

SUPPORTING STUDENTS WHO HAVE EXPERIENCED TRAUMA

by Travis Wright

Travis Wright presents an important understanding of trauma that leads to a new perspective of “challenging” behaviors in the classroom. “Trauma is not an event in itself, but is instead the reaction to extremely stressful life circumstances...When children operate in overwhelming states of stress, the stress response system may become the normal mode of functioning.” Offering symptoms of trauma and practical tips for use in the classroom, Wright turns the understanding of trauma upside down. He guides the reader to an appreciation for the ways children adapt to their circumstances, until it is understood that children are “fighting to live” as opposed to “failing to thrive.” While focusing on the traumatized child, Wright’s approach offers the opportunity to rethink the behavior of all students. While it is particularly important with children who have experienced trauma, the foundation of the work with any child is a positive, respectful relationship.

Traumatic experiences have important consequences for children’s identity development, attitudes about learning, and the way they engage in relationships with others. However, simply understanding

Travis Wright is an assistant professor of early childhood education and counseling at the University of Wisconsin-Madison where he is the founder/director of the BASES Project, a school and community-based intervention for homeless preschool students, their families, and teachers. During the previous academic year, he was on leave to serve as the deputy chief of early childhood education for Washington, DC Public Schools where he oversaw implementation of the Head Start School-Wide model. Blending developmental, clinical, and educational perspectives, Wright studies how schools influence social-emotional and identity development for children and teachers navigating challenging circumstances. Previously he worked as a school-based mental health counselor, public school teacher, and early childhood educator in Washington, DC and Boston Public Schools. This talk was presented at the NAMTA conference titled Children on the Edge: Creating a Path for Happy, Healthy Development, January 12-15, 2017 in New Orleans, LA.

When children operate in overwhelming states of stress, the stress response system may become the normal mode of functioning. Consequently, even when actual dangers are not present, children may react to the world as if they are. Unable to control their heightened levels of emotional response and arousal, traumatized children simply cannot turn off the survival strategies being employed by their brains. Over time, the notion that one must be on constant guard becomes internalized, with many traumatized children coming to school every day in survival mode

where children are coming from, or making excuses for their behavior or lack of academic success, is not enough. We must go out of our way to engage traumatized students if they are to develop the skills, attitudes, and beliefs that will allow them to someday pursue a life free from fear and the wounds of their traumatic experiences. Building positive, respectful relationships with traumatized students is essential to engaging them in our classrooms more fully. Reframing the

work of teaching from labeling and rescuing students to recognizing and building on their inherent strengths is a first step in helping children with traumatic backgrounds to experience success and feel pride in themselves.

UNDERSTANDING TRAUMA

Trauma is not an event in itself, but is instead the reaction to extremely stressful life circumstances. Trauma occurs when an external event overwhelms one's ability to cope, leaving her or him temporarily helpless (Terr). Traumatic events are typically unexpected and uncontrollable, fill victims with terror, and force them to confront just how fragile they are (Van der Kolk "Developmental Trauma Disorder"). The impact of trauma on a young child is influenced by the nature and severity of the traumatic experience (Weissbecker, Sephton, Martin, & Simpson), characteristics of the child (Ingram), and the way the family, school, and community respond (Bonanno, Brewin, Kaniasty, & LaGreca). Given that trauma is determined by how one responds to an event rather than the details of the event itself, it is important to keep in mind that what may be traumatic to one child may not be traumatizing to another.

Though traumatic experiences may impact each child differently, there are a number of symptoms common to traumatized children (see table 1). Vivid memories that are recalled repeatedly, repetitive behaviors, trauma-specific fears, and negative attitudes about life and people in general are the four most consistent signs of childhood trauma (DeBellis & Van Dillen). As well, traumatized children are likely to frighten easily, experience anxiety in unfamiliar situations, and be clingy, difficult to soothe, aggressive, and/or impulsive. They may also experience trouble sleeping, anxiety when trying to fall asleep, nightmares and/or bedwetting, lose recently acquired developmental skills, and regress to more immature functioning and behaviors. Unfortunately, there is no peace of mind for the child liv-

Children Ages 0–2 Years	Children Ages 3–6 Years
<ul style="list-style-type: none"> • Act withdrawn • Demand attention through both positive and negative behaviors • Demonstrate poor verbal skills • Display excessive temper tantrums • Exhibit aggressive behaviors • Exhibit memory problems • Exhibit regressive behaviors • Experience nightmares or sleep difficulties • Fear adults who remind them of the traumatic event • Have a poor appetite, low weight and/or digestive problems • Have poor sleep habits • Scream or cry excessively • Show irritability, sadness, and anxiety • Startle easily 	<ul style="list-style-type: none"> • Act out in social situations • Act withdrawn • Demand attention through both positive and negative behaviors • Display excessive temper • Are anxious and fearful and avoidant • Unable to trust others or make friends • Can be verbally abusive • Believe they are to blame for the traumatic experience • Develop learning disabilities • Exhibit aggressive behaviors • Experience nightmares or sleep difficulties • Experience stomachaches and headaches • Fear adults who remind them of the traumatic event • Fear being separated from parent/ caregiver • Have difficulties focusing or learning in school • Have poor sleep habits • Imitate the abusive/traumatic event • Lack self-confidence • Show irritability, sadness and anxiety • Show poor skill development • Startle easily • Wet the bed or self after being toilet trained or exhibit other regressive behaviors

Table 1. Signs and Symptoms of Traumatic Stress (National Child Traumatic Stress Network)

ing in a state of such hyper-vigilance, and they have far less energy for learning, thinking, and growing. However, being aware of these common symptoms may help identify children experiencing trauma and inform how one might support the child and her or his family.

Though it is possible for children to recover from traumatic experiences and regain control of their behavioral responses through intervention and support, research on the traumatic response suggests that traumatized children's behavior is not always under their control. Increasingly, researchers are learning that traumatic responses are dictated by the body's stress response system (Bremner, Elzinga, Schmahl, & Vermetten). For children who have experienced trauma, the stress response system can take over every part of their lives, even setting the structure for their brain development (Beers & DeBellis). When children operate in overwhelming states of stress, the stress response system may become the normal mode of functioning. Consequently, even when actual dangers are not present, children may react to the world as if they are. Unable to control their heightened levels of emotional response and arousal, traumatized children simply cannot turn off the survival strategies being employed by their brains. Over time, the notion that one must be on constant guard becomes internalized, with many traumatized children coming to school every day in survival mode—watching their backs, ready to run out the door at the first sign of danger, or sitting quietly in the corner trying to remain invisible. They anticipate that the classroom environment will be threatening and spend their days scanning for any warning of danger.

However, the classroom environment, and the opportunity to interact with additional supportive adults and peers, can serve as a potential buffer against the negative effects of trauma. Research indicates that children who remain resilient in the midst of traumatic experiences tend to enjoy school, even if they may not be exhibiting strong academic performance (Bergin & Bergin). In contrast, when children are punished at school for what they are doing to survive, their fears that the world is out to get them are only confirmed, and school becomes one more dangerous place where the child needs to protect her or himself. Indeed, the children most difficult to like almost always receive the worst treatment from peers and adults (Wright "Learning to Laugh").

FOSTERING POSITIVE RELATIONSHIPS

For educators interested in engaging traumatized children more meaningfully, an emerging body of research suggests that reframing the way we think about them is a critical step in building supportive, emotionally responsive relationships (Wright “Learning to Laugh”; Wright “On Jorge”). Rather than viewing traumatized children as “at risk” or labeling their responses to trauma as behavioral challenges, it is important to recognize that these adaptations may be keeping children safe in other, more scary parts of their lives.

Positive, supportive relationships with teachers are critically important for traumatized children who frequently display early academic and behavior problems and who have difficulty forming trusting relationships. As children who have experienced trauma become more trusting, they frequently become more outwardly focused, less temperamental and demonstrate more positive emotions. Soon, they begin to receive more positive attention from their teachers and peers, building additional social-emotional skills through interactions with them. As teachers begin to see these children in a different light, they often begin to enjoy them more, gain energy from their love and affection, and feel like they are making a difference. Indeed, it is the important relationships in their lives that inspire traumatized children and sustain a support network for them, which greatly improves the prospects of their futures. The following strategies can assist teachers’ work in building positive relationships with traumatized children:

- Recognize the self-protective and adaptive function of children’s behaviors.
- Show interest in children’s lives by asking questions and remembering details about their likes, dislikes, families, and activities outside of school.
- Engage regularly in warm, caring, one-on-one interactions.

A critical task of early childhood is mastering the ability to establish positive peer relationships, which are highly predictive of subsequent adjustment during adulthood. Because of their focus



on self-preservation, children who have experienced trauma tend to be less skilled socially (Darwish, Esquivel, Houtz, & Alfonso) and are rated less well-liked by peers (Shaffer). Frequently, these children demonstrate challenges in understanding social situations and assume that other children are “out to get them” (Dodge, Coie, & Lynam) and experience higher rates of behavior problems and aggression (Jaffee, Caspi, Moffitt, & Taylor). Teachers can support traumatized children’s peer relationships by:

- Offering structured opportunities for both group and individual play
- Creating quiet spaces for children to “take a break” throughout the day
- Modeling and role-playing strategies for joining in play and resolving conflicts
- Recognizing and naming moments of positive social interaction

These strategies can help to honor children who may be afraid to trust or who are overwhelmed by feelings of closeness, while al-

lowing them opportunities to practice connecting with others and space for respect and interdependence to emerge.

SUPPORTING CHILDREN'S TRANSITION TO SCHOOL

Outside of immediate family, early childhood classrooms are often the most stable and consistent institution in the lives of traumatized children. However, children with experiences of trauma may struggle to differentiate between the classroom and less predictable parts of their lives. Thus, the transition to school is difficult for traumatized children. Teachers can design classroom structures that help ease children's transitions and minimize the traumatic response by:

- Previewing new people and places,
- Helping children predict what will be happening next,
- Maintaining a predictable routine and adhering to a classroom schedule, and
- Posting an age-appropriate classroom schedule at children's eye level.

A primary developmental task of early childhood is honing the ability to monitor, understand, and manage one's emotions in stimulating situations, such as those occurring during transitions inside the classroom. However, the impulsive nature of the body's stress response system makes it difficult for traumatized children to regulate their emotions. Further, given the complexity of their emotions, traumatized children often struggle to understand and communicate their feelings. This makes it difficult for them to develop an appropriate response to their feelings, and may lead to outbursts, withdrawing, or behaviors that are viewed as inappropriate. Additionally, trauma can negatively impact young children's capacity for creative play, an important way for many children to cope with problems in their everyday lives. Teachers can offer emotional supports to students with experiences of trauma by:

- Teaching students how to identify and discuss their feelings by naming and validating emotions in the classroom;

- Selecting books that showcase a variety of feelings;
- Allowing students time and a safe space to calm down; and
- Advocating for additional mental health, special education, and family support services when appropriate.

CREATING A SUPPORTIVE LEARNING ENVIRONMENT

The stress response system may cause traumatized children to respond to various stimuli in unpredictable and unexpected ways. Mistakenly, many believe that traumatized children should be able to control these behaviors and simply make better choices. However, teachers and childcare providers should recognize that aggression, tantrums, clinging, inattention, withdrawing, irritability, and difficulty following directions are symptoms of traumatic stress that are sometimes beyond the child's control. Similarly, some traumatized children come from homes or communities where behavior is reinforced through power and violence rather than rules and incentives. Expectations may be inconsistent and not clearly communicated. It is important for these children to learn the difference between rules and discipline. Teachers can consider the following strategies for creating a consistent and predictable classroom environment:

- Discuss, rehearse, and frequently revisit rules, expectations, and rewards;
- Discuss the rationale for rules, expectations, and rewards;
- Avoid threats, intimidation, and battles for control;
- Reinforce that schools are a nonviolent and safe place for children, both physically and emotionally; and
- Integrate safety and conflict resolution skills throughout the curriculum.

Learning requires attention, organization, comprehension, memory, the ability to produce work, engagement in learning, and trust. Not surprisingly, traumatic experiences have the potential to negatively impact each of these important skills by undermining language and vocabulary skills and compromising the ability to complete learning tasks, making it difficult to organize and remember new information. Because traumatic circumstances are often unpredictable, traumatized children sometimes have difficulty understanding cause and effect relationships, recognizing sequences, and making predictions (Masten & Obradovic). The following strategies can support academic development for traumatized children:

- Emphasize causal and sequential relationships in classroom activities;
- Divide tasks and instruction into parts to help students feel less overwhelmed;
- Present information in multiple ways in order to reduce the likelihood of children missing important pieces of information and lessen the anxiety they experience when uncertain of classroom expectations;
- Because traumatized children often struggle to think abstractly, provide concrete examples, and use visual cues, physical movement, and recall activities during instruction to help children stay focused and engaged;
- Utilize graphic organizers and physical manipulatives in academic lessons to help children organize new information;
- Create opportunities for children to repeat and rehearse instructions; and
- Offer ongoing support and encouragement to support children in staying on task.

CONCLUSION

Rather than devaluing the trauma response skills that children bring with them into our classrooms, we should find a way to honor that these ways of responding are a source of strength in some part of their lives. Failure to do so confuses and shames children, and pushes them farther from embracing schools as safe and emotionally protective spaces. Through this type of reframing, it is possible to recognize traumatized children as individuals who are fighting to live, as opposed to failing to thrive (Wright "Learning to Laugh"). Rather than trying to "save" or change these children, the role of the teacher then becomes to support the child's own inherent strengths. As teachers begin to see these strengths more clearly in each child, he or she and those around them will begin to see them more clearly as well. In this way, expectations for traumatized children become higher, as do levels of support, both of which are important to fostering resilience.

There are no short cuts to building the types of relationships and classroom environments that allow traumatized children to heal. Trust is lost much more quickly than it is recovered. But, fostering positive relationships, supporting children's transition to school, and building a supportive learning environment will eventually make a difference.

REFERENCES

- Beers, Sue & Michael DeBellis. "Neuropsychological Function in Children with Maltreatment-Related Post-traumatic Stress Disorder." *American Journal of Psychiatry* 159.3 (2002): 483-486.
- Bergin, Christi & David Bergin. "Attachment in the Classroom." *Educational Psychology Review* 21.2 (2009): 141-170.
- Bonanno, George, Chris Brewin, Krzysztof Kaniasty, & Annette LaGreca. "Weighing the Costs of Disaster Consequences, Risks, and Resilience in Individuals, Families, and Communities." *Psychological Science in the Public Interest* 11.1 (2010): 1-49.

- Bremner, Douglas, Bernet Elzinga, Christian Schmahl, & Eric Vermetten. "Structural and Functional Plasticity of the Human Brain in Posttraumatic Stress Disorder." *Progress in Brain Research* 167 (2007): 171-186.
- Bremner, Douglas & Eric Vermetten. "Stress and Development: Behavioral and Biological Consequences." *Development and Psychopathology* 13.3 (2001): 473-489.
- Darwish, Diane, Giselle Esquivel, John Houtz, & Vincent Alfonso. "Play and Social Skills in Maltreated and Non-Maltreated Preschoolers during Peer Interactions." *Child Abuse & Neglect* 25.1 (2001): 13-31.
- DeBellis, Michael & Thomas Van Dillen. "Childhood Post-Traumatic Stress Disorder: An Overview." *Child and Adolescent Psychiatric Clinics of North America* 14.4 (2005): 745-772.
- Dodge, Kenneth, John Coie, & Donald Lynam. "Aggression and Antisocial Behavior in Youth." *Handbook of Child Psychology* (2006): N. pag.
- Greenwald, O' Brien. "Impacts of Violence in the School Environment: Links between Trauma and Delinquency." *New England Law Review* 34.3 (2000): 593-597.
- Ingram, Barbara Lichner. *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client*. Hoboken, NJ: John Wiley & Sons, 2011.
- Jaffee, Sara, Avshalom Caspi, Terrie Moffitt, & Alan Taylor. "Physical Maltreatment Victim to Antisocial Child: Evidence of an Environmentally Mediated Process." *Journal of Abnormal Psychology* 113.1 (2004): 44.
- Masten, Ann & Jelena Obradovic. "Disaster Preparation and Recovery: Lessons from Research on Resilience in Human Development." *Ecology and Society* 13.1 (2008): 9.
- National Child Traumatic Stress Network. "Symptoms and Behaviors Associated with Exposure to Trauma." <<http://www.nctsn.org/trauma-types/early-childhood-trauma/>

Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma>.

Shaffer, David. *Social and Personality Development*. Boston, MA: Cengage Learning, 2008.

Terr, Lenore. "Childhood Traumas: An Outline and Overview." *American Journal of Psychiatry* 148.1 (1991): 10-20.

Van der Kolk, Bessel. "Psychobiology of Posttraumatic Stress Disorder." *Textbook of Biological Psychiatry*. Ed. Jaak Panksepp. Hoboken, NJ: John Wiley & Sons, 2004. 319-338.

---. "Developmental Trauma Disorder." *Psychiatric Annals* 35.5 (2005): 401-408.

Weissbecker, Inka, Sandra Sephton, Meagan Martin, & David Simpson. "Psychological and Physiological Correlates of Stress in Children Exposed to Disaster: Current Research and Recommendations for Intervention." *Children Youth and Environments* 18.1 (2008): 30-70.

Wright, Travis. "On Jorge becoming a Boy: A Counselor's Perspective." *Harvard Educational Review* 77.2 (2007): 164-186.

---. "Learning to Laugh: A Portrait of Risk and Resilience in Early Childhood." *Harvard Educational Review* 80.4 (2010): 444-464.

---. "Revisiting Risk/Re-Thinking Resilience: Fighting to Live vs. Failing to Thrive." *Reconceptualizing Early Childhood Care and Education*. Ed. Marianne Block, Beth Swadener, and Gail Canella. New York: Peter Lang Publishers, 2014.

