

Helping the Weeping, Worried, and Willful: Psychological First Aid for Primary and Secondary Students

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Abstract

This article informs counselors of the importance of training teaching professionals in the use of Psychological First Aid (PFA). PFA is a form of trauma-informed practice that provides a framework for the support of primary and secondary school children who are experiencing a crisis or traumatic event. The article further discusses how children are impacted by and respond to these crises and traumatic events. PFA is outlined by eight core actions implemented by teachers, which provide a template for teachers to effectively respond to children who have experienced a crisis or traumatic event. This framework also assists student with identifying and using effective coping strategies and support resources.

Keywords: psychological first aid, trauma informed practice

On a daily basis, the media recounts numerous stories on traumatic events, thus exposing the public to horrific, and often incomprehensible, events. Traumatic incidents influence the everyday lives of primary and secondary school children across the globe. Trauma is defined as a disordered state resulting from mental stress, emotional upset, or physical injury (Merriam-Webster, 2011). Therefore, trauma is a unique experience and can result in the experiences of “feeling overwhelmed, vulnerable, betrayed, helpless, frightened and alone” (Lopez-Levers, 2012, p. 1). The following article discusses the symptoms of trauma among primary and secondary school children, how trauma affects these children in a learning environment, and the use of an evidence-based method called Psychological First Aid (PFA), developed by the National Child Traumatic Stress Network and National Center for PTSD (Brymer et al., 2006; Brymer et al., 2009). The article will also discuss how teachers can utilize PFA to engage in trauma-informed practice and assist children who have experienced traumatic events.

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PFA is discussed herein because of its evidence-based concepts and structure (Brymer et al., 2006; Brymer et al., 2009). It can be implemented by various professionals in a school environment (e.g., teachers, administrators, counselors) and has a broad influence on student support and intervention. The purpose of the article is to inform readers of a practical framework for responding to primary and secondary school children who have experienced trauma. Additionally, the article hopes to empower counselors to take a more active role in training teaching professionals in the use of trauma-informed teaching practices and PFA. Counselors who engage in these efforts can help educators become more aware of how trauma affects students, give teachers useful tools for intervention, and help mitigate students' short- and long-term reactions to traumatic experiences (Asif & Hashmi, 2015). Another goal of this article is to encourage schools to actively support students who have experienced trauma. Doing so will help these students optimize their learning at school and ability to focus on academic content. Schools are commonly viewed as hubs of social interaction, information, and support, making them important arenas for supporting children who have experienced a crisis or traumatic event (Sandoval, Scott, & Padilla, 2009).

Impacts of Trauma on Primary and Secondary School Children

Disasters, both natural (e.g., earthquakes) and man-made (e.g., terrorism, school shootings), can undermine a community's sense of safety. These types of traumatic events receive extensive media coverage, and schools might organize more intensive student support services to help manage the obvious trauma experienced by the community. Interpersonal trauma can be defined as traumatic stress experienced in a child's family or immediate community (Walkey & Cox, 2013), and is much more common than are natural or man-made disasters. School-aged children can experience a range of interpersonal traumatic events, such as domestic violence; parental divorce; crime in their surrounding community; changing schools; being bullied by peers; failing a grade; sexual, physical, emotional abuse or neglect; extreme poverty; racist acts; car accidents; unwanted pregnancies; suicide; death in the family; death of a teacher; and school violence. Levine and Klein (2008) stated that "Trauma happens when an intense experience stuns a child like a bolt out of the blue; it overwhelms the child, leaving him disconnected from his body, mind, and spirit" (p.3).

Research on the impact of psychological trauma on school-aged children has existed for only the last couple of decades (Perry, 2000; van der Kolk, 2003; Perry, 2006). Further, research on how schools can best support children who have experienced trauma is still progressing, particularly in relation to various trauma-informed initiatives (Bath, 2008; Maikoetter, 2011; Walkey & Cox, 2013). Unfortunately, the persistent myth that children are "too young" to remember or be influenced by traumatic events because of their underdeveloped cognitive, linguistic, and memory abilities has led many parents and educators to believe that children are psychologically "insulated" from traumatic events.

At most, these individuals might believe that children are not *as* affected as adults would be in the same situation, and therefore do not require targeted psychological intervention. This can lead educators to miscategorize certain child behaviors as intentional misbehaviors versus an emotional or behavioral reaction

to a traumatic event. For example, children who are exhibiting externalizing behaviors due to trauma might be labeled or dismissed as belligerent or dramatic and those exhibiting internalizing behaviors might be characterized as moody, depressed, isolated, or experiencing normal teenage angst. Perry (2006) found that many children who exhibit trauma symptoms are misdiagnosed with behavioral disorders such as attention deficit hyperactivity disorder or oppositional defiant disorder.

In the last two decades, major mental health organizations such as the American Counseling Association, American Psychological Association, American Psychiatric Association, and the National Association for Social Workers have endorsed specific trauma-informed practices that aimed to support and provide intervention for school-aged children, and recognize that some trauma symptoms might manifest in a psychologically different way for children when compared to adults. Within the psychological community, a common belief is that most children are able to recover from a traumatic event within a few weeks if their symptoms are validated by significant others, they access healthy coping skills, and they obtain emotional support from significant adults (e.g., parents, teachers, etc.). When children have access to compassionate, patient, and caring adults who understand that they need time to make sense of a traumatic event, grieve about the associated losses, understand what happened, and integrate their experience into their sense of self and understanding of the world (Briere & Scott, 2006), they are more likely to exhibit resilience (Maikoetter, 2011). However, children who face chronic, toxic stress because of adverse childhood experiences will often need long-term support to manage their symptoms related to trauma (Perry, 2000; van der Kolk, 2003; Perry, 2006).

To children, teachers are often trusted, stable, significant adults with whom they feel a close, secure bond. Classroom teachers have more contact with children than do any other adults at school (Callahan, 1998). Therefore, teachers might be the first adults to observe changes in the psychological and emotional states of children, and hence might be the first point of contact for children for an experienced trauma. When teachers respond to a child in a calm, soothing, and predictable manner, they can decrease a child's feelings of alarm, agitation, emotional dysregulation, and isolation. Simultaneously, they will increase the likelihood that the child will manage their own emotions effectively, redirect their behaviors, and access healthy, adaptive coping skills (Openshaw, 2011; Walkley, & Cox, 2013). Because of their ongoing relationship with children, teachers can serve as a safe, psychological "anchor" for them at school. School counselors, who often provide training and support for teachers on trauma-informed practices, can educate teachers on how to proactively respond to a crisis or traumatic event in their students and increase students' emotional safety and stability (Maikoetter, 2011).

Symptoms of Trauma Experienced by School-Aged Children

Daily functioning is often affected by the experience of a traumatic event, both during and after that event has taken place. Without effective intervention by teachers in the classroom, children might struggle to regulate their emotions and behavior, focus, learn, make academic progress, and maintain a good teacher–

student relationship (Shores & Wehby, 1999). It is therefore important that teachers be aware of the symptoms of psychological trauma, including changes in behavior, and avoid misinterpreting emotional or behavior changes as mere defiance, laziness or some other “character” flaw in the student.

Children who experience trauma tend to present emotional or behavioral responses that are externalizing or internalizing in nature. Externalizing behaviors include the expression of emotions and behaviors such as anger, frustration, outward-directed agitation/anxiety, negative attitude, physical aggression, verbal outbursts, and arguing or engaging in power struggles with adults. By contrast, internalizing behaviors tend to refer to sadness, loneliness, flat affect, inward-directed anxiety, guilt, shame, crying, brooding, and self-injurious behavior (van der Kolk, 2003). Children who exhibit externalizing behavior tend to be more easily identified by teachers (e.g., through misbehavior in class), even though these behaviors may be attributed to factors other than the traumatic event. On the other hand, students who engage in internalizing behavior might go unnoticed, as the teacher might find it difficult to notice changes in mood, affect, social responses, or certain behaviors.

The symptoms of psychological trauma can vary depending on a child’s age, personality, and stage of development. For example, when young children have been exposed to a traumatic event, they might cry frequently, be fussy, cling to caregivers, develop new fears or avoidance behaviors, withdraw or shut down, exhibit exaggerated emotional responses or hyperarousal, regress to earlier stages of development, and show delays in normal developmental milestones such as walking or speaking (Markese, 2011). Furthermore, children between the ages of six and twelve commonly experience sleep disturbances and nightmares (sometimes without specific or recognizable content), and might recreate or relive the event through play, artwork, or telling a related story. They might also demonstrate inconsistent, disorganized, or agitated behavior; develop new somatic complaints and new fears; demonstrate excessive anxiety, worry, and hyperarousal; develop personal superstitions around the event; engage in avoidance behaviors; experience a sense of hopelessness; and show disruptions in their learning (National Institute of Mental Health, 2006). Children aged thirteen or older might experience sleep disturbances, withdrawn or disinterested behavior, depression or anxiety, somatic complaints, acting out, thrill seeking (e.g., consumption of drugs and alcohol, promiscuity), self-injurious behavior, changes in important relationships, and difficulty in focusing and concentrating at school or in other activities (National Institute of Mental Health, 2006).

Children who exhibit symptoms of trauma and are not provided with the necessary attention, support, care, and opportunities to process what has happened might develop a psychological disorder related to their traumatic experience. According to Orton (1997),

What impact these crises have on individual children’s development will depend on their perceptions of events, their individual personality characteristics, and the strength of their coping skills. Children who have been weakened by many other crises and whose development has been slowed or halted in the past will need more time and more support to get back on track (p. 82).

When children are unable to return to their daily functioning before their experience of the traumatic event, they can develop problems such as acute stress disorder (ASD) or posttraumatic stress disorder

(PTSD). Because children often express behaviorally what they cannot express verbally, their trauma symptoms can manifest as changes in behavior, altered social interactions with peers, noncompliance with rules or adults' expectations, avoidance behaviors (i.e., avoidance of any stimuli that remind them of the traumatic event), and negative thinking or attribution. When facing an adversity, children might use play as their primary means of communicating what they are thinking and feeling about their experiences. Further, children might engage in repetitive play that contains themes from the traumatic event, which is the equivalent of an adult having a disturbing memory of an event (Orton, 1997). Regressive play might also occur, which refers to when children engage in play activities that are consistent with a younger age or an earlier stage of development. Children might also re-enact the traumatic events and simultaneously experience some or all of the emotions that coincide with the event.

Over the past couple of decades, "exposure to violence has become viewed as a public health issue because of its negative impact on the short term health and long term health and well-being of children and communities" (Kracke & Cohen, 2009, p. 149). This public health issue is alive and well in today's schools, as school-aged children do not experience symptoms of trauma in a vacuum, and nor do they only experience these symptoms outside of the school day.

How children function in and interact with the school environment, their peers and significant adults (e.g. teachers, administrators, counselors, etc.) is influenced by the traumatic events that they have experienced and their reactions to them. Children who are victims of traumatic events often struggle to focus on instructions or academic content, behave according to prescribed school rules, engage with their peers in a socially responsive or appropriate manner, and feel a sense of comfort and safety at school. Children always bring their social and emotional needs to school, and thus a classroom teacher is often the one to intervene and provide immediate support for these children. Teachers are required to ensure the safety and general welfare of all children in their care (Callahan, 1998).

Unfortunately, numerous teacher education programs do not provide specific training in how to intervene in a crisis or work with children who are suffering from recent traumatic events. For instance, Wong (2008) found that few training programs exist that "help educators to develop skills and coping strategies to detect and teach traumatized, depressed, or anxious students" (p. 399). Teachers might therefore feel ill-equipped in broaching the topic of a significant behavioral change with a child because they are unsure of how the student will respond and afraid that the confrontation might aggravate the child's emotional state; furthermore, teachers might simply not know how to help the student manage their emotional needs. Depending on the size of the class and the group dynamics, teachers might be unaware of a child's situation or recent trauma and therefore might formulate other hypotheses about why he or she is behaving in a particular manner (e.g., lack of parental support at home, lack of academic interest, undiagnosed emotional or behavioral disorder). Finally, some teachers might engage in erroneous interventions by directly challenging or engaging in power struggles with a child who is experiencing the symptoms of trauma (often in front of his/her peers), which can aggravate the child's emotional state and threaten the teacher-child relationship (Callahan, 1998).

The current educational emphasis on trauma-informed practices in schools (e.g., Walkley & Cox, 2013)

requires teachers to have the opportunity to learn, practice, and use specific intervention strategies that help students de-escalate and refocus their energy and attention at school. PFA is a step-by-step intervention model that will assist teachers in knowing what to do and how to help when students are dealing with trauma reactions and symptoms at school.

Psychological First Aid (PFA)

PFA was developed by the National Child Traumatic Stress Network and National Center for PTSD, and has been adapted for use in schools (Brymer et al., 2006; Brymer et al., 2009). PFA involves a series of specific core actions that can be conducted by a trained layperson to assist individuals who have experienced a crisis, traumatic event, or disaster. PFA, as practiced in schools, is intended to reduce students' distress, help establish emotional equilibrium, redirect students to the use of adaptive coping skills, and link them with needed resources (Brymer et al., 2006; Ruzek et al., 2007). School-based mental health practitioners (e.g., school counselors, psychologists, social workers) might be called upon to provide mental health support for school-aged children. However, teachers might be ideal candidates to engage in initial PFA in order to assist children who have difficulty functioning in the classroom because of a recently experienced traumatic event or toxic stress due to chronic interpersonal trauma.

To effectively reach and respond to school-aged children who are experiencing the behavioral or emotional symptoms related to trauma, teachers can use the various strategies associated with PFA. This intervention consists of offering immediate, compassionate support after a traumatic event, which helps children identify healthy coping strategies for dealing with the crisis (Brymer et al., 2006). Furthermore, early intervention might prevent children from experiencing the complex, long-term symptoms of trauma (Briere & Scott, 2006). Social support from caring adults is instrumental in initiating a child's natural grieving process and their utilization of coping skills. After teachers have become aware of a child's traumatic experience and have helped regulate his or her behaviors or emotions, a successful intervention might also include referring the child to counseling services, if needed.

PFA Core Actions

PFA comprises eight core actions: (1) contact and engagement, (2) safety and comfort, (3) stabilization (if needed), (3) addressing needs and concerns, (4) information gathering on current needs and concerns, (5) practical assistance, (6) connection with social support, (7) information on coping, and (8) linkage with collaborative services (Brymer et al., 2006; Brymer, 2009). Each of these core actions will be discussed within the context of the classroom in the following sections. Specific examples of how teachers might implement these strategies with children are also provided.

Contact and engagement. This first PFA core action refers to building a trusting relationship with a child

and establishing contact so that he or she feels that someone is available and that an adult will listen, validate, support, and care for them. For teachers who have established strong relationships with children in their classrooms, making contact might also mean noticing the subtle or pronounced behavioral changes in the child and making time to engage in one-on-one contact with the child to listen. It is important that teachers establish contact but do not force the child to tell them what happened. Children can be asked whether they would like to talk about what they are thinking and feeling about an event or crisis. Requiring students to tell the story, especially repeatedly to different people, might invoke re-traumatization (Briere & Scott, 2006). Some children might simply want to discuss how they or their body feels, or what they are worried about, rather than telling the intimate details of a traumatic event. Teachers should allow children to determine the course of the conversation. If a teacher approaches a child and he or she does not wish to engage, then the teachers could suggest possible times and ways for the child to privately signal to a teacher that they are ready “to talk”—this is especially important, as children might not know when or how to approach teachers during a busy school day.

Safety and comfort. The second core action involves specific verbalizations or behaviors by the teacher that can encourage a child to feel safe at school. Children who do not feel safe at school might not be able to sustain their attention, function optimally, or retain academic content or information. Specific statements that a teacher can use include, “*You are safe here with me,*” “*I will do my best to keep you safe here at school,*” and “*I know you are overwhelmed and I would like to help you feel calm and safe.*” The specific safety behaviors that teachers can employ include allowing a child to hold a special stuffed animal, sit in the teacher’s chair or near the teacher, sit near a friend in the classroom, or sit in special place in the room with comfortable pillows and blankets. Older school-aged children often feel a greater sense of safety by talking with the teacher in private or by sitting with a group of friends or a best friend. Expressive art can also be used to help develop a sense of safety. For example, children might draw or paint pictures of a “safe space,” or write a poem or a personal journal entry about a safe place or person. Teachers can compassionately and gently ask questions in order to understand what helps the child feel safe.

Stabilization (if needed). The third core action refers to helping calm a child who is expressing strong emotions related to a traumatic event. Anger, sadness, fear, and confusion are common affective states that might occur after a child has witnessed a traumatic event. Despite the structure of the school environment and the school day, children might experience extreme emotional states at school and could need assistance in returning to a state of emotional homeostasis. Assisting a child in this manner might involve finding a private space to sit with the child, calmly accepting the emotion being displayed, and, if the child is listening, reflecting back to the child what is happening in the moment. For example, a teacher might state, “I can see that you are very angry and frustrated right now, and you are not sure what to do” or “You are so sad right now and crying very hard.” Simple reflections such as these can help children feel validated and help them make sense of their extreme emotions. Additional strategies for stabilizing affect can include naming the behavior that the child is displaying as a result of the emotion (“You are pounding your fists on the table and

shouting at me because you are mad”) and reminding the child that they are not alone in facing the problem (“I am here with you and I care about you. I am going to listen to you”). Although aiding in stabilization can be difficult because of the public nature of classroom spaces, it is important for teachers to acknowledge and provide support for children without bringing unwanted peer or public attention to them. Therefore, teachers employ classroom activities that allow the class to work independently in order to privately engage with a child who might be in need. Teachers must also remember that it is unhelpful to take a child’s behavioral or emotional reactions personally. An angry child might project their anger onto a teacher, and a teacher who personalizes this externalizing response can emotionally react in ways that escalate the child’s emotional state. This might also compromise the intervention, leading to the need for another “level” of intervention, and eventually causing irreparable harm to the child–teacher relationship.

Information gathering: needs and current concerns. The fourth core action refers to asking questions about what the child needs or any concerns they might have at that time. Children who have just experienced a strong emotional outpouring might ask to use the bathroom for a drink of water or to have a few minutes in private before going back to class. Some children might want to go home in order to feel appropriately “sheltered” and cared for by their families. Traumatic events frequently invoke a yearning for attachment and closeness with caregivers. Other children might pose existential questions to the teacher in an attempt to understand death, grieving, or the “why” of man-made crises or natural disasters. Teachers should calmly respond to these students’ needs and concerns to the best of their ability, and should admit when they do not know how to respond or what to say. Children will still benefit from being able to state their needs and concerns and having a compassionate adult listen to them. Finally, it is also appropriate for teachers to share their own emotions with the child, such as, “*I feel very sad knowing that you have gone through this situation*” and “*I am angry about what happened too—it feels unfair.*”

Practical assistance. When students are struggling emotionally, adults sometimes become overwhelmed in trying to find the optimal course of action at that moment. Providing practical assistance consists of teachers taking basic steps to meet a student’s immediate needs or concerns. For example, teachers might suggest that a student take deep, rhythmic breaths to help him or her calm down and refocus, which is a sensible step towards addressing immediate emotional needs. A teacher can also suggest that a student take a walk to the main office, take a break from classwork, or get a drink of water to calm and redirect themselves.

Simply asking a student what he or she needs allows the teacher to better understand that child’s current needs without needing to guess what the student is experiencing. For example, a teacher might ask, “*What would help you feel better right now?*” or “*What do you need right now?*” In response, students might need a drink of water, a snack, time to rest, or a reassuring hug.

Connection with social support. Connecting a student with needed social support involves helping the student think about their family, friends, and other adults at the school who might be able to support them. For students who have experienced trauma, feeling connected to and supported by others counteracts

feelings of isolation or that they are alone in their struggle. This step in PFA can be accomplished by asking the student whom he or she can talk to about a current problem. If the student struggles to identify such individuals, the teacher can ask the student, “*Who has helped you in the past when you were having a difficult time?*” Primary school children will most likely identify family members on whom they can rely for support. Secondary school children might instead name friends or peers with whom they would like to talk or spend time in order to feel better.

Information on coping. This core action is important because it reminds children of how they are coping with the traumatic or stressful event, and gives them time and space with an adult to identify other strategies for coping with their thoughts and feelings. Initially, the teacher might praise the basic steps that the child has taken until that point. For example, teachers might tell children that they are brave or strong for attending school despite their crisis, or might praise children’s wisdom in asking for support or letting an adult help. Additionally, if the child has calmed by this point, the teacher might ask what the child would like to do to begin to feel better. Children might mention effective coping skills used when they were upset in the past, which the teachers can then validate. A teacher may say, “You just told me that the last time you were really scared, you talked to your mom and dad and cried. But afterward, you felt better.” The children might decide that they want to talk to trusted adults in their family or community about how they are feeling and why they are worried, and might also reveal that they would like to draw a picture, read a book, talk to another adult at the school (e.g., counselor, coach), and play with or sit with their friends. All are examples of school-aged children “reminding themselves” of their innate coping skills.. Children who are psychologically stuck or unable to name past coping skills might benefit from having the teacher brainstorm with the child or suggest specific coping strategies based on what the teacher knows about the child and his/her interests.

Linkage with collaborative services. The eighth core action involves linking with collaborative services and referral to other professionals for follow-up intervention. Collaborative services often include talking with a school-based mental health professional about the child, or contacting the parents to discuss the child’s concerns and what supportive actions the teacher has been taking. Teachers should discuss both steps with the child first. Children might have a preferred school-based mental health professional or might have already established a relationship with a counselor. Furthermore, children might ask that a teacher abstain from contacting the parents in certain situations (e.g., reported abuse, domestic violence), and teachers should honor this request unless the student is in danger. Linking with collaborative services might also include providing parents or caregivers with information about community resources that could help the child or family deal with their crisis or traumatic event. This might include information about services or agencies that provide food, clothing, housing, water, or other basic needs. If the basic needs are not an issue, the teacher might help parents consider how to establish a sense of safety, comfort, and support at home. Referral would also include linking families with outside services (e.g., church leaders, mental health counselors) that can provide additional intervention. This would be especially important when the parents

are too emotionally impacted by the traumatic event themselves to be the sole source of support for the child. Many teachers rely on school-based mental health professionals to provide both community services and referral information to legal guardians and parents.

Suggestions for Future Directions

PFA is the intervention of choice for responding to victims of a natural disaster (e.g., Ruzek et al., 2007), but more research is needed on its effectiveness in primary and secondary schools. When primary and secondary schools effectively respond to the psychological and emotional needs of students who have experienced trauma, students' ability to focus on their learning tends to improve. The basic steps of PFA represent a compassionate approach to students in crisis. Given the nature of this type of intervention with students, there are inherent challenges to conducting research in this area. Forbes et al. (2011) states that, "exactly how PFA is operationalized depends very much on the specific context in which it is delivered" (p. 225). Qualitative and quantitative research studies are needed to determine whether PFA is effective in responding to student needs.

Listen, Protect, and Connect (LPC) is a version of PFA with some empirical support. Ramirez et al. (2013) found that students who received LPC were less likely to experience depressive and posttraumatic stress symptoms at around eight weeks after baseline data were collected. Although they had a small sample size ($n = 20$), their promising results indicate that LPC and PFA might better promote emotional and psychological health among students who have experienced trauma. Additional research is necessary in this area.

Conclusion

The school environment is constantly influenced by the social and emotional needs of its students. The psychological and emotional impact of trauma on primary and secondary school children can impair their ability to function in a school environment in a variety of ways. School counselors, who train teachers to engage in basic trauma-informed practices, can expand the impact of trauma-informed programs developed to assist primary and secondary school children suffering from trauma.

The eight core actions of PFA assist teachers in performing an intervention that can provide a sense of connection, safety, support, and stability for students. Helping primary and secondary school students regulate their emotions and behavior can in turn assist teachers in maintaining a classroom environment that is conducive to learning. Children who receive PFA might ultimately begin to develop new pathways for coping and to self-regulate their own responses to crises or traumatic events.

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