



Trauma Information Pamphlet For Teachers

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Traumatic events cause terror, intense fear, horror, helplessness, and physical stress reactions (for example, heart beating fast, strong startle, stomach dropping, shakiness). The impact of these events does not simply go away when they are over. Instead, traumatic events are profound experiences that change the way children, adolescents and adults see themselves and their world.

Common Psychological Effects of Traumatic Experiences

- ◆ Many individuals who have had traumatic experiences suffer from ongoing reactions to them. These reactions are called **Posttraumatic Stress Reactions**. These reactions are common, understandable, and expectable, but are nevertheless serious and can lead to many difficulties in daily life.

There are three types of posttraumatic stress reactions.

Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or images of the event (for example, picturing what one saw) that can occur while one is either awake or dreaming. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may act like one of their worst experiences is happening all over again. This is called “a flashback” and can occur in response to a traumatic reminder.

Avoidance and withdrawal reactions are ways people use to keep away from, or protect against, intrusive reactions. They include efforts to avoid talking, thinking and having feelings about the traumatic event and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distressing emotional reactions to thoughts or

reminders of what happened. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

Physical arousal reactions are physical changes that make the body react as if danger is still present. These reactions include constantly being "on the lookout" for danger, startling easily or being jumpy, irritability or outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.

- ◆ Trauma survivors have also may suffer many types of losses - of loved ones, of home, possessions, and their community. The loss of important things often leads to **Grief Reactions**, which may include: feelings of sadness, anger, guilt or regret over the loss, missing or longing for the deceased, and dreams of seeing the person or possession again. These reactions are normal, vary from person to person, and can last for many years after the loss. Although they may be painful to experience, especially at first, grief reactions are healthy reactions to loss, and reflect the ongoing significance of the loss. Over time, grief reactions tend to include more pleasant thoughts and activities, such as positive reminiscing about the lost person or possession, or finding positive ways to memorialize or remember them.
- ◆ Many people have endured both trauma *and* loss. More specifically, people who have suffered the *sudden* or *traumatic loss* of a loved one often find grieving the loss more difficult. The person may become preoccupied with memories of the disturbing circumstances of the death, such as its tragic and sudden nature, or with issues of human accountability (for example, in regard to building construction practices). This preoccupation can lead to **Complicated Bereavement**. Complicated bereavement is often characterized by intrusion of disturbing images of a traumatic death into *positive remembering* and *reminiscing*. This interferes with important ways of grieving that allow survivors to accept and adjust to the loss of a loved one. Complicated bereavement is also characterized by the avoidance of positive activities or relationships because they remind one of the traumatic loss. Due to its influence in constricting activities, complicated bereavement may interfere with normal life activities and normal child and adult development.
- ◆ An additional major concern for safeguarding the mental health of trauma survivors is the risk for **Depression**. Depression is different from posttraumatic stress, and carries its own risks. Its symptoms include: persistent depressed or irritable mood, loss of appetite, difficulty concentrating, greatly diminished interest or pleasure in life activities, fatigue or loss of energy, feelings of worthlessness or guilt, feelings of hopelessness, and sometimes thoughts about suicide.

- ◆ In addition to the psychological reactions described above, trauma survivors may experience **Physical Symptoms**, even in the absence of an underlying physical illness. These symptoms include headaches, stomachaches, rapid heart beating, tightness in the chest, appetite problems, and bowel problems (e.g., constipation and diarrhea). Physical symptoms often accompany posttraumatic, grief, and depressive reactions. More generally, they may signal elevated levels of life stress.

Consequences of These Reactions

Posttraumatic stress, grief, and depressive reactions can be extremely distressing, and may significantly interfere with daily activities. Intrusive memories of past traumatic experiences can interfere in serious ways with learning, school and occupational performance, causing unexplained interruptions in concentration and attention. Avoidance of reminders can lead adolescents to place restrictions on their current activities, relationships, interests, thoughts, and plans for the future. Irritability and reactions to reminders can interfere with getting along with family members and friends. It is particularly difficult when family members have been together during a traumatic experience, because afterwards they can serve as traumatic reminders to each other, leading to unrecognized disturbances in family relationships. Problems with sleeping, concentration and attention can especially interfere with academic or occupational function and performance. People may respond to a sense of emotional numbness or estrangement by using alcohol or drugs. They may engage in reckless behavior and self-endangering actions. Adolescents may rely too much on their adolescent group for deciding about risk-taking behavior and have trouble in turning toward parents for counseling about risks and dangers. They may become inconsistent in their behavior, as they respond to reminders with withdrawal and avoidance or overly aggressive behavior.

Depressive reactions can become quite serious, leading to a major decline in school or occupational performance and learning, social isolation, loss of interest in normal activities, self-medication with alcohol or drugs, acting-out behavior to try to mask their depression, and, most seriously, attempts at suicide. Complicated bereavement can lead to inability to mourn, to reminisce and remember, to fear a similar fate or sudden loss of loved ones, and to difficulties in establishing or maintaining new relationships. Adolescents may respond to traumatic losses by trying to become too self-sufficient and independent from parents and other adults, or by becoming more dependent and taking less initiative.

What Makes These Reactions Worse?

Posttraumatic Stress Reactions are often evoked by **trauma reminders**. Many people continue to encounter places, people, sights, sounds, smells, and inner feelings that remind them of past traumatic experiences, even years afterwards. These reminders can bring on distressing mental images, thoughts, and emotional/physical reactions. Common examples include: sudden loud noises, destroyed buildings, the smell of fire,

sirens of ambulances, locations where they experienced the trauma, seeing people with disabilities, funerals, anniversaries of the trauma, and television or radio news about the trauma.

Grief reactions are often evoked by **loss reminders**. Those who have lost loved ones continue to encounter situations and circumstances that remind them of the absence of the loved one, even years after the loss. These reminders can bring on feelings of sadness, emptiness in the survivor's life, and missing or longing for the loved one's presence. There are several types of loss reminders: **Empty situations** are ones in which the person is reminded of the absence of the loved one in his/her current life. These include: the empty place at the dinner table, activities that were once shared with the loved one, and special occasions like birthdays and holidays. Adolescents also are reminded by the everyday changes in their lives, especially hardships, as a **consequence of the loss**. Examples include decreases in family income, depression and grief reactions in other family members, disruptions in family functioning, increased family responsibilities, lost opportunities (for example, sports, education, other activities) and the loss of a sense of protection and security.

In addition to the distress evoked by **trauma** and **loss reminders**, **current trauma-related life adversities** constitute a significant source of distress. Efforts devoted to contending with these adversities may significantly deplete a person's coping and emotional resources, and in turn reduce or interfere with the ability to recover from posttraumatic stress, grief and depressive reactions. . Children respond to the stress of relocation, of loss of school and friends, reduced family resources and added responsibilities. The current trauma and loss may serve as a reminder to adults and children of **prior trauma and loss experiences** that can re-evoked prior feelings and symptoms, and increase their overall level of reaction. Children with pre-existing anxiety conditions may have a more severe reaction, more difficulty calming down after trauma reminders and more persistent fears of recurrence.

How Can I Help?

Teachers can play an important role in helping their students. Resumption of schooling is important to promote the welfare of children and their families. The following are suggestions to assist you in your work with children, adolescents and their families.

Taking Care of Yourself

First, because you are so important to your students, it is especially important that you also take care of yourself. You may have suffered the same type of traumatic experiences, losses and secondary stresses as the students you are teaching. Working with the students in your class may remind you of your own experiences or those of your family and friends. Therefore, you need to prepare yourself to be able to support the

students.

- Make sure that you, with your group of teachers, schedule ongoing times to talk together in order to give each other support.
- Make sure you take good physical care of yourself, including eating, sleeping and proper medical care. It is sometimes difficult to be teaching when you are undergoing your own course of recovery. Therefore:
 - Put aside the time to take care of the personal needs of your own family. It can be useful for teachers to share covering for each other in case something comes up that you need to take care of right away.
 - Even though you may feel very committed to the students you teach, take special time with your own family members or friends.

Educational Goals and Activities

Remember that the goals of being in school are somewhat changed. You should remember that you and your students are both changed by what has happened. Keep in mind that traumatized students often have difficulties with their concentration, attention and behavior. Some students may be very quiet and withdrawn, while others may be disruptive and overly active. Many will have difficulties with learning and their academic functioning will be impaired.

- For a while, plan for shorter lessons, go at a slower pace and with similar but less homework than would be usual.
- It is helpful to set aside scheduled classroom time over the next few months, at the beginning of the new school year, and at appropriate reminders, e.g. the anniversary, to talk about practical issues related to the recovery of students and the school community. This can help with problem solving to find ways that improve their ability to cope with the many reminders they face.
- It is important to invite students and parents to let you know when a student is affected by some change in their personal life so that you can better understand any change in classroom behavior or school performance.
- Teachers vary in the extent to which they express or show feelings. What is most important is to remain genuine. Students are very good at observing how their teachers are doing in their recovery. It is O.K. to express ongoing sadness or reactivity to a reminder as long as you also convey the progression of your own recovery so that students have confidence in your recovery and their own, even if it is taking longer than they expected.

How to Handle Changes in Your Students' Classroom Conduct

- Traumatized students may exhibit irritability and aggressive behavior at school with their schoolmates.
 - It is especially difficult for teachers to have students acting more irritable or disruptive in their behavior. Remember that some of these changes are common posttraumatic stress reactions. They may also occur in response to specific loss reminders. For example, a student who has lost a close friend may have trouble when other students are speaking about their close relationships.
 - Some younger children may become more aggressive in their play. It is important to remember that many of them have been exposed to levels of trauma far beyond their capacity to understand or deal with. Sometimes the behavior takes the form of what is referred to as “reenactment behavior,” in which a student acts out, sometimes dramatically, protective behaviors which they think would have changed the trauma or its lethal outcome.
 - One way to handle irritable, disruptive or aggressive behavior is to be clear about the behavior that is expected. At the same time, you may try to understand and help them understand why they are angry in the particular situation. It can be helpful to offer them some private time to speak with you about their current concerns and anger. Then, negotiate with the student how they can better control their behavior. If these behaviors persist, the student may be referred for mental health counseling.
- Students may exhibit regressive behavior.
 - Students may have more anxiety at being separated from other family members or from their teachers during activities. They may cling more to their teachers, be less independent in their work, and, at times, have trouble coming to school. Even adolescents may show these signs of separation anxiety, far beyond an age when they might be expected. Parents may contribute to these reactions, for example by being overly clinging, because they, too, find it harder to be away from their children after the trauma.
 - One way to handle regressive behaviors is to negotiate a timetable with the adolescent so that they can help govern their own return to prior levels of functioning. It is important to remain understanding so that any timetable needs to be flexible to allow for some temporary setbacks. It can be helpful to offer them some private time to speak with you about their current concerns, fears and anxiety. Refrain from using ridicule or harsh criticism in addressing these reactions. If these behaviors persist, the student may be referred for

mental health counseling.

- Children may become withdrawn or excessively quiet.
 - Some children may become withdrawn and excessively quiet. They may present no problems in the classroom. However, they may also be distressed or depressed. These students need to be identified and assisted just as much as the students who acts more aggressively. They may need help to regain a participating role in the classroom and with their friends. They will need reassurance and encouragement. It can be helpful to offer them some private time to speak with you about their current concerns and continued pre-occupations with past experiences and losses. If left unassisted, they can become more isolated, fall behind in their studies and continue to lose opportunities to promote their social skills and participate in normal social activities.
- Be careful not to label students because of these problems. It can be too easy to label a child or adolescent as a “troublemaker” or “delinquent,” as a “slow learner” or having “learning problems,” or as “unmotivated” or “uninterested in their schooling.” It is important to recognize the effects of trauma, loss and adversity on their school performance and conduct, and that, with proper help, many of these problems may be resolved.
- Many traumatized students suffer from lack of restful sleep.
 - Students often wake up at the slightest noise and have trouble returning to sleep. They often have fitful sleep or nightmares, and do not feel rested when they wake up. A tired students often cannot concentrate or learn well and can be irritable with friends and teachers. If a student is having any of these latter problems, it is important to ask them and their parents or caretakers about their sleep.
- Recovery comes in stages over weeks, months and years. Don’t become discouraged because some children or adolescents take more time than others, or show temporary setbacks.
 - It is very important to engage pre-adolescents and adolescents in pro-social activities to help rebuild their school community and social life.
 - Traumatized adolescents are at risk of reckless behavior, including behavior that leads to accidental injury (for example, motor vehicle accidents), use of drugs and alcohol, and delinquent behavior. It is helpful to talk discuss these risks, their relationship to trauma and loss reminders, and the temporary need to be more careful in the weeks and months ahead.

- It is important to set up a trusting relationship where adolescents can share with you concerns over suicidal thoughts or plans. These should always be taken seriously and students should be referred for mental health assistance.

It is important to address issues of acknowledging the loss of students who are missing from the classroom, while going on to encourage a forward looking and positive attitude about the coming school year.

For the severely traumatized students, it may be helpful to provide them with a modified curriculum for a limited period of time, taking into account the interference with learning and memory as a result of their posttraumatic stress and grief reactions. This approach may be most helpful for students undergoing rehabilitation for physical injuries or experiencing intense traumatic/loss reminders that acutely interfere with learning or school performance.

- Some of the students will have lost a good friend or had friendships altered. Therefore it is important to help students in building new relationships or restarting relationships that have been disrupted.

These types of typical classroom pro-social activities take on special importance with traumatized students, who often retain a sense of being different, of feeling alone inside, or outside of everyday groups of other students.

Pro-social activities that have a practical tangible result are important to building a sense of community and citizenship. These activities can include:

- a project to help improve their school or neighborhood
- a project to help others in their community

As noted in the first section, these activities are especially important to the recovery of traumatized adolescents because these efforts often answer an important need in them to improve their own lives and the lives of others. The school is an especially important place where they can take the first steps to do so in cooperation with other students and their teachers.

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