

# Helping the Traumatized Child in the Classroom

by Lenore Rubin and Carrol Ann Leonard

John, a young preschool teacher was excited to begin his first job in a full-day pre-kindergarten early childhood program serving families who live in a large diverse metropolitan area. He carefully arranged his classroom environment, choosing a broad array of books, materials, and equipment for preschool-aged children. John made extensive plans to welcome all the children and their families. He wanted his classroom to symbolize a community where everyone was important and where everyone takes responsibility for each other.

After the first month, John was very frustrated with the way things were going. Some of the children had difficulty following routines, could not manage transitions, and sometimes responded to peers with aggression. One child was withdrawn and often cried over small disappointments while another seemed 'spacey' and appeared disengaged. John wondered what he could do to help the children and maintain a sense of order in the classroom. He made changes to the learning environment and class schedule and observed for another month. Nothing seemed to improve the social-emotional climate in the classroom. John asked his more experienced colleagues for help. He met with the family support worker at the preschool and learned that many of the children and families had lived through a variety of stressors.

Emily's family experienced serious domestic violence for a period of six months during her second year of life. Markus had lived with his grandparents since his second birthday when he was removed from the neglectful care of his parents. Jean and Uriah had been neglected in their first years as their parents coped with drug addiction. Another child witnessed the shooting of his uncle. These children had all experienced trauma in their young lives: trauma that may have 'derailed' their development and interfered with their mastery of self-regulation, emotional control, and other skills necessary for success in school and in life. Some of the children had not had the early dependable and loving relationships vital to healthy brain development.

The ability of researchers to study early brain development in new ways (e.g., functional MRIs, cortisol levels) has allowed for greater understanding of the impact of trauma on the developing brain. The term 'toxic stress' is used to describe "strong, frequent, or prolonged activation of the body's stress management system. Stressful events that are

chronic, uncontrollable, and/or experienced without the child having access to support from caring adults tend to provoke these types of toxic stress responses."<sup>1</sup> Children are especially vulnerable to stress in the first years of their lives. Infants' brains are especially vulnerable to the impact of hormones that occur in the body as a response to stress; if the stress is longstanding, the architecture of the brain can be affected. Infant brains are developing as neural connections are made in response to input from their environment. These connections form the underpinnings of lifelong abilities for self-regulation, emotional control, and executive functions such as the ability to understand cause and effect, persist in the face of frustration, and build working memory. When young children experience ongoing trauma (with the resulting high levels of stress hormones), brain



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1 National Scientific Council on the Developing Child. "Excessive stress disrupts the architecture of the developing brain. Working paper 3 (2007).

development can be derailed. When parents are also challenged and cannot provide care and comfort the impact of stress is not buffered.

The children in John's class likely experienced 'toxic stress' from their exposure to trauma. Emily, Markus, Jean, and Uriah had experienced what is now termed 'complex trauma':

Complex trauma describes children's exposure to multiple or prolonged traumatic events and the impact of this expo-

sure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment — including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence — that is chronic, begins in early childhood and occurs within the primary caregiving system.<sup>2</sup> In 2010, 754,000 children were confirmed victims of maltreatment. The overall victim rate is 10 child victims per 1000 children in the population.<sup>3</sup> Given the numbers of children exposed to adverse life circumstances, it is likely that you will have children impacted by trauma in your classroom.

2 National Child Traumatic Stress network: [www.NCTSN.org/trauma](http://www.NCTSN.org/trauma)

3 Child Welfare Outcomes Report, US Department of Human Services, 2007-2010.

John realized that he and his assistant would benefit from learning about the impact of toxic stress and complex trauma on young children's development so he could best promote their growth. He spoke with his director and a plan was developed to support John and the classroom in providing a positive learning environment:

- The agency supported all staff in attending training on understanding and supporting children and families impacted by trauma.
- A mental health consultant provided onsite consultation to John and the other teachers.
- Additional community-based support (e.g., mental health, financial assistance) was offered to families.

As a result of John's understanding more about the impact of trauma on young children, he began to develop a 'trauma-informed' classroom.<sup>1</sup> Modifications needed to be made to the classroom, as well as individual plans for each child with a history of trauma and challenging behavior.

First, John looked at the daily schedule. He began by reducing the number of transitions the children made each day and extended the time dedicated to open-ended playtime. During open-ended time John and his assistant checked in regularly with the children needing extra support. They stayed near the children, providing encouragement and coaching them to solve problems. John added curriculum on social skills and problem solving with an emphasis on learning about one's feelings.

Rather than rely on the usual and customary methods of discipline, John and his assistant tried a different approach. When they observed challenging behavior, the teachers told the children they were there to help solve problems and they were sorry they hadn't been there soon enough to help. They discussed the children's feelings. If possible, the children were asked to 'replay' the problem, but come to a peaceable solution. This approach was used with all the children. Rather than using discipline measures like time-out, children were encouraged to sit with teachers until they felt better.

More sensory curriculum was added to increase the options for soothing and calming activities:

- The dramatic play area was enhanced with doctors' kits and other materials that reflect sources of help and comfort.
- Open-ended materials and projects were emphasized, giving the children a range of ways to learn about themselves and their environment.
- Games that allowed children to practice self-regulation were played especially during outdoor time. For example, games like "Mother, May I?," "Red Light, Green Light," and "Simon Says" help children practice self-control as they follow the game's rules.
- Class routines were redesigned to be simple, consistent, and predictable.
- Classroom rituals, like a daily "Goodbye Circle," were added that gave children additional comfort and consistency.
- A social skills curriculum was implemented with all the children to help them learn and practice a new set of skills.

With the help of a mental health consultant, John made individual plans for each of the children impacted by trauma. He also made individual books with children describing their school experiences. The children took a copy home to read

4 Public Health Seattle King County Childcare Behavior Handbook. [www.kingcounty.gov/childcare/behaviorhandbook](http://www.kingcounty.gov/childcare/behaviorhandbook)

with their families or caregivers. This allowed for a greater home-school connection as parents learned about the children's experiences in the program and the expectations and challenges of a preschool setting.

Communication with parents also was given extra attention. The caregivers of children with behavioral challenges often expect to hear negative things each day when they pick up their child; these parents were often at a loss as to how to improve their child's behavior. As a result, they resorted to negative methods of discipline in an attempt to remedy the situation. Negative methods of discipline are especially ineffective and can contribute to poor outcomes especially for these children. Caregivers need:

- Extra support through information and positive feedback about their caregiving abilities.
- A better understanding of the impact of trauma on their children's development, in addition to their own well-being.
- Assistance in helping children establish positive relationships with the adults in their lives.
- Tangible recommendations that help them feel more in control and better able to help their children.
- To hear positive reports about the gains their children are making, as well as the remaining challenges.
- Activities they can do at home to assist their children in building the skills they are being taught at school. For example, teachers coached parents on practicing 'sharing with friends' at home by using puppets or pretending to be a classmate who wants to use the same toy.
- To be empowered with new skills: a problem-solving and skill-building approach that they could apply to a variety of parenting challenges.
- Support in strengthening the relationship caregivers had with their children, helping bring joy and playfulness to family relationships.

Slowly, over the next few months John and his assistant saw progress. The children seemed calmer and the number of daily upsets diminished. John felt he gained skills in promoting emotional competence in all the children and families, and as the year went on all the children moved positively towards healthier social-emotional development.

Photograph by Bonnie Neugebauer



### To Learn More

Calming Ourselves in Stressful Moments:  
[www.chef.org/calming](http://www.chef.org/calming)

Fun, easy, stress-reducing activities for children ages 3-7:  
 Calming Cards — Second Edition  
 Center for the Developing Child:  
[www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

Center on the Social and Emotional Foundation for Learning:  
[www.csefel.vanderbilt.edu](http://www.csefel.vanderbilt.edu)

National Center on Family Homelessness:  
[www.familyhomelessness.org](http://www.familyhomelessness.org)

National Child Traumatic Stress Network:  
[www.nctsn.org](http://www.nctsn.org)

Koplow, L. (2007). *Unsmiling faces: How preschools can heal*.  
 New York: Teachers College Press.