



Transcript for the video:

Responding to Trauma-Related Behaviors in Early Childhood Settings

(From the *Understanding Trauma in Early Childhood* series)

Narrator: When young children have experienced trauma, it affects their behavior and interactions in the classroom. How can early childhood teachers and caregivers respond to trauma-related behaviors in order to best support children's needs?

Responding to Trauma-Related Behaviors in Early Childhood Settings (0:17)

Flora Murphy, MSW, Clinical Director, Child First: Schools are up against having to try and support the behaviors of children. And often they're trying to do it from a behavioral approach, which works when there's not trauma, but trauma doesn't respond well to a behavioral approach.

Jason Lang, Ph.D., Vice President for Mental Health Initiatives, Child Health and Development Institute of Connecticut: So I think some first steps that teachers or others can take if you want to learn more about trauma and you want to be more trauma-responsive or trauma-informed yourself—one is to really kind of dive into the research and knowledge that's out there about trauma. And so learning about the types of trauma, how it affects children, and then being able to share that information with families.

Bruce Perry, M.D., Ph.D., Neurosequential Model Network and the Child Trauma Academy: One of the really most useful things that adults can learn is just a tiny little bit about how the brain is organized. If you think about your brain as this upside-down triangle, the top part is the cortex—the part where you think; the part where speech and language is. When you talk with a child, and you're trying to reason with them, you're trying to get to their cortex. But what we know about the brain is that all information from you talking with them and interacting with them comes in low. It comes into the lowest part of the brain first, and then it goes to the middle part of the brain, and then it goes to the top part of the brain. So the truth is, if these systems down here are overactive and dysregulated, the best words in the world, the most sensible thing in the world, comes into this dysregulated part of the brain, and it gets short-circuited. They don't, they literally do not even hear you. So if you want to get to the cortex, you've got to regulate these lower parts of the brain and connect with the child.

Bruce Perry: And so, we refer to this sequence of engagement, and the sequence is: regulate, relate, and reason. Before you can reason with somebody, you got to be connected to them. Right? They've got to be receptive to what you're trying to say. And before you can

meaningfully connect with them, they've got to be regulated to a certain degree. Now, they don't have to be perfectly regulated, but they have to be regulated enough to connect. Now the other part of that that's really interesting is that because human beings are contagious, if you're dysregulated and frustrated and angry, you will never regulate a child. So the first step in that sequence is to regulate yourself first. Make sure that when you engage the child, you're not yelling, you're not threatening, you're not wagging your finger, that you're composed enough to be regulated when you engage them. And then, introduce, suggest some kind of regulatory activity, get them regulated, connect with them, and then you can talk with them.

Yotisse Williams, Preschool Teacher, Early Childhood Laboratory School at Housatonic Community College: Sometimes we go for a walk. That physical exercise just gets them distracted, gets their body distracted, gets their arms distracted from like hitting other kids or hitting teachers. And then another way I might do it is in the form of a song.

Yotisse (singing): What's a better choice? Think about it; take a deep breath. And then you use your voice.

Yotisse Williams: And a lot of times that'll help curb it as well. But I think the most powerful strategy is that you don't use any one strategy, is that you use a multiple approach, and recognize that situations are different, children are different.

Bruce Perry: One of the things that'll happen with these kids that have trauma-related behavioral problems is that those behaviors will be disruptive to the class; they'll be upsetting to the teacher, and so the teacher wants to stop it.

Anne Giordano, IMH-E®, Early Childhood Specialist, EdAdvance: Sometimes as caregivers—and it's very understanding—there can be a tendency to sort of want to shut that behavior down and say, "I'm not going to tolerate that," or whatever, rather than really saying, this child is saying, "I need you. I feel unsafe. I'm scared."

Bruce Perry: The interesting and important thing is that your understanding of why they're doing the behavior is going to be related to what you think will stop the behavior. So if you think the behavior is motivated because they're trying to avoid work, or they're lazy, or they're "naughty," You're going to say, "Alright, here's the reward if you do good things, and here's the consequence if you do bad things." And oddly enough, when you try to apply that, that usually blows up in your face. Actually, studies show that when you take kids that have trauma-related behavioral problems, and you use conventional behavioral paradigms, you actually increase the rates of critical incidents, elopements¹, aggressive behaviors, restraints. And so, then, that leaves you to sort of with this dilemma, well then if you can't use like conventional points and level things, what do I do?

Anne Giordano: What we have to do is remember that that child is asking for our help, and really what they're saying is that I feel unsafe and I feel insecure. So, what we need to do is

¹ Elopement = unauthorized departure/escape.

start using the language of safety. Letting them know, “I’m going to stay right here with you until you are calm.”

Bruce Perry: And this is where you have to learn a little bit about and get comfortable with what we would refer to as sort of relationally-based interventions. “Listen, why don’t you and I go for a little walk?” And you begin to learn how to compassionately engage the child and introduce regulatory activities.

Anne Giordano: We’ve got to go back to offering that child a sense of safety and security and letting them know, “It’s okay. I understand that this is really hard for you, so I will be here. We’re going to wait until you’re calm, and then we’re going to start again.”

Bruce Perry: And one of the best ways to do this is not to be face-to-face, but to be parallel, and to be parallel while you’re doing some kind of patterned, repetitive, somatosensory thing—walking, you know, playing cards, coloring, in parallel. And if you do that in parallel, pretty soon the child will start talking, and you’ll have created a regulating situation where there’s opportunity for connection, and then you can reason with them. You know, some of these kids will be able to sort of, you’ll see that they need regulation. You know, they’ll be rocking, or they’ll be doing some other sort of somatosensory activity that is an effort at self-regulation. And if you get a sense that that’s helpful for them, maybe you should begin to introduce predictable, regulatory opportunities into that child’s day. Or making sure that every ten minutes there’s a two-minute sensory break where they stand and stretch, or they can walk. And so there’s a whole range of regulating and relational interventions that will minimize these disruptive behaviors.

Jason Lang: When we talk about responding to children who have experienced trauma, certainly not all kids have, and not every time a child has a behavioral reaction that’s trauma related. But all of the things that we would do for a child who had experienced trauma are going to be just as good for kids who haven’t. And so these strategies for addressing trauma—all of those things are going to be good for any child, whether they’ve experienced trauma or not.

Key Take-Aways in Responding to Trauma Behaviors (7:54)

- Step 1: Make sure you are regulated and calm
- Step 2: Help the child to self-Regulate
- Step 3: Connect and Relate to the child
- Step 4: Only then you can talk and Reason with the child

Key Take-Aways in Helping Children Self-Regulate and Relate (7:58)

- Try using relationally-based interventions and somatosensory activities in parallel:
 - Go for a walk
 - Color or draw
 - Use playdough or other sensory materials

- ALL children will benefit from these strategies.