



# Agenda

1

Social-Emotional  
Competence and  
Protective  
Factors

2

Childhood  
Trauma

3

Trauma  
Informed  
Care

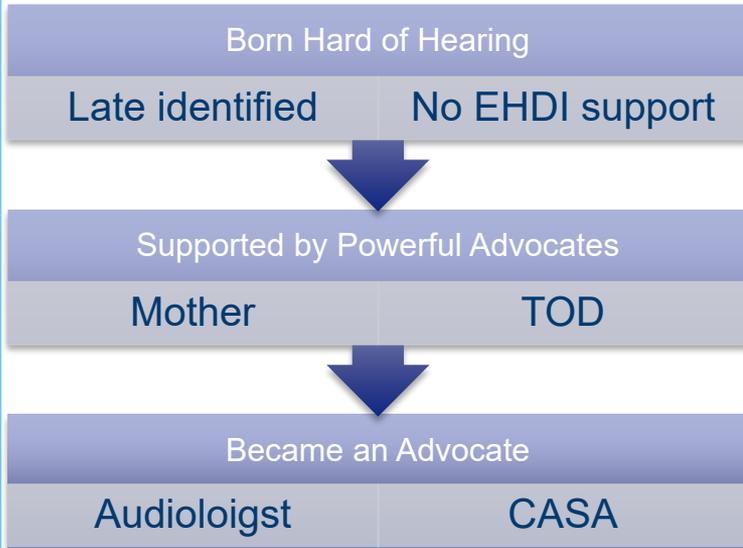
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Unconscious  
Bias

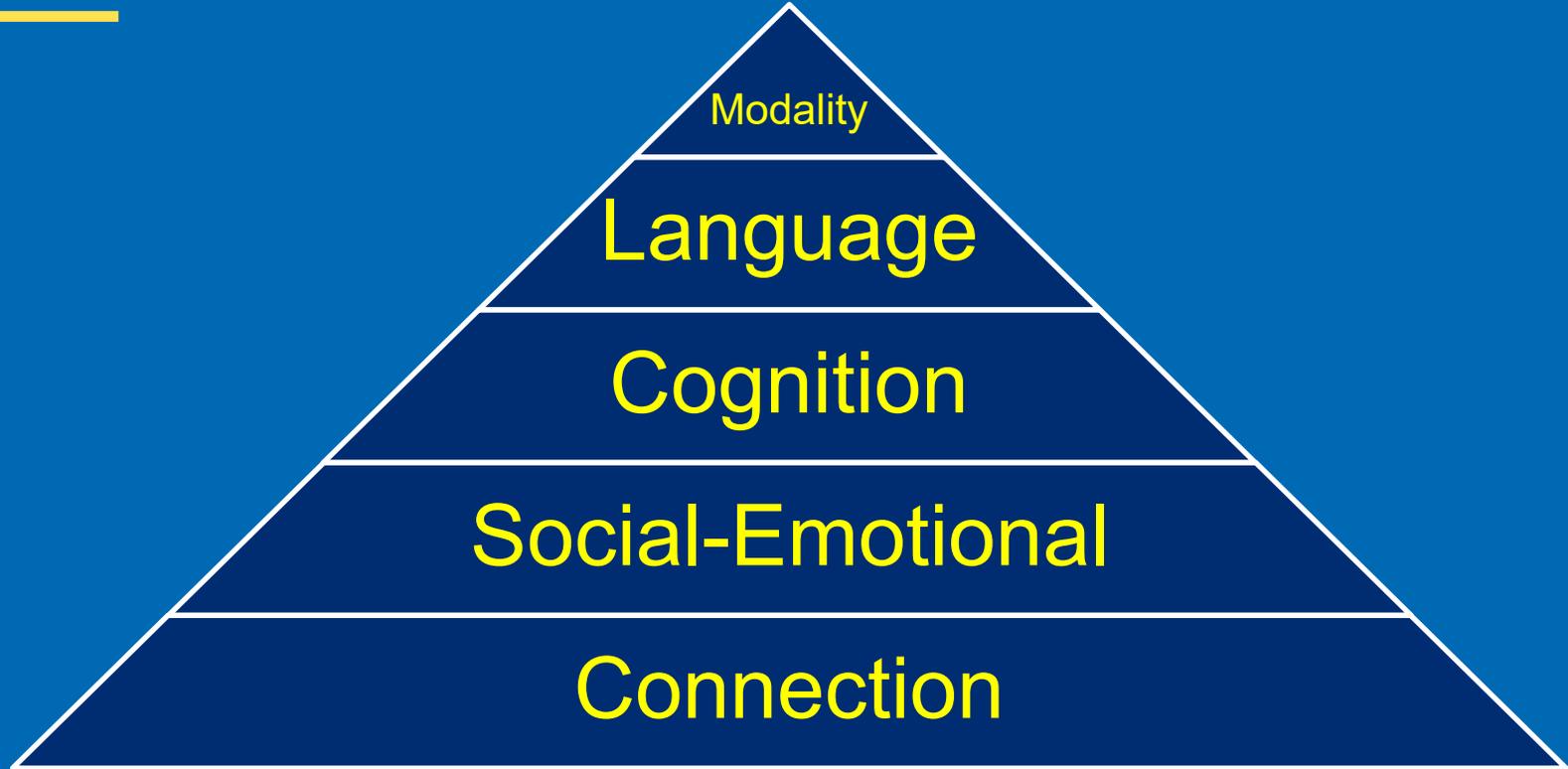


# But first: what led me here?

## Our stories matter.



# Communication Priority Pyramid



# Connections: Infant are born ready to connect

Cry to signal distress, pain or hunger

Self soothe by sucking fingers

Recognize human language

Prefer human faces

Engage in mutual eye gaze



# Connections: Children need to feel safe

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Caregivers show mutual interest in maintaining a loving relationship

Clothed, fed, and have potty needs met

Safe and stable housing



# Social Emotional Competence

Social Competence (Raver and Sigler, 1997)

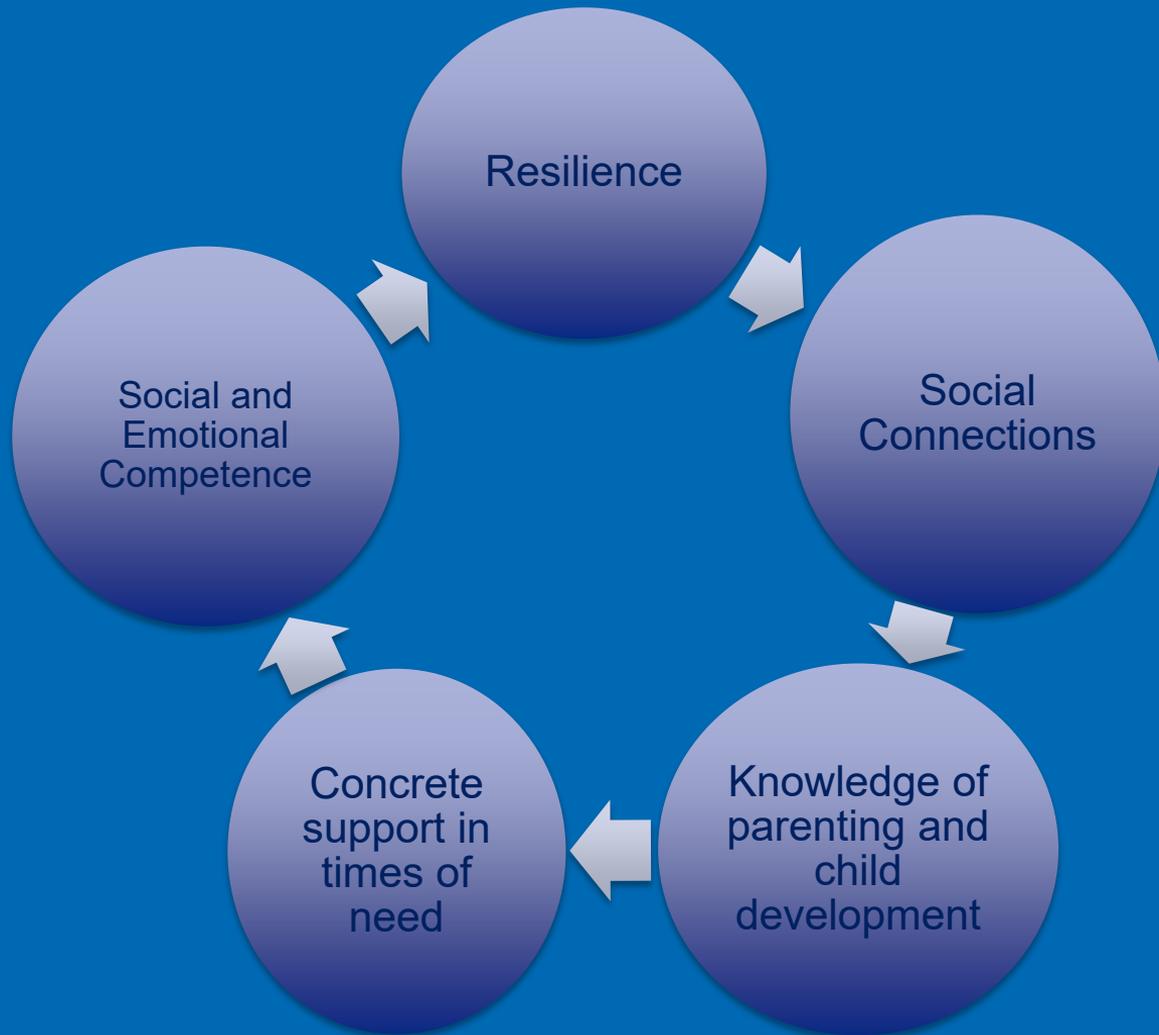
- Responds to/initiates interactions with caregivers
- Participates in cooperative and social activities
- Knows about self and others
- Manages behavior and resolves conflicts
- Shows empathy
- Positive self image/worth

Emotional Competence (Campos et al, 1994)

- Ability to regulate emotions to accomplish one's goals



## Protective Factors



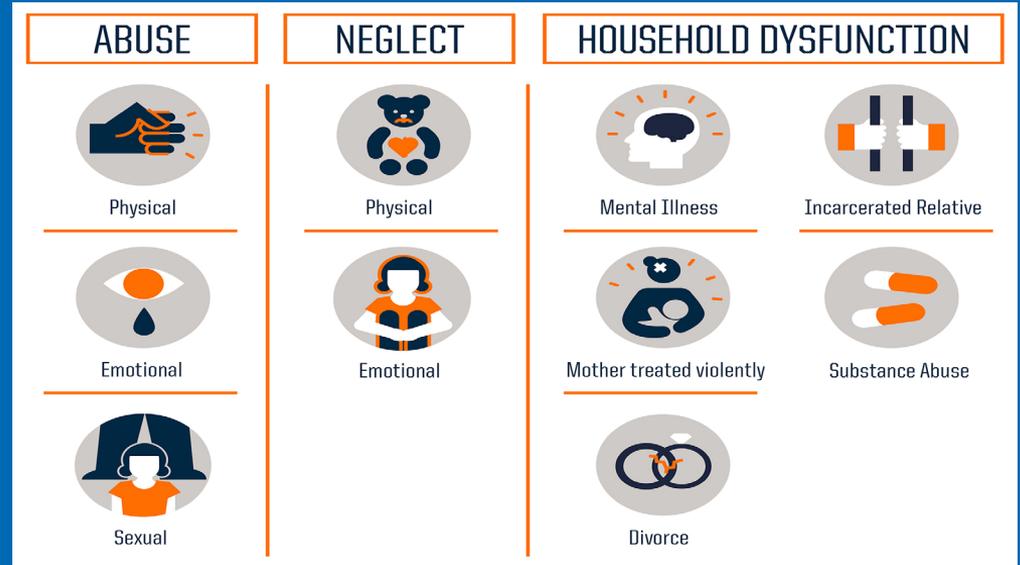
# Trauma

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- Definition: **deeply distressing or disturbing experience**
- Everyone experiences trauma, but childhood trauma can have profound and lasting psychological, physiological and sociological impacts
- Childhood trauma can literally change brain development
  - Structural changes to amygdala and the hippocampus
  - Impact on hormones to include cortisol and oxytocin, both of which are important for stress and emotional regulation



# Adverse Childhood Experience (ACE)



<https://youtu.be/95ovIJ3dsNk>

# Childhood Abuse Statistics

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- A report of child abuse is made every 10 seconds
- **The United States has one of the worst records among industrialized nations - losing on average between four and seven children every day to child abuse and neglect**

<https://www.childhelp.org/child-abuse-statistics/#pneglect>



# Trauma Informed Care (TIC)

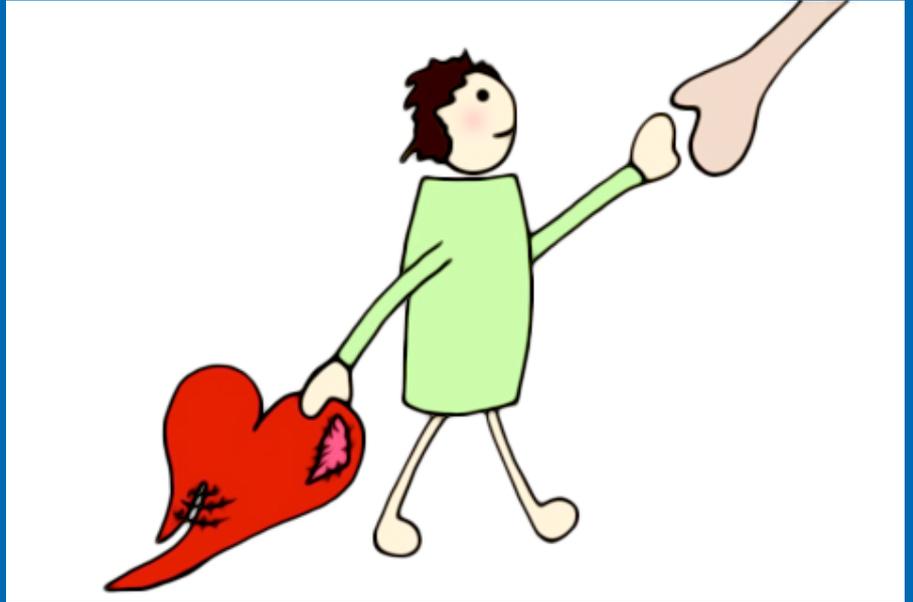
Substance Abuse and Mental Health Services Administration has defined four main points to reflect TIC (the four “R”s):

**Realizing** the widespread impact of trauma

**Recognizing** how trauma may affect families, patients/clients and STAFF

**Responding** by applying knowledge about trauma into practice

**Resisting** re-traumatization



# An Exercise in Strengths Based Approach



## Deficit Lens

versus

## Resource Lens

- Deficit Lens
  - Look for negative aspects
  - Take control or rescue
  - Give ultimatums
  - Tell
  - Focus on problems
  - Wait for finished product
  - See service providers as experts
  - Impose change or limits
  - Deflate hope
- Resource Lens
  - Look for positive aspects
  - Empower families or patients
  - Create options
  - Listen
  - Focus on strengths
  - Acknowledge progress
  - See the parent as the expert
  - Help identify resources
  - Inspire hope



## 5 Guiding Principles of Trauma Informed Care

1

Safety

2

Trustworthiness

3

Choice

4

Collaboration

5

Empowerment



# Trauma Informed EHDI System

A Trauma Informed EHDI stakeholder sets the stage for a positive relationship *with* the parents and the child AND can help foster a healthy relationship *between* the parents and their child.

- Newborn Hearing Screener
- PCP
- ENT
- Audiologist/SLP
- Early Interventionists
- Parent Guide
- Deaf/Hard of Hearing Adult Mentor

- State EHDI Coordinator
- Database Manager
- Policy Makers
- The list goes on....



# 1-3-6 TIC Service Delivery Model

**One month:** Did not pass newborn hearing screening

- Messaging impacts choice, trustworthiness, and empowerment
- Appointments made prior to discharge suggest trust and collaboration with community service providers
- Medical home/community provider can help remove barriers contributing to “lost to follow-up”



# 1-3-6 TIC Service Delivery Model

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**Three months:** Diagnostic evaluation confirms child is deaf/hard of hearing

- Provides an emotionally and physically safe place to complete testing and to discuss results
- Establishes trust by being warm and communicating openly throughout appointment
- Gives space for parents to feel a variety of emotions and encourages normalization of said emotions
- Collaborates quickly and effectively. He or she will have built good relationships with early intervention, parental support groups and other community providers
- Recognizes he or she might be the first person to confirm a child is “different.” Again, messaging is crucial!



# 1-3-6 TIC Service Delivery Model

**Six months:** Enrolled in early intervention and fit with amplification (if family chooses)

- Family is paired with Early Intervention provider that supports their choice for communication
- Service Coordinator and EI providers collaborate to remove barriers preventing best outcomes (i.e. maternal mental health, housing resources, insurance, etc.)
- Provides therapy in an emotionally and physically safe place (this might not be the home)
- Models and empowers parents how best to support their child in reaching his/her goals
- Audiologist, EI provider and parents work together to identify barriers preventing full time use of amplification





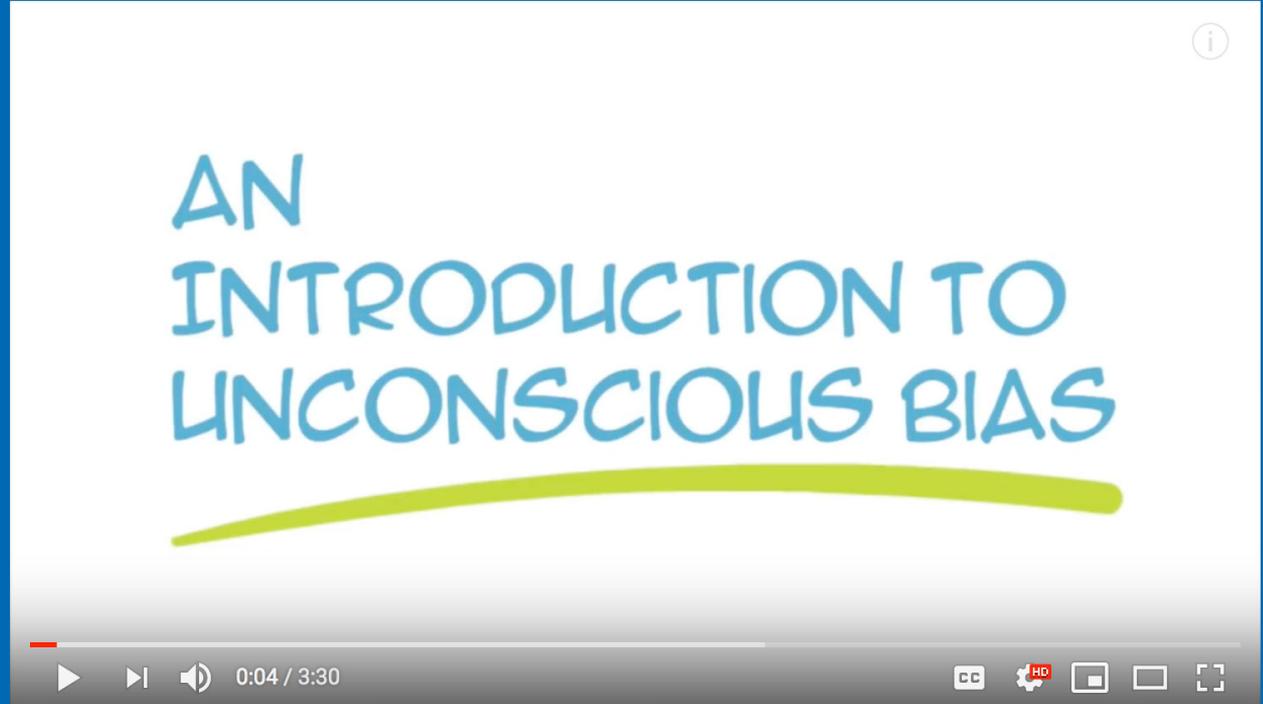
Trauma Informed Care works best if providers unpack their **unconscious bias**.



# Unconscious Bias

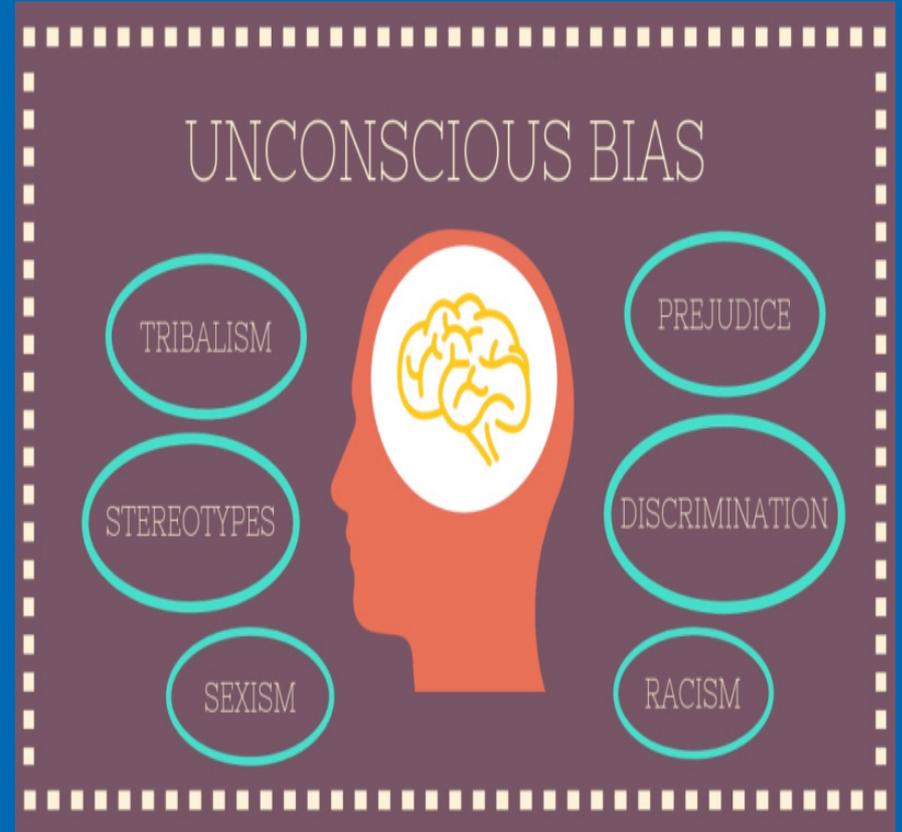
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<https://www.youtube.com/watch?v=KCgIRGKAbfc>



## Unconscious bias matters

- Everyone has them. EVERYONE.
- It can affect the care professionals provide.
- It can affect the workplace and organizations.



## How do we overcome unconscious bias?

- Learn as Much as Possible About Unconscious Bias...and Ways to Combat It
- Tell Your Story...and Listening to the Stories of Others
- Avoid Stereotypes and Over-Generalizations
- Separate Feelings from Facts
- Have a Diverse Group of People around the Decision-Making Table
- Engage in Self- Reflection to Uncover Personal Biases
- Develop Safe and Brave Spaces to Discuss Unconscious Bias
- Be an Active Ally
- Don't Expect a Quick Fix
- Practice Empathy



# Next Steps!

- 1 Learn more about trauma and its impact on the brain
- 2 Start implementing the core tenants of TIC and remember the 4 “R”s
- 3 Focus less on negative events and more on bolstering protective factors
- 4 Be honest about your own trauma
- 5 Get comfortable “holding space”



# THANK YOU!!

Want to know more?  
Questions?  
Suggestions?  
References available upon request!

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