



TREP CLASSROOM MANAGEMENT

Chronic exposure to community violence and the resulting loss of safety affects all aspects of children’s functioning: cognitive development, emotion and behavior regulation, attachment, and self-concept. In the classroom traumatization can show up as inability to remain seated, noncompliance, lack of focus and motivation, forgetting information previously mastered, and other challenging behaviors.

Trauma responsive educators understand that these are not disciplinary issues, and instead recognize the signs and symptoms of trauma, proactively teach positive behaviors, and actively resist actions that re-traumatize children and youth.

Because managing a classroom of students coping with high levels of traumatic stress can seem overwhelming, these research-to-practice briefs are a dedicated space to ensure that educators serving students living in high crime neighborhoods are equipped with trauma responsive educational practices.

Responding to Students with PTSD in Schools

Introduction

In America, it is estimated that one-third of all adolescents have been in a physical fight in the past year and that 9 percent have been threatened or injured with a weapon on school property. Exposure to violence can have daunting psycho-social consequences for adolescents including post-traumatic stress disorder (PTSD) as well as major depressive and anxiety disorders.

Additionally, research shows that exposure to violence may lead to a decrease in IQ, reading ability, grade point average (GPA) and school attendance. As a result, it is important that

educators are able to recognize and address the symptoms of traumatic events early on to mitigate the harmful effects on students’ lives.

Types of Traumatic Events

Students can experience traumatic events individually in their respective homes and communities or within their school systems. Examples of traumatic events that students experience individually are assaults, accidents, neighborhood violence, physical and emotional abuse, and domestic violence. Other traumatic events like school shootings, terrorist attacks and natural disasters might not be undertaken individually, but still greatly affects a large

number of students and families every day in the U.S.

Depending on the types of traumatic experiences, interventions can vary from personalized, individual supports, to targeted group supports, to school-wide efforts.

PTSD

The symptoms for the disorder can be clustered into three categories. **Re-experiencing**, some children will re-enact the traumatic event to re-experience it. **Numbing and avoidance**, other children may avoid traumatic reminders and not talk about the event whatsoever. They might also be disinterested or have less pleasure in participating in activities they previously enjoyed. **Hyperarousal**, some children will experience an increase in irritability, anger, and difficulty sleeping.

Evidence-Based Interventions

Cognitive Behavioral Therapy (CBT), which is delivered by trained mental health professionals have been the most effective interventions.

For communities with underserved racial-ethnic minority youth, school-based services are one of the most impactful ways to combat the harmful effects of violence exposure. In one study, 91 percent of students completed the school-based intervention compared to only 15 percent who completed the clinical-based intervention. The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is one such school-based program that was specifically developed with input from school and community leaders to be delivered in a school environment.

If the school lacks a mental health trained staff member, then the Support for Students Exposed to Trauma (SSET) program might be sufficient. SSET is a program that can be delivered by non-mental health trained adults in schools. Research has shown that this program provides

modest improvements in alleviating trauma related symptoms in adolescents.

“Schools can be an ideal setting to intervene with traumatized students, by supporting both their trauma-related psychological problems and their ability to learn in the classroom.”

Psychological First Aid for Schools

Psychological First Aid for Schools (PFA) is a comprehensive set of key skills that teachers can utilize to help students process traumatic experiences. The main components of PFA include:

- protecting survivors from more physical or psychological harm
- re-establishing social supports
- facilitating effective communication among families, students, and community agencies
- encouraging participating in normal daily routines and use of positive means to cope with trauma
- returning to familiar routines, both in and out of school

Listen, Protect, Connect (LPC): An Evidence-Informed Model

Listen, Protect, Connect is one type of psychological first aid that incorporates parents and teachers to give basic psychological support to children. The strategy was designed to reduce the initial distress that students have following a

traumatic event and to help them return to school to continue their education.

Step 1: Listen

During this step, teachers provide students with an open space to share their experiences and express their feelings of worry, anxiety, fear, or any other concerns. It is important that teachers convey interest, empathy, and availability to the students so that they know that the teachers are ready to listen to them. Teachers should also avoid coming into the conversation with presupposed judgements and prejudices. The teachers' role is to let the students lead the conversation and give as much/little detail as the students' desire.

Step 2: Protect

During the next phase, teachers should try to establish a sense of safety for the students. One way to do this is to maintain structure, stability and predictability, and to re-establish routines, expectations, and rules in the classroom. This will reduce the confusion and instability that some students may experience. It is also important to protect students from viewing or hearing media reports about the traumatic event that they have undergone to prevent re-traumatization.

Step 3: Connect

Given that, one of the most common reactions to traumatic events is emotional and social isolation, it is critical for teachers to help

students re-establish their normal social relationships. This phase will allow students to experience social support and help them in their recovery by promoting stability and predictability.

Step 4: Model Calm and Optimistic Behavior

Teachers can be a role model by exemplifying calm and optimistic behavior. One way to help students cope with everyday challenges is by teaching them to brainstorm aloud the ways that they can solve their problems. Teachers can also share re-affirming thoughts with the students such as "recovery from this disaster may take some time, but we'll work on it, until we do."

Step 5: Teach

The final phase requires assistance from school counselors, nurses, and/or social workers. They have the knowledge to help students understand the range of normal stress reactions to a traumatic event. By helping students identify these normal reactions, the school counselors will be able to teach them relevant coping and problem-solving skills.

With early intervention, traumatized students may be able to return to their normal routine. Other students, especially those who have undergone multiple traumatic experiences, will need follow-up care and require treatment for PTSD as well as other psychosocial disorders.

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