

Behavioral Health Resource Guide

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Behavioral Health Resource Guides for Teachers: Summary of Contents

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Introduction to Behavioral Health Resource Guides for Teachers: Promoting Child Mental Health by Building Healthy Relationships

Zachary W. Adams, Ph.D., Associate Professor of Psychiatry, Indiana University School of Medicine

What to Know:

Positive relationships are a key ingredient to student health and well-being. Along with parents and other caregivers, educators play a critical role in promoting emotional resilience and healthy brain development across childhood. In fact, one of the strongest, most consistent predictors of child mental health is the presence of safe, kind, caring adults who support children's growth and development. Strong relationships with teachers and other school personnel can exert positive effects on student mental health in formal ways – such as through classroom management practices and curricular activities focused on social-emotional functioning – and through informal, everyday interactions. Educators can also foster child mental health by creating valuable opportunities in and out of the classroom for students to practice kindness, build connections with their peers, practice coping with difficult situations, and regulate their thoughts and feelings. These skills are also critical for helping children to meet their full academic potential.

This series of Behavioral Health Resource Guides addresses several common emotional and behavioral health challenges encountered in school settings – including anxiety, depression, ADHD, and trauma – and ways educators can support students experiencing those conditions. In each case, kindness and relationships matter. For example, when students who are anxious or depressed become more withdrawn and isolated, a caring adult can help to bring them back into the fold. When students struggle to control their impulses and face rejection from their classmates, supportive adults can intervene to both help the student stay on-task and to prevent bullying from peers. When students have experienced violence and other forms of trauma, it can be difficult for them to feel safe or to trust others, especially when their connections to friends and family have been disrupted. Here again, caring adults can support students as they navigate difficult times and build bonds with trusted people in their lives. In these ways and more, teachers, administrators, school nurses, social workers, psychologists, paraprofessionals, coaches, and other school staff play a central role in promoting mental health across childhood.

Tips for Teachers:

- 1. Teach, model, and coach positive social skills.** School provides ample opportunities for children to learn and practice key skills such as kindness, perspective-taking, conflict resolution, and problem-solving.
- 2. Praise and reward kindness, respect, and inclusiveness.** One of the best ways to help children learn is through positive reinforcement. By noticing and rewarding positive interactions, you help children know how they should act in similar situations in the future.
- 3. Know signs for when children are in distress.** In children, mental health concerns can take many different forms. Become familiar with the range of cognitive, emotional, behavioral, and social signs that may signal a need for additional supports and interventions. Each Behavioral Health Guide in this series includes a section describing common signs that signal distress and need for help.
- 4. Keep lines of communication open.** Some children are eager to talk about their thoughts and feelings while others may be more reserved. Checking in from time to time lets students know you care and are a safe person to speak to when they are ready.
- 5. Help students label their feelings.** Strong emotions can be confusing and overwhelming, especially for children. Improving awareness of feelings and expanding emotional vocabularies can help to make feelings seem less mysterious and more manageable.
- 6. Encourage healthy coping skills.** We all need options for how best to calm down when we feel upset. Teachers can equip students with a menu of health strategies for relaxing their minds and bodies, regulating their feelings, and sorting through difficult situations.

- 7. Partner with other adults.** Work with your colleagues and other adults – including caregivers, healthcare professionals, child welfare workers, etc. – to help ensure children and their families have the supports and resources they need. When intervention services are indicated, it can be very helpful to coordinate across settings.
- 8. Avoid assuming the worst.** When children act out, it can sometimes feel personal. The same can be true of difficult interactions with parents and caregivers. As you work to understand the behavior and formulate a response, consider a range of potential explanations for the behavior. For instance, have the student's basic needs been met (sleep, nutrition, exercise, safety)? Are there other stressors at play within or outside the school environment?
- 9. Facilitate connections.** Create opportunities for students to meet and interact with a variety of peers and classmates. Encourage involvement in extracurricular activities to help students explore their interests and make new friends. Create a social atmosphere of kindness and connectedness for students.
- 10. Take time to recharge.** Periodically check in with yourself and with your colleagues, especially during stressful times. Practice kindness to yourself by finding self-care strategies that work for you. For some people this looks like relaxation, whereas others benefit from getting active. Remember that setting boundaries and limits in relationships can also be a valuable form of self-care.

Resources for More Information and Help:

1. Resources for Educators:

- a. <https://safesupportivelearning.ed.gov/>
- b. <https://www.apa.org/education-career/k12/relationships>
- c. <https://childmind.org/healthyminds/educators/>
- d. <https://www.samhsa.gov/mental-health/how-to-talk/educators>
- e. <https://www.classroomwise.org/>
- f. <https://youth.gov/youth-topics/youth-mental-health/school-based>
- g. <https://ismhi.indiana.edu/topics-a-z/index.html>

2. Resources for Parents & Caregivers:

- a. <https://www.apa.org/topics/parenting/navigating-friendships>
- b. <https://www.cdc.gov/parents/essentials/index.html>
- c. <https://www.apa.org/pi/families/resources/parents-caregivers>
- d. <https://newsinhealth.nih.gov/special-issues/parenting/positive-parenting>
- e. <https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/Everybody-Gets-Mad-Helping-Your-Child-Cope-with-Conflict.aspx>

3. Resources for Caring Adults:

- a. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults>
- b. <https://www.apa.org/events/2023/sesame-street-resilience>
- c. <https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/Helping-Children-Handle-Stress.aspx>
- d. <https://onemindpsyberguide.org/>

Behavioral Health Resource Guide for Teachers: ADHD and Disruptive Behaviors

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What to Know:

ADHD is a common neurodevelopmental disorder that is usually diagnosed in childhood. Symptoms can include difficulty sustaining attention, making careless mistakes, getting easily sidetracked, fidgeting, running or climbing about, and blurting out answers. There are three ADHD presentations (or subtypes): inattentive, hyperactive/impulsive, and combined. Children with ADHD-predominantly inattentive presentation primarily experience symptoms of inattention, such as being easily distracted, overlooking details, being disorganized, and losing things. Children with ADHD-predominantly hyperactive/impulsive presentation primarily experience symptoms of hyperactivity and impulsivity, such as squirming in their seat, difficulty remaining seated, acting as if “driven by a motor,” trouble waiting their turn, and interrupting. Children with ADHD-combined presentation experience both inattention and hyperactivity/impulsivity. Regardless of subtype, it is important for adults and peers to support children with ADHD with kindness and understanding in order to address and cope with symptoms.

While many children may be inattentive, hyperactive, or impulsive at times, these symptoms must consistently interfere with a child's functioning in at least two settings (e.g., home, school, peers) for more than 6 months to make a diagnosis of ADHD. A health care provider can make a diagnosis and recommend treatment options, which may include behavior therapy, medication, or a combination. Behavior therapy typically involves working with the child and caregivers to establish consistent routines and develop tools (e.g., checklists, reward systems) to manage ADHD. Older children may benefit from organizational skills training to learn time management and planning skills. Teachers may be asked to participate in behavior therapies by providing feedback about behavior during the school day. Medication is also commonly used to treat ADHD. Because participating in treatment can be initially stressful, approaching children and families with kindness and encouragement during this period is key to their success.

Many children with ADHD also experience disruptive behavior problems, such as defiance, tantrums/outbursts, and aggression. Oppositional Defiant Disorder (ODD) commonly occurs alongside ADHD (although ODD can also occur in children who do not have ADHD) and includes a pattern of angry or irritable mood and argumentative or defiant behavior for 6 months or more. Children with ODD may often lose their temper, become easily annoyed, argue with adults, and refuse to follow directions or rules. These behaviors may happen in one setting only, such as home or school, or across multiple settings. A mental health specialist can make a diagnosis and provide treatment. For school-age children with disruptive behavior problems or ODD, the most effective treatment is behavioral parent training, which involves a therapist collaborating with caregiver(s) to provide positive structure, interactions, and consequences.

Children, caregivers, and teachers may feel frustrated when ADHD symptoms and/or disruptive behaviors cause problems, like not completing tasks, misplacing items, and having outbursts. It is important for children with ADHD to be kind to themselves in these moments of frustration and for caregivers to support their coping behaviors and self-esteem. One way to practice kindness is by focusing on the strengths associated with ADHD, including high energy levels, spontaneity, and creativity. Parents, caregivers, and other adults can practice kindness in these frustrating moments by remembering that ADHD is the result of differences in the brain that make it difficult for children with ADHD to control their own attention and behavior. Parents, caregivers, and other adults can also focus on the strategies they are using to support the child in improving their attention and behavior issues.

What to Look For:

Common signs of ADHD in the classroom are [1] making careless mistakes; [2] becoming easily distracted or daydreaming; [3] not finishing work; [4] losing homework, supplies, papers, and other items; [5] fidgeting or squirming; [6] trouble staying seated; [7] talking excessively or blurting out answers; and [8] difficulty doing things quietly. Common signs of ODD in the classroom are [1] frequently losing temper, [2] being easily angered or annoyed, [3] arguing with authorities, and [4] defying authorities' requests or rules.

When ADHD and/or ODD are present, these behaviors occur often and interfere with the child's daily functioning more than for other same-aged children. While these are common signs of ADHD, they may also signal other concerns. For example, children with anxiety may also appear distracted or fidgety. A healthcare professional can assist with identifying the cause(s) of any concerning signs. Also, girls may experience more inattentiveness and less hyperactivity/impulsivity than boys. It's important to watch for these more subtle ADHD symptoms in girls so that they can be diagnosed and receive the support that they need.

Tips for Teachers:

1. Teachers who observe signs of ADHD and/or disruptive behavior in the classroom can encourage parents and caregivers to seek advice from a health care professional. Teachers may be asked to complete questionnaires to assist with evaluations.
2. Children with ADHD and/or disruptive behavior can benefit from classroom interventions, such as:
 - a. Praise and reward systems to encourage positive and appropriate behaviors
 - b. Seating closer to the teacher and away from distractions
 - c. Clear and simple instructions
 - d. Daily behavior report cards for parents/caregivers to provide rewards at home based on the child meeting target behavior goals at school
 - e. Extra time and quieter space for testing
 - f. Assignment trackers or planners
3. Children with ADHD may qualify for accommodations or services through an Individualized Education Program (IEP) or Section 504 Plan. An educational evaluation with a multidisciplinary team can help to determine which, if any, support services are needed to support the child's educational needs.
4. Teachers can support kindness in the classroom by reminding students about their unique strengths and needs for different kinds of support to be successful.
5. Teachers can promote healthy relationships by providing immediate and constructive feedback in the context of social situations with peers. For example, teachers can remind students it is kind to wait until the other person is finished speaking before sharing their own thoughts and can remind students to keep appropriate personal space.
6. Students with ADHD and/or disruptive behaviors can practice self-care by keeping a consistent sleep and meal schedule and taking regular breaks.

Resources for More Information and Help:

1. Barkley, R.A. (2020). Taking charge of ADHD. Guilford.
2. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD): <https://chadd.org/>
3. Understood: <https://www.understood.org/>
4. Parent-Child Interaction Therapy: <https://www.pcit.org/>
5. Triple P: Positive Parenting Program: <https://www.triplep-parenting.com/us/>
6. Evidence-based mental health treatments: <https://effectivechildtherapy.org/>

Behavioral Health Resource Guide for Teachers: Anxiety and Anxiety Disorders

Ann M. Lagges, Ph.D., Associate Professor of Clinical Psychiatry

What to Know:

Everyone feels anxious at least once in a while; many kids feel a little nervous before the first day of school, when taking a test, or talking in front of a big group. However, for some kids anxiety can take a huge toll and can make it hard for them to do well in school, make and keep friends, and enjoy fun activities.

Some of the most common anxiety disorders that we see in kids include Separation Anxiety, Generalized Anxiety, Social Anxiety, and Specific Phobias.

Kids with Separation Anxiety are anxious when away from their parents or other caregivers. They worry about something bad happening to themselves or their family while they are separated from them. They might express excessive fears of catastrophic things that could cause separation, such as being kidnapped.

Generalized Anxiety is marked by worries about a wide range of issues that can include everyday things such as worry about grades, the weather, changes in schedule for the day, accidentally breaking a rule or making a mistake, or the lunch menu for the day. It can also include big things like worry about climate change, safety, and world events.

Social Anxiety involves more than typical levels of anxiety in social situations with other kids as well as with adults. There is an intense fear of embarrassment and of negative judgement from others, even in interactions with familiar people such as teachers and classmates. Doing things like giving a presentation or asking or answering a question in class can be very hard for a child with Social Anxiety.

Specific Phobias involve intense fears of particular things or situations. For example, while many kids don't like bees buzzing around them, a child with an insect phobia might not be able to go back into a classroom where a bee was earlier in the day out of fear that it might still be there or that there might be another one. They might try to avoid a class trip to a park because there might be bees there.

Regardless of the specific type of anxiety a child is facing, approaching the child with kindness and understanding is key.

What to Look For:

Signs of anxiety in young kids who are feeling anxious at school might include crying, complaining of stomach aches, asking repeatedly to go home, or repeatedly asking for reassurance. Teachers might also see some irritability and anger. Kids who are anxious often don't sleep well and might not feel like eating, which can make them grumpy and prone to tantrums. In addition, because anxiety and fear involve a fight-or-flight response, sometimes the "fight" part comes out when a child is feeling scared or anxious. Older kids might also complain of physical symptoms, might have trouble getting their work done because anxiety makes it hard to concentrate, or might keep to themselves rather than socializing with other kids. All kids with anxiety are more likely to miss school. Anxiety pulls for avoidance; so if a teacher sees a child avoiding doing something they need to do or seem to want to do, such as playing with the other kids at recess, it's possible that anxiety is playing a role.

Tips for Teachers:

1. Pay attention to changes in the kids in your class. If you do notice a change in a student that concerns you, pull them aside and ask them how they're feeling. When you talk to the student, show kindness and a desire to understand what the child is experiencing. Using emotion faces can help younger kids label feelings if they don't yet have a lot of skill in putting words on feelings.
2. Validate kids' emotions. Demonstrate empathy and kindness toward the anxious student while helping them to do the thing that scares them by instilling confidence. "I know you're feeling scared right now and that's hard, but I also know you can be brave and stay here at school with me and your friends until it's time to go home."

3. To set anxious kids up for success, they may need to gradually work up to doing things that are hard for them. Young kids might need a teacher to be a buddy during a fire drill at first. Later, that buddy might be a classmate, before eventually they can go on their own. Older kids who get anxious taking tests might need some extra time or a quiet place to take their tests at first, but as their anxiety improves, they might not need these accommodations. Encouraging all of your students to show kindness and understanding to each other can help kids to take these “brave steps”.
4. Be very alert for bullying or any unkind treatment and address this promptly. Promote kindness and respect for differences. Encourage kids to help each other if one is having a hard time with something.
5. Teaching the whole class some basic skills to promote relaxation can be helpful. These skills are good for everyone. Relaxed breathing, progressive muscle relaxation, and mindfulness exercises are all good choices.
6. Providing a calming area in the classroom that kids can use when needed can be helpful. Helping kids learn when they need a short break is a way to teach students to take care of and be kind to themselves.

Resources for More Information and Help:

1. Huebner, D. and Matthews, B. [2006]. What to do When You Worry Too Much. Magination Press.
2. Freeland, C.A., Toner, J.B., McDonnell, J. [2015]. What do to when mistakes make you quake. Magination Press.
3. Rapee, R.M., Spence, S.H., Cobham, V. & Wignall, A., [2022]. Helping Your Anxious Child: A Step-by-Step Guide for Parents 3rd Edition. New Harbinger Publications.
4. Lebowitz, E.R. [2021]. Breaking Free of Child Anxiety and OCD: A Scientifically Proven Program for Parents. Oxford University Press.
5. Child Mind Institute website: <https://childmind.org/article/classroom-anxiety-in-children/>
6. Child Mind Institute videos: <https://childmind.org/healthyminds/educators/>
7. Sesame Workshop videos and games to promote mental wellbeing and kindness <https://sesameworkshop.org/resources/>

Introduction to Behavioral Health Resource Guides for Teachers: Depression & Suicidality

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What to Know:

Every child occasionally experiences sadness, irritability, or frustration – these are normal human emotions and not an immediate cause for concern. However, when a child has these emotions most of the day across an extended period, and shows other symptoms – such change in appetite, peer connection, or motivation – it is possible they may be experiencing depression. About 3 percent of school-aged children will experience clinical depression, with increasing rates as children reach puberty.

Sometimes depression causes a child to become suicidal – to want to die or take steps to hurt themselves. Although relatively rare, death by suicide remains a leading cause of death among children aged 5 to 11 years. For this reason, suicidality risk deserves special attention by teachers, schools, and parents. Risk factors that make suicidal thoughts or behaviors more likely include difficult experiences like being bullied or abused, feelings of loneliness, and identifying as LGBTQ+. Risk for suicide has significantly increased among Black youth in recent years. On the other hand, self-compassion (kindness to self) and/or experiencing kindness through social support and the kindness of others can decrease the negative impact of depressive symptoms and suicidality.

Self-harm behaviors (like cutting or scratching) do not necessarily indicate that a student is suicidal but can signal that the child is very distressed or experiencing difficult emotions.

Depression and suicidality can improve with treatment. The most effective treatments for depression are cognitive-behavioral therapy and behavioral activation. These treatments are provided by mental health professionals like psychologists, social workers, and licensed counselors. Sometimes medication can also be used to help a child who is experiencing depression.

What to Look For:

Symptoms of depression occur for most of the day, every day, for a period of two weeks or more. These symptoms are the following:

- Looking sad much of the time
- Irritable mood, being easily annoyed or upset by requests
- Negative self-talk (“I’m so dumb” or “Nobody likes me”)
- Increased difficulty concentrating or decreased motivation to do schoolwork
- Social isolation or withdrawal from peers
- Talking about death or wanting to die
- Suddenly missing lots of school or having frequent visits to the school nurse
- Expressing hopelessness about the future
- Cutting, scratching, or other self-injurious behavior

Symptoms of depression can seem similar to those of other emotional disorders. You can share concerns about these symptoms with a school counselor or social worker and the child’s parent.

Tips for Teachers:

- 1. Know the signs and symptoms of depression.** When a student is depressed, they may appear unmotivated or display more problem behaviors in the classroom. Recognizing these symptoms helps to avoid labeling these behaviors incorrectly as defiance or a “bad attitude.”

- 2. Validate students' emotions as a way of showing kindness.** One way to show kindness to students who are experiencing depressive symptoms is a strategy called validation. This is a strategy where you acknowledge and normalize the feeling, even if you don't agree with a behavior a student is showing in the classroom. Some phrases you can use include: "I get that you're upset (sad/mad), but it's not okay to hit your classmate" or "That [difficult situation] would make me sad too." Providing kindness through validation can improve your connection with the student, as well as improve the student's mood and self-esteem.
- 3. Build positive relationships with your students.** Feeling supported and cared for by adults who show kindness is an important buffer against depression and suicidality.
4. Bullying can contribute to depressive symptoms in students. **Ensure that your classroom is a safe place for all students.** Actively intervene when bullying or suspected bullying is occurring. After you know bullying has occurred, show kindness by checking in with the bullied students to ensure that they are feeling safe.
- 5. Practice gratitude as an example of kindness.** Noticing and talking about positive experiences and gratitude can protect children from depressive symptoms. Integrating gratitude activities (e.g., noticing the good; recognizing effort) into the classroom can support all students' emotional health.
- 6. Help students to get and stay active.** Research has shown that physical activity can decrease depressive symptoms in children and teenagers. Physical activity is a form of self-kindness that improves mood and decreases depression.
- 7. Ask about suicidal thoughts.** It is a myth that asking a child if they're thinking about hurting themselves will "put thoughts in their head." In fact, students can experience relief that trusted adults know about these thoughts and are willing to talk about them.

Resources for More Information and Help:

1. Huebner, D., & Matthews, B. (2006). What to do when you grumble too much. Magination Press.
2. Videos about difficult thoughts/feelings: <https://childmind.org/healthyminds/parents/>
3. Evidence-based mental health treatments: <https://effectivechildtherapy.org/>
4. School counselors/psychologists, pediatricians, mental health professionals, and clinics can provide evaluations and treatment for depression and suicidality
5. If a child is expressing immediate suicidality or an emergency, you can contact the Suicide and Crisis Lifeline (by dialing 988) or encourage them to go to the nearest Emergency Room.
6. Trails to Wellness (information about depression, anxiety, and suicidality): <https://trailstowellness.org/>

Behavioral Health Resource Guide for Teachers: Understanding Trauma & Resilience

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What to Know:

Unfortunately, exposure to potentially traumatic events is common in childhood, with over two-thirds of children experiencing at least one trauma by age 16. From a clinical perspective, the term “trauma” refers to events that have potential to be very harmful physically or psychologically. Such events might be experienced directly, witnessed, or learned about from someone else. Examples include child maltreatment (abuse, neglect), exposure to violence in the home or community, disasters, serious injury or illness, loss of a loved one, bullying, war, and other political conflict or terrorism. Many children also experience adversities that create significant stress and hardship for them and their families. Poverty, homelessness, family separation, having an impaired caregiver, and discrimination are examples of such adversities. Any of these events can impact a child’s development and functioning, and the risk for negative trauma-related outcomes increases with more exposures.

Beyond physical impacts of trauma (e.g., injuries, pain), children may also develop changes in their emotional, behavioral, social, and cognitive functioning and well-being. When children don’t feel safe – as is often the case after a trauma – it can be challenging for them to pay attention, organize their thoughts, or regulate their emotions while their brains are focused on preparing for and reacting to potential threats. Many common reactions to trauma and adversity are linked to the same biological stress response systems that help keep us safe in the face of ongoing danger [i.e., “fight – flight – freeze”]. Those responses can also be triggered by reminders of the trauma, making it difficult for children who have experienced trauma to feel settled, even in secure situations. For example, they may be more reactive to loud noises at school. Being in “survival mode” or a constant state of “high alert” can be exhausting, depleting energy and other resources that would otherwise go toward learning and growing. Trauma can also have a strong impact on the ways children think about themselves, other people, and the world around them. They may come to view others as unsafe or untrustworthy. These effects of trauma and adversity can have dramatic effects on academic performance and overall functioning in and out of the classroom.

Children can recover from trauma and overcome adversities in their lives. One of the strongest factors that protects against the negative impacts of trauma and helps promote resilience and recovery in children is having safe, kind, compassionate, caring adults in their lives. Educators play a crucial role in supporting children, providing stability, preventing trauma exposure, and building resilience as well as helping identify when students may benefit from connecting with other youth-serving professionals for trauma-focused services.

What to Look For:

Not all children exposed to traumatic events will be affected in the same ways, and a given child’s reactions can vary over time. Also, it is not always known or obvious who is struggling with the effects of trauma. Thus, it is important to be aware of the potential signs and symptoms of trauma and to monitor functioning over time so you can be prepared to offer support when needed. Common trauma-related symptoms among school-aged children are the following:

- Sadness, depressed mood, anxiety, and worries
- Preoccupation with the event happening again, being on “high alert,” repetitive play that reenacts part of the event
- Physical complaints like headaches, stomachaches, difficulty sleeping
- Withdrawal from activities and relationships, difficulty trusting others
- Disruptive and/or acting-out behavior (due to feeling threatened, having limited resources for impulse control, or other trauma-related factors)
- Sensitivity and strong reactions to environmental reminders of the trauma
- Changes in school performance and/or attendance; school avoidance

- Fixation or frequent talk about death and dying
- Nightmares, flashbacks, or other intrusive thoughts or images about the trauma
- Problems with attention, focus, organization

Many of these reactions are common in the days following a traumatic event and are a normal part of recovery. However, if they persist for several weeks after an event or cause significant impairment in one or more areas of a child's functioning, it may be helpful for the family to connect with a mental health professional to discuss options for assessment and treatment.

Tips for Teachers: There are several ways that educators can support students who have experienced trauma and adversity:

1. Foster safe, secure, stable, kind relationships with students and their families
2. Model and encourage kindness and empathy in the classroom
3. Teach, model, and coach healthy and effective coping skills that can help youth manage strong emotions (e.g., feelings expression, relaxation, problem-solving)
4. Maintain structure, predictability, and routines, encouraging student choice, when possible
5. If you notice changes in behavior or academic functioning, start a conversation with the student or their caregivers about whether factors outside the classroom may be contributing
6. Consider stressor-related concerns as a possible explanation for acting-out behaviors
7. Children often feel shame or blame themselves for trauma; provide reassurance and help them practice kindness toward themselves
8. Remember that trauma and adversity also impact the adults in students' lives; this can affect their interactions with school personnel and engagement in their child's educational activities
9. Work with other professionals to determine if formal [or informal] supports or accommodations are warranted (e.g., modified assignments, extended time, pass to counselor) for students experiencing or recovering from traumatic stress
10. Review classroom management techniques to promote trust, psychological safety, kindness, and accountability, while avoiding harsh punishment
11. If a student discloses a trauma or if you suspect maltreatment... [a] Stay calm and follow pertinent reporting procedures; [b] Protect the student's privacy in accordance with legal and ethical guidelines; and [c] Reassure the student they are not responsible for what happened and emphasize steps adults are taking to keep them safe

Resources for More Information and Help:

1. <https://www.nctsn.org/audiences/school-personnel>
2. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/trauma/supporting-students-experiencing-childhood-trauma-tips-for-parents-and-educators>
3. <https://sesameworkshop.org/tough-topics/>
4. <https://www.aap.org/en/patient-care/trauma-informed-care/resources-for-families/>
5. <https://childmind.org/guide/helping-children-cope-after-a-traumatic-event/>
6. <https://youth.gov/youth-topics/youth-mental-health/school-based>
7. <https://www.nationalcac.org/for-parents/>
8. <https://reportchildabuse.dcs.in.gov/>
9. <https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/post-traumatic-stress-disorder/>



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