

***Young Children in Refugee
Families and Early Childhood
Programs: Ways to Mitigate the
Effects of Trauma***

Webinar

August 29, 2018



Logistics

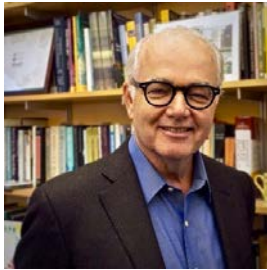
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Presenters



Maki Park, Senior Policy Analyst, Migration Policy Institute



J. Lawrence Aber, Willner Family Professor in Psychology and Public Policy and University Professor, New York University



Heather Savazzi, Content Development Team Lead, CMAS (Supporting the Care and Settlement of Young Immigrant and Refugee Children in Canada)



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 - *K-16*
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RESPONDING TO THE ECEC NEEDS OF
CHILDREN OF REFUGEES AND
ASYLUM SEEKERS IN EUROPE AND
NORTH AMERICA



By Maki Park, Caitlin Katsiaficas, and Margie McHugh



TRANSATLANTIC FORUM ON INCLUSIVE EARLY YEARS
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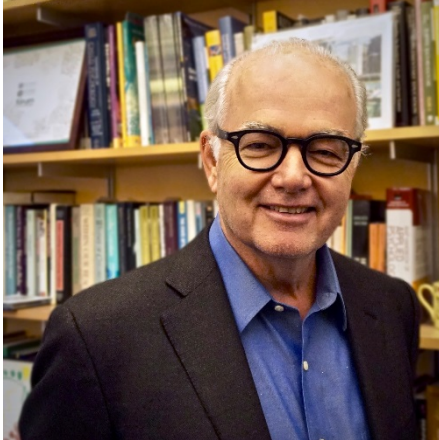
Responding to the ECEC Needs of Children of Refugees and Asylum Seekers in Europe and North America

By Maki Park, Caitlin Katsiaficas, and
Margie McHugh

This report explores the findings of a nine-country study of ECEC policies and practices designed to serve young children of refugees and asylum seekers. It draws on fieldwork conducted in Belgium, Canada, Germany, Greece, Italy, the Netherlands, Sweden, Turkey, and the United States—major host countries with varied refugee and asylum-seeker populations, migration-management policies, and ECEC systems—to highlights both common challenges and promising practices.



J. Lawrence Aber



J. Lawrence Aber is Willner Family Professor of Psychology and Public Policy at the Steinhardt School of Culture, Education, and Human Development, and University Professor at New York University, where he also serves as board chair of its Institute of Human Development and Social Change and co-director of the international research center “Global TIES for Children”. He is an internationally recognized expert in child development and social policy and has co-edited *Neighborhood Poverty: Context and Consequences for Children* (1997, Russell Sage Foundation), *Assessing the Impact of September 11th 2001 on Children, Youth and Parents: Lessons for Applied Developmental Science* (2004, Erlbaum) and *Child Development and Social Policy: Knowledge for Action* (2007, APA Publications).

His basic research examines the influence of poverty and violence, at the family and community levels, on the social, emotional, behavioral, cognitive and academic development of children and youth. Currently, he conducts research on the impact of poverty and HIV/AIDS on children’s development in South Africa (in collaboration with the Human Sciences Research Council), the impact of preschool teacher training quality and children’s learning and development in Ghana (in collaboration with Innovations for Poverty Action) and on school- and community-based interventions in the Democratic Republic of Congo, Niger, Sierra Leone and Lebanon (in collaboration with the International Rescue Committee).

He was a member of the Board of Directors of the Children’s Institute, University of Cape Town, South Africa, from 2001-2014, and served as Board Chair from 2008-2014. From 2003-2006, Dr. Aber chaired the Advisory Board, International Research Network on Children and Armed Conflict of the Social Science Research Council (in collaboration with the Special Representative to the Secretary General of the United Nations on Children and Armed Conflict and UNICEF). Dr. Aber earned his Ph.D. from Yale University and an A.B. from Harvard University.

Violence, Trauma and Child Development:

The Potentially Transformative Role of ECEC Services for Young Refugee Children

J. Lawrence Aber
Willner Family Professor of Psychology and Public Policy
and
Co-Director, Global TIES for Children
New York University

MPI Webinar
August 29, 2018



OUTLINE



Orientation:	Slides 3-4
Complex Trauma:	Slides 5-10
Mass Trauma:	Slides 11-17
Implications for ECEC:	Slides 18-24
Resources:	Slides 25-27

Stages of Development

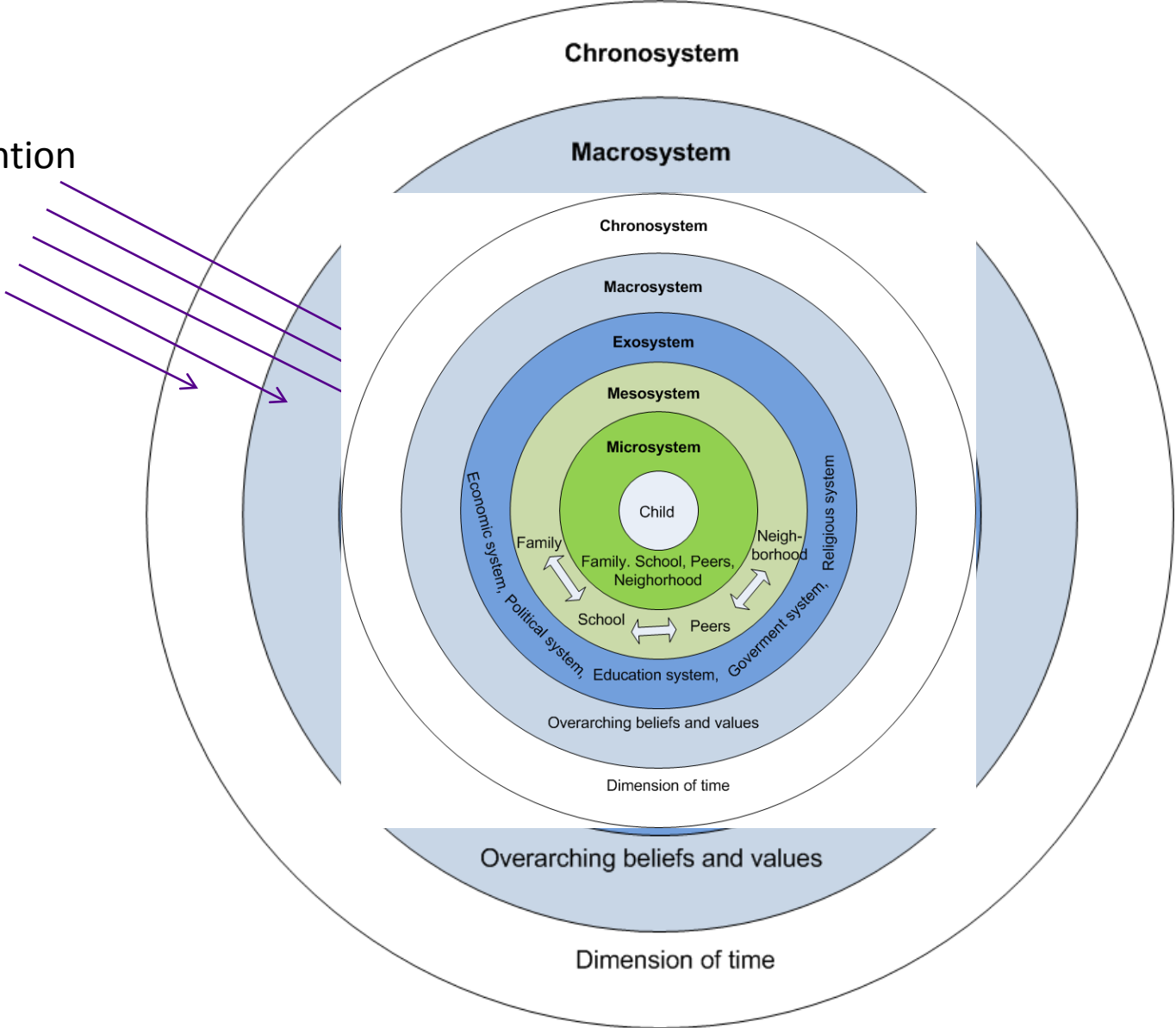


- Infant/Toddler (0-3)
- Early Childhood (3-8)
- Middle Childhood (8-12)
- Early Adolescence (12-16)
- Mid-Late Adolescence (16-21)

Theoretical framework



Policy intervention



“ Complex Trauma ”

“...the exposure to multiple and repeated forms of maltreatment and trauma in childhood can lead to outcomes that are not simply more severe than sequelae of single incident trauma, but are qualitatively different in their tendency to affect multiple affective and interpersonal domains.”

M. Cloitre et al. (2009)



Domains of Impairment in Children Exposed to Complex Trauma

(Cook et al., 2005, *Psychiatric Annals*, 390-398)

- A new theoretical framework to understand complex trauma in children, youth and families.
- Theoretical model has implications for assessment and intervention.

Domains

1. **Attachment:** **Distrust and Suspiciousness, Interpersonal Difficulties, Difficulty Attuning to Other Peoples' States.**
2. **Biology:** **Somatization, Increased Medical Problems.**
3. **Affect Regulation:** **Difficulties labeling, expressing and regulating emotions, problems knowing and describing internal states.**
4. **Dissociation:** **Alterations in States of Consciousness, impaired memory for state-based events.**
5. **Behavioral Control:** **Aggressive/oppositional behavior, poor modulation of impulses.**
6. **Cognition:** **Difficulties in attention regulation and executive function; lack of sustained curiosity; problems in planning, focusing on and completing tasks.**
7. **Self Concept:** **Low self-esteem; shame and guilt**

Six Core Components of Complex Trauma Interventions.

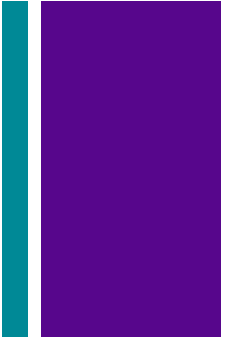


1. Safety
2. Self-Regulation
3. Self-Reflective Information Processing
4. Traumatic Experience Integration
5. Relational Engagement
6. Positive Affect Enhancement

(Child Trauma Work Group, National Child Traumatic Stress Network.)

General and Stage-Specific Interventions for Complex Trauma

- Framework: The Attachment/Self-Regulation/Competency (ARC) Intervention Model
- for infants-toddlers-preschoolers (Lieberman, Van Horn et al., 1997)
- for older children and adolescents (STAIR, Cloitre et al., 2002; SPARCS, De Rosa et al., 2003; TARGET, Ford et al., 2006).



“...the traumas of sustained nature such as living in a war zone create a life condition that increases risk of exposure to a multiplicity of types of traumatic events (e.g., actual or threat of injury, witnessing injury or death to others) and the accumulation of such experiences would be expected to increase risk for symptom complexity.”

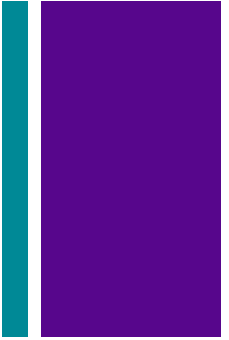
M. Cloitre et al. (2009)

“Mass Trauma”



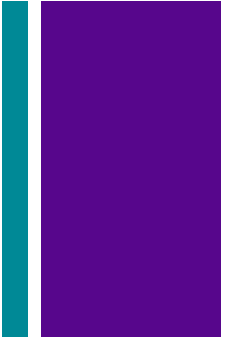
“... extreme adversities and conditions that affect large groups of children or adolescents and their families at the same time.”

(Masten, A.S. & Narayan, A.J., 2012 p.228)



“... adaptation to mass trauma experiences is conceptualized as a dynamic process involving multiple interacting systems within the organism and many interactions of the individual with complex and changing contexts including relationships with other people and many interrelated systems of the natural and built environment.”

(Masten, A.S. & Narayan, A.J., 2012, p. 231)



“There is considerable interest in knowing whether and how specific kinds of exposure (to mass trauma) cause more and specific kinds of problems in traumatized children and youth, particularly because this could be helpful to intervention design and planning.”

(Masten, A.S. & Narayan, A.J., 2013, p. 237)

Types of War Trauma

(Macksoud & Aber, 1996)

Active Involvement

- Separation
- Victim of Violent Acts
- Involvement in Hostilities

Loss

- Displacement
- Bereavement

Passive Involvement

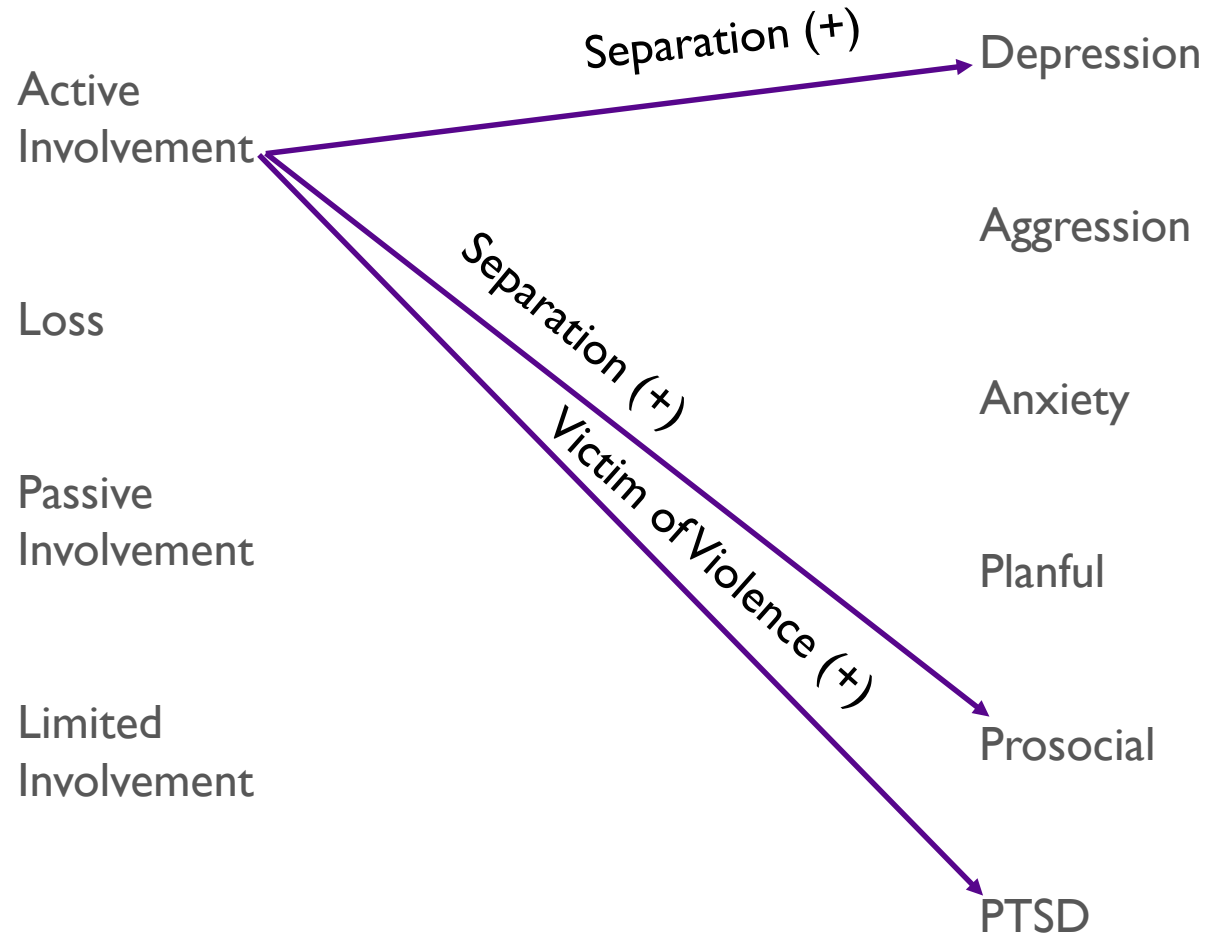
- Exposure to Shelling or Bombing
- Witness Violent Acts
- Physical Injuries

Limited Involvement

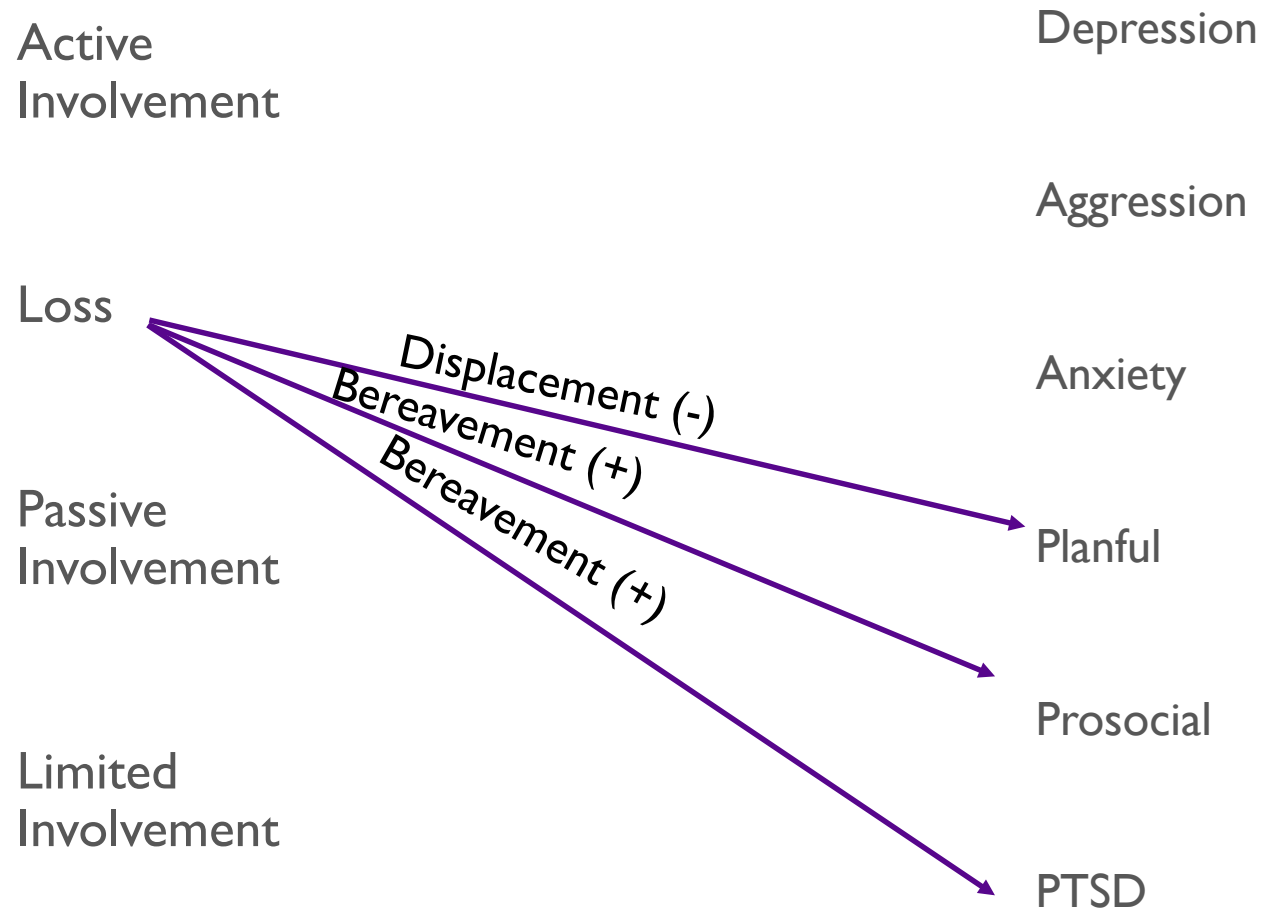
- Emigration
- Extreme Deprivation (-)



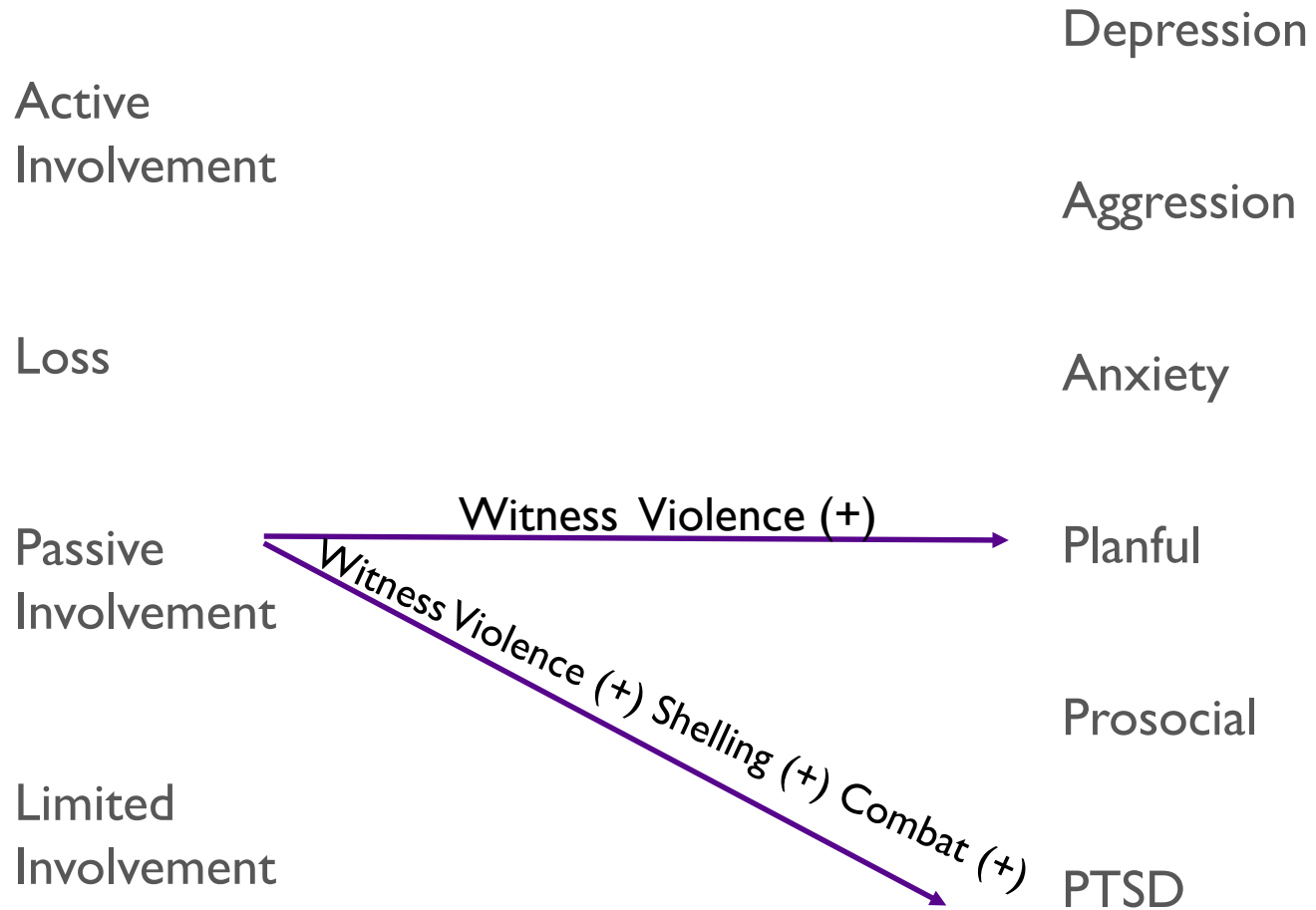
War Exposure and Children's Development



War Exposure and Children's Development



War Exposure and Children's Development




Implications for ECEC

“...adaptive capacity for resilience in the context of significant threats to adaptation and development depends to a large extent on fundamental human adaptive systems embedded in individuals, relationships, families, friends, communities and cultures.”

(Masten, A.S. & Narayan, A.J., 2012, p. 232)






“This burgeoning literature (on the treatment of trauma-related conditions) conveys the impression that to effectively respond to trauma-related conditions, it is necessary to have advanced therapeutic skills and years of formal study.”

(Bath, H., 2008. The Three Pillars of Trauma-Informed Care)

“However...much of the healing can take place in non-clinical settings ...There is some evidence to suggest that trauma-informed living environments in which healing and growth can take place are a necessary precursor to any formal therapy that might be offered to a traumatized child.”

(Bath, H., 2008.The Three Pillars of Trauma-Informed Care)





“All who interact with traumatized children in home, school and community can make important contributions to healing and growth. This care involves actions to strengthen three pillars: safety, connections and managing emotional impulses.”

(Bath, H., 2008. The Three Pillars of Trauma-Informed Care)



Clinical Interventions for “Complex Trauma”



- Attachment
- Self-Regulation
- Competency

Setting-Level Interventions for “Mass Trauma”



- Safety
- Managing Emotional Impulses
- Connections

Setting-based Strategies to Promote Development of Children Exposed to Violence and Related Traumas



- Biggest influences in children's lives are the micro-systems, meso-systems and exo-systems in which they develop.
- Family, Peer-System, Schools, Communities.
- What Works? For Whom? How? Under What Conditions?

Implications for Practice



- Treating Complex Trauma:
Addressing Systems Within Persons.
- Treating Mass Trauma:
Addressing Issues Between Persons
and Settings.



THANK YOU!

Global TIES for Children:
Transforming Intervention
Effectiveness and Scale

www.steinhardt.nyu.edu/global-ties/

Related Emergent Initiatives:

1. Early Childhood Peace-Building Consortium

- Paul Connolly, Queen's University Belfast
- Friedrich ("Fritz") Affolter, UNICEF

2. Sesame Seeds

- Sarah Smith, International Rescue Committee
- Shari Rosenfeld, Sesame Workshop
- Hiro Yoshikawa, Global TIES, New York University

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Heather Savazzi



Heather Savazzi is the Content Development Team Lead at CMAS, an organization funded through Immigration, Refugees and Citizenship Canada that focuses on caring for immigrant and refugee children. In her position, she has seen first-hand how tapping in to children’s potential for resilience and growth in the early years can lead to lasting change and improved settlement outcomes for newcomer families. After spending twenty years working with newcomer women and children, she has recently had the honor of consulting with leading experts in childhood trauma, resilience and settlement; and has travelled coast-to-coast, visiting Care for Newcomer Children’s programs.

Her goal is to collect the best research and promising practices, simplify the complex, and translate knowledge into action by sharing stories and strategies with early childhood educators.

As part of the CMAS team, she has led the development of multilingual newcomer parent resources and is the primary author of *The Resilience Guide: Strategies for Responding to Trauma in Refugee Children*. She is also co-author of *Caring for Syrian Refugee Children: A Program Guide for Welcoming Young Children and Their Families*.

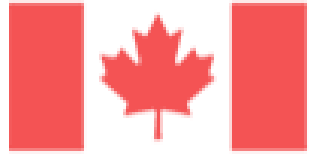


Care for Newcomer Child

Newcomers in Canada

Each year, over 250,000 newcomers arrive to Canada from over 200 countries



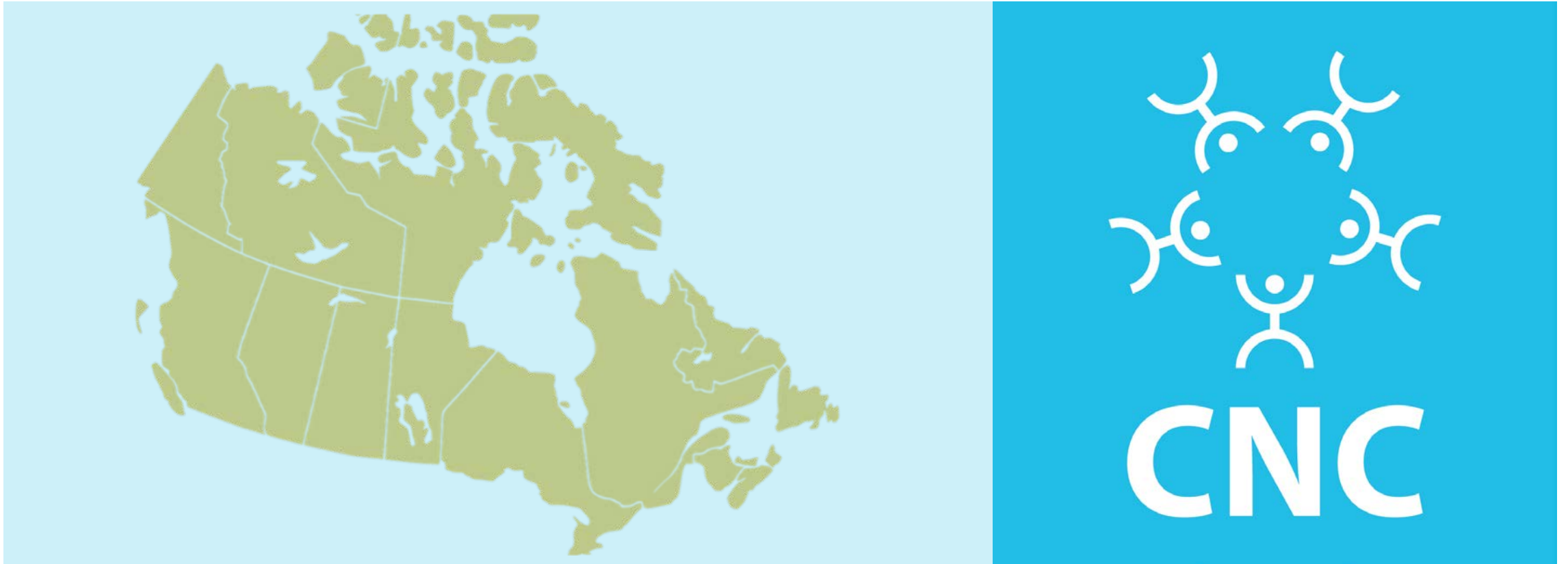


Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada



Over 230 CNC programs across Canada



500+ CNC staff caring for over 6,000 newcomer children



CMMAS

Supporting the
settlement of
young immigrant
and refugee children

Supporting the Settlement and Care of Refugee Children

Caring for Syrian Refugee Children:

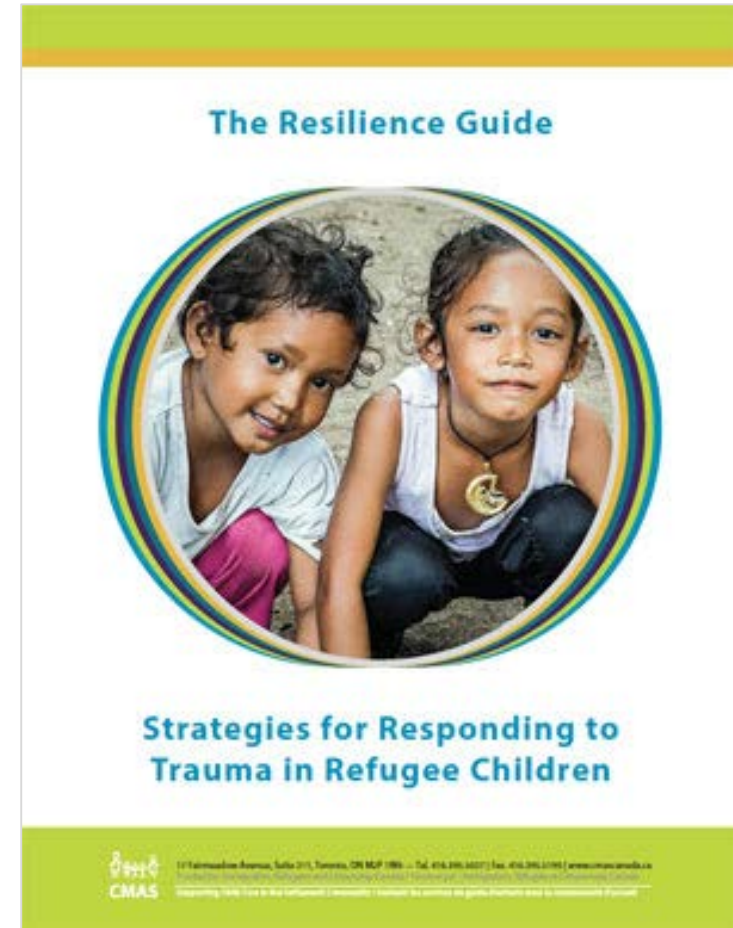
A Program Guide for Welcoming
Young Children and Their Families



17 Fairmeadow Avenue, Suite 211, Toronto, ON M2P 1W6 — Tel. 416.395.5027 | Fax. 416.395.5190 | www.cmascanada.ca
funded by Immigration, Refugees and Citizenship Canada / Financé par Immigration, Réfugiés et Citoyenneté Canada

Supporting Child Care in the Settlement Community / Soutenir les services de garde d'enfants dans la communauté d'accueil

Early childhood programs can help refugee families to build on their strength and resilience.



War and forced migration impact how children perceive, interpret and respond to the world around them.

Therapeutic Bookends

Fight Stress



Strengthen Attachment

4 Key Strategies for Building Resilience

Create safe,
predictable
spaces

Build
relationships
& secure
attachment

Understand
big feelings &
challenging
behaviours

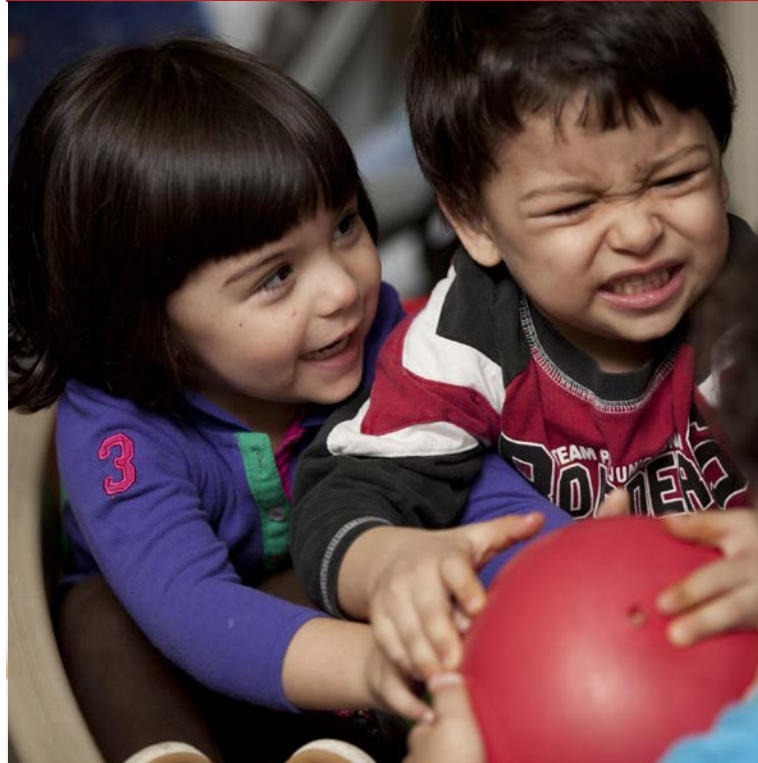
Provide
opportunities
for mastery
and success

ECEC programs feel safe and predictable for children when we provide:

PREDICTABLE ROUTINES



CLEAR EXPECTATIONS



A CONSISTENT CAREGIVER



Strategies for Creating Safe, Predictable Spaces



Allow children to observe the program. Encourage, but don't force participation.



Use a visual schedule and minimize language.



Minimize clutter and create a welcoming entry.



Adjust your approach and expectations.



Use a reliable caregiver and routine.



When the child is ready, guide them through the daily routine, support interactions, and be consistent!




Building Relationships & Supporting Secure Attachment





Strategies for Building Relationships and Supporting Secure Attachment


 Ensure gradual separation between parent and child


 Recognize the parents as the child's primary source of comfort and security.

 Provide gentle and consistent guidance.

 Keep in mind that children may be sensitive to touch

 Carefully observe and get to know the child.

 Listen carefully and with interest - even if the child is speaking another language

 Support parents in strengthening and rebuilding secure attachment





Big Feelings & Challenging Behaviours

Misbehaviour = Won't behave

Stress Behaviour = Can't behave

Strategies for Helping Children Understand and Manage Big Feelings and Challenging Behaviours



Be proactive, observe closely, and get to know triggers.



Provide opportunities for sensory, creative and physical play.

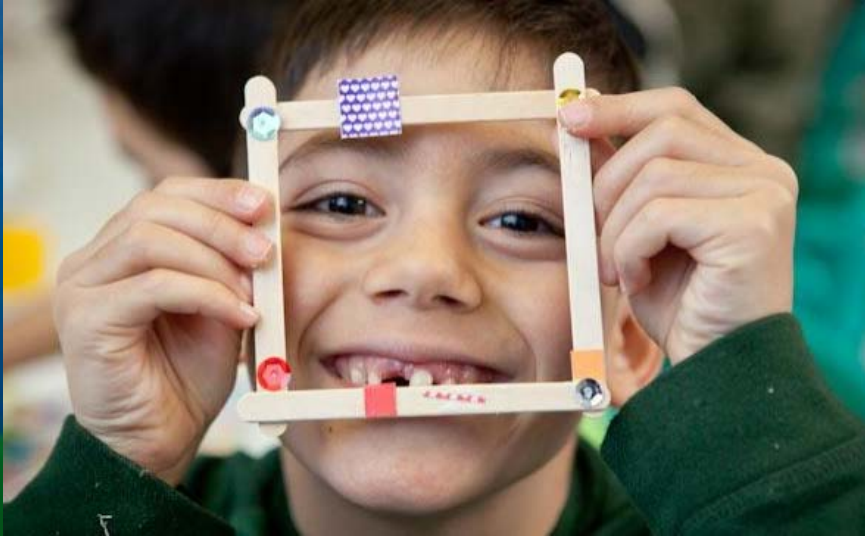


Schedule regular, preventative calming activities.



Focus on social emotional development in quiet, teachable moments.





Promote mastery and success by providing children with opportunities to:

- Make choices, think and act independently.
- Exercise and participate in physical activity.
- Engage in safe, age appropriate risk.
- Play with a variety of toys (open ended, creative, challenging, fun)
- Focus on positives
- Overcome challenges and learn from mistakes - foster growth mindset.

Never underestimate the power of caring!

*“Resilience needs relationships,
not uncompromising
independence.”*



Building Resilience in Children –
20 Practical, Powerful Strategies (Backed by Science)

Multilingual resources for parents

NEWCOMER PARENT RESOURCE SERIES

为学前班做准备

生活规律和睡眠

使用此检查清单建立睡眠

- 每天早上在大约同一时间
- 白天在固定的时间
- 有固定的睡前习惯
- 大部分时间夜晚睡

饮食

- 每天早晨都吃健康早餐
- 可以帮你做出健康饮食
- 每天吃三顿饭和两顿点心

Getting Ready for Kindergarten / CNC

Listening to and Talking with Your Child

WHEN YOUR CHILD HAS NIGHTMARES

NEWCOMER PARENT RESOURCE SERIES



Young children can't always tell the difference between dreams and reality. Some children have dreams that feel so "real" and scary that they wake up upset. This can upset parents too and cause everyone to lose sleep. As a parent, there are things you can do to help your child have fewer nightmares so that everyone can sleep better.

What is a nightmare?

A nightmare is a very scary dream. It may cause your child to wake up frightened and crying, or it could cause them to wet the bed.

- Watching or hearing TV shows and news programs that are scary to the child.

What causes nightmares?

- Frightening experiences, including war and moving to a new country. Children (even babies) hold memories in their bodies. They may remember smells, sounds and sights that can cause nightmares.
- Feelings that young children are not able to understand, talk about, or ask for help with.
- Feeling insecure about the changes in their lives or their parents' stress, worry and fear.

Why is it important to help your child with their nightmares?

- Too many scary dreams may cause a child to feel worried during the day. Children do best when they feel safe and secure.
- Good sleep is VERY important for good health, learning and recovery from stress. Interruptions in sleep decrease the quality and length of sleep.
- When children have nightmares, parents lose sleep as well. Too little sleep means that both parents and children can become irritable.
- Children who have nightmares may become afraid to go to sleep, making bedtime difficult.

When Your Child Has Nightmares / Lorsque votre enfant a des cauchemars English / Anglais 1-2

NEWCOMER PARENT RESOURCE SERIES

A PARENT'S GUIDE TO GRADUAL SEPARATIONS

ما المقصود بالانفصال التدريجي

الانفصال التدريجي يعني زيادة طول مدة يُسمح الطفل أكثر راحة في البرنامج. و البرنامج وتجهيز طفلك لعمليات الانفصال التدريجي.

الانفصال التدريجي:

- يحترم احتياجات الأطفال،
- يساعد طفلك على الشعور بأنه آمن و
- يدعم الانتقال السلس في برنامجنا،
- يهيئ الأجواء للانفصال الناجح والار

بالنسبة للأطفال الذين يتعرضون لضغوط مستمرة وقتاً أطول بكثير للاستقرار أو المتكوث مع طفلك عند الحاجة. يختلف كل التدرج في العملية.

كيف يعمل البرنامج؟

قبل بدء الفصل الدراسي:

- إن أمكن، تعرف على البرنامج مع ط
- تحدث دون تركيب مُسبق مع المور
- يخططون عادة لعملية الانفصال. فيذا
- باعتبارهم ملائماً أمناً وجديرين بالثقة.
- إن أمكن، اعرض لطفلك أين ستكون

أيام طفلك الأولى القليلة

- حاول أن تكون مسترخياً ومتحمساً.
- أذهب إلى المنطقة التي تعتقد أن طفلك
- عن الأشياء التي يحب طفلك اللعب به
- ركز على طفلك. تحدث إليه، وآه الإ
- كن متيقظاً لأي ملامح أخرى قد يبدو
- راقب التلميحات الصادرة من الموظفة
- شجع طفلك على اللعب مع الأطفال ا
- مستعداً. إذا كان طفلك لا يبدو مستعداً
- تلقلاً.

Your child's first few days

- Try to be relaxed and enthusiastic.
- Go to the area that you think your child will most enjoy and tell the staff what your child likes to play with.
- Focus on your child. Talk to them, show them the toys and play with them.
- Be alert to any other areas they may seem interested in and follow their lead.
- Watch for cues from the staff.
- Encourage your child to play with other children or with staff when they are ready. If your child does not seem ready, it's okay to wait a little longer.
- When your child is able to play on their own or with others, this is a good sign that they are ready to try their first separation! Try taking a step back to watch.

دليل الوالدين لعمليات الانفصال التدريجي



مرحباً بك في برنامج رعاية الأطفال الوالدين الجدد!

لمساعدة طفلك على الشعور بالأمن، والسماح لك بالدراسة دون قلق، من المهم لك قضاء بعض الوقت للشعور بالراحة ببرامجنا وفريق عملنا.

يصرخ الأطفال أحياناً ويشعرون بالضيق أو يتفاجئون بقوة عندما يتركهم والديهم لأول مرة ويخندروا. يُعد هذا القلق سبب الانفصال أمراً طبيعياً. ولا سيما إذا كانت هذه أول مرة لك في مجموعة الرعاية. لمساعدة كليهما خلال هذا الوقت، فإننا ندير عمليات الانفصال الأولية بعناية عن طريق استخدام الانفصال التدريجي.


Guide to Gradual Separations / Guide des parents sur les séparations graduelles - Arabic/arabe - 10/17 nation, Refugees and Citizenship Canada / Financé par : Immigration, Réfugiés et Citoyenneté Canada

A Parent's Guide to Gradual Separations / Guide des parents sur les séparations graduelles - English/anglais - 10/17 Funded by: Immigration, Refugees and Citizenship Canada / Financé par : Immigration, Réfugiés et Citoyenneté Canada 1/2

Support for refugee children


Caring for Syrian Refugee Children:

A Program Guide for Welcoming Young Children and Their Families



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The Resilience Guide



Strategies for Responding to Trauma in Refugee Children

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CARING FOR REFUGEE CHILDREN



Many refugee children will be unfamiliar with group care. There may be toys and activities that are totally new to them and they may need help to learn how to use equipment and do activities. Your program's limits and rules will also be unfamiliar and children will need time to adjust.

Children who have experienced trauma may be upset by loud noises, such as school bells and fire drills. By taking a patient, understanding and flexible approach, caregivers can help refugee children to manage these stressors and to settle successfully into their childcare programs.

DEVELOPING RELATIONSHIPS AND TRUST WITH THE REFUGEE CHILDREN IN YOUR CARE:

- Pay attention. Learn to recognize signs of distress in the child.
- Be consistent. Consistently responding to a child's need for comfort creates a sense of security in the child.
- Be sensitive. Let the child know that you're aware of his or her distress and respond to it appropriately by providing reassurance from a distance.
- Be accepting. Accept rather than judge or discount a child's emotional distress and discomfort.
- Provide comfort. If they will allow it, soothe and comfort the child when they are upset. Acknowledge the child's feelings in ways they can understand (e.g. "Aw Bye-bye, Mummy" when a child is sad that their mother is leaving).
- Be honest. Start to build trust and develop an attachment with the child by reassuring them. For example you could say, "I know you miss your mommy, but she will come back at lunch time."
- Learn a simple comfort phrase in the child's language and use it. For example, "Mommy back soon."

ADAPTING INTERACTIONS:

- Keep in mind that many refugee children were learning the language of their camp host country and now they are trying to learn yet another language here in Canada, so many children will be experiencing language confusion.
- Simplify your speech and use gestures and props to make your message clearer. Provide one concept at a time.
- Instead of using different words to describe the same thing (e.g. toilet, bathroom or washroom) pick one and use it consistently.
- Provide children with simple phrases that can help them get their needs met (e.g. "I want ___" or "Can I have ___?") and phrases that help them to socialize (e.g. "No," "Mine," "Don't touch," and "Can I play?")
- Model good listening by giving your full attention to a child. Talk with children having them face you, away from distractions. Do a full squat to get down to their level and establish eye contact if the child is comfortable with this. Repeat some of what you heard to make sure you got it right.
- Deal with any discrimination immediately even if it is not intentional.
- Adjust your communication style for each child and parent that you interact with.
- Spend time communicating with every child and parent.
- Be aware that children may be sensitive to touch. Don't approach the child from behind and touch them on the back. Instead, approach them from where they can see you.
- Learn survival words in Arabic (or in the other languages spoken by the Syrian children in your program) so that you can pair them with the words in English. This will help the child to learn survival language in English.
- Use visual cues (like pictures and real objects) and gestures to assist with communication.
- Use a basic child-centred approach. Don't expect children to want to jump right into play. Be sensitive to each child's needs. If they need an adult, try to stay close by. If they need space to observe, give them space to do that.
- If you have a scheduled guest coming into your program, prepare the parent and child ahead of time. Let them know what they can expect and be sensitive to the child's experiences. For example, avoid visits from someone in uniform as they might trigger painful memories.

Caring for Refugee Children 1-3

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CMAS
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CMAS

5 Guiding Principles

for the Care of Newcomer Children

Video player controls: play, pause, stop, next, previous, volume, close.



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