Trauma-Informed Early Learning

Level 3: Becoming a trauma informed early learning setting

Trauma Informed Early Learning

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• Brought to you by:
  ➢ Early Childhood Mental Health Initiatives
    Whole Child Matters Grant
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Housekeeping:
Setting the stage for success

- Restroom location
- Cell phone reminder
- Feel free to pass notes
  - Refrain from side bar conversations
- Respect each other
  - Opinions
  - Feedback on videos
  - During activities

Trauma Informed ELS:
Agenda:
Setting Expectations for the day

• Objectives
  1. Learn key components of a trauma-informed early learning setting
  2. Evaluate how your setting currently measures across SAMHSA’s 10 domains
  3. Develop a plan of action to promote trauma-informed care

• Activity
  □ Fold a piece of paper into thirds
    1. What do I know?
    2. What do I want to know?
    3. What did I learn?

Objective 1:
Learn key components of a trauma-informed early learning setting
Key Components of a Trauma Informed ELS: Four R’s

A trauma-informed program, organization, or system:

- **Realizes**
  - Realizes widespread impact of trauma and understands potential paths for recovery

- **Recognizes**
  - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds**
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices

- **Resists**
  - Seeks to actively Resist re-traumatization.
Additional Signs of Trauma

- Flashbacks or frequent nightmares
- Sensitivity to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Excessive watchfulness, anxiety, anger, shame or sadness

What First Steps Can We Take?

- Help early learning professionals understand the prevalence of trauma and its impact on the body, brain, and development
- Find safe and helpful ways to inquire and assess for trauma
- Develop approaches and practices to mitigate the impact of trauma and develop resiliency
- Design trauma-responsive practices and supports for people who have experienced significant trauma
SAMHSA’s Principles

Six principles that guide a trauma-informed change process

Developed by national experts, including trauma survivors

Goal: Establish common language/framework

Values-based

A way of being

SAMHSA’s Six Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice, & Choice
6. Cultural, Historical & Gender Issues
Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

- Do personal interactions promote a sense of safety?
- Who defines safety in the organization?
- How do people served define safety?
- How do staff define safety?
- What changes need to be made to address safety concerns?
- Does the organization work on risk management principles or is the organization risk averse?
Safety Discussion

- Do staff feel safe in the organization? If not, why not?
- Do people served feel safe in the organization?
- What can be done to promote the sense of safety in both the staff and people served?

2. Trustworthiness & Transparency

http://vimeo.com/107478500
• Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
  • Is the organization constantly building trust?
  • Do people really understand their options?

Examples of Trustworthiness

• Making sure people really understand their options
• Being authentic
• Directly addressing limits to confidentiality
Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

- Does the organization practice principles of peer support?
- Is there peer support for staff?
- Are the staff prepared to accept peer supporters?

**Example of Peer Support**

Peer support = A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic
Peer Support Discussion

Does your organization offer access to peer support for the people who use your services? If so, how?

What barriers are there to implementing peer support in your organization?

Does your organization offer peer support for staff?

4. Collaboration & Mutuality

• Partnering and leveling of power differences between staff, young children, and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.
  • Everyone has a role to play; one does not have to be a therapist to be therapeutic or support shared decision making.
  • Is there true partnership between children and families served and staff AND between management and staff?
"There are no static roles of ‘helper’ and ‘helpee’—reciprocity is the key to building natural community connections."—Shery Mead

Daycare center incorporated a job sharing to help staff work hours that fit in with their needs.

Models of self-directed decision making as to what works in individual classrooms, not decision making about all classrooms as a whole.

Committee’s developed and staff encouraged to be a part of creating environmental changes in areas that they are interested – respect is shown for all staff’s involvement.

5. Empowerment, Voice & Choice

- Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.
- The organization fosters a belief in resilience.
- Clients are supported in developing self-advocacy skill and self-empowerment.
  - Does the organization really understand the person not just understand symptoms and behaviors?
  - What forums exist for staff voice to be heard and is there authentic input by staff into decision that affect their practice?
  - How are successes celebrated in the organization?
The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Objective 2:
Evaluate how your setting currently measures across SAMHSA’s 10 domains
SAMHSA’s 10 Domains
Objective 3:
Develop a plan of action to promote trauma-informed care

Stages of Change

Transtheoretical Model of Change
Prochaska & DiClemente
Resources

• Trauma-Informed Child-Serving Systems
• Tips for Parents and Other Caregivers
• Tips for Teachers
• Tips for Early Childhood Providers
• NCTSN Child Trauma Toolkit for Educator
• Calmer classrooms: A guide to working with traumatized children
• 7 Hidden Reasons Employees Leave

Trauma Informed Program: Implementing change

Action Plan
Other Trainings:

- Level 1: Toxic Stress to Safe Zone
- Level 2: Becoming a Trauma-Informed Early Learning Professional
- Challenging Behavior
Closing:

• Questions
• Evaluation
• Contact Information:
  Name
  Phone
  Email

Trauma Informed Care References

• SAMHSA
• Devereux Center for Resilient Children
• National Council for Behavioral Health
• National Center for Trauma Informed Care


