

Understanding and Describing How Trauma Impacts Specific Students

A First Step to Designing Better Supports

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Part 1: Introduction

Understanding Trauma and Its Impact in Schools

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Children and youth commonly experience events or conditions that are stressful, overwhelming, or traumatic. These experiences may include acute events; chronic stress; disruptions in caregiving; family, school, or community violence; discrimination; loss; or ongoing exposure to instability or adversity in their home, community, and/or school.

Trauma is not rare. Approximately 18% of children and youth ages birth-17 have experienced two or more adverse childhood experiences (ACEs) (Child and Adolescent Health Measurement Initiative, 2022) and 18% of high school students reported four or more ACEs (Swedo et al., 2024). These children and youth are at a significantly increased risk for toxic stress which can negatively affect brain development, emotional regulation, attention, behavior, and academic performance (Perfect et al., 2016). These impacts are often reflected in students’ day-to-day school experiences.

Trauma does not affect all students in the same way. Its impact depends on many factors, including the nature, timing, duration, and intensity of the experience; the presence of supportive relationships; and the student’s developmental context (National Child Traumatic Stress Network [NCTSN] Core Curriculum on Childhood Trauma Task Force, 2012). Some students may show visible signs of distress. Others may appear quiet, withdrawn, inconsistent, tired, highly reactive, or difficult to read. In school, trauma-related impacts may be misinterpreted as lack of motivation, inconsistent effort, behavior problems, or skill deficits.

PCEs, ACEs, and Trauma-Informed Practice in Schools

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Positive Childhood Experiences (PCEs) are safe, stable, and nurturing relationship-based experiences that foster resilience, serving as a buffer against the impact of ACEs (HOPE National Resource Center, 2025; Zhu et al., 2025). These include enjoying participation in family and community traditions, feeling a sense of belonging in school, feeling supported by friends, and having at least two non-parent adults who genuinely demonstrate care. Because schools are important places to develop PCEs, trauma-informed practice helps educators create these positive and protective experiences during the school day.

Trauma-informed practice in schools begins with recognizing that stress and trauma can affect students’ bodies, relationships, learning, communication, and participation. Trauma-informed educators work to create predictable, relationally safe, welcoming, and supportive classroom conditions with an emphasis on belonging. Common trauma-informed practices include building strong teacher-student relationships, using clear and respectful routines and expectations, increasing predictability, offering appropriate

choices, incorporating mindfulness practices, supporting regulation, reducing unnecessary stressors, responding calmly to distress, and avoiding practices that may re-traumatize students (e.g., NCTSN Schools Committee, 2008; Regional Educational Laboratory, 2020; Statman-Weil, 2015).

At the same time, educators are not always given practical ways to translate general trauma-informed principles into student-specific understanding and action. Without a clear framework, trauma-informed practice can remain broad, reactive, or focused primarily on behavior rather than on how trauma may be affecting a student’s experience across different areas of functioning.

This packet is designed to support that next step.

Purpose

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This packet has two primary purposes. First, it is intended to help educators better describe student-specific trauma impacts so they can more clearly identify what may be needed and then design and deliver individualized instruction, supports, and responses. Second, it is intended to facilitate collegial conversation and ongoing professional learning among educational teams. Educators may use Part 2: Descriptions by Domains to reflect together on patterns they are noticing across students, especially when students need more intensive or coordinated supports.

This packet is not a diagnostic tool and not a comprehensive list of trauma-related indicators or supports. It is also not a substitute for individualized planning or professional judgment. Instead, it is a resource designed to support shared understanding, reflection, and collaboration.

Each person’s experience with trauma is unique, and students will vary in how—and whether—symptoms of traumatic stress show up in school. Patterns may differ from student to student and may shift over time or across contexts. For this reason, the descriptions in this packet are best used flexibly, as a guide for inquiry rather than as a fixed profile.

Part 2: Descriptions By Domain

A New Schema for Understanding Trauma Impacts

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Children and youth who have experienced trauma often present with needs that cut across multiple areas of functioning. These needs may show up in the body, in attention and learning, in communication, in movement, or in relationships. They rarely appear in isolation and are most likely to present as a constellation of impacts that interact with one another.

To provide a way to organize and make sense of this complexity, we have adapted a framework from our colleagues at Autism Level UP! (Laurent & Fede, 2024) to help educators consider seven domains through which trauma impacts may be viewed. The domains are **physiology**, **interoception**, **sensory**, **motor**, **cognitive**, **communication**, and **social**. Within each domain are factors to consider—specific ways trauma may show up for a student in school.



The domains do not explain who someone is. Rather, they help describe how the impacts of trauma may show up across different areas of functioning, across contexts, or in a given moment. They also help educators think about which actions might be taken or which supports might be considered across a variety of school experiences.

In each of the following seven domains, there is a two-paragraph description of how a student’s trauma history may show up. These descriptions were developed through review and synthesis of the literature on childhood trauma, impacts on functioning, and trauma-informed practice (e.g., Blaustein & Kinniburgh, 2018; Blodgett & Lanigan, 2018; Cole et al., 2005; Perfect et al., 2016; Thomas et al., 2019; van der Kolk, 2005). To prompt reflection, the descriptions are followed by examples of (a) what this may look like in class, during instruction, and in social interactions, and (b) actions to take and supports to provide.



PHYSIOLOGY

A history of trauma may show up physiologically across the day as persistent shifts in baseline arousal, energy availability, and bodily regulation. Students may experience disrupted sleep patterns, chronic fatigue, and/or difficulty achieving restorative rest, even when sleep duration appears sufficient. Irregular nourishment or hydration may also be present, shaped by stress-related changes in appetite, digestion, or access to consistent care. Illness, injury, or bodily complaints may occur more frequently, reflecting the cumulative effect of prolonged stress on immune and physical health.

Trauma can also affect how the body mobilizes and recovers from physical, emotional, and cognitive effort. Students may fluctuate between low energy and sudden surges of activation without clear external cause. Physical recovery after exertion may be slower, and minor physiological stressors may have an outsized impact on overall functioning. These patterns reflect altered stress physiology rather than moment-to-moment choice or effort.

Examples of How Factors Show Up

- Joey falls asleep during independent work, even when the class is actively engaged in the lesson.
- Maya frequently complains of headaches or stomachaches during instruction and asks to visit the nurse.
- Luis can move from low energy to suddenly restless or highly active without a clear change in the lesson.
- After a minor stressor, like a noisy transition or warm classroom, Mindy becomes physically drained and cannot reengage in the activity.

Examples of Actions to Take and Supports to Consider

- Build predictable rhythms into the day (beginnings, transitions, endings) so students are not relying on internal energy regulation alone.
- Normalize variability in energy by allowing flexible pacing, brief rest, or reduced physical demands when needed.
- Treat fatigue, illness, or bodily complaints as signals, not compliance issues.
- Offer access to water, snacks, movement, or rest breaks without requiring explanation.
- Reduce unnecessary urgency (timers, public countdowns, rushed transitions).
- Allow recovery time after physical or emotional exertion.



INTEROCEPTION

Trauma history may significantly affect interoceptive processes—the perception and interpretation of internal bodily signals such as hunger, pain, emotional states, arousal, and physiological needs. Students may have reduced, delayed, or inconsistent awareness of internal sensations, including difficulty noticing hunger, fullness, thirst, pain, fatigue, or the need to use the bathroom. Alternatively, internal sensations may be perceived as intense, diffuse, or overwhelming, without clear differentiation between distinct bodily signals.

The perception and interpretation of emotions and emotional states may also be affected. Students may experience emotions as physical states without clear labels or may recognize only a narrow range of internal emotional experiences. Shifts in body energy (e.g., activation, agitation, exhaustion) may be sensed indirectly or only once they reach extremes. These interoceptive patterns are shaped by prolonged stress responses that prioritize survival over nuanced internal monitoring.

Examples of How Factors Show Up

- Jordan does not notice he needs to use the bathroom until it becomes urgent and disrupts instruction.
- Elena says she feels “weird” or “bad” but cannot describe what is happening in her body during class.
- Marcus appears overwhelmed during group work but does not signal distress until he abruptly shuts down.
- Talia reports she is “fine” and continues working even when she is visibly exhausted or uncomfortable.

Examples of Actions to Take and Supports to Consider

- Externalize internal states: Name, model, and normalize noticing body signals (e.g., hunger, tiredness, activation).
- Provide structured check-ins that do not require verbal emotional insight (visual scales, choice cards, body maps).
- Build in reminders for basic needs (hydration, nutrition, bathroom, movement, rest).
- Use neutral language to support noticing (“Your body looks tired (hungry, thirsty)” vs. “You should know better”).
- Make supports available as natural part of routines and avoid the prerequisite of requiring students to identify or explain feelings.



SENSORY

A trauma history may shape sensory processing in complex and sometimes contradictory ways. Students may demonstrate heightened sensitivity to certain sensory inputs such as sound, touch, movement, or visual stimulation particularly when those inputs are unpredictable, sudden, or associated with past stress. The same sensory input may be tolerable or even preferred when it is self-directed, expected, or controllable. Sensory thresholds may fluctuate based on overall stress load rather than remaining stable across contexts.

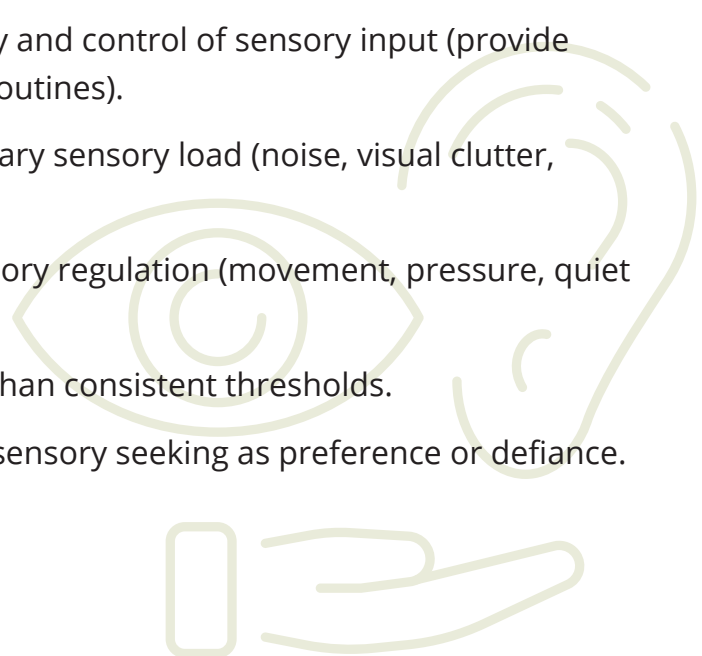
Trauma can also be associated with reduced sensory awareness, within or across sensory systems. Patterns of sensory seeking or avoidance may shift over time, vary across sensory systems, or intensify under conditions of uncertainty. These sensory experiences reflect adaptive nervous system responses shaped by past threat and regulation demands.

Examples of How Factors Show Up

- Any unexpected noise in the class causes Devin to cover his ears and stop participating in the lesson.
- Some days, Sara gets distressed if anyone touches her, especially if it's from behind.
- Liam seeks out movement and bumps into materials or peers during transitions in the classroom.
- Chloe gets upset when other kindergarteners bang blocks together in the construction learning center, but when she's there, she does it too.

Examples of Actions to Take and Supports to Consider

- Wherever possible, increase predictability and control of sensory input (provide advance notice, choices, and consistent routines).
- Adjust environments to reduce unnecessary sensory load (noise, visual clutter, crowding).
- Allow opportunities for self-directed sensory regulation (movement, pressure, quiet spaces) without stigma.
- Expect fluctuating sensory needs rather than consistent thresholds.
- Avoid interpreting sensory avoidance or sensory seeking as preference or defiance.





MOTOR

Motor functioning may be influenced by trauma through its effects on muscle tone, coordination, endurance, and movement regulation. Students may show patterns of tension, guarded movement, or fatigue, as well as difficulty modulating force, speed, or sustained effort. Endurance may be reduced, with quicker onset of physical exhaustion during tasks that require sustained physical output. Movement patterns may vary across settings or days, reflecting fluctuations in nervous system activation.

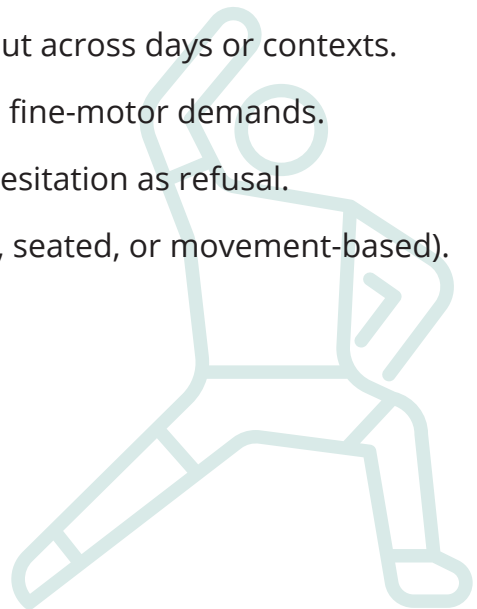
Trauma history may also shape movement preferences. Some students may seek movement that provides grounding or deep proprioceptive input, while others may limit movement to reduce bodily exposure or vulnerability. These motor patterns may reflect embodied stress responses rather than motor skill deficits alone.

Examples of How Factors Show Up

- During writing tasks, Ethan presses very hard on his pencil and tires quickly, stopping before completing his work.
- Ava remains still and does not begin an activity when the class transitions, even after directions are given.
- During structured movement activities, Noah stands off to the side with his arms wrapped around his body.
- Sofia avoids activities requiring sustained physical effort and asks to stop shortly after beginning.

Examples of Actions to Take and Supports to Consider

- Provide movement options that support grounding and regulation.
- Normalize variability in endurance and motor output across days or contexts.
- Offer alternatives to prolonged sitting or sustained fine-motor demands.
- Avoid interpreting a freeze response, stillness, or hesitation as refusal.
- Allow choice in how tasks are performed (standing, seated, or movement-based).





COGNITIVE

Cognitive factors may be shaped by trauma's impact on attention, processing speed, working memory, and executive functioning. When stress levels are elevated, students may experience difficulty sustaining attention, organizing multi-step tasks, or holding information in mind. Cognitive flexibility may be reduced, with increased reliance on predictability, routines, or familiar sequences to maintain a sense of stability.

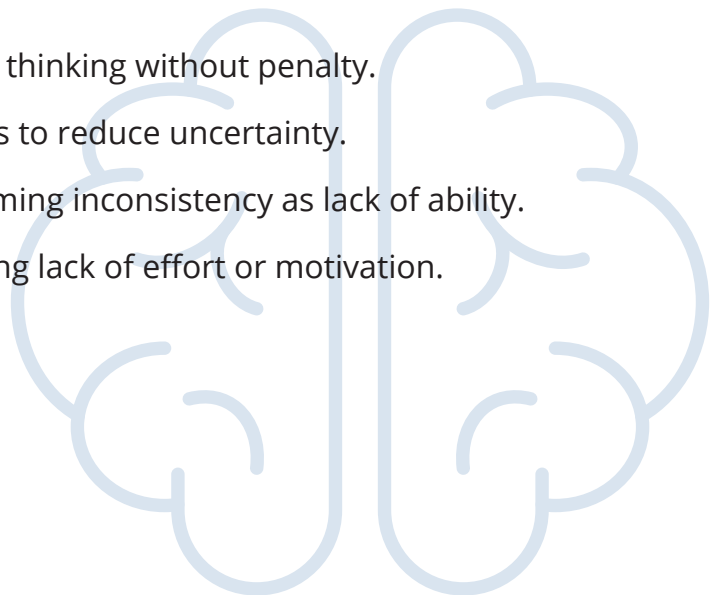
Prior experiences associated with threat or failure may influence how new information is processed, even when the content is neutral. Trauma history can affect the availability of cognitive resources rather than underlying capacity, leading to uneven performance across situations. These patterns reflect stress-related constraints on cognitive access, not a lack of learning potential.

Examples of How Factors Show Up

- During multi-step directions, Jayden completes the first step but becomes stuck and cannot continue without support.
- On some days, Mia completes tasks independently, while on others she is unable to get started on the same work.
- When the routine changes, Carlos becomes confused and has difficulty adjusting to the new expectations.
- During independent work, Lila loses track of what she is doing and needs frequent redirection to continue.

Examples of Actions to Take and Supports to Consider

- Reduce cognitive load by breaking tasks into manageable steps and offering clear structure.
- Prioritize access over speed; allow time for thinking without penalty.
- Use routines, previews, and visual supports to reduce uncertainty.
- Expect uneven performance and avoid framing inconsistency as lack of ability.
- Re-teach or revisit content without assuming lack of effort or motivation.





COMMUNICATION

Trauma history may affect both receptive and expressive communication processes. Students may have difficulty processing spoken language when stress or arousal is elevated, particularly in environments with high verbal load, rapid exchanges, or ambiguous cues. Receptive communication may be stronger when information is predictable, paced, or supported through nonverbal means. Expressive communication may rely more heavily on nonverbal signals, gestures, facial expressions, or alternative modes when spoken language becomes less accessible.

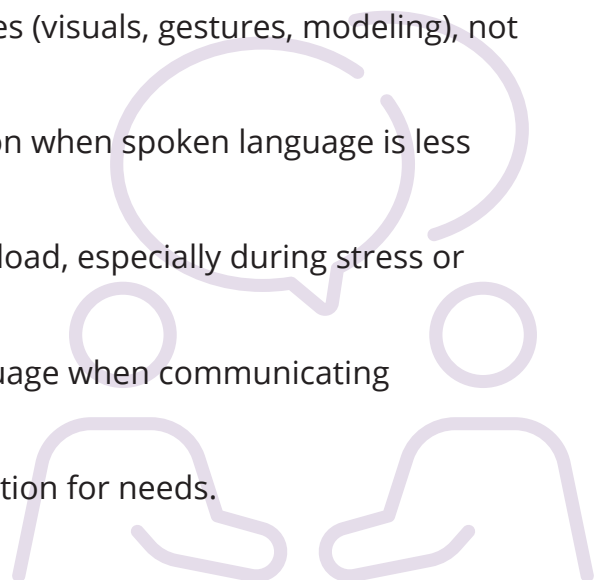
Communication patterns may also be influenced by past relational experiences. Students may prioritize and closely monitor tone, body language, and emotional cues over literal content. Expressive communication may fluctuate based on perceived safety and internal regulation rather than communicative intent alone.

Examples of How Factors Show Up

- During whole-group instruction, Jack appears not to follow directions unless they are repeated slowly and/or shown visually.
- When upset during a peer interaction, Kayla stops using words and communicates through gestures or silence.
- In fast-paced discussions, Amir watches closely but does not contribute or respond by speaking.
- During partner work, Tessa focuses on and responds to others' tone and body language rather than the task directions.

Examples of Actions to Take and Supports to Consider

- Support understanding through multiple modes (visuals, gestures, modeling), not speech alone.
- Allow non-spoken or alternative communication when spoken language is less accessible.
- Slow pacing and reduce spoken language overload, especially during stress or transitions.
- Be attentive to tone, proximity, and body language when communicating expectations.
- Avoid requiring spoken explanation or justification for needs.





SOCIAL

Social factors may reflect the impact of trauma on trust, relational safety, and social engagement. Students may show strong interest in connection while simultaneously demonstrating caution, selectivity, or inconsistency in social participation. Preferences for specific partners—such as familiar adults or predictable peers—may emerge as adaptive responses to past relational instability. Social energy may vary significantly depending on context and perceived safety.

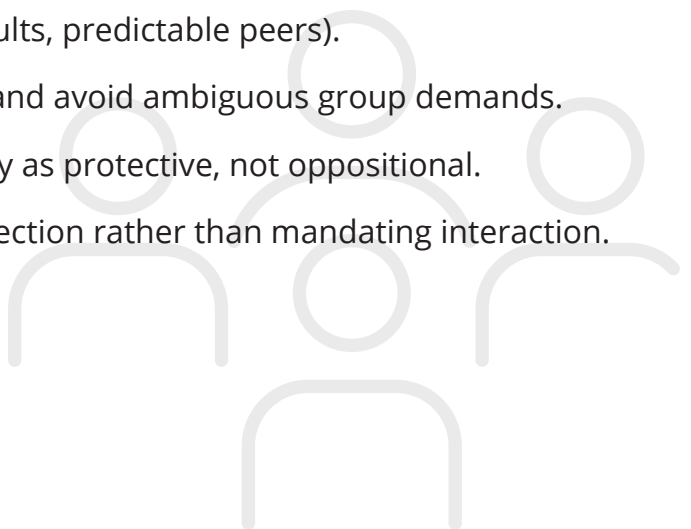
Trauma history may also influence how social expectations and roles are understood. Social demands lacking clarity, shifting group dynamics, or unclear boundaries may increase stress and reduce social availability. These social patterns reflect protective adaptations shaped by prior experiences rather than a lack of social motivation or capacity.

Examples of How Factors Show Up

- During group work, Isaiah stays on the edge of the group and does not join the activity unless prompted.
- Ava avoids interacting with unfamiliar staff or peers and seeks out the same adult each day.
- In unstructured settings like recess, Malik alternates between trying to join peers and walking away from the group.
- When expectations are unclear, rather than engaging with others, Sophia becomes hesitant and withdraws.

Examples of Actions to Take and Supports to Consider

- Prioritize relational safety over forced participation or social performance.
- Allow selectivity in relationships (trusted adults, predictable peers).
- Provide clear social expectations and roles and avoid ambiguous group demands.
- Respect withdrawal or reduced social energy as protective, not oppositional.
- Create low-pressure opportunities for connection rather than mandating interaction.





PHYSIOLOGY



INTEROCEPTION



SENSORY



MOTOR



COGNITIVE



COMMUNICATION



SOCIAL

ADDITIONAL NOTES

Additional Resources

For further learning and practical guidance on trauma and trauma-informed practices in schools:

- National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org>
- Helping Traumatized Children Learn
<https://traumasensitiveschools.org>
- NCTSN Child Trauma Toolkit for Educators
<https://www.nctsn.org/resources/child-trauma-toolkit-educators>
- CDC: The Effects of Childhood Stress on Health Across the Lifespan
<https://stacks.cdc.gov/view/cdc/6978>
- HOPE: Healthy Outcomes from Positive Experiences
<https://positiveexperience.org>



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