

There are students in your school who have experienced trauma.

Consider Nicole. Her teacher noticed that the tenth grader, who had previously been a very outgoing and popular student, suddenly appeared quiet, withdrawn, and “spaced out” during class. When the teacher approached her after class, Nicole reluctantly admitted that she had been forced to have sex on a date the previous week. She was very embarrassed about the experience and had not told anyone because she felt guilty and was afraid of what would happen.

Another example is Daniel. Daniel has become increasingly aggressive and confrontational in school. He talks throughout classtime and has difficulty staying “on task.” When approached by the teacher, his mother describes the constant neighborhood violence that Daniel is exposed to. He has witnessed a gun battle among gang members in the neighborhood and his mother suspects that he is in a gang. She is worried that he may be using drugs and alcohol. The mother also admits that during fifth grade, Daniel was placed in foster care due to physical abuse by his father and constant domestic violence in the home.

What do these two very different individuals have in common? They have both been exposed to trauma, defined as *an experience that threatens life or physical integrity and that overwhelms an individual’s capacity to cope*. Generally traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the adolescent, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. Even an adolescent who does not exhibit serious symptoms may experience some degree of emotional distress, and for some adolescents this distress may continue or even deepen over a long period of time. Some traumatic experiences occur once in a lifetime, others are ongoing. Many adolescents have experienced multiple traumas, and for too many adolescents trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

Be alert to the behavior of students who have experienced one of these events. **Be aware of both the adolescents who act out AND the quiet adolescents who don’t appear to have behavioral problems.** These students often “fly beneath the radar” and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the adolescent’s traumatic experiences into consideration when dealing with acting out behaviors.

Situations that can be traumatic:

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or 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., drive-by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

What you might observe in High School students:

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Withdrawal from others or activities
 - Irritability with friends, teachers, events
 - Angry outbursts and/or aggression
 - Change in academic performance
 - Decreased attention and/or concentration
 - Increase in activity level
 - Absenteeism
 - Increase in impulsivity, risk-taking behavior
- Discomfort with feelings (such as troubling thoughts of revenge)
- Increased risk for substance abuse
- Discussion of events and reviewing of details
- Negative impact on issues of trust and perceptions of others
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)
- Heightened difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

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



Some adolescents, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some adolescents 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 event or media reports may act as reminders to the adolescent, causing a recurrence of symptoms, feelings, and behaviors.

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

- Education about the impact of trauma
- Helping adolescents and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process