

Head Start Heals: Episode 4 – Trauma and Resilience

Dr. Neal Horen: Hello, everyone. Welcome to the Head Start Heals podcast series. I'm Dr. Neal Horen, co-director of mental health at the National Center on Early Childhood Health and Wellness. Our goal here is to help Head Start leaders and staff address key issues you may be facing so we can all help children, families, and communities heal.

Today, we'll be talking about how Head Start and early Head Start classrooms can help children heal from trauma and build resilience. I'm pleased to be joined today by Dr. Karen Gouze, who's a clinical and developmental psychologist, working at the Center for Childhood Resilience in the Pritzker Department of Psychiatry and Behavioral Health at Ann & Robert H. Lurie Children's Hospital of Chicago.

Dr. Karen Gouze, we're so excited that you're able to take some time and spend a little bit of it with us here, talking a bit about Head Start, and how Head Start heals.

Dr. Karen Gouze: Well, thanks so much for having me. I really appreciate it, and I am happy to speak about this.

Dr. Horen: OK, so it seems pretty pervasive that everybody is talking about trauma, certainly in the midst of this pandemic. We hear a lot about trauma. We hear this word trauma a lot. What does that really mean? When we talk about trauma and early childhood trauma, what are we really talking about?

Dr. Gouze: So, that's a great question, Neal. I think that the word trauma has become part of the vernacular. So, people say, "Oh, I had a trauma. I had a bad hair day." You know, trauma is not just a bad event, OK? And it's really important, I think, to distinguish that trauma actually has a very specific meaning, particularly when we talk about young children. So, when we think about trauma, we think about what it called the three E's.

First, there has to be an event, so let's say, for example, a car accident, right? Then we have the child's experience of the event. So, you could have two children in that car during that accident who will experience that event completely differently – right? – depending upon their developmental levels, depending upon who they are, their relationship to the adults in the car, a whole set of variables, right? And then, there are the effects of the event. So, in order for it to become a trauma, we have to with the event causing profound harm, potentially, and then the effects of the event have to be prolonged and out of the ordinary. So, we might have two children in the same car accident. They both have nightmares for a few days, right? One child – for whatever reason that has to do with who they are, a whole set of other variables – seems to just kind of go on – they're fine – and the other child starts to regress. That child, we would say, has experienced trauma. The first child has had what we would call an adverse childhood experience, or a difficult event, but we would not say that that first child has experienced trauma.

Dr. Horen: So, those three E's seem to be strands that we're going to have to be paying attention to, and it seems to stick with your metaphor, we're all riding in the same car right now in a pandemic. And so, using the three E's, there's certainly an event. What might the impact be of the COVID-19 pandemic in terms of those three E's.

Dr. Gouze: I think that's again, a good question. So, firstly, we need to break down what are the events exactly. So, what does COVID-19 mean to a 4-year-old, right? What they are going to be focusing on is: Are their mom and dad OK? Are they hearing talk about grandpa, who is old and vulnerable? Is there food insecurity in the house because somebody lost a job? Is there increased violence in the neighborhood, because of the stresses in the neighborhood, right.

So, the COVID-19 itself is not likely the event that's going to be stressful for a preschooler or a Head Start kid. It's going to be the things that are happening in their life around them, to the people they care about, to the people they rely on for a sense of safety and security. So, I think the kinds of impact you're going to see from COVID-19 are going to be related to, are these kids experiencing death, are they experiencing food insecurity, or are they experiencing caregivers who are stressed out, more irritable, yelling at them, maybe becoming more physically

abusive because they themselves are stressed. Those are the kinds of things that are going to create the sort of event we're talking about that has potential to create trauma.

Dr. Horen: If they've experienced previous trauma, and using your three E's, they've been through an event, they've had an experience and that's had an effect, is this sort of cumulative in the sense of, if they now during this pandemic have had some of the things happen that you describe, loss of a parent, grandparent, food insecurity, things – how do those connect, or are they not connected?

Dr. Gouze: They're definitely connected, so we know that the effects of trauma are cumulative. There are significant brain changes that occur particularly in young children as a function of trauma. So, experiencing trauma over time alters the body's stress response and instead of ... For example, whenever we get stressed, a series of hormones get put into play, that cause us to be able to gather ourselves up, and maybe have the energy to run. It's the old fight or flight response. Over time, if children experience trauma over and over and over again, what happens is that stress response never goes back to baseline, and it's always on high alert. And so, those kids are going to be much more reactive to later trauma. There's going to be a kind of triggered response to trauma that's going to be different than the experience of a child who hasn't experienced trauma before.

One of the concepts that we really need to talk about when we talk about trauma is what we call complex trauma, and complex trauma actually refers to multiple chronic experiences of trauma, often inflicted by caregivers. So, often inflicted by people who are most important to the child and who are supposed to provide the child with a sense of security. And these complex traumas begin at a very early age.

So, these children who have experienced complex trauma, which might come from living in a house with a lot of domestic violence, a situation where there's physical or sexual abuse, or living in a neighborhood where there's extreme violence. So, in all of these situations where we see this kind of complex trauma, these kids are going to be more primed to be reactive to the kinds of trauma that they might experience now as a function of COVID-19.

Dr. Horen: So, not a pretty picture, and it makes me wonder ... Some of the children that we're discussing are children in our Head Start, and early Head Start programs. How do we sort of think about signs and symptoms?

Dr. Gouze: So, I think that that requires getting information – right? – because children might have other kinds of mental health difficulties that are not related to trauma that might manifest like trauma responses. Think about sort of what are the main developmental tasks of children this age, OK? So, one of the things that we want children in preschool to be able to do, or Head Start, to be able to do, is to form good relationships, right? We want them to develop self-regulatory skills, and those self-regulatory skills are in the area of attention, in the area of emotion and behavior regulation, and also in the area of sensory regulation.

And then we want them to develop cognitive skills, right? We know that experiences of trauma impact all of these areas, so that we see children who have experienced trauma have more difficulty forming relationships. This is especially true in instances of complex trauma, where children have not learned to trust adults, because as I said, their primary attachment figure might be the source of the trauma, right? And so, they have trouble forming good peer relations. They might show behavior in emotional dysregulation, so they might be more aggressive, they're going to be more reactive, and we know from a lot of research, that children who have experienced trauma, also show deficits in working memory and in attention, and in executive function skills, all of which are needed to focus, pay attention to learning, take in learning, and retain it. So, you might see the effects of trauma in children in many different ways, but often if a child has experienced a lot of trauma, you're going to see it as fairly pervasive, so across all of these domains.

Dr. Horen: It sort of makes me think about the kinds of questions we oftentimes hear, which is: Do infants experience trauma?

Dr. Gouze: Infants definitely experience trauma. We know that children can experience trauma before they're even verbal, and that they have memories of those traumas before they're even verbal. And we see that with kids who have experienced medical trauma. We see that in kids who have been in homes or in areas where there's a lot of

violence. And what we would tend to see in those children is what looks like difficult temperament, so those children aren't going to be very easily soothed. They're going to be very reactive. They might be very reactive from a sensory perspective, so very reactive to loud noises, even tone voice that firm might feel loud to them tend to have difficulty with all the physiological regulatory function, so they're not going to eat well, they're not going to sleep well. So, those would be a lot of other things we would see in an infant.

Dr. Horen: How do we know whether it's related to a trauma or not? What can staff be trying to sort through to figure out,

and does it matter?

Dr. Gouze: Yeah, I think it doesn't matter question is a good one. So, I would argue that trauma-informed care is good social emotional care, right. So, the same kinds of teacher behaviors that are going to promote good social emotional learning in children across the board, they're going to benefit from the same kinds of techniques and approaches that children who have experienced trauma will benefit from. I think the only way you can really know the difference, for the children who have experienced a lot of trauma, the extent to which their reactivity is dramatic and totally unprovoked and unforeseeable is a little more extreme. And a lot of children who've experienced trauma will manifest that – obviously not infants, but the older kids – in their play.

Dr. Horen: So, you mentioned trauma-informed, and much like when we started and said, “Boy, we hear trauma a lot,” we also hear trauma-informed a great deal. So, what is a trauma-informed classroom? How do programs create a trauma-informed classroom or a trauma-informed program?

Dr. Gouze: So, again, I want to emphasize that good trauma-informed care is good social emotional care. So, we want to structure our classrooms – in general – to promote healthy development, and the same aspects that are important to trauma-informed care, are important to children in general. I think the difference with children who've experienced trauma is that they probably need it more. The child who has experienced trauma absolutely needs the more trauma-informed classroom.

So, what does that mean? One, the creation of safe spaces. And that means creating structures that provide safety for children. These are children who, for example, might have food insecurity, or not get taken care of when they're cold or hungry or sleepy. You need to create spaces where they can feel safe. They know there's food available when they need it. They know they're going to get a sweater if they need it. It seems basic, but it's very important.

Predictability, for kids who have experienced trauma, the world is an unpredictable place. It's scary. They don't know what's coming next. They're very reactive. They need predictability. They need to know what's coming next. They have trouble with transitions. All of those things need to be very structured. This is something that's good in all Head Start classrooms, right?

No, 2 is the relationship piece. And I can't stress this enough. These are kids who, particularly in the case of complex trauma where the where the primary relationship or attachment relationship in their life has been potentially problematic either because of trauma they've experienced or because of their behaviors, these children have trouble trusting relationships, and they might push teachers away. They might approach and then avoid. They don't consistently know how to form relationships because they don't have any good scheme in their brain for how those relationships are formed, right?

And so, one of the important parts about trauma-informed classrooms is that teachers need to be open to being there, maybe just sitting with a kid, coming back over and over and over again, even when they're rejected, using skills such as reflective listening ... So, things like, saying to a child, “What's wrong with you?” Or, “why'd you do that?” Those are not good things to say to any preschool child – right? – but they're especially problematic and triggering for children who've experienced trauma. We often say it's important for teachers to think when a child misbehaves, not, “What's wrong with you?” but “What happened to you?” In that frame shift, is a sense that you need to be responsive to this child in a different way. So, that's the relationship piece.

And then the third piece is the building and self-regulation skills, and kids who have experienced trauma respond really well to learning about emotion self-regulation. It's not something they've generally learned at home. And as we've said, they have this hyper-alert brain that is easily triggered. So, learning to be in touch with their bodies, learning early signs of when they're distressed, so that they don't go from zero to 10. We like building in things like meditation and yoga into these classrooms. It not only helps settle their systems down and makes them feel safe, it also allows them to prepare for learning, so it helps for attention and focusing as well. So, in all three of those areas, we want people to kind of be paying attention, and that's really what we're talking about when we talk about trauma-informed classrooms.

Dr. Horen: To go back to emphasize one of your points – building safe spaces, emphasizing strong positive relationships, and really helping children develop self-regulation skills – can't negatively impact children who haven't experienced trauma. It can only enhance their ability to be able to handle everyday life any way. It makes me think about this other concept that we often talk about trauma; we can't really talk about it without talking about resiliency.

Dr. Gouze: Yeah, so I think that they do go hand-in-hand. And you're right, we talk about them together. Resiliency is basically the positive capacity of people to cope with stress and life problems. OK, so it's the ability – some people talk about it as the ability to bounce back. I think that the most important point I want to make about resiliency, though, is that all too often, resiliency is thought of as residing in the individual. So, people talk about building resilient children, right?

What's really critical to understand is that resilience is built in a social context and in the context of community. So, children don't come into the world resilient, right. They build resiliency through learning that people are to be trusted, by building good attachment relationships, by mastering things and feeling good about it, right? By learning that if they fall down, they can pick themselves up and try again. So, all of those lessons are the things that contribute to resiliency, but it's not something that is inherent in the individual. It's something that is critically constructed by the environment, and that's where Head Start classrooms can be so helpful in helping promote resiliency in children.

Dr. Horen: So, is there anything that is sort of additional to, or is it that being trauma-informed, as you described addressing those three areas, that is addressing resiliency?

Dr. Gouze: Well, I think that does address resiliency, but I think there are other things that contribute to resiliency as well, OK? So, first of all, I think preschool classrooms and Head Start classrooms are a really important place. They obviously are places where children spend a lot of their day, but I think it's really important to note that building a bridge with home ... The role of parents is critical. The role of community is critical. Children need to feel effective and gain mastery in many different areas of their lives, in many spaces and places, and feel safe in all of them in order to build resiliency.

Dr. Horen: How does Head Start help families build that resiliency?

Dr. Gouze: I think that engagement with parents and involving them in their children's education is critical, and we give a lot of lip service to doing that ... And Head Start does it frankly, better than most places, and I also think it's done better at the younger ages than it is done with school children at the older ages, in general. But the truth is that, all too often, parents only hear about how their children are doing in school when their children are doing something wrong, right? So, they get a note home, because Johnny forgot his homework or he didn't bring his lunch or he was acting up in class or he hit a kid, right? Building resiliency in parents around their kids and a sense of mastery for them as parents includes things like making them feel like they've been good parents, saying good things about their kids, letting them know when their child has done something well.

We don't think to do that often, but it's a really important part, involving them in their child's life. One of the things that struck me over the many, many, many years that I've worked in schools, is that the thing that parents will come show up at school for is anything that celebrates their children, a talent show, an honors assembly, these things are

packed, right. That's because parents like to hear good things about their children because not only do they like to celebrate their children, but it makes them feel good about themselves. And they have a sense of mastery as parents.

And so, part of the art of this whole thing is building their sense of mastery as well. And all too often, parents have had their own negative experiences in their own families of origin, or they've experienced trauma, and they feel like they don't have the emotional wherewithal to be the kind of parent they want. Building them up, helping them learn some of these skills too – like reflective listening, like restorative justice, like how to create safe spaces and places for their children ... They're often very hungry for this information and will engage and celebrate those changes in their lives.

Dr. Horen: So, Karen, it makes me think – as we've been talking, we've talked a lot about what frontline stuff, what teachers can be doing, what the educators can be doing – but as you just described this, it does seem like it's got to be the entire program. It's got to be directors, and education managers, and disability coordinators, and mental health ... Do we train everybody? Is it, we train people and then we also do x? How do we get everybody to really be trauma-informed within a program?

Dr. Gouze: Yeah, so I love that you asked that question, because I would argue that yes, we need the whole environment to be trauma-informed. So, first of all, you never know who's going to form a healing relationship with a child. It could be the bus driver. It could be the woman who takes attendance in the office, right? And lots of children form relationships, it could be a sports person, or a Girl Scout leader, right?

And so, it's very important for everybody in and building to understand the importance of trauma-informed care. Those environments, those entire environments that children are in, need to feel safe and comfortable. And so, yes, I would argue that everybody in a school building should be trained in trauma-informed care. They should at least understand what trauma looks like in kids. And if you can get everybody in that building onboard, thinking in this way, using reflective listening skills, creating safe spaces, giving kids a place where they can sit and chill if necessary, then you go a long way towards creating an environment in which a child can really thrive and grow.

Dr. Horen: You said something that I think is really striking, which is that you never know who's going to form that relationship. And because programs, in some cases, are still ... They're programming online, or not everybody's back, if for some reason they're going to be in an online environment a little bit longer, what are some tips for those folks?

Dr. Gouze: So, I think we're all trying to be creative now because this is new territory for all of us, and we've been very struck in our own work with Head Start that we're trying to figure out, "OK, what makes sense in the virtual world?" Right? So, I think there are things that you can do that are pretty important, so forming an alliance with parents at home. So, one of the things that we have – in an interesting way, actually, which provides an opportunity – is way more access to kids in their home environment and way more access to parents, right? So, this is obviously assuming there are internet connections, and people can kind of get on the Zoom, etc. But for example, teachers can help parents figure out how to create a structure for their child, for the day. We can help both parents and teachers understand that maybe, children need to talk about their worries about COVID. This is an important time to talk about feelings. What are some of the ways that you can do that? What are some resources and books that we can provide as Head Start teachers to help parents do some of this work themselves at home? I think we have to be careful about how much we lean on parents right now because they're very stressed themselves. But I think they really welcome the support. And part of what's happened is, they've sort of been told they have to deal with their kids now, but nobody's really given them any help in how to do that. And so, I think there is an opportunity there, that actually could build skills that will be helpful long past the time that COVID is over. So, I would hope that we would see this as an opportunity.

Dr. Horen: You know, you've given us a lot here around ways to conceptualize this. And it makes me go back to what all of these discussions are really centered around, which is about how Head Start heals. How do we pull that all together? If there's sort of one or two takeaways that you want people to leave with, how is promoting trauma-informed care really connected to that healing aspect of our program?

Dr. Gouze: We are, as human beings, social creatures, and we learn all of our sense of safety and emotional coregulation and sense of self and self-worth in the context of social relationships. So, the relationship piece is a really critical healing piece, and that's where I think that promoting the development of a workforce that understands trauma-informed care, I think, is really critical. And then, I think, the more direct ways in which you can contribute to healing is by, helping children learn coping strategies, so learning those self-regulatory strategies that you can use for the rest of your life.

Dr. Horen: I just want to say how much I appreciate you sharing with us and helping us have a better sense and understanding of what trauma-informed care looks like. So, thanks so much.

Dr. Gouze: Thanks so much for having me.

Dr. Horen: For more information about trauma and resilience, check out the links to resources in the podcast notes. Thanks for listening to the Head Start Heals podcast from the National Center on Early Childhood Health and Wellness.