



Q&A with Center for Childhood Resilience

For this issue, editor Ellen Snyder-Grenier interviews Colleen Cicchetti, Caryn Curry, and Meg O'Rourke – all from Center for Childhood Resilience, housed at Ann & Robert H. Lurie Children's Hospital of Chicago – to learn about a framework for making exhibitions trauma responsive.



Colleen Cicchetti

is the Executive Director of Center for Childhood Resilience (CCR), a Clinical Psychologist at Ann & Robert H. Lurie Children's Hospital of Chicago, and an Associate Professor at Northwestern University's Feinberg School of Medicine, with more than 30 years of experience. In 2004, Dr. Cicchetti founded CCR to promote system change to reduce health disparities and promote mental health and wellness where kids live, learn, and play.



Caryn Curry

is a Social Worker and Mental Health Consultant for Lurie Children's Center for Childhood Resilience with almost 30 years of experience in the field. Ms. Curry provides consultation and coaching to partners, bringing a lens of cultural humility, cultural-responsiveness, and equity to her relationships. Her work is grounded in the critical importance of adults building their social and emotional capacity to effectively educate and guide children toward success and well-being in school and life.



Meg O'Rourke

is a Social Worker and Mental Health Consultant for Lurie Children's Center for Childhood Resilience with more than 25 years of experience in the field. At CCR, Ms. O'Rourke oversees the virtual learning hub, which provides on-demand trainings to more than 7,000 educators and school clinicians. She works collaboratively to provide a comprehensive and supportive learning community to help schools provide mental health services and support to children and youth across Illinois.

Q Ellen Could you tell us a little bit about your work – what you do and why?

A Center for Childhood Resilience At Center for Childhood Resilience, we know that all kids should have access to adults who can address their mental health needs. This is why we promote equitable mental health and wellness where kids live, learn, and play.

Since 2004, through prevention, promotion, and intervention, Center for Childhood Resilience has worked to build the skills of adults to foster resiliency in the face of adversity. We engage schools, school districts, and other youth-serving organizations, using a public health approach to address the impact of trauma and promote mental health and wellness.

Most of Center for Childhood Resilience’s work is with schools and afterschool programs, helping youth-serving adults provide safe, nurturing spaces and relationships. Schools can provide unparalleled opportunities to build resilience for youth who experience traumatic events, as well as reduce behavioral health disparities. Even so, we are always encouraged when other organizations, such as museums, reach out to us to help make their environments, spaces, and programs more trauma-responsive.

Due to increased need over the past two years, in 2021 Center for Childhood Resilience launched the Resilience Education to Advance Community Healing (REACH) initiative to help schools establish systems of support that better address student mental health and resilience via trauma-responsive and healing-centered policies and practices.

Q What kind of impact have you seen from the multiple crises of the past two years – a worldwide pandemic, unrest over systemic racism, and more?

A The COVID-19 pandemic, social unrest, and the killing of Black and Brown people have caused a collective trauma: that is, an

event or events that affect an entire society. Even before 2020, research tells us that 60 percent of adults in the United States have experienced at least one Adverse Childhood Experience (ACEs). These are potentially traumatic events that occur in childhood, such as experiencing violence, abuse, or neglect, or witnessing violence in the home or community. Adverse Childhood Experiences are even more prevalent since the start of the pandemic.

In 2020, COVID-19 restrictions prevented communities from accessing important hubs of engagement, like school, afterschool activities, and museums. The unprecedented measures to contain the spread of COVID-19 disrupted nearly every aspect of children’s lives: their health, development, learning, behavior, their families’ economic security, and their protection from violence and abuse. It is not surprising that children’s mental health has been impacted.

Q In 2020, you began collaborating with the Chicago History Museum (CHM) on a family-centered exhibition about the Great Chicago Fire, which burned for three days in 1871, destroyed thousands of buildings, killed an estimated 300 people, and displaced thousands. How did this shape your thinking about potential pitfalls in exhibition planning?

A This persistent cycle of trauma impacts families and communities in different ways, and we should be aware of the existence of collective and historical trauma, the effects of which can have serious impact on one’s well-being. While COVID-19, along with social unrest and the racial reckoning that we have been experiencing, have brought the conversation of collective trauma more into the mainstream, individual and collective trauma are rarely considered by museum exhibition professionals in planning exhibitions. As museums reopen post-COVID, creating trauma-responsive spaces to support children is even more imperative. Museums are places where people with diverse abilities, identities, and life experiences – which can include trauma – come together.



We know that museum exhibitions are designed to evoke reactions in visitors through a variety of sensory experiences. And Chicago History Museum's exhibition, *City of Fire: Chicago 1871*, does a great job of immersing visitors in a time and place. Visitors' first encounter with the exhibition is a 40-foot wide oil painting that captures a 360-degree-view of the Great Chicago Fire.

However, for some children and adults, sensory experiences may activate a trauma response, which might include intrusive thoughts or flashbacks, and physiological responses, such as elevated heart rate or palpitations. Trauma reminders (images, sounds, smells, or stories that remind one of a personal traumatic experience) can evoke automatic physiological responses, body-based reactions that momentarily override the brain's capacity for rational thought. Many of us are familiar with this process as the fight, flight, or freeze response.

Center for Childhood Resilience worked collaboratively with Chicago History Museum exhibition staff to mitigate this. We recommended a kind of "self-care" alert at the beginning of the exhibition, messaging to convey that aspects of the exhibition may be difficult to experience for some visitors, giving them a heads-up to take care of themselves. Chicago History Museum adopted the use of symbols on labels to signal sections where content might activate what we would call a trauma response. The museum also utilized signage at the beginning of the exhibition to note that some parts might be difficult to experience, explain the symbols, and offer some tips about what to do if emotionally difficult content is encountered.

Q You developed a framework for making exhibitions trauma-responsive. Could you tell us about it?

A Children thrive when they are safe and protected and when family and community connections are stable and nurturing. We use the trauma-informed approach framework developed by the Substance Abuse and Mental Health Services Administration, or SAMHSA. We also rely on research and resources from our colleagues at National Child Traumatic Stress Network. The "Four Rs" is a framework that calls on all people in all levels of an organization, in this situation, museums, to have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. This framework envisions an environment that feels safe and protected for children and adults. A trauma-informed environment **realizes** the impact of trauma; **recognizes** the signs of trauma; **responds** by fully integrating knowledge about trauma into policies and practices; and seeks to **resist** re-traumatization. So, what does this mean for a museum?

Chicago History Museum **realized** the impact trauma has on some of its visitors. They then brought in clinical social workers from Center for Childhood Resilience to train their staff to increase knowledge of trauma and help them **recognize** potential signs of trauma. Building on this knowledge, CHM worked collaboratively with us to **respond** proactively before the exhibition opened, putting trauma-informed practices in place. Examples of this include the signage around exhibit components that posed a higher likelihood of activating a child's

trauma response and adding language in supplemental resources for parents and educators to help prepare kids for what they will experience in the exhibition, helping to mitigate anxiety.

Finally, the collaboration that the Chicago History Museum sought with Center for Childhood Resilience reflects its effort to **resist** re-traumatization of visitors and staff. It took a “universal precautions” approach in which one expects the presence of trauma in lives of individuals visiting museum spaces, then proactively works to ensure not to replicate it.

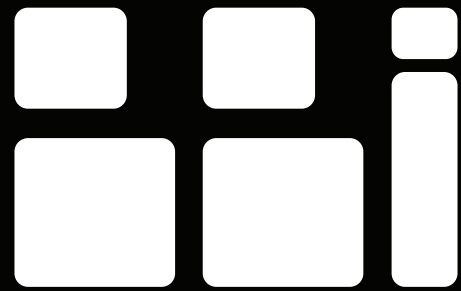
Museums are such important institutions in our communities. Working together with community mental health providers and other trauma-informed entities, museums can be part of the healing process; creatively, collaboratively, transparently, and inclusively embedding trauma-informed approaches to inform, educate, and entertain us. ■

Useful Resources

To access our new free, on-demand trainings geared towards educators (but relevant for others), see: <https://childhoodresilience.streamlpx.com>.

For the trauma-informed approach framework developed by the Substance Abuse and Mental Health Services Administration, see: [ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf](https://www.ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

Helpful research and resources can also be found at the National Child Traumatic Street Network website: www.nctsn.org.



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