



Trauma-Responsive Care for Infants and Toddlers in Child Care

Participant Activity Packet for Session 3: Trauma-Responsive Care Strategies and Practices

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



Session 3: Activities and Reflections

Slide 6. Our Learning Environment

- ◆ Think about how you learn best.
- ◆ What support would you like from others during this training series?
- ◆ List some of the shared learning agreements decided on.

Slide 8. Mindfulness Activity

- ◆ Reflect on the mindfulness activity.
- ◆ What do you want to remember from this experience?

Slide 12. Question

- ◆ What are the most important ways for you to connect with the babies and toddlers in your care?



- How can I arrange with someone else to trade off certain tasks so that I can spend more time with this child?

- Are there appropriate ways to include children in any of the tasks I need to do?

- How can I focus on the needs of this child as an individual and still consider the needs of the group?

- How can I slow down and make a conscious effort to be fully present with the parent(s) to learn more about them personally and about their child?

- ◆ Name two things you will do next week to be more attentive, aware, and responsive in your interactions with this child.

Slide 16. Video: Baby Talk

- ◆ How does the teacher show her interest in the infant?

- ◆ What do you notice about the infant's and teacher's pace as they sit together?

- ◆ What kinds of comments does the teacher make as the infant explores?



◆ What do you notice about the teacher’s gaze? How about her tone?

◆ Complete the following statements from the baby’s perspective:

- I feel _____.
- Caregivers are _____.
- The world is _____.
- I am _____.

Slide 19. Question

◆ When you close your eyes and you think of a safe, warm, welcoming, and trauma-responsive place for very young children, what do you

- see?

- smell?

- hear?

- feel?

Slide 21. Environments

◆ In what other ways can caregivers use the physical environment—whether a classroom, family child care space, or a family’s own home—to support infants and toddlers?

- Classroom:

- Home-based child care:

- Child’s home:



Slide 22. Space

- ◆ Looking at this photo with your trauma-responsive lens on and recognizing that every environment has a sensory load composed of sights, sounds, and smells that affect our senses, consider the following:
 - What about this space supports a child's "sensory load"?

- ◆ Thinking about safety, belonging, and comfort, consider the following:
 - What do you like?

 - What would you change?



Slide 23. Places and Spaces

- ◆ Looking at these photos with your trauma-responsive lens on and recognizing that every environment has a sensory load composed of sights, sounds, and smells that affect our senses:
 - What about this space supports a child's "sensory load"?

- ◆ Thinking about safety, belonging, and comfort:
 - What do you like?

 - What would you change?





Slide 24. Spaces and Places

- ◆ Looking at this photo with your trauma-responsive lens on and recognizing that every environment has a sensory load composed of sights, sounds, and smells that affect our senses:
 - What about this space supports a child's "sensory load"?

- ◆ Thinking about safety, belonging, and comfort:
 - What do you like?

 - What would you change?



Slide 26. Question

- ◆ What is the practice or strategy you are most proud of that is responsive to the needs of babies and toddlers who have experienced trauma?

Slide 29. Practices that Support Self-Regulation

- ◆ What are additional ways that interactions support self-regulation?



Slide 31. Understanding Behavior: It All Has Meaning!

- ◆ Reflect on what you have heard regarding the behavior of young children who have experienced trauma. What is something that:
 - Took your thoughts in a new direction?

 - What is something that you now see from a new angle?

Slide 39. Question

- ◆ How can routines and schedules promote trauma-responsive care for babies and toddlers?

Slide 44. Supporting Emotional Health with Routines

- ◆ Think about how the following caregiving routines can be trauma-responsive:
 - Arrival:

 - Mealtimes:

 - Nap times:

 - Transition to outdoor:



- Handwashing:

- Small group activities:

- Discovery time:

- Toileting or diapering:

- Departure:

Slide 47. Question

- ◆ What kinds of play do you enjoy the most with babies and toddlers?

Slide 50. Using Rhythm and Music with Babies and Toddlers

- ◆ If you were to play music as you go to sleep, what kind of music would be playing?

- ◆ What songs would be playing if you were having a dance party?

Slide 52. Bilateral Play

- ◆ Make a list of your favorite bilateral play activities that you can do with babies and toddlers:

- ◆ Are there more that you would add to this slide?



Slide 53. Mindfulness and Breathing with Young Children

- ◆ Follow along with the prompts below, which have been pulled from the [Getting Started with Mindfulness Toolkit](#). Be sure to think about how you may incorporate mindfulness and breathing play activities with the babies and toddlers in your care.
 - **Five Senses Exercise (2–3 minutes)**
 - “A few notes about this practice: One effective way to shift habitual thinking patterns is to get out of our heads and more in touch with the present-moment experience of our bodies. We can do this by engaging our senses. This brief practice can be done any time we want to refocus on the present or when we are having a stressful moment and need to re-center ourselves quickly.”
 - “Notice five things that you can see. Look around you, notice and name five things that you can see.”
 - “Notice four things that you can feel. Tune in to your sense of touch, notice and describe the texture of four things you can touch.”
 - “Notice three things you can hear. Listen carefully, notice and name three sounds you hear in your environment.”
 - “Notice two things you can smell. Notice and name two smells you recognize.”
 - “Notice one thing you can taste. Focus and name one thing that you can taste right now. You can take a sip or bite of something, or just notice the current taste in your mouth.”
 - **Starfish Breathing (3 minutes)**
 - “Choose a hand to be your starfish, and extend this hand, palm out with fingers spread widely—like a starfish. Use the pointer finger from your other hand to trace the starfish in sync with your breath. Start at your thumb, and as you breathe in deeply, trace up your thumb to the top. Do this carefully, so your movement matches your inhale. Now, with your out breath, trace down the inside of your thumb. Again, move slowly paying attention to keeping the breath and movement together. Continue breathing up and down each finger, paying careful attention to match your movement with your breath. As you breathe and trace, notice the sensations of movement in your body—your chest and belly moving in and out and your finger moving up and down. When you come to the base of your wrist below your little finger, rest for a moment. Check in with yourself. Notice how you are feeling without analyzing or judging. Then continue the practice switching hands” (Zero to Three, 2019).

Reference

Zero to Three. (2019). *Getting started with mindfulness toolkit*. <https://www.zerotothree.org/resources/2896-getting-started-with-mindfulness-a-toolkit-for-early-childhood-organizations>

Slide 55. Major Take-Home Messages

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

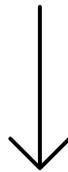


Slide 57. Dreaming Big for Babies and Toddlers: Planning for Change

<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>		



<p>I will also ...</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>
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Taking Action

The steps that I will take are ...



Additional Resources:

- ◆ Handout 3.3. [Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Infants in Classroom Settings](#)
- ◆ Handout 3.4. [Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Toddlers in Classroom Settings](#)
- ◆ Handout 3.6. [Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence](#)
- ◆ Handout 3.7. [Books About Feelings for Babies and Toddlers](#)
- ◆ Handout 3.8. [Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care](#)
- ◆ Handout 3.9. [123 Care: A Trauma-Sensitive Toolkit for Caregivers of Children](#)
- ◆ Handout 3.10. [The Power of Play for Addressing Trauma in the Early Years](#)
- ◆ Handout 3.11. [Getting Started with Mindfulness: A Toolkit for Early Childhood Organizations](#)

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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Engaging in Meaningful Interactions

One sign of respectful and responsive relationships is that children and caregivers have a variety of meaningful interactions during their time together. When you have meaningful interactions with infants and toddlers you are:

- ◆ attentive;
- ◆ nurturing;
- ◆ warm;
- ◆ responsive;
- ◆ respectful;
- ◆ guiding, and
- ◆ comfortable following children's lead.

The following are some ways to engage in meaningful interactions with the infants and toddlers in your care.

Self-Reflection

Taking a moment each day to think about how your communication and behavior affect the infants, toddlers, and adults you interact with is a powerful way to develop your awareness and responsiveness. Think about how your personal interactions might affect your relationships. For example, how do your tone of voice, facial expressions, and body posture communicate messages to the people around you?

Take the Time to Connect with Children

- ◆ **Slow down.** Life is busy, and you have a lot to do each day. As a caregiver, you provide the extremely valuable service of caring for infants and toddlers. Instead of constantly thinking about what comes next, take a deep breath to help yourself consciously slow down and fully experience what is happening in the moment. For example, rather than rushing through feeding an infant, you might slow down, carefully watch the infant's cues, engage in back-and-forth communication, and feed at the infant's pace.
- ◆ **Be present.** Being present means taking a moment to clear your mind of all distractions so that your focus is only on connecting with children (Dombro, Jablon, & Stetson, 2011). With this focus, you can think carefully about responding to individual children's cues and needs in that moment.
- ◆ **Remember that being with children is the first priority.** Helping to support the growth and development of the children in your care is your greatest and most important role, placing all other responsibilities second. When you are faced with many tasks throughout the day, it might be easy to be distracted by doing laundry, cleaning cots, or completing paperwork. It is not easy to be present when other tasks need to be done. Reminding yourself that being present with children is the first and most important role that you play helps you prioritize time and the other tasks that need to be completed. Understandably, there are a lot of tasks to complete as an infant and toddler teacher in a child care center or family child care home. If it feels challenging to balance these tasks with being present with children, you may want to talk with your director or colleagues and develop approaches that will help you keep your focus on the children.



- ◆ **Take time to understand children's individual needs.** When working with infants and toddlers, it is important to get to know them as individuals who have unique interests, needs, and preferences. Working to understand each child's interests, needs, preferences, and culture builds a foundation for connecting with infants and toddlers in meaningful ways.
- ◆ **Support children's learning.** When you are in tune with children's individual needs, you are able to make responsive and sensitive decisions about the next step in each child's learning (Dombro, Jablon, & Stetson, 2011).

Resources

[Baby Talks, Webinar 1—Babbling Babies: Early Learning Development](#) (2017) is an hour-long webinar that explores how social interactions support infants' and toddlers' language development and the strategies teachers can use in their interactions with children to support this development. This webinar is part of the BabyTalks webinar series that features current research about babies, developed by the National Center on Early Childhood Development, Teaching and Learning.

[Early Essentials, Webisode 8—Responsive Interactions](#) is a 20-minute video that discusses the importance of having responsive back-and-forth interactions. This video is part of the Early Essentials series, which offers key messages and helpful resources to get staff started with the youngest children and their families. The video has a [Quick Start Guide](#) that includes teaching practices and resources.

Reference

Dombro, A. L., Jablon, J., & Stetson, C. (2011). *Powerful interactions: How to connect with children to extend their learning*. Washington, DC: National Association for the Education of Young Children.

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WHAT IS TRAUMA?

Merriam-Webster defines trauma as an emotional upset. Trauma can be physically, emotionally, and mentally stressful experience that takes place in the life of an individual. Trauma can change how the brain processes experience.

We all have different sensitivities, and we all experience things differently, so what is traumatic for one person might not be as traumatic for someone else. For example, for one child, a move away from friends and family may be experienced as traumatic, while for another child, it may not.

Some examples of possible traumatic events are physical, emotional, and sexual abuse, neglect, witnessing a loved one being harmed in some way, loss of a loved one, divorce, a move, natural disasters, substance use by a caretaker, diagnosis of an illness in self or loved ones, and living in violent communities.

Complex trauma occurs when trauma has been ongoing, as with long term family abuse or violent communities.

TRAUMA SIGNS & SYMPTOMS

Signs and symptoms of trauma can include:

- Trouble relating to self and others
- Problems regulating emotions
- Anxiety
- Behavioral changes (a child who's always been quiet may begin to act out or a bubbly child may become quiet and clingy to caretakers)
- Problems forming attachments to others
- Trouble sleeping
- Recurring nightmares
- Changes in appetite
- Body aches
- Trouble focusing
- School-related problems
- Hyperactivity
- Tiredness
- Difficulty focusing

Signs or symptoms you may see more commonly in teens:

- Use of alcohol or drugs
- Engage in inappropriate sexual activity
- Become depressed
- Suicide attempts
- Self-injury

These can occur immediately after or during an ongoing event, or have delayed onset of sometimes years. While some of these symptoms can appear similar to other disorders, it is important to address them as t

trauma and seek out treatment. Without treatment, symptoms of childhood trauma can persist for a long time, affecting daily living, and even changing the brain and the nervous system into adulthood.

ACES?

Back in the mid-90s, the CDC and Kaiser-Permanente carried out a study examining the long-term effects of what they called Adverse Childhood Experiences (also known as ACES). ACES have been linked to a host of health problems and emotional struggles later in life, including substance abuse, heart disease, cancers, depression, and suicide. The ACES study underscores the need for early and effective treatment of trauma.

ACES are, unfortunately, common, and include experiences of abuse, neglect, and household dysfunction, such as living with an adult who abuses alcohol or drugs, witnessing domestic violence, divorce, and other traumatic experiences. If a child has experienced one ACE, it's likely they've experienced several. For instance, domestic violence and alcohol abuse are often tied together, and often lead to divorce.

There is hope, however. Resilience can help to overcome the effect of ACES.

WHAT IS RESILIENCE?

Resilience is the ability to bounce back after hard times. It is important to remember that despite bad things happening, there is hope. Children can regain a sense of well-being despite trauma, and sometimes emerge even stronger. The interaction between children and their environment can promote resilience. The most important way to help children be resilient is to ensure that they have strong, stable relationships with caretakers, family members, family friends, and community members that they can trust and rely on to help them maintain a sense of safety and view the world as a safe place.

Another way to promote resilience is to help children feel capable. When a child is given tools and skills and helped to cope with traumatic experiences, they begin to believe in their ability to heal and calm themselves. Physical exercise, arts and crafts activities, and play, among other things, can instill a sense of capability and improve regulation. Further along in this tool kit we provide examples of specific activities that can help in healing.

Reigniting hope and a belief in self and others, and a vision of a better future, can all promote resilience.

VALIDATING EMOTIONS

Validating the experience of others is critical in the treatment of trauma and promoting resiliency. As indicated earlier, trauma is an emotional upset, and is experienced differently from person to person. What one person sees as trauma may not be traumatic for someone else. Trauma is all about experience and how experience is perceived.

When validating emotions, here are some important points to remember:

- Take time to listen
- Make an effort to understand the person's point of view

- Empathize
- Give verbal responses to show your listening
- Stay present
- Ask clarifying questions

Validating emotions can allow the individual to feel understood and that what they are feeling is okay. By validating emotions you can build/strengthen a relationship and help the individual to become more resilient.

HOW TO SPEND TIME WITH KIDS

Spending time with kids can help them develop resiliency. Caring relationships, whether they are parents, teachers, or others can aid in coping. When children feel unconditional support they feel empowered and confident that they can work through difficult situations. When spending time with kids it is important to reduce distractions. There is a difference between truly spending time together and just being in the same room and around each other. It is also important to be present in the moment and to take time to truly be present in the interaction.

There are many ways that you can spend time with kids, some examples include:

- have a family dinner
- read a book together
- go for a walk
- play a game
- do a craft
- play with toys
- cook/bake together
- play a sport
- go for a bike ride
- share your ups and downs about the day
- have a special bedtime routine
- help with homework
- ask about their day
- go to a park

In the following pages we provide some specific activities adults can do with children to help encourage resiliency by giving the children some tools to help keep themselves calm when healing from trauma. These activities work best if they are used when the child is in a calm state. It's hard for the brain to learn new skills when the child is already upset. If the skills are taught when the child is feeling calm and peaceful, eventually, with practice, the child can learn the signs that they're getting upset and can use a tool to calm themselves before getting too upset.

MINDFULNESS GROUNDING TECHNIQUE

The purpose of this activity is to assist children calming down or staying calm when they have become upset. This activity uses the idea of mindfulness or being present in the moment. This activity can also be done at bedtime to assist children in falling asleep and reducing anxiety.

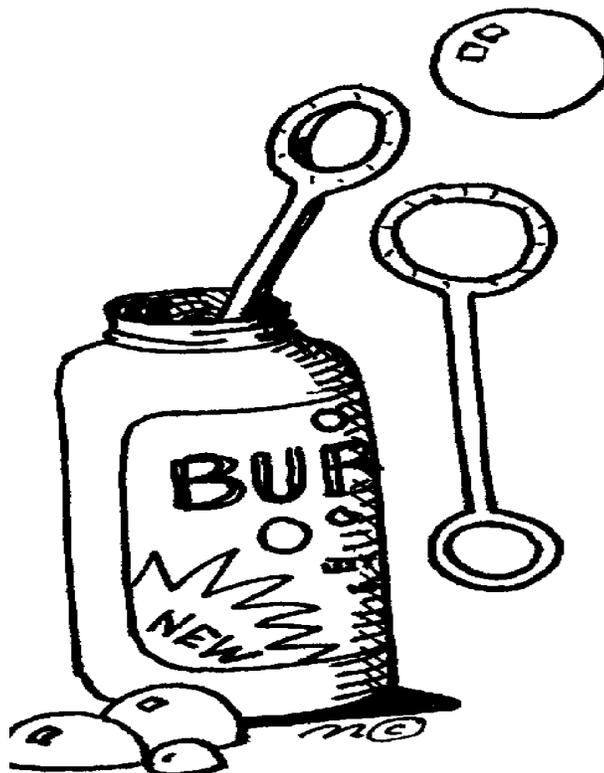
Directions: Ask the child to name 5 things they can see right now, wait as the child lists them. You can also help the child if they appear to be stuck. Next you ask the child to name 4 things they can feel right now. Allow the child to get up and feel things around them. Next ask the child to list three things they can hear right now, then 2 things they can smell and 1 thing they can taste. Taste can be difficult for children so you can also ask them to list one thing they tasted that day.



MINDFULNESS GROUNDING TECHNIQUE

The purpose of this activity is to teach deep breathing techniques to children. Deep breathing helps children to take a moment to relax and work on returning to a calm state. This activity can be done anytime the child is feeling upset. This technique is best practiced daily so that it becomes second nature for the child. You will need a bubble solution and bubble wand for this activity.

Directions: Take the bubble solutions and wand and tell the child “We are going to learn something fun today using bubbles”. Next ask the child if they know how to make great big bubbles. If the child says yes, have them demonstrate. Tell the child in order to create great big bubbles you need to have a lot of breath. Take the bubble solution and demonstrate quick puff breathing making small or no bubbles. Respond with “See when I use my little breath, my bubbles are small and hard to get out”. Next demonstrate fast breathing. Respond with “See when I breathe fast the bubbles pop faster”. Finally, use deep slow breaths and blow a bubble. Respond with “See how I took a big deep breath and my bubble got bigger and didn’t pop”. Tell the child that slow, deep breaths are useful when blowing big bubbles and when feeling upset. Work with the child to practice all three bubble breaths. Afterwards, practice the deep breathing bubble breath several times. When the child becomes upset you can remind them to use their “bubble breath” and pretend they are blowing a big bubble. Additionally, you can have some bubble solution on hand and actually have the child blow bubbles when upset to practice deep breathing.



MINDFULNESS GROUNDING TECHNIQUE

The purpose of this activity is to create a box where children can put various items in the box that help them when they become upset. The box is then stored in an accessible location to both client and adult. Child can grab the box when needed, or the adult can suggest the coping box and/or participate with the child in partaking in the coping box. This is a cooperative activity between the adult and child. Note: accessibility of the box is determined by adult's knowledge of the child and the child's ability to use the box when needed for coping. These boxes can also be used in a school setting as well.

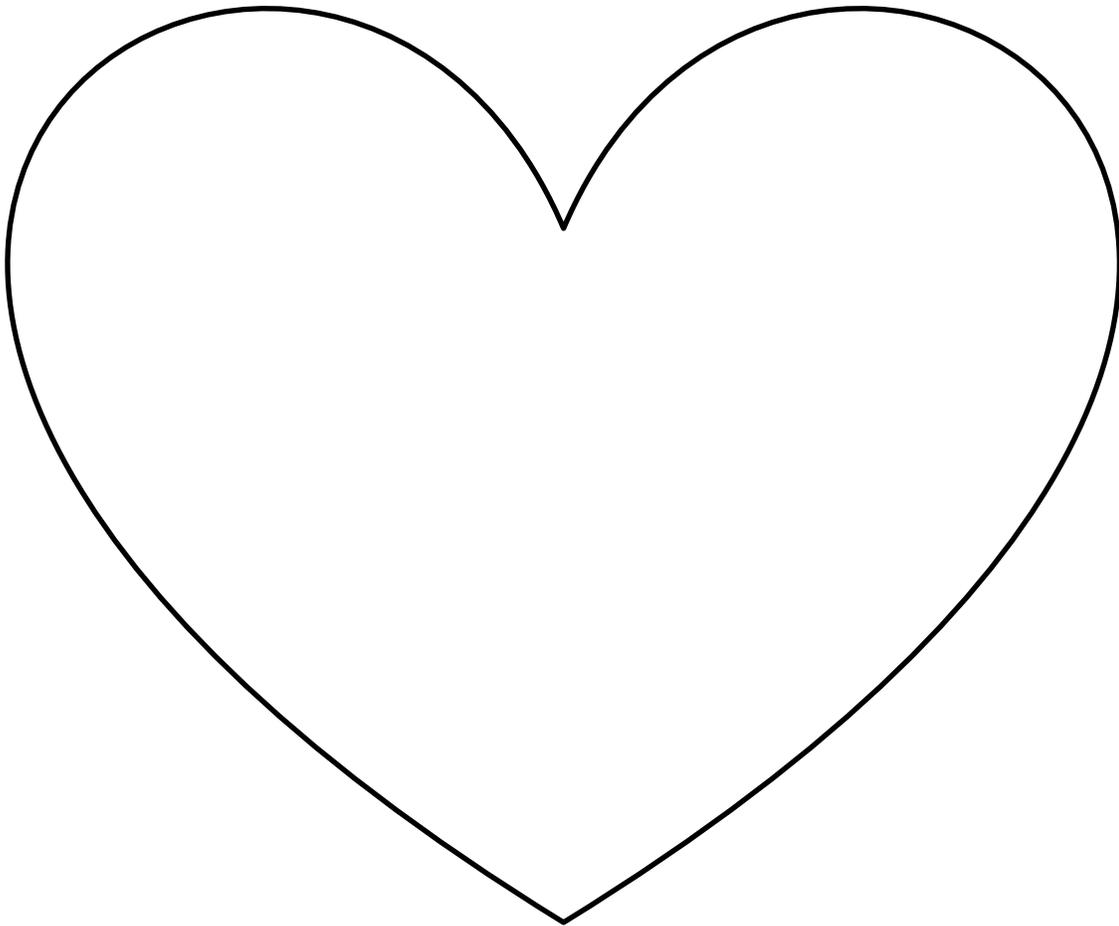
Directions: A simple box is all that is needed for the container. This box can be big or small as determined by the child and adult. The box can be decorated or plain. Let the child feel free to use their creativity on the box. It is recommended that the box can be sealed in order to protect contents. Once the box is complete adult and child determine which items child would like in the box. Below are suggestions of some of the materials that can be included in a coping box.

- Pipe cleaners
- Slime or putty
- A small, soft stuffed animals
- Fidget toys
- Crayons and paper
- Bubbles
- Journal (older children)
- Small puzzle
- Book(s)
- Playdoh
- Glitter jar
- Soft fabric or blanket
- Pictures of things child enjoys and/or family or cherished memories
- Bubble wrap
- Pom poms
- Calming scent item (these can be candles, sprays and/or lotions)

HEART CHECK-IN

The purpose of this activity is to check in on the child's emotions. This will help both you and the child to understand what they are feeling and explore those feelings.

Directions: Using the Heart Handout, ask the child to color areas of the heart using different colors to represent different emotions. Label these emotions on the side of the paper. Let the child know the parts they color in should be as big or as little as they felt that emotion during the time period you are referencing. For example: Johnny colored half of the heart red for anger because he felt very angry today during school.





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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