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Identifying Severely Traumatized Children: Tips for Parents and Educators

Following exposure to crisis events (such as natural disasters, acts of violence, and the death of a friend or family member) it is not unusual for children to display symptoms of acute distress (such as shock, crying, anger, confusion, fear, sadness, grief, and pessimism). In most cases these reactions are temporary and gradually lessen in the days and weeks following the event. However, there are instances where these reactions are part of more severe emotional trauma. How adults react to a crisis can have a significant effect on how traumatized children become. It is very important that adults remain calm and reassuring to the extent possible. This handout describes how to identify severely traumatized children so as to better ensure they get timely access to the professional counseling they will require.

Exposure to a traumatic event alone is not necessarily sufficient to seriously traumatize a child. Rather, it is a consequence of *how* the child experienced the crisis that results in severe emotional distress. It is helpful for adults to understand both the risk factors involved and the specific reactions to the traumatic event that signal the need for referral to a mental health professional.

The Child's Trauma Experience

How traumatic an event is for a given child is the result of an interaction between the event and the child's personal crisis experiences. Quite simply, if a child views the event as threatening, then the greater is the likelihood that the child will be traumatized. These threat perceptions are determined and influenced by (1) the nature of the crisis event itself, (2) crisis exposure, (3) relationships with crisis victims, (4) adult reactions to the trauma, and (5) a variety of individual/personal vulnerability factors.

1. **Crisis event.** Some traumatic events are more threatening than are others. Severe emotional trauma is more likely to occur following events that are intentional human caused acts of aggression (vs. accidents or natural disasters); and/or those that occur suddenly and unexpectedly, have particularly devastating consequences (e.g., involve fatalities), have relatively long durations, and are intense.
2. **Exposure.** The closer a child is to the location of a crisis event, and the longer their exposure, the greater the likelihood of the child viewing the event as personally threatening. Thus children who are physically closer to a terrorist attack, a school shooting, or a natural disaster are at greater risk than are children who were far away from the traumatic event.
3. **Relationships.** Having relationships with the victims of a crisis (i.e., those who were killed, injured, and/or threatened) is associated with an increase chance of viewing the event as threatening. The stronger the child's relationships with the victims, the greater the likelihood of severe distress. Children who lost a caregiver or immediate family member are most at risk.
4. **Adult reactions.** Particularly among younger children threat perceptions are influenced by adult behaviors and reactions to the crisis event. Events that initially are not viewed as threatening and/or frightening may become so after observing the panic reactions of parents or teachers. Sensationalized media reports can also influence how frightening a child views an event to be.
5. **Individual vulnerability.** Personal experiences and characteristics can also influence how crisis event threat perceptions. These include:
 - a. **Family factors.** Children who are not living with their families, have been exposed to family violence, have a family history of mental illness, and/or have caregivers who are severely distressed by the disaster are more likely themselves to be severely distressed.
 - b. **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 such support.

- c. **Mental health.** The child who had mental health problems (such as depression or anxiety disorders) before experiencing a traumatic event will be more likely to be severely distressed by a traumatic event.
- d. **Developmental level.** Although young children, in some respects, may be protected from the emotional impact of traumatic events (because they don't recognize the threat), *once they perceive a situation as threatening*, younger children are more likely to experience severe stress reactions than are older children and adolescents.
- e. **Previous trauma experience.** Children who have experienced previous threatening and/or frightening events are more likely to experience severe reactions to a subsequent disaster event severe psychological distress.

Symptoms of Severe Emotional Trauma

The presence of the risk factors described above will signal the need to be more vigilant for the symptoms of severe emotional trauma. While some initial symptoms are to be expected following a crisis event, there are several reactions that signal the need for referral to a mental health professional.

1. **Acute initial reactions.** Severe reactions during the crisis (e.g., become hysterical or panic).
2. **Increased arousal.** Difficulty falling or staying asleep, being irritable or quick to anger, having difficulty concentrating, and easily startling.
3. **Avoidance of crisis reminders and a lack of emotion.** Avoiding all activities that serve as reminders of the trauma, withdrawal from other people, difficulty feeling positive emotions.
4. **Maladaptive coping.** Potentially harmful coping behaviors (e.g., drug or alcohol use, severe aggression).

These reactions are especially concerning if they interfere with daily functioning (e.g., result in the child not being able to play with friends, go to school, etc.) and are long lasting (i.e., do not begin to lessen a week or more following the event).

It is important to note that symptoms can be delayed, particularly in the case of ongoing or extended trauma experiences such as war or loss of home and community as the result of a disaster. Additionally, experiencing a traumatic event can put children at higher risk for severe trauma reaction to a future crisis.

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 them help immediately. 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 help identify 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.

For further information about the signs and symptoms of severe emotional trauma in children and adolescents, please refer to the National Center for PTSD at the following website: http://www.ncptsd.org/facts/specific/fs_children.html or the National Association of School Psychologists www.nasponline.org.

Adapted from School Crisis Prevention and Intervention: The PREPaRE Model by S. E. Brock et al. (2009), National Association of School Psychologists. Modified from the article posted on the NASP website in September 2001.