CHILDHOOD TRAUMA AND DISSOCIATION QUESTIONS ASKED BY TEACHERS

International Society for the Study of Trauma and Dissociation (ISSTD)

www.isst-d.org

Prepared by ISSTD's Child and Adolescent Taskforce

Note: *These questions and answers are designed to assist teachers in understanding and helping children who have experienced trauma and may be experiencing dissociation. The recommendations below are not a substitute for professional consultation and treatment with a psychologist, psychiatrist, therapist and/or doctor specializing in the area of trauma and dissociation.*

***For ease of reading, "child (meaning child or adolescent) will be used in the answers below, and the use of "he" and "she" will alternate.*

1. What does it mean when children in your classroom "space out", do not remember what they have done, act in very opposite ways?

These behaviors – spacing out, not remembering, and having opposite behaviors – may indicate dissociation. Dissociation occurs when some part of the child's mind and behavior becomes separated (dissociated) from the child's awareness as a whole. Some forms of dissociation are normal and are, at times, part of everyone's experience. Other forms of dissociation are problematic. Below is a description of both.

Normal Dissociation:

Dissociation can be considered normal or non-problematic when it doesn't interfere with the child's sense of self, his emotional, social and academic development and his awareness of the world around him. The follow are some examples:

- A child is completely absorbed into an activity and is not aware of what is around him, e.g. when playing a video game.
- A child can have creative, fantasy thinking or 'be in a make believe world' but when asked, the child knows the difference between what is fantasy and what is real.
- A child can read to the end of a. page and not know what he has read because his mind is occupied with other thoughts.
- A child may block out something unpleasant at the time of it happening (for example, a painful injury), without harming his overall functioning.

As long as these experiences do not continue and interfere with his success, they are not problematic.

Problematic Dissociation:

Dissociation beyond the normal experience occurs when a child has to cope with an overwhelming/frightening event, with multiple frightening events, or with a frightening and neglectful living situation (see #2 below). In this situation the separation of thought and behavior being experienced protects the child from his frightening world. It is a separation over which he does not have the control that exists with the creative absorption described above. Like other problematic experiences, there is a continuum or a degree of seriousness of dissociation. Problematic dissociation can be considered mild, moderate or severe, depending on many factors described below.

When a child feels very afraid and helpless and cannot physically escape from the situation, he can find a way to 'escape' by blocking off (dissociating) the terrifying event/s from his memory; by blocking off (dissociation) feelings of pain, hurt, rage, and by blocking off (dissociating) bad thoughts about himself and those hurting him. He may go into a trance state or 'space out' (mild dissociation). He may become unaware of his surroundings (moderate dissociation). He may even separate completely from himself to totally escape from the frightening event/s (severe dissociation). This is a survival technique that can be helpful to the child at the time of the scary event. It is when this separation continues to occur with other threatening events or with reminders of the traumatic event that is problematic.

These reminders are called "triggers". This spacing out is different from daydreaming in that the child does not choose for it to happen. It is different from an attention problem in that the attention has not simply shifted, but rather it has 'blanked out'. Something in the classroom or in the child's experience (e.g. pain) might have reminded the child of a negative event and caused the child to 'space out' or shut down. This kind of dissociation will interfere with his overall learning and development, particularly if it happens often. Triggers can result in more severe dissociative symptoms, depending on the child's level of dissociation and the trigger itself.

This dissociation may keep him from developing normally, forming healthy attachments, and meeting social, academic and emotional expectations.

Young children are more prone to dissociation than older children because they don't have the abilities to manage what is scary or painful and can't remove themselves from the situation. However, the way each child handles a scary situation will depend on many factors, including the child's ability to calm himself, make sense of what is happening and believe the world can become safe again; the parent's ability to listen to the child's feelings and openly discuss the traumatic situation and the availability of prompt, supportive services to the child and parent.

Mild Dissociation:

When a child is at school and without intention reacts to reminders of the trauma (perhaps a negative comment, an unexpected touch) and 'spaces out' or shuts down this is called mild dissociation. Because of this spacing out, the child is unable to hear the teacher or attend to what is happening around him. This child is able within a short period of time to reengage with classroom activity, e.g. school work, changing classes, listening to the teacher.

Moderate Dissociation:

When a child has developed the skill to not feel his body as a response to his body being hurt, (e.g. during physical or sexual abuse, or painful medical interventions) this is called "**depersonalization".** He may block out other senses too, like hearing, tasting and seeing, which can affect his ability to learn. This continued use of dissociation can keep him from being aware of his bodily senses.

Some examples are:

- Child when playing a sport, falls, badly skins, bleeds, or even breaks his arm, but may not feel the level of pain expected.
- Child, because he is not aware of the pain that may be incurred, may become involved in reckless activities
- Child may also hurt his body deliberately, (e.g. cutting or burning) and not feel the pain.

Another moderate form of dissociation happens when a child must mentally separate from his surroundings to avoid experiencing the terrifying event. He therefore develops the skill to not be aware of what is going on around him and make what is happening feel unreal. This is called "**derealization**" – present surroundings are blocked off or seem unfamiliar. This may happen not only during the terrifying event, but can reoccur when things remind the child of the original scary situation.

Some examples are:

- A child who sees someone (familiar or unfamiliar) similar to his abuser in some way may suddenly no longer have a clear awareness of his surroundings, may feel that he is far away from the classroom, or may have a tunnel vision of the person.
- A child who is touched accidentally in the hallway may suddenly see the place where he was abused and not be aware that he is in the school hallway.
- Child who is triggered may bump into furniture, trip frequently, and appear generally clumsy because he is unaware of his body and his surroundings.

Severe Dissociation:
The most serious end of the dissociation continuum happens when the child, in order to escape the terrifying event, has to separate so completely from himself that it feels as if separate selves hold the awful feelings, thoughts and memories. These are called "dissociative parts" (also referred to as "dissociative states") and mean that the child is still one individual but has separate parts of the self with separate awareness or "consciousness".

These parts of the child's mind can hold the unwanted and unacceptable feelings, thoughts, and frightening memories away from the child's ongoing awareness, so he doesn't need to experience them. Otherwise, it would be too hard for him to go about his daily life and do what is expected of him. This type of dissociation can be referred to as a disturbance or disruption in his identity (not a unified self): having separate parts or states of awareness rather than one state of awareness for all of the feelings, thoughts and behaviors.

A child's dissociative parts can influence the way the child behaves, feels or thinks, including thoughts and behaviors the child does not want to have happen. Sometimes he may not truly be aware of what he has done. To others, it may look like the child is lying. This is called "amnesia", which means an inability to recall important information about present of past behaviors or events.

The child may hear voices inside his head, such as an "angry part" yelling at him, or a "helper part" telling him how to behave. He may or may not give the voices names of people, animals, toys, or moods that have some meaning to him.

When these parts do not take total control over the child's behavior and do not present themselves to others, this is called "**Dissociative Disorder Not Otherwise Specified"**. The parts remain 'inside' the child's mind, but influence the way the child behaves, thinks and feels.

- An example of this in school may be when the child suddenly hits another child or yells without apparent reason. The child may be responding from an internal part that holds a memory of being hit or yelled at and feels some danger in the present moment.

The most extreme form of dissociation occurs if these dissociative parts take complete control of the behavior. This is called "**Dissociative Identity Disorder"** (formerly known as "Multiple Personalities Disorder"). The child presents to others as if he is different people. This happens when the separate parts control both his behavior and his awareness. These shifting parts are very confusing to him and to those around him. The child may have considerable periods of amnesia during these times.

- For example, the child may hit, swear, or yell at another child and that part of him the teacher is talking to may not know that he did the hitting, swearing, yelling. He might adamantly deny what he did, even though it has been witnessed by others. This is perplexing to the school personnel who may think the child is simply lying and denying what he did to avoid responsibility for misbehaving.

It is important to keep in mind that dissociation is an adaptive response to an abnormal situation. It is creative and helpful when a child cannot physically escape a terrifying, painful situation. However, it can become a pattern of responding that continues even when it is no longer necessary. Such a pattern of response can cause serious problems for the child at home and school, as well as with relationships (see #3 below).

Important note:
Developing a comprehensive picture of a child's behavior with the help of a knowledgeable professional will determine if the child has dissociation or if his behavior is due to some other reason. See below for further symptoms that relate to dissociation.

2. Why do children dissociate?
(See also item #2 in the FAQ section for parents: http://www.isst-d.org/education/faq-child.htm)

Dissociation is creative and helpful when a child is in the middle of a traumatic and/or overwhelming situation and cannot escape it or receive comfort. It is an effective way to manage intense overwhelming feelings of fear, betrayal, and threat to survival. Thus, dissociation is an adaptive response to an abnormal situation and allows a child to maintain a relationship with abusers on whom she is dependent. When, however, dissociation continues past the event itself, it can create numerous problems for a child (see item #3 below) if early and accurate intervention does not occur.

Dissociation has been documented following a variety of childhood traumas and overwhelming situations:

Interpersonal Trauma:

- Abuse: physical, sexual, emotional (yelling, swearing, shaming)
- Witnessing domestic violence
- Severe neglect
- Extreme bullying
- Betrayal by someone close

Medical Trauma: physical injury, painful medical conditions and procedures (e.g., burns, cancer)

Environmental Trauma:

- Gang violence on streets and in housing complexes
- Exposure to war
- Abrupt, frightening immigration situations (especially if the child's family – parents and/or the child – are refugees) including incidents leading up to immigration, incidents during the immigration process, and having to accommodate to a very different culture and/or language and economic situation
- Frightening events (e.g. fires, near drowning)

Natural Disaster: (e.g. flood, earth-quake, hurricane)

Separation, loss and attachment trauma:

- Parental instability (e.g. chaotic or frightening responses)
- Family chaos (e.g. homelessness, substance abuse problems)
- Multiple separations and abandonment (e.g. foster placement)

Children dissociate not only during and following the frightening even itself but also with reminders of the event (triggers). For example, if a child survived a drowning in a pool when small, the sight of a swimming pool at school or even a drawing of one might trigger him to freeze, 'space out', or become agitated. If such dissociation becomes a pattern of responding, even minor reminders to the overwhelming event (whether the child does or does not know what the reminders are or why he is behaving or feeling the way he is) can cause the child to dissociate. This disrupts the child's normal abilities to respond appropriately and to learn.

3. **How do I recognize dissociation in a child?**

Dissociation can take many forms and can mimic other common problems (e.g. bipolar disorder, ADHD, conduct disorders, oppositional defiant disorder). Also, many of the symptoms can reflect situations other than dissociation. It is the combination of several symptoms in one child, and especially an abrupt shift in thoughts, feelings or behaviors that raises the possibility of dissociation. These shifts may occur within a relatively short period of time or less frequently, depending on the prevalence of a dissociative state.

Some dissociative behaviors can be disruptive to the classroom. Others aren't disruptive to the classroom as a whole but nonetheless affect the dissociative child's ability to learn. Remember, these indicators can occur without any apparent reason or provocation by others. Also, the child may or may not remember what he did (amnesia).

Unusual Behaviors:

- Inconsistent or sporadic, sudden changes in compliance
- Shifts in maturity levels (e.g. from older than chronological age to babyish, and then to age level)
- Refusal to answer to own name and demanding to be addressed by another name
- Denial of misconduct even with clear evidence of fault (child appears to be brazenly lying)
- Shift from liking a favorite activity to not liking it at all
- Sudden change in type of friends or peer groups
- Sudden fearfulness even though nothing frightening happened in the classroom
- Sudden excessive sleepiness
- Unexplainable sad/teary/whiney/babyish behavior

Acting Out:

- Abrupt onset of extreme aggressiveness toward peers, teacher, and/or objects with minimal or no provocation
- Switches in language to baby-talk or a sudden use of foul language
- Rapid and intense emotional shifts (Child is calm one moment and raging the next which can lead to a misdiagnosis of Bipolar Disorder)

Hyper-activity

- Abrupt shifts in activity levels – from very calm to very hyperactive – within the same time span, or from day to day or situation to situation. These shifts may also occur with a hyper-aroused child with posttraumatic Stress Disorder. (Dissociative activity shifts can lead to a misdiagnosis of ADHD or Bipolar Disorder)

Learning Issues:

- Uneven learning the child knows how to complete a particular assignment quite well one day, doesn't know how to do it the next day and then later when it has not been re-taught can successfully complete the task_ Children might also be able to do math one day and the next day they might be totally unable to do the same math with no recollection that they have been able to do it the previous day. This can be very confusing to the teacher who might interpret this behavior as manipulative, careless, or lying.
- Inability to recall significant events (e.g. birthdays, holidays, class trip the day before)
- Atypical learning difficulties (e.g. 'mirror writing; without spelling mistakes, difficulties in ability to generate personal narrative compared to non-personal narrative
- Atypical reasoning or responses to situation or story, unusual emotional responses (e.g. the child might claim a birthday is a sad event, or getting a present as scary)

Spacing-out/Inattentiveness:

- Excessive staring into space and appearing to be 'someplace else'
- Not responding when called several times
- Appearing disoriented or confused about what is asked of him (as if just 'woke up' even though the child wasn't sleeping)
- Answers that are completely out of context (as if still replying to a question that was asked a while back and unaware that the class moved on)
- May appear to be very forgetful and need to be told things again and again

No awareness of social boundaries:

- Intense staring at the teacher to a point where the teacher can become uncomfortable with the child's staring
- Inappropriate touching of the teacher and other children without any discomfort or awareness to the child that this behavior is socially unacceptable
- Withdrawn or isolated during periods of social interaction
- Hiding in cupboards, corners or tables without any awareness that this is socially incorrect behavior
- Making sounds of animals like barking like a dog and/or behaving like an animal in the class when the behavior is not required or part of a game

It is the extreme, unusual, and/or abrupt shifts in the above noted behaviors that can alert the teacher of the possibility of dissociation.

4. **What kind of actions and situations might increase dissociation in the classroom?**

There may be actions and situations that can increase a child's need to dissociate or remain dissociated while in the classroom.

Possible classroom or school yard triggers for dissociation:

- A teacher or other child grabbing or physically restraining the child (especially if the child has experienced or witnessed physical abuse)
- A teacher labeling the child (rather than a particular behavior) as "bad", "lazy", "manipulative" (especially if the child has experienced or witnessed emotional abuse)
- A teacher yelling beyond a raised voice
- The child experiencing or witnessing bullying
- The child seeing something reminiscent of a trauma (e.g. seeing the flame of a Bunsen burner in the science class if the child experienced a traumatic house fire)

As noted in item #2, dissociative responses increase when triggers occur. A trigger might be closely related to the event (e.g. seeing an object similar to the one used to hurt the child) or more distantly related to it (e.g. a sound, time of day, or tone of voice)

To better understand what may be a potential trigger for a particular child, it is helpful if you, the teacher, request basic information regarding the child's trauma background. For example, knowing the child survived a car accident can explain why every time there's a screech of car breaks outside, she freezes and spaces out.

Teacher responses that may prolong situations of dissociation

- Confronting or blaming a child when she is experiencing dissociation (e.g., if a child dissociated because a loud voice scared her, raising a voice in an attempt to 'get through to her' can scare her further).
- Expecting a child to immediately respond to directions or resume classroom activity when the child has 'zoned out'.

There may be cases where you may be wondering whether a child is dissociating or just being difficult. As a rule of thumb, and especially for children with known **trauma histories**, it can be helpful to consider dissociation as the first possible explanation for a behavioral issue. This approach can help you understand the child's responses and take appropriate action.

5. **What kind of actions and situations can decrease dissociation in the classroom?**

You, as the teacher in the classroom or in the school yard, can help a child who has dissociated to reorient to the class or the school ground. You can also work together with the child to minimize dissociative experiences in the future.

Helpful responses when a child dissociates:

- Reassuring the child that he is safe (remember dissociative behaviors stem from fear, rage, shame, helplessness, loss, confusion, and other difficult feelings; not willful manipulation or laziness)
- Responding empathically (e.g. "you look scared, I'm sorry the siren scared you")
- Suspending confrontation until a child is more present
- Allowing the child to quietly go to a 'designated safe space' within the classroom (e.g. reading corner or a spare table)
- Accepting the child's feelings even if they do not make sense to you by letting the child know that all his feelings are accepted by you (even if you don't understand why the child is responding the way he is at a given situation)
- Encouraging the child to utilize more appropriate ways to express difficult feelings (for example, scribble or draw, put feelings into words in a journal, squeeze a squeeze-ball, go for a run in the gym or engage in some other physical activity which safely discharges intense feelings)
- Avoid telling or asking for the 'positive part' of the child
- Allowing the child to visit the counselor or sit in the principal's office to calm down and calling the supportive caregiver.
- Presenting consequences for undesirable behavior only after the child has calmed down (see item #6)

Helpful responses for working with a child at a time when the dissociation is not happening – ideas for decreasing the child's need to dissociate.

- Developing a cue word (e.g., "get it together") with the dissociative child that can be used to bring the child back to the present
- Developing agreed upon hand signals to use in front of the child to warn her that she is drifting off in order to bring her back to the here and now
- Learning to recognize, and when possible eliminate, the triggers (i.e., unexpected touch, harsh voice) that cause the child to dissociate
- Letting the child know ahead of time when a trigger is unavoidable (e.g., if leaving the classroom results in aggressive or immature behavior, it can help to remind the child of an upcoming transition before the class is to leave, and reassure him he is safe)
- Letting the child have a safe-object in his desk to help him 'pull it together' if he is feeling overwhelmed (often times simply knowing the option is available already helps the child feel safer and feeling safer reduces the need to dissociate)
- Limiting surprises
- Creating a predictable routine
- Pairing the child with a supportive, caring peer for activities which raise the child's anxiety (e.g., class trip, recess, a trip to the bathroom)
- Playing music the child associates with safety

While these responses may seem at first glance as 'coddling' or 'rewarding bad behavior', they will help the child reorient to the present situation faster, handle himself better in the classroom, and accept responsibility for his behavior (see more about the 'how-to' of these suggestions in item #6)

6. At the moment of dissociating – the 'Teacher's Toolkit'

Grounding (a term that refers to orienting the child to the present)

- Speak calmly and breathe evenly while suggesting that the child, too, take a deep breath
- As soon as you notice a dissociative episode, let the child know where she is and remind her who you are – don't assume she knows. Tell her the day, the time, and her location. For example, you can say: "*This is Mr. B and you are in the classroom with your classmates, and it is Tuesday afternoon and we just came back upstairs from having lunch".* If possible, it is helpful to do this in a way that won't call attention to the child in class (i.e. gently approach the child, talk to her separately)

Reassuring

- Let the child know she is safe. She may not be aware that she is. Let her know no one is being hurt, that she is not being hurt, that nothing bad is happening right now, and that she is okay. Remind her to breathe and keep reassuring her that she is safe.
- Provide prearranged items (e.g. a small stuffed animal, a squeeze-ball, the child's journal) that the child associates with safety
- Use subtle agreed upon hand-gestures and agreed phrases between you and the child to reorient to the present (i.e. hands clasped together or words such as "get it together")

Checking in

- Once the child seems more present, ask her if she is okay. Does she know where she is? Who you are? Then you can move to reassure her further by offering something that she has at school and which brings her comfort: a stuffed animal, a special key-chain, a squeeze ball, a journal, a symbolic stone she can hold or keep in her pocket. Help her get more grounded by offering a drink of water or, if there's a sink in the classroom, to wash her face.

Narrating/describing/putting in context

- Rather than ask the child what she thinks happened, tell her. Dissociation causes a disruption in awareness and the child may not remember what happened, or she may have a hard time putting it into words. Narrate what is going on. Depending on the child's age you might say, "*An ambulance drove by",* or to a younger child: *"An ambulance drove by with a loud siren, but it is gone now to help people. Everything is okay here".* If something happened within the school,

describe it simply: "*There's a child crying in the hallway, and she is being helped"* or *"so and so bumped into you and maybe that startled you and you got upset".*

- If misbehavior occurred that requires consequences, wait until the child is oriented to the present and calmly explain the cause and effect. For example, you might say: "*You pushed so and so, and when someone in our classroom pushes, they get a ten-minute time out. So, you need to go sit in the time-out chair now*."
- It is best not to argue with the child if he disagrees with your explanation that he is responsible for his actions even if he doesn't remember doing something. Maybe explain the difference between responsibility and blame by saying: "*Whoever caused something to happen is responsible even if he does not remember doing so"*. If the child is in therapy, this will be an important issue to discuss with the therapist and to seek support for handling such situations.

Providing Safety

- Safety for everyone in the classroom including yourself is paramount. The importance of safety needs to be stated and that you, the teacher, will provide safety (e.g. carefully and gently take the child by the arm and leave the room). **A back-up plan should always be established if there is a possibility of violent behavior.**

Avoiding trigger possibilities

- Find out more about the child's earlier experiences so that you can avoid words or situations that may be triggers for the child
- If a child is already receiving trauma-counseling, collaborating with the therapist with regards to how to help the child in the classroom

While these steps may seem time consuming, they need not take much time. In that they can deescalate, rather than escalate a problem, they may save you time. In addition, they often take even less time as the 'routine' becomes more familiar (to both of you) and the child learns to associate your voice and words with reorienting.

You may worry that such 'coddling' may make it worth it for the child to act out in order to get that special attention. With dissociation, however, these phrases have a different effect – they increase safety and thus help the child not to become overwhelmed and need to dissociate. This will most likely serve to reassure the child that you care, that she is safe with you and can trust you to help her when she feels overwhelmed, agitated, shut down or 'spaced out'.

You may worry that other children in the class will resent the 'special treatment' that the child will be getting. However (and especially if a child is aggressive or explosive), classmates often welcome less drama and a calmer classroom. Moreover, classmates often follow the teacher's modeling of offering support and compassion if the child gets 'upset'.

Classroom intervention cannot and should not take the place of specialized assessment by a professional knowledgeable in the area of trauma and dissociation (and, if needed, trauma treatment where the child can be helped to deal with the issues that underlie the dissociation). Nonetheless, simple steps can assist both you and the child in feeling more in control, and can help make school experience a safer one for the child.

7. If I think a child is dissociative, who can help this child?

If you suspect a child is currently maltreated, as a mandated reporter you must report you suspicions to Child Protective Services or relevant authority in your country/region.

Dissociation does not, however, mean that a child is presently being maltreated – things may have happened in the past. Dissociation often continues even after a child has been in a safe environment. In fact, dissociation tends to persist until the child receives appropriate therapy.

If you suspect dissociative behaviors in a child (even if the child has other diagnoses), let someone know

- School counselor
- Principal
- School-based-support-team
- Related service professionals working with the child
- District office
- Parent/guardian of the child

Describe what you see and recommend that the child is referred for an evaluation by a therapist specializing in trauma and dissociation. This might be an opportunity for you to also ask about the child's history – it can help you understand what events/actions/objects might trigger dissociative responses in the child.

It is not your responsibility to diagnose the child, but your vigilance in referring him for appropriate help can be immensely helpful by saving prolonged agony and misdiagnoses.

(For more information about misdiagnosis of trauma and dissociation and why some people – even mental-health professionals – may not be familiar with it, see item #5 in the "Questions Frequently Asked by Parents" – http://www.isst-d.org/education/faq-child.htm)

8. **What to do if I believe referrals are futile?**

If you work with disadvantaged populations, you may feel that recommending a referral for a specialized assessment is futile because of one or more of the following:

- There's no budget for evaluation and/or treatment
- The child was already evaluated and has another diagnosis
- There's no one to take the child to therapy
- There are no available/knowledgeable professionals in trauma and dissociation in the area.

While you may be correct in your frustration, it is still important to recommend the child be referred. This way you're helping increase awareness for the difficulties the child might be dealing with, as well as creating a paper-trail if circumstances change.

And circumstances indeed are changing:

- More and more mental health professionals are becoming familiar with and trained in trauma and dissociation
- Hospital clinics that cater to underprivileged populations may have clinicians on staff who are skilled in trauma and dissociation and can provide (or supervise) clinical service at little or no cost.
- Clinical/research studies in the area of trauma and dissociation may provide evaluations – and sometimes treatment – at no cost
- Awareness of trauma and dissociation is on the increase among therapists and other professionals (pediatricians, child-protective-services, speech-language-pathologists, nurses, and educators)
- By reading the information on this web-site you yourself are one of those spearheading educators!

If you want to make a referral and aren't sure how or what may be available in your area, you may choose to consult the membership list of the International Society for the Study of Trauma and Dissociation (ISSTD) at http://isst-d.org. Please note that the ISSTD is a professional association and not a regulatory body. Therefore, a professional's membership does not guarantee competency, but it does demonstrate an interest in the field of trauma and dissociation. There may be someone listed in your area whom you can at least contact for information and possible local or regional resources.

9. What are my responsibilities in helping the child?

Dissociation responds well to specialized treatment. Teachers aren't expected – in fact, shouldn't – treat trauma and dissociation. What can they do?

- Support the child in the classroom by maximizing safety and thus increasing the child's sense of safety and availability for learning
- Refer a child who is presenting with dissociative symptoms for an evaluation. Treatment is most successful if there is early diagnosis and intervention, and the child is in a safe environment.
- Once a child is receiving appropriate therapy, the teacher, with the permission of the parents/guardians, can contact the therapist and work together with the therapist to assure that the child's experience at school is positive and supports her healing.

10. Who can help me, the teacher?

Yes, teachers also need help:

- You may feel as if you must constantly walk on egg shells around the child
- You may feel torn between the child's needs and the needs of the rest of the classroom
- You may think it is best to say nothing lest admitting disruption in you 'domain' be seen as failure in class management
- You may believe that you ought to manage it all alone

You need not be alone in managing a dissociative child! Indeed, a child with dissociation may already be seeing other school professionals with whom you could collaborate:

If the child has language-learning difficulties, she may be seeing a:

- Speech-Language therapist/pathologist
- Remedial teacher
- ESL (English as Second Language) teacher

If the child has social or attention difficulties:

- Counselor (though an important resource to help children manage classroom behaviors, school-counseling can rarely replace trauma-counseling)
- Speech-Language therapist/pathologist

If the child has medical or physical difficulties:

- School nurse (for chronic illness or medications during school hours)
- Occupational and physical therapist

Getting together with the child's educational and related-services team and caregivers can help:

- Clarify what works or doesn't work in helping the child manage academic and social tasks
- Identify and validate observations about the child's triggers and needs
- Brainstorm ways to manage triggers and dissociative episodes
- Pre-plan for especially vulnerable times (e.g. when the child or another child in the class has an especially difficult day, arrange for the child to spend such times in a safe, familiar, non-punitive place)
- Support the teacher and provide a place for the teacher to share feelings and frustrations.

If you are not part of the team meeting about the child on a regular basis, request your presence at the next meeting or arrange for a multi-professionals meeting about the child. Having a dissociative child in your classroom is challenging. It is not uncommon for the child's behavior to trigger issues for you, the teacher. It is not the child's fault that she is dissociative. Neither is it yours… By taking care of yourself and making sure you, too, receive support, you can provide better support for the child, as well as to the rest of the class, and for yourself.

11. Where can I find out more information?

There are several books, articles, and DVDs that you may find helpful:

- ISSTD's 2008 Media Award DVD Set, Trauma & Dissociation in Children; available for sale at http://www.isst-d.org/store/trauma-and-dissociation-children-video.html.
- The Dissociative Child: Diagnosis, Treatment and management edited by Joyanna Silberg (Sidran Press, 1998) contains several chapters of interest as well as a chapter specifically about school management of children who dissociate. This is available as an electronic book from Sidran Press.
- Helping Traumatized Children Learn: Supportive school environments for children traumatized by family violence (2005) Susan F. Cole, Jessica Greenwalk O'Brien, M. Geron Gadd, Joel Ristuccia, D. Luray Wallace, Michael Gregory (Massachusetts Advocates for Children) http://www.massadvocates.org/helping_traumatized_children_learn

- The Language of Dissociation (2005), Na'ama Yehuda, Journal of Trauma and Dissociation, Vol. 6, no. 1 pp 9-29, describes case studies of elementary school children with dissociation and language-learning issues and how educational staff can assist them.
- Dissociative Children: Bridging the inner and outer worlds by Lynda Shirar (Nortan, 1996) is written for therapists but has several chapters at the beginning which would be helpful for teachers.
- Techniques and Issues in Abuse-focused therapy with children & adolescents: Addressing the internal trauma by Sandra Wieland (Sage, 1998) has a chapter that would be helpful for parents.
- Attaching in Adoption: Practical tools for today's parents by Deborah Gray (Perspectives Press, 2002), has several references to dissociation and many ideas for helping scared children.
- Two DVDs that are more technical but could be helpful are Identifying and Responding to Childhood Trauma in Ages 0-5 Years Old and Identifying and Responding to Childhood Trauma in Ages 6 to Adolescence by Bruce Perry
- More practical for parents and teachers are DVD set, Understanding the Traumatized Child, Parenting the Traumatized Child, and Teaching the Traumatized Child (Cavalcade Productions, 2004)
- Check the Frequently Asked Questions by Parents, on the ISSTD website: http://www.isst-d.org/education/faq-child.htm

These are websites that can be helpful:

The American Academy of Child & Adolescent Psychiatry: "Child Abuse- The Hidden Bruises"
http://www.aacap.org/publications/factsfam/chldabus.htm

- This site describes symptoms indicating that a child may have experienced physical abuse. There are also links to descriptions of symptoms of other types of abuse.

Child Trauma Academy, "Special Considerations for Parents, Caregivers, and Teachers"
http://www.childtrauma.org/ctamaterials/priniples_TCasp

- This site discusses the needs of children following a trauma and gives ideas of how a teacher can be supportive.

National Institute of Mental Health: Helping Children and Adolescents Cope with Violence and Disasters: What Community Members Can Do
http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-what-community-members-can-do.pdf

- This site provides information of the reactions seen in different age groups and ideas for how a teacher could help a child.

SAMHSA: Tips for Talking to Children and Youth after Traumatic Events: A Guide for Parents and Educators:
http://samhsa.gov/MentalHealth/Tips_Talking_To_Children_After_Disaster.pdf

- This site lists reactions shown by different age groups, ideas on how to help, and resources