

Ilene R. Berson and
Jennifer Baggerly

Ilene R. Berson is Associate Professor, Early Childhood Education, and Jennifer Baggerly is Associate Professor, Counselor Education, University of South Florida, Tampa.

Building Resilience to Trauma

Creating a Safe and Supportive Early Childhood Classroom

On Monday morning, a collective shock was felt throughout the school as news spread of a student's death. John, a playful 5-year-old, had died in a car accident. One child in the class had witnessed the accident, but others had also heard of the tragedy from their parents or television news reports. Even children who were not classmates of the deceased student were affected by the emotionally charged environment as the caregivers around them became distracted and often overwhelmed by the compelling events that resulted in the child's death. Few of the early childhood teachers had specific training or experience in responding to traumatic events, and many struggled to address the emotions associated with the loss. Fear, shock, and anger filled many hearts on this dark day and in the ensuing weeks. The event attacked the sense of safety and security among the teachers and students. The day of this tragedy, the day after, and the following weeks and months all brought new transformations of the children's responses to such trauma and new opportunities for recovery.

Children around the world are being exposed to traumatic events at a troubling rate. In large, nationally representative studies of children in the United States, researchers have reported that 71% of children have been exposed to at least one potentially traumatic event in the past year, and almost 70% of children have experienced multiple exposures—with an average of three different kinds of victimization reported (Finkelhor, Ormrod, Turner, & Hamby, 2005).

For millions of young children worldwide, these experiences involve large-scale traumatic events, such as war, terrorism, or disaster. An estimated 20 million children worldwide have fled their homes due to armed conflicts and human rights violations (UNICEF, 2007). Natural disasters affected an average of 255 million people each year between 1994 and 2003 and killed an average of 58,000 people annually (Guha-Sapir, Hargitt, & Hoyors, 2004). Millions of young children also experience small-scale traumatic events, such as house fires, chronic illness, family death, or abuse. Seven and a half

million U.S. children were victims of violent crimes between 1998 and 2002 (U.S. Department of Justice, 2005). In 2006, 412,500 U.S. families experienced house fires, which resulted in 2,620 deaths and 12,925 injuries (U.S. Fire Administration, 2007). Even in the face of such devastating trauma, however, children have the potential to exhibit resiliency, courage, and an enduring vitality. Early childhood educators can play an important role in fostering these coping skills.

In this article, we discuss how trauma affects young children's physical, social, emotional, and cognitive development. Then, we draw attention to the difficulties and challenges that teachers face when working with children who experienced trauma. Finally, we discuss specific strategies for early childhood educators to foster children's resilience.

Impact of Trauma on Children

Exposure to a traumatic experience has short- and long-term consequences in a child's life and can contribute to physical and mental health problems (Paolucci, Genuis, & Violato, 2001; Schwartz & Proctor, 2000) as well as educational impairments (Berson & Berson, 2001; Delaney-Black et al., 2002). Nearly 15% of these children will develop associated, chronic problems that can significantly impair their emotional, academic, and social functioning (Copeland, Keeler, Angold, & Costello, 2007). The majority of these problems are classified as anxiety disorders, with the most common being post-traumatic stress disorder (PTSD).

Young children who have experienced a traumatic event manifest numerous physical, social, emotional, behavioral, and cognitive symptoms (Delaney-Black et al., 2002; Hoven et al., 2005; La Greca, Silverman, Vernberg, & Prinstein, 1996; Machel, 1996; Paolucci et al., 2001; Schwartz & Proctor, 2000). Physically, children may suffer injuries, such as broken bones; malnutrition, which may stunt growth; weight gains or losses; headaches or stomachaches; hyperactivity; or sleep disruptions (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002; Machel, 1996). For some young children, the stress may manifest itself as a physical ailment that provides a mechanism the child can use to get comfort, attention, and physical

closeness to a significant adult. This coping mechanism has a functional purpose in bringing help when words cannot convey the need for emotional support. Neurophysiological changes also can occur (Perry, Pollard, Blakely, Baker, & Vigilante, 1995; Speier, 2000), resulting in decreased functioning in the part of the brain known as the Broca's area, which controls the ability to speak, and in the Wernicke's area, which controls the ability to comprehend language (Siegel, 1999).

In social, emotional, and behavioral domains of functioning, children may experience fear, anxiety, depression, irritability, increased aggression, withdrawal, regression, clinginess, and avoidance of trauma-related stimuli (Lonigan, Phillips, & Richey, 2003; Scheeringa & Zeanah, 2008). Cognitively, children may experience intrusive memories of traumatic events that can cause decreases in concentration, reasoning, memory, and reading abilities (Beers & De Bellis, 2002; Hurt, Malmud, Brodsky, & Giannetta, 2001).

Children with greater proximity to the event tend to experience more intense symptoms (Aisenberg & Herrenkohl, 2008; Horn & Trickett, 1998), but children with less obvious connections to the events also may have heightened sensitivity. Students who have recently suffered another loss or experienced other forms of trauma may have expended their coping resources and may not be equipped to handle further adversity.

Children who are already burdened by problems—familial stressors, academic difficulties, mental health issues, physical impairments, and/or toxic community environments—are especially vulnerable. The further assault on children's fragile sense of well-being can have lasting consequences for their functioning. As Garbarino (1999) indicates,

Give me one tennis ball, and I can toss it up and down with ease. Give me two and I can still manage easily. Add a third, and it takes special skill to juggle them. Make it four, and I will drop them all. So it is with threats to development. (p. 76)

Challenges for Teachers

After a trauma, children take cues from their caregivers on how to respond (Machel, 1996) and turn to them for stability and support. However, teachers may be overwhelmed by the current adverse event or by reminders of a previous traumatic event. The numbing effect of the trauma may make it hard for teachers to identify students in crisis. These adults may be more irritable and less responsive than usual. Some teachers, fearful of their reactions or lacking answers to students' questions, may avoid discussing the events. They may worry about exacerbating the students' negative emotions.

At a time when students need structure and routine, teachers may have trouble concentrating on planning for lessons. Fear of being ill-equipped to handle con-

troversial or emotionally laden content may result in denial of the importance of the event. Some teachers also may become incapacitated with fear of physical harm to children while in their care, exhibiting a hypervigilance to their surroundings.

Therefore, the first strategy for teachers is to manage their own anxiety and grief before interacting with children (Baggerly & Exum, 2008). Teachers can take deep breaths, write in a journal, talk to a friend, or take a break. Support offered within the school and throughout the broader community can help combat the sense of isolation and the saturation of the senses that overwhelms coping responses. Teachers need to reach out to their colleagues and use employee assistance programs when they are overwhelmed by their emotions and reactions. But supportive conversations among staff should be conducted outside the purview of students to protect them from re-exposure to frightening interactions. It is important for children to know that teachers are still capable of meeting their needs in the classroom.

Strategies To Foster Resilience

We believe it is essential to implement strategies to foster resilience in all children, even if their symptoms appear minimal and they seem to have adequate social supports and coping skills. A traumatic event presents an opportunity to introduce developmental interventions that empower traumatized children with constructive problem-solving skills and build on their strengths, interests, and capacity to cope with stress. These strategies are most effective when they are proactively integrated throughout the early childhood curriculum as part of the regular instruction, thereby creating a foundation for social-emotional functioning that can be sustained when facing the cumulative effects of small-scale tragedies or confronting large-scale disasters. We recommend a multidimensional approach to support services; these involve teacher-facilitated interventions, engagement of mental health professionals in the classroom, and linkages with community resources and supports.

Creating a Culture of Support in the Classroom. Teachers need to create a classroom environment that is safe, nurturing, and responsive to the needs of children who have been exposed to traumatic events. In this context, educators will find many opportunities to attend to children's basic needs for comfort and reassurance. Resilience can be fostered by creating a culture of support and care in the classroom.

When children are confronted with traumatic events, teachers need familiarity with strategies to help children in the classroom manage their distress (Berson, 2002). This includes maintaining a balance between adherence to familiar routines and making accommodations for children's individualized needs. Flexible and responsive

classroom interactions are important in establishing comforting and caring environments. A sense of security is communicated through consistent class routines, which help restore order in the midst of chaotic feelings. Flexibility in scheduling is also important, however, to allow students to process their thoughts and feelings and to receive accurate information.

Open and supportive communication occurs by sharing accurate, age-appropriate information about the event; identifying feelings; normalizing typical symptoms; addressing misunderstandings; and ending with a positive focus of helping or offering comfort (Baggerly & Exum, 2008). For example, a teacher could relate the news from the opening vignette to the boy's classmates in this way:

Our friend John is not here today. Something sad happened. Last night he ran in the street and was hit by a car. The ambulance came to take him to the hospital. The doctors tried very hard to help him but he was hurt so bad he stopped breathing and his heart stopped beating for a long time. He died. That means he is not ever coming back. We feel very sad and will miss him. Some children may feel scared or notice changes in their bodies, like stomachaches. This is normal and these changes usually only last a short time. What questions do you have? When you feel upset, come tell me and I will help you feel better. Let's learn ways to calm down when we feel upset. Let's remember the good things about John. Let's draw a picture for his family. (J. Baggerly, personal communication, December 10, 2008)

In response to this tragic incident, the teachers play an important role in helping the young children in the class understand the loss of their friend. Skilled teachers can use children's natural curiosity in order to facilitate a broader understanding of the loss and promote relevant meaning-making. Children may struggle to make sense of events and reactions. Additionally, many young children may not have the words to describe their experience and not know how to verbally express their need for support and comfort when distressed. In the classroom, teachers may notice children becoming irritable, clingy, aggressive, or withdrawn. Other children may be filled with questions. Children's preoccupation with the details of the event may manifest in a need to talk about it continuously.

When teachers listen to their students and respond to their questions in a clear and concise manner, the children will more easily clarify distortions in their thinking. Talking about the event will also allow children to receive the extra comfort that they need. While being responsive to students' questions, teachers must be careful to limit the discussion and redirect children to the normal patterns of the classroom. Through this process, children can be reassured that others share

similar feelings and concerns, and that they can find respite from the emotional stress through the safety of the class routine.

Teachers are ongoing sources of calm, compassion, and hope in the lives of young children. In particular, teachers can help frame children's perceptions of the world and events they encounter. They may guide young children as they confront overwhelming situations, foster their understanding, respond to their questions, and even articulate their questions. Amid all the discussion, the most important words are those messages that convey a sense of hope for the future. Young children have a limited repertoire of coping skills, and teachers can provide reinforcing messages to confirm that the adults in children's lives are working to keep them safe and to take care of them. These reassurances help children believe that the world will continue to flourish even though incidents of devastation and sadness may periodically interrupt their lives.

Facilitating Expression of Feelings. Following a traumatic event, children may act out as a way of asking for help. Some children may not be able to express their worries and fears through words. Difficult feelings often get translated into difficult behavior. Educators can help these children by providing consistent messages of worth and safety. Teachers will find resources regarding specific types of trauma (e.g., domestic violence, disasters, refugee trauma) at the National Child Traumatic Stress Network website (www.nctsnet.org).

Young children need positive approaches to foster their social-emotional development and functioning. For example, improving their "feeling vocabulary" can help them verbalize their distress. Teachers also need to be aware of nonverbal cues that indicate fear, anger, or grief. For young children, hands-on activities are helpful for expressing feelings. These activities include watching puppet shows, drawing pictures, reading books, doing art projects, writing letters, making music, and taking action to help. Young children may need to reenact the experience to gain control over the event. Rescue materials, building blocks, and puppets can help children express their fear and anger.

Anger management activities also should be incorporated into class discussions. Students can describe how they successfully managed past frightening situations and identify effective coping strategies for dealing with stress. They often feel empowered when they realize that they have overcome hardships in the past. Relaxation exercises, creative activities (e.g., listening to music, reading stories, singing), and moments of quiet reflection are soothing to students. Students will also be comforted by the assurance that, over time, they will be able to cope with their strong feelings better.

Talking Through Play. The process of play is the es-

sence of childhood (Clements & Fiorentino, 2004). Play provides a context in which children can struggle with emotional challenges (Gil, 1991, 2006). Play not only offers an important medium through which children can work through their concerns, it also can create another context in which children can get oversaturated with scary and unsafe images and reenactments (Gallo-Lopez, 2000; Kaugars & Russ, 2001). Teachers will observe that growing up with the specter of danger will have an effect on children's play.

Some will draw descriptive pictures and others will act out the details on the playground or in the classroom with puppets and dolls. This expression will help defuse anxiety as a result of exposure to trauma and provide opportunities for teachers to introduce alternative solutions to the same scenario. Playing out the events can put children in a position of power and control over the circumstances (Ogawa, 2004; Reddy, Files-Hall, & Schaefer, 2005). Young children need adult guidance in order to successfully restore their confidence and address fears about traumatic events (Osofsky, 2004). If play activities take on a destructive bent, adults should redirect the interaction to encourage substitute endings and caring themes, such as acting out the role of helpers in the community. Healing play, art, and literary activities afford children the opportunity to find a solution that reestablishes a sense of control (Gallo-Lopez, 2000).

Teachers should emphasize positive coping skills through playful activities, such as deep breathing, by blowing soap bubbles or pinwheels; drawing or coloring pictures of happy, safe places; using puppets to tell how to be safe; role-playing how to ask for hugs or to play with friends; and focusing on positive thoughts through upbeat songs (Fox & Lentini, 2006). Early childhood mental health consultants also may provide classroom assistance in implementing these interventions and offer one-on-one services for children who were directly or seriously affected by the traumatic event (Cohen & Kaufmann, 2005). Teachers who are entrusted with the care of traumatized children need support to develop skills that attend to the specialized needs of the young and replenish their own resources for coping. Early childhood mental health consultants can aid teachers in creating an emotionally responsive classroom and may model healthy coping behaviors.

Building Bridges to the Community. Schools cannot address traumatic events in isolation. To ensure that all schools have an effective and caring approach to intervention, community-wide planning is recommended. Such planning involves bringing together families and neighborhood agencies to form comprehensive plans and coordinate interagency services. Interagency collaboration and the pooling of resources are critical. Educators may be among the

first professionals to interact with a child during and following the traumatic event. With the assistance of a community partnership, educators may learn to serve as informed resources, model for students their roles in a community of caring, react appropriately to emotional and behavioral indicators of distress in the classroom setting, and collaborate with community agencies and resources in responding to the traumatic event (Berson, 2002). Together, educators, other child-serving professionals, parents, and students can build an alliance that ensures that the best interests of children are promoted.

Teachers and administrators also should engage community support by connecting families with culturally appropriate resources and supports (e.g., American Red Cross, local places of worship, hospice). The history of family traditions, social expectations, political policies, religious dictates, and cultural mores partially defines the experience of each child. Trauma occurs in the context of these social and cultural foundations. Consequently, critical and cultural approaches are needed when addressing traumatic events.

Conclusions/Recommendations

Schools have an important responsibility in the protection of children and serve as a bridge for the family and community, allowing development of a social network for the child. This responsibility arises from the close interaction between school personnel and children in a professional context that provides an opportunity to observe and intervene for the protection of children and the support of families.

Understanding the physical, social, emotional, behavioral, and cognitive impact of trauma on children will help early childhood teachers recognize indicators for needed interventions and moments of compassion. The most important factor in restoring a sense of safety is a strong relationship with a competent, caring, positive adult (Luthar, 2003; Masten, Best, & Garmezy, 1990). Children want to be assured that they and their family and friends will be OK. They need permission to laugh and play and explore their childhood. Fostering children's courage in the face of trauma does not require that their fears be allayed, but rather a reassurance they can still go on, grow, and strive for a future of hope despite their fears. Providing multiple forms of support (e.g., classroom interventions, mental health consultation, and community connections) will communicate a culture of caring and promote safety, success, and resilience for all children.

The gift of childhood is the capacity to dream and see the potential for achieving extraordinary things. When confronted with loss, positive messages of kindness and community can foster resilience and

highlight for young children the important role that they can play in creating a peaceful existence (Berson & Berson, 2002). As we share messages of reassurance, understanding, and caring, we can learn from our children that our collective efforts have the power to overcome challenges and guide us toward the promise of the future.

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