



Trauma-Informed Care Guidelines

What happened to you?

NOT What is wrong with you?

Trauma informed discipline and management are an essential part of creating a culture of care:

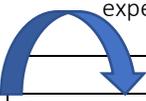
- Trauma can **IMPACT** the way children view themselves and the world around them
- Trauma can **IMPACT** a child’s emotions, behavior, learning, and the ability to interact with others

The impact of **TRAUMA (PTSD)** can mirror the symptoms of **ADHD**, including:

Hypervigilance, inattention, detachment, irritability, anger outbursts, distractibility, restlessness, impatience, impulsivity, a limited sense of future, and difficulty concentrating.

TIPS for Understanding Children Exposed to Trauma:

1. **Children who have experienced trauma are not trying to push your buttons.**
If a child is having trouble with transitions, behavior, or forgetting tasks, remember that children may be distracted because the trauma situation is causing them to worry. Instead of reprimanding children for behaving poorly, or being forgetful, be affirming and accommodating by establishing a visual cue or verbal reminders to help the child. Switch your mind-set and remember the child who has experienced trauma is not trying to push your buttons.
2. **Children who have experienced trauma worry about what is going to happen next.**
A daily routine can be calming, so try to provide structure and predictability when possible. Since words may be difficult for traumatized children to process (including delayed processing time or “brain fog”) they need other sensory cues. Besides explaining how the day will unfold, have signs, schedules or a storyboard that shows the planned activities.
3. **Even if the situation does not seem bad to you, it is the child’s perception that must be considered.**
Try not to judge the trauma. As caring adults, we may unintentionally project that a situation is not really “that bad”, but how the child perceives the event should become the focus. We must remember it is the perceived loss of control or safety that is causing the trauma response. It is also important to remember that many students are not only experiencing the trauma associated with COVID-19, but also the culmination of chronic stress. For example, a child who lives in poverty may frequently worry about the family being able to pay rent on time, keep their jobs or have enough food, but the fear and worry are heightened because of the uncertainty during the aftermath of COVID-19 and economic loss.
4. **You do not need to know exactly what the child experienced to be able to help.**
Instead of focusing on the specifics of the traumatic situation, concentrate on the support you can give children who are suffering. Look for the themes of trauma including hurt, anger, fear, helplessness, victim mindset, and worry. Some children may be reluctant to discuss or disclose the depths of their agony. It is not necessary to know all the details of the trauma experience to effectively respond with empathy and flexibility.

 DECREASES Attachment/Safety	INCREASES Attachment/Safety 
Comparisons “You think that is bad, John knows 3 people with Coronavirus.”	Normalize “It is normal to feel...”
Minimizing “What are you complaining about, you got a <i>Coronacation</i> .”	Empathize “I am so sorry that happened. It must be very difficult for you.”
Platitudes “When I was a senior, we really had it bad, we weren’t worried about missing prom, we were worried about being drafted to war.”	Ask questions “What was the worst part about social distancing/Coronavirus for you?”
Reframing too soon “Don’t worry, soon your mom will find a new job. It will be even better than her old job!”	Sooth senses Play music, dim lights or use a lamp, diffuse essential oils or use a calming air freshener, display peaceful pictures or photographs, have sweet “treats” available
Business as usual “We are behind because of the days off; we need to stay busy.”	Create containers Allow free writes, doodles, free draws, role plays, “draw your hurt, fear, pain...”