



INSPIRE
2025 Annual Conference & Expo

Using a Trauma-Informed Care Framework for Implementation of a **Building Resilience Program** for Preschool Children and Their Caregivers

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Learning Objectives

1

Participants will describe trauma-informed care and how it applies to preschool populations in under-resourced communities and their families.

2

Participants will describe successful strategies for implementing the Building Resilience program utilizing the open-source manual in practice.

Overview

- Understanding Trauma
- Adverse Childhood Experiences (ACEs)
- Trauma-Informed Care and OT in Early Childhood
- Introduction to the Building Resilience Program (BRP)
- BRP Applications for Children and Parents

Mindfulness Moment



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Understanding Trauma: Core Concepts in Early Childhood

What is your experience with trauma in practice?

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What is Trauma?



Trauma is defined as an event or circumstance that:

- Results in physical, emotional, or life-threatening harm
- Has lasting adverse effects on mental, physical, social, emotional, and spiritual wellbeing
- Overwhelms an individual's ability to cope

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Acute Trauma

- **Single, powerful events**
- **Examples: Natural disasters, accidents, sudden loss**
- **Can be deeply impactful even if brief**

Chronic Trauma

- **Repeated or prolonged exposure**
- **Examples: Ongoing food insecurity, domestic violence, neglect**
- **Cumulative impact on development**

Complex Trauma

- **Multiple traumatic events**
- **Often interpersonal in nature**
- **Particularly challenging for young children**
- **Can significantly affect attachment and relationships**








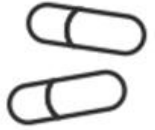


Toxic Stress Can Result from Acute, Chronic, or Complex Trauma²



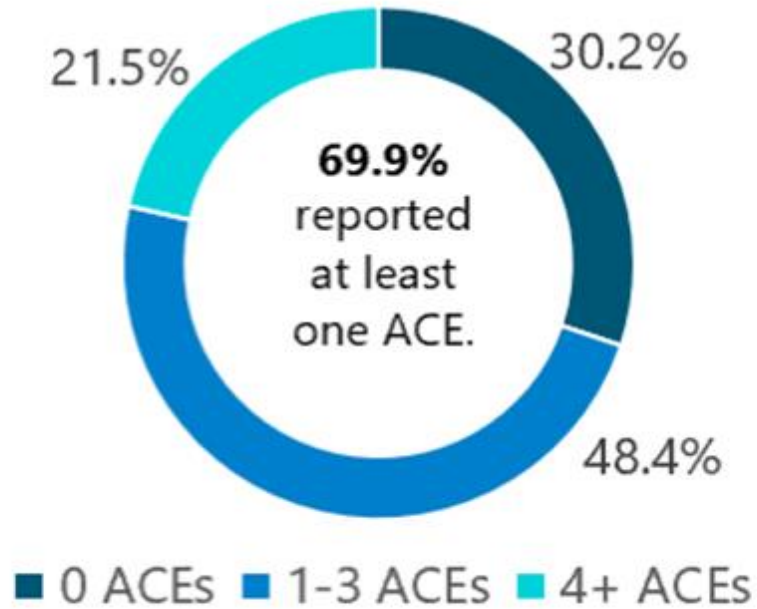
The ACEs Study

The Adverse Childhood Experiences (ACEs) Study^{10,13}

- Large population health study started in 1995. The 10 ACEs include:

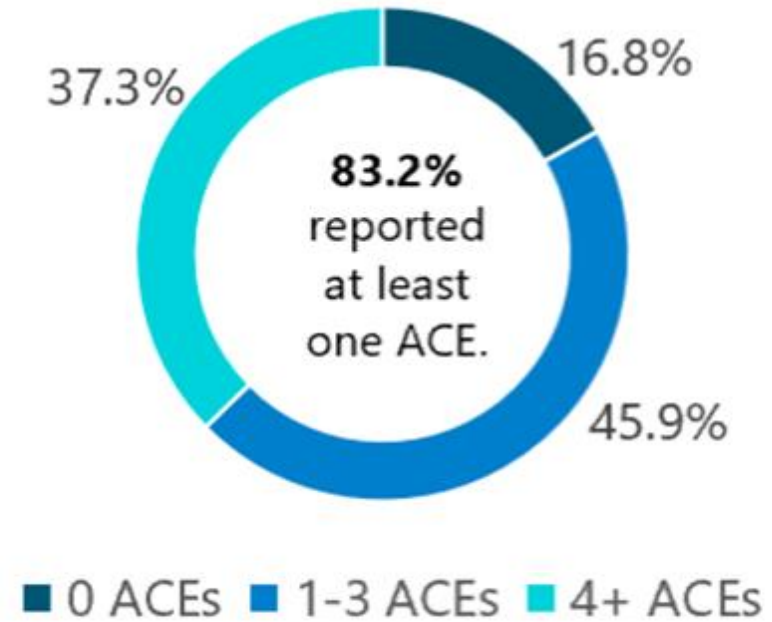
ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
			
<i>Physical</i>	<i>Physical</i>	<i>Mental Illness</i>	<i>Incarcerated Relative</i>
			
<i>Emotional</i>	<i>Emotional</i>	<i>Mother Treated Violently</i>	<i>Substance Abuse</i>
			
<i>Sexual</i>		<i>Divorce</i>	

Out of **17,337** participants...



Original ACE Study

Out of **1,784** participants...



Expanded ACE Study

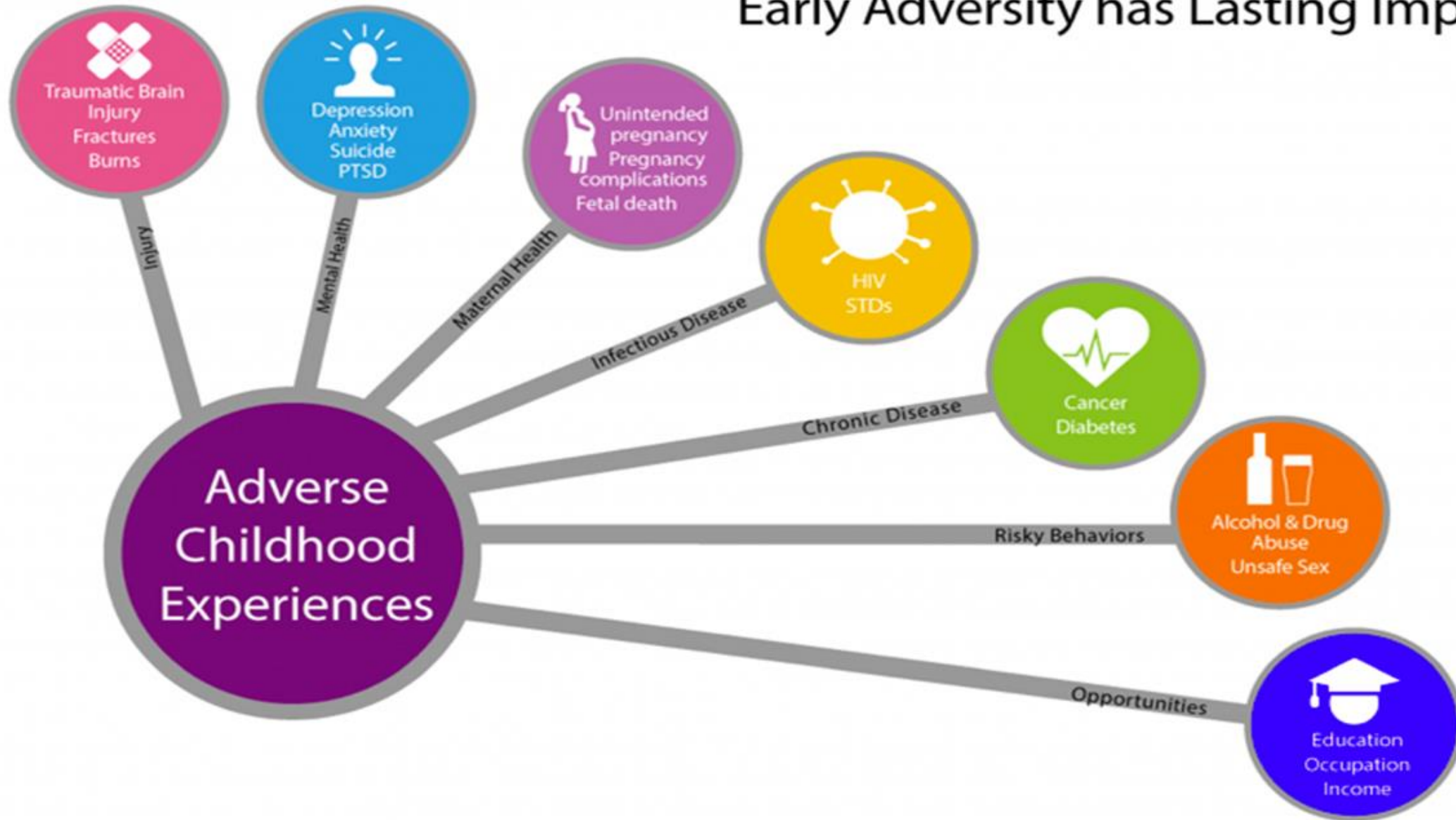
Merritt, M.B., Cronholm, P., Davis, M., Dempsey, S., Fein, J., Kuykendall, S.A.,... Wade, R. (2013). *Findings from the Philadelphia Urban ACE Survey*. Institute for Safe Families. <https://www.rwjf.org/en/library/research/2013/09/findings-from-the-philadelphia-urban-ace-survey.html>

Two Main Takeaways from the ACEs study:

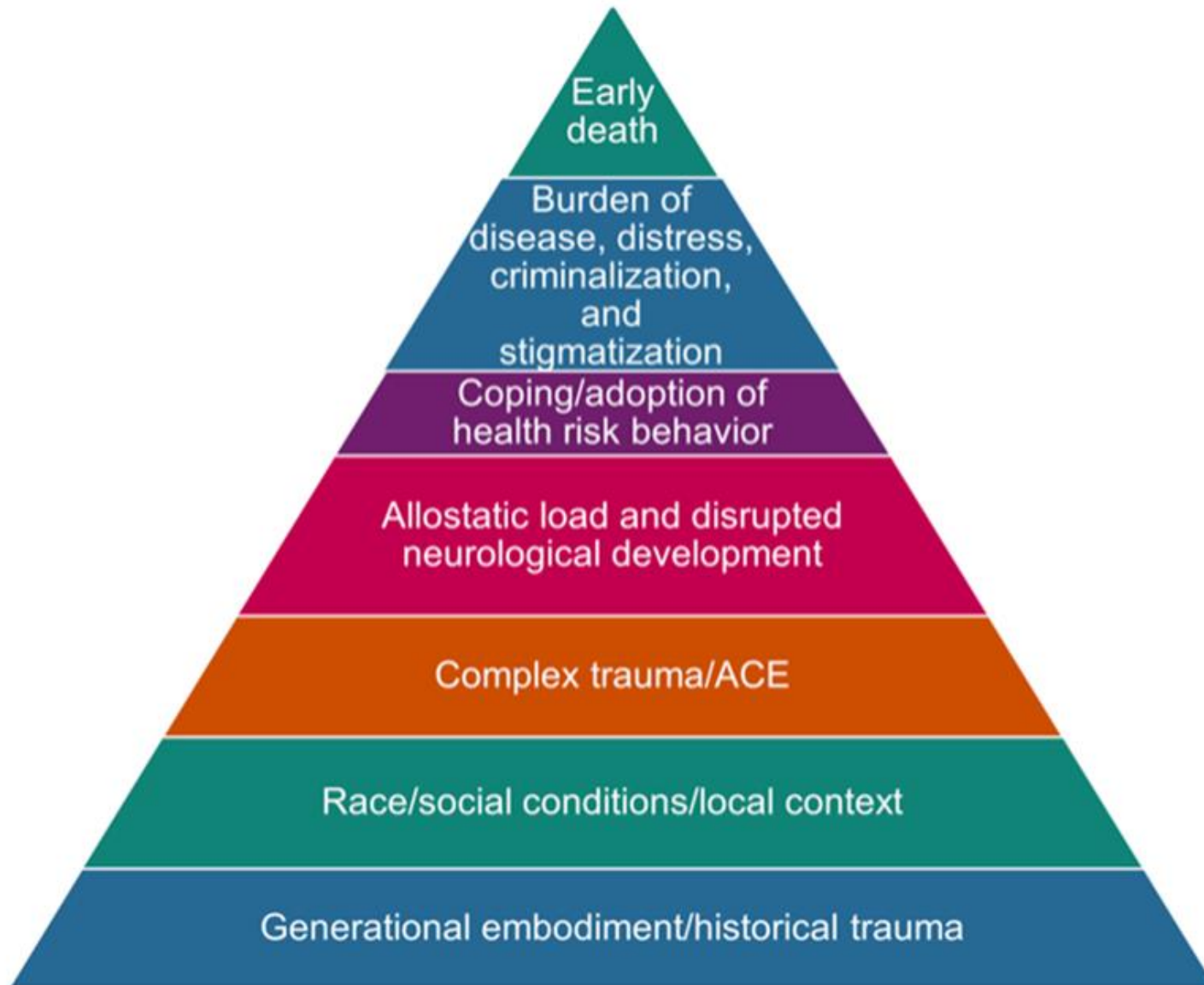
Direct link between childhood trauma and poor health and social outcomes in adulthood, including the onset of chronic disease, incarceration, and challenges maintaining employment

The greater the number of ACEs, the greater the incident of negative outcomes throughout the lifespan

Early Adversity has Lasting Impacts



Source: Centers for Disease Control and Prevention. (2021). Violence Prevention. *Lasting Impacts of Adverse Childhood Experiences* [Infographic]. <https://www.cdc.gov/violenceprevention/aces/about.html>.



Source: Centers for Disease Control and Prevention. (2016). Violence prevention: *The ACE pyramid* (adapted by RYSE Youth Center). <https://www.cdc.gov/violenceprevention/acestudy/about.html>^{cf}



Trauma vs. ACEs

Trauma vs. ACEs: Key Distinctions

Trauma

- Trauma refers to an event, experience, or set of circumstances that is emotionally harmful or life-threatening and has lasting adverse effects on functioning and well-being. It encompasses:
 - The actual event or experience itself
 - The individual's subjective experience and perception of the event
 - The resulting physiological, psychological, and emotional effects
 - Varying impacts based on individual factors, resilience, and support systems
 - Potential manifestation at any point in life

ACEs

- ACEs specifically refer to:
 - A defined set of potentially traumatic events that occur before age 18
 - Ten specific categories identified in the original ACE Study (abuse, neglect, household dysfunction)
 - Experiences measured through a standardized screening tool (the ACE questionnaire)
 - A research-based framework with established correlations to health outcomes
 - A public health approach to understanding childhood adversity

Trauma vs. ACEs: Key Differences

- **Scope:** Trauma is a broader concept encompassing any overwhelming adverse experience, while ACEs specifically refer to childhood adversities from the defined categories.
- **Measurement:** ACEs are quantifiably measured through a specific screening tool, while trauma encompasses subjective experiences that may not fit neatly into measurement categories.
- **Timeframe:** ACEs occur specifically during childhood (before age 18), while trauma can occur at any point throughout the lifespan.
- **Research Context:** ACEs emerged from a specific epidemiological study and framework, while trauma has been studied across multiple disciplines and theoretical frameworks.
- **Focus:** ACEs focus on the exposure to adversity, while trauma encompasses both the experience and the response to adverse events.

ACEs and Trauma in Young Children

What are ways you have seen trauma or ACEs manifest in the populations that you work with?

Physical Signs of Trauma in Young Children

Observable Physical Manifestations:

- Sleep disturbances and nightmares
- Changes in eating patterns
- Increased startle response
- Physical complaints (headaches, stomach aches)
- Regression in toileting
- Changes in activity level (hyperactive or withdrawn)



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Emotional and Behavioral Signs of Trauma

Common Emotional Responses:

- Increased anxiety and fearfulness
- Difficulty regulating emotions
- Excessive crying or emotional shutdown
- New separation anxiety
- Increased aggression
- Withdrawal from previously enjoyed activities
- Shock
- Depression
- Anger
- Agitation
- Dissociation
- Difficulty concentrating
- Intrusive memories/flashbacks
- Difficulty regulating emotions



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How Trauma Appears in Preschool Settings:

What to Look For:

- Challenges during transitions
- Difficulty following routines
- Problems with peer relationships
- Trouble concentrating on activities
- Emotional dysregulation during play
- Resistance to trying new things



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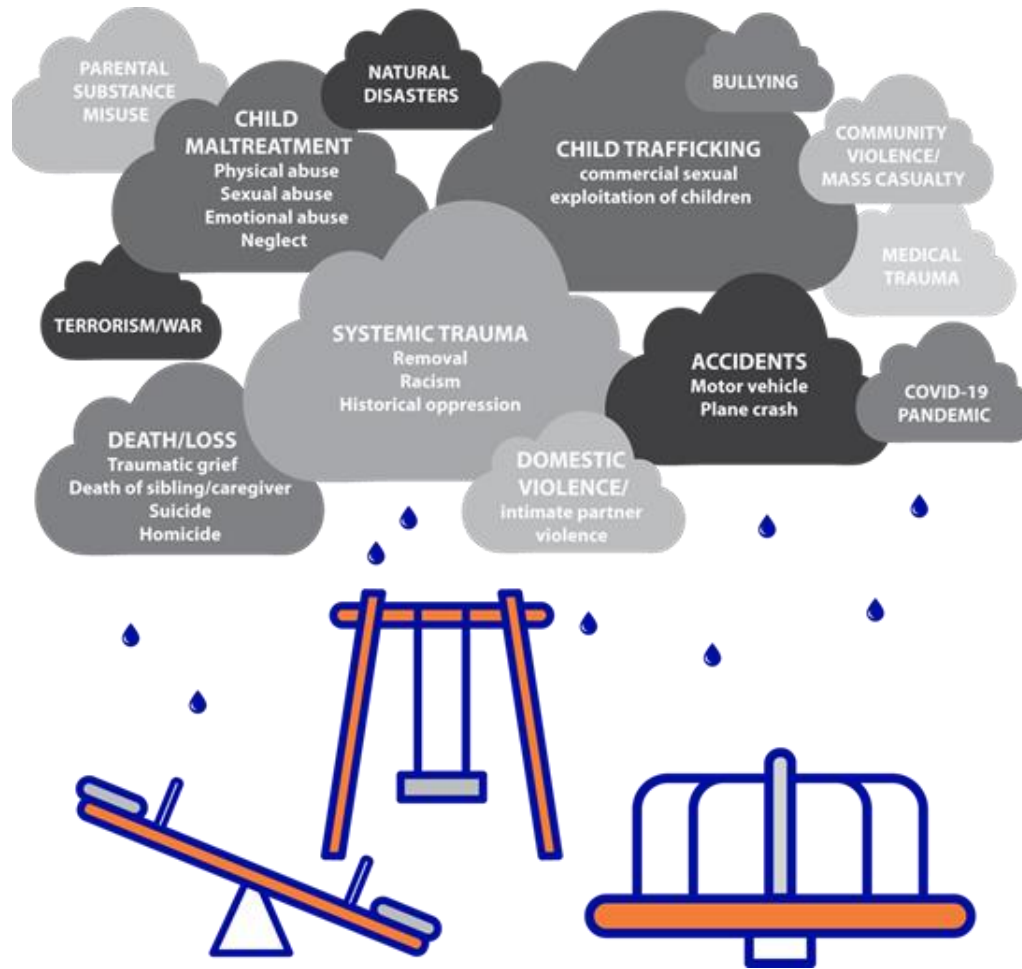
10 Signs of Atypical Behavior in Preschool



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1. Intense and Prolonged Aggression
2. Extreme Non-Compliance
3. Frequent and Severe Tantrums
4. Social Isolation
5. Intense Fear or Anxiety
6. Excessive Repetitive Behaviors
7. Extreme Opposition to Change
8. Significant Regression
9. Violence Towards Self
10. Excessive Isolation

Remember: Trauma Looks Different in Children



- Tantrums
- Clinging to parents/caregivers
- Acting out parts of the traumatic event during playtime or with peers
- Return to behaviors such as thumb-sucking or bed-wetting
- Nightmares and trouble sleeping
- Development of new or unusual fears
- Issues in school
- Losing interest in previously enjoyed activities

To Consider...

*In under-resourced neighborhoods with a history of trauma, ACEs, homelessness, violence in the home, and exposure to crime, it's crucial to **consider the impact of these adverse experiences on preschoolers' behavior.***

*Recognizing these underlying causes can guide therapists, educators and caregivers in providing appropriate support, **trauma-informed care, and access to mental health services** to address the atypical behaviors and promote the child's well-being.*



What have we learned? Let's practice:

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Resilience, TIC and Positive Mental Health

Why is learning about trauma important?

45%

Elementary-aged children with 1 ACE

22%

Elementary-aged children with 2 ACEs

70-80%

Adults with 1 or more ACE

What Do We Do?^{6,9,11}

1) **Prevention of further ACEs**

Strengthen economic supports to families

Promote social norms that protect against violence

Ensure a strong start for children

Teach skills

Connect kids to caring adults and activities

2) **Prevention of re-traumatization**

Intervene to lessen immediate and long-term harm

Using TIC approaches - observation, validation, inclusive language

Teach skills



All of these
interventions build
RESILIENCE!

What is Resilience?¹⁷

The ability to cope with and even thrive after experiencing stress, adversity, or a traumatic event

Resilience is *built* and *nurtured* and becomes a protective factor against toxic stress and negative health outcomes, regardless of ACE status



How Does Resilience Develop?¹²

- Close relationships with caregivers or other caring adults
- Caregiver resilience, knowledge, use of positive parenting skills
- Sense of purpose (through faith, culture, identity, goal-setting, etc.)



*Resilience is developed
in each child, in family
systems, and in
communities!*

How Does Resilience Develop?¹²

- Individual competencies (problem solving skills, autonomy, things you're good at!)
- Support services for families that are practical and accessible
- Communities that value individuals and support growth, social connection
- Utilizing trauma-informed care



Resilience is developed in each child, in family systems, and in communities!

Trauma-Informed Care: Comprehensive Framework for Practice

Trauma-Informed Care (TIC) is an organizational structure and treatment framework that:

- **Recognizes and responds** to the impact of traumatic stress on individuals
- Involves **understanding, recognizing, and responding** to the effects of all types of trauma
- **Assumes universality** in approach: "universal precautions" that assume anyone may have experienced trauma
- Emphasizes **physical, psychological, and emotional safety** for both providers and survivors
- Creates opportunities for survivors to rebuild a **sense of control and empowerment**
- Is guided by the fundamental question: "**What happened to you?**" rather than "What's wrong with you?"

The Core Principles of TIC¹⁴

- **Safety:** Ensuring physical and emotional safety; providing environments where individuals feel secure
- **Trustworthiness and Transparency:** Creating clear expectations, maintaining appropriate boundaries, and making operations transparent
- **Collaboration and Mutuality:** Sharing power and decision-making, emphasizing partnerships between staff and clients



- **Empowerment, Voice, and Choice:** Recognizing individual strengths, supporting autonomy, and prioritizing client choice in treatment planning

The Core Principles of TIC¹⁴

- **Peer Support:** Utilizing stories and experiences of recovery and healing as vehicles for building trust, establishing safety, and promoting recovery
- **Cultural, Historical, and Gender Considerations:** Moving past cultural stereotypes and biases, incorporating culturally responsive policies and practices



Implementation as a Framework

Organizational Level

- **Creating safe physical environments**
- **Establishing trauma-informed policies and procedures**
- **Training all staff regardless of role**
- **Monitoring and addressing staff secondary trauma**
- **Developing trauma-responsive leadership**

Provider Level

- **Screening appropriately for trauma history**
- **Training in trauma-specific assessment tools**
- **Understanding trauma's neurobiological impacts**
- **Utilizing evidence-based, trauma-specific interventions**
- **Establishing collaborative relationships with clients**

Service Delivery Level

- **Avoiding practices that may retraumatize**
- **Creating opportunities for client choice and control**
- **Emphasizing strengths-based approaches**
- **Facilitating connection to support networks**
- **Providing integrated services that address trauma symptoms holistically**

TIC in Occupational Therapy

- **Client-Centered Practice:** Both TIC and OT prioritize *client autonomy, choice*, and collaborative intervention planning
- **Occupational Impact:** Trauma often *disrupts engagement in meaningful occupations* across multiple domains:
 - Self-care routines and activities of daily living
 - Productivity (work, education, play)
 - Leisure activities and social participation
- **Sensory Processing:** *Trauma often affects sensory systems:*
 - Hypervigilance to environmental stimuli
 - Altered sensory thresholds and regulation
 - Difficulty with sensory integration impacting function

TIC in Occupational Therapy

- **Developmental Considerations:** OT's understanding of development helps address trauma's impact on:
 - Motor skill development
 - Cognitive development
 - Social-emotional development
 - Self-regulation capacities
- **Environmental Modification:** OT expertise in *adapting environments* supports creation of:
 - Physically and emotionally safe spaces
 - Sensory-informed environments
 - Accessible and predictable settings
- **Activity Analysis:** OT skills in *breaking down activities* supports:
 - Identification of trauma triggers within activities
 - Adaptation of activities to promote success
 - Gradual exposure to challenging occupations

TIC, Mental Health and OT

Assessment & Intervention

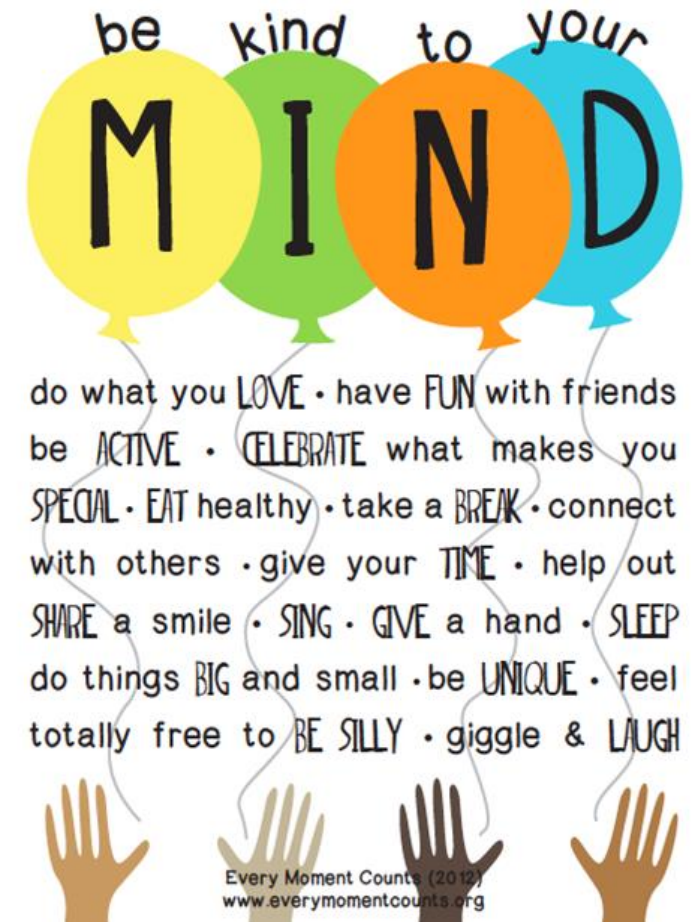
- **Trauma Screening:** Implementation of routine trauma screening in mental health intake
- **Sensory-Based Interventions:** Using sensory strategies for regulation and grounding
- **Cognitive-Behavioral Approaches:** TF-CBT and other evidence-based trauma treatments
- **Attachment-Focused Work:** Addressing disrupted relationships and attachment patterns
- **Body-Based Modalities:** Recognizing the somatic storage of trauma memories

Practice Innovations

- **Integration of mindfulness practices** to support regulation and present-moment awareness
- **Group-based approaches** that reduce isolation and build community support
- **Expressive occupations** (art, music, movement) that provide non-verbal processing opportunities
- **Skills-based approaches** focusing on emotional regulation, distress tolerance, and interpersonal effectiveness

Positive Mental Health³

- Mental Health is an integral part of overall health and QOL and contributes to the functioning of individuals, families, and communities.
- “A state of successful performance of mental function resulting in productive abilities, fulfilling relationships with people, and the ability to adapt to change and cope with adversity”.
- NOT merely the absence of mental illness but the PRESENCE of something positive!



Four Characteristics of Positive Mental Health



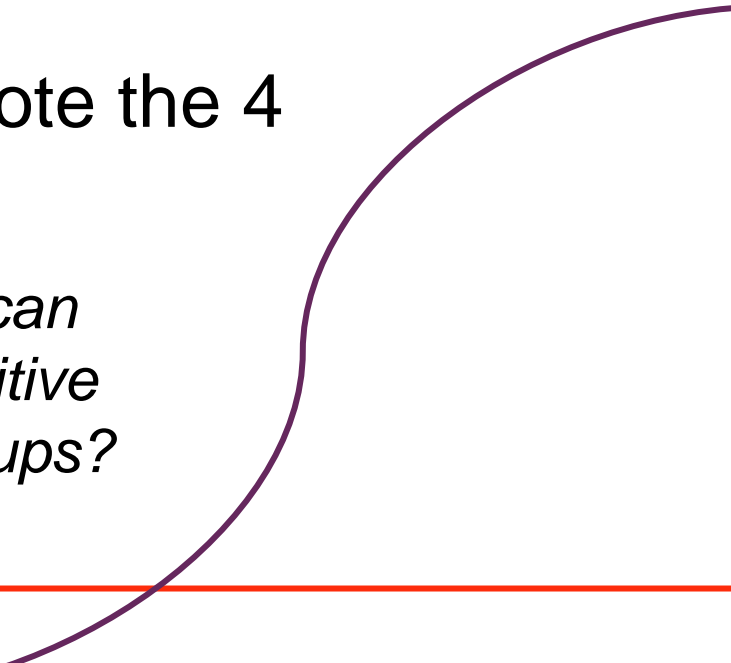
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1. Positive affect or emotional state
2. Positive psychological and social function
3. Participation in meaningful and needed activities
4. Coping with life stressors and demonstrating resilience when challenged

Promoting Positive Mental Health in Children

- Talk about it! Reframing positive mental health
- Tune in to students at-risk for developing mental health challenges, especially situational stressors
- Mental health literacy - develop a working knowledge of mental health
- Embed strategies into the classroom that promote the 4 characteristics:
 - Positive affect
 - Social function
 - Participation
 - Resilience

What are some strategies you can think of that might promote positive mental health in your client groups?



Case Study Example

"Maya, age 4, has recently started having intense reactions during transitions. She becomes extremely distressed when it's time to clean up, often throwing materials and hiding under tables. She's begun hitting other children who come near her during these episodes."

- What might be happening from a trauma-informed perspective?
 - How could TIC principles be applied in this situation?
 - What environmental modifications might help?
 - How would you engage with Maya's family?
-

The Building Resilience Program: Overview

TIC in Preschool Populations

For early childhood settings, TIC implementation includes:

- **Creating predictable environments** with clear routines and transitions
- **Supporting co-regulation** before expecting independent self-regulation
- **Designing sensory-supportive spaces** with options for both stimulation and calming
- **Building positive adult-child relationships** as the foundation for all intervention
- **Engaging families** as partners in understanding and supporting their children
- **Using developmentally appropriate explanations** of trauma responses
- **Adapting disciplinary approaches** to be supportive rather than punitive
- **Recognizing trauma behaviors** as attempts to meet needs rather than willful misconduct

Development of the Building Resilience Program and Manual

- Created originally for school-age children with chronic pain
- Adapted for preschoolers with ACEs
- Caregiver program and teacher/staff training added
- Future iterations:
 - Incorporate more interoception (ongoing)

Access to the BR Manual

- Preschool and Caregiver BR Manual now available as an open-source publication! Please download here:



Building Resilience Preschool Manual 2025.pdf

BR Program Structure & Modifications

- BR Manual describes an 8-week intervention program
- 3 days or intervention sessions a week
- Activities can be modified for individual vs. group sessions
- Suggestions for promoting positive behaviors included
- Materials lists included
- 3 caregiver sessions designed to align with child content
- 3 sessions over the same 8-week period

The Building Resilience Program: Child Intervention

Week 1: Child Intervention



- Introductions
- Build rapport with group leaders and with peers
- Introduce vocabulary for emotion words
 - Many children do not have adequate vocab to describe their feelings
 - Many also feel they don't have "permission" to share those feelings
 - Can lead to unwanted behavioral expression
- Do this through play and table activities

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Week 2: Child Intervention

- Identify various emotions and their sensations within the body
- Introduce emotion identification content including Zones of Regulation
- Identify where various emotions fall within the Zones of Regulation
- Using large variety of visuals to repeat and reinforce

The Zones of Regulation®



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Week 3: Child Intervention



Zones of Regulation- Kelle Foust March 2024

- Focus on Emotional Regulation
- Demonstrate understanding of appropriate vs. inappropriate ways to manage various emotions
- Identify appropriate actions and words to use when experiencing emotion in all 4 Zones of Regulation
 - Incorporating movement
- Review and repeat

Week 4: Child Intervention

- Focus on Coping Strategies for Self-Regulation: Body and Hands
- Introduce sensorimotor strategies involving the body and hands for emotional regulation
- Review the Zones of Regulation terminology
- Sensory exploration with hands
- Yoga and Self-regulation techniques



Sensory Play - Kelle Foust March 2024



More Sensory Play - Kelle Foust March 2024

Week 5: Child Intervention

- Focus on Coping Strategies for Self-Regulation: Ears, Eyes, and Mouth
- Discuss various emotions and their associated sensations within the body using the Zones of Regulation terminology
- Introduce sensorimotor strategies involving the visual, auditory, and gustatory systems to aid in emotional regulation



Visual Materials for Regulation - Kelle Foust March 2024

Week 6: Child Intervention

- Focus on Coping Strategies for Self-Regulation: Breath Awareness
- Recall and identify various coping strategies for self-regulation
- Identify emotions utilizing language from the Zones of Regulation and their associated physical sensations
- Identify the benefits of deep breathing and discuss how to incorporate these techniques into their daily routine



Bear Breathing - Kelle Foust April 2024



Superhero Breathing - Kelle Foust April 2024



Tummy Breathing - Kelle Foust April 2024

Week 7: Child Intervention

- Applying Positive Coping Strategies
- Identify positive coping strategies for self-regulation.
- Utilize positive coping strategies to demonstrate increased ability to self-regulate.
- Use of "case studies" through imaginative play and role playing
- Treasure chest and coping strategies cards

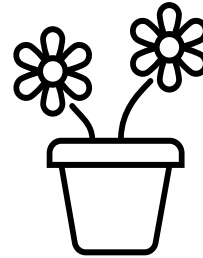


Emotions Masks - Kelle Foust May 2024

Treasure Chests - Kelle Foust May 2024

Week 8: Combined Child and Caregiver Intervention

- Focus on shared, joint activities and positive mental health
- Review scenario-based learning objectives throughout the program and create a “Take Home Toolkit”
- Facilitate an open discussion for children and caregivers to share their thoughts about the activities and ask questions.
- Administer post-test assessments and exit survey to the caregivers.



All Photos End of Program Celebration-
Kelle Foust May 2024



The Building Resilience Program: Caregiver Intervention

Caregiver Session 1



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- Introduce the concept of resilience and discuss the key themes and benefits of resiliency within the family
- Provide opportunities for group members to introduce themselves and share their experiences with occupational therapy
- Recognize barriers in their lives and identify how to accommodate for them to increase life satisfaction
- Review mindfulness and Zones of Regulation
- Positive Mental Health and Kawa River Model Activity

Let's Try It!

Identifying Strengths Activity – Handouts

Altman, D. (2014). The mindfulness toolbox: 50 practical tips, tools & handouts for anxiety, depression, stress & pain. PESI Publishing & Media.

- Tips for Therapists

Caregiver Session 2



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- Identify adaptive coping strategies (problem-based coping, engagement coping, accommodative coping) to replace maladaptive methods of coping
- Demonstrate ability to use said coping strategies
- Identify sensory strategies involving visual, auditory, and gustatory systems that can be used for emotional regulation
- Demonstrate Mindfulness-Based Stress Reduction (MBSR) strategies and state intent to implement them into routine

Let's Try It!

Focusing Away Activity – Handouts

Altman, D. (2014). The mindfulness toolbox: 50 practical tips, tools & handouts for anxiety, depression, stress & pain. PESI Publishing & Media.

- Tips for Therapists

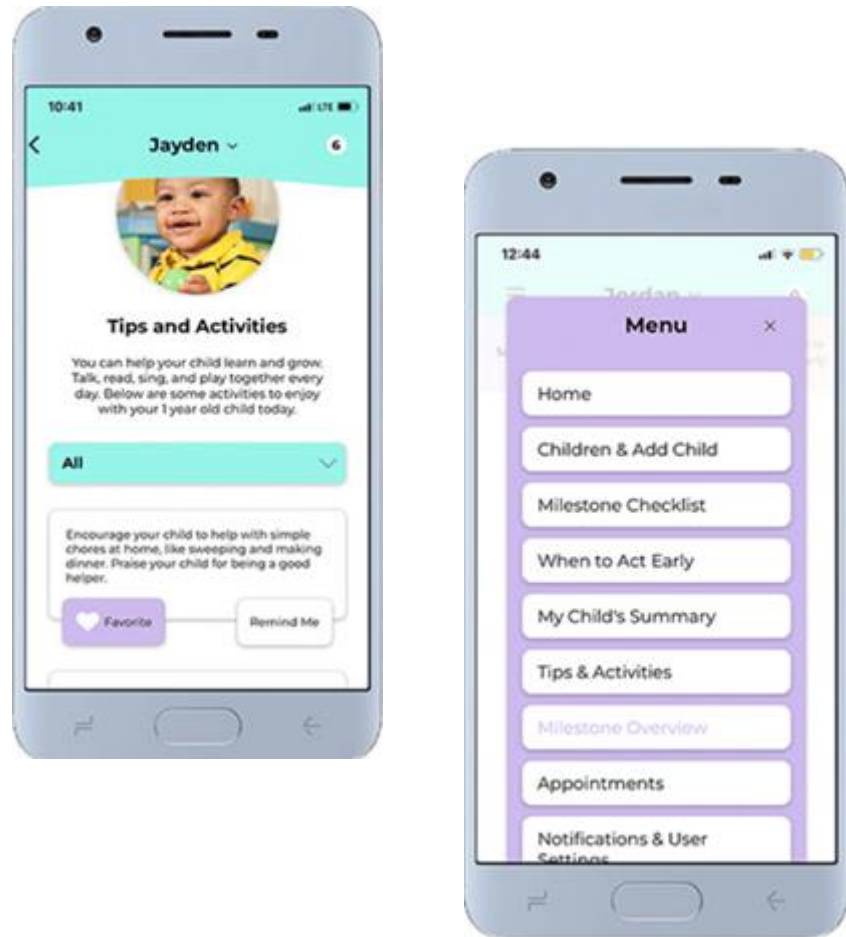
Caregiver Session 3



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- Identify community-based resources that can provide social support and meet the needs of caregivers and their children
- Share personal experiences about the resources they currently use within their community and reflect on what has been beneficial
- Demonstrate the ability to advocate for themselves and their children through role playing
- Demonstrate the ability to self-regulate through breathing techniques

Additional Resources for Parents



Child Development Tracker (CDC's Milestone Tracker)

- Accessible online tool from the Centers for Disease Control and Prevention (CDC).
- Tracks developmental milestones from age 2 months to 5 years.

<https://www.cdc.gov/ncbddd/actearly/milestones-app.html>

Important Considerations for General Implementation



Reading The Color Monster – Kelle Foust February 2024

- BR program can be used on an individual level
 - True TIC is organizational
- Organizational implementation requires partnership
 - Partnership facilitates parent and caregiver participation
- Consider barriers to participation for facilities and families

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Thank You!

Please feel free to reach out to the speaker at k.deboth@csuohio.edu
Or connect with me at www.linkedin.com/in/kelle-foust

Visit www.buildingresilienceprogram.com in the near future for additional
resources! Coming Soon!

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