

# Stress? Trauma? How We Can Support Children in Our Schools

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# Agenda

- Defining Stress and Trauma
- Science of the Brain
- Possible Signs of Trauma in Children
- Self-Regulation
- The Role of the Adult
- Tips and Tools



# What is Stress?

Stress is your body's natural response to pressure. It is a state of worry or tension caused by a difficult or challenging situation.

Stress can be experienced in different ways.

Biological



Psychological



Social



# Defining Trauma

## Acute Trauma

- “A single exposure to an overwhelming event” (Sorrels, 2015. Retrieved from NAEYC, 2020).
  - A child could either directly experience an event or witness it.



# Complex Trauma

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**The frequent exposure** (direct or indirect) to traumatic stress  
(Perhaps the most important factor in how trauma will affect the developing child)

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Trauma could last a finite period of time but has effects that linger.

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Includes all forms of abuse: physical, emotional, sexual, neglect, abandonment, domestic violence, housing insecurity.

# Trauma

*\*Trauma is not the event itself, but how the individual processes the event...”*

(Bessel van der Kolk, 2010)

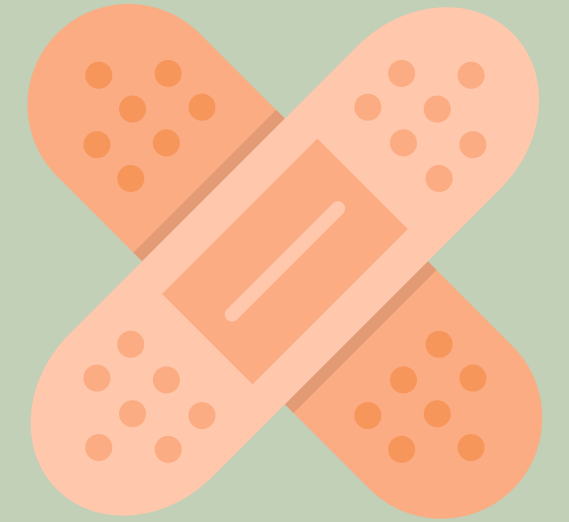
# What is trauma for preschoolers?

It is important to note that the traumatic experience is subjective. Sometimes, the event that we experience as traumatic is not actually the event of the trauma itself.

In fact, many memories at these ages are stored in sensory level, through a certain smell / sound / touch and cannot be processed through verbal communication, making it very difficult for memories to be processed.



# Secondhand Trauma



- *Secondary Trauma:*  
“Indirect exposure to trauma through a firsthand account or narrative of a traumatic event”  
(Zimering & Gulliver, 2003).

Even though the child does not directly experience the event, hearing or seeing images can deeply affect them.

- Due to connection with the adult
- Perception of time

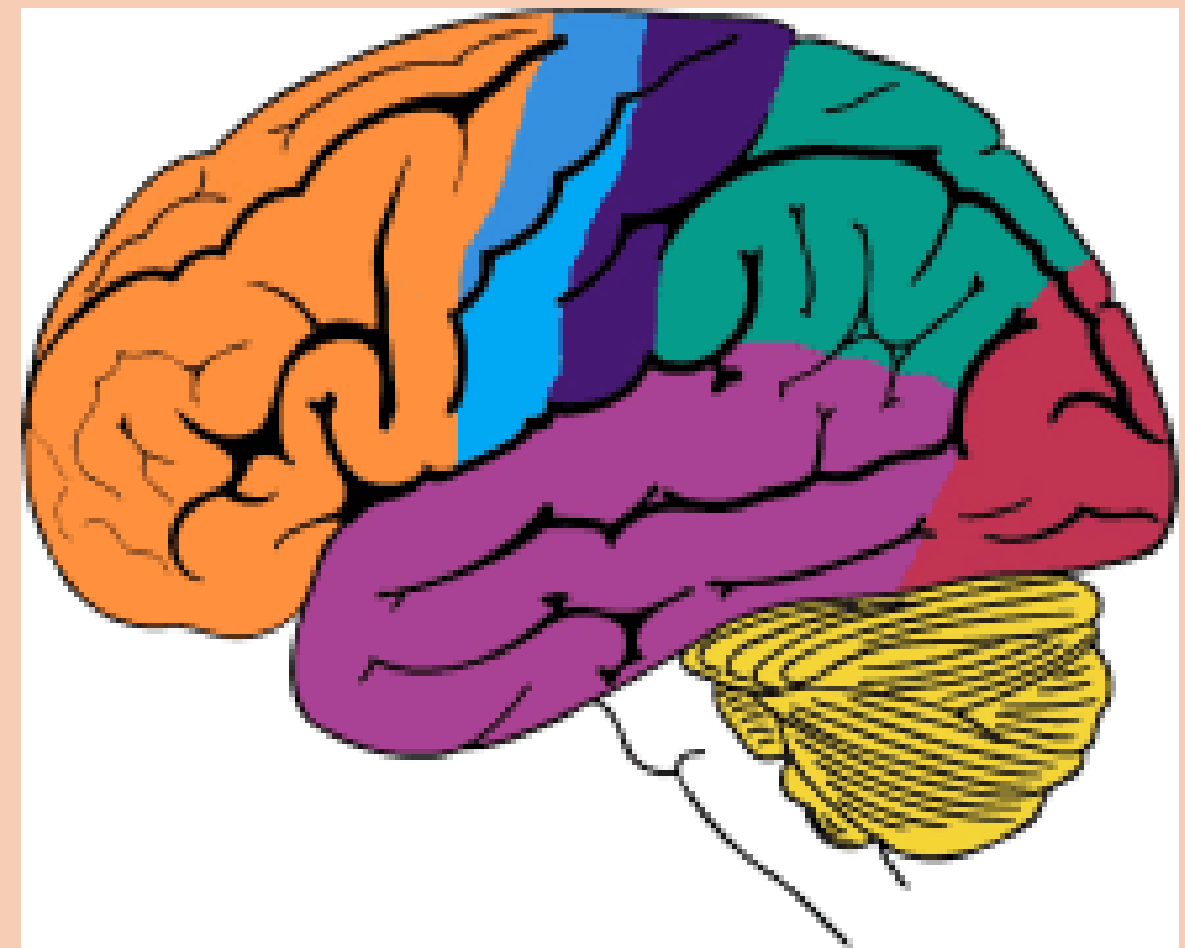
# Toxic Stress and the Developing Brain



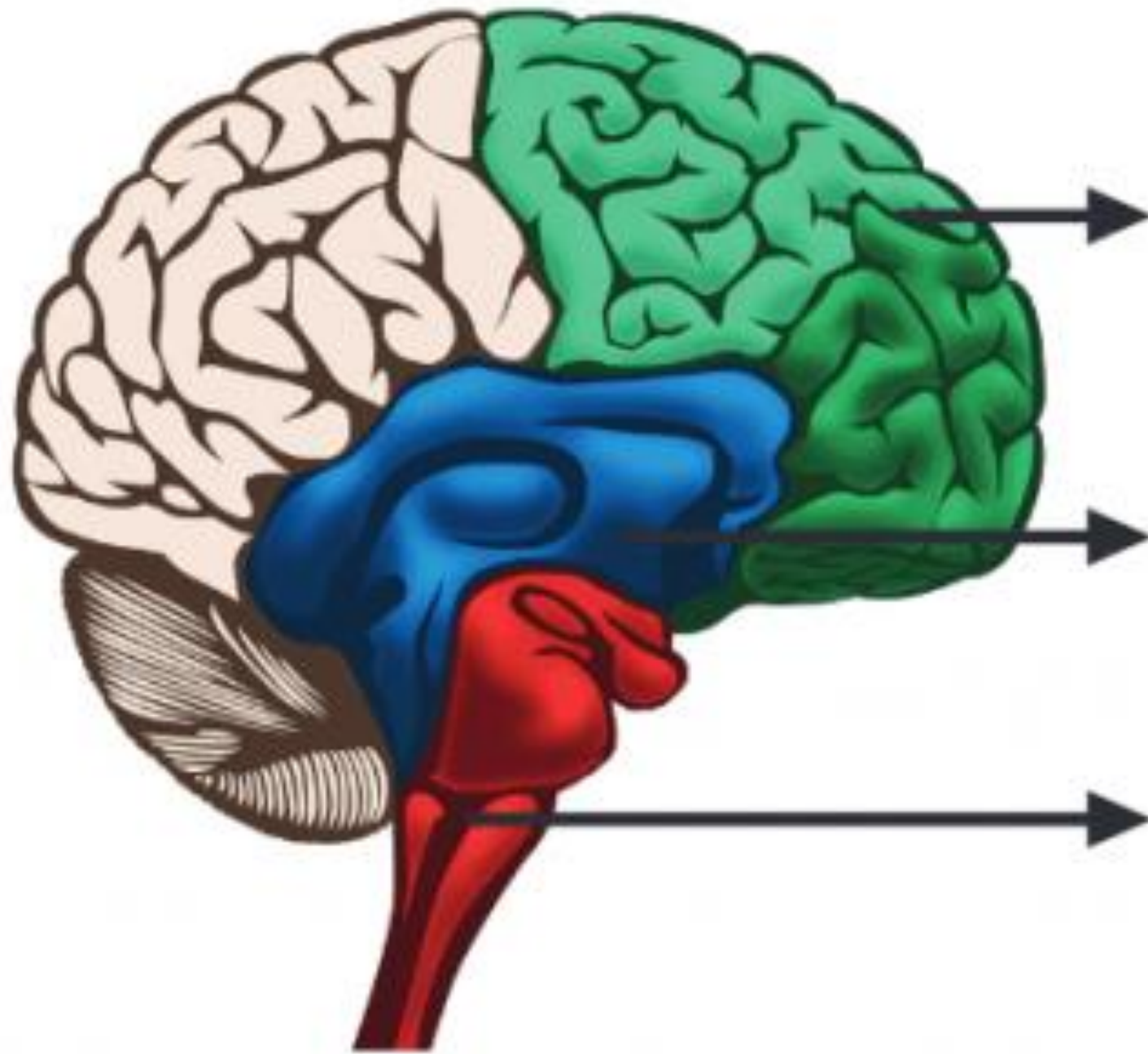


**Our brains continually form maps of the world...maps of what is safe and what is dangerous.**

Bessel van der Kolk



# Conscious Discipline® Brain State Model



## Executive State

**Need:** Problem solving opportunities

**Looks like:** Wisdom, unlimited skills

**Message:** What can I learn?

## Emotional State

**Need:** Connection

**Looks like:** Back talk, sass, yelling, verbal reactions

**Message:** Am I loved/connected?

## Survival State

**Need:** Safety

**Looks like:** Hiding, fighting, surrender, physical reactions

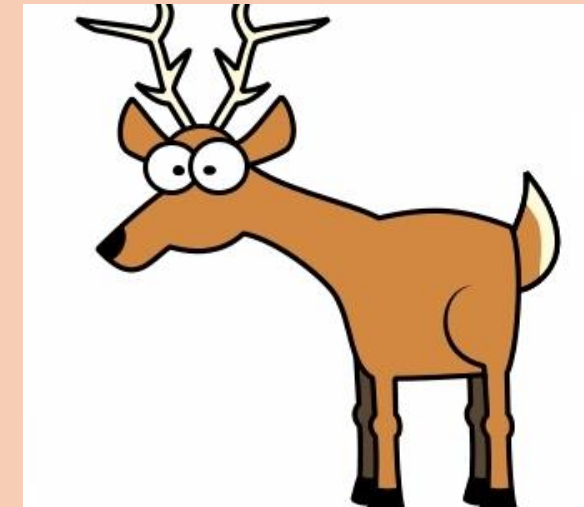
**Message:** Am I safe?

# 5 F's

Fight Response  
Flight Response



Freeze Response



Fool Around/Fidget  
Response



Faint Response



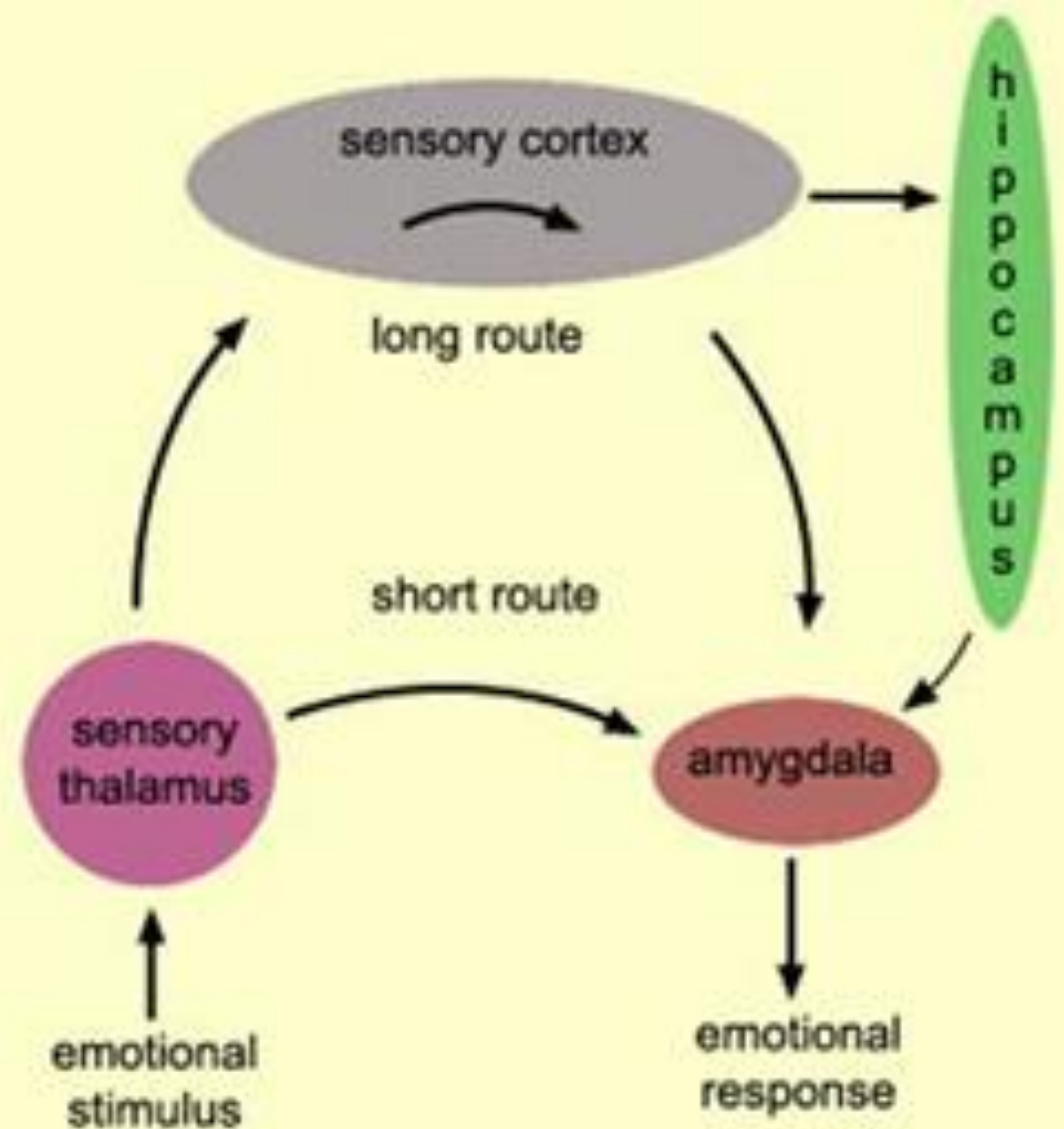
Jennifer Lefebvre, Psy.D., RPT-S

# Cortical Pathway

Stop, think & react

# Thalamic Pathway

React first and ask questions later



# Signs of Possible Trauma Exposure

Separation anxiety or clinginess towards teachers or primary caregivers

Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)

Lack of developmental progress (e.g., not progressing at same level as peers)

Re-creating the traumatic event (e.g., repeatedly talking about, “playing” out, or drawing the event)

Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)

Increased somatic complaints (e.g., headaches, stomach aches, overreacting to minor bumps and bruises)

◦ (Bessel van der Kolk, 2010)

# Signs of Possible Trauma Exposure cont...

Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)

Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)

Increased distress (unusually whiny, irritable, moody)

Anxiety, fear, and worry about safety of self and others

Worry about recurrence of the traumatic event

New fears (e.g., fear of the dark, animals, or monsters)

Statements and questions about death and dying

(Bessel van der Kolk, 2010)

# Misdiagnoses

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graph TD; A[Misdiagnoses] --- B[OCD]; A --- C[ADHD]; A --- D[Autism Spectrum Disorder];
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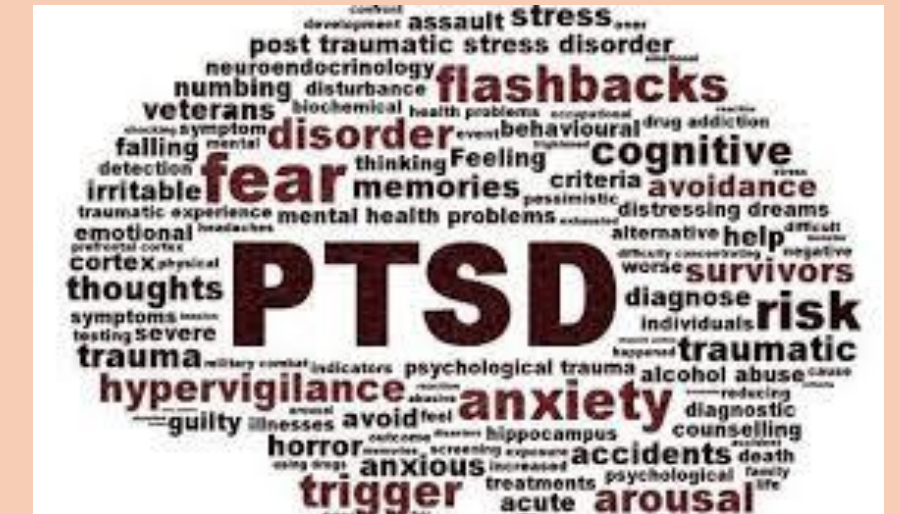
OCD

ADHD

Autism  
Spectrum  
Disorder

# Post-Traumatic Stress Disorder

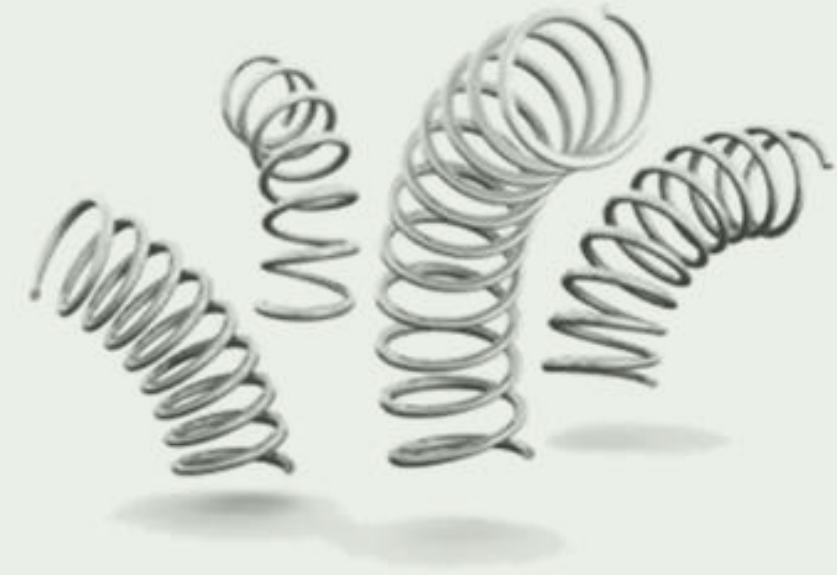
# Versus



# Developmental Trauma Disorder



# Resilience

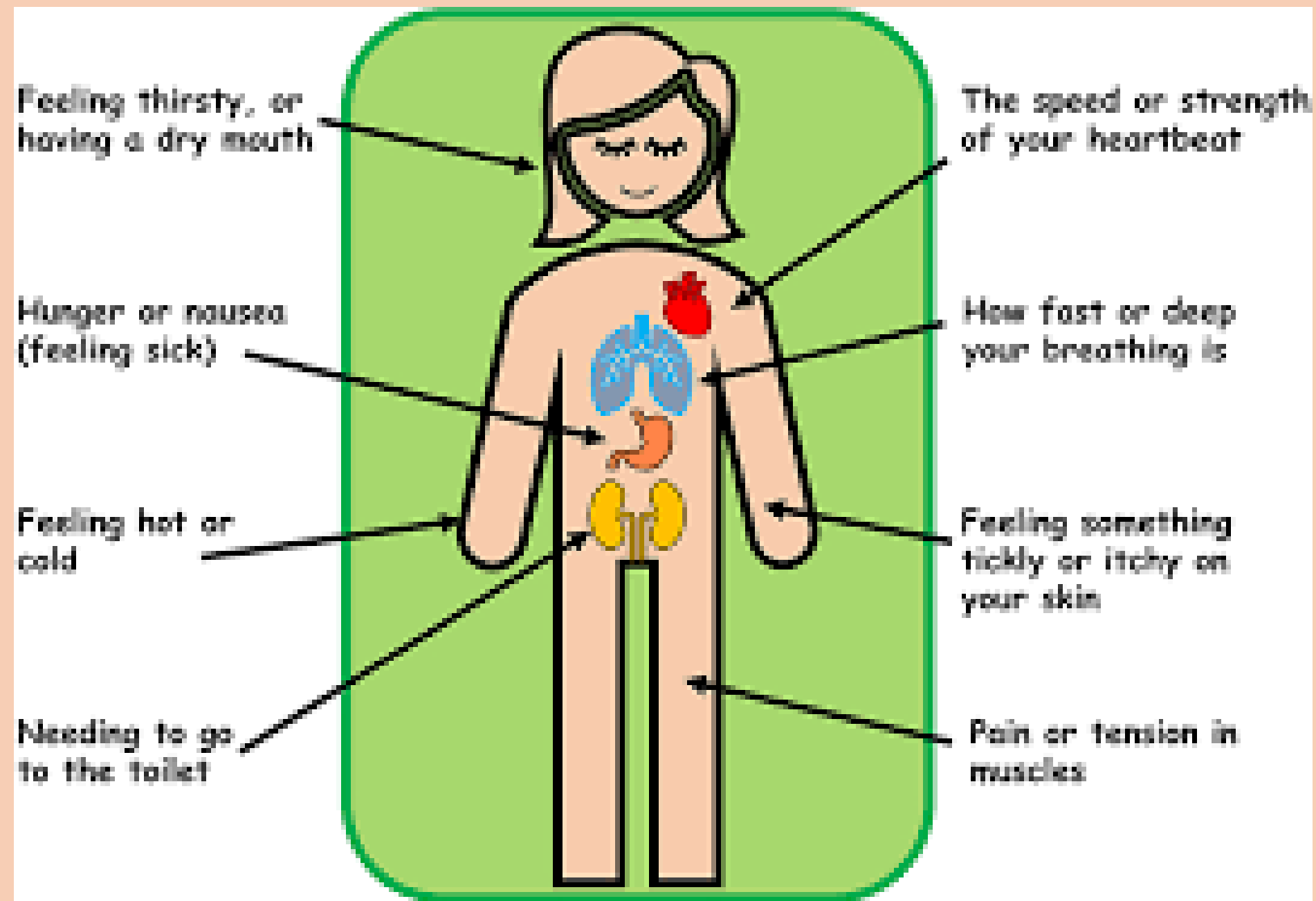


The ability to cope with a crisis and adversity, to be able to hold on to something positive despite difficulty. The process of resilience includes individual qualities but also the ability of the society and community to act as an absorber for the crisis.

# Tips and Tools in the Classroom



# Interoception



- Mindfulness and Yoga is research-based to focus attention inward.
- Assists a person to pay attention to their body signals.

# Physiological Elements That Can Help



Breathing

Heartbeat

Cross  
Lateral

# Belly Breathing



We breath in through  
our nose (if possible)  
for the count of 2 and  
try to breath into the  
diaphragm



Hold it in for the  
count of 2

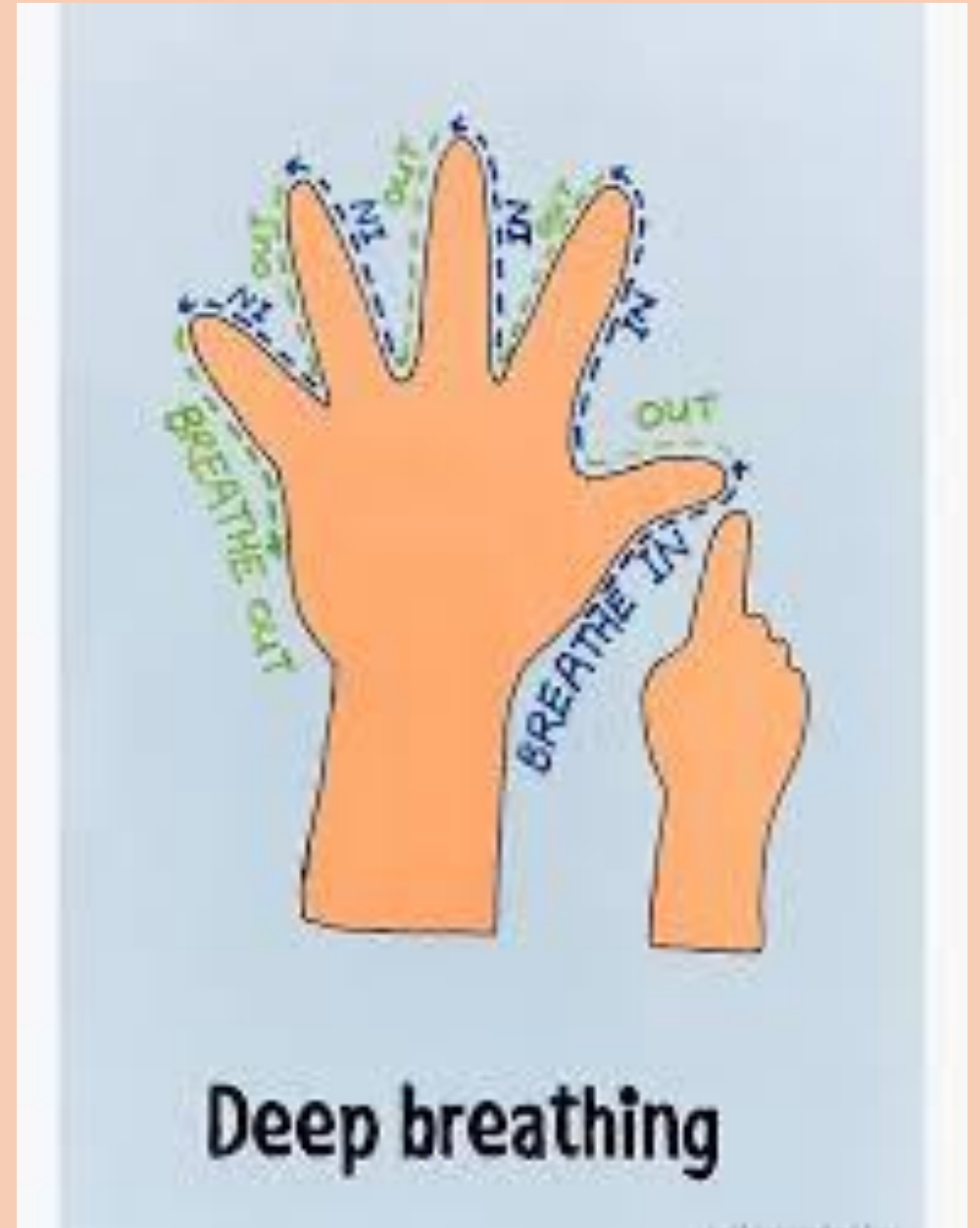


Exhale with a  
relaxed, dropped jaw  
for the count of 2



Hold it for the count of  
2

# Hand Breathing





# Heartbeat Clap

Clap a patterned progression with the class

# The Butterfly Hug (Cross Lateral)



- Cross your arms by placing your right hand on your left bicep and your left hand on your right bicep.
- Flap your hands like a butterfly flapping its wings.
- This is cross lateral, and it mimics the heartbeat, which is very calming to the brain.

# More Classroom Tools and Tips

Post your daily  
schedule  
(safety in  
predictability)

Safe Space:  
Cozy items  
Sensory  
Weighted items  
Headphones

Small World  
Play

Teach skills:  
Asking to play  
Problem solving

Classroom Jobs

Add humor  
into your day

# Understanding the Role of the Adult



The effect of trauma in early childhood is  
**ALWAYS**  
in the context of  
the **caregiver and child relationship.**



**The ability for a child to overcome traumatic events depends on:**

- The **quality of attachment** to their caregivers
- Their **caregivers' ability to regulate and respond** to the child's reactions to the trauma

When a child feels safe,  
they are able to learn.  
When they feel connected,  
they are willing to learn



Dr. Becky Bailey (2015)

# Connect by Being at the Child's Level



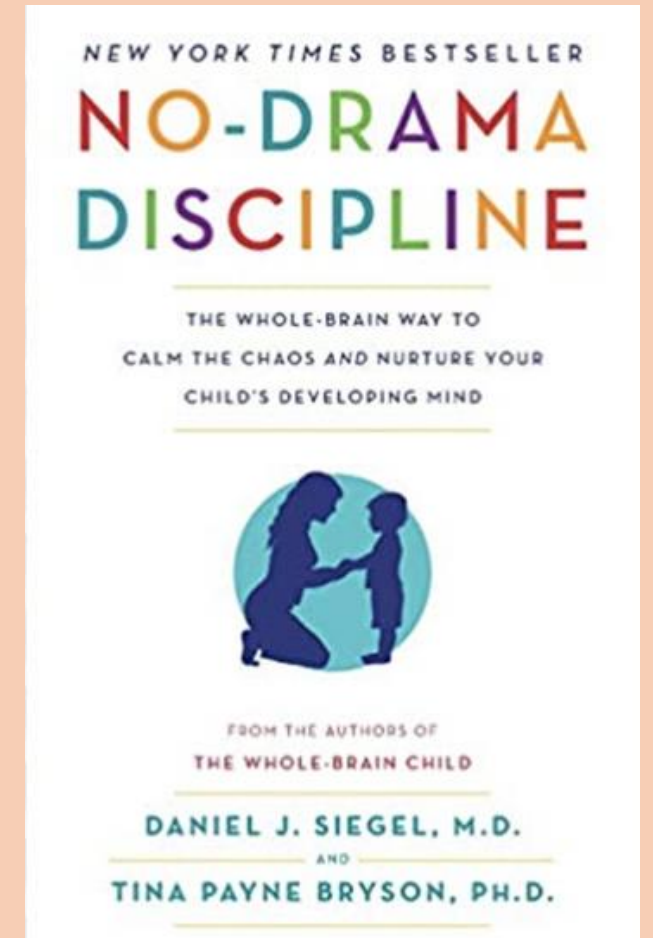
# Chase the WHY...

Ask yourself:

WHY is the behavior occurring?

WHAT does this child need most from me in this moment?

HOW will I proceed?



# Mental Health Counseling

- Helps the child express feelings rather than engage in challenging behavior
- Involves primary caregivers in the healing process: Child's level of distress often mirrors their caregiver's level of distress
- Provides a safe space to process the traumatic event
- Connect caregivers to resources to address their and their family's needs



# Self-Care and Self-Regulation



# Self-Reflection

- What do you do to practice self care?
- At work?
- Outside of work?
- What could you add?



# In Closing...



- What are three practices you could begin to use?

THANK YOU FOR  
*Coming*

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# What is INTEROCEPTION?

**Interoception** is a sense that allows us to notice internal body signals like a growling stomach, racing heart, tense muscles or full bladder. When we notice these body signals our brain uses them as clues to our emotions.

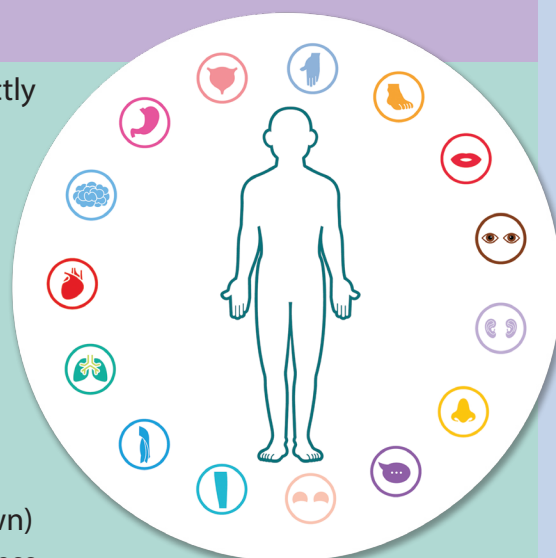
Interoception helps us to feel many important emotions including:

Hunger	Pain	Sleepiness	Anxiety	Calm
Fullness	Illness	Need for Bathroom	Distraction	Boredom
Thirst	Body Temperature	Anger	Focus	Sadness

## Differences in Interoception

are very common and can lead to challenges in identifying exactly how one feels. Common signs of interoception differences can include **difficulty** with one or more of the following:

- Recognizing when hungry, full or thirsty
- Toilet training (daytime and/or night time)
- Identifying when sleepy
- Overly sensitive or not sensitive enough to pain
- Pinpointing symptoms of illness
- Identifying emotions in self
- Identifying emotions in others
- Recognizing building signs of distress (before a full meltdown)
- Independently using coping strategies during times of distress



## Can interoception be improved?

**The good news is YES!** Research shows that interoception can be improved. There are many easy strategies that can be incorporated into your daily routines that can improve your child's interoception.

## Strategies

- 1) Use '**Interoception Talk**': Label the way your various body parts feel during daily activities (e.g. "My hand feels warm when you hold it; My cheek feels wet when you kiss it; My breathing feels fast when I run with you.").
- 2) Encourage your child's '**Interoception Attention**': Encourage your child to notice how various body parts feel during daily activities (e.g. "How do your hands feel when you are holding a glass of ice water?; How do your eyes feel at bedtime?; Look at the goosebumps on your skin; Put your hand on your chest and feel your heart beating fast.").

For more information and free resources visit [www.kelly-mahler.com](http://www.kelly-mahler.com).

For even more free information join the Facebook Group **Interoception: The Eighth Sensory System**