



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

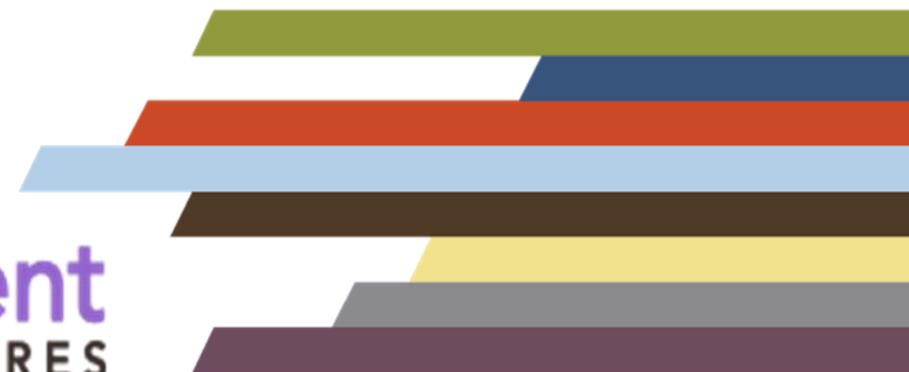
ECE Webinar Series

Understanding Trauma and Stress

Presented by JaShawn Rogers, MS, MA and Laura McArthur, PhD

SAMHSA
Substance Abuse and Mental Health
Services Administration

 **Resilient**
FUTURES



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At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Laura MacArthur, JaShawn Rogers and Stefanie Winfield and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this Presentation is intended or should be inferred.

Connection Circle



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Key Points/Agenda

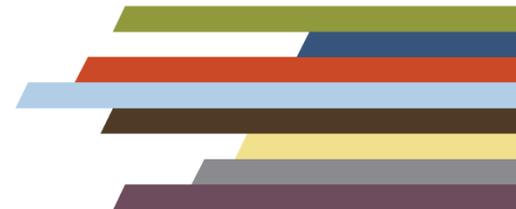
- Increase knowledge of the impact of trauma and stress
 - Understand the 4 R's
 - Identify potential characteristics and triggers
 - Practice reflection and journaling
- Please have the following available:
- Paper
 - Pen or pencil
 - Be comfortable



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Virtual Norms

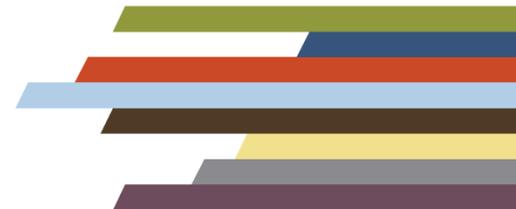
- Be present
- Share what feels comfortable
- Recording
- Please mute audio when you are not talking
- Maintain confidentiality
- Chat moderation—please post questions or comments in the chat box
- Feel free to speak to us after the training by email if needed.



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What is Resilient Futures

Our Mission:

To foster equitable, safe and resilient communities for all youth.

We define resilience as the capacity to grow and thrive, with strength and tenacity, in the face of trauma and oppression for both individuals and communities. We believe that this resilience can be developed and fostered amongst all.



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What is Trauma Informed?



Shifting our Perspective:

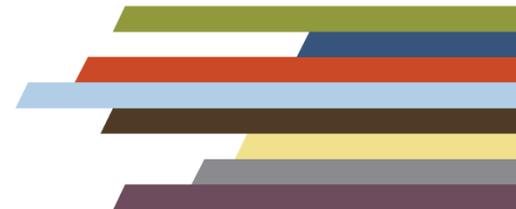
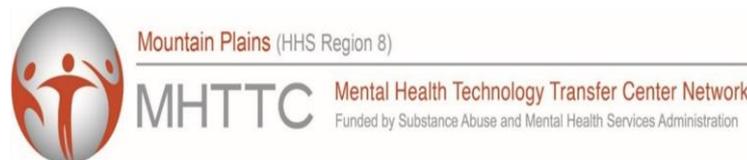
Intentionally Seek to Know our Students...

Change the paradigm from one that asks,

"What is wrong with you?"

to one that asks,

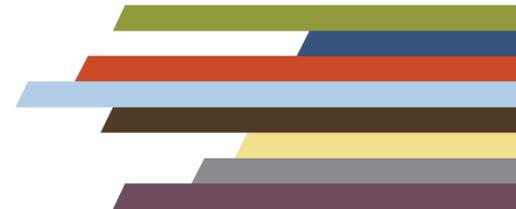
"What has happened to you?"



What is a Trauma Informed Early Childhood Learning Community?

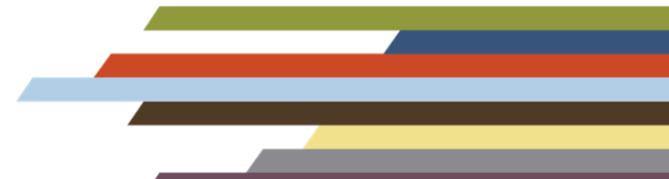
one in which all students, families, and staff feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission...

... a community where the mindset is “what has happened to you?” not “what’s wrong with you?”...



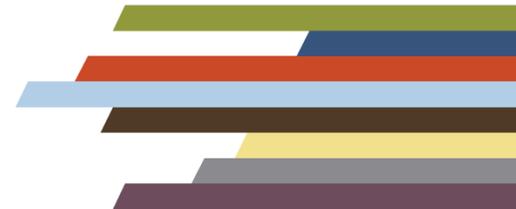
The 4R's of a Trauma-Informed Early Childhood Community

- **Realize** the widespread impact of trauma and pathways to recovery
- **Recognizing** trauma signs and symptoms
- **Responding** by integrating knowledge about trauma into all facets of the system
- **Resisting** re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers



The Problem: Unaddressed Trauma in Early Childhood

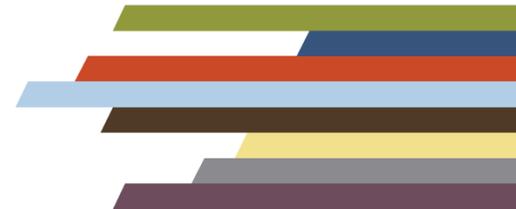
“A Massachusetts General Hospital study has found evidence that children under 3 years old are the most vulnerable to the effects of adversity- experiences including poverty, family and financial instability, and abuse- on their epigenetic profiles, chemical tags that alter gene expression and may have consequences for future mental health.”



Understanding Trauma and Stress

Without understanding trauma we are more likely to misinterpret trauma-related behaviors.

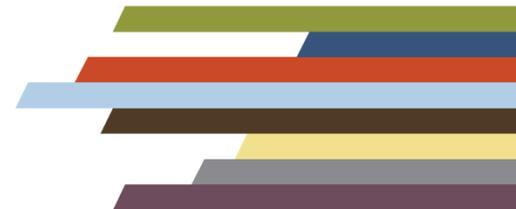
When we understand trauma and stress, we increase our ability to act compassionately.



What is Trauma?

· *“...any event that undermines a child’s sense of physical or emotional safety or poses a threat to the safety of the child’s parents or caregivers.”*

· *- Betsy Groves, 2002*



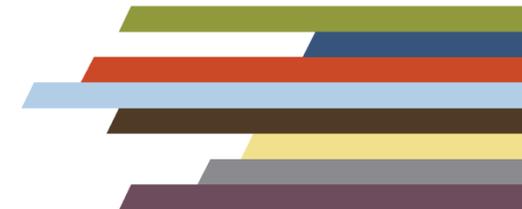
WHAT ARE ACES?

AND HOW DO THEY RELATE TO TOXIC STRESS?

"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.

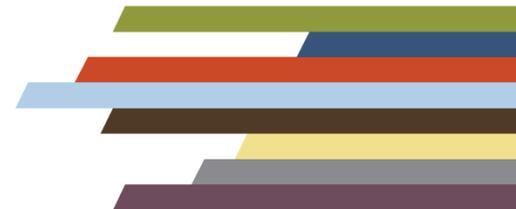


The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.

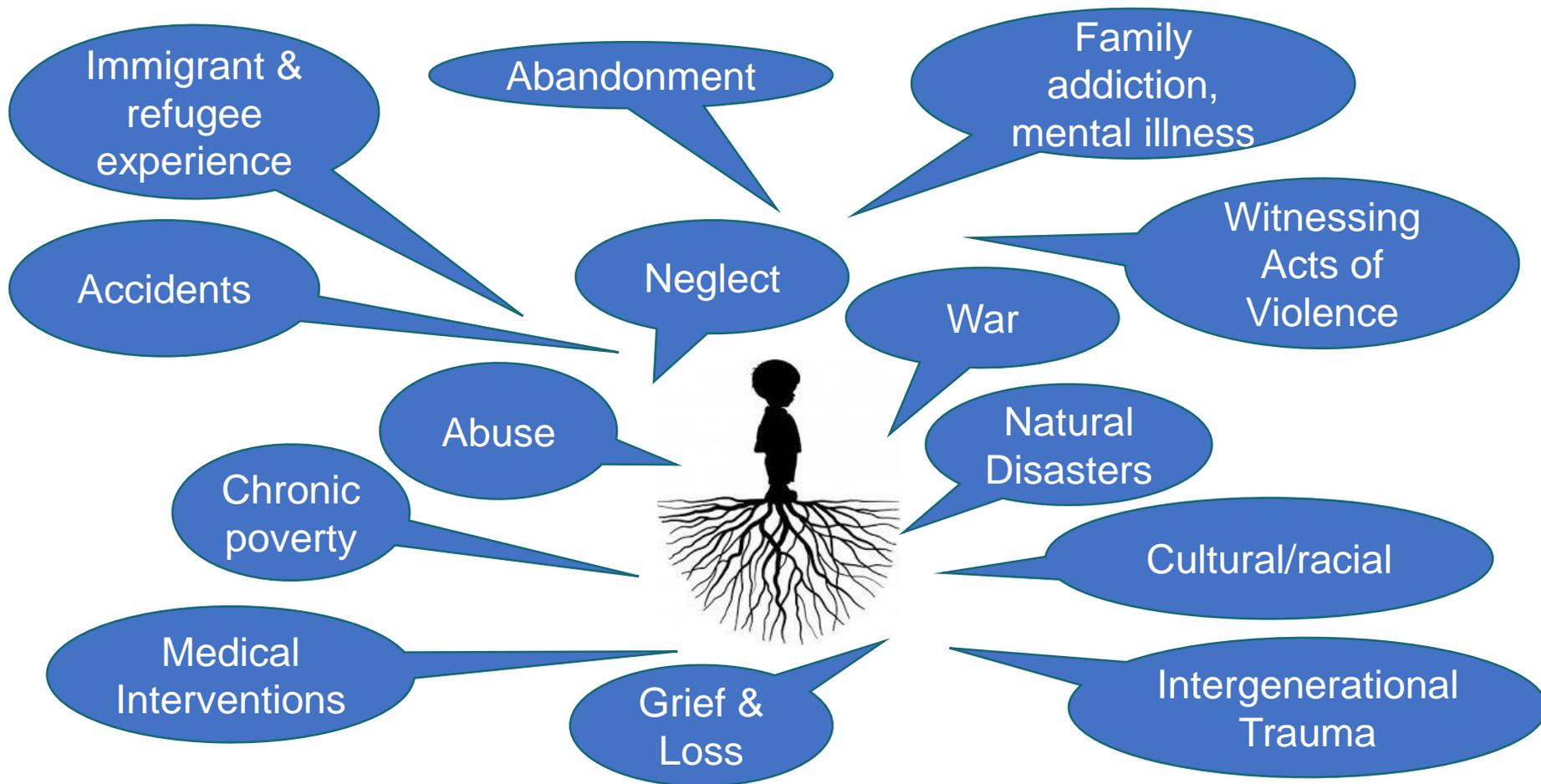


Early Childhood Trauma

- An event that causes **actual harm** or poses a **serious threat** to a child's well-being or the well-being of a primary caregiver.
- Causes intense fear, terror or helplessness.
- Dramatic, rapid, unpredictable changes to child's environment
- Children are highly sensitive to trauma in their first few years of life

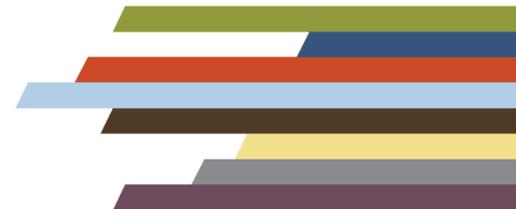
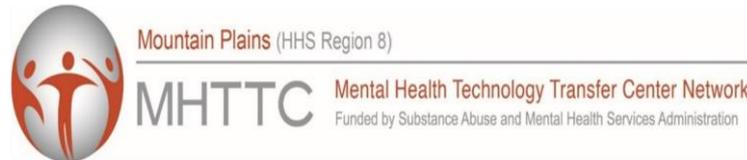


Where does trauma stem from?



Trauma and Stress during COVID-19

The novel coronavirus (which causes COVID-19) can affect anyone in any country. People respond to this rapidly spreading pandemic in a variety of ways that includes reacting with no fear, having reasonable amounts of fear, and being extremely fearful. As with any trauma, fear results in a stress response that can include panic, sweating, diminished executive function, and difficulty following instructions. Times of great stress may also worsen effects of previous traumas.



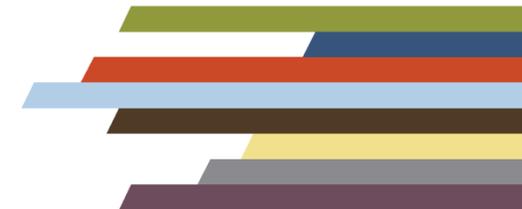
Trauma and Stress during COVID-19

Caregivers:

- May feel overwhelmed
- May feel sad or alone
- May experience sleep disturbances
- May be short tempered
- May miss routine
- May eat more
- May feel unsafe
- May be dysregulated

Children:

- May feel alone
- May miss routine
- May have behavior changes
- May want more attention
- May eat more
- May feel unsafe
- May feel sad
- May be dysregulated



HOW STRESS CHANGES A CHILD'S BRAIN

3-YEAR-OLD CHILDREN

Normal



■ Prolonged exposure to trauma triggers physiological changes in the brain.

■ Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.

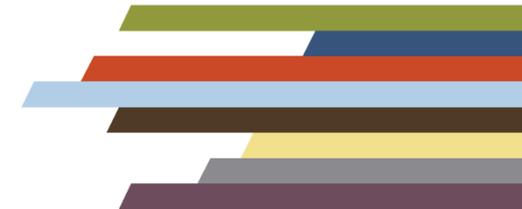
Extreme neglect



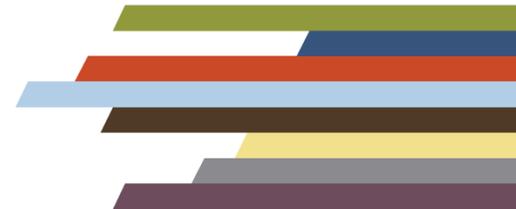
■ This can cause brain shrinkage, problems with memory, learning and behaviour.

■ A child does not learn to regulate emotions when living in state of constant stress.

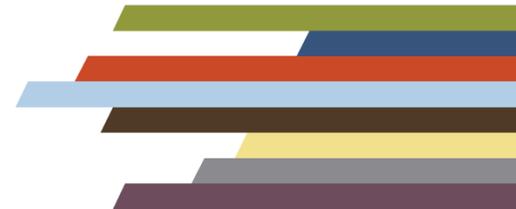
■ Associated with greater risk of chronic disease and mental health problems in adulthood.



“
**STRESS-AFFECTED
CHILDREN
ARE STILL
‘CHILDREN FIRST.’**
”

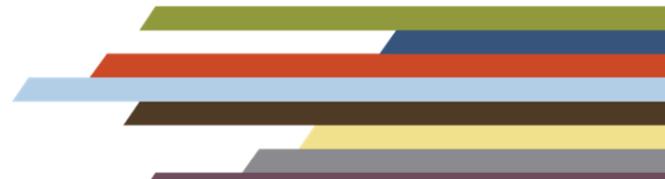


Let's Take a Break



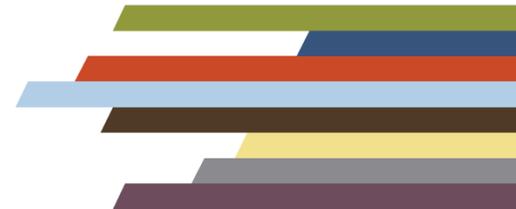
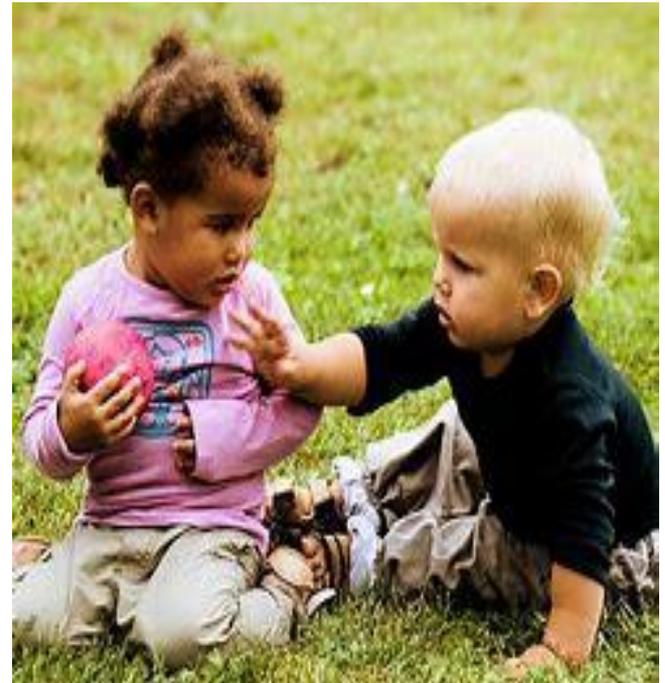
Let's Discuss.....

1. How does stress show up among young children?
2. How does stress impact you?



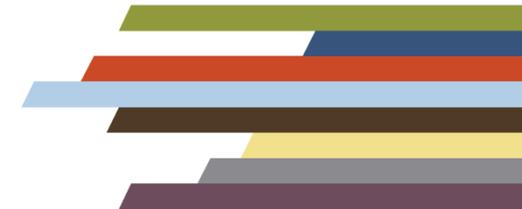
All Children ages 0-5

- Act irrationally
- Are driven to assert themselves
- Have a hard time waiting
- Strive to be a separate individual
- Are learning self-control
- Act impulsively
- Are only just developing language skills to communicate big feelings
- Don't understand logic



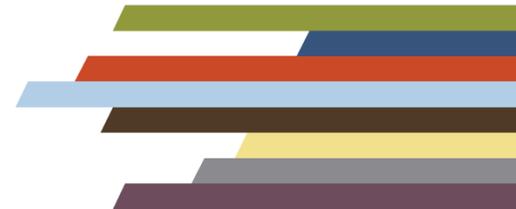
Potential Characteristics of Children who may have experienced trauma

Precocious Self-Care	Indiscriminate Attachment	Misinterpret Facial Expressions/Body Language	Unable to Make Friends	Inability to Play
Tantrums	Anxiety/Fearfulness/Worry	Regression	Unusually Controlling	Stomach aches/headaches
Loss of Previously Learned Skills	Self-Blame for Traumatic Event	Lack of Self-Confidence	Memory Problems	Developmental Delays
Vomiting	Bedwetting	Visceral Reactions to Frustration	Seemingly Random Acts of Aggression	Gorges or Hoards Food
Problems with Swallowing/Chewing	Sensory Sensitivity	Hyperarousal at Sleep Time	Imitate Abusive Behavior/Traumatic Event	Difficulty with Transitions



Stress in Childhood

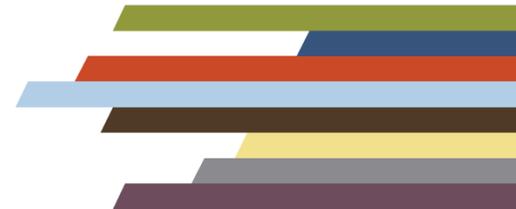
- Positive Stress
- Tolerable Stress
- Toxic Stress



Impact of Trauma Exposure on Learning and Behavior

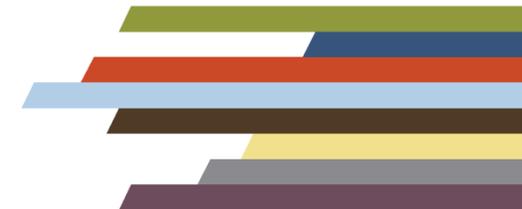
Often, student behaviors that are noted as “difficult” or “disruptive” are a ***direct result*** of coping with adverse experiences.

Look for the ***resilience*** in the behavior.



Flight, Fight or Freeze

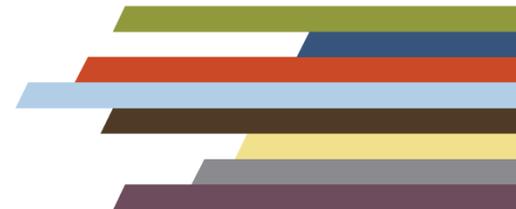
Flight	Fight	Freeze
Cover face with hands, arms	Acting out	Exhibiting numbness
Fleeing the classroom	Use objects to jab/hit others	In babies, may fall asleep
Falling asleep	Acting silly	Refusing to get needs met
Daydreaming/oblivious to others	Exhibiting defiance	Giving a blank look
Drowsy	Being hyperactive	Feeling unable to move or act
Avoiding others	Arguing	Unresponsive to name being called
Hiding or wandering in room	Screaming/yelling	Daydreaming
Becoming discouraged	Swearing, calling people names	In babies, may appear lethargic
Hide under a blanket	Throwing self on Floor	Unresponsive to questions
Sits under a table	Kicks, hits, spits, bites, etc.	"Tunes" people out
Falls asleep during noise, chaos	Temper tantrums	Whimper, tremble for no "reason"



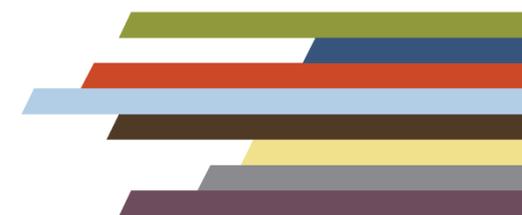
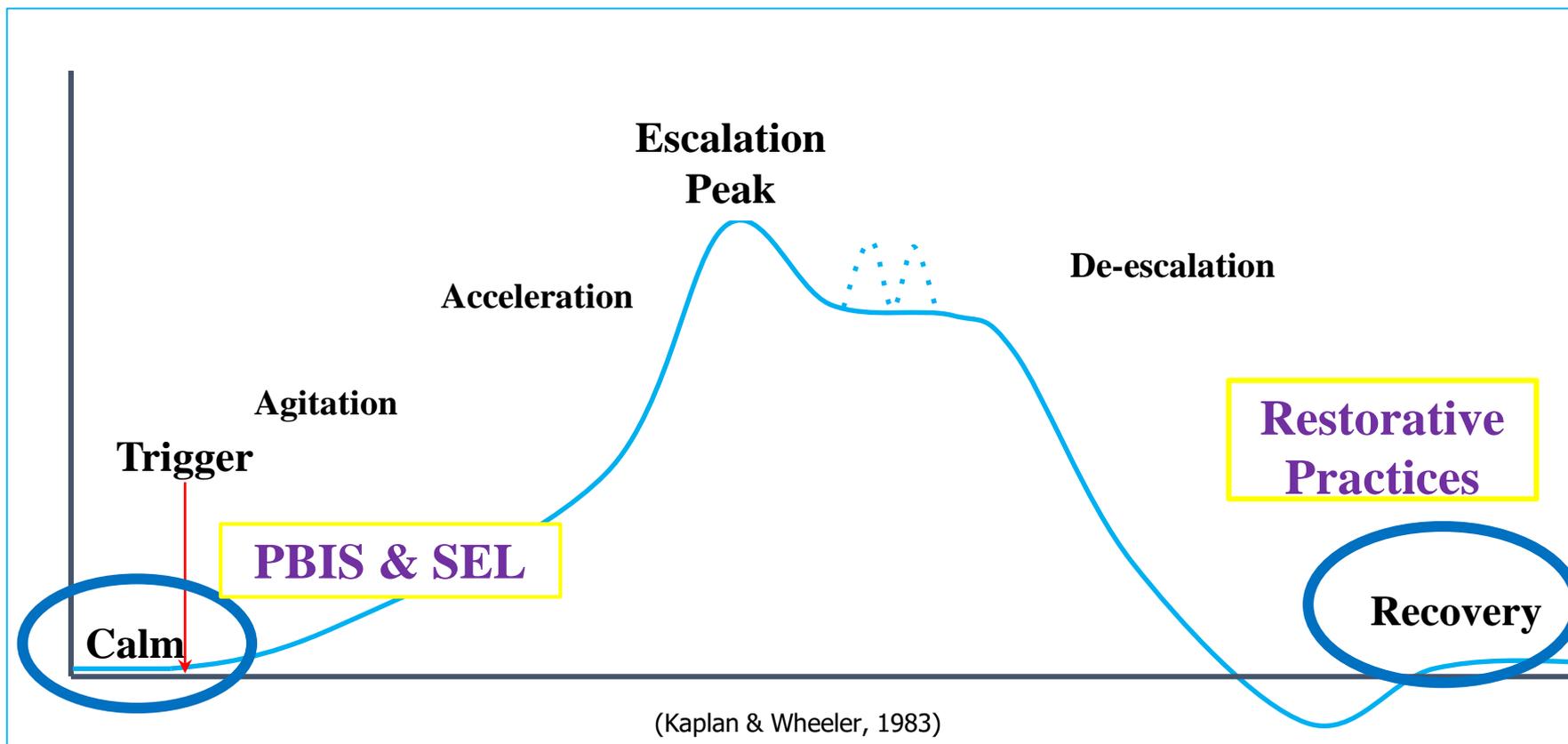
Potential Triggers in Early Childhood

Noise Level
Schedule Changes
New providers
Unexpected touch
Firm tone of voice
Changes in lighting
Transitions
Angry facial expressions
Nap time
Clutter
Too many children around
Approaching a lying down child

Rapid movements
Tickling
Appearance of anger
Raised voices
Another child in distress
New toys
Removing an object from child
Setting limits
Snack time
Put downs/curses
Hugs
Being Ignored

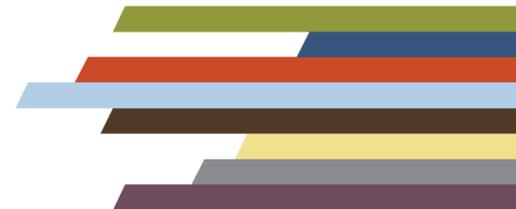


Escalation: Prevention and Intervention

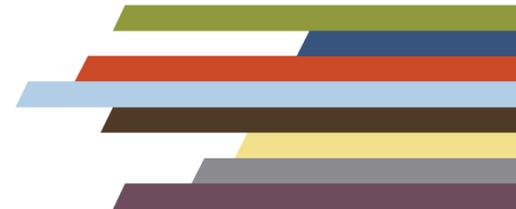


How Can You Identify Behaviors

- Connect – see the child, hear the child, show interest, listen
- Recognize - consider my needs, validate and hold my feelings, ask questions about the child, discover their styles, show desire
- Look - see when distress occurs, see how the child is expressing themselves, help the child regulate



Let's Take a Break



Journaling Activity

Journal:

Identify 2-3 ways you will implement understanding trauma and stress within your role.

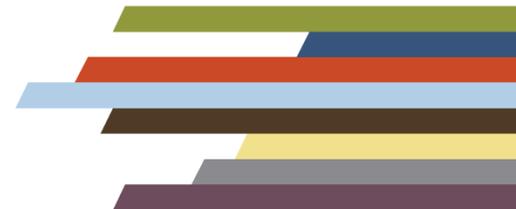
Identify 2-3 ways to implement the 4 r's (realize, recognize, respond and resist)



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