Trauma Informed Care: Supporting Young Children and Families Who Come From Hard Places

Amy L. Huffer, PhD, LCSW, IMH-E (IV-C)
Please turn off your cell phones to silent so we can all be present and learn.

There are regularly scheduled breaks but please take care of your own needs as they arise. Please return promptly.

Snacks and lunch are provided. You will need the lunch ticket in your packet.

We have several partners who have made today’s event possible. There are thank you cards at the back of the room to show our gratitude for this opportunity.

Evaluations are provided and must be filled out at the end of today’s session to receive the stipend.

Be sure to ask questions and be an active learner.
Reflection

- 3 things you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
OPS KR is looking for participants who are interested in partnering with a coach to better attune classroom practices and teacher-children interactions. There could be a stipend attached to this. If anyone is interested, they can sign up for more information at the registration table.
Objectives

◦ Participants will increase their understanding of infant and early childhood mental health and how early experiences shape the development of young children.

◦ Participants will increase their understanding of the reasons behind children’s behavior, including recognizing signs of trauma and other relationship disruptions.

◦ Participants will increase their knowledge of the tenets of a trauma informed classroom.

◦ Participants will increase their ability to respond to challenges in the classroom with nurturance and empathy, which are known to benefit all children but especially children with trauma histories.
Topics covered in this session may remind you of something from your own life and/or bring up hard feelings. You have permission to show yourself kindness and take care of yourself today.
Developmental Needs of Young Children
Infant Mental Health: Defined

The developing capacity of the infant and toddler to:

- Form close and secure relationships
- Experience, regulate, and express emotions
- Explore the environment and learn

...all in the context of family, community, and cultural expectations for young children.

ZERO TO THREE
Infant Mental Health Task Force
This Foundation is in Infant Mental Health

When we show a baby love by meeting needs and providing comfort, this helps the baby grow up to care about others, ask for what they need and calm themselves.
Early Experiences Matter for a Lifetime!
Adverse Childhood Experiences

Growing up (prior to age 18) in a household with:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

- An alcoholic or drug abuser
- An incarcerated household member
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill
- Mother being treated violently
- Parental separation or divorce

Felitti et al., 1998
ACE score

- Determines the extent of exposure to childhood trauma
- Exposure to one category of ACE, qualifies as one point
- Total points = ACE Score
- Score of 10 = exposure to all categories
Ace study results

- Risk Factors Do Not Occur in Isolation
- Much More Common than Recognized
- Connection Between ACE’s and Risky Adult Behaviors
Mechanisms by which adverse childhood experiences influence health and well-being throughout the lifespan.

- Early death
- Disease, disability and social problems
- Adoption of health-risk behaviors
- Social, emotional and cognitive impairment
- Disrupted neurodevelopment
- Adverse childhood experiences
Social-Emotional Impairment Symptoms

- Disrupted attachment
- Mistrust
- Self-worth
- Infant/early childhood depression
- No internal control
- Emotion regulation problems
- Decreased exploration/engagement
- Learning disabilities
Adoption of Health-Risk Behaviors

- Smoking
- Overeating
- Physical Inactivity
- Heavy Alcohol Use
- Drug Use
- Promiscuity
Long Term Consequences of ACEs

Disease and Disability
- Heart disease
- Cancer
- Chronic lung disease
- Emphysema
- HIV/AIDS
- Mood disorders
- Anxiety disorders

Social Problems
- Homelessness
- Criminal behavior
- Prostitution
- Re-victimization/rape
- Unemployment
- Inter-generational transmission of abuse
Aces and Oklahoma

65% of infants and toddlers in Oklahoma have at least one risk factor known to increase the chance of poor health, school and developmental outcomes.
ACE in Adults

Anda et al., 2006; Whitaker et al., 2014
The Brain
Brain Development

- The brain develops to 90% of adults size during the first 3 years of life.
  - Systems and structures are put into place that will be responsible for all future emotional, behavioral, social and physiological functioning later.

- The brain is not fully developed until age 23.
  - The last part to develop is involved in rational decision making.
Brain Development

- It is activity dependent.
  - Every experience excites certain neural circuits which create pathways; therefore, wiring the brain.
- Our brains are highly impressionable (*plastic*) during the first few years of life.
  - More open to learning yet more vulnerable to problems.
- Lower regions of the brain are almost fully developed at birth.
  - Neurons connect from the inner-lower regions outward.
Human Brain Development
Neural Connections for Different Functions Develop Sequentially

- Sensory Pathways (Vision, Hearing)
- Language
- Higher Cognitive Function

FIRST YEAR

Birth (Months) (Years)

-8 -7 -6 -5 -4 -3 -2 -1 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
The Brain Model

Brain Stem: At Birth
- Controls basic functioning/survival skills
- Developmental need: Safety

Limbic System: With the “no’s”
- Emotional region of the brain
- Developmental need: Connection

Cortical Region: With the “why’s”
- Higher functioning skills such as language, reasoning, rational thought, logical thinking
- Developmental Need: Problem Solving in Social Settings
9 Functions of our “Upstairs” Brain

- Regulate the body: the “brakes” and the “accelerator”
- Attunement
- Emotional Balance
- Empathy
- Flexibility of Response: “the pause button”
- Ability to Calm Fear
- Insight into Self
- Morality
- Intuition
Childhood Adversity and Self-Regulation

Early adversity impacts the development of pathways in the brain that control how we respond and react to stress.
Reflection

- 3 things you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
Understanding Challenging Behaviors
Early Behavior is Driven by Internal Feelings

- Emotions in young children are volatile and changeable, so behaviors will be too.
- Discipline should be thought of in terms of **REGULATION** and mediation rather than punishment or control.
- The best approach is to find solutions that anticipate and avoid problem behaviors that reorganize behavior before it is out of hand.
- Children act out and seek attention when they experience disequilibrium.
SHIFTING OUR VIEWS FROM CONTROLLING BEHAVIOR FROM THE OUTSIDE TO HELPING CHILDREN BUILD CAPACITY TO CONTROL THEIR BEHAVIORS FROM THE INSIDE
Still Face
When we understand “WHY”, we can respond to the child’s behavior in a way that promotes social-emotional development and improves regulatory capacity.
Understanding Behavior

◦ It is important to recognize that physical discomfort, emotional needs and mastery are at the root of most behavioral problems.

◦ Examining the function of internal motivations and mutual regulation of emotion help caregivers guide young children’s behavior and deal with misbehavior.
Physical Dysregulation

Can you think of ways that children can become physically dysregulated?
Mastery Dysregulation

A child’s emotional reaction at attempting to master a task.
Emotional Dysregulation
The physical response to a child’s emotional reactions.

Think about the following:

◦ Which of these children are experiencing dysregulation?

◦ What ways are they expressing dysregulation?

◦ What do they need?
“These behavioral symptoms of children surviving trauma are often misunderstood and viewed as intentional and controlled acts or as diagnosable disorders not specifically related to trauma, such as oppositional defiant disorder or attention deficit/hyperactivity disorder, rather than symptoms of trauma.”
Reframing Challenging Behavior

View challenging behavior and utilizing consequences as an opportunity to teach children.

FEELINGS FIRST!

GO TO THE SELF REGULATION NEED
Model for Escalating Behavior Chain

Phases of Acting-Out Behavior

1. Calm
2. Trigger
3. Agitation
4. Acceleration
5. Peak
6. De-escalation
7. Recovery

Intensity vs. Time
“When little people are overwhelmed by big emotions, it’s our job to share our calm, not join their chaos.”

L.R. Knost
Changing Our Perspective

Thinking about challenging behaviors as:

◦ Survival strategies
◦ Opportunities for Connection
◦ Opportunities to Build Regulatory Capacity
Reflection

- 3 concepts you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
Understanding Trauma and Its Impact
We serve vulnerable children
Rates as of 2015

- 39% of children under the age of 3 in OK are maltreated
- 48% of children entering foster care in OK are under the age of 3
- 55% of infants and toddlers in OK under the federal poverty level (ZERO to THREE, 2015)
Aces and Oklahoma

65% of infants and toddlers in Oklahoma have at least one risk factor known to increase the chance of poor health, school and developmental outcomes.
Definition of Trauma in Young Children

- Early childhood trauma generally refers to the traumatic experiences that occur to children aged 0-6.
- Because infants' and young children's reactions may be different from older children's, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences.
- A growing body of research has established that young children may be affected by events that threaten their safety or the safety of their parents/caregivers, and their symptoms have been well documented.
Examples of Trauma in Young Children

◦ These traumas can be the result of intentional violence—such as child physical or sexual abuse, or domestic violence.
◦ The result of natural disaster, accidents, or war.
◦ In response to painful medical procedures or the sudden loss of a parent/caregiver.
Impact of Trauma

- Contemporary research demonstrates that all types of trauma can undermine children’s abilities to learn, create healthy attachments, form supportive relationships, and following classroom expectations (NCTSNSC, 2008).
Childhood Trauma

- **Childhood trauma has profound impact** on the emotional, behavioral, cognitive, social and physical functioning of children.

- **Developmental experiences determine** the organizational and functional status of the mature brain.

- **The impact of traumatic experiences** on the development and function of the brain result in various adaptive mental and physical responses, including physiological hyper-arousal and dissociation.

- Because the developing brain organizes and internalizes new information in a use-dependent fashion, the more a child is in a state of hyper-arousal or dissociation, the more likely they are to have neuropsychiatric symptoms following trauma.

- **The acute adaptive states, when they persist, can become maladaptive traits.**

Psychological Trauma for Infants and Young Children

Trauma can be a single event, connected series of traumatic events or chronic, lasting stress…Trauma is the direct experiencing or witnessing of an event(s) that involves actual or threatened death, serious injury or threat to the psychological or physical integrity of the child or others.

Diagnostic Classification: 0-3R
Early Childhood Trauma Is Unique

- Trauma for the infant or toddler is an unanticipated exceptional event that is powerful and dangerous in which a feeling of helplessness overwhelms the child’s capacity to cope.
- A child who witnesses violent or abusive acts can be just as traumatized as one who experiences a traumatic event directly.
- Young children are particularly vulnerable to the effects of trauma because they are unable to anticipate or prepare for ensuing danger, have no means of preventing its occurrence and have developed fewer coping strategies than adults.
Increased Risk of Retraumatization

- Infants and toddlers comprise the largest cohort of young children in care – accounting for one in three admissions.
- Once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay in foster care longer.
In every nursery, there are ghosts. They are the visitors from the unremembered past of the parents; the uninvited guests at the christening.

Selma Fraiberg
The Past Is Always With Us

◦ Parent experiences traumatic event in childhood

◦ Parent develops traumatic expectations as a result of the event

◦ Parent’s personality develops in line with defenses and expectations based on trauma

◦ Early trauma becomes a ghost in the nursery
Meet Edgar Allen Poe

- A famous author and poet.
- His works often featured themes associated with questions about death and mourning.
- Could these be remnants of his past?
Close to Home
Impact of Trauma on Parents/Adults

- Ability to listen to children may be compromised

- Parent/Adult may be so stressed that he cannot hear the child’s distress

- Parent/Adult may need to protect herself from feelings of vulnerability and trauma

- Parent/Adult may have trouble hearing her child’s sadness, anxiety or aggression
When Ghosts are Present:

These ghosts can become barriers to seeing the infant in the present moment and meeting their needs in a safe, meaningful, consistent, and predictable way.
Young Children Rely On Adults

- Young children depend on adults for protection from injury and traumatic experiences, so the very young child’s perspective of trauma must be understood in the context of the primary attachment relationship with the parent or caregiver.

- This means the parent or primary caregiver’s reaction to trauma is extremely significant to the young child’s ability to accept and process the event.
Trauma Exposure in Young Children: A Broader Definition

- Long term separation from attachment figure
- Forced removal (eviction, parental arrest, foster care)
- High conflicts with threats of injury to parent
# Triggers for Young Children

<table>
<thead>
<tr>
<th>Environmental Triggers</th>
<th>Feeling Triggers</th>
<th>Other Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sights</td>
<td>Fear</td>
<td>Bodily Sensations</td>
</tr>
<tr>
<td>Sounds</td>
<td>Helplessness</td>
<td>Specific Activities</td>
</tr>
<tr>
<td>Smells</td>
<td>Frustration</td>
<td>Specific People</td>
</tr>
<tr>
<td>Tastes</td>
<td>Loss of Control</td>
<td>Other People’s Behaviors</td>
</tr>
<tr>
<td>Weather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ghosh-Ippen, 2011
What does trauma look like?
REMAINING
G
CURIOUS
Speaking the Language of Babies

Changes in Behavior

- Crying
- Tantrums
- Aggression
- Sleep
- Toileting
- Eating

Wondering about:

- Trauma
- Relationship disruption
- Safety
- Domestic violence
- Substance abuse
Reflection Opportunity

- As I am going through the next few slides, try to think of times where you have seen these behaviors.

- It should be noted that these symptoms may be indicators of problems other than trauma exposure.
Red Flag Behaviors in Babies and Toddlers

- Displaying very little emotion
- Showing no interest in sights, sounds, or touch
- Rejecting or avoiding being touched or held or playing with others
- Difficulty being soothed or consoled
- Lacking ability to comfort or calm self
- Exhibiting sudden behavioral changes
Recognizing Symptoms of Trauma Exposure in Behavior

- Traumatized children may have a particularly difficult time managing their behavior.
- May live in chaotic and out of control social environments and they aren’t used to limits that make sense.
- Intense emotions may prevent them from being able to balance or regulate behavior.
- Fear and confusion can lead to aggression
  - **Fear is often the root of aggressive behavior**
- Can recover and heal with thoughtful, nurturing care.
Recognizing Signs and Symptoms of Trauma Exposure in Behavior

- Disrupted attachment showing an inability to trust, inability to connect, unstable moods and emotional numbness.
- Separation anxiety, clinginess and an increase in dependent behaviors.
- Diminished awareness or dissociative states, aimless motion, disconnected and disorganized behaviors or freezing.
- Heightened vigilance, startle responses or increased awareness of the environment.
- More withdrawn behaviors that show little emotion and decreased attention.
Recognizing Signs and Symptoms of Trauma Exposure in Behavior

- More immature behaviors signaling regression in previously mastered stages of development such as thumb sucking, toileting issues, bedwetting, soiling
- Lack of developmental progress when compared to peers
- Disturbance of sleep routines such as difficulty falling or staying asleep, night waking or nightmares
- Loss of language skills or formerly acquired language
- Loss of appetite, unexplained weight loss or failure to thrive
Recognizing Signs and Symptoms of Trauma Exposure in Behavior

- Increased distress or rapid changes in mood such as less of an ability to tolerate frustration, unusual moodiness, irritability with more crying, whimpering, screaming or tantrums
- New fears: the dark, animals, monsters
- More aggressive behavior
- Unable to comfort self
Reflection

- Turn to your neighbor and discuss the behaviors you have seen in your own classrooms.
- What are you wondering about this child’s home life?
- Think about ACES!!
Survival State Skills

- Fight
- Flight
- Fool
- Freeze

Dr. Becky Bailey

Conscious Discipline
Reflection

- 3 concepts you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
Trauma-Sensitive Classrooms

NAEYC May 2015

(https://www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms)
Expulsion Rates

- Expelled students are 10x more likely to:
  - Hold negative attitudes about school
  - Become incarcerated
  - Experience failing grades
  - Drop out of school

- Expulsion in early care education is associated with expulsion later in school
- Rates are disproportionate by race and gender

Key Assumptions of a Trauma-informed program

- Realize the widespread impact of trauma and understand potential paths for recovery.
- Recognize signs and symptoms of trauma.
- Fully integrate knowledge about trauma into policies, procedures, and practices.
- Seek to actively resist re-traumatization.

Substance Abuse and Mental Health Administration, 2017
Key Points in Working with Children from Hard Places


01
Key Point 1: Adversity is not destiny

02
Key Point 2: Stereotyping can seriously harm children.

03
Key Point 3: People who have experienced trauma should not be “defined” by their trauma.

04
Key Point 4: We need to be build on children’s and families’ assets.
Asset-Informed Classrooms
The “To Do’s” of a Trauma-Informed Program

- Remember not all strategies work for all children.
- Create and maintain consistent daily routines for the classroom.
- Tell children when something out of the ordinary is going to occur.
- Offer children developmentally appropriate choices.
- Anticipate difficult periods and transitions during the school day and offer extra supports.
- Use techniques to support children’s self-regulation.
- Understand that children make sense of their experiences by reenacting them in play or through interactions with peers or adults.
Trauma Sensitive Classrooms

Asset Work to promote regulation and prevent melt downs.
Model and Teach Appropriate Social Interactions

◦ Modulating appropriate physical contact.
  ◦ Show the child what to do by setting an example and describing your own behavior.
    ◦ “I am going to the sink to wash my hands. First I take the soap..”
  ◦ Set social boundaries that are clear but do not make the child feel guilty or bad.
    ◦ “Instead of sitting on my lap, sit right here beside me. Thanks for helping our classroom be safe”.
Become a Sensory Detective

- Notice what sensations calm and organize and are preferences of the infant
- Notice sensations that overwhelm, irritate, or shut down the infant
- Provide visual to caregivers (video) to aid awareness of their approach as well as the baby’s response
- Notice the rate, rhythm and timing of transitions
- Titrate Input According to Infant Response
  - Respect the fear response
  - Over time, allow for sensory input that is overwhelming to be present in the same room, unless it is a person that brings danger.
- Pair fearful stimuli with sensory and relational safety & sensory preferences.
Meeting Sensory Needs

Less Sensitive
- Rocking
- Bouncing
- Burrito Game
- Finger fidgets
- Providing oral stimulation

More Sensitive
- Dim the lights
- Use headphones
- Thoughtful about how many toys are accessible.
- Mindful about number of adults in room.
- Safe spot
Be consistent, predictable, and repetitive

- Children who have been maltreated are more sensitive to new situations.
  - Give visual and/or auditory warnings when transitions are about to take place.
  - Use a visual schedule.
  - Introduce the child to new situations slowly.
- Unique social situations, even if they are pleasant, can be overwhelming.
Helping individual children transition

- Create individual schedules.
- Give the child personal warnings about an activity ending.
- Use visual reminders and timers.
Stop, Sit, Listen, and Play

◦ Be available to children.

◦ Teach children about their feelings.
  ◦ That all feelings are okay to feel.
  ◦ Healthy ways to act when sad, glad or mad.

◦ Begin to explore how others may feel and how they show their feelings.
◦ Label feelings by describing the child’s facial expressions or showing them in a mirror.
Remember not all strategies work for all children.
Take the time to understand behavior.
ABC Method of Understanding Challenging Behavior

° "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior.

° The "B" refers to observed behavior,

° and "C" refers to the consequence, or the event that immediately follows a response.
<table>
<thead>
<tr>
<th>Time</th>
<th>A: Antecedents (Describe what happens before the behaviour.)</th>
<th>B: Behaviour (Describe what the student does.)</th>
<th>C: Consequences (Describe what happens after the behaviour.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A B C Chart

- Other factors to consider:
  - The time of day
  - Child’s internal state
  - Teacher’s state
  - Transitions

ALL BEHAVIOR HAS MEANING!!!
When we understand, we can respond in sensitive ways that promote safety and regulation.
Not all that is therapeutic, is therapy

- Observation & Assessment
- Concrete Support Services
- Supportive Counseling
- Relationship-Based Developmental Guidance
- Problem Solving
- Brief Crisis Intervention

Psychotherapy
- Parent-Infant
- Parent Focused
- Child/Filial Play Therapy
The Connection between the “Upstairs Brain” and the “Downstairs Brain”

Remember the brain model

Cortical region “wraps” and regulates

What happens when there is a stressor?

What happens when there are several stressors/chronic stress over time?
Responsive Caregivers Anticipate Problems & Are Flexible in Responding

- Certain predictable situations can lead to behavior problems.
- Children enter your care with different relationship histories and, consequently, different expectations.
- The more you care for a single child, the more you will be aware of disequilibrium in that child.
Where Caregivers Can Have an Impact

◦ The motto of the alarm system is ‘better safe than sorry.’ A home/classroom that dedicates itself to safety will help reduce the triggering of the brain’s alarm system in ALL children.

◦ Psychological safety for children can only exist when adults learn to manage their own anger and learn the skill of composure.

From Becky Bailey, *Conscious Discipline*
Strategies for IMH Practice

◦ Making anticipatory guidance *specific to the infant.*

◦ Alerting the parent to the infant’s individual accomplishments and needs.

◦ Helping the parent to find pleasure in the relationship with the infant

◦ Allowing the parent to take the lead or determine the agenda

◦ Watching, Waiting, & Wondering

◦ Remaining open, curious, and reflective.

Nurturance leads to more connection

**Nurturing**
- Being with/Down on their level
- Holding
- Resting a hand gently on child
- Speaking calmly
- Identifying feelings

**Not Nurturing**
- Fussing back at the child
- Punishment
- Responding with yelling
- Pushing child away
- Hovering above the child
Co-Regulation and Emotion Coaching

- Infants are unable to cope with emotions alone and need caregivers to follow their lead

- Toddlers and Preschoolers need caregivers to identify and talk them through the emotions
Give care based on the child’s emotional age and where they are in their brain

◦ If a child has “flipped their lid”, remember that their ability to process material cognitively is limited.

◦ Use more non-verbal interactions.

◦ Use short phrases to communicate limits.
Other Helpful Tips

◦ Have realistic expectations.
◦ Be patient with a child’s progress and with yourself.
◦ Take care of yourself.
◦ Take advantage of resources.
Reflection

- 3 things you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
Regulating our own behavior
Physical Health

CDC study – The Pennsylvania Head Start Staff Wellness Survey (2012)

- 2,112 Head Start teachers

<table>
<thead>
<tr>
<th>Condition</th>
<th>ECE Sample</th>
<th>National Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe headaches</td>
<td>32.2%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Lower back pain</td>
<td>36.9%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Obesity</td>
<td>37.1%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>18.7%</td>
<td>13.6%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>22.3%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Diabetes/Prediabetes</td>
<td>11.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Overall fair/poor health status</td>
<td>14.6%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Whitaker et al., 2013
Caregiver Depressive Symptoms

Depressive symptoms clinical significance

ECE Sample
National Sample

Whitaker et al., 2013
Common Sources of Stress

- Limited resources of our clients
- Limited resources of agency
- Case Loads
- Differences in management styles
- Family issues
- Noise level in homes
- Traffic
- Behavior challenges
- Conflict with children
- Conflict with parents
- Conflict with staff
- Time pressure
- Things breaking
- Illness
- Documentation
- Learning a NEW INTERVENTION!
Thoughts on Mindfulness

◦ [Mindfulness] is simply observing, watching, examining. You are not a judge, but a scientist. ~ Walpola Rahula

◦ Mindfulness is about being fully aware of whatever is happening in the present moment, without filters or the lens of judgment. ~ Jon Kabat-Zinn, Ph.D.

◦ Men go forth to marvel at the heights of mountains and the huge waves of the sea, the broad flow of the rivers, the vastness of the ocean, the orbits of the stars, and yet the neglect to marvel at themselves. ~ St. Augustine
Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Viktor E. Frankl
Think of mindfulness as finding space

- When we create pauses in our work and relationships, we disrupt the automatic reactions that take over.
- This leads to more regulated, effective, attuned responses that take into consideration the situation and relationships.
Creating a Pause

◦ When learning new practices or information
  ◦ Take three deep breaths

◦ When completing tasks
  ◦ Take three deep breaths between each “to do”

◦ When talking to parents and colleagues
  ◦ Consciously choose to wait longer than usual before speaking.

https://www.goodtherapy.org/blog/the-power-of-pausing-why-you-should-give-yourself-a-break-0221194?fbclid=IwAR3iwCSdXh_dMYsOovUjKIQB1yngtttXYI6xGDwbltpa3KQy1n6ZyVb/1
Benefits of Mindfulness

○ **It lowers stress -- literally.** Research published just last month in the journal Health Psychology shows that mindfulness is not only associated with *feeling* less stressed, it's also linked with decreased levels of the stress hormone cortisol.

○ **It changes the brain in a protective way.** University of Oregon researchers found that integrative body-mind training -- which is a meditation technique -- can actually result in brain changes that may be protective against mental illness.

○ **It could help your doctor be better at his/her job.** Mindfulness meditation could help you provide better care for your clients. Research from the University of Rochester Medical Center shows that doctors who are trained in mindfulness meditation are less judgmental, more self-aware and better listeners when it comes to interacting with patients.
CREATING CONNECTIONS FOR OURSELVES
- Who are the people in your corner?
- How do you take care of yourself?
"We can't practice compassion with other people if we can't treat ourselves kindly."

- Brené Brown
Reflection

- 3 things you learned
- 2 questions that still remain
- 1 way that you will utilize this information in your work
Amy L. Huffer, Ph.D., LCSW, IMH-E (IV-C)
Technical Assistance Specialist, National Infant-Toddler Court Program
Direct: (202) 857-2617  |  Email: ahuffer@zerotothree.org
Cell phone: (405) 514-9111

ZERO TO THREE
1255 23rd St NW, Suite 350, Washington, DC 20037
Phone: (202) 638-1144  |  www.zerotothree.org