



TREP CLASSROOM MANAGEMENT

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

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

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

Recognizing Trauma in the Classroom

Introduction

Because children spend a significant portion of their day at school, teachers have a unique opportunity to observe and potentially identify children who are struggling to cope with exposure to traumatic life experiences. Trauma occurs when students experience life stressors that threaten their safety, inhibit their emotional capacities and abilities to cope with challenging circumstances. As a result, the child might experience severe distress, fear, and feelings of helplessness. In addition to these consequences,

children may also undergo changes in their ability to manage their emotions, peer relationships, and academic achievement due to the trauma.

Types of Trauma

There are two categories of trauma: acute trauma and chronic trauma. Acute trauma is defined as a single, unanticipated event. Chronic trauma is repeated traumatic events that occur over a period of at least a few months but can continue for many years.

Impact of Childhood Trauma

Both acute and chronic traumatic events have serious negative implications for children's development. Besides a decline in their ability to successfully meet the behavioral and academic expectations of schools, childhood trauma causes negative long-term impacts on mental and physiological health. For example, research has shown that children exposed to traumatic events and are at a greater likelihood of alcohol and drug abuse.

Childhood Trauma Symptoms

It is imperative that educators understand that it is not necessary for them to know the details of the cause of the trauma to intervene. If trauma is suspected, a teacher should recommend the child for emotional and psychological services so that a professional can more accurately determine the child's needs.

Physical symptoms may at first appear as normal injuries that have nothing to do with childhood trauma. However, by paying attention it is often possible to notice patterns of childhood trauma like having certain symptoms at specific places and times.

- Example: sleep disorders, recurring nightmares, sleeping too much or not enough. This can look like consistently coming late to class, appearing exhausted or lethargic, and resting head on desk repeatedly throughout the day.

Behavioral symptoms may be easier for a teacher to notice given that most educators spend a full year with the children and have grown accustomed to their behavior. Sudden changes in

patterns of behavior is the key symptom. One major behavioral symptom is traumatized children's increased demand for attention from their teachers and peers.

- Example: social isolation, withdrawal from normal social network. This can look like choosing to sit alone, avoiding social interactions, quitting extracurricular activities, and not talking with others during breaks.

Emotional symptoms can be quite varied.

“Childhood trauma has serious negative implications for children's development. The consequences can manifest in either physical, behavioral, emotional, or cognitive symptoms.”

There is no one pattern of how a child will emotionally respond to a traumatizing event. However, certain emotional symptoms such as depression and irritability are likely. Again, sudden change in patterns of emotional responses is the key symptom.

- Example: difficulty regulating emotions, easily angered, emotions are not consistent or lack a logical flow. This can look like mood swings, and arguing with teacher or peers.

Cognitive Symptoms are harder to identify, but are no less consequential. These symptoms may include flashbacks of the trauma and lack of ability to recall classroom instruction.

- Example: inability to focus. This can look like fidgeting, frequently glancing around the room, and not completing in-class assignments.

Educators' Roles in Trauma Intervention

Research suggests that the school environment may be a perfect setting for intervening with students coping with trauma. One study found that when children were receiving free trauma treatment as part of their school curriculum, 91 percent completed the treatment compared to only 15 percent who were treated outside the school in a mental health clinic.

Teachers have an important role in intervention for traumatized children. They may assist in one of three ways:

1. Identifying either a physical, behavioral, emotional, or cognitive symptoms and referring the child to the school or mental health counselor.
2. Become part of a school-based trauma treatment group.
3. Serve as a critical support system for children undergoing the therapeutic process.

Furthermore, teachers can seek permission from the administration to establish trauma treatment teams within the school. This support system would play an essential role in monitoring student's progress and setbacks and offering a holistic approach in addressing the trauma.

Even if the student is receiving help from outside through a mental health provider, teachers can still have a critical role in the child's recovery process. Teachers can create a sense of safety in the classroom by making the school day as

predictable as possible for the student. Teachers can sympathize and offer support to the student.

Schools as a whole also have a role in trauma intervention, particularly when a traumatic experience has affected the entire student body, schools may want to implement a school-wide rather than an individual trauma intervention. A school-wide trauma intervention can be approached by both targeting children that are most affected and suffering from the trauma and providing treatment individually or in groups, and using an existing curriculum that strengthens prevention and coping skills throughout the entire school. Examples of whole-school, classroom-based interventions include programs like ***School Interaction Project*** and ***Enhancing Resiliency Among Students Experiencing Stress***.

It is critical to understand that classroom teachers are not the only ones responsible for facilitating individual or system-wide trauma interventions; administrators and other staff also have a significant role to play. Throughout the school day, children come into contact with many adults throughout the school, and it is the job of all to look for symptoms of trauma and take the appropriate steps. This includes reporting signs of trauma to the school counselor. The school counselors are the individuals within the school who are most likely to know the laws, regulations, and policies related to student safety, and they can utilize strategies to address trauma experienced by children through prevention and clinical services.

Adapted from:

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