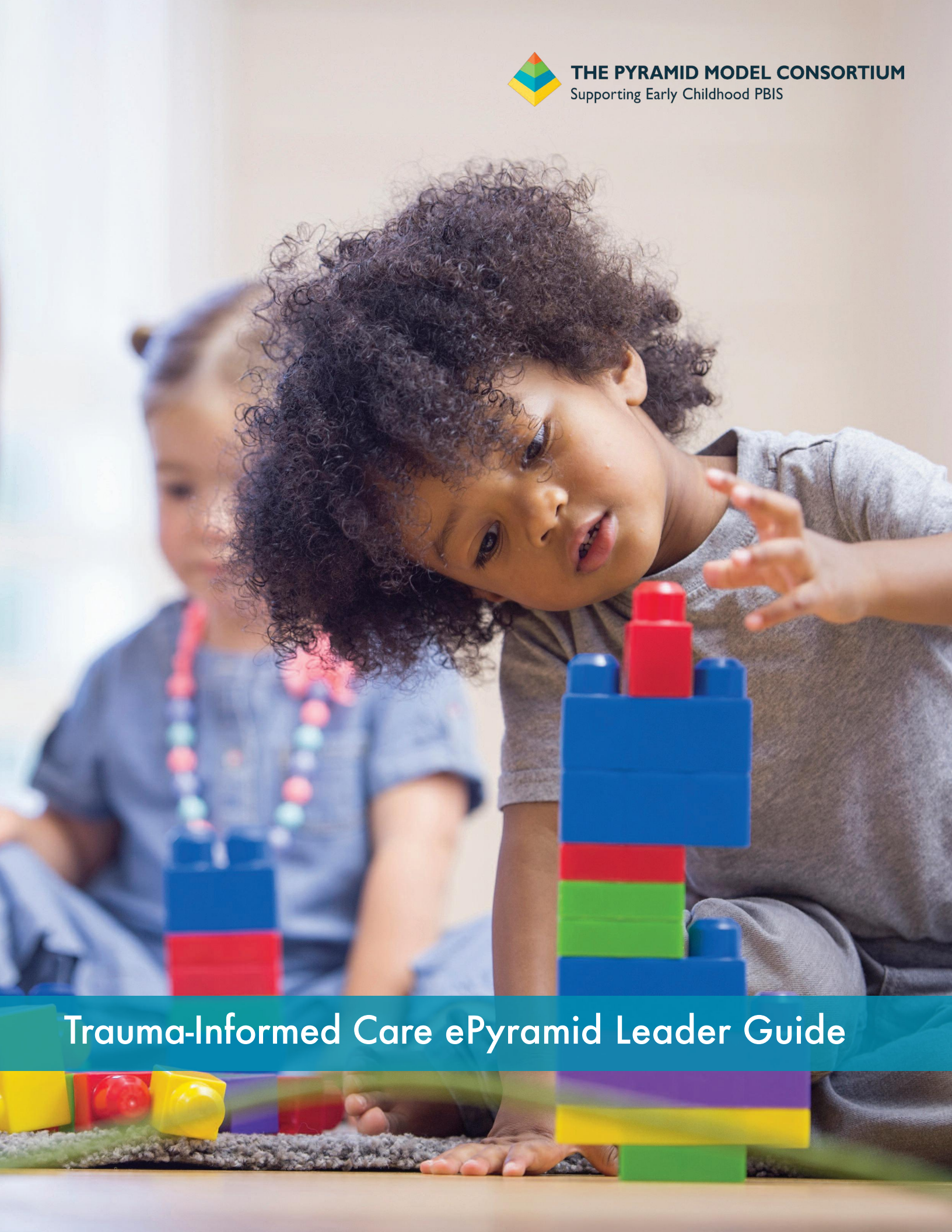




THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS



Trauma-Informed Care ePyramid Leader Guide



Overview of the ePyramid Modules

The ePyramid is an online professional development program created by experts in the fields of special and early childhood education. It provides complete, on-demand access to Pyramid Model training.

Three ePyramid packages are available, each consisting of up to 18 hours of content and divided into three modules. A subscription provides one staff member with a year of online access. The package that is appropriate for a staff member or program depends upon the ages of the children being served:

- Infant and Toddler ePyramid Module Package
- Preschool ePyramid Module package (can also be used for Kindergarten)
- Birth–Age Five ePyramid Module Package – English and Spanish (appropriate for mixed-age groups, or for staff members who work across age ranges)

There are three additional packages, each with a focused topic, available for use in conjunction with any of the above packages or on its own:

- Wellness: Taking Care of Yourself (2 hours)
- Culturally Responsive Practices to Reduce Implicit Bias, Disproportionality, Suspension & Expulsion (2 hours)
- Practice-Based Coaching (8 hours)

For an individual subscription, visit <https://www.pyramidmodel.org/services/online-training/>. To receive access codes in bulk: contact Erin Kalanick at erin.kalanick@pyramidmodel.org.

Each ePyramid package includes high-quality videos, handouts, assignments, knowledge checks, and action planning materials. In addition, various packages provide evidence-based instruction on how to:

- Create nurturing and responsive relationships
- Provide high-quality supportive environments
- Implement targeted social–emotional supports
- Practice intensive interventions
- Use culturally responsive practices to reduce implicit bias and disproportionate discipline practices
- Add a Trauma-Informed Care lens to your existing Pyramid practices to implement practices that promote children’s social–emotional development, healing, and resilience

This handbook focuses on the Trauma-Informed Care ePyramid Modules. On the following pages, you will see a more complete overview of the content of each module, as well as information to help guide your facilitation of their use.

Trauma-Informed Care

Module 1

Content Includes:

- Trauma and its impact on young children
- A Trauma-Informed Pyramid Model
- How to view children's experiences through a trauma-informed lens
- Strategies for introducing protective factors and building resilience
- Your well-being is important
- What is trauma?
- Shaken Baby Syndrome (AbHT- Abusive Head Trauma)
- What is toxic stress?
- How the stress response system affects development
- The signs and symptoms of trauma
- Signs and symptoms within the context of a child's history
- Trauma triggers
- Shifting to a Trauma-Informed approach

Module 2

Content Includes:

- What is Trauma-Informed Care?
- Principles of Trauma-Informed Care
- Why use Trauma-Informed Care?
- The Trauma-Informed Pyramid Model
- Applying a Trauma-Informed Care lens – paying attention to our own reactions
- Resilience
- Enhancing protective factors to support resilience

Module 3

Content Includes:

- Review of Modules 1 and 2
- Introducing Trauma-Informed Care Pyramid Model Practice areas
- Create a safe learning environment using positive directions and rules
- Create calm, predictable routines and transitions
- Help children regulate their emotions and express feelings appropriately
- Intensive interventions that consider the child's experiences
- Trauma-Informed Practices Checklist and Action Plan
- Trauma-Informed Care summary

Using the Trauma-Informed Care and Pyramid Modules: Who and How



Early childhood professionals who implement the Pyramid Model with fidelity have the capacity to promote the social–emotional skills of children in the program and respond to the needs of all children and families. The use of Pyramid Model practices can buffer the impact of trauma and promote healing. For programs implementing the Pyramid Model, the intentional alignment of Trauma-Informed Care principles as outlined in this document strengthens the program’s ability to meet the needs of children and families impacted by trauma.

This handbook has been created, in part, to help you consider how to use Trauma-Informed Care and the Pyramid Model ePyramid modules in a way that supports your staff to best serve the children, families, and community with whom they work.

Decisions about how to use the modules may happen at a state, regional, district, agency, program, or specific site level.

Leaders will want to answer several questions prior to using these modules. This portion of the handbook has been designed to help you answer these questions and its goal is to help guide your facilitation of the ePyramid Trauma-Informed Care and Pyramid Model training.

What are we hoping to accomplish through our use of these modules?

Knowing what you want to accomplish will help to determine how to best approach and implement the Trauma-Informed Care and Pyramid Model ePyramid Modules. Some possible approaches may include:

Using the Trauma-Informed Care and Pyramid Model ePyramid Modules as part of the complete package

- For use with staff to help launch and/or supplement a programwide Pyramid Model initiative
- For onboarding new staff
- As a refresher for staff who have already experienced in-person training
- As a component of and/or introduction to Practice-Based Coaching using the Pyramid Model

Using the Trauma-Informed Care and Pyramid Model ePyramid Modules as stand-alone training

- In conjunction with Practice-Based Coaching initiatives
- As professional development training
- As applied to a particular role within your agency (e.g., as part of training for practice-based coaches)
- To directly address concerns expressed by staff members
- As a resource at coaching meetings, to teach more about the specific practices that teachers are working to implement
- As homework or follow-up after in-person trainings
- To support improvement based on TPOT, TPITOS, ECERS, ITTERS, CLASS, or other data

Who will be receiving the ePyramid Trauma-Informed Care and Pyramid Model training? Who could benefit from receiving it?

- All staff members who interact with children and/or families
- Leaders who are interested in supporting quality improvement initiatives related to social–emotional development
- Coaches or professional development specialists who are supporting staff in implementing social–emotional practices, including Trauma-Informed Care Pyramid Model practices

What approach will we take to the modules? Will we require staff members to complete them in their entirety (recommended), or will they use them as a menu of options based on role, data, or other factors? Will we facilitate use of the modules in groups? Cohorts? With individuals?

While it is left up to the discretion of the program, many of our leadership teams have found success when breaking their training teams into cohorts of 10–15 staff members.

The Trauma-Informed Care and Pyramid Model modules are often split into three one-hour sessions where a group facilitator/leader leads a discussion and facilitation group on the video training portion, as well as the reflective activities. Meetings are generally held monthly for three months, with the group completing one module at each.

Please note that when the modules and video lessons are watched as a group, there is currently no method for individuals to mark the lessons as completed, meaning that reports will not allow leaders to track individual completion after group viewing. We recommend that whichever approach you choose, you provide some level of in-person support to supplement and provide accountability for use of the online modules.

Who will support the learning processes?

It is recommended that you have an established leadership team that focuses on Trauma-Informed Care goals and practices. This team should reflect the voices and diverse needs of program families and communities and should ideally have a members from both of these groups. Because culturally responsive practices include identifying needs of the community, it is imperative that the program work to engage with families, recognize them as partners, and obtain a relationship that includes mutual trust, respect, and agreed-upon expectations for success and behavior.

It is recommended that there be a group leader or facilitator for all cohorts. This person will be responsible for supporting implementation of the trainings as well as documentation and accountability. This person should be well-versed in programwide Pyramid Systems, implementation of Pyramid Practices, and Trauma-Informed Care. While it is preferred that leaders and coaches not have job supervisory responsibilities, we know that many programs may not have sufficient personnel to support such a structure. As such, it is recommended that the leader and/or coach be in a position to foster an environment of trust, authenticity, and nurturance for the training process to be as effective as possible.

What is the timeline for training using the ePyramid Modules?

Once you understand what you want to accomplish with this training, how you will structure it, and who will be receiving it, it will be more clear what an appropriate timeline for your organization may be. The three-month schedule mentioned above has proven effective for many past users.

Will staff be given professional development credit?

It will be up to the discretion of your organization to decide if professional development credit is needed and up to your organization to determine what that looks like. Many of our partnering programs have kept track of progress for formal PD crediting programs using a simple attendance sheet. You can also ask for completion of activities as proof of attendance.

Participants will receive a completion certificate when they have watched all of the videos and successfully completed all Knowledge Checks. Your agency may wish to provide additional recognition or documentation for participants' ongoing progress and successful completion of handouts and other assignments.



Role of the Leader



Trauma-Informed Pyramid Model approaches are rooted in validation of all young children's experiences, in addition to those of their adult caregivers. There must be compassion and understanding for children who have been exposed to trauma in that they may have developed adaptive behaviors to manage their feelings of fear and helplessness in the face of adverse experiences. Although teachers and administrators have powerful roles to support young children's learning, healing, and well-being, they cannot do this work alone. It is important that the leader emphasize this professional development experience is about all adults working on behalf of young children and families and learning about trauma.

The role of the leader may include:

- **Supporting implementation**
 - Guiding participants
 - Following up on learning
 - Extending questions (See page 11)
- **Documenting group work**
 - Monitoring progress through modules (See Appendix C)
 - Providing accountability for action items/projects
- **Encouraging self-reflection and inquiry**

Some leaders fill both support and documentation roles, while other programs assign these roles to separate leaders.

We recommend that leaders provide participants with a binder that includes all of the handouts (see Appendix A), blank paper for journaling, and other relevant documents such as information about program implementation of Pyramid Model practices. Leaders might also consider including the Trauma-Informed Care Guide.

According to one leader, *“Having the materials printed and in a notebook and ready on Day 1 was absolutely necessary—it would be unrealistic for me to expect the participants to take care of this on their own...it would not have happened.”*

Supporting implementation might include helping participants access the online modules, checking in regularly with individual participants to answer questions about content, directing them to further resources, and otherwise extending learning. It could include providing feedback on the quality and content of completed assignments or using the action plan as the focus of practice-based coaching.

Documenting group work might include providing deadlines, reviewing reports to monitor progress through the modules, and following up with participants to ensure that they are completing and feeling supported across all lessons and assignments. It can include taking attendance and asking for proof of completed assignments. Please reference Appendix C for an example.

Leaders can access progress reports for each staff member on a weekly basis. Contact Erin Kalanick, erin.kalanick@pyramidmodel.org, to arrange for this access.

At this time, users are able to continue to the next lesson even if they do not meet the required percentage on the Knowledge Check. Leader reports will indicate whether a participant has passed each Knowledge Check, and participants are not able to complete the course until they have passed them all. Please note that should you and your organization decide to require a certificate of completion for participants, one should not be issued to them until they have completed each lesson.

Encouraging self-reflection and inquiry offers teachers and other program staff an opportunity to think about their own reactions and what they notice (including internally) to help improve the quality of their teaching and caregiving practice. The group leader might ask participants to reflect on the following:

- How do I feel?
- How might others feel?
- What are all of the different ways I can respond to a challenging situation?
- What assumptions or biases might be influencing my perceptions and actions?
- What might happen as a result of different responses I could have in this situation?
- What do I need in this moment for my own self-care?
- How can I see the meaning behind the child's behavior?
- How can I support and regulate the child in the moment and to help them feel safe?

Working with children who have histories of trauma is emotionally demanding. Teachers and other caregivers continuously observe individual children and notice their emotional states and behaviors. They wonder what children are communicating to them through their behaviors and then use this understanding to inform responsive approaches. Being trauma-informed requires that teachers be emotionally available and sensitive to children's needs—especially when the child's stress response system has been activated. This is very challenging and requires that they learn to identify their own emotional responses to children's traumatic stress behaviors.

Coaching



The practices found in the Pyramid Practice modules, including the Trauma-Informed Care Practices Checklist, can serve as a focus of or addition to coaching. At the end of Module 3, Lesson 7, for example, participants are asked to engage in review and reflection of practices and action planning. Coaches can follow the Practice-Based Coaching cycle to support participants in implementation. This entails assisting with the action planning process, conducting focused observation related to the action plan, and meeting with participants after the observation to reflect on implementation and provide feedback.



This cycle can be easily accommodated to fit the desired coaching cycle, lessons, participant goals, and coaches involved. Visit <https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc> to find out more about Practice-Based Coaching, and contact Rob Corso at rob.corso@pyramidmodel.org to arrange for PBC Training.

Coaches might consider taking Practice-Based Coach (PBC) Training and ePyramid Training for Leaders, available through the Pyramid Model Consortium. Cohort coaching is also available for the infant-toddler and preschool ePyramid packages, as well as cohort facilitation for the Trauma-Informed Care and the Pyramid Model modules.

Communities of Practice



Separate communities of practice allow participants in these training programs to share their learning and implementation with each other. Meetings can take place weekly, biweekly, or monthly and virtually or in person; they generally last between one and two hours.

Sample Community of Practice Agenda

First Meeting:

- Welcome and connection
- Setting the stage
- Orienting participants and sharing key resources
- Establish shared agreements
- Overview of modules and technology
 - Signing in
 - Format of lessons
 - Troubleshooting
- Structure of ongoing meetings

Ongoing Meetings:

- Welcome and connection
- Reflection on the content
- Reflection on implementation
- Action planning (for identified module lessons)

Final Meeting:

- Welcome and connection
- Highlight key reflections and accomplishments
- Plan for future implementation
- Provide certificates

Facilitation Considerations, Questions, Activities and Assignments

The Trauma-Informed Care and Pyramid Model training includes assignments and activities that the participants are encouraged to complete.

As you consider how you will support learning, prioritize reflection and discussion around the activities throughout the modules, and emphasize implementation of the practices, your leadership team will naturally identify some guiding questions that leaders can use to facilitate meaningful and goal-focused discussions.

While it is up to the discretion of each program to prioritize the facilitation and process discussion goals and focus, many of these provided questions and activities can be used to review, reinforce, and extend learning for individual users, or to provide discussion topics for Community of Practice meetings after completion of the modules. Please note that all assignments are located in Appendix B.

Items marked  are additional considerations and resources to further support a leader's preparation, facilitation, and guidance.

Trauma-Informed Care Module One: Extension Questions

Lesson 1

- What is one initial thought you have related to the Pyramid Model and adding an additional lens of Trauma-Informed Care?
- What conversations do you hope to have within your program about the ePyramid TIC modules?



Keeping in mind:

https://challengingbehavior.cbcs.usf.edu/docs/Trauma-Informed-Care_PyramidModel.pdf

Lesson 2

- How does the trauma-informed Pyramid Model relate to your role (admin, coach, etc.) or context (after school, bus, etc.)?



Resource regarding stress and well-being,
<https://www.ecmhc.org/relaxation.html>

Lesson 3

- What is one (new) thing you learned or thought about related to understanding what trauma is?
- Why should we spend time understanding trauma?

Lesson 4

- What strategies have you used or shared with others to help calm and soothe a crying baby?
- What approaches does your program use to help bring awareness to child development and what to expect as development unfolds?

Lesson 5

- Why do Adverse Childhood Experiences (ACEs) matter in early childhood?
- How do toxic stress and its consequences affect your work with young children and their families?
- What stood out to you in the Breaking Through video?



Resource regarding Trauma and ACEs: The Basics
<https://eclkc.ohs.acf.hhs.gov/mental-health/article/trauma-adverse-childhood-experiences-aces-understanding-basics>

Lesson 6

- What do you believe is most important about “serve and return”?
- What happens when toxic stress and trauma have an impact on typical development?



Resource regarding serve and return
<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>



Resources regarding toxic stress
<https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>

Lesson 7

- In what ways might trauma influence a child's development and behavior?

Trauma-Informed Care Module One: Extension Questions (continued)

Lesson 8

- Think about a time when you supported a child who was having difficulty managing emotions. What thoughts and ideas came to mind?
- What support might you need to carry out some of the ideas presented around understanding signs and symptoms of trauma?

Lesson 9

- What steps have you taken to consider and plan for possible trauma triggers in your classroom and/or work environment?

Lesson 10

- Do you believe that Trauma-Informed Care is a model of thinking and action? Why?

Lesson 11

- In what ways does your program integrate an awareness and understanding of trauma and its impact into daily practice?

Trauma-Informed Care Module Two: Extension Questions

Lesson 1

- Do you believe change is required at multiple levels of a program in order to become trauma-informed?

Lesson 2

- In what ways do you believe a trauma-informed approach can benefit an entire program?

Lesson 3

- Why do you believe it is important to become more trauma-informed in early childhood work?
- How is using a trauma-informed lens different from previous ways of approaching behavior?

Lesson 4

- What helps deepen your understanding of children's behavior?
- How does a trauma-informed approach help teachers and others understand and respond to behavior?
- What do you think traumatic experiences teach young children about the world, themselves, and other people?

Lesson 5

- What behaviors are challenging for you or push your emotional buttons?
- How can you tell if your emotions are becoming escalated?
- What ways do you manage your own stress?



Resource for considering behavior that pushes emotional buttons

https://challengingbehavior.cbcs.usf.edu/docs/Self-Care_Teachers.pdf

Lesson 6

- Why do you believe it is just as important to understand resilience as it is to understand the impact of trauma?



Resources related to resilience

<https://developingchild.harvard.edu/resources/inbrief-resilience-series/>

Lesson 7

- What have you learned about your own resilience?

Trauma-Informed Care Module Three: Extension Questions

Lesson 1

- How has the information shared within Modules 1 and 2 informed your daily work?

Lesson 2

- How does having a trauma lens change how you view children's behavior? How might you talk about and/or share information about children and families?
- What is easier about using a trauma lens? What feels more challenging?



Resources to support practice areas
<https://challengingbehavior.cbcs.usf.edu/Implementation/Program/strategies.html>

Lesson 3

- What does it mean to create a safe learning environment?
- In what ways do you design a safe learning environment for children and families?

Lesson 4

- How do you help children feel prepared for changes across routines?
- What do you believe is most important for helping children gain an increased sense of calm and control?
- What ways do you learn from and with families around their home routines and transitions?

Lesson 5

- How can you continue to apply trauma-related concepts to your daily work and help children regulate their emotions and express feelings appropriately?
- What do you believe is most important when thinking about a child's stress response system and skills for regulating emotions?

Lesson 6

- How aware are you about the types of trauma in the individual lives of children in your classroom or program?
- What would you like to learn more about as it relates to implementing individualized support and interventions?

Lesson 7

- What is something new you learned as you reflected on your current practices and ways you support the social and emotional development of young children who have experienced trauma?

Lesson 8

- What goal did you set for yourself?



Additional questions you might consider for facilitated discussions can be found in the online resource *The Pyramid Model and Trauma-Informed Care: A Guide for Early Childhood Professionals to Support Young Children's Resilience*.

Appendix A





Your Well-Being is Important

Talking about trauma can remind us of our own or other people's experiences. It can be upsetting.

- ▶ Pause and notice how you are feeling. Are you having distressing thoughts or memories come up?
- ▶ Acknowledge your thoughts and feelings as regular human reactions.
- ▶ Pay attention to your breath.
- ▶ Take a few deep breaths.
- ▶ Seek help. Talk to a trusted person in your life or to a professional mental health provider.
- ▶ Text the Crisis Text Line at 741741 or call the National Suicide Prevention Hotline at 1.800.273.8255. You do not need to be in crisis or suicidal to call or text.
- ▶ Write down your thoughts and feelings in a notebook or a journal.
- ▶ Pay attention to your breath.
- ▶ If you find yourself getting upset take breaks. Working through the information in small segments can be helpful.



Ideas for Soothing a Crying Baby

Crying babies need soothing, but it can be hard to care for babies when they're crying. Sometimes, it can feel like nothing we try works.

Here are some strategies you can try to calm your baby. Keep this list around to remind you of ideas to soothe your baby and to take care of yourself:

- ▶ Hold, rock, and walk with your baby.
- ▶ Put on some soothing music or sing softly.
- ▶ Talk to your baby. Give your baby eye contact.
- ▶ Offer a pacifier, a bottle, or nurse.
- ▶ Burp your baby.
- ▶ Try holding your baby in different positions.
- ▶ Take a walk around the house – sometimes a change of scenery can help.
- ▶ Rub the baby's back.
- ▶ Ask for help when you need it. Build a support network of people who will listen and understand.
- ▶ Keep your sense of humor and focus on the positive.

What works might change over time. What worked for younger infants might not work anymore for older babies. And what works for one baby might not for another.

Babies may cry no matter how well you try to calm them. But don't give up, keep trying. Your baby will calm down. And never, ever shake a baby.

- ▶ Remember that your baby is an individual person with unique and special ways of behaving and communicating. Understanding your baby's individual characteristics can help you adapt your parenting to meet his or her needs. Even when your baby's behavior is challenging—for example when your baby is difficult to soothe—it can be an opportunity to learn about yourself and your baby. The more you know about your baby's individual communication style, the more responsive you can be to your baby, helping you and your baby feel more connected.

When babies learn from you how to be soothed, they learn how to soothe themselves.



Possible Signs & Symptoms of Trauma in Infants, Toddlers and Preschoolers

Infants and Toddlers

- Eating & sleeping disturbance
- Clingy/separation anxiety
- Irritable/difficult to soothe
- Repetitive/post-traumatic play
- Developmental regression
- Language delay
- General fearfulness/new fears,
- Easily startled
- Reacting to reminders/trauma triggers
- Difficulty giving consistent and accurate cues to caregivers
- Difficulty engaging in social interactions through gestures, smiling, cooing
- Persistent self-soothing behaviors, for example, head banging
- Aggression (toddlers)

Preschoolers

- Avoidant, anxious, clingy
- General fearfulness/new fears
- Helplessness, passive
- Restless, impulsive, hyperactive
- Physical symptoms (headache, etc.)
- Inattention, difficulty problem solving
- Irritability
- Aggressive and/ or sexualized behavior
- Sadness
- Loss of developmental milestones
- Repetitive/ post-traumatic play
- Talking about the traumatic event and reacting to trauma triggers
- Poor peer relationships and social problems (controlling/ over permissive)



The Stress Response System Handout

Are there any situations during my work day that may activate my stress response system?



What does a “fight, flight, or freeze” response look like for me in the moment (e.g. heart racing, yelling)?



What situations are more likely to set off the stress response system in children I care for?



What does a “fight, flight, or freeze” response look like for some of the children I care for? Parents and families?



How will this information about the stress response system inform my work?





Applying a Trauma Informed Care Lens

Use this handout to practice using a trauma informed lens. This handout can help you reflect on children's behavior using multiple lenses or perspectives. In the first column list a child's behaviors that you are concerned about or behaviors that may push your buttons. List your thoughts about the behaviors. In the second column list the child's possible perspective. Consider what the child may be thinking and feeling. In the third column consider how using a trauma informed lens may shift your thoughts and perspectives about the child's behaviors. Notice if considering the child's perspective or a trauma informed lens has shifted the way you think about a child and/or his behavior. See example below.

My Initial Thoughts and Perspective	Child's Possible Perspective	My Perspective with a Trauma Informed Care Lens
He knows better and just wants attention.	I feel scared and I feel out of control. I want friends and connection with adults.	I need to teach John a new model of relationships.



Reframing Behavior with a Trauma Informed Lens

Think of a child you have worked with or are currently working with that has some social, emotional or behaviors you are concerned about that may be attributed to trauma. Keep the child's name confidential as you make notes on this handout.

Write a brief description of the child's behavior that concerns you.



What has the child experienced that may have been potentially traumatizing?



How may this child's stress response system been activated (i.e. the fight, flight, freeze response)?



What might be triggers for this child (i.e. reminders that may activate the stress response system)?



What might be the function or meaning of the child's behavior?





Ways We Can Respond to Children

Here are some strategies for responding to children in challenging moments:

- ▶ Take a moment to take a deep breath before reacting.
- ▶ Try to be reflective and responsive as opposed to being reactive.
- ▶ Ask yourself questions, like “Am I responding to this child as a person or am I reacting to a behavior?”
- ▶ Reframe the situation by turning a problem you can’t solve into challenges you can work on.
- ▶ Does the child need a break from the activity? Do you need a break from the classroom for a minute?

Here are some things you can say to children when they’re distressed:

- ▶ “I’m here to help you. I’m not angry with you and you’re not in trouble.”
- ▶ “That really scared you, didn’t it?”
- ▶ “I can see how hard this is for you.”
- ▶ “I see that you’re really upset. I’ll stay here with you to keep you safe.”
- ▶ “I want to understand better. If I know how you feel, I’ll be able to help you better. Use your voice and words to tell me.”

Children learn what you model. Over time, as children experience how you regulate your emotions, they also learn to regulate their emotions.

Print and post this handout in your classroom or care setting as a reminder for ways to respond to children.



Caregiving Tips to Support Protective Factors for Children

With Children:

- ▶ Give children individual attention
- ▶ Use encouraging comments - refraining from negative or sarcastic comments
- ▶ Encourage children's developing independence and skill development (helping children express their feelings and self help skills)
- ▶ Help children develop positive peer relationships
- ▶ Encourage children's ability to be responsible in age appropriate ways (i.e. take care of their belongings, have a classroom job, clean up the toys)
- ▶ Foster love for learning and curiosity for discovering
- ▶ Promote early literacy
- ▶ Teach children to solve conflicts
- ▶ Help children develop self-regulation skills
- ▶ Assist children to feel valued (when you listen and give your undivided attention to a child he feels important)
- ▶ Notice a child's strengths each day (comment on their efforts and their attempts to problem solve)

With Families:

- ▶ Encourage positive parent child relationships and interactions
- ▶ Assist families to develop consistent routines and appropriate limits
- ▶ Promote social networks among families
- ▶ Provide concrete social support when needed
- ▶ Offer information about parenting and child development
- ▶ Provide information about activities families can do at home or in the community
- ▶ Encourage families to read to their children
- ▶ Develop a trusting respectful relationship with each family (greet each family by name, reach out to each family, persist in getting to know each family)



Improving my Trauma Informed Practices - Action Plan

“The implementation of a trauma-informed approach is an ongoing organizational change process. A trauma-informed approach is not a program model that can be implemented and then simply monitored using a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time.”¹ There are practices, however, that teachers can use to infuse a trauma informed care approach in their work. As a teacher you may see children for the longest period of the day, you may even spend more time with a young child than his/her parents. You have a critical role to play in recognizing trauma, building positive relationships with children, helping children feel safe and secure, providing consistent routines and structure, and teaching children social emotional skills.

Recognizing the impact of trauma can change the way you view children’s behavior and support their development and ultimately their healing.

Purpose: This action plan includes a list of practices that can help 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 nor is it meant to be a substitute for treatment or counseling for children and families. Many of these practices are part of the Pyramid Model (i.e., the Teaching Pyramid Observation Tool), while other practices may not be explicitly described in the Pyramid Model practices yet they align well with Pyramid Model practices that you may already be using. Practices such as these can make a big difference in the life of a child and his/her family.

How to Use the Action Plan: The purpose of the action plan is to enhance your trauma informed practice. Read through each practice area. Choose one or two practice areas that you wish to improve. Develop your own personal goal for improving this practice area in your work. You can create a goal by selecting a strategy from this list of strategies offered below or you can create your goals with your own strategy based on your review of the lessons. Consider sharing your goals with others to help you stay focused and accountable on adopting new or enhanced trauma informed practices. Choose no more than one or two practice area goals. Once you have enhanced your practice with the one or two goals you selected you can also add more goals. Consider making your goals SMART: Specific, Measurable, Achievable, Realistic, and Timely.

Choose your practice area and describe how you will improve your trauma-informed practice:

Nurturing and Responsive Relationships (Foster Relationships that Emphasize Attachment, Trust, Collaboration, Empowerment)



Create a Safe Learning Environment using Positive Directions and Rules

Create Calm Predictable Transitions



Help Children Regulate Their Emotions and Express Their Feelings Appropriately

Intensive Interventions that Consider the Child's Experiences



Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care

“The implementation of a trauma-informed approach is an ongoing organizational change process. A trauma-informed approach is not a program model that can be implemented and then simply monitored using a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time.”^{vi} There are practices, however, that teachers can use to infuse a trauma informed care approach in their work. As a teacher you may see children for the longest period of the day, you may even spend more time with a young child than his/her parents. You have a critical role to play in recognizing trauma, building positive relationships with children, helping children feel safe and secure, providing consistent routines and structure, and teaching children social emotional skills. Recognizing the impact of trauma can change the way you view children’s behavior and support their development and ultimately their healing.

Purpose: This checklist is a list of practices that can help 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 nor is it meant to be a substitute for treatment or counseling for children and families. Many of these practices are part of the Pyramid Model (i.e., the Teaching Pyramid Observation Tool), while other practices may not be explicitly described in the Pyramid Model practices yet they align well with Pyramid Model practices that you may already be using. Practices such as these can make a big difference in the life of a child and his/her 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. Finally, you may develop additional new strategy/strategies for each category.

Instructions: First, read all the items in the checklist below. Next review each section one at a time. Make a check in the second column if you feel engaged in the practice consistently. Make a check in the third column if you want to improve upon or enhance this practice. Choose no more than one practice in each section of the third column (i.e. choose 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. You will have an opportunity to create an action plan using this checklist.

Practices:

Nurturing and Responsive Relationships (Foster Relationships that Emphasize Attachment, Trust, Collaboration, Empowerment)	I Do This Consistently	I Want to Concentrate on this Practice
Speak to children in a warm, positive, calm, AND supportive manner.	☐	☐
Actively listen to children, showing interest.	☐	☐



Help children feel noticed and 'known' (e.g. "I know how much you like this story." "I know it can be hard for you to calm your body to rest.")	☐	☐
Respond to children's comments AND ideas by asking questions AND making comments (focus on noticing a child's emotional expression e.g. facial expressions, body language.)	☐	☐
Spend time with individual children and small groups of children – following children's lead in play and engaging in child-directed play with them.	☐	☐
Recognize children's efforts – offer specific non-judgmental praise (e.g., "You put so many colors on your paper.")	☐	☐
Ask families about strategies they use to comfort their child and help him/her feel soothed and safe.	☐	☐
Share with family members the specific strategies that you are using to develop nurturing and responsive relationships with children.	☐	☐
Other ideas:	☐	☐
Other ideas:	☐	☐

Create a Safe Learning Environment using Positive Directions and Rules	I Do This Consistently	I Want to Concentrate on this Practice
Encourage children to engage in developing rules and expectations for the class.	☐	☐
Post and visually represent rules and expectations (children can help create visuals.)	☐	☐
Limit the number of rules to no more than four and state them positively.	☐	☐



Reference posted behavior expectations OR rules when redirecting children.	☐	☐
Organize space in a way that clearly communicates whether a center is closed or open and how many children can be in a center (i.e., using visuals.)	☐	☐
Make materials accessible by children so they can freely access the materials they need.	☐	☐
Have space available for an individual child to be by him/herself when he/she needs a break.	☐	☐
Ask families how they redirect children and encourage positive behavior explore strategies with family members to enhance consistency and collaboration with families.	☐	☐
Share classroom rules and expectations with families to promote consistent language at home and in the center.	☐	☐
Other ideas:	☐	☐
Other ideas:	☐	☐

Create Calm Predictable Transitions	I Do This Consistently	I Want to Concentrate on this Practice
Children are reminded of upcoming transitions with a consistent approach (i.e., at every transition the teacher says “5 more mins” or sings the same transition song every day.)	☐	☐
Visual prompts of the schedule and routines are available to show children.	☐	☐
Children who need more help with transitions are given individual reminders.	☐	☐



Focus on what behavior you want to see (i.e., what you want children to do: “Use walking feet” versus “Don’t run”).	☐	☐
Offer children choices frequently (e.g., “Would you like to read a book or work on puzzle?”.)	☐	☐
Ask families about their routines and rules at home; share classroom routines, expectations and rules.	☐	☐
Share strategies you use to create predictable and smooth routines and transitions with families.	☐	☐
Other ideas:	☐	☐
Other ideas:	☐	☐

Help Children Regulate Their Emotions and Express Their Feelings Appropriately	I Do This Consistently	I Want to Concentrate on this Practice
Respond to children’s feelings and expressions by commenting on their facial expressions, body language etc. (e.g., “You look worried.”)	☐	☐
Show children a range of emotions; adults should ensure that their affect reflects emotions such as joy, curiosity, concern, pleasure to be working with children etc.	☐	☐
Teach children a range of vocabulary words related to feelings—using visuals of feeling faces, commenting on facial expressions, reading books about emotions etc.	☐	☐
Read stories about children’s feelings and various common child experiences (i.e., the death of a pet, the arrival of a new sibling, etc.)	☐	☐



Label one's own emotional states and provide an action statement about them (e.g., "I am feeling frustrated so I better take some deep breaths and calm down".)	☐	☐
Encourage children to express their emotions through music, art and play.	☐	☐
Teach children (and regularly practice) strategies for regulating emotions such as mindfulness (i.e., mindful walking, eating, breathing, noticing sounds, sights, tastes, smells, the feel of things around them; deep breathing; tin man/wet noodle; quiet/loud; Tucker Turtle; red light/green light; Mother May I; smell the flower/blow the bubble etc.)	☐	☐
Ask families how they express their feelings at home and what strategies help their child feel calm, safe and relaxed.	☐	☐
Share with families the strategies you are using in the classroom and encourage them to practice these at home.	☐	☐
Other ideas:	☐	☐
Other ideas:	☐	☐

Intensive Interventions that Consider the Child's Experiences	I Do This Consistently	I Want to Concentrate on this Practice
Work with the child's family to develop a support plan.	☐	☐
Work with the child's family to develop a hypothesis about the meaning/function of the child's behavior that takes into account the impact of trauma (i.e., consider if the child feels unsafe, threatened, a need to fight/flee/freeze.)	☐	☐
Work with the child's family to identify potential triggers for the child's behavior.	☐	☐



Work with the family to develop a plan that include teaching replacement skills; preventing challenging behavior; and providing new adult responses.	☐	☐
Teach replacement skills throughout the day when challenging behavior is not occurring.	☐	☐
Other ideas:	☐	☐
Other ideas:	☐	☐

Appendix B





The assignments and activities within the modules have been designed to ensure that each ePyramid lesson is interactive and will lead to reflection, intentional planning, and implementation of the practices discussed. Whenever possible, leaders should support participants in completing all assignments for each module.

Checklist for Module One

Lesson 1: Welcome to Trauma-Informed Care

- ☐ Watch Lesson 1 video

Lesson 2: Your Well-Being Is Important

- ☐ Watch Lesson 2 video
- ☐ Download and review the handout Your Well-Being Is Important
- ☐ Pay attention to how you are feeling throughout your participation in all of the lessons

Lesson 3: What Is Trauma?

- ☐ Watch Lesson 3 video
- ☐ Complete the Knowledge Check

Lesson 4: Shaken Baby Syndrome (AbHT)

- ☐ Watch Lesson 4 video
- ☐ Download and review the handout Ideas for Soothing a Crying Baby

Lesson 5: What is Toxic Stress?

- ☐ Watch Lesson 5 video
- ☐ Watch the *Breaking Through: Understanding Stress and Resilience in Young Children* video
 - ☐ What are your thoughts and reactions to the video?
 - ☐ Reflect on and consider journaling your responses to the following questions:
 - Why do ACEs matter in early childhood?
 - How does toxic stress impact your work with children and their families?
- ☐ Review the ACEs (Adverse Childhood Experiences) to learn more about John and how caring and supportive teachers and caregivers could help him

Lesson 6: How the Stress Response System Affects Development

- ☐ Watch Lesson 6 Video
- ☐ Complete the Knowledge Check

Lesson 7: The Signs and Symptoms of Trauma

- ☐ Watch Lesson 7 Video
- ☐ Download and review the handout Possible Signs and Symptoms of Trauma in Infants, Toddlers and Preschoolers

Lesson 8: Signs and Symptoms within the Context of a Child's History

- ☐ Watch Lesson 8 Video

Lesson 9: Trauma Triggers

- ☐ Watch Lesson 9 Video
- ☐ Complete the Knowledge Check

Lesson 10: Shifting to a Trauma-Informed Approach

- ☐ Watch Lesson 10 Video
- ☐ Complete the activity Reframing to Respond to Children's Behaviors

Lesson 11: Trauma-Informed Care

- ☐ Watch Lesson 11 Video
- ☐ Complete the Knowledge Check



Checklist for Module Two

Lesson 1: What Is Trauma-Informed Care?

- ☐ Watch Lesson 1 Video
- ☐ Download and complete the handout The Stress Response System

Lesson 2: Principles of Trauma-Informed Care

- ☐ Watch Lesson 2 Video
- ☐ Review the 6 Principles of Trauma Informed Care

Lesson 3: Why Use Trauma-Informed Care?

- ☐ Watch Lesson 3 Video
- ☐ Complete the Knowledge Check

Lesson 4: The Trauma-Informed Pyramid Model

- ☐ Watch Lesson 4 Video
- ☐ Download and complete the handout Reframing Behavior with a Trauma-Informed Lens
- ☐ Download and complete the handout, Applying a Trauma-Informed Care Lens

Lesson 5: Applying a Trauma-Informed Care Lens – Paying Attention to Our Reactions

- ☐ Watch Lesson 5 Video
- ☐ Reflect: What do you think traumatic experiences teach young children about safety, feelings, and themselves?
- ☐ Download and review the handout Ways We Can Respond to Children

Lesson 6: Resilience

- ☐ Watch Lesson 6 Video
- ☐ Reflect: Think about a resilient person you know. How would you describe this person?
- ☐ Complete the Resilience Activity

Lesson 7: Enhancing Protective Factors to Support Resilience

- ☐ Watch Lesson 7 Video
- ☐ Download and review the handout Caregiving Tips to Support Protective Factors for Children
- ☐ Complete the Knowledge Check

Checklist for Module Three

Lesson 1: Review Modules 1 and 2

- ☐ Watch Lesson 1 Video

Lesson 2: Introduce Practice Areas

- ☐ Watch Lesson 2 Video
- ☐ Reflect: Think about the ways you are building relationships with children and families in your care.

Lesson 3: Create a Safe Learning Environment Using Positive Directions and Rules

- ☐ Watch Lesson 3 Video
- ☐ Complete the Knowledge Check

Lesson 4: Create Calm, Predictable Routines and Transitions

- ☐ Watch Lesson 4 Video

Lesson 5: Help Children Regulate Their Emotions and Express Feelings Appropriately

- ☐ Watch Lesson 5 Video

(continued)



Checklist for Module Three *(continued)*

Lesson 6: Intensive Interventions that Consider the Child's Experiences

- ☐ Watch Lesson 6 Video
- ☐ Complete the Knowledge Check

Lesson 7: Introduce the Checklist and Action Plan

- ☐ Watch Lesson 7 Video
- ☐ Download and complete the handout Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care
- ☐ Download and complete the handout Improving My Trauma-Informed Practices: Action Plan

Lesson 8: Trauma-Informed Care Summary

- ☐ Watch Lesson 8 Video
- ☐ Download and review the handout Self Care Strategies

Appendix C



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