



# Building Bridges for Children's Mental Health

## Behavioral Health Facts and Classroom Tips\*

For use with Positive Behavior Supports & Response to Intervention

## Post-Traumatic Stress Disorder

### Symptoms or Behaviors

- Emotional distress from reminders of the event
- Physical reactions from reminders of the event, including headache, stomachache, startle reflex, dizziness, or discomfort in another part of the body
- Fear of certain places, things, or situations that remind them of the event
- Denial of the event or inability to recall an important aspect of it
- A sense of a foreshortened future
- Difficulty concentrating and easily startled
- Self-destructive behavior
- Irritability
- Impulsiveness
- Anger and hostility
- Depression and overwhelming sadness or hopelessness

### Information for Parents & Teachers

All mental health concerns are treatable. More progress can be made by a coordinated partnership between school and home. It is recommended that with family consent, all community partners involved with the family work together.

Children who are involved in or who witness a traumatic event that involved intense fear or helplessness, may be at risk for developing post-traumatic stress disorder (PTSD).

Students with PTSD may re-experience the trauma particularly on the anniversary of the event or when a child is reminded of it by an object, place, or situation.

#### Benefits of early intervention

PTSD is diagnosed if the symptoms last more than one month. Symptoms usually begin within three months of the trauma, but occasionally not until years after; they may last from a few months to years. Early intervention is essential, ideally immediately following the trauma. If the trauma is not known, then treatment should begin when symptoms of PTSD are first noticed.

A combination of treatment approaches is often successfully used for PTSD. Various forms of psychotherapy, play therapy, and art therapy can be useful. A physician may recommend medication, which may be helpful.

Support from family, school, friends, and peers can be an important part of recovery for children with PTSD. With sensitivity, support, and help from mental health professionals, a child can learn to cope with their trauma and go on to lead a healthy and productive life.

The key to understanding traumatized children is to remember that they will often, at baseline, be in a state of low-level fear. The more threatened they feel, the more primitive (or regressed) they will act.

Questions? Request an in-service at your school

### Possible Educational Implications

- Symptoms may come and go for no apparent reason, and they may regress.
- Students may show a tendency to act younger than their age, resulting in increased emotional and behavioral problems.
- Students with PTSD may have decreased capacity for learning.
- Unexpected things may trigger a trauma memory. Intervene by removing student from the situation.
- Changes in class routine may cause disruption. Communicate any changes with family to help the student be prepared.
- A child who is given some element of control in an activity or in an interaction with an adult, they will feel safer. Offer choices whenever possible.
- Intrusive thoughts may become disruptive.
- A teacher's warm reception at the start of the day will help promote school as a safe place.

\* Behavioral Health refers to mental health and substance use disorders



Adapted from the Minnesota Association for Children's Mental Health Fact Sheets, [www.macmh.org](http://www.macmh.org)

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Additional Building Bridges project information available at [www.cde.state.co.us/cdesped/BuildingBridges.asp](http://www.cde.state.co.us/cdesped/BuildingBridges.asp) and

[www.csi-policy.org/buildingbridges/index.html](http://www.csi-policy.org/buildingbridges/index.html)



# Building Bridges for Children's Mental Health

## Behavioral Health Facts and Classroom Tips\*

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### Proactive Instructional Strategies and Classroom Accommodations

- Establish a feeling of safety and acceptance within the classroom.
- Greet the child warmly each day (without physical touch) and make eye contact. Let the child know that he/she is valued and that you care.
- Interrupt activities and avoid circumstances that are upsetting or retraumatizing for the child.
- Offer deep breathing and other grounding exercises for the class as a way to transition from one activity to another.
- Provide a consistent, predictable routine through each day as much as possible to help maintain a sense of normalcy and security in the child's life. Communicate changes to routine beforehand.
- Try to eliminate stressful situations from your classroom and routines.
- Plan your day or class period so that it alternates between active and quiet activities. Being forced to maintain the same level of activity for too long may cause the child to become restless and anxious.
- Make yourself available and open to listening. Remember to always respect the child's need for confidentiality.
- Do not tell a child to forget about the incident. PTSD symptoms may be a result of trying to do just that. This request also minimizes the importance of the trauma, and children may feel a sense of failure if they can't forget.
- Reassure children that their symptoms are common and that they are not "crazy" or bad.
- Incorporate large muscle activities into the day. Short breaks involving skipping, jumping, stretching, or other simple exercises can help relieve anxiety and restlessness.

### Resources

**About.com: Special Needs Children**, <http://specialchildren.about.com>  
*Principles of working with traumatized children & preparing the school for children with PTSD*

**Colorado Department of Education: Fast Facts**  
<http://www.cde.state.co.us/cdesped/download/pdf>

**Colorado Department of Education, Prevention Initiatives Unit**  
[www.cde.state.co.us/cdeprevention/pichildabuse.htm](http://www.cde.state.co.us/cdeprevention/pichildabuse.htm)

**Colorado Division of Child Welfare**, [www.cdhs.state.co.us/childwelfare](http://www.cdhs.state.co.us/childwelfare)

**Colorado Division of Behavioral Health**, [www.cdhs.state.co.us/dmh](http://www.cdhs.state.co.us/dmh)  
*Resource for mental health for all citizens of Colorado*

**Empower Colorado**, <http://www.empowercolorado.com/>

**Federation of Families for Children's Mental health ~ Colorado Chapter**  
<http://www.coloradofederation.org/>

**National Center for PTSD**, [www.ncptsd.org](http://www.ncptsd.org), 802-296-5132  
*Links to interdisciplinary index database, publications, books, research quarterly, clinical quarterly, and assessment instruments*

**National Institute of Mental Health (NIMH)**, [www.nimh.nih.gov](http://www.nimh.nih.gov),  
866-615-6464, *Free educational materials for professionals & the public*

**National Institute on Drug Abuse**,  
<http://teens.drugabuse.gov/facts/index.php>

**Parent Education and Assistance for Kids (PEAK)**,  
[www.peakparent.org](http://www.peakparent.org)

**PTSD Alliance**, [www.ptsdalliance.org](http://www.ptsdalliance.org)

**SAMHSA'S National Mental Health Information Center**  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov), 800-789-2647

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at:  
<http://www.cde.state.co.us/cdeprevention/pichildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.