



Trauma-Responsive Care for Infants and Toddlers in Child Care

Participant Activity Packet for Session 2: Supporting Babies and Toddlers on Their Path to Resilience

Suggested use: This activity packet can be used to take notes on how this information relates to your work with infants, toddlers, and their families. You can also use it to engage in the activities during this session.

Training Notes



Slide 11. Question

- ◆ What are behaviors, reactions, or cues babies and toddlers give us that indicate they may have experienced trauma?

Slide 15. Cognitive

- ◆ What stands out to you?

- ◆ What are other impacts or signs you would add?

Slide 16. Attachment

- ◆ What stands out to you?

- ◆ What are other impacts or signs you would add?

Slide 17. Behavioral Development

- ◆ What stands out to you?



- ◆ What are other impacts or signs you would add?

Slide 18. Regulation

- ◆ What stands out to you?

- ◆ What are other impacts or signs you would add?

Slide 19. Physical Development

- ◆ What stands out to you?

- ◆ What are other impacts or signs you would add?

Slide 22. Video

- ◆ What stood out to you?

- ◆ What is something you heard that you would like to know more about?



Slide 23. Wellness Break: Breathing Exercise

- ◆ Relax your body and do the following:
 - “Begin by breathing normally and becoming a focused observer of your breath. It’s helpful to hone in on a physical cue, like the rise and fall of your belly or the sensation of air in your nostrils (cool air coming in, warmer air going out). When your mind naturally wanders (and it will—that’s inevitable), make a note of it, then simply return to the occurrence of each inhale and exhale.”
 - “Breathing in this way, even for a minute or two, helps eliminate distraction, release negative thoughts, improve self awareness, and quiet a racing mind. The more you do it, the easier it will get—and the more you’ll start to notice the benefits in your daily life.”

Reference

Seaver, M. (2020). *5 mindfulness breathing exercises you can do anywhere, anytime.*
<https://www.realsimple.com/health/mind-mood/breathing-exercises>

Slide 25. Questions

- ◆ What has helped you overcome hardship?

- ◆ What has helped you come out okay on the other side of adversity?

- ◆ When you have faced tough obstacles and challenges and succeeded despite these circumstances, what would you say is the reason why?

Slide 30. Within-Child Protective Factor: Attachment

- ◆ Describe with words or a picture what you would observe in a program or classroom that would show you that an adult and a child had developed a strong, healthy attachment or relationship.



Slide 33. Video: Relationship Building

- ◆ What do you see happening in this video?

- ◆ How would you describe the relationship between the two toddlers and the teacher?

- ◆ How does the teacher support the attachment, relationship, or connections with the toddlers?

- ◆ How do the toddlers respond when she asks about their families? Why is this important?

- ◆ How would you feel in this interaction as the provider or teacher? Why? How would you feel as the toddler?

Slide 34. Within-Child Protective Factor: Initiative

- ◆ How does a baby or toddler show initiative?

- ◆ What does it look like when a baby or toddler uses independent thought or actions to meet their needs?



Slide 36. Video Connected to Building Initiative

- ◆ How did these toddlers show initiative?

- ◆ What did you notice about initiative in the little boy (Elliot)?

- ◆ What are some ways that the caregiver is responsive in supporting the toddlers' initiative?

- ◆ In what ways does the teacher encourage the toddlers' initiative as they discover dirt and grass?

- ◆ What do you think each child might be experiencing?

Slide 37. Within-Child Protective Factor: Self-Regulation

- ◆ What does healthy self-regulation look like for toddlers?

- ◆ What are some things that toddlers do that show you they can self-regulate?

- ◆ What are some things that babies do that show you they can self-soothe?



Slide 39. Protective Factors

- ◆ What within-child protective factor “bucket” resonates the most with you from your experience?

- ◆ Is there one where you would say, “That’s the one I see making a huge difference in the babies I serve,” or, “That’s the one that I think made a huge difference in my life”?

Slide 41. Familial Protective Factors

- ◆ From your experience working with babies and toddlers, which of the protective factors listed on the slide are the most important family-related protective factors?

- ◆ Are there any other family-related protective factors you can think of for babies and toddlers that aren’t on this list?

Slide 42. Environmental Protective Factors

- ◆ Are there other protective factors that stand out to you on this list as the most critical for babies and toddlers?

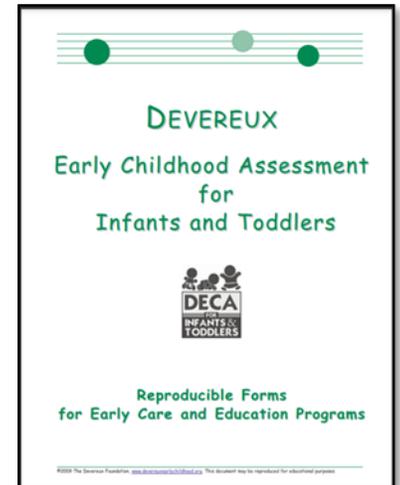
- ◆ Likewise, are there any essential community supports that may not have been identified in the research, but you know from your experiences that they serve as critical supports to very young children and their families and could support them in times of great need?



Slide 43. CARE Reflective Checklist

- ◆ Review the checklist: **Handout 2.5. [CARE Reflective Checklists](#)**
 - What are some things you're doing that you are really proud of in promoting infant/toddler resilience? Maybe consider something that you marked doing "almost always."

 - What is one thing you think you want to explore further and do to support babies and toddlers? Maybe consider something you don't do yet or do only "sometimes."



Slide 45. Resilience

- ◆ Take a moment to think of someone in your life who you would consider tough or strong, or who has "grit."

- ◆ What do you think made or makes this person resilient?

- ◆ What are the characteristics of this person? What about the characteristics of their environment? How about the environment they created around themselves?

Slide 46. Video: How Resilience is Built

- ◆ What stood out to you from what you heard or saw?



◆ Did anything resonate with you from your work with babies and toddlers?

◆ What else would you add about how resilience is built?

Slide 53. Major Take-Home Messages

◆ What are your major take-home messages from today?

Slide 54. Questions and Reflection

◆ What stood out to you?

◆ What do you want to remember?

◆ How does this relate to your work?

◆ What questions do you still have?

◆ What support do you need?



Slide 55. Dreaming Big for Babies and Toddlers: Planning for Change

<p>Using the information and materials from this session, I will ...</p>	<p>The resources I have are ...</p> <p>The resources I need are ...</p>	<p>The parts I feel most confident about are ...</p>
<p>Taking Action</p> <p>The steps that I will take are ...</p>		

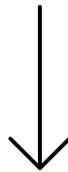


I will also ...

The resources I have are ...

The resources I need are ...

The parts I feel most confident about are ...



Taking Action

The steps that I will take are ...



Additional Resources:

- ◆ Handout 2.2. [Devereux Early Childhood Assessment Protective Factors for Infants \(DECA-I\) Infants: 1–18 Months Old](#)
- ◆ Handout 2.3. [Devereux Early Childhood Protective Factors \(DECA-T\) Toddlers: 18–36 Months Old](#)
- ◆ Handout 2.4. [Activities to Promote Resilience in Infants and Toddlers: Focusing on the Protective Factor of Attachment/Relationships](#)
- ◆ Handout 2.5. [CARE Reflective Checklists](#)
- ◆ Handout 2.6. [Ordinary Magic: Lessons from Research on Resilience in Human Development](#)

The State Capacity Building Center (SCBC) works with state and territory leaders and their partners to create innovative early childhood systems and programs that improve results for children and families. The SCBC is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

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Trauma-Responsive Care for Infants and Toddlers in Child Care: Training Series Terms and Definitions

The following information is intended to help infant/toddler caregivers strengthen their understanding of terms and definitions discussed in the *Trauma-Responsive Care for Infants and Toddlers in Child Care Series*. The terms and definitions listed offer information from a variety of sources.

Trauma Terms and Definitions

Trauma Type	Definition and Description
Acute Trauma	<ul style="list-style-type: none"> ◆ “Results from exposure to a single overwhelming event” (Crisis Prevention Institute [CPI], 2020, p. 4). ◆ “These events undermine a child’s sense of physical and/or emotional safety” (Sorrels, 2015, p. 13).
Complex Trauma	<ul style="list-style-type: none"> ◆ “Results from extended exposure to traumatizing situations” (CPI, 2020, p. 4). ◆ “Complex trauma describes both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self.” (National Child Traumatic Stress Network [NCTSN], n.d.-a, para. 1)
Early Childhood Trauma	<ul style="list-style-type: none"> ◆ “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects” (National Institute of Mental Health, n.d.). ◆ Trauma is “an exceptional experience in which powerful and dangerous stimuli overwhelm the child’s capacity to regulate emotions” (Early Trauma Treatment Network, n.d.).
Historical Trauma	<ul style="list-style-type: none"> ◆ “Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group” (Administration for Children and Families, n.d., para. 1).



Trauma Type	Definition and Description
<p>Intergenerational Trauma</p>	<p>“ ... a phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event that are like those of the person himself or herself. These reactions vary by generation but often include shame, increased anxiety and guilt, a heightened sense of vulnerability and helplessness, low self-esteem, depression, suicidality, substance abuse, dissociation, hypervigilance, intrusive thoughts, difficulty with relationships and attachment to others, difficulty in regulating aggression, and extreme reactivity to stress. The exact mechanisms of the phenomenon remain unknown but are believed to involve effects on relationship skills, personal behavior, and attitudes and beliefs that affect subsequent generations.” (American Psychological Association, n.d.)</p>
<p>Racial Trauma</p>	<ul style="list-style-type: none"> ◆ “Traumatic events that occur as a result of witnessing or experiencing racism, discrimination, or structural prejudice (also known as institutional racism) can have a profound impact on the mental health of individuals exposed to these events. Racial trauma (also known as race-based traumatic stress) refers to the stressful impact or emotional pain of one’s experience with racism and discrimination.” (Carter, 2007, p.15)
<p>Secondary or Vicarious Trauma</p>	<ul style="list-style-type: none"> ◆ “ ... refers to the behavioral and emotional experience of those people who care for, or are involved with, those who have been directly traumatized. Those who work with traumatized people may experience intrusive thoughts, nightmares, feeling withdrawn and isolated, feel depressed, have difficulty concentrating, and feel helpless. For this reason, those who work with children and families impacted by trauma need an ongoing support system to deal with the intensity of their reactions in their relationship with the victim, or perpetrator.” (Center for Early Childhood Mental Health Consultation, n.d.) ◆ “ ... the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).” (NCTSN, 2011, p. 2)
<p>Trauma</p>	<ul style="list-style-type: none"> ◆ The Substance Abuse and Mental Health Services Administration describes individual trauma as resulting from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (Substance Abuse and Mental Health Services Administration, n.d., para. 2). ◆ Trauma is “the unique individual experience of an event or enduring conditions in which the individual’s ability to integrate his or her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his or her life, bodily integrity, or that of a caregiver or family” (Center for Early Childhood Mental Health Consultation, n.d.; Saakvitne et al., 2000). ◆ “Witnessing or experiencing an event that poses a real or perceived threat” (Harden, 2015, p. 1).



Additional Trauma-Related Terms

Trauma-Related Term	Definition and Description
Adverse Childhood Experiences	<ul style="list-style-type: none"> ◆ “Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.” (Sacks et al., 2014, para. 1).
Burnout	<ul style="list-style-type: none"> ◆ “ ... a special type of work-related stress—a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity” (NCH Healthcare Systems, 2020, para. 1). ◆ “ ... The experience of physical, emotional, and mental exhaustion connected with long exposure to emotionally demanding situations, such as caring for those who have experienced trauma. Signs of burn-out may include physical symptoms of fatigue, sleep problems, somatic problems; emotional symptoms of irritability, anxiety, depression, guilt, helplessness; behavioral symptoms of anger, aggression, substance abuse; work related symptoms such as decreased effectiveness at work, being late or missing work; or interpersonal problems of trouble communicating, trouble concentrating, avoiding others, or lack of empathy.” (Center for Early Childhood Mental Health Consultation, n.d.)
Compassion Fatigue	<ul style="list-style-type: none"> ◆ “[A] broadly defined concept that can include emotional, physical, and spiritual distress in those providing care to another” (Compassion Fatigue Awareness Project, n.d., para. 1).
Cortisol	<ul style="list-style-type: none"> ◆ “ ... A steroid hormone produced by the adrenal gland in response to stress; sometimes referred to as the ‘stress hormone’ (Center for Early Childhood Mental Health Consultation, n.d.).
Positive Stress Response	<ul style="list-style-type: none"> ◆ “ ... is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.” (Center on the Developing Child, n.d.-a, para. 3)
Post-Traumatic Stress Disorder (PTSD)	<ul style="list-style-type: none"> ◆ “ ... is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This ‘fight-or-flight’ response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened, even when they are not in danger.” (National Institute of Mental Health, n.d., para. 1–2)



Trauma-Related Term	Definition and Description
<p>Protective Factors</p>	<ul style="list-style-type: none"> ◆ “ ... Individual qualities, capacities, coping strategies, or other environmental features [such as] family, school, community and other affiliations that make a positive contribution to an individual’s resilience” (Center for Early Childhood Mental Health Consultation, n.d.). ◆ “ ... characteristics, conditions, or events that promote healthy development and minimize the risk or likelihood a person will experience a particular illness or event, or its related negative outcomes” (Bartlett & Steber, 2019, para. 16; Smart, 2017). ◆ “ ... characteristics, people and supports that help a person get through tough times. They are our ‘umbrellas in a rainstorm.’ Protective factors can be built and strengthened over time.” (Devereux Center for Resilient Children, n.d., para. 1)
<p>Resilience</p>	<ul style="list-style-type: none"> ◆ The Center for the Developing Child defines resilience as the “ability to overcome serious hardship” (Center on the Developing Child, n.d.-b, para. 1). ◆ “Reducing the effects of significant adversity on children’s healthy development is essential to the progress and prosperity of any society. ... Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential.” (Center on the Developing Child, n.d.-b, para. 1) ◆ “ ... a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 1). ◆ “ ... capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system” (Masten, 2014, p. 10).
<p>Risk Factors</p>	<ul style="list-style-type: none"> ◆ “ ... A term to describe those individual aspects or circumstances that may be associated with potentially negative effects on healthy growth, development, and adaptation or resilience, such as premature birth, health problems, poverty, etc.” (Center for Early Childhood Mental Health Consultation, n.d.). ◆ “Circumstances, characteristics, conditions, events, or traits at the individual, family, community, or cultural level that may increase the likelihood a person will experience adversity” (Bartlett & Steber, 2019, para. 14; Smart, 2017).
<p>Tolerable Stress</p>	<ul style="list-style-type: none"> ◆ “Serious, temporary stress response, buffered by supportive relationships” (Center on the Developing Child, n.d.-a, para. 3.).
<p>Tolerable Stress Response</p>	<ul style="list-style-type: none"> ◆ “ ... activates the body’s alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.” (Center on the Developing Child, n.d.-a, para. 3.)
<p>Toxic Stress</p>	<ul style="list-style-type: none"> ◆ “Prolonged activation of stress response systems in the absence of protective relationships” (Center for the Developing Child, n.d.-a, para. 3).



Trauma-Related Term	Definition and Description
<p>Toxic Stress Response</p>	<ul style="list-style-type: none"> ◆ “... can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years.” (Center on the Developing Child, n.d.-a, para. 3)
<p>Trauma-Informed Care</p>	<ul style="list-style-type: none"> ◆ “... means that caregivers and teachers understand how trauma changes the brain and affects relationships, self-regulation, sensory processing, learning, and behavior. Informed adults recognize the behavioral signs of trauma and know how to create environments that provide a sense of emotional safety and healing.” (Sorrels, 2015, p. 9) ◆ “A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual—recognizing that person’s constant interdependent needs for safety, connections, and ways to manage emotions/impulses” (CPI, 2020, p. 3).
<p>Trauma-Responsive Care</p>	<ul style="list-style-type: none"> ◆ “... looking at every aspect of an organization’s programming, environment, language, and values and involving all staff in better serving children who have experienced trauma” (Covington & Bloom, 2018, para. 1). ◆ Providing trauma-responsive care means moving beyond just being informed and offering the most effective and compassionate care to those effected by trauma. ◆ A trauma-responsive approach recognizes and responds to the impact of traumatic stress on children, caregivers, and service providers. It does so by increasing trauma awareness, knowledge, and skills and incorporating this into programs’ policies and practices. This approach also involves collaboration that helps maximize physical and psychological safety and supports the ability of children and families to thrive.
<p>Trauma-Responsive System</p>	<ul style="list-style-type: none"> ◆ The National Child Traumatic Stress Network defines trauma-informed child and family service systems as those “in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, staff, and service providers.” (NCTSN, n.d.-b) ◆ “Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies” (NCTSN, n.d.-b) ◆ “They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to thrive” (NCTSN, n.d.-b)



Trauma-Related Term	Definition and Description
Triggers	<ul style="list-style-type: none"> ◆ “Signals that act as signs of possible danger, based on historical traumatic experiences and which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch). Triggers are all about one’s perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A triggered individual experiences fear, panic, upset, and agitation.” (CPI, 2020, p. 3) ◆ “... An experience that, for an individual, represents a troubling reminder of a traumatic event. The trigger need not be frightening or traumatic, but can prompt emotional or physical symptoms associated with the original trauma. The trigger can take many forms, such as a person, place, noise, image, smell, taste, scene, body sensation, etc. Also known as trauma reminders.” (Center for Early Childhood Mental Health Consultation, n.d.)

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