Trauma-Informed Strategies for Head Start Programs

Nydia Ntouda: On today's webinar, we have our presenters, Carmen Holley, Caroline Kerns, and Tamela Grant Fralin. And they will introduce themselves. First up is Carmen. You can take it away.

Carmen Holley: Thank you, Nydia, and hello, everybody. We are so excited to be here with each of you from all over the country wherever you are joining us from, whatever time it is with you we're glad that you are here. As Nydia said, my name is Carmen Holley, and I'm with the Center for Childhood Resilience at Lurie Children's Hospital here in Chicago. I have the pleasure of being joined by two of my colleagues and friends and experts in their own rights, Dr. Caroline Kerns and Tamela Fralin, whom you will hear from a little bit later in today's webinar.

Here are our objectives and what we hope to accomplish in our next, however, many minutes we have left with you all. We want to be able to provide an understanding of the many types of trauma that young children may experience. Also, to provide an understanding of how trauma affects young children's learning and behavior. To help you learn how to identify some of those common symptoms of trauma that manifest in programs and community settings.

Last but certainly not least, we are excited to talk to you about an upcoming TTA opportunity, which we're calling our Trauma-Informed Care PLC series that is based on our ready to learn the relationships program. If you hang with us till the end, you'll be able to hear about this new exciting and upcoming opportunity.

I'd like to bring us all into the space by centering our children and asking you to use the chat function in just a few moments. By centering the children, we are reminded of the reasons that we do the work that we do, the reason why you all have joined us on this webinar today. Our goal is to do all that we can to support the children in our programs. With that frame in mind, I want to ask you this question that appears here on the screen Kasserian Ingera, which translates to "And how are the children?"

Kasserian Ingera is a traditional greeting passed between the Maasai tribe in Africa. This greeting shows the high value that they place on their children's well-being as a reflection of the well-being of the entire society, all the children are well means that safety and peace prevail. The priorities of protecting the young and the powerless are in place, and that the Maasai society has not forgotten its reason for being. The sentiment here is that what am I saying? There it is the responsibility of all of us to ensure that the children are well. With that in mind, I want to ask you all to drop in the chat a one-word reaction or response to Kasserian Ingera and how are the children? If somebody wants to shout out a couple of things that they're seeing in the chat what are folks sharing?

Caroline Kerns: Powerful, resilient, suffering, scared, connected, anxious, overwhelmed, in need.

Carmen: Thank you, Caroline. Continue to process your reaction to the question, and we're going to be talking about some of the things that you're sharing. We're going to be talking about what to do with those things in today's webinar. Thank you all for sharing and bringing our children into the space.

Here are our shared agreements and the self-care alert. A couple of things. Today's webinar can be difficult because we'll be talking about trauma, and this material in our discussion can bring up things and regardless of our own experiences with the content matter. We want you to keep that in mind. We invite you to do a couple of things.

First thing is participate fully, what that sort of looks like and feels like and sounds like for you. We want you to learn with a beginner's mind and keep a growth mindset. In terms of the self-care side, we want to invite you all to pause and take a break if you need to. Reach out to somebody you trust.

If you are having emotion and you want to process that with somebody, use relaxation skills like deep breathing. There are many others. And please we invite you to pause and stand up and take a stretch break when you need to do so.

We're going to spend a little time now here talking about resilience. We can't talk about trauma without talking about resilience, and let's provide some understanding around what we mean by that. Whenever we talk about trauma, we want to anchor this discussion around the concept of resilience because although we do want to make sure that everybody leaves today's talk with a clear understanding of the negative impacts that trauma can have on young children, we want to put just as much emphasis on the potential positive impact that programs like these like the ones that you're running and supporting can have on children by fostering their resilience.

We just define resilience as the positive capacity of people to cope with stress and life problems. We see some examples of those. Strong bonds and connectedness with caring adults many of you, all of you that are here today. Positive experiences in the community to the extent that those are possible. Some of these personal qualities like the ability to cope, courage, and the ways that we can facilitate the development of leadership skills. Those are important as well.

Let's dig a little deeper into the specific factors that promote resilience in children. They kind of fall into these broad categories. Positive factors that reside within the individual, such as self-efficacy and self-esteem. These are defined as assets. These internal characteristics skills or abilities that the child can develop over time with positive input from the environment through interactions with other people like caregivers, like those of you all who are here today.

Resources refer to factors that are outside of the individual such as caregiver support, adult mentors, programs for children that provide children with opportunities to learn and practice new skills. We want to provide real quickly here a widely accepted definition of trauma, one that can be broken down into the 3 Es. I imagine some of you are familiar with the definition similar to this one. The first thing that happens is a child experiences a painful or distressing event. Now the event may occur once or repeatedly, as in the example of domestic violence, for instance.

Now the event alone is not enough to meet the definition of trauma. It really depends on how the child experiences or makes sense of that event. When we talk about trauma, a child will experience an abnormally intense and prolonged stress response as a result of the event and the child may feel terrified during the event, and the stress response continues long after the event has ended.

Now it's important to know that different children will have different responses and all children won't experience the same event as traumas. Some children will be more resilient than others when facing the same or similar experiences. Now the last E in our definition is that you have the effects of the event and the child's experience of the event must last long beyond the immediate aftermath.

It's typical for a child to experience an acute distress response and with symptoms of even PTSD in the two to three months after a stressful or frightening thing happens. Now these symptoms often go away with support and time. However, physical, and emotional symptoms that last beyond that period are signs that a child may be experiencing ongoing distress and might be in need of additional support.

The last thing I want to say here before we move on is there are a couple of different types of potentially traumatic events that we want to bring to everybody's awareness. There's a one-time acute event like a car accident or a fire. Then there are those chronic stressful events abuse, poverty, violence, systemic racism. We'll talk more about that in a little bit.

When someone has experienced multiple traumas, including sort of chronic and repeated trauma and often trauma that is inflicted by a parent or caregiver, we call that complex trauma. Just some definitions for you as we set the framework for the rest of our time today. I'm going to ask you to go back to the chat. With that in mind, just drop in the chat. We invite you to share what types of potentially traumatic experiences are the children in your communities facing.

Now I'm going to ask you to leverage those in the chat. We'll come back to that. We'll share some of those verbally. I want you to get a chance to kind of share your reaction to this question. I'm going to ask you to keep doing that. I'm going to keep us going, but thank you in advance for what you're sharing with us. Before I pass it to Caroline who you'll hear next, I'm going to talk a little bit about zoom us out a little bit about talking about trauma and context. Then Caroline is going to come and bring us back to a more micro level of the biology, the biological impact of trauma and stress.

For trauma and context, we want to talk a little bit about ACEs and I imagine that most people who are here many of you all have heard of adverse childhood experiences. The original ACEs study evaluated those ACEs that occur at the individual level. But since then, I imagine many of you know the work of Chandra Ghosh Ippen, who she's led to this sort of understanding of an advanced and expanded view of ACEs, I should say, that include historical traumas using ACE to mean Atrocious Cultural Experiences.

On one side of the slide, you see those ACEs that occur at the individual level. On the other side of the slide, you see those historical ACEs. Those atrocious cultural experiences like enslavement, genocide, and denial of basic human rights. You see some other examples here as well. Community trauma. We're zooming us we're going zooming us out a little bit more. It's not just the aggregate of individuals in a neighborhood who have experienced trauma from exposure to violence.

There are many other manifestations or even symptoms of community trauma at the community level. These are symptoms that are present in the social-cultural environment, the physical built environment, and the economic environment. And you see some examples of what we mean by that and some examples of that here as well. What are we — many things. Carmen, there are so many things. When we think about this cumulative effect of stressors that impact the children and families served in our programs, it's like it's one stressor after another piling it up and piling it up.

We have this sort of graphical depiction of like laundry baskets. It's like we're furiously trying to get through one load get through one thing, and then there's very much another thing that we have to address, think about, plan for, and grapple with. You know, it's been multiple layers of trauma multiple layers of stressors, and then we also bring in the community context. It makes this conversation we're having today all the more important. There are lots of things impacting children and families, and here's just some examples of those.

To close out our conversation of trauma in context, let's bring all of this home. And we're going to share with you this graphic here. This graphic looks at multiple layers of ACEs that includes adverse community environments and those adverse collective historical experiences that we just talked about a minute ago. In this image captures all of those.

The soil on which the tree is planted is made up of those adverse collective historical experiences that we just talked about slavery, the Holocaust, forced displacement, just as examples. There are many more, but those are just some examples. The roots of the tree are the adverse community environments. We talked about community the community impacts. We are talking about poverty and community violence as some examples of that.

Then the leaves of the tree are those adverse childhood experiences that we took that we talked about at the individual level. Now, with this broad view of trauma and adversity, including the historical context and the community context, I'm going to pass it over to Caroline now to bring us back to a more micro-level perspective, talking about how ACE how trauma can impact the brain and the stress response.

Caroline: Thanks much, Carmen. We can dive right into some of the impacts of early trauma exposure on the brain and the bodies of young children. When we compare the brains of normally developing newborns and six-year-olds, for instance, we see that they change in two very important ways. Those are both depicted on this slide.

On the left side of the slide, you really what you're looking at is just this massive growth in volume that happens in these first five to six years of life. You see that just the size and volume is so much larger at that six-year-old age than it is in a newborn. That's a very typical kind of course of a brain development that we see.

The second way that we see that brains change during these first five or six years is in terms of their connectivity. On the right side of this slide, what you're looking at is really the density of the neuronal connections in the brain. We really think about every time a child learn something new, every time they have a new experience, though, there are new connections that are formed in their brain.

We can see that, as newborns, those connections are pretty loose. We don't see a high density of those connections, but by the time children are six years old, there has been this just incredible rapid development of neuronal connections and synaptogenesis that has caused them to have learned so much by this six-year-old age.

That's what happens when brains are developing normally in a context without trauma, but let's take a look now at how brain development can be impacted by trauma. What you're looking at on this slide are two positive emission tomography scans PET scans of two different brains. What these scans can do is they can tell us how much activity is happening in different areas of the brain, which can kind of give us a clue to the brain development that's gone on in the early childhood period.

Just to orient you to this slide, you're looking at the key on the bottom right basically says that the areas of the brain that are red and yellow are more active, whereas the areas of the brain that are more purple and black are less active. What this slide is doing is really comparing the brain on the left that's the brain of a healthy child and then the brain on the right of a child who was orphaned and institutionalized shortly after birth in Romania.

This slide is actually from a famous study that was conducted in the early 2000s that looked at the impact of extreme deprivation and isolation among children who had been orphaned and institutionalized. What those impacts were on their bodies and brains. To get a little more specific. I want you to look at the circles here on the slide. The white circles are really trying to isolate parts of the temporal lobe of the brain that are involved in highly involved in regulation of emotions.

When we look at this area of the brain in newborns, we actually don't see a lot of activity in this area because our newborns have not developed the ability to regulate their emotions yet. That's something that happens for them very rapidly in the context of trusting and safe relationships with caregivers. In a normally developing brain by age 5 or 6, we're going to see

those areas of the brain really firing. We're going to see those areas of the brain looking really red and yellow because they're quite active in five or six-year-olds in terms of emotion regulation.

On the right side, if you look at that right side brain, what you're seeing there when you look inside those two white circles is really not a lot of activity. Those are areas of the brain that are darker and really more quiet. What we're looking at here kind of in a gross way is to think about how that early deprivation, that early neglect really keeps children from developing some of those really foundational emotion regulation skills and abilities coping abilities.

We know this is a stark example, of course because we're talking about children who had very little interaction with caregivers early on in life really from birth. But what we want to really emphasize is just that the traumatic experiences can significantly alter the brain in a number of different ways. They can alter the brain in terms of that size and the volume, in terms of how connected the neurons are and the synapses are firing, and then also in terms of this activity. Not only in areas that are related to emotional functioning but also, of course, behavioral functioning and cognitive functioning as well.

At the same time, Carmen talked about how we really want to make sure to presence resilience in this talk. We want to always remember that the brain is plastic, especially during the first five to six years of life. It can repair itself. It has this incredible ability during this critical period to repair itself. When children are exposed to repeated safe and nurturing interactions with positive adults like you all in programs, that can help them learn new associations and really strengthen those healthy connections in their brains and help them develop in areas that may be underdeveloped if they've experienced trauma in their histories.

I want to talk about the impact of the potential impact of trauma on the nervous system. But first we just want to share one of our favorite cartoons in this area. We're going to talk about the fight or flight response in a moment, which is, of course, a response that all of us are hardwired to have when we come into a situation where we experience threat or danger. You can go back, though, just to explain the explain the cartoon for a second. This is a grown-up in the room who's unable to find his cell phone. We probably all experienced this. We can't look at our cell phone. We start to experience that panicked response. These little toddlers are saying it must be his binky that he's missing because he's freaking out. He can't find it.

That experience that we have on a regular basis now that panicked experience actually reflects something. And you can go to the next slide, please, Maddie. That is there's really a sort of normative highly functional system that we all have developed from our caveperson ancestors, to speak. We're thinking about kind of the normal way that our fight or flight response functions, we are really thinking about when we come into an experience where we are, yes, and thank you for mentioning up the freeze and the freeze and fawn responses as well. We've kind of extrapolated from this over time.

If we're thinking about how we feel these days when we're about to cross the street and a car starts to just blow through a stop sign, what happens in our bodies during moments like that is that our we release these hormones like cortisol and adrenaline, and they just flood our bodies and our brains. The reason they do that is that they're preparing us to flee, to fight to freeze to get out of the situation that's dangerous to us. We act really, really quickly in these situations without even thinking because thinking in these situations these life-or-death situations would delay our response too much. We wouldn't be able to get out of them and in a safe place.

What happens is these hormones really kind of turn off or turn down functions in our body that are not important in that moment of danger, things like the prefrontal cortex of the brain, which is really responsible for reasoning and thinking and learning. Other systems that are not essential in the moment like reproductive systems and growth systems, the digestive system. At the same time, these hormones are meant to really increase the response of some other really important systems that will help us stay safe or get out of the situation. It starts to increase our inflammatory system responses and our immune system responses. In case of injury, we need to be able to repair our bodies really quickly.

What happens when the threat goes away is that all of those systems kind of return back to normal. It can take a little bit of time, but our bodies are well equipped to kind of go back to this baseline level of functioning where our heart rate goes back down, our hormonal levels go back to normal, and we sort of feel back at baseline after that moment of panic. Now when we have a youth or adults who've been exposed to chronic stress or trauma or those who might be experiencing a prolonged stress response like PTSD that Carmen mentioned a couple slides back, what we find is that the stress regulation system can be very disrupted.

Sometimes the phrase we use to refer to it is really that there's sort of too much of a good thing going on that these chronic and repeated stressors cause the stress response system to activate more often and then also stay at a higher level and have a harder time returning to baseline than if we were not exposed to that level of stress and trauma.

When we see this happening for little kids – like let's imagine a three or four-year-old in a classroom lining up to go outside for outside time and a peer bumps into them. That's something that happens accidentally. It happens all the time. What we can see is that if this child has had a history of traumatic experiences, they may have a really big response to that, that might be a stressor that causes their nervous system to start to kick into high gear and make them feel like they're in a situation where they're threatened.

Even subtle things like a teacher raising their voice to give instructions can cause this stress response to happen in a child whose system has been disrupted when it comes to this fight or flight response. We can think about this happening in sort of situations that we would call false alarm situations. They're not actually truly dangerous to this young child but because the system is really ready to be activated due to their prior experiences, it can get activated a lot in a normal kind of preschool classroom.

The other thing that can happen for young children who have experienced trauma in the past is that they may have more trouble kind of regulating back to baseline after they've experienced this fight or flight system kicking up in their bodies and their brains. those hormones that I mentioned, cortisol and adrenaline, maybe coursing in their systems for longer.

Relatedly, those processes that I mentioned like cognition and physical processes that are sort of turned off or turned down during this response can continue to be turned off or turned down. We can think about how hard it can be for young children to kind of engage in what we would think about as typical tasks of childhood early childhood development like playing and learning, how hard it can be to engage in those things when we're feeling irritable and edgy and panicky.

At the same time, kind of over the long term how we can think about how this can impact children's development from the perspective of their growth processes. We talked about how the immune system is turned up. But growth processes are turned down. This can have a kind of a long-term impact on the part of the brain that's responsible for learning things. Can slow the body's ability to really repair itself and to restore itself to a healthier state. Again, specifically when children have been through these traumatic experiences in the past.

With that I just want to talk a little bit more about some of the behavioral and emotional kinds of responses that we might be seeing for children who have experienced trauma in the past, or who are currently experiencing trauma. We'll move along to some strategies as well. I don't think I need to tell this group about attachment and how foundational an experience attachment is for young children.

When we look at this picture, we're seeing an infant that is relying on its mother to help regulate emotions. It is experiencing that mirroring that's so important in those early days and months and years. We know how important it is that babies and young children have these external supports from caregivers to help them modulate their emotions and their behavior.

We also know on the other hand that when children have early experiences with caregivers, that are unsafe and they have disrupted attachment relationships that can have a really negative long-term impact on their ability to form relationships and maintain healthy relationships with others. It could also impact their ability to regulate their intense emotions, cognitions, and behavior.

When we think about the way that preexisting attachments that children have with caregivers can impact their recovery from a trauma that they experience, on the one hand, we know that if they have very high-quality attachments with their caregivers, that can really act as a buffer against the sort of worst consequences of experiencing trauma. It can really be protective for them. On the other hand, we know that if a parent or caregiver has also experienced the trauma that the child has experienced or experienced trauma of their own, or if they have difficulty tolerating or responding sensitively to the child's experience of trauma, that can really impact that relationship moving forward.

Can present even in a healthy attachment relationship can present some disruption to that relationship going forward. Unfortunately, when we see those threats or disruptions to the attachment relationship, we are more likely to see things like distress and behavioral challenges for children. We're more likely to see parents and caregivers who struggle with positive parenting strategies that that relationship is really stressed, and we see things those things on both sides of the relationship.

Can you go back to the slide before? Great. Thank you. What we see happening is we can see the impacts of trauma, whether it's the more acute events or the more complex versions of trauma impacting really six core domains of child development. Talked a little bit about some of these already about that attachment relationship and the biological system, the nervous system, the regulation of stress, but we can also think about how the early experiences of trauma can impact things like attention regulation and cognition and learning.

Again, if we're experiencing this intense stress response system happening frequently, it's going to be much harder for us to pay attention in preschool classrooms and be able to take in information and absorb new things. We see that really impacting children's learning early on. None of these are mutually exclusive categories, by the way. We know that there's much overlap between the things that we're seeing in terms of emotional development, behavioral cognitive development, et cetera. When we think about emotional development, again, those parts of the brain that we kind of see really developing rapidly during early childhood.

When children are exposed to trauma, we don't see that rapid development happening quite as strongly. We can think about it from that perspective. We can think about it even as it is connected to attachment. If we have children who are experiencing abuse or neglect within the context of their primary attachment relationships, we're going to more than likely see this difficulty with emotion regulation, especially when children don't have access to a caregiver who can help them with that mirroring of the positive emotions, the validation of their feelings, and help them develop those early emotional regulation strategies.

Of course, when we know children struggle with difficult emotions or overwhelming emotions, we often see that in their behavior. When we see children who've experienced stress and trauma over the long term, we're going to likely see more dysregulated behavior in classrooms more difficulty calming down and engaging in what we might typically expect for children to be able to do in these early years.

Finally, we can see a lot of sensory regulation issues. Some either kind of under responsivity or over responsivity to different sensory stimuli in this early childhood period when children have been exposed to trauma. We can see this coming out in a variety of ways, of course if you think about that example I gave you earlier with just a simple bump from up here could be experienced as a very harsh touch.

We could see how a child walking into a very noisy classroom could become very overstimulated and start to experience that fight or flight, freeze, or fawn response. We can see how just the normal kind of sound, smells, tastes, and movement of everyday life could feel

overwhelming to children who have experienced trauma in the past. The other really important area that we can see these early traumatic experiences coming into play is through how children are starting to develop their identity and their self-concept. We know children are egocentric during this period normatively.

They are going to blame themselves oftentimes for difficult things that happen in their lives, which can lead them to have negative feelings about themselves or confidence or poor self-esteem can have an impact on their ability to even see the more positive sides of themselves. Can make them feel really helpless and to have a lack of hope or optimism about their own role in the world as well as kind of how the world seeing the world as a safe place with trustworthy adults.

Just a real quick note here, and then I want to make sure we have enough time for my co-presenter. But just wanted to mention, as you've heard me describe all of these different kind of manifestations of trauma exposure in young children, that a lot of these can kind of masquerade as other kind of psychopathologies or other functional difficulties.

We want to be really, really, really, really careful that we are not misdiagnosing, mislabeling things. It's very common, in particular, even in clinical practice for individuals to potentially be diagnosed with things like ADHD or bipolar disorder when really what they've experienced is trauma in their past, and we're thinking we need to be thinking more along those lines.

You can imagine, for instance, in the case of ADHD the kind of what for older children 6 and up, the first line treatment is going to be medication for ADHD. Some younger children are sometimes medicated for ADHD. You can imagine if we've got the incorrect diagnosis that's going to lead to potentially incorrect treatment medication and sort of put kids on a trajectory that's really not appropriate. We want to make sure that in these complicated cases that children are really being evaluated carefully.

Then just as a final review here, we wanted to mention just to call back to what Carmen said earlier that not all children who experienced traumatic events will present with trauma reactions. There are lots of different factors that may buffer the impact of traumatic experiences for young children. We can think about how that might happen in terms of developmental age, their subjective experience.

Some children are going to subjectively experience the same event as very traumatic while others will not, that kind of type and severity of the event. Whether this is an acute event or more of a chronic event, whether or not the trauma is interpersonal again. Interpersonal trauma can have some really serious long-term impacts. Like we said, really sort of impact that relationship and attachment going forward as well.

The support system that the child has things that are external to them like their support system, their coping style, as well as the strengths and resiliency factors that Carmen went over earlier in the presentation. With that, I will pass it along to my colleague, Tamela, to bring us some strategies for creating trauma-informed settings and communities.

Tamela Grant Fralin: Hi, everybody. Thank you so much, Caroline. Now we're going to talk a little bit about creating trauma-informed settings and trauma-informed communities. This is a short video. It's just about a little boy who has experienced some things. He has a lot of emotion going on the inside, and he doesn't feel comfortable talking about it. We're not going to be able to watch the entire video, but this is a really important clip. If you have comments or thoughts about it, please share them in the chat.

[Video begins]

Narrator: Eddie needed to talk. There was something inside him, and he couldn't get it out. It was a big thing. Nobody knew it was in there that he'd seen some scary things at home or in the neighborhood. He was afraid that if it came out, he might get hurt or somebody else might. But it was hurting him, anyway. He couldn't pay attention. He couldn't sleep. Sometimes, he even wet his bed. He was doing other things angry things, mean things. Nobody knew what was up with Eddie.

The dog just looked at him. Grandma patted him. His dad tried to scold him. His mom hugged him. Nothing anyone did seemed to help. One day, a neighbor lady was looking at him in the light. She turned to his mother.

Neighbor Lady: Your boy's got something in him. I can see it.

Narrator: And she turned to Eddie.

Neighbor Lady: You're a really big boy to carry all that around in you. What is it? What's in you?

Narrator: She didn't sound like she would hurt him.

Neighbor Lady: Baby, put it into words.

Narrator: He wasn't so sure. He just tried one.

Eddie: I —

Narrator: The lady kept on looking. So, he tried another one.

Eddie: I'm scared. I'm so scared.

Narrator: And then it all came out in words that didn't hurt anyone at all. In fact, they helped.

[Video ends]

Tamela: That was a really powerful clip. You'll have it in your resources. But now we want to take an opportunity to talk about what exactly it means to be trauma-informed. We want you to know being trauma-informed is not about learning a new curriculum. It's not about learning a new program, but really it's about showing up your social-emotional learning practices,

learning new ways to respond appropriately to students who have been exposed to trauma, and just kind of shifting how we see them and how we respond to them.

Part of that thinking means taking a traditional lens of thinking and adding a trauma-informed lens to it. For example, a trauma I mean, a traditional way of thinking is that children's challenging behaviors are a result of individual deficits. We've probably heard people ask a child what's wrong with you. But a trauma-informed lens would have us to understand that children's challenging behaviors may be ways of coping with traumatic experiences. We would instead of asking what's wrong with you, we would ask what happened to you.

Another traditional way of thinking is that support for children exposed to trauma is only provided by counseling professionals or the classroom teacher maybe, a school social worker. But a trauma-informed lens shows us that support for children exposed to trauma is a shared responsibility of all staff within a sphere of influence for that child throughout the day. So that could be the teacher. It could be the school social worker. It could also be a lunchroom attendant, for example.

Here, we have our hamburger slide. As you can see, it's kind of in that shape, but it talks about the key components of trauma-informed care. There is a debate about the number of critical factors to helping children who have been exposed to trauma, but the three in the middle part of the slide are the most common, and they are creating a safe environment that includes a physically safe environment and an emotionally safe environment, building relationships and connectedness, and also supporting and teaching emotion regulation.

I was an early classroom teacher — early childhood classroom teacher for about 15 years, and one of my favorite things was teaching emotional regulation. It was mind-blowing to a lot of students to realize that adults also had big emotions that they had to regulate, like anger and fear and frustration. I really love teaching that and really helping the students who have been exposed to trauma, but really, everybody.

The top of the slide, the top burger, the bun of the burger, talks about culture and equity, that speaks to the emotional temperature in the room, making sure that every child is settled, and they know where they can go for help or support. It also talks about equity, which is, as we know as educators, giving every child what they need as opposed to giving every child the same exact thing because we're so different.

We have different needs. The bottom bun is self-care. We talk about it all the time. We know, as educators, it is the anchor of everything that we do. This work is challenging. This work is emotional. There are many days that someone could tell me something about a child, and it would just send me to another space. We have to make sure that we're caring for ourselves while we're doing some of this challenging work.

We also wanted to give you guys just a couple of strategies that hinge upon the middle part, the pillar of that hamburger slide, talking about the social, the emotional, and the physical safety. That could be something like building positive relationships with children and families,

getting to know things about them. As we know, especially young children love to talk about themselves.

Physical safety, asking adults to be visible to children and vice versa at all times. Trustworthiness and transparency is more about building the relationships and connectedness with the families as well as the children in the classroom, creating a bidirectional communication system so that families really understand that the important that the information that we get from them is as important as the information that we give to them.

Peer support, building connections, helping students understand how important empathy is, this is teaching emotional regulation as well. Also, ensuring that families decide who is defined as family. We know all families don't look the same, very often, as a teacher, I was giving information I wanted them to pass along. I would say don't I wouldn't say, give it to your mom or your dad, but rather give it to your grown-up, or give it to your caregiver, or give it to the grown-up, the adult, that's in charge because we know our families are not the same.

Then finally, equity and culturally responsive practices, which is super important. Promoting racial identity, that children are less likely to internalize racial discrimination, and helping them feel positive about who they are. That can be putting up pictures that represents everyone in the classroom space, but also simple things like making sure that there are multi colored skin tone markers and crayons and paint so that if they, for instance, make a self-portrait, they can truly represent themselves as who they see themselves as.

This is a graphic that is considered an invisible backpack that we all carry, and for students who have been exposed to trauma repeatedly, the beliefs about themselves, the beliefs about the adults or people who care for them in the world, can feel very heavy and weighed down. As educators, it would be it's a lot easier for us to help repack this backpack for them so that they can feel more safe, that they can feel more capable. Having a trauma-informed lens, as we address students who have been exposed to trauma, could help us do that a lot easier.

Then we just want to promote resilience. As Caroline and Carmen both mentioned, promoting resilience for students who have been exposed to trauma throughout their life, looking at the whole child, that's academic functioning, emotional, and physiological health is a great way to help them overcome the traumas that they may have experienced. And with that, I'm going to bring Caroline back to talk to you about a PLC a wonderful opportunity we have coming up for a PLC this coming year.

Caroline: Thank you so much, Tamela. So we're going to spend the last couple of minutes talking about an opportunity to dive much, much deeper into all of what we've shared with you today as a primer, and to really start to engage in some concrete trauma-informed practices within your preschool settings.

I'll kind of give an overview of what this opportunity looks like, and then hopefully, you can ask some questions in the chat. We'd also be happy, of course, to respond to any questions you

may have after today's webinar. But I'll just sort of start with the overview, and we'll go from there.

Carmen mentioned earlier, we are going to be providing a T and TA opportunity this year to up to 12 programs. What this opportunity will really be framed around is a program that we have been implementing in Head Start programs and local preschool programs in the Chicago area over the last several years that really has to do with integrating trauma-informed care practices into preschool classrooms by engaging in a sort of coaching model with coaches as well as teachers and educators, classroom teachers and educators, and giving them these sort of plug and play strategies, these sort of easy to implement strategies, that can be used, pulled from the toolkit that we provide, and used on a day-to-day basis in classrooms to help provide universal trauma-informed care strategies and practices.

What this year's work will look like is that we'll be accepting applications for this cohort, and then got to make sure I covered everything on that slide, sorry, Maddie, before you go forward. I think I did. Yeah, and I can fill in the details when you move to the next slide. I know we're short on time. Like I mentioned, up to 12 programs will be accepted into this PLC, Professional Learning Community. What we're asking is that two individuals from each program take part in the opportunity.

What the sort of picture will look like over the course of the year is that we'll start in October with all cohort members, who will receive a virtual 90-minute training that will really be a deeper dive foundational training into trauma-informed care in early childhood education settings and will also provide an orientation to the rest of the project. Then this cohort will meet monthly from October through May of 2024 in this professional learning community. These will be 60-minute meetings that will take place with the CCR consultants, so the Center for Childhood Resilience consultants from Lurie.

What will happen during these meetings is that we'll be sharing different strategies that are evidence informed from our previous work, that coaches can coach classroom teachers on, and sharing strategies for implementing those practices with fidelity as well as how to support that implementation both kind of in a direct coach-teacher relationship as well as from a more administrative or structural perspective within the program. You can advance the slide.

In order to be eligible for this opportunity, we would ask that programs register in teams of two. We are looking for Head Start programs that have at least two preschool classrooms that would be engaged in the work over the course of the year, and these two individuals that would participate in the cohort would have somewhat distinct roles.

One individual would be in a more leadership role, a systems administration role. This could be someone who is in a director position, assistant director position, a coach an education manager. We sort of leave that up to programs themselves to define who makes the most sense to assign this role, but someone who, again, will kind of support the project from that structural and organizational perspective.

Then the second participant would really be someone who would be engaging in a coaching role with classroom teachers, ideally, that's someone who either already has an existing coaching relationship with teachers in the program, or is really poised to step into a coaching relationship with teachers in the classroom. All programs look different, but someone who could really meet regularly with the classroom teacher, engage in training around these strategies, and support the actual implementation of the strategies from week to week.

I know that was a very brief overview, and we're happy to take questions. This application is actually going to open today for the program, and it will be open for a little bit over a month. it'll be opening up today and closing on September 29th at 5:00 PM Eastern.

I think I'm seeing some questions about, is it just being offered to Head Start or Early Head Start? It is Head Start, so our toolkit is really designed for those three to five-year-old classrooms. At this point, although it is an interest of ours to kind of downwardly extend to the infant and toddler population at some point, but for right now, our materials are really more designed for the three to five-year-old population.

You are welcome to follow this QR code here today if you'd like to take a look at the application. It has all of the dates, which we'll also share in a moment, of the training and then the PLCs. And then you can go ahead and talk to if you're not in that kind of director role, talk to your director. We are asking that most of the applications come from a director-level person and sort of designate those individuals who would be participating in the program itself.

We'll leave that QR code up for a moment or two longer in case people want to connect with that. We will also be following up with the link and the QR code following the training, you can have access to that later as well. Seeing some questions in the chat just popping up. I want to make sure we can start to answer those in just a second, but I do want to share, if you don't mind, Maddie, maybe moving ahead to the PLC dates?

Yes, perfect, just so that everyone has a chance to kind of peek at these, when these trainings and PLCs will happen, and then take a peek at whether that would make sense for your programs. Then I think we can open it up to some questions. If my colleagues want to join me in answering any of the questions in the chat, that would be wonderful. I'll also open up the chat as well. Let's see, I think I mentioned only for Head Start rather than Early Head Start.

Carmen: You want me to jump in, Caroline?

Caroline: Sure, jump in, Carmen. You may have read them.

Carmen: No, it's OK. It's OK. I'm going to just two things. We have our project coordinator here with us, and she's going to go ahead and drop her email in the chat because we want to make sure that, as you're going through the application process, you're going to be able to get the questions answered. I want to say a couple other things, too. Thing one is that this will be posted on MyPeers, and there's an e-blast coming out that will also have a reminder of this

opportunity with the QR code and the URL as well. I'm going to see if we have Asusena's email in the chat.

It's Asusena Martinez Balderas, if you all want to just grab her email off and she'll be helping to get questions. If you think of something after today's webinar you want to circle back with you, that's great, so we're going to go ahead. Could one of the two participants in the PLC be a mental health consultant? Absolutely, they can be. Education specialists, yes.

What we want to do is, the person that we're thinking that works well in this role is someone who's sort of and we say it this way have their finger on the pulse of what's happening in the program, and also they have relationships with the teachers. think about that person, and then we ask you all in the leadership role to identify who that person might be.

The roles are and, Carolina, am I saying that right? I think I'm saying that right. Because we're trying to we have been in the question around making this such a useful value add and not be too prescriptive, but then not be too open. Hopefully, that answers the question. If not, we can circle back with Asusena, and we'll reach out with answers later. Let's see, you got one you grab one, Caroline? I'm looking, too.

Caroline: Let's see, I've got one about a regular classroom teacher participating. Really, the model is designed so that it's a coach who's working with the classroom teacher on strategies. That sort of relationship is really important, and rather than having a classroom teacher participate in the PLC directly, we'd recommend that it be that it be a coach who's working with that teacher. Let's see, how many people per Head Start program? Two individuals per Head Start program in those two different roles that we mentioned.

Carmen: Sylvia, we absolutely do these presentations virtually and in person, send a note to our project coordinator who dropped her link in the chat, and then we'll connect about that offline. Absolutely, we'd be happy to talk more about scheduling something like this with your team.

The bar code back up? Sure, Madeline, can you go back to the QR code? Yep, there you go. Got that for you, Kimberly. Thank you, Rosaline. Oh, can the position at the Head Start program be included? That is a nuanced and interesting question, and we've not been asked that before, Caroline and team. Kim, why don't you do this? Can you drop that question to Asusena, please? Let us go back and reconvene, and we'll get back to you in a couple of days with that quick turnaround with that question. Thank you for asking. That's an awesome question. Thank you for that.

Yes, so let's see ! Region 9 asks, "Is it similar to the communities of practice?" This is a special learning community or collaborative type of model, where we do a training and some monthly convenings and bringing the cohorts together. It would be similar in style to community of practice, but the content around that would be, as Caroline mentioned, those sort of evidence-informed strategies that we have got good data that they seem to work with when implementing with fidelity. Similar to a community of practice sort of flavor, but the content will be about strategies that you all can be using in the classroom.

Caroline: I think I'm seeing some questions about a pyramid model. Could this be additional pyramid? I think maybe someone had mentioned conscious discipline earlier. One of the things you'll see in the application is we do ask if your program is beginning a journey with conscious discipline or pyramid model. Especially this year, we would not recommend adding this on top of it. We love those programs. There's a lot of synergy between our program and those programs, but we've just found, in past experience, that trying to start and implement this program on top of one of those can be really, really challenging for centers.

We recommend that it's at least — if you're engaging in those programs, it's at least in your second year or beyond, and we'll kind of leave that up to you, your judgment, too, in terms of how much capacity folks in the programs have. We want to make sure that, whatever you're implementing, you're doing well and don't want to just add something on top of a lot of new learning that's happening already. That can be tough.

Carmen: Thanks, Caroline. We are at time, y'all. Please, please, please, I think I'll turn it over to I may be turning over to Nydia again, but I wanted to say, on behalf of myself and Tamela and Caroline, we thank you for spending an hour of the afternoon with us.

We hope to see you submit some applications for this PLC series. We're so excited to bring you some evidence-informed strategies. We got some good data around what is working in classrooms, and we are so excited to share those little kernels and nuggets of information with each of you. Hopefully, you all apply. If you got any questions, please reach out to Asusena, and we will get those questions answered. Nydia, I'll toss it back over to you.

Nydia: Thank you. Thank you so much, once again, to our presenters, Carmen Holley, Caroline Kearns, Tamela Frailin, for this very well-presented information. There were some emails and information provided, but if you have more questions, you can go to my peers, or you can also write to health@ecetta.info. There were questions about the evaluation and the certificates. The evaluation URL will appear when you leave the Zoom platform, and after you submit the evaluation, that is where you will see the new URL.

This is the link that will allow you to access, download, save, and print your certificates. You can subscribe, also, to our monthly list of resources using that URL, and you can find our resources in the Help section of the ECLKC or, again, write us at that email address is health@ecetta.info. Thank you, once again, to everyone, our presenters, our backstage crew, and to all of you, our participants today. Have a good one. With that, Kate, you can close the Zoom platform.