

## Promoting Healing and Resilience with Staff and Families

Brandi Black Thacker: We want to welcome you guys to this continuing campaign from The Office of Head Start called Head Start Heals, and today we're going to talk for a whole 90 minutes together about promoting healing and resilience with staff and families. I love this because it's ground in adult well-being. We spend a lot of time thinking about the trajectory and how to wrap around our littlest ones, and I would humbly submit that we sometimes forget about each other and the grown-up counterparts.

So what we want to think about today are a few ideas and strategies, some language that we would offer for you guys to consider. We know there's so many great things that you're doing already, so we fully expect that a lot of these will be confirmation, and we hope we offer a couple of new little nuggets along the way as well. Just to get you acclimated to this space, this is a platform that some of you are pretty used to, given that you've been coming and joining the Head Start Heals campaign, you might've stopped by for an Office Hour, but the setup is the same.

If you're here for the first time, you can look over to the left-hand side of your screen and you'll see there the question pod that I was talking about. That's one of the ways that you can communicate with us as we go forward. So you can type those right in there. And then, my favorite part and yours, we have some resources, and if I were talking to my 7-year-old son, I would say, "Are you sitting down? Are you properly prepared? Are you ready?"

[Laughing]

We have five brand new resources that no group has ever seen before right now. So you can go right down to that advanced resources part on the left-hand side of your screen, and you can download those for yourself. I don't believe we even have 'em on the ECLKC. Depending on your geography, E-click, EK-click, ECLKC quite yet, but there'll be there soon. So, go and get them hot off the press [Laughing] and you'll have access to those throughout the course of this conversation and certainly once it's archived.

The other thing that you should know, 'cause it's one of the questions you guys always ask, is about the PowerPoint. It is over there for you as well. So if you find something that you're intrigued about in terms of imagery or language that's going to be available for you. And, the other question that you always have is, "Will I get a certificate?" Rightfully so. You're investing so much time in your virtual professional development and we want to make sure you have what you need for those professional development files back at your programs. So, you will receive a certificate as well. It will be sent out to you after the webinar, along with an evaluation link.

Because we want to know how it worked for you today, what you liked, what you'd tinker with since we want to continue to stay in touch with you guys, not only through this period of time, but of course, always. All right. Well, in service of not only what we're thinking about today around healing, but in service to the adults in our lives [Laughing] we should sure start with the one that's, you know, that's with you, which is yourself. I just learned about this concept of self-

compassion in a webinar that I was able to listen in on actually led by one of the folks you're going to meet here in a second, Dr. Josh Sparrow, on self-compassion, and I was so intrigued by really processing, "Are we really checking in on ourselves as much as we hope to?" This whole concept is really about treating ourselves the way we would treat a friend who's in the midst of something tough. Are we giving ourselves the same graces that we offer to others? Are we able to stand in a space of patience and kindness with our own selves as we navigate these uncharted territories? Are we able to really be in a place of forgiveness if we're not accomplishing everything that we hope to in all the moments that we hope to.

[Laughing]

You know, talk a little bit about that, you know, as we go forward, too. But, there's – there's some really wonderful materials out there, a couple of folks that have shared even a whole program around self-compassion and one of the things that I learned on the webinar that I got to be a participant on was from a Yasa Moritz. And one of the things that she offered that I just held so tightly – and it's haunting my mind in the best possible way [Laughing] – were these self-affirmations.

Literally, just taking a moment and saying things to ourselves like, "Let me pay attention to what I'm feeling right now. Is it something that I expected? Is my body having a reaction that [Inaudible] and feeling in like a physiological way? Am I tense? Am I calm?" Being able to end the moments that we can take a pause and notice and acknowledge where we are and what's happening; giving oneself the graces and permissions to realize that other people are feeling the same way right now, too. That we're not alone; that may we be kind to ourselves, and maybe asking yourself, even, "What do I need to hear right now that expresses that calmness to myself?"

So one of the things that I would humbly submit that has been a very big gift to me this past week, is just stopping and acknowledging where I am, who I am, what I'm ready to do, what I'm not ready to do, and just accepting myself right as I am in that moment. Being patient with how things unfold, standing in my strength, and living, guys I love this, living in love. So, I want to offer that to you guys; many of you have been given us such gifts of all the things that are working for you, the things that you've been really doing to wrap around your families, but we think about you a lot, and all the incredible work that you're doing and the pace that you're keeping.

And we know we don't have to remind you to take care of yourself, but, we want to remind you to take care of yourself, [Laughing] because you're valuable, valuable gifts, and we want to make sure that you're well, along with all of the folks that you're serving. With that, speaking of well, I get super excited when I get to turn over the mic at any given day or time to one of my most favorite folks, and if you've ever met her, she's yours, too. She's one of the leaders at the Office of Head Start, and we have the honor at the National Center on Parent, Family, Community Engagement to work under her leadership, and she's going to kick off our conversation today with some context and with some words from the federal perspective at the Office of Head Start.

Take it away, Kiersten.

Kiersten Beigel: Thank you, Brandi, and thank you for your warm opening. Ebony, who's a participant today, noted that, while it's not related to the training, she had to say that, "She absolutely loves your accent," and I know that, like a lot of people are probably feeling that right now.

[Laughing]

Brandi: [Laughing]

Thanks, Ebony.

Kiersten: [Laughing] So yes, I wanted to officially welcome you after Brandi's welcome. My name is Kiersten Beigel, and I'm the lead for the Office on Family and Community Engagement, and today, I have the pleasure of welcoming you, or welcome you – welcoming you back if you are a regular participant, to the sixth installment of the Head Start Heals campaign, and this initiative began in March, and it's really a way of supporting early childhood programs, such as Head Start, to promote resilience and wellness for children and families.

So we're recording all of these virtual events and posting them on the Early Childhood Learning and Knowledge Center, the ECLKC, and you'll find the Head Start Heals materials both on the front page of the ECLKC, or you can find them on the Mental Health topic page. There's a really cool new section there called, "Trauma and Recovery."

So we know that many of you also have been hard at work on your applications for quality improvement funding, amongst other applications. There seems to be a lot of applications that Head Start programs are dealing with right now, but given the emphasis on trauma-informed care as an area of potential focus for these funds, we really do hope that you find all of the materials on Head Start Heals useful for your thinking and for your planning.

So I'm going to circle back with you all later in the presentation to let you know about some additional Head Start Heals opportunities, including some upcoming Office Hours. And for those of you who haven't been indoctrinated into what that means, it means Office Hours are basically, kind of informal Q&A discussions with experts on some really important topics related to trauma and mental health and just really things we've received a lot of questions from you about. So, today's offering is more of a presentation format and with that, I am now going to turn things over to our wonderful team of experts and very, very lovely people, each and every one, from the National Center on Parent, Family, and Community Engagement.

Brandi: Thank you so much, Kiersten. You guys see what I was saying, right? You already know and love her, even if you've never met her before [Laughing] and this is just so true to the leadership at the Office of Head Start. I know that you guys have been seeing it and feeling it, and I'm just never could be so proud to be part of our community across this country. So, you know, my good southern upbringing, Ebony would, you know, [Laughing] really didn't [Inaudible]. I need to introduce myself, one, but I also want you guys to meet some of my most favorite folks and colleagues, and I will start with the one and only, Dr. Cathy Ayoub.

Now, one of the things that you guys need to know about this team is you can say all of their regalia. These guys have a pedigree that is incredible and powerful, and they have, you know,

just such incredible backgrounds and histories in their very, very illustrious careers. But more than anything, I love each of these guys for their hearts. So, if you want to see all of their degrees and everything, you can look over to the left-hand side in the panelist pod, and you can see all of the ways that they influenced this work in – in many of the places. But I have the honor to be colleagues with the Dr. Cathy Ayoub, Dr. Joshua Sparrow, who are both co-principal investigators on this National Center.

And I don't get to work with Debbie as much as I want to, but I'm so grateful that Debra Sosin is here today, as one of our colleagues and one of the experts that you get the honor to hear from. And then, there's me, and I'm Brandi Black Thacker. I'm the director of T and TA and Collaboration for the National Center and just so honored to be here with you guys today. One of the things that we want to do is start off, also, with a few ideas that we had as we mapped out this presentation for you. And if you've ever been in a session with us, you know that we really try to follow your lead.

Now, one of the things is we've budgeted out our time; we budgeted out the content, but we are going to be tracking the questions and comments that you give us throughout the course of this 90 minutes, which we feel like is a huge blessing – 90 minutes. But guess what? We have an after chat. So, if you want to hang out with us after the 90 minutes, and you have other questions or your question hasn't been answered yet, please hang around because we'll stick – we'll stay, and we'll pull more of those out in a more informal way, and just kind of have a conversation.

So, keep those questions coming and since there are so many of you – there are over 5,000 people on the line today – one of the other things that we're doing, just so you know how your voices are being held and revered in this time and all the time, but specifically this time, we're collecting these questions. So, even if we don't get to your exact one today, this is going into a larger data pool, so that we can continue to listen here and pull apart the things that you're wondering about, where you want to celebrate, and the places where you might want, or hope, to have some support. So definitely if the spirit moves ya, share with us [Laughing] what's on your mind in that question pod off to your left. So, here's what we have in front of us today. We want to think together about some foundational concepts related to trauma and how it impacts those of us as grown-ups, not only how and who we are, but how it impacts our relationships, and certainly our overall well-being.

And so, Cathy, will kick us off here in just a little bit with some of those ideas to make sure that we're springing from the same page. Some of these concepts, you know, we use a lot and it's often helpful to take a step back and really ground ourselves in the actual meaning of how they're applied, what they mean, and so we can spring together from the same, you know, same space. The other thing that we're going to look at is what trauma-based reactions might look like in adults. We think about this a lot for our littlest ones, and you know, we're not so different [Laughing] than the ones that we run around with.

They're going to pull a little bit apart what that looks like and how it might manifest itself. And then, I was so tickled with this, we're going to think together about seven strategies that inspire healing. Yes, we acknowledge the trauma. Yes, we acknowledge the realness, but I'm very grateful to be in a place in this conversation where we're really leaning into resilience and

healing as our focus. And with that, a couple of things for you guys, just as confirmation: You have an incredible opportunity here, as you always have, we're over five decades old now, to not only influence and support how your colleagues and your families are doing in regular days, but certainly as we're in these uncertain times and any uncertain times. Trauma-informed programs and how you create that space make a very powerful and prevalent impact for the adults, of course, the children, and each of us and the influences that, you know, our circles of support ripple out towards.

The other thing that we wanted to mention here is when you come into interactions, understanding trauma in a trauma-informed way, it absolutely impacts in a positive way, the way we build relationships and the way they're sustained. Now, you guys know I feel like I'm preaching to that proverbial choir, [Laughing] this better than anybody else, but this is important to acknowledge here because even in the moments where you guys have been reaching out to families who might not be ready to reach back right now, you're staying persistent, you're not giving up.

You understand what the power of that connection means, and even if the family's not ready or not able right now to reach back, you're not in a place of being dissuaded. And I really appreciate that. The last thing is healing is an absolute process. It's not a destination. It looks different for each of us and just as we gave ourselves a little bit of grace with the self-compassion discussion, we really just stand with each other in those moments where it might be uncertain, and just know, understand and embrace, I'm going to say it, just embrace that healing is a process. With all of that, you know, lead in, I'm so excited to turn over the mic and the content to Dr. Cathy Ayoub, who's going to kick us off with some discussion around some of these topics and what they mean.

Dr. Catherine Ayoub: Thank you Brandi, and thank you, Kiersten. It's really a privilege to be here with all of you and as Brandi said, my job here is to talk a little bit about trauma and how traumatic events can impact families and staff. And our real purpose here is to be able to provide you with some guidance that really can help you with conversations with families and as Brandi said, the really exciting part here is that there really are strategies that we're going to talk about that really promote healing and resilience and that really contribute to increased family well-being.

And just to remember throughout, when families know that they're understood, they can be more responsive to engagement and support, to supporting themselves, their children, and their communities. So, with that said, let's talk about: What is trauma? As Brandi mentioned, my guess is you've heard lots of different ways to think about trauma, and we're going to think about it in a couple of ways, but let's start with this core concept that's really up on the screen now.

Trauma occurs when frightening events or situations overwhelm us, children, or adults, and they overwhelm our ability to cope or to deal with what's happened. In thinking about extending this definition of trauma or really thinking about other ways that it's been described to enhance what we're talking about, we can also go to the American Psychiatric Association and they define trauma as experiencing or witnessing of events. I put on first, this is always an external event, you keep hearing this word repeatedly, in which there is actual threatened, and

they talk about death, serious injury, or violence. That's, you know that's pretty extreme. Trauma occurs when frightening events or situations overwhelm us, and they overwhelm our ability to cope or to deal with what happened.

What this really means is that we often stop. We don't continue to move along the routine patterns and do the routine things that we do, but we really stop and are sometimes initially overwhelmed, or even can feel helpless. Some examples of trauma, just to think about it, we can think about natural or human-made disasters, hurricanes, serious motor vehicle accidents, physical or sexual abuse, domestic violence.

We can think now whether or not our experience with this pandemic is a traumatic event, and for some of us, a number of us, it certainly may be. In thinking about further expanding or at least understanding what trauma is, we really may want to also go to think about what the Substance Abuse and Mental Health Services Administration talks about in the context of the trauma-informed approach, and it's very interesting. They talk about trauma in terms of the "three E's," which you see here illustrated on this slide. In other words, individual trauma results from an event, or a series of events, or a set of circumstances.

The second E is experienced by the individual as physically or emotionally harmful to life or threatening, and that has lasting adverse effects.

The third E on the individual's functioning, and that may have an impact on the individual psychologically or with mental, physical, social, emotional, or spiritual in an impact on their well-being. Now, as you may have already heard, the word trauma really is used in a couple of different ways, and just want to say that here, we're really talking about the effects of traumatic experiences or the events or the ...

On the individual. And so we're going to be talking about both traumatic events and traumatic experiences to refer to what happened and the effects to refer to any resulting thoughts or feelings or behaviors or changes in relationship. And often this is really an area of confusion when we use this term more broadly. So, why is it important to understand these definitions of trauma? Well, one key reason, and I think Brandi alluded to this, that understanding trauma and its impacts can help us each to actually build positive goal relationships with people that we're close to, with other staff, and with family members, any of whom may have experienced or who were experiencing trauma.

So positive goal-oriented relationships are relationships that develop over time in all the interactions that we have with other people. Again, all those people I listed with families, family members, our staff in Head Start or Early Head Start, other professionals with whom we work. And there's some things that we know about these relationships that also help us understand the effects or the impact of trauma and so here are some things about relationships to remember so that we can think about how they may be touched by trauma. And these are really to remember these issues around families.

First of all, the positive goal-oriented relationships are fueled by a family's passion for their children. They're based on mutual respect and trust. They affirm and celebrate families, cultures, and language. Always. They provide opportunities for two-way communication. They include authentic interactions that are meaningful. They require an awareness of each of us for

our own personal biases. What it is that we bring to each relationships, which is unique to who each of us are. They also can improve wellness by reducing isolation and stress for both families, and for us and – and our fellow staff members. Support the aims of equity, inclusiveness, and cultural and linguistic responsiveness. So the role of goal-oriented relationships is huge.

What does it mean to really think about the ways in which we engage in and build these relationships in the face of trauma? Now, both staff and families can experience support that comes from knowing that they are – we're all on the same team when we focus on their shared goals for their children. And it may be particularly important to think about how do we do this in the context of trauma? So here's some preliminary guides, and my colleagues are going to also talk about these in more depth around the kinds of strategies that we're going to talk about in a minute.

But we really all want to remember that understanding trauma and its impact and provide, first of all, a guide for how we listen. It can also help each of us feel more comfortable in joining families in difficult conversations because we have a more detailed understanding of what it is that they're experiencing and some of the ways in which the effects of trauma may lead to certain ways that they think, or they feel, or they act. Understanding trauma can really help each of us enhance our empathy and it can also guide each of our work as partners with families. It helps us identify their strengths and develop plans that are designed to promote both healing and resilience.

So as you listen to families who really have experienced trauma, we can each learn something about how best to support them and to promote them as they heal, and to protect and have them help them nurture their children. That's a lot to think about here and I'm going to go back to trauma-informed care cause I'm want to tell you a little bit about that. Lots to think about in terms of all of the ways of thinking about trauma. So I'd like to apply this in some ways to what we call trauma-informed care. I imagine a lot of you have heard this term lately. Any of you who are applying for the special funds from the Office for Head Start will have a sense of – of finding this term in that documentation.

So, what do we mean by that? Why is it important to know? So here's some things that we know about trauma-informed care. Because trauma is, unfortunately, a common occurrence, it's important for us to understand, and how we bring our histories, our experiences, our whole selves, to every interaction that we encounter And we may bring our own history of trauma and when we do bring it forth, trauma-informed care can help us understand how we actually use ourselves, how we understand ourselves, our programs, our staff, and our community partners to really support the families and children with whom we work. Program leaders and supervisors can help create trauma-informed culture in which all staff work to build and share this understanding and apply it to everyday interactions.

That, in a nutshell, is trauma-informed care. So according to what we know about trauma-informed care, there are four ways that we really will increase our knowledge of ourselves and each other and support our comfort and ability to work with both our own trauma and that of – of families. And here's the four. Trauma-informed care first helps us realize the widespread impact of trauma and understands the potential paths for recovery. And as Brandi said, we're

talking about trauma, but we really want to talk to you about recovery and healing. Second, trauma-informed care helps us recognize the signs and symptoms of trauma in the families that we serve, in the children with whom we work, in our colleagues, in others, and in ourselves, if that's the case. Third, trauma-informed care responds by fully integrating knowledge about trauma into policies, procedures, and practices and this is critical both at the program level, but then also to see how those policies and procedures and practices really are embedded in the everyday work we do.

Whether it's on the ground, face to face, or thinking about a lot of the remote work that we're doing now in the midst of the COVID-19 pandemic. Trauma-informed care recognizes the role that trauma may play in all of our lives, and when behaviors and interactions raise concerns, one of the key aspects of trauma-informed care is to ask the question, "What happened to you? What happened to you that may help us understand the concerns or the way in which you think or feel or act?" And the question that we end up not asking is, "What's wrong with you? Or what did you do wrong?"

So really replacing that second question for the first really helps us think about a new way of understanding others. And that moves us to resilience and to healing. So, let's talk just a little bit about what resilience and healing are, and then I want to get to turning things over to my colleagues, so they can talk to you about strategy. Resilience can be thought of as the ability to bounce back from challenging events or experiences and to keep rolling, to keep moving forward in a way that really supports well-being. This ability builds on a specific personal strengths and often really have the strengths of flexible thinking, which is really important, as well as being able to look at the same situation from a number of different points of view or perspectives.

These two strengths are often some of the critical ones that we each bring forward and use when we began to move through a process toward resilience and move through as, Brandi noted, the process of healing, and I want to go back and emphasize that a bit. Healing can be thought of as a process. It's not something that finishes, and I'd put forward, that we spend time throughout our lives healing from those difficult experiences and learning and being resilient and really building strength throughout our lives. This process repairs disruptions in health and well-being. It leads to the recovery of abilities and functions.

And along the way growth occurs and that builds new strengths. Healing from a traumatic event doesn't mean forgetting the event or erasing its effects but bouncing back and moving forward. The events and its effects can, over time, be remembered, understood, and felt in new ways, and often that remembering, understanding, and feeling in new ways can reduce the distress that the original event caused. This process can uncover and expand personal strengths. So again, whenever we talk about trauma, think about resilience and healing or the healing process. Now, with this, I'm going to turn this back over to Brandi and get to some of the really exciting part of this work, which is thinking about strategies for coping and healing. Brandi?

Brandi: Thank you, Cathy. You guys are giving us great feedback and insight in the question pod. We're so grateful that you feel safe enough with us to really share where you are and what you're thinking. And Cathy, I really just wanted to emphasize something that you said, which is,



you know, we're each impacted by trauma in different ways. We all have a different journey in what that looks like. And as you guys have experienced, you know, in this point in time, as we've really been holding each other and our families and our communities through this pandemic, we've each experienced it in different ways. And here's what I would say, if you let me get to say it like I would back home [Laughing] I would say wherever you are is right where you ought to be. Wherever you are is right where you ought to be. If you've experienced loss, you've come through things that, you know, you've never experienced in exactly these ways before, and you're not in a place yet where, you know, you're transitioning onto the healing, you're right where you need to be, honored where you are and stay connected.

We're going to share some resources throughout the remainder of this time together. But in Cathy, I'm inspired, too, by one of the other questions that came in early on, which was, "How do we offer support to each other and our families?" If folks, you know, for instance, are – are worried to reach out or they feel nervous to reach out, or if they feel like there's a stigma, if they reach out, and the word that was used in the chat was about pride. What if our families, our colleagues, or even myself feel worried that my pride will be hurt because I just, I feel ashamed. What I would offer to you guys that has been really helpful as we've done this work and so much more, is when you have ideas and resources that you would like to offer for the greater good, we try to do it in a universal kind of way.

So, for instance, if you know that a family might be able to benefit from a specific resource, for instance, on job loss, we sometimes couch it in a way that's, "You know, this is a hard time. Many of us are experiencing things that we haven't before. We're offering this for all of the folks that we have the honor to partner with. So, if it's something you need now, take it. If it's not, maybe you can offer it to a friend that could." So that way, it takes the pressure off of you guys in trying to jump into a conversation that might feel a little like, "I don't know if the family is ready for this. I don't know if they'll receive this." It gives us the space to really lean into where we are right now, offer some things, and see if they are received, and if they're not, that's data for us, too.

At least we got to try, but really in a way that's open based on, you know, what folks might need today that they didn't even need yesterday. So, we'll come back to some of those things. I'll let Cathy ... I'm really excited to transition into these seven strategies and what we're going to do is, as I hand this over to Josh, he's going to take us through all seven at once. And my anticipatory guidance for you is all seven are going to be on the slide. And so, you get the screenshot opportunity everybody, [Laughing] and he's going to take us through these, the first few, and then we'll pause and check in with you guys again. All right, Josh. There you go.

Dr. Joshua Sparrow: Thank you, Brandi. Thank you everybody for joining us and thank you for your really important questions and comments. There's a lot of pain and struggle in these questions, there's a lot of hope and desire to provide caring in so many of these comments. On this slide, which is a screenshot opportunity, Brandi just pointed out to you, we have seven strategies for coping and healing, and I'll briefly talk about the first three and then bring in my colleague, Debbie Sosin, to talk about the remaining strategies. I wanted to start by reiterating what Cathy said, which is that trauma is common.

One out of three or four women experiences sexual assault in their lifetime, and one out of six men, and that's just one form of trauma. We all know that there are many more. And the second point I want to reiterate is that trauma is not destiny. We all know about the adverse childhood experiences studies, and these can have long-term consequences on adult health and mental health, but all that means is that there is an increased probability, not that it is definitely the case for any individual.

So part of why these strategies are so important is that we can actually have influence over the course of our own lives. Trauma is not destiny. So I'm going to start with "Establishing Safety." And probably just about all of you have been in situations where you knew a child or an adult, whether a member of a family you were working with or someone in your own family was in danger and you knew you had to do what was in your power to help that person find their path to safety before you really could do a whole lot else. So it's important to be clear that that's the first priority is survival and protection. And that healing is hard to do when we're still under threat, in part because we still continue to be in that mode of fight or flight or freeze. Yet, in the current COVID-19 context, none of us are in the clear yet. We all are living in this ongoing situation of risk and danger.

But we can find our lifelines. We can find our rescue routes. We can identify who are the people we can count on, who are the people we can call, what are the things that are within our power to do to protect ourselves as best we can. And then, we have to let go of what is beyond our power and really focus on what we can do. Speaking of protecting ourselves. In early phases after a trauma or a series of traumas, or even as an adult, when we are still early on in the process of healing from a childhood trauma, we may behave in ways which are absolutely the best that we can possibly do, but that are hard for others to understand and are often hard for us ourselves to understand, confusing and even frightening for others and ourselves.

Some of these initial ways of coping with trauma are avoidance, mistrust, anger, guilt, pulling away. And this can cause a distress in ourselves and in others, it can disrupt our relationships, and deprive us of the – the nurturing and care that we need in those relationships. So these early responses may not seem adaptive, but it is our early effort to protect ourselves and it is early because we're pulling away from relationships because we might've gotten hurt badly in one or a couple and then we cut all of them out even though there are some that we absolutely need that are strong and healthy and will help us heal. But early on, it can be very hard to know who really cares and who you can really trust.

So these are the early efforts to regain a sense of control and gain some sense of mastery, but it is at this cost that limits how far healing in this phase can go. Next comes, "Self-Reflection," which is really tuning into what happened to us and how it's affected us so that we begin to look at the ways in which we've been attempting to protect ourselves, attempting to have some sense of control or some sense of mastery, but in ways that have ended up pushing away people who we love and need and can trust or could trust. And so we take stock of the ways in which the hurt that we suffered has made it hard to heal. We take stock of just what it has hurt, how badly, what parts of our life it's disrupted, what relationships it's disrupted, and it is in taking stock of what we've lost, how it's changed the way we think about ourselves and about

others, and about our future that we can begin to put words on to feelings. And as we find those words we're able to bring to bear our ability to think about feelings that often start out without even having words connected to them.

And that begins to really give us more control over the earlier phase of healing, where we may behave in ways that end up ultimately not really serving us. So, as we reflect and find our story, we may first find earlier versions of it where we blame ourselves, where we feel guilty, where we take responsibility for things that actually were not within our control, where we tell the story that somehow this has changed us in ways that it hasn't, or that this has shut down our future in ways that it doesn't have to.

And – and in one of the comments one of the people participating today talked about the trauma of a suicide of a best friend two weeks ago, and there are so many ways in which that hurts. And in the early days after a terrible event like that, it's really hard to think about anything or even know what you're feeling, or to have one feeling without being confused by all of the other feelings that come up at the same time. And then, as you begin to get a handle on just the feelings you're having, the early stories inevitably are, "I should have done this; I shouldn't have done that; if only I had." And so there's a kind of negotiation with what – what is already said and done.

And then, there is often the – the guilt and the – and the self-blame. And so part of what's so important about this part of healing after the initial shock and the initial numbing and the overwhelm of feelings, and then maybe the pulling away and retreating, is to take stock of what are the different stories I'm telling myself about what happened, about this other person, about this loss, about me. And are there other perspectives, are there other ways of looking at this? Are there other meanings that I can make about what happened?

And then, as you've gone through this process of self-reflection and able to put words to feelings, discover some of the assumptions and negative beliefs underlying some of the early stories that you might've told yourself that aren't the truth, that are an early way of making sense of something that's so hard to comprehend, maybe even impossible to comprehend, but that don't have to be the way that you understand what happened to you or what happened to the other person or your experience of the loss.

And it's very hard often to be able to talk with anybody about what happened to me or about, for example, the loss of this person who is with us today, especially when there is self-blame and guilt and remorse. It's very hard to be able to talk about it with someone else for a number of reasons. Talking about it with someone else can make it seem real when you're not ready to have it really seem real. It can run the risk of feeling like, "Well, what I'll hear back will be exactly what I don't need or want to hear."

Often, for someone who has experienced trauma, there is this fear that, "No one will really understand and no one will really care and if I tell anyone, it's just going to reinforce myself that but no one can really help me because I can't trust that I will get the response that I need." So connecting with others and telling our story is not about telling everybody, it's about going through this process of self-reflection and looking at the different stories we tell ourselves as we get ready to look at, "Is there one person in my life who just really knows how to listen and

to listen without judgment and who I can trust to really work to understand me and my story and the way I tell my story?"

And when we get to the point of being able to identify that person and tell our story, we are then another step along the way in regaining a sense of mastery and of control, because as we tell our story, we are telling the story of what happened to me, the meaning I've made of it, what it does mean about me in my life, and what it absolutely doesn't really mean at all about me or my life or my future, or the people in my life who I care about, or how I understand the world. So I'm going to pause there and turn back to Brandi, who may have some questions and comments from you.

Brandi: I have absolutely do, Josh, and thank you so much. Every time you speak, I just, I've learned, I love, I just love to sit at your feet and listen to the way that you bring things together, and there's so many pieces that I want to resurrect here. Not only, you know, based on how you gave them to us. Like for instance, you kicked us off with, "Trauma's not our destiny." And – and it really hearkens back on, you know, Cathy, a statement that you made about, "We're not defined by what happened to us."

And I really am grateful in our community across this country how we've learned for the littlest ones, you know, in our classrooms, on your caseload as a home visitor, when they have a behavior that challenges us to stop and ask, you know, what's happening to you, not what's wrong with you. And I really hope that, together, we can convey those same permissions and graces to the grown-ups around us, [Inaudible] that Cathy inspired us to say, "I wonder what's going on? Wonder if I could be a support?"

And just standing in that space of openness and acceptance based on what the family tells you about how they're ready. But Josh, there's some things I want to unpack here with you, too, if that's OK, before we transition to a slide where you're going to interact with us again, everybody. There's this really critical question that I think would be useful to, of course, hear your words, or Cathy, Debbie, if you are inspired to jump in, please do. And the question is, "How can I help others heal if I'm not at that place my own self? How might I have an impact with others and for others around me if I'm in a place where I'm doing my own good, hard work?" What – what comes up for you there, Josh?

Joshua: Ah, well, I'm just thinking is that not true for anybody? Yeah. Well, I – so I think there are moments where we probably can't and probably have to pull back and just take care of ourselves. That's why there are things like a bereavement leave, and hopefully people have that and can take it, but there are times where the overwhelm of the emotions, as with the loss of a loved one, is just too big and too confusing to be able to get through it, to be with someone in – in those sort of early phases.

There are other times, and I think you can measure this for yourself, and I think it's an individual thing, where you can use the strategies that many of you, Lori, have already outlined even before we began, whether it's deep breathing or yoga or meditation or creative writing or journaling or exercise or singing, or any other sorts of physical activity or calling a friend. When you're at the point when you can use those kinds of things to move away from the overwhelm and to be present with someone else or in another activity. I don't, I think when you're at that

point, I think the fact that we are still struggling with our own recovery doesn't mean we can't help other people. And in fact, sometimes people worry that we help other people instead of helping ourselves.

But I think that we can do both and I think that they can often actually be, mutually supportive. But I think it's distinguishing when we're actually in that phase where we're so flooded that we can't get through our own thoughts and feelings to actually be present. And then I think, you know, if there's any way possible, to take a break. I mentioned the experience of – the immediate experience of a loss of a loved one. Another example is when there is a pile up of one loss or other kind of trauma after another in a very short period of time. And then, I think it's important to be able to take a break from helping other people to be with the people who can support you.

And I know that that's easier to say and not always possible, but I want to be respectful of those realities, but also respectful of what I think this question brings up, which is that we're just not always in the kind of shape we need to be able to do the very hard work that we do. I also wanted to add with regard to that question and that one that I mentioned earlier, that, as much as we would like to be able to help in whatever way we can, or folks to also turn to their informal supports, whether it's families or friends or neighbors, and also to formal supports and communities, again, understanding, the limitations of resources and communities in better times and the limitations now where that may have to be virtually.

Brandi: Josh, that's such an important point. And I also, I can't help but just stop for a second, and again, thank folks that are here today for sharing part of their story. Not only are you guys telling us some of the most hard pieces of your journey that you've been through, but you're also telling us the incredible things that have happened on that journey, also. You're teaching us about being able to stand in that space of something very difficult, or a lot of somethings that are very difficult, and also what it's meant to you and what it looks like on the other end and wherever you are in that journey. So, I – I Josh, I don't think I have the proper words, to be honest. I'm just so moved by what's happening in the dialogue that so far you and Cathy have offered and what each of you are sharing in the Q&A pod. And I just ... Please.

Joshua: I think we have to be accepting of whatever words and not expect there to be proper words. You know, other people are asking about how to share their story when it might be upsetting to others. And I just wanted to clarify, as I said it is healing to share our story, but not necessarily with anyone or with everyone. But there are instances in which it can be healing, but that means being at a certain point in one's own process of healing.

And an example is Jane Clemente whose son committed suicide after his freshmen college roommate filmed him of having sex with another young man and then posted it on Facebook. And Jane Clemente has created the Tyler Clemente Foundation to fight against bullying in schools all over the country. And so, she tells her story everywhere she goes, but she's at the point where she's figured out that the way she will heal from this terrible, shocking loss is by doing everything that she can to have the loss of her son not be for naught.

Brandi: And, Josh, that's an incredibly powerful example of some other things that we're seeing in the chat and that folks have offered. Like, you know, "I came through this really series of hard

things, but I learned to lean on others. I learned to say that I needed help and support. I learned that I didn't need to be as strong as I thought I did. I learned that I could, you know, just humbly offer myself in the space and truly feel whatever I was feeling in those moments." You know, these – these are important for each of us. And what I also appreciate about this is often, and gosh, I'd be interested to see if you guys agree with this, as we're figuring out our own journey toward healing, sometimes the thing that we can do to propel us the fastest is to give that same gift to others.

It's real. Josh, I love how you said it. I mean, we are all in that place and we will all be in that place, and if we can figure out what that looks like and how to bring others along as we're ready, as they're ready, but just acknowledging that, you know, this is part of being a human being, and we come to each other in our interactions with grace and love and forgiveness and kindness that inspires healing in and of itself. And when we feel like that we've contributed to somebody else's journey, it sure does do a lot for us at the same time. So, I love that kind of, you know, ripple out effect.

[Inaudible Feedback]

Joshua: You know, there's one more that I wanted to mention which is ... [Inaudible Feedback] I think we're hearing feedback. I just wanted to mention one more, which is that caring for infants is healing. I just wanted to lift that up because that is true for so many of us, and it's a good example of how we can care for others even as we are struggling with our own process of healing.

Brandi: Josh, that's beautiful. Thank you so much. Well, you know, that if we just let ourselves, we would wax poetic all day and [Laughing] I mean, how long do you guys have? Can you hang out for a few more hours?

[Laughing]

Let's stay together. I know that I have a job to facilitate us forward, so let me pay attention to that, as well. And one of the things, and we're just going to stay here for one second because, you know, we're really in this place of a little bit of a tease, 'cause Josh gave us four of the seven strategies, and Debbie is going to bring us the rest of them. But in service of sharing your story, in service of giving, you know, your experience about ways that you've found that you can help yourself and others feel seen and heard. I love this question. Doesn't it make a difference when ...

I mean, you guys know, we know all of the tricks and we know all of the things that make each other feel deeply connected to each other. It's the things that we've used organically as part of our culture for so long. I, it's active listening. It's making eye contact. It's putting our screens away. It's being in a space and using silence. What are the things that work for you? Or what are the things that you've found that have really worked for others? We're going to collect some of these in chat and again, you know, one of our favorite things to do in the way of lifting up your voices is to come back to you, you know, perhaps when this is archived with some tip sheets or a compilation of your ideas so that you can have, you know, these for the greater good, not only to share in your programs, maybe in your communities, with your families, whatever you feel like it would be most advantageous.

So give us a few ideas in chat about ways that are successful in helping you feel seen and heard. And I – I want to just lift up a few here. I hear – hear and see things like not being judgmental. I love this one, Karen. The way that we can stand in a space of no stigma, no judgment, just openness and connection. Darcy, I love this: "Write letters or send cards." I mean, guys, how wonderful is it when you see something in a handwritten way, when you get a card in the mail, or, I know many of our colleagues have been going around on their bus routes and leaving packets for our kids and families, and really going above and beyond the mixture that we all still feel connected to each other and having that in the written word is such a powerful testament to feeling and being valued. Let me take one more. It looks like also a voice tone.

That's important, too, Sabrina. I really liked just the thoughtfulness of how you are and the ways that we come to each other and really learning from what works for others. Some of you in the chat mentioned earlier, humor is a really good [Laughing] medicine and I would fully agree and support that laughter and being able to laugh together is certainly therapeutic. So, keep those coming. Tell us what really helps for you to feel seen and heard and what you've done for others that you've found to be successful in the chat and we'll try to circle some of those back to you guys. With that though, I want to make sure that Debbie gets the chance to tell us about strategies five, six, and seven. And so, Debbie, take it away.

Debra Sosin: Thank you, Brandi, and thank you, Kiersten and Cathy and Josh and Brandi for sharing your thoughts and – and ideas and – and very moving and powerful words to – to all of us. It – it's such an honor to be here as we talk together about trauma and – and healing and truly knowing and believing that – that healing can occur. So Josh has walked us through four of the strategies that are part of the process of healing, and I'll share with you three additional strategies. The first being "Self-Regulation" and clearly, as Head Start and Early Head Start professionals, we know that self-regulation is a skill that we help little ones begin to learn and practice when they first start with us.

And self-regulation is a life-long skill and it helps us cope with our thoughts and feelings. So by self-regulation, we really mean how we manage our thoughts and feelings in order to take actions that help us reach our goals. This may include actions we take in all areas of our lives, in our relationships, at work, at home, really in – in any setting, self-regulation is such an important skill. So, how do we manage our thoughts and feelings is influenced by many things, but particularly influenced by our relationships, past and present, and our cultures.

Self-regulation allows us to experience really big feelings and then find ways to settle down. If we can reflect – if you would reflect for a moment on a really strong feeling or thought you may have experienced the last few weeks and hold that in your mind as we move forward. I know so many of you have already shared in the chat, different strong feelings you've been having, so hold that please, as we continue to talk. So when we're able to regulate these very strong feelings, they won't interfere with our ability to think clearly, our judgment, our decision-making, and actions.

And as Josh and Cathy both shared, trauma can sometimes impact all of those areas. So when we've settled, and we'll talk about some ways, and you've already talked about some ways that are helpful to you in settling, we can better understand these strong feelings so we can understand where they're coming from and what the feelings might be telling us, and as we

come to understand these feelings, and not just our immediate responses to a situation, we can then make decisions and take the actions that best serve us, that are most helpful to us, and not responding reflexively to our past experiences.

You know, again, as Head Start professionals, we know how important self-regulation is for children, and that being certainly a goal in their journey towards school readiness. I – I imagine that we've all had the opportunity to see young children, either our own or our Head Start children develop the ability to self-regulate over time, and how exciting that is to see that develop in a child, but again, this is a life-long skill and there are times in our lives when we have a greater ability to self-regulate, and there are times when we might not feel that we have that ability.

So, we know that traumatic experiences can disrupt self – self – self-regulation. We may be more irritable and more on edge when we're feeling ... When we've experienced trauma; we may be quicker to think that we're in danger, so these are the ... That children who respond so quickly to something because they feel they might be hurt, and as adults, we feel that we might be in some danger and respond more quickly. We react before really being able to take an accurate picture of what might be going on. And these are common responses that so many of us feel when we've had traumatic experiences.

So it's important to know what sets off reactions like these – these reactions that disrupt self-regulation. So, knowing those, it's also important to think and to know that there's strategies that nurture and soothe us and can help settle us when we are experiencing strong emotions, or as Abby Cadabby from Sesame Street – Sesame Street says, "When we're feeling those really big emotions." So, you know, take a moment and – and reflect and write in the chat about the kind of things that helps settle you when you're upset. What works for you? You know, many of us know what helps – would help us. A few strategies that we might think about or include, you know, and Josh has spoken to this, and Cathy, talking to a loved one or a friend, someone who we know may understand us, someone that we can trust. Taking a walk, getting outside, doing some exercise in yoga or yoga, doing some deep breathing or meditation. And, you know, meditation can mean many different things.

I was on a call with some people earlier, and a woman was sharing, one of the teachers at a Head Start site, was sharing, that for her baking is a meditation. She loses herself in the moment. For me, washing dishes is meditation. So it's a way to lose yourself and be fully present in the moment, listening to music, loud or soft, depending upon what works for you. This is a really important one that can help soothe us. Not always easy, but taking another person's perspective and I think both Josh and Cathy spoke to that.

So, trying to think about, "How is my friend seeing this situation? Why might she be feeling so strongly?" Thinking about things like intent versus impact? They may say something to me with one intention, which is kind and loving and supportive, and it may have a very different impact on me. It also can be incredibly helpful to look for the positive. "What am I grateful for in just this moment?" So it can be helpful for each of us to make a list of the things that help us. So when we're most stressed, we can pull that list out and look at it.



Either pull it out mentally or physically pull it out and remind ourselves of what we need to turn to that can help us settle ourselves. And it's important if you're able to think about ways that are easy or effective to use in all kinds of situations. Sometimes, just taking a brief timeout to reflect can be helpful. So, as you focus on your coping and soothing strategies, you know, it's important also to think about what self-regulation might look like for other people, for other, for your colleagues, for other staff, for parents, and children. This certainly is an example of perspective-taking. And, you know, clearly one person's soothing strategy may not be so for another person.

So we're – we're all different and – and yet we all can be soothed with these strategies. So, let's move on and look at another strategy: "Repairing." This is a strategy that is so important when we reached this point, and I think Josh began us by talking about some of the early strategies are so important because they help us where we are in the process of healing, where we are in this journey, and sometimes that self-protection is exactly where we need to be as Brandi said, "We are where we need to be in the moment." And when we're ready, repair – repairing relationships can be a very powerful and healing aspect of this journey and can make relationships stronger.

So, traumatic experiences, both in the past and in the present, can influence how we perceive and interact with other people. For many reasons, these experiences can make it hard to trust others and contribute – can contribute to conflicts in our current relationships, every day. You know, of course, conflicts are common in every relationship and can occur in any relationship at work with staff, with families. So it's important to know that conflicts are part of living and also to remember the conflict can be overcome and that they're not necessarily negative. Often the process of repairing relationships can make them even stronger.

As we know, relationships require effort, care, and attention. I love the idea of sending cards and – and as a way to support others and – and their ways to care for relationships, you know. Of course, some relationships are easier than others; most will not always be smooth and easy, and "always" is the key here. So, take a moment, and – and think about some of the challenges that you might face or that we all face in relationships. We face misunderstanding, disagreement, conflict, hurt feelings. These all come up – all, some in – in conflict. And the way we express these feelings and how we respond to them can vary from person to person. They can also vary from culture to culture.

And so, for those of us who've experienced trauma, these feelings of conflict can be particularly frightening, and really that's because these past experiences can affect the way we interact with others in the present moment and how we understand their reactions. So our old feelings from the past can get in the way of our present feelings and make it more difficult to be clear about what our feelings truly are in the moment, why we might be feeling them, and what they mean. So what we're talking about is really being able to use self-regulation to help us to repair relationships.

You know, feelings about present relationships can become blurred with feelings from past traumatic experiences and certainly can be complicated. One of the feelings that's very common, and I think Josh mentioned this, was a feeling of helplessness early on after having had a traumatic experience of feeling of powerlessness. It's often common in traumatic

experiences and can make it hard for us to believe that we have the power to handle a conflict constructively, and we may choose to deal with conflict by withdrawing in some manner – that self-protective place that Josh spoke about. And even as we do this, if we need to be in this place as Brandi said, "We are where we need to be," in this safe place, this self-protective place, we can still work on noticing the old patterns of avoidance and distress, of distrust, and perhaps numbing our feelings and know that there might be a time that we would be ready to come back to the relationship.

So let's think about some strategies that might be helpful if we get to that place. We might give ourselves a break, some time alone to sort through what's going on. Just taking a breath. And this reflection can help us identify the feelings from our past traumatic experience. We might work to distinguish those feelings from the ones that are coming from the current moment, and we can strive to come back to the relationship. It's not always easy, but can be so powerful. You know, I'm thinking about trauma not being our destiny and one of the quotes I'd like to share with you is by C.S. Lewis, and that's, "You can't go back and change the beginning, but you can start where you are and change the ending."

And that, to me, is what healing is all about. We can model hope of being able to listen and work things out and we can try to find and take acceptance of our role in the misunderstanding and what the conflict may be about – be about. So we also know that traumatic experiences may make it harder for us to believe in our ability to repair conflicts that may occur in our relationships. Yet, we can continue to heal when we mobilize our own willingness to repair these relationships. And as we know, this process of healing is a journey, and it takes time. Preparing relationships may take time and may not be complete, but the commitment that we make to heal the relationships helps us heal from trauma. And the trauma-informed culture that Kiersten mentioned at Head Start that we all so deeply believe in to find safety and trust can help all of us heal.

So I'd like to move on to the last strategy just for a few moments. And this is a strategy that – that makes me most joyful. This is, "Celebrating Strengths." And we know that Head Start professionals are always thinking, or trying to think from a strengths-based perspective. It's deeply embedded in the Head Start cultures and, you know, families are resilient and they can heal from trauma. We, as individuals, are resilient and we can heal some trauma. It's so important to hold that belief. We know that families can draw on strength to heal. So what I'd like to do is look at three particular areas.

One is family cultures, beliefs, and values. You know, we talk so often about the importance of honoring and understanding other's cultures and beliefs and values, and there's so many things that a family's culture can bring a positive sense of identity for all of its members, a sense of connection between the present and the past. We may know that we've not only survived, but we've thrived through the past. We can use our shared beliefs and values to come together and to make meaning of difficult situations, and we can reinforce each other's hopes for the future.

So that sense of culture, beliefs, and values is so important to ask families about, to ask ourselves about, to look at and use these to help us heal. Family communication, and I would say this is communication for all of us. So communication is built on trust, and families can build trust when family members, and I can shift that to all of us can build trust, when we strive to

truly listen as both Cathy and Josh have said, to truly understand and also to check out that we've been understood. So, that may mean asking, if we have questions and not assuming, that active listening. Families can also use these communication skills for cooperative problem-solving and resolving conflicts.

And lastly, a family's sense of belonging to a community is a family strength. Just being part of a community can help families create a sense of safety and trust. And Josh started with letting us know how important that sense of safety is. You know, with this belonging, with this sense of safety and trust, families can build healing relationships, beyond just their nuclear family. They can extend the healing circle to other family members, to other people in the community, to neighbors. They can identify resources and opportunities in the community that can be essential for the healing process.

So another important thing for families to think about is that many families have had long histories with experiencing adversity, including poverty and racism that can help the – that can make families feel worn down at times. But we know that families that have experienced so much adversity may also develop their own strengths over many generations to deal with these challenges and survive and thrive. Spirituality is such a big strength for so many of us. And by spirituality, I mean many different things; that word can mean many things to many people, but in essence, it's something greater than each of us and the process of healing involves something greater than each of us.

So I'd like to just take a moment and look at the seven strategies all together again, and to share that they do build on each other. This isn't linear like development. It's not a straight line and we may go back and forth between the different strategies. But hopefully, they will all help us in our process of this journey of healing. So I'd like to turn back to my colleague and friend, Brandi, to share with us some takeaways.

Brandi: Thank you so much, Debbie. Before I let you go though, we've had a request to repeat the C.S. Lewis quote before you go.

Debra: C.S. Lewis quote. OK, let me find it. That is a fabulous quote isn't it?

Brandi: [Laughing]

It is!

Debra: OK. "You can't go back and change the beginning, but you can start where you are and change the ending." So you can't go back and change the beginning. What's happened has happened, but we can start where we are and change the ending.

Brandi: I love it, Debbie, after you've repeated that, even right now in these moments, I hear it differently both times. Like I feel emphasis; I'm guessing that's based on where I am right this moment. But that really does help to bring together, I mean, it's such a poignant place to sort of pivot here. And one of the things that I want to mention, you have so many gifts in that dialogue and – and one of many that stood out to me were your connections to community and how each of us, when we're connected to, or part of a community, I'm using my words now, it's almost like a protective factor.

And I mean, we know what that means 'cause we live in that space, right? All the time. But that in like sort of connections to the way that our families love us so much in Head Start and that we're often the person that they do seek out. There's also been a few role-based reflections and questions that have come up, and I want to honor those. So, let me say two things real quick. We have about five minutes left in the actual webinar, and we're going to do some close out. We have some resources to offer and share, but don't forget, if you have the moment, we're going to do the after chat so we can keep collecting these kinds of questions. We're going to hang out for at least 15 more minutes to address ones that have already come through and maybe other ones that come up for you.

But, Debbie, taking us back to that, this notion of connection to community, this notion of, "Well, I want to help, but I'm this role and I don't know if that's overstepping my bounds or I don't know if that's the thing that I ought to be trying to support because dot, dot, dot." Like, we could all fill in the gaps. One of the things that I want to hold here is our families look to us as trusted people in their circle of support and part of that is knowing when to make connections to others. Hey, you guys, we have a network. We do this engagement business better than anybody else.

[Laughing]

We really do have our own connections to community. We have networks all over the place. You have mental health consultants on your team. I know Kiersten mentioned different kinds of monies that are available right now for you to, you know, put your hat in and many of you are really enhancing out the way that you're using your mental health professionals and expanding that within the context of your program. So, be honest to who you are and your role. Be a connector. If you feel like you're in a place where you're wondering, you have a whole network of folks who you can make that linkage to, which is so important. and if you are in that place where you don't know what to say and you've heard and you're held in some holding something that's really, you know, deep and hard for a family member, it's OK to say, "I'm not exactly sure what to say, but I'm just so glad you told me."

Because together, you're going to be able to figure out, you know, what those next steps are. So goodness, we could just spend the rest of the day with you guys. I don't know what time zone you're on, but [Laughing] we could really clear some space to hang out. Let me show you a couple of key takeaways and then I'm going to turn it back over to Kiersten so that she can showcase a little more for us about the OHS Head Start Heals campaign. But I want you guys to have these, there's so much of this, I'm grateful to report, is reflective to what you've been sharing with us in chat and in the Q&A. Josh, hearkening back to what you said, we're not defined by our experiences, and how we are and what we do as grown-ups that's meaningful.

We're – we're communicating through the way that we're interacting and more so, I would humbly submit, that when folks are behaving, we can take and make meanings from what that is and what it might mean, and how to embrace in a way that's nonjudgmental and open. And I love this part because it's healing-centered, together with those healing-centered approaches, as Catherine said, trauma-informed, we can grow and thrive. We can do it together. It's a journey and not a destination. Healing is possible for each and every one of us, and it's going to

look different and that is not only OK, it's expected and it is part of since I'm in early childhood house here, a developmentally appropriate trajectory.

Period.

[Laughing]

Offering ourselves those same graces. We kicked off with self-compassion; we should bring that back to our memory. Making sure that we give ourselves those same graces that we do others is an important part of how we heal on our own. And we're not by ourselves. We have each other. We have an incredible community across this country that is doing amazing things and you inspire each of us in our work every single day. One last quick bit here: This is a poem that, and I mentioned her at the beginning of our time together, Yasa Moritz shared. It's on the webinar that I attended, I think it was last week, but it's called, "Invisible Hugs," and we thought that it was appropriate to, in this part of our conversation with ...

I'll do my best to give it this same power that she did. "This is the time of invisible hugs, of the hold on tight, despite. It's now in the world of distance, that we can work at the intention of remaining together." Remaining together. I'll leave you with that as a transition over to Kiersten to tell you how we can stay in touch, where you can find resources, and then stay with us because they're going to come back to the after chat. Take it away Kiersten.

Kiersten: I'm giving all of you virtual hugs right now, every single 5,001, of you.

[Laughing]

Thank you all for your participation and also hugs to our National Center folks. If you want to get some connection going with each other a little bit more than we were able to support today because we had so many of you, you should check out MyPeers communities, if you're not already part of – part of them. You can ... There's a Mental Health one and an Opioid Misuse one for substance use disorders. There's a Staff Wellness Community and a PFCE Deepening Practice Community.

And so you can go to the ECLKC and find the MyPeers link at the bottom of the page and you can sign up for those. You should also know that we have this really cool Text4FamilyServices service and you can receive messages on your cell phones from the National Center with related resources for your relationship-based work and your family engagement work with your family. And then finally, I want to let you know about what's coming next for the Head Start Heals campaign. We have these upcoming Office Hours and we're going to be covering some tough subjects and taking questions with some experts.

So we'll be talking about supporting families who may be experiencing domestic violence, families who are impacted by substance use, and we'll talk a little bit about child welfare and best practices for engaging with families around child welfare involvement. Then, we also have some ... What we have our upcoming webinar, the Five One Five is no longer upcoming 'cause we all check this check box. And then on 5/12, we're going to be doing "Addressing Trauma in Classroom Settings," "Preparing for Challenging Conversations with Families" in June.

All of this stuff is recorded. It is available at the Head Start Heals – on the Head Start Heals page, which you can find on the front page of the ECLKC, and so you can definitely revisit these

things. I think it takes a little bit, a couple of weeks to get these up. Actually, no, they're on-demand, my bad. These are on-demand, so they should be up soon 'cause I know some of you wanted other staff to be able to listen in today. Lastly, and I just kind of touched on this, but you can email [trauma@eclkc.info](mailto:trauma@eclkc.info) if you have questions about the campaign and here's just the – the link to the website as a reminder. And then Brandi, did you want to touch up, you know, say a few things about the evaluation before we move into after chat?

Brandi: I absolutely do; you read my mind.

[Laughing]

I do 'cause you guys have this question as predicted. You will have an evaluation link in your email after we close out the webinar today and yes, you will get a certificate. We know that you guys are doing such incredible work and expanding out your own professional development trajectories as you're really tuning into a lot of these, and we know you need the documentation to support that back at your program.

So you will receive a certificate and an evaluation link. So please tell us what you thought, what you liked, what you want more of, what you would tinker with. We really do appreciate your voices and we absolutely try to make changes and confirmations [Laughing] based on what you teach us with your words, not only here in the Q&A portion of the screen on the left-bottom side, but also in those ways of the evaluation. Now for those of you that are still here, and it's still a whole lot of ya, we're going to hang out for a little bit and do what we call the "after chat." So, we're going to ...

We have a couple of questions that you've offered here as we've gone through together that we want to start with and then if others occur to you as we are still together, please feel free to continue to add those in the Q&A pod and we'll do our best. As I mentioned earlier, in case you came on a little late, we are collecting the questions. We're really trying hard to quickly track trends and patterns. So as you're telling us the things that you appreciate and what you need, we're putting that all into a big 'ol pile.

[Laughing]

We're trying to, you know, be responsive. So, if we didn't get to everything today, we are figuring out what vehicles we can use to circle back to those things. So I'm going to pause here and offer a question to my friends, Cathy, Josh, and Debbie. One of – one of you kicked off this question, but it's manifested in a couple of different ways, and it's a very real question right now for so many of us, and it's about burnout. What do we do? We're in this profession where we're helpers and connectors, and I'm feeling it. Josh, Cathy, Debbie: What kinds of stream of consciousness comes to your mind about how we can help each other make it through those spaces of when we have just feeling it, too?

Debra: This is Debbie. I – I'd be happy to start that and then look to Josh and Cathy to, and Brandi, to jump in, but when I think about burnout, I go back to the self-regulation and some of what we think about self-regulation. And although burnout may feel at times like no feeling, it really is a very big feeling. And so with that feeling of burnout, I would suggest kind of using some of the same strategies to take a step back, to really reflect to take some time to take care

of yourself. There's another quote that I so appreciate by Audrey Lorde, is the civil rights activist and feminist, which is "Self-care is not self-indulgence, it is self-preservation." And we all are in this field because of our deep commitments to children and to families, and wanting to, in essence, make the world a better place for them, and there's a lot that we do do and can do, but allowing ourselves to know that we can't do it all and we need to take care of ourselves in the process.

You know, I've been thinking, particularly now with all that we're experiencing with the pandemic, and being a person in Boston, that this isn't a sprint, this is a marathon, and we really need to pace ourselves. So, going back to Brandi's words much earlier, we are exactly where we need to be in the moment, allowing ourselves to be there and taking our care of ourselves to move through. Josh? Cathy, anything you'd like to add?

Catherine: I think that was perfect, Debbie.

Debra: Great, thank you.

Brandi: Well, Cathy, while I have you off mute, let me take the opportunity [Laughing] to ... One of you asked early on about an opportunity that is now in our Performance Standards and it's related to our requirement for parenting curriculum and your direct question was really about, "Are there ones that are out there that really lead into this space of trauma and healing, and where might we find out more about that?" So, Cathy is one of the experts on our team that's done a whole lot of work in that area, so I wanted to open it up for her to offer some thoughts and insights here.

Catherine: Sure Brandi. Yes, there are a number of parenting curricula that really address trauma and difficulty and the stresses of parenting and just the stresses of living. And a number of those particular parenting curricula were actually developed for folks who were really struggling, and then they said, "Oh, these work so well for these folks, let's open it up for everybody." One of the ways to really find them is to actually go onto the Parenting Curricula Database on ECLKC.

And if you look at the column that says, "Description," it'll give you a description of what the focus is of that parenting curricula, and you'll see there are a number of them that says – that say, this talks a lot about what it means to be a parent and what it's like to really manage stress. And sometimes, they're even three or four different sessions that happened before you ever talked about what it's like to parent a child. The three or four beginning sessions are really all about self-care.

So, and there probably are maybe at least 10 or 12 of – of the parenting curricula [Inaudible] that – that do this or more. So I – I think it's really important to do a little research and take a look there and then go to the developer and see what else they have to say and even look at how they might've developed it – developed the parenting curriculum 'cause it's a wonderful place to really open the door to discussing both trauma, but, moreover, healing and resilience in the context of – of being a parent and – and using our roles as parents as really a way of healing and thinking about healing is – is really marvelous.

Brandi: Well, Cathy, I really appreciate that and you're getting a lot of feedback in the Q&A pod. One of the things, too, that we've heard that you guys have been doing for awhile, and we're really starting to enhance in this – in these times, several of you have begun to do, as families are ready, and as they have what they need to – to make connection virtually offering those parenting curriculum courses, virtually, if the curriculum that you've chosen allows that. The other really neat thing is from the beginning, you had decided that even if you were a mental health professional, for instance, wasn't facilitating those courses for you, that they were in the room, so if something came up that really folks needed more support around that they were there and available just in case.

And many of you have started to think about what that looks and sounds like in a social distancing space. And then, the other thing that we've been hearing from you guys about that too, is that some of you are contracting literally with your mental health professional to facilitate those interactions, so that you have that as part of your ongoing relationship and how you work together in service of, and in partnership with, your families, which is really, really cool. And you know, Cathy, I wanted to check this out with you, too. I know that some of those more ... I'll say it this way and then you correct that if I'm going too far, [Laughing] the more clinically based ones, if you will, the ones that really do stand in that space of, you know, trauma and support, sometimes require higher credentials, certificates, or degrees also, which, you know, you can also find on that – the database that you were referencing that's over on the ECLKC.

Catherine: Right. Well, let me say a little bit more. First of all, there are a couple of people I see that are asking, it's, "What, where's that database?" And it's the Early Childhood Learning and Knowledge Center and it's really a wonderful website. And even if you will go in and Google "parenting curriculum E-C-L-K-C" or Early Learning Knowledge – Learning and Knowledge Center, it will take you right to a database that you can scroll through, you can copy, you can look at that describes a number of parenting curricula. And it assesses them both around the kinds of sessions and their focus, but it also tells you how many sessions and training and what it costs. And so, I hope it's – it's valuable. I just got diverted there, Brandi, from ...

Brandi: [Laughing]

That's OK. It's important to know where to find it. The other way, Cathy, that's a shortcut, too, if he go to the ECLKC, 'cause many of us are frequent flyers over there. There's ... If you go to the topics button, at the top right of your screen, there's a whole button that's a subtopic called, "Parenting." If you click that, it's going to take you on that main page under Parenting as a topic, right to the databases. And what's cool about that is we have it divided out, too, by your program options so you can search, you know, by the way that your program and your systems are set up whether that's center-based, home-based, and even, you know, combo model.

So, it's been really helpful. I mean, according to you guys, thankfully you've really appreciated those as not only research the ones that you chose, but as in this conversation, Cathy, you know, as needs have changed or others have intensified, some of you have sought out new ones, or you've added ones on to really connect with families in what's happening for them right now.



Catherine: Right. So, Brandi, let me answer your question just to say, there are a number of parenting curricula on this list that do provide some therapeutic support for parents who are having special challenges. Although all of them that are up there can be offered to – to any – any parent who has some interest, and that's the advantage of the list. There aren't any parenting curricula listed on that list there that require someone with advanced mental health skills because those we call care, "Therapeutic Parenting Curricula" and they would ...

We set those aside because we wanted to make sure that – that Head Start and Early Head Start and child care programs could look at people on their staff and could involve their staff in being facilitators. Now, some of them do require more skill than others. You're absolutely right there. And so that's something else to look at pretty – pretty carefully. One final thing about parenting curricula. One of the things we're finding in some of the evaluation that we're doing is that not only do they really support parents in their parenting and in – in their own well-being and certainly around trauma, but they ...

That offering parents a parenting curricula really helps them to become much more involved in those goal-directed relationships that I talked about early on across a program. So there are lots of benefits that go beyond some of the specific group material that I think really may be important to – to supporting parents to think about the kind of healing that we've been talking about.

Brandi: That's perfect, Cathy. Can you guys tell we hit a passion point for Cathy? [Laughing] And – and me, too, a little bit Cathy, but I can't compete with you there. I – I think you – you got that one. You win that one. As we close out, I want to offer space one more time for Josh to come forward and give us some closing comments in summary. And then, after he finishes, I'll offer a couple of more logistical pieces before we bid each other a fond farewell today.

Joshua: Thank you, Brandi. Thank you, everybody. In looking at the 1,400-plus questions, there are – are so many of us who have been through a lot, who have been hurt a lot. We are definitely not alone and yet part of what especially certain kinds of trauma like, childhood sexual or physical abuse does, is to make us feel like there's no one else who has been through this and no one else knows, and then no one else can know. But we are not alone. This is [Inaudible] several times a very common human experience.

[Inaudible]

One person asked, "If one experienced trauma as a child, is it possible to heal as an adult?" And I say, of course, it's possible. In fact, some of us don't even remember what happened to us if we were very young – until we are adults. And part of why we can heal as adults is because we bring to bear all of our adult experiences and all of the maturation we have been able to experience. We bring all of that to bear on what happened to us when we were just little kids since we didn't have all of those capacities. I just want to close by acknowledging the – the hunger for this conversation, the commonality of this experience and the commonality of concern for ourselves and for each other and those that we work with. And also in closing, I want to really appreciate the incredible generosity of all of you who've logged in today in

sharing your stories, your strategies, and in sharing the hope that you found in your own experience. Thank you.

Brandi: Josh, I can't say it any better than that. That's a hard act to follow. So what I'm going to do is answer a couple of logistical questions quickly. So, you guys have what you need. As we leave each other, you will get certificates; they will come in your email after the webinar concludes today. That email will also include an evaluation link, so please fill that out. Let us know what you liked, what you want more of, what you want to tinker with. You also have resources to download them, for those of you that are still here, if you didn't get them, go get them. They're not available anywhere else.

[Laughing]

Revealed here for the first time today. They will be coming to the ECLKC soon, but they're not there yet. So it's a whole series of five briefs on trauma, resilience, coping, systems building, trauma-informed organizations. We have something for everybody.

[Laughing]

So, go ahead and download those. Our PowerPoint is also there for you to download. So if there was an image or definitions or something that you saw that you could, you know, you find could be useful, you're welcome to that there. We also are ... Thankfully ... We're so, I want express some gratitude here for the entire National Center on Parent, Family, Community Engagement team. I can't tell you what an effort it was to bring all the pieces together for you today, from our Communications Director, Jackie [Inaudible] to everybody that you saw and heard here, to folks that are behind the scenes that help answer questions. It is a true honor and pleasure to be part of this team, and of course, to be part of this larger Head Start community across the country.

But we wouldn't be here without our leadership at the Office of Head Start. And I want to extend a very sincere and deep gratitude for the leadership there for both, of course, Kiersten, who you got to meet today, but our other leaders there, and everything that they've done to keep us moving forward in these times and everything they continue to do. So deep gratitude there. And last, but certainly not least, each of you, for spending all this dedicated time with us; there's still thousands of you on the line almost, you know, two hours later. So, we can't say thank you enough.

We can't tell you deeply enough how much you inspire us every single day. And I just – and again at a loss for words to convey what you mean to us and what you're doing for families and your communities mean to each of us. So, thank you for coming. Come back and visit us again in the Head Start Heals campaign, and we certainly look forward to seeing you again soon. Saying stay safe, stay well, and stay connected.