Trends *is published regularly throughout the school year by* ***Cornerstone Day School*** *as a service to New Jersey school professionals. Each issue highlights one important topic with practical applications for those working with students with emotional problems.*

TRENDS

WHAT IS TRAUMA AND PTSD?

An estimated 25-50% of children or adolescents are exposed to trauma. Trauma-exposure is associated with greater prevalence of virtually all psychiatric disorders. Posttraumatic stress disorder (PTSD) is just one potential consequence of exposure to severe traumatic events, such as child abuse, bullying, natural disasters, and witnessing domestic violence. We call these severe types of traumas 'criterion A' traumas because they meet DSM-5 defined criteria for trauma, which means they involve exposure death of others, threatened death, actual or threatened serious injury or sexual violence. Most kids experience post-traumatic stress symptoms for some days and weeks after trauma-exposure but naturally recover. Only a proportion of people who are exposed to trauma go on to develop PTSD, with symptoms persisting for longer than a month according to DSM-5. Four clusters of symptom characterize PTSD as listed in the chart (second page).

Trauma-informed schools

Trauma-informed schools weave a trauma-sensitive perspective into the multiple levels of the school system. Being sensitive to possible symptoms of trauma exposure is key. This is particularly important because, without knowledge of trauma context, a child's behavior can be misattributed to laziness, low cognitive ability, or oppositionality. These challenging behaviors can lead teachers to take a deficit approach – coming from a perspective of "what is wrong with this student" – and lead to punitive, shaming, exclusionary, zero-tolerance disciplinary responses risking re-traumatization. It is important to approach students instead from an empathetic resilience approach – understanding what has happened to shape these challenging behaviors and building on their positive attributes and resources. When trauma responses are understood as the brain's best efforts to respond to a dangerous environment that then gets misapplied to safe environments, this can make the child's behavior easier to understand. After a trauma, people can stay in 'fight or flight' mode, being quicker to go to fear or anger responses that result in the difficult behaviors observed, since such responses would be the most helpful in a dangerous situation. There are three areas you can focus on to build resilience.

The first is the development of positive attachment relations with peers and teachers. The importance of social support in helping individuals recover from trauma and psychiatric illness cannot be understated. Children with PTSD often have social skills deficits compared to peers; and withdraw from social settings and from teachers, since the most damaging types of traumas often involve betrayal by trusted others. This isolation deprives them of the resilience building factor of social support. Providing children with 'unconditional positive regard' – i.e., warmth, encouragement, empathy, and joy in a child's accomplishments – can help children rebuild trust in others and regulate their emotions. A key aspect of this regard is that it is unconditional – with teachers showing care and appreciation of children regardless of their performance, which can help children repair their damaged self-concept and establish a sense of predictability. Because challenging behaviors associated with PTSD can lead school professionals to experience compassion fatigue, at times making it difficult to establish good attachment relationships with students suffering from PTSD, support and supervision should be sought out as appropriate.

Additionally, school providers should focus on minimizing exclusion at school to avoid worsening the social impact of trauma/PTSD. Loss of a sense of agency and competence is a symptom of PTSD that can be addressed by teachers providing children with opportunities to do tasks they can succeed at that do not necessarily relate to academic performance – e.g. distributing learning materials in class or promoting opportunities within sports, art or music. Competence can also be built by addressing concentration difficulties and other cognitive challenges that can come along with trauma or PTSD with practical strategies such as: breaking tasks up, repeating instructions/providing written instructions, and using visual cues and reminders.

Third, teachers can help children improve their emotion regulation. PTSD and trauma can cause kids brains to process rewards and punishments less sensitively, which can be frustrating to adults. Instead of reward charts or severely punitive responses, children may benefit from teachers helping them to label their emotional responses, calmly identifying the negative emotion or behavior, and offering options for the child to re-engage in the more helpful behavior.

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DESCRIPTION	FEATURES THAT MAY BE OBSERVABLE IN THE CLASSROOM
Intrusion symptoms	
Repetitive, painful memories of the trauma popping into a person's minds without them intentionally remembering the event, often causing unpleasant emotional and physiological reactions. Experiencing trauma as if it is happening right now in a 'flashback' and disconnect/dissociate from the present.	Dissociation can be observed as kids tending to 'blank out' or daydream more and needing things to be repeated. Nightmares related to the trauma or bad dreams in general. In children, play re-enacting the trauma or related themes may be observed
Avoidance symptoms	
Avoiding situational reminders, thoughts, and feelings associated with the trauma.	Kids suddenly not wanting to go near certain people, places, or situations, or generally becoming more fearful.
Negative changes in thoughts and mood	
Seeing the world as a dangerous place or blaming themselves for what happened. Lose interest in things they used to like doing and feeling disconnected from other people.	Withdrawing socially, for instance sitting alone, terminating extra-curricular activities, or becoming quieter. Becoming more cautious towards others, say things that suggest they think others are not trustworthy, act less confident, or show lack of planning about the future.
Changes in level of physiological reactivity	
Feeling on edge, persistently surveilling their surroundings for possible danger, and becoming more easily annoyed, jumpy, risk-taking and more easily startled than before.	Kids becoming 'jumpier' in response to everyday noises or noticing them looking around the room and behind them a lot. Appearing more tired in class and coming late. More physical complaints such as headaches, dizziness, or stomach pain or asking to go to the nurse often, and/or more absences related to these physical complaints. Acting out more, for instance becoming more aggressive, yelling, becoming upset quickly, and having temper outbursts. Trouble concentrating can be observed if kids have more difficulty completing assignments, show a decline in grades, and seem preoccupied when asked questions (e.g., needing questions repeated). Greater engagement in more risky and self-destructive behavior.

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