

When we are exposed to traumatic or stressful situations, our body experiences a host of physiological changes that prepare us to fight, flight, or freeze in response to the stressor at hand. Our sympathetic nervous system turns online, sending our amygdala into high alert and triggering the release of cortisol into the body. Although this primitive survival response is an adaptive mechanism that mobilizes our body when real danger is present, it can have damaging effects on the body when individuals remain in a state of hyperarousal when no actual threat exists. In particular, it results in what is known as *toxic stress*, in which continued stress activation results in the prolonged release of cortisol. When you recognize the impact of toxic stress on the body, you can better understand the causes of disruptive behavior in children. When a child experiences toxic stress, the amygdala actually grows in size and becomes more and more ready to jump in and take over. You may have had a child who seems to explode or become aggressive for no apparent reason, but what is actually happening is the child, in a constant state of hyperarousal, is triggered very easily. Anything can be a trigger, and because the child already has a high level of cortisol and a larger amygdala ready and waiting to take over, the challenging behavior occurs very quickly and very intensely.

When a child experiences fight, flight, or freeze in children, it often goes unrecognized for what it truly is—a physiological response to a perceived threat. Recognition is the first step in helping the child. So how can you tell the difference between fight, flight, or freeze, and other challenging behavior such as oppositional defiance, hyperactivity, or avoidance? The following behaviors are the most common responses when a child has been triggered:

- Blowing up when corrected or not getting what they want
- Defiance
- Fighting—especially when criticized or teased
- Resisting transitions or change
- Unusually protective of personal space
- Reverting to younger behavior
- Frequently seeking attention
- Distrust of adults in authority

However, even physicians and psychiatrists can have difficulty determining whether the cause of the challenging behavior is due to ADHD or trauma. As a caregiver, you may or may not have information about the child's family circumstances and past behavioral issues. This information can provide helpful pieces to the puzzle. Here are some additional ways you may be able to detect a trauma history:

- Watch to see whether there is a predictable cycle with regard to the child's behavior. Activation of the body's stress response system begins with a trigger, or something that leads to the child feeling unsafe or emotionally dysregulated. After the child is triggered, there is a period of agitation, which can last for varying amounts of time. Agitation can look like pacing, tapping a pencil, antagonizing others, or any other behavior that demonstrates a feeling of unrest.
- When momentum of the agitation starts to build, the child enters the acceleration phase and completion of the cycle is inevitable. After the child reaches the peak of the stress response, they begin to de-escalate and calm their bodies. As long as the child is not triggered again, de-escalation continues until the child has returned to a recovered state.
- Ask the child to describe the physical sensations they experienced. When the body's stress response is activated, there are certain physical symptoms that you can expect.

You can use this worksheet to more closely examine how a child typically reacts to being triggered, including whether their reaction is most often a fight, flight, or freeze response. With this understanding, you can help the child choose and utilize an adaptive self-regulation strategy that will calm their emotions. Worksheet

Circle the behaviors that you notice the student exhibiting when they are responding to stress. Then, determine whether stress triggers a fight, flight, or freeze response in them.

Flight	Fight	Freeze
Withdrawal	Acting out	Numbness
Running out of the classroom	Aggression	Refusal to answer
Daydreaming	Refusal and defiance	Refusal to get needs met
Appearance of sleeping	Silliness	Giving a blank look
Avoidance of others	Hyperactivity	Inability to move or act
Hiding or wandering	Argumentative	Answering "I don't know"

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