

PTSD: Tips for Teachers

Supporting pupils with Post-Traumatic Stress Disorder in the classroom

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What is PTSD?

PTSD can develop after experiencing or witnessing a traumatic event involving actual or threatened death, serious injury, or sexual violence — such as a car accident, house fire, assault, domestic violence, or natural disaster. Common symptoms include unwanted intrusive memories or images, nightmares, avoiding reminders of the event, being more on edge or easily startled, and difficulty concentrating.

Younger children may re-enact aspects of the trauma through play or drawing, develop more general fears, become clingier, or appear more oppositional. Bear in mind that some PTSD symptoms — such as irritability — can look like naughtiness.

Be aware and notice

Keep informed about which pupils in your class have been exposed to traumatic events. Because avoidance is one of the main symptoms of PTSD, it can be very difficult to spot. Be aware of differences in how symptoms present across younger children and adolescents.

Respond to triggers in the moment

Children who have experienced trauma can be easily triggered and distressed by reminders of traumatic events. Develop an awareness of what might act as triggers for individual children so you can prepare ways to support them. Triggers are specific to each child and often directly relate to their experience — but can also be more subtle, such as a loud door slam or a particular date.

Grounding techniques

Grounding techniques help connect children to the here and now by focusing on their five senses. A simple example is 5-4-3-2-1: five things you can see, four you can feel, three you can hear, two you can smell, one you can taste. Practise grounding as a whole-class activity to avoid singling out individual children. Other grounding techniques include calm breathing, muscle relaxation, listening to music, and colouring. These work best when practised regularly, so they can be accessed quickly when needed.

Calming corner and coping box

If space allows, designate a spot where children can go when triggered. Fill it with sensory items — blankets, cushions, playdough, fidget toys, lavender bags. Establish a signal (such as a time-out card) so children can let you know when they need to use it without drawing attention to themselves.

Then vs now

Help children notice the differences between then — the day of the trauma — and now. For example: "Then the loud noise was a gunshot; today it was a door slamming, and you are safe." Encourage children to practise this themselves, and to write down the differences between then and now.

Reflective listening

Although it is often assumed that discussing traumatic events makes PTSD worse, evidence suggests the opposite. Talking can help children overcome distress, even if it is hard at first. Without being asked, PTSD symptoms are likely to be missed.

Offer children the opportunity to speak when they are calm. Signal that you welcome conversation. Do not force them to talk — be patient, check your understanding, and validate their emotions. Reinforce what is known now: that the event has ended and the child is safe.

Challenge misunderstandings

Children experiencing PTSD may believe they were to blame, that they did something wrong or shameful, or that it will happen again. Where helpful, gently challenge these thoughts with what is known: they were not to blame, their reactions were normal and understandable, and the event is unlikely to recur. Only challenge misunderstandings — remain honest about what did happen.

Limit reassurance-giving

While giving reassurance feels natural, it can maintain difficulties in the long term. Instead, ask children what they know now that they did not know at the time of their trauma, and what they can do to feel better.

Managing challenging behaviour

Traumatised children can behave in ways that seem naughty. Irritability, anger, and aggression are among the most common symptoms of PTSD — particularly in younger children. Set clear, consistent expectations and consequences, framed around what you want to see ("kind hands") rather than what you do not. Consequences should be logical and fair, not punitive.

Establish daily routines

Predictable routines make the day more manageable and enhance a child's sense of safety. Use visual timetables and offer children choices where possible to give them a greater sense of control.

Aid concentration

Traumatised children will often struggle to concentrate in a busy classroom. Present information in multiple formats, break instructions into smaller steps, and seat children in less distracting spaces.

Encourage reclaiming life

Low mood and loss of motivation are common following trauma. Watch for children withdrawing from activities they previously enjoyed, and encourage them to keep engaging with extracurricular activities even if they do not feel like it.

Communicate with parents and carers

Liaise with parents and carers about how their child is doing. Children may be more avoidant of showing distress to their carers than to school staff. Ask about known triggers and coping strategies being used at home. Bear in mind that parents may also have been affected by the traumatic event — and that if a threat is ongoing, safeguarding considerations may apply.

Monitor and refer on

You are not expected to be a therapist. If symptoms persist for more than a month following the traumatic event, professional support is advised — recommend the child visits their GP. PTSD very rarely resolves without specialist help.

Further resources

- Child Trauma Recovery: childtraumarecovery.com
- YoungMinds PTSD: youngminds.org.uk/find-help/conditions/ptsd