

TRAUMA INFORMED PRACTICE – DEVELOPING COURAGE FOR TRUTH

Sam Greshoff

'It is the best of times; it is the worst of times. We live in a world of comfort, convenience and promise, a wonderful world for grown-up human beings to work and relax. But it's not the best of all possible worlds for children. Deep in our hearts we all know it, but we're too frightened to admit it: the world we've created is damaging our children's brains'.

Sue Palmer¹



In a Waldorf Kindergarten on a Tuesday morning one January

A 5 year old is lying on the floor screaming as his mother attempts to leave for work. His 3 year old sister is silent, sucking her thumb and sitting on the knee of a member of staff. Later in the morning during circle time 2 other children refuse to come out of the quiet corner to join in, and as the teacher spends time trying to engage them several other children are lying on the floor, another one has gone under the table. When she rejoins the circle time and offers her hand to a child, they snatch their hand away and sit on the floor. At snack time 5 of the 14 children present do not eat anything and one complains of a stomach ache. Throughout the day at any point various children are crying and there is sporadic conflict between them which takes the time of both members of staff. Just before the story begins at the end of the morning 2 of the 6 year olds run around the room, whooping, chasing one another, crashing into things, and refusing to listen to the staff members attempts to calm them down. Most of the children are collected at 3.00 pm and the fifteen minutes before the arrival of parents/carers is particularly chaotic, children lying on the cloak-room floor, crying, refusing any help with getting ready. Finally, they appear calm, quietly sitting on the benches with outdoor coats, hats, and shoes on. The staff observe the chaos beginning again the minute that parents take them outside, coats and hats are pulled off, one child is pushing his mother, another has thrown her bag and lunchbox onto the ground. There is a great deal of shouting and upset. Many adults appear frustrated or horrified. The staff are completely exhausted and drained.

This was my experience working as a teacher in a Waldorf Kindergarten a few years after taking on a group. Over 50% of this group of children had experienced acrimonious family breakdowns, including some quite extreme situations such as not seeing one of their parents for a number of weeks. These breakdowns had occurred between the middle of the summer and the Christmas holidays. For months the children could not participate happily in any aspect of the kindergarten day, they could not sustain attention during play or any craft activities, at times they appeared listless and exhausted and at other times prone to conflict and tantrums. They exhibited other stress responses as well, such as being touch averse and showing a lack of appetite. The experience of working with this group and observing their reactions first hand provoked my interest in the impact of trauma on young children.

The Global Pandemic - an adverse childhood experience (ACE).

About 10 years later during July and August of 2020, I was undertaking research into Adverse Childhood Experiences (ACE)² for an MA in Childhood and Youth Studies. It seemed glaringly obvious to me that for most young children the global pandemic could be defined as an ACE and everything that I have read and observed about children's reactions and responses in the last 4 years has confirmed this suspicion. Research has demonstrated that the foundation for secure mental health is built early in life as childhood events, experiences and relationships shape the architecture of the child's developing brain. Work for the MA convinced me to develop my understanding of children's trauma which I have continued to pursue, including undertaking a diploma in 'Trauma and Mental Health Informed Schools and Communities' and running a series of inset days on Mental Health and Resilience for UK Waldorf schools and Kindergartens with my Waldorf UK colleague Kath Bransby.

'Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love'.³

Tina Brach

Trauma is a word much banded about but is not necessarily defined by an event or situation but how we were or were not supported by others around us through challenging times.

'Enliven imagination, Stand for truth, Feel responsibility'⁴

Rudolf Steiner

This famous educational motto is regularly recited by teachers and can be at the heart of responses to childhood trauma in Waldorf schools and settings. Working in Kindergarten, visiting many early childhood settings and talking to colleagues has

enabled me to understand some of the impact of the pandemic on young children's development, but clearly children were already experiencing stress even before 2020 and many aspects of modern life are having an ongoing impact on resilience, wellbeing, and children's development. In all our kindergartens we can regularly see examples of children who are experiencing sensory overload, more and more are touch averse, struggling to connect with others, growing numbers with communication difficulties⁵ Over the years many of these challenges have been discussed in this journal. In recent years most children have been exposed to adults' discussions about their fears – about the pandemic, the conflicts raging around the world and environmental disaster. We are transferring our own stress and anxiety onto the youngest members of our society and the impact is obvious.

UK and worldwide childhood mental health crisis

In the UK we are experiencing a mental health crisis among children and teenagers, and our experience is reflected around the world. This crisis is well recognised by UK government organisations, schools and charities working with children. 1 in 6 under 16s in the UK have a diagnosable mental health problem but the gap between children and young people first becoming unwell and actually getting help is ten years. Waiting lists for children and adolescent mental health services is very long, and many children remain untreated. Early childhood practitioners are not trained therapists (in the main) and it is essential that we bear that in mind when making decisions about the children and families in our care. We cannot diagnose mental health problems, and there are definitely times when we need to seek expert advice to support children and their families. However, it is our responsibility to find ways of positively supporting children through some of the most challenging times in their lives, we are secondary attachment figures for the children, and for some children an early childhood practitioner will be the only available adult taking their fears and lived experience seriously. Most of the difficulties that children currently face cannot be laid at the door of the Covid 19 pandemic or the responses of the adults around them to this crisis. However, it is a factor and what I continue to be interested in is the question: **what can we do to support children's recovery?** In order to actively support children, we need to have the courage to face their truth, to be able to envisage why they are experiencing stress and anxiety.

Symptoms of anxiety

'In order to appreciate how children heal we need to understand how they learn to love, how they cope with challenge, how stress affects them. And by recognising the destructive impact that violence and threat can have on the capacity to love and work, we can come to better understand ourselves

and to nurture the people in our lives, especially the children'.⁶
Perry and Szalavitz

Anxiety and other mental health issues can occur at any time throughout childhood, if this is not supported then there is a greater chance of mental ill health later in life.⁷ It is essential to first understand how children's stress and anxiety manifests, if a child feels unsafe then their social defence system is in the driving seat. A child's (or indeed an adult's) sympathetic nervous system (fight, flight, freeze or fawn) can be triggered by any situation that they find threatening – this can be something as seemingly simple as a particular kind of food or as complex as separating from a parent at the cloakroom door. These primitive brain responses are more quickly triggered for young children whose pre-frontal cortex is still developing, adults are able to override some stress responses by calming ourselves down with logical thought, but this is impossible for young children. It may manifest in aggressive behaviour such as kicking or shouting, perhaps trying to run away from a situation or becoming very quiet and passive. What we have to remember is that the child has no choice in this situation, this behaviour is as a result of powerful stress hormones that have been activated by a situation that is perceived as threatening. This perception is based on the child's previous experience and when we are responding to dysregulation in young children, we need to use our power of imagination to work out what may be going on and perhaps accept that we may never truly understand.

Supportive interventions

Clinical Psychologist Dan Hughes has devised a helpful intervention PACE – which stands for play, acceptance, curiosity, and empathy.⁸ This way of interacting with children can help them feel safe and connected to the adult caring for them. Being playful in our interactions with a child can also help us to remember to stay calm in a difficult situation, this does not mean being flippant or distracting them from their feelings. Knowing a child well helps us to understand what kind of playful response is appropriate – perhaps using a particular small puppet, weighted toy (see photo of the cats) or a favourite rhyme at the right moment. Accepting the child's experience is the foundation of trauma informed practice – we do not have to accept anti-social behaviour but the feelings behind it are real, and we are only able to imagine the causes through our love for the child and curiosity about their



lives and their inner being. The first step in developing our empathy is openness and by staying regulated we can have an impact on the child's social engagement system – it will help them to become calm. One way of accepting a child's feelings is to verbally acknowledge the emotion – this is something that I found challenging as an inexperienced practitioner, however I have observed time and time again the impact of simply stating 'you seem angry' or 'I can see you feel sad saying goodbye to mummy'. Often you can observe an immediate change in their posture, as they begin to relax – they know that they are 'seen' and therefore feel more secure. This also enables them to develop their emotional intelligence, understanding the words associated with their feelings and gradually being able to talk about them. This does not mean spending long periods of time discussing this with the child and analysing their feelings.

*'... If feelings remain unsymbolised, then emotional arousal cannot be managed in a more conscious, verbal fashion – such as 'talking oneself out of it' in a low mood. Instead, states will be processed through the old non-verbal channels and will not get updated by new feedback and reflection. This means that the child's sense of self will also remain rather undifferentiated'*⁹

Sue Gerhardt

Working with pro-social emotional systems

Thinking about how to support children's well-being from a salutogenic perspective can be supportive for a whole group as well as a child experiencing trauma. Neuroscientist and psychobiologist Jak Panksepp created a model for looking at emotional states and systems.¹⁰ He identified three emotional systems that are essential for survival, but that are linked to the primitive brain and particularly to fight, flight and freeze responses. We also have positive emotional systems, which Panksepp called 'pro-social' systems. For healthy development it is essential that all children create neural pathways in the positive pro-social systems – which relate to care, play and seeking. In order to function effectively these systems need to be activated in early childhood through regular practice. Of course, in our early childhood settings we work with all three of these pro-social systems on a daily basis, supporting healthy attachment by developing positive relationships with the children, and encouraging their friendships; providing an environment that enables truly free, creative, self-directed play and opportunities for curious exploration. Working to support sensory development (in particular the development of the foundational senses) becomes ever more significant as we begin to understand the impact of trauma on children's development.¹¹ Understanding the relevance of pro-social systems and their role in developing resilience allows us to work in a more conscious way to provide the optimum environment in our settings. Trauma Informed Practice can enable us to observe that there are positive ways forward for all children and although the ACE research has demonstrated the

long term health impacts of stress and trauma it also demonstrates that with support it is possible to develop resilience.¹²

Cultivating hope

I started this article reflecting on a challenging year, working with a group of children who were experiencing stress, pain, and anxiety. My colleague and I were fairly inexperienced and did not have trauma-informed training to guide us at that time. Some of our responses were instinctive and some were guided by advice from older, wiser colleagues. One colleague pointed out that when a child is going through something challenging it can be helpful to respond to them as if they were younger, so we started by simplifying the rhythm of the day, not having any expectations that they would be able to manage adult led activity at all but focused on supporting their play and providing additional time for care moments. We continued to offer craft, artistic and domestic activities and some children were drawn to these, enjoying the closeness with an adult as much as anything. We spent more time outside than we had previously, giving the children time to daydream in the garden. I had undertaken some Pikler training, and this helped me to recognise the value of simply acknowledging the children's feelings. Very gradually we brought in a few additional activities, at first just a few finger rhymes, Wilma Ellersiek¹³ touch games and very short puppet stories. We also worked closely with the children's families. We noticed that the children gave each other support, sometimes discussing things that were difficult for them, such as visiting a parent's new home. Towards the end of the summer term, we observed one child describe his feelings about being in the kindergarten group 'being here with my friends, the sun is shining, it is a bit like being in my mummy's house'. This enabled us to understand the significance of supporting the children's sense of belonging in the setting, allowing them the opportunity to orient themselves through a world full of bewildering change.

I am forever grateful to these courageous, empathetic, and gracious children who allowed me to glimpse their experiences and feelings and who taught me so much about trauma and stress responses. I continue to think about them and to reflect on what else we could have put in place to ease their pain. The pandemic, the rapid changes in contemporary ways of life, global and national events have taught us more about the way children respond to stress and we will continue to have to navigate a way through these situations and to learn from them. This requires us to work on developing courage for truth, capacity for imagination and a commitment to responsible support in new ways. In addition, children need us to continue to be hopeful about their future possibilities and their ability to develop resilience and empathy.

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13. Wilma Ellersiek - *Touch Games Series*. WECAN (pg. 62).

Useful websites

<https://ddpnetwork.org> (Dyadic Developmental Psychotherapy – set up by Dan Hughes)

<https://uktraumacouncil.org> (UK Trauma Council)

Photos:

KINDLING archive. Weighted cats -York Steiner Kg. *These can provide comfort and security for a child reducing the production of stress hormones.*



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She completed an MA in Childhood and Youth Studies in 2021 and has undertaken the Diploma in Trauma and Mental Health Informed Schools Practitioner. Her interest in the lived experience of children in the first three years of their lives also led her to undertake courses in the Pikler approach in the UK and Budapest. <https://pikler.co.uk/>

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