



The Pyramid Model and Trauma-Informed Care: **A Guide for Early Childhood Professionals to Support Young Children's Resilience**

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This guide provides resources that support early childhood professionals to integrate the Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children and trauma-informed care.

The intended audience includes program leaders and administrators, educators, other professionals (e.g., mental health, social work, behavior specialists), and staff in early intervention and early childhood classrooms. The purpose of this guide is to help early childhood professionals understand how the Pyramid Model and trauma-informed care can meet the diverse needs of young children and their families who have experienced trauma. This guide provides:

- a definition of trauma,
- the prevalence of trauma in early childhood,
- information on understanding how behavior relates to trauma, and
- suggestions for integrating Pyramid Model practices with a trauma-informed care approach to promote resilience in young children and their families.

Introduction

Young children who have experienced trauma demonstrate a variety of responses. The type of short- and long-term behaviors that they might display as a result of their experience depends on a variety of factors including: the nature, frequency, and intensity of the traumatic event(s) they experienced; the child's temperament; and the support the child and family receive. How adults support, care for, and respond to children who have experienced trauma, particularly in early childhood, is important to children's growth and development. The Pyramid Model practices are aligned with a trauma-informed care approach and promoting the resilience of young children and their families who have experienced trauma.

What is the Pyramid Model?

The Pyramid Model is a framework of evidence-based practices for promoting the social-emotional development of young children (Fox et al., 2003). Using a multi-tiered approach, the Pyramid Model is a system of practices and supports designed to improve young children's social, emotional, and behavioral outcomes, including children with or at risk for developmental disabilities and delays.

Pyramid Model practices include: developing meaningful relationships with children and their families, establishing schedules and routines, providing clear directions and expectations, promoting social engagement among all children, encouraging appropriate strategies for communicating emotions, promoting children's emotional regulation, teaching children to problem solve, and providing intensive individualized support when children have persistent challenging behavior or significant social-emotional delays. Implementation of the Pyramid Model focuses on the use of practices by all staff in the program, working in partnership with families to promote children's social-emotional and behavioral outcomes, and eliminating the use of inappropriate discipline practices. The Pyramid Model also supports using data for decision-making and fosters inclusion.

How Does the Pyramid Model Support Children Who are Impacted by Trauma?

Early childhood professionals who implement the Pyramid Model with fidelity have the capacity to promote the social-emotional skills of all children in the program and respond to the needs of all children and families. The use of Pyramid Model practices can buffer the impact of trauma and promote healing. For programs implementing the Pyramid Model, the intentional alignment of trauma-informed care principles as outlined in this document strengthens the program’s ability to meet the needs of children and families impacted by trauma. Figure 1 illustrates the use of the Pyramid Model practices with a trauma-informed care approach.

Integrating Trauma in the Pyramid

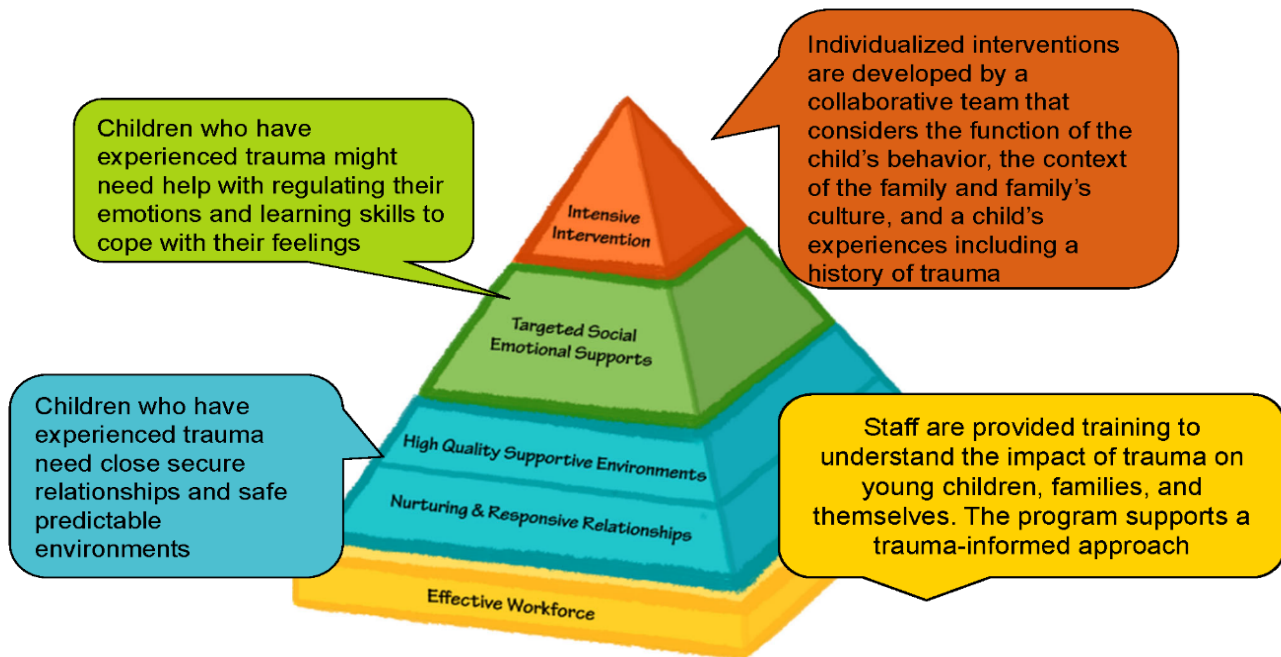


Figure 1. Integrating trauma-informed care with the Pyramid Model

The *Checklist of Early Childhood Practices that Support Social-Emotional Development and Trauma-Informed Care* provides more detailed information on how the Pyramid Model promotion, prevention, and intervention practices used by early childhood practitioners reflect a trauma-informed care approach. The checklist provides guidance on practices related to the following:

- Nurturing and responsive relationships;
- Creating safe learning environments;
- Creating calm, predictable transitions;
- Helping children regulate their emotions and express their feelings appropriately; and
- Providing intensive interventions that consider the child's experiences.

What is Trauma?

Trauma occurs when frightening or harmful events overwhelm a child's ability to cope or deal with the event or events. Some children experience trauma from ongoing or recurring experiences such as chronic abuse or witnessing domestic violence; however, trauma can also occur as a result of a single event, such as a natural disaster or a car accident.

The Substance Abuse and Mental Health Services Administration (SAMSHA, 2014) provides a framework for understanding trauma by defining the three E's of trauma. The Three E's include the consideration of an **event** or circumstance that is threatening or might cause harm, how the individual **experiences** the event, and the **effect** of the event on the individual. For young children, the three E's can help early educators understand how each element contributes to defining and understanding trauma. How the young child experiences an event that is threatening or harmful will determine whether the event is traumatic. How an event is experienced depends largely on the developmental stage of the child as well as the adults available to support the child and help the child understand the experience. The effects of a traumatic event might be short- or long-term. Examples of adverse effects of trauma may include difficulty in the following areas: trusting others, managing typical stressful situations, paying attention, focusing or remembering things, and managing emotions.

How Does Trauma Impact Young Children?

Experiencing trauma may be especially hard for young children. Young children's brains are developing rapidly and as a result, traumatic experiences can uniquely impact their brain development. Early childhood trauma has been associated with negative changes in the growth and structure of the brain, resulting in challenges related to attention, memory, perception, emotional regulation, cognition, and language.

Young children are less likely to understand how to keep themselves safe and anticipate danger. They may also not yet understand their emotions because they have less experience managing or coping with strong emotions and experiences. Developmentally, young children might not understand the relationship between cause and effect, resulting in a belief they may have caused the frightening or harmful event(s) or are inherently bad children deserving of harm. Young children are reliant on adults to help them understand and cope with adversities. When trauma occurs that affects the family system; adults might not be able to help the child cope with the stressors of the traumatic experience.

While young children and their families who have experienced trauma may benefit from mental health services, very few receive them. It is estimated that only 2.5% of preschool-aged children receive mental health services (Loomis, 2018; Tyler et al., 2017). Yet, for preschoolers, exposure to a traumatic event may be at rates as high as one in two (50%) (Egger & Angold, 2006; Jimenez et al., 2016). With limited access to professional mental health services, the role of other adults in their lives, including early childhood professionals, is critical.

How Prevalent is Trauma?

The National Survey of Children's Health ([NSCH]; 2017-2018) estimated that nationally, 33.3% of children were exposed to at least one adverse childhood experience (ACE). ACEs include abuse, household challenges, neglect, substance use disorders or mental illness in the house, parental separation or divorce, incarcerated household members, and witnessing domestic violence (Felitti et al., 1998).

The ACEs study provides some information about the prevalence of adverse experiences in children's homes. However, adversity is not limited to the categories in the study and may include other experiences, such as housing insecurity, racism, community violence, bullying, disasters, medical trauma, or immigration or refugee status ([National Child Traumatic Stress Network](#)). These adversities may lead to children experiencing trauma as a result of the stress of adversity.

Trauma and Behavior

Trauma can impact young children's social-emotional development and behavior. A young child's nervous system relies on information from the outside world to mature. Through experience and with assistance from nurturing adults, young children learn to regulate their emotions and make sense of the world around them. When children successfully manage their emotions, they respond and react in developmentally appropriate ways.

Children's behavior largely depends on their ability to cope with stress and challenging situations. Children who have experienced trauma often have difficulty regulating their responses to stressful situations. Their biological stress response may be easily triggered based on their past experiences, which may lead to an increased difficulty coping with challenges (National Scientific Council on the Developing Child, 2012). When a child's stress response is triggered, the child might engage in aggression, attempt to escape from a situation, or become withdrawn or unable to respond. What might trigger a child's stress response is highly individualized based on the child's unique experience and circumstances. For example, a child who has witnessed domestic violence might become triggered when the child hears yelling or an angry voice, is asked to go to sleep, when the lights are turned off, or sees others fighting. The child may respond to such stimuli with aggression, avoidance, or disengagement. While this might look like ignoring a teacher's directions or being intentionally combative, it is important to remember that behavior resulting from a child feeling unsafe may be a biological stress response related to the child's trauma experiences.

Behaviors that children who have experienced trauma may display include difficulty or challenges with:

- self-regulation,
- paying attention or staying focused,
- following directions,
- controlling impulses,
- building and maintaining friendships, and
- trusting others or developing secure relationships.

The behaviors or symptoms of trauma are not the same for all children, even if they have experienced a similar traumatic event. Responses to trauma vary depending on the support available to the child, the child's temperament and development, and the child's ability to cope with the situation. When a child experiences intense or enduring trauma, the behaviors the child displays might be more intense or more frequent.

*All children and adults have an incredible capacity for resilience.
Early childhood professionals can promote resilience
in young children and their families.*

Why Do Early Childhood Professionals Need to Know about Trauma?

Early childhood professionals have an important role in providing reassurance and explaining frightening or harmful experiences (in developmentally appropriate terms) to young children. When adults acknowledge children's emotions and help children understand their experiences, they increase children's feelings of safety and connection to others. This type of supportive environment can help reduce the negative developmental effects of trauma.

Early childhood professionals are also in a position to recognize the strengths in every child and family. Early childhood professionals can help families build their skills and capacities to promote young children's social and emotional skills.

Early childhood professionals play a critical role in supporting children who have experienced trauma. They can ensure, at a minimum, that the care they provide does not retraumatize young children. They can also help buffer the impact of trauma and, and importantly, they can assist in supporting and building resilience in children and their families.

How Can Early Childhood Professionals Support Young Children's Resilience?

Resilience refers to the ability of an individual to recover from or adjust to adversity. Early educators can be a strong influence on the child's resilience by using Pyramid Model practices. For example, early childhood professionals can offer **supportive environments** that help children build their resilience. Supportive environments provide children with a sense of control and predictability, which results in children experiencing both safety and trust, which are key components of resilience and healing. Early childhood professionals can also provide **nurturing and responsive relationships** with children in their care. Research suggests that for many children, supportive and positive relationships may prevent or reduce negative reactions to trauma (Lieberman et al., 2012; Sacks & Murphy, 2018). These positive relationships are critical to developing resilience in young children.

Additionally, trauma does not "occur in a vacuum" (SAMHSA, 2014), and the most effective approach for supporting children is to **offer support to the adults in a child's life**. Early childhood professionals are uniquely situated to understand and connect with multiple caregivers in a child's life (e.g., families, medical providers, therapists, social service providers, and community members).

Help All, Harm None: Understanding Trauma-Informed Care

Trauma-informed care is an approach that helps all children and harms none. Sometimes, professionals are unaware that a child they are working with has experienced trauma. By becoming trauma-informed, early childhood professionals can support all children in their care, even without information about each child's experiences. The Pyramid Model includes a set of universal practices that are designed to support all children in a way that reflects trauma-informed practice. That is, all children get nurturing, responsive interactions, predictable and consistent schedules and routines, and support to engage with adults and children.

A trauma-informed care approach shifts thinking from “What is wrong with you?” to “What happened to you?” It acknowledges the widespread prevalence and effects of traumatic experiences on children, families, and providers.

Trauma-informed care focuses on prevention (i.e., reducing the impact of traumatic experiences) and responding to children in ways that help them manage symptoms and triggers (i.e., reminders of past or current trauma) that cause challenge and stress. It helps both the child and their caregivers regulate their emotions and build resilience (SAMHSA, 2014).

SAMHSA describes a trauma-informed approach as being grounded in four important assumptions that should guide personnel and programs. These four “R’s” include the **realization** about trauma and how trauma affects individuals and communities, the ability to **recognize** trauma, **responding** to trauma by applying the principles of trauma-informed care, and engaging in actions to actively **resist retraumatizing** individuals affected by trauma. When classrooms and programs are informed by the four R’s of a trauma-informed care approach, they are able to be sensitive and responsive to the needs of children, families, and staff who have experienced trauma.

The six key principles of a trauma-informed approach described by SAMHSA offer guidance on how to develop and enact an organizational approach to trauma-informed care. These principles define critical features that are fundamental to ensuring that the program and staff engage in the provision of services in a trauma-informed manner. They are:

- **Safety** – ensuring emotional and physical safety;
- **Trustworthiness and Transparency** – building and maintaining trust by operating with transparency;
- **Peer Support** – developing peer relationships; especially with others who have experienced trauma;
- **Collaboration and Mutuality** – making decisions with children and families who have experienced trauma; sharing control; offering choices;
- **Empowerment, Voice, and Choice** – providing an atmosphere where children and families are affirmed and validated, and their voices and opinions are valued and respected; and
- **Culture, Historical, and Gender Issues** – recognizing the impact of culture, disparity, historical trauma, and equity, and actively working towards anti-racism and anti-bias attitudes and practices. In applying this principle to early childhood education, we will refer to this principle as Equity and Culturally Responsive Practices.

Disparity, Equity, and Trauma

Adverse experiences that may be associated with trauma are disproportionately experienced by some groups of children. The analysis of the 2017-2018 National Survey of Children's Health found that 21.3% of Black, non-Hispanic children experienced more than one ACE in comparison to 12.9% of white, non-Hispanic children (HRSA, 2020). In addition, 22% of children in households with incomes below 100% of the federal poverty level experienced two or more ACEs in comparison to 12.9% of children from households at income levels at or above 400% of the federal poverty level. These data suggest that adverse experiences that are often associated with trauma are more prevalent for non-white children and poor children.

Too often, early care and education programs use discipline practices that can be inappropriate responses to challenging behavior and can exacerbate trauma and disparities. For example, inappropriate responses might include sending the child out of the room or to an administrator's office, moving the child to a corner or time-out, calling a family member to pick the child up because of challenging behaviors, or suspending, expelling, or dismissing the child from a program. Out-of-school suspensions and expulsions are occurring at alarming rates in early childhood programs, and Black children are more likely to experience suspensions and expulsions than white children (Children's Equity Project, 2020; U.S. Department of Education, 2014). Suspensions and expulsions can be retraumatizing to children and a source of additional stress to families who are experiencing adversities that can lead to trauma.

Data suggest that children who have been exposed to domestic violence, parental substance use, and other ACEs are significantly more likely to be expelled from preschool (Zeng et al., 2019). These punitive responses are problematic for multiple reasons but may be particularly problematic if the child has experienced trauma. Programs may be retraumatizing young children by using these inappropriate and harsh discipline practices. These practices may serve to reaffirm a child's belief that they are "bad", do not belong, cannot be helped, or do not live in a caring world. Harsh disciplinary practices do not teach a child how to appropriately respond to challenging situations or navigate difficult, or triggering, environmental input. These inappropriate disciplinary practices also do not provide an opportunity for children to develop and practice the necessary skills to regulate emotions. In other words, when children are removed from early learning opportunities, they lose the chance to build relationship with caring adults and learn appropriate social skills and behaviors in a safe, predictable, and potentially healing environment.

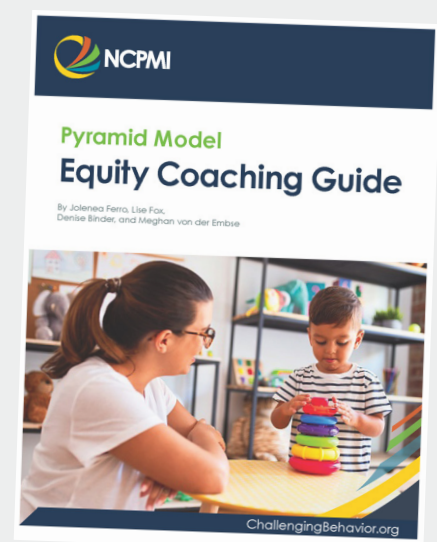
Related Graphic Highlight: Equity Coaching Guide

Discipline practices like out-of-school suspension and expulsion of young children disproportionately impact children of color, children with disabilities, and boys (U.S. Department of Education, 2014).

Pyramid Model Coaching Equity Guide

<https://challengingbehavior.cbcs.usf.edu/Implementation/Equity/Guide/index.html>

Expelling Expulsion; The Pyramid Model framework recognizes the intricate and integrated relationship between inequity and trauma.



What Can You Do?

Early childhood professionals play a critical role in young children's lives. Early childhood professionals can reflect on trauma-informed care and enact the six key principles in their settings and organization.

Reflecting on trauma-informed care can help early professionals recognize how to change or improve their practices. The following questions can help early professionals reflect on the children in their care and the families they support:

- What program practices are in place to support staff so they can engage in practices that effectively promote resilience and healing?
- What types of potentially traumatic experiences might children, families, and community in the program experience?
- What child behaviors might be related to a child's experience of trauma?
- Are there interactions or aspects of the environment (i.e., classroom) that might trigger a child's stress response? Are there observed interactions, behaviors, or aspects of the environment that might make a child respond aggressively or withdraw?
- How familiar are early childhood professionals with the signs and symptoms (i.e., the behavior that might result from the experience) of trauma?
- How is knowledge about trauma incorporated into procedures, policies, and practices of the staff and program?
- For children who have experienced trauma, how do early professionals work toward avoiding retraumatizing children or families in the program?
- How do early childhood professionals identify family strengths and work in partnership with them to promote children's social-emotional development and address concerns about children's behavior?
- How do early childhood professionals promote physical and emotional safety?
- How do early childhood professionals encourage peer support among children and families?
- How do early childhood professionals engage children and their families in decision-making?
- How do early childhood professionals validate and affirm the experiences of children and their families?
- How do early childhood professionals work to recognize the impact of culture, disparity, historical trauma, and equity of children and families in your care?
- How do early childhood professionals actively work to provide culturally responsive services and supports and address issues of equity and bias?

In the Appendices of this document, we have provided examples of how the SAMSHA six principles of trauma-informed care can be applied to different settings, depending on the early childhood professional's roles and responsibilities (i.e., *Appendix A: An Organizational Approach to Trauma-Informed Care in Early Childhood and Early Intervention Services and Settings*, *Appendix B: Implementing Principles of Trauma-Informed Care in Early Intervention Services*, *Appendix C Implementing Principles of Trauma-Informed Care in the Early Childhood Classroom*).

Conclusion

Implementing the Pyramid Model provides a foundation for a trauma-informed care approach that can support all children, including children and their families who have experienced trauma. Early childhood professionals can support resilience and healing in children and their caregivers. High-quality early childhood programs help children feel safe and in control, regulate emotions, make meaningful connections with peers and adults, and problem-solve challenging situations. The Pyramid Model and trauma-informed care recognize and emphasize the impact of culture, disparity, and equity in the lives of young children and their families. Both provide an approach for supporting young children's social and emotional development. Adding a trauma-informed lens to the Pyramid Model assists professionals and caregivers in realizing how trauma affects young children, their families, and their communities and recognize symptoms of trauma, respond effectively, and decrease the likelihood of retraumatizing young children.

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Appendix A. An Organizational Approach to Trauma-Informed Care in Early Childhood and Early Intervention Services and Settings

The implementation of trauma-informed care requires an organizational commitment and a shift in how program leaders and staff think about their practice and programs. Six key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMSHA), are adapted below, followed by examples of strategies for implementing these principles across early childhood and early intervention services and settings from *an organizational approach*.

Safety – ensure emotional and physical safety.

Emotional safety

- Encourage positive relationships with children, families, and staff.
- Greet each child and family, using their preferred names, upon entry into educational spaces.
- Prioritize marketing and communication materials that represent the diversity of families and children.
- Use positive and welcoming signage that is in the multiple languages of the families served.
- Train staff who answer phones or in reception areas to greet children and families in a warm and welcoming manner.
- Provide comfortable spaces where families can talk privately with staff and families can sit with their children (e.g., provide private, comfortable spaces for mothers to breastfeed).
- Place a priority on relationships and the continuity of care from a service provider who has established a relationship with the child or family when considering changes in staffing.
- Provide staff with resources and activities that will promote staff wellness and self-care.

Physical safety

- Ensure the building is secure and the safety of children, families, and staff is prioritized.
- Ensure signs are clear, welcoming, and legible and exits are well labeled.
- Ensure space is accessible for all, including children and families with disabilities.
- If security personnel are present, encourage welcoming and friendly interactions with all children, families, and staff.
- Check that all emergency procedures are in place, communicated with families, and practiced regularly (e.g., natural disasters, assaults, community violence, heated arguments).
- Provide a process and training for how to respond when children and families are experiencing interpersonal or domestic violence.
- Ask permission before touching, hugging, or picking up a child.

Trustworthiness and Transparency – build trust, provide clear information about policies and procedures, and have clear processes and communication.

- Clearly describe the mission, purpose, goals, and services to staff and families.
- Provide a written policy related to the promotion of social-emotional skills, use of positive guidance and prevention approaches, and a prohibition on the use of exclusionary disciplinary practices.
- Communicate roles and responsibilities, including any expectations for roles and responsibilities of families.

- Communicate clearly with staff and families about program policies and procedures, including policies about confidentiality and mandated reporting.
- Explain changes in routines, procedures, or program policies to staff, children, and families (e.g., “We will be using a new curriculum, here is more information.”, “Caregivers are encouraged to provide feedback about this with staff directly or through our online portal.”).
- Use information collected from families to individualize care for the child and family (e.g., ask about a child’s food allergies or preferences and make sure staff accommodate those needs).
- Value and prioritize communication and partnerships with staff, children, and their families.
- Provide opportunities and encouragement for families to contribute to ongoing efforts to address diversity, equity, and culture.
- Listen to staff concerns and needs, responding appropriately and with empathy.

Peer Support – provide opportunities for providers and families to build and maintain peer relationships.

- Provide opportunities for staff to share and discuss common life experiences (e.g., offer discussion groups, book clubs, coffee hours about common experiences).
- Provide opportunities for staff to work together to learn and grow in their teaching practice.
- Demonstrate interest in life experiences of staff, including providing opportunities to share their culture and strengths.
- Provide program-wide opportunities for families to get to know each other and share common challenges and experiences.
- Provide program-wide events and opportunities for family and program staff to have discussions, dialogue, and training on tough topics (e.g., depression, trauma, racial justice, equity).
- Guide staff in how to assist families in forming positive peer relationships with other families.

Collaboration and Mutuality – make decisions with staff about children and families; engage families in meaningful collaborations, share control; offer choices.

- Establish collaborations with community agencies and professionals (e.g., child welfare agencies, housing programs, early childhood mental health consultants, parenting programs) that will strengthen the program’s ability to respond to child and family service needs.
- Collaborate with an Infant Early Childhood Mental Health Consultant to provide assistance to the program and staff in meeting the needs of children and families.
- Assist staff to foster collaboration with families, including engaging families in decision making (e.g., include families in decisions about schedules, planning, individual child routines, classroom policies).
- Support staff to provide families with opportunities to contribute to the design of program services and curricula.
- Encourage staff to involve families in solving problems and sharing decision-making responsibilities.
- Support staff to offer families choices and encouragement to provide feedback on program services (e.g., “What time is best for you for the home visit?”, “Is there something you would like to include in our next unit?”, “How do you think the program is doing?”).
- Encourage staff to seek family’s input on the care of their child; ask about family routines and preferences.
- Include families as full partners when exploring the meaning of a child’s behavior and developing a positive behavior support plan.

Empowerment, Voice, and Choice – provide an atmosphere where staff, children, and families are affirmed and validated, and their opinions and decisions are respected and valued.

- Provide staff with opportunities for reflection and feedback through practice-based coaching, meeting with peers, or reflective supervision.
- Support staff to offer families meaningful ways to contribute to the program and encourage families to share their opinions and feedback regularly.
- Include family members and practitioners on the implementation leadership team and workgroups.
- Seek opportunities for staff and families to share their expertise.
- Provide validation and affirmation to staff and families (e.g., “I notice how you are so calm with all your son’s questions.”).
- Encourage families to contribute to the design of the program. Families can participate in the planning and evaluation of the program services.
- Support staff to adapt services based on families and children’s interests (e.g., create new dramatic play areas based on family interests; change the meeting time based on family input and common family schedules).
- Provide opportunities for staff and families to enhance and build their knowledge and skills (e.g., offer training on trauma, parenting, limit setting, child development).
- Conduct regular assessments (e.g., annual) using surveys or focus groups to gain feedback from families and staff on their service and support needs.
- Regularly share positive observations of children with families.

Equity and Culturally Responsive Practices – recognize the impact of culture, disparity, historical trauma, and equity; and actively work towards anti-racism and anti-bias attitudes and practices.

- Seek to hire staff who are diverse (gender, ethnicity, race, and disability).
- Support staff to explore their values, biases, beliefs, and experiences.
- Talk about race and promote racial identity in the workplace in ways that help staff, families, and children feel positive and understand one another.
- Ensure that staff receive training in implicit bias, culturally responsive practices, equity, and anti-racist work.
- Develop a mission statement that communicates the program’s commitment to equity, being anti-racist, and using anti-biased early childhood practices. Share the statement with families and staff.
- Actively work to understand how culture and experience shapes individual relationships and behavior.
- Implement processes such as reflective supervision, reflective practice, or discussion groups to support the use of culturally responsive and anti-bias practices.
- Work to identify and implement specific strategies to address inequity and disparity in practice and in systems (e.g., recruit staff that speak the same language as children and families, explore how policies and may have a differential impact on different groups of people).
- Select diverse images that represent the community for use in publications, signage, art, and communication to ensure that all families and staff feel visible and welcomed (e.g., diverse race, ethnicity, genders, diversity of roles).

- Review and revise policies and processes that could affect the inclusion of families in receiving services or continued access to services (e.g., what cultural, historical, or gender issues might restrict access or family engagement in services).
- Demonstrate respect for the diversity of family views related to caregiving, including child guidance, gender roles, age-related expectations, sleeping practices, mealtimes, play, and other perspectives.
- Monitor the implementation of equitable and culturally responsive practices and address issues through professional development, practice-based coaching, or reflective supervision.

Appendix B. Implementing Principles of Trauma-Informed Care in Early Intervention Services

The implementation of trauma-informed care requires a shift in the way program leaders and staff think about their practice and programs. Six key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMSHA), are adapted below, followed by examples of strategies for implementing these principles in *early intervention services*.

Safety – ensure emotional and physical safety.

Emotional safety

- **Early intervention providers should:**
 - Prioritize supporting positive relationships with children, families, and staff.
 - Respond to children and their families with warmth and affection.
 - Strive to engage in family interactions that foster a sense of safety and trust.
 - Acknowledge family strengths and work to help the family feel accepted and understood.
- **Guide and model for families and other caregivers on how to promote a feeling of emotional safety for the child by:**
 - Responding to cues, such as reaching or crying, with the nurturing action (e.g., a smile, gentle touch, holding, feeding, nap, activity).
 - Returning cooing, smiling, and laughter with happy and smiling faces.
 - Labeling children's feelings (e.g., "Your loud noise makes me think you are hungry.").
 - Narrating what the child is experiencing or asking for (e.g., "You are looking at the toys to see what you want to do next.").
 - Anticipating when big feelings might happen (e.g., transitions) and talking about them beforehand.
 - Asking permission prior to diapering, picking a child up, or moving children (e.g., "You need a diaper change. Are you ready for me to pick you up and change your diaper?").
 - Supporting caregivers in reframing how they interpret and respond to challenging behavior.
 - Exploring the meaning of a child's behavior and encouraging positive caregiving strategies.
 - Listening and responding to the child's verbal and non-verbal communication.

Physical safety

- **Early intervention providers:**
 - Support families in prioritizing the family and child's health and safety.
 - Assist families in identifying service agencies or resources to address physical safety concerns.
- **Guide families and other caregivers on how to promote child physical safety by:**
 - Providing safe access to age-appropriate toys and materials.
 - Creating safe sleeping environments that align with the family's values and needs (e.g., co-sleeping, crib in a different room).

- Ensuring spaces are safe for children to explore (e.g., covers on outlets, baby gates on stairs, locks on cabinets with cleaning supplies, etc.).
- Properly storing unsafe materials (e.g., cleaning supplies, medications, etc.) so they are not accessible to children.

Trustworthiness and Transparency – build trust, provide clear information about policies and procedures, and have clear processes and communication.

Early intervention providers:

- Are reliable and accessible to the families or other caregivers they are coaching (e.g., are on time; communicate with families in their preferred mode such as text, phone, email; make themselves available for questions).
- Translate verbal and written communication to families in their preferred language (provide interpretation services).
- Value and prioritize communication and partnerships with children and their families.
- Follow the family’s lead during intervention sessions (e.g., ask the family about their priorities and concerns, encourage the family to direct interactions, learn about family routines).
- Clearly describe procedures and processes related to intervention and assessment services.
- Solicit family input in all aspects of service delivery, including goal setting, intervention planning, and progress monitoring.
- Make sure that families understand the assessment process and purposes.
- Provide assessment results in ways that families can understand and check for understanding often.
- Provide assurance of confidentiality when families share personal information that is not required to be shared with others.
- Share celebrations and children’s progress with families on a regular basis

Guide and model for families and other caregivers on how to promote child trust by:

- Creating daily routines and rituals (e.g., naptime, bedtime, mealtime, bath time).
- Narrating activities and events in real-time using language the child can understand (e.g., “I am making you a bottle. First I put the water in, then I add the milk.”).
- Describing the order of activities and events of the day (e.g., “First we are going to have breakfast, then play, then we are going to take a nap.”).

Peer Support – provide opportunities for children and families to build and maintain peer relationships.

Early intervention providers:

- Support family connections with other families, family groups, and community-based services, including mutual support groups when relevant to family needs.
- Encourage family discussions on challenging topics (e.g., depression, trauma, racial justice, equity).

Early intervention providers help families and other caregivers identify opportunities to help the child in the development of relationships by:

- Participating in “serve” and “return” interactions with their child during typical daily routines and activities.
- Talking about the emotions of others and encouraging children to express and label their emotions.

- Engaging in turn-taking games with toddlers.
- Commenting on the actions/intentions of others (e.g., “Josiah wants to play ball too.”).
- Reading books, telling stories, and engaging in conversations with children about common life events.
- Encouraging, modeling, and supporting children’s developing empathy towards others (e.g., “Oh, Tasha is crying. I wonder what is making her sad or upset.”).

Collaboration and Mutuality – make decisions with children and families; share control; offer choices.

Early intervention providers:

- Seek to develop respectful and supportive relationships with families that affirm family strengths and their roles in fostering their child’s learning and development.
- Ask families open-ended questions to share in decision-making.
- Engage families in problem-solving.
- Collect information from families about daily routines and activities.
- Work as a team with other professionals to assist families.
- Offer families choices and encouragement to provide feedback (e.g., “Is there a specific time of the day you would like me to see?”, “Is there something you would like to focus on during our next visit?”).
- Consult with an infant or early childhood mental health professional for guidance on how to support caregivers to reduce the effects from trauma exposure (e.g., anxiety, stress, emotion regulation) and caregiving strategies for their child.
- Provide information and referrals to additional services and supports that might be needed by the family.

Early intervention providers support families to:

- Make decisions about assessment and goals with service providers (e.g., share the goals and skills they want their child to develop, decide who is present during child assessment, etc.).
- Discuss progress and determine the next steps for children.

Empowerment, Voice, and Choice – provide an atmosphere where children and families are affirmed and validated, and their opinions and decisions are respected and valued.

Early intervention providers:

- Use active listening skills to understand families’ priorities, beliefs, and ideas to embed them in services.
- Validate families’ preferences and feelings by providing opportunities for them to share their opinions, values, and choices.
- Ensure families have an active and important role in decision-making and planning.
- Identify families’ strengths and provide services in children’s natural environments using materials already present in a family’s home.
- Make sure families know and understand their rights.
- Greet families in a way they are most comfortable with (e.g., using their preferred name, language).
- Work in partnership with the family to identify and address family-identified priorities for child learning.

Early intervention providers guide and support families and other caregivers to foster child choice and development of autonomy by:

- Offering children developmentally-appropriate responsibilities in the home that build independence/autonomy in ways that reflect the family's culture or priorities.
- Validating and encouraging children's perseverance (e.g., to an infant attempting to roll over: "Oh, you are almost there. Keep trying.>").
- Observing, identifying, and responding to children's curiosity and interests.
- Observing children's play to extend their learning by following their interests.
- Offering multiple opportunities for children to make choices throughout the day (e.g., "Would you like to clean up the books or the blocks?").

Equity and Culturally Responsive Practices – recognize the impact of culture, disparity, historical trauma, and equity; and actively work towards anti-racism and anti-bias attitudes and practices.

Early intervention providers:

- Encourage families to share information about their values, routines, family expectations, and what they expect from their child.
- Are sensitive to how differences in culture, family structure, exposure to trauma, and equity issues can affect family participation in services and seeks to identify solutions to promote family engagement.
- Provide materials and resources in the home language of the family and uses a translator when needed.
- Demonstrate respect for family views related to caregiving, including child guidance, gender roles, age-related expectations, sleeping practices, mealtimes, play, and other perspectives.
- Are flexible if families are hesitant about conducting intervention sessions in the home and help identify a space to meet where the family is more comfortable.

Appendix C. Implementing Principles of Trauma-Informed Care in the Early Childhood Classroom

The implementation of trauma-informed care requires a shift in the way program leaders and staff think about their practice and programs. Six key principles, originally identified by the Substance Abuse Mental Health Services Administration (SAMSHA), are adapted below, followed by examples of strategies for implementing these principles in early childhood classrooms.

Safety – ensure emotional and physical safety.

Emotional safety

- Prioritize positive relationships with children, families, and staff.
- Speak calmly and engage with children at their eye level.
- Demonstrate warmth and affection.
- Greet each child by their preferred name.
- Foster a sense of belonging for every child.
- Ensure the pictures displayed are representative of diverse children, families, and cultures.
- Display visuals that clearly depict rules and expectations
- Provide comfortable spaces where one or two children can rest and observe.
- Encourage children to express and label their feelings in age-appropriate ways.

Physical safety

- Ensure children's health and safety are prioritized at all times.
- Ensure space is free of obstacles and accessible for all children, including children with disabilities.
- Keep spaces organized and clean.
- Allow safe access to age-appropriate toys and materials.
- Ask all adults to be visible to children and ensure all children are visible to adults at all times.
- Properly store unsafe materials (e.g., cleaning supplies, medications, etc.) so they are not accessible to children.
- Ask permission before touching, hugging, or picking up a child.

Trustworthiness and Transparency – build trust, provide clear information about policies and procedures, and have clear processes and communication.

- Communicate clearly with children and families about class rules, expectations, program policies, and procedures.
- Provide information to families on the practices used to promote social, emotional, and behavioral skills and the desire to partner with families if they have concerns about their child's social-emotional or behavior skills.
- Use a bi-directional communication system to inform families on what is occurring in the classroom and their child's accomplishments.
- Explain changes in routines or procedures are explained to children and families (e.g., "Today we have a change in our routine. Instead of free-play, we are going to go outside." To families, "Just a reminder, we had a firefighter visit our class today. Ask your child about the firefighter visit."). Consider using visuals to show the change.

- Ask permission prior to diapering, picking a child up, or moving children (e.g., “You need a diaper change. Are you ready for me to pick you up and change your diaper?”).
- Value and prioritize communication and partnerships with children and their families.
- Regularly inform children about where you are going and what is happening.
- Share and encourage families to contribute to efforts to talk about diversity, equity, and culture.

Peer Support – provide opportunities for children and families to build and maintain peer relationships.

- Read books, telling stories, and engaging in conversations with children about common life experiences (i.e., teachers may read a story about a pet dying or talk about separations from loved family members).
- Encourage children’s empathy with book and story characters by asking open-ended questions related to empathy and social skills (e.g., “What do you think that character is feeling?”).
- Help children form positive peer relationships with adults and other children.
- Teach and encourage children to label, understand, and express their emotions.
- Help children to acknowledge their peers and develop empathy towards others (e.g., “Oh, Tasha is crying. I wonder what is making her sad or upset.”).
- Provide opportunities for families to make connections with other families.
- Encourage participation in classroom activities.
- Ensure families decide who is defined as the family and invitations to participate in family events are made to extended family members when appropriate.

Collaboration and Mutuality—make decisions with children and families; share control; offer choices.

- Foster collaboration with families by engaging families in decision-making (e.g., include families in decisions about schedules, planning, individual child routines, classroom policies, etc.).
- Believe children are partners in learning and the curricula.
- Provide children choices (e.g., “Should we use the green napkins or the blue napkins today?”).
- Ask children open-ended questions (e.g., “How do you feel?”, “What are you interested in?”).
- Engage children in shared problem solving (e.g., “We don’t have any glue for this craft. Let’s work together to find a solution.”).
- Encourage children to determine how to use resources and materials (e.g., “Show me what you can do with those blocks.”, “What should we do with the paper?”).
- Involve children in solving problems and determining rules and consequences.
- Offer families choices and encouragement to provide feedback (e.g., “What time is best for you for the home visit?”, “Is there something you would like to include in our next unit?”).
- Include families as full partners when exploring the meaning of a child’s behavior (i.e., functional behavioral assessment) and developing a positive behavior support plan.

Empowerment, Voice, and Choice – provide an atmosphere where children and families are affirmed and validated, and their opinions and decisions are respected and valued.

- Provide families with a variety of opportunities and different ways to be engaged with the classroom with consideration of families who might be unable to attend a meeting or classroom event.
- Validate children's words and actions to assert themselves and share their opinions (e.g., "You told Sarah that you didn't like it when she grabbed the toy. You really let her know how you felt.>").
- Offer children roles (e.g., classroom jobs) and responsibilities in the class
- Validate and encourage children's perseverance (e.g., to an infant attempting to roll over: "Oh, you are almost there. Keep trying.>").
- Encourage children's curiosity and interests.
- Encourage children's appropriate risk-taking and curiosity (e.g., "You are interested in seeing what is on the other side of that tree.>").
- Offer safe body education (i.e., teachers use anatomical terms for all body parts; discuss what parts of the body are private; teachers listen and believe children if children share information with them).
- Offer multiple opportunities for children to make choices throughout the day (e.g., "Would you like to clean up the block area or the library?").
- Allow children to be greeted in the way they are most comfortable with (e.g., "You chose: high five, fist pump, hug, wiggle dance, or a wave?").
- Encourage children to share their thoughts and feelings.
- Listen to children.
- Encourage families to share their opinions and feedback regularly.

Equity and Culturally Responsive Practices – recognize the impact of culture, disparity, historical trauma, and equity; and actively work towards anti-racism and anti-bias attitudes and practices.

- Encourage families to share information about their values, routines, family expectations, and what they expect from their child.
- Be sensitive to how differences in culture, family structure, exposure to trauma, and issues of equity can affect family participation in services and seeks to identify solutions to promote family engagement.
- Provide materials and resources in the home language of the family and uses a translator when needed.
- Provide families with practical and developmentally appropriate strategies for promoting the development of social and emotional skills that are compatible with the family's culture and values.
- Demonstrate respect for family views related to caregiving, including child guidance, gender roles, age-related expectations, sleeping practices, mealtimes, play, and other perspectives.
- Provide materials and activities that are relevant to the diverse backgrounds of your children and their lives. Examine the dramatic play materials, books, manipulatives, dolls, and images posted in the classroom to ensure that they represent diversity in race, ethnicity, gender roles, and families.
- Use visual displays that include images of the families of children.
- Know and use the languages (even if just a few words) of children in your classroom. Include the languages of children and their families in visual displays.

- Model positive ways to talk about similarities and differences in skin color, gender, abilities, family structures, and family rituals (e.g., “Jessie has dark skin and you have light skin. Both skin colors are beautiful.”).
- Talk about race and promote racial identity in a positive way so that children are less likely to internalize racial discrimination. The adult should actively help children feel positive about their racial identity, have accurate words to describe and understand other’s racial identities, and the skills to challenge racist behaviors.
- Use formal and informal opportunities to address prejudice, stereotypes, and biased perspectives that children may have developed.
- Engage in continual reflective practice or practice-based coaching to examine equity issues and potential issues of bias in your interactions with children and their families.