

Helping Children, Families, and Staff Heal from Trauma

Steve Shuman: I hope that folks are ready for this really wonderful webinar, "Helping Children, Families, and Staff Heal from Trauma." I am so happy to introduce my friend and colleague, Julia Sayles. Julia?

Julia Sayles: Thank you so much, Steve, and thank you all so much for being here today. This is me. My name is Julia Sayles. I am a training and technical assistance specialist with the National Center on Health, Behavioral Health, and Safety. I'm also a licensed mental health clinician specializing in early childhood mental health. I'm thrilled that so many people are here today to be able to start this conversation about how we support children, families, and staff in healing from trauma.

As we spend some time together today, the hope is that we can really take some of the information that we'll be covering to support and deepen knowledge around trauma and especially to think about how we can actively support children, families, and staff with healing and resilience. I'm so excited to get the chance to share some of the new resources from the Head Start Heals campaign, and these can all be found on the ECLKC. We'll make sure that you have links to all the resources that we discussed, and we have a couple of different slides that also have the links to where all of the resources we're going to cover today live.

These resources really highlight how Head Start programs and staff are uniquely prepared to support resiliency and healing for children, for families, for staff, and for communities. And, with sharing these new resources here today, I would really invite all of us to take moments, to take time, to really reflect on how we can utilize these new tools in professional development arenas, in trainings, in coaching that we might be doing, in family engagement programming and groups, in staff meetings, and in any other areas that come to mind. And as we go through these resources, it would be great – I'm going to be inviting you to share in the chat throughout our time together today – but it would be great if you see a resource and you're like, "Oh, this would be a great way to use this." Please share it in the chat. Let's all make sure that we have a chance to hear from each other, learn from each other, share with each other.

As we move into really thinking about – talking a little bit about trauma, definitely want to do a little bit of grounding. Just some context. I'm kicking off a webinar series that is going to continue in July with two additional webinars, a part one and a part two, on really helping to support children and families with trauma as well and stress. Today, we're going to be thinking about trauma broadly. We're really going to be focusing in on how we promote resilience, how we promote healing, how we're already doing that, how we recognize what we're doing so that we can continue to do more of it.

There's going to be a much deeper dive into trauma, signs, and symptoms, what's happening in brain development, all of the deeper pieces, that's going to be happening in July, so just to put that out there. As we jump in and start to think about trauma, we definitely want to start with a little bit of grounding here. We know that talking about this topic can elicit a lot of different

feelings. It can be upsetting, so we want to make sure that we have some good self-care strategies out there. As we're going through the content, please pay attention to how you're feeling. Notice all different types of feelings that may be coming through for you. Pay attention to your breathing.

If you feel like you need to take a big deep breath or to get up and walk around a little bit, notice what's happening in your body. You can jot down how you might be feeling if certain things are listed for you, and that can be a good way to pop back and review later. You can also practice some grounding strategies. If you're noticing that you're starting to get activated in any way, really focusing in on noticing sounds, smells, touch, feeling the floor under your feet just to bring you back into your body. Take breaks as you need to. Take drinks of water, and, of course, think about who your support network is, who are your trusted colleagues, who are your friends and families that you can go to.

We're going to talk about the definition of trauma and, the definition that we use is trauma occurs when frightening events or situations overwhelm someone's ability to cope or deal with what has happened. And as we think about this definition of trauma, we also want to hold the three E's, which are events, the experience of the events, and the effect of the event. The event might be something that occurs once, or it could be something that is reoccurring over time. Something like a car accident or a natural disaster are examples of events that might occur once. Ongoing abuse or neglect are examples of events that may reoccur over time. An individual's experience of these events or event is what will determine whether an event is traumatic.

Two people can experience the same event, and it might be traumatic for one person, and it might not be for the other. It really depends on their individual experience of that event. There's other factors that can also play a role in how a person might experience an event, and these are things like cultural beliefs, access to social supports, or developmental stage. It's also really important to hold as we're thinking about this definition of trauma the effects of the event. For some people, they may experience adverse effects right after an event. They may start to notice signs or symptoms. They may feel fearful or frightful. They might have a very hard time regulating their emotions or their bod. They might find that they're sleepless. They may be having nightmares or other emotional places where it's difficult to handle stress.

But for others, there could be a delayed reaction. They might not have the effect of – the impact of that event right away. And, for other people, they might not make that connection between the event they've experienced and the effect that it's had on them until way later, or they might not make that connection at all. We want to hold all of this information as we're thinking about trauma, especially in the context of children and families within the context of programs we work in, with staff members that we work with. We also want to hold that experiences of trauma can occur at any age.

As we think about this definition and the 3 E's, we don't want to forget about our infants or toddlers. Sometimes there's this misconception that little babies, young children, they don't remember. They don't know what's going on. We know that's not true. Anyone at any age can

experience trauma. As we think about our infants and toddlers and any of our children who may be preverbal, it's really important to hold and remember that the experience that they go through is going to be held in their bodies. Their bodies are going to remember how it felt to experience overwhelming fear or loss of control, or vulnerability. Just because they can't verbalize it or say it doesn't mean that it hasn't been experienced by them, and so we just want to make sure that that's highlighted here today as we go forward.

As we think about trauma, we can see here – this is coming from SAMHSA – that the prevalence of trauma, more than 66% of children have reported experiencing at least one traumatic event by the age of 16. We know that more than 50% of children ages 2 to 5 experienced severe stressors within their lifetime. As we look at the slide, we want to note that this is not a comprehensive list of types of trauma. It's just some examples of potentially traumatic events. We also know that many children and families and even staff members may be really reluctant to talk about potentially traumatizing events or experiences because they're so upsetting or because families, in particular, may feel that these experiences are extremely private. We also know there's a significant stigma surrounding many traumatic events, such as child abuse, neglect, and sexual abuse, in particular. In some cases, families might not even be aware of how potentially stressful or scary some experiences may have been or be for very young children.

Again, we really want to hold as we're talking about trauma prevalence that when we're thinking about programs and we're thinking about classrooms or home visiting or caseloads or whatever that might look like within your role context, that trauma is out there. We know it's out there, and that while it's out there, we also want to hold to that – again, we think back to that definition – that not every person who experiences something on this list may experience it as trauma, so we want to hold both of those pieces.

I also want to share an interesting statistic. Again, going back to really young children and for any of you Early Head Start folks out there, ZERO TO THREE recently did a survey, and they surveyed parents, and they found that 7 out of 10 parents believe that children 6 months or younger cannot experience feelings, such as sadness or fear. We really want to hold to that again infants, young – young children from birth even in utero can experience stress, can experience events of trauma, and thinking about how we make sure that that's communicated as well.

We're not going to live in the trauma place for very long today in terms of, again, taking a deep – deep dive into what signs and symptoms look like – that's going to happen in July. But what we're really going to focus on is thinking about when we're talking about trauma, thinking about the difference that we can all make. One of the challenging parts about talking about trauma or traumatic experiences is often once we start thinking about the definition of trauma. Once we think about these events or these experiences or the effects that it can have, we start to get into this place where we're saying, “We need to know. We need to know who has experienced trauma. We need to know who's had these experiences so that we can rise up, so that we can support them, so that we can be there for them.” The reality is that within any program, within any community, within any social circle, we may never know what each

individual has experienced, but what we can do is we can really focus on places to promote resilience and healing for all children, for all families, for all staff members.

As we talk about trauma, we can't talk about trauma without also talking about the context that shaped that experience and the strengths used to overcome it. We know that so much of what helps to overcome, what helps to heal, what helps to promote that resilience, is the nurturing and responsive relationships that children and families receive. It's the safe and predictable environments that are able to buffer the effects of stress. And that these things are done for all children, for all families, including those who've experienced trauma. Again, we might not always know an individual's experience, but we can work to actively support resilience and healing for everyone. That's what we really want to stress and really highlight today through many of the resources that we're going to share.

Part of why the trauma definition is so subjective is because we all come with all of these different experiences and pieces of our identity. We know society doesn't always celebrate these pieces, and that can cause harm, but these same pieces can be strengths and sources of individual and collective resilience as well. As we think about these different pieces, we really want to be reflecting on how we celebrate each of these parts as a place of connection and strength through our individual relationships with people, through our broader context of relationships, through the programs that we work in. How are we really highlighting these places as resiliency factors, promoting these places, celebrating these places, so that, again, we're promoting that resilience for everyone.

You've heard me talk about resilience a bunch of times. Let's just define it to make sure we're all on the same page here. As we're thinking about resilience, we're really thinking about this idea of being able to recover or adjust from misfortune or change. Sometimes people talk about it as the ability to bounce back. I recently heard it talked about as the ability to bounce forward. We can be thinking about some of the different protective factors that really support resilience, and some things that come to mind as we're thinking about those protective factors or those supportive factors for resilience are really thinking about strong bonds or relationships with caregivers, parents, or caring adults.

Oftentimes, we say one of the biggest predictors of resilience is having one really strong, connected relationship for a child with a nurturing, caring, trusting adult. When we think about the roles you all play, so often, that person may be someone who's within your Head Start program, and the same can be true for families and for staff as well. We also think about some of the other protective factors as positive experiences in the community. Maybe that is being involved in youth sports or within different activities in the community. And then we can also think about personal qualities things like, "What are coping skills like? What's our individuals coping skills? What resources do they have to cope with some of the stress or some of the effects of a traumatic event? What's their temperament like? What's their leadership style like?"

As we hold these different pieces, we also want to hold that our brain is amazing. Our brain is able to learn, it's able to change. It's able to have all of these different connections made in

response to environments that, again, promote really healthy nurturing relationships that provide safety, that provide consistency, that provide positivity. We know this. We all know this in the early childhood world, it's all about that relationship. It's all about that social reinforcement, and one of the best parts about Head Start is that they do that not only for children, but they're doing it for families. They're doing it within communities. They're doing it for staff members. That's something that we really want to highlight within the Head Start Heals campaign.

I would invite you all right now to pop into the chat. I would love to hear from you all. How do you feel like Head Start Heals? If you were to use one or two words, what are some things that come to mind on how Head Start Heals? As you're popping those into the chat, I'm going to go ahead and talk about some of the things that popped into my mind when thinking about this. We know that Head Start Heals by promoting system support. We're not going to just serve the child. We're not going to just serve the family. We're serving that entire system. We're really helping to surround and to wrap around. When we think about those systems levels pieces, it's a huge place where we're providing healing, providing support.

We're also thinking about strength and resiliency factors. We think a lot about what's going well? What are those resources within the community that this family has access to? Who is their social circle? Where do they find strength? Where do they find healing? How can we be part of that? How can we support that and strengthen that? We're also really thinking about safe, secure relationships. How do we make sure that we have these long-lasting relationships? I don't have to tell all of you. I'm sure all of you have had experiences where people are coming back years and years and years after they have gone through Head Start saying, "Do you remember me?" "I remember you." "Do you remember the time we did x, y, and z?" That's because of that safe, secure relationship that is provided.

We're also thinking about safety and routines, and – this is a big one – ways to express feelings and fears and beliefs and concerns. When we're able to actually talk about these things or have different strategies to get these feelings and fears out, it's healthy. That's what's really going to start to promote some of that healing. We're also thinking about individual strengths, and this is true for children, for families, for staff – we really want to have that growth mindset. We want to be supporting that. We want to make sure that people are growing and moving forward. The chat is – thank you all so much for sharing into the chat because so much is popping in right now. I'm seeing working together, communication, teaching resilience, creating family goals, safety, really thinking about exclusivity. Thinking about taking the time to actually check in. Sometimes things can feel so rushed, and just having that time can be huge.

Steve: Julia, this is Steve, and I just wanted to jump in here for one second. There's so many great ideas. I want to remind people that if you're using the chat, please use the dropdown menu that says "panelists and attendees" so everyone can see your comments, and don't use the Q&A unless you have a question because only we can see that behind the scenes. Use the chat, make sure your dropdown says, "panelists and attendees." On my screen, it's blue, and I know that Julia wants everyone to see your ideas. Thanks, Julia.

Julia: Thank you so much, Steve. There are so many great ideas in here. I'm seeing stable environment. I am seeing trust, resources, offering resources for families. There's just so much richness and wealth within this chat, so please – please be scrolling through that and checking it out. Here we are, the Head Start Heals campaign, and just in case people aren't familiar with what the Head Start Heals campaign is, this was started a few years ago, and the aim of the Head Start Heals campaign was really to increase awareness about how Head Start programs are uniquely qualified to address trauma and to promote resilience for children and families and staff.

The resources that we're going to be reviewing today are new additions to the Head Start Heals campaign, and they can support Head Start staff, Head Start programs, Head Start communities in continuing their own conversations, reflections, and work around building up resiliency and healing for children and families. Again, we thought this would be a really great place to kick off our trauma webinar series here to be able to ground ourselves in some of the resources that exist, to be able to take a look at these, share these with colleagues within programs, and then in July, we'll have the much deeper dive into trauma. As you can see here, we have the ECLKC website listed where you can find the Head Start Heals campaign. There's so much on the ECLKC. Sometimes, what I do is I just go to the search bar, and I type in “Head Start Heals campaign,” and you'll pop up all of the resources that we're going to review today.

We're going to go ahead, and we're going to jump right in to seeing some of these different resources. And the first thing that we're going to watch here today is a video related to substance use in COVID-19, and this is part of a docu-style series. These documentary-style videos are all four minutes in length. We're not going to watch all of them, but we're going to do one here today. And again, just sort of a trigger warning, go back to those grounding activities, noticing your body, noticing your breathing, jotting things down if you need to, and we'll go ahead, and we will watch this video.

[Video begin]

[Music playing]

Maria Page: COVID has shaken the recovery community.

Matthew Stefanko: A lot of the coping mechanisms that people have really strategically built up over years to maintain and be in stable recovery in a really positive way – those have been taken away.

Maria: A lot of people rely on going to meetings daily, going to the providers to get medication, and months ago, that all disappear.

Brenda Hewitt: Now, you're educating the children at home, maybe in a one-bedroom apartment. It has been tremendous pressure.

Kaitlan Baston: When I think of access to treatment, I think of, number one, immediate treatment, like in the moment people need it, and the things that we've done here are really opening our emergency department for people with substance use disorders. The other side of treatment, of course, is just when somebody wants to engage in an outpatient treatment program or is hoping to get into care, is that access there? And we've done our best to address that mainly by being low barrier. We became a total walk-in clinic, and actually, we increased access and increased our volume during this pandemic of in-person visits while most medical care saw a huge decline.

Matthew: There have been some really innovative models of organizations who have tried to create virtual teletherapy or virtual groups.

Brenda: In order to do the virtual platforms, we need technology. With COVID-19, one of the things that the federal government did for Head Start was provide some additional funding to support our programs. That has been a tremendous asset.

Kaitlan: Regulations were relaxed across the board for telehealth, and we saw it largely increase access to care here. One of the reasons we were able to go to a full walk-in clinic in person and increase that in-person access is that we were also simultaneously able to add telehealth. Which meant that we went from a full physical capacity to moving some clients who wanted to a telehealth and then being able to open the physical capacity further to new people.

Matthew: And if a result of COVID is that people are going to be able to access this care, that's certainly one benefit.

Kaitlan: We've kind of done the best that we can to say emergency medical treatment or urgent access is there 24/7 for our population. We can immediately set up telehealth. Basically, it's closing a gap that used to be there, and for people with substance use disorders, those gaps are detrimental.

Matthew: I think what we all have to realize as people who are in this space or one or two degrees away from trying to respond to people with substance use disorders, is that this is a totally different ballgame for many of these folks. We know that this is harder, and we are going to try to figure out ways to make this easier.

Kaitlan: We've been forced to think outside the box, and now we know that we can meet clients where they are.

[Video end]

Julia: All right, within this substance use and COVID-19 documentary-style videos, we have a couple of other videos that are great, and they're all done in the same style. There's one on understanding stigma and the importance of understanding how stigma can be a major barrier to treatment for substance use and how we talk about stigma, how we talk about substance use, how we talk about substance use without even a whiff of judgment. We have creating

communities and collaboration. Really thinking about the resources that we might use to support families during the COVID-19 crisis as well as how we're doing that with the substance misuse piece that may be occurring as well.

We have Navigating Relapse During COVID-19. Again, thinking about how we're supporting families around that, how we're supporting families with job loss and struggling in isolation. And then we just watched the Reaching Families documentary, and then there's also the Meeting the Challenge of COVID-19. Again, really thinking specific to substance use disorder or how are we supporting families. This is one series that is located under the Head Start Heals, and especially as we're moving forward here, really holding that more might be popping up around substance use. This might be something that could be helpful to review. It might be a great place to kick off conversations about what people are hearing, what they're seeing, what they're feeling around this. Again, any thoughts that you all have on how you might use these videos, please pop them into the chat because I think that would be really helpful where it pops into mind where these might be helpful.

We're going to move forward to the next set of resources now, and these are also under the Head Start Heals, and these are animations. We have six different stories of hope and help, and these animations are really beautifully done. We're actually going to watch two or three of them here today, and as we're watching these, I would encourage you all to be thinking about what are some of the messages of resilience and healing that you're hearing or that you're picking up on as you watch these three very different stories. And then we're going to have a chance to share those out in the chat as well. Our first story here is Cashawn, and we'll go ahead and jump right in.

[Video begin]

[Music playing]

Cashawn: My name is Cashawn, and I was born and raised in Washington DC, and I started Head Start as a 4-year-old in 1977. My memories of Head Start always creep back. I remember coloring and singing and dancing, and I remember that my Head Start teacher had the same last name as me. And, I grew up, and I had children. When we got to Head Start, my daughter was 4, and I had left an abusive relationship. I had to kind of pull myself together, having left with just a suitcase. I knew that violence was unhealthy, and I knew that my children were better off seeing me happy and whole because that would give them permission to be happy and whole. When we got to Head Start, I was brought in, "OK, your kids are going to come to school, but what do you need? Do you need job training? Do you need medical care? Do you need mental health care?" All of which I did. And it was really there that I began understanding this holistic approach to taking care of children where you can't care for a child outside the context of a healthy family relationship and a healthy school-family relationship.

I'm a Head Start teacher now. It's where I started my own education and learning to be happy and whole and free, and love books and love singing and being silly and imaginative and think. I

went back, and I don't have any plans on leaving because Head Start is home, I guess. I don't know how else to describe it. Head Start is home.

[Video end]

Julia: I just love these animations. I've seen this video multiple times, and every time, it's still just as powerful as the first time. Again, thinking about what are those messages you're hearing? Where is that resilience? Where is that healing? How is that coming through? We're going to go ahead and watch another one. This is called "Beginning Again," and it does touch on homelessness, just as a trigger warning.

[Video begin]

[Music playing]

Mercy: My name is Mercy, and I am a bilingual home visitor with Early Head Start, and I work mainly with refugees from Burma and Thailand. Lily was referred into our program about three years ago, and this was my first time working with a refugee family that was also dealing with homelessness. I guess my first interaction with mom, she seemed a little bit taken back, and I knew that she was stressed. The language barrier is a big issue. Lack of education is another one, but she just needed someone to make her believe in herself again, and so I needed to hold that hope for her. I asked her, "If you could change one thing about your family right now, what would it be?" And she said, "I want a place of my own and for my children to feel safe and secure and that they're home."

We decided to work with other agency within the community, and I was able to work with a family filled out an application for public housing. We had to be very vigilant with keeping up with documents, and at my visit, I would look at letters for her and explain to her what she needed to turn in. After almost a whole year of waiting, the family received a letter that there's an opening, and they finally had a house of their own. That was a proud moment for her and the whole family. When I first started, I didn't know what Early Head Start is all about. I literally thought I'd just go into your home and talk to their parents about this lesson, but it's a lot more than that.

[Video end]

Julia: OK, and we're going to watch one final of these animations, and this one is called "Feeding Love."

[Video begin]

[Music playing]

Fadara: Hello, my name is Fadara, and I am the Head Start director in Cuthbert, Georgia. Cuthbert, Georgia, is a rural area. We have one traffic light. When COVID hit, we ended up having to close school. We were rattled by it because it meant that a lot of our children would

lack proper food and nutrition daily. The nutrition manager, along with the superintendent and the board they all came together and devised a plan for our buses to run and deliver food to our students' doorsteps. My wonderful staff volunteered to get on those buses, and I tagged along.

We were going through neighborhoods, and this particular day, the students that we had just served ended up at our next stop. I said, "Have you given your lunch yet?" She said, "No, ma'am." And she had all of the little crumbs around her mouth and on her shirt. I said, "Are you sure?" I gave her the lunches, and as I talked to her, I bend down, and I got close to her. And I said, "Hey, wipe those little crumbs off your mouth and your shirt." She said, "Oh." I said, "It's OK, it's OK, it's OK, it's fine." I said, "I didn't see anything." I got a chance to see so many of our students and just put my eyes on them just to make sure that they were OK. Once this is all over, they will remember that we made that extra step. That would be a good enough feeling for me just to know that the children said, "Hey, my Head Start family miss me, and they came by my house to see me."

[Video end]

Julia: All right. I'm so excited to hear your reactions to these animations because I think they're so special and so wonderful. I think, especially even that last one thinking about how stressful COVID-19 has been for so many of us and also holding there's been so many places of resilience within that. How do we hold that as well? Thinking about sharing these is wonderful. I love this. The live chat is popping off, and I love it. We have so many people talking about the dedication and the love and how powerful these are. Thinking about how Head Start really makes a difference. Thinking about relationships and compassion. Thinking about how we're nurturing. Thinking about how these can be inspiring, how dedication make such a difference. Thinking about just the powerful piece of storytelling and how beautiful that is to hear stories.

And what I know about Head Start is these stories are unique to these people, but they are not unique to Head Start, and I'm sure you all have such amazing stories within the programs that you work in. Just thinking about how we hold those, how we find these stories, how we hold these places of resilience, of healing, of hope, and how we want to use these. I love that someone's saying they're going to use these in their staff pre-service training. I think it's such a great reminder of why we get into this work, why we do this work. Any other ideas for how people might use these animations?

Someone's saying, "Maybe at a new staff training. Thinking about helping to build trust from our families during a family night, a parent workshop." I think these can be great for families as well. To just show a playgroup, recruitment, open house, back to school nights, promoting our programs. Get these out there. Put them out in the community. If you all have community partners, show them what Head Start does. Show them what we do to promote resilience, to promote healing, to promote hope. So many great ideas. Keep checking these out in the chat. So many great ideas coming through. We're going to push forward here because I want to share two additional resources before we have a chance for questions.

Another great resource on the Head Start Heals campaign landing page are these podcasts. I am so excited about these podcasts because one, they're hosted by Dr. Neal Horen, who's the co-lead of the National Center for Health, Behavioral Health, and Safety and is also a faculty member at Georgetown University. Anyone who has heard Neil knows that he is funny and great. There are so many great people. They really got the top of the top to come and talk about these different topics. We have the experts in the field. We have "Talking to Children About Race" with Dr. Rosemarie Allen.

All of these podcasts are about 25 minutes long. They come with their own resources and some talking points to guide discussions afterwards. We have "Coping with Loss and Grief" with Dr. Joy Osofsky. We have "Sensitive Conversations with Families: How Do We Have Those Sensitive Conversations?" with Dr. Brenda Jones Harden. We have "Trauma and Resilience" with Dr. Karen Gouze. We have "Mental Health Planning and Disaster Preparedness and Trauma" with Dr. Sadia Gonzalez, and we have "Our Role in Equity" with Dr. Eva Marie Shivers. Again, these podcasts are chocked full of really great practical strategies, really – really good information, and they cover a variety of different topics. And it's just a fun, interesting, different way to get information. Definitely check out these podcasts.

And then finally, we have our Head Start Frequently Asked Questions. Again, these are on the same landing page for the Head Start Heals campaign, and we have different Q&A resources about different topics. "Child Abuse and Neglect" – again, we have frequently asked questions on that topic as well as resources where people can find more information. "Engaging Families," the same. "Self-care and Stress Management" – we know how huge that is right now for staff. This document talks about staff, as well as families, really thinking about how we're promoting that self-care, how we're helping with stress management. "Supporting Grief and Loss" – this also feels timely, and that we know difficult things happen for staff members, for families, for children across the year, especially with COVID-19.

Feeling prepared. We have some good information on how to discuss this with families or with children. Thinking about, again, supporting staff and families and children with social distancing. "Supporting and Understanding Trauma During COVID-19." Talking to children about COVID-19 and then thinking about, again, transitioning to and back to in-person learning. Thinking about just transitions in general. We know that summer's here. Some people might not be open for the summer. It might be a big transition coming back in the fall. Some great tips for thinking about how we support these different places. And again, lots and lots of resources that are also linked in these documents.

Finally, before we jump into questions here, I wanted to share a few things to reflect on. Again, as we think about the different resources that have been highlighted, really thinking about how you might facilitate a conversation using these resources. What would that look like with a family? What would that look like during a staff or a team meeting? What key messages do you really want to highlight or drive home for people? What are your creative ideas for how to share these resources? Which, I'm so thankful you all have been sharing in the chat, which is just amazing, but really thinking about how do we disseminate these resources? How do we

spread them to make sure that people know they're out there, what they are, and that there's so much great information to really, again, promote resilience, to promote healing? Great information to have.

I hope everyone has a chance to check out all these new resources on the ECLKC under the Head Start Heals campaign, and that this is a great jumping-off place to have a chance to look at some of these things before coming back in July for our next two webinars on trauma. And Steve, I'm going to go ahead and kick it over to you if there's any questions.

Steve: There are. If you can move us to the next slide.

Julia: Absolutely, sorry about that.

Steve: Did you want to talk about the key take-aways? Yeah, it's OK.

Julia: Our key take-aways. We know Head Start Heals. I think you all really highlighted that in the chat, but really thinking about how uniquely prepared Head Start staff are and programs are to help support resiliency, healing for children, for families, for staff, for communities.

Steve: Thanks, Julia. I just wanted to point out that it feels like it's a take-away. One of our participants wrote into the chat that she sent out by email to all the staff one of the animations as part of their Fulfillment Fridays campaign. Helping Head Start staff remember why they do what they do. And a lot of people responded to that. I thought it was a terrific idea, one of many that have been shared in the chat.

Julia: I love that. I'm seeing someone here, Steve, is saying that they're going to share them in their monthly newsletters to families. Love that. These are so powerful. "Orientation for parents." I think there's so many great ideas popping through this chat, so make sure you have a chance to scroll through and share with each other and borrow from each other.

Steve: Now, most of what you share today is available in Spanish as well. The documentary-style Substance Abuse and COVID-19 videos are not available in Spanish yet, but stay tuned. You can always go to ECLKC, and if you find what you're looking for in English, choose the Español button in the top right, and you'll see if it's available in Spanish. We do have questions. I'll start with just a throwback to early on in your presentation Julia, the statistic I believe it was from ZERO TO THREE about Head Start parents who think kids don't experience difficult emotions.

Julia: Yes, that was specific to infants under six months old. This survey found that 7 out of 10 parents that they talked to about whether their young infant, zero months to 6 months old, could experience feelings like sadness or fear. Most parents said that they did not think that that was the case or that their infant would be impacted by that. Again, it's just to really highlight the importance of when we're talking about trauma, we don't want to exclude our infants or our toddlers. We really want to make sure that we have that really good psychoeducation out there that trauma can happen to anyone. It can happen to a 3-day-old. It

can happen to a newborn. We want to make sure that information's out there and that we're holding our infants as we talk about this as well.

Steve: Thanks, Julia. I know that you didn't touch upon this directly in this session, but someone was really asking. She's right at the beginning of learning about adverse childhood experiences, ACEs, and wanted to get as much knowledge as she can to advance her career. I didn't know if we wanted to touch upon the role of ACEs in our work around trauma-informed care.

Julia: Sure, I think ACEs – for people who are not familiar, are those adverse childhood experiences – I think especially more recently, ACEs have been a pretty hot topic, and people are very interested in ACEs. I think as we think about ACEs in early childhood, we want to hold that they're part of the picture. Yes, they may show what children have experienced. They may link to different health outcomes in the future. But that when we're talking about ACEs, we always – always want to be pairing them with talking about resilience and talking about the ability to overcome the strengths that individual has that family, that child has. We definitely want to make sure we're talking about those together, and that we're never just focusing on the adverse experiences.

Steve: A follow-up question – thank you – a follow-up question Julia is, do you have any recommended resources for the positive parenting piece that might provide some resiliency against adverse childhood experiences?

Julia: What I would actually recommend doing is going to the Head Start Heals campaign. Look at those the FAQs because there are so many resources that are linked that are specific to families under the Trauma FAQ. Under the Loss and Grief FAQ, there's a lot of really – really great resources, and they're also broken down, for some of them, by age. Some of them are specific to Early Head Start infants and toddlers, while others are more specific to preschool age. But I would check there first. I think ZERO TO THREE always has a ton of great resources. And of course, the ECLKC, if you just type in “resilience,” or you start scrolling around in the Head Start Heals campaign, you will see a lot of really – really great resources that are highlighted.

Steve: I know that I subscribe to the ACEs Connection, which is now called PACEs. If folks type into their search for ACEs Connection, I believe they'll be able to subscribe to that newsletter. I get daily and weekly updates on everything that's happening with ACEs and – a lot that's happening on ACEs – and connections to colleagues who are working in the field.

We have more questions coming in, so happy to respond to as many as we have time for. This is an interesting question, Julia. It's about helping others. “If we are passing through a lot of feelings, fears, and concerns and others are just focusing on the product and not the process, how are we working?” I think it speaks to the difficulty of trauma-informed care and managing our own feelings.

Julia: Absolutely, and to me, Steve, this really says that as we're thinking about implementing trauma-informed care, which we didn't talk about as much today, and we're really – when

we're thinking about that, we're thinking about our entire system. How are we really making sure that people have the knowledge that they need? That they have the skills that they need? That every part of our policies and procedures are really holding this trauma lens as we're thinking about actively resisting re-traumatization and moving forwards towards building resilience and healing? That it's a process, and people are at different points within this process? I think that that's another place where if you're interested in learning more about trauma-informed care or how to implement trauma-informed care, again, there's a lot of really great resources on the ECLKC. SAMHSA has "Tenants of Trauma-informed Care" that can be helpful in terms of guiding what that can look like. I think it's also just recognizing that, again everyone is at their own place. Thinking about how we have these conversations? How do we start these conversations. How do we start with maybe some common ground and work our way back or vice versa to make sure that everyone is feeling as supported as possible?

Steve: Thank you, Julia. Let's see, next question. One question was about the two-part webinar that's in July. Let me I can answer this. That's in July. I typed the titles and the dates. I believe it's the 27th and 29th of July, if I'm remembering correctly. But you can go to the ECLKC, select the upcoming events dropdown menu, and you'll see the titles, the description, and the registration link there. That's the question that you referenced earlier – those webinars that you referenced earlier. Tomorrow's webinar is the same as today, except in Spanish.

Julia: Join us in July. It's going to be great. I'm really excited about that two-part series.

Steve: Next question. "Will a Head Start grow in public school in a significant way with all of our appropriate learning and practices? Every child should be able to avail themselves of this wonderful program." That's a big question. We have been lucky. I have been in Head Start for almost 50 years and not as a child, and Head Start has grown and grown and grown. We've been very lucky to benefit from many politicians and policymakers, and many public schools are grantees, and they've learned from Head Start, and many – many – and we certainly encourage this – Head Start programs have relationships with the public schools, so the public schools can see the benefits of the Head Start way of doing things and incorporate them into their own methods. Let's see. "How do we begin long-lasting relationships or connections?" I think this may have to do with both children and families and possibly other staff members.

Julia: Absolutely, I think one is making it a priority. Really thinking about, what does it mean to make those connections if we're talking about staff members? How are we making sure that we know those people to make sure that we're connecting with them in a way that feels fulfilling and comfortable and good for them? I think the same is true for kids and for families as well. It's really about asking questions, getting curious with them, being consistent about it. We might say "Hello, how are you?" a million times before that family says, "Hey yeah, I'm good today" or, "Actually, I do want to talk to you." How do we continue to maintain that consistency? How do we make sure that we're getting curious about what family's interests are, what staff members' interests are, what kids' interests are? How are we making sure that we're being strengths-based and positive? How are we making sure that we're giving that really good positive descriptive feedback when we see great things happening.

I think this one is so true for everyone. But we know for families, sometimes they're not getting a whole lot of positive feedback about what they're doing. And when someone comments, "Wow, you are an amazing parent. I just saw what happened there. That was really hard, and you did a beautiful job with that." Wow. How good does that feel? How much are they carrying that forward with them? I think a lot of it is just choosing a place to start, getting consistent with it, and going from there.

Steve: Thank you, Julia. I'm going to ask you to move the slide to the next one. We do have a few other questions that we're not going to have time for. I know people are struggling with the evaluation. Try a different browser. This is a new evaluation platform that we're using, but it worked just fine last week, and it's been working for me all day, so I hope that you can get into it. There'll be other opportunities to access the evaluation. It is linked in the handout. Chrome is usually the best. Thank you, Heather, for mentioning that. Chrome is always a pretty foolproof browser these days.

If you have this link, Livia is going to put it in the chat. It's also in the handout, and it will be part of the recording that gets sent to you in a few days. Julia, could you move to the next slide because we do have some unanswered questions, and I want to make sure that people know how to get them answered. Right here, thank you. We have our email address and our toll-free phone number, as well as the link to our big website that Livia has shared a number of times.

In addition, Livia has shared the link to our monthly resource list. We have a seven or eight-page resource list that goes out the first of every month that has news items. It has upcoming events. It has resources, and I've lost count of how many topics and funding opportunities. If you're not on that mailing list, you can choose to do that if you wish. It looks like we're just going to put these items into the chat a little bit more so that people that don't have them can get them. We're going to get all this for you, and you can grab it and put it in there. The handout is linked, and it's also in the PDF. They're identical.

And we're glad that you stayed with us. The evaluation will pop up also when we close the webinar in a couple of minutes. I really want to thank this incredible participation. People were so responsive in the chat and in their questions, and Julia, you were just wonderful. I know you weren't feeling well the last few days, but you rose to the occasion.

Julia: Thank you, Steve, and thank you, everyone.

Steve: OK, and we're going to take down the webinar. Thank you, Kate.