Guidebook to Trauma-Informed Care

CHILD WELLNESS INSTITUTE OF NEW JERSEY

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EXECUTIVE SUMMARY

PURPOSE OF GUIDE BOOK

The Guidebook builds on more than 20 years of research from the Adverse Childhood Experience Study (ACES) and subsequent studies about the links between early childhood trauma and brain development and applies what we have learned to transform policy and practice for early childhood practitioners. The guide book is intended for early childhood practitioners who work with children ages 0-5 across all settings and who are committed to providing positive outcomes for children and families. The guidebook provides an overview of trauma and offers a framework for strategies that can be used in early childhood settings to support trauma-informed approaches. The guidebook also provides recommendations for policymakers and stakeholders that seek to support trauma-informed care and approaches in early childhood settings with the goal of reducing the negative outcomes associated with early trauma and preventing trauma for this vulnerable population of children ages 0-5.

OVERVIEW OF TRAUMA

At some point in their life, most people will likely experience some form of trauma. It is almost unavoidable and unfortunately young children are not immune. Children are especially vulnerable to the effects of trauma because of the prevalence of trauma and the impact it has on their rapidly developing brainsAccording to the National Survey of Children's Health conducted in 2013, at least half of our nation's children have experienced at least one or more types of significant childhood trauma prior to age 18, affecting an estimated 34,825,978 children. (Stevens, J. E. 2017). Another study suggested that one in four children before the age of 4 had experienced or witnessed a potentially traumatic event. (Briggs-Gowan et al. 2010)

The National Child Traumatic Stress Network defines early childhood trauma generally refers to trauma that occurs before the age of 6 (nctsn.org). Trauma can be emotional or physical; it can be a one-time event or repetitive and sustained. It could be the death of a parent, witnessing a serious car accident, or repeated exposure to community violence or parental substance abuse. A tragic event or repeated exposure to highly stressful situations can create a permanent and underlying sense of fear and anxiety for a child. According to Looking Through Their Eyes, the child's brain becomes accustomed to a a constant state of "fight or flight" without a sense of security or control over their lives (lookingthroughthiereyes.org). These feelings become so consuming for the child that it may disrupt their physical, emotional, and social development. This is early childhood trauma.

Any situation that leaves a child feeling unsafe, alone, and overwhelmed can be traumatic. How young children experience and cope with trauma varies greatly and is dependent on many variables, including the presence of a loving and supportive caregiver, one that can help children process and cope with the difficulties and tragic events that are sometimes unavoidable (Young Children and Trauma 2018).

OVERVIEW OF ADVERSE CHILDHOOD EXPERIENCES

The Adverse Childhood Experiences (ACE) Study was originally conducted by the Kaiser Permanente organization and the Centers for Disease Control and Prevention between 1995 and 1997 involving more than 17,000 participants. The study examined the relationship between adverse childhood experiences and health and well-being outcomes later in life. The study found that that ACEs are very common and nearly 64% of adults have at least one. The study also found that adults with four or more ACEs have a significantly greater risk of experiencing serious health problems and higher mortality rates (Stevens, J. E. 2017). The ACE Study has found a near linear relationship between the experience of early childhood trauma and a lost list of poor health and life outcomes.

The specific types of adversity that were measured in the CDC-Kaiser ACE Study included:

- Verbal, sexual, and physical abuse
- Emotional and physical neglect
- Having a parent that is an alcoholic or addicted to other drugs
- Having a parent with mental illness
- Witnessing a mother who experienced abuse
- Losing a parent, abandonment, divorce
- Having a family member in jail

Since the original study, other surveys have included other sources of ACEs such as living in an unsafe neighborhood, living in foster care, experiencing bullying, and losing a family member due to deportation (Stevens, J. E. 2017).
Many children who are experiencing ACEs often go unnoticed in early childhood settings. They may "act out" but their behavior is explained away by inaccurate diagnosis of ADHD, ADD, etc., and many times their behavior leads to the child being labeled "a bad or problem child", which can follow the child for many years. In many cases, children with challenging behavior may be expelled from their childcare center or preschool due to the disruption they cause in the classroom and the school's in ability to find solutions. Early childhood practitioners have the opportunity to use the information discovered from the ACE study to develop and use trauma-informed environments and approaches that can help lessen some of the negative effects of trauma and in some instances, even prevent adverse childhood experiences and trauma from happening.

OVERVIEW OF TRAUMA INFORMED CARE

Trauma Informed Care is a preventative and treatment action framework that includes understanding, recognizing and assessing, and responding to the effects of all types of trauma. Based on this model, Trauma-Informed Care highlights the importance for early childcare professionals to be aware of the prevalence of trauma and the adverse impact that it can have on children throughout their lives. It provides crucial information for educators to improve screening and assessment procedures, and use researched-based interventions to assist with services. These services should be based on the six primary principles for trauma-informed care (described in greater detail later in the Guidebook): Safety, Trustworthiness and Transparency, Peer Support and Mutual Self-help, Collaboration and Mutuality, and Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. Trauma specialists are particularly helpful during this process to develop treatment plans that address the child's reaction to the traumatic stress they are experiencing.

ROLE OF PROFESSIONALS WORKING WITH CHILDREN 0-5

Professionals working with children ages birth – 5 years old should have a clear understanding about how trauma and toxic stress can adversely affect children. For traumatized children, having an adult recognize and appropriately respond to their emotions and behaviors can make a substantial difference in their outcomes. With the knowledge that traumatic experiences can affect a child's behavior, trained early education professionals will be able to recognize, assess and adjust their approach to cultivate resilience and positive development in young children. Educators also have the opportunity, by working with a child's parents, to reinforce information about positive parenting and strategies to prevent ACES before they occur.

ROLE OF FAMILY AND COMMUNITY

Family involvement is a crucial component of Trauma-Informed Care. Families are the primary source for children to receive their fundamental nurture, support, sense of identity and belonging. A trauma-informed system can only take place with the cooperation and engagement of the family, and therefore it is critical that families are embraced and provided with the necessary resources they need to support themselves and their children. It needs to be recognized that caregivers are often dealing with their own trauma from either the same

or different experiences, and may require support and resources to address these issues while promoting resilience for their family. Parents and caregivers are often able to provide valuable insight about their child's traumatic experience and how it has affected both the child and the family. In return, trauma-informed care professionals will be able to assist families in understanding the effects that trauma can have on behaviors. (Rozell, L. 2013)

Community and faith-based groups may also play an important role in a child's life. They can offer a sense of belonging, particularly when a child has experienced trauma and is looking to feel connected to something. Research indicates that involving a child's family is a critical component in healthy childhood development and outcomes, and there are many programs which offer services and support to children as well as their caregivers (Office for Victims of Crimes, 2014).

POLICY AND RECOMMENDATIONS

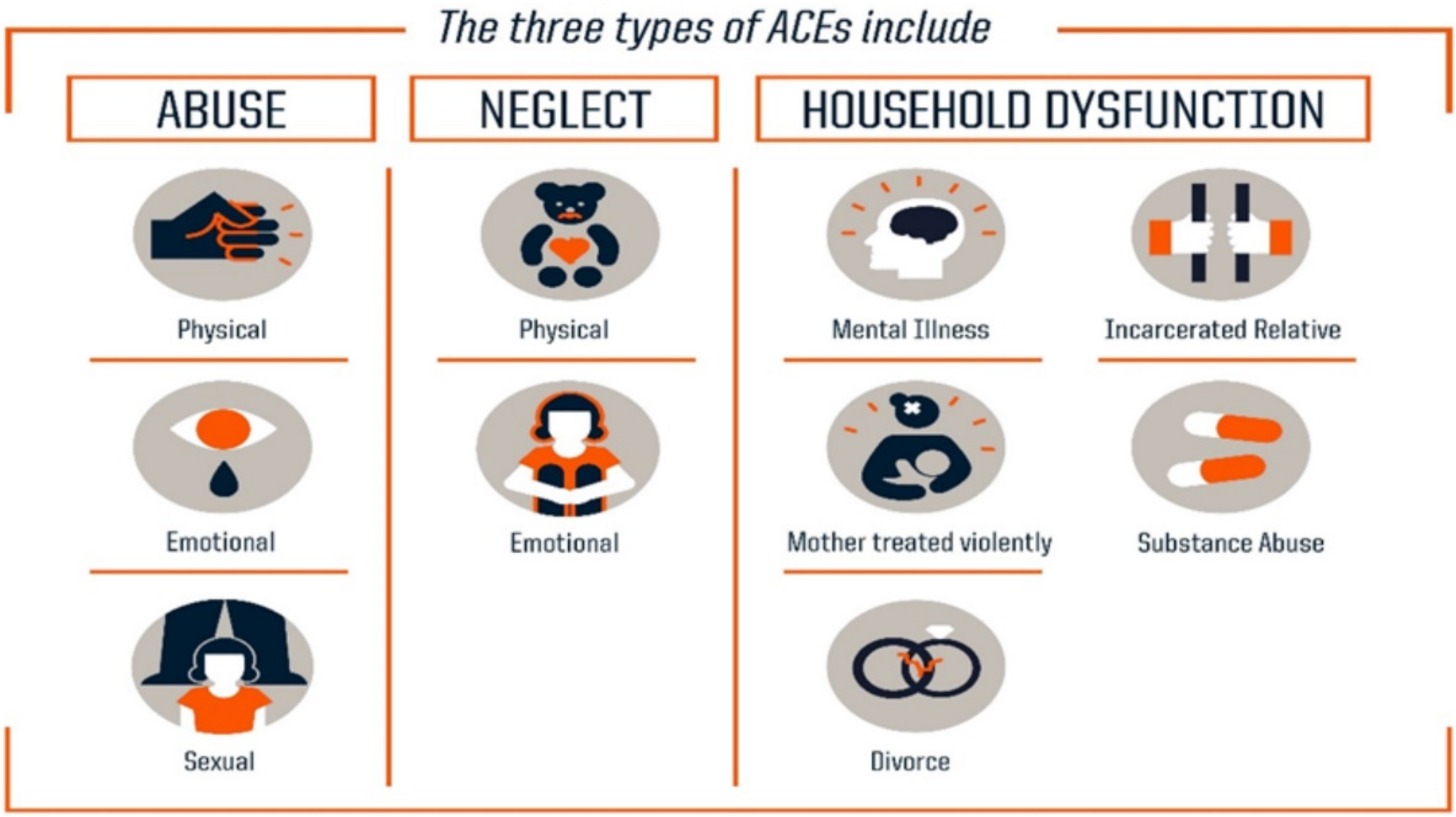
1. Increase efforts to raise awareness about the ACE Study, toxic stress, brain development and how early trauma can affect a child's future success in school and in life. Efforts should include elected officials, community leaders, and those working with children in health care, education, child welfare, law enforcement and social services.
2. Increase efforts and funding focused on the prevention of ACES and early trauma before it happens and building resilience for children, such as home visitation.
3. Preschools and child care centers should be required to adopt trauma-informed practices and policies to identify how prior trauma may be affecting children in their classrooms and reinforce efforts to prevent trauma with the families they serve.
4. Support policies that can provide support to meet families basic needs, such as access to primary care, paid family leave, minimum wage adjustments, that can reduce stress that increases the risk for child abuse and other adverse events.
5. Strengthening the early childhood workforce by increasing capacity to provide trauma-informed care through credentialing, increased wages and education requirements.
6. Expand initiatives/linkage systems to help early childhood programs connect families with community services including trauma screening, evaluation and evidence-based treatment that complement the supports provided in the classroom.

THE ADVERSE CHILDHOOD EXPERIENCES STUDY

According to the Center for Disease Control [CDC], The Adverse Childhood Experiences (ACE) Study was originally conducted at Kaiser Permanente from 1995-1997 with over 17,000 participants (CDC 2016). The study looked at the impact of early childhood abuse, neglect, and trauma and its impact on health and well-being over the lifespan. The participants were asked to complete surveys with questions about their childhood experiences in the areas of child abuse, child neglect and household challenges. The study looked at the number of adverse childhood experiences each participant encountered and how it related to their current health status and behaviors. According to the CDC, all ACE questions refer to the respondent's first 18 years of life.

WHAT ARE ADVERSE CHILDHOOD EXPERIENCES?

ACE's are potentially traumatic or stressful events during childhood that have been found to impact an adult's health and behavior later in life.



Source: https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html

The following ACEs Definitions were reported by the CDC, Data and Statistics (2016):

Abuse

Emotional abuse: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.

Physical abuse: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.

Sexual abuse: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

Household Challenges

Mother treated violently: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

Household substance abuse: A household member was a problem drinker or alcoholic or a household member used street drugs.

Mental illness in household: A household member was depressed or mentally ill or a household member attempted suicide.

Parental separation or divorce: Your parents were ever separated or divorced.

Criminal household member: A household member went to prison or is incarcerated.

Neglect

Emotional neglect: Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.[2]

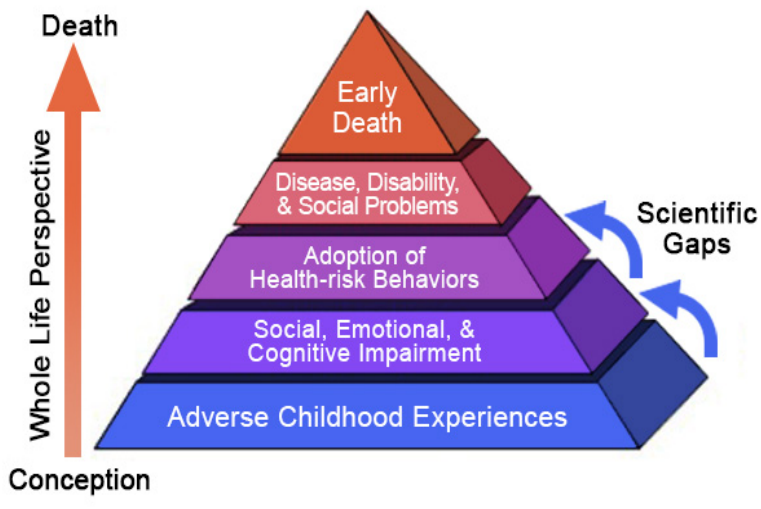
Physical neglect: There was someone to take care of you, protect you, and take you to the doctor if you needed it[2], you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.

MAJOR FINDINGS OF THE ACE STUDY

The study showed that ACEs are common. Two-thirds of all respondents experienced one or more ACEs and 1 in 5 reported three or more ACEs before the age of 18. Additionally, 28% experienced physical abuse, 21% experienced sexual abuse and 27% lived in homes where substance abuse was prevalent (CDC 2016).

The study also revealed that a direct relationship was found between negative childhood experiences and health and well-being outcomes throughout the lifespan. Specifically, the higher the ACE score the more likely a person will experience physical and mental health problems including, but not limited to heart disease, liver disease, obesity, depression and substance abuse (CDC 2016).

To prevent these outcomes, it is imperative that we work to both prevent and mitigate the effects of trauma and adverse



childhood experiences in the early years. The best place to start is by understanding trauma and educating those who have the greatest impact on our youngest children; childcare providers and parents.

ACEs not included in the original study

In addition to the 10 ACEs identified in the original study, it is important to consider other negative childhood experiences that are more prevalent today: child-parent separation and/or fear thereof due to deportation, bullying, cyberbullying, school shootings, racism, witnessing violence outside the home, , living in an unsafe neighborhood, and involvement with the foster care system. These experiences are as traumatic as the adverse childhood experiences mentioned in the original study. Therefore, the negative consequences that these may have on a child's development cannot be ruled out.

TRAUMA AND TOXIC STRESS & THE IMPACT ON BRAIN DEVELOPMENT

WHAT IS THE DIFFERENCE BETWEEN STRESS AND TRAUMA?

Most people will encounter both stress and trauma at some point in their lives, but it's the timing and circumstances of those experiences that will ultimately determine the effects. To best understand how our brains process stress and trauma, we must first provide a few definitions.

Positive Stress: Brief, intermittent challenges that contribute to healthy development. Examples include, a child's first day at a new school or taking a fall while learning to ride a bike.

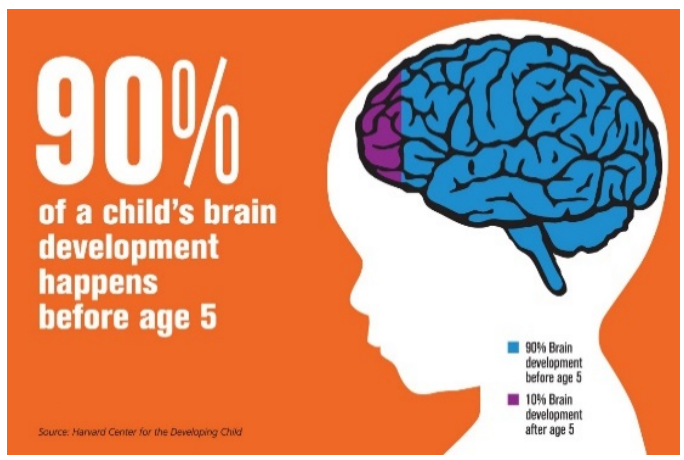
Tolerable Stress: Events that have the potential to negatively impact the brain but are infrequent, giving the brain time to heal. Examples include the death of a loved one, experiencing a natural disaster, or obtaining an injury.

Toxic Stress: Prolonged or persistent negative events or trauma. Examples include physical and emotional abuse, neglect, caregiver substance use or mental illness, exposure to violence without caregiver support and extreme poverty. (Child Information Gateway, 2015)

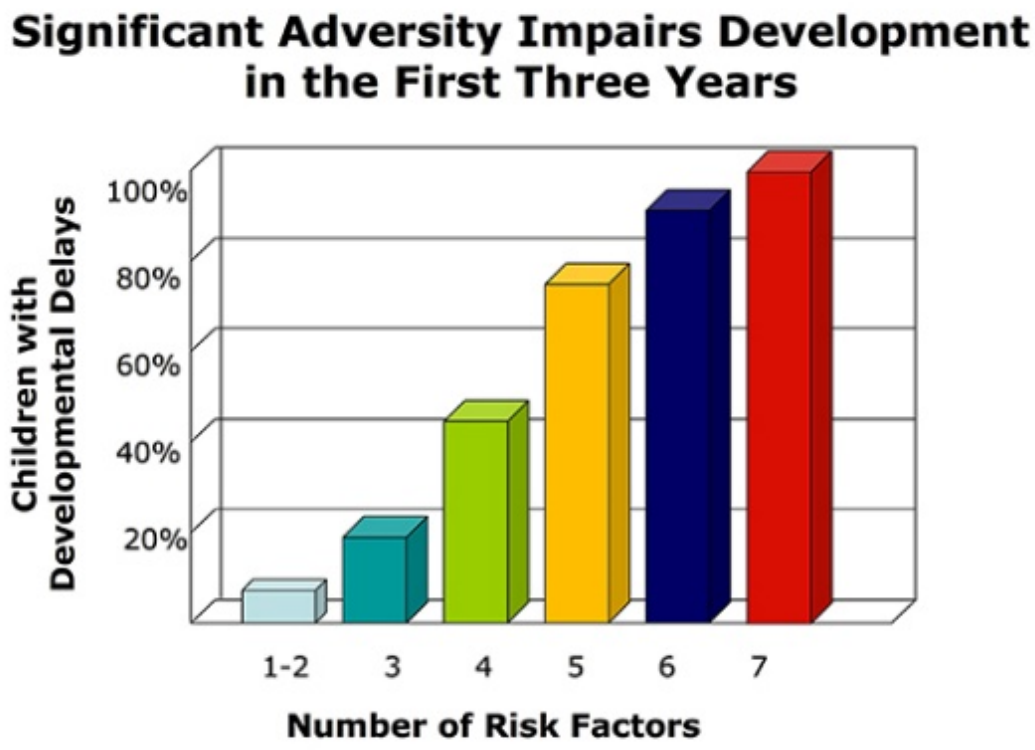
Trauma: The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as "experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being."

WHY ARE YOUNG CHILDREN PARTICULARLY VULNERABLE TO THE EFFECTS OF TRAUMA?

In the early years, there is an overwhelming amount of growth and development that occurs in the brain. By age 3, a child's brain "has reached almost 90% of its adult size" and continues developing well into young adulthood (Child Welfare Information Gateway [CWIG] 2015). As the brain develops, it creates,



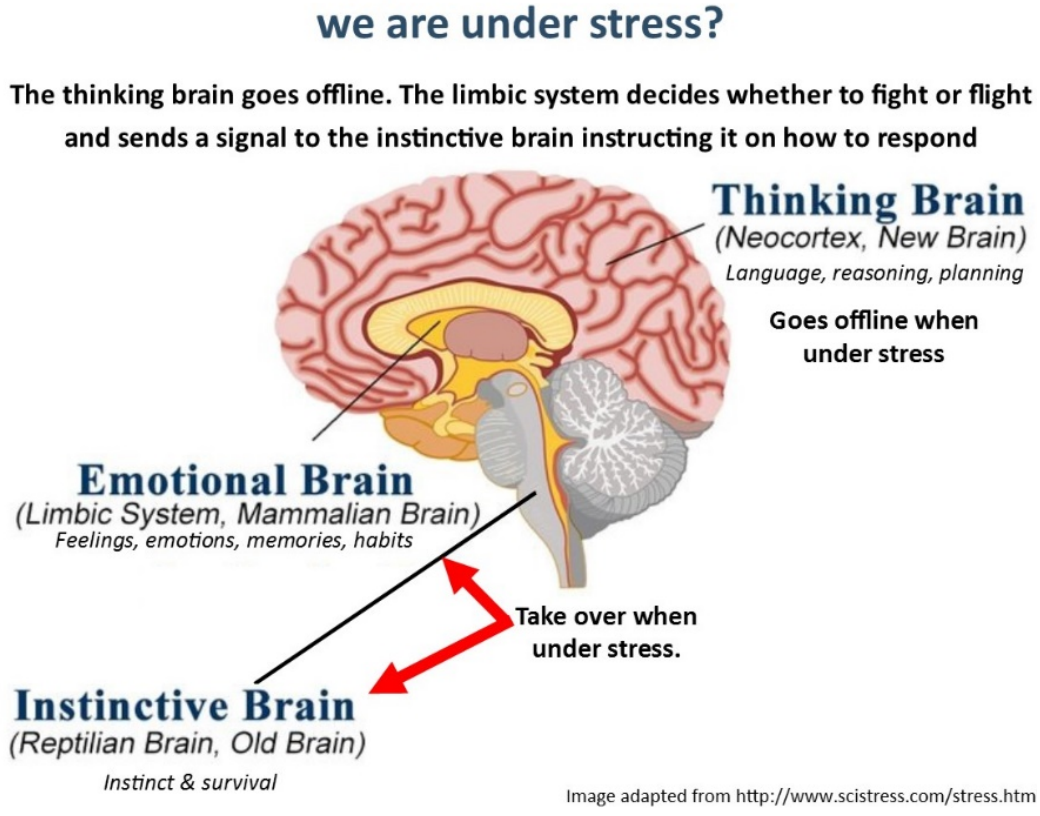
strengthens or discards connections among the neurons in response to experiences and the environment. For example, when babies are exposed to language, the appropriate connections in the brain become stronger. Similarly, if babies are not exposed to language, these pathways may be eliminated. This idea is often referred as the concept of 'use it or lose it' (CWIG 2015).



Having a basic understanding of how the brain develops, it is easy to see that all experiences have some impact on brain development. While positive experiences promote healthy brain development, children's experiences with toxic stress and trauma have a negative impact including changes to the structure, chemical activity and in the emotional and behavioral functioning of the child (CWIG 2015). For example, children who have been severely neglected may have a smaller prefrontal cortex which is responsible for the ability to plan, make decisions and control of impulses.

Maltreatment, abuse and neglect may also result in higher levels of activity than normal in the amygdala, a part of the brain responsible for emotional responses such as fear (CWIG 2015).

These changes in brain structure and/or chemical activity can have a variety of effects on behavioral, emotional and social functioning. For instance, chronic activation of brain areas involved in fear response can lead the child to lose their ability to distinguish danger from safety, causing him/her to remain in a persistent state of fear and/or "create memories that automatically trigger the fear response without conscious thought" which can make social interactions difficult (CWIG 2015). For example, a child who is constantly physically abused or frequently witnesses domestic violence may be fidgety and unable to concentrate in class, have recurring nightmares reliving a traumatic experience or become withdrawn and unreceptive of physical contact with others.



Children that have experienced maltreatment may also be less responsive to positive stimuli. According to Healy (2004), early emotional abuse may change the brain's ability to produce feelings of well-being and emotional stability (CWIG 2015). Finally, it is important to keep in mind that even if a child has all basic needs met such as food, shelter and safety, if they lack opportunities and encouragement from caregivers to meet their cognitive, social and emotional needs, the brain pathways that were developed expecting these experiences may be eliminated, which may result in delayed developmental milestones.

SIGNS OF TRAUMA & TOXIC STRESS IN YOUNG CHILDREN (HOREN & HUNTER, 2014)

In order to address trauma, early childhood professionals should first become familiar with how trauma can have an effect on a child's learning and behavior in the classroom. The impact of ACE on children is so broad that often the signs may be unintentionally confused with learning disorders. For example, Cole et al. (2009) explain that many children who exhibit symptoms such as anxiety, hyper-vigilance of danger, and issues with language processing are diagnosed with attention-deficit hyperactivity disorder (ADHD). In many of these cases, both disorders do coexist. However, because of their similar symptoms, trauma may go undiagnosed. Therefore, knowing how to identify the signs of trauma in children may help create an environment sensitive enough to assist children in overcoming their negative experiences.

It is important to understand that a traumatized child's "most challenging behavior often originates in immense feelings of vulnerability" (Cole et at. 2009). Some behaviors that could surface in the classroom include but not limited to aggression, reactivity/impulsivity, defiance, withdrawal and perfectionism.

Other signs include:

Infants and Toddlers	Preschoolers
• Eating & Sleeping disturbance • Clingy/separation anxiety • Irritable/difficult to soothe • Developmental regression • Language delay • General fearfulness/new fears • Easily startled • Difficulty engaging in social interactions through gestures, smiling, cooing • Persistent self-soothing behaviors, for example, head banging • Aggression (toddlers)	• Avoidant, anxious, clingy • General fearfulness/new fear • Helplessness, passive • Restless, impulsive, hyperactive • Physical symptoms (headache, etc.) • Inattention, difficulty problem solving • Irritability • Aggressive and/ or sexualized behavior • Sadness • Developmental regression • Poor peer relationships and social problems (controlling/over permissive)

IDENTIFYING CHILDREN THAT EXPERIENCED TRAUMA

Program staff should observe children for signs of fear and anxiety that they may not be able to put into words, especially in classrooms where the children have limited language skills. Teachers should reflect on the following:

- Have children become extra clingy, needing more hugs and kisses than usual?
- Have children started wetting the bed or sucking their thumb after it was thought they had outgrown that behavior?
- Does the child have poor impulse control, seem aggressive, or are they showing intense anxiety?

Use play to help children express their fears and encourage them to use art or pretend games to express what they may not be able to put into words.

It is important to keep in mind that children exhibiting trauma-like symptoms do not necessarily have a history of trauma (Cole et al. 2009). When a child is having difficulties at school, all possibilities must be considered.

PREVENTING ACES AND THE LONG-TERM IMPACT OF TRAUMA

While it is important to identify and support children who may have experienced ACEs, it is equally important to play an active role in preventing ACEs for all children and families. Primary prevention strategies aimed to support all children and families and secondary prevention efforts targeted at high risk families, can help parents to reduce the likelihood of exposing their children to ACEs and better prepare them for success in life. With a multi-tiered approach, we can work to increase knowledge in the community about ACEs, their impacts and how to make the community more resilient.

"Understanding the relationship between ACEs, social supports, health, and school success can shift the conversation, and thereby create an infrastructure that fosters resilience and healthy thriving communities. A thriving community with a common language has the capacity to reduce the impact of trauma and cultivate resilience" (Cox 2017).

A primary prevention strategy you may be familiar with is the Strengthening Families Protective Factors Framework. This is a prevention strategy that can be adopted to support children and families by promoting attributes to help them manage adversity. The framework includes a self-reflection tool to evaluate your programs approach to partnering with parents; a parent survey to gain insight as to the needs of the population; and a plan to determine the next best steps. This framework can be adopted in various settings and will support more positive relationships between children, parents and staff in the program (Center for the Study of Social Policy [CSSP] 2018).

The Strengthening Families framework focuses on promoting or building five protective factors:

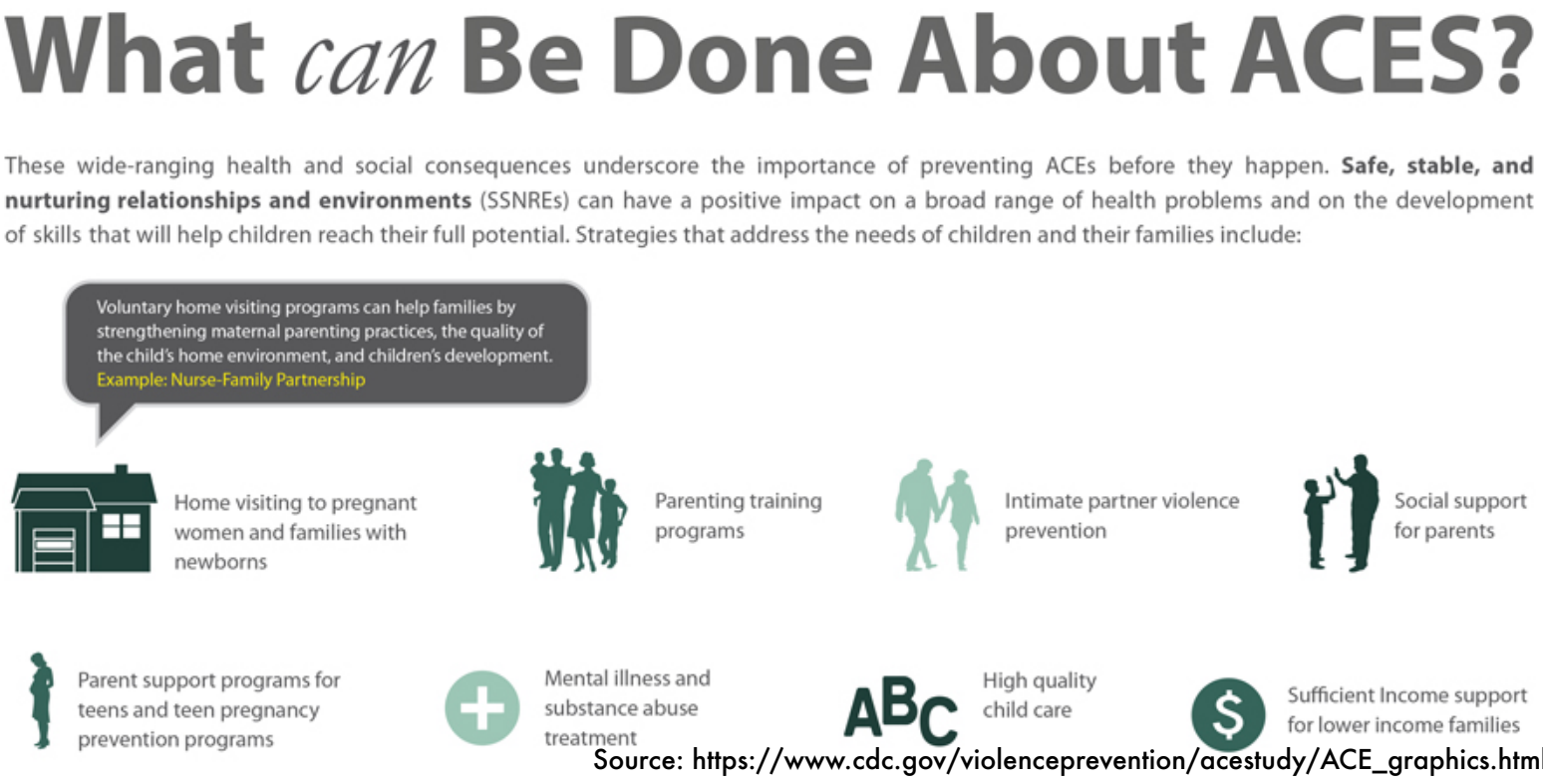
1. Knowledge of Parenting & Child Development
2. Concrete Supports in Times of Need
3. Parental Resilience
4. Social-Emotional Competence of Children
5. Social Connections

These protective factors have been demonstrated to reduce the likelihood of abuse or neglect by increasing parents' knowledge of appropriate child development, providing connection to community resources, developing a system of support and supporting the social and emotional development of young children. The protective factors will help to a child and their family to be better equipped to navigate through times of stress and adversity.

Through secondary prevention efforts, such as Home Visiting, families who are identified as "at-risk" for abuse or neglect are provided in-home support services with the goals to: improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness (Health Resources and Services Administration [HRSA] 2018). With these more targeted efforts, we are able to support the development of healthy relationships between parents and young children, access to resources to address mental health, domestic violence or substance use issues and support parents to make personal and family goals to improve their lives.

These are just two examples of the various types of prevention efforts that can make a significant impact on reducing ACEs for all children. You can do your part by sharing information with friends, family and community members on ACEs and helping to continue the conversation with a focus on prevention efforts. You can also check-in with yourself to see how you are doing with your own "protective factors". Whatever your role, you want to be sure that you have an understanding of these protective factors and that you are incorporating these

practices into your personal and professional life. This includes knowing when to reach out and ask for help and utilizing self-care techniques to prevent burnout (e.g. exercise, stress reduction, talking with a friend, journaling). Being in a position to directly impact children and families, we all must take action to create safe, stable and nurturing environments for our youngest citizens.



Source: https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html

TRAUMA-INFORMED APPROACH: BUILDING RESILIENCE IN EARLY CHILDHOOD SETTINGS

According to the Harvard University Center for the Developing Child, intervention later in life is less effective for children who have experienced trauma in the early years. Numerous studies show that providing supportive, nurturing, and responsive relationships early can prevent or reverse the effects of toxic stress. Professionals working with children ages birth – 5 years old must understand how trauma and toxic stress can impact children. Often children may have a difficult time controlling their emotions and behaviors and the approach taken by adult caregivers can make a world of difference. If you work with children, there are many small changes that can be made to support those who are experiencing, have experienced, or will experience future trauma. With a greater understanding of the relationship between child experiences and behavior, adult caregivers and teachers can adjust their approach to foster resilience and positive development in our youngest learners.

The best medicine to alleviate the effects of trauma is resilience. The American Psychological Association [APA] defines this as "the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress" (APA n.d.). Resilience can help children manage stress and feelings of anxiety and uncertainty. Being resilient, however, does not mean that the child will not experience difficulty or distress.

Resilience skills can be learned. In addition, according to research, most children are emotionally buoyant and are able to bounce back from adverse experiences, even when growing up with families that face extreme challenges. Furthermore, according to Peterson & Yates (2013), relationships in early childhood are the roots for cognitive, emotional and sensory adaptation. Therefore, it is our responsibility as early childhood professionals to help our children develop these skills to help reduce any potential effects from Adverse Childhood Experiences (ACE) that occur outside of our care (i.e., loss of family members, witnessing domestic violence, parental separation/divorce, neglect, etc...).

6 PRINCIPLES FOR FOSTERING RESILIENCE AND BUILDING A TRAUMA-INFORMED PROGRAM

The following guiding principles were developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Principle #1

Safety – Safety is a basic and fundamental human need. We all need to feel safe. This is especially true for children that have experienced trauma. In order to promote healing and better outcomes for children that have experienced trauma, it crucial that families, caregivers, therapists, case workers etc., provide these children with safe environments. Environments that are sensitive to their physical and psychological needs for safety.

When considering Safety, some questions to keep in mind:

- Is the environment chaotic and loud? (5)
- Is the environment warm and welcoming?
- Does the environment provide opportunities for children to safely be alone?
- Does the environment provide opportunities for children to label and safely express their emotions?
- Does the environment promote warm, nurturing, and authentic interactions?
- Do children experience consistency of care with few staff turnovers?
- Are routines predictable?
- Do children learn how to self-regulate by developing coping skills such as mindfulness?

Principle #2

Trustworthiness & Transparency – Developing a sense of trust for a young child is foundational for the relationships they will form later on in life. Early in life infants quickly learn to discern whether or not their world is a safe place or an unpredictable one. Are their basic needs being met consistently and lovingly? If care is reliable, predictable, and consistent, young children will develop basic trust that will carry them into other relationships throughout their life. If not, they will develop a sense of mistrust and potentially experience heightened insecurities and anxiety. All children, especially children that have experienced trauma need environments that promote trustworthiness and transparency. Environments that work to build trust by first asking the question of what happened to this child versus why is this child behaving this way.

When considering trust and transparency, some questions to keep in mind:

- Are the interactions warm and engaging?* Are they individualized?*
- Do children understand the expectations of the classroom?*
- Are the expectations appropriate and consistent?*
- Are children acknowledged for their efforts and accomplishments?*
- Are children provided with warm, responsive, and physical contact?*

*Above questions adapted from CSEFEL website, ref 3#

Principle #3

Peer Support – Parents need to be connected to other parents. Parents need people that care about them and their children. Parents of children that have experienced trauma are key to supporting their children's recovery and building their resilience. They will be more successful when they have opportunities to build social connections with other parents. Parents benefit when they have opportunities to turn to other parents for well-informed advice and to find help to solve problems.

When considering Peer Support, some questions to keep in mind:

- *Does the program provide opportunities for families to connect based on similar interests or experiences?**
- *Does the program provide opportunities for parents to socialize and build a sense of community?**
- *Does the program provide opportunities for parents to talk about age appropriate behaviors?**

*Above questions adapted from Strengthening Families Self-assessment

Principle #4

Collaboration & Mutuality – Importance is placed on the partnering and the leveling of power differences between staff and families, between administration and teachers, between teachers and children, as it demonstrates that healing happens in the context of relationships. As organizations incorporate the principle of collaboration and mutuality, it demonstrates that everyone has a role to play in caring for our children.

When considering Collaboration and Mutuality, some questions to keep in mind:

- *How does your program foster and support partnerships between children and families and between administration and teachers?*
- *Does your program encourage and value shared decision making?*

Principle #5

Empowerment, Voice, and Change – Many choices throughout a child's day are made for them, but this does not negate the fact that children do indeed have a voice. They are little people that are easily frustrated when all of their decision making is done for them. Learning to give young children appropriate choices early on, sends the message that they do have a voice and they do matter.

When considering Empowerment, Voice, and Change, some questions to keep in mind:

- *Does the program truly make efforts to get to know the child by looking beyond the behaviors?*
- *Are there opportunities for children to make choices throughout the day? For example, self-select who they want to play with, where they want to play, where they want to sit, etc.)*
- *How does the program work to ensure that families' and staff's voices are heard and valued?*

Principle #6

Cultural, Historical, and Gender Issues – We all have implicit biases and in the field of early childhood it is imperative that we recognize the impact those biases may have on our behavior expectations of children. According to SAMHSA, programs that embrace this principle purposefully and actively move past cultural stereotypes and biases. They offer gender responsive services and recognize the healing value of cultural connections and addressing historical trauma.

When considering Cultural, Historical, and Gender Issues, some question to keep in mind:

- *Does your program offer meaningful professional development that help teachers identify their implicit bias?*

- *How does the program ensure that families' cultures are valued?*
- *How do the teachers get to know their families and the values and cultural traditions that are important to them? For example, does the program offer home visits?*
- *Does the program have policies in place to address implicit bias?*

BUILDING RESILIENCE IN CHILDREN

The American Psychological Association recommends ten tips to build resilience in children. Following these tips is one step towards becoming a trauma-informed classroom.

1) Teach the child how to make friends, which includes teaching the child the skill of empathy. Positive relationships contribute to resilient adaptation by promoting self-esteem, self-efficacy and coping skills (Peterson & Yates 2013). Program staff should watch to ensure that a child is not isolated. In the event that a child is isolated, staff can help them make friends by engaging with him or her in activities that will attract other students to promote bonding through play.

2) Children can feel empowered by helping others. Therefore, engage children in age-appropriate volunteer work, or ask for assistance with tasks that they can master. In addition, brainstorm with children about the ways they can help others. For example, children in the classroom can be assigned different jobs each week. To empower the children even further, projects outside of the classroom can be done that can be appreciated by people who are not normally in same room (i.e., school garden, mural/poster).

3) Maintain a routine, or encourage the child to develop his or her own routine. Routines give children an idea of what to expect and consequently, a sense of security. Therefore, it is not surprising that "traumatized children respond well to classrooms in which transitions are orderly, have clear rules and offer assistance with organizing their tasks" (Cole et al. 2009). Consider, establishing a classroom schedule. Perhaps the children can give input (if the school schedule allows for such freedom). Children can also be taught procedures (aka rules) on how to respond to certain events/situations that may occur in the classroom.

4) Teach the child how to focus on something besides what is worrying him or her. At school, build unstructured time during the school day to allow children to be creative.

5) Teach the child self-care. For example; breathing exercises, taking a break from group activity (alone time) when needed or using art to help calm themselves.

6) Teach children to set reasonable goals, and then show them how to move towards them one step at a time. Break down large assignments into small, achievable goals for younger children, and for all children acknowledge accomplishments as they make some progress towards the goal(s) even if progress is small. Focus on what has been accomplished rather what has not been completed.

7) Help children see how their individual accomplishments contribute to the wellbeing of the class as a whole. Provide opportunities for children to solve problems and make appropriate decisions to build self-confidence.

8) Help children see that there is a future beyond the current situation and that the future can be good. In school, use stories to show that life moves on after bad events.

9) Promote resilience by building character. Demonstrate how behavior affects others and help children recognize that they are a caring and helpful individuals. Demonstrate the importance of community through classroom or school projects.

10) Help the child see that change is a part of life. Point out the ways in which students have changed as they grown up, and discuss how that change has had an impact on the students.

SELF-CARE FOR CHILDREN & ADULTS: CALM DOWN KITS

So far we have discussed building resilience in children through activities, interactions and program-level strategies. Another way to intentionally help children build resilience is to give them the tools to help them self-regulate their emotions through calm-down kits. You can have one kit for the classroom, or one per child. Either way, having tools on-hand and teaching children how to use them to effectively regulate their actions and emotions will benefit everyone in the classroom.

Here are some items you can include in your classroom calm-down kits:

- Bubbles
- Playdough
- Fidget toys
- Puzzles
- Pieces of soft fabric (felt, silk, etc.)
- Printable yoga cards
- Stress Balls
- Pinwheels
- Soft blanket
- Pipe cleaners
- Scratch and sniff stickers
- Mirror
- A photo album that includes the child's family, friends, good memories, etc.
- Blank paper and crayons/writing utensils
- Noise canceling headphones
- Sensory input activities (spinning items, kaleidoscope, etc.)

Teach children how to use their calm-down kit and to recognize when they need it. If possible, create a "cozy-corner" in your classroom designed with soft items, soft lighting, and soothing music and allow children to use the space, along with their calm-down kit when needed.

It is just as important for adults to have calm-down kits too. Failing to deal with our own anxieties, fears and frustrations can often impact how we work with the children in our care. Here are a few tips to build your coping kit and ensure you are in the best state of mind to care for our youngest learners.

Practice Deep Breathing or Meditation

Deep, intentional breathing provides oxygen to the brain and is shown to calm the nervous system. Deep breathing is not only relaxing, it's been scientifically proven to affect the heart, the brain, digestion, the immune system. Try breathing in for 3 counts and breathing out for 4 counts. Repeat at least 3 times or more if needed.

Create a Gratitude Journal

Ask yourself, what am I grateful for? Jot them down in a journal. Be present in the moment. Write the things you are grateful for today. Doing this daily increases your ability to stay present and is also linked to feeling happier.

Ignite your Senses
Using your senses of smell, touch, sight, sound, and taste can help to keep you present in the moment. Keep a candle or essential oils nearby. Listen to soft or relaxing music. Keep a picture on your phone, in your wallet or on your desk that makes you smile. Touch a soft piece of fabric or squeeze a stress ball. Have a healthy or small indulgent snack, stay present in the moment while you enjoy the taste of your comfort food.

Get Moving!
It is well known that regular exercise is healthy for both the body and mind. Physical activity can reduce anxiety, depression decrease tension, elevate and stabilize mood, increase self-esteem and improve sleep which all reduce stress. If you are new to exercise start slow, just 5 minutes of aerobic activity is shown to positively impact your health. You can also try walking, yoga, a new sport or strength training, just make sure to consult your physician if you are adding a new exercise to your everyday routine.

CONSIDERING DIVERSITY

Our society is a microcosm of varying races, cultures, abilities and identities. The diversity around us can enrich the overall quality of life for all. However, lack of understanding and tolerance for individual preferences gives rise to distrust and animosity, resulting in actions that marginalize or victimize people and thereby become the source of trauma.

Also, response and intervention to trauma varies based on the unique belief and value systems embraced by diverse families and the larger community they identify with. These culturally and ethnically influenced systems impact how families parent their children, what meaning they attach to concepts such as self-esteem, self-regulation, shame, stigma and what type of services they access and utilize. Children developing within the context of these unique practices, tend to deal with trauma the way they are taught or from observing their adults.

It is essential that practitioners of trauma informed care begin any prevention or intervention efforts with a healthy respect and understanding of the differences that the child and family bring with them. One of the first steps is identifying and acknowledging one's own biases towards other religions, languages, cultures, genders and abilities. While implicit biases are deep rooted and not easy to change, with ongoing self-reflection, education and awareness practitioners can learn to avoid stereotypical responses and become more responsive to the diverse needs of the children and families they work with.

CONCLUSION

We hope this information can be helpful to you to strengthen the development and implementation of trauma informed policies and practices in preschools and child care centers.

What that means is helping center directors, principals, teachers, assistants and parents change the way they teach and parent to take into account how a child's experience of early trauma can harm their ability to succeed in school and in life. It means providing both new information and practical tools for educators and parents to identify and respond to trauma among children who may have experienced it already, and to build resilience for all children.

The ACE Study represents one of the most important public health studies of our time, showing that children who experience "toxic stress" early in their lives are more likely to experience a long list of challenging outcomes later on. It shows that we need to strengthen our efforts up front, starting from day one, to prevent trauma from happening, and to help children build the skills they need – resilience – to overcome trauma. We hope this guidebook, the Trauma Transformation Initiative and supporting materials can help us all build a brighter, healthier, and more successful future for our children.

Special thanks to the amazing team at PCA-NJ who created the Guidebook, led by Senior Vice-President Gina Hernandez, Colleen Hicks, Director of the GROW NJ Kids Program, Carrie Speiser, Elizabeth Paterno, Jeannette Alcantara, Joanne Bodnar, Karen Benjamin, Kimberly Haigh, Michael Peralta, Sherry Clark, Stephanie Michael, Vasu Nacha and Victoria Spera.

If you'd like more information about trainings and programs offered through PCA-NJ, please visit our website at www.preventchildabusenj.org.

Thank you.

Rush L. Russell

Executive Director

RESOURCES

In addition to the resources that the Child Wellness Institute of NJ can provide, below is a list of other resources that you may use to help your program become a trauma-informed:

1. The Pyramid Model Consortium: http://www.pyramidmodel.org
2. Prevent Child Abuse NJ: www.preventchildabusenj.org
3. ACEs Connection: www.acesconnection.com
4. American Institutes for Research: www.air.org/resource/understanding-traumatic-stress-children
5. Building Trauma Informed Services: www.ecmhc.org/tutorials/trauma/mod4_10.html
6. Center for Youth Wellness: www.centerforyouthwellness.org
7. Center on the Developing Child: www.developingchild.harvard.edu
8. Child Trauma Academy: www.childtrauma.org
9. Child Trauma Toolkit for Educators: www.rems.ed.gov/docs/nctsn_childtraumatoolkitforeducators.pdf
10. Child Welfare Information Gateway: www.Childwelfare.gov
11. Child Welfare Trauma Training Toolkit: www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008
12. Community Resilience Initiative: www.resiliencetrumpsaces.org
13. Film: Resilience: www.resiliencemovie.com
14. Fostering Resilience: www.fosteringresilience.com
15. Look Through Their Eyes: www.lookthroughtheireyes.org
16. National Center for PTSD: www.ptsd.va.gov
17. National Center for Trauma Informed Care: www.samhsa.gov/nctic
18. National Center on Family Homelessness: www.air.org/center/national-center-family-homelessness
19. National Child Traumatic Stress Network: www.nctsn.org
20. Office on Women's Health, US Department of Health and Human Services: www.womenshealth.gov
21. National Child Traumatic Stress Initiative: www.samhsa.gov/child-trauma
22. National Center for Trauma-Informed Care and Alternative to Seclusion and Restraint: www.samhsa.gov/nctic
23. Strengthening Families Framework: www.cssp.org/young-children-their-families/strengtheningfamilies
24. The Child Trauma Institute: www.childtrauma.com
25. The Socio-Emotional Formation Initiative (SEFI) Montclair University: www.montclair.edu/center-for-autism-and-early-childhood-mental-health
26. Trauma-informed schools: www.traumaawareschools.org/traumainschools
27. Trauma and Learning Policy Initiative: www.traumasensitiveschools.org
28. Trauma Center: www.traumacenter.org
29. Traumatic Stress Institute: www.traumaticstressinstitute.org

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