When Children Have Behavior that Challenges Others

Applying a Trauma-Informed Lens to Providing Individualized Positive Behavior Support

Julia Sayles, Amy Hunter, Charis Wahman, and Blair Paker Lloyd

Children's Behavior Is Communication

When a young child engages in persistent challenging behavior, it is easy to focus on what the child is doing. The Pyramid Model encourages us to ask questions:

- **What is the child communicating?** and
- **How can we best support them?**

The Individualized Positive Behavior Support (IPBS) process helps teams understand the function of a child's behavior and build individualized strategies that promote social-emotional growth.

A trauma-informed lens strengthens every step of the IPBS process. Rather than viewing trauma-informed care as an individual or separate approach, it's integrated into each part of the Pyramid Model framework — from nurturing relationships and supportive environments, to individualized, intensive intervention. A trauma-informed lens recognizes that trauma, adversity, chronic stress, and each child's developmental, family, and cultural context all shape how they feel, communicate, and behave. Trauma-informed care ensures we respond to every child with curiosity, compassion, and flexibility.

What Do We Mean by Trauma?

Trauma occurs when a frightening or harmful event overwhelms a child's ability to cope. Some children experience trauma through ongoing situations, such as chronic abuse or witnessing domestic violence; others experience it through a single event, like an accident or natural disaster.

The National Center for Pyramid Model Innovations frames trauma using three elements adapted from SAMHSA (2014) — the "three E's": the **Event** or circumstance that is threatening or harmful, how the child **Experiences** it, and the **Effects** that follow, which may be short- or long-term. How a young child experiences a threatening event depends largely on their developmental stage and on the support of the adults around them.

(National Center for Pyramid Model Innovations, 2021, adapting SAMHSA, 2014)

The 4 Rs of Trauma-Informed Care

Practitioners can use these four principles throughout the PBS process:

- **Realize** the impact of trauma and adversity.
- **Recognize** signs that stress may be influencing behavior.
- **Respond** by integrating trauma-informed practices.
- **Resist Re-traumatization** — make sure supports don't unintentionally recreate fear or powerlessness.

Realize

Trauma and chronic stress can affect brain development, emotional regulation, attention, sensory processing, executive functioning, relationships, and behavior.

Instead of asking: "What is wrong with this child?"

Ask: "How might this child's experiences be influencing what we're seeing?"

Recognize

Children communicate distress in many ways. Behaviors that may reflect overwhelming stress include:

- Hitting, biting, or other aggression
- Prolonged tantrums, withdrawal, or shutting down
- Clinginess or difficulty separating from caregivers
- Hypervigilance or difficulty with transitions
- Intense emotional reactions

Recognizing these behaviors doesn't mean assuming trauma has occurred — it's a reminder to consider whether stress may be a factor, drawing on information from multiple sources, including families.

Ask: "Could what we're observing be related to a child's experience of trauma?"

Understanding Behavior Before Changing It

A critical step in IPBS is understanding the child and their environment, including relationships. Rather than "How do we stop this behavior?" ask:

- What need or function is the behavior communicating- what is the child getting, avoiding, or expressing?
- What happens right before and after it?
- What strengths and skills does this child already have?
- What skills might help them communicate the need more effectively?
- What environmental or relational factors may be contributing?
- What can families share to help us understand the child's experience?

Developing Individualized Supports

Once teams understand the function of a behavior, they design supports that help the child succeed. Trauma-informed IPBS emphasizes four things:

Prevention

Build a sense of safety through predictable routines, visual schedules, preparation for transitions, consistent expectations, and emotionally supportive relationships.

Relationships

Strong, nurturing relationships help children feel safe enough to learn new skills. Support plans intentionally strengthen bonds with families, teachers, caregivers, and peers.

Teaching New Skills

Children need skills, not just consequences. Plans teach emotional literacy, communication, friendship skills, self-regulation, problem-solving, requesting help, and coping strategies.

Family Partnership

Families are essential members of the IPBS team — their knowledge of routines, cultural values, strengths, history, and what works at home is irreplaceable.

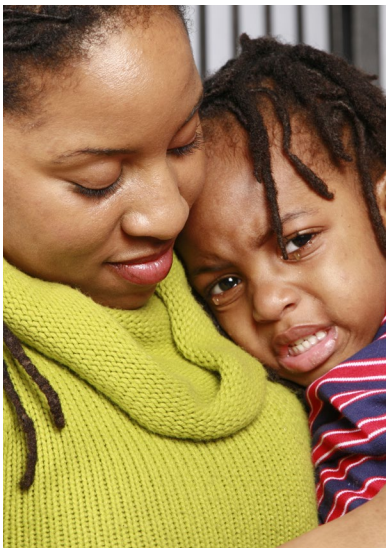
Implementing Supports Through a Trauma-Informed Lens

Implementation is more than following a written plan. Teams continually ask whether a strategy:

- Helps the child feel safe and preserves their dignity
- Strengthens relationships and increases trust
- Teaches a new skill
- Responds to the family's culture, language, and values

Resisting Re-Traumatization

A core responsibility of the PBS team is ensuring that interventions never re-traumatize a child or unintentionally increase their distress, fear, rejection, or sense of loss of control.



We do not use, under any circumstances:

- Harsh or punitive discipline, or shaming and blaming
- Food as a behavioral reinforcer

We also watch closely for other practices that can undermine safety, trust, or connection, including:

- Sudden transitions without preparation
- Ignoring signs of escalating distress
- Extinction procedures that disregard the child's emotional experience

Plans should stay flexible. If a strategy seems to increase distress, pause, reflect, and adjust — keeping relationships and emotional safety at the center.

Adult interactions should never become a source of trauma.

Responding When Children Become Escalated

Even with strong strategies in place, children will sometimes become overwhelmed. When behavior escalates, the goal changes: it's no longer teaching — children can't take in new information while dysregulated. The goal becomes helping the child feel safe enough to regulate.

Early Escalation

Adults can often prevent further escalation by noticing early signs of distress, reducing demands, offering choices, adjusting expectations, validating feelings, staying calm, and offering reassurance.

During Escalation

Children experiencing intense emotions need co-regulation: stay calm, speak slowly and quietly, remain nearby without crowding, use fewer words, and reassure. For example:

- "I'm right here."
- "You're safe."
- "We'll get through this together."

This is not a teachable moment — avoid lecturing, reasoning, or expecting problem-solving until the child has regained regulation.

When Safety Is a Concern

Physical and psychological safety always come first. If physical assistance is necessary:

- Explain what you're doing ("I'm going to put my hands on your waist to bring you down from the table.")
- Offer choices when possible ("You can walk with me, or hold my hand while we walk.")
- Narrate your actions calmly and use the least intrusive intervention needed
- Reconnect with the child once everyone is safe

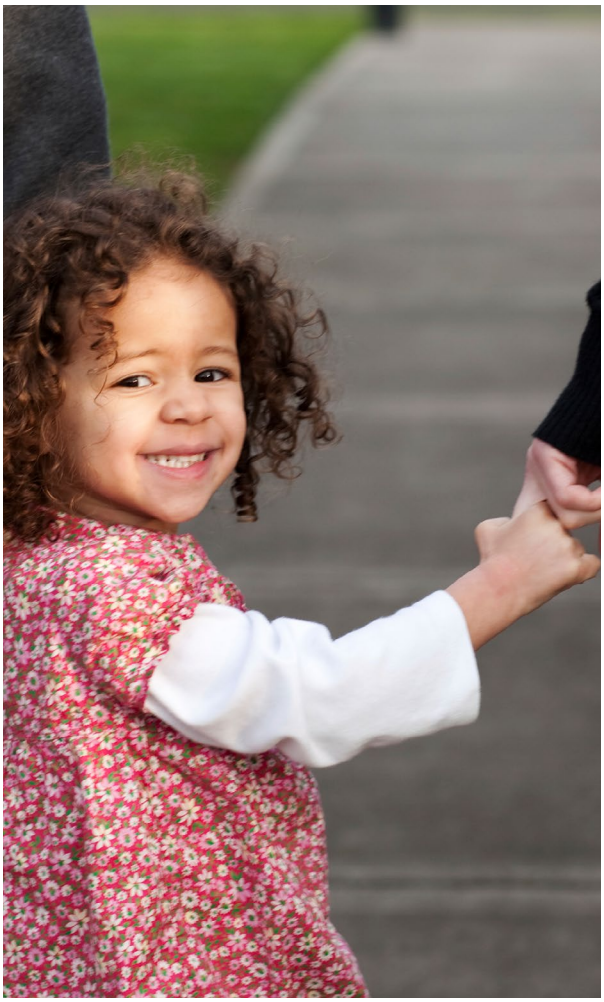
(Adapted from Pyramid Model de-escalation guidance—Pyramid Model Preschool Module Series, Module 5: Addressing Challenging Behavior.)

Recovery

Once a child is regulated, adults can reconnect, validate emotions, reflect on what happened, teach replacement skills, and revise the support plan if needed. Learning happens after regulation, not during a crisis.

Reflection Questions for IPBS Teams

- How does this plan increase the child's sense of safety and strengthen relationships?
- What skills are we teaching — not just what are we trying to stop?
- How are we partnering with the family, and honoring their culture, language, and priorities?
- Could any strategy unintentionally increase distress or a sense of powerlessness?
- If the child becomes more dysregulated, how will we adjust our approach?



Key Takeaways

Individualized Positive Behavior Support is most effective through a trauma-informed lens — understanding behavior in the context of a child's experiences, strengthening relationships, partnering with families, teaching new skills, and responding with compassion and flexibility.

The goal isn't simply to reduce challenging behavior. It's to understand what the behavior communicates, respond to the child's underlying needs, and help every child feel safe, secure, connected, and ready to learn.

IDEAs that Work
Office of Special Education Programs
U.S. Department of Education

University of South Florida

National Center for Pyramid Model Innovations | **ChallengingBehavior.org**

 This is a product of the National Center for Pyramid Model Innovations and was made possible by Cooperative Agreement #H326B220002 which is funded by the U.S. Department of Education, Office of Special Education Programs. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

Pub: 09/2026