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# TRAUMATIZED CHILDREN: TIPS FOR PARENTS AND EDUCATORS

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Events such as the Oklahoma City bombing, terrorist attacks in New York and Washington, DC, and even natural disasters such as tornadoes and floods place everyone at risk for some degree of trauma reaction. It is normal and expected that most children will experience some symptoms of acute distress—shock, crying, anger, confusion, fear, sadness, grief, and pessimism. Depending on circumstances, particularly the additional trauma of loss of family members, most children will experience a gradual lessening of these symptoms over the days and weeks following the event and will be able to resume normal routines and activities with little change in performance. However, a large-scale crisis event places a significant number of children at risk for severe stress reactions.

Severe psychological distress for a child is not simply a consequence of experiencing a threatening and/or frightening event. It is also a consequence of how a child experiences the event, coupled with his or her own unique vulnerabilities. If a child you are teaching or caring for has had experiences and risk factors such as those described below, you may need to consider a referral to a mental health professional such as a school psychologist or a private practitioner.

## Children's Experience With Trauma

How traumatic is the event for a given child? The degree of psychological distress is associated with several factors:

- *Exposure:* The closer children are to the location of a threatening and/or frightening event, and the longer the exposure, the greater the likelihood of severe distress. Thus children living near, or whose parents work at or near, for instance, the site of terrorist attacks, a school shooting, or a severe tornado are at greater risk than children living far away. However, for many children the length of exposure is also extended by repeated images on television, regardless of location.
- *Relationships:* Having relationships with the victims of a disaster (those who were killed, injured, and/or threatened) is strongly associated with psychological distress. The stronger children's relationships with the victims, the greater the likelihood of severe distress. Children who lost a caregiver are most at risk.
- *Initial reactions:* How children first respond to trauma will greatly influence how effectively they deal with stress in the aftermath. Those who display more severe reactions (become hysterical or panic) are at greater risk for the type of distress that will require mental health assistance.
- *Perceived threat:* Children's subjective understanding of the traumatic event can be more important than the event itself. Simply stated, severely distressed children will report perceiving the event as extremely threatening or frightening. Among the factors influencing children's threat perceptions are the reactions of significant adult caregivers. Events that initially are not perceived as threatening or frightening may become so after observing the panic reactions of parents or teachers. It is important to keep in mind that children may not view a traumatic event as threatening because they are too developmentally immature to understand the potential danger. Conversely, unusually bright children may be more vulnerable to stress because they understand the magnitude of a disaster.

## Personal Factors Related to Severe Distress

Personal experiences and characteristics can place children at risk for severe stress reactions following traumatic events. These include:

- *Family factors:* Children who are not living with a nuclear family member, have been exposed to family violence, have a family history of mental illness, or have caregivers who are severely

distressed by the disaster are more likely themselves to be severely distressed.

- *Social factors:* Children who must face a disaster without supportive and nurturing friends or relatives suffer more than those who have at least one source of support.
- *Mental health:* The child who had mental health problems (such as depression or anxiety disorders) before experiencing a disaster will be more likely to be severely distressed by a traumatic event.
- *Developmental level:* Although young children, in some respects, may be protected from the emotional impact of traumatic events (because they do not recognize the threat), *once they perceive a situation as threatening*, younger children are more likely to experience severe stress reactions than are older children.
- *Previous disaster experience:* Children who have experienced previous threatening or frightening events are more likely to experience severe reactions to a subsequent disaster.

## Symptoms of Severe Stress Disorders

The most severely distressed children are at risk for developing conditions known as *Acute Stress Disorder* or *Post-Traumatic Stress Disorder* (PTSD). Only a trained mental health professional can diagnose Acute Stress Disorder or Post-Traumatic Stress Disorder, but there are symptoms that parents, teachers, and caregivers can look out for in high-risk children. Symptoms are similar and include:

- *Re-experiencing of the trauma during play or dreams:* Children may repeatedly act out what happened when playing with toys, have distressing dreams about the trauma, be distressed when exposed to events that resemble the trauma event or at the anniversary of the event, or act or feel as if the event is happening again.
- *Avoidance of reminders of the trauma and general numbness to all emotional topics:* Children may avoid all activities that remind them of the trauma or they may withdraw from other people or have difficulty feeling positive emotions.
- *Increased arousal symptoms:* Children may have difficulty falling or staying asleep, may be irritable or quick to anger, may have difficulty concentrating, or may startle more easily.

Acute Stress Disorder is distinguished from PTSD primarily in terms of *duration*. Symptoms of Acute Stress Disorder occur within 4 weeks of the traumatic event, but then go away. If a youngster is diagnosed with Acute Stress Disorder and the symptoms continue

beyond a month, the child's mental health professional may consider changing the diagnosis to PTSD.

## Know the Signs and Get Help if Necessary

Parents and other significant adults can help reduce potentially severe psychological effects of a traumatic event by being observant of children who might be at greater risk and getting those children help immediately. Knowledge of the factors that can contribute to severe psychological distress (closeness to the disaster site, familiarity with disaster victims, initial reactions, threat perceptions, and personal vulnerabilities) can help adults distinguish those children who are likely to manage their distress more or less independently from those who are likely to have difficulties that may require mental health assistance.

The mental health service providers who are part of the school system—school psychologists, social workers, and counselors—can help teachers, administrators, and parents identify children in need of extra help and can also assist in identifying appropriate referral resources in the community. Distinguishing normal from extreme reactions to trauma requires training, and any concern about a child should be referred to a mental health professional. See “Resources” below for additional sources of information.

## Resources

Brock, S. E. (2002). Identifying individuals at risk for psychological trauma. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 367–384). Bethesda, MD: National Association of School Psychologists. ISBN: 0-932955-84-3.

## Websites

National Association of School Psychologists—

[www.nasponline.org](http://www.nasponline.org)

National Center for PTSD—

[www.ncptsd.org/facts/specific/fs\\_children.html](http://www.ncptsd.org/facts/specific/fs_children.html)

*Adapted from Brock, S. E. (2002). Identifying individuals at risk for psychological trauma. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), Best practices in school crisis prevention and intervention. Bethesda, MD: National Association of School Psychologists.*

*An earlier version of this handout was posted on the NASP website in September 2001. Stephen E. Brock, PhD, NCSP, directs the School Psychology program at California State University, Sacramento and is a member of the National Emergency Assistance Team of NASP.*

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