

Trauma-Attuned Practices Showcase

Nydia Ntouda: We have ... Our main speaker is Dr. Vilma Reyes, and I will let her introduce the others. Take it away, Vilma.

Dr. Vilma Reyes: Thank you, and thank you all for being here for your interest in this topic. It is a team effort, so let me introduce our team.

I'm Vilma Reyes, and I'm here with my colleague, Miriam Hernandez Dimmler. We come from a clinic called Child Trauma Research Program at the University of California in San Francisco. I've been fortunate to be there, as well as she has, for over a decade, about 15 years.

We are community psychologists we've been working to restore young children's sense of safety security through the parent-child relationship. In this clinic, we've studied and developed child care and psychotherapy.

In the past couple of years, we've had this new partnership with the National Center on Health, Behavioral Health, and Safety to bring what we've learned about early childhood and trauma and relationships and systems and how systems can be impacted by trauma and how that impacts early childhood development and relationships. We thought about how do we bring everything that we've learned from our field to a curriculum that could inform and further the work of early childhood wellness and relationships among Head Start. We've been so grateful for this partnership. We've learned a lot and we're here to share our curriculum what we've learned. I hope that this might spark either interest in the curriculum for all those that maybe haven't yet been exposed to it, but some of the learnings that we have taken away could be implemented in any and all your programs and sites.

I also am very grateful to Amber, who's here with us. She's an early childhood specialist from Region VIII, where we piloted this curriculum. Her and I will be chatting towards the end. We'll hear about her observations and learnings and takeaways from this curriculum at this region.

Feel free to post any questions on the Q&A. My colleague Miriam will be helping me with those hopefully, we'll have some time to lift up a couple of questions too here and bring it into our discussion.

Hope for today is I want to make a case for why trauma-attuned practices ... I want to think us to think together about how do we think of trauma across systems in all the levels that trauma impacts communities, young children, families, people, and then introduce to you what is TAP. What do we even mean by trauma-attuned practices? What is this attuned meant? What does that add to what we've already learned about being trauma-informed?

Then I'll share what we have here of our offerings for this curriculum. We have both a more in-depth curriculum that includes community of practice, which I'll share about in a little bit. We've also been able to share across different regions a three-part series on introducing TAP

and starting conversations about the impact of trauma on children and in the program and in communities. Then we'll share our insights to our experiences with Region VIII and have that conversation with Amber.

In the past, over a decade, we've benefited from a growing awareness of trauma – its pervasiveness, its prevalence. We have a series of studies and talks that have really brought this conversation toward dining room tables to our centers to our work. We're in the midst still of a global pandemic that certainly have made this even much more relevant.

In many of the conversations about trauma, it's often a conversation about the individual or interpersonal events that have occurred to an individual. I wanted to broaden that definition and help us think about what that's embedded in because these events of – often people thinking of abuse or neglect or particular trauma – is always embedded within a much broader context.

Trauma then is much more than these events. Trauma is historical. It's structural. It's political. It's intergenerational. It looks something a little bit more like this. It's beyond that little circle that we often think about when we think of trauma. It goes beyond to an imprint that one safety is tentative.

This profound impact, referred to as a soul wound, that you and people that look like you people that look like your parents are unsafe, are not respected, are targeted, are marginalized. Here in this broader circle, honestly, in all my years of clinical practice, I have seen the most wounding occur on systems and families and communities.

This is aligned with Head Start, of course. Head Start started in the 60s, as you know, to counteract the effects of child poverty. We can't talk about poverty without talking about economic and racial injustice, disinvestment in BIPOC communities, marginalization. We see that this toxic brew that's beyond particular events that you might assess for in a trauma screener affects communities overall. The trauma is not just individual experiences. They're collective experiences.

I say this to set a frame because these are all the levels in which trauma also needs to heal. Trauma emerges in relationships, in systems. It needs to heal within relationships and within systems.

When we're thinking about how systems overall are impacted by trauma, it's not just the individual but it is the system that has a life of its own and has its own impact of trauma. If you do nothing, you are constantly exposed to toxic stress or trauma. The system in itself becomes reactive.

The system becomes fragmented, overwhelmed, driven by fear. Why? Because that's the definition of trauma. That is what trauma does. That's what it does to people to children to families to communities. Why it wouldn't do that to systems?

We've seen this we've seen the impact of that, especially in the last couple of years with programs feeling overwhelmed, understaffed, much uncertainty that across all levels we felt. Of course, mediated by racial inequity as well ... I mean, COVID has exposed and amplified the racial injustice and economic injustice that's already there.

This impact of all the toxic stress – COVID – on a system ... It will inevitably by definition become fragmented. What we've done in the past decade is a growing awareness of being trauma-informed to understanding more what this trauma do to people and communities and our brain and our learning to recognize those effects, for that to inform how we as systems shift our practice that we are resisting reenacting, retraumatizing communities.

Trauma-informed systems have become much more widespread, not just understanding trauma and stress but a call for action of cultural humility and responsiveness to be thinking about predictability, safety, dependability, compassion, all of that and across all levels. That's great.

We as a team been thinking, “Yes, trauma-informed systems is what we all should strive for. There's something else there. If trauma really emerges in relationships, can we use relationships to create systems of healing? Can we create an organization of culture, of healing, systems that are integrated, that are reflective?”

This is the antidote of this stress response. The stress response is reactive. Can we be intentional to embed within systems a relationship-centered approach that heals, that is collaborative, that is flexible, that is adaptable, that is equitable, and inclusive because we cannot be trauma-informed and definitely not trauma healing organizations if we're not centering that inclusivity, equity, and justice.

Trauma-attuned practices aims to partner with systems to reflect, to think about where are we on this range because these are fluid categories. You're boxed into any of them-- we are all of them. Just like individuals can become triggered and become reactive, systems can also become triggered and become reactive.

We're all in this journey in which you might have had some trauma-informed trainings. You as a team, as a system are working towards being more informed, working towards recognizing the effects of trauma, striving to be healing organizations, and then COVID hit or we have lost and we become reactive.

What this calls for is the constant engagement and connection and commitment to be reflective, to notice when this happens, and to have the group accountability within our system to say, whoa, what happened? What are we doing? We're becoming reactive. We're making decisions quickly but we're not lifting up the community voice. We're not thinking about voice, choice, and giving the power to the community. Let's slow things down a little bit. Let's make a decision that's more informed in what we know trauma does to systems let's work towards and strive towards really centering this safety net, this fabric of relationships.

To do this across all levels, we can't again be thinking about being trauma-informed or trauma-tuned without thinking about wellness across all levels. We believe we have seen this sense of a parallel process that one set of relationships affects the other. We are all interconnected and we need each other, arguably even more now than ever.

When we think about wellness in a system, that has to be across all levels. We are nurtured, then our capacity to nurture exists then we are enabled to nurture. If you're thinking about that young child, that family ... That young child needs, within the context of their caregiving system ... That caregiving system needs to be held so that they can hold their child in this quality of presence, which will soon define as attunement.

That child and caregiving system needs to be held with their broader family, their broader caregiving systems, and their larger community. That's where Head Start comes in. Head Start is part of the community, and the community has to be part of Head Start.

As you're listening to this and you're thinking about your team and you're pausing to reflect about maybe the impact of the past couple of years and where you're at and what you need, it's important to be thinking of across all levels. Are we giving people the support and the spaces for reflection that we all need to make this work sustainable, honestly?

I've already thrown out the term trauma-attuned a little bit. You heard it in the title. I'm sure you've heard of trauma-informed. You might be wondering the way that these terms what do they all mean? They're sometimes used interchangeably there's maybe some subtle differences on the context in which they're used. We're all striving to meet trauma-informed, and that is maybe the more collectively used term.

The reason why we use trauma-attuned for a curriculum is if we wanted to nod to the science and the practice of relationships as a centralizing factor to address disorganizing force of trauma that we know can ripple across all levels in the system.

Attunement, by definition, means being with, tuning into. It makes sense that this would have landed I think well in Region VIII as we are reflecting on how it went to a lesser extent less depth than other regions as well ... because of course the way we are wired. We are wired to connect and we all need and want to be seen, to be understood.

When we receive that kind of space, we're then in turn able to provide that to others. This term attunement means awareness, reflective practice, being seen and understood within the relationships that we have at work and the relationships that we're trying to build, restore, and heal with families and with community.

That's where trauma-attuned practice was rooted in. The attachment system modulates and organizes the stress response system. Essentially, what's unique about TAP is it centralizes relationships. It holds trauma in a broader complex and deeper way in thinking about structurally all the ways in which individuals, families, and systems have been impacted by

trauma. It uses relationships to heal that. Nothing happens outside of relationships. We wound, we heal, we learn, all within the context of relationships. That is how we are wired.

The way we've structured the TAP curriculum is that there are five large group didactic workshops. This is for the full curriculum. We have five workshops that are a little bit longer, two and a half hours in length. One to welcome and to set a tone and a frame for how we would be together. Another to be thinking about reflective practice and supervision.

Again, to highlight how we can't do this alone and we are here in teams and we exist in teams, and so we selected people that represented different roles of each center to participate in this so that we would have embedded support within supervision and also supervisors have their own space to reflect. It was wonderful with Region VIII to have such representation across all levels. We had directors coming in to reflect on their center and people from all these other key positions within each center.

In this workshop, we're thinking about how do we build in reflective practice in where you might already have structured? How can you build in more of a reflective and build reflective capacity and meetings that maybe you already have embedded within your program and in supervisory relationships?

Then the next workshop we thought about community care. How do we create fabrics of support that are a buffer for the secondary traumatic stress that so often becomes part of our work? How do we think about organizational wellness? Of course, there's a piece here of what we do with ourselves as individuals to keep ourselves balanced and well, but also how we show up for each other ... that the call for wellness is not the responsibility for that, it doesn't rely entirely on the individual, especially when maybe what you're coping for are structural or broader systemic stressors ... that the responsibility is collective. In this workshop, we think about how do we show up for each other in a more authentic and present way and reflective way.

Then on the next workshop, we think about the implementation of TAP. What are some strategies per se that have been informed by all of this, by relationship-based trauma-informed work that people could implement in how they understand families, young children's behavior, how they respond to families, how they think of community and engaging with it. We have a set of ideas or a guide that people can implement and hold in mind.

Then we have the wrap-up workshop. These were the more of didactic pieces, although they're very interactive and a little bit longer where we dive in into these topics.

Then we have what we've referred to as a community of practice. These are about biweekly groups where we set a frame. We're reflecting back on what went well about what so worked well is really what we were doing is creating a frame, creating some agreements about how we would be together, and then the magic happened with the people. People connecting with each other was the magic. That's what people were looking for was the very thing that they can also provide to each other.

We set the tone by starting out with some mindfulness strategies that we would do together as a community to start out our community of practice, then over time, the participants took turns volunteering to do their own mindful activities. It was wonderful because we all learned from each other and we learned new ways that we can integrate mindfulness. Some more active, some more engaging, more of calmness ... like different types of activities that people could bring in and became their space.

It's amazing how people show up for each other when they're giving the time some facilitation shown that we value this enough to make the time for it. People really shown up for each other.

Then over time, every time we met for a community of practice, each program presented we dialogued and supported each other on a particular dilemma that the system was facing that was maybe impacted by trauma or toxic stress or COVID or loss or similar things. Then people would come together and help them think about how do you apply all of the concepts that we've been hearing about in the workshops to this particular scenario.

One piece that I think was key to its success is that we had the early childhood specialist team that serve a coaching role to the programs. They were engaged in all of their workshops and community practice, and we met with them on a monthly basis as well to learn more of the pulse and the changing landscape of each program, what they are struggling with, how things are landing, and how we need to pivot things if we do as needed.

I spoke about the workshop where we have some concrete things that they can integrate into their program, and these are what are the core pillars of this TAP curriculum. The trauma framework piece that were grounded in, the relationship-based attunement that we hold context, that we can't be trauma-informed without centering on equity, diversity, justice, and inclusion.

The wellness piece that has to go hand in hand. If we're leaning into trauma we also lean into the healing, the strength of communities, and families to buffer from and thrive in spite of much toxic stress and injustice ... the piece of reflective practice and supervision, and all in all centering relationships among all levels ... relationships that promote safety, that convey hope, that are nurturing, and that we can connect with each other and coordinate with each other and coordinate care for families.

We'll briefly talk about what we've learned in Region VIII, and I hope this is helpful to all of you whether you will participate in this or not. I think some of our learnings could be implemented in other similar or other curriculum, reminded by some reflection about your own program and what other things you might need.

We learned that the didactic piece were essential. We heard from participants that they felt like this was a core aspect of their learning. This was also confirmed by the ECSS, who said that even though trauma-informed care has become more prevalent, that many people felt like they might have not gotten enough of this information, and that they needed it so badly.

Some of it felt new to them, especially in the way they were centering trauma across all levels and the way they were centering relationships. Some of it really shifted the way they looked at children's behavior, the way they thought about what behavior means, the way they approached families.

We sometimes refer to families that might take a while a hard to engage families, but this shift of like sometimes we're just hard to engage systems. I think it invited people to be thinking about all the potential obstacles or layers the families have to go through to even get to us, and how we can put the responsibility more on us as a system to be more approachable, to be more compassionate, to hold context, to understand all the deep ways in which trauma might have impacted a family and how that shapes, how you would approach them, how you would continue to engage them, and how you would think of children in classrooms, and how they show you they need help.

We learned that the workshops shifted people's thinking and deepened and then expanded how they think of trauma. Then there was something that happened that was almost magical but so powerful about the communities of practice is that over time there was a growing sense of trust. You could see ... Even shown by the attendance, we had incredible sustained attendance despite people being pulled in many directions and being understaffed and people from other roles needing to cover classrooms. I don't need to tell you how hard it's been this past year recovering still from this pandemic, and yet people showed up. They showed up for each other. The people are craving. They need communal support. It was beautiful to see that this was also a networking opportunity across programs within the region, people that might have not otherwise learned from each other.

This is how we do things in our program, how do other people do it, or directors being able to share their approach, their struggles, their dilemmas, and hearing from other directors in similar dilemmas and feeling like they're not alone in this. This is one of the most powerful things about groups. Trauma, by definition, isolates and makes you feel like you're alone, like you're the only one experienced in this. There must be something wrong with you. What's happening? Why am I struggling so much? When you get together with people and you build that trust and you hear from others ... "I also struggle with this. This happened in my program. I can't believe it happened and wish it didn't." When people share their difficulties, when there's enough trust built in which they can be vulnerable and say, this is how trauma impacted our system across all these levels. I'm bringing this to the group so that we can think together about how to put the pieces together, how to reflect on what happened, how do we learn from this, how do we do things differently next time. That is powerful.

This was a pleasant surprise. Even the ECSs were thinking, I'm not sure if people will feel safe enough talking about when mistakes are made. Yes, we all make them. I was so happy to see that we created a safe enough space that people did bring that forward.

They brought their strengths and their doubts and their anguish and their – "I can't sleep at night worrying about this family. Or I can't believe that this happened, and I wish it hadn't. Help

me figure out what went wrong and what we can learn from this and what I need to do to continue showing up for each other and for my work. It was beautiful to see.

I really believe in these kinds of reflective spaces, and it's shown to be helpful here. I think that's an important lesson for all of you to take away, whether you do TAP or any other curriculum, is to build in these pieces. We know this again across all levels. The greatest protective factor that the most associated with positive outcomes for young children is their caregivers' capacity for reflective, if their reflective practice is connected directly to children's outcomes. Think about that across all levels in terms of reducing staff turnover or staff burnout is thinking about can we build in a little bit more of slowing down of reflection, of seeing each other, that in and of itself is the antidote of stress and trauma.

We are so grateful to the programs that participate in this, and we recognize it's a big commitment in terms of time and bandwidth. We're thinking about disseminating on a larger scale, we have a lot of questions and a lot of learnings and a lot of reflection still to do.

It's like, how do we help this particular region or other regions that might go through TAP continue to grow beyond when TAP ends? How do we think about sustainability? How do we build in enough of an infrastructure that it will live on beyond our time together, and how do we think about embedding these concepts on a larger scale for programs that might not have the bandwidth or access to a full in-depth TAP curriculum?

We've been able to do these three partners, which we're happy to do if there are any regions listening that you would be interested in that, and maybe thinking about how we can support ECSs or other people in similar positions across the different regions to be able to support their teams in similar ways because we know that this works. We know that this is what people need and what makes a difference on many levels.

I want to make sure that I have time to chat with Amber and for you to meet her and hear from her observations. I think I did OK with time, so we might also have some time to lift up a couple of questions towards the end. I want you to walk away with some things that you can apply regardless of the level of impact that you have with our team or TAP. Feel free to ask any questions. We'll have the time to get to them

Hi, Amber. Thank you so much for coming to chat with us. Really, it's better coming from you than me, bragging about how excited I am of Region VIII in this pilot. You know them best, and you were there. Maybe you can share with us a little bit just your general experience with TAP.

Maybe I'll just stop sharing so I can see you a little better if that's OK? What would you like to share with the group in terms of what this was like for you in your observations?

Amber: I think the first thing is that when we signed up for this pilot none of us knew what COVID was going to do. Our programs that they signed up, they all thought by August we were going to be back to normal classrooms. They joined the pilot thinking it would be business as

usual and it wasn't, as everybody remembers. It wasn't business as usual, and I think the first thing that surprised me was people didn't bail.

There were directors in classrooms. We had a director driving the bus. We had managers who hadn't seen their office in three months, and the value of what they were receiving in this pilot was enough that they made time. Sometimes they couldn't stay the whole time. Sometimes they looked a little hurried, but I think it showed the value of what they were receiving just to have that moment together. The workshops were incredible. It just wasn't normal talk. I mean, you just have to listen to it for 10 minutes you know you want the workshop. They've already seen it. In the question and answer people are asking. They're incredible. They help you break it apart.

We had people in our group that it had a lot of training. They've done trauma-informed practice or TSD training or something else. They had a lot of knowledge, a lot of training. We have some units. It was very new. They'd never heard about it.

I'll never forget the workshop on secondary trauma. I think they wrote it in the chat there like, "This is the thing? This is real? I'm not broken?" I was like, oh my gosh, how do teachers not know about this? How have we not gotten this information to them so that they could feel OK about who they were and what they were feeling and what they were going through?

Those moments in the workshops were priceless and people took what they got in the workshops and they brought it to the community of practice. It wasn't always joyful. There were a couple of tense moments where people were overwhelmed and frustrated they just had to let it out, but it was amazing to watch that community practice in the level of vulnerability that developed.

I know that working with programs – humans in general – it is hard to be vulnerable. It is hard to let people know when things are not going well. In programs, especially, we tend to hold that close. It's hard to just let our mess out and share the hard. We like to share our successes and build and be strength-based. This is what we've gotten done, but sharing those hard moments where you just come, and you bring all the dirty laundry and you just put it out there for everybody to see ... Those moments when we started, I think I warned them they may never do this. They may never open up this way. They're so stressed right now. They're so busy. Everything's on fire and they've got a garden hose. But the longer they spent going through the workshops, meeting with each other, the more we started to see the real come out.

Pretty soon, they were volunteering to bring their own problems. I thought they were going to bring problems that they'd already solved because that's what I would do in that situation. I would say, and here's how we sold it, "Yay, look at us." But they didn't.

There were times that they brought it they're like, we have no idea. We don't know. This is a huge mess. We have no idea what to do with this mess. We are totally open.

The other members in the community were able to just come around them. Some of the other members would say, "Hey, we have the same problem. We also don't have an answer, so we're all ears." Others had tried things. They shared failures: "Oh yeah, we tried that. It bounced. It was bad There was a grease fire in our kitchen."

But it was incredible to watch their vulnerability. I don't really know how to say this. It's probably wrong, but the forgiveness of themselves, of their program, of their systems. So often, we attend these trainings and we walk away with guilt.

All the things we missed, all the times we didn't get it right, all the opportunities, and having these moments to just forgive that of ourselves, of our program, of our staff, of whatever systems we created and just realize that that's OK, we did the best we could in that moment. Just like the families that we're serving, they're doing the absolute best that they can in that moment with what they have, so were we. It wasn't always pretty. It didn't always come in a bow.

Watching these programs go from what is this – What did we agree to? Why did my director tell me I have to be here? – to just this vulnerability of this is our hot mess. I don't know how to fix it. I'm overwhelmed. I don't even know if I want to be here today. Just listening to them work through the process, going through those pillars that she talked about, it was incredible.

Because at first, I was like, this feels a little overwhelming, a little hard to break apart because they give you a scenario and you're like, "I don't want to break this apart." But then the more we did it and the more we talked it through together and got tangled up in the mess and the weeds and got way off course where we weren't supposed to be, the more the system of it started to emerge and became comfortable.

By that last wrap up, it was so fun to watch everybody because the shift from the first day when they were like, "I don't know." I would just tell my teachers that they just have to do it, and we'll try to fix it later to "Well, let's break down this piece and this piece. What do we have for community resources, and who can we pull in here?" They really just started seeing everything in a different framework, and what I watched on them personally – personal observation – was some peace. Some peace just fall down when they would hit those scenarios. Instead of them being stressful, there was some peace, there was some laughter. Those last few community practices, there was a lot of laughter and a lot of – I don't know – but I just threw it out there.

That was incredible to watch that vulnerability in that safe space. You don't get that very, very often and we certainly don't get it very often on Zoom. I think something important for you all to know, we've never met each other in person. These programs all came together on Zoom. Ain't that crazy that we were just doing in COVID? They all came together, and they were able to just have those moments to pick something apart, not judgmental for giving themselves for any missteps and realizing that missteps are just a learning opportunity.

I don't know. We left with them saying what next. I feel like in COVID, usually, you're like, "And we're done." They're hitting the leave button as fast as they can, and they're like, "Whew! Got

that thing off?" I can't believe we agreed to this on this kind of year. But that's not what we were hearing. We were hearing "OK, what's next? How do we do this?" We had a whole group say, "Well, when do we get to meet each other in person?"

Vilma: They invited us to their house. They already gave us a recipe of what they would cook and everything.

[Laughter]

Amber: We've got a plan in place, yeah. It was just incredible to watch all that happen in the middle of COVID with the crazy stress on programs that has happened in this year. The feedback of just this was my peaceful place. I looked forward to this. I moved stuff around to make room for this because I knew I needed this. It became part of their self-care.

Vilma: You made me think of one of our community agreements, which is extend grace to yourself and each other, as you were speaking so much about grace. Essentially, this idea of forgiveness that it's OK to be real with each other and it is quite rare to find spaces like that where you can find peace. That's such a beautiful word that you said. Amber, thank you so much. On the very last session, someone said, "This was everything I didn't know I needed," or something like that.

[Laughter]

Amber: They did. They said that. They were like, "This is everything I never knew I needed. And it was great. Especially, we talked a lot about bias. Then you want something that makes everybody find something better to do in a day, it starts talking about bias.

There were some uncomfortable bias conversations that happened where people maybe had to go take a few deep breaths, but people just kept coming back. That just showed that it was that safe place to bring that, to struggle with a bias – because we all have them – and you just sit in that struggle. Even some systems, they've got that bias built-in. Yet when she said it was everything I never knew I needed. I think that was very much agreed on with everybody else there.

Vilma: Amber, I wonder if you could think of ... As people are listening to us and they might not have had or might not have the bandwidth say for the full curriculum, as we're thinking about the magic ingredients of what made this work that I think that people might be able to embed in any and all of the programs listening here today ... Would there be anything that you think you would want to tell them of what they could maybe infuse or what about it was so meaningful?

Amber: Where the magic truly happened, I have to say, is in the community of practice. While I loved the team – Vilma and Miriam and Gina, they were incredible – they weren't the magic in the bottle at all. It was the opportunity. I would say the workshops were absolutely needed because they gave the information that not everybody has. Maybe not every region per se, but

we are a mental health wasteland. There are places where you will drive four hours for the nearest counselor, and there is an 18-month wait for a psychiatrist.

That's normal here. Trying to find mental health consultant is a nightmare for a lot of our programs. We needed the workshops to understand it because it was new information. The secondary trauma was mind-blowing to the programs. I really feel like that's where I felt the shift where they got very vulnerable and very real because that was the first time they felt normal in their feelings. They felt like their feelings and those evil, dark gross thoughts that they had in their heart sometimes, that that was part of this too. That was that secondary trauma piece.

We saw that change there. If I was telling you what I think you need, getting to understand what the practices are is critical because you can't build a system if you don't know the pillars. If you don't have the information, you can't build the system. Understanding it but also that secondary trauma because I think as educators, as programs, the guilt is overwhelming, and the more we see trauma, the more burnout, the more guilt, it's all overwhelming having those times to learn about that and get that information. If you're in a region that doesn't have that, you really need that to go to the community practice.

The community practice, though, is truly where the magic happened and it made the workshops magic. Because those same people that we're talking in the community practice and being vulnerable and sharing their reality brought that then to the workshops.

We ended up with this back and forth that happened. Then if something did blow up in a workshop, we could go work through it in a community of practice. If there was something in a workshop that was very new and overwhelming, then we had community of practice to break it apart and clean up the edges.

I was very grateful for that and the grace that this team provided when we did fall apart a little bit. They were very graceful about it, but they also brought it back so that we had an opportunity to grow from it.

Vilma: They build off each other, the workshops ...

[Crosstalk]

Amber: Very much so.

Vilma: ... like this. Thank you.

Miriam, before we wrap up with Amber, any questions on the Q&A that would be better for her to answer or anything you'd like to ask her or add?

Miriam Hernandez Dimmler: Sorry, there have been so many wonderful questions. Thank you about cultural humility, attunement. What seems to be coming up again and again is: How can we integrate some of these concepts or pieces into our settings? Some of it is more practical

like getting this particular curriculum, but perhaps in using or leveraging the fact that you have this beautiful dialogue happening, are there any wisdoms or concrete items to put in your tool bag that might be more applicable to so many on this form about what they can start doing now perhaps or a different kind of mindset?

I'm doing my best to answer the more concrete question about how to actually deliver a variation of this, which I think is a different question. But for both of you, it sounds amazing. What advice that you can give to this group based on a trauma-tuned practice?

Amber: I would say that it's a journey. This isn't a one-and-done. I always tell them, I want a manual. I want slide decks. My wish list is gigantic for her, the stuff that I want. It takes so much time and commitment. It really does.

This isn't something that you can attend a two-hour training and be like, yep, we can totally implement this. It's a journey full of stumbles and misses and successes. I think that implementation we all know implementation just takes time. I think just something to give fast the pillars are incredible because they help with some of the systems piece.

I have to tell you the magic of trauma-tuned practices is in the journey itself and sitting in it and thinking about it and then going and doing your normal work for a while and having it pop up – like you're sitting in a meeting and you're like, “Oh, we just talked about that” – and then going back and reflecting. That was where we saw the real magic.

We saw that magic come when they said, “Six months ago here's where I was, and now I'm here. This is where I want to be in six more months.” I think realizing this is not one of those ... We give 12 hours of training. We're totally good. We'll do it forever. It's going to be perfect. I don't know that there's any of those anyway but we like to feel like there are, but the journey was just so incredible and so much a part of the growth that we saw in the programs because it really does take a while to build that trust and that community.

Vilma: Collective, commitment, time, and intention maybe are some of the words I'm taking away from what you're saying Amber, and I agree. I think what I'd like to add is that you might have already built-in spaces within your program.

I learned about roundtable. Some of the programs even within this region already had spaces where they come together as a community to think about the work or to think about families. What I might recommend if that's the bandwidth you have is to use what's already embedded within your system and be thinking about can we deepen, can we shift the organizational culture to center relationships and compassion and trauma-informed care in what you're already doing?

If you already are having a roundtable, are there things that you can integrate from this curriculum that shift the way you see families, the way you see the impact of trauma on families and communities? Also, the way you show up for each other would be one suggestion. But of course, as you're saying, Amber, it's not an easy work.

It takes time and trust to come back together and continue reflecting on, and it takes some vulnerability to be able to share where you think you could grow in and come back together. Oops, we became reactive, let's think about where we're at in this range and let's move forward to be a more healing organization. It's culture shifting, essentially, as to how we come together and how we hold communities and families.

Amber: Yeah, and I would add that somebody was asking how do you build trust. I think one of the things that we landed on this group that is showing faces is that we gave them these new members of our team in this team, but we also brought in – we had three ECSs and then a grantee specialist at GS – that were from our region that served as coaches. We talked about that earlier.

We had connections to people in the region already, so we could be connecting to their program. We were working with their team outside of all of this, outside of community practice and workshops. We were meeting with them; we were helping them problem solve.

We started with, oh, there's some familiar faces, and with the outside connection, and then just keep bringing it back. I would also give a huge shout-out to their community-held beliefs that we went through every single time we met.

It was like this roundtable if somebody just read them out one at a time, but it was such a good reminder each time of what kind of space we were setting up. This wasn't a webinar we could shut off in our brain. It was that reminder every time of what our goals were, and I really appreciated that.

Vilma: I really appreciated and the rest of your team, all the ECSs' input. I think it's a big piece of its success, and one lesson learned that I would share with everyone here today is to lift up those positions and partner with them because you are a relational bridge. You already had that trust, and we humbly joined. Since the TAP curriculum, you were able to hire another position to provide mental health support, which is an incredible success just to bring more awareness to the need and the value for these positions that really provide support.

Thank you, Amber. Miriam, are there any other questions you'd like to lift up now?

Miriam: Yes, we have so many wonderful questions. I'm going to perhaps maybe call Amy in a little bit, listed as a presenter, because we are getting a lot of questions around “well, how can we get pieces of this?”

As Vilma mentioned, Amber was part of a region that we did the whole curriculum probably eight, nine months, we've also certainly done smaller scale webinars like that's just one session or three sessions.

What's different about those series of workshops is that they are more didactic in learning, whereas when you are able to embed communities of practice, you use each other for the

consultation and build that community across programs. I will let Amy answer just offerings availability, who do you talk to better answered by someone who knows more.

Amy Hunter: Thank you. Hi, everyone. I'm Amy Hunter from the National Center for Health, Behavioral Health, and Safety. I do see many questions about as we've anticipated with this wonderful presentation. How do we get this?

A few things. One is one of our goals for this webinar was to be able to take some of the lessons learned from their deep dive in this particular region and see what we could elevate so that everyone can implement, as Vilma said, some things, that you would get some takeaways from here about ideas to implement in your program or really more approaches to how we think about trauma and trauma-attuned practices, trauma-informed practices, healing, all of that.

Specific to this curriculum, the TAP, which is what happened in Region VIII, that deep dive that was presented here. You can talk to your regional TA folks, your regional office if that's something that is really appealing to you. As Amber said there was huge investment from that particular region and the early childhood specialists, it really is a community-wide, a system-wide commitment. Please do talk to your regions if that's something that you're interested in. This was done through in combination with the National Center and that region's TA. I encourage you. Most of you all had Head Start programs, talk to your regional specialists and your regional TA folks.

Are there questions?

Miriam: We got a couple of questions about train the trainer. I think the heart of it is, "How do we make this sustainable? How do we make sure that the regions and all those who engage are able to continue on with it?" We are giving a lot of thought to that. Actually, Region VIII has been really helpful in giving us some structure and thinking about it. Part of it is also thinking that at the heart of it is really was the communities of practice.

What are ... In essence, some of the questions that were brought up here. What were quality is about this group that were created and generated that can then perhaps live on as a way to gather, to get consultation across programs, to get that sense of community?

Again, as mentioned this was a pilot but definitely, the seeds that were planted when we were together are coming up in the questions. Yes, thinking about how communities of practice can continue to live on, and you can support each other, it would definitely be considerations when we develop the curriculum and share it with others.

Amy: I will also say there was a question about whether or not this is on the ECLKC, and this webinar itself will be posted on the ECLKC. However, just echoing what Miriam said, we don't have this information from TAP on the ECLKC yet as it was just a pilot. We're in the brainstorming, exploring, thinking about phase of what can be lifted up and made available to everyone, what are the lessons learned, how do we get this information out, and this was our first attempt to share it nationwide from our region.

We look forward to hearing more from you about your suggestions and your ideas. As Miriam said your questions echo some of the things that we've already been trying to explore and think about. Thank you for those questions and your comments.

Vilma: Thank you for making the time for this. We appreciate you being here and hopefully we get to work with some of you at some point. Thank you, Amber. I don't know if there's announcements or things you want to say to wrap up. There's a link and other things that have been shown in the chat.

There it is. Our official thank you. [Laughter]

Amy: Well, thank you all very much for joining. Do we have an evaluation? Nydia, did you want to say anything about that?

Nydia Ntouda: I'm sorry. If I could find my unmute button then I could do the closing remarks. Thank you again so much, Vilma. Thank you, our guest, Amber. Thank you, Miriam, and also Amy for being willing to hop on and answer some of those questions. Thank you again to our team backstage that makes all of this possible.

If you have any more questions, you can go to MyPeers or you can write to health@ecetta.info. The evaluation URL it will appear when the webinar ends, so be sure that you do not close the Zoom platform or you won't be able to see that evaluation pop up.

Remember that after submitting the evaluation you will see a new URL. This link will allow you to access, download, save, and print your certificate. You can subscribe to our monthly list of resources using this URL. You can find our resources in the health section of ECLKC or write us at health@ecetta.info.

Thank you again for everyone's participation today. Kate, you can go ahead and close the Zoom platform.