

Understanding Trauma in an Early Childhood Context

Sangeeta Parikshak: Good morning, everybody, or good afternoon. Welcome to our office hour of Understanding Trauma in an Early Childhood Context. This is Sangeeta Parikshak. I'm the behavioral health lead for the Office of Head Start. We're going to start with Dr. Bergeron kicking us off today.

Dr. Deborah Bergeron: Thanks, Sangeeta. It's wonderful to be here, virtually, of course, from my kitchen, and I was excited to see this on the calendar, and to see such an incredible uptake on the — on the opportunity to spend some time learning and delving into this topic. It's certainly always a timely topic, but now maybe we're thinking about this even a little bit more. This agenda just looks incredible, very engaging, so I'm excited to be able to kick us off here. And I was thinking about a conversation I had recently with the state of Illinois.

They are working with the Office of Head Start to try to see about providing emergency child care in Illinois during COVID when people are — are still working but child care isn't open, and so, there ...

We were having a conversation, and one of the things they said to us — and this is the very top of the governor's office talking to us — and they said, "We really need to be able to rely on Head Start right now," because they don't just understand how to care for children, they understand how to care for children who have experienced trauma, and we believe that that's going to be an added need as we open emergency child care.

And I thought that was a very interesting thing to hear from a high-level state official, recognizing that, [Clears throat] excuse me, Head Start's work expands beyond maybe the traditional trajectory of — of a child care provider. So, I'm excited about today. I'll turn it back over to Sangeeta. I know they have a lot in store for you, and thanks for showing up.

Sangeeta: Thanks so much, Dr. B. So, we have an all-star cast here today. I'd like to pretend that we're all sitting together chatting comfortably with our — with our cups of coffee, but I'm happy to at least see their smiling faces, and so many of you all in the audience right now. We're up to 4,578, so it looks like everybody is following the guidelines, sheltering in place and staying safe.

So, really, so grateful to have everybody on today to talk about such an important topic. Who I have with me today is Amy Hunter from the National Center on Early Childhood Health and Wellness; Cathy Ayoub from the National Center for Parent, Family, and Community Engagement; and Neal Horen, and also from Health and Wellness.

So, they are going to be answering some questions today that, you know, feel free to chat in all the questions you have — big or small. We will address as many as we can in the hour that we have, and we're happy to gather additional questions and push them out. I know some of you have been sending in questions through the trauma@eclkc.info email. That goes directly to me and some of my colleagues. And so, we are gathering those emails and use them to kind of kick off some of the questions and answers we have for you today.

So, just some housekeeping things here. So, just use the left sidebar to ask questions and submit comments or to download any handouts. I believe the slides from today should be available for you to download. We have gotten some questions about the slides from the webinar that you reviewed before coming to this hour-long chat. Those slides are something that we can send to you if you're interested in a PDF format, and we will see if we can get them on the ECLKC.

We're not sure if we can, but we can definitely send them out to you. We also got some questions about if you'll be getting certificates for this. You definitely will be, and we will be sending those to you within the next 24 hours. So, since there's so many of you on today, we thought it would be really helpful for all of us to see who is on, who is here listening, who is interested in this topic.

So, if you could please type in the chat box what your role is in Head Start and, in general, what you are hoping to learn today. If you have specific questions, please put them in, or anything general, we would just love to see that. Some things that we really want to keep in mind – and I know that many of you know, but I think it's just important that we remind ourselves of it, is that talking about things related to trauma, for children, for adults, for families, it can be very upsetting.

And so, it's just important for us to remember our self-care strategies before we get started today. Particularly, this is a very, you know, different time with the coronavirus pandemic and all of the things that are going on around it. The uncertainty around it, our concerns about trauma, maybe for ourselves, the people in our lives. And so, just, you know, making sure that we take some time to pay attention to how we feel. Pay attention to our breathing. Sometimes, writing down some of the things that you're feeling can be really helpful to kind of put it out in the universe a little bit.

And, you know, make sure to take a break. If some of the conversation gets a little overwhelming for you, it's OK to walk away. Nobody can see you do it, so that's a good thing. So, you could just take a – take a break and walk away and talk to anybody that you trust in your life. So, with that, we're going to start with some of our questions and answers here. So, I'm going to be sort of helping to guide the discussion by asking the questions of our experts that are on today. And I wanted to start, these are just common questions that we often get, we often hear.

So, we thought it would be a nice way to frame the discussion today, and then we can definitely integrate all the questions that are coming in, as much as possible, and add to these. So, the one thing that we often get asked is, on a daily basis, what can I really be doing to help a child who has experienced trauma? It can feel overwhelming to think about what a child or family has gone through. And so, one of the things in my experience and, you know, I'm – I'm really interested to hear what – what Amy and Cathy have to say about this, but in my experience in working with children and families, the main thing that I would always say is that providing structure and consistency for that child is of the utmost importance.

So, we talk about, you know, during the time of — of the pandemic right now, you hear oftentimes of, like, making sure that children are still getting their nap time, still getting to bed

at a regular time, still eating their lunch at a regular time. Having that consistency in place for children can go a really long way during times of uncertainty. Also, making sure that you yourself are educated about the signs and symptoms of trauma is really important to know kind of why a child may be behaving a certain way.

That's part of a trauma-informed approach. And so, often that can be really helpful. Also making sure that, you know, we hear all the time you need to stay calm in order to handle any challenging behaviors that may come your way. But in order to stay calm, we all know that we have to take care of ourselves, right? So, we often hear, you can't pour from an empty cup. So, just making sure that we're able to do that can — can also go a really long way in helping a child who's experienced trauma.

And finally, one of the core things about Head Start, and what I love so much about Head Start, is that family engagement and parent engagement piece. In my opinion, you can't really help a child to the fullest if you're not able to really engage with that family and with that parent. So, Amy, I wanted to turn it over to you and see if you had anything additional to add, or what you know, any thoughts that you could share?

Amy Hunter: All right. Thanks so much, Sangeeta. Of course, you hit on some of this, the really top things that I was thinking about as well. So, a couple of the things that I would sort of highlight or pull out from even what you said is ... I think what comes to my mind most about this question, about, on a daily basis, what can I help — how can I help a child whose experienced trauma, is your nurturing and responsive relationship, I think sort of above all else.

And, you know, you hit on how hard that might be when we as adults also might be experiencing, certainly in this situation, our own stress and our own worry and our maybe our own histories of trauma, or, you know ...

But our own emotional regulation is incredibly important so that we can then provide that nurturing and responsive relationship to really be attuned to the child's needs. I think that's probably, in my mind, the number one thing that we can do, you know, sort of day in and day out to support children who've experienced trauma. You hit on another thing that I think is incredibly important related to routines and predictability and consistency and, you know, trying to keep a sense of normalcy and how helping children so that they can predict what's going to happen next.

So, you mentioned things like, you know, consistent nap times, consistent lunch times. And it's really not that those things happen at a specific time of day, but that there is sort of an order so that children can predict and feel safe based on being able to predict what's — what's happening first, what's happening next, and what's happening, you know, after that. Maybe one other thing that I would add is really thinking about helping children, not just feel safe, but then also being able to express their emotions effectively.

So, being able to sort of identify the feelings that they may have, you know, whether it's a racing heartbeat or, you know, whether it's, you know, feeling, you know, sad one minute and angry the next minute and not sure what they feel, but being able to identify those feelings and those emotions. Label them of course, we're talking about for older preschoolers but to be able

to express their needs and their feelings a little bit through teaching them those feelings, emotions.

Sangeeta: Cathy, do you want to add?

Cathy Ayoub: Well, I think you've really covered it, Sangeeta and Amy. I think those really sound like the basics.

Sangeeta: Oh, awesome.

Amy: One thing. Sangeeta, just really quick. You hit on something really important, is the family. Then the, you know, that we're sort of all in this together, right?

Sangeeta: Yeah, I think we absolutely are. And I know sometimes, you know, we talk about how it's difficult to engage with families, particularly when they're going through so much adversity, and those are the children that we really want to be reaching the most.

And so, I think, you know — we'll talk about resources a little bit later — but I think it's important to just remember that, you know, these are sometimes difficult conversations to have with families, and really working on our motivational interviewing skills and reflective listening is really important with these when you're thinking about addressing trauma with children.

So, our next question here, and I think it's also come up in the chat, as well, is, "Are the impacts of traumatic events reversible?" And I don't know who wants to take that, maybe Cathy, you want to start — but, you know, I think this is just so important because we often, we hear about the adversities that families are experiencing and we worry that, no matter what we do, it's not going to really help the child in the long term or the family.

Cathy: Sure. Well, let me — let me give this one a first — a first try, Sangeeta. You know, first of all, I'd say the word "reversible" is not what we need to use because every — everything that happens to us across our lives, the good things, the difficult things, you know, even the day-to-day things, they all contribute to our learning and our growing as people. And we know that this is particularly important for young children.

So, what we know is that, although a child may have experienced a traumatic event, that they're still going to grow and develop. And so, that's the positive kinds of experiences that they can have, you know, in their Head Start or Early Head Start program, with their teacher on a field trip, and then with their family, they're really going to — to be a lot of the indicators of how they are able to manage integrating the traumatic events into their own learning and actually moving to healing and resilience.

So, I think the message here is that — that we learn from every event that we experience and that what really helps make those traumatic events not be as salient for everyone is to really have those people who care on a consistent basis and interact with each child on a consistent basis and help them develop and grow. So, that's really the most important. We know that — that the way in which each of us as human beings, both children and adults, respond to the way the world is has to do with both our constitutional makeup, some of the — the skills and the strengths that we were born with, as well as what we experience.

So, that's why, when we talk about ACEs, we talk about children who've experienced a lot of traumatic events, that we have more worries. But even with those children, there's so much that can help people to really cope and to function in their lives.

And — and sometimes those of us who are involved in caregiving situations with them, we may be even more important in our relationships with those families and those children than the families who may be able to — to cope on their own because they haven't had negative experiences.

Amy: Yeah. Cathy, this is Amy, and I'll just jump in here. I really like what you said in the beginning about the word "reversible," that word really struck me as well. I think we often worry when children have experienced, you know, events potentially traumatic events or [Inaudible] traumatic events, that you know, that experience cannot be taken away in the sense that, you know, we can't pretend it didn't happen or we can't make it go away. It did happen.

But I think you really hit on the idea of what we can do is provide, you know, sort of corrective experiences and positive relationships and that — that buffer, the impact of that event and that kind of — that can really change the course toward ... You mentioned the words resiliency and recovery, which I think is amazing.

So, I was kind of thinking about it in a really concrete way in the sense that, you know, a child can certainly develop an idea about the world being unsafe or about relationships not being safe. But yet, when they're in a high-quality Head Start program and experienced teachers who are responsive and attuned and paying attention to their needs and building a relationship with them and patient and creative, then they can develop a different idea about the world and about relationships, and ultimately, about themselves.

So, you know, I'm not sure about that word "reversible," but I do know that we can help children recover, be resilient, and, you know, have a different experience of themselves in the world.

Sangeeta: You know ... And that's super helpful, Cathy and Amy. And I, you know, one question that came through just now was about, "If it's so important for us to connect with parents and families, how do we encourage families to reach out to us as they are experiencing trauma? If they're losing their jobs or going through a domestic violence situation, how do we encourage them to talk to us?" And I think that question is particularly relevant, currently, when so many of us aren't able to see each other face to face and we're doing a lot of our communication virtually.

Amy: Yeah, that's a great question. And I just so happened to talk to a group of, actually, mental health consultants today who are struggling with the same thing. You know, wondering how do I get the programs, you know, the directors, the teachers the, you know, to — to reach out about what they're struggling with. And, you know, I think whether we're talking about having families reach out to us or having others reach out to us, one of the things that we sort of identified as something that helps people feel more comfortable reaching out is that personal relationship, right?

You know, like that — that connection of, you know, how's your family? How's your dog? How are your kids? How, you know, how are you managing this? Like just the really, you know, relying on, you know, that relationship that hopefully you've developed ahead of time, prior to this — this situation and just letting them know that, you know, you're there, that the struggle is normal. The struggle is real. You know, there ...

It would be abnormal not to have some difficulty during this time. And so, just letting them know that that's — that's what you're there for. I'm sure, Cathy, you have other ideas as well.

Cathy: I'd love to add to that, Amy. One of the things that — that I think a lot of people assume is that they really have to hear about the trauma or the crisis in order to be helpful. And I just want to emphasize that it can be so helpful to just listen to folks and — and allow families to tell us what they can and what they want to and to be there for them regularly.

So, oftentimes it's really about supporting what the family or the child can do well and how they can problem-solve, or the positive things they're doing. And so, the notion that you might need to hear about a traumatic experience from another person in detail before you can help them is — is really one of the misconceptions, I think, from our mental health field. So, I think the first is really — really to be there.

The second is just to reiterate some of, Sangeeta, what you and Amy have both said. We've kind of been talking with folks, too, and have kind of a simple formula that we thought was helpful both in developing mental health plans and thinking about responding — particularly remotely. And we talk about, for ours, just to remember, the first thing is always to listen and respond with empathy, to really get a sense at first of where are — are folks. The second is to do just what I think Amy and Sangeeta emphasized, is to help people develop routines and to not ... This is not the time, when we're all in the crisis that we're in with COVID-19 ...

Lots of choices, sometimes they're really overwhelming, but if we can control what we can in our lives, that really helps us calm. The third is really to think about resources for those concrete issues, and the fourth is really to develop those and maintain the relationships on a regular basis. So, if you hear from a family and you sense that they're struggling, it may really be important to set up a regular time to just check in with them.

Amy: Yeah. Thank you. I love what you said, Cathy. Yeah. I love what Cathy said about ... We've heard that so many times about people, staff feeling like the parents aren't telling them about the trauma or about, you know, these big, you know, concerns. And I think ... I just love what Cathy said about, you know, they'll — they'll tell you when they're ready if they need to. And, you know, just being there, you know, having a relationship that it isn't focused on that, I think, can be incredibly important.

Sangeeta: I think that's really interesting. You know, the title of this discussion is Understanding Trauma in Early Childhood Context, and so we automatically think that this whole conversation is going to be about children, but in fact, so much of this has to do with the adults in the child's life. And, you know, Neal has been kind enough to help and field us a lot of the questions that you all are sending in.

And I — I was hoping he could speak a little bit to this, is that there's so many questions coming in about adults who maybe have had their own trauma, and you think about staff in Head Start programs and how they are having to hear a lot of the — the stories that are coming, right? I think, Cathy, you alluded to that a little bit as well. So, Neal, if you could talk to us a little bit about how, you know, staff can help themselves during this time and any — anything else you want to add around the adult wellness piece.

Neal Horen: Sure. Thanks, Sangeeta. I do. As I'm looking through the questions that are coming in, and as I'm listening to Amy and Cathy, you know, one of the things that we — we've always talked about — we talked about this before we were all working remotely — was, you know, people need to take care of themselves in order to be able to help others. And many of the questions are about, "I was struggling before this," or more of the questions are, "I'm struggling now. I'm listening to stories after stories after stories," and I think one of the things to keep in mind is you're not expected to know every single answer.

And I think the other part of this is these relationships and these connections are the — are the backbone of how you might be a support to folks. I think many of us are hearing stories and having to listen to things that, unless you're a mental health person who does this for a living, you're maybe — you're not used to it. And I think it's OK to say, "I need a break." I was just talking to some folks and saying to them, it's OK if you're feeling like you can't keep up or if you feel like you don't know an answer. It's OK to say, "I don't know," or, "Can I get back to you?" I think that, for many folks who are asking these types of questions, you do have to take care of yourself, and it's a question that I ask people.

When I got on a staff call today and the folks started jumping into the work, and I said, "It's OK. The work is there. We'll get to it. What are you doing? How are you taking care of yourself? Are you ... What are you watching on TV or Netflix? What are you reading? What are you doing? Are you getting outside?" I think the kinds of things that we sort of take for granted because in the Head Start world, what do we do?

We — we get up, we go work for 12-13 hours, and then we come back and we're exhausted. We don't even think about it. And now is more important than ever, I think, that folks take a little bit of time to make sure that you're OK because you are fielding things from families, from staff that maybe you have not had to field quite as much before. And for those of you who've had your own experiences or are experiencing your own stress and anxiety, it's even doubly important.

So, I think that's the first thing that comes to mind, Sangeeta, as I see these questions. It is critical because you will get burned out. We know that that recipe for burnout in general is when there's a lack of control and lots of responsibility. Well, now that's just multiplied by the fact that we have even less control because we're working in a very different style.

So, I really encourage folks to, one, take care of themselves — and we have lots of concrete tips that we certainly can offer — but I also think it's really important to not just say, yeah, yeah, yeah, I'm taking care of myself, but to really honestly step back and be reflective, am I taking care of myself? Am I exercising? Am I eating well? Am I sleeping well? And if I'm not, am I trying to figure out what to do about that?

Sangeeta: Thank you, Neal. And I know just from kind of a Head Start leadership perspective, you know, all of you that work for Head Start, Dr. Bergeron ... I think she had to jump off this now, she's not on right now, but she is so committed to this, that she even — she sent an email to all of the Office of Head Start staff, so many people, just to say, "You know, even — even I'm struggling a little bit with this. This is ...

The day to day is really hard for me, and I'm trying to integrate time for myself. So, please, you know, please do the same for yourself." And I just think it's so important for all of us, and all of you who are in any kind of leadership position ... In my opinion, you're all in leadership positions because of the work that you do. And so, if you're talking to families, using some of that language that Neal was just talking about, using some of the information on the ECLKC around adult wellness, will be really, really helpful not only just for you, but for the families that you're serving. OK.

Cathy: If I can ... This is ...

Sangeeta: Yeah, go ahead, Amy or Cathy, please.

Cathy: I was just going to add to that. The other thing is that just exactly what Neal and — and Sangeeta said. But also, if you really feel like you're hearing a lot of pain and you need to step back, but it's also hard to hold, feel free to reach out to others and from a program level, it's something to think about, for those of you who are — are leaders in — in our Head Start and Early Head Start programs — to think about how, at each level of your organization, there are communication and supports so that — that everyone within the Head Start Center or program has another group where they can — they can really receive help.

And one of the things that I know that we've been recommending a lot is one of the first things you might want to think about setting up are — are those reflective practice sessions regularly with your staff. And just open them up and have them and set up a way of communicating, because we know that there are times when we need to step back and take care of ourselves and do some things for ourselves. We also know there are other times when the ways we take care of ourselves are really to connect with others and have them be able to hear our pain and also to problem solve with us. Back to you, Sangeeta.

Sangeeta: Thank you, Cathy.

Amy: Before we take next question ... This is Amy, and I just want to check real quick on a couple of things that were sort of touched on there. But you mentioned, Cathy, such an important piece around using the program structure and the relationships in the program to help one another, which I think is a fantastic reminder.

And one of the people, in particular, that I think can be really helpful during this time is the mental health consultant. So, every Head Start program should have a mental health consultant as part of their either — as part of their program or an agreement with a mental health consultant, part of another organization, but figuring out, you know, what can the mental health consultant do virtually during this time. You know, can they have office hours for families?

Can they have office hours for staff? Can they do reflective practice calls, you know, about what the staff are hearing from families? And you know, how can you strategically and most effectively use your mental health consultant during this time? The other thing I wanted to just mention is, I don't know about you, and I don't know about the question, if it was hearing stories from families is overwhelming or just the situation is overwhelming or ...

I know for me, watching too much of the news or reading stories, particular stories, or hearing particular stories on the news can be really overwhelming. And so, what we have said during other crises is limit that consumption, you know, turn it on maybe twice a day or, you know, a couple of minutes every few hours if you really want to see if there's something new. But, you know, to not have it on constantly all the time. It can be really overwhelming. And so, you know, just to try to have a schedule where you check into the news and see if something's new, but maybe limiting that consumption.

Or if the stories are from families, you know, giving yourself time to take a break and — and just not be part of it. You know, take a walk and clear your head, read a book, do something that's caring for yourself.

Sangeeta: Thank you, Amy. So, I'm going to move on to the next question because I want to make sure that — that we get to this topic. So, the next question that we have, and there's been a bunch that have come in through the chat, but it's very much related is, "How can I tell the difference between signs and symptoms of trauma and other things, such as ADHD?"

So, we've talked about how a big part of a trauma-informed care approach is to be able to recognize the signs and symptoms of trauma. But once you recognize them, how can you differentiate from these other things? And I know that in the chat there were some questions also around, what are the signs when it comes to infants, in particular? And also, I think this is related, is what do you expect that a toddler, in particular, what will ...

Once the social distancing measures have eased up a little bit and they're slowly being integrated back into — into their regular daily routines and going back to programs, what kind of behaviors can we be expecting? So, I think all of those are — are related in — in some way. And so, if whoever wants to start with this question.

Amy: I can start and then ... I know I'll share it with Cathy, if that's OK. Does that work for you, Cathy?

Cathy: That's great. Sure.

Amy: Well, I just want to ... And you had like three or four questions, you know, which I agree are all related, but I thought I would just touch on this one about the signs and symptoms of trauma and differentiating between ADHD, because I know that was something we touched on in the webinar itself. You know, the reality is those two things can look really very, very similar.

I mean, you might see in both of those, you know, children having difficulty paying attention, trouble staying focused. It may seem like a child isn't listening to you, that they're off in, you know, some other realm, not — not focused. They might have difficulty remembering things. With ADHD certainly they might be really active. You might see in both, again, as the experience of having had trauma, being more irritable also could be very common in children with ADHD.

They can also have negative mood and irritability. So, I think the signs and symptoms could look very similar. And one of the big things to try to tease out, you know, having your trauma lens on is, you know, not assuming it is ADHD, but wondering, you know, was there some experience that might inform the behaviors?

You know, so did something happen? Let me try to learn about the family's experience, the child's experience — the child's experience so that I might wonder about trauma. And that would be sort of a big piece of trying to put that — that puzzle together there. I know you had other questions, but I also want Cathy to jump in on that.

Cathy: Right. No, I — I think this is right on, Amy, and that's ... And oftentimes it's very hard to — to really differentiate. I think it's always important for us to keep an open mind and to ask, what is it that's going on with this child? What are the multiple kinds of reasons that may help us understand the messages they're sending us with their words and their behavior? And there may be a child that has both.

There may be both ADHD and trauma, and — and certainly the way that we each react to traumatic events may differ depending on our personalities and our past experiences. So, a lot of times it's — it's putting — putting it all together. One of the ways I think that — that, at least it's been helpful for me to think about understanding trauma, I go back to the theorist Maslow — some of you may even be smiling or chuckling — and he came up with what he called this "hierarchy of needs."

And oftentimes when — when we're trying to understand children or even adults who have experienced trauma, the question is, what is the need that's most salient for them? And what Maslow tells us is that the most basic needs that we need now are safety and survival. And we know that in this COVID-19 crisis, a lot of us are really first and foremost into meeting safety and survival needs, which means the next need up is a sense of belonging. And we've given up some of that to feel safe, or as safe as we can, and to survive.

So, sometimes if you can look at children in that context, if they're really acting out, if they're really negative, if they're not connecting with other kids, one of the number of reasons that may be an explanation for that is that they're really doing what they can to stay safe and to survive.

And that may be acting out against others before they feel like those people will act out against them. So, that's just one example. Sangeeta, I don't know if you want to comment further on — on some of the general, or even Neal does, on — on some of the signs and symptoms, or if you want us to move on to some of the questions that are specific maybe around toddlers and infants. So, I'll pass that back to you.

Sangeeta: Yeah. I think the one question that — I think the one question I think that would be — that would be good to address that has come through, I think in different ways, is just related to the current — the current social isolation situation and what kinds of behaviors we can expect when toddlers are entering back into programs. Are there certain things that we absolutely know that they're going to be kind of coming, you know, that we can be prepared for? Or does it — or does it vary based on the child's situation?

Amy: Yeah. Yeah. I mean, I think that's a great — a great question, and I think you sort of hit on it as you were wrapping up the question there. I think it varies tremendously based on lots of things, including a child's temperament, right? Like for some children, they're going to go back and they're going to be like, "Oh, thank goodness," more, you know, kids and social. "And I'm so excited to see my friends and I'm so happy to jump right back in," and you know, it's thrilling. And then for some kids, I would imagine they're going to go through, or they might go through, a separation anxiety.

Like, it was terrific being home with my family and this is really hard to readjust again to a group setting, to a different routine, to sharing, you know, teacher attention with 16 other kids, to, you know, having to share toys to, you know ... So, I think every child is coming into the group care with their own experience on what this was like at home. You know, for one child, maybe someone was sick at home or maybe, you know, people were incredibly financially stressed.

Or, you know, one thing we haven't touched on yet, that we worry tremendously about with children and families' home is, you know, that what we know, based on other incidences, the increase in domestic violence, child abuse and neglect, substance use in the home. And so, you know, some children may be coming back into the group care setting having had those experiences at home.

And so, then we might be wondering if ... Or looking at behaviors that might be more related to trauma. You know, we might see children having increased clinginess, increased separation anxiety, or difficulty being able to be soothed, increased irritability, increased aggression, and, you know, those kinds of things. But I do think, you know, to kind of expect the full range, you know, of — of some kids just being thrilled to be back and jumping right in and some kids having, you know, quite a hard time based on some of the experiences that they might've had.

Cathy: Right. And this is Cathy. If I could — I could add to this, because I think you're — you're so right. It's really going to vary. I think there are some things that we've learned well, a couple of things that we know about toddlers and preschoolers, which is because of where they are developmentally, when they respond to external negative events and what we've even called catastrophe or something like this major pandemic, the question that they often ask is why. They want to know why.

So, they want to know things like, "Am I going to be safe? Are my mommy, are my family, my daddy safe? Is my teacher safe? Is my school safe?" And so, my guess is that when the toddlers and preschoolers that we serve in Early Head Start and Head Start return, that when they move from having been in their homes and curtailed to being in their homes to coming back, that they may have those questions, too, so that they may really want to be assured, you know, is going to my school safe?

Are my mommy and daddy or my family going to be safe if I'm not there? And so, we're going to see more of those kinds of questions. My guess is we're also going to see kids needing some help in understanding, "Do I still need to wash my hands? Do I still need to stay far apart from my friends?" And you know, particularly I'm thinking about some of the older preschoolers. And

so, we may see some kids who, as a group, when they get back into a group setting, are going to need to be reassured.

The other question that we often see children who experience, you know, acute trauma or catastrophe, is the question was, "Is this happening because I was bad?" And that's always a question that, particularly, for toddlers and preschoolers, who as we know, assign everything to happen ...

They're the center of the universe, right? So, everything that happens around them is, "Gee it's — it's all about me," because that's where they are developmentally. They're very egocentric. So, to be able to support and answer those questions for them is going to be important. So, those may be some of the issues that teachers going back to classrooms may see from — from children who are 2 to 6.

Sangeeta: Thank you, Cathy and Amy. I mean, it sounds like we're talking a lot about what we talked about in the beginning about increasing the focus on routines, you know, re-establishing those rules and norms, and then making sure that we don't pretend that something didn't happen, right? Addressing it head on is really important as well. Neal, did you want to add in anything before we move on?

Neal: Sure, and I think it sort of relates to some of the questions we're getting about interventions and things like that. But, you know, I think Amy and Cathy have — have really laid that out nicely. Every child's going to be different. You guys know this from when children come back from just a holiday break, and now imagine that the holiday break has been filled with, well, it's been filled with not such a holiday, and so transition's going to be hard for everybody. What we didn't mention in all of that is it's going to be hard for staff, as well, the transition back. It's a transition, and there's been questions in the chat here about do we start re-teaching, what do we have to do?

I think the response is is that one of the things in terms of interventions, and the interventions, just be clear, range from a particular child, family, staff who might need individual sort of intervention at the one end of the continuum, to what can we do for everybody in sort of a more promotive way. So, in thinking about that — thinking about ...

And I think I just want to sort of distill out some, some, some — some things that Cathy and Amy put out there, which is consistent, predictive, reliable sorts of routines are helpful all of the time, and in particular, for — for children and — and adults, quite honestly, who've experienced trauma. So, there's not one answer about what's going to help. It's more starting to think about, am I seeing differences in children's behavior?

So, some children will return and they may be functioning in a pretty similar way to where they were the last time that you saw them. Others may not. We see a lot of comments in the chat about regression, about people trying ... Worried about the skills that the children may have difficulty with when they get back. Predictable, consistent, responsive care. We've seen this in other sorts of disasters.

That's the first sort of step. I think there are things around ... Amy's mentioned social stories about how to help folks. And most importantly, not to pretend that something didn't happen,

that children aren't aware, but to not also make it all about that. So, how do we have conversations about the kinds of things that Cathy talked about, like hand-washing and other sorts of things, and how do we have those conversations in a way that's helpful and not sort of adding to any fears or anxiety that anybody has? One way is to incorporate that as part of, here's what we do. Here's our — here's our schedule, and if hand-washing is part of our schedule, well great. You guys have had lots of practice hand-washing. Those kinds of things, I think, can be really helpful.

I do think that academics will catch up and that it's more of an emphasis on how do we help children get back in terms of a social-emotional state. Oh, Amy just typed that to me in the little chat thing; so we're on the same page, Amy. I think in terms of those interventions, there are you know, we hear a lot about trauma-informed care, and one of the questions was about why are we hearing so much. I think we're hearing a lot about it because we've become more aware that when we are aware of what the impact of trauma is — and you've heard a lot about that — we can be more responsive to those folks who've experienced trauma. We can avoid re- re- sort of triggering trauma responses.

We can be more responsive in a more helpful way. And so, there are interventions. And some of those interventions, quite honestly, are the things that are listed here: The Pyramid Model, Creative Curriculum ... We're not here to sell things, but there are curriculum out there that certainly are very helpful in being consistent and predictable and routine-driven kinds of way. There may be some children who that's all they need, and there may be children who need a little bit more than that. And that's, again, where I think all of us would emphasize the role of your mental health folks in helping you figure that out.

Sangeeta: Thank you, Neal. I know we have about 10 minutes left, so I wanted to give Amy and Cathy a chance to answer maybe this next question about types of interventions. I know, Neal, you gave a lot of really great concrete examples and ... But I — I just want to make sure that others have an opportunity to talk, as well, about interventions.

Amy: Cathy, do you want to ...?

Cathy: Oh. I can. Go ahead. Go ahead, Amy.

Amy: No, no. I was going to ask you ... I see the last question on the screen is about Creative Curriculum and Pyramid. So, if you want to talk about interventions, that'd be awesome.

Cathy: Sure. Do you want to start talking about Creative Curriculum, because I think that's one of them?

Amy: Well, I — I would just say, I see you know, there's the question on the slide here. "We use Creative Curriculum/Pyramid Model, is that helpful?" I guess I would just say that, with all the attention on trauma-informed care, I want to make sure that if you are a program who's using Creative Curriculum, who's using Pyramid Model, who's using, you know, many, many other conscious disciplines ... I mean, we can name many, many types of approaches or curricula. And if your program is a high-quality, early childhood program and it's using high-quality curricula and approaches, keep doing it.

Those approaches — a high-quality early childhood education with those kinds of approaches is an amazing and awesome base to then add on trauma-informed care or a trauma-informed approach. What we don't want to do is have people sort of turn away from high-quality curricula and approaches that they're using to then say, "Oh, I now need to do something different or something else."

When we're talking about sort of trauma-informed care, we're talking about sort of adding a layer or adding a lens, or you know, seeing things in a little bit of a different way, focused on sort of the mental health aspects, you know, healing, resilience, recovery. But it's — it's an added layer to high-quality practice. It's really, you know, understanding the impact of trauma, right? Knowing what that looks like in children and paying attention and you know, really just adding on that extra layer.

So, I that's what I really wanted to say about the question on Pyramid Model. Most of those approaches and curricula that are high quality are really consistent with trauma-informed care. They are not trauma-informed care approaches by themselves, but they're really, really consistent and they give you a wonderful, great start.

Cathy: Wow. Amy, you — you set this up for me beautifully, because I wanted to mention a couple of — of specific interventions that I know that programs have used and are using. And I would urge you, as Amy has, if you are already using additional curricula, like Second Step, which is a conflict resolution curriculum that also has a really powerful component about how do you bring yourself down when you're really anxious, when you're getting angry and ...

Programs like that, if you have been implementing those in your centers, it may be very important to think about making sure that they get re-instituted into your classrooms. I also wanted to mention that there's a lot of work when we all go back to work on-site that you should think about doing with parents, and I'd be remiss without mentioning that. And now, all Head Start programs are offering parenting curricula, and those parenting curricula often well, almost all of them have information for parents about managing stress under a number of different situations.

And you now have staff that have really been trained to deliver those, and that may be another place that you can really look to and really get — get support. And a number of those curricula, I think, can really be helpful to parents because they're going to be asking some of the same questions that you're asking. You know, how do I help my child transition back? What about the behaviors that I'm seeing?

How can I really parent in light of — of the crisis that we've all been through? I think that both Amy and, I think, Neal have mentioned mental health consultants and mental health consultation. I would think of that as a critical intervention. Get that mental health consultant into your classrooms, have them there with staff and with parents if you can. Now may be the time, if you can use a little bit more of that person's time, to really help with those transitions back. So, I'd do that as an intervention.

Finally, I want to mention something called Tell Me a Story, which you also will find on ECLKC, and it's a literacy-based intervention for toddlers and preschoolers that helps children talk about difficult issues, difficult topics, and emotions through books. And it's really used at circle

time often, but there are lots of additional activities and there are also options for offering similar experiences for parents with their children under parent education. Finally, there are mindfulness work. And I even think of some of the work around I Am Moving, I Am Learning and how important exercise is to really release some of that anxiety and to help children, particularly when they've been anxious, to focus.

So, I think physical activity and thinking about the kind of programs that offer that may be helpful as well. I'll stop there. I'm sure my colleagues may be able to think about even more. And those of you out there listening may have some great ideas, too.

Sangeeta: Thank you so much, Cathy and Amy, for your insights on that. I know that, you know, we ... The Office of Head Start, we often get questions about, "Is there just one intervention that we know it's definitely going to work?" And it's always, you know, a little bit stressful for folks to hear, "No, but there's lots of different ones you could think about trying," but I'm so happy that you all were able to give really specific concrete suggestions that our staff can go back and look at and think about for when, you know, we do end up transitioning back to classrooms and back to home-based.

So, I wanted to mention that there were over 1,200 questions. So, unfortunately, we were not able to get to all of them today; however, I didn't want to leave you all completely hanging. So, there are some resources and other things that we have prepared for you here. And again, you can download these slides so you can look at them when you have some time, and they're all housed on the ECLKC.

There are many more related to trauma, but this is just a sampling of things that you can start to look into. We also have some great resources on self-care that we would encourage you to take some time to look at. I think when we first aired our two-part webinar series on — on understanding trauma, people were asking about where could they get these stress posters. So, we've put this link up here for you, as well, so that you can...you can download those.

We also wanted to make sure that you didn't leave today without getting some information on some national hotlines that are out there. There were some questions that came in about concerns about the increase in child abuse and neglect, the increase in domestic violence during this particular time. We didn't have time to really address those questions today, but they are very important.

And just so you know, for the Head Start Heals campaign that we're doing, this is just the beginning of our office hours, so we are committed to addressing those questions more in-depth in other office hours that we're going to be providing to you. But we have these national hotlines for domestic violence, 24-hour parent support, SAMHSA's Disaster Distress Helpline, the National Suicide Prevention Lifeline.

These are all things that are just good to have when you're talking with families and you think that maybe somebody may need some additional assistance. We also have some related to child abuse and neglect and also for substance use. I wanted to let you know, if you're not on MyPeers, we do have a lot of open communities that are related to mental health.

We have one on opioid misuse and substance use disorders. We're going to continue throughout our campaign to really encourage you to engage in discussion around that topic, as well as very much related to trauma and the work that we are all dealing with in programs. We have the staff wellness one, which I know many folks are on, and we have some good tips there and a lot of great discussion.

And then one on mental health consultation, as well, that we would encourage you to check out. I wanted to thank my colleagues from the National Centers, our experts in mental health, that they were on today. Really, really appreciate your time in addressing these questions and really excited that you're going to be a part of the Head Start Heals campaign moving forward. And finally, these are some things that we have coming up.

So, next week, we have a great 90-minute webinar on trauma and parent resilience that we have this great — a really great speaker that I've seen speak from the National Child Traumatic Stress Network coming and talking about this topic. Then, we'll have Josh Sparrow from Parent, Family, and Community Engagement coming and facilitating a discussion. So, really encourage you to jump on that. And then the next day, we have a Q&A specifically on mental health consultation. So, you heard discussions on — about mental health consultation today; we're going to go more in depth.

I'm going to be putting Neal Horen on the spot with lots of questions. It's going to be super fun. Please join us for that as well. And then you'll see under there, "Coming Soon," we have some other topics related to trauma. And we'll keep you informed of what's going to be coming down the pike in a couple ... For the next month at least, if not for the next two months. And then, you have the email for all of our presenters.

But this email here, trauma@eclkc.info, is the one you can send all your questions. They'll be coming directly to me and then I'll be able to help kind of triage them to the right folks. And then, there's our website on the ECLKC, for mental health in particular, for all of our resources. Thank you so much for being on today. We really appreciate it. We have over 5,000 people on right now. Thank you so much for taking the time to be with us. Have a great day, everybody.