



Transcript for the video:

## ***Understanding the Potential Effects of Trauma in Young Children***

**Narrator:** Over one-fourth of young children experience or witness a traumatic event by age 4. How might traumatic experiences such as abuse, violence, painful medical procedures, or natural disasters affect children's behavior in the classroom? And how can you ensure that you're approaching these children with understanding and compassion in your teaching practices?

### **Understanding the Potential Effects of Trauma in Young Children (0:30)**

**Jason Lang, Ph.D., Vice President for Mental Health Initiatives, Child Health and Development Institute of Connecticut:** When we talk about trauma in mental health, we really are talking about events or circumstances that are overwhelming, threatening, or harmful to a child, and those can be events that a child experiences directly or witnesses, or even things that happened to a loved one or somebody the child knows. What may be traumatic for one child may not be traumatic for another child.

### **Understanding Children's Response to Trauma (0:54)**

**Kaitlin Thibodeau, MA, Preschool Teacher, Child and Family Development Resource Center:** I've worked with children who are going through a lot of trauma. And you know, it affects them in all areas of their day. It affects their emotions; it affects their behaviors; it affects their ability to focus; it affects how they interact with peers, with their teachers. It just, it takes a toll on them.

**Jason Lang:** Some of the short term or the more immediate effects could be things like changes in mood, changes in behavior, changes in eating or sleeping patterns, changes in relationships, sometimes being more irritable, sometimes being more hyper-vigilant or looking out for danger or for threats. But the types of reactions really vary quite a bit.

**Bruce Perry, M.D., Ph.D., Neurosequential Model Network and the Child Trauma Academy:** I think probably the most important thing that people can understand about trauma is that it has a range of impacts. And that you can have a child who is excessively quiet and withdrawn and shy, and that may be because of a response to previous trauma. At the same time that you can have a child who is running all over the place and aggressive and impulsive and uncontrollable, and that may be also from trauma.

**Rebecca Parilla, Ph.D., National Clinical Director, Child First:** I think it's important to be open to the understanding that kids will have a variety of different reactions to the stress in their lives. And sometimes those are very big reactions, and we see big behaviors, and it's very overt and clear. And sometimes those behaviors are not as overt—you know, kids can have some withdrawal behaviors and show behaviors that are not so obvious.

**Bruce Perry:** How is it that “trauma” can make somebody be shut down and another person be kind of explosive? And it really kind of boils down to the fact that your body has these ways to respond to threat. One way is to fight or flee, to kind of run away, or if you can't get away, to be combative and then run away. So when you use that response, your body increases your heart rate, and you get sort of increase your muscle tone, and that is sort of what we would call externalizing in the response. But there are times when, particularly with young kids, if you're in a traumatic experience, and it's inescapable—you can't get away from it, and you're not going to win the fight—your body basically tells you that the most adaptive thing I can do is shut down. And instead of having your heart rate go up, your heart rate goes down. And your body, instead of releasing adrenaline to kind of get you going, it releases opiates, opioids, to kind of help deal with potential pain. And so these are different responses, and so you can end up with these seemingly opposite responses, both from trauma.

### **Approaching Children with Compassion and Understanding (4:07)**

**Jason Lang:** In trauma-informed care, one of the messages that we really try to support is changing the perspective from thinking, “What's wrong with you?” to “What happened to you?” It's a little bit of a perspective shift, and when a child is acting up or having a tantrum, some of us say, “Well what's wrong with you?” You know, “Why are you doing that?” A common approach might be to perceive that as an act of defiance or the child doesn't want to do something, so they're having a temper tantrum. And sometimes that may be the case, but with trauma informed care and through a trauma lens, we would also want to know, had that child experienced traumatic events? And what do we know about that child's background and history that could be another explanation? And could a temper tantrum be a reaction to something that he or she felt was threatening or that reminded them of a prior traumatic experience? And understanding, you know, about how that child's past experiences may be contributing to whatever's going on right now.

**Dana Hillman, LPC, RPT-S, Clinical Director, Child First:** I think to me being trauma-informed is being reflective. It's not going in with all the answers, and it's getting to know the meaning behind a behavior. And so that meaning behind a behavior could be related to trauma; it could be related to attachment. But in order to really work with a child who's had a traumatic experience or a caregiver who's had a traumatic experience, we really have to best understand where they are and how that has affected them at this point in their life. And until we can understand that, it's really difficult to begin an intervention. I think we live in a world of instant gratification, and so curriculums and quick answers are what we go to in our everyday life. And so it's really helpful to slow down the process and really look at what is causing this behavior.

**Flora Murphy, MSW, Clinical Director, Child First:** Making meaning of behavior is another thing. I think that is really important to help people understand that behavior comes from—there's a meaning behind all children's behavior. There's this sense sometimes that they're bad, and that they should do better, and they would control it. I mean we need to have a lot of benevolence for the children we work with and the parents that we work with. And that trauma stunts and prevents us from being at our best, and it's not a choice that people or children are making, and to hold that: that if they could, they would.

**Bruce Perry:** When you understand why the child's all over the place and kind of driving you crazy, if you take a moment and go, "Alright, well something's happened to this kid, and that's what's underneath it," you don't personalize the experience as much.

**Kaitlin Thibodeau:** I think it takes a lot of patience and extra support and effort to work with them.

**Bruce Perry:** And usually, if you know the story of a child, their behavior is completely understandable. And you are able to continue to have compassion for the child.

### **Key Take-Aways (7:23)**

#### **Understanding Children's Responses to Trauma**

1. Concerning behavior MAY be the result of previous trauma.
2. Children's responses to trauma can vary.
3. Classroom behaviors may also vary for children who have experienced trauma.

#### **Approaching Children with Compassion**

1. Try to understand the meaning behind children's behavior.
2. Consider what *happened* to a child rather than what's *wrong* with the child.