

As responsible adults, we make every attempt to protect our children from experiencing trauma of any type. Unfortunately for many children of all ages, emotional and/or physical “trauma” resulting from accidents, acts of nature, being a victim of or witness to crime, domestic violence, child abuse, and/or death or loss of loved ones, teachers, or friends become a part of life. “Trauma” may be referred to as a “wounding” or “shock” resulting in injury to the emotional and/or physical system, causing distress and disruption to normative thought process abilities and overall functioning.

Know and Identify Symptoms of Trauma and Loss - Children **under the age of five** years may return to early behaviors: thumb sucking, bedwetting, fear of darkness, nightmares, unexplained tantrums, separation anxieties and/or excessive clinging may be experienced. For children ages **six to eleven years** typical behaviors may include: disruptive behaviors, change in appetite, withdrawal, sleep problems and nightmares, school problems, inability to be attentive, “forgetfulness”, somatic complaints with stomach and/or headaches. For **adolescents** symptoms may include: changes in attitude and atypical behaviors for that child, sleep disorders, depressive disorders, substance abuse, truancy, somatic complaints, withdrawal, and even suicide ideations.

Types of Traumatic Stress - **Acute Trauma:** A single traumatic event that lasts for a limited period of time is called an acute trauma. **Chronic Trauma:** Many traumatic events occur over a long period of time and can be variations of different aspects of trauma (including neglect or the failure to meet a child’s basic physical, medical, emotional and educational needs).

Understanding Coping Mechanisms - Depending on both internal and external resources and support systems, children can cope with and effectively manage effects of trauma over time. However, those **children who are without adequate supports**, those who live in under-resourced families, schools and communities, often fall prey to “**complex trauma**” **most often caused by repeated and prolonged exposure to trauma-induced situations**. Complex trauma will actually change neural brain pathways and the chemicals that flow through them, disallowing the child to think and reason within what we would expect to be “normal range”. This brain chemistry change causes the child to constantly be in a brain/body response of “flight” (suppression, depression, withdrawal) or “fight,” with outward and usually socially unacceptable behaviors.

Caring for Children Who Have Been Through Trauma - Working closely with children and adolescents who have experienced trauma and are exhibiting the effects of trauma can leave parents, teachers, administrators, and counselors feeling confused, frustrated, unappreciated, angry and helpless. **Understand the child feels** intense fear, shame, helplessness and anger.

It is desirable to locate a clinical professional and/or physician that is trained in trauma-specific response methods.

Helping the Traumatized Child - 1) Recognized the impact on the child; 2) help the child feel safe; 3) help the child understand and manage overwhelming emotions; 4) help them understand and modify problem behaviors; 5) respect and support positive, stable and enduring relationships in the child's life; 6) help the child develop a strength-based understanding of his/her life story; 7) be an advocate for the child with all persons involved in their lives; 8) seek trauma specific assessment and treatment for the child, since clinicians untrained in this area may misdiagnose with anxiety, bipolar disorder or ADHD; 9) do not force the child to talk about or re-visit the trauma - they will do so when they feel safe and ready, and will do so with someone with whom they feel safe.

Specific Help for Classrooms – Recognize when a child is going into survival mode and respond in a kind, compassionate way; create calm, predictable transitions in activities and expectations; praise publicly and criticize publicly (be sensitive when reprimanding trauma students); take care of yourself, as persons working with these children can experience “secondary trauma” when listening to their stories or dealing with expressed feelings/behaviors. We suggest each school or community have both internal and external networks specific to meeting the needs of these children and adolescents.

Understanding and Fostering Resiliency - Resilience is the ability to recover from traumatic events. **Children who are resilient see themselves as safe, capable and loveable.** Resilience can be fostered by having a consistent relationship with just one competent and caring adult, or by being connected to a positive role model/mentor. Having talents and abilities nurtured and appreciated also aides in resiliency, as does feeling some control over one's life. A key factor in resiliency for traumatized children is having a sense of belonging to a family, community, group or belief/cause larger than oneself.

Sources:

“How to Help a Traumatized Child in the Classroom,” Greater Good,
<http://greatergood.berkeley.edu> . Article: “The silent epidemic in our classrooms.”

“Parenting After Traumatic Events: Ways to Support Children,” PsychCentral,
<http://psychcentral.com>

“Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents,
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