

DEPARTMENT:

Early Childhood Education
EDEC374

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PROJECT TITLE:

Supporting Children Who Have Experienced Trauma

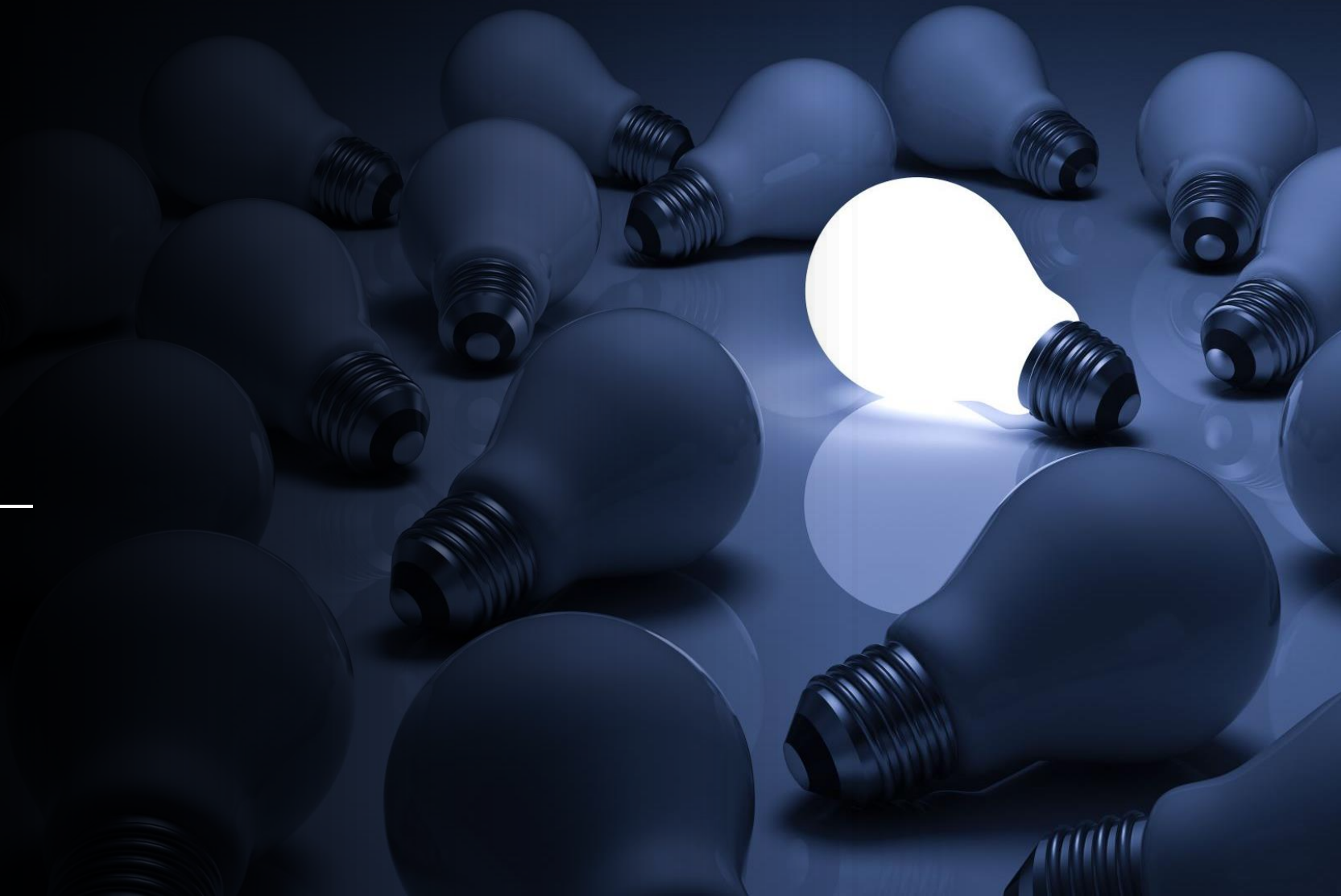


Supporting Children Who Have Experienced Trauma

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EDUC374

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"Many of our youngest children experience trauma. It is our responsibility to acknowledge this truth even if it makes us uncomfortable to do so."

(Pg. 52) -TIP

Adverse Childhood Experiences (ACEs)

- ACEs are factors that undermine a child's sense of safety, stability, and bonding that occur between ages 0 and 18
- ACEs provide a general measure of childhood adversity
- Types of ACEs:
 - Child Abuse- emotional, physical sexual
 - Child Neglect- physical and emotional
 - Household Challenges: substance abuse, mental illness, violence in the household, parent separation or divorce, and incarceration

Long-Term Effects of ACEs on Mental Health

"Children are resilient- but they are not unbreakable"-

Unhealthy coping strategies that continue into adulthood (hitting, biting, overeating, avoiding people and situations, substance abuse.)

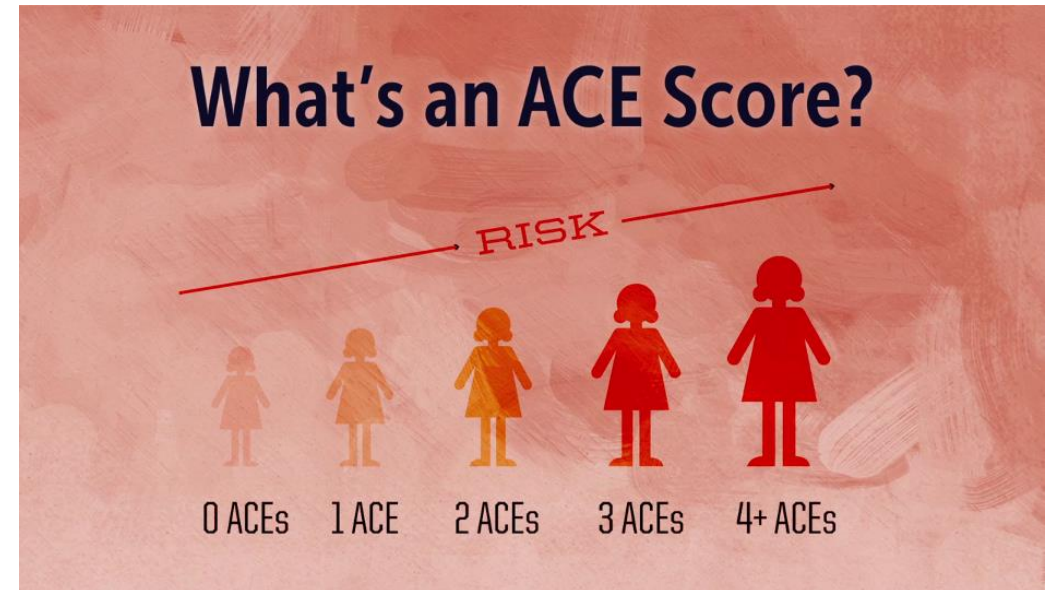
May become more self-critical and develop mental health disorders (depression, PTSD, mood disorders, personality disorders, eating disorders, psychotic disorders, OCD, sleep disorders, and suicidal ideation)

Overall negative view of the world and stressful situations

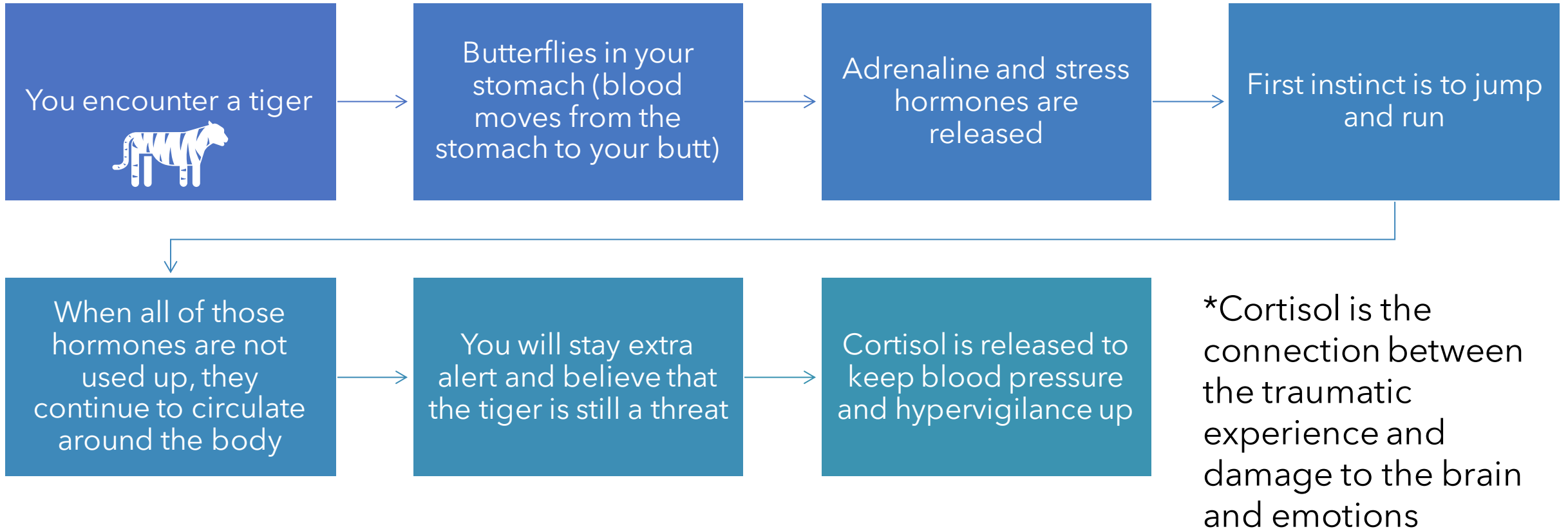
Long-Term Effects of ACEs on Physical Health

4 or more ACEs increase a person's risk of

- Cardiovascular conditions
- Metabolic disorders
- STDs
- Cancer
- Liver/ digestive problems
- Autoimmune diseases



A traumatic situation is like encountering a tiger in the woods.



Typical Behaviors of People Who Have Been Traumatized

Everyday Behavior

- Lack of trust
- May also bond to easily (risky)
- Struggle to identify roles of adults in their life (friend, teacher, parent, counselor)
- Difficulty maintaining healthy boundaries
- More likely to lie:
 - May make up stories that are not plausible because stories are better than their reality

Response to Triggers

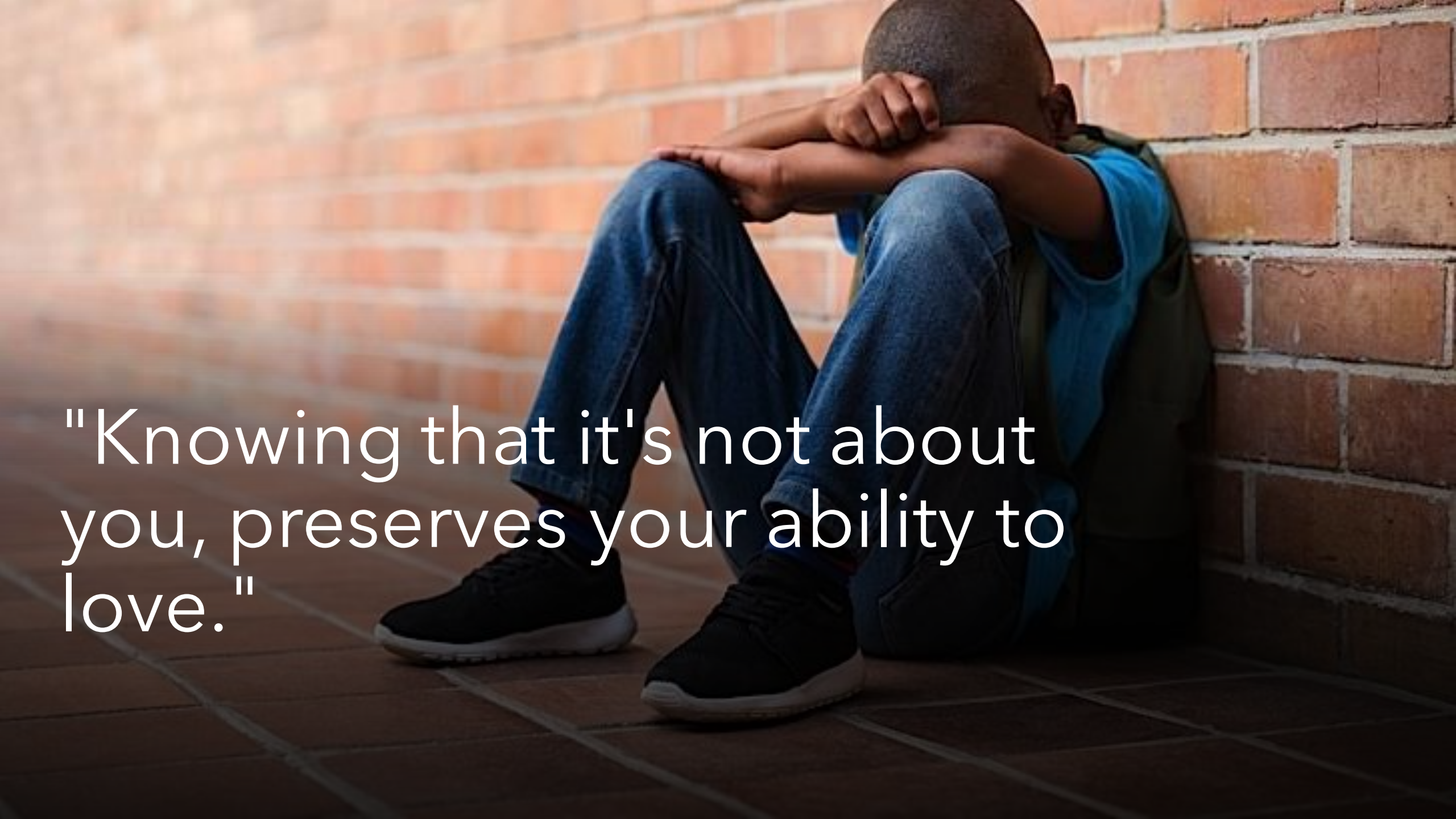
- Hitting
- Biting
- Becomes withdrawn
- Itching
- Stomach ache
- Tantrums
- Hurts self
- Yelling



Trauma Informed Care

The most important thing is to change your mindset from "what's wrong with you?" to "what happened to you?"

- Pay attention to when the child typically becomes triggered (when a stranger enters the room, naptime, lunchtime, transitions, outside, loud noises, ect.)
- Remember that the child's reactions are not about you (Take a step back, get rid of defensiveness, act in love)




"Knowing that it's not about you, preserves your ability to love."



Our Roles as Teachers

- Be a trusted adult to provide support
- We are not social workers or psychologists
- Communicate your role clearly
- Avoid questioning the child about their experience
- Remember that you are not the only one that can help (Cost of Caring)
- Provide safety and predictability



Bringing Trauma Informed Care into the Classroom

1.) Culturally responsive curriculum, environment, communication with families

2.) Predictable routines and schedules

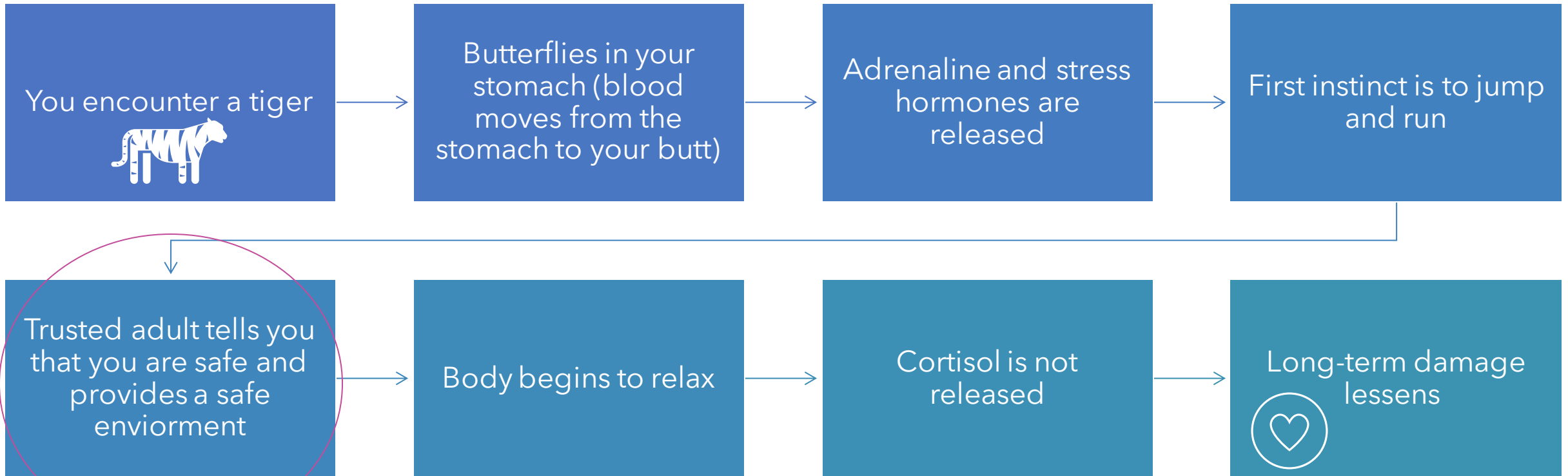
3.) Use visual aids

4.) Teach social and emotional skills

5.) Form responsive relationships

*Be prepared for a child to hit your "hot buttons" and plan ways to appropriately respond if those buttons get pushed

A traumatic situation is like encountering a tiger in the woods—But what if a loving adult intervenes?



*Help children heal by creating a reality that is the opposite of what they have experienced

John is a first-grade boy in your class. He lives at home with his dad and spends a lot of time at his grandparent's house. John's mom passed away unexpectedly after being rushed to the hospital for an appendicitis when John was 3.

It is the beginning of the day and John is sitting at his desk coloring. John's friend Emma is walked into the classroom by her mom. Emma walks over to John and begins coloring next to him. Emma's mom walks out of the room without saying goodbye to Emma. When Emma looks up and see that her mom is no longer in the room, she begins to cry and says "Momma! Momma, where did you go?" John becomes distressed, eagerly scratches his head, and runs to you shaking.

What do you think triggered John's reaction? What signs do you see that tell you John was triggered? How would you support John using Trauma Informed Care?

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