International Society for the Study of Trauma and Dissociation

Teachers & School Staff

Who is this Fact Sheet For?

This sheet is for teachers and other school staff working with young people who have experienced trauma. Trauma and dissociation can impact a student's emotions, behavior, relationships, attention, communication, and learning. Teachers and other school staff are in a unique position to recognize when trauma responses and symptoms may be interfering with a student's success at school. They also have key roles in referring students to licensed staff that can recommend specialized assessments and interventions, and in working with families and other professionals to support students in the classroom. The information below is intended to assist teachers and other school staff in understanding and helping students who have experienced trauma and may be experiencing dissociation. As you read through this fact sheet and learn to support your student, self-care for yourself is considered important and encouraged.

Could it be Trauma?

What is considered trauma?

"Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. "--SAMSHA, 2014, p.7

Trauma occurs when a child experiences an event that overwhelms them and exceeds their ability to cope, changing how they see and experience themselves, others, and the world around them. It may be an objectively stressful event (e.g. accident, abuse, severe illness) or a subjectively stressful event (e.g. separation from a caregiver, witnessing violence), and may lead to psychological and biologically-based survival responses that can continue long after the traumatic event has passed. A stressful event is not necessarily traumatic in and of itself, but may be traumatic in its effect on a particular individual. Thus, not every young person who experiences an extremely stressful event will actually be traumatized, but some will be. Some types of events are so extreme that they are likely to be traumatizing to most people. A traumatic event can be experienced directly by a

person, witnessed happening to someone else, or learned about having happened to a loved one or one's community. In psychological terms, "traumatic events" have traditionally been considered those that harm the psychological integrity of an individual.

Potentially traumatic events can be single occurrences, chronic and repetitive over time, or complex in nature, meaning more than one type of potentially traumatic event has been experienced, and may include:

- Natural disasters, including the climate crisis and COVID-19
- Human-made disasters
- Physical abuse
- Sexual abuse
- Incarceration of a loved one
- The intergenerational impacts of historical traumas in communities of people (e.g., genocide, chattel slavery, and colonization)
- Emotional abuse (e.g., yelling, screaming, exploitation, and/or critical, demeaning statements being directed toward the child that leads to feeling unloved and/or thinking they are unwanted)
- Neglect of physical, emotional, medical, and educational needs
- Being cared for by chronically frightened or frightening parents
- Witnessing family violence
- Painful, scary, and/or life-threatening medical conditions and procedures
- Pre-Birth trauma, affecting the mother and/or developing infant emotionally, medically, and/or physically
- Unplanned/unwanted pregnancyAccidents that lead, or could have led, to serious physical injury or death
- Witnessing or experiencing school and/or community violence
- Substandard living conditions such as poverty, homelessness and/or poor quality housing, food scarcity, poor air and water quality, parental/guardian unemployment
- Bullying
- Oppression, discrimination, and hate crimes related to social and/or cultural identity (e.g. racism, ageism, transphobia and trans-erasure, homophobia and heterosexism, xenophobia, sexism, classism)
- Trafficking (e.g., labor, sex)
- Grief and loss, including violent, repeated and/or extended separations from loved ones (including abduction/kidnapping of the child)
- Parental separation, abandonment, and/or alienation
- Mental illness and/or substance abuse in the home

What is Complex Trauma?

Complex trauma describes exposure to multiple types of traumatic events that are repetitive and have wide-ranging and long-term impacts on a person. Adverse experiences that can result in complex trauma are usually severe, chronic and ongoing, pervasive, and interpersonal in nature. Complex trauma typically begins early in life and can disrupt many areas of child development including the ability to form safe, secure attachments with others.

Red Flags and What to Look For

Traumatic stress in children can be expressed through:.

Behaviors

Significant changes in activity level and increased disruptive behaviors, or reduced activity observed as shutting down, zoning out, over-compliance, or flat affect; developmental regressions or delays in meeting social-emotional milestones such as communication, regulation, attention and play; oppositional and defiant behaviors; being easily startled; self-destructive and/or self-injurious behaviors; avoiding certain activities, people, places, and things; use of substances, disordered eating, and other unhealthy ways to cope. It is important to note that you may notice behavioral changes that occur on specific days of the week. For example, children may be observed to engage in more disruptive behaviors on Fridays as the weekend nears or Mondays as the weekend has ended, as the child experiences changes and transitions in their environment.

Mood

Increased irritability; rapid mood swings; passivity; ‘spacing out;’ flat affect; depression or withdrawal; temper tantrums; emotional overhwelm of sadness, anxiety, worry, anger, fear, hopelessness, physical aggression; shutting down; thoughts of suicide or wanting to die.

Social

RClingy or withdrawn and isolated; difficulties with social and/or physical boundaries; trouble forming and sustaining relationships; anticipating and perceiving rejection and abandonment.

Cognitive

Difficulties with memory, processing new information, making inferences, concentration, communication, attention and focus, remembering tasks and expectations, distractibility, learning new things; ‘spacing out’; expressing a foreshortened sense of their future; having negative thoughts and expectations about themselves, others and the future; and low self-esteem and self-confidence.

Body/Physical

Unexplained headaches, stomachaches, vague aches and pains; sensitivity/insensitivity to pain; feeling detached from their body; difficulty recognizing what their body needs (e.g., hunger, temperature); disruptions in sleep cycles, eating patterns, and elimination patterns (medically unexplained struggles with bladder and bowel control, and/or diarrhea/constipation); and events of seizure like motions, which are non-epileptic in nature.

What is Dissociation?

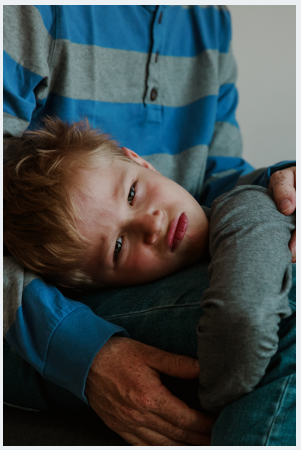
Dissociation can be considered a biological and psychological response that may occur during or after traumatic events as a means of coping with it. Dissociation is when the brain disconnects awareness from experience, feeling, sensation, and/or the self. Children, like adults, may dissociate when they are overwhelmed by fear or pain and cannot escape. When there is no escape from the widespread and repetitive nature of complex trauma, children may use dissociation to disconnect from and block out what is happening to them, what they are feeling, what they are thinking, who is causing the harm or pain, and what they are sensing in order to cope and survive. The ability to dissociate is rooted in protection and the innate ability to survive the unimaginable.

A child may dissociate during and after any of the traumatic events listed above, or when reminded about any of the events listed above, even long after the event(s) are over. Reminders are called "triggers." It is important to remember that if the child receives support and feels safe soon after a frightening event, any dissociation may be temporary and, therefore, not problematic. Besides dissociating during and after a traumatic event, for some people dissociation can become a longer term coping strategy to get through stressful, but potentially not traumatic, situations in everyday life. The symptoms below are examples of how dissociation may show up at school.

What Symptoms May I See in My Students?

Dissociation can show up in unique ways for kids and youth, leaving adults confused at what may be happening. These symptoms may occur only a few times a year, or may be much more frequent and occur several times a day. Some of the common symptoms of dissociation that may warrant further investigation include:

- Sudden and abrupt changes in mood, behavior, feelings, or attitudes that a child may not be able to explain or remember.
- Having certain skills or being able to do certain activities easily and well (handwriting, sports, math, reading, assignments), but then, the next day, may have trouble with them or no longer know how to do or complete them.
- 'Spacing out' or 'zoning out,' and not knowing what is going on around them. Time may pass and they don't know what happened during that time. They may have difficulty remembering information.
- Behaving aggressive or mean at one point, and then becoming passive, loving or caretaking at another time.
- Sudden emotional shifts from one extreme feeling to a completely different or opposite feeling without showing any of the in-between emotions. The reason for this change in emotion may not be clear or make sense to you.



- Seeming calm one moment, and then in the next moment becoming explosive, aggressive, frightened, tearful or panicky.
- Expression of emotions that do not fit what is happening, such as laughing during a sad and upsetting situation or becoming sad or angry in a joyful situation.
- Not showing emotions, denying having feelings, or appearing to not be aware of any feelings at all.
- Behaving very grown up one moment and then behaving like a much younger child (even a baby) at another moment.
- Using different names to refer to themselves, or referring to themselves as “we.”
- Using different voices or mannerisms at different times.

- Dramatic and sudden changes in facial expression, such as going from smiling to angry without any apparent reason.
- Eyes appear to be in a dead stare when you are talking to them, like they are miles away, or with a glazed look, particularly when aggressive, enraged or scared.
- Wanting to wear their favorite outfit, eat their favorite food, or play with their favorite toy or game, but then later on, or perhaps the next day, they say they hate the clothes, food, toy or game. They may also not be able to explain this change, stating they never liked the outfit or food.
- Finding themselves in a place and not knowing or remembering how they got there. For example, they may be sent to the principal’s office for misbehaving and not remember leaving the classroom, walking to the office, or even why they are even there.
- Thinking and feeling that a completely safe situation is extremely unsafe and presenting as very fearful, or alternatively, interpreting unsafe situations as safe.
- Having no recall of important events, such as birthdays, holidays, family vacations or camping trips.
- Having no memory of having done something even when someone saw them do it.
- ‘Hearing’ voices inside their head (note that children seldom talk about this unless directly asked).
- Reporting that there are people inside them that say mean things and boss them around, or that provide comfort. These are different from the pretend or imaginary friends that young children commonly have and outgrow.
- Thinking badly about themselves, perhaps even wanting to die, and seeing the world as a frightening and threatening place. Then suddenly they may feel good about themselves and the world, and hopeful about the future.
- Flashbacks, or reliving a traumatic event, where they are unaware of their present surroundings.

- Physical or bodily changes that a doctor may not be able to find a medical problem or cause for, which may be a result of the tension or anxiety from trauma that is being 'held' unconsciously in the body.
- Wetting or soiling themselves without feeling it, smelling it, or even knowing it is happening.
- Getting hurt (e.g., getting a cut, breaking a bone, or harming themselves) and not feeling the pain or being aware that they have been hurt.
- Feeling their body parts change and get smaller or bigger, or feeling like parts of their body have disappeared or are not real.
- Feeling like they are seeing everything around them through a fog or like a dream, as if the world around them isn't real or feels very far away.
- Complaints of stomach aches, headaches, seizure-like motions, or other physical problems (for example, difficulty breathing, trouble walking, genital pain) that cannot be physically explained.

Reaching Out for Help or Further Investigation

When a student is showing symptoms of trauma or dissociation, start by discussing your concerns with the school-based support team, licensed staff, and the student's parent or guardian. Teachers and school professionals should refrain from making any diagnoses, instead sharing your concerns with licensed staff, other related service professionals (e.g., speech-language pathologists, occupational therapists) and with mental health professionals who may be working with the student. Describe what you see and reach out to licensed staff that can make recommendations around referrals to a licensed staff that can make recommendations for an assessment by a mental health professional specializing in treating trauma and dissociation. This assessment would evaluate the student's symptoms, strengths and challenges, as well as identify the supports that would be most beneficial for the particular student. Be aware that unresolved distressing events, trauma and dissociation can affect a student's availability for learning, processing, and recalling information. Note that students with communication and neurodevelopmental disorders (e.g. intellectual disabilities, autism spectrum disorders) may be especially vulnerable to the additional impact of trauma. Symptoms of unresolved distress, trauma and dissociation respond well to specialized treatment, particularly with early diagnosis and treatment. See ISSTD Adult Fact Sheet V: Getting Treatment for Complex Trauma and Dissociation for information about finding the right mental health professional to refer to.

Creating Hope- Treatment for Complex Trauma and Dissociation in Kids and Youth

Complex trauma and dissociation may present very differently when it comes to various aspects of a child's life. For example, a child may have separation anxiety issues, low self-worth, sleeping problems (you may observe a child fall asleep in class), self-harm, academic and social issues, dissociative behaviors (as mentioned above), or unexplained medical complaints, among other challenges. All of these can make it confusing to search for and provide appropriate help. It is important to realize that due to the growing insights into complex trauma and dissociation, as well as resilience and treatment possibilities, there are effective treatments for trauma and dissociation available. Depending on the child's specific strengths and challenges, treatment may sometimes be lengthy;

however, the therapeutic process can help bring about profound change. Teachers and other school personnel have an important role in supporting the child's healing.

Steps You Can Take in the Assessment and Treatment Process

- Identify a licensed staff member that can provide additional support and direction.
- Collaborate with the child's caregivers, as well as the identified licensed staff, any mental health and medical professionals involved in the child's care. A collaborative approach ensures consistency and appropriate wrap-around support across all areas of the child's life.
- Learn about how trauma impacts children and affects their availability for learning, as well as how important it is for teachers and school staff to support the child.
- Learn about dissociation, recognize when it is happening, and how to talk with the child at those times.
- Work with the child to develop a greater sense of safety at school.
- Identify the triggers that elicit the child's dissociative responses and how to decrease these triggers. A trigger is something in the child's present experience that is similar in some way to the situation at the time of the trauma, and that reminds the child of their trauma. A trigger can be a person, place, thing, situation, emotion, or piece of sensory information (e.g. sound, smell, color). Triggers reignite the child's fear and the child is likely to respond to them just as they did when the actual trauma happened.
- Establish a word or gesture that can help you reorient the child when dissociation starts to happen.
- Learn specific supportive strategies and trauma-informed teaching techniques that can help the child assume responsibility for all of their behaviors and experience a more consistent and growing sense of self.
- "Recover before you uncover" which means work on helping the child to feel safe both on the inside and outside, such as by building safe relationships and teaching children to regulate emotions and distress. This helps children to recover by teaching them tools to calm the brain. A calm brain is more available for learning than a distressed brain.
- Healing of complex trauma happens within the context of relationships, and school personnel can be powerful role models and sources of connection for youth. Consider utilizing evidence-informed strategies to build strong relationships with students, like those from Child-Adult Relationship Enhancement (CARE; Gurwitch et al., 2016). CARE skills are called 'Minding Your P's and Q's.' The three P's are what to do: Praise (positive and prosocial behaviors such as teamwork, staying calm when things get frustrating, trying again), Paraphrase (what students say), and Point out (positive and prosocial behavior by describing what you see students doing). The three Q's are what to minimize: Quash the need to lead (by avoiding unnecessary commands and demands), Quit unnecessary questions, and Quiet criticisms.
- Record objective observations of what is witnessed in the classroom/school, and if possible, including the time, type of behavioral change observed, what happened just before the change, and intervention, and then share this information with the care/support/medical team.
- Consider what resources of social connection already exist within your school that can contribute to building students' relationships with school personnel and one another. This might involve having students who need additional support identify a trusted

point person among school personnel, having a buddy system, or helping to connect students to clubs, sports, the arts, or other extracurricular school activities.
- Maintain a perspective of openness and cultivate a culture of hope about the future within your school.
- When the child has the necessary tools to manage the resulting distress, children can be supported by helping professionals to work through their traumatic memories. The helping professional attends to the needs and symptoms of the child to find a pace that suits the child's ability to process the traumatic memories. Trauma-specific therapies are tailored to the child's unique strengths, challenges, and history.

Teachers and school staff may also benefit from support for themselves as they work towards helping their students. Working with traumatized young people may increase risk for burnout and compassion fatigue. Reaching out to informal support networks (e.g., friends, family), colleagues and/or to your own mental health professionals (e.g., therapist, physician) can help you maintain your own wellbeing within the context of working with a child with unique needs. Although healing can sometimes seem like a long process, children can experience relief and improvements. Children heal best when they have a supportive team around them. Teachers and school personnel have key positions within this team alongside caregivers, mental health and medical professionals involved in the child's care. Healing is achieved through working together.

References and Helpful Resources

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