



TEACHER TIPS

# Trauma

## What is Trauma?

Trauma can be defined as a negative psychological and emotional reaction to a distressing event. This could be something like getting into a car accident, or witnessing extreme violence.

However, just because a distressing event happens does not necessarily mean there will be traumatic effects. Due to multiple factors, people may experience these events differently; some might be deeply affected, while others will be able to carry on like nothing happened. A child can even be impacted by a traumatic experience that he/she does not consciously remember.

## What makes trauma “traumatizing”?

When a child experiences stress, the stress response system of the body is activated and the body goes on alert to defend against possible threats. It can be a result of one major event but often is characterized by ongoing levels of stress. **This is called Toxic Stress.**

Over time, this toxic stress begins to affect the brain in developing areas such as the reasoning and learning centers of the brain. Because the more emotional part of the brain is constantly getting a work out, the learning and reasoning parts of the brain are neglected and will weaken, resulting in a decrease of neural connections in that part of the brain.

## Signs and Symptoms:

Students who experience toxic stress can be hard to identify, but there are signs and symptoms. Children who have experienced trauma are not always in one of these states, but may still have some symptoms that present (rigidity, need for having things a certain way, need for respect). You may not see these things every day, but trauma can affect a child’s ability to form secure attachments, which results in difficulty trusting and forming relationships. Although a child may seem fine day to day, something could trigger him/her unexpectedly.

- Easily startled
- Explosive outbursts or aggression
- Running out of classrooms
- Hiding
- Assuming negative intent – A look from another student could be interpreted as a threat
- May appear willful, oppositional or defiant
- Freezing may look like daydreaming
- Zoning out, mind going blank
- Creating a fantasy world
- Frequently rocks back and forth or has repetitive motions



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## Tips for interventions

### *Create a safe environment*

- Give the student access to a safe and positive relationship.
- Designate an area in the classroom or a different room where the student can go when upset.
- Give clear expectations and classroom structure to reduce uncertainties.
- Be empathetic – validate emotions and try not to question them.

### *Calming strategies*

- Take deep breaths with the student.
- Change the environment – turn off lights, go to a quiet room, play calming music.
- Allow the student to go for a walk.
- Have the student perform a pleasurable activity – coloring, Play-doh, reading or a game.
- Participating in rhythmic activities are helpful.

### *Consequences*

- Save consequences for a time when the student is calmed down.
- Clearly explain reasoning for the consequence.
- Clearly explain how student can avoid consequences next time.
- Use consequences sparingly. A student who is reacting to trauma might not have control over his/her reactions, and consequences can reinforce victimization.

### *3 R's – Regulate, Relate, Reason*

When a student is dysregulated, remember this three-step model created by Bruce Perry.

- Regulate – Work with the student to return to a baseline mood
- Relate – Build rapport with student; create a safe relationship
- Reason – Problem solve, identify triggers and provide consequences

## Common Pitfalls

### *Make sure YOU are regulated.*

- Avoid responding to aggression with aggression. Giving strong, successive commands while a student is escalated can overwhelm him/her and make him/her more escalated.
- Discipline can often be a strong motivation for students to change behavior. However, when a child is escalated, starting with threats of discipline can be ineffective and can create more anxiety because the child is not in the proper brain state to process cause and effect.
- Children who are escalated may have a hypersensitive threat response. Keep a safe distance, have a non-threatening posture and try not to touch a student when he/she is escalated.

Consult with the school social worker or counselor. Nationwide Children's has school-based therapists in your school. If you have a student who can benefit from these services, contact the school counselor or school social worker, or call Nationwide Children's Behavioral Health Intake Department at (614) 355-8080.

**Learn more at [NationwideChildrens.org/Care-Connection](https://www.nationwidechildrens.org/Care-Connection).**

