



# Trauma and Children

- **Issues for School-Based Staff: Three months Post-Katrina**
- **Laura K. Eskridge, Ph.D.**
- **DePelchin Children's Center**





## What is Trauma?

- **“A trauma is an exceptional experience in which powerful and dangerous events overwhelm the person’s capacity to cope.”**

– **Child Witness to Violence Project**

Not the ordinary stresses every one meets every day...an exceptional event



## **Behavior in Response to Trauma: All Ages**

- **Problems sleeping, including nightmares**
- **More physical complaints like headaches or stomach aches**
- **Clear changes in behavior**
- **Exacerbation of previous symptoms**



## **School Age ages 6-11**

- **Worried about safety or even death**
- **Return to behaviors shown at younger ages**
- **Fearful, afraid, or apathetic**
- **Risky behaviors**
- **Easily upset , angry or agitated**
- **Behavior problems at home or school**



## **Adolescent ages 12-18**

- **Angry, sad, depressed, mood swings**
- **Problems concentrating**
- **Increased conflicts with family, or at school**
- **Delinquent behavior**
- **Decline in academic performance**



## **Understanding the Traumatized Child Requires Recognizing Behavior as Communication**

- **I don't like this**
- **I don't want to do this**
- **I'm scared**
- **I'm angry**
- **I'm hurt**
- **I'm too distracted by my worries to think**

In understanding the traumatized child, we have to understand that they may not be able to verbalize what is wrong...their behaviors may be their only way of communicating



## Traumatized Child

Any adverse behavior

Sense of hopelessness and  
vulnerability  
Frustration and fear related to  
the unknown  
Anger...things are not the way  
I want them to be and you  
didn't protect me



## How Can We Help?

- **Foster resilience (“An ability to recover from or adjust to misfortune or change”)**





## **Protective Factors in Young Children**

- **Child Factors**
- **Family Factors**
- **Community Factors**



## **Community Factors**

- **Safe, positive, nurturing school experience**
- **Availability of supportive adults, positive role models**
- **Positive cultural connection, identity**



## What Makes School “Safe, Positive, and Nurturing?”

- **Respond appropriately to impaired ability to learn related to trauma**
- **Support for on-going grief and holiday responses**
- **Vigilance for the potential for self-destructive behaviors**
- **Specific interventions designed to reduce conflict with existing school populations**

Academic achievement is not the most important thing for these kids now...  
holidays in a strange place activates grief...

we haven't seen suicidal behavior ...but it is potential

Providing opportunities for supported interaction of the populations... (Mardi Gras means more to them...)

early on, could have provided “buddies” for helping new students adjust

whatever can be done to encourage a sense of community and belonging for all students ... attend to racial and ethnic differences


interventions may be appropriate for a whole class, not just evacuees

discourage groupings that rely on evacuee status



## **“Safe, Positive, and Nurturing” continued**

- **Sensitivity to possible cultural differences and previous school environments**
- **Respond appropriately to pre-existing academic and behavioral problems**
- **Provide opportunities for kids to express their feelings in a safe environment**



## **“Safe, Positive, and Nurturing” continued**

- **Respond to the needs of the pre-existing school population**
- **Attend to the needs of staff**
- **Effective, compassionate behavior management**
- **Recognizing there is no “should” for when kids adapt**



## **Helping Children Feel Safe Requires Managing Challenging Behaviors**

- **Clear, developmentally appropriate limits**
- **“An expression of loving concern” (Fred Rogers)**
- **Focus on “do” statements**
- **Be consistent yet flexible**
- **RECONNECT!**

Reconnection protects the attachment that is the basis for all behavior management



## **The Importance of Relationship to Behavior management**

- **Establishing a relationship with the displaced child is most important**
- **Without relationship (“attachment”) you will not be able to successfully manage behavior**
- **Most of our power as adults is based on a child’s desire to be in relationship with us**

Tell teachers that putting a child in time out outside their classroom is only effective if there is something going on in the classroom that the child will miss...

sometimes that something is the teacher and the relationship with that adult

## Behavior Intervention Strategies

- **Give choices**
- **Ignore unwanted behaviors**
- **Reward incompatible behaviors**
- **Up the level of positive reinforcement**
- **Catch them being good**
- **Enforce logical consequences**
- **Use Time out**
- **Wipe the slate clean**

Hierarchy of behavioral techniques...try the less intrusive first, and move up the hierarchy only when it is clear that the less intrusive measure isn't working... have to give the strategies time, though, unless the behavior is potentially so lethal that you have to intervene more quickly. You can't tell a parent to ignore their child running into the street, that they'll learn.

Reward incompatible behaviors...such as praising hands behind the back as they walk down the hall

WIPE the SLATE CLEAN you can't carry grudges and be effective... 1 minute after a child has come out of time out for really obnoxious behavior you have to be ready to find something to praise them for...





## **Time Out**

- **Time when positive reinforcement is not available**
- **As an opportunity to “cool off” (particularly important for emotionally fragile traumatized kids)**



## **Stress and Coping for the Adult Working with a Traumatized Child**

- **“Vicarious traumatization “**
- **change in world view**
- **compassion fatigue**
- **helpless and hopeless: transformation of  
your inner world view**

“vicarious traumatization” is also called “secondary traumatization” and “compassion fatigue” dealing with traumatized kids can be extremely stressful... We don’t want to think that such bad things happen to kids, and when it happens to kids we love it can be very bad

there is a struggle to not be overwhelmed... to not give in the feeling helpless and hopeless. It can transform our own view of the world and your own perceptioun of your safety in the world



## What can you do?

- **Take care of yourself physically**
- **Relax**
- **Share the load (You don't have to read everything)**
- **Balance your life**
- **Do some things you love to do**
- **Connect with friends and family**
- **Ask for help**

We refer kids to therapists, but sometimes the helpers need to talk to someone, as well