Supporting Stressed and Traumatized Children in the Classroom

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In July 2022, I attended an introductory course in "emergency education," sponsored by the Kairos Institute in New Hampshire. This particular course was led by Bernd Ruf, who co-founded and still teaches at a school for children with special needs in Karlsruhe, Germany. "Kairos" means "the right time," and our time does seem like "the right time" to recognize that our children are experiencing situations far beyond their capacities to work through and resolve. Emergency Education is one program designed to help.

Stress and Trauma

Life is unpredictable, and unexpected events can happen to anyone, any time: a car accident, falling down stairs, being yelled at, witnessing a violent act, a house fire, a deer running in front of a car, a child falling off a climbing structure. Any one of these events, not to mention earthquakes, floods, living in poverty, or being forced to leave one's home country, can be stressful or traumatic. Even without knowing specific details, teachers know that some of the children they teach are experiencing events that might be stressful or traumatic.

Stress or trauma can arise from similar events, and they exist on a continuum. As teachers know, stress in itself is not necessarily a bad thing. We all need a certain amount of stress in order to grow, change, develop, and mature. For example, I remember very well the stress I felt the first time I got on a school bus. That stress was very real to me, and I felt it for several weeks until I finally felt comfortable enough to move past it. This was an important learning situation for me. Once I had conquered my concern, I felt more competent and mature.

Stress reactions can progress through several stages, just like trauma reactions. If an initial feeling of stress is not resolved, it can develop into a feeling of anxiety, which, though uncomfortable, would be tolerable. If still unresolved, stress can develop into a constant, unmanageable fearfulness. And if nothing changes, a traumatic response can result. Trauma and its effects will linger for weeks or months. Why do some people respond to an event with symptoms of stress, while others are traumatized?

We know that each person is unique, possessing his or her own biography, biology, and family/social situation. Gender, age, personality, temperament, individual methods of responding and coping with challenges, even one's trust in oneself—all affect the way a person will respond to an event. Events themselves differ in duration, severity, and intensity. In addition, each person carries an individual array of risk/protective factors, as listed below. Please note the influence of relationships in both columns.

Risk Factors	Protective Factors
stressful childhood event	healthy childhood
traumatic experiences	secure relational behavior
reduced intelligence	above average intelligence
lack of social support	social support
lack of self-esteem	self-esteem
drug consumption	stress tolerance
poverty	spiritual/religious outlook

The same event can evoke a stress response or a trauma response, or perhaps neither, depending on the person who experiences the event. In other words, events themselves are more or less objective, but how we respond to an event as individuals is unique and can be modified.

Descriptions of Trauma

Trauma has been described as a subjective experience of perceived danger, for which one might not have the necessary resilience or resources. This *sense of powerlessness* is the seed of trauma.

We can describe trauma from several different directions. For example, we can describe trauma as being like a wound: it hurts. With proper care, a wound can heal itself. A wound can also be some sort of blockage

or cramp. Until that cramp is released, there will be no healing. Trauma often appears as a paralyzation, related to the amygdala's response as fight, flight, or freeze.

Trauma can also be seen as a relationship dysfunction. Our relationships with one another depend upon a rhythm of in-breath, when one withdraws into oneself, and out-breath, when one experiences other people. Trauma is often a huge in-breath, much like what happens when one falls flat and "is knocked out of breath." If healing is to take place, the frozenness of the in-breath must be released and the rhythm of the relationship restored.

Finally, trauma can appear as a dissociation of the self from reality.

Effects of Trauma on the Child

It is helpful to think of the human being in four areas, all of which are attacked by trauma: physical, metabolic, social/emotional, and sense of self.

Children who experience *trauma in the physical* can display this in unusually pale skin and/or dark circles under the eyes. They might seem to have lost their normal orientation in space. They might neglect personal hygiene, clothing, and/or belongings. (Child abuse—physical, sexual, verbal, or psychological—is of course a source of trauma for a child. However, as all teachers are required to study the signs of child abuse, I won't go into these signs here.)

Children who experience *trauma in their metabolic, life-supporting systems,* can exhibit a range of symptoms, e.g., headaches, stomachaches, sleep and/or eating disorders. Their behavior can regress to an earlier stage of development. They may lag in brain maturity, or have memory or learning challenges. Physical wounds might be slow to heal. These children might have lost their normal orientation to time and/or to bodily rhythms.

Children who experience *trauma in their social-emotional lives* often display this in their behavior. They can have a low tolerance to frustration or seem to be oppositional or emotionally unstable. These children might lack the capacity to form positive relationships or to sufficiently bond with adults or other children. Reactions to situations might seem more appropriate for a younger child. They might be excessively alert; on the other hand, they might seem to be numb to pain. Their behavior can be overly egocentric or sexualized. Their ability to learn might be compromised.

Finally, how does trauma attack one's *sense of self*? Here we can see a lack of self-esteem, a lack of trust in others, and/or a poor self-image. Attachment to others might be compromised, as well as the ability to bond. Memory can be impaired, as can one's moral development and ability to self-regulate. Dissociation can also become apparent. (Trauma responses also differ according to the age of the child.)

The Importance of Rhythm

Perhaps the strongest effect of trauma on the human being is its attack on the rhythmic systems of the body. Here are some of the bodily systems that, in a healthy individual, work in a rhythmic fashion. Each rhythm is unique in its pattern and within the individual.

- circadian rhythm of core body temperature
- waking and sleeping
- sleep cycle (REM and NREM, during which memories are integrated into the brain)
- glymphatic system (which removes contaminants from the brain)
- eating and drinking
- urination
- heartbeat and circulation
- liver function
- breathing
- release of hormones, including
    - melatonin and adenosine, both regulate sleepiness
    - insulin
    - growth hormone, which also helps maintain health

Our biological rhythmic systems take time to develop, and surrounding children with a predictable environment, in space and especially in time, supports this development. Every example of a healthy rhythm includes three phases, which can be thought of as: in-breath, pause, out-breath.

Jumping rope is a very clear example of this pattern. As teachers know, children flourish when they live in a well-ordered, predictable environment, in which rhythm is critical: rhythmic activities, a daily rhythm, and a weekly rhythm. The adult's inclusion of rhythm in planning activities and schedules supports the healthy development of the biological rhythms, as well as supporting children in regulating emotions and actions, in feeling confidence in their surroundings, and in developing their own sense of competency. Stated simply, without rhythm, there is no life.

Course of Trauma

A traumatic response to a crisis event can proceed in predictable stages.

1. Acute: This is the immediate stage of response, lasting at most for a few days.
2. Post-traumatic stress reaction: This stage will last for up to eight weeks.
3. Post-traumatic stress disorder: This stage can last for up to several years.
4. Lasting personality disorder: There is no time limit for this stage.

Stages III and IV—PTSD and the lasting personality disorder—are stages that require professional, psychological/medical therapeutic interventions. In the current article, we are concerned only with stages I and II. These two stages of trauma response can be met with what we'll call "educational intervention." Educational (rather than therapeutic) intervention makes use of activities and approaches that are often already part of normal classroom work. The difference is that, as interventions, these activities and approaches are applied intentionally and predictably. We cannot assume that any child, regardless of what that child might have experienced, is living in a stage of trauma response. However, these educational interventions will support every child as they gain the strength and maturity to regulate their own behaviors, make reasonable decisions, and, in general, develop a strong self-esteem and trust in others.

School as a Safe Place

Children need a safe place in which they can relax, engage in meaningful activities, take risks, and grow. Often, school is this safe place. School offers dependable relationships, the encouragement of others, and a predictable approach to space and time. As teachers know, relationship is key. We are social beings; we live in community. However, we are all born as individuals, which means we must learn how to become social. This is why so much emphasis in school is placed on learning and practicing the skills of speaking and listening respectfully, creating compromise in order to work together, and looking for the good in every other person. School can be just such a place, for adults in school both teach and model these essential behaviors. Children learn behavior by watching other people.

Likewise, school is an encouraging place, where supportive and caring adults look for and reinforce positive behaviors such as helpfulness, inclusion, courage, and responsibility. And, as emphasized earlier, the predictable schedules and rhythmic activities offered in school strongly support the healthy development of the child's physical body, emotions, and self-control.

Classroom Interventions: Overview

As stated earlier, many of these interventions are already present in classrooms. *Teachers are familiar with the activities and can easily implement them as intentional educational interventions, knowing, for example, that they will support the child's ability to relax and self-regulate, whether or not the child is experiencing stress or trauma.*

Again, the importance of rhythm cannot be stressed strongly enough. For example, many teachers have morning meetings with their classes. Teachers intuitively start and end meetings in the same way each day, as children thrive when they are given dependable signals. A teacher might choose a short song as a beginning and a short poem as an ending, and every time the children hear the song or poem, they know exactly what is going to happen. This builds trust and confidence in one's sense of time.

Keeping to the theme of rhythm, within the meeting itself, the teacher might create a mental schedule of types of activities. The activities themselves will change throughout the year, but the type of activity will remain the same. Here is one example of a meeting scheduled with this in mind:

- morning song
- greeting game in which children greet each other by name
- clapping game
- whole body movement
- clapping game
- discussion of day's schedule
- ending poem

Some Classroom Interventions

1. **Allow children to verbalize their experiences and emotions.** In general, it is better if the child initiates the conversation, while the teacher practices active listening. If the child starts to talk at an inopportune time, set up an appointment for a time when you'll be able to meet. Again, we can't assume that a child is affected in a certain way by what the child might have experienced. So we have to tread carefully. We can also reach out to school mental health professionals for guidance in our own responses. Teachers are not trained therapists.
2. **Creative Expression**: Children might not be able to talk about their feelings, but they might be able to *draw* their experience. Setting aside classroom

time for drawing, painting, sculpting, kneading dough, making music, writing, etc., is so important, even if it is only possible for 20 minutes once or twice a week.

3. **Incorporate Ritual:** A ritual does not have to be complicated, nor does it require bells and candles. A ritual is simply doing the same things, in the same order, at the same time, every day. If every time the class comes into circle, the students sit in an assigned space and say the same poem (preferably with motions), that's a ritual. Saying a simple "thank you" grace before eating is a ritual. Rituals and rhythms are very settling to a child.
4. **Incorporate daily and weekly rhythms**: Here are some activities you can use to support rhythm: rhythmic songs, poems, games, drumming, clapping. When selecting your material, try to choose songs and musical activities that you are comfortable leading. Many teachers use YouTube videos as musical leaders, but resorting to this platform means separation between the children and the teacher. Children need social connection and relationship. They need their teacher to be making eye contact and displaying engagement.
5. **Movement**: Take the class on a walk, run, or hike. This can be a 5-minute lap around the playground. Have the children jump rope or count out loud while they jump on a mini-trampoline. Play games, like "Simon Says," "In and Out the Window," or "Duck, Duck, Goose." Walk a balance beam. Movement supports body-brain integration and strengthens the child's sense of self/body.
6. These activities will **strengthen the child's memory and ability to concentrate**: I-Spy, puzzles, pick-up sticks, memory games (like Go Fish, Concentration), arts and crafts, string games, group exercises.
7. **Create room for unstructured play:** Young children, especially, will sometimes reenact disturbing experiences in their play. Often, this will help them resolve their unsettled feelings. If the play seems "stuck," however, let a school mental health professional know about it, as the child might need professional help to move past the trauma.
8. **Ensure relaxation**: Tell or read stories; teach breathing techniques; allow for brief rest periods when possible. (Rhythm also applies here—can they have 5 minutes of quiet time after recess every day? Can you tell or read them a short story every day before lunch, or every Friday afternoon?)
9. **Increase experiences of competence**: Engaging the child in experiences in which they can be successful will strengthen the child's self-esteem and sense of self. For example, a child can be tasked with watering a plant, taking a message to another teacher, straightening the lunchboxes, etc. When the child is finished, thank the child and point out something that was done especially well.
10. **Engage the child in planning for future activities**: This engagement also strengthens the child's sense of self as agent, as having some control over their time and perhaps even their life. For example, if Friday in your classroom often includes a special activity, engage the children in planning for what that might be.
11. Whenever possible, **reinforce the importance of balanced nutrition and uninterrupted sleep**. Research has shown that young children require 10 hours of sleep/night, while older children require less. However, everyone needs a full 8 hours of sleep in order to support health and learning. (See Matthew Walker, *Why We Sleep: Unlocking the Power of Sleep and Dreams* (New York & London: Scribner, 2017).)
12. **Spiritual/religious feelings:** Of course teachers cannot and do not desire to include spiritual/religious practices in the classroom. However, if a child talks about non-material subjects (Tooth Fairy, Santa Claus, private prayer), teachers respond respectfully and expect that of the other children. Create and recognize space for joy: Joy heals.

Some Resources

Hannaford, Carla. *Smart Moves: Why Learning Is Not All in Your Head*. Salt Lake City, UT: Great River Books, 2005.

Levine, Peter and Maggie Kline. *Trauma Through a Child's Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books, 2007.

Peterson, Karen L. *Helping Them Heal: How Teachers Can Support Young Children who Experience Stress and Trauma*. Lewisville, NC: Gryphon House, 2014.

Ruf, Bernd. *Educating Traumatized Children: Waldorf Education in Crisis Intervention.* Great Barrington, MA: SteinerBooks/Lindisfarne Books, 2012.

Child Trauma Academy: www.childtrauma.org

National Association of School Psychologists School Safety and Crisis Resources: www.nasponline.org/resources/crisis_safety

National Center for Trauma-Informed Care:
www.samhsa.gov/nctic/

National Child Traumatic Stress Network:
www.nctsnet.org

Centers for Disease Control:
www.cdc.gov/NCCDPHP/ACE/publications.htm

Vivian Jones-Schmidt *encountered anthroposophy when her daughter entered the kindergarten at the Charlottesville Waldorf School, Virginia—and she never looked back. Soon she was teaching at CWS, first as the handwork teacher and then as a Class Teacher. Her time at CWS included 23 years as a teacher and five as Admissions Director. She served the school in many capacities, chairing committees (including the College and the Faculty), teaching specialty classes, and representing the school in AWSNA. Vivian also taught at the Richmond Waldorf School for two years, and she now teaches first grade with an online, Waldorf-inspired home school program. Vivian served on the Editorial Board of* Renewal *almost since its inception. She has been a member of the Anthroposophical Society since 1993 and is honored to serve as a member of its nominating committee. She joined the Board of Trustees of* Research Institute for Waldorf Education *in 2023.*