

# CALMING WORRIED MINDS AFTER A SCHOOL TRAUMA



*DEBORAH PURGE, PH.D., LMFT*



Youth and  
Family Centers



# TRAINING OBJECTIVES

---

- To understand the long-lasting impact that trauma has on children.
- To identify the risk factors and warning signs of trauma and how it impacts children at different age level.
- To recognizing behaviors and attitudes that can increase anxiety in children.
- To understand the importance of talking to children and how parents can talk to children about traumatic events.
- To learn strategies that will help children cope and become resilient despite their traumatic experiences.

# BRIEF FACTS

---

- The adolescent years are a period of intense learning and development and one often marked by great emotional ups and downs.
- Mental health disorders can begin to show itself during this period of time and can cause significant changes in the way children learn, behave, and cope with their emotions and life stressors.
- One in five adolescents will have experienced a serious mental health disorder and will display significant symptoms of emotional distress (NIMH, 2017)
- According to Child Mind Institute (2017), adolescents are more vulnerable to depression and anxiety disorders and that 14.3% of the adolescents ages 13 – 17 will be affected by depression and bipolar disorders.
- Data shows that more than 50 % of mental health conditions such as substance abuse will start by age 14 (Child Mind Institute, 2017).
- When left untreated, mental health issues can have serious life threatening consequences and have long-lasting impact on their brain development (Child Mind Institute, 2017).
- Suicide is now the **second** leading cause of death amongst youths ages 10 to 14 years old and 15 to 24 years old (American Assoc. of Suicidology, 2018).

# SCHOOL PREVALENCE

---

- Researchers reported that 20% of students have been affected by trauma.
- It is reported that 60% of students ages 17 years old reported that they have been exposed to violence.
- Most recent Youth Risk and Behavior Survey found that a total of 17.7% have considered suicide; 14.6% had a suicide plan; 8.6% attempted suicide at least once; 2.8% made a suicide attempt and need medical treatment as a result (Amer. Assoc. of Suicidology, 2018).
- Often times, problems that may not seem significant enough to an adult can be quite traumatic and distressful for children. Perceived crises are just as traumatizing as actual crises.

# TYPES OF TRAUMA THAT CHILDREN MAY EXPERIENCE

---

- School Shootings / School Violence (Bullying, Stabbing)
  - Kidnapping or Hostage Situation (student or staff)
  - Natural Disasters – (i.e. floods, hurricanes, tornados)
    - Terrorism / War – (i.e. bombing)
    - Suicide / Homicide (student or staff)
    - Physical and Sexual Abuse (student or staff)
  - Loss /Death (could be a student, teacher or school staff)
  - Medical Trauma (i.e. death or injury due to medical reason)
- Immigration Issues (i.e. separation or loss of loved ones due to deportation)

# HOW TRAUMA IS DEVELOPED

---

According to National Association of School Psychologist (NASP, 2015), trauma is likely if a child experiences an event as threatening and this perception is often influenced by:

1. The nature of the crisis
2. The length of exposure to crisis
3. The relationship the child has with the victims of the crisis
4. How the adults involve react to the crisis
5. Any individual risk factors that make the child more vulnerable



# TRAUMA RISK FACTORS

---

- According to NASP, children will have certain characteristics that will make them more vulnerable to traumatic experiences:
  - How close they are to the traumatic event
  - Previous exposure to traumatic events
  - Mental health issues or disabilities
  - Parents with mental health or substance abuse issues
  - Poor social support and isolation
  - Stress or strain on the family
  - Loss or possibility of losing a loved one
  - Environmental and developmental impact
  - Social economical status

# COMMON RESPONSES TO TRAUMA

---

- Intense and often unpredictable mood changes.
- Observable changes in thoughts and behavior.
- Overly strong reactions to triggers in the environment and hypervigilance (high or abnormal sense of alertness, watchfulness or concern).
- Strained family and peer relationships, usually because child will pull away from friends and families.
- Decrease in the general feeling of well-being (physical symptoms can arise).



# WARNING SIGNS – UNDER 3 YEARS OLD

---

- Increase irritability and crying that is outside of normal behavior or temperament.
- Regression in behavior and skills previously learned.
- Becomes hypervigilant and becomes clingy and increasingly upset when separated from caregivers.
- Increase aggression and non-compliance to request.
- May appear detached and aloof after traumatic event.

# WARNING SIGNS – PRESCHOOLERS (3 - 5 YRS.)

---

- Repetitive play in which they act out over and over the traumatic events.
- There is confusion as to whether or not that love one will come back
- Sadness and anxiety associated with whether or not event will occur again.
- Disturbances in sleep and eating habits, as well as loss of previously acquired skills.
- May have night terrors/nightmares and fear that something will happen to other loved ones.
- Feelings of helplessness and inability to do complete tasks that previously learned.
- Unusually clingy and seem to have difficulty separating from loved ones, as they did before.

# WARNING SIGNS – SCHOOL AGE (6 -12 YRS.)

---

- Become preoccupied with the trauma and will tell their story over and over again.
- Might engage in “magical thinking” related to the trauma.
- Great concern about their own safety and that of their peers and family members.
- They may experience overwhelming sadness, fear, anger, shame, or guilt.
- Disturbances in sleep and eating patterns. Some may have frequent nightmares.
- May experience more headaches, stomach aches, and might engage in more aggressive behaviors.
- Problems staying focus in school and decline in school performance.
- Begins to understand that loss and death are permanent, which can increase anxiety and stress.



# WARNING SIGNS – ADOLESCENT (12 – 18 YRS.)

---

- Might engage in maladaptive coping mechanism and increase risk-taking and self-harming behaviors.
- Bad mood, anxiety, and moodiness that last longer than just a few days.
- Begin to withdraw from friends and family with lack of interest in previously enjoyed activities.
- Increase school absences, illnesses, and decline in school performance not common to student.
- Becomes continuously angry and exhibits an overwhelming sense of sadness or irritability.
- Decrease or increase in appetite, sleep pattern, or weight.
- Understands that death is permanent and experience intense sense of loss.
- Might experience fear, vulnerability, guilt and shame and might even think of ways to get revenge.

# THINGS THAT INCREASE ANXIETY

---

- Anticipatory Anxiety – Because of past trauma, children can often be worried about it happening again in the future and there's concern about personal safety.
- Separation Anxiety – Anxiousness and distress that comes as a result of separating from loved ones or caregivers.
- The Trickle-Down Effect – Children take cues from their parents as to how to deal with traumatic events. If parents seem worried and uncertain, then the children will often take on some of that anxiousness seen in the parent.
- Media Coverage – Lessen the time spent watching coverage of the trauma, as to not flood children with too much information that might increase their anxiety.
- Peer Talk – Children will often talk amongst themselves and can share wrong information with each other.
- Drills and Lockdowns – Drills and lockdowns provide information as to what to do in case something does happen, but can also increase children's concerns about safety...especially after something traumatic has happened.

# TALKING WITH YOUR CHILD ABOUT TRAUMA AND DEATH

---

According to the National Child Traumatic Stress Network, beliefs and attitudes about grief and death are largely influenced by culture, religion, and ritual practices which in part influence how families navigate this process. So...

- Be honest with your child
- Listen carefully to the feelings your children are expressing
- Be prepared to discuss things over and over again.
- Don't be afraid to let them know when you are not sure or don't know the answer.
- Remember children's understanding of the trauma or death will vary depending on the age of the child.
- If your child has to attend a funeral or burial, prepare them as to what to expect as this can be a frightening experience for them.
- Be prepared to deal with the unexpected feelings and behaviors after the trauma or funeral.



# HELPING CHILDREN COPE AND DEAL WITH TRAUMA

---

- Be patient and normalize feelings of anxiety or fear.
- Make home a safe place and find time to spend with your child.
- Think about what you would like to say to your child and be honest.
- Find a quiet time and place to talk without interruptions or distractions.
- Listen first to find out what they know and understand about what happened.
- Gently correct any information that is inaccurate and provide the correct information.
- Make sure to keep your conversations and explanations on a developmentally appropriate level.
- Look for signs of anxiety, fear, or distress and teach your children how to self-care.
- Take care of yourself, learn to manage your own anxieties, and be a positive role model.

# HELPING CHILDREN COPE CONT'D

---

- Reassure your children that you will be there if they need anything or want to talk.
- Be sure to maintain all routines, rules, expectations, and be consistent.
- Address and seek help for behaviors that are concerning and monitor all changes in behaviors or relationships.
- Discuss your safety procedures/plans and be sure to address any triggers/reminders that they might experience.
- Talk to children about their support system and people they can trust to talk to.
- Monitor media exposure and limit television viewing of the traumatic event.
- Avoid making any major changes or decision, give children and yourself time to adjust.
- Seek professional help and find available support groups to help manage resulting feelings and behaviors.

# BUILDING RESILIENCE

---

- Building resilience in your children will help them to adjust and cope despite the traumatic events that they experienced.
- Resilience will help them deal with stressful and uncertain situations.
- Helping your child to become resilient will allow them to start the road to recovery and begin to function as they did before.
- They need to believe that schools are a safe place and that there will be trusted adults available, if they need them.
- Keep the lines of communication open.....and find help when needed.



# CALMING DOWN ACTIVITIES

---

- Engage your children in physical activities and sports (yoga, gymnastics, swimming, running)
- Spend time with family and friend who are supportive
- Teach your child breathing exercises that will help him/her to calm down when stress (blowing bubbles)
- Find creative activities to do (drawing, coloring, art project, etc.)
- Engage in mindfulness activities (this will help them focus on things around them)
- Journaling (diary, poems, letters, anything that allows them to express themselves)
- Find books that you can read together (age-appropriate)
- Participate in age-appropriate group activities (football, volleyball, etc.)

# GETTING HELP / RESOURCES

---

- School Counselors / School Nurses
- Professional Counselors (i.e. Licensed Professional Counselors, Social Workers, Psychologist) – usually obtained outside of school.
- Medical Attention / Psychiatrist – For evaluation (i.e. anxiety, PTSD, depression) and treatment (medication, if needed). May need to see a primary doctor or nurse for other stress related issues (headaches, stomach aches, loss or increase in weight, etc.).
- Support Groups (i.e. Grief Group, Sibling Groups and other form of therapy groups)
- The National Child Traumatic Stress Network –  
<https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief>
- Child Mind Institute - <https://childmind.org/our-impact/trauma-response/trauma-resources/>
- The National Institute for Trauma and Loss in Children – <http://www.starrtraining.org/tlc>

# QUESTIONS????

---

Deborah Purge, Ph.D., LMFT

Seagoville Youth and Family Center

15800 Seagoville Rd

Dallas, TX. 75253



Youth and  
Family Centers



# REFERENCES

---

- American Association of Suicidology. (2018). Youth suicide fact sheet based on 2016 data. Retrieved from <http://www.suicidology.org>
- Child Mind Institute. (2017). At a glance: 2017 children's mental health report.
- Gurwitch, R. (2015). American Psychological Association. How to talk to children about difficult news. Retrieved from <http://www.apa.org/helpcenter/talking-to-children.aspx>
- Hurley, K. (2018). Internalized anxiety: How World events affect our children. Retrieved from <https://www.psychom.net/internalized-anxiety-children/>
- Institute for Disaster Mental Health. Helping children cope: Tips for parents and caregivers.
- Palomares, R. S. & Bufka, L. F. American Psychological Association. Helping your children manage distress in the aftermath of a shooting. Retrieved from <http://www.apa.org/helpcenter/aftermath.aspx>

# REFERENCES CONT'D

---

- National Association of School Psychologist. (2016). Talking to children about violence: Tips for parents and teachers. Retrieved from <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/talking-to-children-about-violence>
- National Association of School Psychologist. (2015). Trauma. Retrieved from <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/trauma>
- The National Child Traumatic Stress Network. Age-related reactions to a traumatic event. Retrieved from [www.NCTSN.org](http://www.NCTSN.org)
- The National Child Traumatic Stress Network. Parent Guidelines for helping youth after the recent shooting. Retrieved from [www.NCTSN.org](http://www.NCTSN.org)

# REFERENCES CONT'D

---

- The National Child Traumatic Stress Network. Talking to children about the shooting. Retrieved from [www.NCTSN.org](http://www.NCTSN.org)
- U. S. Department of Health and Human Services, National Institute of Mental Health. (2017). Mental Illness. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

*THANK YOU!!!!*