



*Watson*  
College of Education

Trauma in Early Childhood:  
Implications for  
Children, Families and  
Early Childhood Educators

# Webinar Agenda

- Welcome
- An Introduction to Early Childhood Trauma
- They're Only Babies: Supporting Infants and Toddlers in Early Childhood Settings Who Have Experienced Trauma
- Toxic Stress and Its Impact on Preschoolers





# An Introduction to Early Childhood Trauma

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Jessica Dym Bartlett, MSW, PhD  
Senior Scientist, Child Trends



# Today's Objectives

- Introduce the concept and definition of early childhood trauma
- Discuss prevalence and types of early childhood trauma
- Review research findings on impact of early childhood trauma on children, families, providers, and systems
- Provide an overview of what science suggests are the best ways to meet the needs of young children who experience trauma
- Describe a trauma-informed care/approach to working with young children



# Definition of Early Childhood Trauma

When a young child experiences an event that causes actual harm or poses a serious threat to the child's emotional and physical well-being



Different from regular life stressors, because it causes a sense of intense fear, terror, and helplessness beyond the normal range of typical childhood experiences

From National Child Traumatic Stress Network. (2003) What is child traumatic stress?  
[http://www.nctsnet.org/sites/default/files/assets/pdfs/what\\_is\\_child\\_traumatic\\_stress\\_0.pdf](http://www.nctsnet.org/sites/default/files/assets/pdfs/what_is_child_traumatic_stress_0.pdf)

# Complex Trauma

Exposure to “multiple traumatic events that occur within the caregiving system... Typically, refers to the simultaneous or sequential occurrences of child maltreatment that are chronic and begin in early childhood.”



From Cook et al. (2003). Complex trauma in children and adolescents.  
[http://www.nctsnet.org/nctsn\\_assets/pdfs/edu\\_materials/ComplexTrauma\\_All.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf)

# Common Types of Early Childhood Trauma

**Abuse and  
neglect**

**Serious,  
untreated parent  
mental illness or  
substance abuse**

**Witnessing  
domestic  
violence**

**Prolonged  
separation from  
or loss of a loved  
one**

**Serious injuries  
or painful  
medical  
procedures**

# Early Childhood Trauma

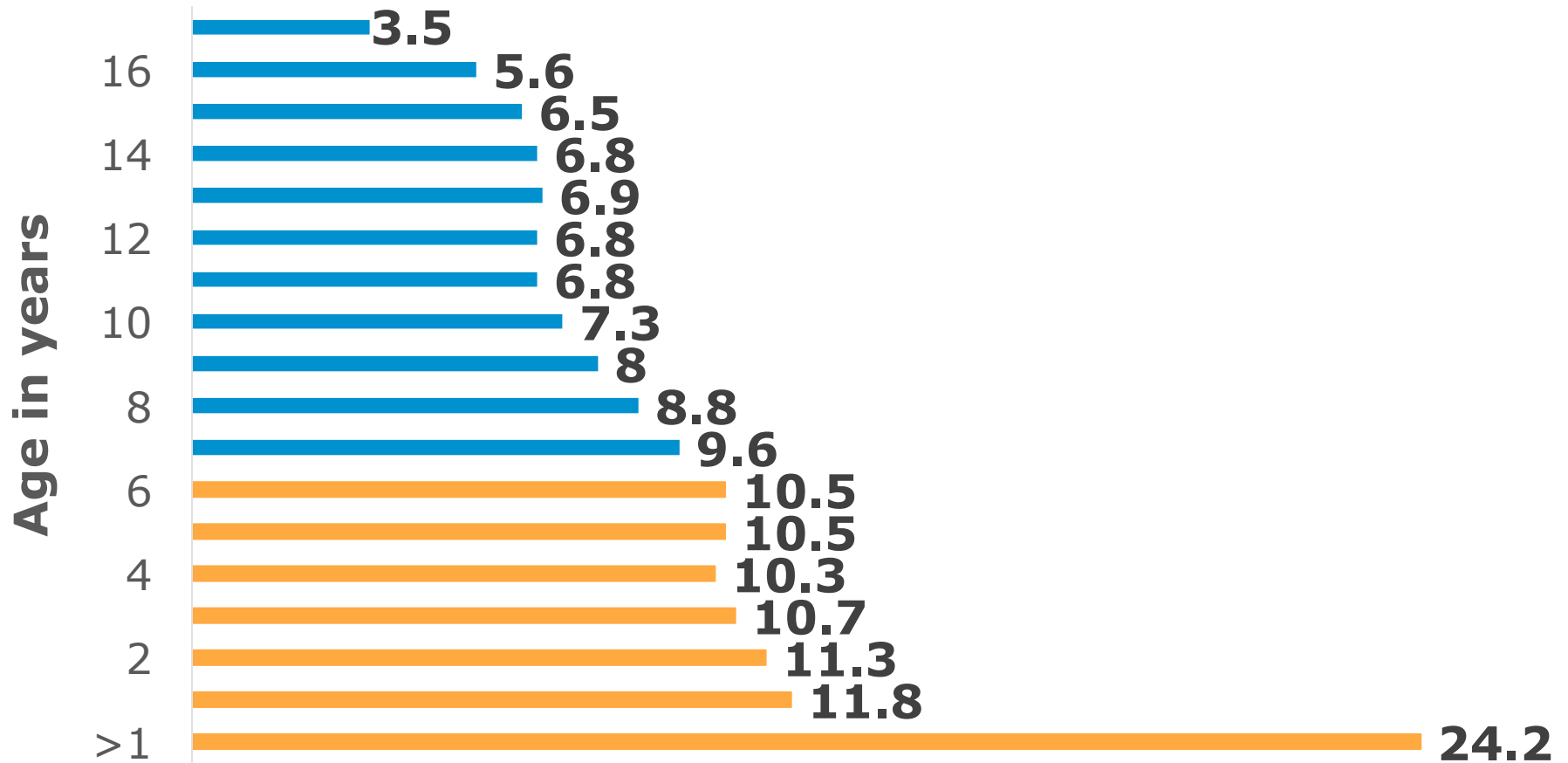
- Affects almost half of U.S. children (35 million)

Disproportionately affects young children



Sources: National Survey of Children's Health (2011/12); APA Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents(2008)

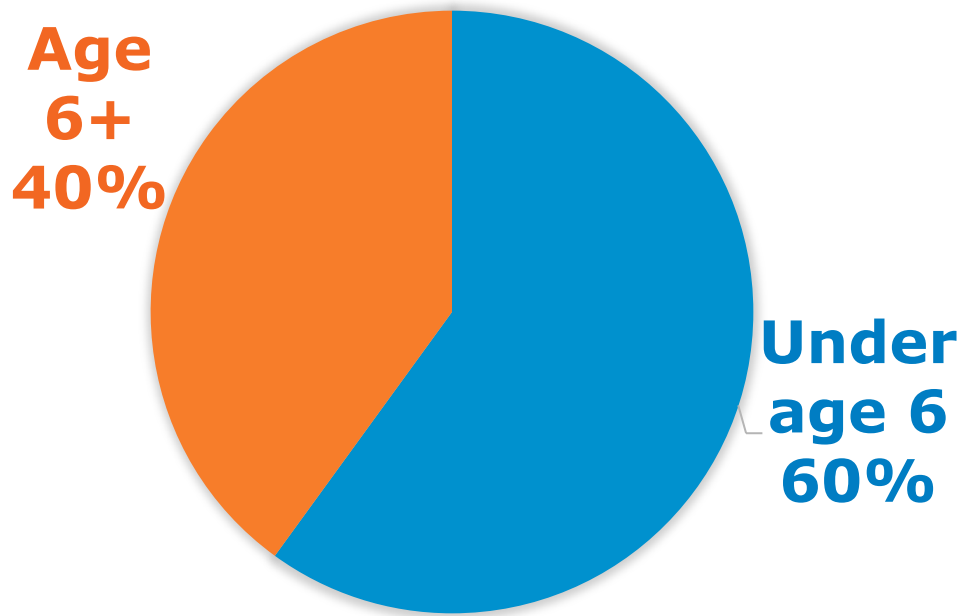
# Young Children Are More Likely to Experience Abuse & Neglect



Number of children per 1,000 in the same age group

Source: USDHHS, ACF, ACYF, Children's Bureau (2017)

# Young Children are More Likely to Experience Unintentional Injuries



Source: Grossman (2000)

# Myths about Early Childhood Trauma

## Myth #1

- **Young children do not remember traumatic events**

## Myth #2

- **The younger the child, the less impact trauma has**

## Myth #3

- **Children are resilient and always “bounce back” from trauma**

Source: Child Witness to Violence [www.childwitnessstoviolence.org/facts-myths.html](http://www.childwitnessstoviolence.org/facts-myths.html)



# Trauma in early childhood affects:

- brain structure
- cognitive development
- social-emotional development and behavior
- learning
- ability to form healthy attachments to others
- physical health

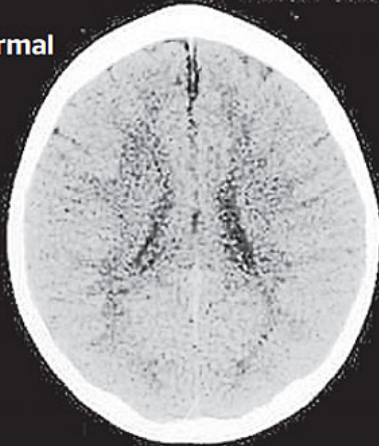
Child Trends & National Center for Children in Poverty

# Neurological Consequences of Early Childhood Trauma

## HOW STRESS CHANGES A CHILD'S BRAIN

### 3-YEAR-OLD CHILDREN

Normal



Extreme neglect



■ Prolonged exposure to trauma triggers physiological changes in the brain.

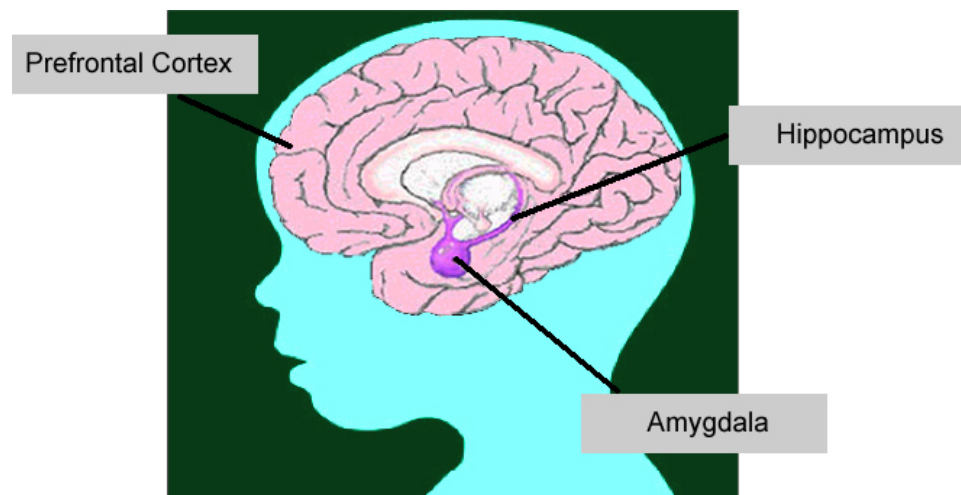
■ Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.

■ This can cause brain shrinkage, problems with memory, learning and behaviour.

■ A child does not learn to regulate emotions when living in state of constant stress.

■ Associated with greater risk of chronic disease and mental health problems in adulthood.

*(Graphic from the Sydney Morning Herald)*



*(Graphic from the Center for Early Childhood Mental Health Consultation, Georgetown University)*

# Impact on Parents and Families

- Parenting a trauma-exposed child is stressful
  - stress may lead to insensitive caregiving
- Parents may experience the same trauma (e.g., domestic violence, accident)
  - negative reactions in parent or child may intensify other's symptoms
- Challenges related to child trauma may lead to family conflict



# Impact on Early Childhood Programs

- Preschool suspension and expulsion
- Provider stress, burnout, and turnover
- Disruptions in learning



# Meeting the Needs of Young Children Who Have Experienced Trauma

- Presence and continuity of a nurturing caregiver
- Environments that promote:
  - safety and trust
  - self-regulation and social-emotional skills
  - other early skills needed to succeed in school





# Putting it all Together: Trauma-Informed Care

All parties recognize and respond to the impact of traumatic stress on those who have contact with the system or program, including children, caregivers, and service providers.

That is, a system or program:

- infuses trauma awareness, knowledge, and skills into organizational culture, practices, and policies
- collaborates with all those involved with the child, using the best available science, to support recovery and resiliency of the child and family.

Source: National Child Traumatic Stress Network

<http://www.nctsn.org/resources/topics/creatingtrauma-informed-systems>

**An Introduction to Early Childhood Trauma**

Jessica Dym Bartlett, MSW, PhD

# Resources

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# Questions?



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# “They’re Only Babies” : Supporting infants and toddlers who have experienced trauma in early childhood settings

Kathleen Mulrooney, MA, LPC, IMH-E® IV (Clinical)

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# To Begin – Being Centered in the Moment ZERO TO THREE



Photo by Kiwi Street Studios



# Today's Journey

- Learning Objectives:
  - Understand that very young children can experience stress or traumatic response to adverse experiences
  - Recognize signs and symptoms of trauma response in infancy and early childhood.
  - Learn ways to support the young child and their caregiver's exposed to trauma.
  - Understand concepts of burn out and vicarious traumatization and learn ways to minimize risk among staff through use of reflective practice and self care.



# They're only babies...



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# What experiences might be highly stressful or traumatic for children?



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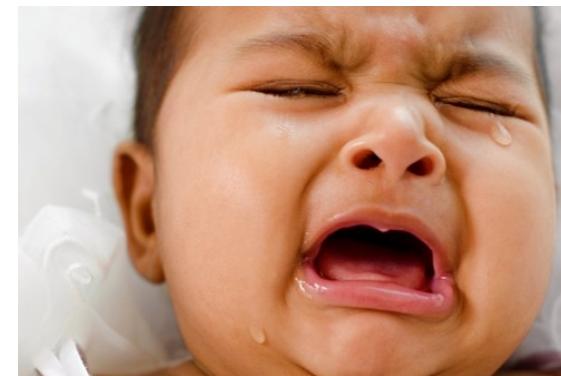
# Families May Be Experiencing

- Isolation and stress
- Poverty or low income
- Housing instability
- Current trauma or history of trauma
- Stressful family dynamics
- Parental mental health or child mental health/ developmental challenges
- Substance use or abuse or struggles with sobriety
- Bias, prejudice, oppression
- Challenges of military/veteran family life

# Infant and Early Childhood Mental Health Challenges



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# Myths and Facts about Infants, Children and Responses to Trauma

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- **MYTH:** Young Children don't remember traumatic experiences if they occurred early in life. Since they can't remember or talk about trauma, it won't affect them.
- **FACT:** Research shows that trauma impacts everyone who experiences it, even infants. When children older than 28 months experience trauma, they retain verbal recall of the event. Children younger than 28 months have behavioral recall, later seen in play, drama and reenactments.



- **MYTH:** If a child refuses to talk or be responsive, he or she is just being stubborn.
- **FACT:** Some children who have been traumatized feel overwhelmed by their own inner experiences or feelings, and become withdrawn and detached from their “here and now” experiences. At those moments, they may be unable to respond.

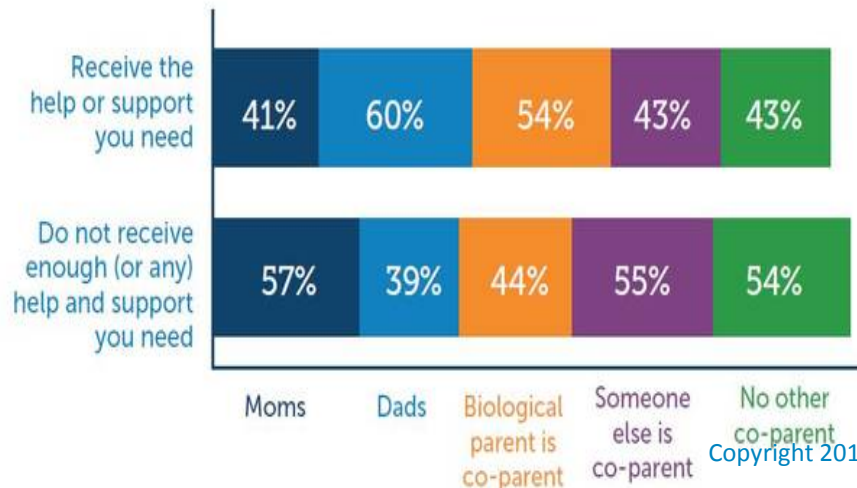
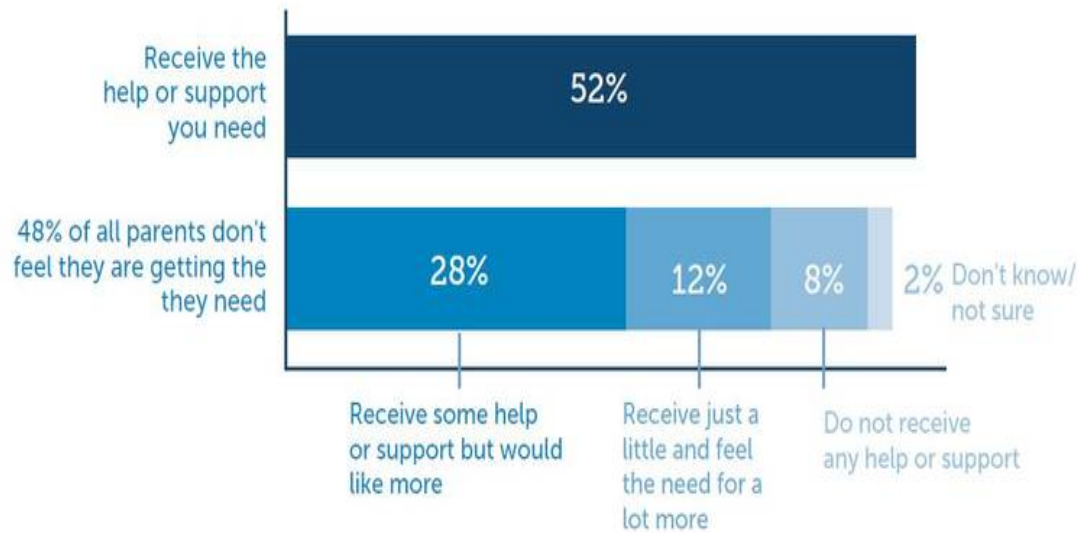


- **MYTH:** Traumatized children always appear timid and fragile and are easily managed in a classroom.
- **FACT:** While traumatized children may at times be timid and withdrawn, they may also become quite volatile making it challenging to interact with them and manage in a group setting.

# ZERO TO THREE National Parent Survey: Parental Stress



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# Trauma and the Infant or Toddler

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## Crisis Response: A Normal or Common Response to an Abnormal





# Identifying Trauma in Young Children

**Crying, Clinging,  
Acting Out,  
“Misbehavior”**

I am unsafe

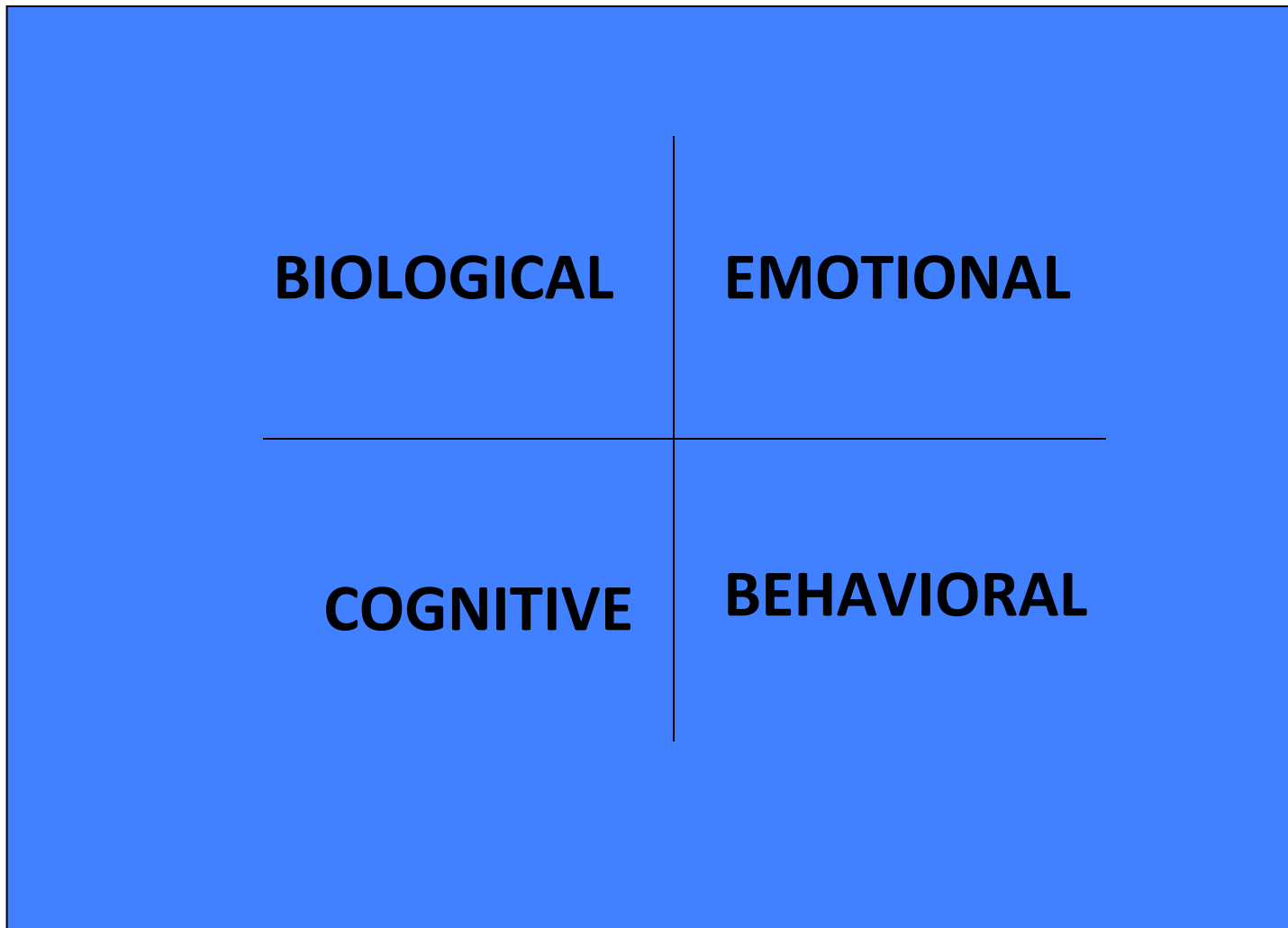
I am scared

I am Angry

- A child’s behavior is like an iceberg
- The behaviors we see above the surface
- are a result of the feelings below



# TYPICAL CRISIS REACTIONS





# Let's Reflect

- What factors influence a child's response to trauma?



Photo by Kiwi Street Studios



# Considerations for Infants and Toddlers

- Reactions of children are influenced by developmental level as well as the actual trauma, loss or change.
- Some children have difficulty in their grief or trauma response and may be left with lingering emotional or behavioral difficulties.
- “Misbehaviors” may be viewed as behavioral problems rather than behavioral manifestations of emotional distress.

- Dr. Stephen Cozza, 2016





# The Importance of a Secure Attachment



Photo by Kiwi Street Studios

- Sensitive and responsive caregiving from a parent or caregiver can moderate a child's emotional and physiological stress responses.

# Impact of Trauma in Infancy and Toddlerhood



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**Reduces ability to explore, learn and process information**

**Lower tolerance for stress can result in behaviors such as aggression or defiance**

**Problems with learning and memory can become permanent**

**May have trouble with relationships and interactions with peers**

**May cause long-term physical health problems**

**Increases stress hormones which affects the body's ability to fight infection**

Photo by Kiwi Street Studios

# Variability in Responses to Stressors and Traumatic Events



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- The impact of a potentially traumatic event is determined by both:
  - The objective nature of the event
  - The child's subjective response to it
- Something that is traumatic for one child may not be traumatic for another.



# Impact Can Vary

The impact of a potentially traumatic event depends on several factors, including:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection



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# Trauma through a child's eyes

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# For Your Consideration

An argument erupts between a mother and her boyfriend, her six month old son is sleeping in the next room when the shouting, crying and throwing of things begins. He awakens startled and screaming, mother rushes in to hold him and father screams at him to “shut up!”

- What is the sensory experience of this infant?
- What do you think the parents are feeling?
- How does the experience and emotional communication impact the child’s feelings?



# Impact: Danger & Safety Are Core Concerns



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Photo by Kiwi Street Studios

- Lack of physical & psychological safety can be magnified in a young child's mind.
- Ensuring children's physical safety is critical to restoring the sense of a protective shield.
- Trauma exposure can make it difficult for children to distinguish between safe & unsafe situations



# Patterns of Response to Threat



- For very young children – limited capacity for flight/fight – rely on dissociative response of freeze or surrender (Perry, et.al., 1995)



# For Your Consideration

A community is affected by a serious flood which has forced many from their homes and closing of schools, facilities. The parents of 18 month old Taniya are staying in a shelter and must meet with various agencies to find out about food, clothing and relocation. Taniya stays at a child care facility near the shelter sporadically while parents are out on some days. Sometimes it is only for a couple of hours, sometimes it is all day.

- How might these changes affect an 18 month child?(What are some developmental tasks at this age)
- How might parents manage negotiating systems with a toddler in tow?
- How do you think the child care providers are feeling about the new children in their care?

# Signs of Trauma in Children Birth through 3 years old



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- Startle Easily
- Hypervigilance
- Need and demand attention through both positive and negative behaviors
- Display excessive temper tantrums;
- Cry excessively
- Appear detached, disinterested, flat
- Exhibit aggressive behaviors
- Exhibit regressive behaviors

# Signs of Trauma in Children Birth through 3 years old



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- Experience sleep difficulties and problems with eating and toileting
- Respond to triggers which remind them of the traumatic event (persons, places, things, colors, smells, etc.)
- Generally are irritable, sad and anxious
- Constricted range of emotion
- Reduced expression of positive emotions
- Engage in Traumatic Play
- Clingy or reactive to touch
- Experience dissociative episodes such as freezes, stills, or stares and is unresponsive for seconds to minutes in response to reminders

# The Good News: Early Developmental Plasticity



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- The same developmental plasticity that can make early adversity negatively impact health and well-being, also enhances the importance of early parent/caregiver interactions. (Meyer & Fortunato, 2013)





# The Good News: Protective Factors Reduce Impact of Trauma



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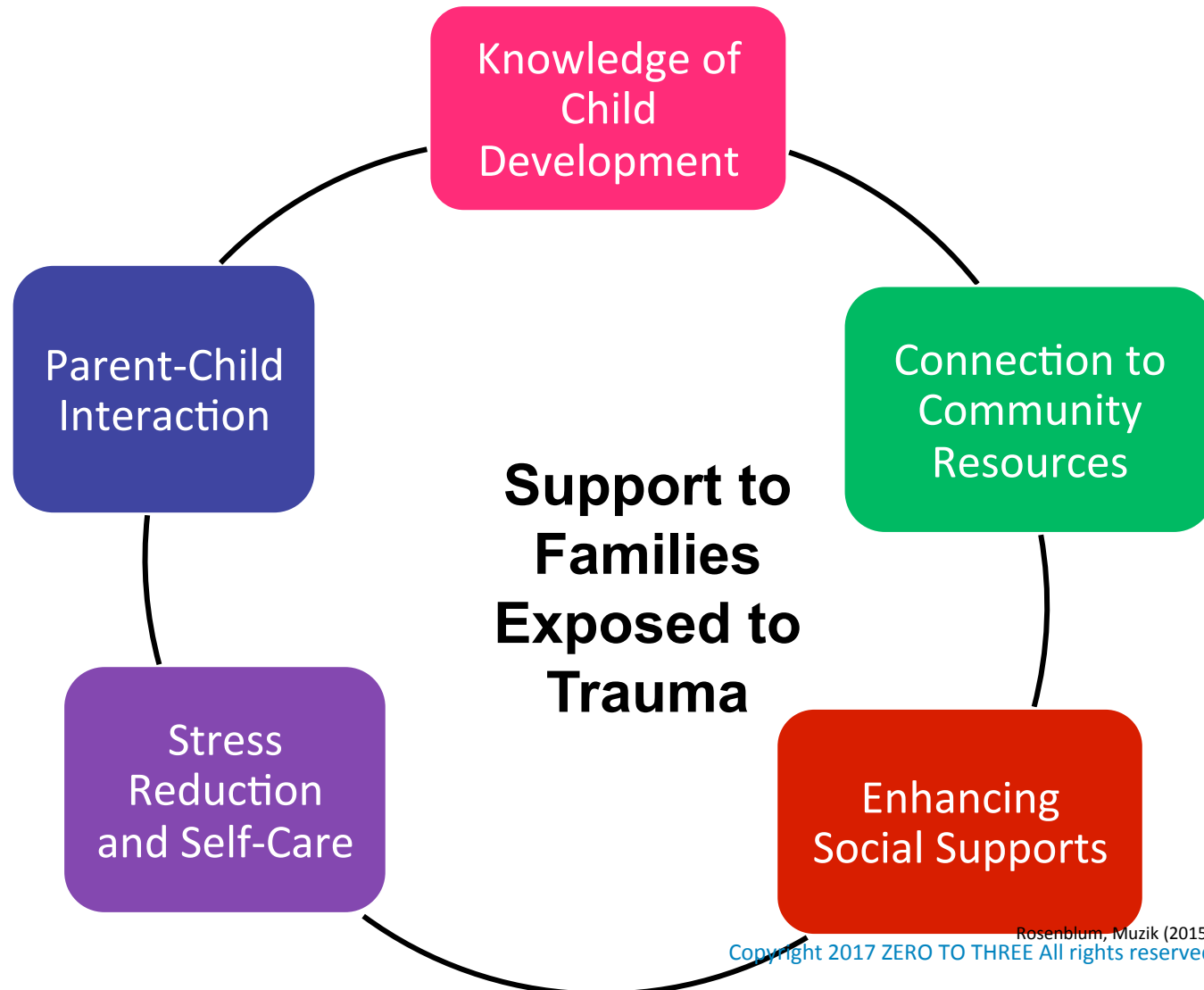
Photo by Kiwi Street Studios

- The presence & strength of protective factors
- enhance children's ability to resist, or to quickly recover from harmful effects of trauma, loss & other adversities.

National Center on Child Traumatic Stress (2015)



# Building Protective Factors





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# Supporting Families through Chronic Stress and Trauma

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# Let's Consider...

**What are some of the ways you might help parents to provide their child a sense of:**

- **Routine**
- **Sense of Control**
- **Support**



# The Importance of Personal Narrative

Helping each one hear their story, tell their story...



Photo by Jaclyn  
Yearly



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# No Time Like the Present



Photo by Kiwi Street Studios



# Support to Parents Coping with Traumatic Stress



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## Check to see if your interactions:

- Are relationship-based
- Are strengths-based
- Build trust
- Build protective factors and mitigate risk factors
- Are frequent with enough time allotted



Photo by Jaclyn Yeary

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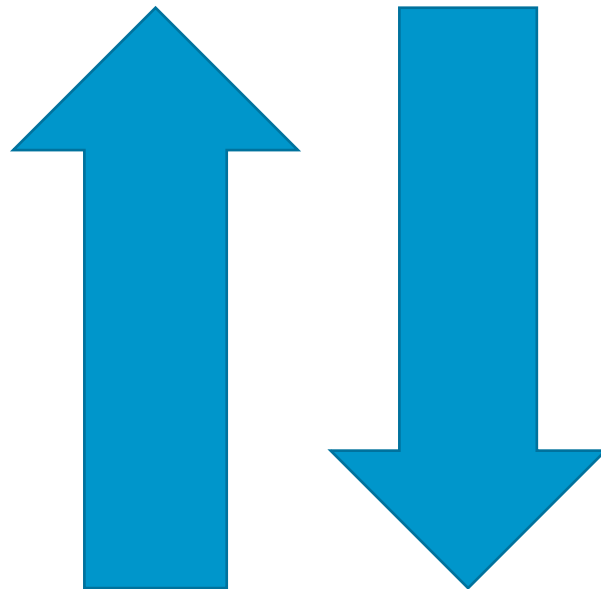
# Compassion Fatigue, and Vicarious Traumatization

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# Parallel Process

The idea that a new experience in relationships at any level could translate into changes in other relationships is called the “parallel process”.



# Clarifying Definitions



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## Compassion Fatigue

- Emotional and physical depletion and fatigue that occurs when helpers engage in emotional labor and are unable to replenish

## Vicarious Traumatization

- Provider's taking on traumatic responses and shift in world view that occurs when they work with clients who have experienced trauma

## Burn Out

- Physical and emotional exhaustion that providers experience overtime when overwhelmed at work

<https://www.tendacademy.ca/what-is-compassion-fatigue/>



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“If providers prioritize self-care, they are giving two gifts—one to themselves and one to the children in their care.”

Rice & Groves, (2005, p. 49)



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# The Teapot Analogy





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# Please stay in touch!

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[www.zerotothree.org](http://www.zerotothree.org)

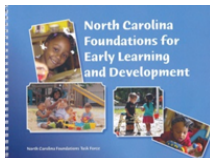
[kmulrooney@zerotothree.org](mailto:kmulrooney@zerotothree.org)



# Toxic Stress and Its Impact on Children



© iStockphoto.com



# Alexander and the Terrible, Horrible, No Good, Very Bad Day



# Objectives- Participants will:

- Define three types of stress responses.
- Discuss “toxic stress” and its long term effects
- Review ACES (Adverse Childhood Experiences) survey and research
- Investigate strategies for alleviating toxic stress

# What is stress?



When the current situation (either physical or psychological) is maxing out our current resources



# Different Stress Responses

- **Positive** stress response (our coping mechanisms are adequate)
- **Tolerable** stress response (our coping is challenged, but we adapt)
- **Toxic stress** response (our coping is overwhelmed – long term emotional cost )

What experiences fit in which category is determined by our genetic predisposition AND our prior experiences

# Sources of Stress

- **Physical**
  - Actual physical illness or harm
- **Psychological**
  - Perceived threat to physical well-being
  - Perceived threat to self-image, social standing, important relationships
- **For a very young child**
  - Lack of a responsive relationship is a threat to physical well-being



# Adverse Childhood Events (ACE) Study - CDC

- Asked about 10 stressful childhood experiences
- Looked at long-term health outcomes
- ACE predicted 10 major causes of adult illness and death

*Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks (1998)*

Compared to persons with an ACE score of 0, those with an ACE score of 4 or more were:

- 2 times as likely to be smokers
- 4 times more likely to be depressed
- 7 times more likely to be alcoholic
- 10 times more likely to have injected street drugs
- 12 times more likely to have attempted suicide

# ACE predicted higher rates of:

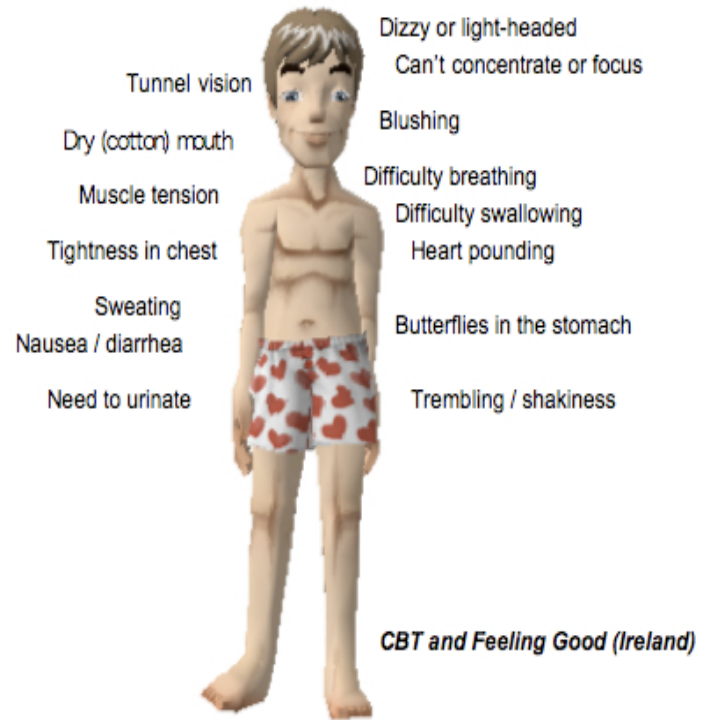
- Chronic obstructive pulmonary disease (COPD)
- Fetal death
- Heart disease
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Unintended pregnancies

# Stress Response

- Brain and body coordinate to release a series of biochemicals that prepare us to:
  - Fight
  - Flee
  - Freeze
- The greater the perceived threat, the more primitive the response

## The Physiology of Fight or Flight

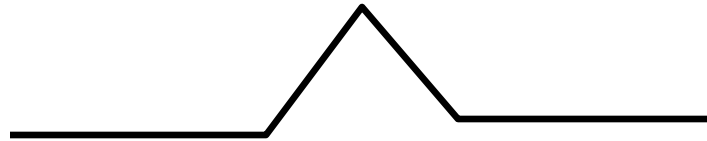
What we know is happening...



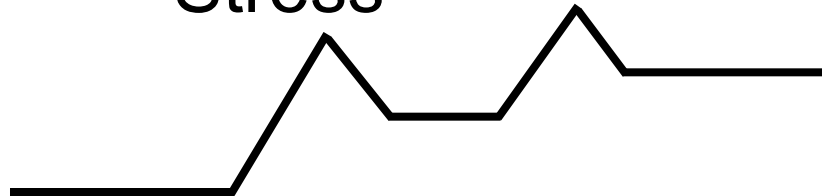
# Normal and Chronic Stress



● Normal Stress



● Chronic  
Stress



# Stress Hormones

- Affect areas of the brain involved in learning and memory
- Affect areas of the brain involved in emotions and self-control
- Children who are stress reactive are at risk for behavior problems, school failure, and health problems

# Symptoms and Behaviors

- **Behavioral reenactment** - Children may act out aggressively toward others or do and say things that they witnessed; they are often unaware that this behavior is connected to their abuse
- **Reenactment through play** - The child may represent the traumatic experience through repetitive play—for example, by repeatedly playing exactly the same scene of people fighting, a car crashing, or a house burning down



# 10 Things We Need to Know About Childhood Trauma

1. Kids who have experienced trauma aren't trying to push your buttons.
2. Kids who have been through trauma worry about what's going to happen next.
3. Even if the situation doesn't seem that bad to you, it's how the child feels that matters.
4. Trauma isn't always associated with violence.
5. You don't need to know exactly what caused the trauma to be able to help.

# 10 Things continued...

6. Kids who experience trauma need to feel they're good at something and can influence the world.
7. There's a direct connection between stress and learning.
8. Self-regulation can be a major challenge for students suffering from trauma.
9. It's ok to ask kids what you can do to help them get through the day.
10. You can support kids with trauma even when they're outside of your classroom/care.

So How Can We Help?  
What Can We Do?



# Resilience trumps ACEs!

What does resilience look like?

1. Having resilient parents/caregivers
2. Building attachment and nurturing relationships
3. Building social connection:
4. Meeting basic needs
5. Learning about parenting and how children grow
6. Building social and emotional skills



# Nature's Protection - Relationships

Children are biologically designed to “attach” to a primary caregiver



# Young Children Can Be Protected from Stress by Relationships

- Sensitive, responsive, supportive care “buffers” or protects young children from experiencing elevated stress levels.
- As quality of care decreases, children become highly vulnerable to stress.
- Presence of securely attached caregiver protects timid children under stress
- Quality of caregiving affects children’s cortisol levels





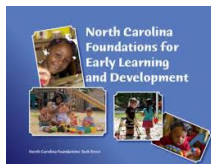


# Stress Busting Activities

**So you mean to tell  
me a stress  
ball isn't for  
throwing at  
people who  
stress you out?**

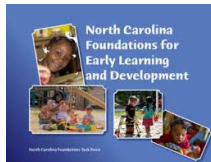


# Relationships



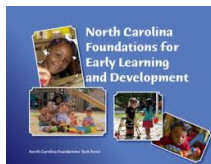
NC FELD/ESD 2c, 3a-s, 4a-t ,5a-v

# Exercise



NC FELD/HPD 2a-r, HPD 4a-s

# Deep Breathing

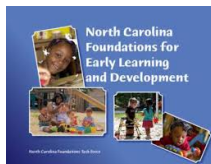


NC FELD/HPD 6h



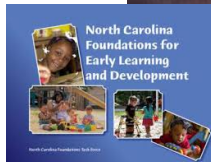
# Muscle Relaxation

## **Progressive Muscle Relaxation Script**



NC FELD/HPD 6h

# Visual Imagery



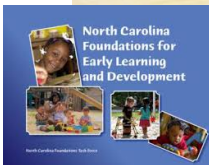
NC FELD/HPD 6h

# Sensory Activities





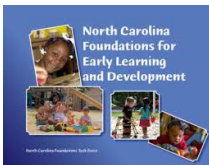
# Journaling



NC FELD/HPD 6h, LDC 13a-h

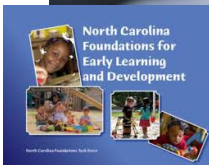


# Hobbies



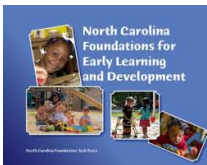
NC FELD/LDC 7k,11f, CD-4a-k, CD-5a-v

# Music



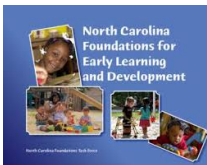
NC FELD/LDC 7k,11f, CD-4a-k, CD-5a-v, HPD-6h

# Healthy Lifestyles



NC FELD/HPD-1a-w, HPD-3k

# Relationships



NC FELD/ESD 2c, 3a-s, 4a-t ,5a-v

# Activity

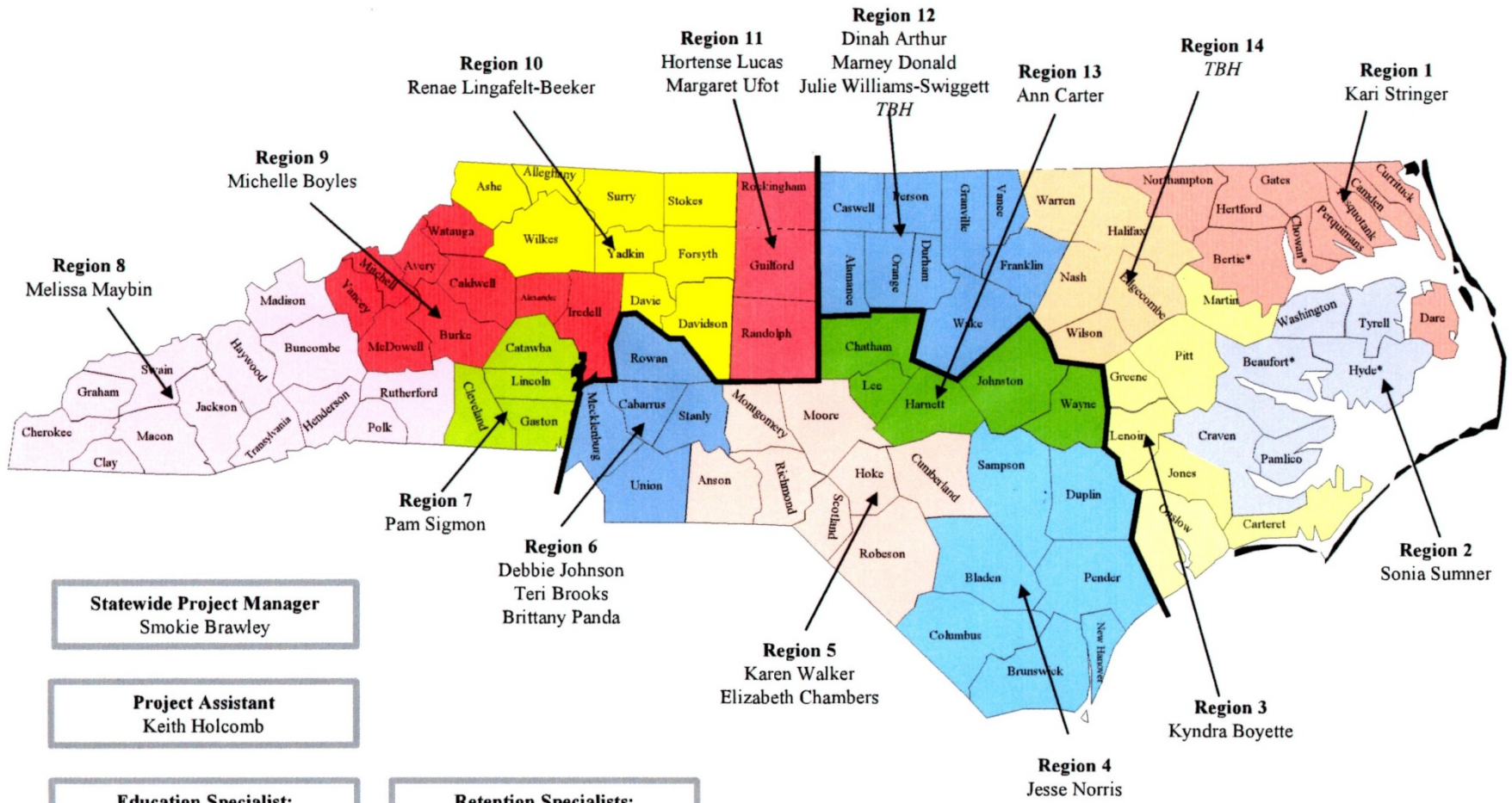
What is your role in helping children with everyday stress and toxic stress?

Healthy Social Behaviors  
Regional  
Behavior Specialist



# NC CCR&R Regional System

## FY18 Healthy Social Behavior Specialists



**Statewide Project Manager**  
Smokie Brawley

**Project Assistant**  
Keith Holcomb

**Education Specialist:**  
TBH

**Retention Specialists:**  
TBH (4)

# Toxic Stress Resources

- **ACESTooHigh** - <https://acestoohigh.com>
- **(CSEFEL) Center on the Social & Emotional Foundations for Early Learning** - <https://www.vanderbilt.edu/csefel/>
- **Centers for Disease Control and Prevention** - <https://www.cdc.gov/violencepreventions/acestudy>
- **The National Institute for Trauma and Loss in Children (TLC)** - <https://www.starr.org/research/>
- <https://www.weareteachers.com/10-things-about-childhood-trauma-every-teacher-needs-to-know/>
- **The National Child Traumatic Stress Network** - [www.NCTSN.org](http://www.NCTSN.org)
- **Follow Healthy Social Behaviors (HSB) on Pinterest at Tucker's NC Nest!** [www.pinterest.com/Tuckersncnest/](http://www.pinterest.com/Tuckersncnest/)
- **Follow HSB on Twitter at Oh Behave Tips!** [www.twitter.com/#OhBehaveTips](http://www.twitter.com/#OhBehaveTips)



# Contact Information



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NC Healthy Social Behavior  
Project**

**[hsb@ccchildcareconnections.org](mailto:hsb@ccchildcareconnections.org)**



*Watson*  
College of Education

THANK YOU

