

Head Start Trauma Smart:

Creating Trauma-Informed Head Start Communities

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Rachel is 3 years old. She is the only survivor of an automobile accident that took the lives of her grandfather, older brother, and baby sister. Months after the accident, her mother reports that Rachel cries and tantrums every time they stop to purchase gasoline for their vehicle. Head Start teachers report that Rachel becomes agitated and runs around the classroom as soon as they begin to put cots out for nap time. If they don't block the door, Rachel runs out of the center. If teachers try to contain Rachel so that she is safe, she cries, hits, and bites them. Teachers fear for Rachel's safety and their own. Exhausted and worried, they recommended a shorter day at Head Start. If Mom leaves work before 5 p.m. to pick up Rachel, she will lose her job.

David is 4 years old. His father was incarcerated a year ago. David restricts his play at Head Start to the dress-up area, refusing to explore other centers during free play. Each day he plays the role of policeman, over and over again, handcuffing his peers, taking them to jail. If the other children don't cooperate, David screams, hits, and destroys this area of the classroom.

Javon is five years old. At age four, he awoke in the middle of the night, climbed out of bed, wandered into the kitchen and picked up a cigarette lighter that had been left on the table. Javon's seven-year-old brother died in the ensuing fire, and his three-year-old sister has visible scars covering the right side of her body. At Head Start, Javon constantly draws pictures of fire, firemen and fire trucks, repeating, "I'm bad, I'm bad." Head Start teachers report that Javon's Mom rarely makes eye contact with him



Child teaching peers how to do deep belly breathing to calm down.

anymore, and her responses to him are short and without emotion.

The scenarios above represent scores of children referred to Head Start Trauma Smart over the last few years. Nationwide, 25% of all children experience at least

one traumatic event by the age of four years. (Briggs-Gowan, Ford, Fraleigh, McCarthy, Carter, December 2010. *Journal of Traumatic Stress*, Vol. 23, Issue 6, p. 725-733). Left untreated, we now know that childhood traumatic events are strongly correlated to increased risk for alcoholism, drug abuse, depression, suicide attempts, nicotine addiction, sexually transmitted diseases, obesity, heart disease, lung disease, skeletal fractures, and liver disease. (Felitti, Anda, Williamson, Edwards & Mark, 1998. *American Journal of Preventive Medicine*, Volume 14, Issue 4, p.245-258.)

Head Start Trauma Smart (HSTS): HSTS is an early childhood trauma intervention model created by Crittenton Children's Center in Kansas City, MO. It is designed to support young children like Rachel, David, and Javon, as well as, the parents and teachers who love and care about them. HSTS promotes the development of systemic trauma awareness in Head Start communities, teaching resiliency and practical lifelong coping skills. It also addresses three national priorities of Head Start: family engagement, mental health, and school readiness.

HSTS began in 2008 at EOF Head Start in Wyandotte County, KS, through a generous grant provided by the REACH Foundation, the Health Care Foundation of Greater Kansas City (HCFGKC) and the Hall Family Foundation. It expanded in 2010 to include Operation

Breakthrough and St. Mark's Child and Family Development Center in Kansas City, MO, through a grant from the Robert Wood Johnson Foundation, Local Funding Partnerships and local funders, including the REACH Foundation, HCFGKC, the Hall Family Foundation and Victor E. Speas Foundation, Bank of America, Trustee. Plans are underway to implement the HSTS model in partnership with Head Start programs in other regions in Missouri beginning in 2013.

Nationally recognized training for staff/parents/caregivers: Crittenton provides a series of training sessions for staff (administrators, teachers, bus drivers, kitchen, secretarial staff, etc.) and parents/caregivers. Our goal is to create a trauma-informed early childhood environment for all children. Training has been specifically adapted for early childhood providers/caregivers from a trauma-informed framework that promotes resilience, entitled Attachment, Self-Regulation, Competency (ARC), created by Blaustein and Kinniburgh at The Trauma Center at Justice Resource Institute outside of Boston, MA.

The areas most affected by childhood trauma are a child's ability to form secure relationships (attachment), a child's ability to identify, adjust and express emotions (self-regulation), and a child's ability to meet age-appropriate



Child utilizing a Calm Down Spot in the classroom. A Calm Down Spot is an area of the classroom where children can go on their own, one at a time, to calm down if they are having big feelings. Children learn how to utilize the tools in the Calm Down Spot so that teachers can continue with instruction.

developmental norms (competency). HSTS training addresses all of these areas and provides concrete skills and hands on materials that parents and teachers can readily use. Staff/parent satisfaction with training is above a 4 on a 5-point scale.

Individual therapy services for children: A trauma-informed environment improves accuracy of identification of children requiring therapeutic intervention. HSTS also

provides site-based therapy services for children and families attending Head Start/Early Childhood Centers. Services are provided by licensed masters-level therapists trained in trauma-informed treatment models, including ARC and Trauma-Focused Cognitive

Behavioral Therapy (adapted for preschool children). Children receiving therapy services show statistically significant positive behavior changes, as measured by the Achenbach CBCL and TRF 1.5-5. Teachers and parents report satisfaction scores above a 4 on a 5-point scale on all measures.

Staff and parent consultation: Head Start teachers enjoy weekly classroom consultation and therapists maintain regular contact with parents of children receiving therapy services. Therapists also attend monthly parent group meetings and provide psycho-educational training on topics relating to early childhood growth, development, and trauma. This complements the full ARC training that is offered for parents. Teachers and parents who become passionate about HSTS can receive additional training to become mentors, helping coach their friends and colleagues to success.

The Classroom Assessment Scoring System (CLASS), is utilized to measure skill change in the classroom. Since CLASS scores were first recorded during the fall of 2009, all programs have shown steady gains with several dimensions beyond the current national mean.

Community impact: Our goal is to work through the natural environment of Head Start centers to help communities understand and to proactively intervene on behalf of young children who have experienced trauma. The outcomes we seek are for traumatized children to heal and go on to lead confident, productive lives. These successes also yield a direct and positive impact for all the children in Head Start classrooms, and throughout the surrounding community.

The HSTS model delineates how we think about this process. We know that approximately 5-7 % of children have emotional

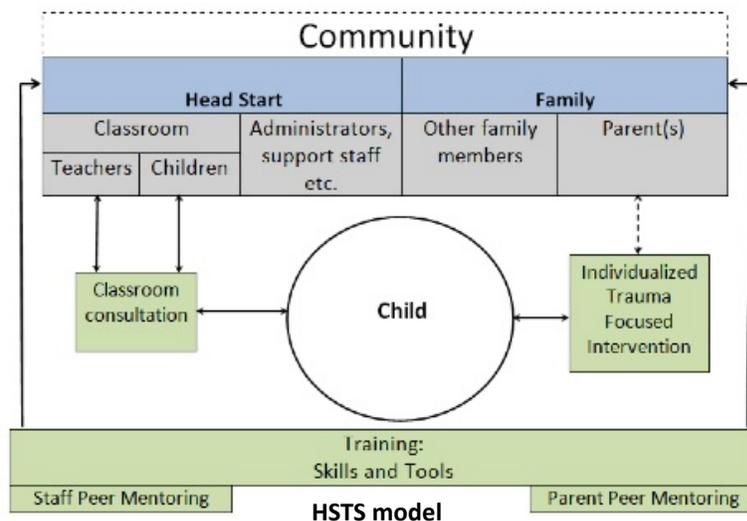
CLASS Scores	All Sites October 2010 Baseline	All Sites April 2011	All Sites October 2011	All Sites April 2012	All Sites October 2012	National Mean
Positive Classroom Climate	4.56	4.36	5.01	5.16	5.59	5.28
Negative Classroom Climate	1.76	1.73	1.50	1.73	1.39	1.55
Teacher Sensitivity	4.00	3.95	4.15	4.48	4.67	4.70
Respect for Student Perspectives	3.59	3.65	4.04	4.33	4.44	4.36
Behavior Management	4.20	4.27	4.88	4.61	4.78	4.97
Productivity	4.58	4.63	5.32	5.26	5.00	4.50
Instructional Learning Formats	3.29	3.05	3.75	3.71	3.83	3.90
Concept Development	1.76	1.55	1.32	1.76	1.90	2.09
Quality of Feedback	2.18	2.02	1.70	2.04	2.55	2.04
Language Modeling	2.58	2.25	2.10	2.19	2.61	2.85
Emotional Support Domain	4.60	4.56	4.92	5.06	5.33	5.00
Classroom Organization Domain	4.02	3.99	4.65	4.52	4.54	4.50
Instructional Support Domain	2.17	1.94	1.71	2.00	2.35	2.50

conditions severe enough to warrant individualized therapeutic services. We also know that all children benefit from being in Head Start classrooms that are trauma informed. Teachers and parents do not have to become

“therapists” in order to provide a calm, supportive classroom or home environment. Adults can develop skills to manage their own anxiety, attune to children, create safe routines and rituals, and help children identify, modulate, and

express emotions in socially appropriate ways. When this is accomplished, children’s brains are online for learning.

Where are they now? Rachel just turned 5. After working with the HSTS therapist, her mother investigated and learned that the smell of gasoline permeated the scene of the accident. Each time Mom went to the gas station, the smell caused Rachel to re-experience the fear and loss of control she felt on the day of the accident. The therapist helped her learn



relaxation skills, and worked with Mom to gradually increase Rachel's level of exposure so that she now accompanies Mom to the gas station without feeling afraid or throwing a tantrum.

Teachers discovered that when Rachel became quiet and still, she was more likely to miss her siblings and remember scenes from the accident. They experimented with multiple interventions, and finally found that Rachel could lie quietly on her cot if they allowed her to listen to her favorite story through headphones connected to a small DVD player. Teachers report that Rachel now falls asleep about halfway through the story. They also learned that their fears of "every child wanting a DVD player at nap time" did not happen and that the other children could understand the need for Rachel to have an individualized plan.

David's teachers report that he still has days when the jail theme is prominent in his play, but that he has begun exploring other areas of the classroom. Mom reports that after meeting with the HSTS therapist, she stopped forcing David to go to the prison for visitation, allowing him more choice on when he accompanies her. David meets weekly with the HSTS therapist. Having a safe place to talk about what happened to his dad decreased his need to re-enact the scene with his peers. Teachers encourage David to use the art area, where he has drawn lots of pictures for his Mom to take to his father. Dad has begun writing letters to David. With this new means of communication in place, David no longer needs to be searched and subjected to walking through metal detectors to have a connection with his dad.

Javon's situation remains difficult. His mother told the therapist that for months, every time she looked at Javon all she could see or feel was the loss of his older brother, her first-born child. She also struggled as she watched her young daughter undergo many months of painful treatment at the burn hospital. Mom is angry, and strongly believes that Javon knew better than to play with her cigarette lighter.

Javon's teachers and therapist walked a very delicate line with Mom, knowing that blaming Javon for the fire protected her from feeling responsible. They gently educated her about young children's curiosity, especially about "forbidden" objects. Teachers remained alert for times when they could compliment and praise Javon for being kind and caring in the classroom. They are slowly helping Javon see that he is a bright, caring, curious child, not a "bad" one.

In addition, teachers encouraged Javon's grandmother to spend more time with him, thus increasing his positive adult interaction. As his grandmother became more involved, Javon's behavior at school settled down. This family is still struggling, but when Javon entered kindergarten, both mother and grandmother agreed to meet with the school counselor and allow Javon to participate in a small group for children who have lost family members. Javon's Mom also began to reach out to her pastor and church for support, no longer carrying this burden alone. We feel hope for this family.

What do teachers and parents say about Head Start Trauma Smart?

"Before HSTS, I was exhausted from the strain of my job. Now, I know how to take better care of myself, and I know I am making a difference." Teacher, EOF Head Start

"Before HSTS, I felt all alone in the classroom. I really thought these kids' issues were too big for me to handle. Now I have ARC tools that really help." Teacher, Operation Breakthrough

"Before HSTS, I felt so incompetent as a parent. Now I have skills that work, not only with my 4 year old, but also with my 13-year-old son. I am becoming a calm, confident parent... and my son is becoming a calm, confident teenager. Thank you Head Start Trauma Smart! Parent, Mid-America Head Start

All of us wish we could keep bad things from happening to young children, and yet the sad reality is that we can't. It helps to know that, together; we **can** do something about these situations. Head Start administrators, teachers, parents and HSTS staff are learning and passing on skills that last a lifetime!