ECE Webinar Series

Understanding Trauma and Stress

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Disclaimer

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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
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
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.
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.
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
“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?

- Abandonment
- Natural Disasters
- War
- Neglect
- Witnessing Acts of Violence
- Intergenerational Trauma
- Family addiction, mental illness
- Cultural/racial
- Immigrant & refugee experience
- Accidents
- Abuse
- Natural Disasters
- Chronic poverty
- Medical Interventions
- Grief & Loss
- Intergenerational Trauma

Project Logo: Resilient Futures

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

Resilient Futures

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
HOW STRESS CHANGES A CHILD’S BRAIN

3-YEAR-OLD CHILDREN

- 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.
- 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.

Resilient Futures
"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

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

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

(Kaplan & Wheeler, 1983)

Calm
Trigger
Agitation
Acceleration
Escalation Peak
De-escalation
Restorative Practices
Recovery

PBIS & SEL
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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https://mhttcnetwork.org/centers/mountain-plains-mhttc/home