



Macomb Intermediate School District;

Integrating Mental Health in Schools Federal Grant

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Quick Facts: Post Traumatic Stress



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Trauma and Post Trauma Stress?

Trauma is an experience that threatens an individual's life and/or sense of safety. While some children and adolescents experience one traumatic event, others experience repeated and/or ongoing trauma (complex trauma). Complex trauma is complicated by its frequent occurrence within the very systems that should be a source of safety and stability to our children, such as home, school, and/or the community. Some common sources of trauma for children and adolescents include physical and/or sexual abuse, neglect, abandonment, witnessing domestic and/or community violence, natural disasters, life threatening illnesses or injuries and related medical procedures, and/or severe illness or death of a caregiver or loved one.



Psychological reactions to traumatic experiences depend on a complex interplay between the characteristics of the trauma, the individual, and his/her environment. What leads to an overwhelming level of post trauma stress in one student may not in another. However, research has shown that many students who experience trauma develop an anxiety related response that can overwhelm their ability to cope with daily social, emotional, and/or academic demands.

What is Post Traumatic Stress Disorder

Some children and adolescents with severe anxiety responses to past trauma will be diagnosed with Post Traumatic Stress Disorder (PTSD). Students with PTSD develop extreme fear, helplessness and psychological distress while constantly preparing themselves to "fight, flight, or freeze". Despite persistent efforts on their part to avoid stimuli associated with the trauma, children and adolescents with PTSD frequently re-experience the trauma through recurrent or distressing dreams or memories.

Getting Linked

Macomb County Community Mental Health

<http://macombcountymi.gov/communitymentalhealth/>

Access Center: 586.948.0222

Macomb County Crisis Center

<http://www.macombcountymi.gov/volunteer/center.htm>

24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan

<http://www.careofmacomb.com/>

Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital

3503 1 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital

10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200
must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital

1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line), 1-800-401-2727 (Toll-Free), 248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

Child Traumatic Stress Network
www.NCTSN.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Nat'l. Alliance on Mental Illness
www.nami.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

The Child Trauma Academy
www.ChildTrauma.org

David Baldwin's Trauma Information Pages
<http://www.trauma-pages.com>

Helping Traumatized Children Learn: A Report & Policy Agenda.
Massachusetts Advocate for Children

Working with Traumatized Children: A Handbook for Healing. K. Brohl, CWLA



Cultural Considerations

Any student can experience trauma and traumatic stress. Research shows, however, that children and adolescents that tend to be marginalized in our communities (i.e. immigrant/refugee, homeless, GLBTQ, those with disabilities or those living in poverty) have both a higher risk and higher incidence of experienced trauma. The mental health needs related to trauma will vary across individuals, cultures and communities, as will help seeking behavior and strategies necessary for effective treatment and recovery.

The National Child Traumatic Stress Network has developed extensive resources for schools that address the issue of culture and child traumatic stress. These resources can be found at www.NCTSN.org.



Common Signs & Symptoms of Post Trauma Anxiety

Preoccupation with the traumatic event: may include recurrent thoughts, memories, dreams, and/or nightmares about the trauma, repetitive play themes relating to the trauma, and a very real feeling of re-living the traumatic experience

Intense distress: may include fear, despair, anxiety, a sense of helplessness and/or hopelessness, a sense of perpetual danger that may be accompanied by an exaggerated startle response, and chronic “fight or flight” readiness

Impaired emotional self-regulation: may include difficulty with affect identification (ability to identify one’s own feelings), affect modulation (ability to self-soothe and manage feelings), and affect expression (ability to express emotions in socially appropriate ways)

Impaired executive functioning: may include poor concentration, attention, and short/long term memory as well as difficulty with organizational skills including processing information, planning and problem solving

Behavioral problems: may include aggression, impulsivity and hyperactivity, self destructive behaviors, rigid control or bossiness, non-compliance with adults in roles of authority, perfectionism, avoidance of trauma related stimuli and/or attraction to dangerous and high risk situations

Social problems and/or attachment: may include social withdrawal and isolation, poor social skills, difficulty forming trusting relationships with others, difficulty reading social cues, and poor physical boundaries

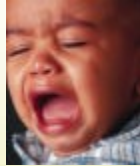
Poor self-concept: may include low self-esteem and lack of confidence, feelings of ineffectiveness, unwarranted shame, guilt and self-blame, and a reduced sense of autonomy and self-control

Somatic complaints: may include fatigue, muscle tension, frequent complaints of headaches, stomachaches and other physical ailments, and over-reaction to minor injuries such as scrapes or bumps

Developmental Variations

Early Childhood (@ 3-6 years old)

Post trauma reactions may be more difficult to identify at this age due to undeveloped communication skills and lack of ability to verbalize social and emotional symptoms. Frustration stemming from their inability to express their needs may lead to increased temper outbursts, clinginess, and tantrums. At this age, post trauma stress may also be expressed through re-enactment of elements of their experienced trauma through play.



Middle Childhood (@ 7-12 years old)

Due to new requirements of academic achievement and socialization that come with school attendance, signs and symptoms of trauma may surface or become more pronounced at this age. It is common in this age group to see post traumatic stress expressed through “worst case scenario” thinking, re-enactment of the trauma by incessant re-telling of their trauma story, and sometimes a desire to seek revenge for the trauma or related events. Children and adolescents experiencing post trauma stress may also begin showing signs of depression and may have reduced competencies in all developmental areas, including significant academic impairments.



Adolescence (@ 13-18 years old)

Adolescents experiencing post trauma stress are at higher risk for engaging in the use of alcohol, tobacco or other drugs, sex, and other dangerous thrill seeking behaviors as a form of self-medication. They are also at increased risk for the development of depression, cutting, and other self-injurious behaviors. Adolescents with post trauma stress may compensate for their unmanageable feelings by forming an age inappropriate dependence on their caregivers or alternately may separate or detach prematurely. It is common for these same adolescents to develop conflicts with authority figures which may play out at home, school and/or in the community.



Educational Implications

According to the National Child Traumatic Stress Network, one out of every four children attending school has been exposed to a traumatic event significant enough to affect learning and/or behavior. Research has proven that the impact of trauma on the brain is considerable, with potential to interfere with the development of language and communication skills, the capacity to learn and retrieve new information, short and long term memory, and the ability for language based problem solving. Additionally, trauma is shown to negatively impact a student’s capacity for executive functioning—skills involving planning and organizing. Lack of mastery of the above skills obstructs students from achieving many of the academic and social tasks required of them at school.

Perhaps the biggest barrier to the success of traumatized students in school originates, for some, from an incapacitating sense of vulnerability. With a life and death sense of urgency, traumatized children may devote the majority of their internal resources in preparation for “fight or flight”. It is impossible for even the most competent of students to simultaneously devote their full resources to self-protection and to learning.

The job of educating students with a history of trauma and post trauma stress may be very challenging to schools. Post trauma stress may interfere with all aspects of a student’s experience at school. Symptoms may be erratic, coming and going with no predictability, and may complicate the search for effective interventions.





School and Classroom Strategies: Trauma Related Concerns

This Quick Fact Sheet contains strategies designed to address potential symptoms of student trauma and should be used in consultation and collaboration with your school’s mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of trauma in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

If you notice a significant change in mood in any student that lasts for more than a week, share your observations with the child’s parent and/or guardian and with your school’s mental health support team.

General Strategies for Students Impacted by Trauma

Because of the large number of our students who have been exposed to trauma, schools must integrate school wide “trauma-sensitive” approaches to teaching. Critical to a school’s success in educating students impacted by trauma is the establishment of safe, supportive, and stable school environments and classrooms to which traumatized students feel connected. The relationship between a student and his or her teacher is a central factor in how traumatized students function in school. In order to learn, students with post trauma stress must feel that their caregiver (in this case their teacher or other school staff with whom students spend significant amounts of time) can be trusted to keep them emotionally and physically safe during their school day.

Strategies for Attachment and Other Social Difficulties

- Get to know the student well and work hard to form a positive and trusting relationship with them; stay attuned to the student’s emotional state—cues may be subtle
- Trusting relationship may be more easily formed when the student knows what to expect from you; be consistent in your responses to the student and integrate routines and rituals throughout the school day
- Be understanding of a student’s need for “space,” but encourage participation in social activities, clubs, and/or athletics that the student may have previously participated in or may have talent in
- Give the student opportunities to help their peers in areas in which they excel

Strategies for Difficulty with Emotional Perception and Regulation

- Help the student learn to identify their feelings by reflecting the feelings back to them; show the student you are listening and validate what you hear them saying
- Help the student learn how to modulate their emotions by modeling healthy self-regulation; stay in control of your own feelings
- Assist the student in learning and practicing relaxation techniques such as breathing exercises and muscle relaxation
- Allow the student to use manipulatives such as a stress ball or worry stone in class
- Teach the student appropriate and effective ways to communicate and express feelings

Strategies for Building a Sense of Competency

- Maintain realistic academic standards while staying attuned to the student so that you do not “push” them into a “fight or flight” response
- Provide a lot of opportunity for *meaningful* participation in the school community
- Identify and cultivate the student’s strengths, talents, and interests and tailor the student’s learning to these
- Provide a lot of encouragement; point out the student’s accomplishments and successes



Strategies for Impaired Executive Functioning

- Provide the student with written copies of class notes and/or assignments
- Provide the student with an extra set of books to keep at home
- Help the student organize projects and break down assignments into manageable parts
- Allow flexible deadlines for work completion; shorten assignments if necessary
- Incorporate multiple ways to present information when teaching; use graphic organizers and physical manipulatives where possible
- Prompt the student throughout the day to use a day planner to keep track of assignments; provide support at the end of each day to make sure the student has all assignments documented and all necessary materials
- Allow the student more time to respond when asking questions or making requests
- Provide predictability; post the daily schedule where it can be easily seen and review it frequently; take the time to make written changes when there is a change in the day's plans

Strategies for Trauma Related Distress

- Provide simple and honest answers to the student's questions about traumatic events while clarifying distortions and misconceptions
- Allow the student to talk about or act out the trauma and listen actively
- If the student wants to talk about or process the trauma at a time that is inappropriate or impossible, provide them with a concrete alternative ("I will talk with you about this at 10:20 when we have snack" or "the counselor will be here at lunch time and you can talk with him then")
- Avoid being "pulled into" playing a role that re-traumatizes the student (i.e. student may act out trauma in a way that makes you want to yell)
- Establish a classroom culture characterized by safety and acceptance; implement effective anti-bullying programs and approaches
- Provide consistent routine wherever possible; anticipate difficult times (i.e. anniversaries, transitions) and provide preventive supports
- Provide the student with opportunities for "self time out" to regroup when they are feeling overwhelmed
- Provide built-in opportunities for the student to talk with a supportive adult who has the time and ability to listen attentively
- Validate the student's experience and feelings; resist the urge to downplay what they tell you in an effort to help them "get over it"
- Be sensitive to cues in the environment that may be triggers for trauma related anxiety and avoid any unnecessary exposure to these potential triggers

Strategies for Behavior Problems

- Develop a school wide, coordinated behavior support and management system that emphasizes positive behavioral supports
- Be clear about expected behaviors; teach rules and expected behaviors explicitly
- Model respectful, non-violent behavior and relationships
- Set clear limits for inappropriate behavior and implement logical (not punitive) consequences
- Address behavioral issues before they are out of control
- If behavior is a consistent problem, conduct a functional behavior assessment to determine behavioral triggers and develop a behavior intervention plan
- Provide the student with many genuine choices to increase sense of self-efficacy and self-control

Important Note for Teachers: The National Child Traumatic Stress Network suggests that you 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.