



ZERO TO THREE
Early connections last a lifetime

Compassionate Response

Facilitator's Manual

Caring for Our Youngest Watchers and Listeners



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APPENDIX A: COMPASSIONATE RESPONSE TRAINING FEEDBACK SURVEY

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About *Compassionate Response*

Curriculum Structure

The *Compassionate Response* training curriculum can be delivered in multiple formats, including:

- A 2-hour session
- A 90-minute session
- 3 x 30-minute sessions

Guidance is provided in this Manual on what content to include for the desired training length.

Compassionate Response covers the topics below:

- How trauma is defined;
- How exposure to trauma can impact young children and families;
- Strategies that First Responders and Family-Facing staff¹ can use to support young children during stressful/frightening situations;
- How professionals can manage work-related stress and recognize compassion fatigue/secondary trauma; and
- How professionals can use age-appropriate calming and mindfulness approaches with children and families to promote resilience.

The *Compassionate Response* training curriculum includes case studies that illustrate a range of strategies that professionals may use in their work with families. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case studies. Alternatively, trainers may tailor the case studies based on the role and/or challenges shared by the training participants.

In addition, the training curriculum includes activities and discussion prompts to encourage rich learning and personal reflection among participants. With *Compassionate Response* providing staff with a shared, foundational understanding of the impact of trauma on children, additional work at the agency level—to operationalize suggested strategies and new knowledge—will be necessary to achieve sustained changes in professional practice.

Goals and Outcomes of *Compassionate Response*

Participants who complete this training curriculum should:

- Gain an understanding of the unique developmental needs of very young children.
- Understand how stressful or traumatic events can influence young children's short- and long-term health and well-being.
- Learn strategies that can be used to minimize the risk of traumatic impact on young children at the scene and promote the resilience of young children and their families affected by traumatic events.

¹ First Responders include police, fire and EMT professionals. Family-Facing Staff include the wide range of professionals across a community who interact directly with families – this includes roles as diverse as home visitation, child welfare, homeless services, benefits services, etc.

- Learn strategies that allow professionals to manage work-related stress and avoid compassion fatigue/secondary trauma.

Facilitators who wish to obtain post-training feedback may consider using the *Compassionate Response Training Survey* found in Appendix A of this manual. Note that if you are delivering this presentation virtually, you may consider distributing the survey via a Web link embedded into the slide presentation or emailing participants immediately following the presentation to provide feedback via a link.

NOTE: Adult learners are supported in changing behavior when they are provided opportunities to plan, practice, implement, and reflect on new skills and approaches over time (Knowles, 1984). With this in mind, Facilitators may consider adding longer-term supports for nurturing participants' learning and practice change such as coaching or community-of-practice approaches.

Facilitator Skills and Expertise

A skilled Facilitator is energetic, positive, compassionate, and authentic. The Facilitator:

- Welcomes participants and creates a respectful and safe environment;
- Communicates that this training experience is an opportunity to learn from each other and share wisdom;
- Engages participants in rich discussion;
- Adds to/enriches the conversation as needed, using curriculum notes;
- Honors the contributions of each participant; and
- Creates a safe space for participants to share information that may be sensitive.

Detailed notes for this training curriculum provide Facilitators with ample content to share, while discussion prompts and activity instructions are designed to keep participants engaged. Throughout the curriculum, the Facilitator will find guidance for making this general introductory curriculum relevant to participants' specific roles and agencies.

In order to implement *Compassionate Response*, Facilitators should possess a strong background in the following areas:

- Trauma, and its impact on children and families;
- Trauma, and its impact on agency staff (e.g., first responders), and the ways in which a staff member's experience of trauma can impact interactions with children and families.
- Use of trauma-informed approaches to buffer children and families;
- Calming/stress management strategies such as mindfulness practices; and
- Knowledge of the workflow and expectations for the agency staff they are training.

Prior to delivering the training, Facilitators may wish to review the resources below which can serve to deepen their understanding of the impact of trauma and toxic stress on young children and families:

- Harvard Center on Developing Child's video and resources explore [Stress and Resilience: How toxic stress affects us, and what we can do about it](#).
- National Child Traumatic Stress Network's *Creating Trauma-Informed Systems* resource page outlines the ways in which different agencies (e.g., child welfare, schools, justice, and healthcare) can collaborate to support families impacted by [trauma](#).

- [Piplo Productions](#) provides users with downloads of children's books designed to help children understand and manage the impact of stressful or traumatic events (including family separation and COVID-19); books are available in multiple languages, are free of charge, and offer professional/parent guidance for using the stories with children.
- This [issue brief](#) outlines the ways in which racial trauma intersects with and exacerbates other traumatic experiences.
- People who identify as LGBTQ+ also face disproportionate adversity in relation to their sexual orientation or gender identity; this [brief](#) outlines strategies for adopting a trauma-informed approach for youth who identify as LGBTQ+.

Supporting Participants

The content, discussion topics, and activities in *Compassionate Response* center on challenging, emotionally intense topics, particularly the experience and impact of trauma in childhood. It is possible that participants may find their own trauma history is triggered as result of these topics and discussions. For that reason, Facilitators should be prepared to help participants sensitively process these remembered/felt experiences. Because trauma lives in the body, it may help an individual to move about or even leave the room; acknowledge their departure and encourage them to return when they are ready. Most importantly, Facilitators should be aware of what community resources are available and be prepared to share information with participants who may benefit.

General guidelines for sensitively managing these emotionally intense moments include the following:

- Offer compassion and patience if someone becomes overwhelmed or begins to cry. Model composure and support.
- As part of the preparation process for this curriculum, create a community resource list for participants with local resources available to children and families, including activities, food and housing programs, parenting classes, continuing education, support groups, counseling, and emergency services. Keep this resource where you can easily refer to it during group sessions.
- Follow up with staff participants who appear particularly impacted by the content or who disclose traumatic experiences. Offer to connect them with appropriate resources for additional support, if they are interested. Offer to stay/meet with them while they call or email for more information.

Many of the issues raised in this curriculum are challenging and thought-provoking. Give participants time to process what has been said and to reflect on how they are feeling. There may be times when participants are quiet. Be comfortable with silence.

The Role of Mindfulness

This curriculum includes mindfulness practices as an essential part of the learning experience.

Adults thrive when they can access a sense of peace, calm and well-being. Regular mindfulness practice may lead to improved emotional regulation, decreased stress reactivity, improved working memory, and increased flexibility in one's responses; and may elicit positive emotions and minimize negative affect and rumination (Davis & Hayes, 2011).

Infants and toddlers thrive when their parents and caregivers observe and respond to their needs for soothing and help to regulate their emotional states. When adults notice and respond to their children's cues and offer contingent, nurturing responses, the parent-child relationship is strengthened (Meins, 2013). Sensitivity to a

child's cues occurs when the caregiver is able to take the child's perspective and respond in line with the child's needs in that moment. This experience of being "heard" and understood is critically important to the child, because even just one steadfast, loving caregiver can nurture a child's resilience in the face of adversity and help set the foundation for health and development across the lifespan (Center on the Developing Child, 2017).

The use of mindfulness in this curriculum supports two primary objectives—offering participants a sense of calm and well-being during this learning experience (and hopefully motivating continued use after the training) as well as introducing the notion that calm, centered adults can best provide children a sense of safety and security in times of stress and uncertainty.

Mindfulness exercises in the curriculum are designed to provide participants with opportunities to practice the skills of self-calming, self-regulation, and self-compassion. By mastering these skills, professionals are well positioned to approach interactions with families with greater calm and focus, as well as use these exercises to nurture their own health and well-being.

It may be helpful for *Compassionate Response* Facilitators to have experience with the practice of mindfulness in order to share it with participants in a way that feels authentic. Here are some suggestions for beginning:

- Practice the mindfulness activities in the curriculum prior to leading the session.
- Try free guided meditations, such as those below:
 - <https://www.mindful.org/category/meditation/guided-meditation/>
 - <https://www.uclahealth.org/marc/mindful-meditations>
- Read a book about mindfulness or self-compassion:
 - *Mindfulness: A Practical Guide* by Mark Williams and Danny Penman,
 - *Self-Compassion: The proven power of being kind to yourself* by Kristen Neff,
 - *The Little Book of Mindfulness* by Patrizia Collard,
 - *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life* by Jon Kabat-Zinn,
 - *10% Happier* by Dan Harris, and
 - *The Mindfulness Revolution*, a book of essays by various authors.
- Try a class at a local meditation or other contemplative practice center or studio
- Try a mind-body movement class such as yoga, Qigong, Tai Chi, the Alexander Technique, etc.
- Look for other programs available in your community or online that will introduce you to mindfulness such as:
 - Mindfulness Based Stress Reduction (MBSR) –A free online MBSR course is available at <https://palousemindfulness.com/>
 - Mindful Self Compassion (MSC)
 - Compassion Cultivation Training

IN CONCLUSION

Compassionate Response Facilitators can help training participants see themselves as a powerful source of support and calm for children and families in the midst of stressful or traumatic experiences. The guidance that Facilitators provide in this training honors the authentic experience of both staff and the children and families, and contributes to a trauma-informed, resilience-promoting approach to delivering community services. We thank you for providing the safe space, knowledge, and compassion that makes this learning possible.

Delivering the Training

Structure

Compassionate Response was designed to be a modular professional development experience, offering trainers maximum flexibility in its delivery. See notes below for topics, timing, and content covered for various presentation lengths:

Training Length	Learning Objectives	Deliver Slides in the following order
30 Minutes: A Young Child's Experience of Stress and Trauma	<ul style="list-style-type: none"> Gain an understanding of the unique developmental needs of very young children. Be able to distinguish between normative, tolerable and traumatic stress. Understand how stressful or traumatic events can influence young children's short- and long-term health and well-being. 	64, 67 3, 5-24 57-59
30 Minutes: Promoting Resilience, Minimizing Risk For First Responders	<ul style="list-style-type: none"> Learn strategies that can be used to minimize the risk of traumatic impact on young children at the scene and promote the resilience of young children and their families affected by traumatic events. Identify actions that can be taken to help preserve a child's sense of safety and security, even during a stressful or traumatic event. Understand how a young child may experience stressful/traumatic events differently than an adult. 	65, 68 3, 5, 8-9, 17-18 23-24, 26-28 30-31, 74, 33-38, 42 57-59

Training Length	Learning Objectives	Deliver Slides in the following order
30 Minutes: Promoting Resilience, Minimizing Risk For Family-Facing Staff	<ul style="list-style-type: none"> • Learn strategies that can be used to minimize the risk of traumatic impact on young children at the scene and promote the resilience of young children and their families affected by traumatic events. • Identify actions that can be taken to help preserve a child's sense of safety and security, even during a stressful or traumatic event. • Understand how a young child may experience stressful/traumatic events differently than an adult. 	65, 68 3, 5, 8, 11, 17-18 24, 26-29 71-73, 40-42 57-59
30 Minutes: Supporting Wellness and Stress Reduction	<ul style="list-style-type: none"> • Explore how exposure to highly stressful/traumatic events can impact professional staff's well-being. • Gain an understanding of a range of short, effective stress reduction techniques that can be used by First Responders and Family-Facing Staff. • Learn stress reduction activities that can be shared with young children to offer a sense of safety and calm. 	66, 69, 3, 5, 44-59
60 Minute Session	<ul style="list-style-type: none"> • Combine desired topics from above. 	
90 Minute Session	<ul style="list-style-type: none"> • Gain an understanding of the unique developmental needs of very young children. • Understand how stressful or traumatic events can influence young children's short- and long-term health and well-being. • Learn strategies that can be used to minimize the risk of traumatic impact on young children at the scene and promote the resilience of young children and their families affected by traumatic events. 	1-59

Materials

To deliver *Compassionate Response*, you will need:

- Slide deck
- LCD projector
- Flipchart/markers
- A copy of the PPT slide deck, one for each participant (optional)
- A copy of the training feedback survey in Appendix A, one for each participant (optional)
- Teddy bear (for demonstration, if using slide 53)
- Snow globe (for demonstration, if using slide 55)
- Facilitator's notes

Preparation

To prepare for leading *Compassionate Response*:

- Read/review the Facilitator's Notes and PPT slides in their entirety.
- Make photocopies of PPT slide deck (if using), one for each participant.
- Make photocopies of Appendix A (training feedback survey; if using), one for each participant.
- Practice the mindfulness activities, including reading them aloud so you are comfortable and confident sharing these experiences with participants.
- If delivering virtually, be sure that you are comfortable with the platform being used and have communicated any technical requirements for participants to ensure an effective presentation.

Facilitator's Notes

SLIDE 1:

- Welcome attendees.
- **EXPLAIN** Today's training experience will focus on the ways in which traumatic experiences impact young children and families and will highlight strategies each of us can use in our work to minimize these impacts on young children as well as be more effective in our professional roles.
- **ACKNOWLEDGE** that discussing the impact of trauma on children is a challenging topic and, if desired, work with the group to establish ground rules for this training experience. For example:
 - Stay mentally and physically present
 - Commit to staying off phones/screens
 - Listen with an open mind
 - Ask questions
 - Disagree respectfully
 - Allow all colleagues to participate (monitor your speaking time)
- **TRANSITION** by noting that this training experience is designed to support participants in their work with families and particularly families with children under the age of five years.



If leading this training remotely, encourage participants to share their suggestions for ground rules via voice or chat box. If possible, encourage participants to turn their cameras on throughout the training in order to connect with one another visually.

SLIDE 2:

- **REVIEW** the session objectives listed on the slide.
- **EXPLAIN** that the long-term goals of the training are to minimize trauma and promote resilience in order to maximize the possibility that all young children have the opportunity to grow and thrive. In addition, the hope is that participants will learn some new tools and approaches that can be used in their work with parents and children.
- **REVIEW** the potential outcomes.
 - Improved agency staff knowledge and understanding of the impact of trauma on young children;
 - Development of agency protocols that include trauma-informed principles and resources;
 - Increased staff use of trauma-informed approaches and referrals to resources to support young children and their families;
 - Improved agency staff interactions with young children;
 - Decreased exposure to trauma in young children;
 - Improved physical and mental health of young children;
 - Improved use of self-care strategies by agency staff; and
 - Improved public perception of family-serving agencies.
- **ASK** if participants have additional questions that they would like to see covered in today's session, if possible. Note these on a flip chart and post on the wall. For questions that were not addressed during the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

Compassionate Response Learning Objectives

Staff who complete this training will:

- Gain an understanding of the **unique developmental needs** of very young children.
- Understand **how stressful or traumatic events can influence young children's** short- and long-term health and well-being.
- Learn **strategies that can be used to minimize the risk of traumatic impact** on young children at the scene and promote the resilience of young children and their families affected by traumatic events.

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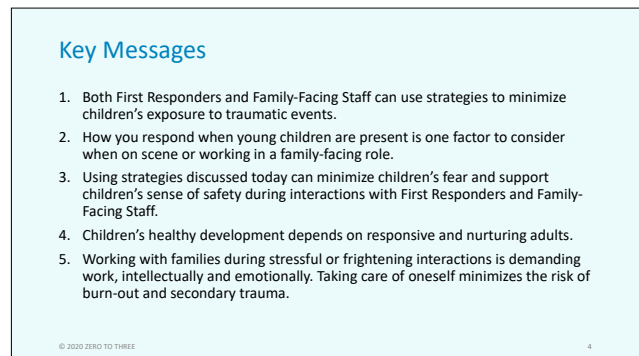
If leading this training remotely, encourage participants to share via voice or chat feature any additional questions that they would like to see covered during the session. Review these questions with the larger group and for questions not answered by the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

SLIDE 3:

- **EXPLAIN** that the goal of the training experience is to provide staff with the tools they need to support the growth and development of our youngest children, and to contribute to building and sustaining a thriving, family-friendly community.

**SLIDE 4:**

- Use this slide to introduce over-arching messages and language used in this training experience.
- **EXPLAIN** that this training experience is designed to help build participants' knowledge about how young children are influenced by their early experiences, and also to give staff tangible tools they can use to support families they encounter in their work.
- **DEFINE** First Responders and Family-Facing Staff (FFS) – First Responders include police, fire and EMT professionals. FFS include the wide range of professionals who interact directly with families – this includes roles as diverse as home visitation, child welfare, homeless services, benefits services, etc.
- **MAKE THE FOLLOWING POINTS**
 - There are many factors to consider when working with a family that is experiencing a stressful or traumatic situation. The presence of a young child is one of those factors.
 - There are a range of strategies that can be used to minimize the impact of a traumatic or stressful situation on young children and enhance a child's sense of safety.
 - The parent-child relationship is central to healthy development and critical to a child's recovery after exposure to trauma.
 - Working with families during their most challenging moments is not easy work. It's important to recognize that and to acknowledge the impact it can have on us as individuals. Taking steps to minimize the impact of these very real stressors on ourselves is important to both our own health and our effectiveness in our professional role.



SLIDE 5:

- **INTRODUCE** the activity using instructions below. Note: Length of activity is approximately 5 minutes (1-minute introduction, 3 minute activity, 1 minute summary).
 - We are going to begin with an activity designed to help us leave our work behind and focus on ourselves and our presence here today.
 - We know young children need the adults in their life to regulate their bodies and feelings.
 - That process of regulation begins with us, the adults. When we are calm and regulated, we help young children feel safe and secure, and able to recover from overwhelming feelings and events.
 - Activities like this one, which will be about 2 minutes long, are strategies we can use in our own personal or professional lives to tune into a sense of calm and to feel more regulated. This helps us bring a sense of calm to our interactions with families.



If delivering this training online, encourage participants to choose a posture that is most comfortable to them in their location and, if they wish, to turn off their camera for this portion of the training.

- **LEAD** participants through the “How Am I” exercise using the script below:
 - Sitting or standing, take an intentional posture that is relaxed and upright. Allow your posture to express a sense of being present, at ease and awake. Soften your gaze or close your eyes if that’s more comfortable.
 - Take a few deep breaths and slowly exhale.
 - Focus your attention on physical sensations in your body. What do you notice? Are there any areas of tension or discomfort?
 - What parts of your body feel relaxed and at ease?
 - Can you sense areas that feel alive with energy or areas that feel dull or numb?
 - Over the next several moments, notice how these sensations may change as you give them your attention.
 - Now, bring your attention to your thoughts. Notice how active or settled your mind is right now. Can you notice thoughts as they pass through? Is your mind holding on to any particular thoughts or is it calm and quiet? Thoughts will always arise—that is natural.
 - See if you can observe these thoughts come and go without getting attached or caught up in them.

- Now bring your awareness to your emotions. Notice the primary feeling you have in this moment. Can you label that emotion? What other emotions are present? Are these feelings positive, negative or neutral? Try to notice your emotions without judging or analyzing them.
- Notice for a moment how all these factors that make up your physical, mental and emotional states are working together right now, influencing each other, and creating how you are in this moment.
- As best you can, bring a sense of acceptance and kindness to how you are doing right now without any judgment.
- **SUMMARIZE** by noting: This type of activity helps us be present, in the mind and the body. While this only took about 2 minutes, often checking in with our physical and emotional states can help us focus and regulate ourselves – which helps us relate to those around us and to do our best thinking.
- If you wish, check-in with the participants to ask how it felt to complete the activity together.



If delivering this training online, encourage participants to share their responses to the activity via voice or chat feature.

SLIDE 6:

- **TRANSITION** by noting that the group will now shift to discussing how children—even very young children—are influenced by stressful or traumatic experiences.
- **ASK** if anyone can share why it might be necessary or important to discuss the unique needs of young children. Take a few comments and ask participants to hold those thoughts in mind throughout the training.

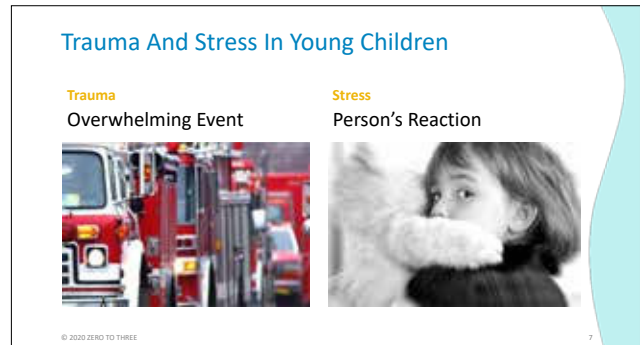


If delivering this training online, encourage participants to respond via voice or chat feature.

- **EXPLAIN** using the following points:
 - Many believe that babies and very young children are not impacted by tragedy, trauma or disaster. For example, there is a belief that children may be too young to notice or to remember. But this is not true.
 - Babies and young children are watching, feeling and noticing but they don't have the same capacity to process, talk about, and make sense of their experiences in ways that older children and adults do.

SLIDE 7:

- **EXPLAIN** the distinction between trauma and stress. Begin by discussing trauma using points like the ones below:
 - Trauma is an event or experience.
 - A traumatic experience is one perceived as extremely frightening, dangerous, violent, or threatening—either emotionally, physically, or both.
 - Witnessing a traumatic event that threatens the life or physical security of a loved one is also traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their primary caregivers.
 - Certain types of childhood adversity are especially likely to cause trauma reactions in children, such as the sudden loss of a family member or separation from a primary caregiver, a natural disaster, or serious accident (e.g., car accident) or involvement in a violent event, like a community shooting or exposure to family violence.
 - Research shows that early childhood trauma differs from trauma that occurs later in life. Young children have different responses to trauma than do older children and adults.
- **ASK** When you are experiencing a highly stressful experience, what are your coping strategies? [Participants may share that they talk about the event, plan for what to do the next time, connect with others to discuss, rationalize it – that it's unlikely to happen again or will soon be over, etc.]



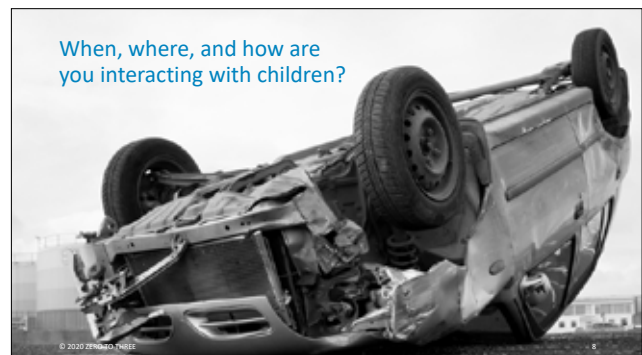
To encourage more interaction, you may wish to ask each participant to share their response in the chat box. Alternatively, if your platform allows, you can turn this question into a poll with suggested answers that participants can vote on, while also allowing participants to share other ideas via the chat box. Consider possible poll responses like: Talk to others to process/get advice; Take a break to exercise or do something that feels good; Mindfulness or meditation; Research how others have handled this stressful event.

- **POINT OUT** that young children are unable to use any of the adult coping mechanisms that participants suggested above.
- **EXPLAIN**
 - Infants and toddlers cannot verbalize their feelings, talk about frightening events, or describe their nightmares.
 - Young children (even preschoolers) have also not yet fully developed the skills to express feelings of being afraid, overwhelmed, or helpless.

- Young children lack the experience to put an event into context or to recognize that a frightening experience (from their perspective) may actually be helpful, such as a masked First Responder offering medical assistance.
- Young children's responses to trauma will differ, but they can be subtle and adults may not recognize these behaviors as a traumatic response. For example, we commonly may see behaviors like excessive crying, distress, regression (temporarily losing previously acquired skills like toilet training or sleeping through the night), aggression, withdrawal, physical symptoms, and/or acting out traumatic events during play as responses to trauma. *Note that this list is not inclusive of all traumatic responses.*
- **EXPLAIN** the concept of stress in terms of child development:
 - Stress is how we experience, from an intellectual, emotional and physical standpoint, a frightening or overwhelming event. Even very young children will experience stress when they are exposed to a traumatic event.
- **CLARIFY** that early experiences do not define a child's outcomes:
 - However, experiencing adversity does not automatically assign children to poor life outcomes, and most children are able to recover when they have the right supports—particularly the consistent presence of a loving, sensitive parent or caregiver.
 - The good news is that we can help people, including young children, to cope with traumatic events so that they are tolerable, not toxic, and so that they have a chance to recover from these events in ways that minimize negative impacts over the long-term.

SLIDE 8:

- **INTRODUCE** the activity by saying:
 - Every person experiences stress throughout their lives. Some of this stress is more manageable, while other stressors are overwhelming.
 - Many of the experiences that you, as first responders and family-facing professionals, encounter in your work are overwhelming stressors for adults, and even more so for children.



- **ASK** Can you share an experience you have had with families in which they were dealing with a stressful or traumatic event—like a house fire, arrest, homelessness, or intimate partner violence?
 - If possible, ask participants to form groups of 2-4 (depending on number of participants). Allow groups 5-7 minutes to share/discuss this question.
 - Re-convene as a large group and take 2-3 examples to summarize.
- **IF DESIRED, YOU CAN EXTEND THIS CONVERSATION** with follow-up questions such as:
 - How did you feel during the interaction? (Saddened, stressed, worried, threatened, frightened, frustrated?) What do you do in the moment to calm yourself and your quite natural emotional responses?
 - If the child was present, what do you think the child heard or understood from this interaction? [Push for the cues children give that are nonverbal – sounds, expressions, actions like holding on to the parent.]
 - Were you able to take action to support the child or family? If so, what did you do? How did the family respond?
- **SUMMARIZE** Young children communicate primarily through non-verbal means so looking for visual cues is an important way of understanding their experience. Providing children with a felt sense of safety and security during frightening, traumatic or stressful experiences is an important way of minimizing the impact of the event.
- **CHECK-IN** with participants. Remembering and discussing difficult experiences can be taxing for some. Be attentive to any emotional or physical reactions to what is being discussed and allow time to process those reactions together.



Consider creating break-out rooms in your virtual platform to create small groups for sharing. An intense topic like this one often feels more comfortable to explore within a more intimate group (5 participants per group is a good size). If possible, include a staff member or facilitator in each breakout room to observe and prompt the discussion, if needed. Check-in with participants by asking them to use the “thumbs up” feature when they are ready to move on from their small groups. Move on to the next slide when the group is ready.

SLIDE 9:

- **SHARE** a selection of the listed settings/services where professionals may interface with families and young children. (Alternatively, if time allows, you can hold on the previous slide and ask participants to share the various situations in which staff—First Responders or Family-Facing Staff—encounter children and families. After participants have shared a range of ideas, move to this slide and review.)
- **ASK** if anyone in the group has encountered young children in any of these situations (or similar situations)? [If large group, ask for a show of hands.]

Situations where young children may be present

- Natural disaster
- Accident
- House fire
- Partner/Family violence
- Community violence
- Child abuse or neglect
- Act of terrorism
- Arrest of a parent/caregiver
- Assault/injury/death of a parent/caregiver
- Suicide of a parent/caregiver
- Physical injury or illness of a child
- Physical injury or illness of a parent/caregiver
- Drug overdose of a parent/caregiver/household member
- Homelessness, or other human services agencies
- Home Visits
- Social Services Agency office/appointment

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Consider using the “raise hands” feature of your virtual platform as a way of doing this online. **Point out** that this list is not inclusive and illustrates the diverse set of roles and services that may be available in a community.

SLIDE 10:

- **EXPLAIN** the factors that affect how a child experiences a traumatic event: How a child experiences a traumatic event differs based on a range of factors, including:
 - **The child’s age and developmental level.** Younger children often have a more difficult time making sense of a traumatic event than an older child who has more language and reasoning ability.
 - **The type of event also matters.** A more intense physical injury, a child witnessing injury or harm to caregiver, or experiencing the loss of caregiver are experiences that are particularly impactful.
 - **The nature of the event matters too,** including the duration of the event—whether it was a one-time experience or ongoing.
 - A child’s ability to be resilient in the face of a traumatic event depends quite a bit on their parent or caregiver’s ability to support them during and after the event. The family’s overall healthy functioning and access to positive coping strategies also influence a child’s ability to manage the experience of a traumatic event. Access to community resources, like mental health counseling, can support a child/family’s recovery from a traumatic experience.

Factors that affect how a child experiences a traumatic event

- The child’s age and developmental level
- Type of event—consider extent of physical injury, witnessing injury or harm to caregiver, or loss of caregiver.
- The nature of the event, including the intensity, duration, and proximity.
- The caregiver’s ability to support the child during and after the event and the family’s access to coping strategies.
- The child’s relationship to the victim or the perpetrator.

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SLIDE 11:

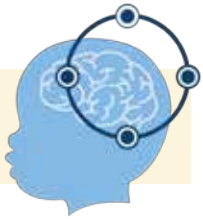
- **EXPLAIN** how stress affects early brain development:
 - Very young children have a limited ability to cope with stress. They primarily depend on the caregiving adults in the world to help them cope and recover.
 - The part of the brain that controls the reaction to stress is fully developed at birth. However, the forebrain, or frontal lobe – the part of the brain that helps us *think logically, reason, process and make sense of* feelings, memories and experiences is still maturing.

Stress and Early Brain Development

Very young children:

- Have a limited ability to cope with stress
- Depend on adults to help them cope with stress

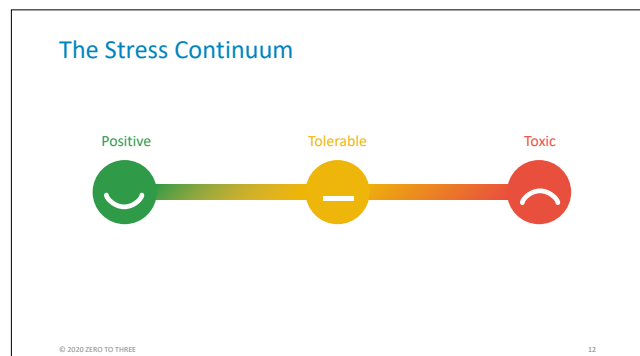
- The part of the brain that controls reactions to stress is fully developed at birth.
- However, the forebrain – the part of the brain that helps us think about, process and make sense of feelings, memories and experiences is still maturing.



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SLIDE 12:

- **INTRODUCE** the Stress Continuum. Each type of stress will be reviewed in detail in the following slides.
- Begin with a discussion on positive stress.
- **EXPLAIN** that every child experiences positive or "everyday" stress.
- **ASK** What are some normal, positive stressors for young children – babies and toddlers? [If a small group, ask for volunteers. If a large group, ask participants to pair up and discuss.]




If delivering this training online, encourage participants to respond via voice or chat feature.

SLIDE 13:

- **ACKNOWLEDGE** participants' ideas and **explain** positive stress further using the points below:
 - Some example of positive stress for young children include:
 - Falling when learning to walk, waiting to be fed, watching your tower of blocks fall, learning to fall back asleep when you wake in the middle of the night, having to wait your turn to get on the swing, skinning your knee in the playground, meeting a new babysitter, or getting an immunization shot.
 - These are all examples of normal, everyday stressors that all young children face. These stressors are both inevitable AND necessary. Without these stressors, how would we learn strategies to cope?
 - Hopefully, we have at least one parent or caregiver who can calm, comfort, and support us during these stressful events. That's how we learn to work through stress and are able to stay on the lower end of the continuum. We also use those same coping strategies as we grow and face different stressors—like trying out for a sports team or taking a big test.
 - These experiences trigger brief increases in heart rate and mild elevations in stress hormone levels, but children can typically recover with ease.


Positive Stress



Normative stress—reactions to normal life experiences that are not dangerous or threatening.

- A necessary aspect of healthy development for coping with everyday events
- Stress is short term in nature
- Often within the child's ability to cope, with some support*


*National Scientific Council on the Developing Child, 2005/2014
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SLIDE 14:

- **EXPLAIN** that some life events are more substantive and take a heavier toll.
- **ASK** What are some life events that a child may experience that would be more frightening or stressful for them? [If a small group, ask for volunteers. If a large group, ask participants to pair and discuss.]


Tolerable Stress



Tolerable stress—is longer lasting and more intense but is relieved by supportive relationships.

- Associated with high cortisol release
- May disrupt brain architecture if prolonged
- Supportive relationships facilitate a child's ability to cope*

*National Scientific Council on the Developing Child, 2005/2014
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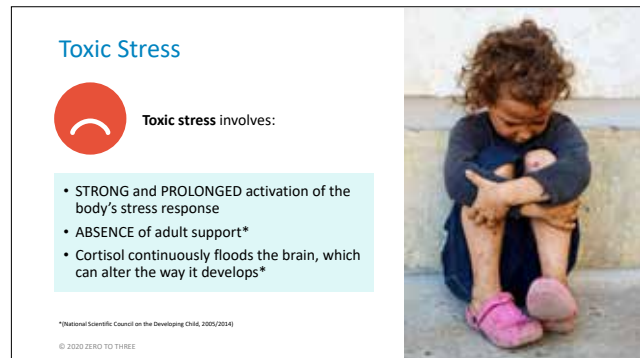



Encourage participants to respond via voice or chat feature. Read some of the comments entered in the chat aloud to the whole group.

- Make the following points:
 - More emotionally costly stressors may include a family illness, natural disaster, divorce, serious financial difficulties that affect a family's stability or well-being, arrest of a family member, deployment, or other intensive event.
 - *If, however, at least one parent or caregiver is able to remain emotionally available and able to buffer (support) their child during these stressors, the stress can remain tolerable with fewer long-term implications for the developing child.*
 - **POINT OUT** When a supportive relationship is present, the physiological effects of stress can be brought back down to baseline. If the stress activation is time-limited and buffered by relationships with adults who help the child adapt, we can recover from what might otherwise be damaging effects.

SLIDE 15:

- **DEFINE AND EXPLAIN** toxic stress:
 - We worry most when a parent or caregiver is not able to buffer (or protect and nurture the child) in the midst of a stressful event. In the worst-case scenario, the parent or primary caregiver is actually the cause of the stress or fear, such as in situations of child abuse, neglect or maltreatment. That's when stress can become unbearable and toxic for a child's long-term health and well-being.
 - "Toxic stress" is when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. In this scenario, there is no "safe, secure relationship" for that child to return to, to heal from, and where they will be buffered from the stress.
 - Stress is considered "toxic" when the child is left alone to deal with overwhelming events because this situation leads to prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems. Over time, prolonged, toxic stress can increase the risk for stress-related disease and cognitive impairment, well into the adult years.
 - Numerous studies have also documented that exposure to racism beginning in early childhood and across the lifespan is another form of toxic stress.
- **PAUSE AND CHECK-IN** with the participants about the types of stress that were just reviewed. Answer and clarify any questions or thoughts that might emerge.




Encourage participants to ask their questions and/or share their thoughts via voice or chat feature. Answer and clarify any questions or thoughts that might emerge.

SLIDE 16:

- **READ** the Case Study: Home Visitation to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study. You may also consider inviting someone in the group to read the case study. Invite the participants to follow along.
 - Early intervention home visitor Kathleen was conducting a home visit with 18-month-old twins Coleman and Coletta and their grandmother via videochat.
 - This was Kathleen's first visit with the family on videochat (due to COVID) and her first visit with the family since their single dad passed away from COVID-19.
 - In the last 3 weeks, the twins had moved in with their grandmother, Carlene. Carlene is reporting the twins' behavior is very challenging, with frequent tantrums, biting, and hitting; poor sleep with frequent wake-ups; and poor appetite/weight loss for both toddlers.
- **GUIDE** participants to reflect on the following questions and share their thoughts. This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.
 - What stressors is Carlene coping with? What are the twins coping with?
 - How might the twins be using behavior to communicate?
 - What might the home visitor, Kathleen, do or say to support Carlene and the twins during this time? What community resources may be available to them?

CASE EXAMPLE



Home Visitation

- Early intervention home visitor Kathleen was conducting a home visit with 18-month-old twins Coleman and Coletta via videochat.
- This was Kathleen's first visit with the twins on videochat (due to COVID) and her first visit with the family since their single dad passed away from COVID-19.
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Encourage participants to respond via voice or chat feature to each of the reflective questions. Alternatively, use the "breakout room" feature on the meeting platform to facilitate small groups discussions of these questions. Bring participants back together after approximately 5 minutes and ask for any reflections or insights; briefly process before moving on.

SLIDE 17-18:

- **ASK** participants to identify ways a baby or toddler may communicate fear or worry. Pause and collect responses from the group.
- **TRY TO ELICIT** a range of communication behaviors such as cries, facial expression, body movements (like back arching), gestures (pointing), words, etc. Observe that for young children 3 and under, words are the last communication behavior to emerge and that we need to think about communication more broadly.
- Click to activate the animation on this slide and review the list of behaviors there and on the following slide. Reinforce the message that every child is different and will communicate stress/fear/worry using a unique set of behaviors.
- **POINT OUT** Young children, even as young as 8-12 months, can understand much more language than they can express. We can never assume a child “doesn’t understand what is happening.” They may not understand it as an adult would, but they understand the words and experiences based on their current abilities.

How young children might respond to traumatic stress (ages 0-5)

- Irritability, sadness, and/or anxiety
- Changes/problems in eating or sleeping
- Fearful or avoidant behavior
- Returning to earlier behaviors, such as bed-wetting or thumb-sucking
- Demanding attention (in both positive or challenging ways)
- Fear of being separated from a parent/caregiver
- Extreme crying or screaming

Zero to Six Collaborative Group, 2010

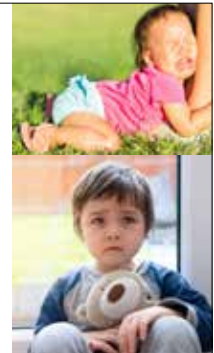
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- “Shutting down” – flat expression, low reaction, little interaction
- Aggression
- Reacts to potential reminders of traumatic event (people, places, etc.)
- Poor developmental skills, including verbal skills, memory difficulties, or learning
- Somatic (physical) symptoms, such as headaches or stomach aches
- Easily startled
- Imitating traumatic event
- Feeling to blame for what happened

Zero to Six Collaborative Group, 2010

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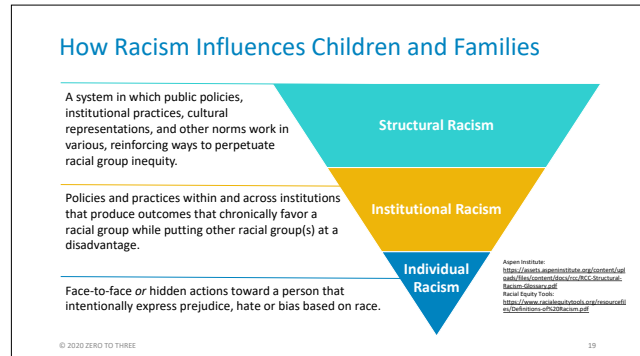


Encourage participants to respond via voice or chat feature. If your platform allows, consider using breakout rooms of about 5 participants each. Assign each group to brainstorm either “baby behaviors” or “toddler behaviors” that communicate fear and worry. Ask one member of each group to serve as notetaker and create a list of suggested ideas. When you return to the large group, ask each notetaker to share ideas from their discussions.

- **HIGHLIGHT** that young children may not have the words to say what they’re feeling and experience, but they will often tell us through their behaviors. As caring adults, it’s our job to try and understand the meaning of the behavior.
- **REVIEW** the list of behaviors included in the slide.
- **NOTE** that it is not an exhaustive list of symptoms of traumatic exposure. Also note the developmental variation in the birth to five range: what you’d see in a one-year-old, for example, may be very different than what you’d see in a 5-year-old.
- **EXPLAIN** Sometimes it can be difficult to tease out these indicators from normal early childhood behaviors. Parents or caregivers can speak to differences or changes in a child’s behaviors and early childhood professionals (primary care providers, early interventionists, social workers) can help differentiate normal from worrisome behaviors and/or rule out other potential contributors to these behaviors.

SLIDE 19:

- **TRANSITION** to considering the impact of racism on children and families by saying:
 - I would be remiss if I didn't touch on other stressors that families may carry, and some of these stressors are ones that we may not consider in the moment. This includes the impact of racism on children and families. We need to raise this issue up, as it is an important and ongoing source of trauma that individuals carry with them across the lifespan.
- **EXPLAIN** the three ways that racism exists in society:



1. Structural Racism:

- **CLICK** to show definition as you share the information below.
- **READ** the definition: A system in which public policies, institutional practices, cultural representations, and other norms work in various, reinforcing ways to perpetuate racial group inequity.
- **ADD:** Structural racism perpetuates and allows privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is an enduring feature of the social, economic and political systems that surround us. The key indicators of structural racism are inequalities in power, access, opportunities, treatment, and policy impacts and outcomes, whether they are intentional or not. Consider, for example, the low (and only very recent) representation of Native Americans in Congress as an example of structural racism.

2. Institutional Racism:

- **CLICK** to show definition as you share the information below.
- **READ** the definition: Policies and practices within and across institutions that produce outcomes that chronically favor a racial group while putting other racial group(s) at a disadvantage.
- **ADD** Institutional racism occurs within and between institutions, and includes discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race. Institutionalized racism includes disparities in the access to and quality of education, safe housing, employment, health care resources, and interactions with law enforcement and the justice system.
- **PROVIDE EXAMPLES** Examples of institutional racism can be found in school disciplinary policies in which students of color are punished at much higher rates than their white counterparts. This practice begins young—in preschool. For example, African-American children make up 18 percent of the preschool population, but represent almost half of all preschool suspensions. There are similar patterns of institutional racism in the criminal justice system, the health care system, and within many employment sectors. For example, a recent research study, *Are Emily and Greg More Employable than Lakisha and Jamal?* (Bertrand and Mullainathan, 2004), asked prospective employers to review resumes with identical work experience but different names. Some names were selected as more “white-sounding” and others selected because they were “black-sounding.” The study found that people with “black-sounding names” had to send out 50 percent more job applications than people with “white-sounding names” to get a call back.

3. Individual Racism:

- **CLICK** to show definition as you share the information below.
- **READ** the definition: Face-to-face or hidden actions toward a person that intentionally express prejudice, hate or bias based on race.
- **ADD** Individual racism lies within individuals. Examples include prejudice, xenophobia, internalized privilege, and beliefs about race influenced by the dominant culture.
- **REVIEW** the significant associations between the experience of racial discrimination and low birth weight and increased risk for preterm birth.
 - **Low Birth Weight:** Research has found that for every point increase in the measure of everyday discrimination a mother reported, the birth weight of her baby decreased by approximately 49 grams.
 - **Preterm Birth:** Chronic stress raises amounts of cortisol released in the brain, a hormone that at elevated levels triggers labor. It can also cause an inflammatory response that restricts blood flow to the placenta, restricting infant growth.
 - For instance, in the 6 months after September 11, 2001, women living in California who were of Arab descent were far more likely to give birth to a low birth weight or preterm infant than in the 6-month time period prior to September 11. (<https://www.medpagetoday.com/blogs/kevinmd/84362>)
 - **Summarize:** These are just a few examples of the ways in which a traumatic experience – racism – can impact health, beginning in pregnancy and at birth. These impacts continue across the lifespan in all settings—including housing, health care, education, employment, and more.
- **CONCLUDE** Acknowledging the ways in which individuals are influenced by structural and institutional racism helps us to understand the ways in which individual racism—either conscious or unconscious—may be at work. While learning together about these three types of racism is critically important, our time today doesn't allow for an in-depth examination of the issue. We touch on this topic to acknowledge it exists in our systems, practices, and interactions and has powerful and lasting impacts on children and families, which we'll touch on next.
- **NOTE** This topic may elicit strong responses in the group. Be mindful of feelings and emotions that might emerge. Recognize and validate the experiences and impacts shared by participants.


SLIDE 20:

- **TRANSITION** to identifying actions First Responders and Family-Facing Staff can take:
 - In terms of our work with families, many First Responders and Family-Facing Staff have fairly brief interactions with families – either in a moment of crisis or in a service capacity – but regardless, we are each bringing all our life's experience to that shared moment.
- **READ AND SUMMARIZE** the list of strategies that First Responders and Family-Facing Staff can use to take action as individuals and as a larger agency to reduce the harmful impact of racism on children and families.

Racism as a Source of Ongoing Trauma

What First Responders and Family-Facing Staff Can Do

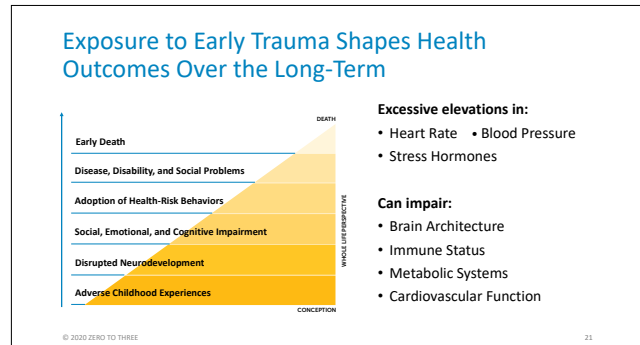
- Recognize that racism is a powerful source of ongoing trauma for families, with very real impacts on individuals and communities.
- Examine programmatic and agency policies to ensure equity and access.
- Be aware of your own biases and how they may influence your perceptions of, and interactions with, young children and families.
- Provide referrals and connections to families to ensure they have access to resources that will maximize the health of their children and families.
- Understand your agency's expectations on engaging with families and hold those standards.
- Seek additional training and support from your agency.



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SLIDE 21:

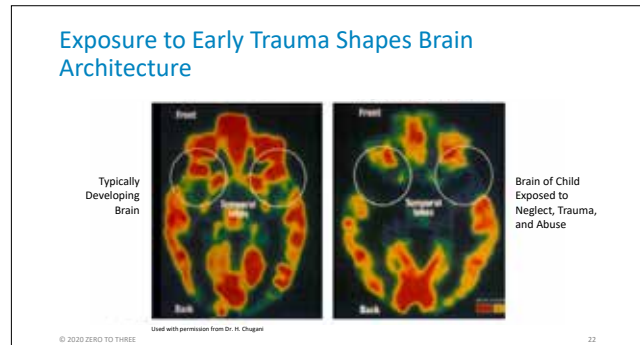
- **REVIEW** the Adverse Childhood Experiences (ACE) study:
 - The Adverse Childhood Experiences (ACE) study was a large-scale study involving many thousands of adults who completed a questionnaire about their childhood experiences. The questionnaire asked questions that explored a range of adverse experiences, such as whether adults had experienced abuse, neglect, or challenges such as poverty, hunger, separation from a primary caregiver, or exposure to a primary caregiver who struggled with mental illness or addiction.
 - This study examined the relationship between an adult's survey responses and their current health history.
 - This study found that childhood experiences of adversity correlated with later health outcomes—ranging from an increased risk of developmental delay, risk of disease, and risk of experiencing mental health challenges. Adults who had reported experiencing more adversity as children also engaged in more health risk behaviors (such as drug/alcohol use) and faced an increased risk of experiencing violence themselves as adults.
 - More adverse experiences in early childhood were associated with shorter life expectancy.
 - The original categories of adverse experiences, as well as more recently identified ACEs, include:
 - Emotional abuse
 - Physical abuse
 - Sexual abuse
 - Emotional neglect
 - Physical neglect
 - Mother treated violently
 - Household substance abuse
 - Household mental illness
 - Parental separation or divorce
 - Incarcerated household member
 - Psychological abuse
 - Death of a parent
 - Community violence
 - Poverty
 - As the research base has grown, exposure to racism has been added to this list of adverse childhood experiences as well.
- **RECOGNIZE** that almost all adults report at least some number of ACEs. Remind participants of the important role of supportive adult relationships to help children manage the impact of these early experiences (as discussed earlier in the presentation).
- **PAUSE AND CHECK-IN** with the participants about the content covered so far. Answer and clarify any questions or thoughts that might emerge.



Encourage participants to share questions or comments via voice or chat feature. Address any questions or comments with the larger group.

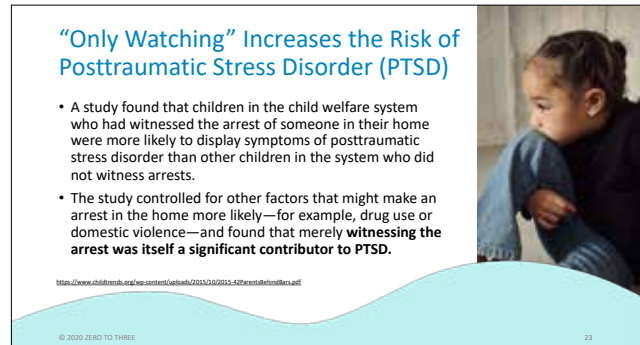
SLIDE 22:

- **EXPLAIN** how the exposure to early trauma shapes the brain architecture:
 - What we know from science is that the brain organizes itself differently based on the kind of world it is preparing a child for. Is this a loving, supportive environment that encourages exploration, questions, and curiosity? Or not? Children's early experiences become the driving force shaping their brain architecture and influencing how they learn across the long term.
 - If children experience ongoing, intense adversity and trauma, neural circuits for stress are strengthened. The child's stress responses (particularly the release of the hormone cortisol) become more easily triggered and harder to shut down. This leaves children in a prolonged state of stress or vigilance.
 - This long-term exposure to stress and adversity, with its accompanying changes to brain architecture, may have adverse effects on a child's memory, learning, behavior, and health over the lifespan.
- **DISCUSS** the images on the slide:
 - Here we see how exposure to early trauma has long-term impacts. These are images of the brains of two ten-year-olds. The child on the left has experienced what we consider typical life experiences. The child on the right has experienced significant, ongoing trauma, in this case, this is a brain scan of a child who lived in one of the Romanian orphanages during early childhood.
 - It is evident how early childhood exposure to trauma has altered the way that brain architecture has developed. The child on the right shows brain development with significant thinning in the frontal lobe of the brain. You can think of the frontal lobe as the air traffic controller of our brains – this part of our brain is where our highest level thinking ability is coordinated. It helps us plan, reason, think logically, realize the implications of our actions, and balance our wants/desires with our responsibilities, among other abilities.
 - As one of the leading researchers in this field, Jack Shonkoff, has noted: "No brain is perfect - they all adapt to their environments." (The Brain Architects Podcast: <https://developingchild.harvard.edu/resources/the-brain-architects-podcast-brain-architecture-laying-the-foundation/#transcript>) The child on the right has built a brain that is prepared for survival while the brain on the left is prepared for learning and exploring.



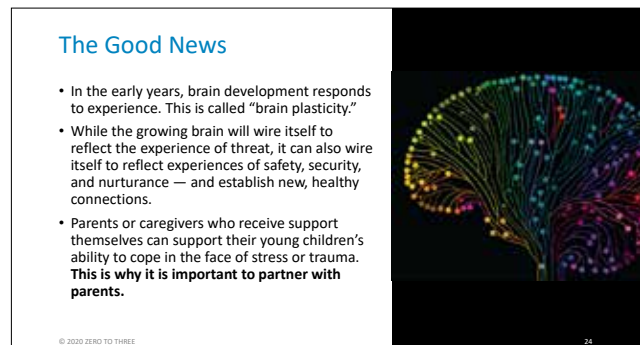
SLIDE 23:

- **DISCUSS** some of the data (although limited) on the impact that First Responders have on the young children they come in contact with.
 - No systematic data is collected on how often First Responders come into contact with children, but anecdotes suggest such incidents are not uncommon.
 - In addition, no systematic data is collected on how often children are present for a parent's arrest; however, one study of families who have been investigated by child protective services found that nearly 40% of children in the study had witnessed the arrest of a household member (Phillips & Zhao, 2010).
 - In a research project led by Dr. Julie Poehlmann-Tynan at the University of Wisconsin–Madison, caregivers were asked whether their child had witnessed their father's arrest, and if so, the level of distress experienced by the child. Nearly a quarter reported their child had witnessed the arrest, and most reported the experience as "extremely distressing." (<https://www.nccdglobal.org/blog/how-witnessing-parents-arrest-affects-child>)
- Consider pausing to check-in and collect participants' thoughts, feelings, and reactions to some of the data.



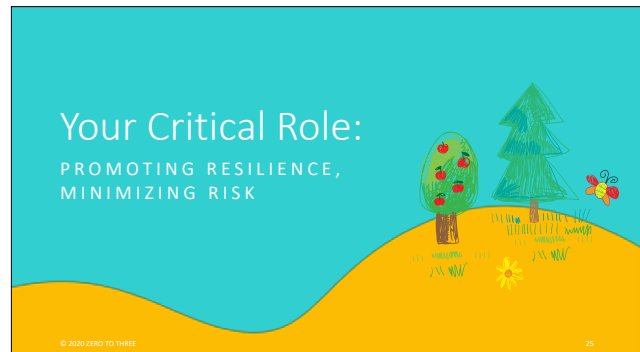
SLIDE 24:

- **EXPLAIN**
 - We've discussed how early adversity can shape brain architecture. But this plasticity – or the brain's ability to wire itself based on life experience – can respond to positive and nurturing life experiences too.
 - When children have access to loving, safe and secure relationships; high quality care; and positive early learning experiences, their brains can wire to reflect these enriching experiences as well.
 - I also want to be clear that the window on brain development doesn't close at age five! Our brains continue to build connections in response to life experience throughout the lifespan. However, it is true that these connections are more easily formed and modified in the early years. (Think of learning a second or third language as a young children vs as an adult. We can still learn as adults, it's just more challenging and we may not ever sound like a native speaker.)
- **TRANSITION** This is why, while this training focuses on the experience of children, we can't forget the adults involved in these interactions and the important role they play in providing a sense of safety and nurturance that contributes to their children's growth and development.



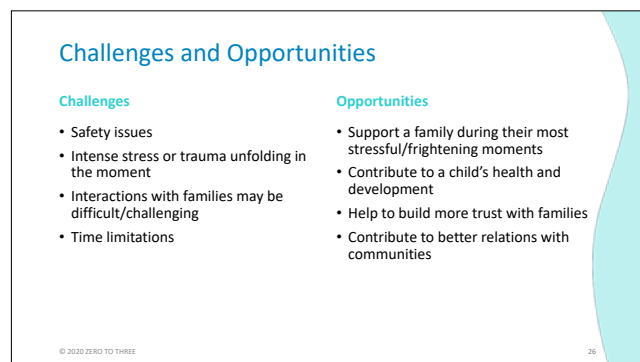
SLIDE 25:

- **TRANSITION** Let's now discuss your critical role in promoting child and family resilience and minimizing the risk of trauma. We'll also discuss some strategies to add to your toolbox as you work with young children and their families.



SLIDE 26:

- **ASK** What can make interactions with families during stressful or traumatic situations challenging? [Collect responses from the group. Consider noting challenges that participants share on a flip chart. You might ask the participants in the group to raise their hand if they have also experienced the same challenge as participants share. Alternatively, if the group needs an opportunity to be active, you might post two flip chart pages on the wall (labeled "challenges" and "opportunities") and ask participants to walk up and write down their thoughts on each page.]
- **CLICK** to show slide content and note similarities/differences to ideas shared by participants.
- **ASK** What positive opportunities do you feel you have in your role when interacting with families, even during a stressful or traumatic experience?

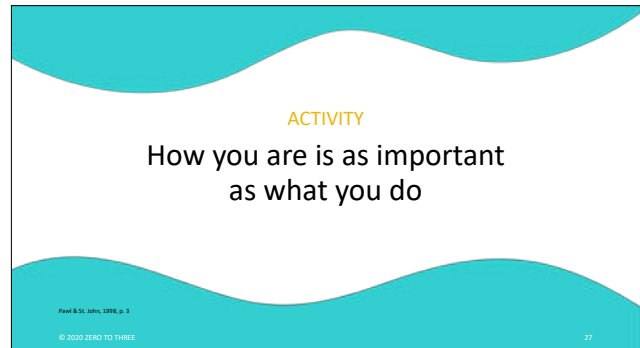


Encourage participants to respond via voice or chat feature. Read the responses entered in the chat to the larger group. Participants in the online training can use the raise hand feature (if available) to raise their hand if they have experienced the same challenge as participants share. You may also choose to utilize the breakout room feature on the meeting platform to run this activity via small groups, with a notetaker in each group listing responses.

- **TRANSITION** These are very real challenges. Yet, there are also opportunities that arise in these moments to support families and minimize traumatic impacts on children. Next, we'll discuss ways to interact with families that can de-escalate stressful encounters, allow you to do your job effectively, and give families the opportunity to be heard and have their needs met.

SLIDE 27:

- **INTRODUCE** the activity using instructions below. (Note: Length of activity is approximately 5 minutes: 1-minute introduction, 3-minute activity, 1 minute summary).
 - **REFER** to the quote on the slide – “How you are is as important as what you do.”
 - **PAIR AND DISCUSS** Instruct participants to pair up and discuss:
 - What does this statement mean to them?
 - How might they see this focus on “how they are” play out in their daily work?
- **PROCESS** with a few volunteers to share feedback as a large group.

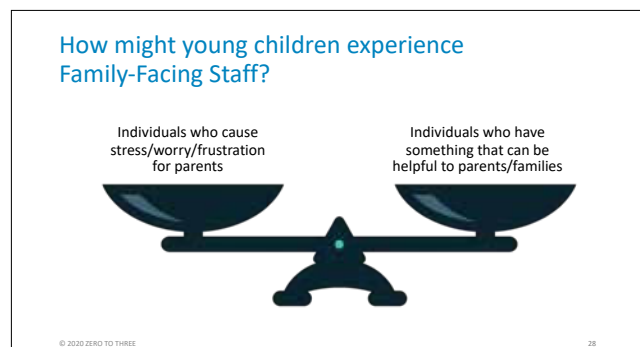


This activity can be completed in breakout groups of about 5 participants each. Each group can be instructed to discuss the questions listed here. Groups can share a summary of what they discussed once the larger group re-convenes via voice or the chat feature.

- **HIGHLIGHT KEY POINTS** We can be sharing important—even vital—information, we can be trying to help, we can have good intentions BUT the way we’re sharing that information or help determines the family’s openness to receiving it.
 - You may have also heard the quote that says, people may forget what you said and forget what you did, but they will never forget how they made you feel. The “how we are” is all about the intentional choices we make to engage with families in ways that acknowledge, respect, and validate their humanity.

SLIDE 28:


- **EXPLAIN** how children might experience Family-Facing Staff. Children may experience them as:
 - Sources of stress, worry, and frustrations for their parents/caregivers, and/or
 - Individuals who have something that can be helpful to parents/families.
 - The service centers might also be perceived as places with long waits or as boring places for children.
- If safe to do so, agencies might consider adding child-friendly elements at the service center.
- **ASK** participants what could make service center locations more child/family-friendly. (For example, the location may add children’s art/posters, books, or a play space, if healthy and safe to do so.)



SLIDE 29:

- **READ** the case study with the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study. Consider inviting a volunteer to read the case study to the group.
 - The Jones family arrived at the service center feeling stressed and overwhelmed.
 - Just two months ago, the family was keeping their heads above water, but once COVID-19 closures began, both parents lost their jobs in the service industry.
 - In just 60 days, their family income dropped to nothing and for the first time, the parents weren't sure if they could feed their family.
 - The family was there to learn if they qualified for food stamps, rental assistance or Medicaid. Their children, ages 20 months and 7 months, were with them—quiet, unsure, and stressed themselves.
- **GUIDE** participants to reflect on the following questions:
 - What does it feel like to be these parents?
 - If you were these parents, what kind of service would you want to receive from the professionals working with you?
 - How could a Family-Facing Staff member treat this family in order to reduce their sense of being overwhelmed?
 - What impact do you think high stress levels have on parents' ability to care for their young children? What might you say or do to recognize parents' efforts in coming today?
- **NOTE** This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.

CASE EXAMPLE



- The Jones family arrived at the service center feeling stressed and overwhelmed.
- Just two months ago, the family was keeping their heads above water, but once COVID-19 closures began, both parents lost their jobs in the service industry.
- In just 60 days, their family income dropped to nothing and for the first time, the parents weren't sure if they could feed their family.
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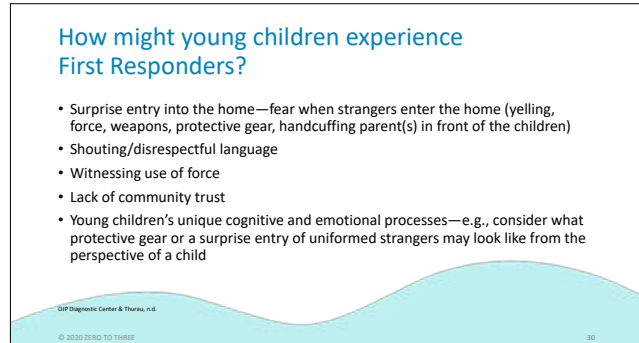
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Read the case study to the group and invite participants to follow along as you read. Guide online participants to reflect on each question and respond via voice or chat feature. Read aloud and respond to several chat responses.

SLIDE 30:

- **POINT OUT** that young children are at a unique stage of development where they lack the ability and experience to fully understand the adult world. This is particularly true when it comes to unique, intense, and frightening/stressful experiences. Their perception of the situation is shaped by what they can see, feel, and hear – **and** they are also heavily influenced by the cues and responses of their parents.
- **CONSIDER** the variables that may shape how children perceive interactions with First Responders and Family-Facing Staff. Review the following points:
 - For a young child, it may be terrifying to have strangers enter the home unexpectedly. Issues such as shouting, shows of force, or protective gear (while critical to safety) can also intensify the fear associated with this experience.
 - While surprise raids might be necessary, it's important to understand how this would look and feel from the perspective of a young child.
 - As we've discussed, young children look to their caregivers to know how to feel. If they are living in a community where there is tension or mistrust between First Responders and the community, young children will likely pick up on that fear, mistrust, etc.
 - Given everything we've talked about regarding young children's total reliance on their parents/caregivers, as well as their cognitive and emotional processes (especially the fear of abandonment), we can surely understand how anyone who is taking their parent away, for any reason, might be perceived as a source of fear, rather than protection.
- **ASK** participants: What else might occur in your interaction with families that would shift a child's view of you from a "helpful person" to "threatening person"? For Family-Facing Staff, which of these factors may be the same or different in their settings? [Collect responses from the group.]



Encourage participants to respond via voice or chat feature. Read the responses entered in the chat box to the larger group.

- **NOTE** This slide can be customized based on the specific training audience.

SLIDE 31:

- **NOTE** Begin by repeating the message that safety comes first. While the emotional needs of young children are critical, the physical safety of the child, first responders, and others on the scene take first priority.
- **DISCUSS** the strategies listed on the slide.
 - You can begin to think about how to minimize the child's exposure to traumatic experiences before you even arrive.
 - For example, prior to heading out, try to obtain information from dispatcher or other source as to whether a child will be at the scene.
 - Recognize your role in preventing and mitigating, *and not worsening*, a young child's response to a scary situation. In practice, this means that the first priority is to ensure safety.
 - Secure the scene and contain health crisis/risk/danger.
 - Look for the presence of children on scene and assess for injury/abuse/neglect.
 - Avoid shouting at children or pointing weapons at children.
 - If safe and feasible, assign a caregiving adult in the home or First Responder to supervise children on scene *where they cannot witness distressing events*. Be sure to tell children where their parents will be, and parents where their children will be.
- **RECOGNIZE** that all First Responder agencies have established protocols for situations involving children and encourage them to review those with their colleagues. They might consider using a staff meeting as an opportunity to explore what is working and what might be revisited in light of this training information.

Making Challenging Situations Better for Young Children

Strategies to Ensure Children's Safety and Limit Their Exposure

- Prior to heading out, try to obtain information from dispatcher or other source as to whether a child will be at the scene.
- Recognize your role in preventing and mitigating, *and not worsening*, a young child's response to a scary situation.
- Ensure safety. Secure the scene and contain health crisis/risk/danger.
- Look for the presence of children on scene and assess for injury/abuse/neglect.
- Avoid shouting at children or pointing weapons at children.
- If safe and feasible, assign a caregiving adult or First Responder to supervise children on scene *where they cannot witness distressing events*.

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SLIDE 32:

- **READ** the case example to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study. Consider inviting a volunteer to read the case example.
 - The home visitor, Carolina, was relieved to see that Tanya opened the door – Tanya hadn't been home for her last 3 visits.
 - Carolina knew that Tanya was starting her 7th month of a difficult pregnancy. Tanya had a history of mental health challenges. While the doctor recommended staying on her medication during the pregnancy, Tanya worried about her baby's health and had stopped her meds.
 - When Carolina walked in the home, she was shocked. Tanya's other two children, ages 3 and 15 months, had clearly not been bathed in quite a while. The 3-year-old looked thinner than last time, and both children had flat expressions when Carolina walked in—very different from the energy and interest they showed during earlier visits.
 - Tanya seemed confused and disoriented and spoke of people who were watching her. Carolina knew she would have to connect Tanya with professionals who could evaluate her health.

CASE EXAMPLE

Ensuring Safety and Limiting Exposure

- The home visitor, Carolina, was relieved to see that Tanya opened the door – Tanya hadn't been home for her last 3 visits.
- Carolina knew that Tanya was starting her 7th month of a difficult pregnancy. Tanya had a history of mental health challenges. While the doctor recommended staying on her medication during the pregnancy, Tanya worried about her baby's health and had stopped her meds.
- When Carolina walked in the home, she was shocked. Tanya's other two children, ages 3 and 15 months, had clearly not been bathed in quite a while. The 3-year-old looked thinner than last time, and both children had flat expressions when Carolina walked in—very different from the energy and interest they showed during earlier visits.
- Tanya seemed confused and disoriented and spoke of people who were watching her. Carolina knew she would have to connect Tanya with professionals who could evaluate her health.

- What might the children in this family be experiencing?
- What could be done to help the children feel safe and secure as events unfold?

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- **GUIDE** participants in discussing the following reflective questions:

What might the children in this family be experiencing?

- [Note: *While we don't know for sure, Tanya may be experiencing mental illness and currently may not be emotionally or physically available to her children. Her children's weight loss may (or may not) be a reflection of her difficulty providing basic care and nutrition. Her children's flat affect may (or may not) be the result of Tanya's ongoing illness influencing her parenting abilities.*]

What could be done to help the children feel safe and secure as events unfold?

- [Note: The home visitor can ask Tanya if there is someone she could call to stay with the family. The home visitor can also explain the next steps to Tanya and provide age-appropriate explanations to the children as well: "I am going to help your Mom see the doctor to make sure she is healthy. While she is at the doctor's, your Aunt Casey is going to say with you."]
- **NOTE** This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.



If delivering this training online, encourage participants to respond to the discussion questions via voice or chat feature. Read the responses participants enter in the chat to the group. You can also use the breakout room feature if you wish to encourage small group discussions of the case study.

SLIDE 33:

- **REVIEW** the strategies listed on the slide.
 - Continue to ensure safety of all at the scene.
 - Then – Consider strategies to minimize the impact on children such as the following:
 - Appeal to the adult at the scene as a parent: "I see your child is here. I'd like to talk to you about this situation, so she doesn't get scared. Can we do that?"
 - Use a calm, respectful tone of voice with parents.
 - Use a calm, kind tone of voice with children.
 - If parent and child must be separated while you are working with the parent, allow the parent to say good-bye and explain where the child will be and who will be caring for the child.
 - Explain what is happening to the child, even if you think the child is too young to understand. Tell the child where parent will be. Assign the child a consistent caregiver who will stay with them throughout the experience. Ensure this individual has items (for example: children's books, rattle, stickers/crayons/paper, bubbles, a ball, a stuffed animal, a toy car) that can be used to engage the child.
- **EXPLAIN** that even if an infant doesn't understand the words, a reassuring and soothing tone can convey calm and safety amidst a distressing situation.



Making Challenging Situations Better for Young Children

Strategies to Ensure Children's Safety and Limit Their Exposure


- Ensure safety.
- Then – Consider strategies such as the following:
 - Appeal to the adult at the scene as a parent: "I see your child is here. I'd like to talk to you about this situation, so she doesn't get scared. Can we do that?"
 - Use a calm, respectful tone of voice with parents.
 - Use a calm, kind tone of voice with children.
 - If parent and child must be separated while you are working with the parent, allow parent to say good-bye and explain what is happening to the child. Tell the child where parent will be. Assign child a caregiver who will stay with them throughout the experience.

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SLIDE 34:

- **READ** the case example to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study:
 - Maya, who is 3 years old, wakes up to the smell of smoke in her room and loud sirens. Suddenly, Daddy opens the door, picks Maya up in his arms, and runs out of the apartment and down the stairs to the front door. Maya feels something stinging her arm and her throat and chest hurt. It's dark outside, but Maya sees a neighbor coming towards them. Daddy hands Maya to the man, asks him for help, and then falls down onto the sidewalk. Daddy is coughing so hard.
- **GUIDE** participants to reflect on the following questions:
 - When First Responders arrive, what could be done to minimize Maya's fear?
 - What age-appropriate messages could be shared with Maya?
- **NOTE** This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.



CASE EXAMPLE

Through the eyes of a young child

Maya, who is 3 years old, wakes up to the smell of smoke in her room and loud sirens. Suddenly, daddy opens the door, picks Maya up in his arms, and runs out of the apartment and down the stairs to the front door. Maya feels something stinging her arm and her throat and chest hurt. It's dark outside, but Maya sees a neighbor coming towards them. Daddy hands Maya to the man, asks him for help, and then falls down onto the sidewalk. Daddy is coughing so hard.

- What could be done to minimize the child's fear?
- What age-appropriate messages could be shared?


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If delivering this training online, encourage participants to respond to the discussion questions via voice or chat feature. Read the chat responses to the larger group.

SLIDE 35:

- **EXPLAIN**
 - We've mentioned several times the need to let a child know what is happening so they understand the event and experience less fear. Here are some ways that you can validate the child's experience and help them feel safe, even during a stressful situation in the home.
 - One concept I'd like to mention today is the idea of parents or caregivers as a child's "protective shield." This is the notion that that young children need to feel like their parents/caregivers are able to keep them physically and emotionally safe.
 - When we let parents perform this role as protective shield, we can minimize the impact on the child. This means that, if it's safe and feasible, we can allow the parent to comfort the child or to say good-bye to the child.



Making Challenging Situations Better for Young Children

Use Age-Appropriate Language

- Explain what is happening in an age-appropriate way to children to minimize their fear:
 - "I know this feels scary, I'm here to help you and your sister."
 - "Those people are working hard to help your mommy. Your uncle is going to be here very soon and take care of you. I'll stay with you until then."
 - Your daddy needs to go to talk to some helping people. He is safe, and so are you. Your daddy loves you, and you did nothing wrong."
- Allow the child to turn to the parent for comfort and safety, if safe and feasible
 - Connect the child to a parent/caregiver for comfort and security (voice, touch)
 - Offer or allow a teddy bear or other comfort object the parent or child requests (e.g., special blanket)

GOP Diagnostic Center & Thomas, n.d.; Strategies for Youth Connecting Coping and Kids, n.d. Larkman, Compton, Van Horn, & Ghosh Ippers, 2003, p. 56 © 2020 ZERO TO THREE 35

- We can also ask the parent if the child has a favorite object (like a teddy bear or blanket) and allow him/her to show or tell us where that item is kept.
- These objects, such as a teddy bear, parent's shirt, special blanket, etc., typically serve as a "hidden regulator" to help young children to feel more calm, grounded, and emotionally safe. Often, it also serves as a symbolic link between the child and their parent or caregiver through smell or memories.
- In addition, providing a new, developmentally appropriate object might be helpful in creating a positive, comforting memory to associate with this difficult or traumatic event, as well as helping to promote first responders as caring and safe, versus scary, in the midst of a frightening situation. This is why we suggest exploring the possibility of offering children a stuffed animal during these moments.
- Finally, we also need to remember that when parents are under immense stress, their response in the moment is not necessarily indicative of how much they care for their child. This is why it's important to minimize the child's ability to witness upsetting events *and* continue to allow the parent to serve as a protective shield for the child when it is safe and feasible.

SLIDE 36:


- **REVIEW** the strategies listed on the slide:

- If parents/caregivers have to be searched and the child must witness this event, use a calm voice and provide simple explanations: "I am going to check to see if your mom is holding anything we need."
- If children's belongings (e.g., toys) need to be searched and they must witness this event, reassure children: "I am going to touch your stuffed bear to see if there is anything inside his belly. I will be done in just a minute."
- If the child's primary caregiver will need to receive care or will be removed from the home, it is critical that the child knows who "their" helper will be. If possible, this should be the same person for the duration of the event.
- Be sure to learn—and use—the child's name and tell them your name.
- Use toys/items from the family's home or that you have on hand to give the child an age-appropriate outlet during this time (e.g., blow bubbles, color together, roll a ball back and forth).
- Ensure that a temporary caregiver (family member or other) is available to care for children and/or contact the appropriate agency to initiate emergency foster care services.
- If the child has to be separated from the parent/caregiver, explain to the child what is happening and tell the child who their temporary caregiver will be: "Mommy needs to go with us, but your uncle is here to take care of you and you will be safe."

- **PAUSE AND CHECK-IN** with the participants after reviewing some of the strategies. Answer any questions and address any comments if necessary.



Encourage participants to share their questions or comments via voice or chat feature. Read and answer the questions entered in the chat and address any comments.



Making Challenging Situations Better for Young Children

Use Age-Appropriate Language

- If parents/caregivers have to be searched, use a calm voice and provide simple explanations: "I am going to check to see if your mom is holding anything we need."
- If children's belongings (e.g., toys) need to be searched, reassure children: "I am going to touch your stuffed bear to see if there is anything inside his belly. I will be done in just a minute."
- If the child's primary caregiver will need to receive care or will be removed from the home, assign a staff member to (1) stay with children and (2) ensure that a temporary caregiver (family member or other) is available to care for children and/or contact the appropriate agency to initiate emergency foster care services.
- If the child has to be separated from the parent/caregiver, explain to the child what is happening in an age-appropriate way and tell the child who their temporary caregiver will be: "Mommy needs to go with us, but you will be taken care of by your uncle and be safe."


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SLIDE 37:

- **READ** the case example to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study.
 - A family was on a walk in their neighborhood when several police cars drove up and surrounded them. Police officers arrested the husband for violating parole. The man's three-year-old son began sobbing and kept asking where his dad was going and why they were taking his dad.
- **GUIDE** participants to reflect on the following questions:
 - What might the child in this family be feeling and experiencing?
 - What could be done to minimize the child's fear and sadness related to this separation from his parent?
- **NOTE** This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.

CASE EXAMPLE



Ensuring Children's Safety and Limiting Exposure

A family was on a walk in their neighborhood when several police cars drove up and surrounded them. Police officers arrested the husband for violating parole. The man's three-year-old son began sobbing and kept asking where his dad was going and why they were taking his dad.

- What might the child in this family be experiencing?
- What could be done to minimize the child's fear and sadness related to this separation from his parent?


<https://www.mccdigital.org/blog/how-witnessing-parents-arrest-affects-child>

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SLIDE 38:

- **DISCUSS** ways to make a challenging situation better for young children:
- Safety continues to come first.
- However, when it is safe and feasible, consider how you can continue to position the parent in the role of the "protective shield" for their child—treating that parent/caregiver as their child—treating that parent/caregiver as their child would want to see their mommy/daddy treated. When children see their parent—the person whose job it is to protect them—threatened, it can be terrifying.
- **REVIEW** the recommendations on the slide.
- **EXPLAIN** even in situations like an arrest of a parent, there are some strategies for allowing arrested parent/caregiver to remain in role of protective shield if it is safe and feasible:
 - Allow the parent/caregiver to comfort their child, to explain what happens next, and to share who will take care of child in his or her absence.
 - If there is not already another caregiver at the scene, give the parent/caregiver the opportunity to make arrangements for a trusted relative or friend to care for child.



Making Challenging Situations Better for Young Children

Promote the Child's Protective Shield

- As safety allows, avoid using cuffs or force in front of child.
- If safe and feasible, allow arrested parent/caregiver to maintain their role as a protective shield, even as other protective shields are being mobilized.
- If the child's primary caregiver will need to receive care or will be removed from the home, and it is safe and feasible, allow parent to say good-bye to child and offer comfort (hug/kiss).
- Provide trauma-informed resources and referrals to interim caregiver and parent (when possible), noting that the arrest and/or incarceration of a parent or loved one can be traumatic in and of itself.
- Explain to child who will care for them and what is going to happen next.

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Neuman, 2016. CIP Diagnostic Center & Thureau, n.d., Strategies for Youth Connecting Cops and Kids, n.d.

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SLIDE 39:

- **READ** the case example to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study.
 - Shawn is 3 and he hates this place. It smells weird and there are so many people around that he's afraid he will lose his dad. And they didn't have his favorite cereal this morning. There's nowhere to play and he only has his Blanky—Dad and Gran said they could only take clothes because the storm was coming and they had to leave quickly. And it's *still* raining and the wind is so loud. Dad and Gran look worried but when Shawn asks about going home, they tell him to *shush*.
- **GUIDE** participants to reflect on the following questions:
 - From Shawn's perspective, what is he feeling and experiencing?
 - While this is an emergency situation, how might this environment be modified to make it more "child-friendly"?
 - What guidance could be provided to Dad and Grandma in this situation?
 - What might Family-Facing Staff do to minimize the impact of this experience on young children?
- **NOTE:** This activity can be implemented via small groups (re-convening as a large group to debrief each question), or as a large-group discussion if the training group is smaller than 10 participants.

CASE EXAMPLE



Through the Eyes of a Young Child

Shawn is 3 and he hates this place. It smells weird and there are so many people around that he's afraid he will lose his dad. And they didn't have his favorite cereal this morning. There's nowhere to play and he only has his Blanky—Dad and Gran said they could only take clothes because the storm was coming and they had to leave quickly. And it's *still* raining and the wind is so loud. Dad and Gran look worried but when Shawn asks about going home, they tell him to *shush*.

- What might Shawn be feeling and experiencing?
- How might this environment be modified to make it more "child-friendly"?
- What guidance could be provided to Dad and Grandma in this situation?
- What might Family-Facing Staff do to minimize the impact of this experience on young children?

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If delivering this training online, encourage participants to respond to the discussion questions via voice or chat feature; alternatively, utilize the "breakout room" feature to facilitate small group discussions around these reflection questions. Read the responses entered in the chat to the group.

- **HIGHLIGHT** the importance of sitting with the child, talking, listening, and reassuring that they are safe as was previously discussed.

SLIDE 40:

- **TRANSITION** to discussing guidance for Family-Facing Staff and First Responders by saying:
 - Parents come to us holding a range of feelings and experiences. Sometimes Family-Facing Staff may experience families at their most stressed and it helps to have strategies to reduce the intensity of those interactions. De-escalating these interactions from the start can create a less stressful environment for staff, provide families with what they need, and help with timely service.
 - **ASK** Has anyone had the experience of responding to a parent who was very stressed or upset? [Take an example or two as context for the discussion.]
- **ASK** What are some of the feelings parents may be experiencing when they come to you for help, support, or information? [Elicit responses from the group. Feelings that might come up in the discussion may include hopefulness, relief, worry, frustration, concern, and fear. Note: some of these emotions likely reflect the stress parents are feeling.]

Guidelines for Family-Facing Staff and First Responders

For example, in a social services appointment, a family-facing staff might:

- **Recognize parent's need/goal**
 - "This is important, and I want to help you figure it out."
 - "This sounds like it's been stressful. Let's figure it out."
 - "It's good you came in today. I can listen to you and we can work on it together."
- **Acknowledge the child**
 - **Notice and greet:** "Who's with us today?"
 - **Consider opportunities to create "child-friendlier settings"** – e.g., posters/images at child-level, places for families to sit and wait together, other resources (from related agencies) to share, etc.
 - **Point out a positive:** "You are waiting so patiently, thank you." "I see how you are making your baby brother smile! He loves that."

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If delivering this training online, encourage participants to respond to the discussion questions via voice or chat feature. Read the responses entered in the chat to the group. You could also turn this question into a poll by listing some of the emotions above and having participants vote based on their experiences and observations.

- **DISCUSS** the guidelines that are included in the slide:
 - First, it can help to validate the parent's need/goal, even if we may not be able to solve their problem. It's not always easy to ask for help. And it's certainly not easy to ask for help when difficulties arise with needed services.
 - In order to validate parents' goals, you might use phrases like those on the slide:
 - "This is important, and I want to help you figure it out."
 - "This sounds like it's been stressful. Let's figure it out."
 - "It's good you came in today. I can listen to you and we can work on it together."
- Another strategy you might try is to acknowledge the child.
 - **SAY** It's important to acknowledge time constraints/pressures for staff (and families). Everyone is "in a rush" but taking a moment to acknowledge the child, and the stress the parent is experiencing—can go a long way and make for a more positive interaction for everyone!
 - While many Family-Facing Staff may not have time to engage directly with children, we can recognize that children are present and engage them in some small way by saying hello, waving, asking how the child is doing, or commenting on the child's clothing or hair ("I see you have a unicorn on your shirt; I love unicorns!" Or "Your hair bow is my favorite color, red!")
 - We can also think about ways to make our settings more friendly to children.

- **ASK** Let's imagine a child in a service center – what is that child seeing, hearing, and experiencing while their parent is being served? [Take several responses.]
- **ASK** What could we do to make this setting more welcoming to families? [Facilitate a discussion and elicit responses from the group. Acknowledge that health and safety is a high priority in any plans.]



Encourage participants to respond to the discussion questions via voice or chat feature. Read the responses entered in the chat to the group.

- **NOTE** While we've focused on Family-Facing Staff on this slide, these strategies can also be used by First Responders to acknowledge the child and recognize the family's stress in a supportive way.

SLIDE 41:

- **CONTINUE** reviewing the guidelines to consider included in the slide.
 - Validate parent's goal/desire, *even if you may not be able to accommodate*
 - **SAY** Think back to a time when someone recognized how you were feeling or acknowledged your efforts. [Pause and allow time to reflect.]
 - **ASK** How did this feel? [Take several responses.]
 - **ASK** How might validating a parent/caregiver's goal be helpful to them? [Facilitate a discussion and elicit responses from the group.]
 - **EXPLAIN** In a family-facing role, you can consider using "the last word" strategy. For example, if the parent says, "...and I haven't been able to use my benefits for the last week!", the staff might say: "You haven't been able to access your benefits. Okay, that is a major issue. Let me see if I can figure out what's going on."
 - You can also acknowledge the parent's intensity: "I hear how frustrating that's been. I can work on that for you."

- **Validate parent's goal, even if you may not be able to accommodate**
 - **Use the "last word" strategy.** If the parent says, "...and I haven't been able to use my benefits for the last week!" The staff might say: "You haven't been able to access your benefits. Okay, that is a major issue. Let me see if I can figure out what's going on."
 - **Acknowledge that parent's intensity:** "I hear how frustrating that's been. I can work on that for you."
- **Point out parent strengths**
 - "It's not easy to come in with small children, but I'm glad you did. Let me help you with this."
 - "You are working hard to get your family what they need. Let me figure out what's going on and see how I can help."



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Encourage participants to respond to the discussion questions via voice or chat feature. Read the responses entered in the chat to the group.

- **REVIEW** the strategies and examples included in the slide:
 - One way of responding to a parent's intensity or stressed responses is to, genuinely and authentically, point out their strengths. While it might be difficult to focus on the positive during a challenging situation, pointing out strengths shows respect for a parent's efforts.
 - **ASK** Think of some of the parents and families you have worked with recently. What were some of their strengths? What can you say to point out those strengths? [Facilitate a discussion and elicit responses from the group.]



If delivering this training online, encourage participants to respond to the discussion questions via voice or chat feature. Read the responses entered in the chat to the group.

- **NOTE** The key to using any of these strategies is to be genuine and avoid any tone of judgment or condescension.

SLIDE 42:

- **HIGHLIGHT** that for young children, resilience following trauma cannot happen without a sense of safety.
- **DISCUSS** how each participant can contribute to a child's and family's sense of safety through their professional role.



You and your colleagues set the tone

- In crisis or high-stress situations, families may be interacting with multiple staff from various agencies.
- Experiencing a consistent response, tone and approach across staff helps families feel safe—and by extension, helps children feel safe.
- For young children, **resilience following trauma cannot happen without a sense of safety.**

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If delivering this training online, encourage participants to share what the statement might mean to them via voice or chat feature. Read the responses entered in the chat to the group.

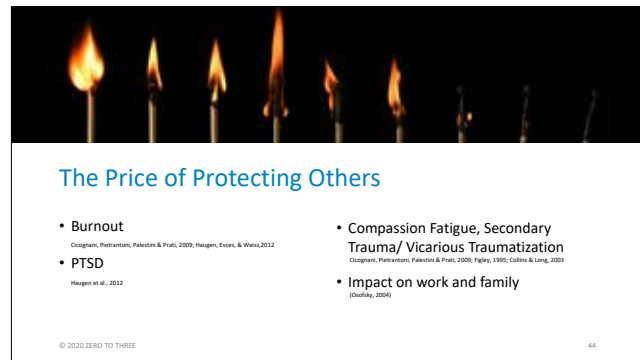
SLIDE 43:

- **TRANSITION** to discussing wellness and stress reduction for professionals, families, and children.



SLIDE 44:

- **DEFINE & EXPLAIN** the concepts of burnout, posttraumatic stress disorder, and compassion fatigue/vicarious traumatization.
 - Work conditions, like long hours, heavy caseloads, feeling overwhelmed, or non-supportive supervision can contribute to burnout. **Burnout** is the feeling of being emotionally exhausted and overextended by the work. Symptoms of burnout can include: job dissatisfaction or exhaustion, cynicism, feeling ineffectual (unable to have their desired impact/effect), helplessness, hopelessness, and detachment.
 - **Posttraumatic stress disorder** can come from exposure to events that promote physical and/or psychological risk or danger. Symptoms can include being hypervigilant, angry or irritable, and can also result in sleep disturbances/nightmares, and an emotional “numbing.” There is treatment for posttraumatic stress disorder and staff who have experienced traumatic events on the job and are experiencing concerning symptoms like these can speak to a health care provider to explore treatment options.
 - **Compassion fatigue**, on the other hand, stems from being exposed to others’ traumatic experiences. Compassion fatigue is a form of chronic stress resulting from caregiving work where we are regularly exposed to the suffering or traumatic experiences of others.
 - Compassion fatigue can occur due to exposure on one case or can be due to a cumulative level of exposure. The emotional impact of working with those suffering from the consequences of traumatic events can lead us to experience chronic stress symptoms like nausea, headaches, intrusive thoughts, difficulty with sleep, emotional numbing, and/or feelings of personal vulnerability similar to those we serve.



- ***Vicarious Traumatization (or Secondary Trauma)*** describes the cognitive changes in a person resulting from the exposure to another person's trauma story. For example, caregivers "bearing witness" to child trauma may experience some of the same symptoms as the clients, have their internal view of the world shifted in a negative or frightening way, and possibly feel helpless or hopeless.
- **REVIEW** the impact on the work and personal lives of First Responders.
 - Responding to incidents in which young children are affected impacts us as professionals and people, just as it impacts children and families.
 - These occupational stressors can affect more than our responses to work situations; they can also influence our personal lives and how we are with our own families. For example, one study of school-children six months after the World Trade Center attack found that children with emergency medical technician (EMT) family members had a high prevalence of probable posttraumatic stress disorder (PTSD; 18.9%), likely due to high levels of exposure to their parents' occupational stress.
 - I share this not to assign blame to these parents who were working under extremely stressful circumstances, but to explain how our work stress can influence others in our family system.
 - This data point also brings home how important it is that we attend to ourselves and our own well-being, even as we focus our professional energy on caring for the safety and well-being of others.

SLIDE 45:

- **VALIDATE** the important role that First Responders and Family-Facing Staff play in the community:
 - Those working as Family-Facing Staff and First Responders are in roles that call for tremendous wisdom, calm, self-control, and strategic thinking.
 - It is a role where one's physical safety may be at risk and where one is witnessing extreme situations in terms of violence, pain, injury, and community impact.
- **HIGHLIGHT** the importance of taking care of oneself:
 - Taking care of oneself is integral to doing good work. When you have an opportunity to balance work and life, and recharge, you can replenish the intellectual and emotional resources needed to serve in your role. Depleting yourself doesn't serve the ultimate good, certainly in terms of the work, but more importantly, doesn't serve you as an individual either.

You Matter

- Your role is demanding.
- Burnout can sap an individual's emotional resources (like sense of calm, self-control, etc.) and make challenging work situations more difficult.
- Supported, sustained First Responders and Family-Facing Staff are:
 - Better able to meet the demands of the work in ways that don't re-traumatize and further deplete themselves, *and*
 - Better able to consider, listen to, and respond to others' experiences (like children/others present) to minimize traumatic impact.

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SLIDE 46:

- **ASK** The work is intense. How do you take care of yourself? How do you re-fuel? [Take ideas from the group.]



Encourage participants to share how they care for themselves and how they re-fuel via voice or chat feature. Read the responses entered in the chat to the group.

Promoting compassion, satisfaction and resilience

At the individual level

- Recognize there is strength in seeking support
- Seek support through supervisors and colleagues
- Balance work and private life
- Engage in self-care
- Create space for vacation/time away



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- **DEFINE** compassion satisfaction:
 - **Compassion Satisfaction** is “about the pleasure you derive from being able to do your work well” (Stamm, 1999).
- **REVIEW** ways to promote compassion satisfaction at the individual level:
 - Seeking support and taking care of yourself is not a sign of weakness, but, rather, a sign of staff’s strength and commitment to continuing their critical work at full capacity.
 - Seeking support and focusing on a work-life balance is a smart response to managing exposure to traumatic and intensely stressful events.
 - Feelings of being competent and ready to perform your role, feeling connected to your community, and having access to effective coping strategies have been found to increase compassion satisfaction (Cicognani, Pietrantonio, Palestini & Prati, 2009).
- **REVIEW** ways to promote compassion satisfaction at the organizational level:
 - Consider hosting ongoing training/workshop/initiative devoted to compassion fatigue and resilience.
 - Normalize the act of seeking support—supervisors and leaders can be role models for this action.
 - Establish regular opportunities to touch base one-on-one with supervisors.
 - Allow/encourage staff to disconnect from work.

SLIDE 47:

- **READ** each statement and ask participants to consider whether the answer is true or false. You can run this activity in a variety of ways: by asking participants to move to one side of the room for “true” and the other side for “false”, by giving participants handouts with “true” and “false” printed and asking them to hold up their response, or by simply asking participants to reflect on their own response.
- **NOTE** Each time you click the slide, a statement will appear.
- **READ**

Deep Breathing: True or False?

- Breathing exercises can be used to train the body's reaction to stressful situations and lower the production of stress hormones. TRUE or FALSE
- Slow, deep breathing stimulates the sympathetic nervous system — the one that revs us up and prepares us to address a threat. TRUE or FALSE
- Controlled breathing may dampen the immune system, making us more vulnerable to illness. TRUE or FALSE
- Slowed breathing, the attention given to inhaling and exhaling, eases stress and negative emotions. TRUE or FALSE

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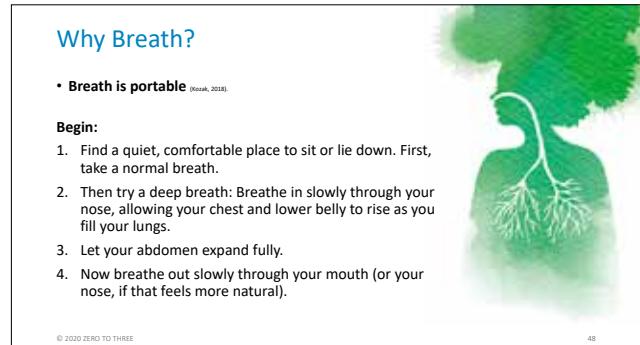
- **Statement 1:** Breathing exercises can be used to train the body's reaction to stressful situations and lower the production of stress hormones. [Answer: True. Deep breathing has been shown to reduce heart rate and cortisol levels.]
- **Statement 2:** Slow, deep breathing stimulates the sympathetic nervous system -- the one that revs us up and prepares us to address a threat. [Answer: False. Slow, deep breathing actually stimulates the parasympathetic nervous system — the one that calms us down via the vagus nerve. The sympathetic nervous system is the one that activates our “fight or flight” response, while the parasympathetic nervous system helps to restore us to a calm equilibrium.]
- **Statement 3:** Controlled breathing may dampen the immune system, making us more vulnerable to illness. [Answer: False. Several small studies have found that controlled deep breathing may boost the immune system.]
- **Statement 4:** Slowed breathing, the attention given to inhaling and exhaling, eases stress and negative emotions. [Answer: True. Again, emerging research shows that deep, slow breathing can actually improve our emotional state and has been shown to help reduce symptoms of depression.]



Develop a poll for each of these questions and allow participants to vote on their best guess. Acknowledge poll trends before using the scripting above for each true/false statement.

SLIDE 48:

- **DISCUSS** deep breathing:
 - Deep breathing also goes by the names of diaphragmatic breathing, abdominal breathing, belly breathing, and paced respiration. When you breathe deeply, the air coming in through your nose fully fills your lungs, and the lower belly rises.
- **ASK** participants to put their hands on their bellies and take a belly breath. Notice how their hand moves with their breath.
- **ACKNOWLEDGE** that many people find deep breathing to feel unnatural at first.
 - **READ** the guidance below for deep breathing.
 - **SLOWLY TAKE PARTICIPANTS THROUGH THIS EXERCISE** Find a quiet, comfortable place to sit or lie down. First, take a normal breath. Then try a deep breath: Breathe in slowly through your nose, allowing your chest and lower belly to rise as you fill your lungs. Let your abdomen expand fully. Now breathe out slowly through your mouth (or your nose, if that feels more natural).
 - **ASK** participants to notice how their body feels after doing several deep breaths.



If delivering this training online, encourage participants to choose a posture that is most comfortable to them in their location and, if they wish, to turn off their camera for this portion of the training.

- **EXPLAIN HOW DEEP BREATHING RELAXES US**
 - Deep breathing encourages full oxygen exchange — how we trade incoming oxygen for outgoing carbon dioxide. Deep breathing can also slow our heartbeat and lower or stabilize our blood pressure.
 - **ASK** When we are stressed in the moment, what physical symptoms tell us that we're experiencing stress? [Take several responses—most likely, symptoms like an increased heart rate; sweat; rapid pulse; and quicker, shallower breathing will come up.]
 - Often when we are feeling frightened, threatened, in pain, or tense, our breathing speeds up. The sympathetic nervous system, which is responsible for the body's various reactions to stress, is now activated. We breathe more quickly or more shallowly. Our heart rate rises as does our blood pressure. When we're in a stressful situation, our body also produces hormones that temporarily increase our blood pressure and cause our hearts to beat faster.
 - When we're feeling calm and safe, or at rest, our breathing slows and deepens. This is the parasympathetic nervous system at work, which produces a relaxing effect.
 - By changing our breath, we can change our physical experience of a situation, which can change our emotional/intellectual response.
 - Creating a habit of taking time to engage in deep breathing helps us develop the habit of using breath to calm ourselves. Even just 10 to 20 minutes per day is helpful. Having this skill can help us in the moment, when we need to quickly calm so we can think through a response, instead of reacting.

- The key to achieving the relaxation response is shifting your focus from stressors to deeper, calmer rhythms. Some people find it useful to focus on a relaxing image or phrase as you remain still for several minutes.

SLIDE 49:

- The research says that the two quickest ways to calm ourselves when we are dysregulated are breath and movement.
- So – what can we do in the moment, when there is little time but significant stress? These are just 2 of many brief practices that you can use to calm yourself in the moment.
- **REVIEW** the first practice with the group.

— Deep Breathing:

- **CLICK** to show instructions for this practice.
- **SAY** Let's try the first one together. Inhale for three seconds, then exhale for three seconds. [Try it a couple of times with the group reminding them to count for 3 seconds as they inhale and exhale.] As you practice and this gets easier, you can work up to 5 second intervals.
- **EXPLAIN** This practice attempts to coordinate breathing with heart rate, slowing and steadying breathing to slow and stabilize the heartbeat. The method was developed based on the understanding that slow, deep breathing increases the activity of the vagus nerve, a part of parasympathetic nervous system. As we've discussed, when the vagus nerve is stimulated, calmness flows through the body: the heart rate slows and becomes regular; blood pressure decreases; muscles relax. When the vagus nerve informs the brain of these changes, it, too, relaxes, increasing feelings of peacefulness.
- Counts of 5 may feel like too much — especially in a stressful moment, so it's ok to start with a lower number (like the 3 seconds we did today) and build up. Also, as you breathe, make sure the breath is going into the belly and expanding the diaphragm.
- **REVIEW** the guidance for the second practice and encourage participants to try it out on their own after the training.

— Three-Minute Breathing Space (developed by Zindel Segal):

- **CLICK** to show instructions for this practice.
- **SAY** The second activity is another guided breathing activity that takes about 3 minutes, that you can try on your own.
- **READ** each step to the group:
 - **Becoming Aware** (1-minute): Bring your awareness to your inner experience, asking – what is my experience right now? What thoughts are going through my mind? What emotions am I experiencing? Checking in with your body, ask what sensations are here.
 - **Gathering** (1-minute): Direct your attention to the sensations of breathing in the belly, focusing on how the belly moves with each in and out breath. When your mind wanders, gently bring your attention back to the belly, noticing breathing breath by breath.



- **Expanding** (1-minute): Expand the field of your awareness from your deep breathing and belly sensations to your whole body. As best you can, focus this sense to help you notice all body sensations and then expand your focus to the world around you.



For the deep breathing exercise, allow participants the choice to keep video on (or not).

SLIDE 50:

- **FRAME** the “why” behind these practices by saying: Our senses only work in the present moment, so using our senses to calm is a great way to re-focus on the here and now.
- **REVIEW** the *Do Dog Shakes* practice:
 - The research is strong around using movement for shifting stress responses, so this activity is very simple: Stand up and shake, bounce, or sway for 1-2 minutes. Think about how a dog shakes when it gets out of the water. This can be easily modified: you can do gentle bouncing that gets bigger, then comes back down. These bigger movements release tension and anxiety most effectively. [If time allows, practice Dog Shakes.]

In-the-Moment Practices to Invite Calm

Focusing on Taste

- **Choose one small piece of food.** Look at it on your fork. Notice how it looks and smells. How heavy is it on the fork or spoon? As you put it in your mouth, chew very slowly, noticing how the food feels in your mouth, its taste and texture. Focus completely on the experience of this one bite until you swallow.

Do Dog Shakes

- **Stand up and shake, sway, or bounce for 1-2 minutes.**
- Adapt if desired—do gentle bouncing that gets bigger and then smaller. Or, sync moving your arms up and down with your breath (in and out).

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Give participants the choice to keep video on or not. Be prepared and comfortable with this activity yourself.

SLIDE 51:

- **REMIND** participants of some of the stress-reduction activities they mentioned at the beginning of this discussion.
- **REVIEW** the ongoing practices on the slide that are successful in helping professionals reduce stress and burnout. These include:

1. **Participate in regular activities (exercise, mindfulness, etc.) that can offer a calming outlet.** These activities are driven by what you find satisfying and pleasurable.
2. **Maintain connections with others that are sustaining and satisfying (basketball team, trivia night, dinner club, etc.).** These are a protective factor in terms of stress and can build resilience.
3. **Create a separation ritual to transition from work to home.** A routine that signals the shift from “work” to “home” can help us turn off our professional role. Think about activities like changing into other clothes, taking the dog on a walk, doing a short breath/visualization before going in the house, or a similar arrival routine.
4. **Make space to notice “how you are” and monitor breath on a regular basis** – build some deep breathing into daily routines and make it a habit to check in with your breathing/stress level across the day—for example, at stoplights, before/after meals, etc. If you find that you are experiencing stress symptoms or are breathing quickly/shallowly, do some deep breathing to return to a calmer state.
5. **Set healthy limits.** Are you the person who usually takes others’ shifts if they can’t make it in? Perhaps say no more often. Have you been declining requests to go out or connect with others because you feel so depleted and burned out? Perhaps say yes more often. Setting healthy limits helps you replenish your capacity to be fully present in your work role and in your life. It’s the oxygen mask concept: Taking care of yourself allows you to take care of others.
6. **Limit exposure to traumatic events in the media.** While many of us spend our downtime on screens, consider limiting news or stressful/upsetting content once you are home and certainly before bed. There are many disturbing images, difficult stories, and images of hurt, frightened or deceased people you see each day. Can you protect yourself from some of these images in the media? It is important to recognize the amount of trauma information that we unconsciously absorb during the course of a day—but don’t have to. We can create a “trauma filter” to protect and care for ourselves.
7. **Get enough sleep.** Most adults are sleep deprived. It helps to set up a routine with a consistent bedtime. It also helps to limit screens before bed, as well as use your phone’s blue light filter. If possible, silence your phone at night to avoid accidental wake-ups from notifications.

Ongoing Practices to Reduce Stress and Burnout

- Participate in regular activities (exercise, mindfulness, etc.) that offer a calming outlet
- Maintain connections with others that are sustaining and satisfying (basketball team, trivia night, dinner club, etc.)
- Create a separation ritual to transition from work to home
- Make space to notice “how you are” and monitor breath on a regular basis – build this into daily routines, for example, checking in with yourself at stoplights, before/after meals, etc.
- Set healthy limits.
- Limit exposure to traumatic events in the media.
- Get enough sleep.



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SLIDE 52:

- **TRANSITION** In the next section, we will review mindfulness and breathing activities that can be shared with children.

Breathing/Relaxation Exercises Appropriate for Young Children

Breathing Buddies



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SLIDE 53:

- **EXPLAIN** the Breathing Buddies activity that can be done with young children. Use a teddy bear as a prop to model the activity.
 - **Breathing Buddies:** Sitting or lying down, place the stuffed animal on your belly. Close your eyes and breathe in and out. Notice how the teddy bear moves up and down.
 - Essentially, this activity is designed to guide a child to engage in calming deep breathing.
 - You can model this for the child and offer them a teddy bear or other stuffed animal to try.
 - **DEMONSTRATE** Breathe in and breathe out, breathe in and breathe out.
 - If a stuffed animal is not available, you can have the child put their hand on their belly and feel how their stomach is moving with the breath.

Breathing/Relaxation Exercises Appropriate for Young Children

Starfish Breathing

- Do this along with the child. You may want to model it first and then ask the child to join you.
- Choose a hand to be your starfish, and a finger to be your breath pointer.
- Start below your thumb, down at your wrist, and wait for your next in breath.
- As you breathe in naturally, trace your in breath carefully up your thumb with your finger. As you breathe out, trace your out-breath down the other side of your thumb.
- Continue with your other 4 fingers. Model how to breathe completely naturally. Your tracing finger is simply representing the breath along your hand.



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Ask participants to try the activity along with you by placing their hands on their stomachs.

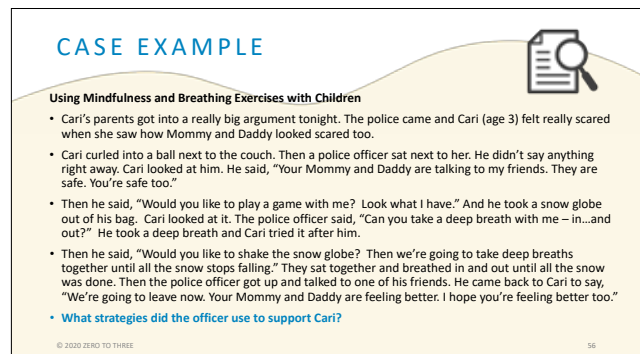
SLIDE 54:

- **EXPLAIN** the **Starfish Breathing** activity that can be done with young children and model it for the group by holding your hand up so participants can watch.
 - Choose a hand to be your starfish, and a finger to be your breath pointer.
 - Start below your thumb, down at your wrist, and wait for your next in-breath.
 - As you breathe in naturally, trace your in-breath carefully up your thumb with your finger.
 - As you breathe out, trace your out-breath down the other side of your thumb with your finger.
 - Continue with your remaining fingers, for a total of five breaths.
 - Model how to breathe completely naturally. Your tracing finger is simply representing the breath along your hand.
 - Ask the child to join you and do it together.



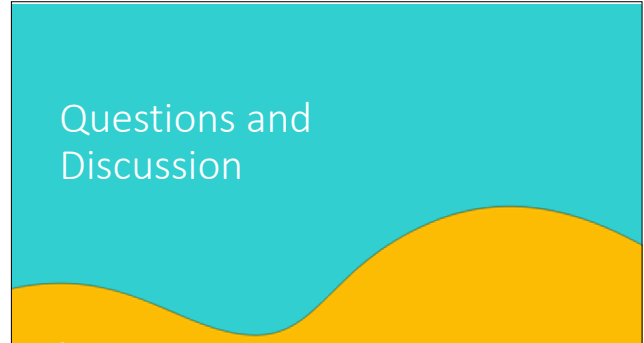
SLIDE 55:

- **EXPLAIN** the **Snow Globe activity**. Use a snow globe as a prop and demonstrate this activity for the group if possible.
 - This activity is designed to focus a child's attention on a relaxing image, which will promote the deep breathing and calming we hope to see.
 - First, shake a snow globe for a child (or let the child shake it).
 - Sit with them, modeling deep, relaxing breaths, until all of the snow has settled on the floor of the globe.
 - This provides a visual, relaxing "timer" of several minutes of deep, controlled breathing.
- **POINT OUT** how the snow globe is similar to our internal state when stressed:
 - Things feel fast and jumbled when we are stressed or upset, just like the snow swirling in the snow globe.
 - Our mind and feelings can calm when we use our senses and presence to watch the snow settle, allowing us to see more clearly.
 - This is a great practice for adults too!



SLIDE 56:

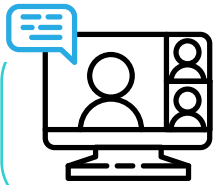
- **READ** the case study to the group. Additional case studies are provided at the end of the PowerPoint presentation and may be used instead of the suggested case study. Invite a volunteer to read the case study if possible.
 - Cari's parents got into a really big argument tonight. The police came and Cari (age 3) felt really scared when she saw how Mommy and Daddy looked scared too. Cari curled into a ball next to the couch.
 - Then a police officer sat next to her. He didn't say anything right away. Cari looked at him. He said, "Your Mommy and Daddy are talking to my friends. They are safe. You're safe too." Then he said, "Would you like to play a game with me? Look what I have." And he took a snow globe out of his bag. Cari looked at it. The police officer said, "Can you take a deep breath with me – in...and out?" He took a deep breath and Cari tried it after him.
 - Then he said, "Would you like to shake the snow globe? Then we're going to take deep breaths together until all the snow stops falling." They sat together and breathed in and out until all the snow had settled. Then the police officer got up and talked to one of his friends. He came back to Cari to say, "We're going to leave now. Your Mommy and Daddy are feeling better. I hope you're feeling better too."
- **GUIDE** participants to reflect on the following questions:
 - What strategies did the officer use to support Cari? [Sitting at her level, offering reassurance, explaining what was happening, using the breathing activity]



Encourage participants to reflect on the question and share their responses via voice or chat feature. Read the chat responses to the group.

SLIDE 57:

- **TRANSITION** As we wrap up today, I'd welcome any questions you have about the content we covered.
- **FACILITATE** a discussion with the group, responding to questions as you are able. If you do not know the answer to a question, offer to research the answer and be sure to obtain contact information from the participant so you can provide the response when available. Finally, touch on any remaining questions or issues from the opening activity.



Invite participants to share via voice and chat feature. Read questions that come in through the chat function to the group and answer as many as time allows. You can also use the transcript of the chat function to provide responses to questions if time runs out.

SLIDE 58:

- **SAY** We covered a lot of ground today.
- There are probably topics that you wished we explored more deeply or that you wanted to learn more about. Many of the topics we covered today could easily be a multi-day training or even a course of study!
- This training was designed as an opening discussion for staff to explore the ways in which very young children and their families are impacted by your staff and the services you provide.
- The work you do reaches and touches families in profound ways.



SLIDE 59:

- **CLOSE** the training by explaining that the group will engage in a closing activity that will shift our focus back to the world around us.
- **EXPLAIN** Noticing the world around us can help bring us back to the present, especially when you're overwhelmed by stress or emotion – but it can be helpful anytime, especially when we are making a transition from one activity to another.
- **GUIDE** participants through this activity to notice with intention:
 - Let's try it now. Settle yourself so that you are sitting comfortably. Relax your gaze and scan the room.
 - Pick one color. As you scan the room, find five things with that color within your field of vision. [Pause.]
 - Take a final deep breath through the nose and out through the mouth.
 - This kind of activity is another way for us to be present and bring ourselves into the moment. It's also a good way for us to close as you make the shift back to your day to day responsibilities.

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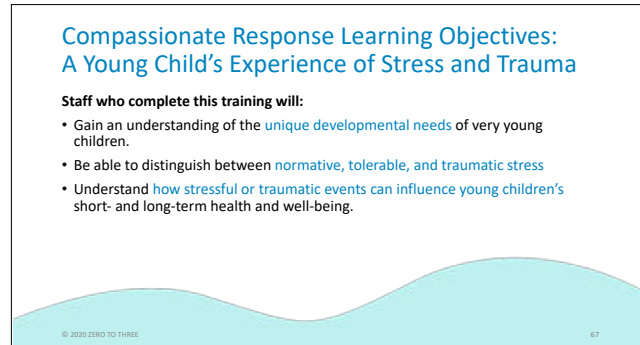
Encourage virtual participants to take a comfortable posture as they move through this activity. Allow participants to turn off their camera for this activity, if desired.

NOTE: Slides 60 through 62 comprise references for this curriculum.

The following slides are used to introduce abbreviated versions of the training.

SLIDE 64:

- Welcome attendees.
- **EXPLAIN** Today's training experience will focus on the ways in which traumatic experiences impact young children and families.
- **ACKNOWLEDGE** that discussing the impact of trauma on children is a challenging topic and, if desired, work with the group to establish ground rules for this training experience. For example:
 - Stay mentally and physically present
 - Commit to staying off phones/screens
 - Listen with an open mind
 - Ask questions
 - Disagree respectfully
 - Allow all colleagues to participate (monitor your speaking time)
- **TRANSITION** by noting that this training experience is designed to support participants in their work with families and particularly families with children under the age of five years.



SLIDE 65:

- Welcome attendees.
- **EXPLAIN** Today's training experience will focus on the ways in which traumatic experiences impact young children and families. We'll also explore tools and strategies for minimizing the impact of trauma on children and maximizing child and family resilience through our professional roles.
- **ACKNOWLEDGE** that discussing the impact of trauma on children is a challenging topic and, if desired, work with the group to establish ground rules for this training experience. For example:
 - Stay mentally and physically present
 - Commit to staying off phones/screens
 - Listen with an open mind
 - Ask questions
 - Disagree respectfully
 - Allow all colleagues to participate (monitor your speaking time)
- **TRANSITION** by noting that this training experience is designed to support participants in their work with families and particularly families with children under the age of five years.

Compassionate Response Learning Objectives: Promoting Resilience, Minimizing Risk

Staff who complete this training will:

- Understand how a **young child may experience stressful/traumatic events** differently than an adult.
- Learn **strategies that can be used on the job to minimize the risk of traumatic impact** on young children.
- Identify actions that can be taken to help **preserve a child's sense of safety and security**, even during a stressful or traumatic event.

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SLIDE 66:

- Welcome attendees.
- **EXPLAIN** Today's training experience will focus on the ways in which wellness and stress reduction strategies are critical components of our work—because lower stress can increase our job satisfaction, and position us to provide the highest quality support to children and families as they encounter stressful or traumatic experiences. We'll also explore tools and strategies for minimizing the impact of trauma on children through the use of stress reduction strategies.
- **ACKNOWLEDGE** that discussing the impact of trauma on children is a challenging topic and, if desired, work with the group to establish ground rules for this training experience. For example:
 - Stay mentally and physically present
 - Commit to staying off phones/screens

Compassionate Response Learning Objectives: Supporting Wellness and Stress Reduction

Staff who complete this training will:

- Explore how **exposure to highly stressful/traumatic events** can impact staff's well-being.
- Gain an understanding of a **range of short, effective stress-reduction techniques** that can be used by First Responders and family-facing professionals.
- Learn **stress-reduction activities** that can be shared with young children to offer a sense of safety and calm.

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- Listen with an open mind
- Ask questions
- Disagree respectfully
- Allow all colleagues to participate (monitor your speaking time)
- **TRANSITION** by noting that this training experience is designed to support participants in their work with families and particularly families with children under the age of five years.

SLIDE 67:

- **REVIEW** the session objectives listed on the slide.
- **EXPLAIN** that the long-term goals of the training are to minimize trauma and promote resilience in order to maximize the possibility that all young children have the opportunity to grow and thrive. In addition, the hope is that participants will learn some new tools and approaches that can be used in their work with parents and children.
- **REVIEW** the potential outcomes.
 - Improved agency staff knowledge and understanding of the impact of trauma on young children;
 - Development of agency protocols that include trauma-informed principles and resources;
 - Improved agency staff interactions with young children;
 - Improved physical and mental health of young children; and
 - Improved public perception of family-serving agencies.
- **ASK** if participants have additional questions that they would like to see covered in today's session, if possible. Note these on a flip chart and post on the wall. For questions that were not addressed during the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

Making a Challenging Situation Better for Young Children: Use Age-Appropriate Language

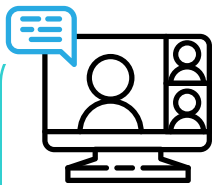
Explain what is happening in an age-appropriate way to children to minimize their fear:

- "I know this feels scary, I'm here to help you and your sister."
- "I am working hard to help your mommy. She is filling out some forms for us. You are doing a great job at waiting!"
- "Your daddy needs to go to talk to some helping people. He is safe, and so are you."

Allow the child to turn to the parent for comfort and safety.

- Avoid separating parent and child, if possible.
- Encourage parent to attend to child's needs: "It looks like he needs a cuddle for a moment. It's fine if you want to take a few minutes to get him settled."
- If healthy and safe, have children's books or other items to offer to children while parent is working with you.

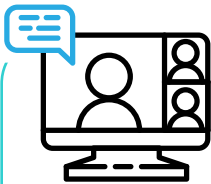
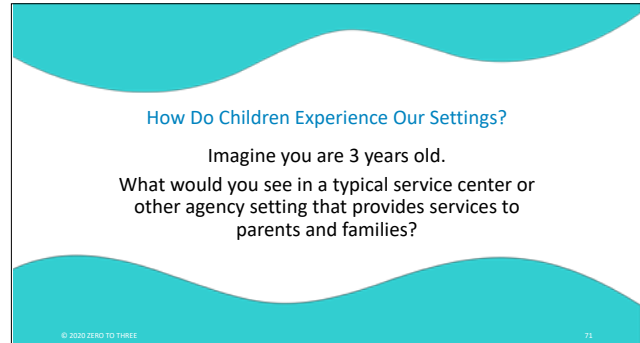
© 2020 ZERO TO THREE. OIP Diagnostic Center & Thureau, n.d.; Strategies for Youth Connecting Cops and Kids, n.d.; Lieberman, Compton, Van Horn, & Ghosh Ippen, 2021, p. 56 70



If leading this training remotely, encourage participants to share via voice or chat feature any additional questions that they would like to see covered during the session. Review these questions with the larger group and for questions not answered by the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

SLIDE 68:

- **REVIEW** the session objectives listed on the slide.
- **EXPLAIN** that the long-term goals of the training are to minimize trauma and promote resilience in order to maximize the possibility that all young children have the opportunity to grow and thrive. In addition, the hope is that participants will learn some new tools and approaches that can be used in their work with parents and children.
- **REVIEW** the potential outcomes.
 - Improved agency staff knowledge and understanding of the impact of trauma on young children;
 - Development of agency protocols that include trauma-informed principles and resources;
 - Increased staff use of trauma-informed approaches and referrals to resources to support young children and their families;
 - Improved agency staff interactions with young children;
 - Decreased exposure to trauma in young children;
 - Improved physical and mental health of young children; and
 - Improved public perception of family-serving agencies.
- **ASK** if participants have additional questions that they would like to see covered in today's session, if possible. Note these on a flip chart and post on the wall. For questions that were not addressed during the training, provide suggested resources at the end of the session to help participants access the information they are seeking.



If leading this training remotely, encourage participants to share via voice or chat feature any additional questions that they would like to see covered during the session. Review these questions with the larger group and for questions not answered by the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

SLIDE 69:

- **REVIEW** the session objectives listed on the slide.
- **EXPLAIN** that the long-term goals of the training are to minimize trauma and promote resilience in order to maximize the possibility that all young children have the opportunity to grow and thrive. In addition, the hope is that participants will learn some new tools and approaches that can be used in their work with parents and children.
- **REVIEW** the potential outcomes.
 - Improved agency staff interactions with young children;
 - Decreased exposure to trauma in young children;
 - Improved physical and mental health of young children;
 - Improved use of self-care strategies by agency staff; and
 - Improved public perception of family-serving agencies.
- **ASK** if participants have additional questions that they would like to see covered in today's session, if possible. Note these on a flip chart and post on the wall. For questions that were not addressed during the training, provide suggested resources at the end of the session to help participants access the information they are seeking.




If leading this training remotely, encourage participants to share via voice or chat feature any additional questions that they would like to see covered during the session. Review these questions with the larger group and for questions not answered by the training, provide suggested resources at the end of the session to help participants access the information they are seeking.

SLIDE 70:

- **EXPLAIN**

- We've mentioned several times the need to let a child know what is happening so they understand the event (as best as possible) and experience less stress or uncertainty. Here are some ways that you can validate the child's experience and help them feel safe, even during a stressful situation.
- One concept I'd like to mention today is the idea of parents or caregivers as a child's "protective shield." This is the notion that that young children need to feel like their parents/caregivers are able to keep them physically and emotionally safe.
- When we let parents perform this role as protective shield, we can minimize the impact on the child. This can mean encouraging the parent to take time to comfort their child, offer a space to for the child to be bottle- or breastfed (if feasible), or simply validate to the parent that children can feel unsure or bored in these types of settings.
- While rules are changing rapidly, consider making items like children's books available to families during the visit or appointment, if it is healthy, safe and feasible.
- Finally, we also need to remember that when parents are under immense stress, their response in the moment is not necessarily indicative of how much they care for their child. This is why it's important to minimize the child's ability to witness upsetting events **and** continue to allow the parent to serve as a protective shield for the child when it is safe and feasible.

CASE EXAMPLE



Through the Eyes of a Young Child


- Jackson's mother took him on several bus rides today and Jackson missed his nap. It was cold and Jackson had to walk a LOT instead of being carried, because Mama was holding two big bags. Jackson kept asking where they were going and Mama would start to cry and say, "I don't know, baby boy."
- When they got to the service center, there were no seats. Mama said not to sit on the floor, but Jackson was so tired. They waited and waited.
- When Mama finally went to the desk to talk to the lady, she started to cry. The lady said Mama needed some papers and Mama said she didn't have them and cried some more. Jackson started to cry too and wanted to go home but Mama said they weren't going home again, because Uncle was too scary when he got angry.
- **What is Jackson feeling and experiencing?**
- **What might Family-Facing Staff do/say to minimize the impact of this experience on young children?**

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SLIDE 71:

- **ASK** How would the three-year-old you experience the setting you work in?
 - Take several responses, noting them on the flipchart.
- **CLICK** to animate the remaining content on the slide.
 - Even the most highly professional service centers are probably not “fun” places for children.
 - [As you have observed,] they may feel busy, crowded, or overwhelming when you are very small.
 - Often there are few child-friendly features (images, posters, “things to do”) for young children in these settings.
 - This is the reality of adult settings, but one of the reasons why young children may find these to be difficult (or boring!) outings.

CASE EXAMPLE



Through the Eyes of a Young Child

- Brittany, mother to 3 young children (ages 6, 4, and 2), has just been hospitalized for COVID-19 complications. She collapsed at home and her 6- and 4-year-olds ran across the hall to a neighbor for help. All three children were present, under the neighbor's care, when the ambulance arrived.
- First Responders provided immediate aid to Brittany and took action to transfer her immediately to the hospital for further care. Because no family members could be immediately identified to care for the children, police on scene took responsibility for the children until child welfare staff arrived.
- The children entered foster care later that evening and remained in care until their mother was removed from the ventilator and able to provide information for reaching extended family.
- **What did the children witness during this event?**
- **Separation from a parent is one of the most significant traumatic events a child can experience. How could the First Responders on site make this transition easier for these children, starting from their arrival at the apartment?**

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Ask participants to share their responses via the chat feature.

SLIDE 73:

- **READ** the case study or, if in a small training group, ask participant(s) to volunteer to read aloud:
 - Jackson’s mother took him on several bus rides today and Jackson missed his nap. It was cold and Jackson had to walk a LOT instead of being carried, because Mama was holding two big bags. Jackson kept asking where they were going and Mama would start to cry and say, “I don’t know, baby boy.”
 - When they got to the service center, there were no seats. Mama said not to sit on the floor, but Jackson was so tired. They waited and waited.
 - When Mama finally went to the desk to talk to the lady, she started to cry. The lady said Mama needed some papers and Mama said she didn’t have them and cried some more. Jackson started to cry too and wanted to go home but Mama said they weren’t going home again, because Uncle was too scary when he got angry.
- **READ** the first discussion question aloud:
 - What is Jackson feeling and experiencing?
- **SEPARATE** participants into small groups to discuss this question; ask groups to generate a list of emotions and write them on the flipchart.
- **READ** the second discussion question aloud:
 - What might Family-Facing Staff do/say to minimize the impact of this experience on young children?
- **ASK** participants to return to their groups to discuss and identify 3 actions or statements the Family-Facing Staff can take to respond in this situation. Allow groups approximately 5-7 minutes. Circulate among groups as they work. If participants are having difficulty, refer them to the presentation slides outlining strategies to support families in these situations.
- **RE-CONVENE THE GROUPS** and ask each group to share one strategy from their discussion. (Take more, if time allows.)



If delivering virtually, use the breakout room feature on your platform to facilitate small group discussions.

SLIDE 74:

- **READ** the case study or, if in a small training group, ask participant(s) to volunteer to read aloud:
 - Brittany, mother to 3 young children (ages 6, 4, and 2), has just been hospitalized for COVID-19 complications. She collapsed at home and her 6- and 4-year-olds ran across the hall to a neighbor for help. All three children were present, under the neighbor's care, when the ambulance arrived.
 - First Responders provided immediate aid to Brittany and took action to transfer her immediately to the hospital for further care. Because no family members could be immediately identified to care for the children, police on scene took responsibility for the children until family services arrived.
 - The children entered foster care later that evening and remained in care until their mother was removed from the ventilator and able to provide information for reaching extended family.
- **READ** the first discussion question aloud:
 - What did the children witness during this event?
- **NOTE** responses from participants on a flipchart. Possible responses include: mother's illness gradually worsening over time; their mother's collapse; EMTs entering the home/treating their mother; police entering the home/caring for children; family services entering the home/caring for children.
- **READ** the second discussion question aloud:
 - Separation from a parent is one of the most significant traumatic events a child can experience. How could the First Responders on site make this transition easier for these children, starting from their arrival at the apartment?
 - **SEPARATE** participants into small groups to explore this question; ask groups to designate a note-taker to summarize each group's discussion. Re-convene the group after 5-6 minutes and take several thoughts from each group to summarize.
 - Possible responses include: Explain to children what is happening; designate a consistent caregiver for the children while on scene; ensure children don't witness their mother receiving emergency care; allow children to say good-bye to their mother (if she is conscious); reassure children that they will be cared for; allow children to bring special items from the home (e.g., teddy bear) to their foster care placement, etc.



If delivering virtually, use the breakout room feature on your platform to facilitate small group discussions.

SLIDE 75:

- **READ** the case study or, if in a small training group, ask participant(s) to volunteer to read aloud:
 - 2-year-old Yiqing was at home with her older sister and her grandmother, when all of a sudden, her grandmother fell to the floor. Yiqing's older sister rushed over and tried to make her sit up and open her eyes, but she couldn't. Then she called 911 and they sat with Granny for what felt like a long time.
 - There was loud knocking on the apartment door and when her sister opened it, three strangers came running into the apartment. They were talking to Granny and then pressed hard on her chest, so hard that Granny's body was moving up and down. Yiqing worried that they were hurting her.
 - She started to feel scared. The strangers said they would have to take Granny away to the hospital. Yiqing's sister held her on her lap, and she started to cry. Both girls wondered what was going to happen next.
- **READ** the first discussion question aloud:
 - What could be done to increase the girls' sense of safety and reduce their immediate fear/worry in this situation?
- **NOTE** responses from participants on a flipchart. An alternative is to offer participants pieces of paper where they write their response(s) in marker and then affix to the wall with tape. Read/process the themes emerging across participants' responses. Possible responses include: Explain to children what is happening; designate a consistent caregiver for the children while on scene; move children to another location in the apartment so they are not able to witness their grandmother receiving emergency care; reassure children that they will be cared for; tell children what will happen next (if/when known), etc.



Appendix A:

Compassionate Response: Training Evaluation

Please help us understand the effectiveness of this training experience by completing the questions below. For each item, select the number that best describes your experience.

	1 	2 	3 	4 	5
	Not at all		Somewhat		Completely
FEEDBACK ON TRAINING CONTENT					
1. The content was relevant to my role.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. The training offered a variety of learning experiences and kept my interest.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. I learned new tools and strategies to apply in my work.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4. The content was clear and understandable.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. The scenarios were reflective of my interactions with young children/families.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6. I have a greater understanding of how trauma impacts children and families.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
FEEDBACK ON THE FACILITATOR					
The trainer was well-prepared and able to clearly communicate the training content.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
The trainer effectively facilitated activities and discussion.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Questions were encouraged and responded to positively and respectfully.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
FEEDBACK ON THE TRAINING EXPERIENCE					
A climate of respect for diverse viewpoints and experiences was encouraged.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Presentation materials were helpful to my learning and participation.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I learned about resources that are relevant to my work.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
The training length was appropriate.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I would recommend this training to colleagues.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Compassionate Response: Training Evaluation

Is there additional feedback that should be included as part of the training evaluation? Please note below.

Please provide additional suggestions for how this training can be improved below.