Welcome
We are glad you are here!
We will get started in just a minute.

Understanding Emotions and Behavior of Infants and Toddlers
Part II: Understanding Traumatic Stress in Infants and Toddlers

Linda Perez
Psychologist and Professor of Education, Mills College

Julie Nicholson
Deputy Director, Center for Child and Family Studies, WestEd

Welcome
Practice using the chat area

Please type in an introduction with your name and location.

Sent to: All Participants
Time to pause and reflect

Quick Write:
During a quick write feedback, questions and comments are welcomed in the text chat area.

› Type in the chat area.

Introductions

Linda Perez
Psychologist and Professor of Education, Mills College

Julie Nicholson
Deputy Director, WestEd Center for Child and Family Studies
Associate Professor of Practice, Mills College

Poll

Please choose the category below that best fits your current role:

• Administrator/Director
• Infant/Toddler Teacher
• Trainer/Educator
• College Student
• Other
Why discuss traumatic stress in young children?

• Not to position children through deficit or diagnose them.
• Increase our awareness and understanding
• Build empathy and our ability to be responsive and support their healing and resiliency

Poll
Please choose the statement below that best fits your level of prior knowledge on the topic of traumatic stress and its impact on young children.
1. This is a new topic for me.
2. I have a beginning understanding.
3. I have an in depth understanding.

Use the chat box to tell us about any books you have read or previous trainings you have attended on this topic.

Purpose of Today’s Session

• Define early childhood trauma.
• Describe how traumatic stress disrupts young children’s development.
• Discuss developmentally supportive practice and trauma sensitive care for infants and toddlers.
**Defining 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.

- Trauma is defined by its effect on a particular individual's nervous system, not on the intensity of the circumstance itself.
- The younger the child, the more likely she is to be overwhelmed by common occurrences that might not affect an older child or adult.
- Different levels of trauma: acute and complex forms.

**Elements of a Traumatic Experience**

A complete loss of control and a sense of utter powerlessness.

Therefore, regaining control is an important aspect of coping with traumatic stress and helping the child return to a situation that is predictable and safe.

**Contributors of Traumatic Stress**

- Child maltreatment: Neglect, Emotional abuse, Physical abuse, Sexual abuse
- Poverty/homelessness
- Parental/substance abuse or mental illness
- Exposure to violence or witnessing violence
- Falls, accidents and other childhood injuries
- Illness, invasive medical/surgical procedures, hospitalization
- Grief and loss
- Preterm birth
More than 700,000 children are victims of maltreatment in the US annually, primarily from their parents (78%).

Neglect is the most common (80%), followed by physical abuse (18%), and sexual abuse (9%), and some endure more than one form of maltreatment.

Infants in their first year of life are the most vulnerable with the highest rate of victimization, 2.5% in the national population of the same age.

Quick Write

How might traumatic stress impact the infants and toddlers in your care?

→ Type in the chat area.

Risk Factors for Vulnerability Perry, 1999

<table>
<thead>
<tr>
<th>Event</th>
<th>Individual</th>
<th>Family/Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple or repeated events</td>
<td>Female</td>
<td>Overwhelmed families</td>
</tr>
<tr>
<td>Physical injury to the child</td>
<td>Age (younger more vulnerable)</td>
<td>Distant caregivers</td>
</tr>
<tr>
<td>Perpetrator is a family member</td>
<td>History of previous exposure to trauma</td>
<td>Absent caregivers</td>
</tr>
<tr>
<td>Physical injury to loved one, especially mother</td>
<td></td>
<td>Homelessness</td>
</tr>
<tr>
<td>Long duration</td>
<td>Substance abuse and/or parental mental illness</td>
<td></td>
</tr>
</tbody>
</table>
Vulnerable Brain

A vulnerable brain has elevated stress hormones that can:
- result in fewer connections that the brain makes and keeps.
- shrink parts of the brain involved in learning and memory.
- diminish levels of mood enhancing neurotransmitters (serotonin and noradrenaline).

Children mobilize the fight/flight and freeze nervous system when they feel danger or threat

Symptoms Suggestive of Infants’ and Toddlers’ Fight/Flight Response

- Startles
- Irritability and difficulty to soothe
- More acute and increased episodes of anxiety and clinging
- Separation distress
- Difficulty eating and sleeping
**Symptoms Suggestive of Infants’ and Toddlers’ Freezing Response**

- Social withdrawal, numbing, freezing, retreating (dissociating)
- Becoming sensitized and distressed with reminders of the trauma
- Decrease in the capacity for pleasure
- Disruptions in vocalization
- Constriction in play

**Arousal System**

Relationship between environmental stimuli and the arousal system.
- The amount of stimuli that moves children above their threshold where they become hyper-reactive (fight/flight).
- Or, below their threshold where they become hypo-reactive (freeze).

<table>
<thead>
<tr>
<th>Triggers that Affect Arousal States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A new child or adult</strong></td>
</tr>
<tr>
<td>A stranger entering the space</td>
</tr>
<tr>
<td>Noise level</td>
</tr>
<tr>
<td>A smell</td>
</tr>
<tr>
<td>An unexpected noise</td>
</tr>
<tr>
<td>Change in lighting</td>
</tr>
<tr>
<td>Change in schedule</td>
</tr>
<tr>
<td>Too many transitions</td>
</tr>
<tr>
<td>Harsh words or tone of voice</td>
</tr>
<tr>
<td>Angry or fearful facial expression</td>
</tr>
</tbody>
</table>
**Strategies for Calming Infants and Toddlers**

**Stress Response Systems**

<table>
<thead>
<tr>
<th>Visual</th>
<th>Auditory</th>
<th>Tactile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimming the lights</td>
<td>Eliminate lowfrequency sounds</td>
<td>Plugging or rubbing the back</td>
</tr>
<tr>
<td>Reducing clutter on walls</td>
<td>Humming or singing</td>
<td>Providing textured blankets</td>
</tr>
<tr>
<td>Where toddlers can hide</td>
<td>Increase vocal/female voices to support relaxation</td>
<td>Swaddling</td>
</tr>
<tr>
<td>Providing small enclosures</td>
<td>Playing instrumental music</td>
<td>Water or sensory table</td>
</tr>
<tr>
<td></td>
<td>Playing white noise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Playing nature sounds</td>
<td></td>
</tr>
</tbody>
</table>

**Vestibular**

- Rocking
- Swinging
- Swaying
- Riding in a Stroller
- Taking a walk with an adult
- Pushing the wall

**Natural Outdoor Environments**

- Healing effects documented in research
- Rich sensory input
- Loose parts
- Wonder and creativity

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**Quick Write**

How can care teachers build infants’ and toddlers’ capacity for resilience?

Type in the chat area.

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**Neuroplasticity and Resilience**

When communities and families strengthen these factors, they optimize resilience for children:

- Providing supportive adult-child relationships;
- Scaffolding learning so the child builds a sense of self-efficacy and control;
- Helping strengthen adaptive skills and self-regulatory capacities; and
- Using faith and cultural traditions as a foundation for hope and stability.

The Attachment Relationship

The attachment relationship plays a central role in how children cope with stress and trauma.

Secure attachments buffer children from high stress and are critical for building the capacity for resilience and emotion regulation.

Infants and toddlers who have experienced trauma need caring and responsive adults who will create environments that are:

- Safe
- Stable
- Predictable
- Developmentally appropriate

And...

- Support their emotional regulation

Case Analysis

A one year old child (Tasha) who experienced a three day hospital stay due to an asthma attack is resisting touch and reacting to loud noises by crying.
Quick Write
How could you support Tasha to feel safe in her environment?

Secondary Traumatic Stress for Caregivers

Professionals who work directly with children who have experienced trauma and traumatic stress are at risk for secondary traumatic stress.

Prevention Strategies
• Education and professional development
• Reflective supervision
• Mindfulness training
• Good nutrition
• Self care
  o Yoga
  o Exercise
  o Meditation

Resources on Trauma

Center on the Developing Child, Harvard University. Look at their resource library on the following topics:
• Brain architecture
• Impact of toxic stress, science of neglect
• Science of resilience

YouTube videos
• Bruce Perry: Trauma, Brain and Relationship: Helping Children Heal
• Nadine Burke Harris: How childhood trauma affects health across a lifetime

Quick Write

Reflect
What is one thing you heard today that you will apply to your work?

Following this Webinar:

- Evaluation Survey
  Your input is very important to us. You will receive an email to complete your webinar evaluation survey.

- This webinar will be archived on:
  https://www.pitc.org/pub/pitc_docs/webinars.html

Thank You!