

# Trauma-Responsiveness in Early Childhood

A Foundational Practice, No Longer Just a Consideration

Allison List, PhD

Program Director, Behavioral Health



**Safe Babies**  
A Program of ZERO TO THREE™



NATIONAL COUNCIL OF  
JUVENILE AND FAMILY COURT JUDGES

# Presenter



**Allison List,  
PhD**

Program Director,  
Behavioral Health

Allison List is a program director for Behavioral Health as well as oversees the Child Welfare program at the National Council of Juvenile and Family Court Judges (NCJFCJ). In this role Allison leads the various behavioral health and child welfare grants and deliverables intersecting across all of NCJFCJ's programs that include Child Welfare, Juvenile Law, Family Violence Domestic Relations, and the National Center for Juvenile Justice.

Ms. List also oversees Monday Morning Moments- in part with the Judicial-Wellness-Connection-Leadership Initiative which focuses on judicial wellness through the lens of leadership and compassion. Ms. List began working at the NCJFCJ in 2023.

She holds a PhD in Counselor Education and Clinical Supervision.

# Safe Babies Partnership

The National Council of Juvenile and Family Court Judges (NCJFCJ) and Safe Babies are offering this webinar to state teams and their partners as they engage in the critical work of providing trauma-responsive environments for families.

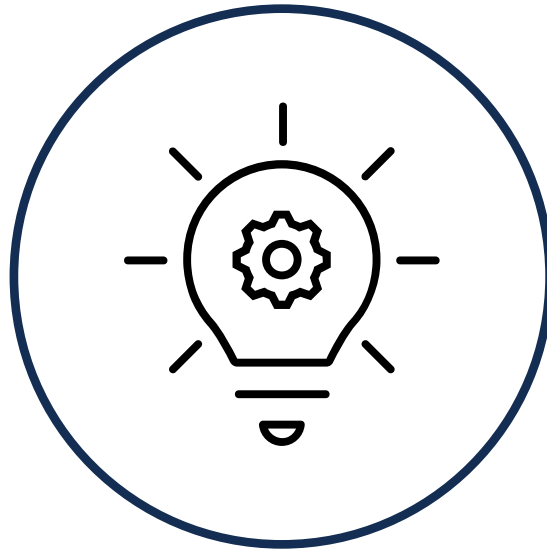


**Safe Babies**  
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# NCJFCJ Impact



**Oldest** Judicial  
Membership  
Organization



**30,000**  
Judges &  
Professionals  
Served



**4 Million**  
Families Affected By  
Our Work

# Areas of Focus

Behavioral  
Health

Child Sex  
Trafficking

Child  
Welfare

Court  
Leadership

DEI &  
Justice

Domestic  
Violence



Family  
Law

Federal Policy  
Education

Juvenile  
Justice

Research  
& Data

Military-  
Connected  
Families

Tribal Courts  
& ICWA

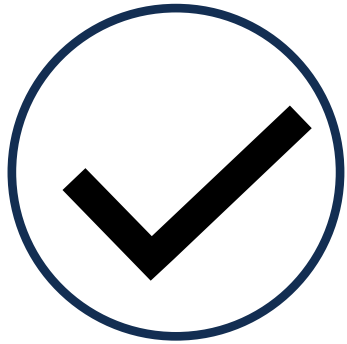
# What Are We Doing Today?

This session will cover trauma-responsive practices for Safe Babies Courts. Participants will review terminology and language associated with trauma work and explore how our understanding of the language drives our practice. Interactive discussions will focus on what sites are currently doing to be trauma-responsive and what structures and supports can be put in place to be more child-centered. An emphasis will be placed on vicarious trauma and how sites can support each other from a team standpoint and as well as individually, to best serve children and families.



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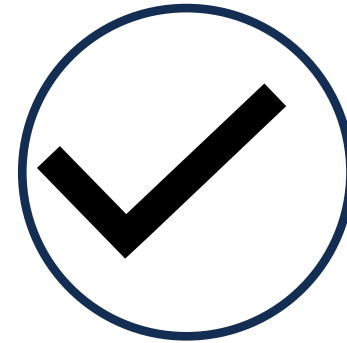
# Learning Objectives



Examine the similarities and differences with trauma terminology to create a common understanding.

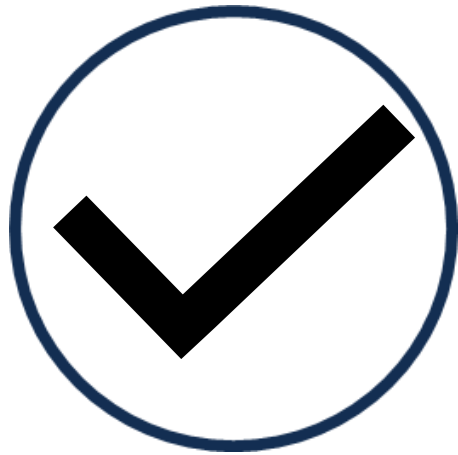


Discuss how trauma language drives our understanding and practices.



Identify best practices for courts to be more trauma-responsive in early childhood.

# Objective 1



Examine the similarities and differences with trauma terminology to create a common understanding.



# Let's Talk

1

Trauma

2

Trauma-Centered

3

Trauma-Informed

4

Trauma-Responsive

5

Generational Trauma

6

Secondary Trauma/Vicarious Trauma

# Trauma Types Defined

- Trauma: can be defined as any event that poses a threat to our life or body (frightening, dangerous, violent).
- **Trauma-Informed**: AWARENESS of the consequences of trauma and how survivors may respond to words and actions. Foundation to change.
- **Trauma-Responsive**: ADAPTATION AND ACTION responses along with systems that meets the unique needs of those who have experienced trauma. Action taking knowledge to care.
- Generational Trauma: consequences of economic, cultural, and familial distress that gets passed down through generations and is sustained systemically.
- Secondary Trauma/ Vicarious Trauma: emotional responses to the exposure of someone else's trauma.

# Informed To Responsive...

**Trauma-Informed:** AWARENESS of the consequences of trauma and how survivors may respond to words and actions. Foundation to change.

**Trauma-Responsive:** ADAPTING responses along with systems that meets the unique needs of those who have experienced trauma. Action taking knowledge to care.



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# slido



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# Objective 2



Discuss how trauma language drives our understanding and practices.

# Language → Behavior → Practice

The world of corpus linguistics analyzes language for patterns and how it corresponds with behaviors.

Misunderstanding of key terms and language can negatively impact work performance, commitment, and trust in the workplace.



# Objective 3

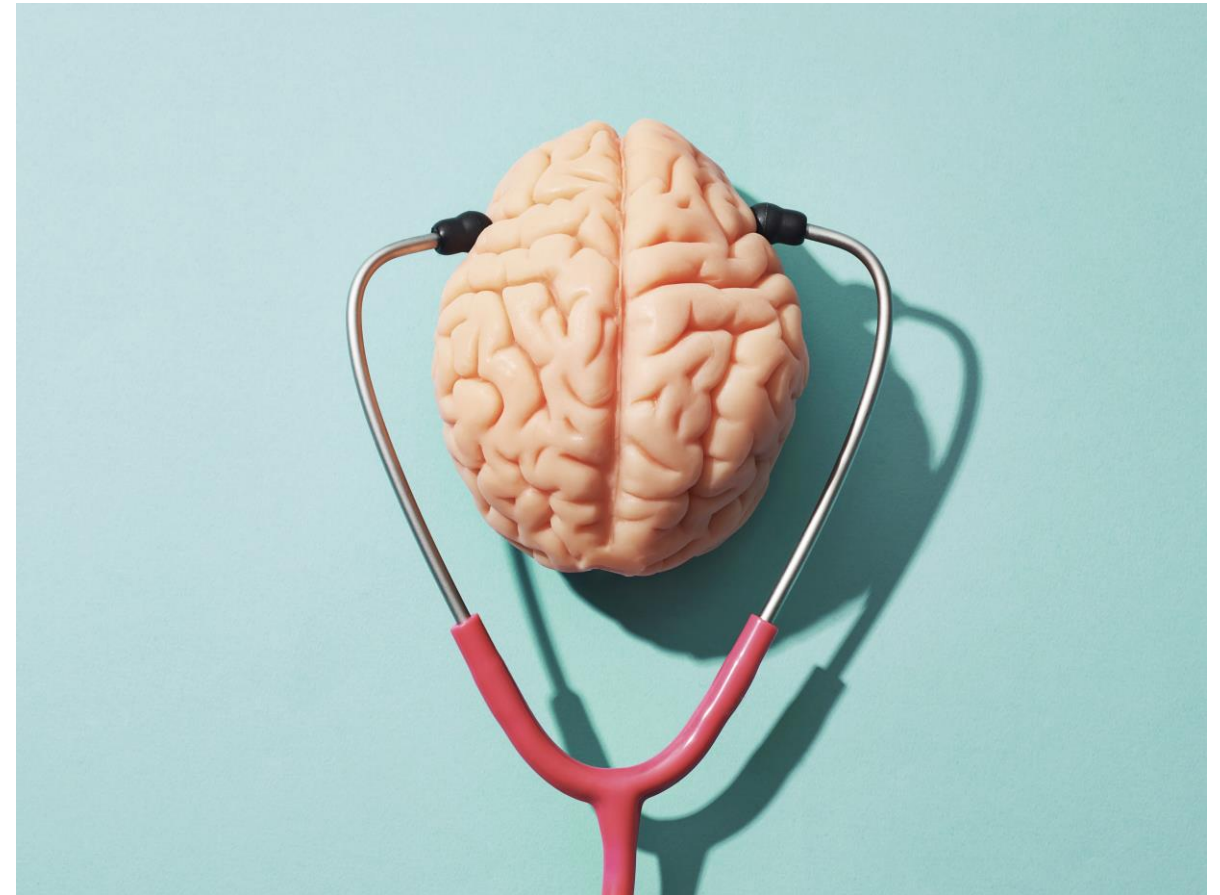


Identify best practices for courts to be more trauma-responsive in early childhood.



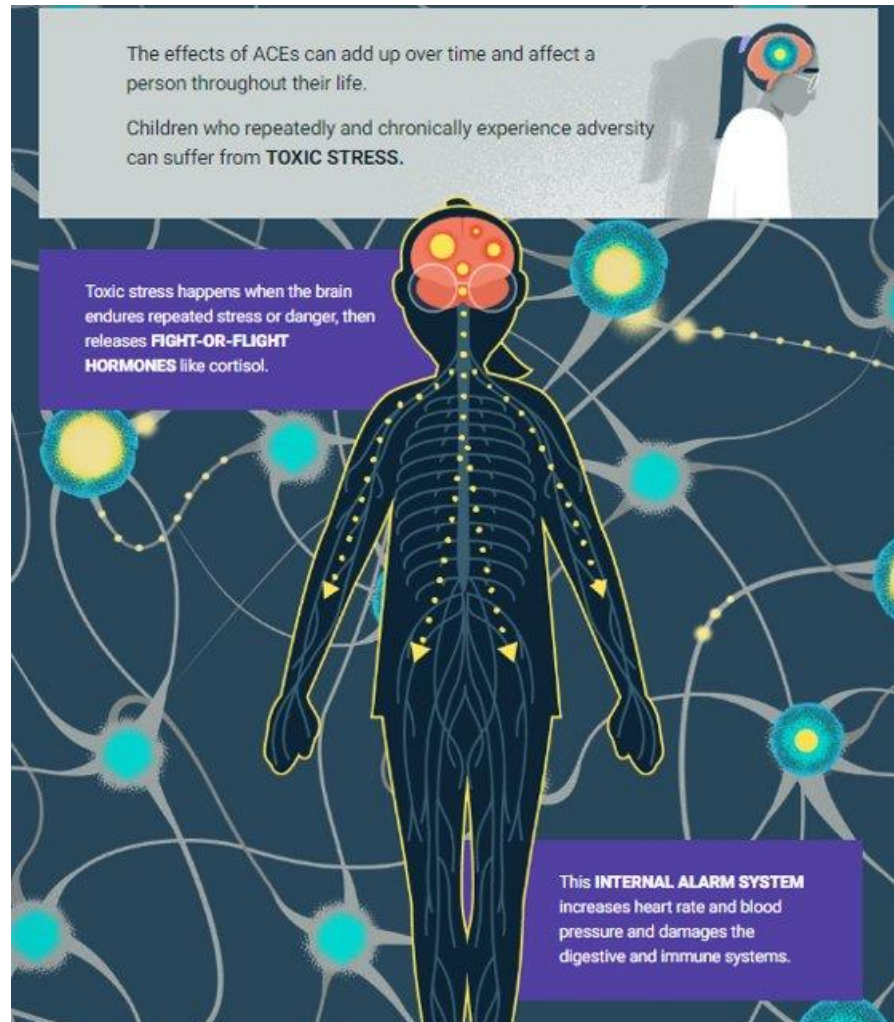
# Early Childhood, Trauma, and the Brain

1. When the brain is under threat it diverts all resources to survival (limbic system).
2. Trauma can reduce the size of the cortex (e.g., memory, attention, and language).
3. Trauma can reduce the size of the hippocampus. This leads to memory deficits and distortions.
4. Trauma can change the pre-frontal cortex. This leads to concentration, processing, and decision-making difficulties.
5. Trauma can make it hard to regulate emotions.





# Early Childhood, Trauma, and the Brain



**Toxic stress can disrupt ORGAN, TISSUE, AND BRAIN DEVELOPMENT.**

Over time this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. These consequences may follow a person into adulthood.



Toxic stress is engrained in systems of oppression.

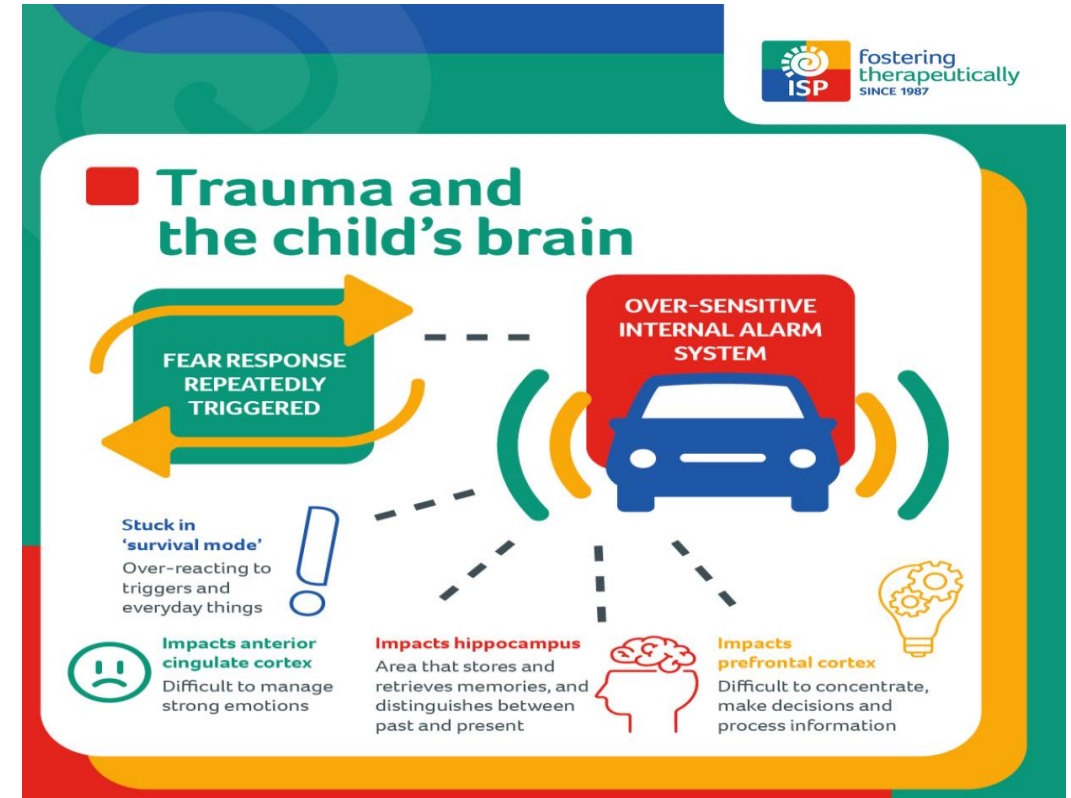
Source: <https://vetoviolenecdc.gov/apps/aces-infographic/>

# Early Childhood, Trauma, and the Brain

A child who is exposed to trauma over time, such as abuse and neglect experiences a rewiring of the brain which adapts to “thinking” it is always in danger.

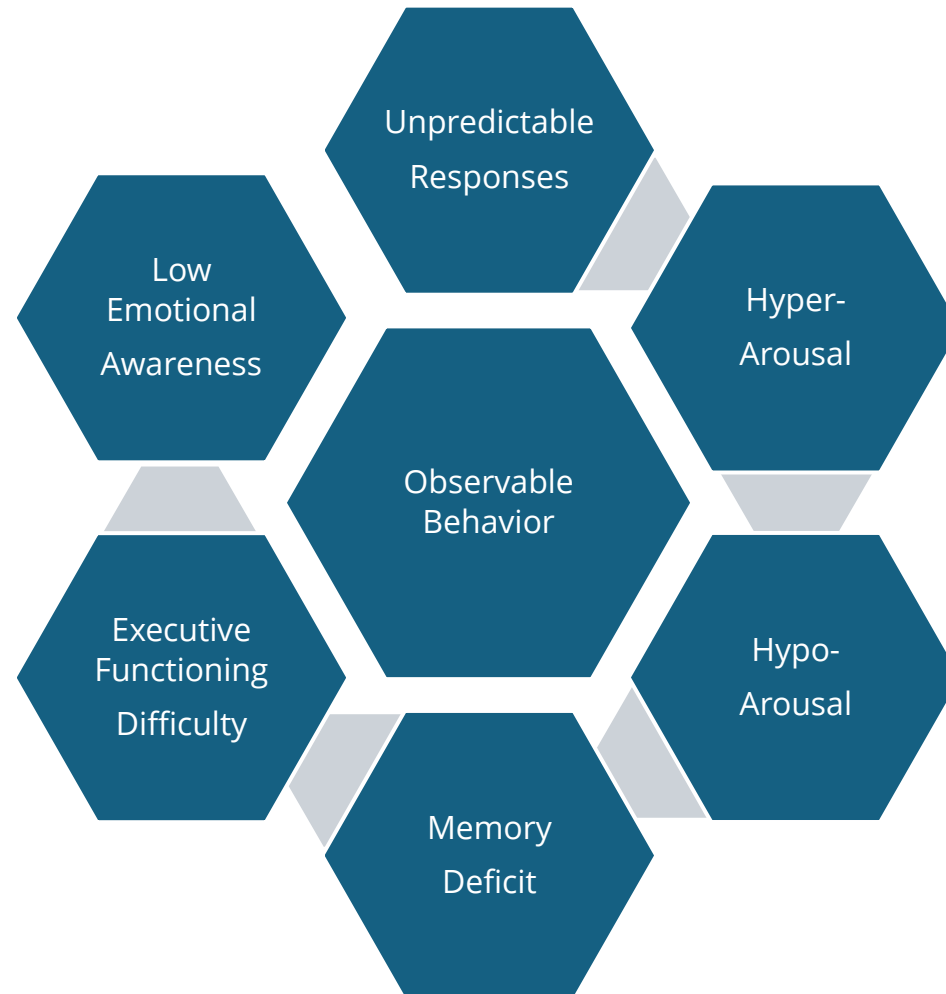
“Research and clinical experience demonstrate that a baby’s earliest relationships and experiences with their parents and other caregivers dramatically influences brain development, social-emotional and cognitive skills, and future health and success in school and life.”

Source: <https://www.zerotothree.org/why-0-3/>



Source: <https://ispfostering.org.uk/childhood-trauma-brain-development/>

# Behaviors



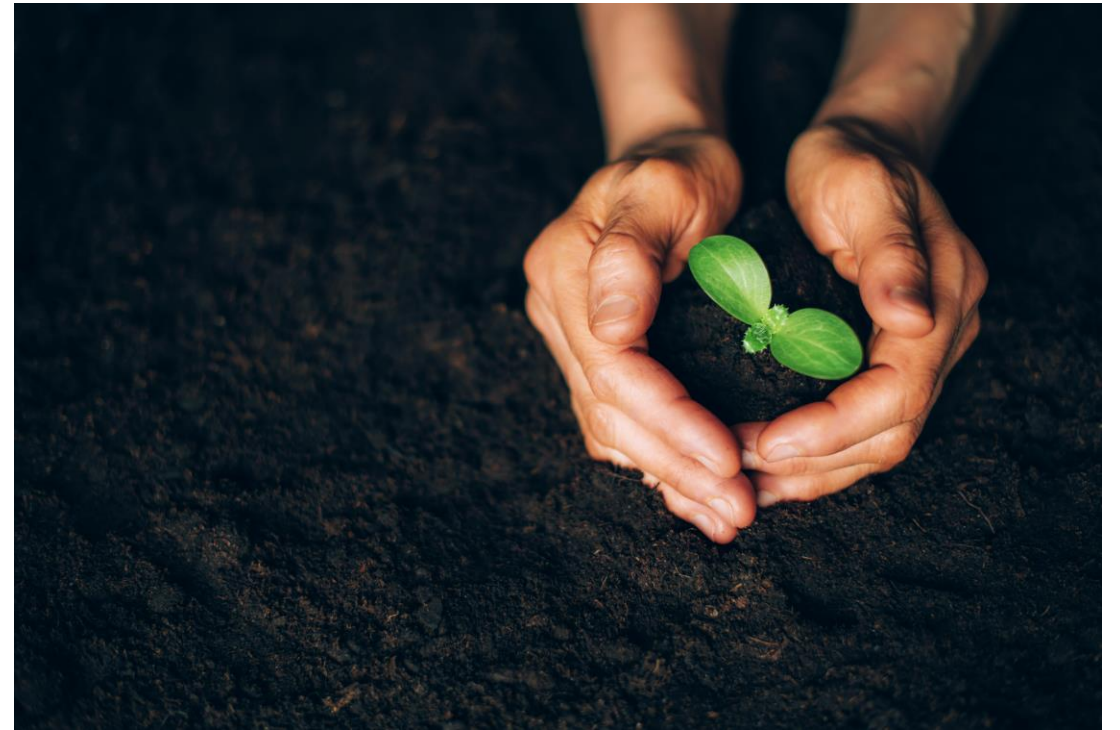
# Early Childhood, Trauma, and the Brain

Children aged 0-2 exposed to trauma may	Children aged 3-6 exposed to trauma may
<ul style="list-style-type: none"><li>• Demonstrate poor verbal skills</li><li>• Exhibit memory problems</li><li>• Scream or cry excessively</li><li>• Have poor appetite, low weight, or digestive problems</li></ul>	<ul style="list-style-type: none"><li>• Have difficulties focusing or learning in school</li><li>• Develop learning disabilities</li><li>• Show poor skill development</li><li>• Act out in social situations</li><li>• Imitate the abusive/traumatic event</li><li>• Be verbally abusive</li><li>• Be unable to trust others or make friends</li><li>• Believe they are to blame for the traumatic event</li><li>• Lack self-confidence</li><li>• Experience stomach aches or headaches</li></ul>

Source: <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>

# What Do We Do Now?

Trauma-responsive approaches-  
let's hear it!



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**What type of trauma-responsive supports do you use?**

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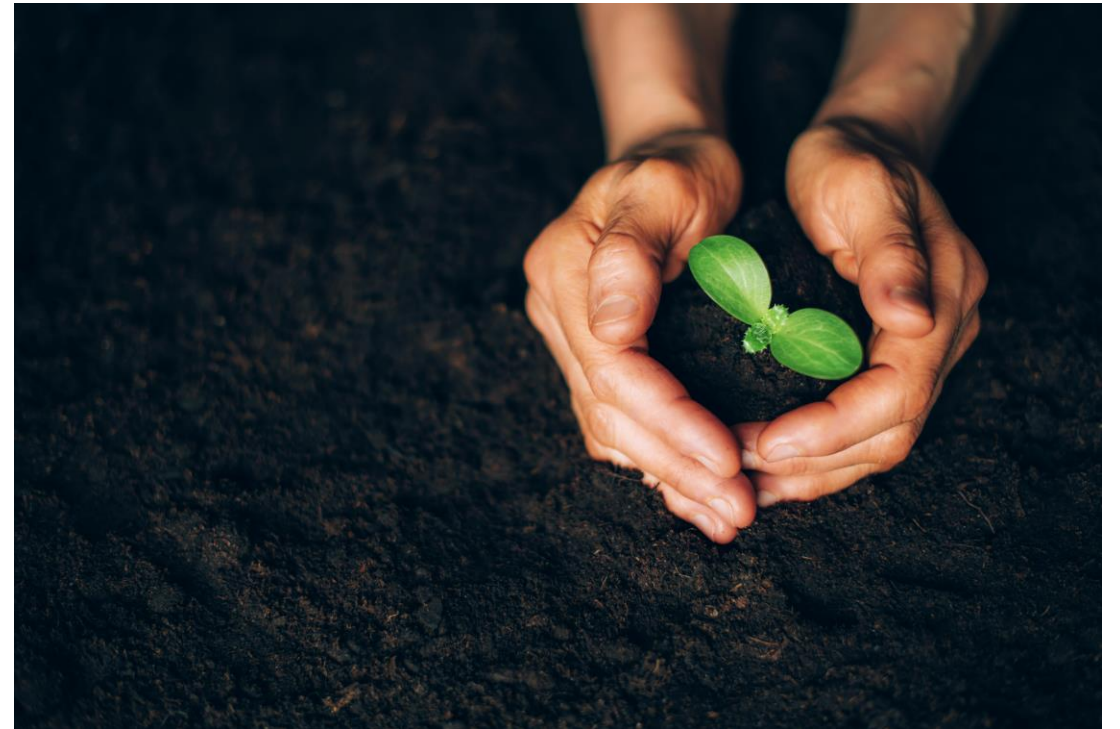
# Early Childhood Trauma-Responsive Supports



- ✓ Children in court (direct observations)
- ✓ Children in court (practice parenting skills)
- ✓ Time certain calendaring (routines)
- ✓ Mitigate continuances (time in infant years is of the utmost importance)
- ✓ Frequent and consistent meetings

# Early Childhood Trauma-Responsive Interventions

- One of the most important factors is a caring, positive, and protective caregiver.
- Communicate expectations in court to caregivers prior to, to reduce surprises that result in stress
- Routines in court to reduce stress
- Holding the baby in court







**QUESTIONS**  
EVERY JUDGE AND LAWYER  
SHOULD ASK ABOUT  
**INFANTS AND TODDLERS**  
IN THE CHILD WELFARE SYSTEM  
**BENCH CARD**

**PHYSICAL HEALTH**

- Has the child received a comprehensive initial health assessment and ongoing health assessments? Were referrals generated or services initiated based on the identified deficits of the health assessment?
- Are the child's immunizations complete and up-to-date for his or her age?
- Has the child received hearing and vision screening? Has the child received regular dental screening and follow-up services? Has the child been screened for lead exposure? Communicable diseases? Do the current caregivers have the results of these screens and know how to follow up?
- Does the child have any allergies? Birth defects?
- Is the child receiving any over-the-counter or prescription medications, vitamins, or supplements?
- Does the child have a "medical home" coordinating comprehensive, continuous health care? Is medical information accessible to parents, caregivers, and providers?
- What type of medical and dental insurance does the child have? Is it sufficient? Do the parents have medical and/or dental insurance?
- How will the need for emergency care be met? Who are the people and/or agencies that can authorize care if a parent cannot be reached?
- Does the parent or caregiver have any concerns about the child's health or development?
- How is the agency or the foster placement assisting parents with participating in medical appointments?



This bench card is intended to accompany *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System* Technical Assistance Brief.

# NCJFCJ and ZERO TO THREE

**DEVELOPMENTAL HEALTH**

- Has the child received a developmental evaluation by a provider with experience in child development?
- Are the child and his or her family receiving necessary early intervention services, e.g., speech therapy, occupational therapy, education interventions, family support?
- Does the child have a consistent routine (for eating, bedtime, medications, etc.) and has the parent shared that information with the caregiver? How much time does the child spend watching TV or playing video games? How much time is spent reading to the child?
- How can the parent or caregiver be supported in creating a consistent routine for the child? How are the parents and caregivers communicating changes in routine and the child's preferences?

implemented? What additional interventions are being used? How is it being monitored? Are any of the prescribed medications secondary to ameliorate the side effects of a primary medication?

**FETAL ALCOHOL SPECTRUM DISORDERS (FASD)**

- Is there any evidence to suggest that the mother of the child drank alcohol or used drugs during pregnancy?
- Has the child been assessed for fetal alcohol spectrum disorders?
- If FASD is indicated, what services are being offered to the child and caregivers?

**EXPOSURE TO DOMESTIC VIOLENCE**

- Has the child been exposed to domestic violence? What are the consequences of the violence exposure for the child?
- Has an assessment been initiated or mental health services provided to the child exposed to domestic violence?
- Can the child be kept safe and together with the non-offending parent?
- Is there a safety plan in place to address domestic violence concerns related to the family, co-parenting, and visitation?

**MENTAL HEALTH**

- Has the child received a mental health screening, assessment, or evaluation?
- Is the child receiving necessary infant or early childhood mental health services?
- Is the child receiving any psychotropic medications? Has the reason for the medication been explained to the parent? Has a behavioral intervention been

This bench card is intended to accompany *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System* Technical Assistance Brief.



**TRAUMA AND PARENTING**

- Has a parent experienced unusual challenges related to poverty, childhood abuse, interpersonal violence, substance abuse, and mental health disorders?
- What additional services or assistance does the parent need in order to achieve reunification?
- Who does the parent depend on when he or she needs support or help?
- If the parent suffers from a mental health problem, has he or she had a psychological or psychiatric evaluation? Is the parent attending therapy sessions on a regular basis? If the parent is on medication, is he or she taking it as prescribed?
- Does the parent/caregiver use alcohol and/or illegal drugs? If so, when was the last time he or she used drugs? Is the parent attending a drug rehabilitation program?
- How has the parent made the home safe for the child?

(To the parent) Tell me about your last visit with [child's name]. What did you do together?

**EDUCATIONAL/ CHILD CARE SETTING**

- Is the child enrolled in an early childhood program that supports both cognitive and social/emotional development? If so, how many hours per week does the child attend? Is the schedule consistent? Does the program include a family component?
- Does the staff have a working knowledge of trauma-informed practices as they relate to children in child welfare in order to minimize or eliminate changes in the child care or educational setting and support the child and the family?

**PLACEMENT**

- Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence, trauma, neglect, or other adverse experiences?
- Do the out-of-home caregivers have access to information and support related to the child's unique needs?
- Are the out-of-home caregivers able to identify problem behaviors in the child and seek appropriate services?

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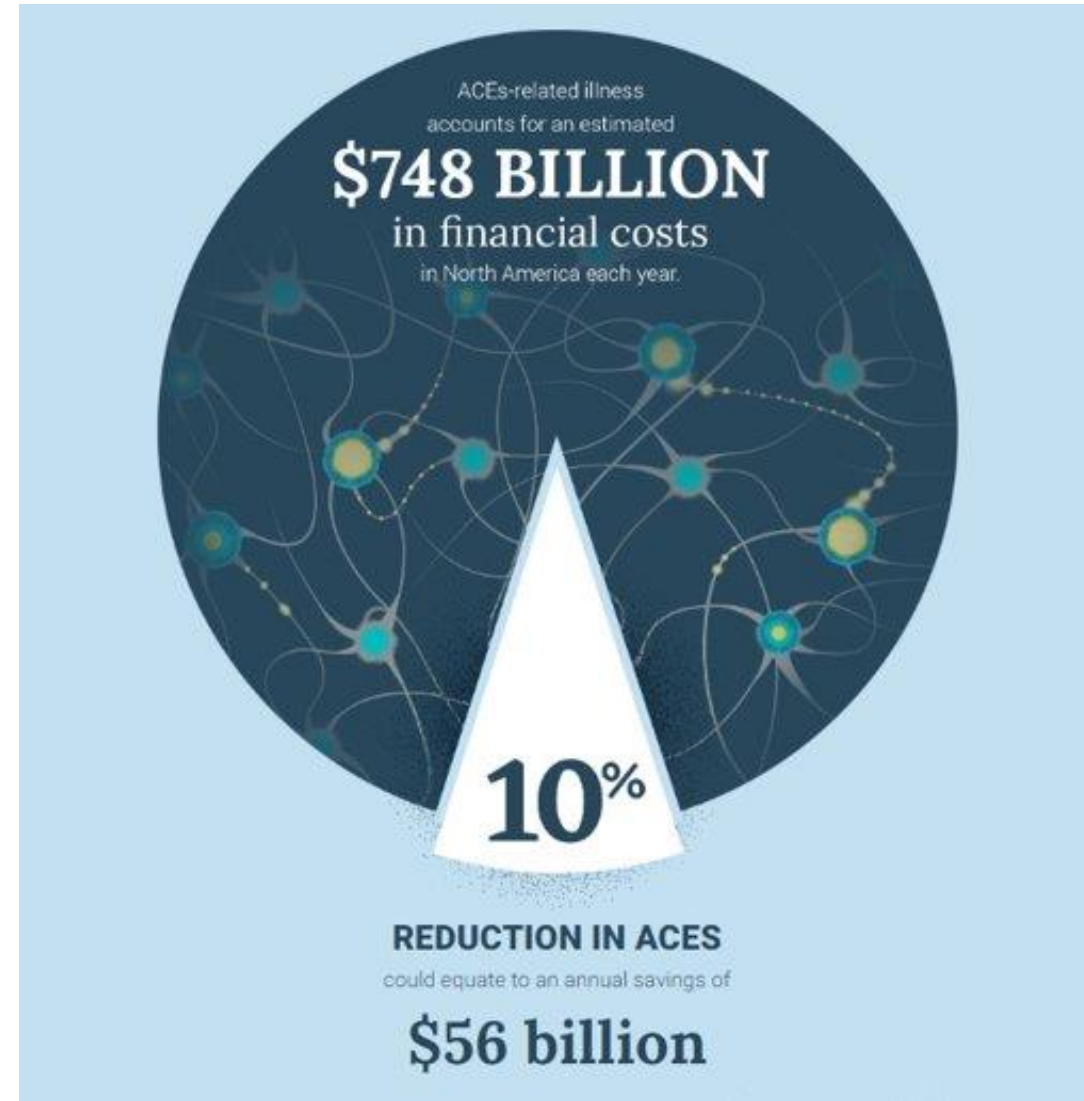
# Prevention Supported by Science

- Aligning policies and practices
- Prioritizing safety
- Predict outcomes and address triggers
- Educate
- Build trust
- **Implement culturally competent strategies- ask, listen, LEARN, and challenge your own biases**
- Normalize



# What if We Don't Intervene?

- Decreased life expectancy by 20 years
- Anxiety
- Depression
- PTSD
- Insomnia
- Mood Disorders
- SUD
- Eating Disorders
- Heart Disease
- Cancer
- High Blood Pressure



Source: <https://vetoviolenecdc.gov/apps/aces-infographic/>

# Prevention Means Health





# Inside-Outside Work As Best Practice

Secondary/Vicarious Trauma: emotional responses to the exposure of someone else's trauma.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

~Rachel Remen (1996)

# Inside-Outside Work As Best Practice

“ As presiding judge of the Pima County Juvenile Court, I had led the effort to transform our court into a trauma-responsive one. I required everyone working at the court to learn about vicarious trauma before they were trained about the trauma affecting our consumers. So how could I have been so affected by something that had happened two years earlier? I did this work for more than three decades without flinching. It wasn't that the work didn't affect me; it profoundly affected me. But I had taught myself how to manage it.

Or so I thought before reporting for jury duty that day.

Vicarious trauma is real. It can affect anyone who encounters those who have suffered trauma of any kind, from auto accidents to child abuse to serious medical conditions. Law enforcement officers, doctors, nurses, child-welfare investigators, firefighters, and other first responders are the most obvious potential victims of vicarious trauma.

What isn't so obvious is what happens when, day after day and case after case, a judge is required to hear about terrible things that happen to people but cannot respond physically or emotionally in a naturally human way.”

-Judge Karen Adam

The Price I Paid for Being a 'Good Judge'

# Beyond EAP

- Must be supported as a whole, especially by leadership!
- Safe spaces to debrief
- Trusted colleagues to process with
- Felt-sense to take care of oneself
  - Breaks
  - Coverage
  - Time Off
  - Request for Accommodation
- Personal responsibility
  - Journaling
  - Hydration
  - Reduce Caffeine and Alcohol
  - SLEEP
  - Exercise
  - Protein
  - Reduce Screen Time
  - Grounding
  - Be Honest with Yourself
    - Awareness is the catalyst to healing

# NCJFCJ and ZERO TO THREE

- Trauma Audit Process
  - 3 Day Process
  - Judicial Leadership is a MUST
  - Interviews and Data Collection of Court Team
  - Environmental Audit
  - Court Observations
  - Immediate Judicial Debrief
  - Report/Recommendations/Debrief
  - Follow Up/Supports



# What Are We Thinking?



# Resources To Further Your Learning

Center for Disease Control and Prevention (2021). We can prevent childhood adversity. Retrieved from: [ACEs Infographic | VetoViolence](#)

National Council of Juvenile and Family Court Judges (2016). [Enhanced Resource Guidelines – NCJFCJ](#)

National Council of Juvenile and Family Court Judges (2017). [Questions Every Judge and Lawyer Should Ask About Infants and Children in the Child Welfare System - NCJFCJ](#)

Fiset, J., Bhave, D. P., & Jha, N. (2024). The effects of language-related misunderstanding at work. *Journal of Management*, 50(1), 347-379.

Integrated Service Program (2024). How trauma affects a child's brain. Retrieved from: <https://ispfostering.org.uk/childhood-trauma-brain-development/>

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National Child Traumatic Stress Network (2014). How early childhood trauma is unique. Retrieved from: [Effects | The National Child Traumatic Stress Network](#)

Zero To Three (2024). The science. Retrieved from: [Why 0-3? | ZERO TO THREE](#)



# Thank You!

Allison List, PhD  
Program Director Behavioral  
Health/Child Welfare

[alist@ncjfcj.org](mailto:alist@ncjfcj.org)