The Emotional Backpack: Managing Conflict Resolution With Children of Trauma

"Students who are loved at home come to school to learn, and students who aren't come to school to be loved." ~ Nicolas Ferroni

BY CARLY LY

It's the beginning of the school year. Classrooms are being stocked with materials to welcome children into the learning environment. Teachers put letter links or names of their students above each hook that will hold the backpack of the student. Yet, what arrives in the "backpack" of a child who has experienced trauma is often loaded not with tools for learning — but tools for survival.

The "emotional backpack" that a child brings to school is one that they cannot hang on a hook. It is filled with life experiences that they will bring into the classroom each and every day. The weight of that backpack is determined by earlier relationships with primary caregivers and the presence (or absence) of supportive environments. For some, the backpack is filled with life experiences that are negative and heavy, but balanced with those that are positive and light. These children operate from higher-level brain functioning and have access to social control, planning, memory, and differentiation of conflicting thoughts. They had a caregiver who carried the backpack for them at times and, through co-regulation in the early years, gave them the tools to self-regulate and manage their emotions (Downey, 2013).

For children of trauma, most of those life experiences have been negative, and the backpack remains heavy. No one carried the accumulated weight of that trauma for them, or taught them how to carry it. These students operate from a primal state of fight or flight, with their backpack full of the instincts and impulses necessary to survive in what has been an unsafe world. Exposure to trauma can interfere with a child's ability to access higher-level executive function skills, such as the ability to problem solve, initiate and maintain healthy interpersonal relationships, and resolve conflict. These children cannot self-regulate because they were never given the experience of co-regulation with a healthy adult (Downey, 2013).

TRAUMA AND THE DEVELOPING BRAIN

Sara, a three-year-old preschooler, was born to parents who struggled with mental illness. She was surrounded by frequent outbursts of anger and violence. It is likely that both parents were unable to identify or respond to Sara's physical or emotional needs.

In her classroom, Sara exhibits signs of poor cooperative play skills. When a child tries to engage in play with Sara, she either responds with outbursts of anger or she withdraws. When approached by the teacher to resolve conflicts, Sara either runs away or acts defiantly.

Let's not ask ourselves "What is wrong with Sara?" but rather "What is going on with Sara?"

Children of trauma cannot think through the emotions and situations they encounter because they only know how to react, and therefore, cannot think through steps of conflict resolution on their own.

In this case, trauma has changed the chemical and physical structures of her brain. Sara's aggression, defiance, and withdrawal are symptoms of traumatic stress. Teachers often confuse Sara's behaviors for attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), or autism spectrum disorder (ASD) — which is understandable. Signs of trauma often look very similar to these disorders. Inattentive, hyperactive, and impulsive behavior often mirrors the effects of trauma (Ruiz, 2017).

If you are a teacher, you will be teaching children who have been traumatized. The Center for Disease Control and Prevention's Adverse Childhood Experiences (ACE) Study tells us that more than 50% of students in a classroom have experienced one or



Children who experience trauma in their home environment have a more difficult time with problem solving, interacting with adults and other children, and resolving conflicts.

more adverse childhood events (Stevens, 2013). In this study, some types of childhood adversity measured include

- Physical, sexual, and verbal abuse
- Physical and emotional neglect
- Alcoholic, addicted, or mentally ill parent
- Frequent abuse in the home environment
- Loss of a parent to divorce or abandonment
- Incarcerated family member

Research indicates that children with four or more ACEs are 32 times more likely to have behavioral problems (Stevens, 2012). So, a child in your classroom who responds or acts like Sara may in fact be demonstrating behaviors that result from living with trauma.

Children's brains develop in response to early experiences and children learn how to regulate stress through supportive environments and co-regulation by an early caregiver. When a child's stress response system is activated in the context of a supportive relationship, the physiological effects of stress are buffered, and the child is wired for learning. If buffering relationships are unavailable to the child and the stress response is extreme and long lasting, the child's brain will prioritize survival over learning, as the case example of Sara demonstrated.

The areas of children's brains that become the most developed are those that are the most frequently activated (Nelson & Tierney, 2009). Children who experience trauma live in constant terror and are not supported by a trusted adult in the regulation of their emotions. These children remain in the heightened state of fight, flight, or freeze and live in a constant state of real or perceived threat. The thinking brain that puts threats in context is underused,

Feature

which inhibits higher-order thinking skills necessary for rational thought, problem solving, and considering other people's perspectives. Children of trauma cannot think through the emotions and situations they encounter because they only know how to react, and therefore, cannot think through the steps of conflict resolution on their own.

ADDRESSING PRIVATE LOGIC IN CHILDREN WHO HAVE **EXPERIENCED TRAUMA**

Research supports the idea that by addressing the internal state or private logic that precedes a child's behavior, we can help children to learn to self-regulate and develop executive skills for conflict resolution (Soma, 2018). Therefore, before a teacher can begin to address the behaviors of the child, they must try to understand the private logic leading to the behavior.

Consider the following examples:

Behavior: Running, throwing, screaming, yelling, hiding

Private Logic: I will do whatever I have to do to let you know that I am terrified.

In this example, before conflict resolution can be successful, the teacher needs to establish safety for the child. When highly aroused and dysregulated, the child is not able to think clearly. The child will also be terrified by their own lack of control, which heightens the emotions further. They will need help to calm down.

Behavior: Lying, manipulation, insulting, threatening

Private Logic: I will do whatever I need to do to control you and your responses. I don't trust you and I need to survive.

In this example, a child who has experienced trauma may try to control the emotions of the adults in their lives. This climate of aggression is much more familiar to them than calm, considerate interactions. Practices that help teachers remain calm and avoid the power battles will be most effective. If you sense yourself feeling angry, hurt, or rejected, don't be afraid to take a moment to reflect, calm yourself, and then come back to the interaction once you've regained composure. Only when the child is calm will they have the capacity to engage in conflict resolution.

Behavior: Refusal, defiance

Private Logic: I will not do what you want me to do because if I do you will shame me or abandon me.

In this example, the child is demonstrating an intense shame response to a perceived failure and to the experience of direction from an adult. Being overwhelmed by shame increases dysregulation and often leads to aggressive outbursts (Downey, 2013). Before attempting conflict resolution, it is necessary that the child work toward healing from the shame. Providing compassionate, nurturing, and encouraging words at this time will help counter the fear and shame the child is experiencing.



Providing children with tactile, visual tools, like the Calm Down Kit (above) and the Cozy Cove (below), can help them to step outside of their survival brain instincts and prepare them to resolve conflicts.



Without safety and connection in a relationship with a trusted adult, conflict resolution is impossible for a child who has experienced trauma. Trauma interferes with consideration of consequences, appraisal of safety and danger, and the ability to govern behavior (Bath, 2015). Children of trauma are living in and acting from the survival brain and do not have access to executive functioning skills such as planning, memory, and problem solving. When their internal state is focused solely on surviving, they do not have the capacity to focus on learning how to resolve their own emotional issues, much less those involving others.

TOOLS FOR EASING INTO CONFLICT RESOLUTION

Before initiating the steps of conflict resolution (see sidebar on page 17), the internal state of a child who has experienced trauma needs to be addressed. By addressing the internal state that precedes behaviors, children learn to self-regulate and develop executive skills for conflict resolution. Here are some tools to help initiate a child's awareness of their internal state:

- Calm Down Kit This kit can include a feelings check-in chart, glitter jars, play dough, and similar items that help the child to focus on being present with one item and easing into a more learning-ready state. Before introducing this kit and its contents, discuss with the child the changes they feel in their body when they get angry or frustrated. Empower them by displaying the contents and explaining the purpose of each component of the kit. Let the child know that it is okay if they try something and it doesn't work, or that it may take time for their body to learn how to calm down (Ethington, 2018).
- Cozy Cove A "cozy cove" can be used as a place of comfort for a child to regain control or remove themselves from a triggering situation. This space should include comforting, calming, and soothing items that will add to serenity of the "cove." This space should be introduced to all children in the classroom and the teacher should demonstrate how to use it (Grogan, 2012).
- Brain Breaks Children who grow up with emotionally unavailable caregivers have not learned how to self-soothe and have trouble staying focused for long periods of time. "Brain Breaks" are small and simple activities, only 2–3 minutes long, that get children moving to release energy during the day, and teach them to gain control of their actions. To help children cope in the classroom, plan time in the daily routine for "Brain Breaks" before behavior gets out of control (Young, 2018).

Trauma is such an overwhelming sensory experience that children of trauma often need concrete visual tools to bring them back to the present and teach them to step outside their survival brain instincts. What they see and feel can be more powerful than the words spoken to them, and giving them tactile, visual tools to cope can help them succeed.

• Visual Schedules — Children of trauma often worry about what comes next and have very little internal structure. Regular routines in the classroom and support of the child during transitions

HighScope's Six Steps of Successful Conflict Resolution

When the internal state of a child with trauma has been addressed, you can scaffold children's understanding of conflict resolution by following the six steps below.

1. APPROACH CALMLY, STOPPING ANY HURTFUL ACTIONS.

- Place yourself between the children, on their level.
- Use a calm voice and gentle touch.
- Remain neutral rather than take sides.

2. ACKNOWLEDGE CHILDREN'S FEELINGS.

- "You look really upset."
- Let children know you need to hold any object in question.

3. GATHER INFORMATION.

• "What's the problem?"

4. RESTATE THE PROBLEM.

• "So the problem is ..."

5. ASK FOR IDEAS FOR SOLUTIONS AND CHOOSE ONE TOGETHER.

- "What can we do to solve this problem?"
- Encourage children to think of a solution.

6. BE PREPARED TO GIVE FOLLOW-UP SUPPORT.

- "You solved the problem!"
- Stay near the children.

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