RESEARCH HIGHLIGHT

Considerations for Trauma-Informed Child Care and Early Education Systems

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Key Highlights

- Child care and early education (CCEE) can be affected by trauma across multiple levels of the CCEE system, including trauma experienced by young children, their parents/caregivers, and CCEE providers.
- CCEE leaders can consider use of several evidence-informed strategies to support young children, their families, and the workforce to identify and address trauma-related needs and support resilience and healing.



Overview

Trauma can affect everyone in a CCEE system—young children, their families, and CCEE providers.[1,2] A growing body of evidence shows that young children are particularly vulnerable to events that threaten their safety or the safety of their parents and caregivers.[3] Because young children may respond differently to traumatic experiences than older children and may be unable to talk directly about their experiences, the potential effects of trauma on young children can be overlooked. Young children affected by trauma may have challenges regulating their behavior and emotions and may rely heavily on families and other adults, including their CCEE providers, for co-regulation of emotions and a sense of safety. Parents, caregivers, and CCEE providers may be affected by caring for young children experiencing traumatic stress or may experience their own trauma, which can affect their capacity to support young children in CCEE. Parents and caregivers may similarly be affected into adulthood by unresolved trauma from their own childhood, which can affect their engagement in CCEE and the parent-child relationship.[4]

The good news is that most children, with support from caring adults in their lives, can heal from traumatic events without requiring intensive interventions. This highlight provides an overview of research on early childhood trauma and its relevance to CCEE. The highlight also offers evidence-informed strategies and best practices for CCEE leaders to consider when implementing trauma-informed approaches to support young children, parents/caregivers, and CCEE providers.

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Key Terms

Adversity refers to a wide range of circumstances, experiences, or events that pose a serious threat to a person's physical, psychological, social, and/or economic well-being.

Adverse childhood experiences (ACEs) refer to specific types of abuse, neglect, and family-household challenges and have been associated with numerous negative effects to physical and mental well-being across the lifespan.

Resilience is a dynamic process encompassing positive adaptation within the context of significant adversity; in other words, resilience is the ability to thrive despite exposure to significant adversity or potentially traumatic events.

Trauma or traumatic stress is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—emotionally, physically, or both.

Unresolved trauma is trauma that persists over time and has not been addressed through supports or interventions.

Effects of Trauma on CCEE

Young children do not live in isolation; they are cared for by families and other adults, including their CCEE providers. A young child's response to traumatic events can be influenced by several factors, such as the severity of exposure, parent/caregiver reaction to the event(s), and time since the event(s) occurred.[5]

Although infants, toddlers, and preschoolers can all be affected by trauma, the ways in which they express their needs may look different depending on their stage of development.[6] When a young child experiences trauma, it can affect many areas of functioning[7,8] including:

- Difficulty building secure attachments and trusting relationships with caregivers at home, with CCEE providers, and with social relationships with peers; particularly for children with interpersonal trauma (such as abuse/neglect), ongoing threats to safety (such as community/interpersonal violence exposure), and/or separation/loss.
- Delays in developing cognitive, language, motor, and social-emotional skills, including delays in typical development or regression/loss of skills.
- Challenges regulating emotions and behavior, such as difficulty managing and expressing feelings, significant difficulty with separation and transitions, and inability to be soothed or comforted.

A young child's ability to cope with and recover from trauma is also directly affected by the availability of secure, stable, and nurturing adults in their lives who understand how trauma can affect a child's behavior and how best to support their needs. When adults, including parents/caregivers and CCEE providers, regularly care for children experiencing trauma, they may experience burn out, stress, or secondary trauma (trauma-related reactions to exposure to another person's traumatic experience); these reactions can, in turn, affect their capacity to support children in their care.[9] Past or ongoing personal trauma experienced by parents/caregivers and providers an also increase vulnerability to secondary traumatic stress reactions in CCEE.[10,11]

Potential effects of trauma on parents/caregivers and CCEE providers include:[12,13]

- Reduced emotional wellness, increased parenting stress, and provider burnout/turnover.
- Reduced quality of parent-child, provider-child, and provider-parent relationships.

- Unhealthy CCEE climate.
- Reduced comfort and capacity to engage in CCEE activities (parents/caregivers) or reduced job satisfaction and engagement (providers).
- Reduced comfort and capacity to access supports and services to enhance well-being.

Understanding how trauma can affect CCEE at all levels of the CCEE system, including children, families, and providers, is an important first step for engaging in trauma-informed CCEE.

Definitions of a Trauma-Informed Approach and System

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a framework for defining a trauma-informed approach. A trauma-informed approach is one where every level of an organization or system has a basic understanding about trauma; how it can affect individuals, families, and communities; and how it can be addressed systematically in human service settings. SAMHSA defines a trauma-informed approach using the "4Rs" framework. Using this definition, organizations, agencies, or programs using a trauma-informed approach:

- **Realize** the widespread effects of trauma on children, families, and staff and understand potential paths for recovery.
- **Recognize** the signs and symptoms of trauma in children, families, staff, and others involved in the CCEE system.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Actively **resist** re-traumatization of children, families, and staff.

The National Child Traumatic Stress Network's (NCTSN) definition of trauma-informed child- and family-serving systems[15] extends SAMHSA's framework to guide leaders in child- and family-serving organizations who want to use a trauma-informed approach. Trauma-informed systems focus on enhancing capacity to infuse trauma-informed approaches in all aspects of the system through improving knowledge, skills, and collaboration.

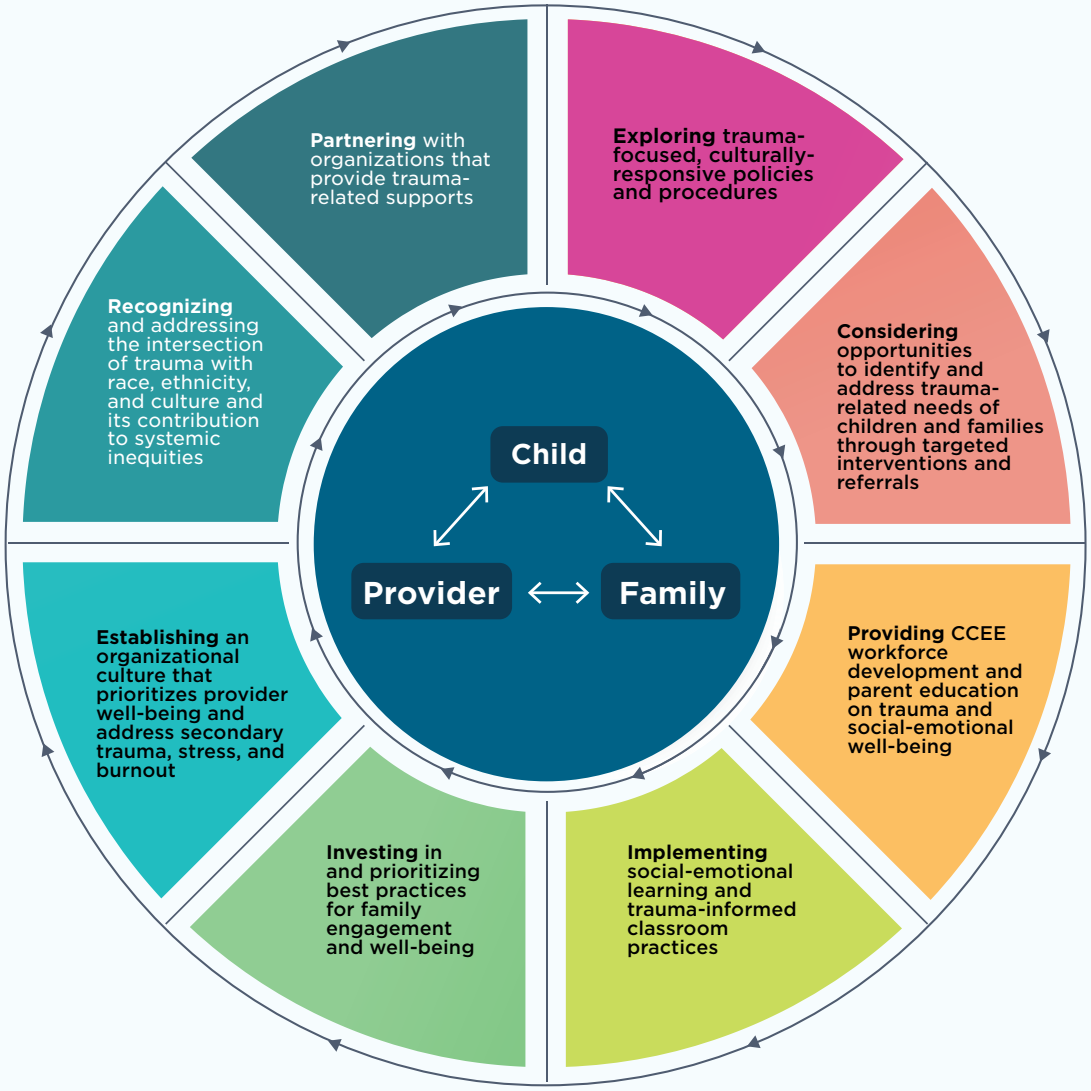
> *"A trauma-informed system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive." (NCTSN, n.d., para. 1)*

Using a trauma-informed approach to human service delivery has received increased attention over the past several decades. However, variation in trauma-informed framework definitions has limited the field's ability to evaluate their effectiveness systematically. In a review of trauma-informed approaches, Hanson and colleagues identified three common components with evidence for positive effects on children, families, and systems. These include trauma-focused workforce development; trauma-focused services (e.g., standardized screening, assessment, practices, and referrals); and organizational environment and practices (e.g., services coordination, organizational policies, workforce well-being).[16] Defining what a trauma-informed approach and system looks like for CCEE can help guide decision making on policies and procedures related to trauma. Future research and evaluation are needed to understand how to most effectively adapt trauma-informed practices to the CCEE context, as well as identifying short- and long-term outcomes, barriers, and facilitators to implementation.

Promoting Trauma-Informed CCEE Systems

Although the research evidence for trauma-informed approaches specifically designed for CCEE is still emerging, decades of evidence on the core components of effective trauma-informed practices for young children can help inform implementation of trauma-informed practices in these settings.[17] Figure 1 provides examples of considerations for implementing a trauma-informed approach in CCEE programs, adapted from existing evidence-informed recommendations in recent research reviews by Bartlett for implementation in early childhood education[18,19] and by the Child Welfare and Schools Committees of the National Child Stress Network for implementation in other child- and family-serving settings such as child welfare[20] and schools, drawing on existing evidence and expert knowledge and consensus. Some examples of implementation strategies are provided below.[21] Figure 1 is followed by more detailed information for CCEE leaders to consider in the implementation of these strategies.

Figure 1. Considerations for a Trauma-Informed Approach to CCEE



Partnering with organizations that provide trauma-related supports ■ ▲ ●

- Multiple frameworks encourage reaching out to and working with other entities (e.g., medical systems, mental health systems, schools, public health agencies) in the state/territory that are working on trauma-informed approaches to advance trauma-related supports in CCEE and other settings. For example, this could include working toward a universal screening of social-emotional needs and strengths of young children and establishing a referral process for children needing further evaluation or services.[22]

■ Informed by Bartlett ECE reviews[18,19]

▲ Informed by NCTSN Child Welfare Trauma Training Toolkit[20]

● Informed by NCTSN Trauma-Informed Schools Framework[21]

Exploring trauma-focused, culturally responsive policies and procedures and opportunities to identify and address trauma-related needs of children and families through targeted interventions and referrals ■ ▲ ●

- Consider practices and procedures that proactively identify and address trauma-related needs of children, families, and providers. This may include partnering with families to co-create approaches to implementing trauma-related practices in CCEE and ensure that procedures are culturally responsive to the needs of the community, recognizing disproportionate rates of historical trauma experienced by families of color due to systemic discrimination, racism, and oppression.

- Identify and consider opportunities to utilize high-quality, evidence-informed, social-emotional models and programs that integrate trauma-informed care principles (e.g., Pyramid Model,[23] Infant and Early Childhood Mental Health Consultation,[24] Trauma Smart[25]) and have been used with culturally and racially diverse populations.

- CCEE programs may consider implementing the essential elements of high-quality, social-emotional frameworks to fidelity. Many models provide guidance and checklists to ensure that interventions are implemented as intended or according to the manual. For example, the National Center for Infant and Early Childhood Mental Health Consultation developed a series of resources for establishing high-quality mental health consultation services that programs can use to support high-fidelity implementation (https://www.iecmhc.org/resources/workforce/).[26]

- Investigate the possibility of partnering with community agencies that provide specialized, evidence-based family interventions for young children who have experienced trauma to assist with referrals between CCEE and mental health systems (e.g., Child Parent Psychotherapy, Bounce Back, Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy).[27] Many of these models can be delivered virtually.

Providing CCEE workforce development and parent education on trauma and social-emotional well-being ■ ▲ ●

- Explore options for ongoing, evidence-informed parent/caregiver education and professional development (PD) to the workforce to enhance understanding of how trauma can influence child development and the role of CCEE. PD may be designed in alignment with Administration for Children and Families (ACF) guidance on implementing a trauma-informed approach.[28]

- Consider reaching out to the state, tribal, or local mental health authority to obtain information on organizations engaged in trauma-focused and/or early childhood mental health training and technical assistance. The National Child Traumatic Stress Network also publishes a registry of network members and affiliates for guidance (https://www.nctsn.org/about-us/network-members).

- When selecting PD topics or curricula, consider reviewing PD for the CCEE workforce to determine how trauma-related topics are currently covered. If gaps are identified, consider expanding coverage of trauma-related topics in existing PD to reach more providers or deliver more in-depth coverage of needed topics. Investigate partnering with local child trauma experts to provide guidance on selecting high-quality PD, particularly for traumas experienced in high numbers by the community being served.[29,30]

Implementing social-emotional learning and trauma-informed classroom practices ■

- Investigate the implementation of systemwide, universal social-emotional frameworks to prevent and address social-emotional and behavioral needs of young children without using exclusionary measures (see above: Pyramid Model, mental health consultation). Consider partnering with other early childhood, education, mental health, and reflective practice leaders to create policies that prohibit expulsion and dismissal from programs that serve children ages 0-5, addressing racial disparities in exclusionary disciplinary measures, and implementing practices to adhere to those policies, including supports for CCEE professionals (e.g., in alignment with Child Care and Development Fund suspension and expulsion policy statement).[31]

Investing in and prioritizing best practices for family engagement and well-being ▲●

- Look into establishing policies and interventions that support family engagement and trust. Many families may come to CCEE with negative past experiences with service systems, rooted in systemic inequities, discrimination, and racism. The U.S. Department of Health and Human Services, the U.S. Department of Education, and the Office of Head Start outline concrete, evidence-informed action items for CCEE and other programs to effectively engage with families and target supports to families of varying racial, ethnic, and cultural identities and who come to CCEE with a range of needs and experiences.[32,33]



- Consider implementing practices that encourage family-friendly environments, such as two-way communication loops between programs and families and helping to connect families to community-based services and to one another.

Establishing an organizational culture that prioritizes provider well-being and addresses secondary trauma, stress, and burnout ■▲●

- Investigate implementation of policies and promising practices[34] that support the well-being of the CCEE workforce, such as:
    - Creating staff wellness plans.
    - Developing and providing professional development on wellness for all staff.
    - Providing wage increases, earned leave time, and advancement opportunities.
    - Providing confidential mental health and counseling support to staff.
    - Providing job mentorship, coaching, and reflective supervision.

Recognizing and addressing the intersection of trauma with race, ethnicity, and culture and its contribution to systemic inequities ●

- Consider incorporating anti-racist and anti-discrimination policies and procedures into trauma-related initiatives and activities, using a systematic approach, such as a racial equity impact analysis (REIA).[35] CCEE programs may establish a policy review team to conduct the REIA of policies related to family engagement, staff and family well-being, and mental health resources and supports, ensuring that affected groups are represented on the team.

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