
SAFE AND SOUND: Responding to the Experiences of Children Adopted or in Foster Care

A Guide for Teachers, Counselors, and Other Professionals
Working with School-Age Children and Youth



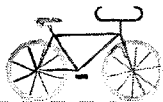


INTRODUCTION

As a school professional, you will work with many children who have experienced all kinds of adversity. While some stresses can help a child grow and develop resilience, stress that is severe, is repeated, or happens without the support of a loving adult can be traumatic to a child, and have long-lasting negative effects.

Trauma comes in many forms: It might involve drug or alcohol exposure before the child is born. It might be a history of neglect, poor nutrition, or physical, sexual, or emotional abuse. It might be having experienced or witnessed violence or natural disaster.

Children who have been adopted or who are in foster care can grow up very healthy and happy. But some of them may have trouble fitting in, due to a history of trauma. In particular, they may see and react to things in ways that may seem out of proportion to the situation. Research tells us that when harmful events happen in childhood, it changes how the brain grows



and works. These brain changes guide children's learning, actions, and health. Because of this, the effects of trauma can last a lifetime.

Those who come into a child's life later may not understand how past trauma can still affect a child. Adoptive and foster families may struggle in helping their children manage at home and in school. Some of these children may need more nuanced or individual help to learn social and school-related skills. In your role as a school professional, you have a great opportunity to assist families in understanding the child and promote healing.

This guide is meant to give school professionals like you information and tools to help you:

- Recognize and understand children who may have experienced trauma.
- Understand how trauma may result in specific challenging behaviors, some of which may be related to learning or social situations.
- Learn how to respond to a student's behavior in ways that acknowledge past trauma.
- Build safe and supportive environments that help students learn new reactions to stress that are more adaptive and effective.

CASE SCENARIO

As you read through this guide, keep this story and questions in mind.

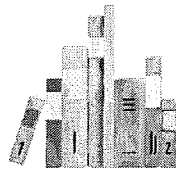
Tamika is an 11-year-old girl who was recently adopted by her foster mother of 3 years. Prior to this placement, Tamika lived with her birth mother, who struggled with opioid use disorder and was the victim of a drug-related shooting. After her mother's death, Tamika lived in several foster homes before landing with her adoptive mom. She has been making great progress in school catching up to her peers, but she is still a little behind in language, math, and peer interaction skills.



Q:

Are there tools or strategies to intervene before she falls any further behind?

Tamika's teacher hears another student giving Tamika a hard time because she doesn't have "real parents."



Q:

How could or should teachers intervene?



Q:

How could or should they engage her mother?



Q:

How could her mother work with the school on this issue?

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The Neurobiology of Trauma

You already know that the children in your school who are adopted or in foster care may have had many stressful or traumatic experiences. Science is just starting to explain how these types of trauma change the bodies and brains of children. If you learn more about the effects of trauma and how to create supportive and nurturing environments, you will be better equipped to help the kids you work with.

Here's what we know now:

- Babies' brains are not really ready to take on the world when they are first born. While the brain starts with all the nerve cells it needs, those nerves need to grow and link to each other to enable higher-level functioning.
- The things that children see, hear, and feel during their early years—these affect which nerves connect to each other and how well the connections are made.
- For the brain to make these connections, children must play, talk, and be loved by family. The connections don't just happen. So when kids don't have families to love and care for them early on, or when they live with lots of chaos, fear, and trauma, their brain growth can be altered.
- Trauma can also change which of the body's genes turn on and how those genes work. This can multiply the harm caused by trauma.
- Trauma, brain growth, and child behavior can affect each other in a big circle. Trauma can alter brain growth, which will change behavior. Behavior problems can make kids more likely to have more trauma, which will change brain growth more (see Figure 1).

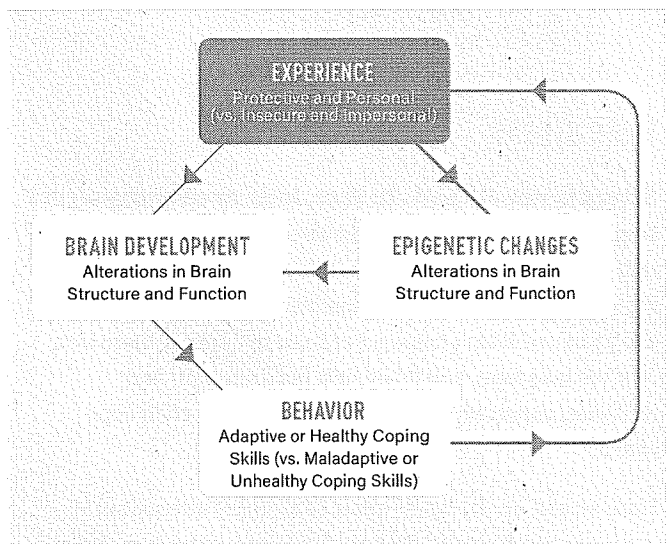


Figure 1

Development results from ongoing and cumulative interactions between experience, biology, and behavior. If early childhood experiences are protective and personal, adaptive or healthy coping skills are more likely. If early experiences are insecure or impersonal, maladaptive or unhealthy coping skills are more likely.

American Academy of Pediatrics, Dave Thomas Foundation for Adoption.
Figure 1 in: Helping Foster and Adoptive Families Cope With Trauma.
www.aap.org/traumaguide. Published 2016.



If you understand that a student's problems with attention, behavior, and learning may have been caused by early trauma, you will be better able to help the child.

TOXIC STRESS

Stress is not all bad. In fact, kids need some stress to grow and learn. Positive stress might be something that pushes a child to try something new or do their best, like a final exam or sports competition. Other stress is more like an injury: it isn't helpful, but it doesn't usually harm kids over the long term, and it can help build strength and resilience, especially if a loving adult helps the child cope with it.

Toxic stress, on the other hand, is a kind of stress that is severe or prolonged, or happens without the love and support of a caring adult. This type of stress actually harms children as they try to deal with it. Things like child abuse, parental substance use, or living in an orphanage can be so bad that the child's brain and body are changed as she tries to cope.

Why? It has to do with fear. Fear tells the body that it needs to freeze, run, or fight to stay safe. When scary things happen often, the body gets used to being in that state: ready to freeze, run, or fight. The child's brain makes sure that she doesn't

forget what happened. This is why a child may act like she is still not safe, even though she really is safe in your school. She may have trouble paying attention or sitting still. She may fight a lot, have frequent tantrums, or withdraw from classmates.

It's important to understand that, if the child were actually in danger, these behaviors could help keep her safe. But when the student is safe at home or in school, it may look like she is just behaving badly. However, if you know that she is acting that way because her brain and body learned to do that when she was scared in the past, then it will be easier to help the child.

Many children who have been adopted or are in foster care have experienced early toxic stress and trauma. By the time you meet a child, these events may no longer be in her record, and important details may have been lost over time. If you understand that a student's problems with attention, behavior, and learning may have been caused by early trauma, you will be better able to help the child.

ADDRESSING TOXIC STRESS

In the 1990s, a medical study called the Adverse Childhood Experiences (ACE) study was completed. Adults who were members of a large health insurance plan in San Diego, California, were asked about 10 significant types of trauma they might have experienced as children (such as abuse, neglect, or a parent with substance use disorder).

The researchers then looked at the health problems of the adults. Two-thirds of the adults reported that they'd had at least one of the 10 adverse experiences when they were kids. What was surprising was this: the more toxic stress people had lived through in childhood, the more likely they were to have physical health problems as adults—with things like heart disease, liver disease, obesity, and depression.

Many studies since then have shown the same thing—the more toxic stress you experience as a child, the more likely you are to be sick as an adult. When toxic stress happens in childhood, the body responds with changes to organ and immune systems, resulting in chronic health problems. In fact, if someone had multiple types of toxic stress a child, he is more likely as an adult to have mental and physical health problems severe enough that he is unable to work.

Here's the good news: when we know a child has experienced toxic stress, there are treatments and learning strategies that can help his brain and body heal. This can also improve his health, behavior, and ability to learn. And from your role in the life of the child, you're in a great place to help.



As a school professional, you can help because:

- You see the child often.
- You can model healthy coping skills.
- You understand how families can help kids grow and be healthy.
- You understand how it's better to prevent problems than trying to fix them later.
- You understand the many systems that play a role in the child's life (like school, the courts, child welfare, and others).
- You can provide families with information about trauma-informed counselors and other helpful resources in your area.

Schools can also help by letting parents know that they understand childhood trauma and want to help kids recover from it. You might discuss it in places like your school's website and parent orientation events. By creating an environment where parents feel free to confidentially share information about the hard things their child has been through, you can:

- Help kids and families understand that trauma is common.
- Help kids and families feel less alone with the trauma-related issues that they're dealing with.
- Let kids and families know that there is help, so that they can get better.
- Connect kids and families to school resources.
- Help families understand that, if they don't pay attention to trauma, it can affect the child's health and growth.

If your school's personnel suspect that a student's struggles might be related to trauma or toxic stress, they can gently and respectfully ask about other problems he might be having outside of school. This may help to identify the root problem. And by educating families about the role that toxic stress may be playing in these common struggles, you may make them more willing to accept professional help.

Not every child who has trauma in his past will have problems. But if you make it a habit to think about the effects of trauma, then you won't miss them when you see them.

UNDERSTANDING HOW TRAUMA MAKES A CHILD'S BRAIN WORK

BEHAVIORS THAT MAKE SENSE IF YOU KNOW THAT THERE HAS BEEN TRAUMA

- Not sleeping
- Eating a lot (so your body has energy)
- Being ready to run or fight
- Being easily distracted (so you can keep looking for danger)

These are all ways to protect yourself if you are scared.

HOW THE BODY WORKS WHEN THERE IS DANGER

- The heart races
- The muscles get ready to freeze, run, or fight
- The body gets organs ready to deal with injury
- The brain is not ready to learn, because it's busy with fear
- The parts of the brain that send alarms to the body and brain are turned on
- The parts of the brain that help you calm down are turned off

This state is only supposed to last for 20 minutes, because actual danger will either hurt you or go away in a short time.

HOW THE BRAIN AND BODY CHANGE WHEN THERE IS DANGER ALL THE TIME

- The body is more likely to get sick or get asthma
- Learning is difficult all the time, because the fear keeps the brain from using its learning centers
- The brain's alarm system stays on or turns on too easily
- It's hard to get the brain and body to calm down so that the child can sleep, learn, play, or be a friend

The body doesn't turn off these reactions because the danger is too bad or happens too often.

WHAT THESE CHANGES MAY LOOK LIKE

- Attention-deficit/hyperactivity disorder (ADHD)
- Learning problems
- Aggression
- Anger problems
- Depression
- Sleep disorders
- Anxiety and nervousness
- Withdrawal or anti-social behavior

When educators understand how the child's brain shuts down to learning when these stress signals are constant, they can design better learning environments for children who have experienced trauma. These students may benefit from approaches like spaces that are smaller and calmer, more time for testing and other stressful academic work, and specific stress-reduction activities built into the day.

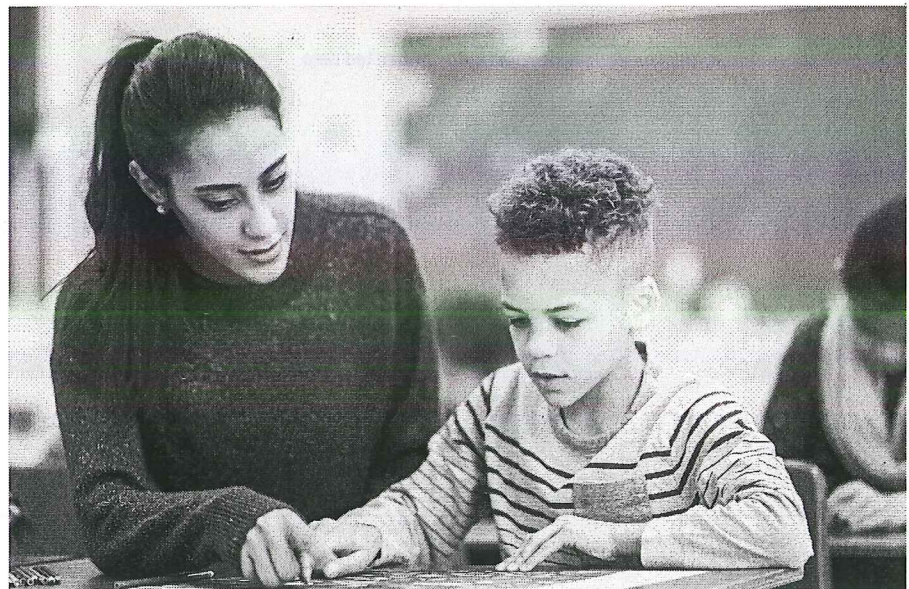
Prenatal Exposures

Children who have been adopted or placed in foster care may have had a birth mother who used cigarettes, alcohol, or other drugs during her pregnancy. In fact, this may be why the child was placed in foster care. In other cases, there may be no record that the child's birth mother used drugs or alcohol. It may still have happened, however, and should be considered as a possible reason for a child's difficulties.

Commonly used substances include cocaine, heroin and other opioids, methamphetamine, and prescription drugs. A birth mother may use drugs and alcohol together, and it can be difficult to separate the effects of these substances. Kids who have been exposed to drugs or alcohol before birth are at higher risk for problems with their development,

behavior, and learning. It's important to think about prenatal exposures as a possible reason for some of a child's difficulties. This may help you figure out why a child is having a hard time; it may also give you ideas to help you support the student.

It's important to think about prenatal exposures as a possible reason for some of a child's problems.



DRUG EXPOSURE

When a woman uses drugs during pregnancy, the fetus is exposed to these drugs during the time when the body and brain are developing. Studies show that, after birth, the impact of these drugs on how the body and

brain function is still present. For some children, no obvious effect is seen. For other kids, some of the difficulties improve as they mature and learn skills, and for others, the challenges can be lifelong.

OUTCOMES AFTER PRENATAL EXPOSURES	
EFFECTS SEEN AT SCHOOL AGE	
COCAINE	<ul style="list-style-type: none">• Developmental delay• Learning problems• Motor problems and poor coordination• Increased muscle stiffness• ADHD
HEROIN, METHADONE, AND OTHER OPIOIDS	<ul style="list-style-type: none">• Higher rates of ADHD
METHAMPHETAMINE	<ul style="list-style-type: none">• Limited data
TOBACCO AND NICOTINE	<ul style="list-style-type: none">• Higher rates of ADHD• Negative impact on cognition, memory language, and learning

ALCOHOL EXPOSURE

There are many labels used to describe the impact of prenatal alcohol exposure on a child.

The term fetal alcohol spectrum disorder (FASD) is a general label that covers the full range of possible effects.

Fetal alcohol syndrome (FAS) is the term most often used to describe the most severe form of prenatal alcohol exposure. The effect is seen in how the face looks, how the child grows and how the child learns and behaves. Some children may have other medical problems, such as a heart problem.

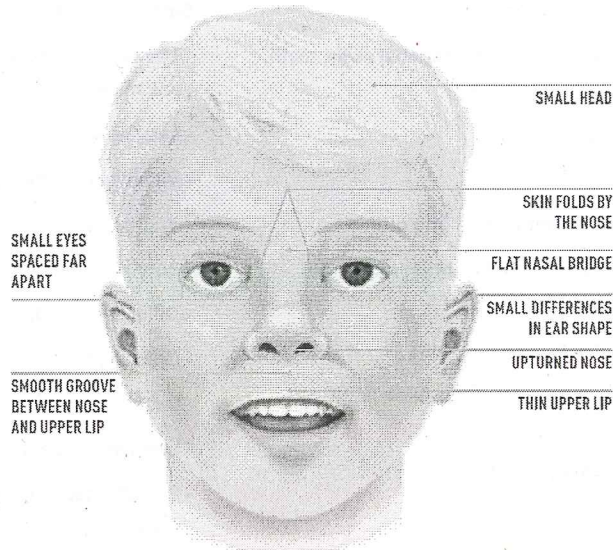
EFFECTS OF PRENATAL ALCOHOL EXPOSURE

POOR GROWTH:

- low weight
- shorter height

INJURY TO THE BRAIN:

- small head and brain
- developmental delays
- learning problems
- behavior problems (trouble focusing, being impulsive, being stubborn, anxiety)
- poor coordination and fine motor skills



Adapted with permission from Darryl Leja, National Human Genome Research Institute, National Institutes of Health, Bethesda, MD

Although FAS does happen, the milder forms of FASD are more common. When a child is having learning or behavioral problems, teachers and others may not think about FASD and alcohol exposure, especially if the child does not have the facial features that are characteristic of FAS. But it's still important to think about FASD and alcohol exposure. Alcohol can hurt the brain and change how the brain works, even if it doesn't show in the child's facial features. As a result, a child can have problems

that seem to have no known cause and may not get better with usual care. With FASD, the injury to the brain does not get worse over time, but the child's problems can get worse as he gets older, because more is demanded of him. Although the main damage to the brain cannot be fixed, a child can be helped if the problem is found early and he gets support.

ALCOHOL EXPOSURE (CONTINUED)

We know that kids who have been exposed to drugs and alcohol do better in safe, supportive, loving families. They do well as part of families who are able to see the child's strengths and weaknesses. And they do well with people who can provide help both at home and in the community to support their needs.

PROBLEMS OFTEN SEEN WITH FASD

SCHOOL-AGE CHILDREN

- Cognitive delays
- Specific delays in learning (memory, visual spatial skills, math, verbal expressions, organization/planning)
- ADHD
- Boundary issues
- Low tolerance for frustration; tantrums, acting out
- Difficulty understanding cause and effect or learning from prior experience
- Immaturity; poor understanding of social rules
- Difficulty with activities of daily living (getting ready for school, self-care, chores)
- Can appear more capable than actually are
- Inappropriate sexual behavior

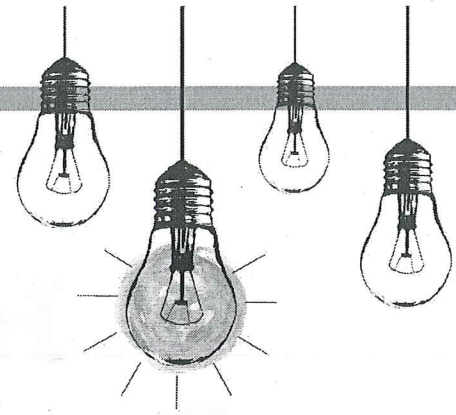
ADOLESCENTS AND YOUNG ADULTS

Same issues as school age and more, due to higher demands:

- Mental health problems (anxiety, depression, low self-esteem, low motivation)
- Leaving school
- Victimization (being taken advantage of by others)
- Aggression
- Poor judgment; faulty logic, resulting in problems with the law
- Difficulty with abstract concepts
- Difficulty handling money
- Substance use
- Lying and stealing
- Socially inappropriate behavior, early sex or unintended pregnancy
- Unable to maintain a job



TIPS FOR SCHOOL STAFF



TIP #1

Know what the child does well. Know what poses a challenge.

TIP #2

Accept the child's problems. Understand that the child is not behaving this way on purpose.

TIP #3

Work with parents (and other professionals who work with the student) to ensure consistent behavioral expectations, and to set reasonable but challenging educational goals.

TIP #4

Use very specific, detailed daily routines.

TIP #5

Use simple, clear language and examples.

TIP #6

Use visual aids and cues (like schedules, charts, and calendars).

TIP #7

Help the child learn through hands-on experience.

TIP #8

Repeat instructions, information, and rules.

TIP #9

Praise and reward the child's efforts, emphasizing positive encouragement for small successes, rather than negative consequences for small failures or infractions.

TIP #10

Structure the student's time.

TIP #11

Watch over the student while they try to do things on their own.

TIP #12

Arrange for school supports (like IEPs) and later for job and vocational training, as well as other resources and support through disability resources.

Health for Body, Mind, and Relationships

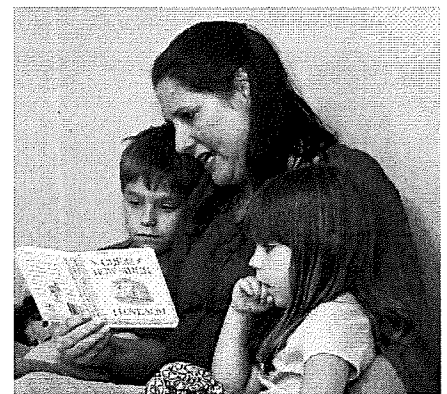
Children who are adopted or in foster care are more likely to have significant physical health issues. Sometimes, these health problems are the reason that they were available for adoption or placed into foster care. Other times, the problems may be the result of abuse or neglect that the child has experienced, or they may be a long-term result of early toxic stress. Whatever the situation, kids need parents and teachers to work together to address these health needs in a way that's as easy as possible for the child.

If a child was exposed to drugs or alcohol during pregnancy, or if her birth parents had a substance use disorder, she may be more likely to develop substance use problems of her own. School professionals can help by supporting parents as they teach kids from an early age that trying drugs or alcohol is not healthy. Teens need to be closely monitored for signs of experimenting with drugs or alcohol, and schools can help by connecting parents to community resources that help address teen substance use.

In a similar way, when children have seen or experienced sexual violence, they may act sexually in ways that put them at risk, that are not socially acceptable, or that make others uncomfortable. For example, children may masturbate as a way to calm themselves down. This by itself is not harmful, but they can be taught to do this in private places rather than in public spaces. Schools can partner with parents to teach children about healthy, loving, and respectful sexual behavior, and to help kids protect themselves and respect the wishes of others. Teens may need careful guidance to learn healthy behaviors with boyfriends or girlfriends, and parents should help teens prevent pregnancy and sexually transmitted infections. Schools can help by creating environments where healthy relationships are promoted and expected.

Children and youth who have experienced toxic stress are more likely to have long-term mental health struggles. Children whose birth parents

have mental illnesses are more likely to have them as well, since these conditions may run in families. Many children and youth who are adopted or in foster care can benefit from working with a mental health professional who is knowledgeable about early childhood trauma and toxic stress. Here too, schools can help by knowing about available community resources, especially evidence-based trauma therapies, and helping families connect with providers who are specifically trained to address trauma. School psychologists and social workers who are knowledgeable about toxic stress can be a tremendous help to students and their families.



Transitions

Big changes in life are hard for everybody. For children and youth who have lived through trauma and times of instability, changes and transitions can be even more difficult. When a child first moves into a new family, she often experiences a period of emotional shutdown while she learns the routines of a new family and household. This is (unfortunately) sometimes called a "honeymoon period," since the child may be very calm and on her best behavior, and the new parent is feeling joyful with the addition of the new child to the family. What that calm really represents, though, is the child's anxious efforts to learn the rules and routines of the new household, school, and community, and being on guard against scary or unsafe things that may have happened with past changes.

These feelings may be seen in school settings as well, for older youth as well as younger children. Teachers and other school officials can help the child through this stressful period by working with parents to help the child feel safe and secure. Photos and transition objects like a soft blanket or stuffed animal from the new family can help, even if it's not usually allowed in school. A detailed tour of every

space in the school can also help the child feel more secure. It's good to include a discussion about what happens in each space, and what sounds, smells, and sights the child might experience there.

As the child gets used to the new family and school settings, there will be some limit testing and boundary pushing. Once a child feels relatively safe, she may even "act out" in an attempt to express her sadness and anger and heal from her trauma. This is sometimes referred to as "the end of the honeymoon." Teachers and school support staff can help by talking with the child about understanding big feelings, and healthy ways to handle them, while still enforcing the rules for basic safety and order in the school.

It is important to remember that just leaving the new home and being apart from new parents can also be stressful for kids and youth who have lived through trauma. Children may not fully understand that the separation is temporary, and may not yet feel sure that the new parent will return. Being very explicit about what will happen during the school day, and when parents will come back to take the child home, can help. Some children continue to need this reassurance for months or even years after they join their new families.

It is important to remember that just leaving the new home and being apart from new parents can also be stressful for kids who have lived through trauma.

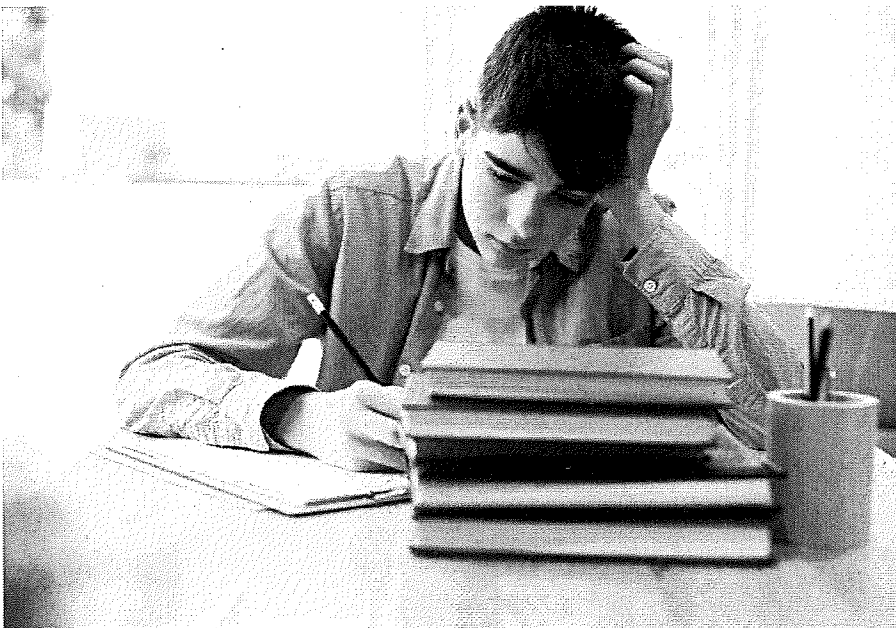


Learning

Children who are adopted or in foster care often have struggles with learning. This can be because they are still operating in “freeze-run-fight” mode, and their brains are not ready to learn. Also, if kids have missed time in school or have moved to lots of different schools, they are often behind just because they haven’t had a chance to learn things in a consistent order.

If a child is struggling academically in school, he should have a full psycho-educational or neuro-psychological evaluation to help his parents and teachers understand how to set reasonable expectations, and to help him learn to his best ability. Children often benefit from having learning and emotional supports in school.

Being the parent of a child who has learning struggles can be hard, especially if school was easy for the parent. It is helpful to have realistic expectations of the child, even as parents and teachers work hard to help him do his best in school. Schools can help by encouraging participation in other activities (such as sports or the arts) that come easily to the child, which can help to reduce the stress that school struggles can cause for both parents and children.



Children often benefit from having learning and emotional supports in school.

Identity

In addition to trauma, children and youth who have been adopted or are in foster care often have other differences about their families that can make life hard. Race and ethnicity are some of the ways that they may feel different. Children can do very well in interracial adoptive families. But when a child looks different from her parents, she and her family stand out right away. Many communities, even today, have very little diversity. A child in an interracial adoptive family may be the only person of her race in her school, on her sports teams, or in her social circle. This can leave kids feeling like they do not fit in and are all alone.

Sometimes children are made to feel like they are *the* example for their entire race or ethnicity. This can create pressure for a child to be perfect, or it can cause her to just give up and act negatively. Many adopted kids say that they don't feel like they fully belong to any group, since they don't share the same culture or all of the physical features of any one group. Of course, racism doesn't just affect kids who are adopted or in foster care. But when a child's parents, family, and friends have not felt the same racism as the child, it can be difficult for the child to learn how to understand it and respond in a healthy way. It may be harder for a child to learn to love who she is, when she has no real-life role models of her race or ethnicity.

Many children who are adopted or in foster care also live in families that are non-traditional. Some families have just

one legal parent, some have two parents of the same gender, and some have grandparents or other extended family members as guardians. Here too, kids may feel singled out or different based on their family structure. Celebrating the diversity of students and families within a school can help children who are adopted or in foster care feel more included.

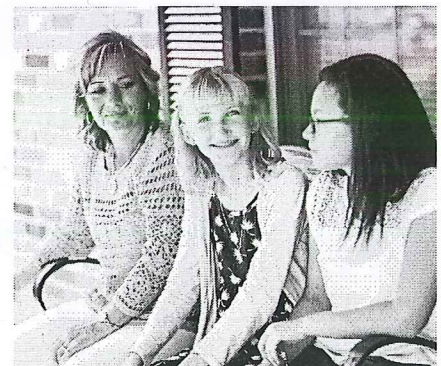
Whether a child is in foster care, kinship care, or an open adoption, relationships with birth parents can be both positive and complicated. Many studies show that it can be very helpful for children to have ongoing relationships with one or both birth parents. But this can also get very complicated, especially if the birth parent is struggling with a substance use disorder or other mental health issues.

Some children who have been adopted or are in foster care do not know parts of their own life stories. A child may not know her actual date of birth; a birth date may have simply been assigned to her. Many children do not know details of their early lives, and important parts of their personal and family medical histories are often missing. They often do not have baby pictures, records of first words or first steps, or stories of silly things they did when they were little. Some may have pre-verbal memories of trauma, without the words or details to explain how nervous or upset they feel when those memories come back.

All of these differences can be very hard for children and youth who are adopted or in foster care. Kids may be

bullied because they or their families stand out. They often get intrusive questions about their lives and their families. School projects that center on family history or ask for baby pictures may highlight these feelings of being different. Kids in foster care may feel added stress because they are not in a permanent family.

Caring adults can help by simply being aware of what a student might be going through, and by creating communities that welcome and celebrate children and families of all kinds. Teachers should keep these possible circumstances in mind when assigning projects that include family or early life histories, allowing individual students to share what they know and want to share, without drawing attention to what a student does not know or want to share. When teachers make such assignments, they can help by acknowledging the possible need for alternatives to things like baby pictures and family tree diagrams. This can help students who are adopted or in foster care to feel less alienated by these projects.



What Can Be Done to Help?

As we have discussed, children who have lived through trauma may react to everyday things in ways that seem like over-reacting, but those reactions are really related to their earlier trauma. When this happens, how the adults around them respond can make a big difference in helping them.

Research has shown that certain behavior management strategies

that work well for kids who haven't experienced trauma do not work well for children who have. In fact, those strategies can make things worse, not better, for kids who have had trauma.

Children who have a history of trauma often need more help from adults to deal with their feelings of frustration and anger, and they need those adults to remain very calm and not to take things

personally. There are some behavior management strategies that have been shown to really help, and you can learn more about them [here](#).

The table on the next page offers some basics about how to respond to typical behaviors of children at different ages, contrasting the "usual" ways with those that work better for children who have experienced trauma.



**COMPARISON OF GUIDANCE IN ROUTINE CARE VS. TRAUMA HISTORY:
ATTENTION TO SELF-REGULATION ISSUES (CHART 1 OF 2)**

	ROUTINE CARE	TRAUMA HISTORY	
KINDERGARTEN TO GRADE 2	AGGRESSION, TANTRUMS	Take a time out, ignore bad behavior, reward positive behaviors.	Take the child's hand to reduce his heart rate and assist him in self-regulation. Time out may not be manageable if his emotions are too strong; he may need external support. Isolate the child to reduce stimuli; use rocking or a weighted vest to stimulate deep proprioceptive nerves; play soothing music. Give directions quietly (not yelling).
	IMPULSIVE ACTIONS, AGGRESSION	Use a stern "no!" and redirect the child's behavior.	A loud "no" may make the child's body release more stress hormones. Instead, respond quietly and redirect her behavior.
	REGRESSION (LOSS OF A SKILL PREVIOUSLY DEMONSTRATED)	Ignore the behavior; challenge the child to return to age-appropriate behavior.	The child may need more external support and soothing. She may need to abandon the skill for a short period of time.
	SELF-SOOTHING (MASTURBATION, HEAD BANGING)	Reassure the child and redirect his behavior.	Along with redirection, the child may need more external soothing.
GRADES 3 TO 6	ANGER, FRUSTRATION	Ask the child to use words to express emotions; encourage her to talk through disagreements with others.	The child may have difficulty accessing her emotions or assigning names to them; this can lead to more impulsive and aggressive actions. Support her in recognizing when the frustration and anger start, then show her how to de-escalate the feelings before they get out of her control.
	DISORGANIZATION	Offer external supports and reminders.	The child will benefit from classroom routines and clear expectations. He may need visual prompts or other reminders that other students don't need, in order to develop organizational skills.
	DEPRESSION, WITHDRAWAL	Give attention to possible significant depression, but also encourage the child to express her emotions and identify the cause of her distress. Help her with cognitive coping skills to recognize the emotion, its cause, and its resolution.	These symptoms may be the result of a trigger and may be related to prior trauma. Explore this as possibility with school psychology or counseling services. Be aware of this as a trauma issue if the child is being evaluated for inattentive ADHD.
	SOMATIZATION (FREQUENT COMPLAINTS OF HEADACHE, STOMACHACHE, ETC.)	Give the complaints minimal attention. Encourage the child to identify the stressor, and continue regular activity as much as possible.	This may be a manifestation of trauma. The child may need more external support from school staff beyond the classroom, including relaxation techniques and cognitive coping skills to deal with the underlying issues. The school nurse and medical staff can work with the student on these issues if the child needs to leave the classroom.

**COMPARISON OF GUIDANCE IN ROUTINE CARE VS. TRAUMA HISTORY:
ATTENTION TO SELF-REGULATION ISSUES (CHART 2 OF 2)**

		ROUTINE CARE	TRAUMA HISTORY
GRADES 7 TO 12	STRONG EMOTION, EMOTIONS BEYOND WHAT SITUATION WOULD WARRANT	<p>These can be age appropriate for teenagers. Encourage cognitive coping skills; discuss emotions and their origins.</p>	<p>Teens may need help with calming; calming techniques can employ all 5 senses. For example:</p> <p>Sight: Have the student use handheld electronics to view appropriate YouTube or music videos they enjoy.</p> <p>Sound: Keep relaxing music or a sound machine available. Have the student compile a list of relaxing music for his handheld electronic device that he can listen to when his feelings start to escalate. Have audio for guided meditation or guided relaxation available.</p> <p>Smell: Use scented candles or other aromatherapy tools in a particular space that the student can use.</p> <p>Taste: Sucking on ice or a spicy candy (like an "atomic fireball") can help redirect the student's attention.</p> <p>Touch: Stress balls, prayer beads, Play-Doh, textured cloths, and lotion can all provide tactile ways to redirect the student's energy.</p> <p>Educators may find that they need to "hold" emotions for the teen, meaning to hear and translate them and calmly reflect them back to the teen. When the student is calm, discuss strategies about how to de-escalate before his feelings are out of control.</p> <p>Remember: It may be that these emotions aren't related to the issues at hand. The teen may have been triggered by a new situation to return to old emotions that are associated with trauma, or to revert to a self-image and expectations of himself and others based on trauma. Classroom teachers may need to have a plan with school counselors to take over attending to the student when his behavior starts to escalate.</p>
	IMPULSIVE ACTIONS	<p>Let natural consequences occur; take away the teen's privileges; map the consequences of her actions aloud.</p>	<p>The teen may not be able to appreciate the consequences of her actions. She may need help in making the link between her actions and the consequences. She may also need more external monitors or guidance than her same-aged peers.</p>

RESOURCES

Safe and Sound Materials

This guide is part of a series of resources designed to help children who have experienced trauma and adversity, by helping their parents, caregivers, and other adults in their lives understand how that early trauma may have affected them. Access all of the materials at:
www.aap.org/safe&sound

Adverse Childhood Experiences (ACE) study:

www.cdc.gov/violenceprevention/acestudy

National Child Traumatic Stress Network

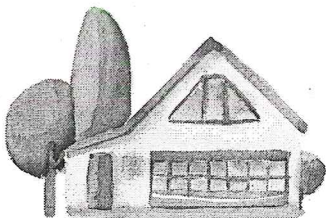
www.nctsn.org/audiences/school-personnel

Parent Training Programs

www.cebc4cw.org/search/topic-areas/parent-training-programs

Trauma Treatment (Child and Adolescent)

www.cebc4cw.org/search/topic-areas/trauma-treatment-child-adolescent



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