

HELPING STUDENTS POST-TRAUMA¹

The following is a summary of a presentation given in December 2015 by certified therapist, Sharon Korman (korman.sharon@gmail.com). Sharon is a marriage and family therapist and has been living in Paris for 8 years.

What follows are suggestions on how to help a student who has just experienced trauma. Please note, however, that the goal of learning to use these techniques is not for us to act as therapists. Instead, we can use them as a means to calm students' emotions and to identify those who are panicking and who might need further professional assistance. Medical and psychological help should be sought if students' symptoms are persistent. Note that some individuals do not display immediate symptoms but the trauma has a delayed affect and could take days, weeks or even months to manifest. Finally, external factors such as school policy and input from the student's parents and local authorities will also govern how we approach our students.

The first step in intervention is to help students calm down. At this stage, rationalizing does not calm them down. During trauma, logical thinking is impeded because the frontal lobe of the brain goes "offline"; facts simply do not register when we're upset. Once we calm down, we can start to take in information and process what has happened.

What tools can we use to help a student calm down?

Lead the students through the exercises below. Performing the exercises with them in a non-judgmental way will settle them more effectively. Do the exercises longer than the students want to, until you can tell they have settled down.

While technique A should be performed first, the other tools listed are in no particular order and the use of several of the tools might be necessary to help calm some students.

A. Mini check-in: Ask each student on a scale of 1 to 10 how stressed they are right now.

This question brings the student back to the present and allows us to make a stronger connection with them. You can then proceed with one of the other techniques below.

B. Breathing / mindfulness technique: Guide the students as follows: put one hand on your stomach. Then imagine a balloon in your gut; inhale to inflate, exhale to deflate; bring your mind back to the balloon as soon as it wanders; saying out loud if necessary the words "inflate" and "deflate."

This exercise helps activate the frontal lobe through visualization. Associating the physiological gestures with the words can help to bring the brain "back online" in a gentle, simple way. We can also remind ourselves of positive truths while doing this: "there are more days in the year when such things don't happen than days when they do."

Result: the body and the fear center of the brain calm down even though it may take some time to get back down to baseline. This technique shows how we can then remind ourselves of the facts surrounding our current situation while simultaneously working with the body.



C. Calming self-talk: Put your hand on the center of your chest (the feeling center) and repeat sentences like: "This feeling will pass" or "I'm safe right now" or "I'm inhaling, I'm exhaling."

Doing this while you are afraid or having an intrusive thought allows a person to calm down, push the thought aside and to replace it with a new one: "I'm safe right now". This can be done with any intrusive thought but it may need to be performed several times in order to be effective. Students need to conquer fear little by little.

Example: a therapist coached a student who was afraid to leave her apartment after a terrorist attack: she was first instructed to go down to the ground floor of her building and stand next to the front door; then, to do the same exercise standing in front of the building; progressively, to go to the end of the block... In stages, the student was able to overcome her fear.

If someone chooses small behaviors they can do without leaving their window of tolerance, this allows them to be in charge.

D. Tapping. Start by giving yourself a "butterfly hug" with both of your arms crossed and your hands resting on the opposite arm at the level of the triceps. Then, while focusing attention on the center of your chest and on breathing, tap slowly alternating hands.

It's this bilateral activity – tapping one arm and then the other – that works to connect the right / left brain and allows it to integrate feelings and logic. Through concentrating on this activity, the cognitive brain comes "back online." The body will naturally let barriers down. While practicing this technique, people often start to sigh, take a big breath or even have tears. If there's a need to be more discreet in performing this technique, it's possible to alternately tap the tops of your thighs if sitting down, or even tap your feet on the ground.

During the tapping, it's helpful to repeat thoughts like: "I'm safe now" or "it's over now." The thoughts have to be positive or neutral AND we have to believe them 100% in order for them to work.

This technique is taken from Eye Movement Desensitization and Reprocessing (EMDR) and has been particularly effective in working with Post-Traumatic Stress Disorder (PTSD) patients. Its purpose is to leave room for emotions to filter through the barriers erected by trauma.

E. Pro / con list: if the student is considering leaving the program, have them make a list of pros and cons for staying and another list for going. Fill out each column exhaustively. It's ok to repeat words in several columns. Some pros / cons will have greater emotional value — indicate these with a star. Next, stand back and look at the lists.

In stepping back and getting some distance, we can start to introduce facts and logic into decision making. It helps us organize our thinking and our decision is no longer only emotionally based. We become more objective about our problems.

Conclusion

The mindfulness exercises above are intended to help students settle their emotions after a traumatic experience and to re-take control of their lives. Additionally, they allow administrators to identify those students for whom these techniques are insufficient and who may need professional help. By performing the techniques with the students in a non-judgmental manner, we aim to empower them to take charge of their bodies, minds and emotions. As a result, they are able to think more rationally. Students should be encouraged to repeat these techniques should trauma symptoms return.



Further Suggestions: Introduce safety precautions and emergency procedures when students are calm and can think logically rather than in the midst of an emergency situation.

Remain general in presenting these precautions – don't try to evoke every scenario. Ex: "If there is an emergency, this is what we do." The statement "look for all safety exits when entering a restaurant", for instance, can be put under general fire protocol instead of than making a specific reference to terrorist attacks.

Remember also that we should take care of our own needs, practice our own mindfulness exercises while also taking care of others. This is illustrated in the airplane analogy: "In the event of loss of cabin pressure put your mask on first; then help those around you."

Finally, watching or listening to things that make us laugh can be equally healing. "Changing the channel" can change your emotional state. The following two examples videos consistently make people laugh:

- → "Four Laughing Babies": https://www.google.fr/?gws_rd=ssl#q=youtube+four+laughing+babies
- → "Grouchy Girl with Squeaky Shoes": https://www.youtube.com/watch?v=Ha-3MiVa7-Y