



Trauma Informed Care Series Responding to Early Childhood Trauma, Part Two

It's about understanding what early childhood trauma is!

Early childhood trauma occurs 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. Exposure to Adverse Childhood Experiences (ACEs) such as child abuse, family violence, parental/caregiver incarceration, or substance abuse can significantly disrupt a child's sense of safety and security. These potentially traumatic events can lead to chronic stress, affecting brain development and contributing to a child developing a range of emotional and behavioral challenges. Trauma is different from regular life stressors because it can cause a sense of intense fear, and helplessness that is beyond the normal range for typical experiences.

It's about how children and families can remain strong!

The potential effects of traumatic experiences on young children can be devastating, but not all children are affected in the same way, nor to the same degree. Children and families possess strengths, and resilience and often even in the face of significant trauma that resilience and strength can protect them from long-term harm. Research on resilience in children demonstrates that an essential protective factor is the reliable presence of a positive, caring, and protective parent, caregiver, or adult, who can help shield children against adverse experiences. They can be a consistent resource for a child, encouraging them to talk about their experiences, and they can provide reassurance to a child that the adults in their lives are working to keep them safe.

Parents and caregivers need a special approach when dealing with traumatized children. In knowing how a child expresses their trauma, parents/caregivers can meet their child where they are. While children respond to trauma differently, every incident of childhood trauma can cause lasting damage.



It's about the Three "Rs" or Regulate, Relate, Reason¹

Dr Bruce Perry's (Child Trauma Academy) research on the brain has led to incredible breakthroughs for educators, psychologists, parents/caregivers, and anyone providing helping services to children and families. The real breakthrough is his work in using literature on the brain's development to tailor-fit interventions that really help children and adolescents grow.

Important to this process are the [Three R's, or Regulate, Relate, Reason](#). Each R is important, but when a child who has experienced trauma is upset and dysregulated, the order is crucial. Dr Perry's work in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

Regulate

Regulation is the ability to manage one's own emotions and behavior. When a child is dysregulated, and acts out over something small, it's important to help them get back to a point of being able to express their thoughts and emotions safely. When a child is dysregulated, they are in their "fear brain" which is the fight, flight, or freeze response. Blood is moving away from the frontal lobe to the amygdala. Reason and relating are impossible for the "fear brain."

The regulation step is the foundation of the Three R's. It will help a child if we as support persons remain regulated and calm. Practice our own deep breathing. What does it look like as a child re-regulates? You'll notice steady breathing and heartbeat and/or relaxed body language. Once you know your child is regulated you can move on to the next R.

Relate

To relate, talk to the child calmly and help them feel heard and seen. Another way to think of relating to a child is called attunement or being aware of and responding to another person's emotions. This is the R where you show a child empathy and compassion. Children who have

¹ Bruce Perry, [Child Trauma Academy](#)



experienced abuse and neglect were often alone in their distress. When relating to a child, build connections with them and show them that even in seemingly small situations, they will not be alone in their distress. These connections, in turn, provide a foundation for navigating big feelings and challenging behaviors together.

Reason

The last step is reasoning with a child. This is where you can access a child's higher-level brain to talk about what occurred and practice different, healthier, ways to respond. This may look like role playing, reading a book together that teaches a skill they need to work on, or just having a chat about what to do differently next time. In this R you will help them reflect on what just happened and how to learn from it.

For example, you're at an event and your child wants another delicious, sugary snack, but they've already had candy, juice, and even a few sips of soda. You know they don't need any more sugar. The short answer is, "No." Of course, that small two-letter word "no" sends them into dysregulation. You feel every eye turn and look at your screaming, crying child. At that moment the only thing you can do and should do is work on keeping yourself calm and sharing that calm state with your child. You can give them some water, rub their back, or let them hold their comfort item. Once they are regulated, you then start to relate with them. You can tell them that you understand that sweets taste good, and they want more, it is hard when you do not get what you want and show them empathy. Then, you move to reason with them about how they have already gotten sweets today, but they could have another healthy snack if they are hungry.



It's all about safety and security!

All children benefit from stable, safe, and nurturing relationships and environments. However, these relationships and environments are particularly important for young children who have experienced trauma. Their presence and stability can help children recover from past trauma and develop the skills to cope and thrive.

Create safe and predictable environments; establish clear routines and expectations to provide stability and reduce anxiety.

Foster positive relationships: build trusting relationships with kids based on empathy, respect and understanding.

Promote emotional regulation: teach children coping skills and self-regulation techniques to manage strong emotions.



Support social-emotional development; incorporate activities that promote empathy, cooperation, and conflict resolution.

Provide individualized support; recognize the unique needs of each child and adapt strategies accordingly.

Collaborate with community resources: establish partnerships with organizations to access additional support and resources.

RESOURCES

988 Suicide and Crisis Lifeline

Ohioans who are experiencing a mental health or addiction crisis and their family members can call, chat, or text 988 to reach a trained counselor who can offer help and support.



Ohio Mental Health and Addiction Services

- Crisis Text Line – Text 4Hope to 741 741 for free, confidential conversation
[Crisis Text Line | Department of Mental Health and Addiction Services \(ohio.gov\)](#)
- Ohio Careline (1-800-720-9616) for free, confidential connection to licensed provider.
[Ohio CareLine | Department of Mental Health and Addiction Services](#)
- OhioMHAS Learn and Find Help for a variety of resources on support prevention, treatment, and recovery.
[Learn and Find Help | Department of Mental Health and Addiction Services \(ohio.gov\)](#)
- Resources
[Resources | Department of Mental Health and Addiction Services \(ohio.gov\)](#)

Ohio Department of Children and Youth (DCY)

Team members at DCY are committed to making Ohio the best place to start and raise a family. The team is focused on helping all children live up to their full potential by providing developmentally appropriate services and resources from before they are born through adulthood. [The mission](#) is to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

The National Child Traumatic Stress Network (NCTSN)

NCTSN was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). [Early Childhood Trauma](#) is an area of expertise for the NCTSN.



Child Trends

Child Trends promotes the well-being of all children and youth through applied research that informs public policies, builds the evidence base for what works, and mines data to identify young people who are overlooked or ill served by public systems. Their research is known for its rigor and objectivity, making Child Trends a uniquely powerful and respected voice for children and youth. [Helping Young Children Who Have Experienced Trauma](#) offers promising strategies for childcare and preschool programs looking to help young children who have endured trauma and presents recommendations for policymakers to support trauma-informed early care.

ZERO TO THREE

For babies 0-3, early trauma can impact lifelong learning, mental and physical health, and development. That's why it's critical to act early—because every child deserves the chance to grow up with safety and security. [Caregivers and early childhood professionals can play a vital role](#) in helping restore and maintain emotional safety, serving as a buffer against some of the [long-term impacts](#).

The Neurosequential Model Network

[The Neurosequential Network](#) develops and disseminates innovative programs and practice to improve life for children, families, and communities. The Model is a developmentally sensitive, neurobiology-informed approach to clinical problem solving. The model, developed by Bruce D. Perry, MD, PhD, is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families, and the communities in which they live.

Center for the Young Child

[The Center for the Young Child \(CYC\)](#) is dedicated to giving children with disabilities the best possible start in life because early experiences impact lifelong outcomes.



We do this by informing policy, creating, and sharing resources, and providing training and technical assistance so that young children (0-8) with disabilities have the foundation they need for a lifetime of learning, growth, and opportunities in their community.

Early Childhood Inclusion Center of Excellence

[**The Early Childhood Inclusion Center of Excellence \(CoE\)**](#) promotes resources, opportunities, and meaningful participation through support and education for all Ohio children. A pilot initiative of the CoE will provide access to an extensive collection of materials and equipment to childcare programs and the families they serve, as well as training and technical assistance to early care and education professionals. The CoE informs policies and provides current and innovative guidance, resources, training, and practice-based consultation to early care and education professionals and families.

Ohio PROMISE

[**Ohio PROMISE**](#) is a new statewide initiative that will Promote Resources, Opportunities, and Meaningful Inclusion through Support and Education. Ohio PROMISE is committed to quality early care and education and support services for children with special needs.

The Wellness Project

[**The Wellness Project**](#) is a collection of resources to support and enhance your wellness and resilience. The purpose of this website is to discover a variety of ways for supporting helping professionals, so they can show up as the “best version of themselves.” It includes a holistic system of wellness activities such as reading, listening, watching, cooking, connecting, moving, breathing, and resting.

Goals are to give our workforce tools to practice self-care, build resilience, enhance caregiving, and ultimately improve the services and supports we provide.