



## Trauma-Responsive Care for Infants and Toddlers in Child Care

### Participant Activity Packet for Session 4: Partnering with Families to Build Their 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 18. Video

- ◆ What stood out to you in this video?
  
  
  
  
  
  
  
  
  
  
- ◆ What did you hear the families in this video say supported them?
  
  
  
  
  
  
  
  
  
  
- ◆ What is something you heard that took your thinking in a new direction?

## Slide 20: Wellness Break: Breathing Exercise

- ◆ Relax your body and do the following:
  - Position your right hand by bending your pointer and middle fingers into your palm, leaving your thumb, ring finger, and pinky extended. This is known as Vishnu mudra in yoga.
  - Close your eyes or softly gaze downward.
  - Inhale and exhale to begin.
  - Close off your right nostril with your thumb.
  - Inhale through your left nostril.
  - Close off your left nostril with your ring finger.
  - Open and exhale through your right nostril.
  - Inhale through your right nostril.
  - Close off your right nostril with your thumb.
  - Open and exhale through your left nostril.
  - Inhale through your left nostril.
  - Do your best to work up to 10 rounds of this breathing pattern. If you begin to feel lightheaded, take a break. Release both nostrils and breathe normally.



## Slide 25. Question

- ◆ What are some of your favorite ways to build trusting relationships with families?

## Slide 26. Build a Foundation for Trusting Relationships

- ◆ Think about an infant or toddler in your care. Take a moment to identify the important relationships in their life.
  - Who are the important people in the life of this infant or toddler? How do they benefit from each of these relationships? How can you tell?
  
  - Think of some specific ways that you, as the child's caregiver, support these important relationships.
  
- ◆ Ask yourself the following:
  - How can I be more welcoming to the child's family members so that they feel comfortable sharing information about their child with me?
  
  - How can I communicate more frequently to the child's family members about the things their child does while in my care?
  
  - How can I sensitively share about children's growth and their developmentally appropriate struggles?
  
  - How can I ask for more information about the child's life outside of school?



- How can I learn more about the family's culture, traditions, and home language so that I can reinforce the important connections between the child and their family?
  
- How can I learn about how the family engages in caregiving routines with the child (for example, feeding, diapering, and sleeping routines)?
  
- How can I learn about the family members' goals for their child so that I can plan experiences that support those goals while their child is in my care?
  
- How can I model warm, responsive caregiving with this child and their family?
  
- How am I supporting positive parent-child interactions?

## **Slide 27. Video: Building Relationships with Families**

- ◆ How do the professionals keep families informed of their child's learning and activities?
  
  
  
  
  
  
  
  
  
  
- ◆ How do the professionals engage with families?



## Slide 28. Question

- ◆ What are your favorite ways to honor a family's home life and culture?

## Slide 30. Supporting Children within the Context of Their Families

- ◆ Think of a family in your program.
  - “Consider the family’s perspectives on the topic and reflect on the following questions:”
    - “What do you know is important to the family now?”
    - “What are the family’s expectations for the child?”
    - “What are the family’s expectations for the program?”
  - “Now, consider your perspectives on the same topic and reflect on the following questions:”
    - “What is most important to you about that topic?”
    - “What are your expectations for the child and family?”
    - “What personal and professional experiences have shaped your perspectives on the topic?”
    - “What values and beliefs do you think inform your perspectives?”



- “Reflect on both perspectives:”
  - “How are your perspectives the same as the family’s perspectives?”
  
  - “How are they different?”
  
  - “How might this affect your work with the family?”
  
- ◆ This activity comes directly from page 3 from the following resource:
  - National Center on Parent, Family and Community Engagement. (n.d.). *Family engagement and cultural perspectives: Applying strengths-based attitudes*.  
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/family-engagement-cultural-perspectives.pdf>

## Slide 32. Question

- ◆ What does effective communication mean to you?

## Slide 37. Question

- ◆ What social supports and community resources are most valuable to you?





## Slide 41. Major Take-Home Messages

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

## Slide 42. 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?

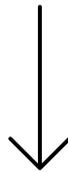


### Slide 43. Dreaming Big for Babies and Toddlers: Planning for Change

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



<p><b>I will also ...</b></p>	<p><b>The resources I have are ...</b></p>  <p><b>The resources I need are ...</b></p>	<p><b>The parts I feel most confident about are ...</b></p>
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**Taking Action**

**The steps that I will take are ...**



## Additional Resources:

- ◆ Handout 4.2. [Trauma and Families: Fact Sheet for Providers](#)
- ◆ Handout 4.3. [Strengthening Families, A Protective Factors Framework](#)
- ◆ Handout 4.4. [Relationship-Based Competencies to Support Family Engagement | ECLKC \(hhs.gov\)](#)
- ◆ Handout 4.6. [Family Engagement and Cultural Perspectives: Applying Strengths-Based Attitudes](#)
- ◆ Handout 4.7. [Preparing for Challenging Conversations with Families](#)

*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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## Culturally Responsive Care

Use this resource to help communicate the importance of culturally responsive care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

### Rationale

High-quality relationship-based care is central to children's early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). The Program for Infant/Toddler Care recommends six essential program practices as a framework for relationship-based care. One of these practices is **culturally responsive care**—the practice of caring for children from culturally diverse families in ways that are consistent with their home practices and values (Lally & Mangione, n.d.).

Caregivers take an important step toward practicing culturally responsive care when they partner with families to learn about the care practices and rituals of children's home cultures, and then use this information to inform interactions and care routines (Derman-Sparks, 2013). Care that connects with infants' and toddlers' home experiences helps them develop a sense of who they are and value their home cultures (Virmani & Mangione, 2013). Supporting consistent care at home and in child care settings supports healthy development for infants and toddlers and sets the stage for integrated learning (Derman-Sparks, 2013; National Research Council, 2000).

### Why Is Culturally Responsive Care Important for Infants and Toddlers?

- ◆ Honoring diversity strengthens relationships with families and children, which enhances quality of care and education (Virmani & Mangione, 2013).
- ◆ When a responsive caregiver builds relationships with an infant, the infant's ability to trust and seek support is enhanced (Howes & Spieker, 2008).
- ◆ Culture is the fundamental building block of identity (Lally, 1995).
- ◆ Developing relationships with families and seeing them as partners in care is essential for providing a culturally responsive, high-quality infant and toddler care experience (Raikes & Edwards, 2009).
- ◆ Primary caregiving offers the opportunity to build relationships with families. Strong relationships make it easier for families to share beliefs, rituals, and routines that are valued in their home cultures (Gilford et al., 1993).



## How Does Culturally Responsive Care Promote Positive Child Outcomes?

- ◆ Culturally responsive care respects each infant's way of communicating and supports language development (Center on the Developing Child, n.d.; National Institute of Child Health and Human Development Study of Early Child Care and Youth Development, 2005).
- ◆ Children who understand their own cultures develop a sense of belonging, personal history, and security in knowing who they are and where their family comes from. These qualities increase their capacity to develop a respectful understanding of other cultural perspectives (Lally, 1995).
- ◆ We learn to communicate and understand our world through the culture in which we live (Ray, 2015).
- ◆ Culturally responsive policies and services support infant and toddler learning and development (National Research Council & Institute of Medicine, 2000).

## Planning to Implement Culturally Responsive Care in Diverse Child Care Settings

**Goal:** High-quality infant and toddler programs provide culturally responsive care to children and their families.

- ◆ Implement written guidance to support culturally responsive care throughout the program. This guidance includes staff and family handbooks that share the importance of, as well as practices for, cultural responsiveness.
- ◆ Create job descriptions for infant and toddler caregivers that include expectations for culturally responsive practices. These expectations include examining one's own values and beliefs, forming relationships with families, learning about their home cultures and caregiving routines, and weaving home care experiences into daily practice.
- ◆ Attend, create, or advocate for professional development about culturally responsive caregiving practices.
- ◆ Support ongoing conversations with families and caregivers about culture and infant and toddler development.
- ◆ Use an intentional review process to continually strengthen culturally responsive care practices across the center or family child care program.



## References

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# PARENTAL RESILIENCE

PROTECTIVE & PROMOTIVE FACTORS

Being a parent can be a very rewarding and joyful experience. But being a parent can also have its share of stress. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child:

- *typical events and life changes* (e.g., moving to a new city or not being able to soothe a crying baby)
- *unexpected events* (e.g., losing a job or discovering your child has a medical problem)
- *individual factors* (e.g., substance abuse or traumatic experiences)
- *social factors* (e.g., relationship problems or feelings of loneliness and isolation)
- *community, societal or environmental conditions* (e.g., persistent poverty, racism or a natural disaster)

Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. **Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.**

Some stressors parents face can be managed easily so that problems get resolved; for example, calling a relative or friend to pick-up a child from school when a parent is delayed. But some stressors cannot be easily resolved. For example, parents cannot “fix” their child’s developmental disability, erase the abuse they suffered as a child or be able to move out of a crime-plagued neighborhood. **Rather, parents are resilient when they are able to call forth their inner strength to proactively meet personal challenges and those in relation to their child, manage adversities, heal the effects of trauma and thrive given the unique characteristics and circumstances of their family.**

Demonstrating resilience increases parents’ self-efficacy because they are able to see

evidence of both their ability to face challenges competently and to make wise choices about addressing challenges. Furthermore, parental resilience has a positive effect on the parent, the child and the parent-child relationship. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment. Receiving nurturing attention and developing a secure emotional attachment with parents, in turn, fosters the development of resilience in children when they experience stress.

Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who grew up in environments that create **toxic stress**. That is, as children, they experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child’s needs. For example, depressive symptoms in either mothers or fathers are found to disrupt healthy parenting practices so that the child of a depressed parent is at increased risk of poor attachments, maltreatment and poor physical, neurological, social-emotional, behavioral and cognitive outcomes. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

All parents experience stress from time-to-time. Thus, parental resilience is a process that all parents need in order effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes.

## PARENTAL RESILIENCE: ACTION SHEET

### Your role

Your daily interactions with parents can help them to build their resilience and their belief in themselves as parents and capable decision-makers. You can:

- Projecting a positive and strengths-based approach to all families
- Support parents as key decision-makers for their families and provide opportunities for decision-making that affects the program or community
- Encourage parents to take care of themselves, particularly during stressful times
- Normalize the fact that parenting is stressful and help the parent plan proactively about how to respond to stressful parenting situations
- Validate and support good decisions

### Questions to ask

- Where do you draw your strength?
- How does this help you in parenting?
- What are your dreams for yourself and family?
- What kind of worries and frustrations do you deal with during the day? How do you solve them?
- How are you able to meet your children's needs when you are stressed?
- How does your spouse, partner, or closest friend support you? When you are under stress, what is most helpful?
- What do you do to take care of yourself when you are stressed?

### What to look for

- Problem solving skills
- Ability to cope with stress
- Self-care strategies
- Help-seeking behavior
- Receiving mental health or substance abuse services if needed
- Not allowing stress to impact parenting

### Activities to do with parents

- Ask the parent to write down their self-care strategies and ensure that they are taking time for self-care each day.
- Ask the parent to identify situations they find stressful and make a plan in advance for how they will keep themselves calm and centered in these circumstances.

# SOCIAL CONNECTIONS

PROTECTIVE & PROMOTIVE FACTORS

People need people. Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems. Thus, the availability and quality of social connections are important considerations in the lives of parents. **Parents' constructive and supportive social connections—that is, relationships with family members, friends, neighbors, co-workers, community members and service providers—**are valuable resources who provide:

- *emotional support* (e.g., affirming parenting skills or being empathic and non-judgmental)
- *informational support* (e.g., providing parenting guidance or recommending a pediatric dentist)
- *instrumental support* (e.g., providing transportation, financial assistance or links to jobs)
- *spiritual support* (e.g., providing hope and encouragement)

When parents have a sense of connectedness they believe they have people who care about them as individuals and as parents; they feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role; they seek timely assistance from people they have learned to count on when faced with challenges; and they feel empowered to “give back” through satisfying, mutually beneficial relationships. **Several research studies have demonstrated that—for both mothers and fathers—high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one's children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression.**

Conversely, inadequate, conflicting or dissatisfying social connections can be the source of parental stress, rather than a buffer. For example, maternal and paternal grandparents may be very willing sources of informational and instrumental support to new parents, but their advice and manner of caregiving may be at odds

with the new parents' beliefs and preferences. At the extreme end of the continuum of poor social connections are social isolation (i.e., the lack of available and quality relationships) and loneliness (i.e., feelings of disconnectedness from others). Social isolation is a risk factor consistently associated with disengaged parenting, maternal depression and increased likelihood of child maltreatment. Similarly, loneliness may be a major stressor that inhibits parents' ability to provide consistent, nurturing, responsive care to their children.

It may seem that increasing the number of people who could provide constructive social support to parents would be the “cure” for social isolation and loneliness. Providing opportunities for parents to create and strengthen sustainable, positive social connections is necessary but alone is not sufficient. Parents can feel lonely and isolated even when surrounded by others if relationships lack emotional depth and genuine acceptance. Thus, parents need opportunities to forge positive social connections with at least one other person that engender emotional, informational, instrumental or spiritual support so that meaningful interactions may occur in a context of mutual trust and respect.

Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children. Therefore, parents' high quality social connections are beneficial to both the adults and the children.

## SOCIAL CONNECTIONS: ACTION SHEET

### Your role

You can help parents to think critically about their social network and how they could utilize it more effectively, as well as the skills and tools they need to expand it. The following strategies may assist you in engaging families in developing social connections:

- Model good relational behavior and use your interactions with families as an opportunity to help parents develop stronger relational skills
- When engaging the family's broader network in teaming or other supports, be sensitive to the quality of existing relationships and help the family identify supporters in their network who will contribute positively
- Invite parents to events where they can get to know each other – with or without their kids – and reach out especially to those parents that may be socially isolated
- If there are specific issues that serve as barriers for the family in developing healthy social connections such as anxiety or depression, encourage the family to address them

### Questions to ask

- Do you have friends or family members that help you out once in a while?
- Are you a member of any groups or organizations?
- Who can you call for advice or just to talk? How often do you see them?
- What kind of social support do you need?
- Do you find it easy or challenging to make friends? If it is challenging, what specific things represent a barrier for you?
- What helps you feel connected?

### What to look for

- Does the parent have supportive relationships with one or more persons (friends, family, neighbors, community, faith-based organizations, etc.)?
- Can the parent turn to their social network for help in times of need (for instance, when they need help with transportation, childcare or other resources)?
- Is the parent willing and able to accept assistance from others?
- Does the parent have positive relationships with other parents of same-age kids?
- Does the parent have skills for establishing and maintaining social relationships?
- Does the parent provide reciprocal social support to peers?

### Activities to do with parents

- Work with the parent to develop an EcoMap showing the people and institutions that are sources of support and/or stress in his or her life.
- Role play with the parent to help them practice skills in approaching another parent to develop a friendship. Have the parent choose a realistic scenario such as starting a conversation at a school event, on the playground or at a place of worship.

# KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

PROTECTIVE & PROMOTIVE FACTORS

No parent knows everything about children or is a “perfect parent.” An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase. All parents, and those who work with children, can benefit from increasing their knowledge and understanding of child development, including:

- physical, cognitive, language, social and emotional development
- signs indicating a child may have a developmental delay and needs special help
- cultural factors that influence parenting practices and the perception of children
- factors that promote or inhibit healthy child outcomes
- discipline and how to positively impact child behavior

Gaining more knowledge about child development and developing greater skills in parenting are particularly important given the recent advances in the fields of neuroscience, pediatrics and developmental psychology. Scientists in these fields have provided much evidence of the critical importance of early childhood as the period in which the foundation for intellectual, social, emotional and moral development is established. Furthermore, numerous research studies show this foundation is determined by the nature of the young child’s environments and experiences that shape early brain development.

Developing brains need proper nutrition, regularly scheduled periods of sleep, physical activity and a variety of stimulating experiences. Developing brains also need attuned, emotionally available parents and other primary caregivers who recognize and consistently respond to the needs of young children, and interact with them in an affectionate, sensitive and nurturing manner. Such care gives rise to the development of a secure attachment between the child and the adult. Young children with secure attachments develop a sense of trust, feel safe, gain self-confidence and are able to explore their environments because they feel they have a secure base.

Numerous longitudinal studies have demonstrated that parental behaviors that lead to early secure attachments—and which remain warm and sensitive as children grow older—lay the foundation for social-emotional, cognitive and moral competencies across developmental periods. For example, when a young child solicits interaction through babbling or facial expressions and a parent responds in a similar manner, this type of parent-child interaction helps to create neural connections that build later social-emotional and cognitive skills. In addition, advances in brain research have shown that parental behaviors that forge secure emotional attachments help young children learn to manage stress. Secure attachments can offset some of the damage experienced by highly stressed young children as a result of trauma (e.g., maltreatment or exposure to violence.)

In contrast, parental care that is inconsistent, unresponsive, detached, hostile or rejecting gives rise to insecure attachments. Young children who experience insecure attachments display fear, distrust, anxiety or distress and are at risk for long-term adverse effects on brain development including developmental delays, cognitive impairments, conduct problems, psychopathology and relationship challenges. For example, young children who have limited adult language stimulation and opportunities to explore may not fully develop the neural pathways that support learning.

What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their experiences on their own development and their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children. Furthermore, understanding the mounting evidence about the nature and importance of early brain development enables both parents and those who work with children to know what young children need most in order to thrive: nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines; interactive language experiences; a physically and emotionally safe environment; and opportunities to explore and to learn by doing.

## KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT: ACTION SHEET

### Your role

Each contact you have with the family provides an important opportunity to link them to parenting resources, provide child development information and model and validate effective caregiving. You can:

- Connect parents to parenting education classes or home visiting as appropriate for their situation
- Model appropriate expectations for the child
- Engage parents in dialogue when their expectations are not in line with the child's developmental phase
- Underline the importance of nurturing care to help the parent in valuing the importance of their own role
- Provide "just in time" parenting education: crucial information a parent needs at the time when parenting issues arise
- Help the parent identify a series of trusted informants that they can turn to when they need parenting information

### Questions to ask

- What does your child do best and what do you like about your child?
- What do you like about parenting? What do you find challenging about parenting?
- How have you learned about parenting skills?
- How do you continue to learn about your child's development?
- What has helped you learn about yourself as a parent?
- Are there things that worry you about your child's development or behavior?
- Have other people expressed concern about your child?

### What to look for

- Does the parent understand and encourage healthy development?
- Is the parent able to respond and manage their child's behavior?
- Does the parent understand and demonstrate age-appropriate parenting skills in their expectations, discipline, communication, protection and supervision of their child?
- Does the child respond positively to the caregivers' approaches?
- Does the parent understand and value their parenting role?
- Does the parent have a reliable source for parenting information when issues come up?
- Does the parent know how to encourage social-emotional development and apply a range of age-appropriate disciplinary strategies?
- Is the parent involved in their child's school, preschool or other activities?
- Does the parent understand the child's specific needs (especially if the child has special developmental or behavioral needs)?

### Activities to do with parents

- Ask the parent what their hopes and dreams are for their child(ren). Discuss any worries the parent has about ensuring those hopes and dreams are met. Then discuss what the parent is doing today (or wants to do) to help achieve those hopes and dreams.

# CONCRETE SUPPORT IN TIMES OF NEED

PROTECTIVE & PROMOTIVE FACTORS

All parents need help sometimes—help with the day-to-day care of children, help in figuring out how to soothe a colicky baby, help getting to the emergency room when a bad accident happens, help in managing one's own temper when fatigued or upset. When parents are faced with very trying conditions such as losing a job, home foreclosure, substance abuse, not being able to feed their family or trauma, they need access to concrete support and services that address their needs and help to minimize the stress caused by very difficult challenges and adversity. **Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services.**

When parents are faced with overwhelmingly stressful conditions they need to seek help, but for some parents asking for help is not an easy thing to do. It may be embarrassing for some parents because it feels like an admission of incompetence; that they don't know how to solve their own problems or take care of their family. Other parents may not seek help because they don't know where to go for help, or the services needed have a stigma associated with them such as mental health clinics and domestic violence or homeless shelters. **Thus, parents need experiences that enable them to understand their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems.** Family and child-serving programs must clearly communicate to parents that seeking help is not an indicator of weakness or failure as a parent. **On the contrary, seeking help is a step toward improving one's circumstances and learning to better manage stress and function well—even when faced with challenges, adversity, and trauma. When parents ask for help, it is a step toward building resilience.**

When parents seek help, it should be provided in a manner that does not increase stress. Services should be coordinated, respectful, caring and strengths-based. Strengths-based practice is grounded in the beliefs that:

- It is essential to forge a trusting relationship between parents and service providers and among service providers working with the same families
- Regardless of the number or level of adverse conditions parents are experiencing, they have assets within and around them, their family and their community that can be called upon to help mitigate the impact of stressful conditions and to create needed change
- Parents have unrealized resources and competencies that must be identified, mobilized and appreciated
- Parents must be active participants in the change process and not passive recipients of services
- Parents must first be guided through, and subsequently learn how to navigate, the complex web of health care and social service systems
- In addition to addressing each parent's individual difficulties, strengths-based practitioners must understand—and work to change—the structural inequities and conditions that contribute to these difficulties

A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote their and their family's healthy development, resilience and ability to advocate for and receive needed services and resources.

## CONCRETE SUPPORT IN TIMES OF NEED: ACTION SHEET

### Your role

As a professional working with families, your role is not just to provide referrals to needed services, but to identify any barriers the families may have in accessing those services. Helping families overcome those barriers is crucial to ensuring that their concrete needs are met. Such help may entail:

- Encouraging help seeking behavior
- Working with the family to understand their past experience with service systems and any stigma they attach to certain services
- Helping the family to navigate complex systems by explaining eligibility requirements, filling out forms or making a warm handoff to an individual who can help them negotiate getting access to the services they need
- Helping the parent understand their role as an advocate for themselves and their child
- Giving parents opportunities to help meet concrete needs of other families in the program or the community, to encourage reciprocity

### Questions to ask when a family is in need

- What do you need to \_\_\_\_\_ (stay in your house, keep your job, pay your heating bill etc.)?
- What have you done to handle the problem? Has this worked?
- Are there community groups or local services that you have worked with in the past? What has been your experience accessing their services?
- Are there specific barriers that have made it difficult for you to access services in the past?
- How does dealing with these issues impact the way you parent?

### What to look for

- Is the parent open to accessing and utilizing services?
- Has the parent had positive experiences with services in the past?
- Does the parent have specific barriers (literacy, lack of transportation, etc.) that will make it difficult to access services?
- Are there personal behavioral traits (e.g., punctuality, willingness to share personal information, etc.) that the parent could address to more effectively utilize services?
- Does the parent try to buffer the child from the stress caused by the family's concrete needs?

### Activities to do with parents

- Ask the parent to identify one concrete need that, if met, would lighten his or her burden. Come up with a list of at least three possible avenues to get that need met (e.g., agencies to approach, people to ask for help, cutting back on other expenses).
- Talk to the parent about what their family's socioeconomic status was in their childhood and what effect that had on them. Discuss things their parents did or did not do to buffer them from the stress of poverty, to teach them the value of money or to make sure their needs were met.

# SOCIAL-EMOTIONAL COMPETENCE OF CHILDREN

PROTECTIVE & PROMOTIVE FACTORS

Early childhood is a period of both great opportunity and vulnerability. Early childhood experiences set the stage for later health, well-being and learning. In the past, most of the focus was on building young children's academic skills in an effort to ensure they were prepared for school. However, in recent years a growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. The dimensions of social-emotional competence in early childhood include:

- **self-esteem** - good feelings about oneself
- **self-confidence** - being open to new challenges and willing to explore new environments
- **self-efficacy** - believing that one is capable of performing an action
- **self-regulation/self-control** - following rules, controlling impulses, acting appropriately based on the context
- **personal agency** - planning and carrying out purposeful actions
- **executive functioning** - staying focused on a task and avoiding distractions
- **patience** - learning to wait
- **persistence** - willingness to try again when first attempts are not successful
- **conflict resolution** - resolving disagreements in a peaceful way
- **communication skills** - understanding and expressing a range of positive and negative emotions
- **empathy** - understanding and responding to the emotions and rights of others
- **social skills** - making friends and getting along with others
- **morality** - learning a sense of right and wrong

These dimensions of social-emotional competence do not evolve naturally. The course of social-emotional development—whether healthy or unhealthy—depends on the quality of nurturing attachment and stimulation that a child experiences. Numerous research studies show that a relationship with a consistent, caring and attuned adult who actively promotes the

development of these dimensions is essential for healthy social-emotional outcomes in young children. Actively promoting social-emotional competence includes activities such as:

- Creating an environment in which children feel safe to express their emotions
- Being emotionally responsive to children and modeling empathy
- Setting clear expectations and limits (e.g., "People in our family don't hurt each other.")
- Separating emotions from actions (e.g., "It's okay to be angry, but we don't hit someone when we are angry.")
- Encouraging and reinforcing social skills such as greeting others and taking turns
- Creating opportunities for children to solve problems (e.g., "What do you think you should do if another child calls you a bad name?")

Children who have experiences such as these are able to recognize their and others' emotions, take the perspective of others and use their emerging cognitive skills to think about appropriate and inappropriate ways of acting. Conversely, research shows children who do not have adults in their lives who actively promote social-emotional competence may not be able to feel remorse or show empathy and may lack secure attachments, have limited language and cognitive skills and have a difficult time interacting effectively with their peers. Evidence shows, however, that early and appropriate interventions that focus on social-emotional development can help to mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.

## SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN: ACTION SHEET

### Your role

It is important to increase parents' awareness of the importance of early relationships and of their role in nurturing their child's social-emotional development by:

- Providing concrete tips and resources to parents to help them build their skills
- Modeling developmentally appropriate interactions with children that help them to recognize and manage their emotions and build other social and emotional skills
- Connecting families to resources that can help support their children's social-emotional development—these might be simple (such as classes like Second Step, or books and games that help children to name or recognize their emotions) or more intensive (such as mental health counseling)
- Staying attuned to trauma and how it impacts the child's behaviors and relationships, including taking time to explain and discuss children's behavior with parents when they are "acting out" due to trauma

### Questions to ask

- How is the emotional relationship between you and your child?
- How do you express love and affection to your child?
- How do you help your child express his or her emotions?
- In what situations are your child's emotions hard for you to deal with?

### What to look for

- Does the child feel safe to express emotions in the relationship with the parent?
- Is the parent emotionally responsive to the child?
- Does the parent model empathy?
- Does the parent set clear expectations and limits (e.g., "People in our family don't hurt each other")?
- Does the parent separate emotions from actions (e.g., "It's okay to be angry, but we don't hit someone when we are angry")?
- Does the parent encourage and reinforce social skills such as greeting others and taking turns?
- Does the parent create opportunities for children to solve problems? (e.g., "What do you think you should do if another child calls you a bad name?")?

### Activities to do with parents

- Have the parent sketch out (or write out) an interaction with their child. Begin with an experience that typically makes the child happy, sad, frustrated or angry. Then have the parent illustrate or describe what the child does when he or she feels those emotions, how the parent responds and how the child responds. Identify and talk through positive or negative patterns in the interaction.
- Ask the parent to think of an adult who they loved as a child. What was it about the relationship with that adult that made it so important? Ask them what elements of that relationship they can replicate in their relationship with their child(ren).

# CSSP'S PROTECTIVE AND PROMOTIVE FACTORS

The Center for the Study of Social Policy (CSSP) works to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. The foundation of all of CSSP's work is a child, family and community well-being framework that includes a focus on protective and promotive factors. Using an ecological perspective:

- **protective factors** are conditions or attributes of individuals, families, communities or the larger society that **mitigate or eliminate risk**
- **promotive factors** are conditions or attributes of individuals, families, communities or the larger society that **actively enhance well-being**

*Taken together, protective and promotive factors increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.*

The **Strengthening Families™** and **Youth Thrive™** frameworks exemplify CSSP's commitment to identify, communicate and apply research-informed ideas that contribute to the healthy development and well-being of children, youth and families. As numerous studies affirm the importance of early childhood experiences in influencing adolescent and adult behavior, these frameworks provide a view of two interrelated phases of the lifespan developmental continuum: Strengthening Families focuses on families of young children (0-5 years old) and Youth Thrive on youth ages 11-26.

The Strengthening Families Protective Factors	The Youth Thrive Protective and Promotive Factors
<ul style="list-style-type: none"> <li>• Parental Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Parenting and Child Development</li> <li>• Concrete Support in Times of Need</li> <li>• Social-Emotional Competence of Children</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Adolescent Development</li> <li>• Concrete Support in Times of Need</li> <li>• Cognitive and Social-Emotional Competence in Youth</li> </ul>

Parents, system administrators, program developers, service providers and policymakers can each benefit from learning about and using the Strengthening Families and Youth Thrive frameworks in their efforts to ensure that children, youth and families are on a path that leads to healthy development and well-being.



## 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
<b>Acute Trauma</b>	<ul style="list-style-type: none"> <li>◆ “Results from exposure to a single overwhelming event” (Crisis Prevention Institute [CPI], 2020, p. 4).</li> <li>◆ “These events undermine a child’s sense of physical and/or emotional safety” (Sorrels, 2015, p. 13).</li> </ul>
<b>Complex Trauma</b>	<ul style="list-style-type: none"> <li>◆ “Results from extended exposure to traumatizing situations” (CPI, 2020, p. 4).</li> <li>◆ “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)</li> </ul>
<b>Early Childhood Trauma</b>	<ul style="list-style-type: none"> <li>◆ “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.).</li> <li>◆ 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.).</li> </ul>
<b>Historical Trauma</b>	<ul style="list-style-type: none"> <li>◆ “Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group” (Administration for Children and Families, n.d., para. 1).</li> </ul>



Trauma Type	Definition and Description
<p><b>Intergenerational Trauma</b></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><b>Racial Trauma</b></p>	<ul style="list-style-type: none"> <li>◆ “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)</li> </ul>
<p><b>Secondary or Vicarious Trauma</b></p>	<ul style="list-style-type: none"> <li>◆ “ ... 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.)</li> <li>◆ “ ... 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)</li> </ul>
<p><b>Trauma</b></p>	<ul style="list-style-type: none"> <li>◆ 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).</li> <li>◆ 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).</li> <li>◆ “Witnessing or experiencing an event that poses a real or perceived threat” (Harden, 2015, p. 1).</li> </ul>



**Additional Trauma-Related Terms**

Trauma-Related Term	Definition and Description
<b>Adverse Childhood Experiences</b>	<ul style="list-style-type: none"> <li>◆ “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).</li> </ul>
<b>Burnout</b>	<ul style="list-style-type: none"> <li>◆ “ ... 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).</li> <li>◆ “ ... 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.)</li> </ul>
<b>Compassion Fatigue</b>	<ul style="list-style-type: none"> <li>◆ “[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).</li> </ul>
<b>Cortisol</b>	<ul style="list-style-type: none"> <li>◆ “ ... 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.).</li> </ul>
<b>Positive Stress Response</b>	<ul style="list-style-type: none"> <li>◆ “ ... 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)</li> </ul>
<b>Post-Traumatic Stress Disorder (PTSD)</b>	<ul style="list-style-type: none"> <li>◆ “ ... 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)</li> </ul>



Trauma-Related Term	Definition and Description
<p><b>Protective Factors</b></p>	<ul style="list-style-type: none"> <li>◆ “ ... 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.).</li> <li>◆ “ ... 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 &amp; Steber, 2019, para. 16; Smart, 2017).</li> <li>◆ “ ... 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)</li> </ul>
<p><b>Resilience</b></p>	<ul style="list-style-type: none"> <li>◆ 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).</li> <li>◆ “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)</li> <li>◆ “ ... a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 1).</li> <li>◆ “ ... capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system” (Masten, 2014, p. 10).</li> </ul>
<p><b>Risk Factors</b></p>	<ul style="list-style-type: none"> <li>◆ “ ... 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.).</li> <li>◆ “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 &amp; Steber, 2019, para. 14; Smart, 2017).</li> </ul>
<p><b>Tolerable Stress</b></p>	<ul style="list-style-type: none"> <li>◆ “Serious, temporary stress response, buffered by supportive relationships” (Center on the Developing Child, n.d.-a, para. 3.).</li> </ul>
<p><b>Tolerable Stress Response</b></p>	<ul style="list-style-type: none"> <li>◆ “ ... 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.)</li> </ul>
<p><b>Toxic Stress</b></p>	<ul style="list-style-type: none"> <li>◆ “Prolonged activation of stress response systems in the absence of protective relationships” (Center for the Developing Child, n.d.-a, para. 3).</li> </ul>



Trauma-Related Term	Definition and Description
<p><b>Toxic Stress Response</b></p>	<ul style="list-style-type: none"> <li>◆ “... 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)</li> </ul>
<p><b>Trauma-Informed Care</b></p>	<ul style="list-style-type: none"> <li>◆ “... 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)</li> <li>◆ “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).</li> </ul>
<p><b>Trauma-Responsive Care</b></p>	<ul style="list-style-type: none"> <li>◆ “... 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 &amp; Bloom, 2018, para. 1).</li> <li>◆ Providing trauma-responsive care means moving beyond just being informed and offering the most effective and compassionate care to those effected by trauma.</li> <li>◆ 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.</li> </ul>
<p><b>Trauma-Responsive System</b></p>	<ul style="list-style-type: none"> <li>◆ 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)</li> <li>◆ “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)</li> <li>◆ “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)</li> </ul>



Trauma-Related Term	Definition and Description
Triggers	<ul style="list-style-type: none"> <li>◆ “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)</li> <li>◆ “... 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.)</li> </ul>

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