

Post traumatic stress

Description

Each year many children and adolescents sustain injuries from violence, lose friends or family members to illness or injury, or are adversely affected by witnessing a violent or catastrophic event. The terrorist attack of September 11th and Hurricane Katrina are dramatic examples. There are many more: car accidents, dog attacks, family violence, neighborhood gun violence, traumatic disease, sexual abuse. It's natural to be traumatized by such events. If the trauma ends, many people recover within a few weeks. Others develop Post Traumatic Stress Disorder (PTSD). The three biggest predictors of PTSD in children are personal resilience, parental support, and previous trauma, including sexual abuse.

Symptoms

Symptoms educators might see that may signal post traumatic stress include: heightened startle response, extreme withdrawal, disruptive behavior, and/or inability to pay attention, regressive behaviors, irrational fears, irritability, outbursts of anger and fighting, stomach aches or other bodily symptoms that have no medical basis, declining grades, depression, anxiety, and emotional numbing or "flatness," substance abuse, and problems with peers.

Healing strategies

A strengths-based approach to helping children deal with trauma focuses on building resilience in all children, especially the ability to deal with change, and controlling self talk that interferes with healing, such as the belief that the traumatic event will happen again. Many children are helped by talking about the traumatic event, right after it happens, but *forcing discussion or repeatedly bringing up the catastrophic event may re-traumatize children*. For children who are acting out with aggression, regardless of how understandable their angry behavior may be, the safety and rights of others, as well as the success of the student who has been traumatized, require maintaining a calm disciplined environment in the classroom. Skills in managing feelings, especially anger and fear, are useful for all children, all of the time, but most especially those who have been traumatized.

Sometimes - but not always - professional help needed

Children and adolescents who show avoidance behavior, such as resisting or refusing to go places that remind them of the place where the traumatic event occurred, and emotional numbing, a diminished emotional response or lack of feeling toward the event, may need the help of a professional to heal.

Goals of intervention

Students will:

- Develop the strengths to handle many forms of adversity
- Recognize that hard things happen to people, and can be survived
- Master skills for controlling self talk and managing anger and fear
- Know who and how to ask for help
- Develop greater flexibility and optimism, two components of resilience
- Develop problem solving skills

A suggested scope and sequence

SKILL TRAINING TOPICS

Resilience

Optimism

Managing feelings

Controlling self-talk

Relaxing

Humor

Anxiety

Problem solving

Change

Staying connected

Asking for help

Keeping faith*

CHALLENGE TOPICS

Trauma

Terrorism

Addiction

Anger

Depression

Fear

Grief

Guilt

Hate

Hope

Numbness

Recklessness

Sadness

Sleep problems

Substance abuse

* Faith has been shown to be a protective factor for both children and adults who undergo trauma. This lesson does not promote a specific faith, but describes what faith is, and how it can take my forms. Like all topics in Ripple Effects programs, it can easily be deleted using the administrator's "back door".