

trauma and young children – a caring approach

facilitator guide

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about the modules

Why have the modules been developed?

The three face-to-face module have been developed to introduce ideas and to raise awareness about working with young children with trauma.

What are the topics?

The topics are:

- Module 1 - Young children and trauma
- Module 2 - Developing and implementing strategies for working with young children with trauma
- Module 3 - Risks, Resiliency, Support and Care.

Who should facilitate the modules?

Facilitators should have an understanding of the topic being discussed and the relevant issues in their workplace as well as some experience working with young children with trauma.

What preparation is needed?

A list of suggested reading is provided at the beginning of each module.

Facilitators should customise the session content and timings to suit the participants and the early childhood settings they work in e.g. contextualising examples to participants' workplaces and the age of the children they work with as well as providing examples from their own experience.

Module 3 discusses support services and referral pathways. Each facilitator will need to be aware of the services and pathways that are relevant to the staff from the service, centre or school attending the module.

How long is each module?

Each module is designed to be completed in approximately 3-4 hours with 12-15 participants.

Things you'll need

- whiteboard and markers
- computer/laptop
- data projector
- PowerPoint presentation
- Post-it notes
- Butcher's paper and markers
- masking tape/BluTack
- a copy of the relevant of handouts for each participant
- a copy of the PowerPoint slides as handouts (3 slides per page) for each participant

MODULE 1 – YOUNG CHILDREN AND TRAUMA

Objectives

By the end of this module participants will have:

- a clear understanding of the impact of trauma on young children
- extended their knowledge of the types of experiences that may be traumatic for young children
- developed an awareness of the impact of trauma on brain development and subsequent learning and behaviours
- increased their understanding of the impact of trauma on children aged:
 - 0-12 months
 - 12 months-3 years
 - 3-5 years
 - 5-7 years
 - 7-8 years
- identified some strategies for working with young children with trauma.

References and reading

Australian Childhood Foundation, 2010, *Making Space for Learning: Trauma Informed Practice in Schools*, <www.childhood.org.au> (Search – child trauma).

Child Safety Commissioner, 2009, *From isolation to connection: a guide to understanding and working with traumatised children and young people*, <www.kids.vic.gov.au>.

Department of Human Services Victoria, *Child development and trauma specialist practice resource*, <www.dhs.vic.gov.au> (Search – child development and trauma).

National Scientific Council on the Developing Child, 2005, Centre on the Developing Child, Harvard University, *Excessive Stress Disrupts the Architecture of the Developing Brain, Working Paper 3*, <<http://www.developingchild.net>>.

Perry, BD., 2002, Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture, *Brain and Mind* Vol 3: pp79-100, <www.childtrauma.org> (Search – child experience).

Preparation

Go to *The impact of trauma* session in the module and select the PowerPoint slides that are appropriate for the age range of the children e.g. some slides are more appropriate for educators working with children aged 0-12 months. Please note that 35 minutes is allocated to the discussion for each age range. If more than one age range is being discussed the time allocation for the module will need to be adjusted.

A copy of the *Individual Reflection* activity for each participant.

SESSION PLAN

Slide	time	Presentation
1	10	<p>Presentation point</p> <p>Introductions e.g. name, workplace, experience working with young children with trauma</p> <p>Housekeeping e.g. breaks, participation, mobile phones, catering</p> <p>Overview of the module</p>
2–3	5	<p>Presentation point</p> <p>Discuss some definitions of trauma:</p> <ul style="list-style-type: none">• Trauma is the emotional, psychological and physiological residue left over from heightened stress that accompanies experience of threat, violence and life changing events• A more overwhelming event than a person would ordinarily be expected to encounter <p>Explain that children's reactions to trauma are individual and will depend on:</p> <ul style="list-style-type: none">• developmental level• premorbid functioning (before the trauma)• previous life experiences• level of exposure to the trauma• parental reactions• subsequent changes in living situation <p>Note that the majority of children are resilient; however, frequent or sustained activation of the brain systems that respond to stress can lead to heightened vulnerability to a range of behavioural and physiological disorders over a lifetime</p>
4–15	25	<p>types of trauma</p> <p>Brainstorm</p> <p>Ask participants to list events that might be traumatic for young children</p> <p>Presentation point</p> <p>Refer to participant's responses and outline the types of traumatic experiences:</p> <ul style="list-style-type: none">• Complex trauma<ul style="list-style-type: none">– exposure to multiple or prolonged traumatic events– typically involves simultaneous or sequential occurrences of child maltreatment, including psychological maltreatment, neglect, physical and sexual abuse and family violence, that are chronic and begin in



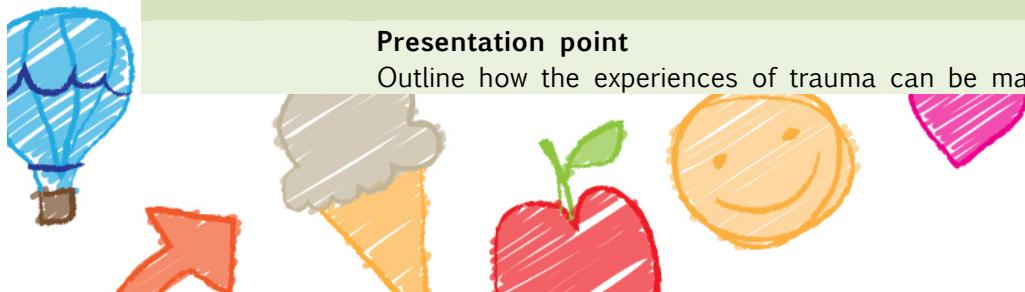
Slide time Presentation

- early childhood and occurs within the primary caregiving system
- Family violence
 - actual or threatened physical or sexual violence or emotional abuse
- Medical trauma
 - reactions to pain, injury and serious illness or to invasive medical procedures (such as surgery) or treatments (such as burn care)
- Natural disasters
 - occurrences where local, state and/or national agencies and disaster relief services are called into action e.g. fires, floods
- Community and school violence trauma:
 - predatory violence (robbery) and violence that comes from personal conflicts between people who are not known to the children (shootings, stabbings, beatings)
 - fights at school, threats to or injury of children
- Neglect
 - Neglect can mean a parent or caregiver not providing:
 - food
 - shelter
 - clothing
 - access to medical and health treatment
 - Neglect can mean:
 - exposing children to dangerous environments
 - poor supervision
 - putting children in the care of someone incapable of caring for children
 - abandoning children or expelling children from home
- Physical abuse
- causing or attempting to cause physical pain or injury (punching, kicking, hitting, burning or harming children in other ways)
- can consist of a single incident or multiple incidents
- Sexual abuse
- includes a wide range of sexual behaviours that take place between children and older people. Behaviours include:
 - sexual kissing
 - touching
 - fondling of genitals
 - intercourse
 - 'flashing'
 - verbal pressure for sex
 - sexual exploitation e.g. prostitution
 - exposure to pornography
- Refugee or war zone trauma
- exposure to war, political violence or torture
- can be the result of living in a region affected by bombing, shooting or looting as well as forced displacement to a new home due to political reasons

Slide	time	Presentation
		<ul style="list-style-type: none"> • Traumatic grief • death of a family member or someone important to a child • may be sudden and unexpected (e.g. accident) or anticipated (e.g. illness or other natural causes) <p>Emphasise the importance of treating trauma while recognising children's strengths and resilience</p>
16	10	<p>brain development</p> <p>Whole group discussion Ask participants to comment on how trauma may affect brain development</p> <p>Presentation point Explain that:</p> <ul style="list-style-type: none"> • the brain develops vertically and sequentially over time with the first structures of the brain forming the foundation for the next structures to grow • the brain continues to develop with each successive part responsible for more complex functions e.g. movement, feeling, identifying emotions, the ability for abstract thought and self-control • the brain stem develops in utero and is responsible for key bodily functions such as controlling heart rate and body temperature • the cerebellum is responsible for movement and interpreting physical sensory stimulation • the limbic system evaluates the significance of sensory input in preparation for keeping in memory or forgetting, stores and helps interpret our emotional state, stores certain memories without requiring an awareness of the process of remembering • the cortex is responsible for higher-level thinking, reasoning and conscious processing, stores explicit memories about events, people and experiences, provides the basis to self-reflection and the capacity to think about thinking
17–18	10	<p>Lateral brain development</p> <p>Presentation point Explain that:</p> <ul style="list-style-type: none"> • the right and left sides of the brain are responsible for different functions • right side stores and processes emotions, feelings, creativity and intuition • left side focuses on one thing at a time and deals with more logical experiences and challenges such as language and mathematics • from birth to 2 years the right side is developing faster than the left, from 2 years the development of the left takes over and the intensity of development then oscillates between the two hemispheres approximately every two years



Slide	time	Presentation
		<ul style="list-style-type: none"> • this has implications for how children, who are in the same family, can be differentially affected by trauma i.e. depending on which hemisphere is more active in its development at the time • the brain's primary function is to integrate sensory information to enable people to adapt to the needs and challenges of their environment <p>Outline how Harvard University research has shown that extreme stress during the foetal and early childhood years, when the brain is particularly malleable (plastic), has detrimental effects on children's learning and development</p>
19–20	20	trauma, Neglect and brain development <p>Whole group discussion Ask participants to describe what is meant by 'neglect' Ask participants to describe how trauma, in the form of neglect, may affect brain development</p> <p>Presentation point Define neglect as the 'absence of critical organising experiences at key times during development'</p> <p>Describe how the CT scan on the left is from a healthy 3-year-old with an average head size while the image on the right is from a 3-year-old who has suffered extreme neglect</p> <p>Whole group discussion Ask the group to comment on the implications of neglect on children's ability to learn</p> <p>Individual reflection Ask participants to read the excerpt from the Bruce D. Perry research report and to reflect on its implications for their role as early childhood educators working with children with trauma.</p> <p>Debrief Ask participants to provide feedback</p> <p>Ensure the positive aspects of an early educator's role are articulated e.g. providing opportunities for sensory development</p>
15		break
21–25	30	the impact of trauma <p>Presentation point Outline how the experiences of trauma can be matched to children's mind and</p>



SLIDE	TIME	PRESENTATION
		<p>body and relationships</p> <p>Explain how the context in which children live affects their ability to respond to trauma e.g. issues of poverty, poor housing, community violence and intergenerational trauma all impact on children's learning and development. For example:</p> <ul style="list-style-type: none"> • Intergenerational trauma • traumas reverberate down the generations and show as problems such as substance abuse, mental illness, family violence, child abuse and neglect • often accompanied by poverty, isolation and physical illness • problems often found together and often make each other worse. • Families and communities impact • trauma experienced by one person will usually have a ripple effect on other family members, extended family and friends • Environment • poverty, poor housing, lack of access to clean water or nutritious food • discrimination and racism • abuse and neglect • Placement disruption • children who are removed from home and are separated from their parents due to abuse and/or neglect have to undergo massive internal reorganisation e.g. new home, new school, new culture
26	10	<p>fLight, fRright, fFreeze RESPONSE</p> <p>Whole group discussion</p> <p>Ask participants to describe the ways their body responds to stress e.g. reaction to a near accident, meeting an important deadline, a fearful event, notification of a death</p> <p>Presentation point</p> <p>Draw on participants' answers for examples of the flight, fight, freeze response</p> <p>Describe how trauma in early years can affect developing brain circuits and hormonal systems in a way that leads to poorly controlled stress-response systems that will be overly reactive or shut down when faced with threats</p> <p>Outline a child's flight, fight, freeze response to trauma using the case study on the PowerPoint slide as an example</p> <p>Whole group discussion</p> <p>Ask participants to describe the ways children they are working with respond in fight, flight or freeze mode e.g. How might an infant exhibit freeze mode? How might a 2-year-old exhibit fight mode? How might a 6-year-old exhibit flight mode?</p>

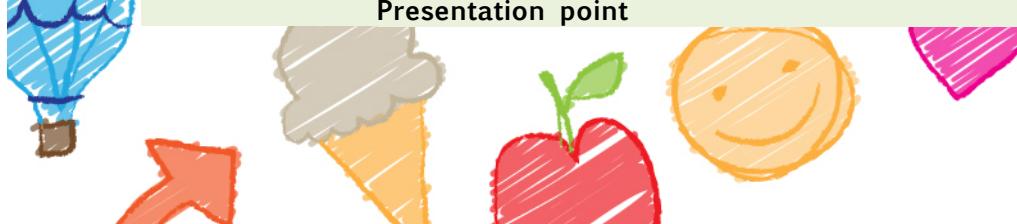


Slide	time	Presentation
27-31	35	<p>the impact of trauma 0-3 years</p> <p>Presentation point</p> <p>Outline the impact trauma may have on infants aged 0-12 months:</p> <ul style="list-style-type: none"> • neurobiology of brain and central nervous system altered by switch on alarm response • behavioural changes • regression in recently acquired developmental gains • hyperarousal, hypervigilance and hyperactivity • sleep disruption • loss of acquired motor skills • lowered stress threshold • lowered immune system • fear response to reminders of trauma • mood and personality changes • loss of, or reduced capacity to attune with caregiver • loss of, or reduced capacity to manage emotional states or self-soothe • insecure, anxious or disorganized attachment behaviour • heightened anxiety when separated from primary parent/carer • indiscriminate relating • reduced capacity to feel emotions - can appear 'numb' • cognitive delays and memory difficulties • loss of acquired communication skills
32-35	35	<p>the impact of trauma 3-5 years</p> <p>Presentation point</p> <p>Outline impact trauma may have on infants aged 0-12 months:</p> <ul style="list-style-type: none"> • behavioural changes • hyperarousal, hypervigilance, hyperactivity • loss of toileting and eating skills • regression in recently acquired developmental gains • sleep disturbances, night terrors • enuresis and encopresis • delayed gross motor and visual-perceptual skills • fear of trauma recurring • mood and personality changes • loss of, or reduced capacity to manage emotional states or self-soothe • increased need for control • fear of separation • loss of self-esteem and self-confidence • confusion about trauma evident in play ... magical explanations and unclear understanding of causes of bad events • speech, cognitive and auditory processing delays • vulnerable to anniversary reactions set off by seasonal reminders, holidays and other events



Slide	time	Presentation
		<ul style="list-style-type: none"> • memory of intrusive visual images from traumatic event may be demonstrated/recalled in words and play • at the older end of this range, children are more likely to have a lasting, accurate verbal and pictorial memory for central events of the trauma
36-41	35	<p>the impact of trauma 5-7 years</p> <p>Presentation point</p> <p>Outline impact trauma may have on infants aged 0-12 months:</p> <ul style="list-style-type: none"> • behavioural changes • increased tension, irritability, reactivity and inability to relax • sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep • regression of behaviour • lack of eye contact • ‘spacey’, distractible or hyperactive behaviour • toileting accidents/enuresis or smearing of faeces • eating disturbances • bodily aches and pains - no apparent reason • accident proneness • absconding/truanting from school • firelighting, hurting animals • obvious anxiety, fearfulness and loss of self-esteem • specific fears • efforts to distance from feelings of shame, guilt, humiliation • reduced capacity to feel emotions - may appear ‘numb’ or apathetic • ‘frozen watchfulness’ • vulnerable to anniversary reactions caused by seasonal events, holidays • repeated retelling of traumatic event • withdrawal, depressed affect • ‘blanking out’ or loss of concentration when under stress at school with lowering of performance • explicit, aggressive, exploitative, sexualised relating/engagement with other children • sexualised behaviour towards adults • sexualised drawing • verbally describes experiences of sexual abuse, pointing to body parts and telling about the ‘game’ they played • excessive concern or preoccupation with private parts and adult sexual behaviour • verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour • running away from home

Invite participants to share experiences of working with children who have exhibited the behaviours, drawing on their identification process

Slide	time	Presentation
42–47	35	<p>Presentation point</p> <p>Outline the impact trauma may have on infants aged 0-12 months:</p> <ul style="list-style-type: none"> • behavioural changes • hyperarousal, hypervigilance, hyperactivity • regression in recently acquired developmental gains • sleep disturbances due to intrusive imagery • enuresis and encopresis • eating disturbances • loss of concentration and memory • post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates • trauma driven acting out, risk taking behaviour • flight into driven activity or retreat from others to manage inner turmoil • loss of interest in previously pleasurable activities • fear of trauma recurring • mood or personality changes • loss of, or reduced capacity to manage emotional states or self-soothe • increased self-focusing and withdrawal • concern about personal responsibility for trauma • wish for revenge and action oriented response to trauma • may experience acute distress encountering any reminder of trauma • lowered self-esteem • increased anxiety or depression • fearful of closeness and love • likely to have detailed, long-term and sensory memory for traumatic event <ul style="list-style-type: none"> - sometimes the memory is fragmented or repressed • speech or cognitive delays • factual accurate memory may be embellished by elements of fear or wish <ul style="list-style-type: none"> - perception of duration may be distorted • intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness • vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma
48–49	10	<p>What can you do?</p> <p>Individual activity</p> <p>Ask participants use the Post-it notes to write hints for early childhood educators working with young children with trauma</p> <p>Ask participants to place the Post-it notes on the butcher's paper sheet titled <i>What can I do?</i></p> <p>Presentation point</p>
		

Slide	time	Presentation
		<p>Refer to participants' responses and outline some hints (strategies) for working with young children with trauma:</p> <ul style="list-style-type: none"> • make sure the abuse or other trauma has stopped • begin to build a relationship, by being honest, reliable and doing what you say you will do • understand trauma • help them feel safe through nurture, structure and support • use boundaries and logical consequences • stay calm and well-regulated, even as you set limits on aggression, to avoid power battles
10	CLOSE	<p>Presentation point Summarise the key points from the module</p> <p>Ask participants to complete the evaluation sheet</p> <p>Advise participants that other training resources are available for early childhood educators:</p> <ul style="list-style-type: none"> • Toolbox Talks • a self-paced learning package • two other face-to-face training modules • eight professional development workshops relating to each of the Victorian Early Years Learning and Development Framework Practice Principles <p>Explain how participants can access these resources</p>



MODULE 2 – DEVELOPING AND IMPLEMENTING STRATEGIES FOR WORKING WITH YOUNG CHILDREN WITH TRAUMA

Objectives

By the end of this module participants will have:

- extended their understanding of the impact of trauma on the behaviours of young children
- reviewed how environments can be established for working more effectively with young children with trauma
- investigated a range of strategies for working more effectively with young children with trauma.

References and reading

Department of Human Services Victoria, *Child development and trauma specialist practice resource*, <www.dhs.vic.gov.au> (Search – child development and trauma).

Koomar, JA, *Trauma- and Attachment-Informed Sensory Integration Assessment and Intervention*, published by The American Occupational Therapy Association, Inc., Vol.32, Number 4, December 2009, <http://attachmentcoalition.org/yahoo_site_admin/assets/docs/SlandAtt.4101942.pdf>.

Office of the Child Safety Commissioner, *Calmer classrooms: A guide to working with traumatised children*, 2007, <www.kids.vic.gov.au>.

Zeigler, D, *Optimum Learning Environments for Traumatized Children: How Abused Children Learn Best in School*, <www.jaspermountain.org> (Search – optimum leaning environment).

Preparation

Prepare butcher's paper sheets with the following headings:

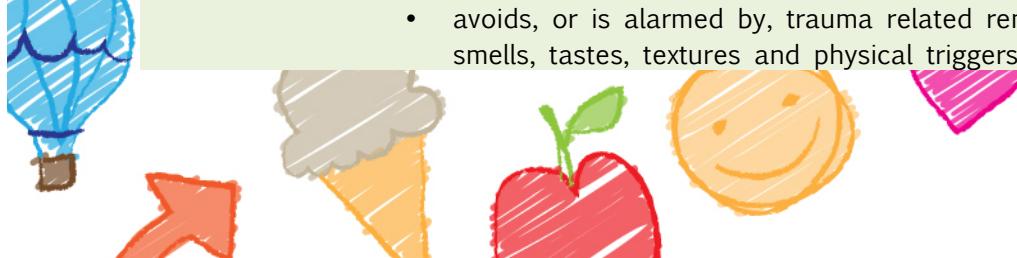
- Strategies for establishing rules
- Strategies for establishing routines
- Strategies for communicating with parents and carers.

Go to *Types of behaviour* and select the PowerPoint slides that are appropriate for the age range of the children participants are working with e.g. slides 4-8 are for educators working with children aged 0-12 months. Note that there is some duplication of content within the age ranges and the slides should be reviewed before delivery to avoid unnecessary duplication.

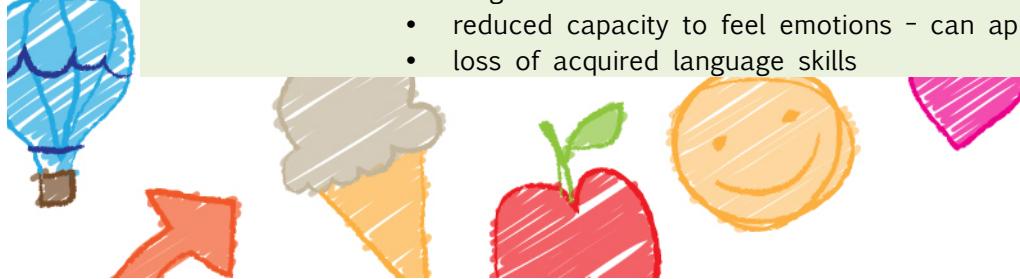
Copies of the relevant activities for each participant.

SESSION PLAN

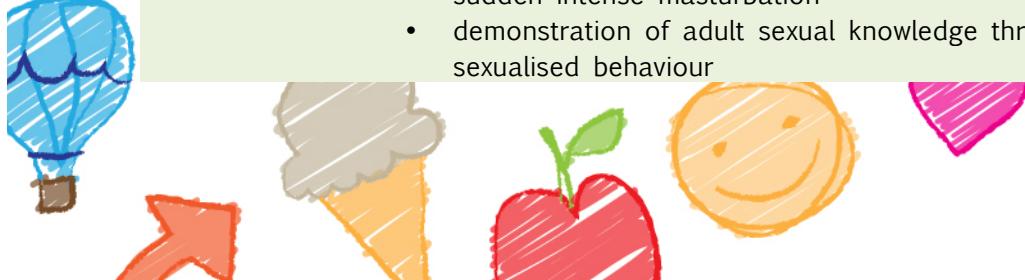
Slide	time	Presentation
1	15	<p>Presentation point Introductions e.g. name, workplace, experience working with young children with trauma</p> <p>Housekeeping e.g. breaks, participation, mobile phones, catering</p> <p>Overview of module</p>
2–3	5	<p>Presentation point Explain that:</p> <ul style="list-style-type: none"> • traumatic events are events that children experience as distressing • these events can be something experienced only by the child (e.g. being abused, being neglected, witnessing violence) or can be events in which groups of people were involved (e.g. bushfires) • up to one-in-four children experience traumatic events in their childhood • some children experience a number of traumas and the effect may be cumulative making these children more vulnerable to stress reactions such as difficulty in concentrating, loss of social skills, poor academic outcomes
4–8	20	<p>types of behaviours 0–12 months</p> <p>Brainstorm Ask participants to list the types of behaviours infants aged 0–12 months with trauma may exhibit</p> <p>Presentation point Refer to participants' responses and outline the types of behaviours infants with trauma may exhibit:</p> <ul style="list-style-type: none"> • increased tension, irritability, reactivity and inability to relax • increased startle response • lack of eye contact • sleep and eating disruption • loss of eating skills • loss of acquired motor skills • avoidance of eye contact • arching back/inability to be soothed • uncharacteristic aggression • avoids touching new surfaces e.g. grass, sand, other tactile experiences • avoids, or is alarmed by, trauma related reminders, e.g. sights, sounds, smells, tastes, textures and physical triggers



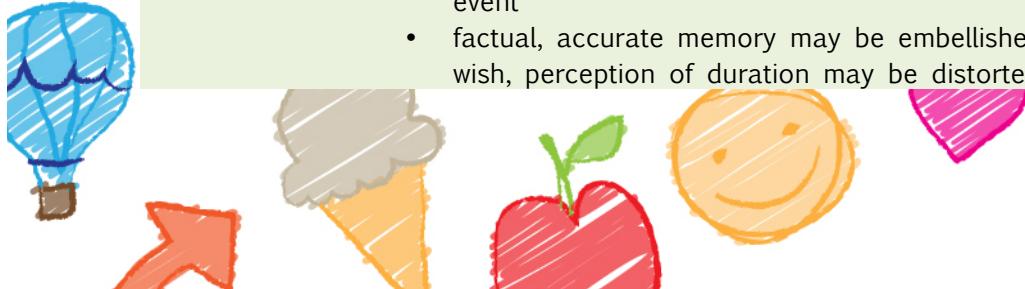
Slide	time	Presentation
		<ul style="list-style-type: none"> • fight, flight, freeze response • uncharacteristic, inconsolable or rageful crying and neediness • withdrawal/lack of usual responsiveness • limp, displays no interest • unusually high anxiety when separated from primary caregivers • heightened indiscriminate attachment behaviour • reduced capacity to feel emotions – can appear ‘numb’ • loss of acquired language skills • genital pain including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease <p>Whole group discussion</p> <p>Ask participants to share their experiences of identifying trauma responses in infants</p>
9–13	20	<p>types of behaviours 12 months–3 years</p> <p>Brainstorm</p> <p>Ask participants to list the types of behaviours young children aged 12 months to 3 years with trauma may exhibit</p> <p>Presentation point</p> <p>Refer to participants' responses and outline the types of behaviours children with trauma aged 12 months to 3 years may exhibit:</p> <ul style="list-style-type: none"> • behavioural changes, regression to behaviour of a younger child • increased tension, irritability, reactivity and inability to relax • increased startle response • sleep and eating disruption • loss of eating skills • loss of recently acquired motor skills • avoidance of eye contact • inability to be soothed • uncharacteristic aggression • avoids touching new surfaces e.g. grass, sand and other tactile experiences • avoids, or is alarmed by, trauma related reminders e.g. sights, sounds, smells, textures, tastes and physical triggers • fight, flight, freeze response • uncharacteristic, inconsolable, or rageful crying and neediness • fussiness, separation fears and clingliness • withdrawal/lack of usual responsiveness • loss of self-confidence • unusually anxious when separated from primary caregivers • heightened indiscriminate attachment behaviour • reduced capacity to feel emotions - can appear ‘numb’, apathetic or limp • loss of acquired language skills



Slide	time	Presentation
		<ul style="list-style-type: none"> • inappropriate sexualised behaviour/touching • sexualised play with toys • genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease <p>Whole group discussion Ask participants to share their experiences of identifying trauma responses in young children</p>
14–20	20	<p>types of behaviours 3–5 years</p> <p>Brainstorm Ask participants to list the types of behaviours young children aged three to five years with trauma may exhibit</p> <p>Presentation point Refer to participant's responses and outline the types of behaviours children aged three to five years with trauma may exhibit:</p> <ul style="list-style-type: none"> • behaviour change • increased tension, irritability, reactivity and inability to relax • regression to behaviour of younger child • uncharacteristic aggression • reduced eye contact • loss of focus, lack of concentration and inattentiveness • complains of bodily aches, pains or illness with no explanation • loss of recently acquired skills (toileting, eating, self-care) • enuresis, encopresis • sleep disturbances, nightmares, night terrors, sleepwalking • fearfulness of going to sleep and being alone at night • inability to seek comfort or to be comforted • mood and personality changes • obvious anxiety and fearfulness • withdrawal and quieting • specific trauma-related fears, general fearfulness • intense repetitive play • involvement of playmates in trauma-related play • separation anxiety with parents/others • loss of self-esteem and self-confidence • reduced capacity to feel emotions – may appear 'numb', limp, apathetic • repeated retelling of traumatic event • loss of recently acquired language and vocabulary • loss of interest in activities • loss of energy and concentration at school • sudden intense masturbation • demonstration of adult sexual knowledge through inappropriate sexualised behaviour



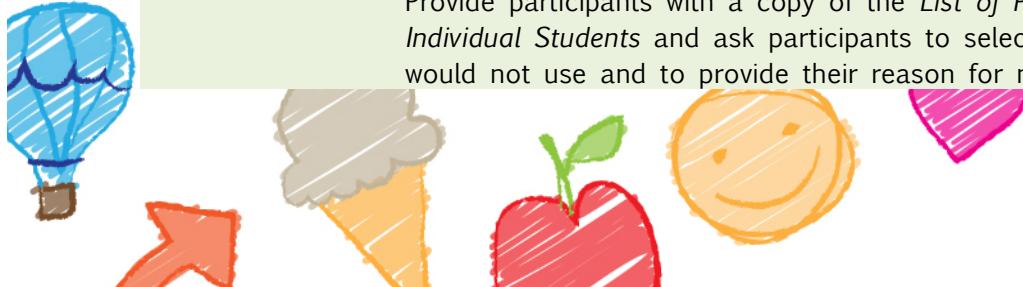
Slide	time	Presentation
		<ul style="list-style-type: none"> • sexualised play with toys • genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease • may verbally describe sexual abuse, pointing to body parts and telling about the ‘game’ they played • sexualised drawing <p>Whole group discussion</p> <p>Ask participants to share their experiences of identifying trauma responses in young children</p>
21–26	20	<p>types of behaviours 5–8 years</p> <p>Brainstorm</p> <p>Ask participants to list the types of behaviours young children aged five to eight years with trauma may exhibit</p> <p>Presentation point</p> <p>Refer to participants' responses and outline the types of behaviours children aged five to eight years with trauma may exhibit:</p> <ul style="list-style-type: none"> • changes in behaviour • hyperarousal, hypervigilance, hyperactivity • regression in recently acquired developmental gains • sleep disturbances due to intrusive imagery • enuresis and encopresis • trauma drive, acting out risk-taking behaviour • eating disturbances • loss of concentration and memory • flight into driven activity or retreat from others to manage inner turmoil • post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates • loss of interest in previously pleasurable activities • fear of trauma occurring • mood or personality change • loss of, or reduced capacity to manage emotional states or self-soothe • increased self-focusing and withdrawal • concern about personal responsibility for trauma • wish for revenge and action-oriented responses to trauma • may experience acute distress on encountering any reminder of trauma • lowering of self-esteem • increased anxiety or depression • fear of closeness and love • likely to have detailed, long-term and sensory memory of the traumatic event • factual, accurate memory may be embellished by elements of fear or wish, perception of duration may be distorted



Slide	time	Presentation
		<ul style="list-style-type: none"> intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma speech and cognitive delays <p>Whole group discussion Ask participants to share their experiences of identifying trauma responses in young children</p>
27	5	<h3>IMPACT OF TRAUMA ON LEARNING AND SOCIAL FUNCTIONING</h3> <p>Brainstorm Ask participants to describe the potential impacts of trauma on children's:</p> <ul style="list-style-type: none"> academic performance social relationships <p>Presentation point Outline how trauma can impact on children's academic performance through:</p> <ul style="list-style-type: none"> reduced cognitive capacity sleep disturbances difficulties with memory language delays <p>Outline how trauma can impact on children's social relationships through:</p> <ul style="list-style-type: none"> need for control attachment difficulties poor peer relationships unstable living conditions <p>Brainstorm Ask participants to describe the types of environments that best suit young children with trauma</p> <p>Presentation point Outline the features of environments that have been found to assist children with trauma:</p> <ul style="list-style-type: none"> structured predictable consistent
	15	break
29–31	15	<h3>ESTABLISHING AN ENVIRONMENT – RULES</h3> <p>Presentation point Refer to participants' responses from the previous activity when outlining</p>



Slide	time	Presentation
		<p>some strategies for establishing an environment to work with children with trauma e.g.:</p> <ul style="list-style-type: none"> • providing a safe environment • developing and teaching rules • ensuring consequences, not punishment • communicating with parents and carers • using a communication book <p>Outline some strategies for establishing rules with young children with trauma:</p> <ul style="list-style-type: none"> • involve children in developing rules (preferably five or less) • use clear, concise language e.g. act safely • provide examples e.g. role-playing • share rules with parents/carers • remind about rules at key times e.g. transitions <p>Whole group activity</p> <p>Ask participants to use Post-it notes to write strategies for use in their classroom or service</p> <p>Ask participants to place the strategies on the butcher's paper sheet, <i>Strategies for establishing rules</i></p>
32–34	15	<p>establishing an environment – Positive behaviour</p> <p>Presentation point</p> <p>Outline some strategies for establishing positive behaviour with young children with trauma:</p> <ul style="list-style-type: none"> • reinforce positive behaviour • select a good reinforcer i.e. one that requires little planning or effort to deliver • where appropriate, involve the child in selecting the reinforcer e.g. chooses the story to be read • consistently provide immediate, frequent and positive feedback e.g. praise, nods, smiles, eye contact, hugs, handshakes <p>Whole group activity</p> <p>Ask participants to use Post-it notes to write strategies for use in their classroom or service</p> <p>Read some of the <i>List of Positive Consequences for Individual Students</i></p> <p>Provide participants with a copy of the <i>List of Positive Consequences for Individual Students</i> and ask participants to select one strategy that they would not use and to provide their reason for not using the strategy</p>



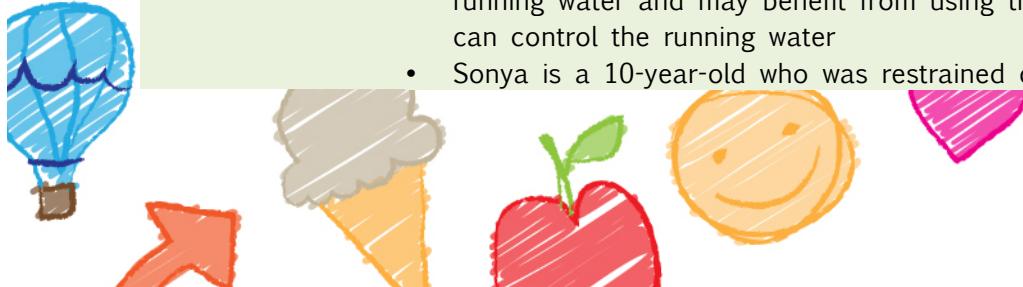
Slide	time	Presentation
		<p>Small group activity Ask participants to complete <i>Establishing an environment to work with young children with trauma</i></p> <p>Debrief Debrief the small group activity</p>
35–41	15	<p>establishing an environment – routines</p> <p>Brainstorm Ask participants to describe a process for establishing routines with children</p> <p>Presentation point Refer to participants' responses and outline a process for establishing routines with young children with trauma:</p> <ul style="list-style-type: none"> • explain • demonstrate and model • rehearse/guide practice • perform independently • review/teach <p>Discuss the steps in the process, emphasising the importance that repetition may play for children with trauma</p> <ul style="list-style-type: none"> • Explain: • the routine • why it is used • use short, concise sentences • repeat key messages • Demonstrate and model: • break complicated routines into steps • use visual or written charts to reinforce • demonstrate • ask child to repeat the step • adapt as independence increases • Rehearse and guide: • provide corrective feedback • if the routine is used in different places, arrange practices in the different locations • Perform independently: • give cues when to use the routine • provide praise and encouragement when a routine is successfully completed



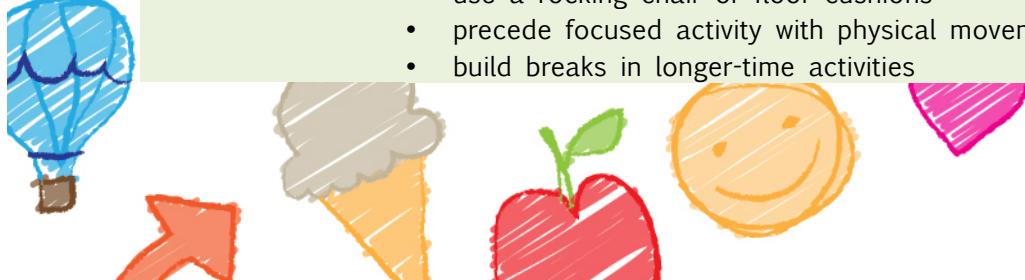
Slide	time	Presentation
		<ul style="list-style-type: none"> • Review/reteach: • periodically review the routine, adapt and reteach as necessary e.g. entering a room, transitioning from an activity, controlling anger • focus on 2-3 routines at any one time; however, some children will need routines for everything <p>Whole group activity</p> <p>Ask participants to use Post-it notes to write strategies developing routines for use in their classroom or service</p> <p>Ask participants to place the strategies on the butcher's paper sheet, <i>Strategies for developing routines</i></p>
42–45	15	<p>establishing an environment – communicating with parents and carers</p> <p>Whole group discussion</p> <p>Ask participants to share their experiences of communicating with parents and carers of children with trauma</p> <p>Presentation point</p> <p>Refer to participants' responses, drawing on the positive experiences and outline some strategies for communicating with parents and carers:</p> <ul style="list-style-type: none"> • maintaining close contact can prevent misunderstandings • involve key people (other staff) and the child, in the process • use a 'communication book' <p>Explain that when using Communication books:</p> <ul style="list-style-type: none"> • keep comments as positive as possible • keep communication short and to the point • respond promptly to questions and concerns • ask for ideas and suggestions • ask the child to contribute where appropriate <p>Outline some Communication book challenges:</p> <ul style="list-style-type: none"> – transporting the book to and fro – maintaining positive communication – ensuring the book is used <p>Whole group activity</p> <p>Ask participants to use Post-it notes to write strategies for communicating with parents and carers e.g. the information included in communication books, times and places for meetings</p> <p>Ask participants to place the strategies on the butcher's paper sheet, <i>Strategies for communicating with parents and carers</i></p>



Slide	time	Presentation
46	15	<p>Strategies – giving directions</p> <p>Presentation points</p> <p>Outline some suggestions for easing young children's frustration when being given directions:</p> <ul style="list-style-type: none"> • use concrete language • keep directions short and to the point • provide instructions in small steps • use visual cues • use pictures to illustrate a process • use sign prompts e.g. red traffic light or stop sign <p>Small group activity</p> <p>Ask participants to complete the <i>Child specific strategies – giving directions</i> activity</p> <p>Debrief</p> <p>Debrief the small group activity</p>
47	15	<p>Strategies – reducing stimulation</p> <p>Whole group discussion</p> <p>Ask participants to share their strategies for reducing stimulation in a classroom or play area</p> <p>Presentation point</p> <p>Outline some strategies for reducing stimulation:</p> <ul style="list-style-type: none"> • use preferential seating or create a low-distraction seating area • keep children's work/play areas uncluttered • designate a quiet space • provide relaxing music e.g. use an iPod with earphones <p>Discuss how using sensory-based strategies such as creating a quiet or peaceful area with sensory comforts in a room or school can allow children with trauma to lower their state of arousal enough to be able to access activities again</p> <p>Explain that it is important to recognise which sensations may trigger a negative experience when using sensory-based strategies</p> <p>Share the following examples with participants:</p> <ul style="list-style-type: none"> • James is a 7-year-old who was beaten in the bathroom while the water was running to hide his screams. He now has difficulty being near running water and may benefit from using the teacher's bathroom so he can control the running water • Sonya is a 10-year-old who was restrained during events involving sexual



Slide	time	Presentation
		<p>and physical abuse. She finds the use of weighted blankets terrifying, despite the fact that she seeks deep pressure touch in other ways for calming</p> <p>Small group activity Ask participants to complete the <i>Child specific strategies – reducing stimulation</i> activity</p> <p>Debrief Debrief the small group activity</p>
48	15	<p>Strategies – reinforcing routine and structure</p> <p>Whole group discussion Ask participants to share their strategies for reinforcing routine and structure</p> <p>Presentation point Outline some strategies for strategies for reinforcing routine and structure:</p> <ul style="list-style-type: none"> • tell children about the timetable of events • make a poster of daily events • prepare children for transitions • make special arrangements for morning tea/lunchtime • establish rules that are easy to follow • establish a routine for everything <p>Small group activity Ask participants to complete the <i>Child specific strategies – reinforcing routine and structure</i> activity</p> <p>Debrief Debrief the small group activity</p>
49	15	<p>Strategies – addressing overactivity</p> <p>Whole group discussion Ask participants to share their strategies for addressing overactivity and to describe how these may be applicable when working with young children with trauma</p> <p>Presentation point Outline some strategies for strategies for addressing over-activity:</p> <ul style="list-style-type: none"> • provide squeeze balls or sensory soft toys • make time for physical activity • use a rocking chair or floor cushions • precede focused activity with physical movement • build breaks in longer-time activities



Slide	time	Presentation
		<ul style="list-style-type: none"> use a signal to let children know it is time to return to task <p>Small group activity Ask participants to complete the <i>Child specific strategies – addressing overactivity</i> activity</p> <p>Debrief Debrief the small group activity</p>
50–51	15	<p>STRATEGIES – CREATING SMOOTH TRANSITIONS</p> <p>Whole group discussion Ask participants to list the transitions children may make during a:</p> <ul style="list-style-type: none"> day e.g. arriving, moving to play, lunch term e.g. beginning of a new term following a weekend e.g. where children may have experienced a traumatic event other e.g. moving into a new class, school or child care service <p>Presentation point Outline some strategies for strategies for creating smooth transitions between activities:</p> <ul style="list-style-type: none"> use visual, colour-coded or written plans use stories relevant to the transition pre-advise children about transitions use consistent rules and consequences between educators and specialists ensure ongoing communication between team members <p>Show the example of a visual cue for a transition from an inside activity to a play area</p> <p>Whole group activity Ask participants to provide examples visual or auditory cues they use to indicate a transition from one activity/location to another</p> <p>Small group activity Ask participants to complete the <i>Child specific strategies – creating smooth transitions</i> activity</p> <p>Debrief Debrief the small group activity</p>
52	15	<p>STRATEGIES – HANDLING OUTBURSTS</p> <p>Small group activity</p> 

Slide	time	Presentation
		<p>Ask participants to complete the activity hints for handling outbursts</p> <p>Debrief</p> <p>Debrief the small group activity</p> <p>Presentation point</p> <p>Refer to the small group responses and outline some strategies for handling outbursts:</p> <ul style="list-style-type: none"> • anticipate and identify warning signs • remove child from other children if possible • debrief the child after the incident • teach the correct behaviour • invite the child to solve future problems • avoid power struggles and put-downs • determine the cause of the outburst <p>Small group activity</p> <p>Ask participants to complete the <i>Child specific strategies – handling outbursts</i> activity</p> <p>Debrief</p> <p>Debrief the small group activity</p>
53	15	<p>Strategies – addressing playground challenges</p> <p>Presentation point</p> <p>Outline some strategies for addressing playground challenges:</p> <ul style="list-style-type: none"> • structure activities • consider alternatives to outdoor activities e.g. use of computer • provide a limited number of clear choices • involve child in helping younger children • prepare by reviewing expectations and procedures • develop a plan for handling emergencies in the playground <p>Whole group discussion</p> <p>Ask participants to outline their school or service procedures for handling emergencies in the playground</p> <p>Discuss how these procedures may be modified when working with young children with trauma</p> <p>Small group activity</p> <p>Ask participants to complete the <i>Child specific strategies – addressing playground challenges</i> activity</p> <p>Debrief</p>



Slide	time	Presentation
		Debrief the small group activity
54–58	15	Strategies – resolving behavioural incidents <p>Whole group discussion</p> <p>Ask participants to outline a ‘standard’ process for resolving behavioural incidents</p> <p>Ask participants to reflect on the process in relation to working with children with trauma</p> <p>Presentation point</p> <p>Outline a process for resolving behavioural incidents:</p> <ul style="list-style-type: none"> • review the incident as soon as possible i.e. when the child has calmed • listen actively • paraphrase • use eye contact • use physical activity e.g. walk around to help the child to relax and begin talking • use art e.g. drawing • use music • use non-threatening questions • focus on ‘how’ and ‘what’ rather than ‘why’ • use open-ended questions • use calm, quiet voice • use short, concise sentences • use a graphic or picture problem-solving procedure • don’t blame • focus on teaching the correct behaviour or a replacement behaviour e.g. <i>What would have worked better than hitting?</i> • use role modelling, role-play and rehearsal to teach the correct/replacement behaviour • present new ideas in a concrete way, one at a time • reinforce and re-teach as often as required • Finish with a positive comment <p>Individual activity</p> <p>Ask participants to reflect on the outlined process in terms of their practice and assess it in relation to the children they work with/have worked with</p> <p>Ask participants to suggest changes they would make to the process and to explain why the changes are needed</p> <p>Presentation point</p> <p>Outline the problem-solving guide and the picture plan</p>



SLide	time	PReSENTATION
		<p>Ask participants to review the guide and plan and to advise if there are alternatives that they would recommend</p>
10	CLOSE	<p>Presentation point Summarise the key points from the module</p> <p>Ask participants to complete the evaluation sheet</p> <p>Advise participants that other training resources are available for early childhood educators:</p> <ul style="list-style-type: none"> • Toolbox Talks • a self-paced learning package • two other face-to-face training modules • eight professional development workshops relating to each of the Victorian Early Years Learning and Development Framework Practice Principles <p>Explain how participants can access these resources</p>



MODULE 3 – RISKS, RESILIENCY, SUPPORT AND CARE

Objectives

By the end of this module participants will have:

- extended their knowledge of identifying children with trauma
- investigated the meaning of resilience and its implications for children with trauma
- reflected on their practices in relation to working with the families and carers of young children with trauma
- reviewed their understanding and knowledge of the support services and referral pathways available for young children with trauma and their families and carers.

References and reading

Cloitre, M, Morin, NA & Linares, LO, 2004, *Children's Resilience in the Face of Trauma*, http://www.education.com/reference/article/Ref_Childrens_Resilience/?page=2, accessed 24 July 2012.

Henderson, N, 2002, *The Resiliency Quiz*, <http://www.resiliency.com/htm/resiliencyquiz.htm>, accessed, 23 July 2012.

National Association of School Psychologists, 2011, *Identifying Seriously Traumatized Children: Tips for Parents and Educators*, http://www.nasponline.org/resources/crisis_safety/psych_general.aspx, accessed 23 July 2012.

Queensland Department of Education, 2011, *Childhood Trauma Reactions: A Guide for Teachers from Preschool to Year 12*, 2011, www.education.qld.gov.au (Search: childhood trauma reactions).

Werner, E. E. and Smith, R. S., 2001, *Journeys from Childhood to Midlife: Risk, Resilience, and Recovery*, New York: Cornell University Press, excerpt available at <http://psychcentral.com/lib/2011/learning-from-resilient-kids/>, accessed 25 July 2012.

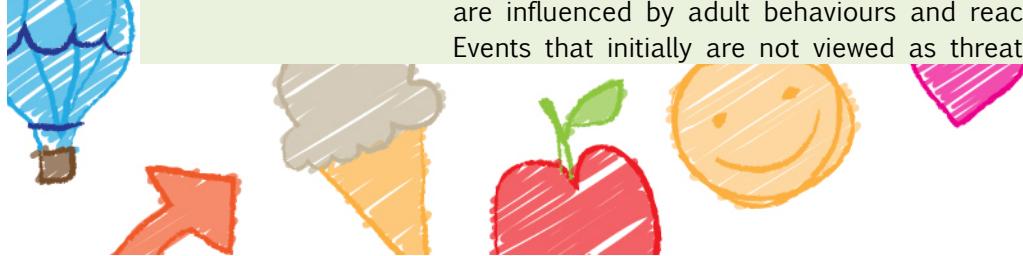
Preparation

Copies of the relevant activities for each participant.

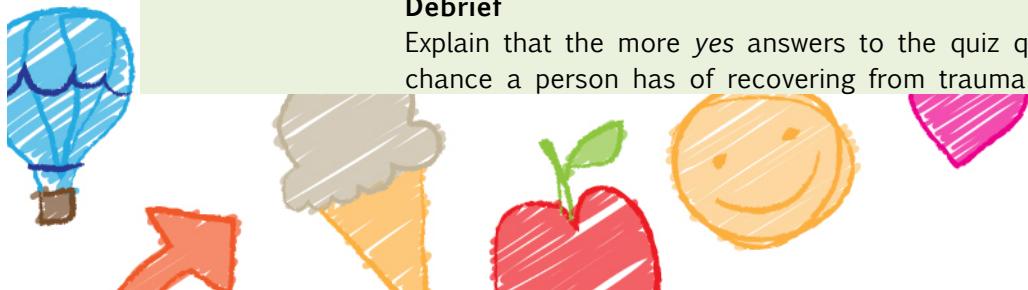


SESSION PLAN

Slide	time	Presentation
1	15	<p>Presentation point Introductions e.g. name, workplace, experience working with young children with trauma</p> <p>Housekeeping e.g. breaks, participation, mobile phones, catering</p> <p>Overview of the module</p>
2–13	40	<p>Risks and Identifying young children with trauma</p> <p>Whole group discussion Ask participants to outline their experience with identifying children with trauma e.g. behavioural indicators</p> <p>Ask participants to describe the ‘risks’ a young child with trauma faces in terms of their learning and development if their experiencing/having experienced trauma is not recognised by early childhood educators</p> <p>Presentation Refer to participants’ responses and explain that identifying a young child with trauma may be difficult</p> <p>Discuss how some events are readily seen as possible indicators that a child may experience trauma, while others are less easily substantiated e.g. indicators such as:</p> <ul style="list-style-type: none"> • crisis event – some traumatic events are more threatening than others. Severe emotional trauma is more likely to occur following events that are intentional human caused acts of aggression (versus accidents or natural disasters) and/or those that occur suddenly and unexpectedly and have particularly devastating consequences e.g. involve fatalities, have relatively long durations and are intense • exposure – the closer children are to the location of a crisis event and the longer their exposure, the greater the likelihood of children viewing the event as personally threatening • relationships – having relationships with the victims of a crisis i.e. those who were killed, injured and/or threatened, is associated with an increased chance of viewing the event as threatening. The stronger the children’s relationships with the victims, the greater the likelihood of severe distress. Children who lose a caregiver or immediate family member are most at risk • adult reactions – particularly among younger children, threat perceptions are influenced by adult behaviours and reactions to the crisis event. Events that initially are not viewed as threatening and/or frightening may



Slide	time	Presentation
		<p>become so after observing the panic reactions of parents, carers or teachers</p> <ul style="list-style-type: none"> individual vulnerability – personal experiences and characteristics can also influence threat perceptions. These include: family factors - children who are not living with their families, have been exposed to family violence, have a family history of mental illness and/or have caregivers who are severely distressed by the disaster are more likely themselves to be severely distressed. social factors - children who must face a disaster without supportive and nurturing friends or family suffer more than those who have at least one source of such support. mental health - children who have mental health problems such as depression or anxiety disorders before experiencing a traumatic event will be more likely to be severely distressed by a traumatic event developmental level - although young children, in some respects, may be protected from the emotional impact of traumatic events because they do not recognise the threat, once they perceive a situation as threatening, younger children are more likely to experience severe stress reactions than are older children and adolescents previous trauma experience - children who have experienced previous threatening and/or frightening events are more likely to experience severe reactions to a subsequent disaster event and suffer severe psychological distress
14–15	35	<p>Small group activity Ask participants to complete the activity <i>Workplace practices for identifying and working with young children with trauma</i></p> <p>Debrief Ask participants to outline their group's strategies and recommendations for workplace practices to identify and work with young children with trauma</p> <p>Discuss the importance of gaining specialist information and support to identify children with trauma</p> <p>Emphasise the importance of following workplace policies and procedures for mandatory reporting</p>



Slide time Presentation

Ask participants to reflect on the quiz content and how children with trauma may respond if asked to complete a similar quiz

Brainstorm

Ask participants to describe what is meant by *resilience*

Presentation point

Explain that resilience is defined as:

- a set of beliefs, feelings and behaviours that emerges at a time of adversity, refers to the ability of the child to 'spring back' from adversity
- a process of, capacity for, or the outcome of successful adaptation despite challenging and threatening circumstances
- resilience is shaped by individual differences in the child and variations in the recovery environment
- as resilient children bounce back from a stressor, they begin to trust familiar adults, play and laugh again, learn new skills, make and keep friends, do well in school and create a positive attitude about the world

Discuss the importance of strengthening resilience in children as a preventative strategy in protecting their psychological wellbeing in the face of decreased perceptions of safety and security

Whole group discussion

Ask participants to describe the characteristics of resilient children

Presentation point

Outline Werner and Smith's research:

A cohort of 700 children born on the island of Kauai, Hawaii in 1955 was tracked over 40 years. One-third of the group was designated as high-risk because of impoverished living conditions such as chronic poverty, low maternal education, familial conflict or instability and perinatal risk. Nevertheless, 10% of the high-risk cohort, having four or more of the above risk factors, was identified as resilient in adolescence. These adolescents were found to be more mature, achievement motivated and socially connected to their peers than their less competent high-risk equals who developed mental health problems, teen pregnancy and delinquency. Resilient children displayed engaging social skills and had strong relationships with parents or parent substitutes, including siblings and the community support network.

Individual activity

Ask participants to read the *Learning from resilient kids* article and reflect on its implications for their work with young children with trauma



Slide	time	Presentation
	15	break
16–23	20	<p>Resilience and young children with trauma (continued)</p> <p>Whole group discussion Refer to the <i>Learning from resilient kids</i> article and ask participants to describe what is meant by <i>protective factors</i></p> <p>Presentation point Outline some of the common protective factors described in Werner and Smith's research:</p> <ul style="list-style-type: none"> - reasoning ability - emotional support outside the family - inner direction (internal locus of control) - autonomy - sociability - high expectations/positive view of the future - seizing opportunities <p>Discuss each of the above points and ask participants to reflect on how they can implement the research findings in their work with young children with trauma:</p> <ul style="list-style-type: none"> • reasoning ability - being able to problem-solve helped children increase confidence and plan for the future • emotional support outside the family - resilient people have at least one friend and a network of supportive people available when they encounter a crisis. For many of the children in the Kauai study who struggled as teenagers, it was the presence of at least one caring, committed adult that made the difference • inner direction (internal locus of control) - the belief that one can impact their own destiny and that events result primarily from their own behavior and actions. Children with a high internal locus of control were achievement-oriented and assertive • autonomy - being able to accomplish tasks alone. Werner and Smith found that, even as toddlers, resilient children 'tended to meet the world on their own terms.' • sociability - skills to elicit positive attention from others and to respond to others in socially acceptable ways • high expectations/positive view of the future - despite the negative issues in their lives, resilient children still could see a positive future for themselves. 'It also helped when significant adults such as teachers, club leaders, or a Big Brother/Big Sister held high expectations for the child.' • seizing opportunities - the people in the Kauai sample who started to do better once they were out of their teen years did so mainly due to taking advantages of opportunities that were opening up to them such as higher education, good jobs and stable life partnerships



Slide	time	Presentation
		<p>Whole group discussion Ask participants to reflect on how they may adjust their strategies in relation to the above points when working with young children with trauma</p>
24–25	35	<p>WORKING WITH PARENTS AND CARERS</p> <p>Whole group discussion Ask participants to share their positive experiences of working with the families and carers of children with trauma</p> <p>Ask participants to share the challenges they have experienced when working with the families and carers of children with trauma</p> <p>Presentation point Refer to participants' responses and discuss how talking with the parents or carers of young children exhibiting signs of trauma can help to find the information needed to work effectively with the children</p> <p>Outline some suggestions for working with parents and carers:</p> <ul style="list-style-type: none"> • create a non-threatening and supportive environment for the parent/carer • remember that the parent/carer may have experienced the trauma • consider involving the service director/school principal/specialists in the meeting • ask if the parent/carer has noticed any changes in the child's emotions or behaviours or if there are any concerns about the child • sensitively and respectfully express your concerns about the child • ask if there is anything happening in the child's life that may be contributing to their behaviour e.g. difficulty sleeping could contribute to behaviours • ask the parent/carer if the service or school can help • advise the parent/carer that you are available • provide information about accessing specialist support services e.g. psychological support <p>Role-plays Ask participants to work in pairs to role-play a conversation with a parent where they want to discuss learning and development concerns they have regarding a child (they also suspect that the child has experienced family violence)</p> <p>Debrief the role-plays Remind participants that a number of supports and services exist within their workplace and in the location where they work that can assist them to prepare for conversations such as these</p>
		

Slide	time	Presentation
26	10	<p>deciding if more support is needed</p> <p>Presentation point</p> <p>Outline some indicators that further assessment and intervention may be needed by young children with trauma:</p> <ul style="list-style-type: none"> • symptoms/behaviours persist or worsen over time • significant decline in concentration, academic performance or participation • ongoing or worsening difficulties regulating emotions e.g. difficulty controlling crying, anger • significant and lasting changes in social functioning <p>Whole group discussion</p> <p>Ask participants to describe the processes they use to seek more information and support when working with young children with trauma</p> <p>Ask participants to describe the referral pathways they use</p> <p>Ask participants to list the support services available in their locations</p> <p>Suggest that, if a list of services and supports is not available in their workplace, participants discuss developing a list with their workplace manager</p>
	10	<p>CLOSE</p> <p>Presentation point</p> <p>Summarise the key points from the module</p> <p>Ask participants to complete the evaluation sheet</p> <p>Advise participants that other training resources are available for early childhood educators:</p> <ul style="list-style-type: none"> • Toolbox Talks • a self-paced learning package • two other face-to-face training modules • eight professional development workshops relating to each of the Victorian Early Years Learning and Development Framework Practice Principles <p>Explain how participants can access these resources</p>



activities and evaluation



Individual Reflection

Read the excerpt below and reflect on your role as an early childhood educator to provide sensory opportunities to children with trauma.

The many functions of the human brain result from a complex interplay between genetic potential and appropriately timed experiences. The neural systems responsible for mediating our cognitive, emotional, social and physiological functioning develop in childhood and, therefore, childhood experiences play a major role in shaping the functional capacity of these systems. When the necessary experiences are not provided at the optimal times, these neural systems do not develop in optimal ways.

Healthy development of the neural systems which allow optimal social and emotional functioning depends upon attentive, nurturing caregiving in infancy and opportunities to form and maintain a diversity of relationships with other children and adults throughout childhood.

Source: Perry, BD., 2002, Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture, *Brain and Mind* Vol 3: pp79-100.

Notes



List of Positive Consequences for Individual Students

Be a group leader	Help the librarian
Be a teacher's assistance for _ minutes (in own class or another class)	Help the teacher make a visual aid to use with a group of students
Be in a class play	Help in the school canteen
Choose a game for the class	Lead a class play
Choose a story for the teacher to read	Listen to music for _ minutes while working
Colour or draw	Make a DVD over a few days
Create a picture or story on the black/whiteboard	Make a phone call to family to describe successes
Create or select an indoor recess game	Make paper planes/hats
Decorate the classroom	Participate in craft activities
Demonstrate a hobby to the class	Choose a class activity
Do puzzles for _ minutes	Participate in an assembly
Draw cartoons for _ minutes	Choose supplies for a craft project
Have a free period of creative activity	Play an instrument
Have 15 minutes computer time	Play with a friend
Have 5 minutes of free time	Leave first for recess/lunch
Have 10 minutes of free time in the library	Read a comic/magazine for _ minutes
Have 15 minutes of playing sport (indoors or outdoors)	Read a story to the Prep class
Have 15 minutes of story time	Read to a friend or the Principal
Have 5 minutes to discuss something with the teacher	Sit at the teachers desk for _ minutes
Have 30 minutes of music in the classroom	Sit with a friend
Have extra sport time for _ minutes	Sit where you want for _ minutes
Have free time to use specific equipment	Tutor another student
Have free time to use supplies e.g. art supplies	Take photos of the class
Have lunch with the teacher	Use a tape recorder for _ minutes
Have the class try to make you laugh within 30 seconds	Write on the blackboard with coloured chalk
Help another teacher for _ minutes	Use a stopwatch to _
Help teach a 15 minute lesson	Visit the Principal (planned visit) for _ minutes
Be a tutor with a younger child	Handout supplies for a class activity

Excerpt from Reithaug, D., 1998, *Orchestrating Positive and Practical Behaviour Plans*, quoted at <http://www.edu.gov.mb.ca>.



ESTABLISHING AN ENVIRONMENT TO WORK WITH YOUNG CHILDREN WITH TRAUMA

1. How does your work environment cater for working with young children with trauma? e.g. involving children in developing rules for different parts of the environment.

2. What changes might be made to improve the environment for working with young children with trauma? e.g. clearer explanations of transitions, more visual prompts.

Notes



Child specific strategies – easing frustration with directions

- Use concrete language
- Keep directions short and to the point
- Provide instructions in small steps
- Use visual cues
- Use pictures to illustrate a process
- Use sign prompts e.g. red traffic light or stop sign

Read the following story and provide some suggestions for how an early childhood educator might respond when working with Liam.

Liam is 2 ½ years old and recently began attending an early learning centre for two days each week.

He doesn't speak at all but babbles in a high falsetto.

He is very rough with the other children attending the centre and they do not want to play with him. When the children work groups for activities Liam tends to kick children sitting nearby or take toys they are playing with.

He becomes particularly distressed during transitions, flapping his hands and turning away when he is asked to do something. His eating habits are poor – shoving food into his mouth with a fist and taking other children's food when he has the opportunity.

Staff at the centre have noted that Liam enjoys songs with hand motions.

Notes



CHILD SPECIFIC STRATEGIES – REDUCING STIMULATION

- Use preferential seating or create a low-distraction seating area
- Keep children's work/play areas uncluttered
- Designate a quiet space
- Provide relaxing music i.e. use iPod with ear phones

Read the following story and provide some suggestions for how an early childhood educator might respond.

Josephine is a 5 year-old girl beginning school. She has never attended an early childhood centre.

She is very shy and timid and appears frightened most of the time. She is particularly startled by loud noises. One teacher commented that 'frequently she appears to be in her own little world'. When upset she has a keening cry.

Her vocabulary is very limited vocabulary and she speaks as little as possible. She rarely plays with other children. Josephine is not toilet trained.

Notes



CHILD SPECIFIC STRATEGIES – REINFORCING ROUTINE AND STRUCTURE

- Tell the child about the timetable of events
- Make a poster of daily events
- Prepare the child for transitions
- Make special arrangements for morning tea/lunchtime
- Establish rules that are easy to follow
- Establish a routine for everything

Read the following story and provide some suggestions for how an early childhood educator might respond.

Stephen is 7 years old. When he attends school he is very disruptive. His behaviours include verbal and physical abuse towards children and staff if he feels he is being thwarted in what he wants to do. His class teacher has noticed that he intensely dislikes being asked to complete activities so that the class group can move to another activity.

Stephen talks constantly but doesn't appear to understand the concept of sharing a conversation. He will speak loudly or shout if he wants to be heard, regardless of who else is speaking.

He loves cars and will talk about them for hours. He has a prized collection of cars that he has brought to school for 'show and tell'.

Notes



Child specific strategies – addressing overactivity

- Provide squeeze balls
- Make time for physical activity
- Use a rocking chair or floor cushions
- Precede focused activity with physical movement
- Build breaks into longer time activities
- Use a signal to let child know it is time to return to task

Read the following story and provide some suggestions for how an early childhood educator might respond.

Myoni is a 4-year-old whirlwind. When she arrives at childcare she runs through the centre pushing papers and equipment to the floor and generally disrupting the morning arrival routine.

Throughout her day at the centre she continually moves from one activity to another, seldom focussing on one task for more than a couple of minutes. She might spend two minutes completing a painting that is generally blobs of paint then run through a block building activity other children are working on. Rarely does she sit through a story-time activity without getting up to move around the room or change places with other children.

Notes



CHILD SPECIFIC STRATEGIES – CREATING SMOOTH TRANSITIONS

- Use visual, colour-coded or written plans
- Use stories relevant to the transition
- Pre-warn the child about transitions
- Use consistent rules and consequences between educators and specialists
- Ensure ongoing communication between team members

Read the following story and provide some suggestions for how an early childhood educator might respond.

Daisy and Delilah are 6 year-old twins who have experienced sexual abuse. They are currently living with foster parents, Katherine and Dominic, who have spoken to teachers about the girls' difficulties transitioning from home to school and then home again. Teachers have identified similar issues when the girls move from one activity to another such as from the playground to the classroom or from a noisy, physical activity to a quiet one.

The girls' foster parents have also told the teachers that the girls attend the local children's mental health clinic to work with a psychologist and have visits with their mother every second weekend. Their behaviour is particularly unsettled for the next few days following the visits with their mother. In particular Katherine and Dominic, want to ensure that 'everyone is on the same page' in relation to expectations about the girls' behaviour.

Notes



Child specific strategies – handling outbursts

- Anticipate and identify warning signs
- Remove the child from other children if possible
- Debrief the child after the incident
- Teach the correct behaviour
- Invite the child to solve future problems
- Avoid power struggles and put-downs
- Determine the cause of the outburst

Read the following story and provide some suggestions for how an early childhood educator might respond.

According to her mother, Rhiani ‘loses the plot when she doesn’t get her own way and then throws herself on the floor, screaming until she is too tired to do anything else’. She advised staff that Rhiani was the victim of physical abuse from her father during the first two years of her life. Rhiani’s mother is now in new relationship that appears safe and stable.

Rhiani’s mother has approached staff at the childcare centre for advice about how she can help prepare Rhiani to start school next year.

Notes



CHILD SPECIFIC STRATEGIES – ADDRESSING PLAYGROUND CHALLENGES

- Structure activities
- Consider alternatives e.g. use of computer
- Provide a limited number of clear choices
- Involve the child in helping younger children
- Prepare by reviewing expectations and procedures
- Develop a plan for handling emergencies in the playground

Read the following story and provide some suggestions for how an early childhood educator might respond.

Recess and lunchtime in the playground are difficult times for Declan. He is 6 years old and has limited skills when playing with other children. He doesn't share and abuses children for not including him in their games.

In the past two weeks he has hit children who have refused to play with him.

Notes



WORKPLACE PRACTICES FOR IDENTIFYING AND WORKING WITH YOUNG CHILDREN WITH TRAUMA

1. Describe the practices in your workplace that support the identification of young children with trauma.

2. Provide suggestions for how these practices may be improved.

Notes



Resiliency quiz

Source: Henderson, Nancy, 2002, *The Resiliency Quiz*, <www.resiliency.com>, accessed 20 July 2012

Part 1

People bounce back from tragedy, trauma, risks and stress by having certain conditions in their lives. These conditions are listed below. The more times you answer ‘yes’ to the statements below, the greater the chances are that you can bounce back from your life’s problems ‘with more power and more smarts.’

And doing that is one of the surest ways to increase your self-esteem.

Answer ‘yes’ or ‘no’ to the following. Then celebrate your ‘yes’ answers and decide how you can change your ‘no’ answers to ‘yes.’

1. Caring and Support

I have several people in my life who give me unconditional love, who listen to me without judging and who I know are ‘there for me.’

I am involved in a school-, work-, faith-related, or other group where I feel cared for and valued.

I treat myself with kindness and compassion and take time to nurture myself (including eating right and getting enough sleep and exercise).

2. High Expectations for Success

I have several people in my life who let me know they believe in my ability to succeed.

I get the message ‘You can succeed’ at work or school.

I believe in myself most of the time and generally give myself positive messages about my ability to accomplish my goals – even when I encounter difficulties.

3. Opportunities for Meaningful Participation

My voice (opinion) and choice (what I want) are heard and valued in my close personal relationships.

My opinions and ideas are listened to and respected at my work or school.

I provide service through volunteering to help others or for a cause in my community, faith organization, or school.

4. Positive Bonds

I am involved in one or more positive after-work or after-school hobbies or activities.

I participate in one or more groups (such as a club, faith community, or sports team) outside of work or school.

I feel close to most people at my work or school.



5. Clear and Consistent Boundaries

_____ Most of my relationships with friends and family members have clear, healthy boundaries (which include mutual respect, personal autonomy and each person in the relationship both giving and receiving).

_____ I experience clear, consistent expectations and rules at my work or in my school.

_____ I set and maintain healthy boundaries for myself by standing up for myself, not letting others take advantage of me and saying ‘no’ when I need to.

6. Life Skills

_____ I have (and use) good listening, honest communication and healthy conflict resolution skills.

_____ I have the training and skills I need to do my job well, or I have all the skills I need to do well in school.

_____ I know how to set a goal and take the steps to achieve it.

Part 2

People also successfully overcome life difficulties by drawing upon internal qualities that research has shown are particularly helpful when encountering a crisis, major stressor, or trauma.

The following list can be thought of as a ‘personal resiliency-builder’ menu. No one has everything on this list. When ‘the going gets tough,’ you probably have three or four of these qualities that you use most naturally and most often.

It is helpful to know which are your primary resiliency builders, how have you used them in the past and how can you use them to overcome the present challenges in your life.

You can also decide to add one or two of these to your resiliency-builder menu if you think they would be useful for you.



PERSONAL RESILIENCY BUILDERS – INDIVIDUAL QUALITIES THAT FACILITATE RESILIENCY

Put a plus sign (+) by the top three or four resiliency builders you use most often. Ask yourself how you have used these in the past or currently use them. Think of how you can best apply these resiliency builders to current life problems, crises, or stressors.

- [] Relationships - I am sociable/able to be a friend/able to form positive relationships.
- [] Humour - I have a good sense of humour.
- [] Inner Direction - I base choices or decisions on internal evaluation (I have an internal locus of control).
- [] Perceptiveness - I have an insightful understanding of people and situations.
- [] Independence - I am able to distance myself from unhealthy people and situations. I have autonomy.
- [] Positive View of Personal Future - I am optimistic. I expect a positive future.
- [] Flexibility - I can adjust to change and can bend as necessary to positively cope with situations.
- [] Love of Learning - I have a capacity for and connection to learning.
- [] Self-Motivation - I have internal initiative and positive motivation from within.
- [] Competence - I am ‘good at something.’ I have personal competence.
- [] Self-Worth - I have feelings of self-worth and self-confidence.
- [] Spirituality - I have a personal faith in something greater.
- [] Perseverance - I keep on despite difficulty. I don’t give up.
- [] Creativity - I express myself through artistic endeavour.

You Can Best Help Yourself or Someone Else Be More Resilient by . . .

- Communicating the Resiliency Attitude: ‘*What is right with you is more powerful than anything that is wrong with you.*’
- Focusing on the person’s strengths more than problems and weaknesses and asking ‘*How can these strengths be used to overcome problems?*’ One way to do this is to help yourself or another identify and best utilize top personal resiliency builders listed in The Resiliency Quiz, Part 2.
- Providing for yourself, or another, the conditions listed in The Resiliency Quiz, Part 1.
- Having patience - successfully bouncing back from a significant trauma or crisis takes time.



Learning from Resilient Kids

By Bobbi Emel, MFT

'In 1955, researchers Emmy Werner (University of California, Davis) and Ruth Smith (licensed psychologist, Kauai) began a longitudinal study that followed all of the children born on the island of Kauai during that year.

In general, Werner and Smith found that there were a percentage of children in their sample that faced very adverse conditions as they grew: perinatal stress, chronic poverty, parents who had not graduated from high school and family environments that were engulfed in the chronic discord of parental alcoholism or mental illness. Many of these children developed serious problems of their own by age 10. However, to the researchers' surprise, about one-third of the children in adverse situations did very well in their lives. Werner and Smith called them the 'vulnerable, but invincible.'

The researchers checked in with the study participants regularly until they reached the age of 40. Aside from the 'vulnerable, but invincible' children, it was noted that even more of the high-risk children began to do better as they got older. Werner and Smith found that many of the cohort who experienced difficulties when they were teenagers – delinquencies, mental health problems, pregnancies – had become successful, functioning adults by the time they reached their third and fourth decades.

How did these people thrive in spite of their early circumstances? Although surrounded by potentially debilitating 'risk factors,' the part of the cohort that showed the most resilience were those who had access to buffering elements known as 'protective factors.' Werner and Smith's decades-long study showed that, although an innate capacity for resiliency helps, it is never too late to develop protective factors to bounce back from adversity.'

Source: <<http://psychcentral.com/lib/2011/learning-from-resilient-kids/>>, accessed 25 July 2012.

Notes



evaluation

Your name:.....

Please circle the response that best describes your thoughts or feelings. Additional comments are appreciated.

1. The information presented was appropriate for me.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly Agree

2. The facilitator(s) helped me to understand the content.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly Agree

3. The workshop has motivated me to reflect on my practices when working with young children with trauma.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly Agree

5. The workshop has shown me some ways to work more effectively with young children with trauma.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly Agree

What changes in your workforce practice might you make after this training?

.....
.....

What was the most useful thing about today's training?

.....
.....

What could be improved?

.....
.....

Other comments?

.....
.....

If you have further comments, please use the back of this page.

Thank you for completing the evaluation.



References

- Australian Child and Adolescent Trauma, Loss and Grief Network, 2012, *How children and young people experience and react to traumatic events*, ANU College of Medicine, Biology and Environment.
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