

The Impact of the Psychological Trauma in School Adjustment and with Same Age Peers in Middle Childhood

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Abstract

Traumatic and disastrous events are part of our everyday life. Every day, the media is full of cases of natural catastrophes, violence, murders and accidents. Unfortunately, the children are not saved from these events. Experiencing trauma has a deep impact on emotional, social, cognitive and behavioral life of children. School is the first environment after the family where the impact of the trauma can be seen and the manifestation of traumatic events experienced. The purpose of the study is to explore the impact of the psychological trauma in school adjustment and with same age peers and the way of supporting and helping these children at school. Questions that guide this study are: "How are the relationships of the children who experience trauma in middle childhood, with their peers and teachers? How do they adapt in the learning process? Does the collaboration with parents and school impact higher performance? How are these children treated and helped at school?" Data collection was analyzed through a case study, and the protagonist is a 7-year-old girl who has experienced trauma when her mother died. The other instruments used were semi-structured interviews with teachers and documentation analysis. The data collected through interviews and documentation study are examined through content analysis. Results show that the most common way of experiencing the trauma at this age is the solitude, the silence and the aggression. Also the results show that good cooperation with parents of children positively impacts student success and better adjustment of these children with peers. From the study it also emerged that although there is an Individual Education and Development Plan, it is not utilized, due to lack of appropriate conditions and framework.

Keywords: psychological trauma, school adjustment, middle childhood, peers, teacher

1. Introduction

Trauma is defined as a physical or psychological threat, an attack on the physical integrity, security, sense of self, or physical safety of another person important to the child (CUPS Vermont Handbook, 2005).

Children can experience trauma as a result of a large number of events. According to (Pynoos, 1985, cited to Kapor-Staunovic, 1999) exists this categorization for traumatic experiences:

1) natural or technological disasters, 2) different accidents, 3) violence (within and outside the family), kidnapping , hostage taking, terrorism , war , the presence of violence against or among parents or other persons, rape, murders , suicides , 4) Severe illness and dangerous or life-threatening medical procedures.

But many researches agree that everything that disturb the child's sense of security as: separation from parents, a non-secure and stable environment, neglect, physical, sexual and verbal abuse can be traumatic.

Depending on the type of event, a traumatic event can trigger four basic categories of long-term reactions: 1) If the traumatic event involved danger to life or of being present in a death, violent injury the most common reaction is Post Traumatic Stress Disorder - PTSD. 2) If the traumatic event has to do with the loss of a loved person, the most common reaction is that of mourning. 3) If the traumatic event involved separation or the concern for a close relative, symptoms of separation anxiety, anxiety or depression are present. 4) If the traumatic event recalled by its characteristics a previous traumatic event that the child has experienced, then, there is likely to be submitted iteration or strengthening of symptoms that have been present before. This particularly happens if the event experienced before was not assimilated and appropriately integrated into the child's personal history.

Children from the age of 6-11 years thanks to cognitive capacity of development are better able to understand and can express verbally the experienced trauma compared with children of a younger age.

Exposure to traumatic events affects many areas of functioning: somatic, emotional, cognitive and behavioral (Van der Klof, 1993).

School is the first contact with the world outside of home, and the greatest environment of socialization. The school

environment notices quickly if a child has problems in adjustment. According to (Strain, 1996, cited to Kapor-Staunovic, 1999) bad adjustment includes a bad reaction to a psychosocial stressor which decreases when stressor fails or when the individual begins to adapt. Children who have experienced trauma evolve and become more aggressive or more silent and lonely. On the other hand, being more anxious or concerned on cognitive and affective processing of traumatic events, leads these children to have weakened concentration and remembering difficulties.

Trauma is a powerful and shocking experience that is not normally assimilated in the scheme that the child has for the world.

According to (Van der Kloek, 1987), unexpected experience that destroy the feeling of predictability have profound effects on short and long term management of emotions. The feeling of hopelessness, guilt and anger that accompany this experience can significantly affect the scheme that the child has for the world, for oneself and for others.

A few years ago the Ministry of Education and Science of Montenegro approved the Strategy on Inclusive Education for elementary and middle schools. According to the categorization of Cross – National Organization for Economic Cooperation and Development (OECD), children who have experienced trauma are included in the B category of children with emotional difficulties and can qualify for an Individual and Developmental Education Plan (Strategija Inkluzivnog Obrazovanja u Crnoj Gori, 2008).

Although this strategy has started to be applied in every school in Montenegro, Individual Education Plan for children with emotional difficulties is not yet used.

Given the inevitability of trauma in the lives of children it has been done this study to explore the impact of trauma on adaptation in school and with peers as well as methods of treatment and the help that these children receive in school.

The questions that guided this study were: How 6-11 year old children experience traumatic event? How is the relationship of these children with peers, teachers and how they are accommodated in the learning process? Does the cooperation with parents and school influences in a better success? And how are these children treated and helped at school?

2. Research methodology

2.1 Participants

In this study participated 10 teachers of the elementary and middle schools in Montenegro, a 7 -year-old girl, who had experienced trauma when mother died, her father and her kindergarten teacher.

2.2 Instrumentation

To collect the data and to accomplish the objectives of the study were used semi-structured interviews with teachers, case study and analysis of student documentation (educational records).

For registration of semi-structured interviews were used tapes, and for the collection of the data for the case study notes in a notebook. The registred interviews were immediately transcribed.

The collected data through interviews and documentation study were examined through content analysis.

3. Results

3.1 How 6-11years old children experience traumatic event?

Except for one case all other teachers, in their classrooms have one or two students who they feel have suffered psychological trauma. The death of a parent and divorce were two events that teachers reported more frequently.

After these cases came the cases of alcoholic and violent parents.

For these student teachers mostly said that they are "different from others", silent and withdrawn, they are not smiling and happy as other children of this age. Some of the teachers had noticed aggressiveness and hyper vigilance.

In addition, the variable humor where they start crying unexpectedly was observed in these children. They generally do not speak or tell the story they have experienced. The only forms of expression are through drawing, and in these cases it is obvious what they have experienced or experience now. From the case study presented the student who had experienced the tragic death of the mother (the mother had committed suicide and the girl along with her younger brother had immediately entered the room), she is upset and wants to stay alone. According to the teacher the girl is quickly hurt

and affected for lesser things. This was clearly observed also during the observation that was made in the classroom. Additionally, the hyper vigilance was noticed and her desire to have things under control. She could not stay in one place without moving, she was biting her nails and it was visible that she was concerned. The girl's father also emphasizes her several physical symptoms as poor appetite, sleep walking but he emphasize that she has nightmares. According to the girls teacher in kindergarten, at the time she was at kindergarten the girl was upset, used to use dark colors in drawings, it was evident the absence of the mother and the suffering that she was experiencing.

As for the data from the documents, in all analyzed school registers lacked data on the situation in the families of these children, except for a case where was written that the child has divorced parents.

3.2 *The relationship with same age peers, teacher and adaptation with education process*

Relationship with peers according to teachers is mainly good. In some cases, teachers take these kids as an example in classroom for good behavior. But at the same time stress that they are silent and do not communicate much with friends. They constantly look annoyed. In other cases, cases of boys mainly, teachers complain about aggressiveness, noises in class and misconduct. A teacher notes that he has a child who is quite indifferent and not impressed about friends or activities. He participates only when something attracts him more. Regarding the case study it can be said to be associated only with a few friends and the most of time doesn't communicate much with others. She prefers to remain silent. The relationship with teachers is seen as very good. Teachers say that for these children they try to be like second parents. On the other hand all the teachers try to have a positive relationship with these children, by tolerating more and trying to support them.

In one case the teacher had failed to establish a relationship with the student because after the trauma he had experienced he had changed a lot and did not want to communicate or to associated with anyone either the teacher or peers. But this case was specific because in addition to the trauma this child had developmental delays.

Most of the students were well adapted to the educational process and had achievement in lessons. In two cases these children were excellent. But there were also cases that had major problems at school. Mainly in the subject of Albanian language in particular to the scope of the subject, "he express verbally in front of the classroom, spontaneously or for a given topic in advance (Associated with literary / not literary text)" (school register of IInd and IIIrd grade), where this purpose all those who had not good success had only partially achieved.

3.3 *The cooperation of parents with school*

A good number of parents cooperate with teachers, took an interest in and came often for parent/teacher conferences. They had informed the teachers about the situation of their children so teachers would be aware of the situation and more prepared to handle the student behavior at school. According to the teachers there are those parents who come rarely, such are mainly cases of widowed women, but who are interested in participate in their children's education via phone. These cases teachers justify, and say that these women do not have time and that is very difficult for them to maintain the house and raise children.

One teacher was very unsatisfied with the cooperation with parents and said that "the cooperation is 0 as in this case and the cases of other children". She complained that only after much time had learned by chance that the child had an alcoholic and violent father.

One of the most frequent reasons of lack of cooperation by teachers was the mentality, shame and fear to show the difficulties of the family, lack of time and neglect.

3.4 *Ways of treatment and assistance at school*

All teachers have tried to take particular care to these children and tried to help. For those who are weaker academically they planned additional lessons. At the same time, they say they don't know what to do more with them in the emotional aspect, because the large number of students do not allow them to deal individually with them. Only one teacher said that when he noticed that the child is feeling upset or is crying, individually deals with. All point out that the psychologist would be the most suitable person and probably the only one who will be able to help these children to cope with the trauma in a healthy way. But given that the schools has not a psychologist only a pedagogue they stress that is evident the absence of this professionals at the school.

Teachers did not apply individual education plans with children who have experienced trauma. One of them even

said he did not know at all that such a plan exists. On the other hand, they point out that children with disabilities and developmental problems they apply such a plan.

Neither the girl's teacher of case study used no individual plan of education and development, because according to her there are no conditions to apply it. This teacher referred the girl several times for additional help to the school pedagogue but since she has good marks, the pedagogue did not undertake to handle. Support from the parent and the teacher has been the only help the child has earned in this case.

4. Conclusions

Silence, lack of communication and withdrawal have emerged as the most frequent ways of responding and experiencing trauma among children from 6-11 years. Secondary to these factors aggressiveness also noted as a behavior these kids displayed.

It noted a link between parental involvement with the school and student success. In most cases, parents who were interested for their children and who had good cooperation with school, had children with better success at school but at the same time these children were also less aggressive. Another thing that has resulted from this study is the lack of application of Individual Plan of Education. Although the strategy of inclusive education was approved a couple of years in which include children who have experienced trauma, the situation in schools is not good. As a result of the lack of conditions, proper information and appropriate professionals, teachers find themselves alone in the treatment of these children.

Child relationship with the teacher is seen as a very good except on one occasion. Teacher tried to support and make them feel safe and accepted. This, according to many researcher is seen as influential and very good thing.

According to (Putnman, 1988, cited to Ibolya, 1999) as the relations and mutual support and secure attachment seem to be the only tool by which children learn to adapt to change and adjust internal situation.

This thing is also supported by (Harris, 2004, cited to Friedman, Terence & Resick, 2007) who states that experienced trauma interrupts development of normal functioning in many areas, which in adulthood often lead to physical and emotional problems that can be avoided or diminished by early intervention.

Given the above mentioned it would be seen as beneficial for teachers to participate in workshops learning more about Individual Education Plan and its application in classroom. It appears the teachers are willing to help students but may not be well informed.

Lastly, it would be helpful to have the professional staff who are train to deal with and assist children who have undergone emotional trauma.

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