Chapter 8

Affect Meets Cognition: Building a Curricular Bridge

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The therapeutic curriculum is an indispensable feature of preschools that heal. While a predictable schedule, open-ended play periods, and relationship-oriented teacher–child interactions are all essential components of the therapeutic preschool, the content of curriculum itself must be meaningful and highly motivating in order to promote ego development in at-risk children. Certainly, curriculum must meet the preschool child's need for stimulation and mastery. Therapeutic curriculum must also allow children at various cognitive levels to address unresolved developmental issues that are precursors to academic learning.

Therapeutic curriculum, also called emotionally responsive curriculum, (Koplow, 2002) is distinctive from conventional curriculum in many ways. It is designed to help children bridge the gap between their internal and external worlds. On the one hand, progressive early childhood educators may have evolved curriculums that correspond to the demonstrated interests of well-developing preschool children, but teachers may have difficulty applying these curriculums to students that seem highly disorganized and dependent on teacher input. On the other hand, more structured, conventional curriculums tend to emphasize the accomplishment of specific tasks without regard for the child's own agenda. This often requires children to detach from compelling internal experience in order to focus on external inputs. When children are unable to do this, it is frustrating for children and teachers alike. For example, a separation-anxious child who cries throughout the teacher's lesson loses access to her ability to learn and is disruptive to the group.

Therapeutic curriculum does not leave learning completely in the hands of needy and fragmented children, nor does it encourage children to abandon their inner experience for the purpose of maintaining an external focus. Rather, therapeutic curriculum seeks to strengthen the connection between affective and cognitive domains, helping the child to make sense of her own experiences as a basis for broader conceptual development.

EMBARKING ON A THERAPEUTIC CURRICULUM

Where does a teacher begin if she wants to embark on a therapeutic curriculum? The answer is threefold: first, she looks at the themes expressed in the children's spontaneous play; then she looks at the children's behaviors for manifestations of unresolved developmental issues; finally, she looks at the children's life experience. An in-depth exploration of each of these areas will clarify the purpose of the teacher's threefold inquiry.

Spontaneous Play Themes

In the preceding chapter, "Playing for Keeps," several play scenes involving emotionally fragile preschool children are recorded. A myriad of themes unfold in these anecdotal accounts, giving us insights into both the developmental and environmental realities of the participating children. For example, it is likely that Darryl had some real experience with adults purchasing drugs, and had some first-hand opportunities to see police at work. Most likely, Peter's father had lost his job, or had feared losing it. It is probable that Bianca had a frightening experience in a stuck elevator. As these and other themes repeat themselves in the children's spontaneous play, the teacher makes note of the children's apparent interest in the topics. She looks at these specific, experientially motivated themes in the context of a broad range of compelling play material. For instance, while Bianca is the only child playing about problems with the elevator, several of the children are playing about themes related to breaking and fixing, or injury and healing. The use of spontaneous play to express concern with themes regarding injury indicates receptivity to curriculums focusing on this theme. Indeed, injury is a developmentally salient theme for young children who are preoccupied with their own body integrity during the toddler period.

If the teacher concludes that Bianca's emphasis in her play scene was the experience of being alone in the elevator and thus separated from her adult caregiver, certainly a curricular theme organized around separation issues will be relevant to Bianca as well as to many of her peers. Separation issues are expressed in many of the recorded play scenarios, and are clearly important to every child's developmental process. Children who are preoccupied with this issue will be able to attend to curriculum that focuses on and allows them to master their worries.

Behavioral Clues

In Chapter 1, the essential developmental tasks of early childhood were reviewed. Issues of body integrity were seen to be paramount for the toddler, who must struggle to achieve a sense of whole self in a context which includes separation from his own body products, the intrusion of piercing vaccination needles, and the snipping of the barber's scissors. The toddler's sense of self-constancy is easily threatened. A broken toy may bring sobs of despair expressing the child's conviction that what is lost or broken can never be repaired, or it may be handed silently to the adult with the belief that she possesses the magic necessary to bring even the wilted balloon back to life.

Developmentally arrested preschool children show many behaviors indicating difficulty with body integrity within the school setting. One child may scream when she sees a doll whose plastic arm has come off, as if this indicates that her own arm may also be severed or lost. Another child may seem to break things compulsively, disassembling whatever crosses his path and destroying his own products when they are close to completion. Another child may need to assemble toys compulsively, seeming unable to relax until every hole is filled with a peg and every piece of train track is joined with another. He then may become inconsolable if he suffers even a minor injury from a fall or an altercation with another child. All of these behaviors indicate that issues of body integrity and self-constancy are still unresolved in these children. A curriculum addressing these unresolved developmental issues would then be in order.

Consider those children whose separation reactions remain extreme long after the usual "phase-in" period has passed. There are always children who scream as though they fear the temporary separation from parents will be permanent. They seem to experience a daily abandonment in preschool, while other children may feel empowered by the caregiver's confident goodbye. There are children who become so distraught that they vomit or fall asleep to seek refuge from intolerable feelings. There are also children who cannot acknowledge separation at the time of goodbye, but never seem to be able to invest in the school environment. They remain silent, physically constricted, and seemingly preoccupied until their reunion with parents at the end of the school day. A curriculum addressing separation issues would be logical for a group of children with these behaviors.

Often, teachers analyzing children's behaviors focus on antisocial behaviors and the many ways that children find to act out within the group. Traditionally, analysts have seen acting-out behavior as a way of avoiding feelings. Children who act out are discharging or "getting rid of" emotions that are unwanted and overpowering. Instead of owning and experiencing their own sad, angry, and fearful feelings, children often act in ways that evoke these feelings in the other. Indeed, antisocial and destructive behaviors are important to understand, as their impact on the milieu is strong. Children who act out in intrusive ways may prevent other children from feeling safe in the school environment.

Traumatized and developmentally arrested children frequently lack the emotional foundation for experiencing a healthy range of feeling responses. They rarely possess the resources necessary for spontaneously expressing strong emotions in acceptable ways. They may hit another child if irritated by competition for the same toy, throw toys in anger when the teacher announces clean-up time, preemptively attack a peer whom they fear, or smash their own wood collage to the ground before the unkind words of an older brother destroys its worth. While examples of acting-out behaviors are infinite and could fill an entire chapter of a book, all examples can be seen as an indication that children need more help to tolerate their feelings, to understand emotional cause and effect, and to express their affects clearly. Therefore, curriculums focusing on identifying affects, predicting emotional responses, and expressing feelings through language, play, and drawing are appropriate for groups containing many acting-out children.

Valuing Psychosocial History

Psychosocial histories indicated that several of the children had experiences involving injury either to self or someone considered essential to their well-being. The teacher's access to this important common ground experience allows her to integrate body integrity themes into her curriculum plan, and helps her design caregiving routines for the children that support a sense of physical as well as emotional well being. Many teachers lack access to children's psychosocial stories because their preschools do not have a structure for the kind of parent meetings that facilitate sharing on that level. While mental health staff or consultants may have interviewed parents and carry valuable information that could inform the teacher's practice, issues of confidentiality may prevent them from sharing what they know. Teachers and clinicians need to collaborate in order to hold the histories of young, fragile children, and need to work together to use their knowledge to enable growth and learning in the classroom. Teachers and directors may

want to organize "Story Gathering Days" to invite parents to tell their children's important life stories directly to their child's teacher. (Koplow, 2002)

Strengths and Abilities

There are many ways that emotionally fragile children are atypical when compared to their age mates, but there are also many ways in which they demonstrate age-appropriate interests and abilities. For example, Darryl's preoccupation with street violence made him anxious, aggressive, and hypervigilant at school, yet it did not prevent him from developing an interest in "marrying" Wendy. "Marriage" play frequently emerges in groups of well-functioning 4- and 5-year-olds who are overflowing with Oedipal interests. Ana's autism limited her social behavior and made her communication idiosyncratic, but her ability to follow recipe charts during cooking activities was impressive.

These children's age-appropriate strengths and interests can and should be employed in the service of exploring early developmental issues through curriculum. While body integrity may be an issue that is usually paramount in toddlerhood, the curriculums addressing body integrity may involve age-level concepts—such as breaking and fixing, whole and part—that would be unavailable to the young toddler. The theme may generate discussions of cause and effect, "science-type" experiment, and sequential learning activities that would be beyond the level of most children under the age of 3.

The fact that the emotionally fragile preschool child may be able to use art and collage materials constructively and creatively will enable participation in complex projects which not only foster mastery of the curricular theme, but also provide the experience of being successful with a variety of materials and activities. Without the organizing influence of the therapeutic curriculum, the child might be unlikely to discover her own capacities and talents.

THE ABCS OF THERAPEUTIC CURRICULUM

After the teacher completes the threefold inquiry previously discussed, she is ready to choose a theme that will address the difficulties she observes. She then designs a series of activities which incorporate the children's strengths and allows them to work on the designated theme during various periods of the day (see Chapter 9). Often themes are introduced at the morning meeting via song and story. A group activity elaborating on the theme follows. Subsequently, materials that are particularly relevant to the explored theme are added to the usual selection of materials available at free play and outdoor playtime.

Curricular themes are generally planned to be carried out over the course of a week, although some themes may require more time to be sufficiently explored. Often, teachers may decide to rework a theme when a renewed sense of concern is expressed by the group, or when events occur which give a theme particular relevancy.

The assessment of theme-based curriculum is made on the evidence that children have retained and internalized the material presented. Evidence of integration is sought in the children's own spontaneous play, language, drawing, and social behavior. Therefore, evidence of a successful separation curriculum may be seen in a lessening of anxiety during arrival and dismissal, or in a separation-anxious child's newfound ability to play about comings and goings,

or in an asocial child's spontaneous conversation with a peer about a baby kangaroo's sadness as he watches his mother hop away.

DEVELOPING EARLY LEVEL CURRICULUMS

This section will take the reader through the process of developing therapeutic curriculums. The initial examples will focus on the development of curriculums for children who are functioning on an early level. The teacher's attention to the children's expression of developmentally relevant issues through spontaneous play and behavior will be illustrated. The teacher's process of organizing and presenting themes related to the issues expressed will be demonstrated in the anecdotal material.

Observations. It is 9:30 A.M. and Miranda, a 3-year-old girl, enters the gross motor play area. She covers her face with her hands and refuses to interact with other children. As the teacher moves closer to her, she can hear Miranda repeating to herself, "See Mommy soon. See Mommy soon. After lunch, see Mommy."

Miranda's classmate Peter spends his play time repeatedly opening and closing the classroom door. He exits the room and reappears seconds later, only to reenact this routine several more times.

Two 4-year-olds, Camilla and Preston, play together in the dress-up corner. Camilla pretends to cook and Preston announces that he will drive to the store to buy her more food. He leaves the area for his make-believe destination, when he hears Camilla burst into tears screaming, "No! Come back! I want my Daddy!"

At dismissal time, Camilla, Preston, and Miranda become increasingly disruptive. They run around the room, open and close the refrigerator attempting to grab more food and finally cling tearfully to the teachers, resisting departure although they have wanted to be reassured about going home all day long.

Through observation, the teacher begins to recognize behavior patterns that reveal the children's shared developmental preoccupations. Although the children demonstrate a range of ability in the areas of cognition, communication, and social functioning, none of them seem to have achieved a solid degree of object constancy and thus cannot negotiate routine separations. Their difficulties prevent them from maintaining an external focus and disrupt their ability to sustain productive learning. Therefore, the teacher decides to design a curriculum called "Go Away–Come Back." Her goal is to help the children to cognitively and emotionally integrate the knowledge that important people continue to exist, regardless of whether or not they are out of sight.

Implementation. The teacher introduced the theme of "Go Away–Come Back" in morning meeting, using a music and movement activity. Each child used a cloth to hide themselves, while the rest of the group sang a song about hiding and finding him. The song, to the tune of "Ten Little Indians," went as follows:

Where oh where is Preston hiding?
Where oh where is Preston hiding?
Where oh where is Preston hiding?
Underneath the cloth!

The hiding child was then uncovered. The teacher then read the story *You Go Away* by Dorothy Corey (2002), and followed the story with an activity where each child was given a bin of sand and some small plastic bears to hide and then recover.

During gross motor playtime, children were provided with large cardboard boxes, hollow tumble forms, and tunnels to play out "disappearing and reappearing" games.

Several other activities were planned for subsequent days, including more elaborate stories about hiding and finding, table top fingerpainting (in which children made designs which could then be erased and redrawn), and circle games, where children hid and then came back to sit in their seats. Throughout, staff used the curricular focus to verbally organize cognitive and affective learning, even for the youngest or most developmentally arrested children. Language levels were determined by the developmental level of the child. For example, an autistic child's sand play with bears may have been articulated by the adult as follows: "Bears go away, bears come back!" However, the language used to communicate about the activity to a verbal 3-year-old who had experienced several traumatic separations due to changing foster placements was more personal and elaborate: "I see the bears are hiding so far down into the sand! Do you think they're worried that they won't be able to see us again?"

Assessment. Miranda runs to the mirror, looks at herself, grins, and runs away again. She eventually becomes involved in a turn-taking game with Peter who is also interested in playing "peek-a-boo" with the mirror. After Peter spies his mirror image, he laughs and runs into the teacher's arms, then returns to his mirror image.

Camilla and Preston engage in making a sandcastle for bears "for hiding." Preston calls out, "Bear, where are you?" Camilla responds, "Here! In the basement!"

After lunch, Preston gets the book *You Go Away* and hands it to the teacher. All the children listen attentively as she reads. When the story is over, Camilla and Miranda are able to take the teacher's hand and allow themselves to be escorted to their cubbies to get their coats. Preston waves goodbye from the bus window.

In this case, the teacher clearly saw the children using the therapeutic curriculum input to master their worries about separation. She may decide to extend the curriculum another week, or to revise or amend it by designing activities that might be especially meaningful to her particular group of children.

"My Special Animal": Making Transitions

Observation. The children are coming off of the school buses and entering the playroom. Camilla stands with her coat buttoned up tight and will not remove it. Wendy begins to whine for crackers and tantrums when told that snack time comes later. Preston stands frozen on the lobby steps, refusing to walk by himself but also refusing help from the teacher.

Eventually, everyone enters the room and becomes involved in play. However, an hour later, when it is time to go down to snack, the children are distressed once again and require much staff attention in order to move on.

Children who have difficulty achieving inner representations of self and significant others are at a loss during transitions. They must rely on external sources of comfort, and therefore become disorganized when the externals of a situation change. The children need help to develop their abilities to internalize comforting feelings. A therapeutic curriculum was evolved to help the children begin to use transitional objects to self-comfort during transitions and thus foster autonomy and growth.

Implementation. Each child was asked to bring a favorite stuffed animal to school. If a child did not have an animal at home, one was provided from the classroom. The child was permitted to bring the school animal home each day with parental agreement to ensure its safe return.

The special animals were given two primary functions. One was to comfort children in times of distress and to accompany them through transitions, thus remaining a constant in periods of change. The other was to act as "alter ego" for children whose ego development was very much in process. Thus the teacher encouraged the children to use their special animals in every part of the daily routine. Animals were given seats at snack and children were asked to voice their animals' food preferences. Children were asked to decide how old their special animals were, and what their special animals would like to have for their birthday parties, which were then celebrated by the class as a group activity. Teachers took pictures of the special animals as children used them for self-comfort and to bridge routine transitions, and made books for each child about the genesis of his special animal and how he or she could use it to feel better.

Ongoing interactions between "special animal" and child and "special animal" and teacher within the context of the daily routine helped the animals to be endowed with properties of self and of comforting "other," and heightened the animals' ability to function as transitional objects.

Assessment. Miranda walks to the playroom door, hesitant about beginning her morning at school. She is clutching her stuffed green dog, saying, "Doggie's all right. He'll be all right." She puts the dog on the top of the slide and says, "Doggie's turn to go on the slide." At drawing time, Miranda asks the teacher to draw Doggie, who is feeling sad because "his mommy is at the store."

Wendy brings her stuffed bunny rabbit to the teacher and announces that her bunny is hungry and wants snack right away. The teacher suggests that she feed her bunny some pretend food until it is time for snack. Wendy takes her bunny to the sandbox where she, Preston, and Camilla begin a game of cooking rice for Bunny.

Peter screams when the teacher turns the water off in the sink where Peter has been washing his hands for several minutes, oblivious to the line of waiting children behind him. He jumps up and down squealing and does not respond to the teacher's words. When given his stuffed puppy, he quiets momentarily, but pulls toward the sink and begins to escalate his distress. The teacher gets a bin and fills it with soapy water, suggesting that Peter give his puppy a bath. Peter smiles

in delight and begins soaping the puppy in a focused way, instead of putting his face into the bin or splashing wildly, as he usually does in water play.

Watching the ways that the children used their special animals allowed the teacher to assess whether the curriculum helped them to better manage transitions and enabled them to develop their self-concepts and autonomy behaviors. For Miranda, Wendy, and Peter, the curriculum was quite successful. It allowed Miranda to bridge the gap between home and school more successfully, and gave her a symbol for expressing her feelings about transition. Wendy was able to use her animal to help her delay gratification and wait, without feeling deprived and getting into a power struggle with the teacher. Peter used his special animal for comfort and to promote more organized behavior. The special animal curriculum was a valuable tool through which each child expanded his ability to be more autonomous and to interact with the world in a more productive manner.

"Mine": Boundaries and Possession

Observation. Peter looks at his mirror image without seeming to recognize that he has control over the movements of the boy he sees in the mirror.

Miranda walks over to Camilla, who is playing with blocks on the rug. Miranda grabs Camilla's blocks and seems stunned when Camilla reacts by throwing herself on the floor and sobbing. Miranda then takes refuge in the lap of the nearest adult, where she stays for several minutes.

Preston and Shaneka are playing in the dress-up corner. Preston is being Batman, and demands that Shaneka come over to him. He then proceeds to hug her in an intrusive and sexual manner. She pushes him away and he slaps her for resisting.

At lunch time, Miranda and Peter have difficulty staying seated in their own chairs. They need help from the teachers to stop taking food from other people's plates. Camilla doesn't want her own food but wants to be fed a bag of potato chips left over from someone else's birthday party. She cries when told that she needs to decide about eating her own food.

The children's behaviors suggest to the teacher that they are confused about personal identity, boundaries, and ownership. To address these unresolved developmental issues, the teacher evolves a curriculum based on the concept "mine." She plans activities that she hopes will enable the children to conceptualize and internalize a sense of themselves as separate individuals with control over their own bodies and a right to their own feelings and possessions.

Implementation. Teacher-directed activities for the "Mine" curriculum were introduced in morning meeting. The group sang songs delineating body parts and differences in dress.

Teachers made individual books about each child at home and in school, using photographs to illustrate what was unique about each child's constellation.

Group activities included the assembling of a "this is me" puzzle, individualized to resemble each child. Children painted shoe boxes as "that's mine" boxes which could hold all personal items that they wished to keep inaccessible to other children. Each child was given a series of

blank books entitled "My ———" to explore and represent issues of ownership that were personal to him or her.

Gross motor and free playtime offered infinite opportunities for teachers to help children appreciate and respect each others' boundaries and to help them verbalize their own rights to individual body integrity, as well as to participation with group games of toys. Teachers emphasized the children's modeling of language, which would help children effectively communicate their claims; for instance, "No, that's my toy." "I want a turn next." "Don't squeeze me like that, it hurts." Games where children were given visual representations of their own physical boundaries, such as personal seat mats, individual bins, or individual clay trays, helped each child to feel acknowledged, protected, and clear about where they begin and end.

Assessment. Shaneka approaches Preston and begins tugging on his sweater. "Stop," says Preston. "That's my body."

Camilla is folding up green squares of construction paper and stuffing them into her "Mine box." "That's my money," she says proudly.

Miranda sees Wendy working at a puzzle at the table. She reaches out to grab a piece but is stopped by the teacher. "Not mine?" Miranda says with questioning intonation. She then answers herself. "Soon Miranda's turn."

Peter is blowing bubbles in front of the mirror. He is gleeful as he watches his image blow bubbles simultaneously. The teacher verbalizes the connection. "That's Peter. Peter's bubbles." Peter smiles broadly.

By going back and examining the children's spontaneous play, language artwork, and other activities, the teacher is able to monitor the extent that "Mine" is being internalized as a cognitive and affective concept. The teacher is able to help the children move closer to claiming ownership of possessions, affects, and accomplishments. A successful "Mine" curriculum may precede the development of a curriculum about sharing, mirroring the evolution of normal developmental processes.

METHODS FOR DEVELOPING PRESCHOOL LEVEL CURRICULUMS

The process of developing therapeutic curricula for children whose cognition is at or above age level but who have not worked through important emotional issues is much the same as the process of developing these curricula for children arrested at early developmental levels. Often children with unresolved emotional issues have not developed in an even, integrated fashion. A 4-year-old, for example, might be able to do puzzles at an 8-year-old level, or memorize the words to a story, while at the same time relating to others much as a toddler would. Another 4-year-old might be cognitively intact but unable to attend to typical learning activities because of pressing emotional preoccupations. The therapeutic curriculum taps into the child's emotional energies to provide investment in his cognitive explorations, and it appeals to the child's cognitive strengths to help the child understand and resolve important emotional issues.

Exploring Affect: The Pumpkin Curriculum

Observations. Melinda walks stiffly into the room at the beginning of the day with a wooden expression on her face and intones mechanically, to the teacher, "Hi, Judy, how are you?" Throughout the course of the day, her affect shifts very little. At meeting time, she reads, with no emotion, the words she has memorized from a book about feelings.

Sam speeds around the playroom on the tricycle. He suddenly tips and falls over, the heavy metal tricycle falling on top of him in a tangle of arms, legs, metal, and wheels. Quickly, he jumps up and laughs, insisting when the teacher rushes over and voices concern, "I'm not hurt, I'm not hurt."

Vanessa plays with the baby doll. She begins to cook for the baby but quickly begins to become hurtful instead, mashing food on the doll's face then hitting her repeatedly. When the teacher suggests that this must make the baby sad and pretends the baby is crying, Vanessa begins to laugh and says, "Okay, I'm leaving then. Goodbye," and abandons the play.

Tony wanders around the room during free play provoking the other children. He knocks over one boy's building. He takes a pegboard another child has been using when she is not looking. When challenged by the other children, he lashes out at them aggressively. When the teacher takes Tony aside and reflects that it seems as if he is feeling angry this morning, he begins to cry and screams, "I'm not angry . . . I'm happy! I'm happy!"

Through observation and evaluation, the teacher assesses that these children are all cognitively able to identify affects. However, they have not accomplished the important developmental task of integrating their own affects. They are either disconnected from their affects, show a narrow range of emotion, deny real feelings, or display false affect. The teacher thus designs a curriculum which will allow the children to explore affect on a variety of levels and help them connect to and express their own affects. A pumpkin curriculum around Halloween provided the perfect vehicle for this exploration. At the same time, it captured the children's natural excitement and curiosity about a popular holiday theme and addressed it in a meaningful way.

Implementation. In implementing the pumpkin/affect curriculum, the teacher introduced a variety of materials and activities related to the theme of pumpkins and affect and used them to both (1) model symbolic representations of affect, and (2) offer children opportunities to explore affect through their own symbolic play, art, and language activities.

At meeting, the teachers used books and songs about both affect and pumpkin to introduce the themes of the group activities. Group activities included: making orange playdough to fashion personal pumpkins; cooking pumpkin jello jigglers with raisin faces, pumpkin muffins with icing faces, and pumpkin pie; walking to the store to buy a large pumpkin and small individual ones; carving a jack o'lantern; making pumpkin face puppets; creating a collage of small paper pumpkin faces with varying affects; and taking turns creating expressions with a large pumpkin face with movable features. Finally, the children made masks and used them to dress up and go "trick or treating" in the school.

These activities provided important learning experiences (e.g., learning about the features of a face, cooking, exploring the neighborhood on a walk to the store) while at the same time offering a metaphor (pumpkin faces) through which the children could work on affect. Throughout, the activities emphasized choosing different kinds of affects to depict on the pumpkin faces, according to the emotional state of the "pumpkin makers." Emotional cause and effect was explored through play with the puppets. The teacher would ask the children such questions as, "Vanessa, what is making your pumpkin sad today?"

During free play, many of these materials were reintroduced and set out on the table so that children could play with them spontaneously. The large pumpkin face made of orange poster board and covered with contact paper could be arranged into a happy, mad, scared, or sad face, depending on how a child chose to stick on the movable features. The teachers modeled different affects by cutting pumpkin shapes out of the orange playdough the group had made, and making faces on them; children were free to change these and create their own. Children also practiced creating faces on the felt board by manipulating felt features. Books about feelings were easily accessible on the bookshelf, as were photograph books of the children, which focused on how they felt in different situations. On the playground, the teacher drew pumpkin faces on the wall with chalk and modeled different affects, then let the children draw their own.

As Halloween drew near, the holiday theme was explored more closely: A pumpkin affect curriculum evolved nicely into a dressing up curriculum, where the children continued to play about affect as they made different kinds of masks, and where issues of real and pretend were also examined.

Assessment. By observing the children's spontaneous language, art, and drawing representations over a period of time, the teacher can evaluate the extent to which the children are internalizing the concepts.

Vanessa sits at the table during free play, manipulating the features on the large pumpkin face. She puts tears on the face but turns the mouth upwards in a smile. The teacher suggests that maybe the pumpkin is crying on the inside but feels like it has to smile outside. Vanessa glances up at the teacher, then turns the mouth down. Vanessa says, "He's sad." "How come your pumpkin is sad?" the teacher asks. "Because his mommy hit him," Vanessa replies softly. "That must have hurt the pumpkin," the teacher says.

Melinda is intently watching a conflict between two other children, staring in particular at a little boy who is crying. She walks over to the felt board and quickly depicts a sad face out of the felt features. "Look—Raul is sad!" she observes.

Tony becomes enraged when he has to take turns with a material he has been hoarding. The teachers stop him from hitting the other child and suggest that maybe he can draw an angry picture instead. Tony draws a mad pumpkin face, saying, "I'm angry at you. I don't want to share the trains!"

Through these observations, the teacher concludes that the pumpkin affect curriculum has successfully been integrated and has helped to make children more connected to their feelings and able to communicate about them.

Big and Little

Observations. At snacktime, Vanessa jumps up excitedly and grabs the juice bottle to pour juice for a younger child in the class. When the teachers remind her that the grown-ups are there to help the other children and that the other child might like to pour the juice herself, she insists angrily, "Mommy says I'm bigger!" Vanessa has difficulty accepting limits set by teachers and frequently engages in power struggles with them.

Rosa arrives at the beginning of the day, clinging like a monkey in her father's arms. She begins to whine and whimper as he attempts to put her down and leave. Throughout the day, she relates to adults in a soft-spoken, compliant manner. When confronted by other children, Rosa is unable to assert herself and just withdraws quietly. When she is hurt, she assumes an infantile position and clings to the teachers as she sobs and sobs.

During clean-up time, Tony runs around the classroom jumping on furniture, shouting, "Look at me! I'm Batman!" He sees two children fighting over a toy and rushes over to intervene. Highly anxious throughout the morning, Tony is unable to seek comfort or reassurance from the teachers. When they offer him a lap to sit on at meeting, he adamantly refuses.

It is clear from these descriptions that the children in this group have not resolved the important developmental task of establishing an age level self-concept and an appropriate balance between their dependency and autonomy needs. Some of the children, who may have been parentified or unprotected by adults, feel they must act as if they are "bigger" than they actually are; while some children, who may have been infantilized by adults, have not achieved age-appropriate levels of autonomy or self-assertion. The teacher thus designs a "big and little" curriculum in order to allow children to move closer to a more appropriate developmental position of being both little and dependent and at the same time achieving increasing levels of autonomy and mastery over their environments.

Implementation. The teacher chose an array of materials and activities to represent the themes of big and little. The theme was introduced at first on a more conceptual level and later explored through activities which are more personally relevant to the children.

At meeting, books such as *Big and Little*, *Big Bear, Little Bear*, *Little Gorilla*, and *Peter's Chair* were read. Songs representing the theme of big and little, such as "Three Little Ducks," were sung. Later, the teacher made a "birthday cake" chart depicting their ages, and measured the children on a height chart. During group time, children made big and little handprint pictures, big and little shape collages, cooked big and little pancakes or cookies, drew in big and little drawing books with big and little markers. Later, they pretended to be little and "grow big" to music. One day, the children played in the dress-up corner and were encouraged to be little. The next day, they dressed up to be "big." A birthday party was held with pretend playdough birthday cakes, in which each child got to choose to be little or big and select the number of candles for their cake. Another day, a similar birthday party was held with real cupcakes that children had cooked and decorated, and real candles were used.

During free play, children explored the concept through their play. They filled and emptied big and little bottles with water, drew with big and little markers, built big and little buildings

with big and little blocks, played with big and little animals, big and little toy people, big and little pegs, stacking cups, and Russian dolls, cut out big and little shapes out of playdough—the possibilities are almost endless. Children were also encouraged to dress up in "big" clothes, or to pretend to be little, like a baby.

Teachers helped children make connections to their own feelings about being little and being big. For Vanessa, a child who behaved in a parentified manner and experienced intense ambivalence about her dependency needs, a photograph book was made depicting her being "big" and being "little." Again, it was stressed that she could also do lots of 4-year-old things, and grown-ups would still take care of her.

Assessment. Rosa comes into the room and the first thing she does is walk over to the bookshelf and selects* Little Gorilla. *She wants to hear again and again the part about how even though Little Gorilla gets bigger and turns 5 years old, everybody still loves him. She stands up and says, "That's like me. I'm 5. I'm getting bigger, right?" She measures herself against the height chart. "That's right," the teacher responds, "and even if you act like a 5-year-old girl, grown-ups will still take care of you." The next day, Rosa wants to walk, rather than be carried, into the classroom. At snack, when asked if she wants help pouring her juice, she says adamantly, "No! I want to do it myself!"

Vanessa plays with the big and little giraffes. "This one's little . . . this one's big." She pretends the mommy giraffe says to the baby, "I said, 'Clean up your room right now!'" The little giraffe responds, "I don't want to clean up. I want you to help me. I'm little!" At snack time, instead of jumping up to pour the other children's juice, she asks to sit on a teacher's lap and wants help pouring her juice. She looks up at the teacher, "I'm little, right?"

Tony sits at the table making a collage out of big and little circles. He glues one large circle and lots of little circles surrounding the big one. "That's Grandma," he says, "the big one. That's me. That's Alicia. That's Michael. The little ones. 'Cause they like us—little." In the playroom, Tony pretends to be a kitten and crawls around, meowing. "Meow, I want milk."

During an activity where the children dressed up and pretended to be little, Sam gets inside a large blue laundry bag and cries like a baby. He wants to be carried up to the playroom this way. "I a baby," he says happily. Once in the playroom, he wants to be pushed in the carriage. A few minutes later, he pops out of the bag to ride the tricycle for awhile. "Before you were being little, like a baby," the teacher observes. "Now you are riding a bike like a 5-year-old boy." Sam continues to go in and out of the bag during the rest of playroom time, alternately playing and interacting with his peers at a 5-year-old level and pretending to be a baby. At lunchtime, he hands the bag to the teacher to hold and goes to wash his hands at the sink. "I'm going to be little again tomorrow," he says.

From her observations, the teacher concludes that the children in the group have not only integrated a conceptual understanding of the theme of big and little, but they have also explored the issue in relation to themselves and come closer to achieving a middle ground with regard to an age-appropriate balance between their autonomy and dependency needs.

Working Through Separation: Boats and Bridges

Observations. It is summertime, and the end of the school year is drawing near. Several children will be graduating and moving on to new schools in September. The teacher notices a lot of behavioral regression and an increase in the overall anxiety level of the children.

During free play, Tony runs around the room, unable to focus his attention on his play. Whenever the door is opened, he shoots out and runs down the hall, hiding from the teachers when they come after him. At goodbye time, he becomes angry and destructive, knocking things off the shelves, kicking the teachers angrily when they stop him, yelling, "Shut up, stupid. I'm not coming back to this school ever again."

Vanessa plays with the toy people. She puts a little girl in the school bus and drives it away from the teacher she is sitting with.

TEACHER: Where is the little girl going?
VANESSA: Away. To her new school. She's not coming back.
TEACHER: Who is going to be with her?
VANESSA: No one. She's bad. She is going to be all by herself.

At snacktime, Vanessa resumes some of her former parentified behaviors; when the teachers offer her help, she turns on them angrily, saying, "I'm 5, stupid. I'm going to a new school."

Rosa's eyes follow the teacher around the classroom. Each time the teacher goes out of the classroom, she quickly rushes over, asking the teacher if she can go with her. During transitions, Rosa lies down on the floor helplessly, wanting a teacher to pick her up and carry her like a baby. At goodbye time, she stands steadfastly by the bookshelf, her glaring eyes and silent expression declaring, "I'm staying right here." When she is helped to leave, she breaks down and sobs.

The teacher assesses that many children in the group are preoccupied with the upcoming separation and their feelings of anxiety, loss, and anger. Separations are particularly problematic for the children in the therapeutic nursery, many of whom have experienced traumatic separations in their lives and are insecure in the knowledge that adults will consistently keep them safe and cared for. The teacher designs a curriculum about boats and bridges, which provides a perfect metaphor for children to work through their feelings about the transition and be reassured of continued connection. The curriculum is in keeping with a summertime interest in water and lends itself to cognitive explorations of this and related themes.

Implementation. The curriculum was initiated at the beginning of the summer session, as the weather was growing hotter and the wading pool was introduced.

At meeting, books which dealt with the themes of water, boats, journeys, and bridges were read, including *Where the Wild Things Are*, *The City*, *Jenny's Journey*, *The Story of Ping*, *Harold and the Purple Crayon*, *The Little Red Lighthouse*, and the *Great Grey Bridge*. Songs which represented these themes were plentiful and included "Row, Row, Row Your Boat," "Down by the Bay," "Michael Row Your Boat Ashore," "A Sailor Went to Sea, Sea, Sea," "London Bridge," and "Baby Beluga."

There were numerous materials and activities, which could be used to represent and play with the theme of boats and bridges. Children played with toy plastic boats in the water, making them go away and come back. They made soap boats with toothpicks and paper sails and sailed them back and forth in bins of water and in the wading pool. They made boats out of celery stalks and watermelon rinds. They painted oaktag boats in watercolors, as well as fish, and attached them to a large ocean mural they had created by painting a large sheet of Kraft paper blue. The group rocked together in a wooden boat to the tunes of "Row, Row, Row Your Boat," "A Sailor Went to Sea," and other boat songs.

The group took a walk to the river to look at the boats and bridges and then made a photo album about the trip. The whole school took a tram ride to a nearby island. When they came back, the children painted milk cartons and pretended to slide them back and forth along a string over the river they had crossed with the tram. On another day, the group read *The Little Red Lighthouse* and *The Great Grey Bridge* and built bridges out of wooden blocks, connecting one water bin to another, and had people and cars go back and forth across the bridges. In the playroom, the children pretended that the floor was an ocean and used large toys and furniture to connect one island of "land" to another. The grand finale of the curriculum was a parent–child activity which involved making and floating ice cream–banana boats in a tub of water, and then, of course, eating them.

Throughout, the themes of bridging separations, of moving back and forth across a gulf, of being apart but remaining connected, were highlighted. As the end of the summer drew near, the boats and bridges curriculum evolved into a new school/old school curriculum through which children addressed the issue of the school transition more directly. By this time the children were ready to do so, as they had already had ample time to explore their feelings on a metaphorical level.

Assessment. In the playroom one day, Tony announces, "Hey? I have an idea. Let's pretend the floor is water, like we did yesterday." Sam responds, "Yeah, that's a good idea. This is a boat (referring to his bicycle). Watch out for the sharks. Yikes!" Sam shuttles Tony back and forth across the shark-infested waters from one teacher to another. When they arrive at the couch where one of the teachers is sitting, they jump on her lap, breathless. "Yeah—a safe island!" says Tony, "We was scared, right, Sam?"

During free play, Vanessa plays with a small blue plastic boat in a bin of water. In the boat, she places a little girl. "The boat's going away . . . now it's coming back. Uh-oh, it's sinking." She submerges it in the bubbles. "It's lost!" The teacher queries, "Hm, I'll bet that is scary for the girl—to feel so lost and all alone. Is there anyone who can help her?" Vanessa says, "Yes—here comes the rescue boat. Don't worry, little girl. I'll help you!" She steers another boat toward the submerged blue one.

Rosa plays next to Vanessa. She has constructed a wooden bridge out of blocks, connecting one bin of water to another. She lines up several little plastic people along the bridge. They include the children in her class.

TEACHER: I wonder where those children are going?
ROSA: They're going over there—to the other water. They're 5 now.
TEACHER: How do they feel to say goodbye?

ROSA: They sad.
TEACHER: Maybe they can come back for a visit sometime, or call on the telephone.
ROSA: They gonna come visit tomorrow.
TEACHER: That sounds like a good idea.

The teacher observes that the children are not only engaged in the teacher-directed group activities, but that they are also playing about the theme of boats and bridges spontaneously and using this play to address feelings about separation. Once given this channel through which to work through feelings about the separation, their overall level of anxiety diminishes, as do their acting-out behaviors.

CONCLUSION

Curriculum that is designed by teachers to address unresolved developmental issues is compelling to children and allows them to stay connected to their internal experience while maintaining receptivity to external input. Therapeutic curriculum discourages rote learning and encourages children to build a conceptual framework for their own personal experiences. This framework bridges the domains of cognition and affect, as teachers introduce symbols that can be used to express and elaborate both thought and feeling. This "curricular bridge" gives children a stronger foundation for understanding and embracing the more abstract symbols that come their way during the primary school years. Emotionally responsive curriculum gives children an early message that school is a place that offers them a mirror for important issues and life experience, and helps them create symbols to hold meaning, enhance communication and decrease emotional isolation. That is an offer that young children cannot refuse.

Koplow, L. (2002) *Creating schools that heal: real life solutions.* New York: Teachers College Press.

*Children's books cited here are listed in the children's book bibliography in Chapter 9.

Chapter 11

The Traumatized Child in Preschool

Lesley Koplow and Judy Ferber

The images of violence and disaster that fill our evening news programs both involve and are witnessed by a population too young to be interviewed by reporters. These youngest witnesses and most vulnerable victims may survive the dangerous experiences that assault them, yet they may also have to surrender the energy of childhood to the burdensome task of coping with trauma. Because this process of surrender is often a silent one, early childhood professionals must be vigilant for signs that trauma has become a deterrent to a child's development. Indeed, if left untreated, trauma may become an invisible but potent force, acting to diminish a young child's developmental potential.

How can the early childhood professional learn to recognize and effectively treat the traumatized preschooler? Certainly information gathered in the psychosocial interview may alert the teacher or clinician to traumatic history and help them assess the child in light of his traumatic experiences. Yet the child's history may leave many unanswered questions. What exactly constitutes trauma for a young child? If the history includes traumatic experiences but the child remains asymptomatic, should he or she be considered a traumatized child? If a child shows symptoms of trauma but has no known traumatic history, does it mean that this child has been traumatized by events that have not been known or acknowledged?

WORKING DEFINITIONS

There are many ways to look at the issues raised above. The diagnostic manual of the American Psychiatric Association includes a diagnosis for persons whose functioning has been compromised by trauma. This diagnosis, known as Post-Traumatic Stress Disorder, defines a traumatic event as one that "the person experiences, witnesses or is confronted with that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others". during the incident, "the person's" response involved fear, helplessness or horror. They note that in children, these responses " may be expressed by agitated or disorganized behavior." (American Psychiatric Association, 1994/2000).

The National Institute of Mental Health explains the term "psychiatric trauma" as referring to "an experience that is emotionally painful, distressful, or shocking which

often results in lasting mental and physical effects." (National Institute of Mental Health, pp.2, 2001) The Institute notes that extreme reactions to trauma are normal since traumatic experiences are usually extreme events. While the majority of children and adults exposed to single incident trauma will recover in the weeks and months following the traumatic experience if they have a good support network, children and families who experienced ongoing trauma, have traumatic histories or have poor psychosocial supports are more vulnerable to long term mental health problems such as depression and Post Traumatic Stress Disorder. Children who re-experience traumatic events out of context, actively avoid reminders of traumatic events or show hyperarousal symptoms and regressed behavior for longer than a month may be diagnosed with the disorder.

We are gaining a growing understanding of the physiology of trauma and its powerful effects on children's overall well being. While the psychological effects of trauma are observable and often palpable to teachers and clinicians, the physiology of trauma may not be visible but works as a potentially devastating force within the traumatized child. Children who are traumatized are likely to mobilize stress responses in the brain that can become damaging if they are over stimulated. Stress hormones including adrenaline and cortisol are released at high levels in order to mobilize an adequate response to crisis. When trauma is not ameliorated by supportive relationships, or occurs for a child who already has a history of trauma, or occurs repeatedly, these high levels of stress hormones may not subside. Rather, they can leave the traumatized child in a constant physiologic state of high alert, making him vulnerable to impulsive behavior in response to perceived threat, and inhibiting higher level thinking. Abnormal levels of chemicals that negatively impact learning, behavior and memory have been found in people with PTSD . . (DeBellis, Keshavan, Clark, Casey, Geild, Boring Frustaci & Ryan, 1999) Over time, this can result in chronic immaturity of the brain's development, diminishing attention and memory capacity and causing emotional and behavioral difficulties. (Gunnar and Donzella, 2002; Lupien et al, 1998,; McEwen & Sapolsky, 1995)

Trauma or Deprivation?

Although trauma and deprivation both impact negatively on a young child's development, they are not synonymous, nor do they necessarily manifest in identical ways. For example, a 3-year-old and her 1-year-old sister attend a day-care center in a homeless shelter. The 3-year-old survived an apartment fire that endangered the lives of her entire family and destroyed their home. This little girl awakens frequently with nightmares of the traumatic event. The 1-year-old was born after the fire, while the family was living in the shelter. She reportedly has no difficulty sleeping through the night.

While the 3-year-old's development should be considered in light of her traumatic history, the 1-year-old cannot be said to have experienced trauma. She may have been deprived of important developmental opportunities due to high levels of parental stress and inadequate living space, but her homelessness is not equivalent to trauma. However, this toddler is certainly *at risk* for traumatic experiences, as congregate shelters are known to have high incidences of violence and drug activity. The toddler's living

situation makes it likely that she will be underprotected, increasing the likelihood of a traumatic event. The inadequate provisions for family life and the sometimes threatening environment may raise her stress levels if the family remains in shelter over a long period of time. In addition, the family's history will certainly come to be meaningful to this little girl as she grows, and she may develop secondary symptoms of trauma as she takes in the traumatic affects of the people she loves.

The Disguises of Trauma

When 3-year-old Juana entered day care, it was hard for the teachers to think of her as a traumatized child. Her behavior was quite destructive. She frequently broke the other children's possessions as well as her own. She came dangerously close to igniting a paper tablecloth at a birthday party after a parent had accidentally dropped a book of matches.

Then one day a team of firefighters came for the annual inspection of the day-care center premises. Many of the children were fascinated by the visit of firefighters wearing their uniforms and carrying their special equipment. But not Juana. She stood still as if glued to the spot where she happened to be standing at first sight of the firemen, trembling violently, crying silent tears and urinating into her clothes, unable to respond to the teacher's comforting overtures.

Later that day, several staff members expressed surprise at Juana's ability to remember a fire that had happened more than a year earlier, when Juana was only 2. While adults often seem incredulous about a young child's ability to remember and be affected by very early trauma, research shows that the youngest victims are indeed affected. Dr. Terr's study of traumatized children from birth to age 3 confirms that although children under 28 months of age have no verbal memories of a traumatic event, children of all ages have behavioral memories of trauma. These are expressed in fearfulness, play, reenactment, and dreams (Terr, 1988). In studies of traumatized people of all ages, Dr. Terr found that single traumatic events tended to heighten memory capacity and were remembered in detail for a lifetime. However, children who were repeatedly traumatized used defenses to disassociate themselves from the traumatic experiences and therefore frequently lacked memories from that period (Terr, 1990).

While many children affected by trauma do not meet the necessary diagnostic criteria for Post-Traumatic Stress Disorder, children with a traumatic history often show at least some of the symptoms described, even if some present quite differently from Juana.

Consider the child with a traumatic history whose symptoms of increased arousal include hypervigilance and difficulty concentrating. Preschool children who have difficulty concentrating often flit from one activity to the next, appearing incapable of sustaining attention. They may express their high anxiety level through increased motor discharge, mirroring the symptoms of Attention Deficit Disorder with Hyperactivity. Sadly, a child like this may receive no treatment for the trauma if the problem is misdiagnosed.

Another salient feature of Post-Traumatic Stress Disorder in childhood is the loss of previously acquired ego capacities, such as language skills and toilet training (American Psychiatric Association, 2000). What happens to the toddler who is in process of mastering these essential developmental achievements when the trauma occurs? Such children are sometimes the victims of a trauma-induced developmental arrest, which may appear organic in nature if it is not assessed in light of the traumatic history. The assumption of organic retardation may result in inappropriate intervention programs, which neglect the child's emotional life and ignore the need for corrective experience in order to facilitate optimal development.

Then there is the child who actually appears to be traumatized. He is timid, wide-eyed, and vigilant, avoidant of experiences that other children take for granted, and startles easily in reaction to seemingly benign stimuli.

These children present the preschool teacher with recognizable clues to the nature of their experiences, as well as insight into the intrapsychic mechanisms that they use to cope with the assault of trauma. When children act out their external and internal worlds in the classroom environment, they present special challenges as well as emotional burdens to the classroom staff. This chapter will help early childhood professionals to recognize behaviors which may be indicative of traumatic history, and will heighten staff awareness of their own responses to traumatized children.

DIAGNOSTIC INDICATORS OF TRAUMA IN THE CLASSROOM

Since the traumatized child might easily be mistaken for a child who has other types of developmental difficulties, it is important to tease out those behaviors and qualities that distinguish traumatized children. Accurate recognition and understanding are essential for appropriate intervention. Diagnostic indicators of trauma will be described in the text that follows, and examples of each indicator will be given.

Hypervigilance

Many traumatized children are perpetually on guard. They are anxious, wary, and preoccupied with monitoring the environment for potential sources of injury or loss. Hypervigilant children are frequently assumed to have an Attention Deficit Disorder since their activity levels are high and attention spans seem compromised. The hypervigilant child may not have a primary deficit in attention, but cannot afford to abandon his "watch" in order to ensure his own survival. In this way, hypervigilant children are deprived of essential play, learning, and social interactions, as they must stay alert to their external surroundings.

For example, Marissa, 3½ years old, sits at the table, absently scribbling with a crayon. Her gaze is fixed on the teacher, who is helping another child to stop from climbing on the table.

Marissa (*to the teacher*): You going to hit her?

Teacher: No, I'm not going to hit her. I'm trying to help her stay safe.

Marissa continues to observe the teacher as she moves around the room. When she notices the teacher walking toward the door, Marissa abruptly drops her crayon, jumps up, and is by the teacher's side before she even has her hand on the doorknob. "Where you going? I wanna go with you!" she cries anxiously.

Preoccupied and Disassociated States

Children who have been traumatized may sometimes present as preoccupied, inattentive, worried, dazed, "spacey" and uninterested in what is happening in the here and now. Trauma may stay in their consciousness and occupy their minds in a way that makes it difficult for them to attend to new input and take in new learning. Since traumatized children may not be taking in what is being presented in the classroom, they are unlikely to remember their learning. Repeated traumatization may indeed diminish a child's capacity for memory as high levels of stress hormones can negatively impact memory functions. (DeBellis et al, 1999; Gunnar & Donzella, 2002) Preoccupied state is also debilitating to peer relationships, as children seem uninvested in peers who then loose interest in initiating play.

Children who disassociate are often less preoccupied with traumatic experience in a conscious way. However, they may appear to "go far away", or lose connection with the here and now when confronted with an experience that evokes the trauma. Since they are not conscious of the traumatic experience to begin with , they may appear disoriented and seem as though they are in a strange and altered state. Teachers may feel frightened as they watch a child who is verbal and capable suddenly seem disconnected and oddly distressed without obvious cause. Disassociated states may look like psychotic episodes at times, and early childhood programs may require psychiatric consult in order to sort out one from the other.

Hyperarousal Responses

The traumatized child will often be startled by stimuli, which might be perceived as benign by most children. For the majority of young children, noise and movement in the environment do not necessarily signal danger. To a certain extent, children learn to screen out peripheral stimuli and tune in to what is salient to them. Traumatized children, on the other hand, are often hypersensitive to peripheral auditory stimuli and are easily frightened by loud or unexpected noises. For instance, a traumatized 4-year-old would tense with fear each time a heating pipe banged or knocked in the nursery. While these noises went largely unnoticed by the other children, Jerome would freeze each time the pipes sounded: "Who's that?" he would ask breathlessly, "I think it's a bad man!"

Traumatized children may react to routine experience as though it were potentially

threatening, mobilizing stress responses at times when other children and adults feel safe and comfortable. A walk down a staircase, a ride in the elevator, using the bathroom or passing a police car during an outing may trigger hyperarousal responses in traumatized children who have some negative association to the activity or place that they find themselves. Children may become anxious, become frozen in their tracks, scream and refuse to participate, begin to cry or try to hurry through or run away from the situation that they find threatening.

Hyperarousal responses may also make rest time extremely difficult for traumatized children who may not be able to relax and go to sleep. Since children often relay on a high activity level to fend off intrusions of traumatic memories or affects, the inactivity required of children at rest time is often untenable, and children tend to act out or resist the routine in some way. Without being able to move around, traumatized children may feel too vulnerable. They may be flooded by inner turmoil and simultaneously fear attack. Because rest time tends to be dark and in many centers, and is sometimes done without the classroom teacher present, young traumatized children who may not have resolved object constancy issues may feel alone and unprotected.

Flashbacks

Traumatized children sometimes experience flashbacks of a traumatic event. During a flashback, the traumatized child reexperiences the event as if it is happening to him in the present moment. The reality at hand is lost as the child becomes re-immersed in the traumatic experience. While this symptom has been described and documented in war veterans, it is often unfamiliar to the early childhood educator.

For example, Emmanuel, at age 4, had already been in 3 different foster homes. His social worker reported that when visiting him in his original home (just prior to removal), she had discovered Emmanuel and his siblings in a state of extreme neglect. They were sitting listlessly on the floor, clad in nothing but diapers, which were riddled with cockroaches. Emmanuel was nearly 2 years old at the time.

One day in Emmanuel's preschool, the children are changing into their swimsuits to go in the wading pool. Emmanuel suddenly looks at his underwear in horror and begins to scream, "Cockroaches! Cockroaches!" He scrambles to get the undergarment off, flings it away, and, sobbing, grips the teacher in fright. "Cockroaches, cockroaches in my pants . . ." he moans again and again. The teacher checks Emmanuel's underwear and finds no roaches.

Panic Attacks

When a traumatized child has a panic attack, he seems to become lost in a flood of anxiety. During the panic attack, the child may lose access to many of his ego capacities and/or experience bodily manifestations of his emotional crisis. The child might cry or scream inconsolably, tremble, hyperventilate, urinate, defecate, vomit, or sweat profusely. He might recoil into a fetal position, flail, perseveratively yell out a demand, or pummel his comforter without seeming to realize her presence.

Panic attacks might resemble ordinary temper tantrums, but should not be confused with them. Temper tantrums, which are part of the normal course of a young child's development, occur and are usually resolved in the context of the young child's relationship with his caregiver. A temper tantrum may be seen to represent the child's current struggle to resolve his rage at his caregiver for placing limitations on his heretofore enjoyed omnipotence.

In contrast, a panic attack in a traumatized child seems to involve the resurrection of old terrors. These terrors are associated with former traumatic experiences that may themselves remain unconscious. During panic attacks, children seem to lose their connection with others and become emotionally isolated. Panic attacks can be triggered by seemingly mundane events in a traumatized child's daily life. A panic attack is usually not resolved quickly and can continue for a long period of time until the child is simply spent.

For example, 4-year-old Jerome had been removed from his home and placed in foster care when he was 1½. He had failed to thrive as an infant because his mother, a heroin addict, had been unable to provide him with adequate physical or emotional nourishment.

One day in his nursery classroom, Jerome stands frozen at the refrigerator, frowning, his eyes downcast. He has asked for a cupcake and been refused; the teacher has explained that the cupcakes are being saved for a birthday party later that morning. Suddenly Jerome bursts into tears. "Gimme it! Gimme it!" he begins to wail. He acts as though he is starving, although he has eaten 15 minutes earlier. His screams grow louder and higher pitched. He stretches his arms toward the cupboard again and again as tears, perspiration, and mucus stream down his face. The other children look on in amazement. When the teacher tries to comfort him, Jerome shrugs her hand away and seems oblivious to her words. This continues for a full 15 minutes until Jerome is finally exhausted and collapses in a heap on the floor.

Traumatic Play

Trauma can alter the quality of the young child's play in several ways. Some traumatized children are quite restricted in their range of play activities. Many traumatized children are initially unable to use play symbolically. Trauma may have interrupted developmental processes to the extent that symbolic capacities were not well developed. Early relationships may have been disrupted, preventing the child from using transitional objects and other toys as symbols for significant people and experiences.

Some traumatized children have developed their symbolic capacities, but at times the quality of their symbolic play is unlike that of most young children. Gone is the sense of joyful adventure, story, and spirited and imaginative discovery that is characteristic of childhood. Traumatic play is grim, business like, and driven and often contains traumatic affects that belong to the experience of the trauma being played out. It tends to lack flexibility and becomes less and less collaborative if peers are involved. Disturbing themes develop but are not resolved in the context of the play. The traumatized child's

play can become perseverative as the child is driven to play and replay his traumatic experiences in a compulsive attempt to master them. Traumatic play tends to alienate other children who become upset by the content or traumatic affects and usually decide to play elsewhere.

Four-year-old Patrick had experienced sudden and multiple upheavals due to domestic violence. His play at school reflects this. One day, having fashioned a "house" out of furniture and blankets, Patrick turns suddenly to his playmate, Devon, and shouts, "Quick—the bad man is coming! He's going to kill us! Let's get out of here!" Frantically, he grabs the baby doll, collects his belongings, and moves them to the other side of the room. He yells at Devon, "Get the baby's things! Hurry up—the bad man is going to get us!" Devon tarries at the "house." "Come on, Devon! That's the bad house; this is a good house." Patrick begins to construct a "good house," using tables, chairs, a blanket, and tape. Perspiring heavily as he works, he sweeps the room with his eyes at intervals. He painstakingly orders the contents of the house. He is intent upon his arrangement and will allow for no interruption. Patrick instructs Devon to help him barricade one of the openings with a chair, but Devon has lost interest. Patrick does it himself. "That's so the bad man can't get in," he whispers solemnly to himself.

THE DEFENSES OF TRAUMATIZED CHILDREN

Traumatized children may use defenses that are employed in the classroom in uncomfortable and challenging ways. One of the psychological mechanisms that children will employ to defend against the painful feelings brought on by traumatic experiences is called Identification With the Aggressor. In cases of physical or psychological abuse, the person who traumatizes the child is often a parent or other member of the family upon whom the child depends for care and security. Thus, the child's alliance with this person is one he cannot afford to lose, despite the conflict it creates. Identifying with the aggressor allows the child to maintain this alliance; however, preserving it requires a great emotional sacrifice on the part of the child. By identifying with the aggressor, the child drives underground his own very real feelings of injury, fear, and helplessness. He instead often embodies the powerful aggression of the adult. The child may behave in a sadistic manner towards others, show little empathy, and seem to be disconnected from his own hurt and fragility.

For example, 4-year-old Antonia looks quizzically at the life-like monkey puppet before her. A sadistic gleam appears in her eyes. Skillfully, Antonia cuts a piece of masking tape and pins the monkey's arms behind its back.

Antonia: I'm gonna tie you up, monkey. Now you can't move.

Teacher: Isn't that going to make monkey sad?

Antonia: He's a bad monkey.

Teacher: Why is he bad?

Antonia: He made a mess.

Teacher: All monkeys make a mess sometimes. That doesn't mean they're bad, even if some grown-ups get mad.

Antonia (*ignoring her*): Monkey, I'm gonna whip your butt. (*She hits the monkey repeatedly.*) Now, I'm gonna lock you up—in the dark! (*She crams the monkey into the play refrigerator and closes the door.*) Ha, ha, ha! I'm glad you're cryin'! That's good for you.

Another defense mechanism often used by traumatized and abused children is called Splitting. Splitting happens when children are not able to resolve object constancy issues in a positive way. A very important developmental task for the young child is the psychological integration of both the gratifying and the frustrating aspects of his parent or primary caretaker. In normal development, as the increasingly autonomous toddler confronts parental limits, he must come to terms with the fact that the very same person who nurtures him must also be the source of frustration. The toddler becomes able to tolerate this frustration, so long as it is presented in gradual and masterable levels, within the context of a positive relationship with his parent. He is certainly ambivalent about his parents, but becomes able to integrate the "good" and "bad" feelings he has in response to them, and he develops a generally positive nurturing image to call upon.

The development of a unified image can be complicated for the traumatized child. When the parent is the source of either physical or psychological injury, the child is presented with unmanageable levels of frustration. Often, in order to preserve a positive image of the parent, the child "splits" off the very negative feelings aroused by the traumatic experience and projects them onto someone else. The child thus comes to see the parent as "all good" and the other as "all bad." This can sometimes occur with traumatized children, even if the parent was not the direct source of the trauma, but (in the eyes of the child) failed to protect him from the traumatic event. In this case too, the parent engenders the child's rage and the child splits off these negative feelings. This psychological split is frequently played out in the classroom setting within the context of the child's relationships with his teachers. The child who splits will characterize the limit-setting teacher as "all bad" and another teacher, in contrast, as "all good." For example, a child who splits may respond to limit setting in the following way:

Teacher: Stephan, you need to stop throwing toys; it's dangerous. If you're angry, you can use your words and tell me why you are mad.

Stephan: Shut up, fucker. (*He throws a toy car, which narrowly misses the head of another child.*)

Teacher: This is not okay. That will hurt someone. I'm going to hold your hands and

help you stop.

Stephan (*kicking teacher*): Get offa me! Let go of me! (*He turns to the assistant teacher, who is sitting nearby.*) Elaine, help me! Save me! (*Breaking free, he runs to Elaine and jumps in her lap, clinging to her and glowering at the first teacher.*) See, that's why I hate you, you're stupid, you're ugly. You're a bad teacher. Elaine is a nice teacher.

COMMUNITY TRAUMA: LESSONS FROM 9/11 AND HURRICANE KATRINA

Recent tragedies effecting thousands and thousands of young children in America have brought us closer to issues of community trauma and the effects of community trauma on individual children over time. The attacks of September 11th 2001, and the devastating experience of Hurricane Katrina in 2005 challenged early childhood programs to practice under frightening circumstances and to address issues of trauma and loss within the early childhood center. While children who suffer trauma within the privacy of the family system often show traumatic affects and other symptoms of post traumatic stress in the classroom, the teacher frequently has little context for understanding where these affects have come from and what the exact nature of the traumatic experience has been until she can gain access to the child's psychosocial story. Community trauma offers the early childhood professional the opportunity and the challenge of acknowledging shared traumatic experience and thus diminishing the emotional isolation that is often an insidious outcome of trauma.

Studies on the effects of 9/11 on children in New York City offer some important lessons for practitioners and policy makers. The children most likely to experience symptoms of post traumatic stress after September 11th were children directly exposed to the destruction of the towers, children whose parents were in harm's way, children who lived in close proximity to the towers, and children with traumatic histories. (NIMH, 2006) Symptoms such as nightmares, fears, and separation anxiety were persistent for many affected children, continuing into the three year follow up period measured. (GAO, 2004) Almost all directors of early childhood programs interviewed in 2001-2002 reported repeated play themes involving building and knocking down block towers with planes or toys symbolizing planes. Representations of this traumatic event predominated when children were allowed to draw and paint freely in early childhood and early grade programs in New York City and surrounding communities. The descriptions of play and the dictations taken on the children's drawings included examples of both healthy, integrative play and traumatic play.

While there were many opportunities to help children sort out what they were seeing and hearing after September 11th, there was a disturbing trend in early childhood and early grade programs in New York City to "go back to business as usual" without acknowledging what had happened. Many teachers were told not to mention the World Trade Center unless children brought up the topic themselves. Children were therefore often left to fall back on their own resources to make sense of what they were seeing and hearing on T.V., to process the traumatic affects on the faces of the adults in their world, and to deal with their reactions to that tragic day. Since many young children were

unable to formulate questions about the attacks or express their fears directly, their fears were expressed in regressions in functioning and difficult behavior. Fortunately, FEMA funds brought Project Liberty, a program of child mental health to work with individual children in the downtown Manhattan public schools. One intervention professional reported needing to point out to teachers and directors again and again that the increase in children's regressive behavior in the winter and spring of 2002 could still be related to their emerging reactions to the events of September 11th.

While some programs provided the older children and families in their care with opportunities to communicate and symbolize their feelings, in many schools there was a pervasive institutional denial about the effects of this trauma on the youngest school children, There was a tendency for administrators to cling to the belief that young children should "hear no evil and speak no evil", in spite of what we know to be true about traumatic experience in childhood. Statistics show that the younger the exposed child, the more likely he or she is to develop post traumatic stress disorder in response to trauma. The Center for the Advancement of Health finds that 39% of preschool children develop PTSD in response to trauma and compare that to 33% of primary school children and 24% of adults. (Center for the Advancement of Health, 2002).

While trying to protect young children from an unthinkable event, early childhood professionals struggled to protect themselves from the secondary trauma of living through the children's emotional expression at a time when they themselves were shaken, overwhelmed and often suffering effects of trauma. Paradoxically, the fact that teachers and parents were so traumatized by the attacks themselves often resulted in a need to imagine that their young children had not taken in what had occurred. Yet, when a group of four year olds in upper Manhattan was offered the opportunity to share their feelings about things going on in the city that they had seen on television or heard about two weeks after the attacks, all of the 20 children present referred to the buildings at the World Trade Center that had been knocked down by planes. (Koplow, 2002) The range of comments included those that referred to the televised footage of the attacks as "a scary movie" as well as those that referred to people dying because they jumped out the window, to observations that , " people were singing America's favorite song and holding the flag because they are sad that the bad guys had come."

At the time of this writing, the majority of children and families affected by Hurricane Katrina are still in diaspora, displaced from their communities and waiting for assistance with housing, jobs, education and other basic needs. Those who have been attending to Katrina affected children note the unprecedented scale of this disaster, which displaced 372,000 children. (Crowel, 2006) Dr. Crowel notes that research predicts that 10-30% of people exposed to traumatic events on the scale of Katrina develop mental health problems, (Ibid, 2006) yet little funding has been released to address the special needs of Katrina affected children. We know that the children most likely to develop Post Traumatic Stress symptoms and disorders are children who have had other traumatic experiences, who have poor psychosocial supports, and who have had disruptions in family relationships. Since the flooded communities of New Orleans were high poverty areas with few social supports and an escalating problem of violence before the hurricane

hit, it is likely that large numbers of the children and families displaced by Katrina are at risk. Currently, a study funded by NIMH is underway in three communities in Louisiana where children's school performance and social adjustment pre and post Katrina will be studied. (Kelley, 2006)

The National Institute for Mental Health notes that teachers can do a lot to help children within the context of community trauma. They encourage teachers to allow children to have their sad and angry feelings, and to give children the opportunity to talk about what happened without forcing children to participate in the discussions. They caution against going back to "the ordinary" too quickly. (National Institute of Health, 2001).The NIMH encourages schools to offer art and play therapy in the wake of community trauma, as well as groups for parents. The research shows that children under five are especially affected by their parent's reaction to the traumatic experience, and are not likely to adjust if their parents are acutely traumatized. They alert teachers to watch for the symptom of emotional numbing in children or lack of feeling about the event as a risk factor for the development of PTSD. (Ibid, 2001) In addition, Dr.Koplewicz of the New York University Child Study Center notes that children who watch T.V. news in the wake of trauma are twice as likely to develop PTSD symptoms as children whose parents do not allow them to watch. (Koplewicz, 2006) Young children who are exposed to the medias portrayal of a disaster often experience the disaster as though it were happening over and over and do not understand that the pictures they are seeing are depicting the original event.

In the school year of 2005-06, the staff at the Center for Emotionally Responsive Practice at Bank Street College heard an unusual number of teachers reporting high levels of anxiety and disorganization in their prekindergarten children. In addition, teachers in preschools located in downtown Manhattan reported a resurgence of building and destroying buildings between 2003-2005. On a trip to explore their downtown neighborhood, a group of children who turned four in 2005 stopped to interview one of the doormen about the building he was attending. To the teacher's surprise, several questions were asked about what would happen if the building were to fall down, or another building were to fall on top of it. The doorman responded by reassuring the children that the building was strong, and wouldn't fall down. Children responded by informing the doorman that the building "might" fall down if somebody knocked it down, or " another building might fall on top of it and then it would fall down." (Beausoleil, 2006)

Certainly, the work of Dr. Lenore Terr suggests that the children who were babies and toddlers during the attacks of September 11$^{th\ and}$ were directly exposed to the violence may have been traumatized by the event, and that the need to represent and express traumatic affects may develop as they children develop. (Terr, 1988)Those babies and toddlers who were not directly exposed were likely impacted by the anxiety that their parents carried, and outcomes for young children are often directly related to the emotional well being of their parents. (NIH, 2006)

There have been studies noting a higher prevalence of early and premature births during the fall of 2001. (GAO, 2004) This was thought to be the result of high level of maternal anxiety during that time. The children in preschools during this school years 2003-2005 were born in 2001-02, into a world on high alert. Studies on the effect of community trauma on these children may yield important information about the effect of community trauma on infants and on children in utero and in infancy.

COUNTERTRANSFERENCE ISSUES FOR TEACHERS OF TRAUMATIZED CHILDREN

The behaviors of traumatized children and the awareness of their traumatic experiences can provoke a range of feelings in the adults who take care of them. This phenomenon of countertransference refers to the conscious or unconscious emotional reactions in the therapist or teacher that are evoked by the child's affects, behaviors, and issues. Countertransferential reactions can be powerful and sometimes confusing and to the early childhood professional. Since all teachers and therapists were once children, being with children is likely to bring back childhood experience for the adult. Countertransference may be heightened with traumatized children because they may carry high levels of emotional distress into the classroom and behave in disturbing ways. Understandably, some teachers might be tempted to diminish the intensity of countertransference by maintaining a pretense that the world children inhabit is a perpetually cheerful and sunny place. Many early childhood classrooms model and represent only positive affects with children. Children are encouraged to be "happy" and "nice." Difficult behaviors are addressed so that "not nice" interactions can be eliminated without trying to connect behavior to the child's psychological state and life experience. Sadly, the overly cheerful classroom environment that denies the traumatized child's emotional experiences can leave him alone with his feelings and worries and may be paradoxically as isolating as the harsh, strict, repressive environment.

It is important for teachers to understand their own countertransference issues. Indeed, if a teacher is to become a healing partner in development for a young traumatized child, her own affects, language and interactions must be genuine. This requires her to take in the whole child, including the part that has been traumatized and may be exhibiting inappropriate or disturbing behavior. The teacher's own history as a young child who went to school and was taken care of by parents and teachers is present in the classroom as children's intense emotions surround her. Fellow staff members can become important resources to teachers overwhelmed by their own countertransference in schools that heal. Administrative support for teachers who work with large numbers of children with traumatic histories is essential for the teacher's ability to create and sustain an empathic, healing environment. The challenges of teaching traumatized children must be acknowledged and given a time and place to be expressed within the school community or the greater community. If countertransference is dealt with positively, it can become a useful tool for teachers seeking to gain insight into themselves and into what the children in her classroom are experiencing. If a teacher is feeling afraid and inundated by a child's frightening emotional energy, it is likely the child is also awash in fear.

Community trauma can present especially intense countertransferential challenges for a teacher or clinician who has also been affected by the traumatic event. The teachers in New York who were watching children knock their buildings down with toy planes struggled to tolerate the play and reassure children that they were safe when they themselves felt endangered. The teacher in Baton Rouge who watched in horror as young children and their parents were stranded on rooftops for days before the government mobilized an adequate response to Hurricane Katrina, found herself in tears when a group of those children transferred into her classroom a few weeks later. Early childhood programs that heal provide support for staff during trying times, so that they are able to be truly present for children in crisis. Without support, teachers may need to minimize their empathy for the children's pain in order to feel strong enough to teach through the crisis.

TEACHER–CHILD RELATIONSHIP: □THE IMPORTANCE OF ATTACHMENT AND CONTINUITY

How should teachers in healing preschools help those children whose development has been hampered by their traumatic experiences? To begin, the therapeutic teacher can provide traumatized children with an opportunity to develop a trusting and secure relationship with an adult and with the world around them. Many traumatized children have had to contend with disorganized and unpredictable home environments, inconsistent care, and frightening occurrences in their lives. The therapeutic teacher can offer these children another emotional experience by creating a classroom environment that is safe and predictable and by providing care, which is nurturing, secure, and reliable.

Preschools that heal create a consistent and containing classroom structure and daily routine. The routines should be easy for children to master and recognize. Within the routines there must be opportunities for self-expression and symbolic representation of affects and events. The teacher must assume that traumatized children need help negotiating change and should assist them in anticipating transitions or variations in the routine. Giving the children time to prepare and helping them to master changes by anticipating them is essential. If the class plans to take a walk to the river, for example, the teacher can have the children try to imagine what they might see there and ask them to draw a picture about it beforehand.

Traumatized children often have a great deal of difficulty tolerating separations without becoming frightened about being hurt or abandoned. The teacher should anticipate the children's anxiety, provide reassurance about routine separations, and help them predict reunion. This helps children feel more secure when adults come and go from the classroom.

Traumatized children frequently perceive their environments as potentially dangerous. These children need help to know that school is a protective place, that a loud noise or a sudden movement does not necessarily indicate danger, and that at school, the grown-ups will make sure that everybody stays safe. Therapeutic teachers must verbalize these reassurances several times a day.

When children affected by community trauma play about the traumatic experience, or make drawings about it, teachers can ask the children if they are thinking about what happened, and if they want to tell the story of their drawing or play for the teacher to write down. School is a safe place for children to talk and play and draw about scary things that happen. The teacher should acknowledge that she too remembers when the traumatic event happened, and that it was a scary time for everyone.

Of course, language will not be the teacher's only tool for helping traumatized children in the classroom. The teacher's classroom routines and curriculums should also be infused with the teacher's knowledge about the life experiences that her children have had. (See Chapters 8 and 9) A curriculum that uses teddy bears as transitional objects during times of crisis was developed after September 11th and can be adapted for different kinds of community trauma. (Koplow, 2002)

CONCLUSION

Children with traumatic histories make their presence in the classroom felt in intense, sometimes disturbing, and often compelling ways. The early childhood professional who develops her repertoire of responses will be less anxious and more confident when caring for traumatized children. The traumatized child who is fortunate enough to come into a preschool setting where his experiences are validated and where his emotional needs are recognized will be able to begin the process of healing. Little by little, the early childhood professional can help to facilitate a dialogue between the child's past and present experiences and thus help her to integrate the traumatic material within the safety of the everyday classroom environment. This dialogue can decrease the traumatized child's feelings of isolation and increase receptivity to learning over time. □ □ □

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