NCTSN The National Child Traumatic Stress Network

Complex Trauma:

Facts For Educators

Complex trauma describes both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

Complex trauma can have devastating emotional, behavioral, social, and cognitive effects on students of all ages. Students' confidence and ability to cope with stress and change are also affected. These students may believe they are incapable of succeeding in school and are more likely to give up when faced with challenging tasks—or they may avoid tasks altogether. Relationships with peers, teachers, and school personnel are affected as students struggle to navigate social interactions and comply with rules and authority. Learning and behavioral difficulties may pose significant challenges for teachers and interfere with student achievement. If their trauma is not addressed, children with histories of complex trauma have difficulty experiencing success in school.

That was the case with Renee, a third grader who was in foster care due to numerous domestic violence complaints as well as inadequate supervision and housing. Her teacher at that time described Renee as a "sweet girl" who was at times "overly sensitive." Although she got along with the other children in her class most of the time, she "blew up" on several occasions during lunch time and recess, at one point running from the cafeteria and hiding in the hallway. In class, the teacher noticed that Renee often appeared sad or tired and frequently seemed to be daydreaming. She had difficulty following directions and often did not complete homework.

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.

By the time she entered middle school, Renee's problems had intensified. She and her siblings had been returned to their mother's care, but she was unresponsive to the efforts of her 6th grade teacher to reach out to her. Renee confided in a staff member at an afterschool program that she was being sexually abused by her stepfather. This disclosure prompted a new Child Protective Services (CPS) investigation and temporary placement with relatives. As a result, Renee missed a significant number of school days, and fell further behind academically. Teachers noticed that Renee had few female friends and seemed to behave in a sexually inappropriate manner with male classmates.

Renee's case illustrates some of the common ways complex trauma affects learning. An unstable upbringing, coupled with unsafe social interactions, has resulted in anticipated rejection, abandonment, and hostility from others. Children who have experienced complex trauma are often guarded and on "high alert," making it difficult to interpret and respond to social cues or focus in class. An unreliable support system and chronic physical complaints (headaches, stomachaches) can also interfere with concentration and lead to inconsistent academic performance and a higher rate of absences. Overall, children who experience complex trauma are three times more likely to drop out of school than their peers. They also may have:

- Greater likelihood of performing below grade level, and lower GPAs
- Higher rates of office referrals, suspensions, and expulsions
- Decreased reading ability
- Language and verbal processing deficits
- Delays in expressive and receptive language
- Greater tendency to be misclassified with developmental delays or referred for special education services
- Decreased ability to:
    - Focus and concentrate
    - Recall and remember
    - Organize and process information
    - Plan and problem-solve

By the time she got to 10th grade, Renee was frequently truant from school and at risk for dropping out altogether. Renee was now living in a group home, after multiple placements in foster care were unsuccessful as a result of her unmanageable behavior. Renee reported numerous physical complaints as well as recurring nightmares that made it difficult for her to sleep. She and another girl had been caught cutting themselves in a school bathroom. A teacher who had shown interest in Renee described her as "lost," without a sense of hope or plans for her future.

CHALLENGING BEHAVIORS AND REACTIONS

When danger is experienced, whether real or perceived, an alarm in the brain goes off and the "fight/flight/freeze" response is activated. Children with complex trauma have overactive alarm systems. They may display intense reactions and have difficulty calming down. Complex trauma causes the brain to interpret minor events as threatening, so these students may not be able to realistically appraise danger or safety. They may also misinterpret social cues, so that friendly joking seems hostile or threatening. These students often exhibit challenging behaviors and reactions. They may be:

- Non-compliant or oppositional
- Anxious, worried, tense
- Angry, agitated, or irritable
- Withdrawn or depressed
- Sleepy and tired in class (due to difficulty sleeping, bad dreams, or nightmares)
- Uncomfortable with transitions and routine changes
- Jumpy or easily startled by sudden sounds or movements, such as bells, sirens, doors slamming, changes in lighting, or unanticipated physical contact
- Self-destructive or self-injurious
- Anticipating rejection and abandonment

Trauma Reminders

Trauma reminders make a student think about or "relive" a traumatic event from the past. Trauma reminders can be places, sounds, smells, tastes, colors, textures, words, feelings, and even other people. Students who have experienced complex trauma can be triggered by trauma reminders many times a day, often without being aware of it. Being in a state of "high alert" impedes their ability to learn. Teachers and school personnel can help students by recognizing and anticipating trauma reminders and responding in a trauma-sensitive manner. Some examples that can occur frequently in the school setting include:

- Sounds or loud noises
- Time of year, or time of day
- Crowds
- Being touched
- Particular smells
- Yelling or arguing
- Thoughts, beliefs, or feelings (such as perceived blame, rejection, or hostility) can also be reminders of past traumatic events. For example, "my teacher hates me," or "I'm always the one who gets in trouble."

RECOMMENDATIONS FOR EDUCATORS

Teachers often deal with a wide range of student abilities and behaviors in their classrooms and often are already employing positive strategies with those students. However, students with complex trauma may feel especially threatened, vulnerable or rejected. They can benefit greatly from relationships with supportive adults at school, including teachers, support staff, and administrative staff, and it is crucial that all students have at least one "go-to person" at school. The following observations can be helpful as you consider ways to engage these children.

What can you do to support a student with complex trauma?

- **Understand what trauma looks like in the classroom and respond through compassion, not discipline.** Be trauma-informed when assessing children's behaviors. Is the behavior you are seeing as problematic, disruptive, or non-compliant actually caused by the child feeling threatened, attacked, or reminded of a traumatic experience?
- **When appropriate, talk to parents and other professionals working with the child.** Work together to identify coping and calming strategies that could help a child enjoy and succeed in school.
- **Contribute to efforts to make school systems more trauma-informed**, shifting disciplinary practices from punitive to restorative/transformative. Help staff at all levels understand that "problematic behaviors" serve a function for the student. Such behaviors often have proved adaptive in traumatic environments, and as such, should be recognized as efforts to cope with difficult circumstances. For example, aggressive or threatening body language decreases the likelihood of being picked on or bullied. However these "coping mechanisms" can become problematic once the student is in a safe environment in which the behavior is no longer needed.
- **Provide consistency and stability in your interactions with students**. Children with extensive trauma histories often have difficulty discriminating between safe and unsafe environments and consequently behave in ways that are not adaptive outside of the traumatic environment. Teachers, administrators, and school personnel can greatly foster a sense of safety and predictability by remaining consistent in how they work with these children.
- **Avoid labeling children negatively**. Instead, help children identify triggers resulting in stress reactions, and support their use of coping skills. Children with complex trauma may perceive themselves as "bad," "crazy," or having something "wrong" with them. Assist them in understanding their reactions in the context of their history and their interpretation of the current event that is triggering the reaction.
- **Be concrete in offering suggestions for managing emotions**. These children often lack the capacity for self-regulation. They can't just "calm down." They may require assistance with *how* to calm down.

- **Modify assignments, tests, and homework for children**. Providing more time for work, arranging one-on-one instruction and support, and reducing the demand for verbal processing, attention, memory, and other identified skill deficits will aid a child in experiencing success.
- **Create classroom activities that support a sense of community and safety**. Foster pro-social activities that allow children with complex trauma opportunities to contribute.
- **Provide educational activities that are interactive**, and provide opportunities to connect with peers and adults, so that there is a balance between individual assignments or handouts and cooperative activities.

Take care of yourself

Remember, as an educator, you are on the frontline. You may spend many hours each day working with children and adolescents exposed to complex trauma. You are in a unique position to help. But you are also vulnerable to the stress and challenges of working with children who suffer the psychological and physical wounds of complex trauma. Here are some ways to ensure your own well-being and sustain your ability to help your students.

- **Share your experience with those who know you firsthand: other teachers**. It is impossible to keep your human experiences separate from your work experiences. As a caring educator, you bring yourself fully to your work and bring your work-self home. It is important to have strategies that enable you to transition from work to home. One technique is to build communities of support for yourself at school, and connect with those who will understand. Do this regularly, and have your own "go-to person."
- **Advocate for yourself with your loved one** regarding the personal impact of working in traumatized communities. You are truly working on the front lines five days a week.
- If possible, **spend time with youth who are not traumatized**—this will provide you an opportunity to remember that not all kids are traumatized.
- **Remember what brought you to education, and renew those initial motivations.** What is your personal mission statement?
- Go to a quiet space and **honestly assess what part trauma may have played in your personal history**. It is important to be aware of what gets "triggered" in us and how our trauma histories are heightened by the students with whom we work.
- **Increase self-care**. When working in chronically traumatized communities you need to accept the benefits of self-care. Give yourself permission to have fun, exercise, have quiet time, eat well, and laugh.

Additional NCTSN Resources

- Child Trauma Toolkit for Educators (2008)
  - http://www.nctsnet.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf
  - The Child Trauma Toolkit for Educators includes multiple resources designed for school administrators, teachers, staff, and concerned parents and conveys basic information about working with traumatized children in the school system, at all grade levels.
- Childhood Traumatic Grief Educational Materials - For School Personnel (2004)
  - http://www.nctsnet.org/sites/default/files/assets/pdfs/schools_package.pdf
  - This guide introduces key information (in brief and more in-depth formats) about childhood traumatic grief relevant for school personnel, including how to identify traumatic grief in students.
- Facts on Traumatic Stress and Children with Developmental Disabilities (2004)
  - http://www.nctsnet.org/sites/default/files/assets/pdfs/traumatic_stress_developmental_disabilities_final.pdf
  - This fact sheet provides background on developmental disabilities, statistical information regarding the incidence of trauma in this population, and suggestions for modifying evaluation and treatment approaches.
- Psychological First Aid for Schools
  - http://www.nctsn.org/content/psychological-first-aid-schoolspfa
  - PFA for Schools is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or mass violence event.
- Self-Care for Educators (Dealing with secondary traumatic stress) (2008)
  - http://www.nctsnet.org/sites/default/files/assets/pdfs/CTTE_SelfCare.pdf
  - The fact sheet offers tips to educators for recognizing and managing their own secondary traumatic stress.
- Traumatic Grief in Military Children: Information for Educators (2008)
  - http://www.nctsnet.org/sites/default/files/assets/pdfs/military_grief_educators.pdf
  - This brochure provides culturally competent information to help educators understand how they can better serve military children suffering from traumatic grief.

Recommended Citation: National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for educators.* Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

A Special Thanks to: Connie Black-Pond, M.A., Western Michigan University; Melissa Peace, LICSW; Cindy Hill-Ford, M.A., Catholic Charities of the East Bay; Mandy Habib, Psy.D., Adelphi University