

Hurricane Harvey: 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.

The **THEMES** of Trauma:

- **Safety/Lack of safety-** If a child does not feel safe, he/she cannot learn. It is important to address and readdress safety as a campus leadership team. (Look for: hypervigilance, easy startle response, fidgeting, frequently scanning the environment)
- **Worry-** A child may be overloaded with heavy concern. Our school culture should foremost provide an environment comfort and care. (Look for: furrowed brows, avoidance of eye contact, heightened emotions)
- **Hurt-** Losses must be grieved. Students now live in a different world than that which was experienced Pre-Harvey. Care, compassion and empathy can help soothe hurt. (Look for: crying, lashing out, swollen eyes, upset stomach, headaches)
- **Fear-** Hyperarousal can lead to reexperiencing the traumatic events. During flashbacks, the intense emotions are experienced as if the event is being relived. Additionally, new phobias may develop because of the trauma experience. (Look for: withdrawal, shivering, "daydreaming", inability to focus, shrinking back or trying to become invisible. Phobias may develop around thunder, rain, perceived food scarcity)
- **Anger/Revenge-** Often it is hard to make sense of traumatic events with widespread loss and damage. Children can become angry and ask "Why me? Why my family? Why Houston?" It is also important to consider the reality of feeling alone during the traumatic experience. The child may be angry when he/she perceives no one understands or cares. (Look for: short tempers, angry outbursts, enlarged pupils, clenched jaws or fists)
- **Victim Thinking-** Because the sense of safety was jeopardized, students may begin to think "Bad things always happen to me." This can lead to a negative outlook on life which may decrease the ability to engage academically and socially. (Look for: self-isolation, "Why bother?", feeling corrections are unfair, negative interactions)
- **Loss of Future Orientation/Helplessness/Hopelessness-** Children need help developing coping skills, coping with emotional flooding and making it through daily routines when trauma is experienced. At times, they need to "borrow" skills from caring adults. Empathy can help alleviate hopelessness. One caring individual can restore hope to a hurting child. (Look for: decline in effort, no ideas about future goals, the constant need for help)

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 homework, remember that children may be distracted because the trauma situation is causing them to worry. Instead of reprimanding children for being late, 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.**

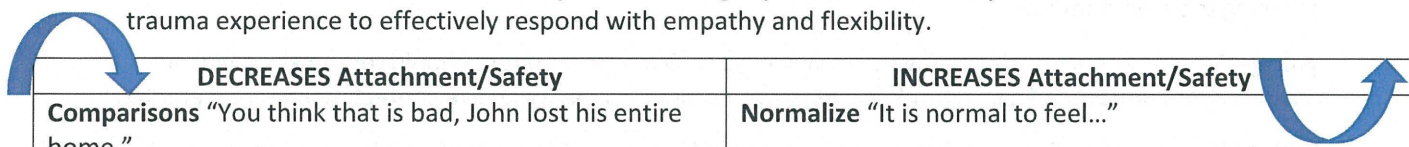
A daily routine can be calming, so try to provide structure and predictability when possible. Since words may be difficult for traumatized children to process (including delayed processing time or “brain fog”) they need other sensory cues. Besides explaining how the day or class will unfold, have signs, 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 Hurricane Harvey, 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 the storm.

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 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 lost his entire home.”	Normalize “It is normal to feel...”
Minimizing “You just lost your car. It could have been worse.”	Empathize “I am so sorry that happened. It must be very difficult for you.”
Platitudes “When I was a kid I really had it bad, I had to walk 5 miles to school.”	Ask questions “What was the worst part about the storm for you?”
Reframing too soon “Don’t worry, soon you will have all new floors in your house. It will be nice!”	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 get right to work.”	Create containers Allow free writes, doodles, free draws, role plays, “draw your hurt, fear, pain...”



Self-care “It is OK to not be OK!”

- Watch your overindulgences, it can be tempting to self-medicate to help reduce the impact of stress
- Watch your compassion fatigue-You are the “go to”, the leader, you are expected to have the answers, to know the plan and to care well for others. YOU have also EXPERIENCED the storm. You are impacted. Take breaks, rest when needed.
- Watch your hyperarousal-Your fuse will also be shorter. Your coping skills may be diminished. Your capacity for noise, unruliness and the emotions of others may be surprising limited. Be aware of your responses and intentionally work to relax and stop before speaking or reacting.
- Watch your relationships. We often are the unkindest to those we love the most. Remember, you are under intense emotional stress. DO not engage in important conversations when you are **Hungry Angry Late or Tired**. (HALT!)
- Watch your expectations: firefighters and builders. Some rush right in to help when they perceive a need. (Firefighters) While others stay back waiting for the fires to be extinguished while scoping out a plan to rebuild. (Builders) You may become disappointed with those who react differently in a traumatic event. Understand our differences help us create stronger teams. We are better, together!
- ASK for help, understand your limits: Trauma happened TO you. Be courageous and ask for help when you need it!