

There are children in your preschool who have experienced trauma.

Consider Ricky. Ricky, a three-year-old boy, cries inconsolably when his mother drops him off at school in the morning. His teachers thought his crying would stop when he became more comfortable in the classroom; however, he continues to cry every day and does not interact with his teachers or play with his peers. Ricky also has a speech delay and gets very upset when the other students are loud or when his daily routine is interrupted. One day the teacher asked Ricky to talk about his drawing, and he said, “Daddy hurt mommy.” Ricky’s mother was later observed to have a black eye and bruises that were consistent with assault.

Another example is Alexa. Alexa, a four-year-old girl, has been kicked out of two other preschools and is about to be expelled from her current school. She curses at teachers, hits, kicks, and scratches other students, and bangs her head on the table when she is frustrated. Alexa’s behaviors are most difficult when transitioning from one activity to another. When the teacher meets with Alexa’s father, the father reports that Alexa’s mother uses drugs, that Alexa has seen her mother arrested by the police, and that Alexa’s mother often does not come home at night.

What do these children have in common? They have both been exposed to trauma, defined as *an experience that threatens life or may cause physical injury and is so powerful and dangerous that it overwhelms the preschool child’s capacity to regulate emotions*. Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one child may be less so for another.

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children, trauma is a chronic part of their lives. (For examples, see sidebar, at right.)

Some children show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even children who do not exhibit serious symptoms may experience some degree of emotional distress, which may continue or even deepen over a long period of time. Children who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Children who have experienced traumatic events may have behavioral problems, or their suffering may not be apparent at all.

It is important to be aware of both the children who act out and the quiet children who don’t appear to have behavioral problems. These children often “fly beneath the radar” and do not get help. In any situation where there is a possibility of abuse, as in the cases above, you may be legally required to report the information to social services or law enforcement.

Be alert to the possibility of misdiagnosis due to the many presentations of trauma-related anxiety. For instance, many behaviors seen in children who have experienced trauma are nearly identical to those of children with developmental delays, ADHD and other mental health conditions. Without recognition of the possibility that a child is experiencing childhood traumatic stress, adults may develop a treatment plan that does not fully address the specific needs of that child with regard to trauma.

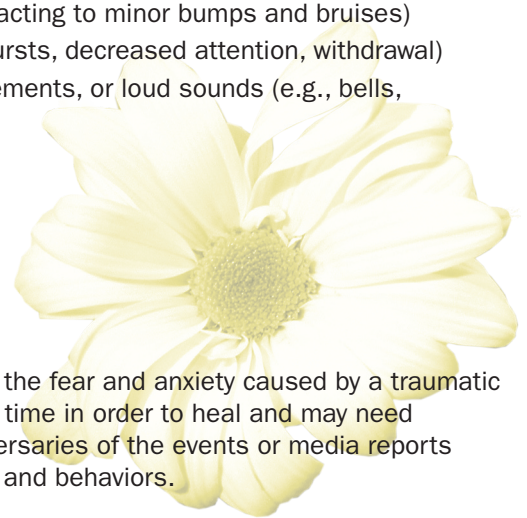
Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available

What you might observe in Preschool children:

Remember, young children do not always have the words to tell you what has happened to them or how they feel. Behavior is a better gauge and sudden changes in behavior can be a sign of trauma exposure.

- Separation anxiety or clinginess towards teachers or primary caregivers
- Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at same level as peers)
- Re-creating the traumatic event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)
- Increased somatic complaints (e.g., headaches, stomachaches, overreacting to minor bumps and bruises)
- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying



Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children will need more help over a longer period of time in order to heal and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the events or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Helping children and caregivers reestablish a safe environment and a sense of safety
- Helping parents and children return to normal routines
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Explaining the trauma and answering questions in an honest but simple and age-appropriate manner
- Teaching techniques for dealing with overwhelming emotional reactions
- Helping the child verbalize feelings rather than engage in inappropriate behavior
- Involving primary caregivers in the healing process
- Connecting caregivers to resources to address their needs—young children’s level of distress often mirrors their caregiver’s level of distress

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

What Is Childhood Traumatic Grief?

This brief information guide to Childhood Traumatic Grief summarizes some of the material from the “In-Depth General Information Guide to Childhood Traumatic Grief,” which can be found at www.NCTSN.org.

- Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member.
- Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected or due to natural causes.
- The distinguishing feature of childhood traumatic grief is that trauma symptoms interfere with the child’s ability to work through the typical bereavement process.
- In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which they perceive the death of the person close to them.
- The child may have intrusive memories about the death that are shown by nightmares, feeling guilty, self-blame, or thoughts about the horrible way the person died.
- These children may show signs of avoidance and numbing such as withdrawal, acting as if they are not upset, and avoiding reminders of the person, the way the person died, or the event that led to the death.
- They may show physical or emotional symptoms of increased arousal such as irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and fears about safety for themselves or others.
- These symptoms may be more or less common at different developmental stages.
- Left unresolved, this condition could lead to more serious difficulties over time.
- Not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief; many experience normal grief reactions.

What Is Normal Grief?

In both normal childhood grief (also called uncomplicated bereavement) and childhood traumatic grief, children typically feel very sad and may have sleep problems, loss of appetite, and decreased interest in family and friends.

In both normal and traumatic grief, they may develop temporary physical complaints or they may regress, returning to behaviors they had previously outgrown, like bed-wetting, thumb-sucking, or clinging to parents.

Both groups of children may be irritable or withdrawn, have trouble concentrating, and be preoccupied with death.

Children experiencing normal grief reactions engage in activities that help them adapt to life.

Through the normal grief process children are typically able to:

- Accept the reality and permanence of the death
- Experience and cope with painful reactions to the death, such as sadness, anger, resentment, confusion, and guilt
- Adjust to changes in their lives and identities that result from the death

- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death
- Invest in new relationships and life-affirming activities as a means of moving forward without the person being physically present
- Maintain a continuing, appropriate attachment to the person who died through such activities as reminiscing, remembering, and memorializing
- Make meaning of the death, a process that can include coming to an understanding of why the person died
- Continue through the normal developmental stages of childhood and adolescence

What Additional Challenges Increase the Risk of Childhood Traumatic Grief? (Secondary Adversities)

Some evidence suggests that bereaved children who experience additional challenges related to the death—called secondary adversities—or who are already facing difficult life circumstances, are at risk for experiencing traumatic grief. For example, a child who must move after the death of a father must contend with both the absence of a parent and disruption of a social network. A child who witnessed the murder of her mother may face an array of severe additional adversities, such as participation in legal proceedings and facing intrusive questions from peers. Children whose lives are already very complicated and filled with challenges and adversities may be particularly susceptible to developing traumatic grief reactions.

What to Do for Childhood Traumatic Grief

Children with childhood traumatic grief often try to avoid talking about the deceased person or their feelings about the death, but talking about it may be important for resolving trauma symptoms that are interfering with the child's ability to grieve. If symptoms similar to those listed on this sheet persist, professional help may be needed. The professional should have experience in working with children and adolescents and specifically with issues of grief and trauma. Treatment itself should address both the trauma of the death and grief symptoms. Effective treatments are available, and children can return to their normal functioning. If you do not know where to turn, talking to your child's pediatrician or a mental health professional may be an important first step. They should be able to provide you with a referral to a mental health professional who specializes in working with children and adolescents experiencing traumatic grief reactions. Additional information is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or www.NCTSN.org.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

“There is a cost to caring.” - Charles Figley

Trauma takes a toll on children, families, schools, and communities. Trauma can also take a toll on school professionals. **Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma**—referred to as *compassion fatigue* or *secondary traumatic stress*—being physically, mentally, or emotionally worn out, or feeling overwhelmed by students’ traumas. The best way to deal with compassion fatigue is early recognition.

TIPS FOR EDUCATORS:

- 1. Be aware of the signs.** Educators with compassion fatigue may exhibit some of the following signs:
 - Increased irritability or impatience with students
 - Difficulty planning classroom activities and lessons
 - Decreased concentration
 - Denying that traumatic events impact students or feeling numb or detached
 - Intense feelings and intrusive thoughts, that don’t lessen over time, about a student’s trauma
 - Dreams about students’ traumas

- 2. Don’t go it alone.** Anyone who knows about stories of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.

- 3. Recognize compassion fatigue as an occupational hazard.** When an educator approaches students with an open heart and a listening ear, *compassion fatigue* can develop. All too often educators judge themselves as weak or incompetent for having strong reactions to a student’s trauma. Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.

- 4. Seek help with your own traumas.** Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.

- 5. If you see signs in yourself, talk to a professional.** If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma.

- 6. Attend to self care.** Guard against your work becoming the only activity that defines who you are. Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress. Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc.

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