

Little Listeners in an Uncertain World: Providing Safety and Support through Community Trauma

Principles for Practice

We sincerely hope that you never have the experience of a community trauma, but it is helpful to learn from the experiences of those who have worked in their communities to weather these events. The following principles, applied in very different circumstances, allowed faculty to offer the young children they served the sense of security those children craved.

1. **Know the signs:** Become familiar with the signs and symptoms of stress and trauma in adults and children.
2. **Plan ahead:** You can't always prepare for the exact event that may hit your community, but you can establish a general emergency plan. Look at your program components and consider how you can strengthen your systems and community partnerships to respond to a community crisis.
3. **Start with staff:** Staff have also had a traumatic experience. As they help families and children feel secure, they need that sense of security for themselves. Staff can benefit from regular reflective supervision. Staff should know that they are not alone, that they have a team of people to support them in their very hard work.
4. **Support parents:** Likewise, parents need support to be emotionally available to their children. Address basic needs first (food, shelter, clothing), and give them opportunities to share their experiences. Then, help them understand how to help their children negotiate the trauma.
5. **Establish a sense of normalcy in your classrooms and home visiting routines:** After a community trauma, young children, in particular, need a sense that their world is familiar. Work with families to understand how you can help children feel secure. Respond to their needs. Reestablish routines and set limits. And don't forget to have fun!
6. **Listen well . . .:** Even the smallest children can communicate how they are feeling. Watch behavior for signs of anxiousness and stress. Validate how they are feeling. Give children developmentally appropriate options for expressing themselves through art, play, story telling, and reading.
7. **. . . then individualize your approach:** Different children and families respond to events differently. It is important for staff to respond to what each child/family is telling them. Some children might want more cuddling, while others might want more space.
8. **Provide ongoing support:** For many people, memories of trauma resurface sometimes at unexpected times. Staff, families and children need many opportunities to share and process what happened.
9. **Call on your mental health coordinator:** After a community trauma, staff, families and young children will likely need emotional support. Work with your mental health coordinator to make a plan for providing that support. Talk with your coordinator about when to refer children and families for additional help.

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10. **Build resilience:** Research tell us that everyone can be resilient given meaningful and appropriate supports. Start today! In your daily work with children and families, help them recognize their own anxiety, build support networks, identify ways to reduce stress, and learn how to reach out for help. And don't forget – you can build resilience in yourself too!

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Helping Young Children and Families Cope with Traumatic Experiences¹

by Kathleen Fitzgerald Rice
Child Witness to Violence Project, Boston Medical Center

What Is Trauma?

Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope. When an adult or child is **traumatized**, they are experiencing reactions to the trauma that affect their ability to function. When a **community is traumatized**, an entire group of people is exposed to a traumatic event. Individual members of the community or the entire community may have difficulty functioning. A generalized sense of hopelessness and helplessness may also be felt throughout the community.

- **Trauma is an exceptional experience.** An exceptional experience is a powerful, shocking and highly unusual occurrence, such as a severe hurricane or a shooting. Trauma is different from stress.
- **Trauma overwhelms a person's capacity to cope.** Every person has some ability to cope, but trauma tends to affect everyone to some degree. Some individuals are able to cope more successfully than others. A child's ability to cope with trauma is limited. A child's age, developmental stage, and temperament style all affect that child's ability to manage overwhelming experiences. One reason that children are especially vulnerable to the impact of trauma is that they haven't yet developed the coping strategies that many adults have to help them manage the traumatic experience. Furthermore, children also have to rely on their caregivers' ability to help them cope. If the child's primary caregiver or other familiar adults are unavailable or unable to help the child, the child is more likely to be overwhelmed by the traumatic event(s).

What Is a Traumatic Event?

- Domestic violence
- Community violence
- Terrorism, war, famine
- Child abuse
- Natural disasters
- Serious accidents (fires, automobile crashes)
- Traumatic loss of, or separation from loved one
- Life-threatening medical conditions or acute episodes of chronic illness that affect the child, the parent, or both

¹ The material in this handout is adapted from *Hope & Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma* by Kathleen Fitzgerald Rice and Betsy McAlister Groves, published by and available from the ZERO TO THREE Press (www.zerotothree.org/bookstore). Copyright 2006 Rice and Groves. All Rights Reserved. Further reproduction requires express permission of the authors or ZERO TO THREE.

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Helping Young Children and Families Cope with Traumatic Experiences (cont'd.)

What Is the Difference Between Acute and Chronic Trauma?

Acute trauma is when a single traumatic event occurs -- such as a flood or hurricane -- that overwhelms a person's ability to cope. **Chronic trauma** is when a child experiences a number of traumatic events over the course of time in his or her caregiving environment. For example, children who live in violent neighborhoods or violent homes (or both) may experience trauma repeatedly. Primary caregivers in these environments often cannot protect the children and their interpersonal worlds are in a constant state of crisis. They have no holding environment – no place or person to keep them safe and to help them cope.

Exposure to a single, acute traumatic event is very different than being exposed to chronic trauma. A child's development and behavior will be affected quite differently, depending on the amount of trauma he or she is exposed to over time. Children exposed to chronic trauma are at greater risk for serious, long term developmental and behavioral problems. Children exposed to a single traumatic event may have difficulty coping and functioning over a period of time, but are less likely to have long lasting or life long developmental injuries than children who are repeatedly traumatized.

Exposure to chronic trauma, such as family violence, may have long term impact on cognitive and language development. It may trigger chronic behavioral problems in children. Children cannot learn when they are highly anxious or fearful for their safety (and the safety of their parents). Chronically traumatized children may begin to have difficulties focusing, taking in information, and making sense of things. Children struggle to learn the puzzle of language and can have a hard time using language to make their needs and feelings known. Children exposed to chronic trauma may not learn the skills to use language as a way to manage overwhelming feelings or to communicate effectively with others. Repeated trauma can affect the brain's ability to organize, process, and store important information. Chronic trauma can damage the child's ability to learn, problem solve, communicate, and interact with the world.

How Does Trauma Affect Young Children?

Until quite recently, people believed that infants and children were not affected by trauma because they were too young to remember or understand what had happened to them. Now we have learned that exposure to traumatic events can affect all aspects of development - physical, emotional, social, psychological and cognitive – even in infants.

Every child who is exposed to a traumatic event will experience and respond to it in his or her own way:

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- The type of traumatic event will affect its impact on the child.
- The child's age and developmental stage will influence how powerful and dangerous the traumatic event feels to him.
- The child's care giving environment and social supports shape the way in which the child reacts to and copes with the traumatic event.

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Helping Young Children and Families Cope with Traumatic Experiences (cont'd.)

How Does Trauma Affect Young Children? (cont'd.)

Risk factors and **protective factors** within children, families and communities influence a child's reaction to traumatic events. Risk factors, such as a lack of support from schools or extended family, increase the chances that a powerful, dangerous experience will overwhelm the child's capacity to cope. Protective factors, such as a stable home environment or a stable care environment, can help the child cope successfully with a traumatic experience.

What are the Signs or Symptoms of Being Traumatized?

A "traumatized child" is a child who has experienced a traumatic event and who shows signs of being overwhelmed. Traumatized children communicate their distress through their words, their behavior and their play. Traumatized children often show behaviors that seem out of control, fearful, disruptive, or excessively aggressive. These children are *not* trying to cause trouble or "misbehave." Rather, children who experience traumatic events may become "flooded" with feelings of fear and anxiety. They cannot regulate or control these behaviors without help. Traumatic events can overwhelm a child's ability to regulate or manage the physical and emotional reactions to overwhelming experiences.

Young children who are affected by trauma may show one or more of the following signs and symptoms:

- Repetitive play about the trauma
- Talking about the trauma event over and over again
- Remembering the trauma event through triggers (trauma reminders) such as hearing the wind blow after a hurricane
- Nightmares and sleep disturbances
- Hyper aroused, easily startled, anxious, hard to "calm down"
- Withdrawn, avoidant behavior
- New fears
- Angry, aggressive behavior
- Regression in development (for example, a return to thumb sucking, toileting accidents, "baby" talk)
- Challenges in the parent/child relationship

Ask your mental health consultant for help with any questions you have about a child.

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Symptoms of Stress or Trauma in Adults

After a community trauma, staff and/or parents may show some of the following signs. Talk with them about what you notice, or ask them to look at the list and identify any that may apply to them. Let them know that it is not surprising that they feel stress, and that the first step to feeling better is to recognize how they are feeling. Invite them to share with you or a mental health professional about their experiences.

Sleep disturbances (too little or too much sleep, nightmares, waking often in the middle of the night)

Eating disturbances (e.g., loss of appetite, overeating)

Chronic or unexplained aches or pains

Jumpiness or inability to sit still

Irritability, emotional outbursts, and tearfulness

A strong sense of fear, anxiety, and/or anger

Fatigue, lack of energy, or decreased pleasure in daily living

A sense that you have little control over your own life

Constant thoughts about the traumatic event

A feeling of hopelessness

Increased smoking, alcohol use, or use of medication or drugs

Nail biting

Fidgeting

Adapted from:

Levine, K. (2001). *Little listeners in an uncertain world: Coping strategies for you and your child after September 11*. Washington, DC : ZERO TO THREE.

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Role Play for Use in Training

Christine Woodard, LCSW and Mindy Malik, Ph.D. at Regina Coeli in Louisiana developed this role play for training child care providers and families about how to respond to children as they tell their stories related to traumatic experiences through play. While the child in this scenario is slightly older than those typically served in Early Head Start, it provides an illustration of appropriate response to this kind of play following a traumatic event.

A child is building with blocks, toy trees and cars.

Staff: What is happening here?

{ Active listener uses open-ended question to join activity in process

Child: The trees are broken. The wind broke all the trees and houses. All the roofs are gone to the ground.

Staff: How did the trees and houses get broken?

Child: The storm, the hurricane, all the trees are broken at my house.

{ Reflects back what the child said

Staff: All the trees are broken at your house. What else happened at your house?

Child: We had to leave and go to my grandmother's house and then when we got back the trees were broken.

{ Invites the child to tell the story. She may need to tell and retell it over time.

Staff: What was it like at your grandmother's house?

Child: We had to sleep in sleeping bags and there were a lot of people.

Staff: What is it like at your house now?

Child: Daddy moved the trees and now it's empty.

Staff: Do you have a place to play?

{ Gives the child reassurance and a sense of control

Child: Now I can play outside but the trees are gone.

Staff: Show me what we can do here with our house. How shall we build it back? Where should the trees go now?

Notice that this staff member does NOT say:

"I don't like it when you break the trees," or
"The storm is over now. We aren't going to play hurricane anymore."

"I think we should play something else. No need to worry about that."

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“You need to go to another center.”

{ Does not honor the child's feelings and ideas.
Misses opportunity to help her talk about her feelings.

{ Denies child's worries.

{ Shows a lack of empathy.

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