

Using the PFCE Framework to Promote Healing and Resilience in Head Start Programs

Brandi Black Thacker: Hey, everybody. Come on in and get settled. Kick up your virtual legs or your real legs, either one. [Laughter] We're so glad that you're here today. Thank you for coming. We want to start off, a little, at the top of the hour, in just a couple minutes. But for those of you that sign on early, you know who we are. We're the relationship people. So, we love to hear from you, and many of you have already discovered your Q and A widget, and you're talking to us actively there. So, for those of you who haven't joined in yet, come on in, the water's fine. There you can put all of your comments, your questions, your contributions to the lobby ice breaker. And what we want to know today, as you come in and get settled, is how are you promoting an environment of healing and resilience in your program? We're going to get real together for a second. This is something that has become even more critically important than it has in the past. So, we want to collect some of the good ideas that you've had so that for the greater good of our Head Start community across the country that we can share some of those. And we'll be adding a few in along the way in today's discussion, and we'll be revisiting what you said already so that we can make connections back to the incredible things that you're already doing and that we can bring those out into our virtual space for everybody to listen to and learn from. So, let me see. Let me check in over there and see what you guys are saying. Oh, I see classical music during arrival and departure. I don't know about you guys, but music for me is very therapeutic. And we were teasing as we were signing on today about how we needed a little like ... How do you say like Zuzak music playing in the background? Like, you know, the hype music [Laughter] to get, you know, your sort of adrenaline pumping, and we were kind of debating which song that would be today. So, if you have a song in your mind about your pump up song, you have to tell us in the Q and A, well, what song works for you. But the classical music is so calming, and it's such a centering feeling to, kind of, have that even as the space that, you know, that you create, which I heard that you guys heard a little of that as you signed in today. And we're waiting for us to get started. I see things like keeping open communication, a warm simple smile that's a greeting for everyone. I see things like, let me see here, keep scrolling, this is so good. Letting parents know that they're not the only one struggling through this pandemic and reminding them that they're doing a great job with teaching at home.

Oh, my goodness, Emily, I really ... I mean, this is one that I think I couldn't underscore an exclamation point enough. Given that that, kind of, encouragement and confirmation is so key for each of us right now. Any time that I get any nudge that, "You're doing okay, Mama," I have a seven, almost eight-year-old ... My seven-year-old is going to be eight at the end of this month, I can't believe it. It's flown by. But any time that anybody gives me an encouraging nudge that we're doing all right, I can't tell you what that means to me, especially in these days and times. I'm seeing great things like, "Encouraging staff to set boundaries, being forthcoming with what they can and can't do," love this. So important to have that honesty and that transparency and those opportunities to really lean in, you know, honest ways is critical 'cause the other side of that is when we get to the follow-up part, if we can't do it, being honest about

that actually can sometimes bring us closer together in relationship, which is what we're always striving to do. So, keep those great ideas come in, please. We will mention a few of those as we go on. As I'm scrolling back, I can't help it. Julie says humor. Girl! Now you're talking my language. It's something that I feel like that is necessary and sometimes just helps folks find the smile that they might have been looking for listening, connecting with your mental health consultant, which will come up in this conversation a little later. Oh, well, you guys are telling me a little bit about what songs are your go-to songs. I see, "This Little Light of Mine." I see, "The Tiger." I see ... Oh my goodness, I can't scroll fast enough. Oh, the good morning song. So, you guys, keep those coming, keep your ideas coming. And we'll come back to those as we keep moving forward in our dialogue today, which is all about how to use the PFCE Framework to promote healing and resilience in your Head Start program. Now, you guys have become wonderful connoisseurs. This PFCE Framework ... And we're so impressed that all of the ways that you find to put it to work for you. So today, what we want to do is give a light touch about the Framework, of course, but we want to pull apart all the ways that you can actually use it with a specific focus on trauma-informed care or something that we like to call a healing centered focused. So welcome, we're so glad you're here. And we're so glad to be with you today. I also want to explain a little bit about how the ON24 Audience Console works. Some of you have been with us on a few of our recent events. So, it's becoming more familiar for you, but just in case you're joining this platform for the first time, it's a little different from ones that you might have been on recently, like Zoom. So, I want to show you around quickly. In that top left hand corner, you have the media player. And I'm only going to highlight a few of these, what we call widgets, just so you know where the main places of focus are. The media player is where you're going to see each of your facilitators today. And so, you can keep your attention there, if you'd like to take a peek at who we are and what we look like 'cause we'll be there on camera. The other place that's super important that not only do we, you know, warmly suggest that you use, but we totally encourage it, is the Q and A widget, which is on that bottom left hand side of your screen. It's where you can talk to us about anything that you'd like to, your questions, your comments, if you have techno issues, you can get support there. If you just want to say hi to one of us, we love it. So, feel free to do that. And also, in the center of your screen, you're going to see the slides. And I'm going to stay here 'cause it's always your first question. "Are we're going to get the PowerPoint?" And I have to say yes. You already have it in the next widget that I'm going to show you on the top right-hand side of the screen, which is our resource widget. Now over there, I'm going to reference that several times during our discussion today so that when we offer an idea or a resource, I'm going to pull and draw your attention to it in real time. But not only do we have some hardcopy trauma or new trauma brief series, there are five of them.

You heard it here, first, everybody. They are freshly up on the ECLKC. You are the first group to get them in the full regalia, and so, go and download those out of the resource pod, and there are a couple of other URLs over there that we're going to bring your attention to here in a little bit. So, if you are so inclined and interested, please feel free to go over to that resource pod and check it out. The other place that I want to draw your attention to is at the bottom of your screen, you see a darker bar across the console. And there is a Help widget there. There's a PDF attached that has some frequently asked questions that you can review if you get stuck. But if

you would like to have a real person that helps you feel free to type any questions you have into the Q and A, and we have a whole team of experts waiting to jump in and support your technological viewing pleasure. So, let us know. This discussion today is part of one of many actually that our team at the National Center on Parent, Family, Community Engagement have had the honor to be involved in, and it's part of the Office of Head Start's "Head Start Heals" campaign. And, guys, I have to say to you, the leadership at the Office of Head Start is so connected to who we are and what we do in this community across the country, that this was an idea that they had and birth it before the pandemic ever even happened. But what's happened since then is that we've been able to cater the discussions to what's actually happening in our world right now, whether it's related to the pandemic itself, whether it's related to social injustice, whether it's related to some of you, you know, might have joined us in other conversations about race and ethnic equity. But we're so grateful to have the platform and the connection to and with you guys so that we can learn and share about things that are really meaningful for where we are right now in this moment. So, we hope that you're feeling that too, and we just wanted to let you know that this is part of that overarching series, that's part of the "Head Start Heals" campaign. And with that, I feel like we need sound effects ... [Singing] Because they were both recently part of our family service manager institute, Sophie chimed in there, you could have seen a glimpse of both of them there. But let me pause here and introduce you to Dr. Joshua Sparrow. He's one of our co-principal investigators at the National Center on Parent, Family, Community Engagement, and you'll hear his voice a little later. And then also we have Dr. Catherine Knowles-O'Brien, who is the program integration manager for our center, and the Appalachian flavored voice that you will hear before you know, had to do it, you know, sometimes you just got to let it out, is Brandi Black Thacker. That's me. I'm the director of training, technical assistance and collaboration for the National Center on Parent, Family, Community Engagement, and I have to say it's quite an honor to be here with these two and certainly with you guys every time we have the chance, it's our true honor. With all of that, what we would like to visit are a couple of things. We set forth some learning objectives before we ever get to be with you. But one of the things that we also like to say is if you have an e-address, then we're tracking along in the Q and A and we're finding trends and patterns that we feel like would be helpful to lift up for the full group, we're going to do that. So, what we planned to think about together before we got to meet you today and before we see where you'll take us in the questions and answers, these are the objectives. We want to get down in that PFCE Framework. We want to pull it apart and put it back together. And specifically, we want to look at those elements in the yellow and the pink column.

So, we're going to have some real dialogue around those two pieces. And also the errors, so for those of you that are longtime fans of the Framework, you know where I'm at, we also want to think about how to demonstrate and promote healing and systems of care, so that more macro application of this conversation. And as always, we are going to be thinking together about what resources that we might be able to share with you guys so that you can use them, whether it's in your own professional development efforts, whether it's in sharing with your community, your families, we hope to bring you a few things that are new today that you haven't seen before but also call your attention back to a few things that could help you in your discussion, specifically, around trauma and trauma-informed care. So, let us know what you

think and we'll follow your lead along the way. The other piece that I'm going to mention here is we get to be in this dialogue for 90 whole minutes. So for those of you on the East Coast, that's 3:00 to 4:30 Eastern, and then what we love is that we do what's called an after chat. So, if you have questions that have come through during the course of the content, we keep a hold of those, and we try to answer some all along the way. And then we keep others for an extended, kind of, dialogue at the end of our time together, usually from about 4:30 to 4:45. But sometimes y'all get so involved and engaged in your questions that we hang out for a little longer. And we're going to have that chance today. So, keep your questions coming when they, you know, occur to you and go ahead and put those in, and we'll do our very best to get to as much as possible based on where your interests take you. Before we get too far into the content and standing on some language that we need to make sure is consistent, here is a little bit of a preview of the key messages that we hope you take away with you today. And this first one has taken on new meaning to me in a bunch of ways. And I have to say, it's one of my favorite statements as a reminder to really check in about where we are as a person in our profession and where the other person might be in our interaction, and you guys can see what it says in that first bullet, trauma-informed care asks, "What happened to you?" instead of, "What's wrong with you?" And I would humbly submit, that we've gotten really good in Head Start in being able to do this with our smallest ones, with the tiniest, with the kids, you know, the infants, the toddlers, the preschoolers. And what we're humbly offering is that it absolutely works on their grownup counterparts too. So, how we can bring that sort of mindset into each interaction is one of the many messages that we hope you take forth today. And we also, of course, are given a nod back to the Framework and how you can use it to inform what you're doing in your program that promotes healing. And then, of course, that to make trauma-informed care, you can see that we've started to abbreviate it on this slide as TIC, to make that effective at every level, we can work across paradigms, across community. The thing I love about our community is we've gotten so good at know and realize and given ourselves permission to be okay with not doing it alone. We have partners for a reason. I know that we're the heartbeat of our communities, but we weren't intended to do it alone. And this is one of many places where we can reach out to have some support in real specific places that we might need to just bring well-being wrapped around each of us. So, that's a little tease about where we're going. So, I'm going to take a pause here for just one second because as I hear that ... What I really want to do is make sure that each of us is grounded in the definitions for some of these terms that, let's be honest, can feel a little bit like buzz phrasery? Is that a word? Is that a phrase buzz phrasery?

Is there a hyphen? I don't know. You know how we do, every year just about in our Head Start communities, there's a phrase or an approach that we feel like is, "Oh, this is the new thing." Well, we all know that trauma-informed care is not new. We all know that a focus on healing centered engagement is not new. But what we do want to do is make sure that we are springing from the same ... How do they say from the same board or singing from that same choir book? Pick your analogy, either one that works for you. That's all we want to do. So, what we've brought forth for you today is the definition that was given to us back in 2014, from SAMHSA. And you can see a little bit here, about the way that that has been broken down in terms of what trauma-informed care is and what it encompasses. So let's look at some of this

language in particular. Trauma-informed care, you can see, realizes the widespread impact of trauma and understands the potential paths for recovery. Have to pause here already, side note. This path to recovery, this journey to healing is just that. It's a process and not a destination. So I think that might be one of the underpinnings of where we're going together today, like what that looks like for each of us and what it looks like in terms of our programmatic operations. So that notion of the path toward recovery. Trauma-informed care recognizes, of course, the signs and symptoms of trauma, and not only in the families that we serve but with and for each other and other folks that are stakeholders in our process and that are involved within our system. Trauma-informed care responds by fully integrating knowledge about trauma into policies, procedures, and practices that it's not just about one on one interactions, it's not about even just the environment that we create. It's bigger than all of that. And it is all of that. It spans out from that very micro to macro level. And it builds into this last bullet, which I think is so critical as well to actively resist re-traumatization. So how do we operate in a space that honors each of the folks we have the pleasure to interact with and how are we deep enough in relationship to know what that looks and sounds like? So that's kind of where we're going today with what trauma-informed care is and how we can build toward it with the Framework as our guide. A couple of [Resilience and Healing] other quick pieces here now. If you've joined us in the Head Start Heals campaign over time, these are words that you've seen us lift up before and again, not just buzz phrasery. This is important in terms of who we are as human beings and our capacity to, as you see here, under the resilience definition bounce back. Or even with healing, it gives a nod to what I said a little bit ago about the process and how the process repairs disruptions in health and well-being. Now Dr. O'Brien here in just a second is going to tell us a little bit about well-being. She's going to nudge right into that in a way that's very specific to who we are and how we operate in the Head Start community. So put a pin in that. And she's going to bring that forward again in just a second. Before I turn it over [Additional Resource on Trauma] to Dr. Catherine Knowles-O'Brian, [and Trauma-Informed Care] I would like to just mention one other thing. For those of you that are interested in additional resources on trauma and trauma-informed care, our leadership at the office of Head Start has reminded us these four bullet points, these four opportunities of webinars, web discussions, a collection of resources are available for you on the ECLKC. Now if you're new to Head Start, it's ECLKC, ECLKC, the E-C-L-K-C. I lovingly call it the Head Start hip hop happened on hotspot snap 'cause it's where all of our good stuff goes. It's where we any time the office of Head Start wants to talk to us, it's where they post things at the National Center on Parent, Family, Community Engagement, when we create a resource, it's where we post it for you.

So, if you're not a frequent visitor of the ECLKC, you can actually register and receive notices, you can go over and check it out. Now these are now hyperlinked on the actual PowerPoint. But what you do have, remember the Resource widget that I told you about at the top of our time together, we have those already embedded for you. And what's really cool about this, and I have to say, I mean I love this. Those first two are webinars that you can go back to their archives and so you can get basic information about trauma. So, if you want to use those in your in-services, I know many of you are already through pre-service, if you want to use them for parent meetings, they're there for you for free to pull down any time. But here's what I love.

There was a whole different conversation on quality funding that was available. And also in this whole campaign of many, many webinars that have happened now for "Head Start Heals," there have been frequently asked questions that have been collected along the way and they're posted over there so that you can glean information based on maybe what you've visited in these webinars before or what your colleagues across the country have asked so that we can share those for the greater good. This slide will be peeped on again. Later, I'm going to bring it back for you so I can remind you that these four things are there and they come to us with consistent language and from many of our partners and some of the other national standards and certainly our leadership at the Office Head Start. So, we hope you found these helpful. All right, without further ado, with all of that laid in, I want to turn the microphone over to Dr. Catherine O'Brien, and what she's going to do is, you know, give us a little refresh about the Framework, and then she's going to talk to us about a couple of pieces that we want to, sort of, pull apart and put back together as said previously, in the way of the elements and how that we can do that with trauma-informed care in mind. And with that, Cat, I'm going to turn it over to you.

Catherine Knowles-O'Brien: Great. Thanks, Brandi. I really appreciate that. So happy to be here and part of a campaign that's focused on healing. I mean, it just brings so much to the work. And the idea that we are part of an organization and a group that wants to focus on healing, it's amazing. And then, I don't know, it really is amazing. And it gets to me every time I really think about it that way. So, as we look at the Framework and keeping that in the back of our mind that it really is through a lens of feeling. I'm looking forward to a great 90 minutes together. So, thank you. Well, I guess we'll just jump right into it. Using the PFCE Framework as a way to strengthen trauma-informed care and, as you mentioned, we are all familiar with the Framework. And as you described, Brandi, we are going to look at how we can integrate trauma-informed care into the elements of the Framework. So just briefly, because many people already know this, if we look at our yellow column and our pink column, that is where our elements live. And the elements are, as we all know, the systems and the services that programs use to promote family and child outcomes. So, I'll take us through those elements, and then I think I'm going to hand it back to you, and then you're going to hand it to Josh to take us through the Program Impact. So, right now let's focus on the Program Foundations. But first, before we do that, I mean, we can't really even talk about the Framework unless we talk about the arrow at the top. And when we're describing it, we have to be so mindful of, "Okay, well, how are we going to do this trauma-informed care? How is that going to happen?" And we think about it as we think about everything in the work that we do to be very mindful, to bring this through equity, inclusiveness, cultural, linguistic responsiveness, that doesn't change with the lens of trauma, if anything, it may even emphasize it more. And, of course, with positive goal-oriented relationships, we just can't do any of the work without those two pieces, which is why it occupies such a prominent space in our Framework for sure. So, let's look at -- let's break that apart just a little bit, just for a second. We partner with families to nurture children to be healthy, ready for school, successful in life. And to do that, we count on building trusting, respectful, and goal-oriented relationships between staff and parents. And they're essential to these child outcomes. So, then if we think about those relationships and that they also help to strengthen family well-being. And these relationships can improve wellness for staff members,

for families by reducing the isolation and the stress that can come about due to some trauma. So, when we think about that and anchor ourselves in that thinking, the Framework is so important, and it can really help guide us.

So, for to look at the Program Foundations, specifically, we'll look at Program Leadership, Continuous Quality Improvement, and Professional Development. Let's kick it off with the program leadership. As most people know, when we talk about Program Leadership, and we think about how that can strengthen and support trauma-informed practices, we would naturally look at policies of program systems, different resources that are available. And many, many programs are already doing that. It may be that today's work is re-energizing themselves around that. Or you all might be saying, "Yep, I got that. But I haven't really considered how to look at all of these elements in the program foundations through a trauma lens." And that might be where your work lies right now. So, when you're looking through systems and policies, are we recognizing and is there a place in those systems and in those policies and protocols and resources that recognize the family's possible experience with trauma? And so, some ways to be able to do that would be to look at our systems. And do we have, for example, in our training plan, do we have something about trauma and something about reflective supervision and reflective practice? Can we look at caseloads that our groups have? What about our resource allocation? Does it help us think about resources to support trauma? Can we ensure coordination and teamwork across the elements, so across our program systems in our service areas? Do we have that in place? And what does it look like when we're thinking about families that have experienced or are in the midst of experiencing trauma? And I would add also any staff members and ourselves who are experiencing it or have experienced it. Another place to look in terms of leadership would be our partnerships with community organizations and community leaders. Do we have those relationships set up with the community and organizations and leaders that might have a real expertise in trauma that can manifest itself in many different ways? And really, as you pointed out earlier and as the Framework talks about just ensuring our policies and systems and resources, do they honor the cultures and the languages of families and our staff members? So, those might be a few ways when we look at leadership how to bring trauma-informed care to the forefront, and because we're talking about spending a lot of time and energy on that and really figuring that out, it's useful to think about our continuous quality improvement. And so, as a result of all of this work, can we pull the data that we have implemented through communities, through families and really examine that family and community data for traumatic experiences and traumatic effects that we might not even realize if we're not specifically looking for that data? Do we have in place assessments and ways to assess what your staff members know, what do we know, what do I know about trauma, and how am I really working to ensure that it is trauma-informed when I'm working with someone? And then all of this data can help drive the professional development offerings that we have in our programs.

So, let's jump to the professional development, specifically. Yeah, I mean, if you really think about it, trauma and care, trauma-informed care begins in so many ways by learning about trauma, and programs can really help staff and families sustain hope in the face of trauma and in the face of adversity. So, how can we think about that? And one way is to offer training and

support and practice about how to recognize trauma, how to respond to it, and how to resist it. We can model healing interactions. Once we are familiar with what that looks like and comfortable with it, we can begin to model that. And then two things we can really think about are reflective supervision and reflective practice. Before we go into a lot of detail about that, I did want to say that there is more information about defining trauma, caring for ourselves as we care for others, and coping and healing in the other three briefs in this series. So, I just wanted to mention that. And of course, on this slide it is very specifically about different topics that programs can offer. But let's jump to two things about professional development practice that we really want to think deeply about. So, trauma-informed practice can help us prepare for emotional reactions that we have or staff members have to families who have experienced trauma and really helping them and ourselves value our own passion and the healing power of the relationship. And to do that, let's look at two things today. One is reflective practice, and one is reflective supervision. Let's start with reflective practice. Reflective practice is something that we really can do every day. The key to this is to do it before we act. So, if we want to reflect on thoughts and feelings that we have but also the added dimension of reflecting on the thoughts and feelings about the person with whom we're interacting or the people with whom we're interacting, and doing that all before we act on a thought or by saying something. So, trauma-informed responsive practice, it does respond to the signs and symptoms of trauma. And we also would integrate any strategies that we learned in our professional development too as we are doing some reflective practice. So, for example, we would want to keep this idea that families have gone through trauma or may have gone through trauma as the possible reason for what they're feeling, and a possible reason for the behaviors that they are exhibiting. So, we might ask ourselves, as we're in this conversation or thinking with this person, "Why is this behavior bothering me so much?"

So, this is all happening internally before we act. Might ask, "Why is this behavior bothering me so much?" or "Gosh, why am I finding myself thinking about this interaction continuously? I can't seem to get it out of my mind." Or another question is, "Is there something about this interaction that was reminding me of others?" Or, lastly, "What has this person's past experience with helpers been?" So, these are all things every day, we can do it every day, and the key is to do it before we act. Another piece is we don't want to re-traumatize. And we talked earlier about the re-traumatization. We want to make sure that we're not re-traumatizing ourselves, right, but also families that we're working with. So, in that we want to see beyond the behavior so that we can possibly recognize the underlying trauma. And to do that, this reflective practice, again, can help us think even before we act. So, it might be that our natural way of being or perceived natural way of being is like, "I am not going to talk to that person anymore. Sorry, I tried to and that person was just too distant." This reflective practice can really help us think straight outright think to ourselves, before we reject a person, who we might be distressed because they seem distant or they seemed uncaring or sort of aloof to our interactions. Reflective practice helps us think, "Huh, rather than just write that person off, I'm really wondering if they could have had some traumatic experience and so they just appeared that way." Or some of us may express caring and concern for a person that to someone who's experienced trauma, it can seem uncomfortable, it might seem too close or too invasive. So, part of reflective practice would have us thinking, "Wow, I really tried to be really like solicitous

of that person, just asking them how are you, are you afraid, what's going on. I'm so happy to see you," and still get that feeling of pushback. Well, reflective practice has us thinking about that behavior as possibly related to that families or that person's experience with trauma. And then just lastly, we have a lot of examples. But the last one I really wanted to talk about is that before we show irritation or frustration with the family, it could come out in many ways, rolling of eyes or many, many different things. We want to think about whether or not that's perceived, our action is perceived as a warning sign to the person of impending violence. Maybe they have come through some terrible violence. And so, when we get frustrated or we seem to act out a little bit through reflective practice, we would say, "Oh, maybe that's why the person seems aloof." It's because they've had some experience with violence. So reflective practice is really helpful. And as we go through the program foundations, where can we see that and implement that. The second part we wanted to talk to everybody about today and many people are already doing this is reflective supervision, which is a little different than reflective practice but very related. So, reflective supervision is an ongoing conversation between a staff member and a supervisor who's trained in reflective supervision. One of the interesting things I've been ... I love reflective supervision, I think it's a great, great way to think through your own thoughts and the family's thoughts, but it's not therapy. It's very different. But sometimes it's common for our work with families to bring up memories of our own traumatic experience. So if that is something that's filling most of our days, we might want to think about talking privately with mental health professional about that because reflective supervision is in the workplace, essentially, and it's not therapy. But the supervisors are trained in reflective supervision in specific skills. So, they try really hard to create a culture of safety, of learning how to turn mistakes that we bring to our reflective supervision session into opportunities. In reflective supervision, they protect confidentiality. And the supervisor and the staff member work really hard to turn it staff's vulnerabilities into their strengths. So, it's a very strength based practice and very, very useful for trauma-informed care. Supervisors can help us in this sort of wondering together about families that might put us in a place that helps us to focus on the family's strength. So, it wouldn't be unusual to come through reflective supervision session with feeling or maybe less than positive about a family but really working with the supervisor to understand, "Wow. That might be on me this one, 'cause our families have such strengths and such areas to build on in order to move forward." So, with all of that, these are just some ways ... Brandi, I'm gonna hand it back to you. These are just some ways that we can really use the Head Start PFCE Framework to strengthen trauma-informed care. And as you said earlier, it has a real healing centered focus when you think about trauma-informed care throughout the elements. So, with that, I'm going to hand it back to you.

Brandi: Thank you so much for that, Cat. I don't know. I'm glad you guys couldn't see me 'cause I was over here feverishly, like taking... 'Cause I love both reflective practice and supervision as part of what Cat took us through in the Framework in the yellow column. There are so many ways that we can lean into those elements. And I think professional development is one of the things that we think about. And it's so critical to who we are and how we do what we do around training, or sometimes what we lovingly call the sit and get. But, Cat, you took us to a whole another place there, which is this notion of reflective practice and supervision as a process. And this goes back to what we talked about with the healing and what we talked about

with even this notion of trauma-informed care that it becomes more of a process, but we're constantly in our own mind and our own space about our own reflections and how those come out when we're with others. And, Cat, to have that thought partner of, you know, in the gift of a person whose training reflective supervision to really think with you as you're coming through your own ideas and your own applications and your own experiments. Just being real, y'all. Own experiments on what works and what you might need to recalibrate. It's just so valuable to have a person to think with, you know, through all of that. So, it's been incredible to see what you guys have done in all of the things that you have created for your programmatic operations and the ways that you have really embraced those kinds of approaches. And, Cat, with that, we're curious, aren't we? I mean, we really would like to know how many of you guys have been in this and for how long? So, what we're going to do is put up a quick poll, we want to hear from you guys. So, let me pull it over here so that you can see it with this. Now, you're going to have a radio buttons that you can click. And with this, you can only click one. If you need to scroll, there is a little script... What's the technical term, Cat? Scrolling bars is what I'm gonna call it. Little scrolling bar there off to your right. So, what we want to know is, how long have you participated in reflective supervision? Now, you remember the differentiation. This isn't reflective practice where as a professional we go into ourselves and have our own internal reflection and dialogue. This is when we get to have that trained thought partner to think through some of our, you know, practices and approaches. So, we want you guys to click the button that you most resonate with. So maybe your program doesn't have a reflective supervision system quite yet. So, you can click none at all. And then what we've done is we've given you a couple of choices less than a year, one to five years, or more than five years. So, we want to see where the majority of you fall. And we're going to reveal those results in a little bit. If you click your radio button to see which timeframe that most associates to you, and then you can hit the Submit button. I feel like we needed like a drum roll moment. Let's see how it shakes out. All right, here we go, guys. Wow, this is a pretty equal distribution. It looks like some of you, about 32% of you, haven't instituted anything along those lines yet. But then some of you about equal, about 31%, have been doing it for one to five years. Also pretty similar, less than a year, about 17% and more than five years, 18%. So, that's interesting.

Truly, we're all over the board with that. Now, if you let me say it like I want to, back home, I'd say, "Honey, you are right where you ought to be." Like wherever you are in that process is part of the process. And having conversations like these that can inspire you to do something that celebrates what you've done and where you are is great or to be inspired to kind of bring enhancements in to the way that you interact with each other in your own reflections. And certainly that impacts ... And, Cat, I love how you said this earlier, it impacts the well-being and everything that we're trying to accomplish and alongside our families toward that family well-being part of the Framework, you know, that first outcome in the blue column. So anyway, that's how it fell out. Pretty cool distribution there, a little bit of everything. So, what I want to do here is just have a quick pause. We've been looking at a few questions that have come into the chat, as you are listening in, as you are applying, as you're reflecting of your own accord. And before I turn it over to Josh, I want to check in because there's a couple questions that came in that I want to see if we can tackle together now. And maybe it's a round-robin. But, Josh, if it's okay, I'll start with you. We got a really great transparent and honest question. And I

want to lean into it because it says, "Okay, I have to be honest. I don't feel like our leadership is strong in this area." It says, "The executive leadership isn't dealing well, and it feels like a toxic work environment." So, there's some gratitude, you know, in terms of having the opportunity to come into this space and think and learn together, not only as a chance to have a bit of an escape but also to have a chance to grow. So, you know, Josh, if I were to start with you in the question about, you know, leadership and how together that we mobilize in service of a question around, well, how do we make a change or how do we influence from our sphere of influence? What would you say? What kind of demand?

Joshua Sparrow: Oh, that's a really tough and important question. And I'm sure there are many people who resonate with it. I wish that I had an easy solution or even a halfway useful answer, but I'll call them, tell you what comes into mind for me. One is that the Parent, Family, Community Engagement Framework is an organizational approach that tries to represent the whole system of a center. And so, leadership or leaders are just a part of the whole system. And the rest of us in all our roles are also a part of that system. So, while each of us has, you know, our own role, our own responsibility, our own accountability, the end result of the organization, like a toxic climate, as you've asked about, is not because of one person but the way we all come together to do our work together. And so, the second thing I want to say that's directly related is... As much as we might wish, at times, many times that we could change someone else, like in this instance, the leader or leaders and sometimes it may be people in our families. The only person who we can change is ourselves. So, if we then look at being in this system and our role and our responsibility, can we step back and say, as much as we may be hurt or disappointed or frustrated or afraid as a result of someone else's behavior, including that of the leader, what is our contribution to the system becoming one that feels toxic? And what is it within our power to change? And I don't mean necessarily that in changing ourselves, we can't change the entire system. But that's where we can intervene is with ourselves. And I think if you go from there, it then -- it may be that there are some steps that one could take in interactions with leaders. There are lots of pressures on leaders in the COVID era, a whole new set of pressures on leaders that I don't think any of them were trained for or prepared for or experienced anything even close to, no matter how long they've been doing this work. This is new, different, unprecedented for all of us. And for leaders, the pressures are life and death and their pressure is on all of us. But leaders have a sense of responsibility for the life and death, the health, and well-being, and safety of everybody in the program, children, families, staff, and all of their families because everybody will go home. And if there's infection at center, they will take it home with them. So recognizing the pressures on them that they experienced from others, that they put on themselves in a world where there is no roadmap, there's no playbook and then looking at in our roles, what can we do to step up and shoulder some of that burden to acknowledge some of those challenges 'cause I think Berry Brazelton used to say, "You catch more flies with honey." I think you might appreciate that, Brandi, right?

Brandi: Can you see my face, Josh, right now? You know that it's totally in my ...

Joshua: I can see your face. I don't know if anything else could ... But truly, in these times where everybody is more than worn out and used up and stressed and panicked, you know, being able

to kent up into their shoes and look at what you can bring to them to shoulder is something that's in our power, but I'm not sure it's always going to work in every case. And then that leads, I think, to a certain set of responses and ways of using language where in interactions with leaders and others in, you know, public settings in the center, you know, we own our part, and we use I statements and we open up space by modeling that we're grown up enough to take responsibility and that we're humble enough to acknowledge what we don't know. And I actually think this has everything to do with a trauma-informed approach where we try to use our imagination and our capacity for empathy, not to ever say we know what it's like because I don't think any human really knows what it's like to be anybody else except ourselves. But to make it clear that we're trying as hard as we can to understand and to bring all of our capacity for compassion to those efforts to understand. So as I said, I thought I probably would not be very helpful in answering this really important question, but that's what comes to mind. Now I don't know, Brandi, if you have anything to add or if Cat, Dr. Knowles-O'Brian, you would have anything to add.

Brandi: I'm watching. I'm looking for Cat first 'cause you know how excited I get. I'll give her a little space to come over too if she'd like. I just appreciate, Josh, your ever-present ability to stand in a space of something that feels hard and difficult and make it feel so doable. Can I get a witness, somebody? Did y'all see what he said? I mean, it's really where Cat left us off and where he brought us full circle, which is we're in a reflective space of our own. We think about what we can do which is, you know, control our own behavior and our own response to, you know, the stimuli or, you know, external variables that we're dealing with. But I have to say to you guys, it's possible. You know, this question started with that very important, transparent, authentic, genuine ... Gosh, I don't know where my leadership is on this. Like, I really worry that maybe they're leaning into some of the things that fill and the word was toxic for us. So, I love where you took us and, thinking about, Josh, standing in the space of really being thoughtful about what we can do and influence. And, guys, I just have to have a little parallel process moment here. If we were talking to our families, and we were helping them to unpack a similar situation, what we would say to them is something very similar, like, "Don't give up, what you're doing is exactly what you need to do, and don't forget that you are a leader in your own light and that when you bring positivity and hope and possibility into a space, it is also contagious in the best possible way." So, I think, Josh. I want to flip it a little bit and say something along the lines of, then it becomes extra critical for you as an individual to find folks that can stand with you in hope and possibility and spread that and, ultimately, you can make a difference. Like how we say back home from the inside out, from the upside down, from the side to the side, diagonal and all the way around. So, it's a critical question, just the fact that you have the awareness that that's a possibility in your organization is critical. And I'm just so grateful you brought it forward today 'cause it's also real. And so, to have a group like this to think about it out loud with is so important, so grateful for the gift that you gave of the question.

Joshua: You know, Brandi, you also make me ... Sorry, Brandi. You also remind me that part of the way you handle a toxic environment and a leader who's been identified, and this was the language as toxic is when you work to try to find your own capacity for empathy and

compassion and to own your own responsibility as well as the limits of what you can do, I think that's also a form of self-care, which is critical in trauma-informed care because you're allowing yourself to get real about what's in your power to change and what is not and letting go of what is not. And at the same time, little by little, and I know this can be really hard, but letting go of the anger and the frustration. That is what toxic needs. It's the anger and frustration that we hold within ourselves ends up eating our insides, eating ourselves. And so being able to struggle with ourselves to find a way of understanding why someone else is behaving the way they are. Actually, it helps us feel better because it helps us to let go over anger. And again, that is very much along the lines of trauma-informed care where someone who has had a traumatic event or experience who may then behave in ways that are confusing for us or disturbing for us or upsetting to us or hard or frightening for us when we're able to ask ourselves what happened to that person, we are then able to draw on our own capacity for compassion, and that helps us through those moments of fear and anger and frustration. So, this has really, your questions, everything to do with what trauma-informed care looks like. And that what I just described actually, we've talked more about in the first three trauma briefs, which now you can all find on ECLKC.

Brandi: I see what you did there, Josh I see you working. Well, we're going to show you guys where to find those. Can you tell that we're so proud of them? We're so excited to be able to contribute to, for instance, our colleagues work at the National Center on Early Childhood Health and Wellness and the incredible content that they've been bringing to us over the years around mental health and trauma. And we're so happy to be in this dialogue, not only with them so that we all have consistent messaging but certainly of our own accord with the focus on parents, families and communities and each other, you know, as colleagues. So, Josh, thank you for all of that. I see in the chat that you're getting so many statements of gratitude and the heartfelt nature of what you offered. And I guess, the last thing I would say, Josh, before I turn it back to you, I know we're going to pivot into the pink column, which is the Program Impact Area column. I want to go ahead and flip us over there so we can have that as a visual. And while I transition for you here, but one of the parts that I'm curious about, you know, since this question has come up is like, you know, in one of our other discussions together, we talked about how organizations can experience trauma. And it just to me kind of takes us to that space about how we work together not only within the walls of our programming but also how we make connections in a more macro way, Josh, I know this is part of where you're going to take us, but to the larger community so that we too have access in that parallel process way, not only for our family but for each other and our programming in general. So, let me pause there and turn the mic back over to you, Dr. Sparrow. And then we're going to check back in again on some Q and A here in a little bit.

Joshua: Thank you, Brandi. And what you mentioned, the role of Head Start in the larger community and the way that Head Start is really so well placed to sense what's going on in larger community is a big part of what Head Start is all about. I'm so glad that you call that column pink because for many years I know that there's been lots of controversy about whether it's pink or salmon or peach. But we have our pink program impact areas, program environment, family partnerships, teaching and learning, community partnerships, access and

continuity, and like the program foundations that Dr. Knowles-O'Brien just walked us through. We really just tried to unpack what goes on inside a center so that you can look at each one of these areas for, what is my role here, what is the role of one of my colleagues there, where we can actually work together to look at what we do and look at how we can continuously improve what we're doing as we work on being trauma-informed. So, in our brief four, we give some examples of how you can use each one of these program impact areas to look at how you're doing with your trauma-informed care and your trauma-informed practices and what you might try out. So, the program environment is actually, often, the very first way that families experience a trauma-informed culture. It's when you walk in the door, it's even the first phone call or now it might be Zoom is with recruitment and enrollment and then it's every day. And it's not so much in the words but in the action, in the feeling, in what's on the walls, you know, in the physical space. So, a trauma-informed program environment consistently welcomes and values families and accepts them just the way they are. A trauma-informed program environment communicates respect for each family's cultures, languages, and structures the way that they're composed. So, programs can ensure that all spaces actively build a sense of belonging for all families with the materials that are there and the materials that families may be invited to share if they're willing to be in the space for all to appreciate. And of course, it goes without saying that we all show respect for all families in the programming community. And that includes showing consistent interest, curiosity, respectfully and learning about each family's cultures, languages, about their unique strengths, values, hopes, interest, concerns and needs. And I want to emphasize focusing on each family's unique strengths, values, and hopes because that is very much the second R of the four Rs of SAMHSA's definition of trauma-informed care, which is the recognizing. Actually, it's the first R. Sorry, it's the realizing. I know it's not... It's the realizing not just the widespread impact of trauma, how many people will come to our centers, whether we're staff or families, with our own experiences of trauma, but also that there are pathways to recovery. So, the program environment really needs to speak to the hope that there is for healing. Programs can also offer resources about trauma, about its impact on children and families, but again, resources really need to be carefully looked at so that they're also focusing on resilience, hope, and healing. So, we can create an environment in which we demonstrate that we know trauma is everywhere, a few of us escape it in the course of our lifetimes, but that hope is justified because healing is possible that there are pathways to recovery. Family partnerships also inform trauma-informed care. For example, staff can work with families to identify trauma-informed community resources and to assess the quality of services provided, looking particularly at whether or not the services really felt trauma-informed to those families.

Did families feel comfortable participating those services? Would they be willing to share the information about their experiences with these services so that staff can have a sense of whether or not these would work well for other families? Might they at least be willing to share their experiences anonymously with staff? And in this exchange, it's an opportunity for staff to really help elevate and make clear this is what trauma-informed care looks like. We're not ... For example, did families feel that they were treated with respect by staff at these community organizations where they've been referred to, did these services really build on the family's strengths and support healing and manifest that there is hope, were these services trauma-

informed realizing widespread trauma and that there are paths recovery, recognizing the signs and symptoms, responding with effective practices, and resisting re-traumatization? Now, if you look at teaching and learning, these are areas where trauma-informed practices can contribute to goal-oriented relationships, which is at the heart of family engagement. And here the goal-oriented relationships are clearly intended to support children's development and learning. So staff and families can work together as a team to develop and learn about the goals that families had for their children and then to step back and think about how trauma in the family may be something that we all have to bring to our understanding of how to best serve these goals. So here, in addition to the four Rs that Dr. Knowles-O'Brien shared with you of SAMHSA's definition of trauma-informed care, we wanted to point out, and this again is in brief number four, it's quoted there, SAMHSA has also identified key principles of a trauma-informed approach. And these include trustworthiness, transparency, collaboration, and mutuality. That's four, so it looks like more than six, but they count six. I count a few more, trustworthiness, transparency, collaboration, and mutuality here in partnering with parents on supporting teaching and learning, also commitments to family empowerment, family voice, family choice, and family cultures. This all comes from SAMHSA's key principles for a trauma-informed approach. And when we're thinking about the program impact area of teaching and learning, that's where the second hour of recognizing the signs and symptoms of trauma in family staff, in children also is critical so that we can look at where there may be some disruptions of children's learning or a family's ability for learning and how we can respond effectively to those effects of trauma. Now leaders and staff can also identify opportunities for trauma-informed services through community partnerships, so this is another one of our program impact areas. Now trauma-informed community agencies know that trauma is a common experience. And so that's the beginning of looking together with your community partners to really be sure you've got a shared understanding of what trauma-informed care looks like. Trauma-informed agencies will understand that trust is built over time through predictable, reliable, consistent relationships. And this is so closely aligned the way we all build relationships with families and with each other in Head Start. The staff of trauma-informed community agencies understand that in order to heal, families need to be able to tell their own story, to have control about how that story is understood and what is done with it, that they can tell their own story with acceptance in without judgment.

So again, it's really looking at the alignment between the way we approach trauma-informed care in family engagement in Head Start and how the agencies that we would like to make referrals to do. So like Head Start, the staff of these agencies would take great care to protect confidentiality as families keep control of what they choose to reveal. And I don't think we could ever stress enough that one of the most disturbing aspects of a traumatic event or traumatic experience is the loss of control, the violation of having to do things or being forced to make changes or do things without any control or say so or power. So, a lot of the healing can happen by restoring a sense of control wherever that's possible and that includes control over what families choose to reveal and what they choose to share. And finally, in our pink or salmon or peach-colored column here of program, in fact areas, is access and continuity. So, there are many ways that programs can strengthen access and continuity. And again, just a couple of examples might be to talk with former and current families to understand better how

families are experiencing the trauma-informed care that we're providing and what we can do to improve continuity and to increase access. Programs could offer new families in orientation about trauma-informed opportunities in the program as well as in the community in order to strengthen family well-being. Programs can offer to all family's resources about trauma, that again would improve access as well as information about the impact of trauma on children families. But again, to be sure that whatever resources you share with families do not just lay out the negative impact of traumatic experiences and events, but the pathways to recovery, the effectiveness of treatment, and the power of resilience. And other examples include using our knowledge of trauma-informed care and programs to be able to look at community assessment data and then to be able to prioritize the enrollment of families with the greatest need, and that might include families experienced homelessness or families experienced domestic violence or children who are in foster care. So, programs can use the framework to identify the roles that the program elements, both the foundations that Dr. Knowles-O'Brien introduced to you as well as the impact areas that I just showed you. We can use the program elements and look at the roles that they play in trauma-informed practice to look at where we can always learn and see what we can make better to move towards trauma-informed care across our program. So promoting healing in systems of care is something that many systems of care face. But I think you can already see how Head Start plays a critical role in connecting to community and promoting community understanding of trauma. So, that's the first R, recognizing its widespread impact and that healing is possible and also really aligning the way that Head Start does trauma-informed care with the ways that it's understood and practiced in other community agencies. These traumatic events and experiences don't affect just children or families or individual staff, they affect whole programs and they also affect whole systems of care. And this makes me think, again, about the question we had about a toxic manager and how, you know, it may really be a toxic system. And systems often become toxic because there's trauma, and that's why, you know, there's this language that's used to talk about toxic stress. So when a program or system feels toxic, it may be that we need to look for where the trauma is inside the system. So to make trauma-informed care effective at every level, Head Start staff and programs can work together with the community partners and community service providers to learn together about the effects of trauma and build shared understanding that way and to look at the way these effects of trauma are appearing in each of our own communities.

And right now, we know there's old trauma, there's trauma that's 400 years old. If we think about racism related trauma, there's the trauma of poverty, which has been there in these communities for far too long as well and now is being exacerbated by the current economic crisis, and then there's the trauma of COVID-19 itself. And the fear of infection, the reality of infection, separation and, unfortunately, far too many families lost. And also, the social isolation and social deprivation which many families and communities have experienced already now exacerbated by the need to keep our physical distance. Together, staff and programs can work with community partners and service providers also to recognize and respond to the impact of traumatic stress on children, on families, on ourselves, and on the service providers we partner with. And we can work together to infuse and sustain an awareness of trauma, knowledge about trauma, and its impacts and skills to advance trauma-

informed care in our individual practice but also in our organizational cultures and in our policies. So, specifically, programs, community partners, and service providers, and total systems of care can use evidence-based cultural responsive assessment treatment for traumatic stress and associated with Alzheimer's. And there are some really great evidence-based programs that are tried and true at this point. We can make resources available to children and families and to providers on trauma impact and treatment. Again, always emphasizing that healing happens, and resilience is powerful. So, we engage in efforts to strengthen resilience and protective factors for children, families, and for ourselves. And we can address trauma and its impact on family systems. And on the system that I've described earlier, when we were answering that question, the system, which is a Head Start program or the larger system, which is a community, and they're really to emphasize continuity of care and collaboration because one of the things that happens with trauma, whether it's in a family or in a program or in a community is that it really disrupts collaboration, communication. Why? Because, you know, as many of us know, unfortunately, 'cause so many of us have experienced one kind of trauma or another or far too many is we get scared. We get scared of ourselves, we get scared of people, we get scared of the world, and we pull away and we shut down. And we describe this in more detail in the first three briefs of the series on trauma. And so, communication suffers. We may not reach out because we don't trust. We have good reason not to trust, we've been traumatized. We may not reach out because we misunderstood what happened the last time because when there's trauma, we often then interpret information in communication through this lens of looking for danger wherever it might be. And sometimes we see danger where it isn't there where that was not the intent. So, emphasizing collaboration, communication across the program with families and across agencies in a community is really critical when we are impacted by trauma. And then to maintain an environment of care for staff, that's for all of us that addresses and reduces the occurrence of secondary traumatic stress and increases staff wellness. And again, in the first three briefs, we talk a good deal about secondary traumatic stress. The effects of working with children and families who experienced trauma on those of us who really open our hearts to them and have devoted our lives to them and are affected so deeply because part of our job is to, you know, walk alongside them and carry that load with them, and it can take a toll on us.

So, community-wide to build an environment of care that's always looking at the secondary trauma that care providers like all of us can experience. So, to address trauma, we also have to look at how trauma is influenced by cultures history, race, gender, location, language. And in so many communities, we can't really talk about trauma that's current without talking about past trauma, which also means historical trauma because each new trauma layers on top of the trauma before and even if that trauma goes back to slavery or to genocide of native peoples. So in creating meaningful partnerships across community, we have to understand those multiple layers of where trauma lives because they all can come into play when a new event occurs and we all are experiencing new events with this pandemic over the past six months now. I wanted to share with you what we're talking about Head Start's role on systems of care, some quotations from some work that was done at Santa Clara County FIRST 5. I think I should say FIRST 5 Santa Clara County, which I think are really a powerful and this is the work that they did. When they understood that there's not just individual trauma in children, family, staff but

in programs, in communities, and whole systems. And their work was focused on trauma-informed healing focused systems. So I've just got three of them that I want to share with you. One is just like people, organizations and systems and communities are susceptible to trauma. In ways that contribute to fragmentation, breaking up into little pieces that aren't connected, that contribute to numbing to pulling away to shutting down, that contribute to reactivity like reacting 'cause we think we're in danger when we might be, we might not be, and depersonalization, which is kind of stepping outside of ourselves and not feeling like we can really be there. It's a way of protecting ourselves, whole systems can do that. And again, we talk about a toxic leader or a toxic environment, try looking at it this way, there may be trauma that is causing these things. The next one is simply that a system cannot be truly trauma-informed unless the system can create and sustain a process of understanding itself. And that's why what Dr. Knowles-O'Brien said earlier about reflective practice and reflective supervision in Head Start programs is so important. And which could be brought to community partners in collaboration as well because it's in reflective practice and reflective supervision that we have tools to create and sustain a process by which we or program, the system we work in can understand ourselves, understand itself. And that means looking at what looks toxic or hurtful or angry may be telling us there's trauma there that we need to recognize and understand. And then the third and last quote in this work of FIRST 5 Santa Clara County is trauma-informed systems principles and practices support reflection in place of reaction, reflection in place of reaction, curiosity instead of numbing. So rather than shutting down, pulling away, and withdrawing, which is understandable 'cause it's scary if we think we're going to get hurt again. We may want to just pull away. But to be curious about, "What's going on here now is this person, somebody who I really do need to feel threatened by, am I really in danger or what else might be going on, might there be trauma there," and that support, self-care instead of self-sacrifice. Boy, we all know that as people have devoted our lives to taking care of children and families, we sure are good at taking care of everybody else and so many of us have a much harder time taking care of ourselves. We feel so much better when we're sacrificing ourselves in the short and maybe medium term, but in the long term, we really can't do the work of caring for others if we are locked into self-sacrifice and can't instead take care of ourselves. And then trauma-informed systems principles and practices support collective impact rather than siloed structures. And there again is Head Start's role in really making these deep, and authentic, heartfelt relationships with community partners, where we move towards and understanding that we all have a shared vision for the children and families in our communities that we work with.

Brandi: Well, Josh, I have a question. I want to lean in here because the folks are very grateful for all of this wisdom, one. And Nicolette asks straight away, "Tell me again, curiosity instead of what? Could you get back to that piece?"

Joshua: Sure. It's a lot. So, I apologize for not laying it out more clearly. Curiosity instead of numbing. So, in the literature on trauma and in people who do clinical work with people who've experienced trauma, often this is called psychic numbing. So, when you've been terrified, when you've been greatly threatened, when you've experienced an extraordinary events that no one should have to experience, one of the ways that people understand how to handle that is by

really pruning down all of their feelings. So, numbing, you know, kind of going frozen because if I were to feel what I had to feel after what I'd been through, I couldn't handle feeling all that. So, it's sort of about daring to sort of peak out of the hole we have to crawl into and say, "Well, wait, what's going on now? Is it safe to come out now?" Might there be somebody good somewhere, somebody who will listen, somebody who will let me tell my story without judging me, who will accept my story the way I tell it. So, it's curiosity instead of numbing. Self-care instead of self-sacrifice, collective impact instead of siloed structures, and reflection in place of reaction.

Brandi: Thank you for bringing that back Josh, the Rs were intriguing to folks 'cause we got that question a couple times, reflection instead of reaction. And you know what, that just hung in the harkens of my brain because that, for me, and I'll just make it a me statement, Josh, no judgment, it's not like an easy thing to do. It's like either it's a muscle that you have to like work and really kind of train your brain. And if you're, you know, like me, all of my feelings are not on my sleeve, they're on my pants, they're on my shoulders. I mean, my feelings are ever present. So, for me, in a place of, you know, really thinking about what is going to be most useful for my own process, but the way I get to be with others, man, I think I need that one on a little postcard somewhere close to my laptop and my cell phone. This notion of that reflection versus reaction and curiosity versus numbness 'cause, man, don't you freeze up sometimes? You just get all in your feelings and then you just get paralyzed on those to where you can't move past that. So having, Josh, what you'd given us in what I kind of see is like, you know, this delicate balance of awareness but another option, like we get to be the boss of that. We get to be the boss of that, which, you know, sometimes because of our fear of being hurt or because of our fear of being re-traumatized, we just don't allow ourselves the notion that we actually do have the power to make that choice.

Joshua: Well, I'm so glad that you brought that up, Brandi, because I do think, you know, part of healing, and no one ever said healing is easy, and as you said earlier, it's not a destination, it's a process, right, is beginning to feel like you do have options, like you can get your control back because, as I said, part of the experience of trauma is all your control, even your most basic critical control got taken away from you. And also, reflection rather than reactivity. Yeah, it's hard to do. And I don't think most of us can do that all the time or even most of the time. But I do think for those of us who've experienced trauma, we can pay attention to what are the things that we react to, what are the things that trigger us, what are the kinds of feelings that get triggered in us that may have more to do with what past experiences have led us to be fearful of rather than what's happening right now. And that's where the reflection comes in. It's, "Okay, so I want to react now 'cause this happened and I'm feeling this, but that feeling is familiar to me." I think I felt this feeling before. And I just need to stop and look at do I want to say the first thing that popped into my head or do I just want to pause and maybe think that, "Yeah, I want to say something angry or defensive because my assumption is that, you know, I'm being hurt one more time." But let me just pause and see if I could get curious and say something to find out, what did this person intend, what did they really mean, what did they really think. So, it's hard work, but it's good work. And it feels better than staying stuck. And sometimes, you know, I think we have to give ourselves permission to stay stuck and say, you

know, "This is all I can do right now. Just got to stay in my stuckness right now 'cause that's the best I can do right now." But eventually, we get this and we feel like, "I'm tired of being stuck. I want to try to sort of move through this to a better place." So, I am a little bit over, Brandi, but I could wrap up with this one ... Is that okay? So, moving on to trauma-informed organizational practices, and again, you can find all this in our brief. Here just a couple of examples for supporting staff in a trauma-informed program promoting flexible ways of communicating. So, when people have experienced a traumatic event ... They may be uncomfortable with some forms of communication that may be imposed on them or required because they understandably may have trouble trusting, they may feel exposed or violated. So, being flexible about when and how to communicate and who is around when you communicate is really important in terms of really honoring the effects of trauma. So, staff or family members may, you know, be uncomfortable expressing themselves commonly or directly in some settings, so they may need a break or they may need to, you know, be invited to come back again when they're ready and to, you know, be understood and to feel accepted in that not being a moment where they could do more than they did, they did the best they could. And when there's an intense event in the work environment, you know, staff members may need time to settle ourselves and to calmly come back.

So, to recognize, you know, rather than shoving under the rug, to recognize, "Wow, that was really hard. Wow, we just really got to a really hard place here, maybe all need to sort of stop and take a self-care right here. And we're not going to forget this happened, we're not going to avoid it, but we did the best we could with this right now. We're all, you know, having a lot of feelings that we might want to just sort of be with before we try to come back and move forward with this. And that's an example of, you know, at the program level, in staff groups, encouraging reflection rather than reactivity. So, it might be a 15-minute break, it might be a meeting with a supervisor, it might be bringing in a mental health consultant or a reminder to use reflective practice. And also, you know, here to remember that communication is really variable from culture to culture. So, sometimes a form of communication that we may expect or demand may be one that just is not familiar, it doesn't feel right, it feels intrusive or too intimate or too cold and distant for people whose cultures may have prepared them to be more comfortable with other ways of communicating. You can also offer supportive check-ins and debriefs. And this really means being attentive to the effects of trauma, to be aware that there may be events or experiences, things that were said or done or things that happened with children or families, where might have to sort of, you know, go out of our way to say looks like we should just take some more time to check-in. And, you know, clearly, with all of the murders of black and brown people and police brutality, you know, there are lots of us who are hurting every day and for our black and brown friends and colleagues who are sending off their loved ones out the door before they go to work, not knowing if they're going to come back dead or alive, it may be a time to check in because there is a lot of hurt, a lot of fear. And you know, sometimes just being connected and acknowledging and creating a space really helps a lot. It may be that you need to check in before a difficult event ... An anticipated difficult event, is going to occur like a challenging conversation with a family or, you know, whether it's, you know, knowing that a family may be about to have to face the domestic violence going on or there may be a mandated report for child abuse. So, checking in before with staff 'cause these

are hard things to do, these are emotionally taxing for all of us. So, both [Inaudible] preventively to have regular self-care. And so many people for a long time have found mindfulness helpful, but now with the dramatic increase in stress in all of us, there are so many more people who are recognizing, you know, mindfulness can work for anybody, everybody. It's not hard. It's simple. It doesn't take a lot of time, and it provides a lot of relief. And then, you know, be sure to bring in your mental health consultant to support trauma-informed care across the program and to provide guidance on how to have plans for both the preventive self-care and for handling the difficult events that you can anticipate and those that happen that you haven't been able to anticipate. And then create opportunities for staff to come together. You know, I think sometimes people find that ... There's more that they really appreciate knowing about each other, things that they never knew that helped them feel like we're more relatable, like we get each other. And as I said, you know, trauma has this way of shutting down our trust, our sense of safety, our ability to communicate, and so, bringing people together not to force trust or force relationships but just to open up space where the relationships can be built or can be healed or can be tried out with safety when there's been trauma in a program or in a community. And, you know, in the world we're living in now, what program or community isn't experiencing trauma? So, you can find those and other examples in the fourth brief on trauma. And now I will give the virtual microphone back to you, Brandi.

Brandi: Thank you, Josh. As usual, we all could just sit at your feet and listen for ever. So, thank you for all the wisdom and thank you for making those connections back to the five briefs. I want to bring Dr. Knowles-O'Brien back in here too 'cause so many of you have been busy in the Q&A pod, the Q and A widget, pardon me. And we want to bring up a few of the questions that you've offered. Now side note here, you guys know how we do this, we will be going into what we call the after chat, which is when the speakers hang out with you for a little longer and start to peel away at some of the questions that you've offered throughout this entire time with us, so we have some on deck. And the first one before we actually, officially pivot into the after chat, as really a lot of interest, excitement and, Cat, I would say intrigue around the dialogue you offered us on reflective supervision. So, tell us a little bit, Cat, about where folks could go to get a little extra information if they're so inclined.

Catherine: Well, thanks, Brandi. Yeah, it's such a lively and rich conversation that it was hard for me not to think about the idea that we're all responsible, as Josh was saying, for how we behave and our contribution to trauma-informed care. And that as we're working on it, we're still working with families, so we're still working on ourselves, but our families are still wanting to be supported. And so, how to make that happen? And really the best way to do that or one of the ways to do that, and I think folks probably already are doing this, from the chat, it looks like they are, is if we have a professional development plan that really addresses the needs of our families, then we can begin to continue to work on ourselves but also address what families need. So, let's say you're in a community that really is not aware of the signs and symptoms of trauma, and we had this on a slide around, you know, speaking of professional development and what topics can be used to help further a program along in trauma-informed care. And while it may appear just to be a list of topics, if you really take what your community needs and then offer those topics specific to the needs of our program, just like we do, you know, across

the board and goal setting and other areas, really find out what those needs are. It might be the way to progress in a way that feels really comfortable with Head Start and Early Head Start staff numbers. So, when we say the signs and symptoms of trauma, really, let's get that training in there or that professional development and then use reflective supervision and reflective practice to help identify those signs and symptoms of trauma. So, a good place to start for finding that is talking to your mental health consultant and what they know, most mental health consultants and mental health professionals, so you might know someone in your community that's doing reflective work and across different programs would be a great place to begin to think about where in the community these reflective supervision are taking place. So, I just wanted to offer with that because as we try to put systems in place to help everyone and we're still working on our own, having a planned professional development about how to address trauma and what we know about trauma could be really useful. I'll stop there, I know we could talk forever.

Brandi: It's so true Cat, we're busted with that. We really could go on and on together for a while, but thank you for that because that's an important part of, and now I want to say like this, a longitudinal approach 'cause a couple of other comments that came up in the Q and A widget were related to, "hey, I did this training last year. And now I am intrigued to maybe use something like this as a follow-up." And what we would only recommend as it becomes an integral part of your organic operations, so this is, you know, a conversation that's embedded in every agenda, that's embedded in the larger dialogue in the way that you are with each other and staff meetings or in services or, you know, some of you. Back when I was a Head Start director, we used to call them staffings, where you really sat around the table in an internal multidisciplinary team and thought about, like where is the family right now, where are they on their journey, and what's happening, so that we can have that cross-communication in service of really being there alongside the family as they're ready for us. So, thank you for that, Cat. And, of course, with everything, I mentioned at the top of our time together, the ECLKC, remember what I said the Head Start, the "hip-hop evident" hotspot. You can always go there. We always have great resources, not only that are developed by our center, which is where you can find those five briefs that Josh mentioned, you can also find those five briefs. Now, I'm going to show it to you. Hold on, I'm going to bump up here, so you can get the visual. These are the five briefs, and these are the five brief titles. Not only are they over there on the ECLKC for you, but we have them here for you in the Resource widget so you can download those. While we're at this space, I also want to remind you that at the top of our time together, I mentioned that there are four other resources if you want to extend and expand your conversation around trauma, trauma-informed care, these are at least four examples of places that you can go on ECLKC that are very specific to this conversation.

That would be consistent to where we are in this conversation today and you can pull that out. So, if you're in a place where you're like, "Yeah, Brandi, I really do wanted to have this conversation about trauma-informed care in all the places and spaces that I can in my program." We got you. Come on over to ECLKC, there's so many good things to find there. And side note, because it's of our Head Start community and it's gifted to us from the Office of Head Start, it's all free for you there whenever you need it and however you feel like you want to

apply it based on where you are as a program. So bonus. Before we get so far away from each other and get right back into the Q and A, and I'm going to look to Josh and Cat to get ready with a question like one that you guys are excited to answer that you've seen fly by and we're gonna give both of you the space and time to unpack a couple. I want to show you guys a couple of ways that we stay in touch with each other. And many of you have already discovered our MyPeers Community. When I say our, the National Center on Parent, Family, and Community Engagement is honored to have a presence in the PFCE Deepening Practice community. And so many of you bring these conversations to life over there and you help each other. So, you have these questions like, hey, which just came up here, "What do you think about the family partnership agreement as part of this trauma-informed business?" Like how can we, you know, really wrap ourselves around that as an existing system or existing process that we could lean into for this purpose and with this purpose in mind? You guys, it's peer-to-peer over, that's the MyPeers moniker. You ask each other questions, you share forms all the time. And if there's something that we worked on together, like as a national center, we say, "Oh, gosh. You guys will love to know about this resource that we have." We'll pipe in every little bit. So, come and join us in MyPeers Community. You'll see also we've lifted up a few other ones like the Mental Health Community, Opioid Misuse, Substance Use, Staff Wellness, many of those overlap into this discussion. So, join any and all that you would like. It's very interesting conversation and it's led for and by you. If you haven't checked out our Text4FamilyServices, I just got mine today. Did anybody else get their text today? It could have been yesterday. It's a little bit blurry. I think it was today. If you haven't signed up for this service yet, please do. All you have to do is text PFCE to the number 22660. How am I doing, Josh and Cat, with my, like Bargain Basement commercial voice? Text PFCE to 22660, and you too will get two texts a month. And they're all encouraging messages. They sometimes have resources in there. It's just ... One thing, it's for me, the way I receive it is, this notion of, you know, I'm not alone, we have a big nationwide community in Head Start, and we're often thinking about a lot of the same stuff. So, this has been quite a comfort for me, especially in physical distancing times when we haven't been able to be together and love and hug, you know, in person, this somehow has made me feel a little more connected.

So, if you haven't joined us yet there, we hope that you do. I should have said that straightaway 'cause you guys get real worried about this part. But, you know, about an hour after we wrap-up this experience, you're going to get an email that has an evaluation link embedded. And once you complete that, you're also going to get a certificate. We know who you are and what you need, so we're going to make sure that you have a certificate for your professional development files, so you can evidence that we got to spend a little time together today. So, we do have that ready for you. And you will be getting it in the email that you registered with about an hour after we finish today. So, don't worry, my friends, we got you covered. Before we get into the questions, now, Cat and Josh, this is your cue. Get ready, 'cause you now got some live questions that we want to go to. I want to leave you with this comment that I just found recently is, and somehow I just thought it fit today, and I have to thank our director of communications, Jackie Muniz helps us always, you know, bring our thoughts and our content to life. And I just felt like even this image spoke to the message that I had in my heart and in my mind. And you can see what it says on the slide here. When you go on a journey of healing

together, your bond grows stronger than it ever was before. This is what we talk about a lot in Head Start anyway. We know that when we have the opportunity, come through something difficult or hard or even if we have to repair part of our relationship, that we're stronger tomorrow than we were yesterday. And I had to say to you guys, in this moment of, you know, the pandemic, in these moments of what Josh brought to our attention around historical trauma and layers of trauma and what's happening in our black and brown communities, we need each other more than ever before. And what I love about each and every one of you is you have not shied away from that responsibility, as a matter of fact, you've leaned in. And you are not only walking, you are running to support each other, in the families, in your communities and in your programs. And, you know, Josh and Cat, you all know, I'm the emotional one on the team. I try not to do it, but here I go every webinar, get misty-eyed, but it's so genuine, the depth of love that we have for you all and what you do and the impact that you make every single day. So, don't give up. You have what you need to do, what needs to be done. Most importantly, we have each other. So, with all of that, I just want to say, you know, thank you again from the depths of our team's hearts and all of the hearts that you touch every day. All right, before start weeping, Cat and Josh, help me. Come with a question. What do you got? What have you guys seen out there? What do you want to lift up in our after-chat?

Catherine: Well, can you hear me okay, Brandi?

Brandi: Yeah.

Catherine: OK Well, one of the things that I'm noticing here is kind of building on what you were just saying. We have a question. If there was one takeaway from today's webinar, what would it be and maybe the three of us would have different responses to that. But I would really build on what you were saying is we have these resources. And from where I sit, it's the idea that because these can be really challenging topics to hold what families are going through and what we ourselves are going through to get the information and practice it through professional development offerings and have the opportunity to practice it so that when we're in the situation, we can rely on that, on what we know works, and then take that and still go through our reflective practice and our reflective supervision work. But being able to have something that we can rely on to start can give us the confidence. So, that would be my one takeaway. And I have a couple other questions here too, but I'll stop talking for a moment there.

Brandi: Thank you for that, Cat. Josh, what's your one takeaway?

Joshua: Does it have to be just one?

Brandi: You are such a rulebreaker. You can go with two.

Joshua: I am a rulebreaker. Maybe that's the one takeaway is look for where the rules are getting in the way. No, I think what you said at the very beginning, Brandi, about healing being a process not a destination is really important because, you know, I would guess that probably many of us, maybe most of us, but at least a very large minority of us have experienced trauma

in our own lives early, later in our work, in our families of origin, elsewhere in our lives. And many of us, you know, identify with groups that have experienced historical trauma and then we're all going through it now. So, I think it's important to not set expectations that everything is going to be all better. In fact, there's some kind of like an ideal state that we can get to if only we, you know, have the, you know, the perfect recipe to get there. But instead to understand that, it is a process, it's a hard process. It's one that teaches us, it stresses us, it stretches us. And I think the process helps us grow, doesn't always feel good. So, you know, thank you for the one takeaway, Brandi.

Brandi: Well, Josh, I too... Well, you know who I am. There's no way I could ever choose one. I mean, this is one of our most favorite conversations, but I think the thing that I'm holding as a person who's grown up and loves and lives in Head Start, you know, as a director, as a technical assistance provider now, you know, the honor that I have to be in this space and this work, it just keeps coming back to me that we are really good at what we do. And I am often in a wondering space, you know, in our Head Start communities across the country if we don't give ourselves permission to really stand in the place of how good we really are at what we do and that impact, I think that the skills and the heart that we have served with and for and alongside our families as they're ready, we gift that to people in other areas in community and to each other. And I hope if there's one thing that you guys... I'm just going to do it with my whole body. The thing I want you to do, when you walk out of this webinar and you feel pepped up already, if I want you to take with you that we have everything we need to do this good hard work and what you get to accomplish and contribute to every single day is not so different in virtual times, the same relationship building strategies, the same connections that we facilitate, and support everyone with each other, the way that we lean into our human connection is all critical. And I would humbly submit even more so now than, you know, even six months ago. You guys have been true inspirations, you know, in that effort, as I said earlier. So, if I'm going to do my own takeaway, Josh, it's really that we have what we need and we're really good at what we do. And we set an example for the country and what it looks like, and for that we couldn't be more grateful for you guys. So, before I get emotional, again, 'cause I'm looking at the time, maybe it's true that you can be saved by the bell. I want to thank my co-presenters, colleagues, and more importantly, friends, Josh and Cat, for being here with me today. I want to thank the folks that you don't get to really see, both Nina and Maureen, who are operating in our technical producer space so that if you have a hiccup or any technology issues that they Zoom in and help you, you know, correct those. I mentioned Jackie little earlier for our PowerPoint, our design. It literally does take a village to get to be with you in this virtual space. Certainly, want to thank our leadership at the Office of Head Start for allowing us to contribute again to the Head Start Heals Campaign and last but certainly not least, each of you for spending any slivers of your day with us because we know what you're holding, we know what you're doing, we know what you're juggling, and to have the time and opportunity to think and learn together is always an honor. So, from the bottom of our hearts, thank you so much, and we can't wait to be back together soon. And stay safe out there, but more importantly, stay connected. Love you guys. See you soon.