



# Creating Trauma-Sensitive Classrooms

**Katie Statman-Weil**

Four-year-old Alex is in his first year of preschool. He loves his teachers and is always excited to come to school, yet his teachers describe his behavior as “out of control.” At times he screams, curses at his classmates and teachers, and destroys classroom materials and other children’s artwork—all seemingly without cause. Unbeknownst to his teachers, Alex has been witnessing domestic violence and experiencing physical abuse since birth. Furthermore, Alex’s mom works the night shift and his dad works the day shift at the same 24-hour diner. Because of his parents’ schedules, there are times when Alex wakes in the morning and finds himself home alone.

Christina, a 7-year-old second-grader, was sexually abused between the ages of 2 and 4 by her teenage cousin. Christina is clearly a bright child but is falling behind academically even though she never misses a day of school. In class she spends most of her time daydreaming. On the playground she has a hard time initiating play with her peers, so she tends to play with younger children. In an effort to determine the best way to help Christina, her teacher, Ms. Martinez, consults with Christina’s first grade teacher, who had been equally perplexed by Christina’s behavior. Neither teacher is aware that withdrawal can be a symptom of abuse.

**A**LEX AND CHRISTINA ARE JUST TWO EXAMPLES of the numerous young children who have experienced early trauma. Roughly 26 percent of children in the United States witness or experience a trauma before the age of 4 (Briggs-Gowan et al. 2010). In 2012 an estimated 686,000 children were victims of child abuse and neglect. More than half of all victims were between birth and 8 years

of age. More than one quarter (26.8 percent) were younger than 3 years old, 19.9 percent were between 3 and 5, and another 16.6 percent were between 6 and 8. More than 80 percent of these early traumas occurred at home and were perpetrated by the children’s own parents (HHS 2013).

Many early childhood educators are likely to encounter young children who have experienced trauma on a daily basis. These traumas may include early loss or lack

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of consistent caregivers; emotional, physical, or sexual abuse; domestic violence; various forms of neglect; natural disasters; medical and surgical procedures; and serious accidents (Herman [1992] 1997; van der Kolk 2005; NCTSN 2008). Contemporary trauma research demonstrates that all types of trauma can undermine children's abilities to learn, create healthy attachments, form supportive relationships, and follow classroom expectations (NCTSN 2008). Further, trauma has negative behavioral, emotional, neurobiological, and developmental repercussions throughout children's schooling and their adult life. Children who experience trauma are two-and-a-half times more likely to fail a grade in school than their nontraumatized peers. They score lower on standardized tests, have higher rates of suspension and expulsion, and are more likely to be placed in special education classrooms (Delaney-Black et al. 2002; Cole et al. 2005).

A significant number of children experience trauma, and the effects can be profound. It is imperative, therefore, that early childhood settings be safe, trauma-sensitive spaces where teachers support children in creating positive self-identities. A foundation in trauma research and response can help educators optimally support all children—including those whose traumas have been documented, those whose traumas have not been formally recognized, and those who might be affected by their classmates' traumas (Cole et al. 2005).

Feeling positive and confident about school in the early years is important for children. Early on, children decide whether they view themselves as learners, and by age 8 most children are on the academic path they will follow throughout their schooling (Stacks & Oshio 2009). To best support young children, teachers must understand the influence of early attachment patterns and the neurobiology of the early years. This knowledge can help teachers to have patience and compassion for all children—especially in the children's most challenging times.

## The impact of trauma on attachment and the brain

Children's brains develop in the context of their earliest experiences; their neural development and social interactions are inextricably interconnected (van der Kolk 2005; Badenoch 2008). Young children learn how to self-regulate by anticipating their parents' and teachers' responses to them when they express various emotions. Children who have secure attachments learn to trust their emotions

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and trust their understanding of the world around them (Stacks & Oshio 2009; Stubenbort, Cohen, & Trybalski 2010). Children's early experiences of feeling listened to and understood help instill confidence in their ability to make good things happen, and to seek out individuals who can support them in finding a solution when they do not know how to handle a difficult situation (Porges 2004; van der Kolk 2005).

## Children who have secure attachments learn to trust their emotions and trust their understanding of the world around them.

Typically, when children experience distress or feel threatened, parents or other caregivers support them in reestablishing a sense of safety and control. In contrast, children who experience early trauma at the hands of such trusted adults may not have the experiences that lead to healthy attachments, such as adult guidance to help them regulate their emotions and physical reactions to stressful events. Children's inability to access needed support during a stressful situation can interrupt their ability to process, integrate, and categorize what happened. This leaves young trauma survivors at risk for being overwhelmed by feelings of distress and unable to regulate their internal emotional and physical states, such as heart rate and breathing (van der Kolk 2005).

Brain research demonstrates that when children encounter a perceived threat to their physical or mental safety, their brains trigger a set of chemical and neurological reactions—known as the *stress response*—which activates their biological instinct to fight, freeze, or flee (Porges 2004; Wright 2014). Experiencing trauma in the early years can cause the stress response to become highly reactive or difficult to end when there is a perceived threat. Chronic stress or fear raises both the cortisol and adrenaline hormone levels in young children, which can cause them to be in a state of hyperarousal—constantly on guard. This continuous fear, which can make them vulnerable to anxiety, panic, hypervigilance, and increased heart rate, can also inhibit their higher-level thinking (Koplow & Ferber 2007; Siegel 2012).

When Alex's stress response is triggered by an event or sensation—a toy dropping loudly or a child pretending to be a crying baby during dramatic play—it reminds him of a traumatic experience, and his body responds as if he is experiencing the trauma all over again. He has a physiological reaction appropriate for a serious threat, which inhibits him from being able to use the higher, more complex area of his brain to recognize that the loud noise of the toy dropping surprised him or that the baby crying was just pretend. Alex screams and yells in class because the trigger causes

him to reexperience the stress response, which mimics his response during a trauma (Koplow & Ferber 2007; Koomar 2009; Siegel 2012).

For children living with trauma, the stress response can become their regular manner of functioning (Wolpow et al. 2011). The areas of children's brains that become the most developed are those that are most frequently activated and used (Badenoch 2008). When children live in a constant state of fear and are not supported in the regulation of their emotions, the *amygdala* (the brain's regulator of emotions and emotional behaviors) tends to be overused, causing it to overdevelop. This can result in children being highly impulsive and reactive and unable to complete higher-order thinking tasks.

### **Young children who have difficulty connecting and relating to their peers tend to experience ongoing social difficulties throughout their schooling.**

Conversely, the *hippocampus*—the part of the brain that puts a potential threat in context—tends to be underdeveloped in children who experience trauma because it is underused (van der Kolk 2003). Therefore, even when the

dangers they have experienced are not present, children who have experienced trauma may respond as if they are in danger, because the hippocampus is unable to override the stress response their brains so frequently employ as a means of survival (van der Kolk 2003; Cole et al. 2005). Many of the behaviors of such children can be understood as their efforts to minimize perceived threats and regulate emotional distress.

### **Expressions of trauma in early childhood settings**

The behaviors of childhood trauma survivors can often frustrate and overwhelm teachers. Children may have impairments across the developmental domains—physical, cognitive, social-emotional, and language and literacy—that are manifested by difficult and troubling behaviors in the classroom (Koomar 2009). These children's external behaviors are often confusing because they are instigated by internal processes that the children themselves most likely do not completely understand and that teachers cannot observe or understand (van der Kolk 2005; Koplow & Ferber 2007).

A child who has survived trauma may experience delays and difficult behaviors in the following areas.



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## Language and communication

Early trauma can undermine the development of linguistic and communication skills, which in turn hinders the important social and emotional regulation necessary for school success (Wolpow et al. 2009). For example, when children spend their early years exposed primarily to *instrumental language*—language that is used to direct and command behavior (“Sit down,” “Come here,” “Be quiet”)—they may not be equipped with the language needed to express thoughts and feelings in social interactions (Cole et al. 2005). Alex, who primarily experiences instrumental language at home, uses that same language in the classroom, appearing demanding and inflexible. He lacks the

### Meeting the Needs of Families Whose Children May Have Experienced Trauma

Signs and symptoms of early childhood trauma can be easily mistaken for those of other developmental issues, such as attention-deficit/hyperactivity disorder or autism spectrum disorder. If a child receives a wrong diagnosis, or if symptoms are explained away as simply rowdiness or attention difficulties, the child may not get the support needed to overcome his or her traumatic experience. Therefore, it is important for educators to work closely with families to ensure children receive the help and support they need. Here are some ways to work with families and outside specialists.

- Engage and include families in the program or school in caring and nonjudgmental ways—hold regularly scheduled meetings, invite them to the classroom to volunteer, and correspond through email and telephone. Use these opportunities with families to deepen your connection by learning more about their home lives and offering space for them to ask questions about the program.
- If a child is working with an outside specialist (such as a trauma specialist or a child therapist), ask for the family’s permission to invite the specialist to the classroom so that you can collaborate to better support the child.
- Work with both specialists and families to create Individualized Family Service Plans, Individualized Education Programs, or Individual Support Plans that support children’s positive behaviors and development and learning, and promote caregiver responsiveness (CEC 2009).

If you have reason to suspect child abuse or neglect, report the suspected maltreatment to the appropriate state agency.

language to communicate empathy or to problem solve because the important adults in his life do not use it.

## Social and emotional regulation

Many children who survive trauma may have a difficult time regulating their emotions. Like Alex, they are often overwhelmed by feelings of fear and stress that keep their brains in a state of hyperarousal. The inability to self-regulate can present itself in the classroom or other learning setting as being unable to control impulses; behaving aggressively toward oneself or others; misunderstanding or being unable to identify other peoples’ facial and body expressions; and feeling unsure about the security of their relationships. Learning the skills to regulate one’s feelings or modulate emotions is an important predictor of school and social success (Streeck-Fischer & van der Kolk 2000; Stubenbort, Cohen, & Trybalski 2010).

## Building relationships

Children who have not been exposed regularly to words and phrases that allow them to identify and express their feelings may have a difficult time interacting successfully with peers and teachers. Young children who have difficulty connecting and relating to their peers tend to experience ongoing social difficulties throughout their schooling. When children’s early experiences have been unsafe and unstable, keeping others at a distance is a way to emotionally, and sometimes physically, protect themselves.

Like Alex, children who have experienced trauma may engage in dangerous behaviors or use hurtful language. Alex swears and yells epithets at his teachers and the other children as an unconscious means of protecting himself from forming relationships that could potentially cause pain or harm. He creates barriers to relationships and emotional distance between himself and others to protect himself from further injury (Cole et al. 2005).

## Play

Trauma can interfere with some children’s capacities for imaginative and creative play—important ways young children build the cognitive, physical, social, and emotional skills necessary for later school success (Ginsburg 2007). Through play, young children learn how others experience the world and how to develop control and competence in dealing with scary feelings, individuals, and circumstances (Streeck-Fischer & van der Kolk 2000). Children who have experienced trauma may not develop these skills because the feelings that arise during play may overwhelm them. Children without trauma backgrounds tend to be assertive in initiating play and can solve conflicts that arise during their play.

Christina, who has lived through trauma, has difficulty initiating play with children her age. She tends to engage with younger children because her play skills, reflective of

## Suggestions for Helping Children Who Have Experienced Trauma

Not all strategies work for all children. While a calming pat on the back may work well when Alex is feeling upset, this may have the opposite effect on Christina and cause her to retreat further into herself. Find strengths even in children with the most challenging behaviors, and remind them often of what they are doing well (Wolpow et al. 2009). Here are some ways to help children who have experienced trauma.

**Create and maintain consistent daily routines for the classroom.** Stability helps children understand that the world can be a safe place (NCTSN 2008). They feel empowered when they know the order of events and how they will be carried out. For example, placing a visual calendar on a wall or creating a book with images outlining the daily rhythm for the library center can help children like Alex and Christina feel more in control of their experiences.

**Tell children when something out of the ordinary is going to occur.** The smallest unexpected event—such as a loud noise or a visit from an outsider—can be a reminder of trauma and can trigger children’s stress responses; therefore, it is important to try to mitigate the fear and uncertainty that often come with unexpected changes (van der Kolk 2005).

For example, during a study of trees Alex’s teachers invite a park ranger to talk to the children. Three days before the park ranger’s visit, the teachers hold a class meeting to discuss the upcoming visit and answer the children’s questions about the ranger. The teachers let the children express their feelings and concerns about a stranger coming into the classroom. By the time the ranger arrives, the children have agreed on how they will introduce themselves to their guest and some of the questions they will ask. This helps Alex feel less fearful of the new person, and allows him to grapple with some of his fears outside of the trauma scenario.

**Offer children developmentally appropriate choices.** Traumatic events often involve loss of control. Empowering children to have ownership of their behaviors and interests by allowing them to choose options or activities, such as where they want to sit at lunch or which songs to sing at circle, can help build healthy self-esteem (NCTSN 2008).

**Anticipate difficult periods and transitions during the school day and offer extra support during these times.** Many different situations can remind children of their traumas, but your support can help to alleviate their responses. For example, because Alex finds himself alone in the house when he wakes up some mornings, he may feel anxious during naptime and have trouble falling asleep: rather than resting, he might watch the teacher to make sure she stays in the room. To support him, the teacher sits by Alex while he falls asleep and reminds him that she will not leave him alone (Perry & Szalavitz 2006).

**Use techniques to support children’s self-regulation.** Introducing breathing and other centering activities, such as mindfulness, helps children self-regulate (Perry & Szalavitz 2006). Starting off each day with a special breathing ritual gives them the strategy they need to pay attention and to modify their breaths when they are stressed.

**Understand that children make sense of their experiences by reenacting them in play or through interactions with peers or adults.** Alex’s teacher rings the bell to initiate cleanup time. Alex asks if he can get out the clay. The teacher says it is not an appropriate time and points to the bell as she explains that it is time to clean up and get ready to go home for the day. Alex becomes visibly upset and yells “I hate you!” before running into the corner and banging his head against the wall.

Teachers can help children like Alex to manage their feelings during such experiences by remaining composed and offering empathy and support. Rather than becoming the angry adult Alex expects, the teacher calmly initiates healthy and reparative interactions. She validates Alex’s feelings and communicates that she understands that Alex is upset. She also explains to Alex that she needs to keep his body safe, and slowly moves her body between Alex and the wall so that he can no longer bang his head (NCTSN 2008). With the teacher’s support Alex is able to calm down. Before joining his peers for cleanup, Alex makes a plan with the teacher to bring the clay out the next day.

**Be nurturing and affectionate, but also sensitive to children’s individual triggers.** Christina’s history of sexual abuse causes her to feel anxious and confused when her teachers hug her. Being physically close to young children can reassure them; but with Christina, a good rule of thumb is to be physically affectionate only when she seeks it. The teacher asks Christina whether she wants to be hugged, and if she does, the teacher holds and hugs her (Perry & Szalavitz 2006).

**Use positive guidance to help all children.** Strive to create supportive interventions to guide children to appropriate activities. For example, when Alex rips up his classmate Juan’s artwork, the teacher helps him understand that his actions upset Juan, and she encourages Alex to help repair Juan’s artwork. This enables Alex to connect his actions to his peer’s feelings while creating the expectation that he repair the physical damage he causes (Boyd et al. 2005).

her general interpersonal skills, are below the level typical for children her age (Stubenbort, Cohen, & Trybalski 2010). Further, Christina often initiates game scenarios in which her play partners instruct her to do something she doesn't want to do (such as sit in time-out or clean her room). Through this experience she is reliving the experiences of not being able to say no to her cousin when she was sexually abused. Rather than creating different outcomes in her play, perhaps where she refuses her cousin or an adult comes to help her, Christina complies with the request. This causes her stress response to activate as if she is back in the traumatic experience. Thus, her play leads to repeating the traumatic feelings rather than allowing her to escape into her imagination, as such play does for children who are not traumatized (Streeck-Fischer & van der Kolk 2000; Stubenbort, Cohen, & Trybalski 2010).

### Withdrawal

Children who have experienced early trauma may have a hard time listening and concentrating in class because they dissociate or freeze when their stress responses are triggered by sounds, smells, or behaviors that remind them of the trauma. Christina tends to dissociate if someone touches her when she does not expect it, even when it is meant as a friendly touch, such as a pat on the back. The teacher does not recognize this behavior as dissociation and instead views Christina as a daydreamer. She often goes unnoticed in the classroom because when her stress response is triggered, rather than make a loud commotion, Christina silently withdraws into herself. Christina's so-called daydreaming—her withdrawal behavior—leaves her as vulnerable to falling behind academically as Alex's aggression and acting out do (Cole et al. 2005).

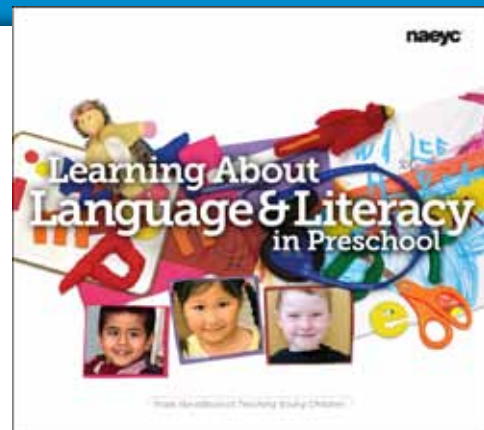
### Resources for Information About Childhood Trauma

- National Child Traumatic Stress Network—[www.NCTSN.org](http://www.NCTSN.org)
- Child Trauma Academy—[www.childtrauma.org](http://www.childtrauma.org)
- Trauma Center at Justice Resource Institute—[www.traumacenter.org](http://www.traumacenter.org)
- National Institute for Trauma and Loss in Children—[www.starr.org/training/tlc](http://www.starr.org/training/tlc)
- Reporting Child Abuse and Neglect—[www.childwelfare.gov/topics/responding/reporting/how](http://www.childwelfare.gov/topics/responding/reporting/how)

### Supporting children who have experienced trauma

These manifestations of early childhood trauma—difficulties learning, playing, communicating, interacting, and creating relationships—can exasperate teachers and reinforce children's negative self-images. These behavioral symptoms of children surviving trauma are often misunderstood and viewed as intentional and controlled acts or as diagnosable disorders not specifically related to trauma, such as oppositional defiant disorder or attention-deficit/hyperactivity disorder, rather than as symptoms of trauma (van der Kolk 2005). To fully understand children's challenging behaviors, it is imperative that teachers communicate with children's families regularly to understand whether the behaviors seen in the classroom might be connected to traumatic experiences (Wright 2014).

More than anything, children who have survived trauma need loving and nurturing adults who can support them in their most troubling moments. Children's brains have the ability to change and reorganize in response to new experiences; therefore, having healthy and consistent interactions



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with early childhood educators can greatly influence their brain development and their ability to engage successfully in the early childhood setting (Cole et al. 2005). (For specific ways to support young children who have experienced trauma, see “Suggestions for Helping Children Who Have Experienced Trauma,” p. 76.)

### Conclusion

In the end, what matters most in helping young children process and cope with physical, emotional, and psychological trauma is having important adults whom children trust and rely on to offer them unconditional love, support, and encouragement. Through our own actions, we early childhood professionals can have a powerful influence on mitigating the effects of trauma experienced by children like Christina and Alex by being loving, safe, and consistent caregivers and educators.

### References

Badenoch, B. 2008. *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology*. Interpersonal Neurobiology series. New York: Norton.

- Boyd, J., W.S. Barnett, E. Bodrova, D.J. Leong, & D. Gomby. 2005. “Promoting Children’s Social and Emotional Development Through Preschool Education.” Policy brief. New Brunswick, NJ: NIEER. <http://nieer.org/resources/policyreports/report7.pdf>.
- Briggs-Gowan, M.J., J.D. Ford, L. Fraleigh, K. McCarthy, & A.S. Carter. 2010. “Prevalence of Exposure to Potentially Traumatic Events in a Healthy Birth Cohort of Very Young Children in the Northeastern United States.” *Journal of Traumatic Stress* 23 (6): 725–33.
- CEC (Council for Exceptional Children). 2009. *What Every Special Educator Must Know: Ethics, Standards and Guidelines*. 6th ed. rev. Arlington, VA: CEC. [www.cec.sped.org/-/media/Files/Standards/News%20and%20Reports/Redbook%202009.pdf](http://www.cec.sped.org/-/media/Files/Standards/News%20and%20Reports/Redbook%202009.pdf).
- Cole, S.F., J.G. O’Brien, M.G. Gadd, J. Ristuccia, D.L. Wallace, & M. Gregory. 2005. *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. A Report and Policy Agenda. Boston: Massachusetts Advocates for Children. [www.opi.mt.gov/Pdf/IndianEd/TeachTraumatizedKids.pdf](http://www.opi.mt.gov/Pdf/IndianEd/TeachTraumatizedKids.pdf).
- Delaney-Black, V., C. Covington, S.J. Ondersma, B. Nordstrom-Klee, T. Templin, J. Ager, J. Janisse, & R.J. Sokol. 2002. “Violence Exposure, Trauma, and IQ and/or Reading Deficits Among Urban Children.” *Archives of Pediatrics and Adolescent Medicine* 156 (3): 280–85.
- Ginsburg, K.R. 2007. “The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent–Child Bonds.” *Pediatrics* 119 (1): 182–91. <http://pediatrics.aappublications.org/content/119/1/182.full>.
- Herman, J. [1992] 1997. *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. New York: Basic.

HHS (US Department of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau). 2013. *Child Maltreatment 2012*. Annual report. [www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf](http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf).

Koomar, J.A. 2009. "Trauma- and Attachment-Informed Sensory Integration Assessment and Intervention." *Sensory Integration: Special Interest Section Quarterly* 32 (4): 1-4. [http://attachmentcoalition.org/yahoo\\_site\\_admin/assets/docs/SIandAtt4101942.pdf](http://attachmentcoalition.org/yahoo_site_admin/assets/docs/SIandAtt4101942.pdf).

Koplow, L. & J. Ferber. 2007. "The Traumatized Child in Preschool." Chap. 10 in *Unsmiling Faces: How Preschools Can Heal*, 2nd ed. L. Koplow, 175-93. New York: Teachers College Press.

NCTSN (National Child Traumatic Stress Network Schools Committee). 2008. *Child Trauma Toolkit for Educators*. Los Angeles, CA, & Durham, NC: NCTSN. [www.nctsn.org/nctsn\\_assets/pdfs/Child\\_Trauma\\_Toolkit\\_Final.pdf](http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf).

Perry, B.D., & M. Szalavitz. 2006. *The Boy Who Was Raised as a Dog: And Other Stories From a Child Psychiatrist's Notebook—What Traumatized Children Can Teach Us About Loss, Love, and Healing*. New York: Basic.

Porges, S.W. 2004. "Neuroception: A Subconscious System for Detecting Threats and Safety." *Zero to Three* 24 (5): 19-24.

Siegel, D.J. 2012. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. 2nd ed. New York: Guilford.

Stacks, A.M., & T. Oshio. 2009. "Disorganized Attachment and Social Skills as Indicators of Head Start Children's School Readiness Skills." *Attachment and Human Development* 11 (2): 143-64.

Streeck-Fischer, A., & B.A. van der Kolk. 2000. "Down Will Come Baby, Cradle and All: Diagnostic and Therapeutic Implications of Chronic Trauma on Child Development." *Australian and New Zealand Journal of Psychiatry* 34 (6): 903-18.

Stubenbort, K., M.M. Cohen, & V. Trybalski. 2010. "The Effectiveness of an Attachment-Focused Treatment Model in a Therapeutic Preschool for Abused Children." *Clinical Social Work Journal* 38 (1): 51-60.

van der Kolk, B.A. 2003. "The Neurobiology of Childhood Trauma and Abuse." *Child and Adolescent Psychiatric Clinics* 12 (2): 293-317.

van der Kolk, B.A. 2005. "Developmental Trauma Disorder: Toward a Rational Diagnosis for Children With Complex Trauma Histories." *Psychiatric Annals* 35 (5): 401-8.

Wolpow, R., M.M. Johnson, R. Hertel, & S.O. Kincaid. 2009. *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*. Olympia, WA: State Office of Superintendent of Public Instruction, Compassionate Schools. [www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf](http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf).

Wright, T. 2014. "Too Scared to Learn: Teaching Young Children Who Have Experienced Trauma." *Research in Review. Young Children* 69 (5): 88-93.

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