

Promoting Empathy, Understanding Trauma: Part I

Brandi Black Thacker: Hello, everyone. Welcome. We are going to be getting started here in just a little bit.

But as you are getting settled into our virtual environment, we would love to talk to you a little bit. If you notice on your screen, on the right-hand side, you have a chat feature. And you might even say you have entered a little bit there to get us started. But as you're coming in and getting settled, we'd love it if you could tell us a little bit in the general chat about what brought you into this webinar today. What are some of the things that really drew you into these topics and ideas around empathy and around really using that as a process and a connector in our relationship with family? And of course, their littlest one. As you know, at the end, we're going to be reviewing them so we can cater our conversation both today and tomorrow—you might have heard this is a two-part opportunity—and really use those to inform where we discuss today and where your interests lie so that we can make sure to follow your lead, if you will. Let's see. We're getting some great feedback already.

So, Vivian says some of the family situations we deal with, the families we work with. Yvonne says the trauma that they may say. Concerns around the effects of said trauma. Jamie adds in about the increased numbers of family and children who are impacted by trauma. So, certainly you guys are showing us the connection that you have to the children and families in your program, and really bringing forth the real experiences that you have in your program, beside both families and their kids. Lisa just said exactly what we all feel. This is why we spring out of bed, right, Lisa? To better serve every day—both our children and families. Jennifer, it looks like you guys are moving toward a trauma-informed approach. Oh, girl. She said the "P" word, everybody. It's become her passion. Well weigh in, Ms. Jennifer. Insight and expertise is welcome at all points in time. [Laughter] I am directing the project on trauma-informed practice for infant-toddler teachers. Oh, gosh. It's really great to see all the ways that you guys are coming into this conversation. And certainly—Amy, Debbie—if you guys are seeing things that are sticking out to you, feel free to add in here.

Debbie: It's just so exciting to see so many people that are interested in trauma and want to learn more so that we can best serve the families and their littlest ones, as you said, Brandi, that we all work with.

Amy: I see Christine is a mental health coordinator for Head Start—trying to support and get more information for children and families. This is really exciting to see you all interested in trauma and thinking about how you can be most effective with children and their families. So, exciting.

Brandi: Absolutely, Amy. Well, one of the things that we want to do straightaway is introduce the folks that you're going to have the opportunity to, you know, hear from today. But certainly, this is an interactive opportunity. We're going to be tracking the chat, and as best possible, we're going to balance the necessity to certainly answer your questions and lean into those, but also share the good bits we have ready for you. So, keep those coming. Please insert your insights and thoughts. Part of our priority here is making sure that you've got to have a

vehicle to share with each other. So, what we want to do is introduce all of the folks that you're going to have the chance to hear from today, and just jump right in because, you know, we have lots of good stuff to talk about here. So, with that, I'd love to—and this is a true honor and a true privilege—to turn it over to our leaders from the Office of Head Start to say hello and to kick us off today.

Amanda Bryans: Greetings, everyone, and welcome. On behalf of the Office of Head Start, my name is Amanda Bryans, and I work on school readiness and research to practice here, but I've been working now with Head Start for almost 30 years, including and importantly, 10 years in a program in Albany, NY. And I want to say that today's and tomorrow's training series is part of our Safe Foundations, Healthy Futures effort here in the Office of Head Start. And this was really an idea about not wanting to load on 16 new things every program has to do all the time, but to try to help people see kind of in the big picture what our role is around ensuring that the health, safety, and well-being of all the children who come into our care and teaching. And how we can do that in a way that doesn't add, you know, 25 different things to do, but is just part of the way we do our work. And we really want help kind of increase recognition of how to do that in a very global way—keeping children safe, teaching them, and providing responsive relationships that they can build off as they go on.

Doing this requires that staff are fully present when they're with children, and this can be a very hard thing. It means that staff have the knowledge, the resources, and the support that they need in order to be able to have empathy and perspective-taking, and to work with all of the different children that come to us. And today's training, we think is like—we hope it's like a present, and it will fill you up and provide you with some information and strategies that resonate for you and are supportive to you. And that you'll enjoy this—we want you to have some fun and feel some professional satisfaction today. You should all take a deep breath and relax a little bit. We're not going to be giving you any, you know, high-stakes tests today. We want you to be mindful of meeting your own needs as you listen to this training.

In order to really be able to meet children's needs and be present with them, you've got to do some thinking about where you are, what's happening for you, what influences, kind of, your perspective and the way you think about things, and how you need to take care of yourself so you can be with children. So, I try to say something like that at the beginning of all of the webinars that we do related to this series. And finally, I want to encourage you—ready for this—to remember the humor, joy, and curiosity that comes with working with young children and their families every day, and to hold that first as a priority—making sure that that happens. And I—I believe that keeping them safe, and well, and learning will grow from that. Humor, joy, and curiosity. And it is now my pleasure to turn the proceedings over to my colleague, clinical child psychologist and mental health lead for the Office of Head Start, Sangeeta Parikshak.

Sangeeta Parikshak: Hi, everybody. This is Sangeeta Parikshak. I'm the mental health lead for the Office of Head Start. Thank you so much, Amanda, for that very inspiring opening to this next segment for the Safe Foundations, Healthy Futures campaign. Myself and my colleague, Kiersten Beigel, who is the lead for family engagement for the Office of Head Start, are both really excited for this two-day training on promoting empathy and understanding trauma. So, just as a reminder of some of the topics that we have hit on for this campaign that has led us to

this point is we've talked a lot about caring for yourself so you can care for others. Adults in a child's life—we're all here because we love children and we love families, but it is hard work.

We've talked a lot about the importance of really making sure we take care of ourselves. We've talked about how behavior has meaning. That children, as we know, they're not hopefully acting out just to act out, but there's certain things that might be going on that they might be trying to tell us that they don't have the ability quite yet in their development to tell us. And so, really keeping that in mind. And we provided some initial classroom strategies around that in some previous webinars. We've also highlighted the importance of physical safety and the way to make sure that we are keeping our children and families safe and secure while they're in our care.

This two-day training will go a little bit deeper into understanding how events in the lives of children and families impact their behavior, as well as their physical and mental health. And hopefully, it will help us to begin to shift our mindset as adults from what is wrong with you to what happened to you. I think oftentimes when we are stressed out and we have our own things to think about, our initial reaction to the way that children behave and the way that they act is oh, my gosh. What is wrong with you? Right? But we are going to take today and tomorrow to really kind of delve a little bit deeper into what might have happened to you—a better understanding of the various ways that stress can impact children and their caregivers. And hopefully, if we can have that understanding going into any situation with a child, then we can better help kids feel safe when they're in our care, which we know in turn promotes their learning—not just academically, but also socially and emotionally as well. So, we're really excited. Kiersten.

Kiersten Biegel: And I'm rounding out the crew here for the Office of Head Start and just want to give you my official welcome before we turn things over to our illustrious presenters from the National Center on Health and Wellness, and the National Center on Parent, Family, and Community Engagement. Welcome, everybody. Thank you so much for joining us.

Brandi: Thank you, Kiersten, Amanda, and Sangeeta—it is so great to have you guys here. And thank you for paving the way for the opportunity for this to be an important part of the conversation, not only through this campaign, but through what we do every day in Head Start and Early Head Start. With that, I want to introduce you guys to some of my most favorite folks. And each of us are going to take a few seconds to say hello to you personally. And we want to start off with the one and only Amy Hunter.

Amy: Wow, Brandi. That's a wonderful lead-in. Hi, everyone. It's so nice to be here with you this afternoon. Thank you for taking the time to be on. I am Amy Hunter. I work with the National Center on Early Childhood Health and Wellness. I work at Georgetown, and I have the amazing opportunity to focus my work on early childhood mental health and mental health of young children, their families, and staff, and Head Start and Early Head Start. So, it's wonderful to be with you, and I'm excited for us to continue to interact like you all are already doing on the chat. It's fantastic. Nice to meet you virtually.

Brandi: Thank you for that, Amy. I would like to say hello. The Appalachian accent you hear belongs to me, Brandi Black Thacker. And I have the true privilege of being the director of

training, technical assistance, and collaboration for the National Center on Parent, Family, and Community Engagement. Debbie—who you will meet next—and I would love to extend a great gratitude, not only to our leaders at the Office Head Start, but certainly our friends and colleagues at the National Center on Health and Wellness for allowing us to be part of this conversation today, and certainly gratitude to each of you for spending this time with us during your busy schedules. With that, I also want you guys to meet Ms. Debbie Sosin.

Debbie Sosin: Hello, everyone. It's both an honor and a delight to be here with all of you virtually. And I must say, I'm already inspired by the different things that you've written. Amanda, your words. I love holding humor, joy, and curiosity every day. What could be a better way to go through each day? So, I'm the director of family connections here at the Brazelton Touchpoint Center, which is a mental health consultation and professional staff development program. So, I have the good fortune to be in Head Start sites each week providing mental health consultation. And I'm also a Touchpoints trainer here at BPC and have the joy of working as part of the National Center on Parent, Family, and Community Engagement. And working with families that have been impacted by trauma has been a passion of mine for over 40 years. So, I'm so excited to be here, and to share and learn from each of you, as well. So, thank you.

Brandi: Thank you for that, Ms. Debbie. I know straight away we're going to turn things over to Amy to get us started about what we want to accomplish today, where we're going to go—not only for today, but certainly, you've heard a couple of us mention how tomorrow we get to have the chance to come right back together at the same time to continue the dialogue. And with that, Ms. Amy, are you ready?

Amy: I'm ready. Thanks so much, Brandi.

Brandi: Let's do it.

Amy: Alright. Well, the first thing I think we just have to say is we have a lot of information that we would love to share with you. And I already know we may not get to at all. So, we will all sort of agree that we have an opportunity to share anything that we don't get to today, you can get it tomorrow. So, I'll share that, as others have, that this is part of a two-part series. And we are going to do our best to balance sharing the information we've prepared, meeting these objectives, and interacting with you all, because we think that's incredibly important. So, I'm not going to read these objectives to you. You can read them. Much of this is what you all came to hear. I do want to emphasize the last point there—the last learning objective—Number 4. We hope that you will leave here with more tools in your toolbox. We hope that you will not only understand the impact of trauma on young children and on their families, but that by having more tools in your toolbox, you will feel more equipped that when the work gets hard, which we know it does, you can reach into the toolbox and grab more strategies than maybe you've had before, or just be reminded of strategies that you use all the time to support children who've been impacted by trauma to promote their resilience.

Alrighty. So, let's keep it moving. So, Amanda, when she opened it, talked a little bit about this. But we are talking about trauma today. We're digging into trauma. It may be ... It can be a sensitive topic. For most of us, many of us. I saw in the chat that someone said that they had experienced recent trauma. And so, many of us have had our own experiences with trauma.

Certainly all of us know someone close to us who's gone through various traumatic experiences. So, if us talking about this and interacting with one another about this makes you begin to feel upset or too upset, you know, here are some self-care strategies. You know, pay attention to your feelings. Pay attention to how your feelings are shifting. You can always take care of yourself by simply focusing on your breath. Taking deep, slow breaths we know helps when we get activated, when our emotions start running high. That is a strategy that you can use all the time and that is with you no matter what else is going on. Feel free to jot down your feelings. Of course, we know journaling is a good strategy.

That other bullet: focus on your surroundings. There's a mindfulness piece that we're going to talk more about mindfulness and some of these self-care strategies tomorrow as well. But feel free to take a break. This webinar's recorded. You can always come back to it. And of course, remember your connections. Remember your connections with friends, colleagues, supports in your program. It always helps to talk about how you're feeling.

So, let's dig in. Here we go. So, what is trauma? Now this is a picture of something that could certainly be a traumatic experience. And what I will call these kinds of experiences are potentially traumatic experiences. And the reason I say potentially traumatic experience is because it's not the experience—although certainly this picture looks like a very significant and severe experience. But it's not necessarily the experience that makes something traumatic. There are many factors that go into what makes an experience—so a tragic event like this, or a series of events, or an enduring set of circumstances that someone might be going through—what makes those traumatic is very different from one person to the next. Based on somebody's previous histories of adverse experiences. Based on someone's previous mental health history. Based on someone's family history. Based on their own temperaments. Right? And we all know that folks who are easy going, everything just rolls off their back.

And we all know folks who are much more sensitive in terms of their temperament, and the way things in the environment impact them. We also know that age has a factor here in terms of what events are traumatic to one individual or another, and that young children are uniquely impacted by potentially traumatic events. Because of their age, because of their growing brain development. And we're going to emphasize this throughout that they're really looking to all the adults around them to make sense of these potentially traumatic experiences, and certainly experiences like the one we're looking at here. So, there are many definitions of trauma. This is the definition that we're going to use today. Trauma occurs when frightening events or situations overwhelm a child—and we can also say adult, it's the same definition—adult's or child's ability to cope or deal with what has happened.

So, you can see here that it's really about the experience of the event or events, and not so much necessarily on the event itself. We also want to make sure that whenever we're talking about trauma, we talk hand-in-hand with the term or the concept of resilience. Because while we know that trauma uniquely impacts young children because of their developmental vulnerability and their brains growing, we also know that young children are very resilient, and that we all are very resilient. And so, it's really important when we're thinking about how children are impacted by trauma, how we're impacted by trauma, to recognize that we are also, all of us, very resilient. And so, the definition that we're using here to talk about resilience is the

ability to overcome, the ability to recover from, adjust, adapt, to misfortune or to adversity. This second bullet says ability to bounce back. And in the trainings that we've done, somebody—a participant—added the ability to bounce forward.

And so, I haven't changed the slide, but I love that concept. It's really thinking about not just bouncing back, but that sometimes traumatic experiences or adverse circumstances can propel us forward to be even more resilient than we were before. And so, here we'd like to interact with you just a bit. We invite you to type in the chat about some of the potential adverse experiences, or potentially traumatic experiences that your families have faced. We know, because in Head Start, we select—in Early Head Start and Head Start—we select families who have had adversity. That's what we do. We serve families who need us the most.

And I see lots of people, lots of comments around drug impact, and I see food insecurity—they're going so fast. I see domestic violence, homelessness, incarceration. Immigration status. Absolutely. Poverty. Everyone of our families is impacted by poverty. Violence in the community. Wars. Attempted suicide. Blended family breakup. Loss in families. Losing a sibling. Death. OK. We are not going to stay here because ... [Laughter] We are going to move ourselves forward. But, you know, all of our families, I want to recognize that this list is very real for our families, and these experiences certainly are potential traumatic. I want to move us into another term. This beginning part is really defining terms so that we're all on the same page. But often, the term toxic stress is used in the same conversations with trauma.

And let's talk about stress for a minute. There's lots of different kinds of stress, right? All stress is not bad. We need stress because smaller stresses help us practice when bigger stresses arise. We all have stress in our lives. Having a little stress while you're taking a test or in a job interview will make your performance stronger. Having a little stress when you're running a race—again, really helpful. Then there are some tolerable stress—and this slide I want to acknowledge is from the Center for the Developing Child. If you have not checked out their website, that is some homework for you, to check out the Center for the Developing Child. It has wonderful resources in this area. But tolerable stress. Tolerable stress is many of those potentially traumatic experiences that you listed in the list. Really serious adversity and experiences.

But what's different between tolerable and toxic stress is that tolerable stress is buffered or supported by nurturing and responsive care—by others around us. In this case, if we're talking about children, adults who can help children make sense of the experience, and help children feel safe; help children feel secure. And that is contrasted to toxic stress. Toxic stress occurs when—and we're going to talk about this in just a minute—the activation of our stress response, our biological stress response, happens, and the child—or person—doesn't have protective relationships or supportive relationships to help that child make sense of the experience.

And so, the body automatically, in those instances of toxic stress or life threatening experiences, goes into—and I'm sure this is reviewed for some folks-- but a stress response that is automatic, that happens unless you do lots and lots of work to try to get training. And even then, this is a biologic response that the body goes into that either prepares to fight—so I'm going to fight this threatening thing that is scaring me, and that is life-threatening, or I'm going

to flee it—I'm going to run away from it. Or the body may say it's best to freeze in order to survive this. To not do anything. And that will be, the body is saying that will be the best thing to enhance our survival. And then, these are some other, sort of physiological adaptations that our body just goes into automatically. When we face something life threatening, right? These are things that help us to prepare to fight, to flee, to freeze. Our immune system boost up quickly. We take in more oxygen.

Our blood flow goes to our legs and our limbs, so that if we have to run, we're able to run faster. Our memory becomes enhanced in that moment so that we're hyper focused on the task at hand, which is survival. And then, this is a visual of the reaction that our body has. Our breath quickens so we can take in more oxygen. It's really focusing on our body to do the best that it can to survive. And one of the things I want to say about this is that our body is not meant to be in this state, in a constant way, right? This is something that is supposed to be very time-limited, and that is reacting to something that's happening in a life-threatening situation, and that what we're going to see as we go forward that when our body is in this state in a constant way, there are long-term health and mental health consequences, and that there are consequences to the brain development.

And so, now we're going to have a quiz on the brain. [Laughter] Just kidding. We're not going to have a quiz on the brain. But what I just want to say here briefly is that what we know about trauma and toxic stress is that it does impact the architecture of the brain, right. When we go into that fight-or-flight response, we are operating from that lower part of the brain here, the brain stem, instead of operating from the prefrontal cortex, which is where we make our decisions, which we weigh, should I do this? Should I not do this? Is this a good idea? Is this a bad idea?

When we're in the fight, flight, or freeze response, we're not operating even close to that part of our brain. And so, next we're going to talk about a really important study that talks about the impact of adverse experiences. And we want to take a quick poll to see how many of you are familiar with ACES. And you have three options here. Yes, I'm really familiar with ACES. Somewhat familiar—I've heard a little bit about it. And no—what the heck is ACES? So, we'll ... Oh, I see people are writing in the chat. Great. That's super. Lot's of responses. Super.

Brandi: As you guys write in ... Pardon me, Ms. Amy. I'm sorry to interrupt you. I was just going to say, we're going to have a poll pop up for you guys, too. So, not only are you welcome to answer in the chat function, you're actually welcome to push a button. You might see it there. Underneath the chat pod, there is a question that says, "How familiar are you," or "Are you familiar with ACES?" And you can scroll down and click the button of your choice.

Amy: Great. Thank you, Brandi. It looks like many of you ... You're still weighing in, but maybe about, you know, 45 percent of you, or so, are very familiar. Close to that. Some of you, maybe 30 percent, are somewhat familiar. And about 20-so percent it looks like, no. What is it? So, we are going to go ahead and move forward. Thank you for responding to that poll. It helps us get an understanding of how familiar ACES are out there. OK. So, I am going to invite you to hear about ACES. Those of you who are very familiar with it, this will be a review. Those of you who are somewhat familiar with it—or not familiar with it—can learn more from Nadine Harris, who is an amazing expert in the field. And we have her on a video that we've developed at the

National Center for Early Childhood Health and Wellness. And I'm going to let her explain to you more about the ACES study. We can play the video. The video should be coming up here.

[Video clip begins]

Nadine Burke-Harris: I believe that this is the greatest unaddressed public health threat that our nation is seeing today.

Parent 1: I don't want my kids to have to go through this.

Parent 2: If I can get out, you can get out.

Nadine: It's awesome for the mom to see. "I did that for my kids." It's intense. It's powerful.

[Music]

Nadine: ACES stands for Adverse Childhood Experiences, and that comes from the real seminal study that was done by Dr. Vince Felitti and Dr. Robert Anda. They found there was a dose-response relationship between early adversity and numerous health and behavioral outcomes.

Dr. Denise Dowd: The more ACES you had—you numbered them, right? Zero to nine, or 10. The more likely it was that you were going to have one of these diagnoses.

Nadine: What was really an eye-opener for the medical community was that if you had four or more adverse childhood experiences, your risk of chronic obstructive pulmonary disease was 260 percent, as compared to someone with an A score of zero. For hepatitis, it was 250 percent. And so, we've really begun to understand that there were biological and physiologic underpinnings, and a direct connection between early adversity and health problems in adulthood.

Denise: Pediatric care is at least a two-generation process. Right? Because if you think about it, your patient, a little kid, are going to achieve many of their ACES—neglect, abuse—through their parents or somebody related to them. So, you have to address the ACES in both of those generations.

Donna O'Malley: We have a lot of, lot of mothers, young mothers, who they themselves have experienced toxic stress from many exposures in their lives where their trauma's never been treated, and now they're trying to parent.

Kiera: Growing up, I got to hear a lot of stories from my mom about how my grandma, you know, did a lot of things to her. Abused her in so many ways. And she, in turn, did the same thing to me.

Nadine: The focus of my clinical practice is really thinking about how we can reduce the dose of adversity that kids are being exposed to. ACES include physical, emotional, or sexual abuse; physical or emotional neglect; a parent with mental illness, substance dependence, or who have been incarcerated; domestic violence; or parental separation or divorce.

Denise: Toxic stress is repetitive, chronic exposure to stress, meaning bodily stress, which is unremitting, right? And which is in the absence of what we would call protective factors. Which usually means for kids a nurturing adult in their life taking care of them.

Nadine: Imagine you're walking in the forest and you see a bear, right? And immediately, your body releases a surge of adrenaline, and you have what's called a fight-or-flight response. And that is wonderful if you're in a forest and there's a bear. But the problem is what happens when the bear comes home drunk from the bar? This fight-or-flight system, which is supposed to be a once in a very long time, life-saving response is activated over and over and over again.

Kiera: I didn't have a good childhood. When I was 6, my mom's boyfriend killed my little sister in front of me.

Khatea: My biological mother had every addiction that you could think of known to mankind.

Christina: There was no parenting in the house at all. There was no house at all.

Kiera: She never spent any one-on-one time with me, or ... Never.

Christina: I indulged in her addiction with her. I was no longer a child. I was just there.

Nadine: Social-emotional buffering, being in a caring relationship, having adults in your life who are able to self-regulate and who are able to model self-regulation helps children to be aware of when that is not happening. And sometimes, all you need is that one. All you need is the one to establish a baseline from which you're able to recognize, wait this is not right.

Jim Caccamo: When you see an issue and can make it better, you want to because it will be with that child forever.

Kiera: When I was growing up, my mom was not in my life. So, my teachers were like my mom.

Christina: My support system was just amazing, these people. Sometimes when I don't think I can make it, they know I'm going to make it.

Nadine: What we see is that kids who are exposed to chronic adversity tend to have tremendous amounts of behavior problems in terms of self-regulation, angry outbursts, the ability to recover post-provocation. The behavioral issues are the ones that we see when a child is 2 and 3 and 4 years old, and they portend long-term health problems. And we can see that in kids when they're little.

Amy Reames: We focus a lot on social-emotional wellness here. So, we really put a lot of that into the curriculum. If we don't have that foundation, then we can't do anything else. You know, if you have a child that is not socially or emotionally well, then we can't expect them to sit down and do a lesson in math or literacy, or something.

Denise: This one mom said to me, "You know something? I can't—I can't give away what I never received." And so, you're giving them that.

Kiera: I go to the counseling, you know, for me, because a lot of things from my childhood are still affecting me now that I'm an adult.

Christina: I never thought in a million years that I would be anything but a junkie. There was no light at all. I thought that was my destiny—to get high, and live in that life, and prostitute. And today, what I'm proudest of is because I know that I'm way more than that. Way more than that.

[Kissing sounds]

[Laughter]

[Video ends]

Amy: Well, many of you have been chatting as you are watching the video. Our next slide, actually, asks you to do that very thing. What are your reactions to the video? And many of you were wonderfully sharing. The most important thing I want to share with you as you type in your reaction to the video is that that video is available to all of you for free to use, to share with staff, to share with families. It's on the ECLKC. As someone mentioned, we have some different versions of it. We have a longer version. This version is eight minutes. And Heather put the link in the chat box so that you can actually link and save. I see some smiley faces. I see someone had a sad face. It is ... Yes, it's hard to hear about those stories for sure. The video was on point, someone said. Very informative.

So, I do want to ... Is it in Spanish? It is not in Spanish, but that is a great next step for us is to maybe see about figuring out how to translate that information into Spanish. Diane said thank you for telling us how to access it. Yes, it's on the ECLKC. If you have any trouble, there's the link again that Brandi is posting. If you have any trouble at all finding it, don't hesitate to, to email us, and we'll help you find it. And someone said, inspirational and hopeful. Verona, I hope I said your name OK, the right way. But that's what we're all about, right? In early childhood and Early Head Start and Head Start, we're all about creating hope, and hopefully being inspirational to the children and families we work with. And this is really probably the most common graphic when we look at ACES information.

And the most important thing I want to highlight here is that we in Early Head Start and Head Start, and all early childhood programs, have an amazing opportunity to buffer the impact of children's adverse early experiences. So, you can see on this first ... The orange part is the adverse experiences that children experience. And then in the absence of having nurturing and responsive care, and adults and safe environments that help children make sense of those experiences, and feel supported through those experiences, we may see social, emotional, cognitive impairment. And that's where we can really have an incredible opportunity to impact the trajectory of these cases. And yes, someone said Nadine Harris has a book about toxic stress that is really actually quite wonderful. I do ... Before we move on, want to offer a few cautions about sharing ACES information. I am a fan of sharing this information—sharing it with families, sharing it with staff. I think information is power, and can be really helpful for families. For any of us who've been struggling with adverse experiences, it often helps people make sense of the experiences that they've been having.

However, I have heard some stories about ways of sharing this that have not, unfortunately, been as sensitive as they really should be. We have to remember that the ACES is a survey, and it asks people very personal information about their history, their early, early history, and their early experiences. And so, this would not be something we would ever want to, you know, ask people to fill out in front of other people, or ask people to share with others, you know. Because again, this is very sensitive information. It's great for people to be able to reflect on their own and have dialogue in general about. But we, as you want to do all the time, want to be sensitive and, you know, cautious with how we share this kind of information.

The other thing which is really important to think about with ACES is that this is a population-based study. It was done by looking at thousands—17,000 or more—surveys. And so, it doesn't determine any individual future. And so, that's really important to think about as well. And next, I'm going to turn it over now that we've been talking about a lot of foundational pieces. What would we be looking for in children who have experienced trauma or have had these potentially traumatic experiences? And it is impacting. Debbie is going to take us through the next slides. So, I'm going to turn it over to Debbie. Thanks, Debbie.

Debbie: Thank you so much, Amy, first setting such a wonderful foundation for us. And I have to say, it is so impressive and inspiring to read your comments and to see how deeply people are thinking about trauma and the impact on families and young children, and all of the things that you are already doing. And the Nadine Harris video certainly tied it together for us in so many ways.

And we've been talking about what is trauma, thinking always about resilience, the ACES—those Adverse Childhood Experiences—and what the long-term impact might be. And what we'd like to do now is to think a bit more about the signs and symptoms—what we might see in a young child who's experienced trauma, who might be impacted by trauma. And always helpful to know what we might be looking for and to think about those signs and symptoms. And I think most important, as with all behaviors of young children, we need to consider them within context. I sometimes think about a behavior as a snapshot, and the context being more like a video where we have a much deeper understanding. So, let's think about some of the factors that might need to be considered when we're looking at behavior.

So, first of all, a child's history. Is the behavior we're seeing something new, or is it a change in the child's behavior, or is this typical of the child? Thinking about culture and family. As we know, different cultures, different families, have different expectations for children and how they behave. Thinking about eye contact. In some cultures, looking at the adult when a child is being spoken to is a sign of respect. In other cultures, having eye contact with an adult is a sign of disrespect. I can hear my mother saying, "Look at me when I'm speaking to you." So, always consider the family, the cultural, and the beliefs when we're assessing potential symptoms of trauma. We want to be thinking about the care giving experiences in the community.

Some communities have a zero tolerance towards aggression, and in other communities and settings, children are told to hit back if they need to stick up for themselves. Typical child behavior. So many of the signs and symptoms that we're going to be looking at in the next slide or two might be very typical of children at different stages in their behavior. So, we need to be thinking about how old is this child, where are they at developmentally, and is this behavior more typical of where the child is at, or is this behavior that is much more related, perhaps, to the child having experienced some trauma? Temperament. So, we often talk about three different types of temperament for children.

The slow to warm children. The little ones who walk into the classroom, stand at the door, look around, check things out, and then they walk in. Then we have the easygoing children. The children who have their parents hand, see their teacher, let go, give a kiss, and walk right in to whatever activity might be going on. And we also have the very active children. The children who might run into the room, run over to one group of children who are playing, run over to

another group of children playing, and in the process, might accidentally knock over a tower of blocks. So, thinking about kids and their temperaments certainly is important when we're looking at signs and symptoms that we think might be related to trauma. It's also really important to think about the fact that some children express their feelings through externalizing behavior. These might be the children who cry, who scream, who become aggressive. But there are other children who express themselves through internalizing behavior.

These are the children who might be withdrawn, a bit disengaged, they don't show much emotion. And sometimes, in a class of 18, 20 children, these might be the kids who go under the radar. So, we really, really want to make sure that we're looking at all children, as I'm sure that all of you do. So, thinking about all of these factors when we're looking at behavior helps us really understand the meaning of a child's behavior. So, let's think some about some of the signs and symptoms of trauma that we might see in infants and toddlers. And there's a number of them. I'm not going to read through the whole list, but let's think about some of them in particular. And I know what wonderful observers all of you are. We're taught to be observers of children's behavior and to use our observations to help us to support the children in their growth and development. So, in thinking about these behaviors, let's make sure that we remember the context—the things that we talked about. So, some of the things that we might see are, you know, clingy behavior. Some separation anxiety. So, a child who might have a really difficult time when the teacher that they're most connected to leaves the classroom to go on break for a period of time.

These might be the children that have great difficulty soothing themselves and use behaviors that might be very disturbing, such as head banging. They're children that oftentimes might be very fearful. We sometimes see kids that are very easily startled, and they're very sensitive to the door opening, to new people walking into the room. Oftentimes, developmental regression can be a sign or symptom of children who have been impacted by trauma. We also know that developmental regression can be a sign of an impending developmental birth. So again, we're looking in context and thinking about all of the things. And when we can recognize some of these signs and symptoms in an Early Head Start or Head Start program, we're in a wonderful position to scaffold and support families, and scaffold and support teachers as they scaffold and support children. So, let's take a look at preschoolers and some of the signs and symptoms of trauma that we often see in preschoolers.

So, many of these are the same. Although as children grow and develop, their skills grow and develop. They have the ability to talk more. More often, they're able to self regulate their behaviors, control their impulses more easily than a infant or a toddler. And so, we sometimes can see the behaviors. They become a bit more visible to us than a parent. So, oftentimes we see children who are inattentive. They might have difficulty problem-solving. The aggressive behavior that we talked about earlier. And aggressive behavior—the hitting and the biting—might be developmentally much more appropriate for a toddler. And we would hope by the time a child is a preschooler, they've developed some more skills and are able to self-regulate. The sadness can become very apparent.

Children at this age often have the words to talk about the traumatic event. These are also children who might be very involved in repetitive post-traumatic play. I remember after 9/11, I was working as a therapist, and child after child that I saw would build a tower and knock it down, and build a tower, knock it down. I must have seen hundreds of towers that were built and knocked down. And these children were trying to make meaning of what it was they saw on the television over and over and over again. So also, a reminder that we may have known that those events happened once. But for young children watching TV, they were constantly impacted each time they saw that loop on the television set.

So, you know, thinking about this array of signs or symptoms that may be the impact of trauma in young children, it's no surprise that trauma would impact learning. And think about the children that you work with, and the children that you imagine or know have experienced trauma. And think about being constantly in a state of fear, or being preoccupied, and how that might interfere with the children's ability to take things in—to learn socially. To learn educationally; to learn emotionally. To take things in from those experiences—if they're constantly on alert, if they're constantly thinking about the traumatic experience, or if they're needing to disengage.

So oftentimes, you know, exposure to trauma can affect a child's perception of time, their thinking style, their emotional or feeling tone, how they solve problems. So, let's think now about some questions for you. I know that Nadine Harris in her video talked about trauma reaction sometimes being misdiagnosed. We sometimes think when we're looking at a child who's been impacted by trauma that this might be a child with ADHD—the level of activity. This might be a child with a speech or a language delay. It might be a child who's struggling with another particular issue. We've got a poll now, and I'd like to ask that you think about which of these might be diagnosed in lieu of a reaction to trauma. Which in your experience?

So, do we have the poll? Or If people would just like to write this in. There comes our poll. Thanks.

So, challenging behavior is a big one. Absolutely. Oppositional behavior. ADHD. Speech and language. Not as big for some people. And the selective mutism. So, people are still voting. We've got challenging behavior. And, you know, challenging behavior - looking at the behaviors that we described, those signs and symptoms that can reflect a child who's been impacted by traumatic experience—certainly can be challenging to us as adults in the classroom—challenging to parents, and challenging to providers. So, that seems to be the biggest response, is that those who see this as challenging behavior. OK.

So, let's move on and think a little bit about behaviors in specific. And before we get there, I'm going to take us to thinking about and reflecting on some myths about trauma and young children. You know, certainly, thinking about trauma—and many of you responded this way after listening to Dr. Harris' very inspiring video about trauma—listening to experiences about trauma, being present with families and children when they're talking about trauma, or having their own experiences about trauma may evoke very deep feelings for children and for the adults. And I think myths around this have developed in some ways because we want to protect children. And we want to do the best that we can for children. And so, sometimes people think

it's better to forget bad things that have happened to children and to adults, or that young children don't remember traumatic experiences if they've occurred early in life.

And what I would like to say is that research has showed us that trauma impacts everyone who experiences it, and that children as old as 2 and 1/2 years will have a verbal recall of what happened, and younger children ... Will have a behavioral response to what they remember. Also ... We also sometimes think that young children can't ... It's not helpful for young children to talk about traumatic experiences. And talking about the experiences gives children the opportunity to process them and make meaning of them.

So, let's talk about the meanings of behavior—this challenging behavior that we talked about, or these signs and symptoms of traumatic behavior. Excuse me. So, what—what is the meaning of this behavior? I think people have heard the expression, "tip of the iceberg" before. And by that we mean that just 1/10 of an iceberg is above the waterline, above the surface. And so, we may see this huge piece of ice, and beneath it is an even more significant piece of ice. And when we use this expression, "tip of the iceberg," what we're really thinking about is sometimes the behavior is just the tip of the iceberg. And we don't always know what's behind that—what might be behind that behavior.

So, it's a wonderful analogy to be thinking about behaviors that we're seeing in children, and trying to make meanings of those behaviors. So, for children, behavior really means communication. Children are trying to tell us something. And our role as caring adults is to think about and to try to understand that behavior. What is a young child experiencing? What's it like to be in that child's body? What is it like to be in that child's world? All of those things can help us to understand the child and make meaning of the behavior so that we can best support the child. Challenging behavior is communication.

And trying to make sense of, or meaning of, what that child is trying to communicate to us. It might be, am I feeling overwhelmed and I don't have the words to tell you? I'm not sure how you're going to react. I'm expecting you to react negatively or harshly to me. I don't feel safe. And our role is to help communicate to the child in response to their behavior, and to use words and our behaviors to help create a safe space for the children. You know, oftentimes we hear and we might think that a child is just doing something for attention. And I always think to myself, yes. Absolutely. They are doing this for attention. And what—what are they needing attention for, and how can we best be there for them? So, what I'd like to ask you to think about just for a moment is how you might respond to this sentence, "Challenging behaviors make me feel ..." How might you complete that with a word or two?

And as you're doing this, thinking about this as a segue way about how important it is for us to be aware of our own feelings and our own emotions when we're working with children, and families, and ourselves, when people have been impacted by trauma. And so Brandi, I'm going to turn this one over to you to take us through thinking about families, and their feelings, and staff, and how we can best support them when we're thinking about children and families who've been impacted by trauma. Because oftentimes, if a child has been impacted by trauma, the family is also impacted. And we as the providers, because we're there as caring adults, may also be impacted.

Brandi: Well Debbie, thank you so much to that. Of course, yes. Thank you, Debbie and Amy, certainly, for all of the wonderful context you've given us. And thanks to each of you. The sharing that you're giving us in chat is very rich, super incredible, and very connected to where we're going. And many of you have already made some of the deeply salient points that we hope to continue bringing to you today and tomorrow. I love this slide. I had to say, I just love this slide. Because the first bullet that reads, "Empathy is contagious," is so true. And I think to each of your points, each of you said we need to stop.

We need to pause. We need to think. We need to reflect. And any time that we offer an empathetic approach to each other, to children, to the families, it's like paying it forward. And folks take that with them and then share it with somebody else. Not only in the context of our everyday interactions, but certainly in the context for families and children, and even our colleagues who may have been impacted by trauma. One of the things that I wanted to offer here in terms of the power of language—and Debbie, you inspired this, Amy inspired this, and each of you as you were talking about the words. That when a child is experiencing a challenging behavior, how it makes us feel.

And I have to say, through the leadership of OHS and through the power of what we understand to be language, and even how we phrase things, we started to shift that from challenging behaviors to behaviors that challenge us. And it's just confirmed in what you each shared. You feel frustrated, helpless, hopeless—all of those things that the child is having a hard time to communicate in a way that we can absorb in those moments. So, it's really about standing in our own feelings, our own disbelief. Standing in them, acknowledging them, but then going right to those places that you guys are inspiring us to, which is think about what Sangeeta gave us as she opened up today.

We're not thinking about, what's wrong with you? We're thinking about, what happened to you, and how can we wrap around each other to go through this experience, this situation, this moment in time, so when we come to that place again that we're much better prepared, each of us—the child, the family member, the colleague—to come through it the next time. So, thinking about that parallel process, right? That's exactly where we are. And it works. Not only on kids, but on the grown-up counterparts.

[Laughter]

So, think about those things and how we apply them, not only in service of the children and families, but certainly each other. Let's keep looking. We have ... I can't believe our time is going so fast with you guys, but we really want to think about the context of family engagement and how that is connected to children who have experienced or been impacted by trauma. These are critical messages to take with you. The thing I love about this group so much is right away, you were leaning into resilience. You brought it into the space, you brought it into the chat, and you really stayed there as we were referring to not only some of the definitions of trauma, but the impact, the ACES. We know that to get on the same page with each other, and we know what we experience within our program. But what we also know is resilience is real, and that's where we want to stand.

So, here are the messages we want you to take forward. Often, you ask us, "Tell us what to say. Just give us a script to lean to when those situations or those experiences get hard." Here are a few for you to consider. And I'm guessing you guys could add dozens and dozens and dozens more. So, feel free to do that in chat and get so inspired. But imagine ... Put yourself in the place of the parent. If you're able to say, "I know this must feel hard, but you and your child both have strength." Even in terms of reflecting on what you need as a parent, as a family member, as a staff person, and remembering to always take care of yourself. I know it's the time of year when we're all thinking about it, right? How many of you have been thinking about it for the new year? And taking care of yourself—really looking at what's worked well for you the past year, looking at what you might want to shift for 2019, and thinking about how you are always in a space of wellness for you as a person.

Of course, because we've all heard the analogy about the airplane, and the mask, and the oxygen, and taking care of ourselves before we take care of others. It's not only critical that way in service of how we are able to serve, but also just for our own well-being, our own forward movement, and our own peace of mind. A couple of things that I want to share with you guys. In particular, we want to talk about these partnerships that we're able to build within the five families through what we call strength-based attitudes.

And if you guys haven't seen these before, I want to give you a little nod about where to find them. And just a couple of quick things. We are creating a couple of pods that we'll have for you. For instance, we brought one out earlier that showed you where to find the video. We can bring in a link to show you where to find this booklet from the Parent, Family, and Community Engagement National Center on Building Partnerships, if you are interested in what these look like. So, we'll have that throughout the rest of our time today, and certainly tomorrow, for you to access as you are moved to do so.

But one of the things we start off with in service of unpacking that language and the power that lives within the language is, well, what in the world is an attitude? And what we offer for you to consider is it's a frame of mind. It's a frame of mind that we take toward another person, or a way of thinking about others based on—you guys can see it here—our values, beliefs, and experiences. And you best believe it's reflected in our behavior. If we have a thought or belief about another person or situation—have you guys ever had it happen where it manifests in your own way of being? For some of you—I know there's so many familiar names on the line. It's great to see everybody today. I have a son who's sick.

And I didn't know that I had a momma bear inside me until he was born. Does anybody else have a momma bear or poppa bear that lives within them that just jump out as an advocate when you least expect it? I know Tabitha ... We'll trade stories later. So, this is what I mean. And these attitudes are shaped by our own journey, our own upbringing, our own family, our own cultures, our own individual selves. And what we want you guys to think about in the context of empathy, and in the context of walking beside families and children who might be impacted by trauma, are these pieces. Now, these strength-based attitudes are in that purple book that I showed you a little bit ago. Like I said, we can bring up a link.

And what you're going to find when you go visit that document is that we have these general statements, these overarching strength-based attitudes, and there are four of them. What I

want to challenge you to do today is to think about these in the context of folks who might be impacted by trauma. So, for instance, if you see this in our work anywhere, we have simulations where we use this. We actually have practices that go with these that tell you the how. But what we want to bring in our proverbial tool belt to any interaction with anyone is that of course, parents are children first, most important, and forever teachers. This is not news to us. This is a tenant that we practically wrote in Head Start ourselves. This is something we've lived and loved for over five decades now.

But what I want to offer to you as you think about family, when you think about behaviors that might challenge us, is can you answer and substitute the word parent, or maybe for parents and families who have been impacted by trauma, are children's first and most important teachers? I really loved what you guys said as you were watching the video, and you were thinking about some of these comments, and you were wondering about how to bring this into your conversations with your colleagues and your teachers and in the classroom. The grown-ups that we have the honor to work beside are not so different than their kids—and each other, of course. So, the things that we apply in service of honoring where anybody comes into the journey beside us is critical. And it manifests in our own behavior. So, when you have these strength-based attitudes tucked into your being—like we do at Head Start. I would humbly submit we do it better than anybody else. It just impacts in such a positive way. Many of you talked about being trauma-informed or coming into interactions in ways that are really in service of thinking about where the mom, the dad, the grandmother, grandpa, the little one, may have been right before they darkened your doorstep.

So, just a couple of things that I think are great reminders and confirmations for how we're already wired to act and interact at Head Start. This is the first one. The second attitude is parents are our partners in supporting their child's development. For some reason, they're flying right on by. I'm tethered, so let's just look at them again. I'll replay them. Parents are their children's first and most important teachers. The second one is that they are absolute critical partners in working with us on their child's development. The third one is ... Well, golly. You guys are getting dinner and a show here. The parents have expertise about their child. And certainly, they have something valuable to contribute. Now if we think about the one that's on the screen now, again, I challenge you to think a little bit about, can we say this and can we stand in this statement when we have a situation where a family may be showing their passion through their behavior? Can you train yourselves, if you will, to be in a space of acknowledging that that's a passion, that that's a strength, even when it looks what I say is a little bit growly?

So, we want just to remind you guys of these attitudes, and not only how they're useful for your everyday work with any interaction that you have the opportunity to be in, but how they're absolutely applicable to the work that we get to do besides families and children who might be experiencing trauma. And I'm going to leave you, before I transition back to Ms. Amy here, with a bit of an encouraging quote that I love. "The difference between stumbling blocks and stepping stones is how we use them and what we call them."

So, not only does it speak to what you guys have mentioned in the chat around resilient and positive approaches and genuine connections, but the power of language and perception. And we have the opportunity every single day to change that trajectory for somebody. So, with that,

Ms. Amy, I want to transition this back over to you, because I know we have a few more good bits to think about before we leave each other today.

Amy: I was so busy typing. Yes. So, thank you, Brandi. The engagement is so fantastic. I love it. Thank you all for the chat. And thank you, Brandi. This is a slide just to remind us that often while we are talking about, you know, family's social-emotional needs, children's social-emotional needs, one of the best things we do is provide the concrete, immediate needs for families that can then help propel them into a place where they might be able to begin thinking about their children's social-emotional needs, their own emotional needs. And so, this is really just a reminder of those great comprehensive services that we provide for families. And I think you have heard this message throughout, and you will continue to hear this message from all of us. But that healing, or recovery, or resilience from traumatic experiences—or potentially traumatic experiences—happens in relationships.

And we're going to talk just a little bit more about specifically here what young children learn from these early relationships with their primary caregivers, and what they learn from us as a significant caregiver to them. I love these three bullets. Children learn about what relationships feel like from our relationship with them, from their early relationships with their caregivers. Do their relationships feel safe? Do they feel good? Do they feel respectful? Or certainly, children can learn the reverse. But we have an opportunity to provide a new model of relationships. And so, one of the reflective questions that I love to ask is, "What is this child learning from me?" "What is this child learning about specifically relationships from me?" "What lessons do they take away about what relationships are like from how I behave towards them, how I treat them?" Young children also learn about their value from these early relationships. So, am I worthy of someone paying attention to me, of someone being respectful to me, of someone being kind and patient and hanging in there, even though my behavior may want to make you turn away? With our patience and our nurturing and responsive care, they learn, hey, I guess I'm worth it, right? Or again, they can learn the reverse of that. And then they also learn what the world is like.

So, for very young children—infants, toddlers, and preschoolers—their world is small. They may not know nearly as many people or have been nearly as many places as we all. They have far less experience to draw from. And so, they learn about the world through the limited people who are in their world. And they learn, is the world safe? Are caring people in the world? And we can, again, provide that model and that information to them with our care. And so, this is going to take us into the next couple set of slides that really think about some of those strategies. We've been talking about them all along.

You've all been chatting about strategies. But let's review some here. And just to focus a little bit as empathy as one of our top strategies. Right? We know that if we can take a stance of empathy—and we had some cool chat going on about the balance of, you know, being empathetic and also taking care of ourselves, which is a really important boundary that we'll be highlighting tomorrow—in tomorrow's webinar. But that if we can step in someone's shoes and really see what is it like for this child and this family based on what they've experienced, based on the walk that they've walked, we know we can have a more successful relationship with

them. We know there's research that shows that if we can take that empathetic stance, that teachers are more understanding and are less likely to be harsh.

And so, empathy is one of the first strategies that we want to highlight. And we've heard this. I think Sangeeta started us off with this really important message, that when we develop empathy, when we're taking that empathetic stance, we're really moving towards and really standing in this trauma-informed care approach of saying, you know, in the past—we are constantly learning—in the past, we may have said, "What's wrong with this child? What's wrong with you?" You know, if we're talking to somebody. We may not say it, but we may have thought it before. And now we really want to shift those questions to saying, "What has happened? What has happened in your experience that's leading or that contributes to your behaviors, your thoughts, your feelings?" And we had some really nice chat going on around how behavior, thoughts, and feelings are all connected. And so, what has happened in our experience that contributes to that? And these are really some core features of a trauma-informed approach in programs.

One of the first things—if we want to think about becoming sort of a trauma-informed program—is we want all of our staff, from the bus driver who's the first person to see children if the children are taking the bus, to the person at the door who greets every family as they come in if they're dropping off and coming in—so every person. From the cook ... I know in a Head Start program I worked in, the person from the kitchen was the highlight of some of the kids days when they brought the food in and said hello and greeted the children—to other parents. We want all staff and parents to really understand the impact of trauma, what to look for, and how trauma, as we discussed earlier, influences the brain and influences behavior.

And then, how does knowing all of that really inform our practices? It informs our discipline and guidance practices. Informs how we use—as a preview for tomorrow—inform how we use our mental health consultants? Inform our conversations that we have? How we look and discuss children's behavior? How we discuss and provide our requested supervision? All of those things can be informed by the knowledge around trauma. And of course, then using those practices and using our knowledge, we want to really be mindful that any practices that we're using do not serve to re-traumatize or trigger children and families to the extent that we can help it. We know ... Oh, my goodness. Look at the time. We have so much to share with you. We're going to continue to share tomorrow, but I'm going to take it through maybe one more slide, and then leave some time to answer your questions and wrap up. But just here, we want to say that these are some core values in trauma-informed care.

There's a climate that we create in programs, and I like to refer to it often as a mental health climate. So, what is it like to walk into that program? What is it like to be in a classroom that can help create healing and build resilience for children and families. We know that children's behavior—we've talked a lot about this—is communicating a message. And so, what is the message that they're communicating? And that behavior has worked to get their needs met at some level. And so, how do we teach new skills to get their needs met in a different way? And so, I'm going to move to the end because we have limited time with you all, and we were so excited to share all this information. We're not too far off. But what question do you still have?

What would you do differently? What will you remember from this? It's not the best idea to ask three questions at once, but you can respond to that any of them.

Brandi: Well Amy, I have one to kick us off. I have to say, Tracy has stimulated a whole lot of good conversation in the chat, and I wanted to give her thoughts voice here so that we can kick them around together. Because actually, this is a question we get a lot. And not only in the context of staying in deep relationship with families when things get hard or when we have big feelings, but her question was specifically, "How do we keep the relationship with the adults if we have to file a report with DCF—child protective services, if you will?" So, we've gotten a lot of feedback in the chat, and I wanted to just pause here for a couple of seconds to see what, Amy, you or Debbie or others might have to offer. And I know Tracy's been getting a lot of support and ideas gifted in the chat as well.

Amy: Well I, think—this is Amy—first, I would say this is always a really tough situation, right? I mean, we just want to sort of sit with that and acknowledge that this can be a really trying and testing time of a relationship with a family. And one of the successes, or I guess, maybe, tidbits that I would offer that we've had some success with when I was working directly in a program is, as transparent and as honest as we can be ... Well, let me back up just for a second. I can go off here. The best thing that we can do is the preventative piece around the kind of relationship that we had with the family prior to having to make that report. And so obviously, it's much easier to share with the family the fact that we need to make a report when they know that that's what we have to do because we've talked with them in the beginning of the program that that's our job as a mandated reporter. And that we have that kind of relationship. And I'll just tell you a really quick tidbit recently that I heard a story from a mom in Early Head Start where her home visitor had to make that report. and their relationship continues now, well after that has happened. And she is incredibly thankful and grateful, and knew that that was a life-changing moment for her. So obviously, it doesn't always go that way. But the more we can value our trust and our transparency and be a support to families, while we are also having to do the reporting that we must do to keep children and families safe.

Debbie: And Amy, this is Debbie. If I could jump in here, I would say that the relationship is key. And if we're always working on developing those relationships and have those strong relationships with parents, when we have more difficult topics that we need to address, the relationship and that transparency, the respect—that can carry us through. It's not easy, as you and many of you said in your chat. And there were so many great ideas that people lifted. Thank you so much for thinking so sensitively about what is often a very difficult task.

Brandi: Well Amy and Debbie, I know we're getting close to the end of our time together. I did want to offer for each of you that we're just so honored you chose to spend even a portion of your day with us to talk about these ideas and topics. We are willing to hang out a little bit after the half hour here. We're supposed to end ... We're on Eastern time, most of us—so we're supposed to end in just a couple of minutes, but we are going to hang out if there are other questions that you really want to get out into the air. Let me give you some great news. The PowerPoint is going to be available to you guys. And this is a little bit of a tease—you come back tomorrow and see us and it is going to be in a pod for you to download, along with—can I get a drum roll, please—the PowerPoint today, too.

Also, you can get it in your email. We know that things happen and it's hard to carve out this amount of time. So, certainly, we have your emails from your registration. We can get it out to you that way. And last but not least, once we have everything in a way that's ready to go up on the ECLKC, it will eventually be there for you, too. So, don't worry, my friend. We will get it to you one way or another. And wanted to make sure that if you are interested in it that you will have access to it. Amy, closing thoughts? Guidance? OHS? Ideas? Any last words?

Amy: Yes! This is Amy, and I'll just echo what others have said. Thank you for your participation and your time. Tomorrow we will have another addition to our presentation team. My esteemed colleague Neal Horen, who is part of our National Center on Early Childhood Health and Wellness, will be joining us and sharing a large portion of that presentation. So, come and hear him. He often, as many talk about humor, he often brings a great sense of humor to the presenting. And so, you have lots of incentive to try to join us for tomorrow if you can. Getting the handout, then hearing more about how to take care of yourself while also supporting children and families who have experienced trauma.

Brandi: Thank you for all that, Amy. So, on behalf of this entire team, thank you to Amy and Debbie, to our illustrious leaders at the Office of Head Start. Amanda, Kiersten, Sangeeta. And certainly, the entire National Center on Early Childhood Health and Wellness team for the opportunity to come speak to you guys today. Last but certainly not least, thank you for coming, and thank you for spending time in your day with us and to talk about these ideas. And we can't wait to see you tomorrow. Thank you, guys. Enjoy the rest of your day.