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An Information Booklet
For Greene County Families and Educators

Quick Facts:
Post Traumatic Stress

This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Trauma and Post Trauma Stress?

Trauma is an experience that threatens an individual's life and/or sense of safety. While some children and adolescents experience one traumatic event, others experience repeated and/or ongoing trauma (complex trauma). Complex trauma is complicated by its frequent occurrence within the very systems that should be a source of safety and stability to our children, such as home, school, and/or the community. Some common sources of trauma for children and adolescents include physical and/or sexual abuse, neglect, abandonment, witnessing domestic and/or community violence, natural disasters, life threatening illnesses or injuries and related medical procedures, and/or severe illness or death of a caregiver or loved one.

Psychological reactions to traumatic experiences depend on a complex interplay between the characteristics of the trauma, the individual, and his/her environment. What leads to an overwhelming level of post trauma stress in one student may not in another. However, research has shown that many students who experience trauma develop an anxiety related response that can overwhelm their ability to cope with daily social, emotional, and/or academic demands.

What is Post Traumatic Stress Disorder

Some children and adolescents with severe anxiety responses to past trauma will be diagnosed with Post Traumatic Stress Disorder (PTSD). Students with PTSD develop extreme fear, helplessness and psychological distress while constantly preparing themselves to "fight, flight, or freeze". Despite persistent efforts on their part to avoid stimuli associated with the trauma, children and adolescents with PTSD frequently re-experience the trauma through recurrent or distressing dreams or memories.

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Getting Linked

- Family Violence Prevention Center 937-376-8726
  http://www.violencefreefutures.org
- Family Solutions Center (TCN) 937-427-3837
  http://www.tcn-bhs.org
- NAMI Greene County 937-322-5600
  http://www.namiohio.org/mental_health_affiliates/affiliate/80
- Greene County Juvenile Court 937-562-4000
  http://www.co.greene.oh.us/JUV
- Greene County Family and Children First 937-562-5600
  http://www.co.greene.oh.us/fcf/default.asp
- Mental Health and Recovery Board 937-322-0648
  http://mhrb.org

Additional Resources

Child Traumatic Stress Network
www.NCTSN.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Nat'l. Alliance on Mental Illness
www.nami.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

The Child Trauma Academy
www.ChildTrauma.org

David Baldwin's Trauma Information Pages
http://www.trauma-pages.com

Helping Traumatized Children Learn: A Report & Policy Agenda, Massachusetts Advocate for Children

Working with Traumatized Children: A Handbook for Healing, K. Brohl, CWLA



Cultural Considerations

Any student can experience trauma and traumatic stress. Research shows, however, that children and adolescents that tend to be marginalized in our communities (i.e. immigrant/ refugee, homeless, GLBTQ, those with disabilities or those living in poverty) have both a higher risk and higher incidence of experienced trauma. The mental health needs related to trauma will vary across individuals, cultures and communities, as will help seeking behavior and strategies necessary for effective treatment and recovery.

The National Child Traumatic Stress Network has developed extensive resources for schools that address the issue of culture and child traumatic stress. These resources can be found at www.NCTSN.org.



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Common Signs & Symptoms of Post Trauma

Preoccupation with the traumatic event: may include recurrent thoughts, memories, dreams, and/or nightmares about the trauma, repetitive play themes relating to the trauma, and a very real feeling of re-living the traumatic experience

Intense distress: may include fear, despair, anxiety, a sense of helplessness and/or hopelessness, a sense of perpetual danger that may be accompanied by an exaggerated startle response, and chronic "fight or flight" readiness

Impaired emotional self-regulation: may include difficulty with affect identification (ability to identify one's own feelings), affect modulation (ability to self-soothe and manage feelings), and affect expression (ability to express emotions in socially appropriate ways)

Impaired executive functioning: may include poor concentration, attention, and short/long term memory as well as difficulty with organizational skills including processing information, planning and problem solving

Behavioral problems: may include aggression, impulsivity and hyperactivity, self destructive behaviors, rigid control or bossiness, non-compliance with adults in roles of authority, perfectionism, avoidance of trauma related stimuli and/or attraction to dangerous and high risk situations

Social problems and/or attachment: may include social withdrawal and isolation, poor social skills, difficulty forming trusting relationships with others, difficulty reading social cues, and poor physical boundaries

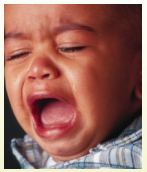
Poor self-concept: may include low self-esteem and lack of confidence, feelings of ineffectiveness, unwarranted shame, guilt and self-blame, and a reduced sense of autonomy and self-control

Somatic complaints: may include fatigue, muscle tension, frequent complaints of headaches, stomachaches and other physical ailments, and over-reaction to minor injuries such as scrapes or bumps

Developmental Variations

Early Childhood (@ 3-6 years old)

Post trauma reactions may be more difficult to identify at this age due to undeveloped communication skills and lack of ability to verbalize social and emotional symptoms. Frustration stemming from their inability to express their needs may lead to increased temper outbursts, clinginess, and tantrums. At this age, post trauma stress may also be expressed through re-enactment of elements of their experienced trauma through play.

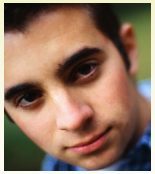


Middle Childhood (@ 7-12 years old)

Due to new requirements of academic achievement and socialization that come with school attendance, signs and symptoms of trauma may surface or become more pronounced at this age. It is common in this age group to see post traumatic stress expressed through "worst case scenario" thinking, re-enactment of the trauma by incessant re-telling of their trauma story, and sometimes a desire to seek revenge for the trauma or related events. Children and adolescents experiencing post trauma stress may also begin showing signs of depression and may have reduced competencies in all developmental areas, including significant academic impairments.

Adolescence (@ 13-18 years old)

Adolescents experiencing post trauma stress are at higher risk for engaging in the use of alcohol, tobacco or other drugs, sex, and other dangerous thrill seeking behaviors as a form of self-medication. They are also at increased risk for the development of depression, cutting, and other self-injurious behaviors. Adolescents with post trauma stress may compensate for their unmanageable feelings by forming an age inappropriate dependence on their caregivers or alternately may separate or detach prematurely. It is common for these same adolescents to develop conflicts with authority figures which may play out at home, school and/or in the community.



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Educational Implications

According to the National Child Traumatic Stress Network, one out of every four children attending school has been exposed to a traumatic event significant enough to affect learning and/or behavior. Research has proven that the impact of trauma on the brain is considerable, with potential to interfere with the development of language and communication skills, the capacity to learn and retrieve new information, short and long term memory, and the ability for language based problem solving. Additionally, trauma is shown to negatively impact a student's capacity for executive functioning—skills involving planning and organizing. Lack of mastery of the above skills obstructs students from achieving many of the academic and social tasks required of them at school.

Perhaps the biggest barrier to the success of traumatized students in school originates, for some, from an incapacitating sense of vulnerability. With a life and death sense of urgency, traumatized children may devote the majority of their internal resources in preparation for "fight or flight". It is impossible for even the most competent of students to simultaneously devote their full resources to self-protection and to learning.

The job of educating students with a history of trauma and post trauma stress may be very challenging to schools. Post trauma stress may interfere with all aspects of a student's experience at school. Symptoms may be erratic, coming and going with no predictability, and may complicate the search for effective interventions.