The Relationship between Challenging Behaviors and Childhood Trauma: New Hope and Perspectives from Relational Brain Science

Mona Delahooke, Ph.D.

Author: Beyond Behaviors

©Mona Delahooke, Ph.D. 2020
The collision of the COVID-19 pandemic lockdown and the racial injustice awakening

Historic Times
Stress, toxic stress, ACES
Opportunities to build resilience

Self-Compassion Zone: Self or other evaluative Don’t!

©Mona Delahooke, Ph.D. 2020
Goals

• 1. Understand the role of toxic stress and trauma have on emotional and behavioral control

• 2. Describe the difference between a neurodevelopmental and behavioral approach to behavioral challenges

• 3. Describe how caregivers, providers and teachers can integrate a basic understanding of the “therapeutic use of self” when working with vulnerable children, regardless of their diagnosis.
Think about a child you know who has challenges. How do the challenges show up?

A THIRD-GRADER who has difficulty keeping his arms and hands to himself, and ends up in the counselor’s office each week.

A TWELVE-YEAR-OLD who isolates himself, and rarely interacts with anyone at school.
3.45 million students suspended from school
250 preschoolers suspended each day
The more ACES, the more Vulnerable

• Underlying any child’s persistent/extreme challenging behavior pattern is an increased vulnerability to stress.

• FOSTER CHILDREN ARE MORE VULNERABLE IN THEIR NERVOUS SYSTEMS.

• WE CAN EXPECT MORE CHALLENGING BEHAVIORS

©Mona Delahooke, Ph.D. 2017
Redefining our approaches to support children and understand what underlies behavioral challenges
Developmental Iceberg
Attributions of Behavior

The child or environment’s “fault”

Purposefully misbehaving
Attention-seeking
Oppositional
Defiant
Testing limits
Lazy
Avoidant
Poor parenting
Inconsistent discipline
Intellectual disability

Adaptation to one’s unique differences

Physiological State
Faulty neuroception
Emotional responses (e.g. shame or embarrassment)
Stress responses (fight, flight, or freeze)
Adaptations to sensorimotor processing or preferences
Physical pain or discomfort
Thoughts or ideas
We **FAIL to find** the correct etiology of the behaviors

- A response to stress is not a purposeful, intentional misbehavior
- Does not respond well to rewards or punishments
- Identify as early as possible for EI IMH
Neurodevelopment

Polyvagal Theory

The decade of the brain and the field of interpersonal neuroscience brings us answers

©Mona Delahoeke, Ph.D. 2020
When do children have the impulse control to resist the desire to do something forbidden?

56% of parents believe children have the impulse control to resist the desire to do something forbidden before the age of 3.

Within that group, 36% of parents believe that children under age 2 have this kind of self-control.

**ACTUAL age this develops...**

3½ - 4 years

©Mona Delahooke, Ph.D. 2020
An Expectation Gap

Between what we expect children to do and what they can actually do.
An understanding of each child’s individual differences in the context of their AS shows up in behavioral challenges.
Compliance or Non-Compliance Paradigm

Leads to rewards and consequences: taking an action to teach children without regard for the adaptive nature of behaviors

Behaviors are often an adaptation to a child’s ANS cues (internal, invisible needs, sensations, thoughts or emotions) and not simply willful misbehavior.
That’s why Our “go to’s” are often wrong:

We blame the child (it’s a diagnosis, like ODD), or parent, inconsistent

OR

We Time-Out, Positive & Negative Reinforcement

OR

Blame a child’s will, they are getting “negative attention”
Education Example

• “If you don’t control your behaviors, the whole class will miss 5 minutes of recess”

• Relying a paradigm of social consequences and punishment, because our Education system is naturally evaluative and steeped in a culture of behavior theory.
Preparation for 20-21 Academic Year

• ”We need to address the need for social emotional support that has emerged due to the pandemic, including increased measures for discipline”

• School Psychologist
• Old Paradigm

©Mona Delahooke, Ph.D. 2020
Children with Relational Trauma

Will likely have emotional regulation challenges—showing up as behaviors

That served an important survival purpose

Bottom-Up

Protective, adaptive defensive

©Mona Delahooke, Ph.D. 2020
Are we observing a deliberate misbehavior or a fight or flight, instinctual stress response?
ASK:

What is the level of engagement across relationships

_Safety is treatment and Tx is Safety, Dr. Porges_ ©Mona Delahooke, Ph.D. 2020
Our education system is working from an outdated model that views behaviors in isolation of the child’s body, mind and relationships.
“When all you have is a hammer, everything looks like a nail.”
1. The team believes the behavior occurs:
   To escape task at hand, the desire to control the situation, to get attention from peers and staff.

2. The solution is:
   Ask child to communicate in a courteous and polite manner.
MH is Top-Down

• Our field over-prioritizes helping people express their fears and concerns.
• This is a sophisticated developmental ability that develops over a long period of time.
• The capacity to do this develops only through a complex developmental process involving proximity to caring adults who co-regulate over long periods of time.

©Mona Delahooke, Ph.D. 2020
We Neglect to ask Essential Questions:

Has the child experienced years of relational safety?

OR

What are the psychic injuries?

OR

How has it impacted intentional control of emotions and behaviors?

©Mona Delahooke, Ph.D. 2020
Techniques not Recommended:

- Physical punishment
- Seclusion
- Isolation

OR

- Ignoring
- Shaming
- Blaming

OR

- Yelling
- All increase -N- of threat

©Mona Delahooke, Ph.D. 2020
There are no simple solutions or one size fits-all answers.

...but there is hope that comes from compassionately figuring out what each child needs to find out exactly what their behaviors are telling us.

THREE STATES OF THE ANS

©Mona Delahooke, Ph.D. 2020
RED Pathway
(Not in Control)
BLUE Pathway
The Pathways Lead to:

- **Dorsal Vagal**: Shutting Down, Isolating, Tuning Out
- **Ventral Vagal**: Feeling Safe, Engagement, Learning, Thinking
- **Sympathetic**: Fight or Flight, Striking out, Running away

©Mona Delahooke, Ph.D. 2020
Expect Red or Blue Behaviors

• As humans if we’re not getting cues of safety our body adaptively reacts. So we must shift our interpretation of behaviors in our foster and adoptive children because the disruptive and pushing away behaviors indeed, some point saved their lives.

• It’s not difficult to see that the formula for black and brown children is stacked against them from the multiple effects of societal racism and systemic misunderstanding of disruptive behaviors.
Many Behaviors signal Vulnerability

• The ability to control one’s emotions and behaviors is a neurodevelopmental process.

• Children whose volitional control is still developing “taught” with reinforcement schedules that assume they can control their emotions and behaviors.

• Just because a child can have behavioral control sometimes doesn’t mean they have it all the time.
Many Behaviors signal Vulnerability

• This is why behavior contracts and incentives fail to yield long-term success for many children and teens, leading to loss of confidence, harsh self-criticism and iatrogenic anxiety.

• Particularly children exposed to trauma and ND
Many Behaviors signal *Vulnerability*

- What yields long term success and builds relationships at the same time?

- **RELATIONAL SAFETY**

©Mona Delahooke, Ph.D. 2020
What can We Do?

Safety  
Connection  
Joy  
“Being” together

OR

Staying calm  
Self-Compassion

OR

Remembering the behaviors  
Protective, adaptive defensive

©Mona Delahooke, Ph.D. 2020
How Do Humans Develop Emotionally?

- We develop self-regulation (regulation of emotions and behaviors) through Co-Regulation
- Warmly attuned relationships
Working from the **BODY-UP** to the **TOP-DOWN**

Play is a bridge that naturally works Body-up and Top-down

©Mona Delahooke, Ph.D. 2020
An adult’s warmly engaged facial expression, tone of voice & posture lead to the green pathway of calm alertness in children.

BEYOND BEHAVIORS @MONADELAHOKE
Emotional Tone

• “Our emotional tone is the ‘raw material’ that allows us to help children with behavioral challenges. This raw material that we each embrace is transmitted through our body language. When we feel safe, we have soft eyes, a prosodic voice, and a relaxed posture.”
When we react to problematic behaviors outside of assessing the child’s level of social-emotional development, we are working without a developmental roadmap.

**Co-Regulation Leads to Self-Regulation**

Of emotions and behaviors

PLEASE DON’T TEACH SELF-REGULATON OR EF SKILLS TOO SOON
Disciplinary Techniques

NOT Recommended for Children

- Any type of physical or corporal punishment
- Seclusion, isolation, or solitary confinement
- Indiscriminate use of shackles on minors in court
- Isolating, sequestering, shaming, blaming, or ignoring
- Point and level systems for behavioral management
- Yelling, screaming at, shaming, or degrading children

©Mona Delahooke, Ph.D. 2020
THE FOUNDATION OF TRAUMA RESPONSIVE CARE IS RELATIONAL SECURITY. NOTHING IS POSSIBLE WITHOUT IT.
SELF-CARE IS NOT OPTIONAL, IT'S ESSENTIAL
What pathway is the ADULT on?

What pathway is the CHILD on?

What is the quality of the pathway?

- Strong
- Medium
- Light

What is the quality of the pathway?

- Strong
- Medium
- Light

©Mona Delahooke, Ph.D. 2020
Healthy relationships are not “optional,” they are the vehicle that drives development forward.

Mona Delahouke
Beyond Behaviors
Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges

Mona Delahouke, PhD
Mona Delahooke, Ph.D.

- Mona Delahooke Ph.D. FACEBOOK
- Instagram and Twitter @monadelahooke
- www.monadelahooke.com

©Mona Delahooke, Ph.D. 2017
Joyful Engagement
Builds Brains & Minds
Mona Delahooke