

THE IMPACT OF TRAUMA AND LOSS IN STUDENTS

**INDEPENDENT STUDY
A *SIX CREDIT CLASS***

Course # ED464z/ED564z

INSTRUCTOR:

DR. MICHAEL SEDLER

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THE HERITAGE INSTITUTE

“When your fear touches someone’s pain, it becomes pity, when your love touches someone’s pain, it become compassion.”

— Stephen Levine, American Poet

Please use the checklist/syllabus in the manual.

PLEASE SEND ASSIGNMENTS ELECTRONICALLY (AS AN ATTACHMENT). It is best to send in no more than 2 to 3 assignments at a time and I will send you back comments. Send them in numerical order (#1, #2, #3...). You may send work in Microsoft Word, in a Google Doc (but give permission for review), zip folder, a converted Pages file, etc.

Thank you for signing up for my independent study classes. You may take up to six months to complete this course, and may obtain an additional three month extension. DO NOT send in any completed papers unless you have registered for the class! If working in a group, put all names on each paper, except the integration paper which must be individually authored. See ** at bottom of page.

The checklist in the manual is to help you plan your schedule to successfully complete this course. The last page of the manual includes a General Bibliography with phone numbers of publishing companies. If you prefer, you may choose an alternate book not on the suggested list.

On the following page, I have given you a brief biography/resume of my background. You will see that I have a Master's Degree in Social Work; my K-8 Teaching Certification and am a licensed Social Worker with the State of Washington. My current primary role is as a consultant and trainer for schools, businesses and agencies. I also worked in education for 15 years as a Director of Special Education, a Behavior Intervention Specialist, School Social Worker, and Teacher.

I teach classes and seminars throughout the United States and in Canada. I am adjunct professor through two Universities in Washington. I am available for on-site training, classes, and in-services for agencies and schools. I anticipate this class will be enjoyable and full of learning. Please contact me if you would like me to be involved directly with your school or business.

Thank you, once again, for signing up for it and I look forward to working with you over the next weeks/months. If you would like individual feedback on assignments, please indicate this when turning in your work.

Sincerely,
Michael Sedler (509) 443-1605; fax 509 443 0111
E-mail: mike@communicationplus.net Website: www.michaelsedler.com
P.O. BOX 30310 - Spokane, WA. – 99223

** For those working in groups (400/500 level only!)- be sure to go to The Heritage Institute website at www.hol.edu and click on classes and read about 'group collaboration.'

1. Each group member must pick a book to read (you may all choose the same book).
2. Each group member must read the entire manual.
3. Final evaluation/integration paper must be individually authored.

MICHAEL SEDLER

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website: www.michaelsedler.com

Education

B.A., Political Science

Master Degree, Social Work

Master Degree, Divinity

Doctorate Degree, Ministry

Teaching Certificate

Work Experience

Consultant/Trainer/Counselor

Director of Special Education

Developmental Disabilities Administration-behavior consultant

Supervisor, Educational Services

School Social Worker (K-12)

Behavior Intervention Specialist (K -12)

Classroom Teacher (elementary and middle school)

Assistant Pastor

Other Experiences

State Correctional Facility for Juveniles, Counselor and Supervisor

Community Mental Health Therapist

State Trainer in Autism (State of Washington)

Adjunct Professor for several Universities

Student Teacher Supervisor

Consultant for schools, business, churches throughout United States

Provide weekend marriage retreats

Interview and Speech Coach/Trainer for Miss Arizona, 3rd runner-up Miss America 2012

Author

When to Speak Up and When To Shut Up. (Jan., 2006 Revell Books, \$5.99). Book from faith-based perspective. Communication book discussing conflict, power struggles, listening strategies, asking questions. **(Over 300,000 copies sold).**

What To Do When Words Get Ugly. (October, 2016. Revell Books, \$5.99) (updated/edited version of "Stop The Runaway Conversation.") Two new chapters in addition to edits. Book from faith-based perspective. Importance of not listening to negative discussions and how they impact a person's attitude.

Books are available through all bookstores, at www.bakerbooks.com, by calling 800 877 2665, or by checking with various online book companies. Revell Books is a division of Baker Publishing Group.

Both books are available in CD format as audio books.

INDEPENDENT STUDY COLLEGE COURSES

THE HERITAGE INSTITUTE (credits through Antioch University, Seattle, WA)

MICHAEL SEDLER, INSTRUCTOR

Register for courses anytime. (6-month period for completion from the date you register). **Collaborate with fellow educators-only one set of assignments turned into instructor.** (Check out "Group Collaboration Guidelines" at www.hol.edu). **Clock hours available for partial course completion.

The following are **3 CREDIT CLASSES** (3 quarter credits = 2 semester credits)

1. Increasing Motivation and Self-Esteem in Students (SS401p/SS501p)

Strategies to help students feel confident and help educators find more successful approaches with them.

2. Parents: Adversary or Ally--A Cooperative Approach (SS401q/SS501q)

Specific ideas on connecting with parents and helping better communication between school and home.

3. Social Skills: A Foundation For Learning (SS401v/SS501v)

Activities and ideas to encourage students to improve their peer and social relations.

4. Understanding & Connecting With Aggressive Students (ED404d/ED504d)

Each person will increase their understanding of ways to de-escalate aggression and its' causes.

3 CREDIT COST: \$280-400/500 level; \$195-clock hours (3 quarter = 2 semester)

The following are **5 CREDIT CLASSES:** (5 quarter credits -3.3 semester credits)

1. Bullying Behaviors: Enough is Enough (ED437q/ED537q)

Identification and interventions to reduce bullying behaviors and victim mentality within schools and community.

2. Counseling Skills For Educators (ED409r/ED509r)

Helpful ideas on listening skills, asking questions, and communicating with students.

3. Gang Attitudes And Actions (SS406k/SS506k)

This class will help each person to identify gangs and intervention strategies for your community/school.

4. High Maintenance Behaviors & Interactions (SS409f/SS509f)

This course investigates the many aspects of high needs people, behaviors and effective interactions.

5. Mental Health Issues and Students (HE402n/HE502n)

Understand various disorders (oppositional defiant, obsessive compulsive, bi-polar) and interventions.

6. Nurturing Compassion Within Our Schools (ED434y/ED534y)

Ideas to help adults and children learn to be more sensitive, kind, and compassionate toward one another.

7. Organizational Teaching Skills (ED429w/ED529w)

Increase your own organizational and time management skills as well as helping students in these areas.

8. School Violence (SS406m/SS506m)

Each person will learn indicators and interventions for potential violent situations.

9. Stress Reduction in Staff and Students (HE401m/HE501m)

Strategies to reduce stress, become more effective in life, and teach these skills to students.

10. Student, Classroom and Whole-School Discipline (ED419g/ED519g)

Focus is on negative talk, gossip and rumors within schools. Behavioral strategies for each above area.

11. Youth Suicide (SS404u/SS504u)

Specific discussions on signs and interventions for suicide prevention.

5- CREDIT COST: \$415-400/500 LEVEL; \$315-clock hours (5 quarter = 3.3 semester)

NEXT PAGE FOR MORE CLASSES AND REGISTRATION INFORMATION

INDEPENDENT STUDY COLLEGE COURSES

THE HERITAGE INSTITUTE (credits through Antioch University, Seattle, WA)

MICHAEL SEDLER, INSTRUCTOR

The following are **6 CREDIT CLASSES**: (6 quarter credits - 4 semester credits)

1. Autism: Questions and Answers (ED445y/ED545y)

Understanding the general areas of autism, diagnosis, and overall strategies for interventions for children with special needs.

2. Establishing Rules and Boundaries (ED445x/ED545x)

Ideas to assist educators in setting up a successful work environment for children (rules, procedures, teaching tools).

3. Inspirational Education (ED452f/ED552f)

This course will re-charge the batteries and create a new excitement about teaching in each person.

4. The Impact Of Trauma and Loss in Students (ED464z/ED564z)

Strategies to support children who have experienced traumatic situations in life.

5. Why Children Act Out (ED458t/ED558t)

Recognize the underlying function of behaviors and interventions approaches.

6- CREDIT COST: \$495--400/500 LEVEL; \$380-clock hours (6 quarter = 4 semester)

REGISTRATION: Call The Heritage Institute--1 (800) 445-1305; 1 (360) 341-3020

Or register on line at www.hol.edu

QUESTIONS: Please call Michael Sedler at (509) 443-1605. Leave message when necessary.

Email address: mike@communicationplus.net Website: www.michaelsedler.com

**For clock hours, only complete the first section of the course. Remember, clock hours may not transfer to other districts or states. You cannot go back and acquire credit once clock hours have been earned for a class.

COURSE TITLE: THE IMPACT OF TRAUMA AND LOSS IN STUDENTS

No. OF CREDITS: 6 QUARTER CREDITS
[semester equivalent = 4 credits]

CLOCK HRS: 60
PDU: 60
CEUs: 6.0 (60 hours)

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ASSIGNMENT CHECKLIST

The assignment checklist will help you plan your schedule of work for this course. Check off items completed so that you can better monitor your progress. While you have six-months to complete your work, many will find a shorter time period convenient. **Please email no more than 2 to 3 assignments at a time for comments. Do NOT send further work until you receive comments from the instructor. Grades will be submitted once all assignments and the integration paper have been sent to instructor.** If involved in a group, all work should be sent through the Group Leader.

For Washington Clock Hours, Oregon Professional Development Units, or Continuing Education Credits, please complete the first 8 assignments.

___ **Assignment #1:** Fill out the introductory page, answer all the questions. **Send to the instructor prior to starting the class.** (ALL other work will be sent at the end of the class).

___ **Assignment #2:** Read the entire course manual and share one or two areas of interest with another educator. Write a 1-2 page summary. (Send to Instructor—all assignments will now be sent at the end of class).

___ **Assignment #3:** Read the case studies in the manual and answer the questions at the end of each one. (Send to Instructor).

___ **Assignment #4:** Complete all other worksheets in the manual. Send those designated with “send to instructor” at the end of class. You can scan them or postal mail them. (Send to Instructor)

___ **Assignment #5:** Read a chosen book (from the bibliography at end of manual or a book of your own choosing) and write a two to three (2-3) page paper. Include the main points from the book, any new information gained from the reading, and ways you can integrate the information into your personal or professional life. (Send to Instructor)

- If taking this course in a group, each person should read a book, the group should discuss this book with one another, but only one summary is required.

___ **Assignment #6:** After reading the article “Trauma and Students” found at the end of the manual, write a one to two (1-2) page paper highlighting several key components from the article. (Send to Instructor).

___ **Assignment #7:** Talk with two other people and ask them the following questions:

1. How does loss or trauma impact you?
2. What do you do to help to work through the pain and grief of these areas?
3. What can others do to assist a person when they are walking through the pain of trauma?

Write a two (2) page summary of the responses and your thoughts on these questions. (Send to Instructor).

___ **Assignment #8:** Describe an incident of trauma or loss in your personal or professional life. How was it handled? In what ways could the approach have been better according to what you've learned in this course? Share this with another person and write a 1-2 page summary. (Send to Instructor)

This completes the assignments required for Washington Clock Hours, Oregon PDUs, or CEUs. Continue to next section for additional assignments required for University Quarter Credit.

ADDITIONAL ASSIGNMENTS REQUIRED for 400 or 500 LEVEL UNIVERSITY CREDIT.

Assignment Options: If completing this course during the summer or you are not currently in an education setting, apply your ideas with youth from your neighborhood, a parks department facility, with students in another teacher's summer classroom in session, students from past years, or use one of your own children or relatives. For further ideas, contact instructor.

___ **Assignment #9:** Keep a journal for one week (5 days, minimum one paragraph per day) focusing on any areas of trauma or loss personally experienced or seen on television, in a movie, in a book, magazine, newspaper, etc. What was the impact of this trauma upon people? If it was resolved, how did this occur? (Send to Instructor)

___ **Assignment #10:** Share one situation in the present or past school year where you experienced or observed trauma and loss. Write a 1 – 2 page summary. (Send to Instructor)

___ Assignment #11: You must choose either “A” or “B” (Required for 400 and 500 Level)

Assignment #A: **(SEND commentary to Instructor)**

- Develop a lesson to reflect what you've learned in this course.
 - Implement your lesson with students in your classroom.
 - Write a 2 page commentary on what worked well and what could be improved.
 - Include any student feedback on your lesson.
- (The following is encouraged but not required):**
- Share what you've learned with other teachers taking our courses by also contributing your Lesson to The Heritage Institute Lesson Library located at <http://www.hol.edu/lesson-plan-library>

OR

Assignment #B: **(SEND lesson and summary to Instructor)**

Use this option if you do not have a classroom available.

- Develop a lesson to reflect what you've learned in this course. (Do not implement it.)
 - Write a 2 page summary concerning any noteworthy success you've had as a teacher with one or more students.
- (The following is encouraged but not required):**
- Please refer to the guidelines on our blog <http://www.hol.edu/blog> prior to writing your article.
 - Please email a copy to [Rebecca Blankinship \(rebecca@hol.edu\)](mailto:rebecca@hol.edu) THI blog curator and media specialist.
 - Indicate whether or not you are OK with having your article considered for publishing on our website.
 - Subject line to read: (Course Name, Blog)

(Send to Instructor)

500 LEVEL ASSIGNMENT

___ **Assignment #12:** In addition to the 400 level assignments, complete **one** of the following:

Option A) Choose another book from the bibliography and write a 2-3 page summary.

Option B) Create a PowerPoint presentation for your staff, based on this course, that focuses on perspectives or strategies you feel would be beneficial for your school. Save this as a PDF.

Option C) Another assignment of your own design, with the instructor's prior approval. (Send to Instructor)

400 & 500 LEVEL ASSIGNMENT

Integration Paper (FINAL Assignment—must be completed for credit!)

___ **Assignment #13:** Write a 2-3 page Integration Paper answering these specific questions:

1. What did you learn vs. what you expected to learn from this course?
2. What aspects of the course were most helpful and why?

3. What further knowledge and skills in this general area do you feel you need?
4. How, when and where will you use what you have learned?
5. How and with what other school or community members might you share what you learned?

Must be individually authored (name and course title) for those taking in a group. (Send to Instructor)

QUALIFICATIONS FOR TEACHING THIS COURSE:

Mike Sedler, M.S.W., brings over 30 year of educational experience as an administrator, social worker, behavior specialist and teacher to each of his classes. He provides consultation and seminars throughout the United States and Canada for schools, agencies and businesses. He has a graduate degree in Social Work, a Doctoral degree in Ministry, a Counseling license, as well as his teaching certification. All of Mike's classes are practical and "field tested" in schools and classrooms. Educators have found success in implementing Mike's clear and concise approaches. All of his course material may be immediately implemented into a school or a home.

NOTES: You may work collaboratively and submit joint assignments on all but the Integration Paper portion (and other designated assignments) which must be individually authored and submitted. Alternatives to written assignments such as a video, audio tape, photo collage, etc. are permissible with prior approval of instructor. **If you do not receive a confirmation email back after sending your paperwork via email, please re-send or contact the instructor to confirm it has been received. It seems that occasionally things get lost in cyber- space. Thank you.**

Full credit will be given to each student as long as all work is turned in. If something is missing, I will be in contact with you. Failure is not an option. 😊

Thank you for taking this course. It is intended as an overview on the topic of trauma and loss and not as a personal counseling class or as a way to process personal issues. However, the material may be of benefit to you as you look at your own pain and concerns of life.

As for your students, there are numerous effective strategies to support and guide them through the trauma process. This course will help you understand the impact of trauma, grief and loss on students and how it challenges their educational thinking.

Without a doubt, you will come away from the course with a greater understanding of this topic and feel more equipped to support children who suffer trauma.

Mike Sedler

“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.” Laurell Hamilton, author

INTRODUCTORY PAGE

Evaluating Trauma and Loss **SEND TO INSTRUCTOR**

1. When you think of the words “trauma” and “loss”, what words come to mind? List 4 or 5 words or phrases.
2. Do you think that the school system does an adequate job of handling these topics in the lives of students? Share in two or three sentences. You can look at your own school district, one your children attend, or schools in general.
3. When you look at your own experiences with trauma or loss, how do you want people to respond to you? Share several sentences.
4. How do you think you respond to traumatic areas in the lives of others? Share several reactions or responses.
5. Share a few ideas that you hope to take away from this class.

Once complete, please send this page to your instructor by scanning it, faxing it, or via postal mail. All other assignments will be sent at the end of the class.

ABOUT

GRIEF, TRAUMA

AND LOSS

THE BILL OF RIGHTS OF GRIEVING TEENS

(Written by teens at The Dougy Center, Portland, OR.)

A grieving teen has the right.....

- ... to know the truth about the death, the deceased, and the circumstances.
- ... to have questions answered honestly.
- ... to be heard with dignity and respect.
- ... to be silent and not tell you his/her grief emotions and thoughts.
- ... to not agree with your perceptions and conclusions.
- ... to see the person who died and the place of the death.
- ... to grieve any way he/she wants without hurting self or others.
- ... to feel all the feelings and to think all the thoughts of his/her unique grief.
- ... to not have to follow the 'stages of grief' as outlined in a high school health book.
- ... to grieve in one's own unique, individual way without censorship.
- ... to be angry at death, at the person who died, at God, at self, and at others.
- ... to have her/his own theological and philosophical beliefs about life and death.
- ... to be involved in the decisions about the rituals related to the death.
- ... to not be taken advantage of in this vulnerable mourning condition and circumstances.
- ... to have guilt about how she/he could have intervened to stop the death.

Defining Trauma

Childhood trauma has been identified as a negative external experience, event, or series of events which create a “helplessness” within the child and impacts the child beyond his/her normal coping patterns and defensive skills. There are a variety of situations which may significantly impact the child (losses, abuse, violence, grief, separation, etc.) and many characteristics which will come into play in regard to the ability to cope with these situations (age, stages of development, personality, support systems, past experiences, to name a few).

Trauma Impact

Psychological changes to a child’s brain as well as emotional and behavioral responses to trauma may interfere with the learning, school engagement, peer interactions, and academic success of the individual. Due to the fact that early brain development during the formative years of a child’s life can be severely influenced and impacted by trauma and loss, we find that cognitive losses, physical, emotional, and social delays are commonly prevalent in the life of a child who suffers trauma. Neurological imaging indicates that several regions of the brain (amygdala, hippocampus, prefrontal cortex) may actually reduce in size as a result of childhood maltreatment and significant trauma. The child may have struggles paying attention, processing information, and have sensory processing challenges.

Behavioral Impact

The relationship with peers and teachers may be challenged. Trauma based children are often mistrustful or suspicious of others, slow to understand social cues, or mis-interpret cues in their environment. They may be less intimate with peers, showing a lack of empathy or connection, and be more aggressive and negative in their interactions. Their distrust of adults may be displayed with oppositional behaviors, a lack of respect, and a failure to fully understand the cause and effect of behavior. The long term impact, into adulthood, may include an elevated risk for mental and physical problems.

Characteristics Of Trauma In Children

Sudden change in behavior or social interactions

Increased thinking of death and safety

Problems with thinking/memory issues

Lack of eating

Anger or aggression

Need for attention

Over-reacting, triggers to certain events or actions

School refusal

Excessive crying or screaming

Fear of being separated from caregiver or parent

Significant withdrawal from life

Lack of self-confidence

Stomach aches, headaches, or other physical symptoms

Irritability, sadness, or anxiety

Lack of trust of others

Blaming self for circumstances

List any other characteristics that may come to mind.

Three things in human life are important: The first is to be kind. The second is to be kind. And the third is to be kind." - Henry James, author

MEDICAL IMPLICATIONS AND IMPACT OF TRAUMA ON THE BRAIN

AMYGDALA- This part of the brain plays a major role in controlling emotional behavior. It impacts anxiety, fear, and panic reactions. MRI studies have found the amygdala responding when viewing scary pictures or reading frightening books. Strong, severe exposure to stress and trauma will overstimulate the amygdala and result in frequent anxiety, excess arousal, and hypervigilance.

CEREBRAL CORTEX- Our abstract thinking, language, and responses to outside environment are connected to this part of the brain. Our pre-frontal lobe focuses on decision making, working memory, and attention. It can be shut down or minimized by severe trauma reactions leading to poor judgment and impulsivity.

HIPPOCAMPUS- This part of the brain relates to the retrieval and coding of information. It assists in the transfer of short term to long term memory, spatial recall, and verbal memory. High stress levels create forgetfulness and difficulties retaining academic learning.

When students enter our schools with severe trauma, it minimizes their ability to form relationships, to regulate emotions, to access cognitive skills, and to perform daily verbal and written tasks to their ability level. These children tend to “act” instead of “plan.” They respond to situations in ways that seem to be over-reactive.

The more we understand trauma and loss, the greater our compassion and ability to support a child through their personal situations.

Look up each of these medical areas and read about them for your own learning.

SIGNS OF STRESS

Significant trauma, grief and loss may lead a person to exhibit severe anxiety and stress in his/her life. It is important to evaluate stress/anxiety in terms of potential trauma in the lives of our students. Later in this manual, we will explore developmental stages again and effective interventions.

Infants up to 6 years

Behaviors: fussiness, uncharacteristic crying, neediness, generalized fear, heightened arousal and confusion.

Reactions: helplessness, passivity, avoidance of stress related reminders, exaggerated startle response, regressive symptoms, somatic symptoms, sleep disturbance, nightmares.

Communications: cognitive confusion, difficulty talking about stressors, lack of verbalization, trouble identifying feelings, unable to understand events, anxieties about change/loss.

Interactions: clinging, separation fears, grief related to abandonment by caregivers.

6 years up to 12 years

Behaviors: spacey, distracted, changes in behavior, moody personality, regressive behavior, aggressive behavior, angry outbursts.

Reactions: reminders trigger disturbing feelings, responsibility lacking, guilt, safety concerns, preoccupation, obvious anxiety, general fearfulness, somatic symptoms, sleep disturbance, nightmares.

Communications: confusion and inadequate understanding of events, fantasy or magical explanations to fill in gaps of understanding, withdrawn, quiet.

Interactions: worry and concern for others, separation anxiety, repetitious traumatic play and retelling of events, loss of ability to concentrate, school avoidance, loss of interest in activities.

12 up to 18 years

Behaviors: self-conscious, sadness, depression, stress driven risk taking and acting out, recklessness, substance use/abuse.

Reactions: efforts to distance from feelings, wish for revenge and action oriented responses, life threatening re-enactments, decline in school performance, sleep and eating disturbance.

Communications: increased self-focus, social withdrawal, avoidance.

Interactions: flight into driven activity/involvement with others or retreat in order to manage inner turmoil, rebellion at school and home, abrupt shift in relationships.

THE NATURE OF TRAUMA AND LOSS

Stress is a normal part of life (physical, mental, or emotional strain or tension). In smaller quantities, it may motivate us to make positive changes, improve our focus, or get things done. However, too much stress or a strong response to stress can be harmful.

Overwhelming stress can lead us to trauma where we become unable to respond to the stress in a healthy way. Our wounds may take the form of emotional, physical, or spiritual trauma. The symptoms of PTSD (post-traumatic stress syndrome) best illustrate these areas.

- 1) Hyperarousal- a constant sense or expectation of danger which may or may not be accurate. Over-reactions to daily interactions and behaviors may occur in this area.
- 2) Intrusion- a re-enactment of the trauma scene happens either within the mind or is mis-interpreted within the environment.
- 3) Constriction- the individual pulls away from reality and disconnects his/her feelings in an effort to protect oneself.

CHILDHOOD EXPERIENCES THAT MAY LEAD TO TRAUMA:

- + Child Abuse (physical, sexual, neglect, emotional)
- + Drug/Alcohol Abuse (someone in the home)
- + Loss of a loved one or significant other
- + Death of a pet
- + Divorce/Separation of parents
- + Mentally ill person living in the home
- + Observing domestic violence within the home
- + Legal implications impacting loved one (jail time, being arrested)
- + Severe health issues impacting family member
- + Financial strain that creates major changes in family lifestyle (moving, unable to avoid certain basic needs like food/clothing)
- + Witnessing serious crime or violation of a person
- + A loved one having a near death experience or serious injury
- + The child having a near death experience or serious injury

List other areas that you think may lead to trauma:

Share these with another person. You do NOT need to turn this in to the instructor.

SIGNS WHEN BEREAVEMENT MAY NEED OUTSIDE INTERVENTION

- If a child pretends absolutely nothing has happened. Despite attempts to encourage and support them in discussions, they shut down and refuse to participate over an extended period of time.
- If school work takes a dramatic decline, if the child develops a phobic fear of school, or if the child shows a general disinterest in school which is atypical for this student.
- If the news of a traumatic event or significant loss was kept from the child for a long time or if the child was told lies about the situation and it has now come to light.
- If the child ever threatens suicide, to hurt themselves, or shares feelings of not wanting to go on in life.
- If a child panics frequently and begins to show signs of serious anxiety in situations that were previously not concerns for the child.
- If a child frequently physically assaults others when topics are brought up or discussed in front of them.
- If a child had a difficult relationship with the deceased.
- If the child becomes involved with drugs or alcohol especially as a result of a significant incident in his/her life.
- If the child begins to commit serious socially delinquent or illegal acts.
- If the child is unwilling or unable to cope and socialize with other children.

HUMAN GRIEF (One size does not fit all)

Send To Instructor – assignment at end

Below are some well-known (and not so well-known) theories on grief. There are no absolutes in this area and each one is valid within the context of the framework which it was developed. Unfortunately, we have taken certain model intended for one type of grief and generalized it to all grief. Please note, that the stages do not have to follow a specific sequence in any of the models.

Elisabeth Kubler-Ross:

This is perhaps the most recognized name (as is her model) in the area of grief. She publicized it in 1969 as a result of her work with terminally ill patients. The grief continuum was directed at the patients, not the survivors. In time, people generalized this model to all forms of grief and to both patients and survivors.. Kübler-Ross noted later in life that the stages are not a linear and predictable progressions and that she regretted writing them in a way that was misunderstood. Rather, they are a collation of five common experiences for the bereaved that can occur in any order, if at all.

Five Stages of Grief: Denial/Isolation, Anger, Bargaining, Depression, Acceptance.

Erich Lindemann:

His work evolved from the study of survivors and families after the tragic Cocoanut Grove night club fire in Boston, MA. in 1942. His focus was on acute grief and the impact both psychologically and physically on the survivors.

Stages: Somatic distress, Preoccupation with an image of the deceased, Guilt, Hostile reactions, Loss of patterns of conduct.

Granger Westberg:

A professor and minister, Westberg was a pioneer in the inter-relationship of medicine and religion along with fostering holistic medicine. Most of his studies came from work in hospitals and nursing care homes and facilities.

Stages: Shock, Emotional Release, Physical Symptoms, Isolation and Depression, Guilt, Panic, Hostility, Unable to return to the usual, Struggle with new living patterns, Reaffirm Reality.

William Worden:

As a psychologist focusing on grief counseling, Worden has been instrumental in working with Hospice and other organizations to assist in bereavement and grief. His book “Grief Counseling and Grief Therapy” are foundational books for therapists who work with trauma and loss.

Four Tasks of Mourning: Accept the reality of the loss, Work through the pain of grief, Adjust to an environment in which the deceased is missing, Find an enduring connection with the deceased while embarking on a new life.

John Bowlby:

A psychiatrist who focused on areas of attachment theory, Bowlby was very interested in working with adolescents and youth in understanding what impacted healthy and unhealthy attachment. He asserted that when the “affectional bond” was broken, that grief was a normal response.

Four Phases of Grief: Shock and numbness, Yearning and searching, Despair and disorganization, Reorganization and recovery.

Margaret Stroebe and Henk Schut:

The dual process model is a more recent work that suggests that avoiding grief may be both helpful and detrimental, depending on the circumstances. Stroebe and Schut see grief as a dynamic process that addresses both loss and restoration. While there are no stages of grief, the authors encourage people to experience grief in doses balanced by daily life living.

ASSIGNMENT: Choose one of the grief models (or another one of your choosing). Write a one page summary about it. Feel free to share personal thoughts and opinions. If you want more information on any model, please search appropriate internet sites.

SEND TO INSTRUCTOR

**LOOKING
IN THE
MIRROR**

“God wants you to be delivered from what you have done and from what has been done to you. Both are equally important to him.” Joyce Meyer *“Beauty for Ashes: Receiving Emotional Healing.”*

THE IMPACT OF TRAUMA ON THE HELPING PROFESSION (that’s us)

The effects of trauma on our students will also impact us. Our compassion and sensitivity toward others brings about an increase in the vicarious nature of trauma and loss.

PERSONAL IMPACT:

- Physical- loss of sleep, loss/increase of appetite, fatigue
- Emotional- anxiety, guilt, anger, numbness
- Behavioral- impatience, moodiness
- Cognitive- lack of concentration, easily distracted, rigid, self-doubt
- Relational- withdrawal, loneliness, over-protective
- World View (spiritual)- unfairness perspective, lack of faith, loss of purpose

In schools where there are high rates of poverty, abuse, or crime in the community, secondary trauma is common. If there are natural or personal disasters that occur in the community or school, it will create an impact in the workplace.

PROFESSIONAL IMPACT:

- Job Tasks- decrease in quantity/quality of work, lower motivation, perfectionistic approach
- Morale- dissatisfaction, negative attitude, apathy, detachment, decrease in confidence
- Interpersonal- withdrawal from colleagues, poor communication, staff conflicts, pessimistic viewpoint
- Behavioral- exhaustion, irritability, increase absenteeism, poor judgment

CASE STUDY ASSIGNMENT—SEND TO INSTRUCTOR (syllabus assignment #3).

Case #1: A 17-year-old boy is riding a skateboard downhill at a high rate of speed, loses control and hits a fire hydrant. Bystanders discover him unresponsive at the scene. He is transported by ambulance and taken to a Medical Center, where he is found to have a head injury, multiple fractures, and a large, complex laceration the left knee. The next day, the high school is abuzz regarding the accident. A special assembly takes place to talk with the entire student body.

What are some areas to address at the assembly?

Is there anything else the school could do to support the students?

Case #2: A 7-year old child discloses a 2-year history of physical and emotional abuse going on in the home. It was perpetrated by the parents and impacted all three siblings in the family. The student you know best is taken out of the home and placed in foster care.

What would you do to support this child?

Case #3: A 10-year old boy arrives home from school to find his house is on fire. The fire department is there as well as many neighbors. His family are all okay, but they lost everything. There are no supportive family members in the area.

What types of possible symptoms of trauma and loss might you expect to see from this student?

Case #4: A family is on a summer vacation when one of the siblings drowns in the ocean. One of the siblings is in your class the following year. The child is distant, unresponsive, and cries easily. When you talk to the parent(s), you are told that he/she is having nightmares and is showing signs of significant anxiety.

What interventions might support this child?

THE PAIN OF CHILDHOOD TRAUMA ON ADULTS

This is not an attempt to provide counseling for you, to dig into past hurts or wounds, or to bring up emotionally charged memories. Most of us have experienced some type of hurt or pain in our past and some have experienced significant trauma. It is important to explore and evaluate our own lives in order to be healthy for the children we serve. Remember, “you can’t give what you don’t have”.

Whether you witnessed or experienced violence as a child or your caretakers emotionally or physically neglected you, when you grow up in a traumatizing environment you are likely to still show signs of that trauma as an adult.

Children make meaning out of the events they witness and the things that happen to them, and they create an internal map of how the world is. This meaning-making helps them cope. *But if children don't create a new internal map as they grow up, their old way of interpreting the world can damage their ability to function as adults.*

While there are many after effects of childhood emotional trauma, here we'll look specifically at four ways childhood emotional trauma impacts us as adults.

1. The False Self

Some of us carry childhood emotional wounds with them into adulthood. One way these wounds reveal themselves is through the creation of *a false self*.

As children, we want our parents to love us and take care of us. When our parents don't do this, we try to become the kind of child we think they'll love. Burying feelings that might get in the way of us getting our needs met, we create a false self—the person we present to the world.

When we bury our emotions, we lose touch with who we really are, because our feelings are an integral part of us. We live our lives terrified that if we let the mask drop, we'll no longer be cared for, loved, or accepted.

2. Victimhood Thinking

What we think and believe about ourselves drives our self-talk. The way we talk to ourselves can empower or disempower us. Negative self-talk disempowers us and makes us feel like we have no control over our lives — like victims. We may have been victimized as children, but we don't have to remain victims as adults.

Even in circumstances where we think we don't have a choice, we *always* have a choice, even if it's just the power to choose how we think about our lives. We have little to no control over our environments and our lives when we're children, but we're not children anymore. It's likely we are more capable of changing our situation than we believe.

Instead of thinking of ourselves as victims, we can think of ourselves as survivors. The next time you feel trapped and choice-less, remind yourself that you're more capable and in control than you think.

3. Passive-Aggressiveness

When children grow up in households where there are only unhealthy expressions of anger, they grow up believing that anger is unacceptable. If you witnessed anger expressed violently, then as an adult you might think that anger is a violent emotion and therefore must be suppressed. Or, if you grew up in a family that suppressed anger and your parents taught you that anger is on a list of emotions you aren't supposed to feel, you suppress it, even as an adult who could *benefit from anger*.

What happens if you can't express your anger? If you're someone who suppresses your upset feelings, you likely already know the answer: *Nothing*. You still feel angry—after all, anger is a natural, healthy emotion we all experience—but instead of the resolution that comes with acknowledging your anger and resolving what triggered it, you just *stay angry*. You don't express your feelings straightforwardly, but since you can't truly suppress anger, you express your feelings through passive-aggressiveness.

4. Passivity

If you were neglected as a child, or abandoned by your caretakers, you may have buried your anger and fear in the hope that it would mean no one will ever abandon or neglect you again. What happens when children do this, though, is that we end up abandoning *ourselves*. We hold ourselves back when we don't feel our feelings. We end up passive, and we don't live up to our potential. The passive person says to him or herself, "I know what I need to do but I don't do it."

When we bury our feelings, we bury who we are. Because of childhood emotional trauma, we may have learned to hide parts of ourselves. At the time, that may have helped us. But as adults, we need our feelings to tell us who we are and what we want, and to guide us toward becoming the people we want to be.

For those of us who fall into any of these areas, talking to a trained counselor may assist in working through our pain and finding our true self.

ACTION PLAN FOR TAKING CARE OF ONESELF

(FILL THIS OUT AND SEND TO INSTRUCTOR)

The following six areas are critical to a healthy lifestyle and emotional balance. Fill in at least one strategy for each category.

- ∇ **PHYSICAL SELF-CARE:** the things I do to take care of my body such as nutrition, exercise, sleep, etc.
 - A.
 - B.

- ∇ **EMOTIONAL SELF-CARE:** the things I do to take care of my feelings and emotions such as support systems, journaling, counseling, time with friend.
 - A.
 - B.

- ∇ **COGNITIVE SELF-CARE:** the things I do to improve my mind and understand me better such as reading, writing, classes ☺.
 - A.
 - B.

- ∇ **SOCIAL SELF-CARE:** the things I do in relation to others and the world around me such as spending time with friends, family, community groups.
 - A.
 - B.

- ∇ **FINANCIAL SELF-CARE:** the things I do to spend and save responsibly such as balancing financial accounts, save money, plan for future.
 - A.
 - B.

- ∇ **SPIRITUAL SELF-CARE:** the things I do to gain perspective on life such as prayer, meditation, contact with nature, connection with God/Higher Power.
 - A.
 - B.

(Send to Instructor)

Turning Trauma Into Story: the Benefits of Journaling

By Jordan Gaines Lewis

Every day for the past 12 years (save for a few angsty months in 8th grade), I've been writing in a journal. A good, old-fashioned, hardbound, acid-free journal. Most entries are about the frivolous happenings of the day at school, but as I've gotten older, they've increasingly helped me outline my thoughts and feelings while keeping my head on straight.

Writing, as many would probably agree, is therapeutic, and studies in the past two decades have explored the health consequences of secrets, expressive language, and the before-and-after physical and psychological symptoms associated with trauma—an area of research referred to as "writing therapy."

Dr. James W. Pennebaker, a social psychologist at the University of Texas at Austin, is considered to be the pioneer of writing therapy. His basic paradigm for expressive writing experiments remains widely used today:

"For the next 4 days, I would like you to write your very deepest thoughts and feelings about the most traumatic experience of your entire life or an extremely important emotional issue that has affected you and your life. In your writing, I'd like you to really let go and explore your deepest emotions and thoughts. ... Don't worry about spelling, grammar, or sentence structure. The only rule is that once you begin writing, you continue until the time is up."

Many who have followed these simple instructions over the years have seen dramatic changes in their lives. Says Pennebaker, "When people are given the opportunity to write about emotional upheavals, they often experienced improved health. They go to the doctor less. They have changes in immune function. If they are first-year college students, their grades tend to go up."

When we experience a traumatic event or major transition in life, our minds function to process and understand what's happening to us. Our thoughts can consume us, keeping us up at night or distracting our performance at work or school.

Translating these experiences into language, however, gives us a physical piece to contemplate, perhaps allowing us to better "grasp" what's going on. In a different but related theory, the ability to construct a story from our experiences may give us the opportunity to detach ourselves and approach our situation more objectively. Stories may also be better stored in the brain as memories, rather than what may otherwise be a random amalgamation of strong emotions.

Despite these benefits, Pennebaker asserts that we may not necessarily be better off journaling daily about our traumas. "I'm not even convinced that people should write about a horrible event for more than a couple weeks... But standing back every now and then and evaluating where you are in life is really important."

Of course, people these days need not bring out ye olde quill and parchment like myself to work out their thoughts and emotions. With the expansion of the Internet in the late 1990s came the onslaught of personal blogs (short for "web logs")—everything from the traditional (a la Blogger and Wordpress) to

the microblog (Twitter) to the highly share-able Tumblr format. It is estimated that there are over 170 million blogs in existence.

The prevalence of digitized thoughts, feelings, emotions, and experiences has given researchers a new tool for tracking changes in society on a massive scale. Most famously, a study published in *Science* back in September asserted that individuals are happiest in the morning, but the feeling deteriorates as the day progresses—consistent, they say, with the effects of sleep and circadian rhythm. Golder and Macy aggregated data from millions of public Twitter messages, using computer software to detect positive words ("awesome," "agree") and negative words ("hate," "annoy") as well as smiling and frowning faces ("emoticons"). This type of study, as expected, has received much grief for "not actually being scientific."

In a 2004 study published in *Psychological Science*, Pennebaker and colleagues were among the first researchers to explore the power of written expression during psychological distress using a similar mass-blogging data analysis. The researchers downloaded LiveJournal entries of 1,084 public blogs for four months—two months prior to and two months after the September 11 attacks. This method also allowed them to collect age, gender, and location information based on information from their public profiles. Using the text analysis program Linguistic Inquiry and Word Count (LIWC), each word in the 78,000 entries analyzed was checked against a dictionary of 2,300 words and characterized by four basic categories: emotional positivity, cognitive processing, social orientation, and psychological distancing.

Pennebaker found that shortly after the 9/11 attacks (less than two weeks), the blogs expressed significantly more negative emotions and were written with greater psychological distancing. After two weeks, the writers' "moods" returned to baseline (two months before the attacks), but psychological distancing remained elevated over six weeks. Although all effects were stronger for individuals highly preoccupied with 9/11 (i.e. those shown to blatantly write about the events more often), comparable language changes were seen overall.

Although this analysis method is still relatively new and flawed, it shows promise for real-time tracking of response to drastic changes as they naturally unfold, providing a continuous timeline on a massive and diverse scale. This study in particular demonstrates the ability for humans to affiliate more during periods of threat as well as a—perhaps unconscious—concern of individual victims, their community, and/or the entire nation. While zero entries revealed writers' feelings of involvement with a large social group (such as a city or country) before the attacks, 44% of post-9/11 entries did.

Journaling is a powerful tool, whether one does it privately to collect their thoughts, or publicly with the hopes of syndicating to or receiving advice from others. Beyond the therapeutic advantages, I am mostly excited to pass down a physical time capsule of my often-pathetic scrawls and doodlings to my descendants, a sentiment likely derived from my love of the fictional *Dear America* books. It's also quite fun to look back and see what I was doing on this day a year ago, five years, or ten years ago.

INTERVENTION IDEAS AND STRATEGIES

10 Things About Childhood Trauma Every Teacher Needs to Know

The National Institute for Trauma and Loss in Children (TLC) provides services to traumatized children and their families and strives to give school professionals, crisis intervention teams, medical and mental health professionals and childcare professional the training and resources needed to help these children and their families thrive.

With grief, sadness is obvious. With trauma, the symptoms can go largely unrecognized because it shows up looking like other problems: frustration, acting out, difficulty concentrating, following directions or working in a group. Often students are misdiagnosed with anxiety, behavior disorders or attention disorders, rather than understanding the trauma that's driving those symptoms and reactions.

For children who have experienced trauma, learning can be a big struggle. But once trauma is identified as the root of the behavior, we can adapt our approach to help kids cope when they're at school. It is our awareness of the characteristics of trauma that will allow successful interventions to occur in the lives of our students.

1. Kids who have experienced trauma aren't trying to push your buttons.

If a child is having trouble with transitions or turning in a folder at the beginning of the day, remember that children may be distracted because of a situation at home that is causing them to worry. Instead of reprimanding children for being late or forgetting homework, be affirming and accommodating by establishing a visual cue or verbal reminder to help that child. Switch your mind-set and remember the kid who has experienced trauma is not trying to push your buttons.

2. Kids who have been through trauma worry about what's going to happen next.

A daily routine in the classroom can be calming, so try to provide structure and predictability whenever possible. Since words may not sink in for children who go through trauma, they need other sensory cues. Besides explaining how the day will unfold, have signs or a storyboard that shows which activity—math, reading, lunch, recess, etc.—the class will do when.

3. Even if the situation doesn't seem that bad to you, it's how the child feels that matters.

Try not to judge the trauma. As caring teachers, we may unintentionally project that a situation isn't really that bad, but how the child feels about the stress is what matters most. We have to remember it's the perception of the child ... the situation is something they have no control over, feeling that their life or safety is at risk. It may not even be just one event, but the culmination of chronic stress—for example, a child who lives in poverty may worry about the family being able to pay rent on time, keep their jobs or have enough food. Those ongoing stressors can cause trauma. Anything that keeps our nervous system activated for longer than four to six weeks is defined as post-traumatic stress.

4. Trauma isn't always associated with violence.

Trauma is often associated with violence, but kids also can suffer trauma from a variety of situations—

like divorce, a move, or being overscheduled or bullied. All kids, especially in this day and age, experience extreme stress from time to time. It is more common than we think.

5. You don't need to know exactly what caused the trauma to be able to help.

Instead of focusing on the specifics of a traumatic situation, concentrate on the support you can give children who are suffering. Stick with what you are seeing now—the hurt, the anger, the worry, rather than getting every detail of the child's story. Privacy is a big issue in working with students suffering from trauma, and schools often have a confidentiality protocol that teachers follow. You don't have to dig deep into the trauma to be able to effectively respond with empathy and flexibility.

6. Kids who experience trauma need to feel they're good at something and can influence the world.

Find opportunities that allow kids to set and achieve goals, and they'll feel a sense of mastery and control. Assign them jobs in the classroom that they can do well or let them be a peer helper to someone else. It is very empowering. Set them up to succeed and keep that bar in the zone where you know they are able to accomplish it and move forward. Rather than saying a student is good at math, find experiences to let him or her *feel* it. Because trauma is such a sensory experience, kids need more than encouragement—they need to feel their worth through concrete tasks.

7. There's a direct connection between stress and learning.

When kids are stressed, it's tough for them to learn. Create a safe, accepting environment in your classroom by letting children know you understand their situation and support them. Kids who have experienced trauma have difficulty learning unless they feel safe and supported. The more the teacher can do to make the child less anxious and have the child focus on the task at hand, the better the performance you are going to see out of that child. There is a direct connection between lowering stress and academic outcomes.

8. Self-regulation can be a major challenge for students suffering from trauma.

Some kids with trauma are growing up with emotionally unavailable parents and haven't learned to self-soothe, so they may develop distracting behaviors and have trouble staying focused for long periods. To help them cope, schedule regular brain breaks. Tell the class at the beginning of the day when there will be breaks—for free time, to play a game or to stretch. If you build it in before the behavior gets out of whack, you set the child up for success. A child may be able to make it through a 20-minute block of work if it's understood there will be a break to recharge before the next task.

9. It's OK to ask kids point-blank what you can do to help them make it through the day.

For all students with trauma, you can ask them directly what you can do to help. They may ask to listen to music with headphones or put their head on their desk for a few minutes. We have to step back and ask them, 'How can I help? Is there something I can do to make you feel even a little bit better?'

10. You can support kids with trauma even when they're outside your classroom.

Loop in the larger school. Share trauma-informed strategies with all staff, from bus drivers to parent volunteers to crossing guards. Remind everyone: “The child is not his or her behavior.” Typically there is something underneath that is driving that to happen, so be sensitive. Ask yourself, ‘I wonder what’s going on with that kid?’ rather than saying, ‘What’s wrong with the kid?’ That’s a huge shift in the way we view kids.

Find one person you can share this article with in your school or personal setting.

“You can clutch the past so tightly to your chest that it leaves your arms too full to embrace the present.” Jan Glidewell, columnist

HOW TO HANDLE CHILDHOOD GRIEF

While there is no “right answer” in the area of grief and loss, the following guidelines will help you to work with a child in these areas.

Where to start?

Don’t complicate it. Help the child to understand what has occurred. Use phrases and words that are familiar to the child. This is not about you, but is for the child.

Explain as clearly as possible and answer questions. If you feel the question is beyond you or you are not comfortable answering it, be sure to let them know you will find someone to answer it for them. Be honest, sensitive, and caring.

It is okay to share your own personal feelings. It may help the child to feel more confident and secure in the situation by knowing that you also struggle, worry, feel upset, or need to talk to people when confronted with loss.

The child will benefit from having someone connect with them on a regular basis. This may be a counselor, teacher, specialist, or administrator.

Let the child know who his/her resources are in life. Give them a lifeline and be sure they feel supported and secure in the situation.

Counseling may be helpful. This may be a school counselor or someone outside the school.

Keep routines normal (with flexibility). The routines will help them to work through life issues. And, they may avoid work and use the trauma as an “excuse” for not feeling like doing work. Be flexible and work with them. Avoid judgment and remember to support them.

Helpful ideas for parents (some of these ideas may also be effective for educators)

Reassure the child that you are there for them.

Just be with the child, hold them, hug them, cry with them.

Allow the child to grieve. Be real with them and validate their feelings.

Don’t be in a hurry to “fix them” or have them be “normal” again. It will take time.

Teenagers may grieve differently including being silent, appearing disinterested, or angry at the world.

Encourage family activities and enjoyment. Express love.

GUIDELINES FOR INTERACTIONS WITH TRAUMA BASED STUDENTS

1. Always Empower, Never Disempower: Avoid power struggles. Students who have experienced trauma often seek to control their environment to protect themselves, and their behavior generally deteriorates when they feel more helpless. Classroom discipline is necessary, but should be done in a way that is respectful, consistent, non-punitive, and non-aggressive.

Can you think of a time when a student (or child) pushed your buttons and you entered into a power struggle? What were some of the characteristics of your behavior? (i.e. argumentative, inflexible, loud...)

2. Provide Unconditional Positive Regard: As consistent caring adults, school staff have the opportunity to help students build trust and form relationships. For example, if a student tells you, “I hate you. You are the worst,” respond with unconditional positive regard by saying, “I know you are upset with me. But, I do care about you and will continue to help you succeed when you are ready.”

3. Maintain High Expectations: Set and enforce limits in a consistent way. Maintain the same high expectations of a student who has experience trauma as you do for his/her peers. However, be sensitive to times they may be emotionally or cognitively overwhelmed. School personnel may need to be available to talk with the student or to be supportive during difficult times. Don’t let the “high expectation” focus overwhelm the student. Be flexible and willing to modify and evaluate the work, especially during key traumatic times.

4. Check Assumptions, Observe, and Question: Trauma can affect any student and can manifest in many different ways. Realize when you are making assumptions, and instead, talk with the student and ask questions. Make observations about the student’s behaviors and be fully engaged in listening to his/her responses.

When we make assumptions, and they are not accurate, how does this impact the relationship with the person?

5. Be A Relationship Coach: Help students from preschool through high school develop social skills and support positive relationships between children and their caregivers.

Make a list of social skills that you see children needing in your setting?

Are there different skills that children suffering through trauma and loss might need? If yes, add them to the list.

6. Provide Guided Opportunities For Helpful Participation: Model, foster, and support ongoing peer “helping” interactions (peer tutoring, cooperative learning, support groups).

Additional Ideas:

Implement strategies in the school setting to promote consistency and routines. Post the schedule for the day or week on the board. If there are special school functions or events during the week, post them in a prominent place. Promote behavior and emotional regulation by helping students to recognize and identify their emotions. Discuss movies, books, and life situations. Find ways for children to develop greater personal esteem and self-management skills. Offer choices and options for students, encourage journal writing, and teach communication skills.

TIPS FOR HELPING CHILDREN THROUGH EMOTIONAL TRAUMA

1. Shame and guilt- provide a safe time to discuss the events and feelings. Emphasize that the feelings may be common, but are still unique to them. Avoid correcting their guilt based feelings (“you don’t really feel that way) and instead use supportive comments (“It is hard to feel that way about yourself. What can we do to help you move through those feelings?”).
2. Self-consciousness- help them see that childhood/adolescents are a time of changes and feeling awkward. The time does pass, but one can help it pass more quickly with a certain perspective an attitude. Evaluate the positive areas of the person’s life. Encourage relationships with people who they trust and care about in their life.
3. Fears- allow them to share their fears without evaluation from the adult. It is important for them to explain their concerns without feeling judged. Avoid minimizing the issues (everyone feels like that) and just listen. Evaluate whether their fears are reality based and accurate. For example, are they concerned about walking home late at night in a troubled neighborhood? Are they worried about the house catching on fire because a neighbor’s house burned down? Making a list of ways to change the situation, prevent the problem, or how to minimize it occurring may be positive.
4. Acting out behaviors- what are they hoping to gain from their behaviors? Find a way to evaluate their motivation and purpose behind the behaviors. Is there another way to accomplish the goal without the behaviors? A person who is acting out is used to rejection. Be the one person who will listen to them and be positive about them as a person. Trust is a huge issue for this person.
5. Loss of a relationship- this may be breaking up with a boy/girlfriend, someone moving away, grief from a death, etc. Emphasize that the feeling of loss is okay. Allow them to grieve. Explain to them the concept of grief, helping them understand the various stages of grief, and how to work through these areas. If the loss is due to a death, use of positive memories, stories, and re-telling of times spent with that person may help them. If the loss is a break up of a relationship, help the person to focus on other friends and family. Encourage activity involvement and connecting with others.

“Being hurt too many times doesn’t make you strong, it gives you trauma.”

WALKING THROUGH STAGES OF DEVELOPMENT AND TRAUMA

(Adapted from SAMHSA- substance abuse and mental health services administration)

PRESCHOOL CHILDREN, 0-5 years old. Infants and toddlers (0-2) may not be able to comprehend the actual trauma but will know that people are upset. They may mimic the emotions of adults or withdraw from life. If the trauma was perpetrated upon them, the reactions may be to withdraw, cry, or dis-engage from attachments.

Children (3-5) can understand the effects of trauma. They may have trouble sleeping, adjusting, and connecting to others. They may also become clingy and weepy.

INTERVENTIONS:

- Give lots of verbal and physical (hugging, touching) support.
- Focus on them, not the trauma. Move slowly when working with them—take a deep breath occasionally to slow you down.
- Speak in a calm voice, using a gentle compassionate approach. Even if they are crying and lashing out, be sensitive to their needs.
- Tell them you care about them and they are safe with you.
- Just be with them. You don't need to do anything but sit with them and be comfortable in their presence.

EARLY CHILDHOOD TO ADOLESCENCE, 6 – 18 years old. Children (6-10 years old) may fear going to school and stop spending time with friends. They may have difficulty paying attention and sustaining focus on a topic. Some may become aggressive while others may become helpless and look for adult caregiving.

Youth and adolescents (11-18 years old) go through many emotional and physical changes due to stages of development. It may be challenging for them to cope with trauma due to these ongoing changes. Older teens may respond with an 'I'm Okay' response or withdraw emotionally. Silence is another common response of teenagers.

INTERVENTIONS

- Offer comfort through supportive words.
- Avoid asking too many questions, but don't be afraid to ask "what can I do to help?" or "what are you thinking right now?"
- Spend time with these individuals. Though they will often attempt to push you away, press back by being sensitive and being available and consistent.
- It is okay to modify assignments or allow them a day or two of less work. Be careful of this going on too long as they will benefit from getting back into the routine of life.
- Encourage students to spend time with friends or use time for creative expression of feelings (drawing, music, art).

THE KEYS TO HEALING—A SCHOOL PERSPECTIVE

SEND TO INSTRUCTOR

1. Safety First- assuring the students feel safe, emotionally and physically, must come first. How can the school provide safety?

2. Monday Mornings Feel The Same To Students- we gear up for Monday as do students. Unfortunately, while we use weekends as a time to relax and re-charge, some students are immersed in trauma and drama each weekend. What can we do to help students transition successfully into Mondays?

3. Identifying And Dealing With Triggers- these are internal or external stimulus that act as reminders of past overwhelming experiences. The person then responds to these experiences similarly as he/she did in the past. Name some external stimulus in our schools that trigger a student.

4. Transitions- most children have a struggle with transitions. Setting up a plan for transitions and preparing for upcoming stimulus will reduce behavioral outbursts.

5. Safety Plans- setting up a written plan for children that will prevent the stimulus from triggering them will be helpful. Involving the child in this plan will encourage their participation in it.

6. Calm Zones- children need a safe place to de-compress and take a time out. While space can be at a premium in a school or classroom, we need to get creative to develop a safe place for children. Where might your school develop some safe zones for a student?

SIX COPING STRATEGIES FOR CHILDREN

SEND TO INSTRUCTOR

- 1. BELIEF-** The child's personal belief system is used to understand the trauma and grief. Seeking meaning through religion or spiritual methods is very common and allows for a foundation of assistance. The child may spend extra time with adults or peers with similar perspectives.
- 2. AFFECT-** Feelings or emotions. The more the adults model and share openly and honestly with this child, the easier it is for him/her to process the tragic events that are being evaluated. This child may become overwhelmed and need additional emotional support.
- 3. SOCIAL-** This child has a level of social interaction and support that allows for them to find comfort in daily routines and activities. It is important for this person to continue their ongoing level of social contact and support.
- 4. IMAGINATION-** Each child, depending on maturation, level of development, and the sense of personal safety, will explore levels of creativity and imagination. Adults should carefully provide opportunities for this type of expression without judgment and control.
- 5. COGNITIVE-** While this child may appear emotionally distant, the processing is done through sequencing and logical conversations. Exposure to support oriented literature (stages of grief, understanding trauma) may be of assistance to this person.
- 6. PHYSIOLOGICAL-** Children cannot deal with intense issues in a continuous manner. The use of physical activity and interaction allows for emotional breaks and a healthier approach.

CHOOSE one of these areas that you currently do with students or would like to do with students. One page summary-- SEND to Instructor.

**TYPES OF
TRAUMA AND
INTERVENTION
IDEAS**

POST TRAUMATIC STRESS DISORDER (PTSD)

While this is a psychiatric disorder that can occur after being involved in life threatening events, children are being diagnosed with this due to abuse, abandonment, violent crimes, death of loved ones, and other life concerns. People who suffer from PTSD relive experiences through flashbacks, nightmares, suffer feelings of detachment and have difficulty sleeping.

Characteristics may include fear, anxiety, depression, anger/hostility, aggression, sexually inappropriate behavior, self-destructive behavior, feelings of isolation and stigma, poor self-esteem, difficulty trusting others, substance abuse, social avoidance, school failure, regressed or delayed development, distractibility, and attention problems.

INTERVENTIONS:

- Create an emotionally safe environment- help each child know that they will not be abused, they are safe to share their feelings, and that you (as an adult) are there to protect them and encourage them toward success. (Think of Abraham Maslow's hierarchy of needs).
- Develop a place of belonging- each student needs to understand that they belong and are accepted, unconditionally. Their grades or behavior do not determine whether they are accepted by you. Find strengths in each student.
- Assist students toward achievement- the educator must find a way to let the student know that they will assist the child toward academic achievement. Though some students are resistant to this area, we still must find a way to keep the door open for learning, regardless of their effort and willingness to participate.
- Consistency is important- share expectations and apply consistent approaches. The mantra for an educator is "to be consistent yet flexible." Avoid being too rigid in the name of consistency. Take each child separately and treat them fairly as they are all different.
- Help them understand the meaning of your role—what is my role with the students? They need to feel engaged and connected to me as an adult. Do they know what you can offer them? Make it clear and explain your ability to help them be successful in life.
- Be a role model- be an adult they can trust, they can look up to, and one who is not going to let them down by giving up on them.
- Have appropriate boundaries- this child does not need an adult to enable them or cripple them emotionally. You are there to guide them, not fix them or save them.

Think of one student (or person) that falls in this category. What can you do to help them? Follow through with this person, if possible. Not to be turned in.

ASPECTS OF ABUSE AND THE IMPACT ON A CHILD

Physical, sexual, emotional, and neglect all may create a sense of trauma or loss in a child's life. They may display symptoms of:

Poor self image

Sexual acting out

Inability to trust

Aggression and disruptive behaviors

Anger and rage

Self-destructive patterns/self-abuse/suicidal ideation

Passive or withdrawn behaviors

Fear of relationships/socially immature

School problems/failure

Feelings of sadness, anxiety, or overwhelming emotions

Lack of attachment and bonding to others

Developmental or social delays

INTERVENTIONS:

- Nurture children. Be a safe place for them by showing appropriate affection and concern. Be careful with boundaries as they may not fully understand your intent or approach.
- Be predictable and repetitive in your approach and boundaries.
- Model and teach appropriate social behaviors. Tell them, show them, and then practice the social skills. Repeat the practice sessions regularly.
- Listen and talk with these children. They may be reticent to share their thoughts and feelings so encourage and support them.
- Have realistic expectations. Remember, they are only 5, 8, 14, or whatever their age may be at this time. And, due to the trauma, it is likely they may be developmentally stagnant.
- Be patient with the progress. Focus on the small steps (micro) and be willing take it slow.
- Take advantage of other resources. Talk to the counselor, other educators, school psychologist. Read articles and books. Attempt to understand the child from his/her perspective.

Think of one student (or person) that falls in this category. What can you do to help them? Follow through with this person, if possible. Not to be turned in.

ATTACHMENT ISSUES DUE TO MOVING OR FREQUENT CHANGES IN LIFE

Risk factors for attachment issues include frequent changes in caregiver, extreme neglect, abuse, extreme poverty, ineffectual parenting, removal from home due to abuse, or mental illness/abuse/aggression displayed in home.

Characteristics include social detachment, withdrawn, avoidant, inappropriate familiarity with individuals, seeks chronic attention, inappropriate childish behavior, violates social boundaries, displays lack of empathy, distrusting in relationships, controlling, unstable peer relationships.

The impact of broken attachments may include poor self-esteem, delayed learning growth, challenges academically, delinquent behaviors, anger issues, eating problems (eating disorder, over eating, malnutrition), depression, anxiety, inappropriate sexual behaviors.

INTERVENTIONS:

- 1) Train involved adults (caregivers, educators) in the area of sensitive responsiveness. This would include effective listening and communication, empathetic responses, understanding oppositional behaviors, avoiding power struggles, and supportive approaches for children with attachment concerns.
- 2) Trust is a major concern for this child. Be available to them. Avoid setting limits that push the student away. Offer choices and options that allow them to save face and process their feelings. For example, minimize the “if you don’t _____, then this will be the consequence.” Instead, frame it in a supportive way such as “Here is what you have been asked to do. It is your choice. I am here to help if you would like me to.”
- 3) Create and maintain a heart to heart connection. Building relationships is the key to developing a bond of trust. Move toward positive engagement and positive regard with the student.

Think of one student (or person) that falls in this category. What can you do to help them? Follow through with this person, if possible. Not to be turned in.

LOSS OF LOVED ONE

When it comes to death, children have fewer skills to help them adjust to this loss and therefore they are vulnerable emotionally. If the death is anticipated, children have time to slowly reshape relationships, allowing the loss painful but easier to deal with in life.

The closer the relationship of the deceased is to the child, the more intense the loss will be felt. The emotions felt by the child should not be underestimated.

In some cases, it may not be an actual death, but the loss that occurs feels like a death due to the type of circumstances. For example, a divorce occurs where one spouse leaves the area and no longer has contact with the child. A family member moves out and no longer is in contact with the child due to estrangement from the general family. Or even, a family pet runs away, leaves the home and is not found or is killed.

Educators often serve as a crucial emotional bridge for children at times of loss. Below are some strategies to assist in connecting with students.

INTERVENTIONS:

- Don't be afraid to talk about the loss or death with the child. It is good for them to share their feelings of anger, frustration, fear, confusion, etc. In some cases, the families don't talk about it in the home and the child feels isolated.
- Share your own feelings when appropriate. Be a good role model on how to express hurt and pain in healthy ways.
- Help the other children in the classroom or school understand how difficult it can be for the child who is experiencing loss and grief.
- Be sure to set clear boundaries with all children that grief and loss are not joking matters. There should be no teasing or making fun of others who are going through emotional struggles.
- It may help for the child to connect with the school counselor or school psychologist. However, make sure they don't see a stigma attached to talking with them and therefore feel like they stand out or are different than others.

Think of one student (or person) that falls in this category. What can you do to help them? Follow through with this person, if possible. Not to be turned in.

IDEAS ON HOW TO MAKE A SAFE CLASSROOM

The activities below may assist you within the school setting. They can help the educators and the child communicate about the traumatic events.

- ✓ SAFETY LIST- in this activity, students are asked to make a list of people, places and things that make them feel safe. Encourage students to refer to the list whenever the need arises.
- ✓ STOP- students make a little stop sign and put it in a place where they can look at it. When they start to think of their bad memories, they look at the stop sign and it reminds them to stop their current action and think about something pleasant.
- ✓ WHAT ACTUALLY HAPPENED? - ask the students to draw a picture of what they are afraid of. On the back of the picture, write out their description of the event. This can be used as a starting point for counseling or to help them begin to understand their inner emotions.
- ✓ BEFORE AND AFTER- Have the students make two columns on a paper and label one “Before” and one “After.” They can write how things were before the event in one column and how things were after the event in the other column. Again, this is a good starting place for discussing the emotions around the event.
- ✓ GREAT THINGS ABOUT ME- have the children make a list of 10, 20, or more of the great things about themselves. Hang them in the classroom or around the school. Allow them to refer to the list when they get discouraged.
- ✓ TIMELINE- on notebook paper, draw a thick horizontal line across the page. From left to right, on the line, put the number one to whatever age they are across the line. Then, have the students write down key or significant events in their lives. Put the positive ideas above the line and the painful or negative things below the line as they correspond to the age that the event occurred.
- ✓ WHAT WERE YOU THINKING?- find pictures that show various types of emotions, body language, and people involved in emotional states. You can use photos or pictures from a magazine. Have the student write out or tell a person what emotion is being displayed in the picture. The student might also be asked to make up a short story about what happened to create such an emotion. This will help students to begin to identify events with feelings.

TRAUMA AND STUDENTS

ASCA School Counselor Robin Gurwitch, Ph.D., and David Schonfeld, Ph.D

(Send To Instructor—assignment #6 on syllabus)

Students' lives are all too often touched by trauma and loss. It is estimated that 90 percent of students have experienced the death of a family member, relative or someone they cared about by the time they graduate from high school, with 40 percent experiencing the death of someone their own age. Children also experience traumatic events in their lives, such as parents' divorce, domestic violence, child maltreatment, parental substance abuse and accidents.

These experiences will affect their thoughts, feelings, behaviors and physical well-being. The result can be an impact on their learning potential and school performance. Students, parents and school staff may turn to you for help in navigating the aftermath of such events.

Understanding how trauma and loss events can affect students is the first step to knowing how to support them. Although there are common reactions, each student will react in his or her own way and in his or her own time.

If students are having some of these reactions, school grades may show a decline. This can be upsetting to the student, parents and teachers if they don't recognize and understand the cause for this performance change. A small number of students may actually show improvement in school performance. In an attempt to regain a sense of control after a trauma or loss, they may become wholly focused on something they can control – schoolwork. This is usually to the exclusion of activities with family and friends and involvement in extracurricular activities they used to enjoy.

When students experience a trauma or loss, it is not only the event itself that affects students but many additional losses (secondary losses) as well. For example, after a natural disaster, students and their families may be forced to move. This may result in a change of schools and friends and loss of security of the familiar school community. Similarly, after the death of a parent, financial challenges may be a secondary loss. Due to loss of the deceased parent's income, extracurricular activities may no longer be an option; the student loses important potential supports such as peers and trusted adults associated with these activities. Trauma and loss can also affect the student's plans for the future. Without a parent, who will help with college applications? Secondary losses include an overall decreased sense of security and safety they previously had.

Steps to Help

There are many supportive actions you can take to help students after a trauma or loss. Your actions can help all students struggling to cope.

Initiate the conversation: After a trauma or loss, students may be hesitant to approach school personnel, including school counselors. This may be particularly true if they have not interacted with the school counseling staff in the past. Students may not want to feel different or may sense that the adults are not comfortable discussing the event. Let the student know you are aware of the recent experience and are thinking of him or her. Let the student know you are available to talk and to listen. Provide options for a time to talk. Remember, listen more than you talk. Be aware of verbal and nonverbal behaviors in the student.

Validate feelings and experiences: Students need to know you really hear what they are sharing. Through open-ended questions and reflective listening, let students know you not only empathize but understand the difficulties and concerns expressed.

Answer questions and correct misinformation and misattributions: Students may have many questions after a trauma or loss. Answer them simply and directly at an age-appropriate level, and this will increase communication. As you talk with students, listen for misinformation and misattributions, which often lead to feelings of guilt and shame. Gently correct these, supplying accurate information.

Educate students and caregivers about common reactions: Students may experience many of the reactions commonly associated with trauma or loss. These may be frightening to them or leave them feeling different from their peers. Learning from you about common reactions can help to normalize their reactions and encourage them to talk more openly about them. Help parents and other caregivers also learn about these reactions. They may also be experiencing similar reactions. You can discuss how this can lead to stress or conflict in the home when everyone is experiencing some distress. Knowledge can also help family members recognize distress, which can lead to increased support and patience with their children. For example, knowing that school performance may be adversely affected is important to students, parents and teachers. This knowledge can be paired with modified assignments and tests as well as patience and support with homework.

Help students identify positive coping strategies: Although students may not have had the exact same experience in their past, they are likely to have run into challenges or difficult circumstances. Talk to the students about how they coped with past challenges.

Reinforce positive strategies they may have used to help them through these difficulties. Teach new strategies if these are lacking, including skills for anxiety management or addressing intrusive thoughts. Some examples of positive coping include: relaxation exercises, talking to and spending time with friends and family, thought-stopping strategies for intrusive thoughts, maintaining a sense of routine, getting rest and having a healthy diet. Together with the student, generate a menu of coping strategies they have used or could use with this event.

Identify triggers or reminders: Students' reactions may intensify when they experience a reminder of the trauma or loss. These may be obvious such as hearing sirens or seeing debris associated with a disaster or accident. Reading a story in class where a similar event occurs can be a trigger. These may also be personal to the individual student such as hearing a song that reminds him or her of the loss. Attending an event which the deceased loved one used to enjoy may serve as a trigger. Holidays, birthdays, special occasions and anniversaries all can be triggers for increased reactions. Triggers can occur soon after the trauma or loss as well as in the short- and long-term aftermath of the event. Help students identify potential triggers as well as coping strategies to use when reactions occur. Work out with teachers a mechanism by which the student can leave class to speak with a counselor or go to a safe location if feeling overwhelmed by a trigger.

Encourage return to extracurricular activities they enjoyed before the trauma:

Participation in extracurricular activities can help students begin to feel their worlds can have some semblance of normal again. Students may need "permission" to have fun again. They may not have the same level of enjoyment they once had, but with continued involvement, the enjoyment is likely to increase. Through these activities students can reconnect with supportive friends and adults. The activities also provide "a break" from the trauma and loss, another important piece of the healing process.

Encourage activities that promote help and healing: Students who are experiencing distress due to trauma or loss can augment their coping and healing when they reach out and help others who may also be distressed. Talk to students about ideas they may have to reach out and help others in similar or even unrelated situations. Listen and incorporate their ideas into a helping and healing activity.

Maintain regular communication with other teachers, counselor and caregivers:

Continue to check-in with adults important in the student's life. Teachers can give insight about how the student is coping in class, and parents can give you similar information about how things are going at home. With permission, consider having

school personnel connect with the student's pediatrician. This, coupled with your interactions, may be the best way of knowing if students are coping effectively or if more intensive mental health interventions may be needed. You (or the appropriate school personnel) can then help facilitate a referral as needed.

Be available for the immediate-, short-, and long-term after a trauma or loss: Once you make a connection with students who have experienced a trauma or loss, you become someone they may turn to when they are having difficulties over time. It only takes a moment to ask, "Tell me how things are going." This lets students know you care and you remember about their trauma or loss. It is also likely they will turn to you when other challenges arise in the future. Your concern and support has the potential to make a significant positive impact on students' lives immediately after a difficult event and well into their future.

Send A One to Two Page Summary to Instructor—Assignment #6 on Syllabus

THE IMPACT OF TRAUMA AND LOSS IN STUDENTS **BIBLIOGRAPHY**

You may choose any book on the bibliography or a book of your own to read.

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The following two books are written by your instructor and contain a faith based perspective and biblical references. Available on line or through bookstores in both paperback and CD formats.

What To Do When Words Get Ugly. Michael Sedler. Revell Books, 2016 (edited/revised edition). Examines the topic of gossip and how it impacts people. (Adult) www.bakerbooks.com 1-800-877-2665

When to Speak Up and When to Shut Up. Michael Sedler. Revell Books, 2006. Communication book discussing conflict and encouragement. (Adult) www.bakerbooks.com 1-800-877-2665 **(over 300,000 copies sold)**.