TRAUMA-INFORMED
PRACTICE WORKBOOK

FOR ANYONE DEDICATED TO THE WELLBEING OF CHILDREN

PREPARED BY THE JEAN TWEED CENTRE

OCTOBER 2021

ABOUT US

JEAN TWEED CENTRE

The Jean Tweed Centre is a leading community-based organization that provides a safe and supportive environment for women with substance use, mental health, and/or gambling issues through a trauma-informed approach. It is one of the only treatment centers in the province with a licensed, therapeutic Child Development Centre on site. The Registered Early Childhood Educators in the centre have extensive knowledge and expertise when it comes to communicating and working with families who have experienced complex traumas. Mothers participating in the Jean Tweed Centre day, outpatient, and outreach programs have access to a fully licensed therapeutic child development centre. The childcare centre provides a warm and nurturing environment for children to play and learn, helping them to meet their developmental milestones.

TASHA PALMER-KERR, RECE

Tasha Palmer-Kerr is the Supervisor of the Jean Tweed Child Development Centre. She began her career working with children and their families in 2009 when she entered the Early Childhood Diploma Program at George Brown College. She then completed her degree in Early Childhood Leadership in 2013, as a part of the first cohort of graduates from the new program offered from George Brown College. Through her internship and her work supporting resilient families in diverse communities, her love for working with families grew. Tasha began her career at the Jean Tweed Centre in 2014, where she was a part-time RECE supporting caregivers to build healthy attachment and supervising court-ordered access visits. In 2015, she became the full-time RECE in the Child Development Centre. She facilitated parenting groups and continued to advocate for the needs of the families she worked with. In 2016, she became the Supervisor of the Child Development Centre, where she continues to advocate, educate, and support the families and community she works in.

ACKNOWLEDGEMENT

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COMMISSIONING THIS WORKBOOK

FIRST STEPS TO SUCCESS IN ETOBICOKE

Jean Tweed was a part of First Steps to Success in Etobicoke, a project supported by the Provincial System Support Program (PSSP) at The Centre for Addiction and Mental Health (CAMH). The project was piloted in four childcare centres and four family/community service agencies in Etobicoke. The project sites implemented a program called The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. "The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development."[1] The First Steps project built the capacity of implementing sites to support social and emotional development of children aged zero to three through a combination of training and coaching.

Jean Tweed implemented this pilot project, served as a co-chair for the leadership committee supporting this work and provided foundational trauma-informed training for coaches and leaders from implementing sites. The pilot project yielded positive results across sites and led to a scale-out to be launched at four new childcare sites in addition to expanding implementation at childcare centres. Leaders and staff who participated in the pilot project suggested that a deeper dive into trauma-informed practice as it relates to their specific settings would be useful. As such, PSSP, who is supporting the scale-out work, commissioned Jean Tweed Centre as community leaders in trauma-informed work to create this workbook.

1. National Centre for Pyramid Model Innovation. (2021). *Pyramid Model Overview: The Basics.* https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html

WHO IT'S MEANT FOR

The intention behind this workbook is to introduce the concept of trauma-informed practice to Registered Early Childhood Educators (RECEs), Early Childhood Assistants (ECAs), ECE students, families, allies, and anyone dedicated to the well-being of children. This workbook recognizes the importance of a trauma-informed approach in the field of ECE as a continuous practice that supports all children. This practice requires dedication, consistency, and self-reflection. It also necessitates empathy, responsiveness, and support from those in the position of power, the adults.

At the root, trauma-informed care, approach and practice is about relationships. The importance of building relationships with families should be a familiar concept for those working in the field of childcare. According to 'Standard I: Caring and Responsive Relationships' in the Code of Ethics and Standards of Practice, "Building and maintaining caring and responsive relationships with children, families and colleagues is fundamental to the practice of RECEs."[2] Child care workers are on the frontlines, providing support and advocacy to families, as well as working collaboratively with them to support the children in their centres. As trauma is a prevalent issue within communities, understanding trauma-informed practice is a key component in building caring and responsive relationships.

It is important to recognize that within the College of ECE'S Code of Ethics and Standards of Practice document, there is no literature that discusses trauma and its impacts on children. Therefore, this workbook introduces the concepts of trauma-informed care to folks who are working with or raising children and demonstrate how this practice can be implemented to improve relationships with and within families.

This resource is intended as a starting point to understanding trauma and should be supplemented with individual research and learning.

2. College of Early Childhood Educators. (July, 2007). *Code of Ethics and Standards of Practice.* https://www.college-ece.ca/en/documents/code_and_standards_2017.pdf

HOW TO USE THIS WORKBOOK

This workbook can be used in a variety of ways: independently, as a team, with your supervisor, or as an entire staff team.

Independently: Bring the workbook home, do independent reading, reflect, and jot down notes as required.

As a Classroom Team: This workbook can be used as a team with co-workers in your assigned classroom. Approach it like a book club (i.e. read chapters independently, then meet to discuss your findings and share information), or use it as part of your classroom's independent team meetings.

With your Supervisor: Some supervisors have individual meetings with their staff members. This is usually a time to go over performance management and conduct performance reviews. This workbook can be used during these times to go through the workbook together and create action plans for supporting children's social and emotional development in their designated classrooms.

Entire Staff Team: Most childcare centres have dedicated staff meetings in which all the staff members in the childcare facility meet. The workbook can be brought up in these meetings, where each chapter is read and talked about. Staff would be encouraged to share ideas, and present cases to the staff team, where they can all brainstorm ideas and different ways to increase children's social and emotional development in their respective classroom spaces.

WHERE AND HOW DO YOU SEE YOURSELF REALISTICALLY USING THIS WORKBOOK IN YOUR CENTRE?

COVID-19

This workbook was written during the winter and spring of 2020, in the middle of the COVID-19 pandemic. COVID-19 has impacted individuals in many different ways and forced people to drastically change their daily lives.

With increased stress levels and extended periods of forced cohabitation, the pandemic has impacted the mental health of individuals and families.[3] It has been especially difficult for families as childcare centres, schools, camps, and outdoor recreational spaces were closed.

This workbook explores how to infuse personal and professional relationships with more empathy, understanding, and generosity. By exploring the role of trauma, we uncover some of the deeper meanings behind behaviours. Doing so can help educators equip themselves with the patience and skills needed to engage children in ways that help them grow into healthy, resilient adults.[1]

Explaining the COVID-19 pandemic, including its emotional impacts, to children can be challenging. On the following page, we have provided some resources that can help educators and families talk about COVID-19 with children through a variety of formats.

1. National Centre for Pyramid Model Innovation. (2021). *Pyramid Model Overview: The Basics.* https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html
3. Centre for Addiction and Mental Health. (2021). *Mental Health and the COVID-19 Pandemic.* https://www.camh.ca/en/health-info/mental-health-and-covid-19

COVID-19 RESOURCES

VIDEOS

- CBC News. (2020). *Explaining Coronavirus to Kids.* CBC.ca.
- Kim St. Lawrence. (March, 2020). *Time to Come In, Bear: A Children's Story About Social Distancing.* YouTube.

ONLINE STORIES

- Samantha Harris and Devon Scott. (n.d.). *Why We Stay Home.* millieandsuzie.com
- Helen Patuck. (2020). *My Hero is You: How Kids Can Fight COVID-19.* Inter-Agency Standing Committee (IASC).
- Yumi. (n.d.). *Rainbows in Windows.* helloyumi.com/coronavirus-children-book

WEBSITES

- Child-Bright Network. (2019). *Family Resource Binder Resources*. child-bright.ca/family-resource-binder-resources
- Child Mind Institute. (2021). *Supporting Kids During the Coronavirus Crisis.* childmind.org/article/supporting-kids-during-the-covid-19-crisis/
- Children and Youth Grief Network. (2021). *Talking to Kids About COVID19*. https://www.childrenandyouthgriefnetwork.com/covid-19/
- Sick Kids. (2021). *COVID-19 Learning Hub.* https://www.aboutkidshealth.ca/covid-19

CHAPTER 1: FOUNDATIONS OF TRAUMA

OBJECTIVES

At the end of this chapter, you will:

- Gain an understanding of what trauma is and how it affects an individual's ability to regulate and respond to situations
- Recognize various types of trauma and the common causes of trauma that impact many children
- Gain an understanding of how trauma can affect children long-term.

CHAPTER OUTLINE PAGE

WHAT IS TRAUMA?

In order to create an environment that is trauma-informed, it is necessary to first have an understanding of what trauma is. Trauma can be difficult to define as the impacts and trauma responses can look very different in individuals. Generally, trauma is understood as "the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships."[4]

It is important to remember that trauma is not the actual event. Rather, it is the emotional response an individual experiences after an event has occurred. Trauma is subjective, meaning that the specific details surrounding a traumatic event are not what determine its impact. The impact of a traumatic event is determined by how an individual responds to the experience and many factors can impact that response. How a person assigns meaning, how they are affected physically and psychologically, whether or not there is a sense of humiliation or betrayal, cultural beliefs, amount of external support, and developmental stages all impact how a person will define a traumatic experience. For example, someone who experienced childhood violence but received immediate support through counselling and resiliency training may not define that experience as particularly traumatic. On the other hand, someone with the same experience who did not receive any support and was left to cope on their own may define that experience as significantly traumatic. A period of trauma can vary and may last weeks, months, or even years, especially if left untreated.

POST TRAUMATIC STRESS DISORDER

It is important to note that trauma does not only impact adults; it is possible for children of any age to experience trauma as well. Individuals of all ages may experience the aftermath of trauma. For some individuals they may experience post-traumatic stress disorder (PTSD), which can impact an individual over months to years.

PTSD happens when an individual continues to experience specific symptoms that disrupt or interfere with their day-to-day living.[5] Examples of symptoms that an individual may experience are intrusive memories, avoidance, or denial surrounding the details about the traumatic event. Other common symptoms include negative thinking, increased anxiety, panic attacks, memory issues and difficulty sleeping.[6] For children under six years old experiencing PTSD, children may re-enact the trauma event or have frightening dreams that may include parts of the traumatic event[6]. In the following sections, we will explore different types of trauma, its impacts, and the signs and symptoms of children's trauma responses.

4. Centre for Addiction and Mental Health. (2021). *Trauma.* www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma
5. American Psychiatric Association. (2021). *What is Posttraumatic Stress Disorder?* https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd#:~:text=Posttraumatic%20stress%20disorder%20(PTSD)%20is,or%20other%20violent%20personal%20assault
6. Mayo Clinic. (2021). *Post-Traumatic Stress Disorder.* https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967

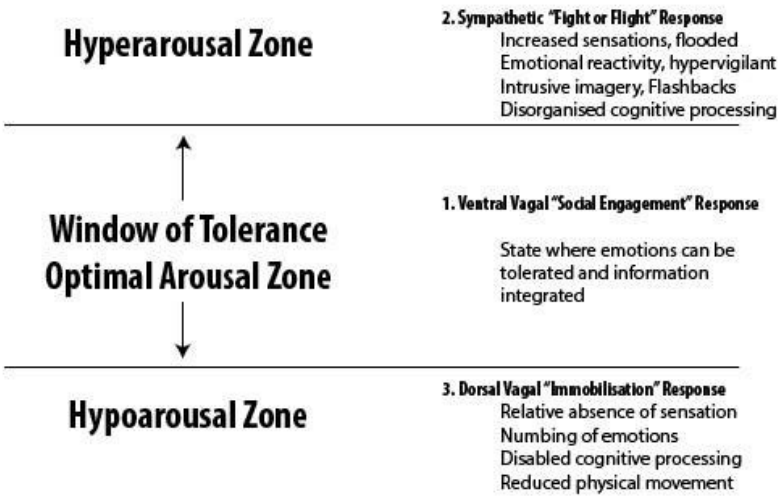
THE WINDOW OF TOLERANCE

A typical human brain will undergo changes across the lifespan. Within the first five years, children's relationships and interactions assist in stimulating their brains, which means that exposure to trauma during these critical times of development can create long-term negative consequences for the brain's architecture.[7]

The window of tolerance is beneficial in understanding how trauma affects the brain and the central nervous system. The concept, created by Dan Siegel, represents the limits of an individual's optimal arousal/energy.[8] This can shift based on one's responses to internal and external environments. This arousal level represents how an individual responds physically and emotionally.

All individuals have a window where they feel comfortable in how they are experiencing things, allowing the individual to feel present. Above the top line is one of the two ways an individual is "out of their window." The above represents the hyperarousal zone, which speaks to when the arousal feels unmanageable. Someone may describe this zone as making them feel anxious or angry. Below the bottom line represents hypoarousal, which is when a person feels too little arousal, which may result in an individual experiencing depression or fatigue. It is essential to note that it is more challenging to regulate their emotions when an individual is out of their window, resulting in a more reactive response. The window itself can become narrower when there has been ongoing trauma in childhood and adulthood, making an individual react quicker to situations due to the fight or flight response.

The fight or flight response is an evolved survival skill that attempts to "sound an alarm" for the body to flee to safety. When the threat subsides, or the individual can regulate themselves, the body's stress hormone levels decrease, and the body's nervous system, also known as the "brake," supports the body in regulating the individual to get them back to their window of tolerance.[9] Children and those who have experienced long-term trauma tend to have a narrower window of tolerance, meaning that it is easier for them to come in and out of their window. When working with children, it is vital to get a sense of their window and support the child.



Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Corrigan, Fisher, & Nutt, 2010, p. 2

7. Attachment and Trauma Treatment Centre for Healing. (2017). *Understanding and Working with the Window of Tolerance.* https://www.attachment-and-trauma-treatment-centre-for-healing.com/blogs/understanding-and-working-with-the-window-of-tolerance#:~:text=Dan%20Siegel%20is%20now%20commonly,emotions)%20experienced%20by%20human%20bei
8. The Jean Tweed Centre. (2019). *Window of Tolerance & Becoming a Parent.*
9. Harvard Health. (July, 2020). *Understanding the Stress Response.* https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response

TYPES OF TRAUMA

Traumas can be separated into a few main categories: acute, complex, vicarious and intergenerational trauma. Acute and complex refer to the duration of time, however, it is important to remember that trauma is not confined to a specific amount of time or associated with specific causes.

Acute trauma is a response to a one-time event (e.g. car accidents, loss of a loved one, or illness).
Complex trauma occurs from ongoing and repetitive events, usually over long periods (e.g. emotional, physical, or sexual abuse, substance use, and systemic racism).

VICARIOUS TRAUMA

Vicarious trauma is an emotional response that frontline workers may feel when they hear stories of trauma and witness the intense emotional responses survivors feel as a symptom of their trauma (e.g. hearing about someone's experience with violent racism and having lingering feelings that may include but are not limited to, sadness, anxiety or grief). Other symptoms of vicarious trauma may be:

- Behavioural symptoms such as changes in eating or sleeping habits, altered mood, isolation.
- Physiological symptoms such as headaches, rashes, ulcers, or heartburn, among others.
- Cognitive symptoms, which may include negativity, difficulty concentrating, remembering, or making difficult decisions, or obsessive thoughts about the trauma, especially when not at work.
- Spiritual symptoms such as loss of hope, decreased sense of purpose, disconnect from others and the world.[10]

10. Good Therapy. (July, 2016). *Vicarious Trauma*. https://www.goodtherapy.org/blog/psychpedia/vicarious-trauma

INTERGENERATIONAL TRAUMA

Intergenerational trauma refers to the transference of untreated trauma from survivors to younger generations. Living in Canada means living and working with people who come from all over the world. It also necessitates acknowledging the history of colonialism, racism, and violence, which is part of the fabric of this country.

For more than 100 years, the Canadian government implemented and supported the separation of Indigenous families through the Sixties Scoop, residential schools and cultural genocide.

In developing the concept of intergenerational trauma, Dr. Vivian Rakoff discussed "transgenerational trauma" in 1966, through studies focused on the dynamics of families affected by the Holocaust.[11] Findings indicated that children of Holocaust survivors demonstrated high rates of psychological distress.

In the 1980's, Dr. Maria Yellow Horse Brave Heart did further work on the concept of historical trauma to try to understand the reasoning behind the prevalent substance use, suicide rates, abuse and mental health concerns among Indigenous people in the United States.

Black communities are also at high risk of experiencing intergenerational trauma because of the history of slavery and systemic racism in Canada and globally. Black children are more likely to experience trauma, but are also among the least likely to receive the services that could prevent the development of trauma-related emotional and behavioural difficulties.[12] Intergenerational trauma can be experienced by anyone.

Systemic racism has and continues to negatively impact the lives of Black, Indigenous and People of Colour (BIPOC) in our institutions. It is important to note the higher level of intergenerational trauma that BIPOC people experience and consider why this is and how we can combat the systems that perpetuate these experiences.

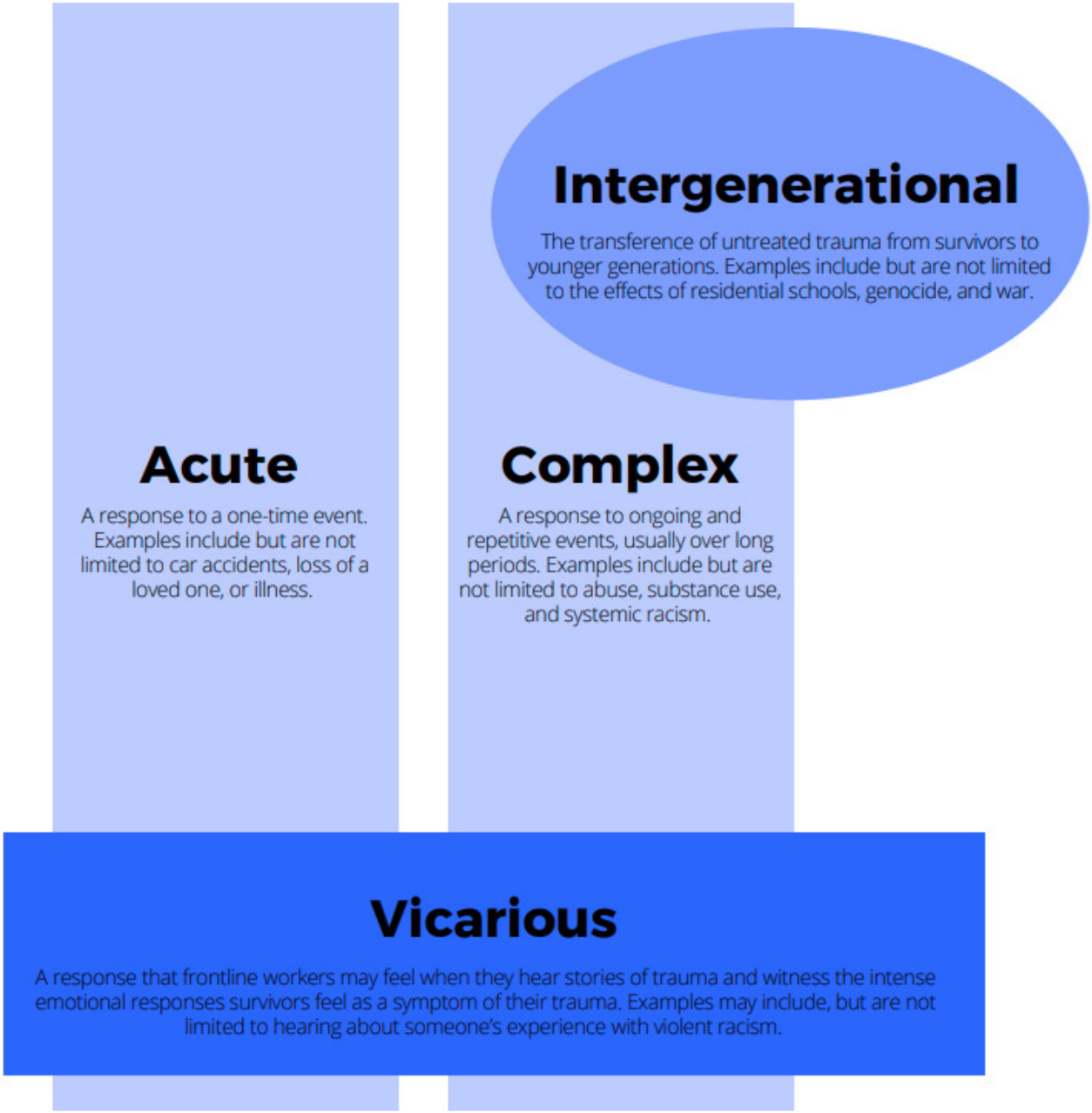
COMMON CAUSES OF TRAUMA

Experiences of childhood adversity are common, with more than 50% of adults reporting having experienced at least one adversity as children and more than 6% exposed to four or more adverse childhood experiences.[13] There are many causes of trauma that a child can be impacted by.

Common causes of trauma include but are not limited to: experiencing or witnessing physical, sexual, or emotional violence, being bullied/cyber bullied/ stalked, experiencing a loss including death of a loved one, witnessing a death take place, abandonment or neglect. Loss can also include natural disasters, war, accidents or acts of terrorism. A child may also experience trauma when they have a family member affected by substance use, mental health challenges or gambling concerns.

Other common categories of trauma and stressors are: socioeconomic stressors such as poverty or homelessness, medical illness, hospitalizations, and family child welfare agency involvement.

11. Menzies, P. (March, 2020). Intergenerational Trauma and Residential Schools. The Canadian Encyclopedia. https://www.thecanadianencyclopedia.ca/en/article/intergenerational-trauma-and-residential-schools
12. The National Child Traumatic Stress Network. (2017). *Complex trauma: In urban African-American children, youth, and families.* https://www.nctsn.org/resources/complex-trauma-urban-african-american-children-youth-and-families
13. Racine, N., Killam, T., & Madigan, S. (2019). Trauma-informed care as a universal precaution. *JAMA Pediatrics, 174*(1), 5. https://doi.org/10.1001/jamapediatrics.2019.3866


Intergenerational
The transference of untreated trauma from survivors to younger generations. Examples include but are not limited to the effects of residential schools, genocide, and war.
Acute
A response to a one-time event. Examples include but are not limited to car accidents, loss of a loved one, or illness.
Complex
A response to ongoing and repetitive events, usually over long periods. Examples include but are not limited to abuse, substance use, and systemic racism.
Vicarious
A response that frontline workers may feel when they hear stories of trauma and witness the intense emotional responses survivors feel as a symptom of their trauma. Examples may include, but are not limited to hearing about someone's experience with violent racism.

ADVERSE CHILDHOOD EXPERIENCES

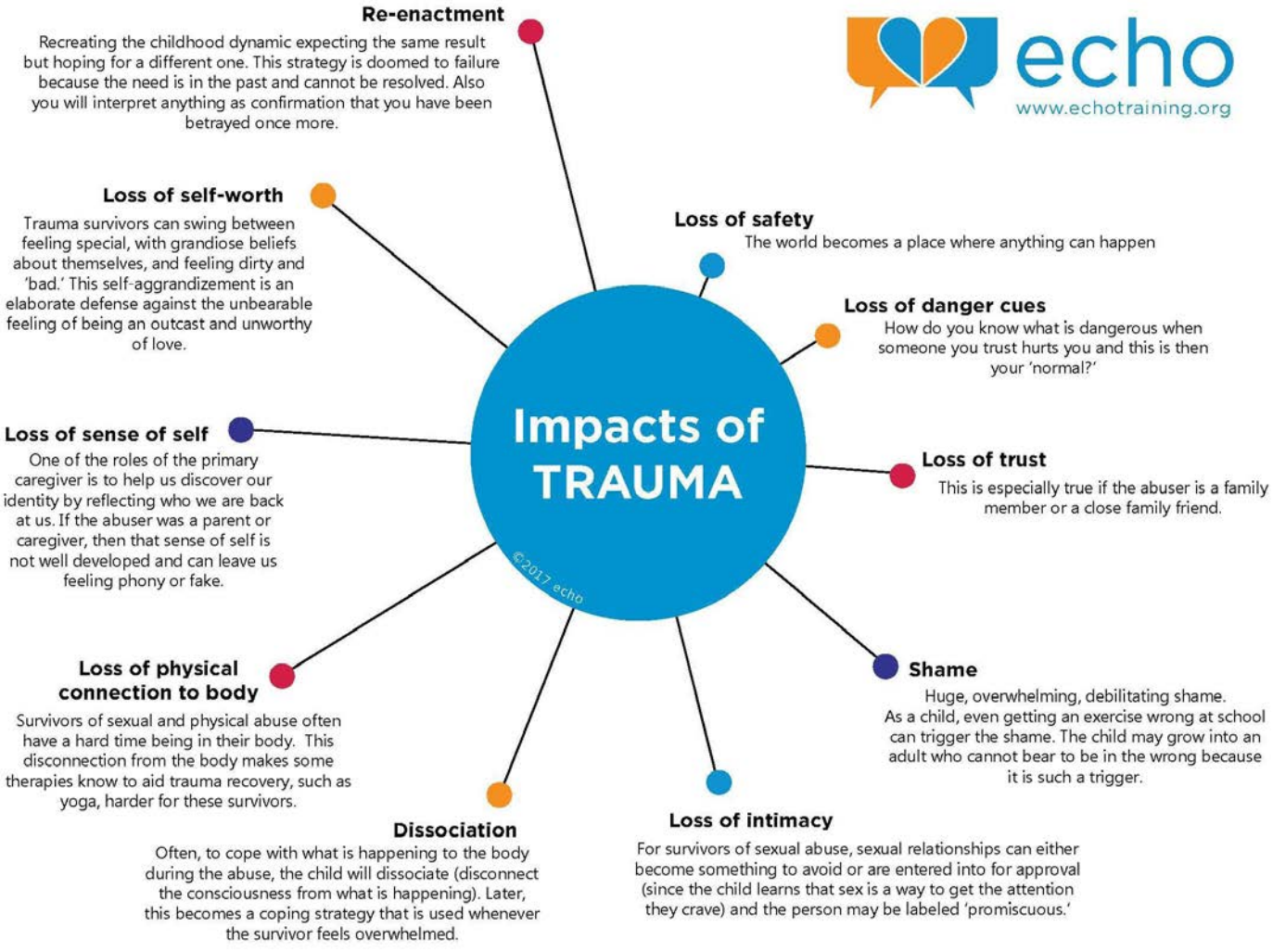
Between 1995 to 1997, there were two waves of data collection at the **Kaiser Permanente in Southern California**. Individuals were surveyed and had physical exams completed confidentially, concerning childhood experiences and health status. **Adverse childhood experiences (ACE)** are known as traumatic events that occur in childhood (0 to 17 years). Contributing factors include; neglect, abuse, witnessing violence at home or in the community, exposure to suicide, exposure to historical and ongoing systemic racism, lower socio-economic status, and aspects of a child's environment that have infringed on their safety and stability.[14]

A significant aspect of understanding ACE is that there is evidence that connects them to chronic health issues, mental illness and problematic substance use in adulthood. Toxic stress from ACE can change brain development and alter how individuals view others and the world around them. This can include difficulties in school/community and securing stable employment. Long-term stress in childhood may develop through chronic or physical complaints, headaches or stomach aches.[15]

ACE are preventable through appropriate intervention, such as strengthening economic support to families, working at ending stereotypes geared toward misogyny and sexism, investing and supporting early learning and high quality childcare. Community professionals have a role in preventing ACE as there is a responsibility to establish and nourish relationships with families in the communities they work in. It is important to understand that with appropriate interventions and consistent support, children exposed to trauma can reach their potential and contribute positively to their communities.[16]

14. Centers for Disease Control and Prevention. (2020). *About the CDC-Kaiser ACE Study.* https://www.cdc.gov/violenceprevention/acestudy/about.html.
15. Centers for Disease Control and Prevention. (2020). *Fast Facts.* https://www.cdc.gov/violenceprevention/aces/fastfact.html
16. Centers for Disease Control and Prevention. (2020). *Risk and Protective Factors.* https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html

TRAUMA IMPACTS



17. Echo Training. (2019). *The Impact of Trauma.* https://www.echotraining.org/the-impact-of-trauma

CHAPTER RECAP QUIZ

1. What is essential to remember when it comes to understanding trauma?
    a. Trauma is the actual event that took place
    b. Trauma is not an actual event; rather it is the emotional response an individual experiences after an event has occurred
    c. Trauma only affects adults

2. Traumatic events that occur during childhood cannot negatively impact the brain development, unless something physical happens
    a. True
    b. False

3. What does ACE stand for?
    a. Adaptable Caring Experts
    b. Adverse Childhood Experiences
    c. Adaptable Childhood Experiences

4. Traumatic events that occur during childhood (0-17) are known as ACE which mean that aspects of a child's environment have infringed their safety and stability which can lead to health-related issues later in life.
    a. True
    b. False

5. Another aspect of trauma is known as vicarious trauma which is an emotional response that frontline workers may feel when they…
    a. Hear stories of trauma
    b. Witness the intense emotional responses
    c. See difficult or disturbing images
    d. All of the above

6. Experiences of childhood adversity are very rare. 50% of adults have reported no adversity as a child.
    a. True
    b. False

7. All individuals have a window of tolerance, which allows them to feel comfortable and present during experiences. For children and those who have experienced long-term trauma, the window tends to be bigger and they rarely experience emotional dysregulation.
    a. True
    b. False

8. Which description explains the term acute trauma correctly?
    a. Acute trauma refers to lots of experiences that have created trauma
    b. Acute trauma refers to a response to a one-time event
    c. Acute trauma is the same as complex trauma

9. What best describes complex trauma?
    a. Complex trauma occurs from ongoing and repetitive events, usually over long periods of time
    b. Complex trauma occurs from an isolated incident such as a car accident
    c. Complex trauma occurs only to adults

10. Which answers best describes intergenerational trauma?
    a. Intergenerational trauma occurs when a family member has experienced trauma and lives with other people, however, other people are not affected by it at all
    b. Intergenerational trauma is the transference of untreated trauma from survivors to younger generations
    c. Intergenerational trauma happens when a young child experiences trauma and their parents are upset about it

QUIZ ANSWERS

1. b) Trauma is not an actual event. It is the emotional response an individual experiences after an event has occurred.
2. False: Traumatic events that occur during childhood CAN negatively impact the brain development.
3. b) Adverse Childhood Experiences
4. True. Traumatic events that occur during childhood (0-17) are known as ACE's which mean that aspects of a child's environment have infringed their safety and stability which can lead to health-related issues later in life.
5. d) all of the above - Another aspect of trauma is known as vicarious trauma which is an emotional response that front line workers may feel when they hear stories of trauma, witness the intense emotional responses and when they see difficult or disturbing images.
6. False: Experiences of childhood adversity are very common.
7. False. All individuals have a window of tolerance which allows them to feel comfortable and present during experiences, yes. But the window itself can become narrower when there has been ongoing trauma in childhood and adulthood, making an individual react quicker to situations due to the fight or flight response.
8. b) Acute trauma refers to a response to a one-time event
9. a) Complex trauma occurs from ongoing and repetitive events, usually over long periods of time.
10. b) Intergenerational trauma is the transference of untreated trauma from survivors to younger generations.

CHAPTER 2:
ANTI-RACISM & ANTI-OPPRESSION

OBJECTIVES

At the end of this chapter, you will:

- Gain a thorough understanding of racism and its connection to trauma
- Gain an deeper understanding of how anti-racism can be demonstrated through relationships, interactions, and physical environments
- Have access to additional resources.

CHAPTER OUTLINE PAGE

ANTI-RACISM

Oppression is a set of social relations that systematically advantages certain groups over others. These relations are perpetuated by institutions, including childcare. As trauma-informed educators, we should be actively trying to challenge these oppressive systems in our practice.[18]

To further understand the impacts of oppression it helps to start with yourself. Reflect on your own experiences and then educate yourself on what the experiences of others might look like. Ask yourself the following:

- What are my understandings or thoughts about oppression?
- What are my core reactions or feelings about oppression?
- What will be my core intentions to tackle oppression in the spaces I work and live in?
- Where do I experience privilege? Am I a teacher, parent, leader?
- How do I use power?
- How would I work to empower others?

Oppression is structural and therefore it can feel difficult to challenge the ways it impacts individuals. Living under intersecting oppressive conditions is a reality for many of the people in our community and understanding that is critical to the work we do as educators. What can anti-oppression practice look like in the field?

- Is your centre committed to setting anti-oppression goals and having ongoing discussions and check-ins? Is it a standing agenda item?
- As a team, are you committed to holding people accountable when they behave in ways that perpetuate oppressive tendencies? Do you feel comfortable and supported in having these conversations?
- Are you willing to listen to others and welcome different perspectives and ways of knowing?
- Are you willing to move out of your comfort zone?
- Are you committed to educating yourself about the different experiences of others?
- Will you hold yourself accountable in addressing your own oppressive behaviours?

Racism is an example of an oppression which exists on a systemic, institutional, and individual level. It is the oppression/marginalization of People of Colour based on a socially constructed hierarchy that privileges white people. Anti-racism is defined as the work of actively opposing racism by advocating for changes in political, economic, and social life.[19]

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18. Smithsonian. (2020, July 17). Social identities and systems of oppression. *National Museum of African American History and Culture.* Retrieved from https://nmaahc.si.edu/learn/talking-about-race/topics/social-identities-and-systems-oppression.
19. Sen, N., & Keleher, T. (n.d.). Creating cultures & practices for racial equity. *Race Forward.* Retrieved from https://www.raceforward.org/system/files/Creating%20Cultures%20and%20Practices%20For%20Racial%20Equity_7.pdf

As educators, we must be aware of the ways that racism seeps into our centres and daily interactions and combat those situations, especially when working in diverse communities where people are coming together with various backgrounds and experiences. Educators are in a position of power; therefore it is not enough to simply not be racist. Educators must actively engage in addressing and opposing the systemic racism that exists within the institution of education in order to ally ourselves with families and fully support them.

HOW DOES THIS RELATE TO TRAUMA?

Experiences of oppression can amplify the impact of trauma and can reinforce feelings of powerlessness and create barriers to the services and support families need. As educators, we need to recognize that connection between oppression and trauma and use that understanding to guide our interactions.

RACIAL TRAUMA OR RACE-BASED TRAUMATIC STRESS

Many racial and ethnic groups have higher rates of PTSD (post-traumatic stress disorder) than their white counterparts. This can be attributed in part to racism, which itself can be traumatic. In fact, experiences of racism that result in traumatization are referred to with specificity as racial trauma or race-based traumatic stress.[20]

Racial trauma can be caused by direct interactions with people or can occur from living within the broader context of racist systems. Racial trauma can be experienced in interactions that involve overt instances of racism like hate crimes or it can result from an accumulation of less blatant everyday occurrences or microaggressions. It can also occur vicariously through observing other people's experiences of racism or it can be transmitted intergenerationally.[21]

20. Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations, 3*(4), 242–260. http://dx.doi.org/10.1037/pri0000076
21. Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. *Traumatology, 16*(4), 53-62. doi:10.1177/1534765610389595

INTERGENERATIONAL TRAUMA AND EDUCATION

The colonization of Canada is characterized by repeated acts of cultural genocide enforced by governmental policies and practices. To understand the impact of colonization intergenerationally, it is crucial to learn about the impacts on Indigenous health and wellbeing. One specific example of a government-sanctioned act of cultural genocide is the Residential School System. Between the 1870s and mid-1990s, more than 150,000 First Nations, Métis, and Inuit children were placed in residential schools that were run by churches and government. This was an assimilation effort designed to eradicate Indigenous language and culture "through the guise of educating and preparing children for Canadian society through residential schools."[11]

In addition to the cultural and social impact of displacement, many children in residential schools faced physical and psychological abuse with enduring impacts on their health and in some cases death.[22] Within the residential school system, parenting models were taught to families with a foundation of punishment, abuse and coercion. Because of this, many adults have reported feeling ill-prepared to nurture their own children.[11] "If you subject one generation to that kind of parenting and they become adults and have children; those children become subjected to that treatment and then you subject a third generation to a residential school system the same as the first two generations. You have a whole society affected by isolation, loneliness, sadness, anger, hopelessness and pain."[11]

The residential school system is just one example of intergenerational trauma that Indigenous families endure. To work from a truly trauma-informed perspective, it is necessary for educators and those working with children to demonstrate an ongoing commitment to understanding the histories and impact of racial and colonial trauma. There is much to learn about residential schools and the traumas of colonialism in Canada more broadly.

How can you commit to ongoing critical learning and reflection as an individual? At an organizational level?

RACISM AND EDUCATION

The importance of the role of early childhood education cannot be overstated. Education in early years promotes brain development and lays the foundation for lifelong learning and wellbeing. However, it is important to acknowledge that this occurs within an institution that perpetuates systemic racism.

The racist and colonial history of education, lack of diversity in educational workforce and disciplinary cultures in schools are all contributing factors to high rates of expulsion and under education for Black and Indigenous students across Canada.[23, 24] As the first point of contact for many children with the educational system, it is important to recognize this disproportionality. Educators must confront these realities and continuously reflect on their interactions and biases in working with children and families to provide a safe and equitable learning environment for all.

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11. Menzies, P. (2020, March). Intergenerational trauma and residential schools. *The Canadian Encyclopedia.* Retrieved from https://www.thecanadianencyclopedia.ca/en/article/intergenerational-trauma-and-residential-schools.
22. Corrado, R.R. & Cohen, I.M. (2003). *Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System.* Ottawa: Aboriginal Healing Foundation.
23. Ontario Human Rights Commission. (2003). *Ontario Safe Schools Act: School discipline and Discrimination. VII: Disproportionate Impact in Ontario.* http://www.ohrc.on.ca/en/ontario-safe-schools-act-school-discipline-and-discrimination/vii-disproportionate-impact-ontario
24. Gebhard, A. (2013). Schools, prisons and Aboriginal youth: Making connections. *Journal of Educational Controversy, 7*(1), 4. https://cedar.wwu.edu/jec/vol7/iss1/4

RACISM AND CHILD WELFARE

As we work towards building a workforce of anti-racist educators, it is important to consider the disparate representation of Black and Indigenous children in the child welfare system. Our systems are interconnected, and involvement with the child welfare system impacts the wellbeing of children and families. It is inevitable that our classrooms will include children who are interacting with the welfare system.

In 2018, the Ontario Human Rights Commission published a report in response to the preexisting concerns of racialized families involved in the child welfare system. The study identified alarming statistics of the overrepresentation of Black and Indigenous children in the child welfare system. The study showed:

> "*Indigenous children were over-represented in admissions into care at 93% of agencies we looked at (25 of 27), with many CASs [Children's Aid Society] showing extreme levels of disproportionality. Overall, the proportion of Indigenous children admitted into care was 2.6 times higher than their proportion in the child population. These figures likely underestimate the proportions of Indigenous children admitted into care, in part because the OHRC's sample only included non-Indigenous (mainstream) CASs. Black children were overrepresented in admissions into care at 30% of agencies (8 of 27). Overall, the proportion of Black children admitted into care was 2.2 times higher than their proportion in the child population. In contrast, at more than half of the 27 CASs, White children were under-represented among children admitted into care (15 of 27 agencies or 56%)*."[25]

This racial disproportionality matters because there are many detrimental impacts of interactions with the child welfare system. When compared with children from the general population, children from the welfare system have a higher prevalence of chronic health issues, higher rates of housing insecurity, lower levels of educational attainment, lower income and employment rates, and a higher likelihood of involvement with the justice system.[25] Experiences within the welfare system can also contribute to a loss of culture, identity and unresolved trauma.

Looking at the data and considering the intersections of our systems how can educators support families? How can we acknowledge the disparities that families face and challenge our assumptions in the process?

25. Ontario human Right Commission. Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario child welfare. http://www.ohrc.on.ca/en/interrupted-childhoods

CHECKING IN

Working from an anti-oppressive framework is a long-term process which requires commitment and frequent self-reflection. When checking in as a team or reflecting on their own practice, educators should consider the following:

RELATIONSHIPS AND INTERACTIONS

- Does your centre place an emphasis on the importance of building relationships with families?
- Do families have a role in planning and evaluating the centre and their experiences there, including experiences their children encounter in the rooms?
- Have you asked families about their experience of feeling safe in the centre?
- How do you ensure that feedback from families is acted upon and how do you communicate this to them?
- Can you work with a family in a gentle and respectful way without expecting them to disclose trauma experience, even if you suspect a trauma history?
- Do you recognize trauma responses?
- Are you making assumptions about a family based on race, income, religion, ethnicity, gender, sexual orientation, ability?
- Are you trying to understand the challenges a family may be facing?
- Are you checking in with personal feelings and biases? Are you being triggered?
- Do you understand the structural barriers that may be impacting the well-being of a family?
- Are you offering support only when it is requested and not because you assume someone needs it?
- Does challenging behaviour from different children elicit a different response from you? Have you thought about your responses and reactions in relation to their identities?
- Educate yourself in healing methods for racial trauma.

PHYSICAL ENVIRONMENT

- What images are most dominant in the playroom?
- Are the images in the centre true representations of the families accessing the space? Are they stereotypical in any way?
- What types of books are on the shelves?
- To what extent do your activities and settings ensure the physical, emotional, and cultural safety of children and their families? Can services be modified to ensure safety effectively and consistently?

USING BOOKS
IN THE CLASSROOM

Using an anti-oppressive approach when creating the classroom environment requires educators to consider all the ways families may be facing oppression in their daily lives. One way of supporting those who are facing oppression is to include materials in the classroom that celebrate diversity.

Books are a wonderful way to include representations of the families who access your centre. As always, be mindful that the books are true representations and not stereotypical or presumptuous. Included below are books that represent different family dynamics and can be a great starting point for conversations and learning in the classroom.

LGBTQ+ FAMILIES

- Kai Cheng Thom. (2017). *From the Stars in the Sky to the Fish in the Sea.* Arsenal Pulp Press.
- Kyle Lukoff. (2019). *When Aidan Became a Brother.* Lee & Low Books.
- Gayle E. Pitman. (2014). *This Day in June.* Magination Press.
- Gayle E. Pitman. (2017). *When You Look Out the Window: How Phyllis Lyon and Del Martin Built a Community.* Magination Press.
- Rob Sanders. (2019). *Stonewall: A Building. An Uprising. A Revolution*.
- Vivek Shraya. (2016). *The Boy & the Bindi.* Arsenal Pulp Press.

INDIGENOUS FAMILIES & COLONIALISM

- Melanie Florence. (2015). *Missing Nimâmâ.* Clockwise Press.
- Melanie Florence. (2017). *Stolen Words.* Second Story Press.
- David Robertson. (2017). *When We Were Alone.* Portage & Main Press.
- Richard Van Camp. (2019). *May We Have Enough to Share.* Orca Book Publisher.
- Phyllis Webstad. (2018). *The Orange Shirt Story.* Medicine Wheel Education.
- Eldon Yellowhorn & Kathy Lowinger. (2017). *Turtle Island: The Story of North America's First People.* Annick Press.

ANTI-RACISM

- Marianne Celano, Marietta Collins, and Ann Hazzard. (2018). *Something Happened in Our Town.* Magination Press.
- Ibram X. Kendi. (2021). *Antiracist Baby.* Penguin Random House Children's UK.
- Julius Lester. (2005). *Let's Talk About Race.* HarperCollins.
- Louise Spilsbury. (2018). *Racism and Intolerance.* Wayland.
- Renée Watson. (2021). *Harlem's Little Blackbird: The Story of Florence Mills.* Random House Children's Books.
- Palestinian Refugee Children in the Aida Refugee Camp. (2005). *The Boy and the Wall.* Lajee Centre.

POVERTY

- Maribeth Boelts. (2009). *Those Shoes.* Perfection Learning Corporation.
- Lois Brandt. (2014). *Maddi's Fridge.* Flashlight Press.
- Jaime Casap & Jillian Roberts. (2018). *On Our Street: Our First Talk About Poverty.* Orca Book Publishers.
- Melrose Cooper. (1998). *Gettin' Through Thursday.* Lee & Low Books.
- Ethel Footman Smothers. (2003). *The Hard Times Jar.* Farrar, Straus and Giroux (BYR).
- Brenda Reeves Sturgis. (2017). *Still a Family: A Story about Homelessness.* Albert Whitman.

SEXISM

- Susan Hood. (2018). *Shaking Things Up: 14 Young Women Who Changed the World.* HarperCollins.
- Ladybird. (2019). *F is for Feminism: An Alphabet Book of Empowerment.* Penguin UK.
- Keith Negley. (2019). *Mary Wears What She Wants.* HarperCollins.
- Robb Pearlman. (2018). *Pink is for Boys*. Running Press.
- Gayle E. Pitman. (2017). *Feminism from A to Z.* Magination Press.

ADDITIONAL RESOURCES FOR DEVELOPING AN ANTI-OPPRESSIVE APPROACH TO PRACTICE

Test your biases:

- Harvard Implicit Association Test. (2011). *Project Implicit*.

Read articles and papers:

- Peggy McIntosh. (1989). *White Privilege: Unpacking the Invisible Knapsack.* Peace and Freedom Magazine.
- Helen Wong and June Ying Yee. (2010). *An Anti-Oppression framework for Child Welfare in Ontario.* Ontario Association of Children's Aid Societies.

Watch videos:

- Chimamanda Ngozi Adichie. (October, 2009.) *The Danger of a Single Story.* YouTube.
- Melissa Crum. (June, 2015). *A Tale of Two Teachers.* YouTube.

Visit websites:

- Learningforjustice.org
- theantioppressionnetwork.com
- Amaze.org
- SafeAtSchool.ca

CHAPTER 3:
TRAUMA-INFORMED PRACTICE IN EDUCATION-BASED SETTINGS

OBJECTIVES

At the end of this chapter, you will:

- Understand what trauma-informed practice is, and how it relates to childcare settings
- Understand the six key principles of trauma-informed practice, and how to use them in childcare settings
- Gain a deeper understanding into how trauma affects children's attachment.

CHAPTER OUTLINE PAGE

Understanding the prevalence of trauma within individuals and communities can help educators recognize the necessity of a trauma-informed approach. According to a recent study in which nearly 3000 adult Canadians were interviewed, 76.1% of respondents reported incidents of PTSD.[26] In many cases, people experiencing trauma do not recognize it or report it. Because trauma is so prevalent, it is very possible that at any given time there will be children in a childcare setting experiencing trauma.

SELF-CARE

Trauma-informed work can be exhausting and cause stress, anxiety, and/or vicarious trauma in frontline workers. Self-care is critical. This check-in is used to self-reflect and gauge where you are emotionally. Using this tool is a great way to support your own emotional well-being and recognize areas where more support is needed.

- How am I doing? What do I need?
- What is hardest about this work?
- What worries me most about my work?
- Am I experiencing any signs of vicarious trauma and if so, what am I doing to address it?
- What am I going to do to take care of myself?
- What would I like to change?
- Who can I talk to about my concerns?

Another great tool to use is the 'Professional Quality of Life Scale'[27] which can be found free online. The scale provides a reflection of your feelings towards the work you do and helps identify if you may be experiencing burnout, compassion fatigue, or vicarious trauma.

Although educators may not be aware or existing trauma or know a family's background or current situation, this knowledge is not necessary to provide trauma-informed care. Educators should strive to create spaces that provide consistent and respectful support for all families. If we change our everyday practice and adopt the principles of trauma-informed care, we can help ensure that all families, regardless of their experiences, are being supported.

26. Van Ameringen, M., Mancini, C., Patterson, B., & Boyle, M. H. (2008). Post-Traumatic stress disorder in Canada. *CNS Neuroscience & Therapeutics, 14*(3), 171–181. https://doi.org/10.1111/j.1755-5949.2008.00049.x
27. The Center for Victims of Torture. (2021). *The ProQol Measure In English and non-English translations.* https://proqol.org/proqol-measure

SIX KEY PRINCIPLES

With a basic understanding of what trauma is and what it can look like, educators can begin to incorporate trauma-informed practice into their service. In early childhood settings, trauma-informed care can look like educators:

- Creating a safe space
- Establishing predictability
- Building a sense of trust
- Offering appropriate choices
- Staying regulated
- Understanding behaviours instead of punishing children for having them

Trauma-informed practice is often guided by six key principles:

1. ACKNOWLEDGEMENT[28]

Acknowledge that those who have experienced trauma may present their symptoms in different ways and recognize that one does not need to know the details of an individual's trauma to respond appropriately.

Consider:

- How to create a space that is consistent with the principles of trauma-informed care
- How to check personal biases and responses to behaviours that may be caused by trauma
- How to understand and support symptoms of trauma.

Examples in practice:

- Connect as a team to discuss child observations and share knowledge that may help to better understand and support families
- Actively work to understand why a behaviour of a child may be happening through meetings, research, and interactions with staff and families (for example, something in the classroom may be triggering a traumatic response for a child).

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

2. SAFETY[28]

Recognize that many people who have experienced trauma feel unsafe and have likely experienced boundary violations and a loss of power.

Consider:
- How to ensure that families and children feel physically and emotionally safe in their centre
- How to empower children, help them learn, and create healthy boundaries.

Examples in practice:
- Include families in decisions that are being made at the centre
- Create a predictable environment by remaining consistent with the centre's expectations
- Expectations include providing alternative options for parents to communicate with staff (confidential email, drop box, creating time and space for one-on-one meetings with parents).

3. TRUSTWORTHINESS[28]

Recognize that traumatic experiences interfere with a person's ability to trust.

Consider how to build ongoing, authentic relationships with families and children.

Examples in practice:
- Keep families informed about the centre's operations (e.g. send newsletters, check in once a week face-to-face, send emails)
- Invite families into the space so they become familiar with the program, staff, and other families attending programs
- Approach concerns from a non-judgmental, strength-based perspective and maintain communication about what strategies and goals are implemented.

4. CHOICE AND CONTROL[28]

Recognize that folks who have lived through trauma feel vulnerable in those experiences and therefore may feel anxious when feeling powerless in other areas of their life.

Consider:
- How to empower children in the classroom
- How to ensure that families are included in choices that involve their children.

Examples in practice:
- Include children in age-appropriate decisions (e.g. setting the lunch table or picking out their own paint colours)
- Teach resilience and provide children with strategies and tools they can use on their own when feeling overwhelmed
- Always explain why boundaries exist and question them when they seem unreasonable; allow space for children to ask 'why'
- Include children in problem solving scenarios such as what will happen when outdoor play is not possible or what to do when multiple children want one toy.

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

5. RELATIONAL AND COLLABORATIVE APPROACHES[28]

Recognize that there will always be a power imbalance in relationships with families, especially with those who have experienced trauma. Try to acknowledge this and reduce the imbalance.

Consider how to get families involved in decision making in the centre as much as possible. Do families have a significant role in planning and evaluating your centre's services?

Examples in practice:

- Send newsletters to families and ask for input, suggestions, or ideas about upcoming changes, events, and activities
- Provide an individual journal for each family so they can write down any thoughts, concerns, or proposals; ensure you write back and respond to their comments
- Be flexible when possible and consider individual circumstances; ask yourself why you might be saying 'no' to a family's request and consider if there is room for another option.

6. STRENGTH-BASED EMPOWERMENT MODALITIES[28]

Recognize the crucial role that confidence and self-belief plays in supporting change for families who have experienced trauma.

Consider reflecting on how you speak to families. Focus on positive interactions and strength-based approaches.

Examples in practice:

- Regularly share photos and stories with families that highlight their child's learning and development
- Include objects from a child's home in the centre as a way of recognizing and celebrating their individual experience.

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

TRAUMA & ATTACHMENT

As previously stated, the impacts of trauma affect everyone differently and the symptoms may vary greatly between children. Children who are experiencing trauma often face challenges to their emotional and social cognitive functioning. A recent study found that emotional dysregulation was prevalent amongst children who experienced emotional abuse.[29] In addition, when a child's primary caregivers are struggling with trauma and its impacts themselves, they may be unresponsive, inconsistent, or frustrated in their interactions with children. As a result, children may feel unsafe, unsupported and untrusting of their environment. The chaotic environment in their home may negatively impact their attachment development and may impair social and emotional development.

Individuals with knowledge of attachment theory will recognize how crucial secure attachments are in creating a strong foundation for well-being and healthy relationships. When trauma impacts the relationship between a caregiver and a child, the 'serve-and-return' interaction is severed, leading to insecure, disorganized, or anxious attachment. Children living with insecure attachment patterns are undergoing a traumatic experience themselves that may result in challenging behaviours. Below are some behaviours you might observe in children aged 0-3, which may indicate exposure to a traumatic event, specifically when these behaviours are new or intensifying.[30]

- Eating disturbances - restrictive eating, hoarding food, avoiding food
- Sleep disturbances - having trouble falling asleep or staying asleep, nightmares
- Somatic complaints - headaches, stomach aches, or body pains
- Increased separation anxiety from caregiver
- Changes in behaviour - unexplained absences, dysregulated mood, angry outbursts, decreased attention, withdrawal
- Increased distress - unexplained crying, inability to self-regulate
- Lack of developmental progress (based on developmental screening tools like ASQ)
- Regression in previously mastered stages of development
- Irritable or difficult to soothe
- Repetitive or post-traumatic play - repeatedly talking about or recreating the event
- Anxiety, fear, and worry about safety of self and others
- General fearfulness or development of new fears
- Easily startled
- Aggressive behaviour
- Sexualized behaviour [30]

Remember that a child may be experiencing acute or complex trauma but may not have presenting behaviours for weeks after the event. In some instances, children may never show obvious signs of trauma. This highlights the pressing need to create trauma-sensitive spaces, ensuring that all children and families are safe and supported.

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29. Burns, E. E., Jackson, J. L., & Harding, H. G. (2010). Child Maltreatment, Emotion Regulation, and Posttraumatic Stress: The Impact of Emotional Abuse. *Journal of Aggression, Maltreatment & Trauma, 19*(8), 801-819. doi: 10.1080/10926771.2010.522947
30. Georgetown University Centre for Child and Human Development. (n.d.). *Trauma signs and symptoms. Tutorial 7 · recognizing and addressing trauma in infants, young children, and their families.* Centre for Early Childhood Mental Health Consultation. https://www.ecmhc.org/tutorials/trauma/mod3_1.html

CHAPTER RECAP QUIZ

1. In further establishing a strong understanding of trauma-informed practice, it is important for educators to do consistent self-reflection on not only their interactions with children but checking in with themselves in regards to individuals own emotional well-being.
   a. True
   b. False

2. What are the six principles of trauma informed practice?
   a. Acknowledgement, respect, empathy, togetherness, listening and caring
   b. Acknowledgement, empathy, safety, inclusivity, self-disclosure and caring
   c. Acknowledgement, safety, trustworthiness, choice and control, relational and collaborative approaches, and strength-based empowerment modalities.

3. To properly provide trauma-informed practice in educational based settings, it is essential to know the details to what every family is going through and has been through. Without knowing the details, proper trauma-informed practice cannot be provided.
   a. True
   b. False

4. What is useful when practicing self-care as an educator?
   a. Communicating concerns with colleagues
   b. Completing the Professional Quality of Life Scale
   c. Reflecting on how certain events in the classroom may have made you feel
   d. All of the above

5. Which developmental domain do children experiencing trauma often face challenges in?
   a. Gross motor skills
   b. Emotional cognitive functioning
   c. Social cognitive functioning
   d. Fine motor skills
   e. Both b & c

6. When the primary caregiver is struggling with trauma, the child themselves may also be impacted.
   a. True
   b. False

7. Understanding and implementing the six key principles of trauma-informed practice can promote...
   a. a space that is supportive
   b. an inclusive space
   c. safe space for the children and families that visit the centre
   d. all of the above

QUIZ ANSWERS

1. True. In further establishing a strong understanding of trauma-informed practice, it is important for educators to do consistent self-reflection on not only their interactions with children but checking in with themselves in regards to individuals own emotional well-being.
2. C) Six principles of trauma-informed practice: Acknowledgement, safety, trustworthiness, choice and control, relational and collaborative approaches and strength based empowerment modalities.
3. False. To properly provide trauma-informed practice in educational based settings, it is NOT essential to know the details to what every family is going through and has been through.
4. D) Useful when practicing self-care as an educator: Communicating concerns with colleagues, Completing the Professional Quality of Life Scale & Reflecting on how certain events in the classroom may have made you feel.
5. E) Both B and C: Children who experience trauma may have trouble expressing themselves, communicating with others, regulating their emotions, and entering/maintaining play.
6. True. It is important to remember the impacts of intergenerational trauma, and the immediate effect it may have on a child.
7. D) All of the above. Implementing the six key principles of trauma-informed practice can promote all of the above mentioned.

CHAPTER 4:
TRAUMA-INFORMED PRACTICE IN ALL SETTINGS WITH CHILDREN

OBJECTIVES

At the end of this chapter, you will:

- Gain an understanding of how strength based approaches with children and families are more effective than non-strength based approaches
- Be introduced to the 'iceberg' analogy and the importance of recognizing personal biases
- Gain an understanding of how challenging behaviors can be associated with trauma
- Be introduced to suggestions and activities for supporting children who may have experienced trauma.

CHAPTER OUTLINE PAGE

STRENGTH-BASED APPROACHES

Making the shift towards trauma-informed practice is a process that requires ongoing work; there is no quick-fix. Educators will need to challenge themselves and their practice in order to consider what supporting children and their families really looks like. This means asking why a behaviour is happening instead of placing blame on the family or the child. When this shift from judgment to understanding occurs, educators can truly begin to support and advocate for the families in their care.

The following chart provides examples of what this shift could look like in practice:[28]

TRAUMA-INFORMED & STRENGTH-BASED APPROACH WITH FAMILIES	NON TRAUMA-INFORMED & NON STRENGTH-BASED APPROACH WITH FAMILIES
Recognition of trauma responses and their intersections with behaviours in the playroom.	Blaming or labeling children's behaviours ex: 'behavioural issues', 'the bad kid'. Assuming a diagnosis of ADD, autism, etc.
Using objective, unbiased language. For example, "They are having difficulty during drop-off and need a lot of emotional support during that transition."	Using labelling language such as, "They are so needy! They won't stop crying at drop-off." Other examples: bossy, clingy, evil.
Checking personal bias and judgements.	Avoiding conversations or communication with certain families. Making assumptions.
Participating in ongoing professional development.	Accepting and implementing outdated practices.

Take some time and create a chart like this with your team. Can you highlight some of the responses you have had with families that encompass the principles of trauma-informed practice? Are there any areas you can challenge as an educator? For example, have there been interactions that were not supportive? What did they look like? What can change?

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

EXERCISE FOR STAFF

Read the scenario below and fill out the chart.

Alfie has been in your toddler room for a few weeks now. Alfie enjoys pushing his trains along the carpet and when the children go for walks or play outside, Alfie is determined to splash in every puddle. However, Valerie, Alfie's mother, has asked you to ensure that Alfie does not get his clothes dirty during the day. Yesterday when Valerie picked up Alfie at the end of the day, she noticed that his pant leg had mud on it from outside, she became very upset and yelled that she did not feel like she was being respected and demanded to speak to the supervisor of the centre.

This can be a very common situation in many childcare settings, oftentimes educators may feel that a parent like Valerie is being unreasonable. Consider looking at this situation through a trauma-informed lens. Perhaps Valerie does not have access to a washing machine on a regular basis. Perhaps Valerie does not have a lot of clothes for the child. Perhaps due to Valerie's own previous trauma, it is important to them that their child is clean. Instead of getting defensive or upset at the request, it is important to take a moment to reflect. How can you support this family?

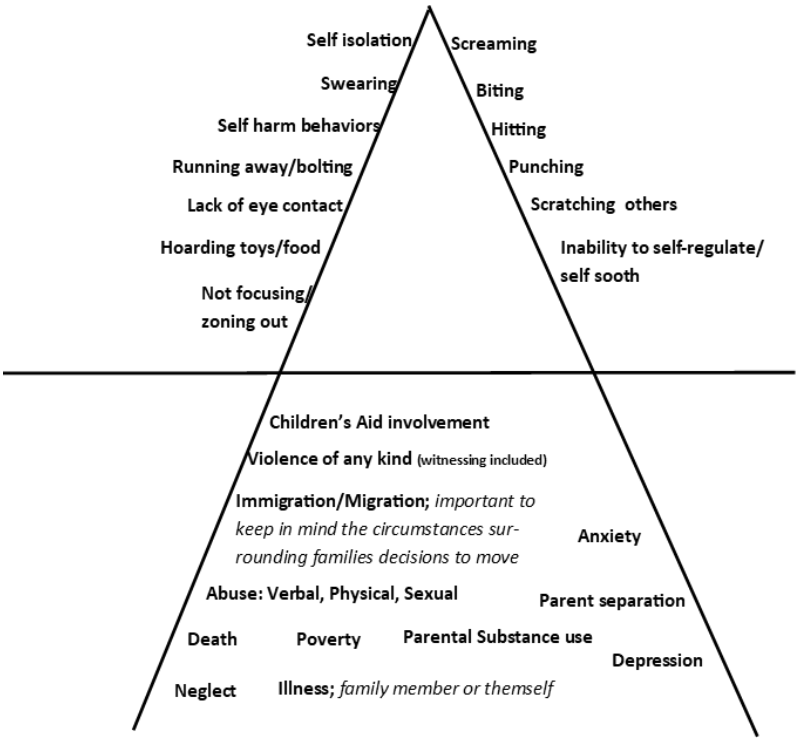
TRAUMA-INFORMED & STRENGTH-BASED APPROACH WITH FAMILIES	NON TRAUMA-INFORMED & NON STRENGTH-BASED APPROACH WITH FAMILIES

BIAS AND WORLDVIEW

By now it should be apparent that there are always needs behind the behaviours that children exhibit. Unfortunately, more often than not, the focus remains on punishing behaviours instead of supporting children to help them understand and work through their experience. How can educators make that shift to ensure they are supporting children through tough situations and feelings? The following is an exercise that can be used to begin to understand the child's experience.

Imagine an iceberg and label the top of the iceberg with a feeling or behaviour. Anger is often the most common emotion used in this activity, but any emotion or action can be applied, including sadness, aggression, withdrawal, etc. The tip of the iceberg is not all there is; underneath there is a whole block of ice supporting that small piece. Things like poverty, loss, abuse, immigrating, and bullying are the experiences the child could be facing that are contributing to the emotion up top.[31]

This exercise provides educators with a hands-on tool that can help them begin to understand a child's experience. The goal is not to change what is happening in a child's life but to acknowledge their experience, support them, and foster coping skills and resilience. Further understanding of systemic structures and biases which negatively impact the lives of children and families is an important step to beginning to understand the child. Educators can then advocate for families and challenge oppressive structures and mindsets.



31. Bender, J. M. (2019, December 16). Why are our teens so angry? Emotions in disguise. NCYI (National Centre for Youth Issues). Retrieved from https://ncyi.org/2019/12/16/why-are-our-teens-so-angry/

CHALLENGING BEHAVIOURS

Children experiencing trauma will often present challenging emotions and behaviours. They may have difficulty self-regulating, adjusting to changes, trusting new people, or trusting their own caregivers. They may experience detachment from their own emotions or those of others. Children experiencing trauma may also experience anxiety, fearfulness, sadness, anger, and numbness. When children are presenting with such behaviours the common behavioural management strategies become ineffective. This is because those strategies require children to have specific cognitive skills, which they may not have, and this can be frustrating for educators.[32]

Responding to the emotional needs of children may not always prove easy in practice. Educators may be overworked in centers that are understaffed. Children with high emotional needs are often overlooked, unheard and invalidated.

However, these children need the most support to help them process and cope with the intense emotions they are experiencing. If part of the work we do as educators is to build trusting relationships, then social and emotional health should be at the forefront of our practice.

Trauma-informed practice helps educators do just that. "Trauma-informed service providers accept how common the experience of trauma is, acknowledge the wide impact it has, and then redefine their perceptions of 'problem behaviours.'"[28] A trauma-informed approach challenges educators to consider why a behaviour is occurring and recognizes that behaviours may be a response to adverse conditions.

The question educators should be mindful of is how to support children and families who are experiencing trauma, and what that practice looks like in the field of early childhood education.

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf
32. Sorrels, B. & Statman-Weils, K. (April, 2018). *Creating trauma-sensitive classrooms [Webinar].* National Association for the Education of Young Children (NAEYC). https://www.youtube.com/watch?v=mjG3xNxtU1E

CONSIDER

“A CHILD WHOSE BEHAVIOUR PUSHES YOU AWAY

IS A CHILD WHO NEEDS CONNECTION BEFORE ALL ELSE.”

KELLY BARLLETT

SUPPORTING CHILDREN
WHO HAVE EXPERIENCED TRAUMA

Supporting children who may have experienced trauma is a long-term project that requires commitment. A strengths-based approach challenges educators to ask questions such as 'what is this child good at?' and 'what do they enjoy?' It is imperative that educators see challenging behaviours and ask what the underlying need is. Focus on that need rather than the behaviour, always work on building a connection with the child and their family, and create spaces that are proactive, not reactive. In their daily practice, educators should build on children's strengths, offer choices, work on avoiding retraumatization, and provide flexible environments. [32]

Take some time as a team to review the following suggestions and explore how to implement them in your centre. Each childcare centre is unique and strategies will look different in each space, even amongst the various rooms within one centre. Use these suggestions to guide your understanding and shape your practice of trauma-informed care. Always consider the backgrounds and experiences of your families and team, and work together to change the space.

EMOTIONAL HOT BUTTONS

Hot buttons are specific behaviours that trigger a highly emotional response, usually anger or frustration. Examples of hot buttons that childcare providers commonly face include prolonged crying, tattling, physical force (biting, hitting) and children refusing to eat or go to sleep. It is normal to experience frustration as a reaction to certain behaviours. However, it is important to self-reflect, self-regulate and acknowledge what emotional responses are coming up and develop strategies that can help with coping. Exploring why an emotional response is occurring, learning specific strategies, asking for support, and understanding why behaviours occur are important ways to manage hot buttons.

32. Sorrels, B. & Statman-Weils, K. (April, 2018). *Creating trauma-sensitive classrooms [Webinar]*. National Association for the Education of Young Children (NAEYC). https://www.youtube.com/watch?v=mjG3xNxtU1E

DEBRIEFING

Debriefing provides the opportunity to reflect on practice and share observations, concerns and new information with colleagues, as well as to brainstorm and implement plans for supporting children in the classroom. Finding time to debrief can prove challenging in a busy childcare centre, but these meetings should be prioritized if staff are working to support emotional development and build relationships with families. Below is a template for children's notes staff can come together once a week to complete, where there is opportunity to speak about their various observations of each child in their program room.

Another suggestion could be to reconsider the monthly staff meetings most centres have. During these meetings, the focus is usually around day-to-day operations such as upcoming events, licensing and Ministry guidelines, training, inventory updates, policies and procedures reminders, etc. This is a time when staff can shift the focus to what is happening in the classroom for the children attending. There can be time allotted in the meetings where the focus shifts to specific concerns an educator has in regards to a child's social and emotional development, and the space is open for staff to support each other, and to offer resources if needed.

The Jean Tweed Centre
JTC
For Women & Their Families

The Jean Tweed Child Development Centre Weekly Children's Notes

How was the child's overall mood this week?

Are there any concerns with behavior and/or skill development?

How was attachment with caregiver this week? (Neutral observations at pick up and drop off. Non bias and objective observations)

What did the child seem to enjoy?

What will we focus on next week?

BEHAVIOURAL CHECK-IN

When it is identified that a child may need additional support, educators should meet as a team and complete a check-in; a template for this can be found on page 58. The purpose of this resource is to recognize which behaviours are concerning, look for patterns or triggers to better understand the need behind the behaviour, and to develop strategies that will be implemented to support the child and their family. Once this form has been completed, it is recommended to ensure your team checks in often to discuss the strategies and assess their effectiveness.

EMOTIONAL LANGUAGE

Incorporating emotional language into daily practice is a simple way to introduce emotional concepts to young children and provide an opportunity to explore, understand, and label their own feelings. Ask children how they are feeling when they arrive that day. It is perfectly acceptable to talk about your own feelings to children as well, always being mindful of age-appropriateness and professionalism. Talk about the facial expressions and body language you see in photos, books, and even on the faces of friends and adults. Books are a great way to explore emotions and can offer support when dealing with more specific topics such as foster care, death, moving, etc. A list of book suggestions is available in Chapter 7. Other methods to promote emotional language include feeling wheels, puppets, or social stories.

OFFERING CHOICES

Give children opportunities to choose things in the room when appropriate. For children experiencing trauma, powerlessness is a feeling that can trigger an emotional response. Allow children to have control as much as possible, by offering choices (e.g. “Do you want the blue plate or the red plate?” or “Show me which colours you would like to paint your picture with”). These choices are small for adults, but are meaningful for children.

REFLECT ON YOUR PRACTICE

One of the strategies we use in the Child Development Centre at Jean Tweed is to ask ourselves 'why.' Why are we telling a child they have to do a certain task? Why are we telling them they cannot do something? Challenge yourself and ask where you can be flexible so that you can support each child.

Examples of trauma-informed thoughts and strategies for self-regulation:

- This is not about me.
- Listen to what you see.
- What is their behaviour trying to tell me?
- Take 10 deep breaths.
- Let kindness guide my expectations.
- We are a team and teams are in it together.
- What will engage someone and support their healing?

Childcare is a demanding career, which requires patience, compassion, self-reflection, professional development, and flexibility, in addition to keeping up with a high-paced environment. It becomes easy to fall into routine or habit and forget how impactful the work and interactions of educators are to the children and families they serve. It therefore becomes essential that educators take the entire childcare centre into consideration when making changes that support trauma-informed care.

COPING STRATEGIES FOR CHILDREN

One of the most important things educators can do to support children experiencing trauma is to give them the tools and strategies to self-regulate. This can empower children and foster coping skills and resilience. Examples of coping strategies children can utilize include:

- Provide a quiet space where children can go when they are feeling overwhelmed or need personal space.
- Provide options. Can a child go for a walk with another RECE? Is there an area they can go to run, stomp, kick, or scream?
- Incorporate mindfulness and grounding techniques as part of the children's daily routines.
- Provide tactile activities such as playdough or slime.

The back of this document includes resources for implementing some of the materials listed above, including the grounding basket.

PRACTICING MINDFULNESS WITH CHILDREN

When children practice mindfulness they are focusing on the present moment. They become more aware of their physical sensations and their immediate environment, which allows them to self-regulate and begin to recognize and understand their feelings. Mindfulness pulls the thoughts away from what has happened or what will come. There are many long-term benefits to practicing mindfulness, some of which include improved attention span, decreased stress, and an increase in ability to regulate emotions and feel compassion and empathy towards others.

There are a number of ways to incorporate mindfulness into daily routines with children in a childcare setting. Keep in mind when introducing mindfulness techniques that patience and constancy is imperative. For many children this will be a new experience that will take some time to adapt to. Just like any other skill, such as walking or writing, do not get discouraged if changes are not immediately visible. It might be a good idea to start with small changes, such as noticing our feet when we walk, or watching our tummy rise and fall as we breathe.

"Teachers may often ask their students to 'pay attention' but they may not teach them how to do so. The practice of mindfulness teaches students how to pay attention, and this way of paying attention enhances both academic and social-emotional learning."

- *Planting Seeds: Practicing Mindfulness with Children* by Thich Nhat Hanh[33]

33. Nhat Hahn, T. (2011). Planting seeds: Practicing mindfulness with children. Parallax Press.

MINDFULNESS ACTIVITIES

Resetting your system means doing something to change the way your body feels. There are two ways to reset your system: **Activity & Relaxation**

ACTIVITY[34]

When you are worried, things that you cannot see change on the inside of your body. Your heart starts to beat fast, your palms might get sweaty or your stomach might start to hurt. This is not dangerous but it can feel scary. To help our bodies reset and calm down on the inside, you need to burn off some of the extra energy that is making your body feel strange. A great way to do this is to get involved in something active and fun.

You might not feel like running around because you may feel sort of sick and not at all playful. Being active can help to reset your system and make things feel a little better again on the inside.

DRAW OR MAKE A LIST OF THE ACTIVE AND FUN THINGS YOU CAN DO TO RESET YOUR SYSTEM!

34. Huebner, D. (2006). *What to do when you worry too much: a kid's guide to overcoming anxiety.* Magination Press.

RELAXATION[34]

When worries come in the car or at school, or if it is bedtime or some other time when you can't get active, you can reset your system in a quieter way. This is called relaxation.

Relaxation means no more than just taking a breath. You've probably tried that, and you know it doesn't work. When a worry is jumping around inside you, your brain and body feel awful. It is hard to just "calm down."

You are about to learn a special, quiet way to make your brain and your body feel better. Let's take it one step at a time, beginning with your body.

Begin by tensing and relaxing your muscles.

Squeeze your fists, make your legs stiff like boards.

Scrunch up your face.

Keep your body tight while you count to 5 in your head.

Then relax your whole body by letting your muscles go loose.

Next, think about your breathing. Breathe in through your nose and out through your mouth. With each breath, picture the air going in through your nose and traveling all the way down toward your belly.

When you are ready, breathe out through your mouth.

As you breathe in, feel the calm, cool air filling your body.

As you breathe out, feel the tense hot air leaving your body.

In ….and out

In …..and out

In ….and out

In …..and out.

Five times all together.

34. Huebner, D. (2006). *What to do when you worry too much: a kid's guide to overcoming anxiety.* Magination Press.

ADDITIONAL RESOURCES

MIND IN A JAR[33]

Materials:

- Bell or other soft-sounding musical instrument such as xylophone or triangle
- Clear vase of water
- Spoon or stick for stirring
- Different coloured sands, or anything that will sink such as heavy beads, pebbles, grains etc. Make sure there are multiple colours.

The following is a suggestion of how to guide this activity. Caregivers can adapt as needed based on things like age, number of children, or needs of the group.

Place the vase in the centre of the circle with the bowls of coloured sand spread out. The vase of water represents our mind, and the coloured sand is our thoughts. Educators can ask children about their thoughts; they can then choose to pick a colour of sand that feels right for their thoughts and feelings and sprinkle it in the water. As they sprinkle in the sand, have one child begin to stir the water. Continue to explore thoughts and feelings the children have by asking questions such as, "How do you feel in the morning? How do you feel when you go to bed?" The children may express a multitude of feelings, for each one they can place sand in the vase. The child stirring the vase can begin to stir faster.

Explain to the children that this is how our minds are when we are in a hurry, stressed, angry, or upset. Ask them questions about that feeling, for example, "Can you see things clearly?", "Is it a pleasant state?", "When do you feel this way?" Now sound the bell and have the child stop stirring. Encourage children to breathe with the bell and observe all the sand slowly settling to the bottom of the vase. Explain that this is what happens to our minds when we are mindful of our bodies and our breathing. Ask questions like, "What is the water like now?"

Explain to children that the thoughts and feelings are still there in our minds but we know how to let them rest with our breathing. We can also choose which thoughts and feelings we want to stir up again in our mind. When we are aware of our thoughts, we can guide them in the direction we want them to go, rather than being guided by them.

33. Nhat Hahn, T. (2011). Planting seeds: Practicing mindfulness with children. Parallax Press.

GROUNDING BASKET[35]

A grounding basket is a collection of items kept in an area that is accessible to children. When a child feels overwhelmed or flooded with emotions, they have the option to use the items in the basket to help themselves cope, focus, and regulate. Items in the basket can include, but are not limited to:

- A book exploring emotions or mindfulness
- A book containing only images
- Sensory items such as slinky, bubbles, playdough
- Soft items such as stuffed animals, beanbags, small pillows
- Small sketchbook with paper and some crayons or stickers
- Scent bottles with soothing scents such as peppermint or lavender
- Handmade sensory bottles (see intructions below)
- Emotions cubes (see instructions below)
- Mirrors
- Calming flash cards: simple visuals depicting safe, positive options for grounding that children can choose from.

HANDMADE SENSORY BOTTLES[36]

A sensory bottle is a simple, handmade item that can be placed in multiple areas of a room for grounding and exploration. They can be made using dry ingredients or filled with water for a different effect. To create a sensory bottle, reuse any clear, sealable, plastic bottle and add any of the following items. Remember to not overfill the bottle so that children can see all the pieces inside and not be over-stimulated. Items in the bottle can include, but are not limited to:

- Water, with or without food colouring
- Clear liquid hand soap or baby oil
- Natural materials such as sand, soil, small pebbles, crumbled leaves, etc.
- Decorations such as glitter, gems, beads, sequins, etc.
- Leftover craft pieces such as ribbons, scraps of colourful paper, or pom poms

Combine baking soda and vegetable oil to make a paste that will remove adhesive from labels on plastic bottles. Make sure to seal the bottle with hot glue once it is filled, to ensure it remains closed and keeps small parts from spilling out. While making the sensory bottles, invite the children to participate in choosing what items to place in the bottles. What questions could you ask children about why they are using a sensory bottle?

35. Robson, D. (2017). *40+ things to put in a calm down kit for kids {free printable}*. And Next Comes L - Hyperlexia Resources. Retrieved from https://www.andnextcomesl.com/2016/04/what-to-put-in-a-calm-down-kit-for-kids.html.
36. Christiansen, K. T. (January, 2016). *How to make a perfect sensory bottle*. Preschool Inspirations. Retrieved from https://preschoolinspirations.com/how-to-make-a-perfect-sensory-bottle/.

EMOTIONS CUBE[37]

An emotions cube is a cube with a photograph of an emotion on each side. This cube is small enough for a child to hold in their hands, and the images are clear enough for the child to recognize the emotion being conveyed. The emotions cube can be used in a variety of ways depending on the age and needs of the children you are working with.

Allow infants to hold and manipulate the cube. Label the various emotions and point to the image as you speak. You can imitate facial expressions presented on the cube and label the corresponding emotion, 'sad', 'happy', 'angry', etc. Repeating simple words is an important strategy for supporting language development in infants and labelling emotions is a way to use this strategy to introduce emotional language that will help them to develop the language to express how they are feeling as they grow older.

With older children, the cube can be used as a game. The children can take turns rolling the cube and whatever emotion lands face up can be discussed. You can ask children if they recognize the emotion and how they did so. If they are unsure, you can label it for them as you would with a younger child. This provides an opportunity to have a conversation about emotions and feelings. You can ask the children to show you their happy or scared face and talk about the facial expressions that accompany each emotion. Other examples of exploratory questions could be; Why would a child feel sad? Have you felt happy before? What did it feel like? What colour is angry? What can you do when you feel anxious? Etc.

This cube can be used to help children identify their own emotions and can be included in a grounding basket. Questions to ask in this case could be; "How are you feeling right now?" "Could you show me the face that looks like how you feel right now?" This strategy should be used once a child has regulated and is no longer emotionally flooded. It is recommended to use the emotions cube after the child has had the opportunity to use some of the other items in the grounding basket and is able to return to their window of tolerance.

To make an emotions cube, you will need:

- A cube-shaped object that you no longer need such as a small box or a foam cube.
- Photos depicting various emotions. Happy, sad, angry, scared, excited and disgusted are the six primary emotions experienced during infancy, however you can use whichever best fits the needs of your group.
- Laminator (optional). If you want the images to last longer and have some durability it's a good idea to laminate them before attaching them to your cube.
- Hot glue gun & glue (to adhere the images to the cube).

Directions

1. Select 6 photos each depicting a different emotion.
2. Cut out images to fit the size of the cube you are using.
3. Laminate images (optional but is recommended for increased durability).
4. Hot glue the images onto the cube, one per cube face and allow to dry.

37. Gunderson Health System. (n.d.). *Emotions cube.* Together Against Bullying. Retrieved from https://www.togetheragainstbullying.org/app/files/public/a59a56fc-5b50-449d-9c6c-cea1fbd6976a/together-against-bullying-feelings-dice-game-6-sided.pdf.

5-FINGER BREATHING[38]

5-Finger Breathing is a simple technique that can be used on the spot and requires no materials. The steps are as follows:

- Stretch out your hand so there is lots of space in between your fingers
- Using the pointer finger of your other hand, slowly trace up your thumb as you slowly breathe in through your mouth
- When you reach the top of your thumb, slowly breath out through your nose as you trace down the other side
- Repeat this process as you trace each finger on your hand.

5-4-3-2-1

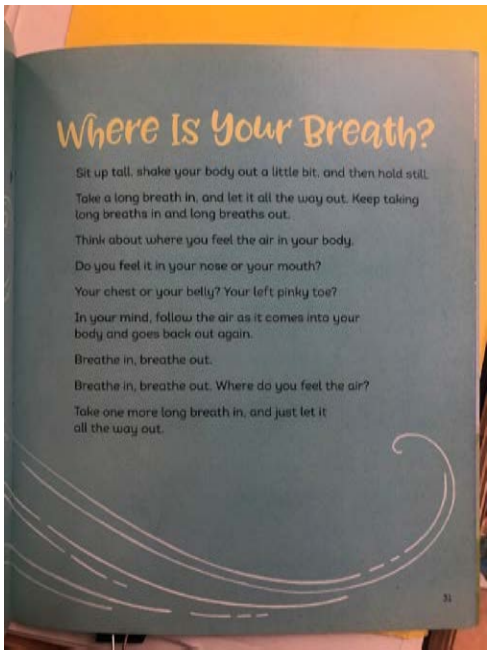
This is a five step exercise that can help to re-center the mind, and ground us in the present moment by drawing attention to the environment and engaging all five senses. The activity goes as follows:

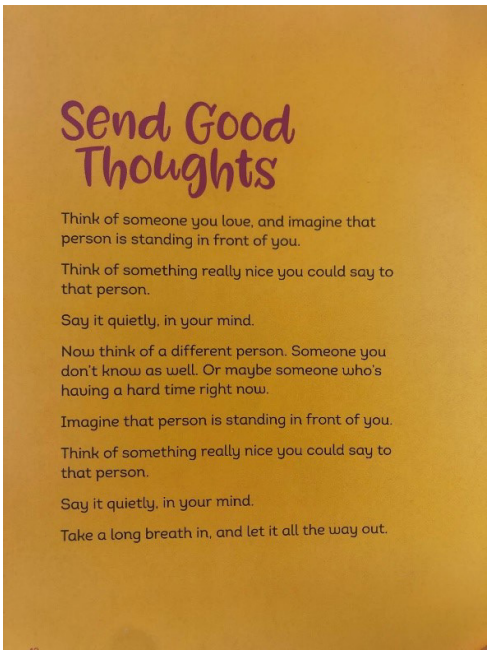
Find and name 5 things in your environment that you can see in this moment, and focus on them.
Find and name 4 things that you can feel in this moment, and focus on them.
Find and name 3 things that you can hear in this moment, and focus on them.
Find and name 2 things that you can smell in this moment, and focus on them.
Finally, find and name 1 thing that you can taste in this moment, and focus on that.
Repeat the steps as needed.

38. The Calming Corner. (November, 2018). *Material Share Monday: 5 Finger Breathing*. http://www.thecalmcorner.com/2018/11/material-share-monday-5-finger-breathing.html

BREATHE LIKE A BEAR BY KIRA WILLEY[39]

Breathe Like a Bear is a guide to mindfulness for children. The book is broken down into five sections: Be Calm, Focus, Imagine, Make Some Energy, and Relax. Each section contains therapeutic activities in child friendly ways. The activities vary from breathing exercises, to visualizations, to grounding exercises. Below are some examples from the book:





39. Willey, K. (2017). *Breathe Like a Bear: 30 Mindful Moments for Kids to Feel Calm and Focused Anytime, Anywhere.* Random House Children's Books.

CHAPTER 5: LESSONS FROM THE FIELD

OBJECTIVES

At the end of this chapter, you will:

- Be introduced to common childcare concerns related to trauma
- See examples of these skills in action through two case studies
- Gain a deeper understanding of trauma informed communication and approaches.

CHAPTER OUTLINE PAGE

COMMON CHILDCARE CONCERNS RELATED TO TRAUMA

When working in childcare, many practitioners find themselves faced with challenging behaviours stemming from a child or a caregiver you may be working with. The following are a few concerning and challenging behaviours you may see in your practice.

- Aggression
- Emotional outbursts
- Consistent negative social interactions
- Withdrawal from play and others
- New or worsening anxiety
- Difficulty transitioning
- Difficulty following direction
- Defiance
- Sadness

As educators, how do we approach the situations listed above? How do we avoid retraumatization? The following case studies provide educators the opportunity to explore possible interventions and outcomes between caregivers and families experiencing trauma. Read through each case study and with your team brainstorm possible presenting challenges, need(s) behind the behaviour, ideas to address the concerns while supporting the family through a strengths-based and trauma-informed approach. Examples of action plans and recommendations are provided.

CASE STUDY 1: CAYDEN

Three-year-old Cayden is in his first year of preschool. He enjoys attending childcare and appears to enjoy spending time with his classmates and educators, Sandra & Fiona. However, at seemingly random times, Cayden will scream, physically hurt his friends, and destroy classroom materials. This behaviour is consistent with his developmental level, however staff have noticed it is worsening and that Cayden has difficulty regulating and rejoining play after these outbursts. Most staff label him as violent and refer to him as the bad kid, warning other staff to watch out if he does not get his way. Whenever Cayden has an outburst, they remove him from the activity and make him sit alone with some books or colouring pages.

CAYDEN'S STORY

Cayden recently moved in with a family friend. There are no other children in this house and Cayden often plays by himself. His mother Lillian actively struggles with substance use, which has created an inconsistent and often unsafe environment for Cayden. Sometimes when he visits with his mother, she is affectionate, patient, and involved in his play. At other times she is agitated, anxious to leave the visit, and dismissive of Cayden's needs and emotions.

QUESTIONS TO CONSIDER

After learning more about Cayden, is it easier to begin to understand his behaviours and responses? If you did not know about Cayden's home life, could you still support him? Start with simple questions that will help you to notice patterns and triggers for Cayden:

- Why do you believe Cayden is having difficulty in these social interactions?
- What is happening right before he becomes upset?
- How many children were around him?
- Was it before a meal or rest time?
- How long are his outbursts lasting?
- What helps him regulate and return to play?
- What does he enjoy playing with?

ACTION PLAN

- Observe Cayden's behaviours and take note of any patterns or triggers.
- Come together as a team and fill out a behavioural assessment sheet*.
- Brainstorm concrete, intentional responses to Cayden's behaviours.
- Assess changes that need to be made. For example, rearranging the space, changing cubbies, providing a bigger space for block play.

*An example of an assessment sheet is found at the end of Cayden's case study.

When new strategies are first introduced, it is possible that some will work, while others may not. Some may work, but may need to be repeated several times. Consistency, patience, commitment, and empathy are essential in supporting all children, especially those struggling with factors in their lives that are out of their control.

FOLLOW-UP ON CAYDEN

After about a week, Sandra and Fiona observed that the majority of Cayden's heightened responses were initiated while playing in larger groups. Cayden would often say things like, "I can make a better tower than you!" or "My train track is longer than yours! That one sucks!" When this happened, Cayden's peers would often move away from him, excluding him from play. Cayden would become frustrated and throw or kick toys. As educators continued to observe Cayden, they realized he had difficulty initiating and entering play scenarios. The next time one of the educators heard Cayden say to a peer "You don't know how to make a tower big like mine!" they kneeled down in front of Cayden and asked, "Cayden, do you want to build with Emily?" Cayden responded, "Yeah! I want to show her my tower."

At times, Cayden still had difficulty coping with his frustration even with educator support. After meeting again, Sandra and Fiona decided to focus on strengthening the self-help skills of the children in the room. They labelled emotions regularly and approached times of conflict with curiosity and empathy, asking children what they could do, and how a child might be feeling in a moment of high emotion. Fiona created a small, quiet area in the room that children could go to if they needed time for themselves. Sandra added some big pillows that could be used if children needed to use their bodies to express feelings.

Sandra and Fiona continued to think of ways to support self-regulation with the entire classroom, recognizing that this would benefit everyone. They introduced mindfulness techniques during circle-time, which provided all children with the tools needed to practice self-regulation. Soon after, children were reminding each other of their breathing techniques, and were able to say if they needed a minute for themselves.

Sandra and Fiona adapted the program as needed, meeting regularly to discuss what was working, what could be added, and how to involve the children more as leaders in their own learning and experiences.

INFANT-TODDLER BEHAVIOUR REVIEW

Child's Name: _____
Date of Birth: _____
Age: _____

Date of Review: _____

Review Contributors:
1._____
2._____
3._____
4._____

Information Gathering

1. What is the behavior of concern?

2. What happens? What are the frequency, intensity and duration of the behavior?

3. When does it happen? Consider writing out a daily schedule.

4. Where does it happen?

5. With whom does it happen?

6. How long has the concerning behavior been going on?

7. How does the caregiver feel about the behavior?

8. Has the child had a recent physical? Are there any physical/medical concerns?

9. What happens (right before) before the behavior occurs? What are the triggers?

10. What happens after the behavior occurs?

11. What are some of the child's strengths?

12. How does the parent/family feel about the behavior?

13. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments?

14. What are some of the parent/family strengths?

15. What are some of the caregiver/teachers/staff strengths?

Hypothesis

16. What is the child communicating that he wants or needs? What is the purpose of the child's behaviour?

17. What might be the child's experience?

Begin Planning

18. What does the parent or the caregiver want? What does the parent or caregiver want the child to do?

19. What does the parent or the caregiver want the child to feel?

20. What strategies have already been tried?

21. What can the caregiver do to feel better?[40]

40. The Center on the Social and Emotional Foundations for Early Learning. (n.d.). *Infant-Toddler Behavior Review.* http://csefel.vanderbilt.edu/resources/trainings/3.9.pdf

CASE STUDY 2: KERRY

Kerry, the 24-year-old mother of Jaymon (3) has been labelled 'the rude mom' at her children's childcare centre. Jay and Rubeya, the RECEs in Jaymon's class, actively avoid her because they think she is loud, argumentative, and unreasonable with her expectations. The supervisor of the centre, Emi, often feels frustrated because Kerry calls the centre multiple times a day for updates on her child and sometimes demands to speak to him. Kerry has also made formal complaints to Emi, because she requested Jaymon be fed regardless of the time he was dropped off. On Wednesdays, Kerry picks up Jaymon after 6pm and won't pay the late fees.

KERRY'S STORY

Kerry was sexually abused repeatedly by a family member between the ages of 4 and 13. She has been diagnosed with PTSD which causes her to experience anxiety and depression as a result of the trauma she experienced. Kerry is seeking support from various agencies across the city for her mental health and is on the Ontario Disability Support Program (ODSP). She is on a fixed income and therefore prefers for Jaymon to have daytime meals at childcare, allowing the food she has at home to last longer. Kerry waited one year for a spot to become available in a trauma support group that takes place Wednesday afternoons, ending at 5pm. On those days, Kerry rushes from downtown Toronto to the east end to pick up Jaymon. Kerry is very protective of Jaymon and has extreme anxiety about leaving him in anybody else's care.

QUESTIONS TO CONSIDER

It is even more unlikely that staff will know about a parent's trauma than it is for them to know about a child's. It can therefore prove challenging to create a plan of support for the family and fully understand the reasons for specific behaviours. When this is the case, creating boundaries, having open communication, and consistency in the structure of the program is critical. These strategies are always best-practice but become even more important when working with families who have experienced or are experiencing trauma. Some questions staff should consider include:

- How can staff begin to build a relationship with Kerry?
- What do staff need to do to feel safe and comfortable?
- Why does Kerry's behaviour bring up an avoidance response from staff?
- How can Kerry be supported in a way that works for everyone?
- What do the conversations between Kerry and staff currently look like?
- How can staff ensure Kerry knows her son is safe and happy at childcare?
- Where can staff be flexible, and where are clear boundaries required?

ACTION PLAN FOR KERRY

- **Transparent conversation:** Rubeya, Jay, and Emi sat with Kerry and shared their concerns. Staff may consider limiting the number of staff in the meeting as it may overwhelm or intimidate Kerry. Being trauma-informed does not mean we cannot have open, honest conversations with families, but it means we do so in compassionate ways. By opening the lines of communication with Kerry, staff have let her know they are approachable and available for support. Furthermore, by opening the lines of communication, staff can begin to understand Kerry's story and learn how to support her.

- **Create a plan:** Staff sat with Kerry and collaboratively created a plan to help her feel comfortable and safe with dropping off Jaymon. Some of their arrangements included:
  - Saving a portion of morning snack for Jaymon in case of late arrival.
  - When possible, Kerry will call and let staff know she will be late.
  - Kerry shared her trauma group times with staff who now know on Wednesday she may be later. The supervisor also asked Kerry if she needs any extra support on the days that she is late to pick up Jaymon. Kerry shared that she would call and let staff know how far she is from the centre, so that staff could start getting him ready to go.
  - Recognizing that at times it can be disruptive for Jaymon to be on the phone throughout the busy day, staff invited Kerry to volunteer in the room during circle-time or snack time. This helps her feel involved in Jaymon's childcare experience and builds trust. This is also something the staff extended to other families as a way to enrich the program.
  - Staff created a photo journal for Jaymon that documents his play; this goes home with Kerry weekly and provides updates on his learning.

These steps support Kerry and will hopefully allow staff to understand and collaborate with her in the hope that Kerry can begin to trust Jay and Rubeya and provide the best care for Jaymon. As their relationships strengthen, staff may introduce new supports for Kerry, with her approval. For example, knowing food insecurity is a reality for Kerry, staff may provide information on local food banks, community kitchens and gardens, or free cooking classes for families.

Remember these are just examples that highlight the ways educators can shift their approach and begin to support families in different ways. Each family you work with is unique and will therefore require a unique approach.

TRAUMA-INFORMED COMMUNICATION

The following chart presents alternative responses to common reactions that are not trauma-informed:

NON TRAUMA-INFORMED & NON STRENGTH-BASED	TRAUMA-INFORMED & STRENGTH-BASED
"Why are you always late picking him up? He gets really tired at this time and is difficult to manage."	Suggest a meeting to figure out what is happening in the caregiver's schedule. Offer support if necessary, for example, getting the child ready when you know their caregiver is 5 minutes away.
"Ugh, here comes Kerry again! Let's pretend to be busy so she doesn't talk to us long."	Self-reflect to understand why you may be avoiding a caregiver. Ask for support if a caregiver makes you feel anxious. Set up a meeting with a parent who is presenting challenging behaviour. This will help you to understand their situation and implement boundaries or strategies as needed.
"I bet that parent uses drugs. They look like an addict to me."	Check your bias and judgment. Ask yourself why you believe those thoughts. What evidence do you have? If there is a concern about a caregiver's well-being, reach out to them and offer support as necessary. Understand the link between trauma and substance use.
"I don't have time to go over this with you again."	Ask why a parent may be having a difficult time following through on an expectation the centre has put in place. Explore if there is room for flexibility in the expectations set out to families. Consider if a family may need extra support. For instance if they are not refilling a child's diapers, are there financial insecurities? Make time to have a conversation with a family if there are ongoing concerns.
"She was crying all day. She never stopped, not once!"	Express your concerns to the caregiver; be empathetic. Explore the ways in which you can support their child together. Ask the family if they have concerns. Focus on the child's strengths, not just the concerning behaviour. Do not bring up major issues at pick-up or drop-off. Make an effort to schedule a proper meeting.
"He's so aggressive! He's always hitting and biting the other kids. He needs more discipline."	See above suggestions. Always try to understand a situation before making suggestions to a family. Furthermore, if there is no established relationship between yourself and the family, it will be difficult to provide support.

Think of a scenario where you had a tough conversation with a caregiver. Did any of the non trauma-informed statements above sound familiar? As a team, fill in the following chart using the information you have read about what a trauma-informed classroom should look like. Reflect on your own practice and notice if there are any interactions you have had that could have been approached differently. How could those responses have been more supportive?

EXAMPLE OF BEHAVIOUR	NON TRAUMA-INFORMED & NON STRENGTH-BASED	TRAUMA-INFORMED & STRENGTH-BASED
Child cries for 20 minutes every day when their caregiver leaves.		
During circle time a child always runs to the cubby area and refuses to join the group.		
A parent is not replenishing their child's diapers even after multiple notices have been sent home.		
Fill in an example from your classroom:		
Fill in an example from your classroom:		

HOW DO I KNOW IF I'M USING A TRAUMA-INFORMED APPROACH WHEN ENGAGING FAMILIES AND CHILDREN?

TIPSHEETS FOR EARLY CHILDHOOD SERVICE PROVIDERS

TIP SHEETS

The work educators do in transforming the childcare space is a key component of trauma-informed care. The next step in providing that care is to reflect the ways staff involve children and families in the daily operations of the centre.

The following section will explore some areas that may often be overlooked. As always, reflect on your own centre in an effort to notice where changes can be made and acknowledge what is already working.

DAILY REPORTS

One of the easiest and most efficient ways educators communicate with families is by providing a written, daily report on individual children which is available for caregivers to review upon pick-up. Usually this would be a one-page summary of how the child's day went, including what they ate, how long they slept, and their diaper routine.

Give thought to the following as a way to enhance these reports:

- Do the reports include the child's mood throughout the day?
- Are parents required to bring the log back in the morning and if so, is there a section for parents to write about their child's night?
- Can parents write any questions?
- How will these questions be addressed?
- What about caregivers who have literacy concerns or who are English language learners?

BULLETIN BOARDS

- Does anything stand out on your bulletin boards or in your take-home materials that may be triggering for a family member?
- Is the information posted researched, well thought out, and relevant to the families attending your centre?
- What other ways can information be provided to families who may not have time to stop and read the board?
- Are there alternative methods of providing information for families who are visually impaired, have literacy challenges, etc.?

BUILDING CONNECTIONS

Reflect on the daily interactions that take place in your childcare setting and question whether or not they promote the building of trusting relationships between staff and families.

- Are families actively involved in the decisions and conversations your team is having regarding the structure of the program?
- Are you asking why a behaviour is happening while avoiding assumptions? Are you including families in those conversations?
- Are you frequently communicating with your team to share observations or concerns? What do the children seem to enjoy? What is creating stress in the room?
- Are you following up on any action plans and checking their effectiveness? Are you adapting as needed if something isn't working?
- Check your biases. Take an Implicit Association Test by Harvard University (found online).[41]
- Are you participating in frequent professional development? How much of the material focuses on trauma, behaviour management strategies, social and emotional development, being an ally to families, etc.?

SUSTAINING CONNECTIONS

Once relationships have been established with families, how can educators work to sustain them?

- In extenuating circumstances, are you reaching out to families and checking in? For example, if a child has been absent for several days due to illness or if a family member is ill.
- If you are aware of adverse circumstances a family is facing, are you able to provide support or resources to them?
- Are you incorporating ways for children to share their home experience in the centre? For example, starting a weekly 'show-and-share' or creating a photo wall?
- Are families often invited into the space to share stories, events, celebrations?
- Are you remaining mindful of a family's individual circumstances? For example, are you celebrating mother's day when some children in your centre do not have relationships with their mothers? How can these events be reconsidered?

41. Harvard University. (2011). *Project Implicit*. https://implicit.harvard.edu/implicit/takeatouchtestv2.html

CHAPTER 6:
TRAUMA-INFORMED VS. NON TRAUMA-INFORMED AGENCIES

OBJECTIVES

At the end of this chapter, you will:

- Gain a deeper understanding of considerations for reviewing existing resources and policies
- Begin to think critically about how organizations and educators can demonstrate commitment to trauma-informed care.

CHAPTER OUTLINE PAGE

It is much easier to commit to change with the support of others and more specifically with the support of those in positions of power. In order for educators to practice trauma-informed care in successful ways, supervisors and directors must also be committed to its principles.

CONSIDERATIONS FOR REVIEWING EXISTING POLICIES[28]

The written policies of a centre are a good place to start as they are the written reflection of a centre's philosophy and guiding principles. Some questions to consider include:

- As a team, review your centre's policies. Do they reflect what you have read so far about trauma-informed care?
- Can you embed this workbook into operations and ensure that all your teams are engaging with it, along with other opportunities to continue building capacity in trauma-informed work?
- Do your policies specifically state your centre operates from a trauma-informed lens?
- Do the policies state that your centre is committed to anti-oppression goals and discussions amongst staff?
- Reading what you have read so far, what can you add or change to the manual that would make it more in line with trauma-informed care?

HOW CAN AN ORGANIZATION DEMONSTRATE COMMITMENT[28]

Early Childhood Educators work under the umbrella of Community Services and that should always be at the forefront of practice. By considering the practice of trauma-informed care and adapting the childcare centre to its underlying principles, educators are showing commitment to families, as well as to their colleagues and to themselves. Through this lens, it becomes clear that the role of the educator is one that includes advocating for families.

The College of Early Childhood Educators sets guidelines and expectations for individuals working in the field through the Code of Ethics and Standards of Practice. Additionally, educators are required to complete a Continuous Learning Portfolio bi-annually.

Professional development (PD) is another way in which organizations can demonstrate commitment. PD is an important component of Early Childhood Education and provides an opportunity to reflect, enrich, and revitalize your practice.

As a centre, consider the following:

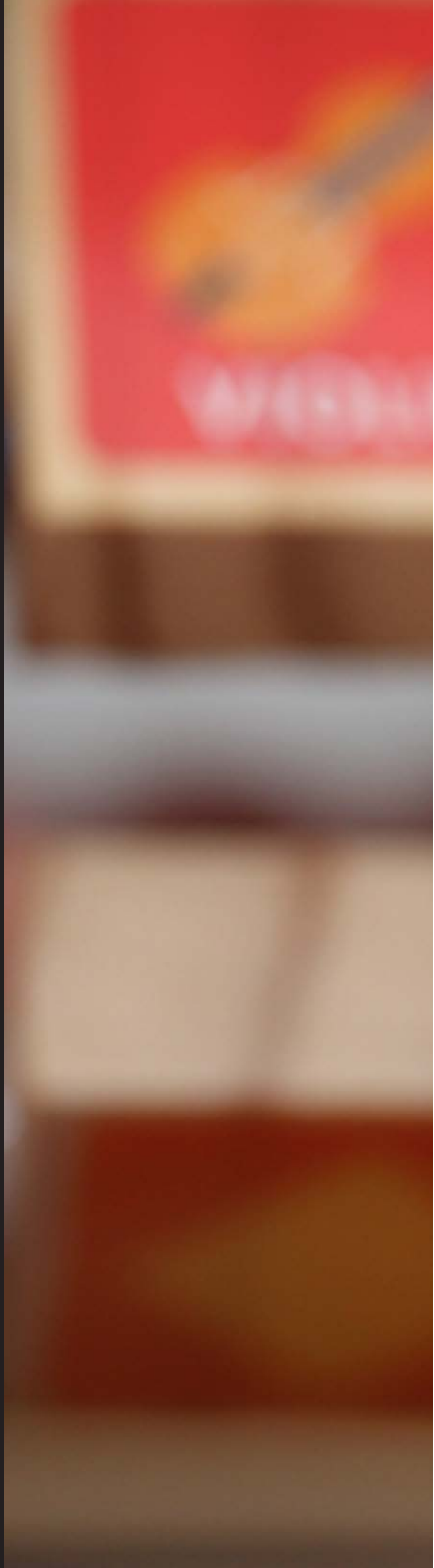
- Is there an ongoing list of PD resources available to staff?
- Are the PD resources being offered accommodating of various learning styles and needs?
- Do these resources include information on trauma-informed practice?
- Are there team-building workshops available to staff?
- How often are staff encouraged to participate in PD opportunities?
- Is there funding allocated for PD?
- Is relief staff available to cover shifts in the event of offsite training opportunities?

In Chapter 2, we reviewed what it means to work from an anti-oppressive, anti-racism lens. To further support and advocate for families, it helps if educators are aware of larger, systemic structures that often create barriers for families trying to heal, cope, and work through traumas.

28. The Jean Tweed Centre. (2013). *Section 2: Guidelines for trauma-informed practices in women's substance use services.* Trauma Matters. http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

CHAPTER 7: FURTHER RESOURCES

CHAPTER OUTLINE PAGE



COMMUNITY RESOURCES

The George Hull Centre for Children and Families offers a full spectrum of child and youth mental health services from birth to age 18.

The Etobicoke Children's Centre is dedicated to providing services to children, youth and their families who experience challenges related to mental health and autism.

Aisling Discoveries Child and Family Centre provides responsive services in partnership with families and communities to strengthen the social and emotional well-being of children and promote their healthy development.

Child Development Institute (CDI) offers evidence-based programs for children ages 0-12 and youth ages 13-18, and their families across four streams: Early Intervention Services, Family Violence Services, the Integra Program and Healthy Child Development.

MindyourMind provides support for young people 14-29 years of age within the context of where mental health, wellness, engagement and technology meet, co-creating interactive tools and innovative resources to build capacity and resilience.

SickKids Centre for Community Mental Health promotes the social, emotional, behavioural and physical well-being of children and their families through a variety of prevention and early intervention programs, outpatient, day, and in-home treatment services, as well as residential treatment programs.

Yorktown Family Services (YFS) is a community service agency comprised of an infant, child, and youth mental health centre; a women's shelter and community-based violence against women services; and an integrated services site offering rapid access to multiple mental health, primary health, and social service programs for youth and young adults.

What's up Walk-In provides children, youth and their families with connections to free or affordable counselling based on their location within the city. Upon calling, an experienced mental health worker will ask the caller a short series of questions. These questions are designed to help the worker connect the child, youth or family to the right What's Up Walk-In Clinic. Once the caller agrees, the worker will contact the most appropriate and available agency and connect them to them directly.

CONTINUOUS LEARNING
FOR STAFF

There are a wide variety of resources and tools online to help educators support children and families. We have listed some, however it is encouraged that educators do their own research and find what works best for them and the families they serve.

Centervention
centervention.com
Centervention® provides online games to help students in grades K-8 improve social and emotional skills. These games are fun for students, automatically gather data so educators can monitor progress, and include supplemental lessons to reinforce learning. With Centervention, educators can meet students where they are, address their unique needs, and do so in a fun, effective way.

Making Sense of Trauma
makingsenseoftrauma.com
In partnership with New Directions, Tactica Interactive, and Manitoba, this website offers a free webinar on trauma-informed care, with a balance of interactive testing and pre-recorded lectures from Kate Kiernan and Billy Brodovsky.

The National Child Traumatic Stress Network
nctsn.org
Website containing information about trauma and how it impacts families. Includes webinars, assessment tools, and articles.

CHILDREN'S BOOKS

The following is a list of books that staff at The Jean Tweed Centre have used or find relevant for supporting children who may be experiencing trauma. Some of the books are about specific events, while others focus on identifying feelings or building resilience. There are many great children's books available on a multitude of topics. It is encouraged that educators explore these resources and find what works best for their centres.

TRAUMATIC EXPERIENCES

- Centre for Addiction and Mental Health. (2011). *Can I Catch it Like a Cold?* Tundra Books.
- Susan Farber Straus. (2016). *Somebody Cares: A Guide for Kids Who Have Experienced Neglect.* American Psychological Association.
- Chandra Ghosh Ippe. (2017). *Once I Was Very Very Scared.* Piplo Productions.
- Chandra Ghosh Ippen. (2019). *You Weren't With Me.* Piplo Productions.
- Margaret M. Holmes. (2009). *A Terrible Thing Happened.* Magination Press, 2000.
- Jennifer Moore-Mallinos. *Do You Have a Secret? (Let's Talk About It!).* Baker & Taylor.
- Vera B. Williams. (1982). *A Chair for my Mother.* Scholastic Inc.

CONSENT & SEXUAL ASSAULT

- International Centre for Assault Prevention. (2014). *My Body Belongs to Me from My Head to My Toes.* Sky Pony.
- Anastasia Higginbotham. (2017). *Tell Me About Sex, Grandma.* Feminist Press at The City University of New York.
- Emmalinda MacLean. (2019). *Everybody, Every Body!* More Than Sex-Ed, Community Partners.
- Sharee Miller. (2018). *Don't Touch My Hair.* Little, Brown Books for Young Readers.
- Eleanor Morrison. (2018). *C is for Consent.* Phonics with Finn.
- Jayneen Sanders. (2011). *Some Secrets Should Never be Kept.* UpLoad Publishing Pty Ltd.

DOMESTIC VIOLENCE

- Diane Davis. (1984). *Something is Wrong at My House.* Parenting Press, Inc.
- Sharon Chesler Bernstein. (1991). *A Family That Fights.* Albert Whitman.
- Sara B. Pierce. (2009). *On a Dark, Dark Night.* Longmont Ending Violence Initiative (L.E.V.I.).
- Carol Santana McCleary. (2014). *The Day My Daddy Lost His Temper: Empowering Kids That Have Witnessed Domestic Violence.* Createspace Independent Pub.
- Gillian Watts. (2009). *Hear My Roar: A Story of Family Violence*. Annick Press.

EMOTIONS

- Danielle Daniel. (2015). *Sometimes I Feel Like a Fox.* Groundwood Books Ltd.
- Eva Eland. (2019). *When Sadness is at Your Door.* Random House Children's Books.
- Anna Llenas. (2015). *The Color Monster: A Story About Emotions.* Sterling Children's Books.
- Chani Sanchez. (2013). *There are No Animals in This Book (Only Feelings).* powerHouse Cultural Entertainment.
- Elizabeth Verdick. (2010). *Calm-Down Time*. Free Spirit Publishing.
- Maureen Wilson. (2019). *The Little Book of Big Feelings.* Simon and Schuster.

SELF-ESTEEM

- Davina Bell. (2019). *All the Ways to be Smart.* Scribe Publications.
- Katie Crenshaw. (2020). *Her Body Can.* Amazon Digital Services.
- Gabi Garcia. (2018). *Listening with My Heart: A Story of Kindness and Self-Compassion.* Gabi Garcia Books.
- Tom Percival. (2017). *Perfectly Norman.* Bloomsbury Publishing Plc.
- Jacqueline Woodson. (2018). *The Day You Begin.* Penguin.
- Kobi Yamada. (2013). *What Do You Do With an Idea?* Library Ideas.

MINDFULNESS

- Gabi Garcia. (2018). *I Can Do Hard Things: Mindful Affirmations for Kids.* Skinned Knee Publishing.
- Gabi Garcia. (2017). *Listening to My Body.* Take Heart Press.
- Lauren Rubenstein. (2014). *Visiting Feelings.* Magination Press.
- Christopher Silas Neal. (2016). *Everyone.* Candlewick Press.
- Kira Willey. (2017). *Breathe Like a Bear.* Random House Children's Books.
- Tae-Eun Yoo. (2012). *You Are a Lion! And Other Fun Yoga Poses.* Nancy Paulsen Books.

DEATH & LOSS

- Carol Geithner. (2012). *If Only.* Scholastic Press.
- Patrice Karst. (2000). *The Invisible String.* DeVorss Publications.
- JonArno Lawson. (2016). *Sidewalk Flowers.* Walker Books Australia Pty.
- Caron Levis. (2016). *Ida, Always.* Simon and Schuster.
- Charlotte Moundlic. (2011). *The Scar.* Candlewick Press.
- Todd Parr. (2015). *The Goodbye Book.* Little, Brown Books for Young Readers.

FOSTER CARE & ADOPTION

- Jamie Lee Curtis. (2000). *Tell Me Again About the Night I Was Born.* HarperCollins.
- Janice Levy and Whitney Martin. (2004). *Finding the Right Spot.* Magination Press.
- Julie Pearson. (2016). *Elliot.* Pajama Press Inc.
- Marcy Pusey. (2018). *Speranza's Sweater.* Miramare Ponte Press.
- Jennifer Wilgocki and Marcia Kahn. (2002). *Maybe Days.* Magination Press.

LIFE CHANGES: MOVING, VISITING A NEW PLACE, NEW BABY

- Lauren Castillo. (2014). *Nana in the City.* Clarion Books.
- Laurel Croza and Matt James. (2010). *I Know Here.* Groundwood Books.
- Ame Dyckman Little. (2015). *Wolfie the Bunny.* Brown Books for Young Readers.
- Sydra Mallery. (2018). *A Most Unusual Day.* HarperCollins.
- Philip C. Stead. (2016). *Lenny & Lucy.* Allen & Unwin.
- Pat Zietlow Miller. (2019). *When You Are Brave.* Little, Brown Books for Young Readers.

IMMIGRATING

- Yangsook Choi. (2001). *The Name Jar.* Knopf.
- Edwidge Danticat. (2015). *Mama's Nightingale: A Story of Immigration and Separation*. Penguin.
- Cheryl Foggo. (2011). *Dear Baobab.* Second Story Press.
- Fran Nuno. (2017). *The Map of Good Memories.* Cuento de Luz.
- Bao Phi. (2017). *A Different Pond.* Capstone Pr Inc.
- Anne Sibley O'Brien. (2016). *I'm New Here.* Live Oak Media.

DIVORCE

- Cathleen Daly. (2014). *Emily's Blue Period.* Roaring Brook Press.
- Jeanie Franz Ransom. (2000). *I Don't Want to Talk About It: A Story About Divorce For Young Children.* Magination Press.
- Anastasia Higginbotham. (2019). *Divorce is the Worst.* Dottir Press.
- Claire Masurel. (2014). *Two Homes.* Candlewick Press.
- Joanna Rowland & Penny Weber. (2014). *Always Mom, Forever Dad.* Tilbury House Publishers.
- Jillian Roberts. (2017). *Why Do Families Change: Our First Talk About Separation and Divorce.* Orca Book Publishers.

ANXIETY

- Diane Alber. (2020). *A Little Spot of Anxiety: A Story About Calming Your Worries.* Diane Alber Art LLC.
- Kari Dunn Buron. (2006). *When Worries Get Too Big.* AAPC Publishing.
- Tom Percival. (2018). *Ruby's Worry.* Bloomsbury Publishing.
- Francesca Sanna. (2018). *Me and My Fear.* Flying Eye Books.
- Cybèle Young. (2011). *A Few Blocks.* House of Anansi Press.

BULLYING

- Teresa Bateman. (2004). *The Bully Blockers Club.* Albert Whitman.
- Maria Dismondy. (2008). *Spaghetti in a Hot Dog Bun.* Cardinal Rule Press.
- Bob Sornson. (2013). *Stand in My Shoes.* Midpoint Trade Books.
- Trudy Ludwig. (2010). *Confessions of a Former Bully.* Tricycle Press.
- Bob Sornson. (2010). *The Juice Box Bully.* Ferne Press.

DEFINITIONS

This glossary of terms has been provided as a way of ensuring clarity throughout the document. Please read through these definitions and refer to them as needed.

Anti-Oppressive Practice recognizes the oppressions that exist within society and intentionally works towards limiting and eliminating their impacts on members of communities.

Attachment Theory concerns the relationship that exists between humans, particularly the relationship between young children and their caregivers. A secure attachment with a caregiver is believed to support healthy social and emotional development in children.

Burnout is a state of exhaustion caused by excessive and prolonged stress. It can affect individuals mentally, physically or emotionally.

CDC-Kaiser Permanente Adverse Childhood Experiences Study (ACES) is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.[13]

Compassion Fatigue refers to the emotional and physical exhaustion one may experience as a result of doing front-line work with individuals who have experienced trauma. Compassion fatigue may leave one feeling unable to empathize with others.

Emotional Safety refers to a feeling of security for an individual within their close relationships. This safety allows people to connect with one another, share ideas and thoughts, feel empathy, and explore their surroundings with confidence.

Fight-or-Flight Response is an evolved survival mechanism; it's a reaction of "sounding an alarm" for the body to seek safety from a perceived threat.

Hyperarousal describes when arousal feels unmanageable; someone may describe this state of arousal as feeling anxious, angry, or on edge.

Hypoarousal describes when a person feels little to no arousal in response to events happening in their environment. Someone may describe this state of arousal as depression, and extreme fatigue.

Intergenerational Trauma is what happens when untreated trauma-related stress experienced by survivors is passed on to younger generations. Trauma can permanently alter someone's genes, so it can be passed down through DNA generationally.

Oppression is "a situation in which people are governed in an unfair and cruel way and prevented from having opportunities and freedom."[42]

Post-Traumatic Stress Disorder (PTSD) happens when an individual continues to experience specific symptoms that disrupt or interfere with their day to day living associated with previous trauma.

Serve-and-Return refers to the responsiveness of a caregiver to a child's verbal and physical cues. For example, when a baby cries and is picked up and soothed, whether by feeding, rocking, or changing.

Strength-Based Approach refers to the focus on an individual's strengths and positive traits and opposed to any challenging or problematic behaviours.

Trauma understood as "the lasting emotional response that often results from living through a distressing event."

Trauma-Informed Practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery.[43]

Window of Tolerance The concept, created by Dan Siegel, represents the limits of an individual's optimal arousal/energy In relation to hyper and hypo arousal.

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CONTACT

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If you have questions about the First Steps
to Success pilot project or scale-out,
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