SMART Early Years

Discussion Paper 2

Trauma in the Early Years

Introduction

The aim of this paper, is to provide educators with an understanding of the long lasting neurobiological effects of trauma experienced early in a child's life. Underpinned by that understanding, educators will then be able to respond to those children more appropriately and effectively.

This discussion paper is one in a series designed to stimulate discussion, and sharing of experience, amongst educators in early childhood settings working with children who may have experienced complex relational trauma.

Although this paper specifically addresses children birth to 5 years, staff working with older children will likely find information discussed here pertinent to their practice, as many of the challenging behaviours of much older children have their genesis in trauma experienced during infancy.

Their chronological age is not mirrored by their developmental age because of the impact of complex abuse related trauma in the early years. Older children with a history of trauma in their early years will benefit from age-appropriate responses based on this model presented below.

The neurobiology of early trauma

In the first 3 years of life, brain development occurs at a faster rate than at any other stage of life. During the early years, although development is occurring in all areas of the brain, most activity is concentrated in the brainstem, cerebellum and limbic system. Early brain development is experience-dependent, and occurs hierarchically from bottom up. The development of higher order systems building upon foundational development in lower order systems that are the developmental focus of the first years of life.

In the first 2 years of life, development is predominately focused in the right hemisphere of the brain, meaning that infants perceive and remember, the non-verbal aspects of communication: tone of voice, facial expression and gestures. With limited access to cortical processes, experiences in the first two years are laid down as implicit memory- or memory which is stored and retrieved without conscious awareness.

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Between the ages of 2-4 years, there is more left-brain dominance, as language and logical thought begin to develop. From 2 years of age, the hippocampus becomes operational, giving context to memories of experience. From this time on, children have the capacity for explicit memory, together with expanding language skills.

Infants are totally dependent on adult carers to sustain life and to regulate their responses and feelings to what is going on around them. The human brain can only develop in relationship with other human brains and young children's learning about the world and themselves always occurs within the context of relationships.

Manifestations of trauma-based responses in infants and pre-schoolers might include states of chronic hyperarousal or hypoarousal (incorporating dissociation), difficulties with affect regulation, ability to sooth, developmental delay, feeding and/or sleeping problems, aggressive or defiant behaviours, language delay, self-harming or over-compliance.

Although it is recognised that trauma is severely disruptive of brain development the good news is that the brain is malleable and responsive to repair. An important role of the early childhood educator is to support the repair of the brain through nurturing and supportive relationships.

The Early Years SMART PRACTICE model

SMART PRACTICE is an 8 point framework of intervention which was originally tailored for use in the school environment. The intervention provides school staff with a range of strategies which aim to support the transformation of trauma impacts for children.

This paper provides an adapted SMART PRACTICE framework, specifically designed to support young children up to 5 years of age. The early years model is framed around SMART PRACTICE principles which encourage educators and carers to provide relational environments for traumatised young children which are:

Predictable

- Traumatised children perceive any change as a potential threat.
- Continuity of care, regular routines, and extra support through transitional times, are particularly important.

Responsive

- Traumatised children have not experienced adults who are safe and supportive.
- These children need adults who can offer them reparative experiences where relationship is separated from behaviour.

Attuned

- Traumatised children have not experienced sensitive attunement to their needs from significant caregivers affecting their ability to receive and respond to messages.
- These children need adults who sensitively read their cues and respond accordingly in understanding the child's needs and providing an experience of relationship that meets "those needs.

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Connecting

- Traumatised children have not had opportunities to experience trust in adults. For young children, this also means they have not necessarily built an understanding of their own emotions and emotional responses.
- These children need repeated experiences of positive engagement with adults that incorporates a reflection of their emotions, physiology and self-regulation strategies modeled for them.

Translating

- Infants and young children "story" their experiences through their behavioural responses. They don't know any other way.
- Early childhood educators take on the role of supporting the dysregulated child and co-regulate with them so support them to translate what is going on for them and how it feels to be regulated by a caring adult.
- Narrative of everyday experiences could be seeing/noticing and responding. i.e I notice you enjoy digging in the sandpit, I can see the smile on your face.

Involving

- The first nurturing and supportive relationship may well be with the early childhood educator.
- For these infants and young children involvement may be connecting with an activity or item that enables them to feel safe and secure.
- Looking for opportunities to support infants and young children to connect with others.

Calming

- Traumatised children live in a constant state of elevated stress, without the capacity to regulate their levels of arousal. Children learn to co-regulate with a caring adult. This allows the child to be calm in the relationship.
- These children need to be cared for by adults who are able to maintain a calm state themselves, and who can provide repeated experiences of activities which are rhythmical and synchronous with others.

Engaging

- Traumatised children have limited experience of healthy, attuned relationships with adults.
- These children need repeated experience of one-to-one interaction with trusted adults who can engage in, and respond through healthier and safer ways of relating.

Responding to young children in this manner supports what we know about the effects of trauma on the developing brain.

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Interventions

All reparative interventions with young children need to occur in the context of contingent, responsive relationship with a calm, loving caregiver. Sensory experiences and repetitive, rhythmic, patterned activities, will best support recovery from developmental deficits of the sub-cortical areas of the brain. Some examples include:

1. Sensory experiences like rocking, patting, dancing, stroking and massage
2. Interactive dyadic activities such as shared action rhymes, songs and stories with distinctive rhyme, rhythm and repetition.

Questions for reflection or discussion

You may like to use the following questions as meeting topics, discussion starters, prompts for sharing of ideas/resources, or reflections, for early childhood educators working with children birth - 5years.

1. What are the critical considerations which would need to be made in your early years environment, to ensure effective implementation of PRACTICE strategies for infants and young children in your care?
2. Share with your colleagues, a response which you have used which relates to one of the PRACTICE principles.
3. How might you share knowledge of the SMART PRACTICE responses with parents/caregivers?
4. As a staff, collectively review all that you understand about the neurobiology of trauma, its effects, and appropriate reparative responses for children in the first 5 years of life. How could that knowledge be incorporated into the policy of your organisation/site?
5. Identify an instance in which you have observed a dissociative response in young children, and decide whether or not you believe that response to be normative or developmentally appropriate.

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