

Chapter 6: A Trauma-Informed Approach to Play-Based Learning

This chapter:

- Describes the impact of stress and trauma on young children's learning and development
- Introduces the impact of trauma on children's play
- Highlights how play is an essential context for helping children process and heal from trauma
- Discusses strategies for managing difficult themes, including the reproduction of inequalities and structural oppressions in society and complex behavior in play
- Provides suggestions for creating trauma-informed play-based programs that support and heal children and encourage self-care for teachers
- Provides referrals for mental health support

Play provides an essential context for children to organize their experiences, especially those that feel scary, overwhelming, or traumatic. It is through play that adults have a window into children's inner worlds (Landreth 2012). Many children express their thoughts and feelings more fully and directly through play than they are able to do verbally because young children's emotions are often inaccessible to them at a verbal level. For children who experience trauma, play is a powerful tool that provides them with a context to transform the experiences that are overwhelming, frightening, and unimaginable into manageable and predictable events that they have control over. A child who was in a terrible car accident uses play to position themselves with power and control by driving the ambulance and becoming a rescuer who saves everyone. Similarly, a child whose home was flooded during a hurricane creates a play frame to imagine having magical superpowers and the ability to make the rain stop at the snap of the fingers. In these ways and many others, children use play to help cope with and heal from the most emotionally impactful events in their lives.

Because a significant number of children affected by trauma are entering early childhood programs, it is essential that teachers and administrators learn about trauma and its impact on young children's learning and development, including their play. The traumatic experiences children endure influence whether they feel safe enough to play, the types of play they engage in, and the specific forms of trauma-informed support they require from their adult caregivers. These topics are addressed in this chapter.

The Impact of Stress and Trauma on Young Children's Learning and Development

Half of the children in the United States have experienced one or more types of serious trauma (Sacks and Murphey 2018). Trauma can be defined as “an actual or perceived danger that undermines a child’s sense of physical or emotional safety or poses a threat to the safety of the child’s parents or caregivers, overwhelms their coping ability, and impacts their functioning and development” (Nicholson, Perez, and Kurtz 2018).

Traumatic experiences, whether real or perceived, are threatening and create intense feelings of helplessness, powerlessness, or terror and, in the absence of protective supports from an adult caregiver, can have lasting and devastating effects on a child’s physical, mental, and spiritual health (APA 2008; SAMHSA 2014; DeCandia, Guarino, and Clervil 2014). Infants and toddlers are the most vulnerable age group for trauma and experience the highest rates of child maltreatment (Stevens 2013).

Learning how to manage stress is a normal part of children’s development. In typical circumstances, children receive support from adults when experiencing stress. Children who have supportive adults to buffer or decrease their feelings of being overwhelmed and fearful during a stressful experience are guided in their development of important coping skills to manage the inevitable stress and setbacks they face throughout their lives (Murray, Rosanbalm, and Christopoulos 2017). However, when children experience frequent, severe, or prolonged exposure to maltreatment or other forms of trauma and do not have a caring adult available to consistently reduce their distress, their stress becomes toxic and can disrupt and harm their development and ability to learn. Toxic stress is associated with a continual triggering or activation of a child’s stress response system. When the amygdala and hypothalamus, two parts of the limbic system in the brain, perceive danger (toxic stress or traumatic experience), they automatically sound an alarm to other areas of the brain and activate the stress response system, which releases stress chemicals (e.g., adrenaline, norepinephrine, cortisol) throughout a vulnerable child’s developing brain and body.⁶

What happens when a child’s stress response system is activated over a long period of time? When stress chemicals like cortisol are continuously released in the body and the levels are elevated on a persistent basis—as is the case with children who experience toxic stress—young children’s developing brains and bodies can be negatively affected. These children can be left with a flood of hormones that are never properly released from their bodies, which can cause both short- and long-term negative consequences. The most significant negative impact is on the actual structure of the child’s brain—both underdevelopment of the limbic brain and neocortex and overactivation of the right hemisphere of the brain can occur. When children repeatedly experience stress, especially toxic or traumatic stress, and do not have supportive relationships with adults who can buffer their stress, this can result in poorly developed and damaged stress response systems—alterations in the very neural tissue and

6. For more information see Harvard University Center on the Developing Child’s video [Toxic Stress Derails Healthy Development](https://developingchild.harvard.edu/science/key-concepts/toxic-stress), located at <https://developingchild.harvard.edu/science/key-concepts/toxic-stress>.

architecture of the brain—that impairs their ability to learn and pay attention, cope with daily stressors, and self-regulate their emotions and behavior—consequences that can endure throughout their lives. Early trauma can also weaken children’s immune systems; increase blood pressure and blood sugars; break down muscles, bones, and connective tissue; and decrease the ability to process information, communicate with others, express emotions, and manage daily stressors.

Children whose stress response systems are activated on a regular basis often come to live in a hyperaroused state (Perry 2008). Their brains perceive that they are always in danger, even though it is not the reality. When children are in this state, unexpected occurrences that seem minor to others (e.g., a bell ringing, an unknown adult entering a room, or a new food at snack time) can activate a survival response in which their brain and body react as if they are in serious danger. Survival responses include such behaviors as yelling, biting, hitting, hiding, or running away. These split-second survival reactions can be surprising and confusing for adults because they seem to come out of nowhere or the intensity of a child’s behavior (e.g., sudden screaming) appears to be misaligned with the stimulus in the environment (e.g., a bell ringing).

Why does this happen? Young children’s traumatic experiences are remembered through implicit or unconscious memories (Levine and Kline 2007). These memories are stored in children’s brains and bodies through the sensations (e.g., sights, sounds, tastes, and textures) that were present at the time of the traumatic experience, when they felt frightened and helpless. After a traumatic experience, these sensations are associated with danger, which can lead to the development of trauma triggers.

Triggers are sensations that remind a child of a traumatic experience. The sound of a police siren could trigger memories for a child of witnessing community violence, for example, or the color red could trigger memories of a domestic abuse incident the child observed. Triggers automatically activate the amygdala’s alarm system, and the child’s brain goes into a fight-flight-freeze survival response even if the child is not in danger. Triggers are reminders for the child of the feelings of terror and helplessness they experienced during the initial traumatic event. Just being exposed to the sensation (e.g., seeing the color red, hearing a police siren) makes the child feel as if they are in danger again just as in the past. Triggering happens in a split second and, because it is an automatic survival response, is totally out of the child’s control. When triggered, children are not able to express their feelings with words because traumatic memories are stored implicitly, or in sensory memories, not in words or as stories that have a beginning, middle, and end that the child can share with others.

When children’s stress response systems are triggered, their brains and bodies shift into a fight-flight-freeze survival response. What does this look like for a young child? Examples of behaviors teachers might see include the following:

- Young children in **fight** mode may startle easily; be irritable or fussy; arch away from the caregiver; not want to be held or touched; or cry, scream, kick, bite, or bang their head.

- Young children in **flight** mode may not want to eat or sleep, appear restless, run from a caregiver or out of the room, hide under a table or out of sight, pull a jacket or other clothing over their heads to hide, or sit in the corner of the room and watch what is going on.
- Young children in **freeze** mode may withdraw from people, cling to their caregiver stronger and longer than usual, or seem listless or unresponsive to people or any form of stimulation. They may not vocalize or talk and have very limited interest in playing and interacting with others. They may be restricted in their play or interactions, not respond to their name, tune out, or become absorbed with something and seem completely unaware of what is going on around them. Children in freeze mode may also fall asleep when things are noisy, chaotic, and overly stimulating.

Children do not have access to the thinking part of their brains when they are triggered. Only after their brains no longer perceive that they are in danger, their central nervous systems have calmed down, and they have returned to a more relaxed state can they communicate their feelings or ideas, regulate their behavior, or engage in problem solving. This is why it is essential for teachers to remain calm when children are triggered and dysregulated. Showing anger or frustration when children perceive a threat only reinforces their feelings of fear and being overwhelmed, which increases the fight-flight-freeze behaviors that are automatically triggered by stress response systems.⁷ Rigid behavior management systems are often not effective with young children impacted by trauma because of these trigger responses that occur when a threat is perceived. Children who have experienced trauma need time and responsive, attuned care to learn to form secure relationships with their adult caregivers and teachers. Inherent in this is respect for the child. Through play, attuned adults can help young children impacted by trauma learn to build relationships and eventually trust that adults can be safe, nurturing, and responsive to their needs. **Rigid behavior management systems can prevent children from learning how to build trust in others as these systems too often create a climate of fear.** And this fear leads to a cycle in which children's stress response systems are continually triggered, preventing them from playing, communicating verbally, or engaging in creative expression and logical problem solving.

Trauma and Young Children with Disabilities* and Special Needs

Children with intellectual and developmental disabilities (IDDs) are at greater risk for trauma and adverse experiences. IDDs can be genetic (dwarfism, cystic fibrosis, sickle cell anemia, Tay-Sachs disease) or neurological (autism, epilepsy), or can affect neuromotor processes (cerebral palsy, spina bifida), mental health (depression,

7. Children's fight-flight-freeze survival responses are often perceived as challenging for adults; however, to emphasize person-first and trauma-informed language, they are intentionally not described as "challenging behaviors." With increased knowledge of children's brain development, toxic stress, trauma, and trauma-informed approaches that build resilience, adults can help children feel safe, reduce the activation of their stress response systems, and strengthen self-regulation and social-emotional skills.

anxiety), cognition (Down syndrome, fetal alcohol syndrome, fragile X syndrome), or sensory processes (vision and hearing, sensory integration).

Children with IDD in relation to typically developing children are

- twice as likely to experience emotional neglect;
- twice as likely to experience physical or sexual abuse;
- twice as likely to be bullied; and
- three or more times as likely to be in families where domestic violence is present (National Child Traumatic Stress Network 2016).

Because young children with IDD are at high risk of experiencing trauma, teachers must continually question whether the behaviors they are observing are the result of trauma versus disability. Some children may be inappropriately diagnosed with disabilities—e.g., autism, attention deficit hyperactivity disorder, sensory processing disorder, speech and language delays, emotional disturbance or oppositional defiant disorder, intellectual disabilities, or depression and anxiety—when they are really suffering from trauma and the impact of traumatic stress on their brains and developing bodies.

*Disabilities should be understood to be a combination of biological, psychological, and social factors and not limited to biological terms.

Source: Nicholson, Perez, and Kurtz 2018

Young children whose stress response systems are continually activated need caregivers who remain calm and communicate messages of empathy, safety, and protection. **Facilitating supportive, responsive relationships with caregivers is the most important way to prevent or decrease the negative impact of toxic stress and trauma for young children.** Trauma-informed early childhood programs can offer this type of safe and healing environment for young children.

Attunement is characterized by carefully observing children and responding to their behavior by asking, “**what is this child communicating to me about how they feel and what they need to feel safe?**” Teachers practice attunement when they focus on children’s emotional state—what they say or express nonverbally through their play, art, gestures, and behavior—without judging or reacting to it, instead showing interest, curiosity, empathy, and a desire to understand, connect, and provide support.

Trauma and Children’s Play

Kara, a mother experiencing homelessness, and her eleven-month-old, Ava, recently moved into a shelter after leaving the family home, where Kara was abused by Ava’s father. Ava protests, cries, or becomes immobile whenever an

unfamiliar adult, and in particular a male adult, enters her child care classroom. Ava rarely shows an interest in playing with toys or her caregiver.

Olivia is a four-year-old whose family is experiencing a high level of fear and uncertainty because of the sudden disappearance of her father, Manuel, who was deported without having an opportunity to say goodbye. Olivia's teachers report a steady increase in behavioral challenges during her transition to outdoor play. Olivia becomes hyperaroused—she hits and grabs the other children's toys and often cries out “¡Papi, te quiero!”

James is a six-year-old who attends first grade at an elementary school in an urban public school district. He recently witnessed, from the playground of his school, a drive-by shooting of a high school student who was walking by. Now James often refuses to go outside for recess unless his teacher holds his hand and stays nearby. During choice time inside the classroom, he often builds graves with plastic building blocks for the “bad, shooting guys.”

(Adapted from: Nicholson, Perez, and Kurtz 2018, 140, 163, 176)

Children like Ava, Olivia, and James who are exposed to trauma and whose stress response systems are easily activated often feel unsafe and too frightened to play or, in some cases, may reenact their traumatic experiences in play. Taking attention away from the here and now to enter into a play frame where they can pretend to be other people and characters and participate in a variety of adventures requires cognitive energy that they do not have available. Children with histories of trauma commonly receive signals from their brains that their very survival depends on maintaining an alert state and constantly scanning their environment for danger (e.g., tracking the adult to prevent abandonment, competing with other children for toys and materials). Yet, teachers who understand the power of play can create opportunities for children impacted by trauma to engage in play facilitated by responsive and attuned adults in order to build feelings of safety and trust.

How Does Trauma Affect Children's Play?

Nicholson, Perez, and Kurtz (2018) and Sorrels (2015) shed light on the effects of trauma on children's play:

- Infants exposed to trauma may show very little engagement with toys and little interest in interacting with others in a playful manner.
- Toddlers' play often has a chaotic and purposeless quality.
- Because children often embed their fears and worries in play, preschool children may be too scared to engage in imaginary play. Representing their own life experiences in imaginary play may prove to be too overwhelming and frightening. They may need structured and sensory-based materials (puzzles, pegboards, water table, sand table), because these toys have a single purpose and do not require peer contact, communication, or an ability to tell the story of what happened to them.

- Often, children affected by trauma have no joy, adventure, or imagination in their play. When they play, they might repeat the narrative of their trauma over and over, with negative emotion and aggression as key elements in play that feels stuck. In this case, they may need teachers to help them think of alternative endings to their traumatic play narratives (instead of dying in the story, the child becomes the hero who survives the scary fire that burned down the house) or assist them in engaging in different types of play in the classroom (moving from the dramatic play area to sand or water play).

Many children who do not know how to play have had to attend to their own survival needs. Trauma can lead children to develop an internal working model of the world that tells them that their very survival depends on maintaining a vigilant state (Koplow 2007).

When children enact a traumatic experience over and over in reenactment play, they can turn an overwhelming and frightening event into one that is predictable and that they feel a sense of control over. Pattern and repetition is key to creating predictability and a sense of control for a child. This is why it is not unusual to see a child reenacting worries and concerns in play in a manner that can appear stuck to observing teachers. For many children, this repetition is helpful—the surprise and fear of the trauma becomes familiar and predictable and therefore under their control.

Perry and Szalavitz discuss this phenomenon in their book on child psychiatry: “To restore its equilibrium, the brain tries to quiet our sensitized, trauma-related memories by pushing us to have repetitive, small ‘doses’ of recall. It seeks to make a sensitized system develop tolerance” (2006, 54). As tolerance is developed, children will change their reenactment play. Once this transition occurs, children have agency to change the narrative. For example, the child who felt powerless after their house burnt down can rewrite their own story and become a hero. Or the child who felt they had no control after an invasive medical procedure that completely overwhelmed their ability to cope can rewrite the narrative, inserting several coping strategies that lead them to survive and thrive in spite of the challenge.

It is not uncommon for children affected by trauma to have play that is infused with negative affect and aggression. The themes in children’s reenactment play can be disturbing (violence, death, injury, fear, abandonment), which can frighten other children and adults.

For children to engage in play, they must trust that their primary caregivers will keep them safe and ensure that their basic needs—including food, water, and protection—are met.

When children are preoccupied with their own survival, they are prevented from using cognitive energy to imagine new and interesting possibilities for their toys and play materials or entering into imaginary play frames that depart from the world right in front of them (what they perceive).

How Can Teachers Manage Difficult Content in Children's Play?

Children are very good at choosing content to include in their play that helps them organize their experiences or work through the concerns and fears they are struggling with internally. It is important that adults learn to trust that children will communicate what they need to work on through play.

Play with disturbing topics often provides children with opportunities to reverse their reality, instead becoming protagonists who have power and control in their story. Children use play to learn about how it feels to be powerful, to have a voice in decision-making, to be physically and emotionally strong and capable, and to be in contexts in which they are listened to by adults and taken seriously. Play provides children with a safe context to acknowledge and express their authentic range of feelings, which helps them make sense of what they observe and experience in their lives (whether a disturbing image on the news or a frightening experience), process it, reduce their feelings of being overwhelmed, and help them gain control of their big emotions. This process prevents children from having to hide parts of themselves; this is critical because hiding becomes the foundation for developing a sense of shame and self-doubt.

Because children use play to process and heal from trauma, banning this play deprives children of an essential vehicle for meeting their needs (Levin and Carlsson-Paige 2005). With the prevalence of young children's exposure to trauma, there is a tremendous need to create safe spaces where they can use play to support their ability to cope and heal.

As children typically use play to explore observations they make in the world and to understand the social order, it is also natural for children to act out the inequitable power relationships and structures they see around them (e.g., racism, classism, sexism, ableism, and other forms of oppression). **It is important that early childhood teachers acknowledge that children can and do reproduce the inequities that are all around them in their beliefs, behaviors, and play, even at very young ages.** Traditional child development theory describes children as innocent and egocentric, which led to false assumptions—still widely accepted today—that children are not aware of power differences and inequities in society or capable of participating in hurting and discriminating against others. It is now understood that children reproduce the harmful behaviors they see modeled for them by adults in their families and communities in their daily play with peers.

It is important for early childhood teachers to acknowledge this fact. **It is the responsibility of teachers to not shame or get upset with children when this behavior is observed but, instead, to teach.** The first responsibility is to the children who are harmed, to provide them with support, safety, and protection. The next responsibility is to the child whose words or behavior led to the harm. The approach should be one of teaching and not punishing or shaming. The goal is to guide children in learning about how their words or behavior impacts their peers and others—both positively and negatively—and to continually focus on the shared agreements and values of the classroom community (e.g., treating one another with respect, caring for oneself and others, making good choices). When children are observed using language

or behaving in ways that discriminate, tease, exclude, or otherwise harm others, teachers have a range of options available for educating them—these are the most critical teachable moments. Several strategies are outlined below that teachers can use to effectively respond to challenging interactions in the classroom where children's words, behavior, and play reflect the biases they are learning from the world in which they live.

So, What Can Teachers Do When They See Difficult Themes in Children's Play?

Diane Levin and Nancy Carlsson-Paige wrote a significant book for early childhood teachers that describes how teachers can effectively respond to children's fascination with war and weapons play (2005). Many of their recommendations are applicable to any content in children's play that may be disturbing or frightening for children and adults. Following are suggestions drawn from their work that teachers may find helpful for guiding their responses to difficult themes that emerge in children's play.

Start by observing and learning as much as possible about the children's play. Play can teach adults a lot about how children are feeling and how they need to be supported by their caregivers. When teachers observe play, they can first try to answer the following questions to evaluate its nature and quality:

- What themes seem most important? What concerns, worries, or questions is the child expressing through play (e.g., fear of separation from a parent, powerlessness)?
- Does the play give the child a sense of empowerment and resolution in the final phase?
- How does the play change over time? Is the child primarily imitating what they have seen? Or does the play begin with imitation and then shift to more varied and elaborate play?
- More specifically, what kind of variety occurs (with characters, story, and materials)? Does the child invent a new story or develop new characters or roles for those characters—is the child comfortable enough to experiment freely with major changes to the original idea?
- Is the child bringing their everyday experiences into the play? Is the child making up ideas of their own to add to the lived experiences represented in the play?
- How much of the child's total playtime involves this theme?

Evaluate the nature and quality of the play. Key for teachers as they observe and evaluate is determining whether the play is primarily **assimilation** or **accommodation**. **When assimilation predominates, the child is in control of the content.** Children may not only incorporate aspects of their lived experience in a play frame, but also add their own ideas, characters, and plot twists and turns to craft a narrative that is fluid and will likely expand, deepen, and advance their feelings of competence and agency.

When accommodation predominates, children imitate the narratives they observe in the world—both the real world and the virtual world of television, movies, and devices. The content in this type of play primarily comes from the outside world and the child's inclination to make sense of experience, creativity, and agency are not activated; therefore, they are less likely to learn and develop through this type of play. **It is important to help children assimilate rather than accommodate lived experience in play because assimilation leads to healing, coping, and resilience.**

When play in which accommodation or imitation predominates is observed, teachers can try the following:

- **Describe to the child what is observed with brief comments:**

“It looks like the two robbers are fighting.”

“It looks like the baby is feeling scared that her mom left her.”

- **Follow up with open-ended questions:**

“I wonder if the robber is going to be hungry for dinner?”

“I wonder if the superhero's brother knows where he is? What would he say if he saw him climbing that really tall building?”

Such comments and questions communicate to children that their teacher is interested in their play and takes the content they are working through seriously. If a child has been reenacting play with a repetitive theme for a long time without any variation, providing brief comments and asking open-ended questions can be a low-intrusive strategy for guiding them to shift from accommodation to assimilation in their play. Link the comments and questions to daily events and rituals that are familiar to the child (“Does the monster brush its teeth before bed?”), special events in the child's life (“Do you think the scary witch ever gets invited to birthday parties like the party your sister is having on Saturday?”), as well as experiences that are traumatic for the child (“The little bear is hiding under the desk. I wonder if he was scared by the loud noise. Maybe it reminded him of the sound of the gunshots he heard last night.”).

- **Notice the themes of greatest interest to the child and identify supports that can help them work through the specific fear, worry, or big feeling they are holding inside.** Does the child focus on killing, death and dying, feeling hungry, having a parent deployed in the military, being abandoned, or not having a home in their play? Teachers can find books about most topics that children reveal through their play they are concerned about. In certain cases, teachers might tell stories about these themes. For instance, Vivian Paley's *You Can't Say You Can't Play* (1992) and *The Boy Who Would Be a Helicopter* (1990) provide examples of how an early childhood teacher uses storytelling to masterfully support the difficult themes that emerge in children's play. Another good example is Chandra Ghosh Ippen's *Once I Was Very Very Scared* (2016).

With books children have to create their own mental images of the story. When children see their experiences, especially difficult or traumatic events, reflected in books, they can feel less alone and fearful knowing that others have experienced what they are going through. This validation can be not only self-affirming but also essential for healing by helping children feel less overwhelmed.

- **Help the child bring familiar everyday experiences into their play.** If the content of play is coming mostly from external sources (television, devices, movies, etc.), the child may need assistance connecting the play to direct experience. Teachers can provide accessories to help children make these connections. For example, they can introduce a pillow to rest on when the battle is over or pretend food to feed the rescuers.
- **Encourage original ideas the child introduces into play.** If a child is concerned about catching a monster who is running loose or a scary dinosaur who rips people's heads off, teachers can suggest ways to extend the child's idea. For example, a teacher could ask, "can we create a trap or a jail to catch them so they can't hurt anyone?" and offer yarn, tape, or boxes to help the child have the agency to respond in a way that keeps them in control of the play.
- **Guide children to consider how the play makes their peers feel.** Children working through big emotions and difficult topics can get so involved in their play that they do not notice how their words, tone of voice, and behavior are affecting others. In the extreme, children can become so engaged in their characters and play themes that they lose control and begin hurting others. Teachers can help children to stop and notice how their play is affecting others. For example: "It looks like that loud growl made Aiden feel worried. He ran away. Mr. Lion, let's go find a place where you can growl without scaring your friends."

When children lose control, they need teachers to kindly and firmly remind them of the class agreements and to help them redirect their big emotions. For example: "It looks like your body wants to kick right now. You seem to have some big feelings that need to come out. I can't let you kick other children. My job is to help keep everyone safe. We do have a place over here where you can kick all you want. Let's walk over there together."

- **Seek to identify possible triggers that activate a child's stress response system and lead to unsafe play.** Once triggers are identified, teachers can adapt the environment to try to prevent or limit the triggers from occurring.

Are there toys or themes that are more likely to lead to the child's feeling out of control emotionally or behaviorally?

Are there warning signs that indicate the play is becoming more problematic? Is the noise increasing? Is behavior becoming more assertive or aggressive?

Are there circumstances that make challenging play more likely to emerge (e.g., the child is hungry or tired, there has been a change in the class routine, a parent is stressed)?

Are there aspects of play that upset and trigger the teacher, rendering them less able to coregulate and support the child? Awareness of personal triggers and having strategies to help calm one's own stress response system is critical for teachers.

- **Refrain from blaming, shaming, or judging the child.** Sometimes teachers have to stop children from engaging in certain types of play when they are at risk of hurting themselves, others, or property. When this happens, it is important that teachers make matter-of-fact statements to describe what needs to happen, without judgment, blame, shame, or strong emotions. For example: "I need you to stop playing this game. I can't let you or anyone else get hurt."

A key strategy is to explain the rationale for their words or actions without blaming or judging the child. Instead of saying "Don't play like that!" or "Stop using weapons!" they can use descriptive comments such as: "I see there is a big fight going on between the dinosaurs. We need the fight to stop now. What can you, as a T. rex, do to get out of this challenging situation?" Making descriptive comments will engage and motivate the child to problem solve with the teacher instead of resisting the request. This approach will also prevent feelings of shame from developing in young children whose play needs to be redirected or stopped.

- **Always intervene when children make stereotypical or prejudicial remarks.** It is important for teachers to name and discuss stereotypes—generalizations about a group of people that are not true of everyone in that group—when they are observed, and explain how they are unfair and can hurt people, then offer clear, accurate information that contradicts the stereotypes and false ideas. Words like "most" or "many" are more accurate and fair than "all." For example: "It's true that many boys in our class like to play soccer during recess. But so do some of the girls. Other boys in our classroom prefer reading, creating towers with blocks, or playing with our class bunny."

Creating Trauma-Informed Play-Based Programs

Anthony is riding a tricycle at his preschool when a loud airplane flies overhead. He starts to cover his ears and screams repeatedly "no, no, no, no" over and over. His preschool teacher, Lawanda, walks over to Anthony, bends down to his eye level and using a calm and reassuring voice tells him, "Anthony, you are safe, you are here in preschool where the teachers will take care of you. That loud sound was an airplane way up high in the sky. You are safe down here on the ground with me. Let's take some deep breaths together."

Anthony's teacher, Lawanda, is using trauma-sensitive strategies to guide Anthony back to a self-regulated state after his stress response system was triggered by the loud sound of the airplane. Loud sounds like that remind Anthony of a serious and very scary car accident he recently witnessed on the highway that involved multiple cars and several fatalities. Whenever Anthony hears a loud sound that frightens him at his preschool, he now runs over to his teachers and says, "Hold me and tell me I will be safe," a coping strategy he has

learned by having the consistent and predictable trauma-informed approach at his preschool. Recently, Lawanda observed Anthony practicing these strategies in the dramatic play area where he was pretending to be driving a car with two dogs in the back seat. When the dogs started to bark, Anthony turned around and said to them, “You are safe, you are going to be okay.” He then gestured as if he was turning on the radio in his pretend car and said, “I am putting on a song for you so you can take a nap and feel better.” Through his imaginary play, Anthony was communicating how children—with the support of adults who understand traumatic stress and its impact on young children’s behavior—can learn strategies to heal from traumatic experiences they have early in life. (Nicholson, Perez, and Kurtz 2018, vii)

Trauma-informed programs recognize that children’s experiences of trauma affect their development, learning, emotions, and behavior, including their play. Organizations that are trauma informed use strength-based and relationship-based approaches that emphasize the importance of doing neither further harm, nor further traumatizing, when interacting with and caring for a child or adult with a history of trauma. The goal of trauma-informed programs is to buffer (reduce) a child’s stress by creating an environment that reinforces the child’s feelings of safety, predictability, and personal agency and control.

When teachers use a trauma-informed approach, their goal is to disrupt the pattern of negative outcomes for children who have experienced trauma in their young lives. Teachers who are trauma informed strive to understand the children they are working with, including the stories they are communicating through their words, behavior, play, and artistic expressions, as well as the underlying reasons they behave the way they do. By using a trauma lens to inform work with young children in their teaching practice, teachers commit to the following:

- Working hard to create a trusting, consistent, and attuned relationship so the child learns that adults can be safe and supportive.
- Seeking to understand the meaning of a specific behavior in a specific moment for an individual child.
- Looking for a child’s patterns of behavior, including individual triggers that activate stress response systems.
- Understanding that what they perceive to be challenging behavior is children’s need to communicate and gain control, because they carry with them previous experiences that left them feeling helpless or powerless. A child may be sharing a story of what happened to them and how they feel about it. They want their teachers to listen to this story and respond with empathy and a desire to help them feel safe. A willingness to learn about children’s experiences—which increases understanding and leads to empathy—is at the core of trauma-informed practices.
- Striving to create an environment that communicates to the child a feeling of safety and predictability.

- Engaging in self-care in order to have enough restored energy and internal resources to support these most vulnerable children and families and to develop empathy for their experiences of trauma. Self-care can help teachers rebuild their sense of safety, support healing, and create experiences that strengthen resilience.

Being a trauma-informed early childhood teacher means

- having an understanding of the neurobiology of trauma and its impact on young children's development and ability to learn;
- acknowledging the existence and prevalence of many different types of trauma in young children's lives;
- recognizing the responsibility to learn about trauma-sensitive strategies for supporting the health and healing of young children and families instead of further traumatizing them;
- engaging in systematic self-care to replenish energy and sustain the ability to work with the extra demands of children and families with trauma histories; and
- committing to engage in ongoing reflection, inquiry, and professional learning to further the development of sensitive, caring, responsive, and attuned relationships with children exposed to trauma and their families.

Source: Nicholson, Perez, and Kurtz 2018

Early learning settings that are trauma sensitive create feelings of predictability, consistency, safety, and belonging in children's lives. Below are several recommended practices⁸ for creating early learning **play-based environments that support children in healing and building coping skills and resilience** (Sorrels 2015; Nicholson, Perez, and Kurtz 2018):

- **Focus on the whole child.** This emphasizes all domains of a child's development—social, emotional, psychological, cognitive, and physical—and uses play-based curriculum and instructional practices that acknowledge the interconnectedness of these areas in young children's development and learning.

8. See the California Department of Education Early Learning and Care Division's *Responsive Early Education for Young Children and Families Experiencing Homelessness* for a more comprehensive description of trauma and its impact on young children and an extensive list of trauma-informed practices for early childhood settings (CDE 2019).

- **Provide stable, predictable, and playful routines and environments.** An early learning environment with stable, predictable, consistent, and playful routines will help children affected by trauma feel safe, enabling them to focus and learn new skills. When children feel unsafe, the ability to relax the sensory system and focus attention necessary to learn is affected. It is helpful to communicate in advance to children any change in the routine or environment (substitute teacher, change in the daily schedule) because sudden changes may trigger their stress response systems. For example, a teacher can use picture cards to show the order of activities for a day when there is a change in the planned routine.
- **Minimize the number of adult-initiated or whole-group transitions throughout the day.** Too many changes and transitions can be disruptive and scary for children who have experienced trauma. Because moving from one activity to another, particularly when done as a group, can cause some children fear and anxiety, minimizing the number of transitions throughout the day can reduce experiences that may trigger the stress response system. When a transition is necessary, a playful approach can be incorporated to reduce stress and scaffold children's self-regulation skills. For example, creating a play frame in which children pretend to be an animal ("eagles, fly from the rug to the sink to wash your wings for snack") brings a playfulness to the change in routine for children who would otherwise find a transition stressful.
- **Create a visual schedule to reinforce predictability and reduce children's worries about what is going to happen throughout the day.** A visual schedule includes photos that represent each of the daily activities (free play, guided play during math lab, outdoor play). It is particularly impactful if the photos feature the children in the class. Teachers can communicate what activity is next by pointing to the photo on the visual schedule and saying, "now it is time to [fill in activity]." This strategy reduces uncertainty for children with a history of trauma.
- **Create opportunities for children to communicate fears and worries and express anger and big feelings in constructive ways through pretend play, expressive arts** (drawing, painting, singing, dancing), **sensory play** (water, sand, clay), **active play, and storybooks** that draw attention to aspects of their life experiences and help them learn through the characters how to cope and solve problems. Art and repetitive rhythmic movements—including singing, dancing, walking, swinging, trampoline work, drumming, musical activities, yoga, tai chi, meditation, and deep breathing—are helpful for calming children's sensory systems.⁹ As noted throughout this book, allowing children opportunities for child-directed play every day is a trauma-sensitive instructional strategy.¹⁰

9. More information is available on the [Attachment Disorder Healing website](https://attachmentdisorderhealing.com/developmental-trauma) located at <https://attachmentdisorderhealing.com/developmental-trauma>.

10. Bruce Perry describes the importance of the arts and play for regulating children's brains in a [Child Trauma Academy video](https://www.youtube.com/watch?v=ZVRO7PdYRnM) located at <https://www.youtube.com/watch?v=ZVRO7PdYRnM>.

- **Plan for and use an outdoor classroom.** Children receive sensory input outdoors that can soothe their sensory systems and calm stress responses (chapter 4 includes a section on outdoor play). By building outdoor classroom time into the daily schedule, teachers can ensure that there is enough time for children to play outdoors and opportunities for children to engage in physical big body play and play with loose parts. Teachers can also bring elements of the outdoors inside the classroom or child care program—leaves, branches, water, sand, and other loose parts that children can explore safely can be soothing and regulating (Sorrels 2015).
- **Provide children opportunities to release the extra energy charge that accumulates in their bodies when their stress response systems have been triggered.** Children who live with high levels of stress need opportunities to engage in large motor activities that allow them to release the additional energy in their bodies that results from the activation of stress chemicals. The early learning program may be their only opportunity to run, climb, jump, stretch, swing, ride a tricycle, or otherwise engage in big body play and release energy. Not only do these opportunities support physical development, but they also reduce the chances of long-lasting impact resulting from the stress chemicals released after a triggering event.
- **Offer children choices and reinforce their sense of control through providing access to different types of play, including child-directed free play, on a daily basis.** Because young children can feel helpless and overwhelmed after experiencing trauma, it is helpful to provide them with opportunities to have a sense of control in their lives. With young children, this can be done by integrating their interests into the curriculum and by providing time for child-directed free play and open-ended materials that invite them to explore, discover, and create and that provide opportunities on a regular basis to make choices by themselves.
- **Support development of children’s social–emotional skills through participation in various types of play-based learning.** Children who have experienced trauma need additional emotional support and lots of guidance and explicit teaching to learn a range of social–emotional skills, including naming and managing strong emotions, practicing friendship skills, expressing what they want and need, making choices, and applying problem-solving skills. Having social–emotional skills (taking turns, sharing toys, listening to someone else’s perspective or ideas, regulating behavior) is a foundation for developing resilience and coping capabilities that will help children navigate the stress they face on a daily basis. Play is the most natural context for guiding young children’s social–emotional skill development.
- **Prevent and reduce harmful disciplinary practices.** A high proportion of children of color in early education are the recipients of exclusionary and disproportionate disciplinary actions by their teachers. It is essential that programs use trauma-informed strategies when responding to any stress-related behaviors children display—fight-flight-freeze behaviors after a triggering event,

for example. This approach requires a focus on de-escalation and support for calming children's nervous systems to guide them back to self-regulation, as well as more reflection from teachers. It may also require referrals for therapeutic interventions. It is crucial that children not be further traumatized by harmful disciplinary practices, including suspension and expulsion, or frightening dysregulated behavior from their adult caregivers (e.g., yelling or an angry tone of voice, public shaming). Research suggests that a lack of play in early childhood classrooms is one of the predictive factors for an increase in suspensions and expulsions of young children (Gilliam 2016).

- **Ensure self-care for teachers.** Children who have experienced trauma or live in a high-stress environment require even more emotional and physical support than their peers. This in turn can create high levels of stress for teachers, which can become physically and emotionally overwhelming if it is not addressed through proactive and regular self-care. It is crucial for teachers, optimally with the support of administrators, to identify and implement individual self-care practices to attend to their own health and well-being so that they are able to provide emotional and physical support to the children in their care and model positive and healthy behavior. One important form of self-care—heart play—is described in the text box in the next section.

Support Self-Care for Teachers

Maintaining a consistent, caring, and calm presence with young children is an intense and demanding job. Remaining attuned and coregulating a child in distress requires a caregiver to have enormous energy reserves. Children with histories of trauma or who live with constant stress and uncertainty spend a lot of time with their stress response systems triggered. As a result, they need early childhood teachers who are physically and emotionally available to continually reinforce feelings of safety, protection, and calm, which in turn helps teachers reestablish a regulated and calm state for themselves. Working with children and families who experience intense and ongoing levels of stress can take a toll on teachers' health and well-being. Teachers can develop self-care practices to buffer ongoing stress and restore energy. If ongoing stress persists without quality self-care to heal and restore energy, it can lead to burnout. Burnout is a special type of stress—a state of physical, emotional, or mental exhaustion combined with doubts about one's competence and value (Gottlieb, Hennessy, and Squires 2004). Teachers who are experiencing burnout

- feel emotionally exhausted and overextended by their work;
- think they no longer make a difference, which results in negative, critical, and reactive attitudes toward the children and families they work with; and
- have a sense of diminished personal accomplishment—they feel incompetent and as if they are not making a difference (Maslach and Leiter 1997).

Self-care is the best prevention for burnout. Research shows that children with caregivers who are under high stress tend to have increased dysregulated behavior (Horen 2015). This is not surprising when thinking about

coregulation in reverse. Teachers communicate their stress unintentionally as they interact with children who are very sensitive to adult emotions. Teachers can learn to detect warning signs that communicate that their own stress levels are increasing to an unhealthy level (e.g., they notice they are less patient, more irritable and easily reactive, or more critical of self and others). With increased self-awareness, they can engage in self-care strategies that restore their energy and allow them to avoid making choices that feel scary or unsettling to children. Teachers can also practice deep breathing and focus on being calm as they move toward a child in distress who is displaying dysregulated behavior. This self-calming routine can start the de-escalation or coregulation action with a child.

Self-care strategies are individualized and unique to each person. What feels stressful or triggering to one teacher will not to another. Similarly, the benefits of self-care practices are not the same for every teacher. Each individual has to act as a detective to discover what activates their own stress response system (a crying or clingy child? an unresponsive parent? concern about a child's exposure to violence? feedback from a supervisor? one's own economic insecurity?). Through exploring self-care and restorative activities each teacher can identify those that best support their own mental and physical health and well-being. Breathing exercises; meditation or prayer; stretching, walking, running, or other movement; talking with a colleague, family member, or friend; drinking a hot cup of tea; completing a crossword puzzle—the possibilities are endless. What is essential is that all teachers build awareness of their stressors and make an intentional plan with two or three explicit strategies they can use on a regular basis to support their own self-care.

Teachers cannot support and heal children on their own. **Teachers' success in meeting the needs of children and families impacted by trauma is deeply influenced by the level of trauma-sensitivity of the programs in which they are working.** There are many practices that directors and administrators can implement in their programs to create a climate that supports teachers' participation in self-care.

- Elementary schools that use a Responsive Classroom model have, in each classroom, a Take a Break place—a location where a child can calm and refocus themselves while still being able to follow the classroom activity—and similarly early childhood programs can create cozy corners where children learn to self-regulate their emotions (Responsive Classroom 2004).
- Having access to a school psychologist (in elementary schools) or a mental health consultant (in early childhood programs) can be very helpful for children who need additional support. Often these professionals can offer teachers suggestions for strategies to regulate their own emotions, including mindfulness practices and social-emotional and trauma-informed teaching practices for working effectively with children who need additional support.
- Some early learning programs begin with a morning meditation to help everyone start the day feeling grounded and connected.

Professional development for teachers can focus on adult mental health, wellness, and strategies for reflection and self-regulation.

Given the significant percentage of young children who experience trauma in their earliest years, early childhood teachers need to create trauma-sensitive, trauma-informed early learning environments. Central to trauma-informed healing environments are consistent, caring, and responsive relationships and developmentally responsive environments that lead children to feel a sense of physical and emotional safety. Through play, teachers can learn how children are thinking and feeling and what worries they have that may be preventing their healthy development and ability to learn.

Having ample opportunities to engage in many types of play—including child-directed free play—is essential for children affected by trauma in order to heal and develop coping skills. Teachers, too, need to include play in their lives as part of their own self-care practices. **It is essential for teachers to replenish their energy daily when working with children affected by trauma**, because this work is very demanding emotionally and physically and their guidance is critical for the well-being of these children.

What Is Your Heart Play?

Barbara Brannen created the concept of heart play to describe authentic forms of play that all adults deserve to have in their lives to support mental and physical health and overall well-being. Everyone can discover their own personal forms of heart play.

Brannen describes various characteristics that can act as a guide to discovering what counts as heart play for the individual. No one form of play will represent all of the characteristics listed below. Instead, they can be used to discover what forms of heart play speak to the individual and can be cultivated in one's life.



Characteristics of heart play: What experiences or activities lead to the feeling of ... ?

- **Total abandonment:** An activity that leaves a person feeling like nothing else in the world matters. This is the only thing one desires to be doing in the moment and they feel complete abandonment.
- **No worry:** An activity that does not cause worry or concern. One might fret over the rules of the game or the play activity itself, but while engaged there are no thoughts about the worries of life.
- **Joy:** Heart play is discovered when one experiences the feeling of joy—a wonderfully mysterious feeling that warms the soul, puts an involuntary smile on the face, and causes the heart to pump blood in a way that nourishes the body. Joy is that feeling of “I wish this moment would last forever.”

- **Clear thinking:** Heart play brings a feeling of clearing the cobwebs from one's head. It has the ability to make one feel a clearheadedness that may have only been experienced before as a result of a good night's sleep or meditation. Quality heart play lets the brain and memories operate at an optimal level because one feels so good.
- **Energy:** Rest and exercise can increase energy. Like exercise, play takes energy, but in a good way. Play moves energy around in the body in such a way that it will heal and nourish, then contribute to deeper and more restorative rest afterward. In this way play can also be an energy restorative.
- **Curiosity:** Play provides the opportunity to feel curious again. A painter is curious about what would happen if the colors changed this way or that. A hiker is curious about what is around the bend. Curiosity is fun because it leads to new discoveries and visions of things one has not thought of before. When the decision is made to be curious and playful, amazing things happen!
- **Wonderment:** Play opens one's eyes to wonderment. A sense of wonderment is felt while deep in heart play. No matter how simple the play (sewing, painting a wall, planting, biking), one has wonderment for a companion. Wonderment is that feeling of wondering what will come next. Wonderment is the feeling of light and energy. Play can bring that wonderment into one's life.
- **Pride:** Play can be a door to a world where one feels pride—pride in ability, pride in accomplishment, pride in taking a chance. When in heart play, a person is doing something that they are proud of. It is not done to get others' affirmations or approval. Nor is it done to be better than anyone. One plays for the heart—to make it sing.
- **Connection:** Play provides connection to the rest of the world and sometimes even to parts of oneself. Life is so often a jumble of things and people and places. People can begin to feel disconnected from the things they truly love, from the people they really want to be with, and from the places that nourish them. Play connects people to what they really want in life—it is different from reacting to what life throws at them each day.
- **Movement:** Play evokes a feeling of moving through life instead of standing still. It provides the momentum to not be stuck. Being stuck can mean a thousand things. People are sometimes stuck in their thinking, in a daily routine, or in a relationship, and sometimes do not even know they are stuck! Play creates a sense of movement toward things that are pleasing, and from there choices can be made about other things one likes.
- **Imagination:** All sorts of things can be imagined when one plays, and this imagining has been at the heart of one's existence since one's earliest thoughts. One can imagine being able to fly to the moon, living in that house, climbing that mountain. Childhood was filled with this feeling of imagination; one imagined being all sorts of things, and it led further and further into play. In

play, as an adult, one needs to feel again what it means to imagine. Imagination is a feeling from play that warms the heart.

- **Relaxation:** When people play, they relax. This concept is so obvious and so simple that it is often taken for granted. When one plays, the body, mind, and emotions are usually very engaged in the activity. If it is a challenging form of play—mountain climbing for example—it can look anything but relaxing to the observer. However, when people are playing, they are relaxing numerous parts of themselves. They are concentrating hard on what they are doing in play, but it is a soothing kind of thought that stimulates more and more thoughts and is actually relaxing versus challenging.

Emotionally, playing provides a shower of positive feelings throughout the entire system. Emotions are tapped into that really nourish and relax. Sometimes the emotion is sadness, for example when crying while watching a really good movie. In this context, that release of energy, of sadness, can be restorative, cathartic, and relaxing to the system, while releasing harmful toxins, which is the body's way of letting go of things it was unable to express. Enjoying deep emotional films is heart play for some people. Theater and opera can evoke the same response. Play can bring emotions to the surface and be relaxing along the way.

- **Therapeutic:** It is easy to see the therapeutic value that play brings to people's lives in the form of relaxation. Play disperses the angst of the week and the problems of daily life. Play has wonderful benefits!

Do you have heart play in your life? If not, what is preventing you? Self-care (including heart play, which is an important form of self-care) is not just a nice thing to do. It is essential for everyone to engage in self-care to help buffer ongoing stress and restore energy. These activities are necessary to be responsive, attuned, and caring teachers for young children, especially those affected by trauma.

Call to action: Take a step to discover your heart play. Once one or more forms of heart play are discovered that are personally authentic, they can be incorporated into the daily schedule like other essential activities (eating, sleeping, etc.). Heart play is beneficial for everyone, and can work wonders to reduce stress and restore energy for the important work teachers do with children and families.

Source: Brannen 2002

Making a referral for mental health support is necessary in some cases. Teachers may need to work with an administrator to arrange for an early childhood mental health consultation. When teachers have tried implementing many of the practices and approaches described throughout this book—such as considering the play continuum, incorporating principles of UDL, creating trauma-informed play-based classrooms, and working with program administrators to utilize observation-based assessments—but there continues to be concern that a child in their care is struggling with trauma-related or other emotional or behavioral challenges, it may be helpful to

access additional support from an early childhood mental health consultant. Early childhood mental health consultants bring specialized knowledge and skills to partner with staff and families to help support the well-being and healthy development of children within early learning and care programs.

Access to early childhood mental health consultation services varies based on resources available by county or region. Some early childhood mental health consultation services focus on programmatic support to teachers and staff, and others focus more on direct consultation with children and families. The qualifications of personnel also vary based on the type of consultation being offered. The following resources provide additional information about early childhood mental health consultation:

- [California Inclusion and Behavior Consultation Network](http://www.cibc-ca.org)—available at <http://www.cibc-ca.org>
- [California Collaborative on the Social & Emotional Foundations for Early Learning](https://cainclusion.org/camap/map-project-resources/ca-teaching-pyramid/)—available at <https://cainclusion.org/camap/map-project-resources/ca-teaching-pyramid/>.
- [California MAP to Inclusion & Belonging](https://cainclusion.org/camap/)—available at <https://cainclusion.org/camap/>
- [Head Start Early Childhood Learning & Knowledge Center](https://eclkc.ohs.acf.hhs.gov/mental-health/article/infant-early-childhood-mental-health-consultation-your-program)—available at <https://eclkc.ohs.acf.hhs.gov/mental-health/article/infant-early-childhood-mental-health-consultation-your-program>
- [Center for Early Childhood Mental Health Consultation](https://www.ecmhc.org/)—available at <https://www.ecmhc.org/>

Key Take-Aways for the Early Childhood Classroom

- As a significant number of children affected by trauma are entering early childhood programs, it is essential that teachers and administrators learn about trauma and its impact on young children's learning and development, including their play.
- Often, children affected by trauma have no joy, adventure, or imagination in their play. It may have a chaotic and purposeless quality or children may repeat narratives of their traumatic experiences over and over, with negative emotions and aggression as key elements, in play that feels stuck.
- As children use play to explore observations they make about the world, it is natural for them to act out the inequitable power relationships and unjust structures they see around them (e.g., racism, classism, sexism, ableism, and other forms of oppression).

- When adults observe children using language or behaving in ways that discriminate, tease, exclude, or otherwise harm others, they should not blame or shame them, but instead see these as critical teachable moments that require their intervention. There are many strategies teachers can use to effectively respond to challenging interactions in the classroom where children's words, behaviors, and play reflect biases they learn from the world they are living in.
- Teachers who are trauma informed strive to understand the children they work with, including the stories the children communicate through their words, behavior, play, and artistic expressions, so they can respond with empathy and effective sources of support, guidance, and intervention.
- Working with children and families who experience trauma can take a toll on teachers' health and well-being. Developing self-care practices helps teachers to buffer their ongoing stress and restore their energy. Teachers' success in meeting the needs of children and families impacted by trauma is influenced by the level of support they receive from their administrators and the trauma-sensitivity of their schools and programs.