul style="list-style-type: none"> <li>• Surges of arousal and/or numbing (shutting down of arousal)</li> <li>• Disconnection from internal states, particularly when feeling overwhelmed</li> <li>• Inadequate coping skills</li> <li>• Difficulty sharing feelings with others</li> </ul>	<ul style="list-style-type: none"> <li>• Children may appear shut down, inattentive and bored, or listless; others may present as hyperactive, impulsive, aggressive, reactive, and/or silly. Some children go back and forth between these two response styles in an unpredictable manner.</li> <li>• Facial expression and "emotional communication" may range from guarded/constricted to intense and quickly changing.</li> <li>• May be easily overwhelmed (upset, angry, worried) by even mild stressors</li> </ul>
Interpersonal skills	<ul style="list-style-type: none"> <li>• Difficulty forming and maintaining safe connections; may include:</li> <li>• Feelings of helplessness or vulnerability in relationship(s)</li> <li>• Distrust of others</li> <li>• Social skills deficits</li> </ul>	<ul style="list-style-type: none"> <li>• Social withdrawal or isolation</li> <li>• Difficulty developing close or lasting friendships.</li> <li>• Bullying, aggression, or opposition ("talking back") to maintain control or at risk for victimization by others</li> <li>• Vulnerable to entering into negative peer relationships</li> </ul>
Intrapersonal skills	<ul style="list-style-type: none"> <li>• Confused, fragmented, and/or negative sense of self</li> <li>• Feelings of helplessness or lack of control</li> <li>• Loss of (or failure to develop) future orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Hesitant in approaching new tasks; unwilling to take risks (e.g., not raising hand to avoid risk of getting the wrong answer; not turning in challenging homework)</li> <li>• Easily frustrated or "give up" in the face of failure</li> <li>• Trouble setting and working toward goals, both short and long term</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>• Difficulty reflecting upon and acting on information</li> <li>• Impaired executive functions</li> <li>• Information processing that is impacted by emotions and/or environmental stimuli</li> <li>• Trouble with those factors that support cognitive abilities (i.e., frustration tolerance, self-sufficiency)</li> </ul>	<ul style="list-style-type: none"> <li>• Apparent difficulty understanding information and following directions, particularly when information is challenging or child is overwhelmed</li> <li>• Appearing bored, inattentive, and/or impulsive</li> <li>• Trouble asking for or accepting help from others or overly dependent in approaching tasks</li> <li>• Trouble generating ideas and solving problems</li> <li>• Difficulty understanding the consequences of their actions</li> </ul>

\* Cahill, Kammerer, & Johnson, 1999; Eckenrode, Laird, & Dorris, 1993; Kendall-Tackett & Eckenrode, 1996; Kurtz, Gaudin, Wodarski, & Howling, 1993; Leiter & Johnson, 1994; Shonk & Cicchetti, 2001; Trickett, McBride-Chang, & Putnam, 1994.

Figure 1.1 Ten Primary building blocks, or targets for intervention within the ABC Framework

From: Rossen & Hull. *Supporting and Educating Traumatized Students: A Guide for School-based Professionals*. Oxford University Press 2013



WHAT TEACHERS CAN DO

1. Support children's efforts at self-regulation by paying attention to their internal states while at the same time maintaining high standards for their behavior.
2. Use "mini check-ins" and "breath breaks" for deep breathing to help children remain mindful of how they are feeling and what they need to stay on task.
3. Use strategies that foster communication across the left and right hemispheres of the brain.
4. Intentionally engage children in collaborative goal setting, progress monitoring, and problem solving to strengthen the relationship between their behavior and their prefrontal cortex in a manner that improves their executive functioning.
5. Increase children's capacity to tolerate unpleasant sensations by providing them with strategies for redirecting their attention and feeling better.
6. Let children know that you are attuned to their needs but also capable of holding them to appropriate standards of behavior.
7. Teach children about the various parts of the brain, particularly those related to self-regulation. Show them how various parts can be taught to work together.
8. Teach children that self-soothing is an important part of self-regulation. Have frequent conversations with them about what they can do to feel better.
9. Avoid judging children's behavior. Instead try to uncover the emotion behind it. Introduce more effective ways of getting their needs met.
10. Provide children with easy access to a sensory diet that includes nonverbal strategies for calming down, such as moving, stretching, and deep breathing.
11. Use polling and other game-like queries to build children's self-awareness.
12. Hold monthly celebrations of data-driven proof of children's accomplishments.

**WHAT TEACHERS CAN DO**

1. Use eye contact, interest, and gesture matching to convey respect to children as well as a willingness to collaborate with them.
2. Replace authoritarian classroom management techniques with brain-based strategies that build a sense of collaboration and support.
3. Hold children to high expectations for performance and behavior paired with the scaffolds and accommodations children need to achieve them.
4. Provide children with opportunities to care for one another by providing a needed service or support.
5. Be emotionally available to children, supporting their efforts to manage their emotions and behavior.
6. Create a classroom environment that supports a dynamic relationship between the brain, mind, and body of both the students and teachers who participate in it.
7. Use observation to appraise children's inner states, and support their efforts at self-regulation based on your perception.
8. Use observation and active listening to establish positive relationships with children that allow them to feel safe and free to explore.
9. Provide positive behavioral supports such as physical proximity, choices about seating, visual templates, and developmentally appropriate pacing to help them maintain a comfortable level of arousal.
10. Provide children with easy access to soothing sensory input to help them self-regulate.
11. Provide children with opportunities to strengthen their prefrontal cortex through goal setting, choice making, and self-reflection.
12. Encourage children to notice and acknowledge the positive attributes of one another.
13. Create opportunities for children to build self-esteem by playing "status roles" within the classroom, such as line leader or flag holder.
14. Follow a consistent daily schedule to help children learn what to expect.
15. Engage children in serve and return exchanges to deal with their understanding of reciprocal relationships.
16. Provide children with opportunities to explore their interests through enrichment activities that broaden their experience and expose them to alternative ways of imagining a future.



**WHAT TEACHERS CAN DO**

1. Use charades and pantomime to foster children's awareness of body language and the meanings it conveys.
2. Engage children in literacy activities that encourage them to write alternative endings, and discuss text from the perspectives of different characters.
3. Approach children's problems with empathy and a willingness to support their efforts to find a solution.
4. Help children repair any damage they do to another's feelings or reputation. Initiate reparative behavior for any perceived disrespect you may have shown a child.
5. Integrate relationship building activities into everyday classroom routines.
6. Engage children in purposeful conversations that encourage them to explore their interests and plan for the future.
7. Use a consistent cue and familiar format to help children pay attention to instructional content or information exchange. For example, use a prop such as a magic wand or megaphone to signal that what comes next is important content that requires children's undivided attention. Chunk the information into age appropriate segments (one minute for each year of the groups chronological age), and follow it up with an immediate activity that reinforces what is said.
8. Provide children with scaffolds such as scripts, conversation starters, and role-playing to build their capacity to use language to create relationships with peers.
9. Design instruction in a manner that guarantees multiple presentations of the same content using a variety of modalities to develop and strengthen children's neural pathways.
10. Use rituals and predictable routines to create a sense of familiarity in the classroom.
11. Design instruction so that children have multiple opportunities to immediately apply new information so that it can be remembered more easily.
12. Provide students with accommodations like calculators and spell-check to compensate for deficits in automaticity so they have more working memory available for higher-order thinking.

**“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.