Behavior
What is Behavior?
A behavior is the way a person acts in response to a particular situation.

Why is Behavior Important?
- For children who have experienced trauma, keeping themselves safe becomes the primary motivator of behavior. Children may appear manipulative or controlling, when in reality they may be attempting to just keep themselves safe. Safety trumps all else.
- Behavior is like an iceberg...we only see the small portion above the surface. Below the surface are the feelings and emotions driving the behavior. The misbehavior we see is often a child’s attempt to solve another problem of which we are unaware.
- Even minor stressors can act as triggers that fill children with emotion and can result in misbehavior. Misbehavior puts children at risk for maltreatment.
- When caregivers don’t understand why a child is acting out, they are more likely to focus on “managing” the behavior rather than meeting the child’s need. This is an ineffective response to misbehavior, like a doctor treating the symptoms of a disease without considering the cure.
- In order to understand misbehavior, it is important to understand the body’s stress response.

What is the Body’s Stress Response?
- Our bodies have a built-in alarm system that signals danger. Children who have experienced repeated trauma often have overactive alarms. They are keenly watchful for danger, and may label non-threatening things as dangerous. False alarms can happen when children hear, see, smell or feel something that reminds them of frightening things from the past. These reminders are called triggers.
A Child is like an Iceberg

The behaviors we see above the surface

Are a result of the needs below:

I feel angry.
I feel frustrated.
I feel scared.
I feel happy.
I feel loved.
I feel proud.
I feel lonely.
I feel worried.
I feel embarrassed.
I feel sad.
I am sick.
I am tired.
I am hungry.
Am I safe?
Can I do things by myself?
Do I belong?
Am I respected?
Am I understood?
Am I accepted?
Do I matter?
Am I loved?
Triggers

What Are Some Common Triggers?
• Unexpected change
• Feelings of vulnerability or fear
• Feeling threatened or attacked
• Too much stimulation from the environment

What Does a Triggered Child Look Like?
• Behaviors resulting from a stress response typically fall into one of three flight, fight or freeze.
  • What does flight look like?
    • Behaviors in which children move away from a person/situation they feel is a threat
  • What does fight look like?
    • Behaviors in which children move toward a person/situation they feel is a threat
  • What does freeze look like?
    • Behaviors in which children use their minds to move away from a person/situation they feel is a threat (holding still while “checking out”)

• Children who have experienced trauma may:
  • Appear nervous or jumpy.
  • Avoid physical contact.
  • Have difficulty sleeping/have nightmares.
  • Be confused about what is dangerous and who to go to for protection, especially if the trauma was caused by a caregiver.
  • Have mood swings, for example, shifting quickly between being quiet and withdrawn to being aggressive.
  • Demand lots of attention.
  • Have trouble paying attention to teachers at school and to parents at home.
  • Lose their appetite.
  • Go back to “younger” behaviors such as baby talk or wanting adults to feed or dress them.
  • Re-enact the scary things they have experienced during play.
  • Withdraw from friends or activities they have enjoyed previously.
  • Get into fights at school or fight with siblings at home.
  • Older children may engage in self-destructive behaviors such as drug or alcohol abuse, cutting themselves or having unprotected sex.
What Can Be Done?

• Stay calm, no matter what behaviors are displayed. Becoming upset when dealing with a triggered child can worsen the behavior.

• Remember the iceberg...try to identify the need below the surface that is driving the child’s behavior. Focus on meeting the child’s need rather than on “fixing” troubling behavior.

• Wait until the child is no longer triggered to talk about what happened. While triggered, a child is not able to use the rational part of the brain, making reasoning ineffective.

• When the child is calm, talk about how to recognize triggers and what can be done to increase awareness of emotions to prevent being triggered, or what can be done to calm down and manage (or regulate) emotions.

• As difficult as it can be, try to remember that these behaviors are not a personal attack, and likely have little to do with you.

MORE INFORMATION

The National Child Traumatic Stress Network
Reading this in print? Go to:
http://www.nctsn.org/

Hand Model of the Brain by Dan Siegel
Reading this in print? Go to:
https://www.youtube.com/watch?v=gm9CIJ74Oxw

1-2-3 Care 17” x 11” Poster
### TRIGGERING EVENT

| AGE  | Unexpected changes in routines or caregivers | Loud, unexpected noises | Strong emotions (often anger) | Are excited about with their world | Eager to engage, but can be shy | Easily frustrated, which can lead to tantrums or aggression | Fear of strangers | Engage in parallel play rather than group play | Difficulty paying attention | Fearfulness | Isolate self from others | Refuse to participate through withdrawal | Run or walk away | Unresponsive, does not appear to hear or understand | Difficulty paying attention | Fear of strangers | Move away from others |
|------|---------------------------------------------|-------------------------|-----------------------------|-----------------------------------|-------------------------------|-------------------------------------------------|-----------------|---------------------------------------------|-----------------|-----------------|---------------------------|-----------------------------|---------------------------|----------------------|-----------------|------------------|
| 0-1 yr | • Unexpected changes in routines or caregivers | • Loud, unexpected noises | • Strong emotions (often anger) | • Are excited about with their world | • Eager to engage, but can be shy | • Easily frustrated, which can lead to tantrums or aggression | • Fear of strangers | • Engage in parallel play rather than group play | • Difficulty paying attention | • Fearfulness | • Isolate self from others | • Refuse to participate through withdrawal | • Run or walk away | • Unresponsive, does not appear to hear or understand | • Difficulty paying attention | • Fear of strangers | • Move away from others |
| 1-3 yrs | • Unexpected changes in routines | • Transitions | • Strangers | • Crowds, disorder and chaotic environments | • Anger (real or perceived) from others | • Are excited about with their world | • Eager to engage, but can be shy | • Easily frustrated, which can lead to tantrums or aggression | • Fear of strangers | • Engage in parallel play rather than group play | • Difficulty paying attention | • Fearfulness | • Isolate self from others | • Refuse to participate through withdrawal | • Run or walk away | • Unresponsive, does not appear to hear or understand | • Difficulty paying attention | • Fear of strangers | • Move away from others |
| 3-5 yrs | • Unexpected changes in routines | • Transitions | • Perceived aggressive behavior | • Disorder and chaotic environments | • Easily excited and talk a lot | • Eager to engage | • Easily frustrated, which may lead to aggression | • Curious about strangers | • Watchful when they perceive adult anger | • Need comfort items | • Seek comfort from familiar caregivers | • Run away | • Hide | • Cry inconsolably | • Seek comfort items | • Move away from others | • Complain frequently of aches, pains & illnesses | • Regressive behavior (bathroom accidents, sucking thumb) | • Get in caregiver’s face when angry | • Throw things | • Have a need to tell their side of the story | • Rapidly escalating aggressive behavior | • “Check out” | • Difficulty with learning activities | • Difficulty paying attention or following directions | • Ask children, “How can I help you feel safe?” | • Allow children the time they need to regulate their emotions | • See all of the recommendations listed in sections above | • Provide consistent routines | • Provide consistent caregivers | • Allow comfort items (thumb, blanket) | • Show sensitivity to children’s cues | • Be physically and emotionally available through challenging feelings / behaviors | • Verbalize sympathy |

### DEVELOPMENTALLY-APPROPRIATE BEHAVIOR

- Startle, but is able to self-soothe (clasp hands, suck)
- Cry, but is able to be comforted by caregivers
- Difficulty paying attention
- Fearfulness
- Isolate self from others
- Refuse to participate through withdrawal
- Run or walk away
- Unresponsive, does not appear to hear or understand
- Difficulty paying attention
- Fear of strangers
- Move away from others

### FLIGHT

- Excessive sleeping with difficulty arousing
- Avoid eye contact
- Crawl or more away
- Aggressive behavior (biting, hitting, pushing)
- Cling to adults
- Fuss
- Arch back
- Pull & push away
- Aggressive behavior
- Cling to adults
- Have a tantrum
- Refuse to participate through disruptive behavior
- Throws toys

### FIGHT

- Cry inconsolably, caregiver may be unable to soothe
- Cling to adults
- Fuss
- Arch back
- Pull & push away
- Dull-looking face and eyes
- Look away (disengage)
- Sleep a lot
- Show little emotion
- Go from “awake” to “sleep state” quickly

### FREEZE

- Crawl or more away
- Avoid eye contact
- Cry, but is able to be comforted
- Startle, but is able to self-soothe
- Sleep a lot
- Show little emotion
- Go from “awake” to “sleep state” quickly

### SUGGESTED TRAUMA-SENSITIVE CARE

- Provide consistent routines
- Provide consistent caregivers
- Allow comfort items (thumb, blanket)
- Show sensitivity to children’s cues
- Be physically and emotionally available through challenging feelings / behaviors
- Verbalize sympathy
- Help identify & label feelings
- Minimize power / control and focus on collaboration with the child
- Encourage movement and exercise
- Teach deep, slow breathing games like: blowing candles out, breathing in the smell of roses
- Allow extra time for children to prepare for transitions
- Allow children to take breaks from activities as needed
- Give children verbal warnings 5-10 minutes prior to transitions
- Allow comfort items (blankets, stuffed animals)
- Show sensitivity to children’s cues
- Ask children, “How can I help you feel safe?”
- Allow children the time they need to regulate their emotions
- See all of the recommendations listed in sections above

### What is the Need Behind the Behavior?

- Transition
- Unexpected changes in routines
- Perceived aggressive behavior
- Disorder and chaotic environments

### Triggering Event

- something that triggers a person or makes them feel threatened

### Fight

- moving toward the person thought to be a threat (fighting and returning the negative energy)

### Freeze

- moving away from the person thought to be a threat (fleeing)