

# Responding to Victims of Trauma in Early Childhood Settings

13<sup>th</sup> Annual Summer Institute

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# Overview

- What is Trauma?
- Developmental Trauma
- Child Development in the Context of Trauma
- Supporting Children Who Have Experienced Trauma
  - Making S.P.A.C.E.
  - BIG Feelings



# What is Trauma?

“Trauma is the emotional response when an injury **overwhelms** us. The injury could be physical, sexual or emotional.”

(Centre for Addiction and Mental Health, 2000)



# What is Trauma?

Traumatic Event  
vs.  
Traumatic Response

(Traumatology Institute, 2015)

# How common is Trauma?



(Alberta Health Services, 2015)

# Recovery is Possible

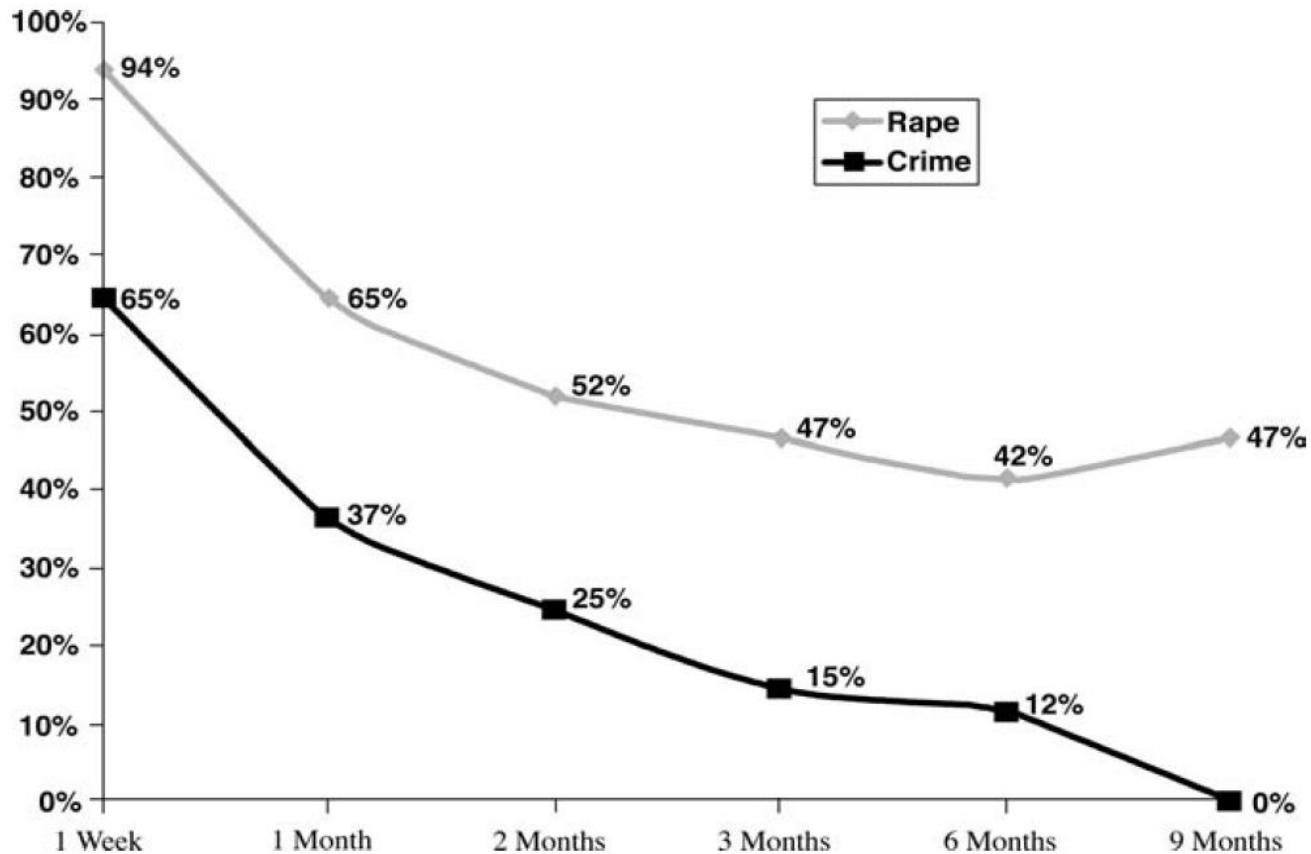
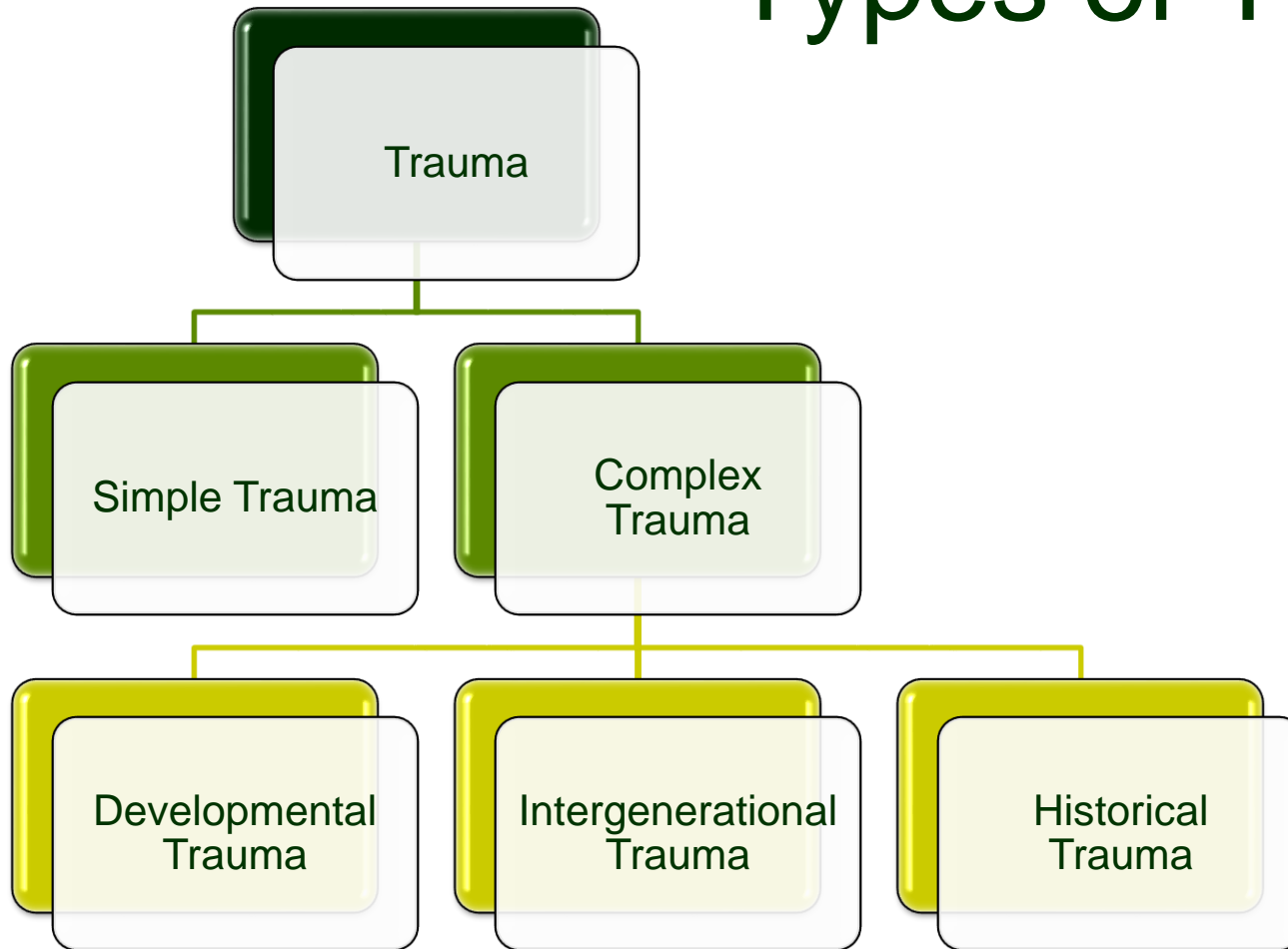


FIGURE 10.2. Proportion of rape survivors and crime victims who express PTSD symptoms at different time intervals after the traumatic event. Based on data from Rothbaum et al. (1992).

(Shalev, 2007)

# Types of Trauma





# Types of Trauma

## Type I Trauma

“An unexpected and discreet experience that overwhelms the individual’s ability to cope with the stress, fear, threat and/or horror of this event... (i.e., motor vehicle accident, natural disaster).”

## Type II Trauma

“Expected but unavoidable, ongoing experience(s) that overwhelm the individual’s ability to tolerate the event (i.e., childhood sexual abuse, combat trauma).”

(Traumatology Institute, 2015, p. 37)



# Developmental Trauma

- Early ongoing or repetitive trauma
- Involves:
  - Neglect
  - Abandonment
  - Physical and sexual abuse or assault
  - Emotional abuse
  - Witnessing violence
  - Coercion or betrayal
- Often occurs within a child's care giving system

(Arthur et al., 2013)

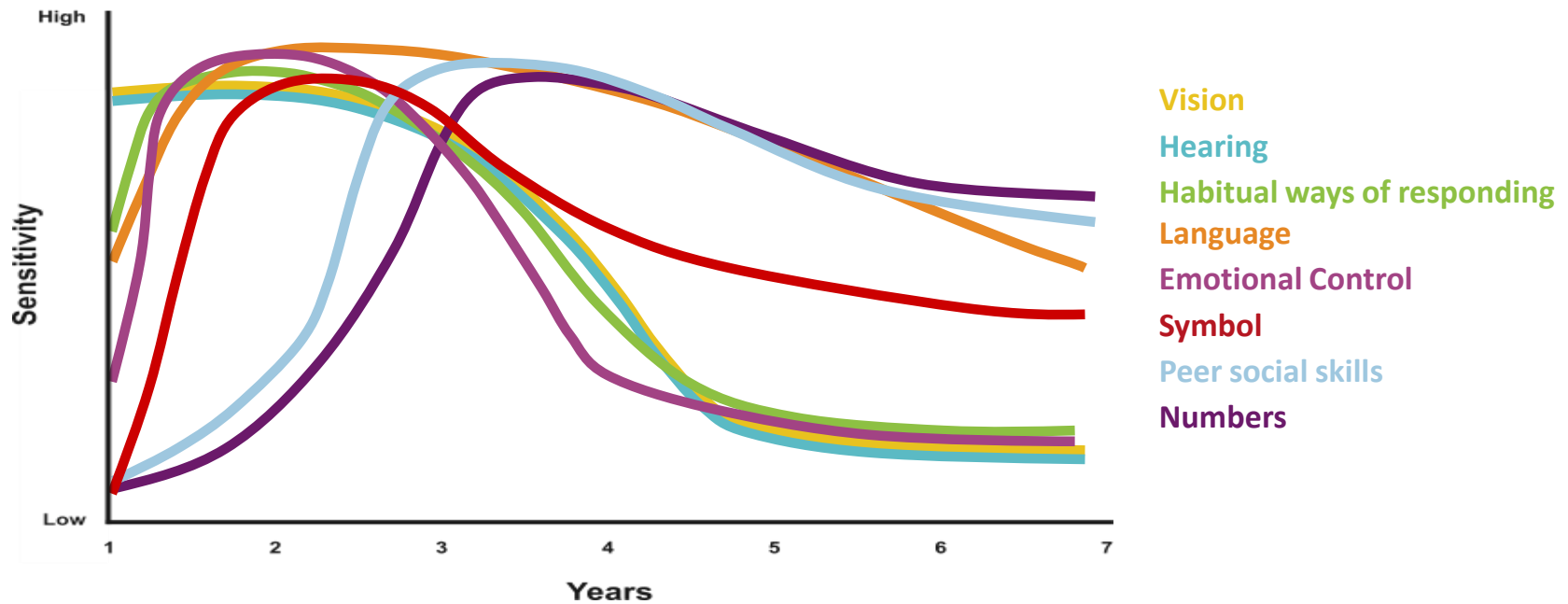


Image from <http://gwenmiller.co/when-a-childs-trust-was-broken-and-you-the-adoptive-parent-must-mend-it-10-easy-ways-to-attach-to-your-adopted-child/>

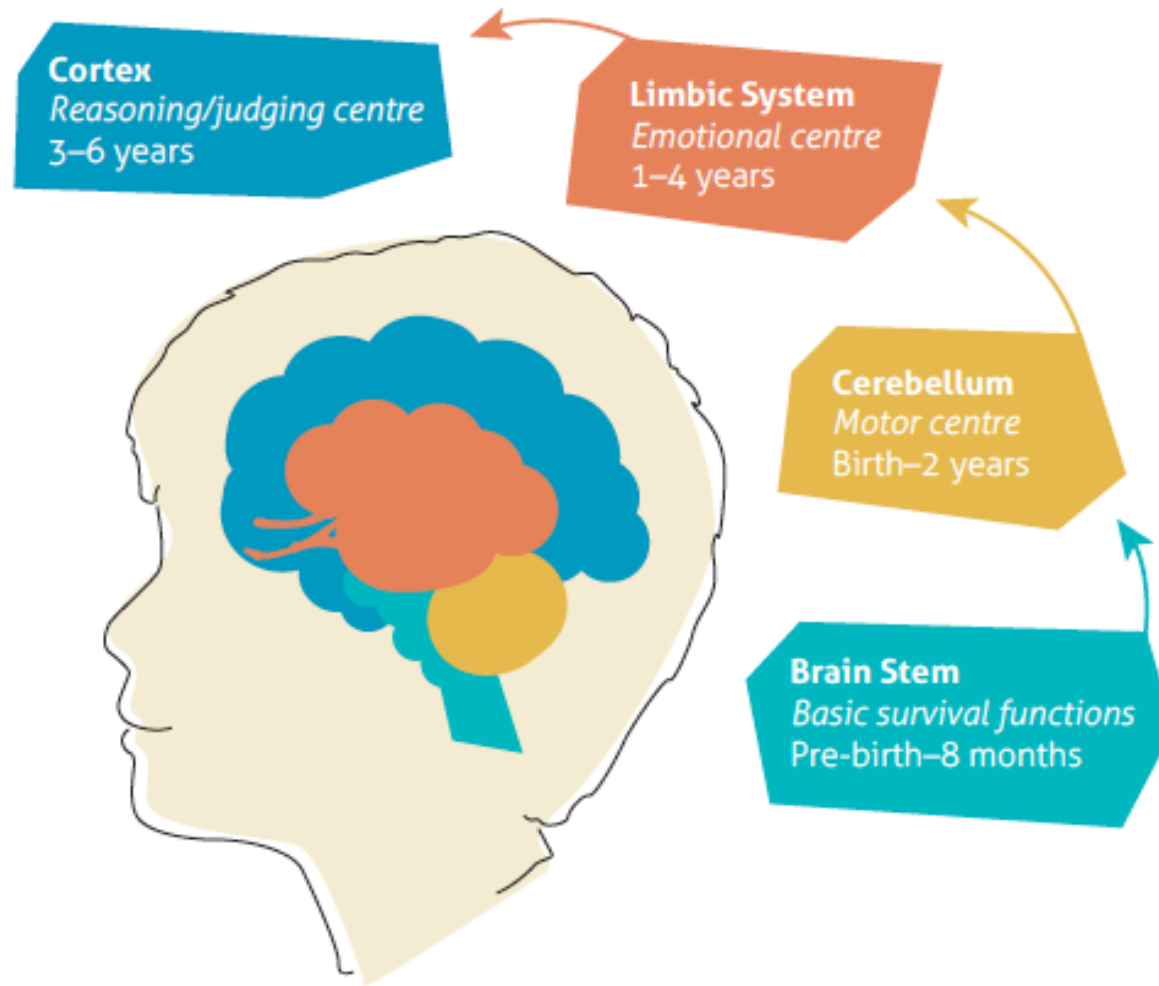
# Child Development



# Sensitive periods in early brain development



# What does a 'normal' brain look like?



(Australian Childhood Foundation, 2010)

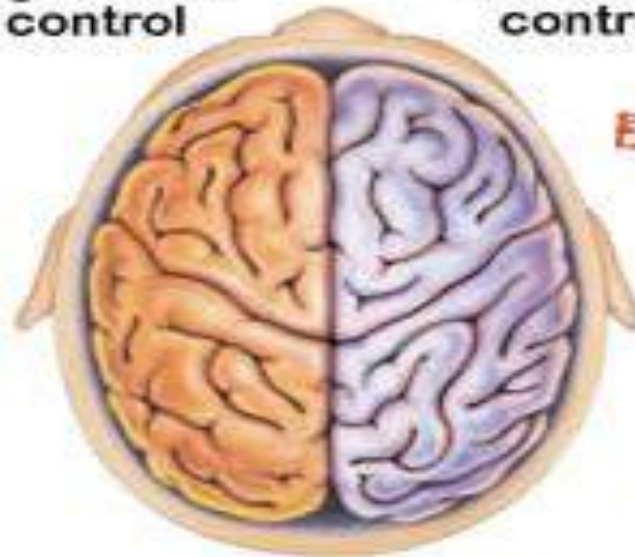
# The Way Your Brain Is Organised



Right hand control



Left hand control



Writing  
Language  
Scientific skills  
Mathematics  
Lists  
Logic

Emotional expression  
Spatial awareness  
*Music*  
Creativity  
IMAGINATION  
Dimension  
Gestalt (whole picture)

LEFT HEMISPHERE  
LINEAR THINKING MODE

RIGHT HEMISPHERE  
HOLISTIC THINKING MODE



**0-2 years**  
*Right Hemisphere*



**2-4 years**  
*Left Hemisphere*



**4-6 years**  
*Right Hemisphere*



**6-8 years**  
*Left Hemisphere*



**8+ years**  
*Integrated*

← **Lateral Brain Development** →

# Dr. Bruce Perry's Six Core Strengths

1. **Attachment** – making relationships
2. **Self Regulation** - containing impulses
3. **Affiliation** – being part of a group
4. **Attunement** – being aware of others
5. **Tolerance** – acceptance of differences
6. **Respect** – valuing differences

(Perry, 2002)





# Adverse Childhood Experiences (ACE) Study

- Decade long. 17,000 people involved
- Looked at effects of adverse childhood experiences over the lifespan
- Largest study ever done on this subject

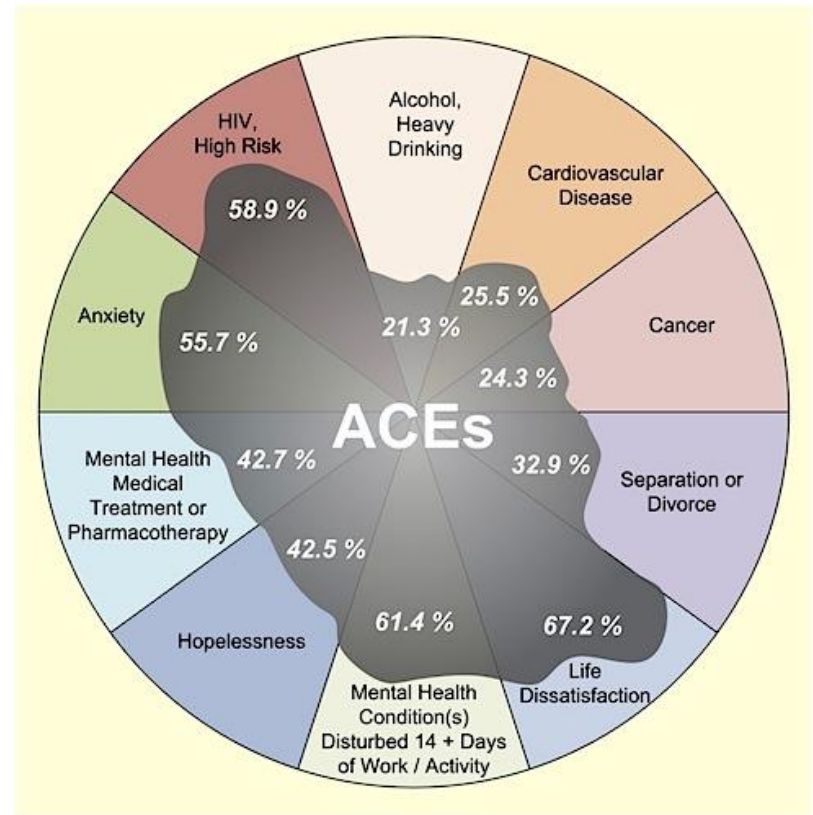
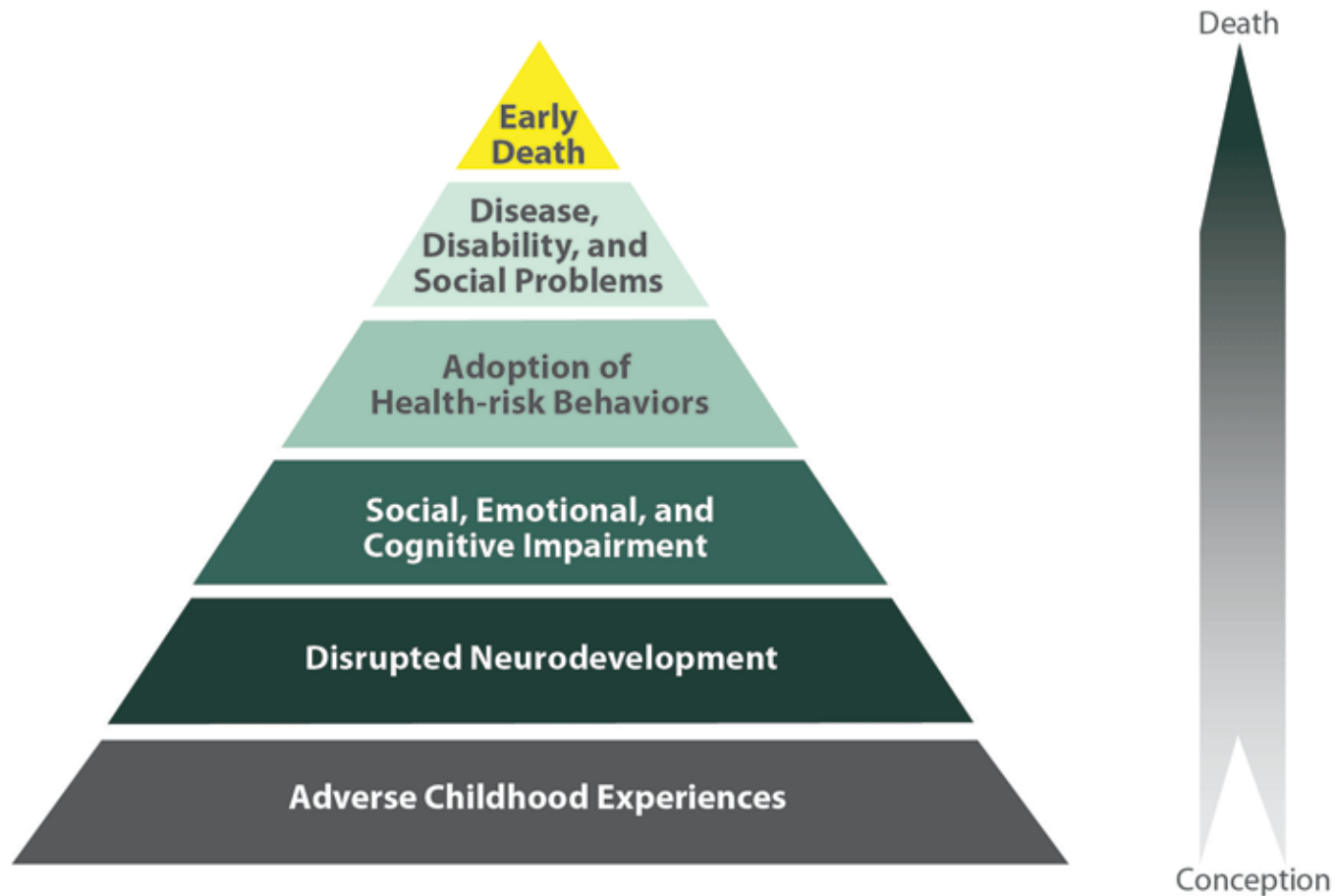


Image from <http://www.lisc-chicago.org/news/2349>

(CDC, 2016)





Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(CDC, 2016)



# Effects of Trauma on Brain Development

- Reduces the capacity of the “thinking” part of the brain.
- Increases children’s base arousal level
- Locks down a child’s capacity to adapt to change.
- Impairs the growth and connection between the right and left hemisphere of the brain.

# Recognizing Trauma/ Stress Response

## Preschool

- Uncontrollable crying
- Trembling or immobile
- Run aimlessly
- Excessive clinging
- Regressive behavior
- Confusion, irritability
- Marked sensitivity to loud noises
- Eating problems

## Elementary

- Marked regressive behavior
- Sleep problems
- Fearful
- Physical symptoms – headache, nausea, visual or hearing problems
- Withdrawal

(Traumatology Institute, 2010)

# What does this look like in children?

(Statman-Weil, 2016)

Low Zone	Optimal Zone	High Zone
Low Energy	Calm	High Energy that feels out of control
Collapsed body	Cooperative	Yelling
Head Hanging Down	Content	Physical Aggression
Head on Desk	Prosocial language and behaviours	Opposition & Defiance
Absence of Eye Contact	Able to Learn	Stealing & Lying
Limp limbs	May be high energy but child is in control	Tantrums

# S. P. A. C. E.

S

Stage of  
Development

Sequential

P

Predictable

Patterned

A

Adaptive

Active  
Observation

C

Connected

Collaborative

E

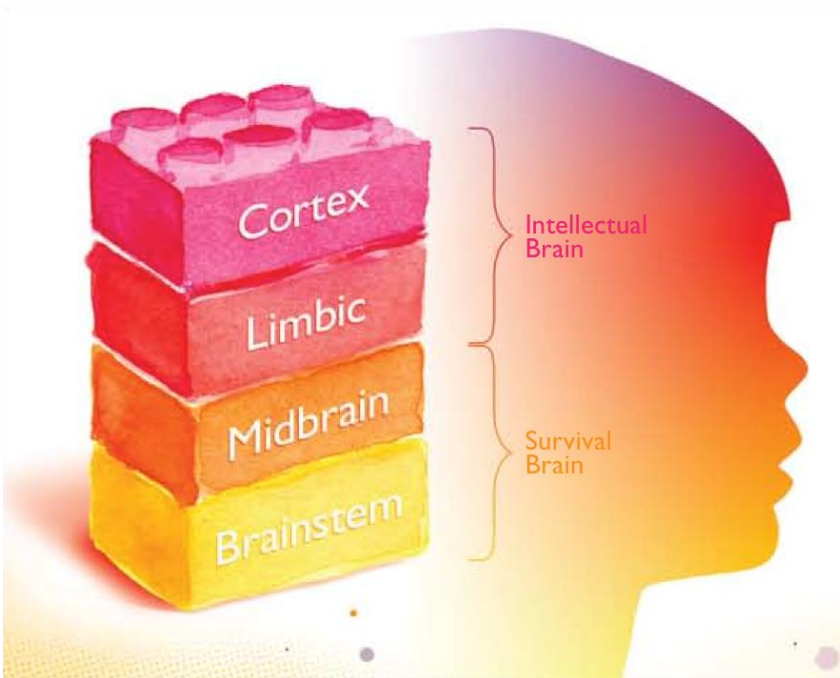
Enabled

Empowering



# Staged for Development

## Strategy: Intentional Curriculum



- Design and offer intentional invitations on a daily basis
- Responsive to children's stage of development
- Child led/directed – Children will let you know what they need.

(Statman-Weil, 2016)

# P

## Predictable

### Strategy: Strong Daily Rhythm

- Establish a consistent daily rhythm
- Let children know if something out of the ordinary is going to occur

(Statman-Weil, 2016)

	Lesson 1 9-9:45am	Lesson 2 9:45-10:30am	Break	Lesson 3 11-11:45am	Lesson 4 11:45-12:30pm	Lunch	Lesson 5 1:30-2:15pm	Lesson 6 2:15-3pm
Monday	ABC	Maths	Break	Music	Science	Lunch	Project	Project
Tuesday	Maths	PSHE	Break	English	Science	Lunch	Project	Music
Wednesday	Assembly	Swimming	Break	I.C.T	Maths	Lunch	English	RE
Thursday	CDT	I.C.T	Break	PE	Science	Lunch	English	Science
Friday	Life skills	Life skills	Break	English	Maths	Lunch	Outdoor pursuits	Post-Loral 3-3:30pm

Image from <http://senadgroup.com/wp-content/uploads/2013/04/Visual-Timetable.jpg>



# Adaptive

## Strategy: Classroom Culture

- How do we help children develop a sense of belonging?
- Offer choice – share power

(Statman-Weil, 2016)







# Adaptive

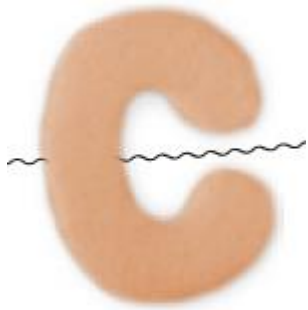
## Strategy: Active Observation

- Observing students throughout the day to be able to respond to what they see
- **Respond** to problems before they arise, rather than **react** to problems as they happen.



(Statman-Weil, 2016)

Image from  
<http://wac.450f.edgecastcdn.net/80450F/tri1025.com/files/2014/01/Students-elementary-teacher-student-credit-digital-vision-147801865-630x419.jpg>



# Connected

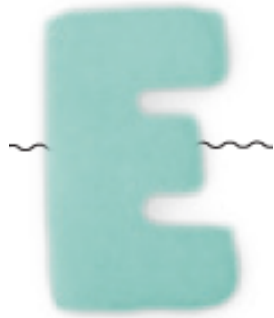
## Strategy: Nurturing and Affectionate Environments

- Be nurturing and affectionate in a way that fits for the child
- Be strengths-focused  
(Statman-Weil, 2016)
  
- Emphasize relationships with safe and consistent adults/peers as the foundation for change

(Australian Childhood Foundation, 2010)



Image from <http://www.truelancer.com/blog/wp-content/uploads/2015/01/nurture1.jp4g.jpg>



# Enabled

## Strategy: Family Partnerships

- Open, friendly and communicative relationships with parents
- Strength-focused – What do you love about their kid?

(Statman-Weil, 2016)



Image from  
<http://sr.photos1.fotosearch.com/bthumb/CSP/CSP996/k14488336.jpg>

# Self-Regulation: Supporting BIG Feelings

BIG Feeling =  
Trauma  
Response



Image from <http://avenuescounselingcenter.org/wp-content/uploads/2014/06/emotions.jpg>



# Responding to BIG Feelings

- Validate feelings
- Tell children what they **can** do
- State expectations clearly
- Offer choices
- Share power
- Clear, calm and consistent limits

(Statman-Weil, 2016)

# Responding to BIG feelings

## Inside the moment

- Stay calm
- Name the feeling/body movement
  - Describe what is going on in the moment.
  - Stay with the feeling rather than engaging with them
- Find a safe place to be
- Take a moment for yourself
  - Deep breath, goal for situation
- Stay with the feelings
- Call for assistance if needed
- Model self-regulation
- Create safety
- Clear limits/boundaries

(Statman-Weil, 2016)

# Responding to BIG feelings

## Outside of the moment

- Opportunity to talk about feelings (positive and negative)
- Ask/talk about:
  - How can I help you?
  - Read books
  - Tell stories
  - Mindfulness techniques
- Model self-regulation
- Offer opportunities for movement:
  - Chewing gum
  - Wiggle seats
  - Stress ball
  - Yoga poses
- Calm down spot:
  - Cozy rug
  - Head phones
  - Images of feelings

# Staying in the “green zone”

- Important to model self-regulation inside and outside of the moment
- How do you stay in the green zone?





# Relationship is what matters most

- Children's brains have the ability to change
- Healthy and consistent interactions can influence their brain development (Cole et al., 2005)
- Important to be:
  - Loving/nurturing
  - Safe
  - Consistent

(Statmen-Weil, 2015)



Image from

<https://africase.lids.org/bc/content/Africa%20Southeast%20Area/ASEA%20photos/612x340/Happy%20kids.jpg>

# Questions?



# References

1. Alberta Health Services. (2015). *What is trauma informed care?* Retrieved from <https://dl.dropboxusercontent.com/u/466896042/Trauma%20Informed%20Care%20eLearning%20Module/TIC%20E-Learning%20Module%20A1%20-%20What%20is%20Trauma%20Informed%20Care/story.html>
2. Ameringen, M. V., Mancini, C., Patterson, B., Boyle, M. H. (2008). Post-traumatic stress disorder in Canada. *CNS Neuroscience & Therapeutics*, 14.
3. Arthur, E., Seymour, A., Dartnall, M., Beltgens, P., Poole, N., Smylie, D., ... Schmidt, R. (2013). *Trauma-informed practice guide*. Vancouver, B.C: BC Provincial Mental Health and Substance Use Planning Council.
4. Australian Childhood Foundation. (2010) *Making SPACE for learning: Trauma informed practice in schools*. Ringwood, VIC: Australian Childhood Foundation.
5. Bloom, S. L., & Yanozy Sreedhar, S. (2008). The Sanctuary model of trauma-informed organizational change. *Reclaiming Children and Youth*, 17(3), 48-53
6. Centers for Disease Control and Prevention (CDC) (2016). *About the CDC-Kaiser ACE Study*. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/about.html>.
7. Centre for Addiction and Mental Health (CAMH). (2000). *Common questions about the effects of trauma* [Brochure]. Toronto, ON: CAMH.
8. Ferenik, S. D., Ramirez-Hammond, R. (2011). *Trauma-informed care: Best practices and protocols for Ohio's domestic violence programs*. Columbus, OH: Ohio Domestic Violence Network.
9. Funston, L. (2014). Trauma-informed practice. In NSW Kids and Families (Eds.), *Youth Health Resource Kit: An Essential Guide For Workers*, (pp. 96-106). Sydney: NSW Kids and Families.
10. Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service-system: A vital paradigm shift. In M. Harris & R. D. Fallot (Eds.), *Using trauma theory to design service systems* (pp. 3-22). San Francisco, CA: Jossey-Bass.
11. Haskell, L. (2012). A developmental understanding of complex trauma. In N. Poole & L. Greaves (Eds.). *Becoming trauma informed* (pp. 9-27). Toronto, ON: CAMH.
12. Health Care for the Homeless (HCH) Clinicians' Network (2010, December). Delivering trauma-informed services. *Healing Hands*, 14(6), 1-8.
13. Herman, J. L. (1992). *Trauma and recovery*. London: Pandora.
14. Hernandez-Wolfe, P., Killian, K., Engstrom, D. & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *The Journal of Humanistic Psychology*, 55(2), 153-172.
15. Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46(2), 226-241.

# References

1. Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.
2. Jean Tweed Centre. (2013) *Trauma matters: Guidelines for trauma-informed practices in women's substance use services*. Toronto, ON: Author.
3. Kennard, J. (2012). *How is stress different from emotional trauma?* Retrieved from <http://www.healthcentral.com/anxiety/c/4182/157941/stress-emotional/>
4. Kezelman, C., & Stavropoulos, P. (2012). *Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*. Kirribilli: Adults Surviving Child Abuse (ASCA).
5. Manitoba Trauma Information and Education Centre (MTIEC). (2013). *Trauma-informed: The trauma toolkit* (2<sup>nd</sup> ed.). Winnipeg, MB: Author.
6. Perry, B. (2002). Six core strengths for healthy development: Overview. In *Training Series 2*. Retrieved from [http://www.lfcc.on.ca/Perry\\_Six\\_Core\\_Strengths.pdf](http://www.lfcc.on.ca/Perry_Six_Core_Strengths.pdf)
7. Poole, N., & Greaves, L. (Eds.). (2012). *Becoming trauma informed*. Toronto, ON: CAMH.
8. Shalev, A. (2007). PTSD: A disorder of recovery? In L. J. Kirmayer, R. Lemelson & M. Barad (Eds.). *Understanding Trauma: Biological, Psychological and Cultural Perspectives* (pp. 207-223). New York: Cambridge University.
9. Statmen-Weil, K. (2016, March). Brain development and the significance of trauma [PowerPoint Slides]. In *The Alberta Early Years, Learning Series*. Presentation conducted at the Salvation Arm, Edmonton, AB.
10. The Multiplying Connections Initiative. (2008). *Trauma informed & developmentally sensitive services for children: Core competencies for effective practice*. Philadelphia, PA: Health Federation of Philadelphia.
11. Traumatology Institute. (2015). *Early Intervention Field Traumatology* (10<sup>th</sup> ed.). Toronto, ON: Baranowsky & Gentry.
12. Traumatology Institute. (2010). *Clinical standards of trauma care: Attachment, systems & context*. Toronto, ON: Gentry & Baranowsky.
13. U.S. Department of Veterans Affairs. (2015, August 13). *Common reactions after trauma*. Retrieved from <http://www.ptsd.va.gov/public/problems/common-reactions-after-trauma.asp>
14. Wesley-Esquimaux, C. C., & Smolewski, M. (2004). *Historic trauma and aboriginal healing*. Ottawa, ON: Aboriginal Healing Foundation.
15. Yellow Horse Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 287-305. doi: 10.1080/00377319809517532



# Thank You

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