



Understanding Trauma Informed Care and the Pyramid Model: Supporting Resilience

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National Center for
**Pyramid Model
INNOVATIONS**

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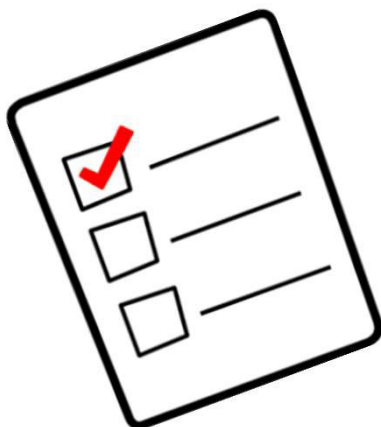
Talking About Trauma: Some Self-Care Strategies

Talking about trauma can be upsetting. Some self care strategies if you become upset include:

- Pay attention to how you feel
- Pay attention to your breathing
- Focus on your breath
- Jot down or draw how you are feeling
- Focus on your surroundings: notice sounds, smells, and the feeling of the floor under your feet
- Take a break
- Talk to a trusted colleague, friend, or family member



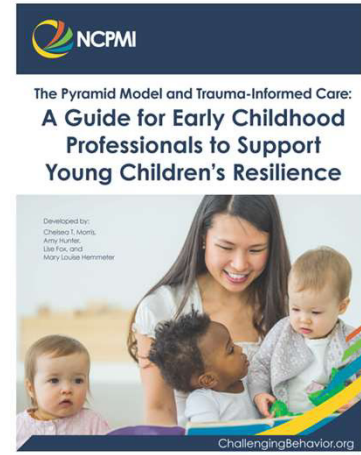
Agenda



1. Overview of what is in “The Guide”
2. Message alignment of TIC and the Pyramid Model
3. Discussion with programs implementing TIC and Pyramid Model
4. Highlight resources available via NCPMI and the PMC

What is in The Guide?

- a **definition** of trauma,
- the **prevalence** of trauma in early childhood,
- information on understanding how **behavior** relates to trauma,
- **aligning** Pyramid Model with a trauma-informed care approach to **promote resilience** in young children and their families, and,
- suggestions for practice (specific to setting).



What is trauma?

Occurs when frightening events or situations overwhelm someone's ability to cope or deal with what has happened.



Trauma and Behavior

Behaviors that children who have experienced trauma may display include difficulty or challenges with:



- self-regulation
- paying attention or staying focused
- following directions
- controlling impulses
- building and maintaining friendships
- trusting others or developing secure relationships

Trauma Informed Care

- A trauma-informed care approach shifts thinking from “What is wrong with you?” to “**What happened to you?**” or, more importantly, “How can I help?”
- By thinking in this way, it acknowledges the widespread prevalence and effects of traumatic experiences on children, families, and providers.

How can I help?

4 “R’s” of Trauma Informed Care: Assumptions to Guide Personnel and Programs

- **Realization** about trauma and how trauma affects individuals and communities,
- Ability to **recognize trauma**,
- **Responding to trauma** by applying the principles of trauma-informed care, and
- Engaging in actions to actively **resist-retraumatizing**

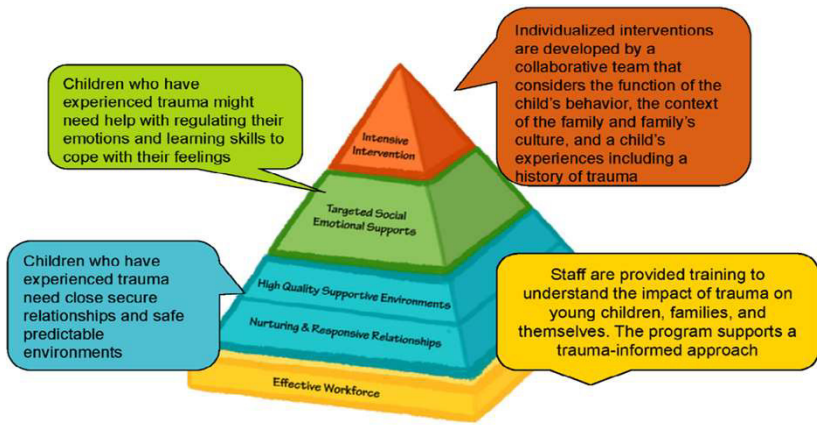


Six Key Principles of a Trauma-Informed Approach SAMHSA

- Safety
- Trustworthiness and Transparency
- Peer Support
- Mutuality
- Empowerment, Voice, and Choice –
- Culture, Historical, and Gender Issues/ Equity and Culturally Responsive Practices



Integrating Trauma in the Pyramid



Help All, Harm None Trauma Informed Care

Appendix A. An Organizational Approach to Trauma Informed Care in Early Childhood and Early Intervention Services and Settings

A Guide for Early Childhood Professionals to Support Young Children's Resilience | NCPMI

Appendix A. An Organizational Approach to Trauma-Informed Care in Early Childhood and Early Intervention Services and Settings

The implementation of trauma-informed care requires an organizational commitment and a shift in how program leaders and staff think about their practice and program. The key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMHSA), are adapted below followed by examples of strategies for implementing these principles in early childhood and early intervention services and settings from an organizational approach.

Safety – ensure emotional and physical safety.

- Emotional safety**
- Encourage positive relationships with children, families, and staff
 - Connect with child and family using their preferred names, using easy-to-understand questions
 - Prioritize working and communication methods that respect the diversity of families and children
 - Use positive and welcoming language that is the multiple languages of the families served
 - Share and take some photos or to capture some of your children and families in a warm and welcoming manner
 - Provide comfortable spaces where families can sit privately with staff and families can sit with their children (e.g., provide private, comfortable spaces for mothers to breastfeed)
 - Have a primary relationship and the continuity of care from a service provider who has established a relationship with the child or family when conducting home or outreach
 - Provide staff with resources and activities that will promote staff wellness and safety
- Physical safety**
- Ensure the building is secure and the safety of children, families, and staff is prioritized
 - Ensure spaces that are welcoming and bright and where one will be safe
 - Ensure spaces are available for all, including children and families with disabilities
 - In early program or process, encourage welcoming and friendly interactions with all children, families, and staff
 - Check that all program procedures are to be clear, consistent and child-friendly, and practical especially for: arrival, drop-off, meals, community values, formal agreements
 - Develop a process and training for how to respond when children and families are experiencing interpersonal or domestic violence
 - All personnel follow washing, hygiene, or picking up a child

Trustworthiness and Transparency – build trust, provide open information about policies and procedures, and have clear processes and communications.

- Clearly describe the mission, program goals, and services to staff and families
- Develop a written policy relating to the promotion of social-emotional skills, use of discipline and program agreements, and prohibition on the use of seclusion or restraint practices
- Communicate with and respect families, including open opportunities to share the responsibilities of families

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Appendix B. Implementing Principles of Trauma-Informed Care in Early Intervention Services

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Appendix B. Implementing Principles of Trauma-Informed Care in Early Intervention Services

The implementation of trauma-informed care requires a shift in the way program leaders and staff think about their practice and program. The key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMHSA), are adapted below followed by examples of strategies for implementing these principles in early intervention services.

Safety – ensure emotional and physical safety.

- Emotional safety**
- **Early intervention providers should:**
 - Practice supporting positive relationships with children, families, and staff
 - Respond to children and their families with warmth and affection
 - Ask to engage in family interactions that have some of adult activities
 - Acknowledge family strengths and work to help the family feel supported and understood
 - **Guides and models for families and other caregivers on how to promote a feeling of emotional safety for the child by:**
 - Responding to cues, such as reaching or crying, with the nurturing action (e.g., a smile, gentle touch, holding, looking into the child's eye)
 - Encouraging smiling, laughing, and laughter with happy and smiling faces
 - Labeling children's feelings (e.g., "You feel some sadness or that you're happy")
 - Naming when the child is experiencing an ability (e.g., "You are looking at the toys so we will play more with that")
 - Accepting when they bring things together (e.g., statement and allowing them to share behavior)
 - Asking permission prior to dipping, picking up, or moving children (e.g., "You need a diaper change, are you ready for me to help you and change your diaper?")
 - Supporting caregivers in relaxing how they interpret and respond to challenging behavior
 - Exploring the meaning of child behavior and recognizing positive coping strategies
 - Listening and responding to the child's verbal and non-verbal communication

Physical safety

- **Early intervention providers:**
 - Support families in prioritizing the family and child's health and safety
 - Assess families in developing secure attachment or connection to other physical safety concerns
- **Guides, families and other caregivers on how to promote child physical safety by:**
 - Providing safe access to appropriate toys and materials
 - Creating safe playing environments that align with the family values and needs (e.g., no bedding with a child's mouth)

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Appendix C. Implementing Principles of Trauma Informed Care in the Early Childhood Classroom

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Appendix C. Implementing Principles of Trauma-Informed Care in the Early Childhood Classroom

The implementation of trauma-informed care requires a shift in the way program leaders and staff think about their practice and program. The key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMHSA), are adapted below followed by examples of strategies for implementing these principles in early childhood classrooms.

Safety – ensure emotional and physical safety.

- Emotional safety**
- Prioritize positive relationships with children, families, and staff
 - Speak clearly and warmly with children at all times
 - Encourage warmth and affection
 - Ensure each child has their preferred name
 - Have a warm and welcoming environment
 - Ensure the program displays an representation of diverse children, families, and cultures
 - Display visual cues that show expectations and consequences
 - Provide comfortable spaces where one or two children can sit and share
 - Encourage children to express and label their feelings to support expression
- Physical safety**
- Ensure children's health and safety are prioritized at all times
 - Ensure spaces that are safe and available for all children, including children with disabilities
 - Have spaces designated and safe
 - Have clear access to appropriate toys and materials
 - Ask all children to follow the classroom rules and procedures
 - Provide private, comfortable spaces for mothers to breastfeed or to sit with their children
 - Ask permission before washing, hygiene, or picking up a child

Trustworthiness and Transparency – build trust, provide open information about policies and procedures, and have clear processes and communications.

- Communicate clearly with children and families about classroom expectations, program policies, and procedures
- Develop information on families in the practices used to promote social-emotional and behavioral skills and the ability to partner with families if they have concerns about their child's social-emotional or behavior skills
- Use clear, direct, and consistent communication across all staff, families, and children to support the classroom and their child's development
- Explain classroom routines and procedures as explained to children and families (e.g., "There is a line to change in our room. Instead of trying to get in, you are going to go outside." To families, "There are no rules, but a discipline in our classroom that you can talk about with the teacher.") Consider using visuals to draw the strategy

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Resilience

*All children and adults
have an incredible
capacity for resilience.
Early childhood
professionals can
promote resilience in
young children and
their families.*



Panel Discussion: How Programs Integrate Trauma Informed Care and the Pyramid Model

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Trauma Informed Care and the Pyramid Model *In The Field*

How does your program **integrate** the both Pyramid Model and Trauma Informed Care?

How does using both TIC and the Pyramid Model **help** the children, families, and educators that you work with?

What are strategies your program uses to support **resilience** and to support children who have experienced trauma?

How do you **care** for the caregiver?



NCPMI

Questions



NCPMI

Implementing Pyramid Practices through the Lens of Trauma Informed Care: Resources Available

Trauma-Informed Care & the Pyramid Model: ePyramid Online Learning (5 contact hours)



Early educators are becoming increasingly aware of the importance of understanding the unique challenges young children face. Children experience social and emotional difficulties in relationships and social interactions with peers and adults. Challenges in emotional regulation and social skills development, and challenging behaviors. Practices that are aimed at providing a trauma-informed educational program (National Child Traumatic Stress Network, 2017) consist of:

- Implementing a multi-tiered approach that acknowledges the unique needs of providing a safe and nurturing environment for all children and their families and social environments and interventions for children who have social, emotional, or behavioral support needs.
- Fostering the establishment of trusting and supportive relationships with all children and their families.
- Offering children predictable routines.
- Teaching children social, emotional, and behavior regulation skills.
- Responding to challenging behaviors by using a understanding the behavior and new prevention and instructional strategies to address behavior and.
- Encouraging the use of disciplinary or punitive responses to challenging behaviors (i.e., time-out, suspension).

The Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children (Eisenberg, Hooper, Joseph, & Smith, 2008; Horowitz, Chertok, & Fox, 2016) provides a foundational approach and framework designed for implementation within early care and education programs. It provides implementing the Pyramid Model practitioners are guided to focus on: • Establishing trusting and supportive relationships with children and families. • Provide predictable and supportive environments. • Promote the development of social, emotional, and behavioral skills and address challenging behaviors through understanding the behavior and designing interventions that are positive and focused on teaching new skills.

Resources for Implementing Trauma-Informed Care

- **Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care**
- **Implementing a Multi-Tiered Approach to Promote Social and Emotional Competence in Infants and Young Children** (Eisenberg, Hooper, Joseph, & Smith, 2008)
- **Implementing a Trauma-Informed Approach to Promote Social and Emotional Competence in Infants and Young Children** (Eisenberg, Hooper, Joseph, & Smith, 2008)

References

Fox, L., Chhab, C., Horowitz, M. L., Joseph, D., & Smith, P. (2016). The Teaching Pyramid: A multi-tiered approach to promote social and emotional competence in young children. *Early Education*, 36(1), 14-22.

Horowitz, M. L., Chhab, C., & Fox, L. (2016). Social and emotional competence in early childhood: A review of the literature. *Journal of Applied Behavior Analysis*, 49, 101-112.

National Child Traumatic Stress Network. (2017). *Implementing a Trauma-Informed Approach to Promote Social and Emotional Competence in Infants and Young Children*. <https://www.nctsn.org/resources/trauma-informed-care>



The implementation of a trauma-informed approach is an ongoing organizational change process. A trauma-informed approach is not a singular model that can be implemented and then simply maintained using a "checklist" model. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time. There are practices, however, that teachers can use to make a trauma-informed care approach to their work. As a teacher you may see children for the larger part of the day who may have spent more time with a young child than their parents. You have a unique role to play in recognizing trauma, building positive relationships with children, keeping children safe and secure, providing consistent routines and structure, and keeping children's social-emotional skills. Recognizing the impact of trauma and trauma for the way you view children's behaviors and support their development and ultimately their healing.

Purpose: This resource is a list of practices that may guide your thinking about how to support the social-emotional development of young children who have experienced trauma. This list of practices is not exhaustive but is meant to be a checklist to support or challenge your current practices. Many of these practices are part of the Pyramid Model (i.e., the Teaching Pyramid Observation Tool), while other practices may not be explicitly identified in the Pyramid Model practices yet for the sake of early childhood practices that you may already be using. Practices such as these can make a big difference in the life of a child and teacher/family.

How to Use the Checklist: You can use this list of practices to reflect on your current practice as well as to consider new practices you may want to adopt. Choose two or three practices to implement in your class, even if you are already using some of these practices, you may choose to enhance and improve your practice by learning new ones. Finally, you may identify additional new strategies/practices for each category.

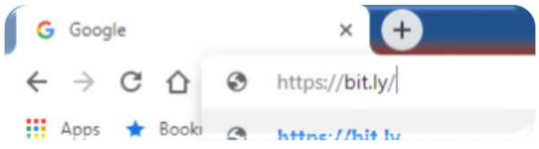
Implementation: First, read all of the items in the checklist below. Next, review each section one at a time. Make a check in the second column if you have engaged in the practice consistently. Make a check in the third column if you want to improve upon or enhance the practice. Choose to note that you practice each section of the third column (i.e., create one practice you want to concentrate on in the nurturing and responsive relationships section). Note that the practices in gray are practices that relate to working with families and other primary caregivers.



Survey and Certificate

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