

Promoting Resilience and School Readiness: What Does It?

Jennifer Brooks: Hello, everybody, and welcome.

My name is Jennifer Brooks. I'm with the Administration for Children and Families. In April, I had the honor of moderating a panel discussion on promoting resilience and school readiness during a plenary session at the Office of Head Start's Birth to Five Leadership Institute. Before the plenary, Yvette Sanchez Fuentes, the Director of the Office of Head Start, welcomed the panel and highlighted the importance of this topic. She mentioned that our communities, children, and families are coping with a range of experiences. And we know that our programs are impacted by a variety of events and you're often asked to consider how you prepare for these events. We've seen it from super storm Sandy to the disaster in Joplin, and to all of the other situations that happen across our communities. It's also important for us to take a step back and realize that our families are dealing with stressful experiences that occur in everyday life. We know that all of these experiences impact our children's development, our family's ability to thrive, and the decisions that our programs make. As leaders, you want to continue to think about what you are doing to promote resilience among your children and families and the staff that you work with every day. To do this, you need to know the experiences that your children are coming from, where they are now, and where they are going. Knowing that this is a complex topic, Yvette invited the same diverse group of professions here today so they could continue to share their experiences, their knowledge and their wisdom with us as they offer their thoughts on this topic of resiliency. We hope you consider their messages as you plan your services for children and families. These discussions will be posted on the ECLKC website.

So we are delighted to have our panel back today to continue this conversation. With us in the studio are Clare Anderson, Deputy Commissioner from the Administration on Children, Youth and Families, which is part of the Administration on Children and Families; Avis Smith, Director of Head Start Trauma Smart at Crittenton Children's Center in Kansas City. Head Start Trauma Smart is an early childhood trauma intervention framework that supports young children who have experienced trauma and the parents and teachers who love them. Not here in person but joining us by phone are Tammy Mann, the president and CEO of the Campagna Center in Alexandria, Virginia. She brings a prenatal through school age perspective. And Hector Cordero-Guzman, a professor in the School of Public Affairs at Baruch College in New York City. He brings a focus on organizational development and cultural diversity. Unfortunately, Ron Haskins of the Brookings Center on Children and Families and Charles Barrett Adams from the Seed Public Charter School of Washington D.C. cannot be with us today.

Today's discussion builds upon a growing field of research around issues related to children's brain development, trauma and adverse life experiences, and resilience. In many cases, these fields of research are in the very early stages, but they raise important questions for how programs like Head Start can support and promote children's positive development.

The research reflects the importance of thinking about each individual child and family you serve. We know there is a wide diversity among Head Start families and in the types of challenging experiences they have. The way families experience and process these events and how they're influenced by them

greatly varies, as well. And there is tension between acknowledging families' challenges and the added risks they can present to children's development. But although we can help families as a means to promote resilience in children, we're not suggesting that all children experiencing these challenges are predestined to have trouble at home, in school, or in their relationships. At the same time, the concept of resilience is critical. While there will be differences in how individuals react to stressors, the goal of this work is to identify and use mechanisms that support all children and then give extra support to children who are in particular need. This work is a way to increase the chances that children will be resilient in the long run. This is what we will focus on in our discussion today.

So we're going to start today's discussion similar to the way we started at the Leadership Institute. Clare is going to share a short presentation on the issues of trauma, toxic stress and resilience. For those programs that know of the Center on the Social and Emotional Foundations for Early Learning, also known as SEFEL, you'll notice a familiar pyramid model during Clare's presentation. For those of you who don't know SEFEL, it focuses on promoting the social and emotional development and school readiness of young children from birth to age five. The Office of Head Start and Child Care Bureau funded SEFEL to disseminate research and evidenced-based practices to early childhood programs across the country. The free resources and materials are available online, and the web links can also be found in your registration reminder.

After hearing from Clare, we're going to move to Avis, who gave an inspiring presentation on her program, Head Start Trauma Smart, in our last session. Avis has generously agreed to provide some concrete tips that you may be able to use in your program. These tips are based on what they're learning in their work. We'll then have time for all of our other panelists to share reactions and comments on the role of the family and the community in this important work. Throughout the broadcast, you can submit questions for the panel using the e-mail address found in your registration information. We'll respond to your questions later in the broadcast. So with that, I'm going to turn it over to Clare to talk to us some about these topics.

Clare Anderson: Great, thank you so much, Jennifer. I greatly appreciate the opportunity to be here with you and with my colleagues to further this discussion and talk specifically about trauma, toxic stress and adverse childhood experiences and how to address those so that we can promote resiliency in children. What we know is that there are multiple kinds of stressors in children's lives. And in our next slide, what you see is that there are several layers or levels of stress. We know also that stress is an integral component of how we develop. We all must learn how to deal with positive stress on a day-to-day basis, and that that can help us to build important coping mechanisms. That's also true in tolerable stress as well. It helps us to engage in things that are a bit more difficult to deal with and then learn how to manage that stress and return to baseline.

But when stress becomes toxic, that repeated activation of our stress response system becomes problematic insofar as it's difficult for us, and especially for children, to turn that stress response system off. And so part of what we'll talk about today is what that looks like for children who are repeatedly activated and for those children who do not experience toxic stress. So you'll see in this slide what we're learning from brain development, that those children who are not exposed to toxic stress or have

buffering positive relationships that help them manage stress better and more easily, those children tend to be a bit more relationship oriented. They're able to think through things better. They process information well and use that to overpower. And their outcomes typically are more positive for relationships, for school, and in communities.

But for those children who are repeatedly in an environment in which toxic stress or trauma events are occurring, their hormones and chemicals are sort of flooding their bodies, and they're not able to turn that process off. They can become a bit edgy or hypervigilant, are likely to use brawn over their brains, and have challenges in quieting their stress response system. Their outcomes may not look as good over time as children who either have learned to manage the stress or are not overwhelmed by stress on a regular basis. We're also learning from the Adverse Childhood Experiences Study that the accumulation of traumatic events or experiences that overwhelm your ability to cope can cause things like heart disease, stroke, cancer, liver disease -- things that we never were associating with child abuse and neglect and with household dysfunction. You'll see down in the teal box that there are ten adverse childhood experiences that were defined in the original study, five of which relate to child abuse and neglect, and five of which deal with household issues and problems like domestic violence, having a family member who is incarcerated, or living with someone with a mental illness. And what we have learned over time is that these accumulations of adverse childhood experiences can even cut your life expectancy by a good deal. Six or more ACEs means that your life expectancy could potentially be shortened by approximately 20 years.

And when we're thinking about understanding the exposure of younger children to adverse childhood experiences, we now have some beginning data from the National Survey of Children's Health that allows us to understand children a bit better in terms of their accumulation of adverse childhood experiences. On the first set of bar charts, we see children by age -- two, two to three, and four to five -- who have adverse childhood experiences of one ACE in the darker blue and two or more adverse childhood experiences in the lighter blue at the top of each of the bars. But when you look at children who are up to 100 percent of the federal poverty level, you see that they are accumulating a bit more adverse childhood experiences. If you look at children age four to five on the far side of the graph, you see that a little over 60 percent of those children who are in the zero to 100 percent of the federal poverty line have one or more adverse childhood experiences. It's important to note that the National Survey of Children's Health -- these nine adverse childhood experiences are not an exact overlap of the original ten adverse childhood experiences in the Kaiser study. For example, these data do not include any of the five adverse childhood experiences related to abuse and neglect. And it does include other adverse childhood experiences like socioeconomic hardship and exposure to neighborhood violence. And so when we think about how to best respond to children who have trauma experiences, toxic stress, or adverse childhood experiences, a comprehensive approach is really necessary.

The SEFEL pyramid that Jennifer noted in the opening allows us to think in an organized way about how we respond comprehensively. It gives us a framework to think about what work we do, how we do that work, and for whom we do that work. You'll notice in this depiction of the pyramid that it has been tailored a bit. At the Administration on Children, Youth and Families, we serve primarily children who are known to the child welfare system, are runaway and homeless, have families where domestic

violence is occurring. And so we wanted really to take that pyramid and the content and make it specific to the more vulnerable population that we serve. And so you'll see in the next slide that we try to begin to think about what a knowledgeable and effective workforce would look like taking into account trauma, toxic stress, and adverse childhood experiences. And questions really come to mind when sort of assessing your programs for how to be most responsive. Are workers receiving training on these topics, and are staff learning about wellbeing domains and how children are impacted socially, emotionally, cognitively, and physically when they have these kinds of experiences? Does staff have a plan to engage families if they suspect adverse childhood experiences? Are the family strengths and needs assessments that are already in place designed to pick up adverse childhood experiences? And are child level screening and assessment tools, including questions, related to trauma experiences and trauma symptoms? And does staff have literacy with evidence-based interventions and approaches to helping children manage trauma and toxic stress?

The next slide, as you'll see here, provides a bit of a context for what the classroom climate and the relationships within that classroom and among others can look like. Safe, supportive and responsive relationships are critical, as are stress-reducing environments that are developmentally appropriate to the children you serve. Helping to think strategically about ways to bring down the tension and the stress in the classroom and in relationships is critically important, and Avis will spend a great deal of time talking about ways to do that specifically. Questions that come up for us when thinking about these two levels of the pyramid are: Are staff and families provided with opportunities to learn about social and emotional development, as well as resiliency? Are families given information and support to reinforce social and emotional learning at home? Are resources in place to refer families, as well as staff in some instances, who need support for their own trauma experiences? Do Head Start centers and staff incorporate strategies to be more nurturing and less reactive to children who are exhibiting symptoms and behaviors related to their traumatic experiences? Next slide, please. It's important also to think about what kinds of targeted interventions or supports might be needed across the entire Head Start Center that can be supportive.

For example, are curricula being developed and provided that help young children develop self-regulation and coping mechanisms? Are children who have experienced trauma and are at risk of developing social and emotional problems receiving specialized preventive services? And then finally, at the top of the pyramid, what you see is that there are a set of children for whom it's very clear that they have experienced trauma and adverse childhood experiences and need more intensive interventions. Are they receiving evidence-based interventions to address their needs? Do Center staff participate in treatment planning, and are symptoms regularly assessed so that necessary adjustments can be made to the treatment plan as well as creating additional supports for them in the classroom? And so when you put it altogether, you'll see that this comprehensive approach can be utilized effectively to address the needs of children who have experienced trauma. And I think for us at the Administration on Children and Families why this approach was so important to us is that we know, and the literature and research shows us, that children who have experienced trauma and toxic stress have disproportionate impacts on their social and emotional development.

And so bringing this kind of knowledge and expertise and competency into the classroom is critically important. The next slide does show us that it is possible for children who have experienced trauma and toxic stress and adverse childhood experiences to heal, to recover, and to thrive. This is a small sample of children aged three to six who received cognitive behavioral therapy intervention to support their traumatic stress and trauma needs. And what you'll see is that there is a significant difference between pre-treatment and post-treatment, not only in their trauma symptoms but in other areas of mental health functioning as well -- a reduction in depressive symptoms, a reduction in ADHD symptoms, and a reduction in oppositional/defiant symptoms, as well. And so I hope that this slide provides an opportunity, along with the other information that I've presented, to understand and to think strategically about how to make sure that children get the right supports at the right time so that they can heal and recover.

Thank you so much.

Jennifer: Thank you, Clare. I think that that was a wonderful presentation, and I'm sure there are lots of themes in there that would resonate with our audience around buffering positive relationships, supportive environments, the importance of supporting staff, assessment, individualization -- themes that are common in Head Start but with a focus on these issues of trauma. So with that, I'm going to turn it to Avis, who has agreed to share some tips for everyone at home to think about how this might work in their program.

Avis Smith: Thanks, Jennifer. For those of you who don't know us, Head Start Trauma Smart, is a program that was developed at Crittenton Children's Center. Crittenton is an adolescent psychiatric hospital and residential facility with a wide range of community-based programs. For many years, we had been the mental health contractor for a Kansas City Head Start Program. And between the years of 2004 and 2007, we saw 40 deaths connected to that program in some sort of trauma. And we realized that the little bit of service we were providing just was a drop in the bucket.

And so we really began to look across the country and try to find evidence-based models of both training and treatments to try to meet that need. We began our work with a model that was developed by Kristine Kinniburgh and Margaret Blaustein at the Trauma Justice Center in Brookline, Massachusetts. And you'll note on the slide that on those four bottom blocks, these four items are just crucial for children to be able to attach and bond and form genuine relationships. And those all have to do with us, what we provide as caregivers, as parents and as teachers. Can we regulate our own emotions so that we're a calm presence in children's lives? Can we really tune in to what's going on with them and recognize their needs? Can we be consistent in our responses to each other as professionals, between us and their parents? And can we build routine and rituals into classrooms so that children will begin to feel safe?

The next three blocks are all about affect identification and modulation and expression. And, Clare, you spoke so beautifully about that. If we can't find ways to help young children regulate the emotions that are going on in their little bodies, and if they don't feel connected and attached, then we don't even have a shot at getting to those top three blocks where we are trying to help them problem-solve,

brainstorm, and develop their own identities and integrate whatever experiences may have happened to them. So this is the model that we're using. And today what I'd like to do is talk about just very concrete tips and ideas that you might be able to infuse into your Head Start program that might help provide a clear understanding of some of these methods. One of the concepts that we are using comes from Becky Bailey in "Conscious Discipline," which many of you have used as a social/emotional component of your Head Start center. And Becky Bailey talks about the brain as a car. She talks about the brainstem being that part of our brain where everything happens automatically. So it's the part of our brain that allows us to breathe and our hearts to beat and for just all of those automatic systems to work in our brains. It's also the part of our brain that when we are frightened or scared goes into an automatic fight, flight, freeze or faint response.

And we don't want ourselves or children to be making life-altering decisions when we're in that part of our brain. That part of our brain is all about safety. It's trying to find and create safety. The mid-part of our brain, where the amygdala is situated and where we do memory and emotions, that limbic system is all about do we matter, do we count, are we loved? And so I think about that mid part of my brain as kids in the backseat of a car. If any of you have ever been on long road trips and you have more than one child, you know that some tiffs can start in the back of a car. And so anytime I'm in that place of complaining or judging or blaming, I know my emotions have gotten stimulated and that's it's important for me to have the skills to calm myself down. And it's important for us to teach skills so that children know how to calm themselves down.

So the goal when we're doing decision making is to get into the orbital frontal lobe of our brain where we do controlling impulses, make decisions, problem-solving. So we actually teach the brain as a car. We teach a very simplistic version of that to our parents, to our staff, and even in the classrooms to our children so that children can make decisions about are they on fast speed right now? Are they upset about something? And if so, then how do we take deep breaths, how do we calm down, so that we can have a conversation that's going to be productive with our peers? Part of this work came out of all of the comments that we were receiving as a mental health provider about what it feels like to be in the classroom and to be raising young children.

And you'll see those comments listed on this slide of just how tired caregivers who are working with young children can become and how if we don't find ways of taking care of ourselves and being able to build ourselves back up, then we really don't have much to give to the children and families that we work with. And so you'll see that we've tried to look at a lot of really simple self-care skills that folks can begin to practice. And the very first one is all about just our breath. Our breath is always with us. It's with us 24/7. All of us can stop, if we just remember to do it, and take a deep breath. And it automatically helps our nervous system calm down, helps us self-regulate. You see a long list of self-care tips there that we are trying to infuse into Head Start programs and that we're really trying to practice on a daily basis. If you look at the very last one called "time with friends," I know personally that I'm in really bad shape when I'm cancelling events with my friends because I'm too tired from work. And so all of us have experienced that.

We have to find ways to feed ourselves so that we can be present for children. I want to share a short story with you about one of the tips that we made. In the next slide, you'll see just a whole lot of little, tiny, plastic chips. We get those out at the end of this training module so that folks will have something to take home with them just as a reminder. Everyone chooses a self-care skill and they go home and they practice that. And so the one that I'm holding right now is a little chip called "opposite action." And when we provided these chips, I had a teacher choose this one and take it home with her. And it just simply meant that if she was in a situation where she knew she was not making a positive decision, that she would reverse that. She would do the opposite action. And so the story that the teacher told about this was that she went home from training that very night and got in an argument with her husband. And she said, "Avis, I don't know what happened; but I was just on automatic pilot." And she said, "I was so mad, all I could do was just leave. And I left the house; I strapped my two kids into the backseat of my car." And her language was, "And my car drove itself," -- that's what happens when we're in the trunk of brains -- "My car drove itself to the liquor store."

And she said, "I went in; I got my purchase; I smacked it down on the counter; I reached into my pocket, pulled out my money to pay for the purchase, and there was that damn chip."

And I said, "Well, what did you do next?"

And she said, "It was just enough of a reminder that I put my money back in my pocket. I got back in my car. I drove my children and myself to a prayer meeting at my church."

So sometimes the very simplest things, if we can just remember to do them, will really help us be able to learn how to regulate our bodies. I want to share another skill with you, and these are called the "attunement steps." And there are four very simple steps for just helping us listen in conversations and not move in to correct situations before we've actually taken time to assess. And so the first one is to just notice a behavior -- take a breath and notice it. And so if two children are fighting over a new truck that's been submitted in the classroom, for teachers just to take a breath, notice the behavior, and then move in and say something to the children like, "Wow, guys, it seems like you both really want to play with this truck. That makes a lot of sense to me. It's brand new; we just brought it into our classroom. Now, let's see if we can problem-solve and figure out a way to do that. What do you need? How can I help?" And this can be a way of helping us -- most of us as caregivers, we notice something that a child is doing, a behavior that we want stopped, and then we jump right down to step number four and we just try to fix it. And instead if we can just remember to validate how children feel before we try to shift their behavior, they're going to do so much better. Any of you that have ever come home from a hard day at work, and you've told your spouse about it or your partner about it, right?

And your partner's looked at you and said something like, "Well, I told you not to take that job anyway." And then you just want to ring his neck or her neck, right?

And so we know if someone can just say, "Oh, Babe, I'm so sorry you had such a hard day." Then the conversation can move on, and it's just that cue that helps us just sort of decompress.

So we're trying to teach that for both staff and children and parents. We actually, because this is a little harder to remember, have some little bracelets that we've made just as a reminder. So we have the four validation steps on there: to notice, name, validate and then respond.

Jennifer: Can I take some of those home with me?

Avis: Yes, you can, I brought a few for you today.

So I want to talk just about one more way for us to really connect and try to attune to children. There are a number of skills that we all use on a daily basis for connecting with anyone in any relationship. It always helps to be closer to that person when you're talking with them, to establish eye contact, to match the affect of children that we're working with. If children are really excited about something, we don't want to be bland and flat in our affect. We want to match their excitement; to really listen more than we talk; to provide supportive, kind touch; to personalize our classrooms and our situations for the specific needs of individual children; and then finally, to follow through so that when we say something, we actually follow through and do it.

On this next slide, you see an example of a routine chart. Routines help young children feel safe. Routines lower our anxiety. Just knowing what comes next in the day or next on our schedules lowers all of our anxiety. And so a visual chart, a visual routine, in a classroom helps children know what to expect. And then, if there's a change in the routine throughout the day, for teachers to be able to make those changes on the chart and talk with children about them really helps the children feel safe and feel secure and know that somebody is in charge of their day. We're working to help parents institute bedtime routines and morning routines. So there are all kinds of ways that you can encourage a routine chart. In parent meetings sometimes, we'll have parents just create a routine chart for their morning time or their bedtime so that things will go smoother at their house. Another thing that we try to be really aware of in our workday is being consistent in our responses to each other and to the children that we serve.

And so we have a visual that we use about this that's a comparison of a pop machine and a slot machine. Most of us know when we get ready to put our money in the pop machine and we push the button, we want the pop that we chose. We don't want a different flavor, a different kind. And that's much more consistent than when we put our money in the slot machine because we have no idea of what's going to come out at that point. So our ability as adults to be consistent in the life of children, to show up when we say we're going to show up, to be there to do what we say we're going to do, is really, really important. All social-emotional programs at Head Start have a component around teaching children how to identify and modulate and express feelings in socially appropriate ways, and this program is no different. Here's an example that a teacher created for her classroom where she took individual photographs of each of her children with a happy, sad, mad and scared or afraid face. And the children can go around and look at these photographs of themselves, begin to identify what their face and their body looks like when they're having that feeling. So it teaches both attunement steps for children and also teaches children how to identify those feelings and then have some skills for working through them. This next slide that you're looking at now is how teachers described their classrooms to

us when we first began this program. And we don't want classrooms to feel chaotic and to feel like they're always blowing up. And so we began to look at tips that we could use to help the classrooms actually be calmer, safer places. This is an example of a calm down spot. Most of our classrooms have created some sort of calm down spot -- very different from a timeout space in a classroom. Teachers usually direct children to timeout. A calm down spot is an area where a child can go when they realize they're starting to feel upset about something, and then there are concrete tools in that space that children can touch and feel and use to calm down. So in this calm down box, you see a little pair of sunglasses. That's a very easy way to lower the lights and lower the stimulation for an individual child when the rest of the children may need the lights in the classroom on to be doing what they're doing. There are soft, tactile things in this calm down box for children to use to just help them take some deep breaths and decompress.

There are also calm down steps, and this comes down from the Second Steps curriculum that many of you are aware of and may use in your Head Start program. And the five steps are very simple; they're just: stop, take a breath, count, and then give yourself a little hug, and then ask for help if you still are feeling upset. We actually put that on a bracelet, as well. So we have little calm down bracelets that are the appropriate size for teachers so that we can remember the steps. And then we also had bracelets made that are the appropriate size for young children, so theirs are a little smaller than ours. And the kids are always so proud and so happy when they have their bracelet on, and then when they can show and model those steps for themselves or for someone else. And then finally in regard to other ways to help ourselves self-calm, you see a picture here of a little guy here with his breathing star. This also comes from Becky Bailey; and the little star, as you open and shut it, it's just a way to help children take deep breaths.

We had such an amazing story come back to us from one of our parents to a therapist in our program. She had a therapist who called her on the phone not too long ago, and she said, "What is this thing about a breathing star that you're teaching my child at Head Start?" And so the therapist explained it to her; and the mom said, "Oh, thank you so much. Now that makes sense." And so she told us about the fact that she and her husband had been in an argument the night before. And her child had picked up a magazine off of the coffee table and started opening and shutting it and saying, "Breathe, breathe, breathe." So the children can learn these tools. They often learn them faster than we do as adults. And then they can take them home to their parents, take them home to our siblings.

One little girl came to us one day and she said, "Ms. Avis, Ms. Avis, I taught my doggie how to use the breathing star." So we never know where they're going to go with these skills, and they really do use them. And they're simple -- very simple things that we can add to our Head Start programs. Here's an example of a tool that we've been using with adults in the program. All of us have when we think about those upper level executive functioning skills that our frontal lobe does, most of us heard things as we were growing up that might not have been so positive that we may have taken in about ourselves. And so we always are feeling in some way that we're not good enough or smart enough or competent enough to do a certain job. And it's really important for us to be able to reverse those things in our own lives, as well as to catch children. When I walk into a classroom and little kids look at me and go, "Ms. Avis, Tommy's bad." We don't want a child in our Head Start programs to feel that way about

themselves. And so, again, we've been working on adult skills first so that we can then model for children. And this is just a simple little bookmark that we made in professional development and in training, where adults took time to think about, "Okay, what were some of the positive messages I heard about myself? How might I reverse that? And then how can I make a little reminder for myself and then stick it up on my car visor or stick it on my bathroom mirror, so that I say those positive things to myself every day instead of all of that negative self-talk that most of us walk around with in our own bodies all day long?"

Lastly, I'd like to tell you a little story about a little girl who was in our Head Start program. She came to us through Head Start, and her mom is an administrator in one of our programs in Kansas City. And she came with mom to a parent training one evening. She was the only little kid there, and she sat in the back of the room. And she listened as I did parent training. And we were talking about feelings identification that night. And when everything was over and everybody had gone home, we were picking up the room. And she came up to me and she said, "Avis, I made a little book for you." And I said, "Oh, really?" And I said, "Thank you." And she said, "It's about my feelings." And so here's what she did. She made a little book that said, "The Feelings Book. Sometimes I feel sad. Sometimes I feel happy. Sometimes I feel shy. Sometimes I feel excited." And then she ended this little book with what you will see on the screen now: "Sometimes I feel perfect." This is how we want every child who comes through Head Start to at least on some days have the opportunity to feel perfect.

Jennifer, thanks for allowing us to share some of the tools we're using.

Jennifer: Well, thank you. That was really, again, very inspiring -- not a surprise after your last talk. And I really love the parallel between what you're talking about doing with staff, what you're doing with parents, what you're doing with kids. I just think teaching similar skills and helping them reinforce them with each other is really, really impressive. I'm going to turn to Tammy on the phone. Tammy, Avis spoke very passionately about the importance of helping staff with their own self-care as a way to promote supportive environments for children. She's also worked, as she's spoken, with families in this regard. And of course, for those of you who know SEFEL, there are parent modules there you can look to for more tips on that. Tammy, I'm wondering if you could speak some to the types of support you think are most important for families, given the diversity of their experiences, and the role you see for staff who do work directly with families -- whether that's home visitors, family service workers, and teachers sometimes in helping assess the types of adverse experiences the child or family might have had and helping to build their strengths and give them resources for coping.

Tammy Mann: Sure, thank you, Jen. And I'll say that being on the phone, it's quite incredible listening to both Avis and Clare because I think truly they've hit the high points here. As you said, the parallel process piece of this, looking at what happens to staff and teachers and our children, it's spot on. And I think it certainly was very clear, and hopefully some of the things I'll add will reinforce that because really I think they covered a lot of ground in their comments. In terms of the role of staff, I just wanted to really start at the level of management before you even get to the issue of what happens on the front lines with teachers or home visitors in our family support professionals in the work that they do with families because I think -- and it may have been Clare at the very beginning who articulated sort of do

we know for certain that staff has the literacy to be able to talk about --first to recognize and then to be able to talk about these issues and talk about them in ways that normalize the social and emotional aspect of our lives.

I think that has to be an element that we don't skip over because sometimes we focus so much on wanting to make sure what's happening with children around their school readiness, and social-emotional development is certainly a part of it. But I really think making sure that staff has the knowledge and understanding that they need at the outset of their work is really very important. I also think a little bit about the -- and every program has to sort of make its own decision on this based on what it understands about the needs of the families they're serving and the things they're seeing in their particular communities.

We certainly have protocols around screening and how we approach that with children. And I know in our work with Early Head Start in particular there's been some focus around depression in particular, and just really having thoughtful discussion and conversations in our programs around the place of screening with families when we are aware that they have experienced multiple life events or stressors that can really challenge their coping skills in ways that could be detrimental to them and to the relationships they're endeavoring to develop. So I offer that as things just to consider more on the management systems level as we kind of think about how we prepare people for the work that they have to do in the schools that we might find ourselves using as we're working to look at screening and the role of screening, particularly around those life experiences that can trigger stress for our families. I think in terms of direct service staff -- and again, some of this has been touched upon because we did reference the model that SEFEL developed, and I really think the foundation of that model which got at the role of starting off strong relationships with our families as a foundation. We can't quite get to the place of being able to understand what they may be experiencing in their lives if we haven't done the hard and important work of building that relationship and establishing that trust that allows them to be willing to reach out and see the staff that are working with them in our programs as potential resources. So the relationship piece is important. I also think the work that we do to make explicit that our program is a two-generational program. Inasmuch as parents see and speak, Head Start and what Head Start represents is an opportunity to ensure that their kids get what they need to enter school ready to learn and be successful.

We have to make sure we're doing justice to the two-generational focus of our model and the idea that we have supports and resources in place that can be helpful to them and their goals, their desires. And as issues surface that might impact their ability to be the very best parents they can be, that we are explicit about that. Sometimes when we've not laid that groundwork, if we find ourselves in a situation where we may need to intervene because we have questions or concerns, if we haven't done the work, people may not understand why we are probing or looking to move in directions that speak to them and their experiences and not so much their children. I think a part of that relationship building process also involves making sure we are establishing an understanding of the supports that families have in their circle. And again, I thought that may have been Clare in her comments earlier who really got to wanting to understand what that network looks like. What are the supports? Who are they relying on? Is it the

base community? Is it extended family? Whatever it may be, making certain that we have an appreciation for understanding that at the outset is important.

I think helping staff normalize discussions about stress and the impact of stress -- and I really think Avis' presentation went to the heart of this on so many levels. I'm certainly going to be doubling back to some of what she put forward because she, through the tools that they've been able to develop in their work, really got at this idea of we have to normalize the reality that stress has in all of our lives -- not just the families that we're serving, staff that are in our programs. But in all of our lives -- and I thought the tools that she was able to really concretely create that helps to offer those reminders really can provide a pathway for individuals gaining the literacy they need to talk about these things in ways that, again, normalize this aspect of our development. I think encouraging partnership between teachers and family service staff -- because certainly if a program -- and our program operates all options -- home visiting through Early Head Start. We have a family child care component. We have center-based services in Early Head Start and Head Start. And so really making sure that our teaching staff and our centers in particular are developing the kind of relationships with family service staff that allow them to if they are witnessing warning signs, raising questions, using their observation skills and the relationships they have with family service staff to bring those things forward. Perhaps that family service staff has had an experience in his or her work with the family where they too might be wondering, "Maybe something is happening here that I'm noticing that's different that we need to be taking a deeper look at." And so to the extent that there are channels of communication and opportunities for teachers and family service staff to work together, that becomes really important.

Obviously, the role of mental health consultation support and the way we use that component in our programs is very important. We had a very unfortunate experience happen with one of our families last week, where we lost a child in our Early Head Start Program. This wasn't during our program hours, but it was a child that no parent or families or teaching staff had developed a relationship with -- our family service staff. And, you know, the relationship that that individual had built with our staff, with the family, proved to be very helpful in sort of addressing the natural grieving that staff are experiencing as they are adjusting to this loss. And so really making sure that that individual is integrated in a very meaningful way in our programs can make the difference, both as we're trying to deal with promoting resilience, but then when things do happen that require a response that's really targeted to whatever that circumstance is. And we are very fortunate to have that support to bring to bear for our staff and the family, as they are also grieving. I think support for families -- the informal piece -- it's really been referenced; so I won't spend time there.

Obviously, the relationships that we build with individuals in our community that can address needs when you're really at the top of that pyramid and you need the support of trained professionals to deal with circumstances that just require a more intensive intervention, making sure we have those in place. In a lot of communities -- and we have resources certainly in Alexandria -- but it's often easier said than done, but making sure we're doing our due diligence so if we find ourselves in those circumstances and families do need it, we've built the relationships with providers in our community that can assist us. So those are some of the thoughts I have about what we're doing and certainly, again, in hearing the really

wonderful, concrete normalizing tips that Avis brought to bear. Really appreciate having some time to share in this venue.

Jennifer: Thanks, Tammy, that was really thoughtful and insightful. Your remarks actually, I think, lead well into what I hope Hector will talk about in terms of thinking about the role of the community in all of this. So I do want to come back to this issue of building resilient communities at the broader level and what role that can play in supporting children in their development. Hector, I know this is an area where you're an expert. And listening to all of this, what do you think? Is there anything we're missing here? The families and the staff are embedded in larger community contexts that can be important both in terms of the supplemental supports available, as Tammy just talked about, and also the climate in which adverse events are experienced. And sometimes, the events are at the community level. Given that Head Start is often a key player in the community, I'm wondering what recommendations you'd give our listeners about how they can help build resilient communities that can support resilience in children.

Hector Cordero-Guzman: Thanks, Jen, and hello to our fellow webcasters. I think that the discussion that you, and Clare, and Avis and Tammy have been having has been very comprehensive. And I think you've done a great job of framing the conversation and offering a range of very concrete tools and strategies that programs can use to continue to support the healthy development of our families and children. I think that all that we've learned about how our brains develop and how we develop psychologically suggests that it also interacts with our environments -- our home environment, our family environment, our relations with other people as has been stressed, caregivers, program staff, the broader community -- in very complicated ways. But the good news is that there's something we can do to help build more resilient and supportive environments for our children and families. And there are ways in which we can focus on program interventions, organizational-level interventions and community engagement strategies through ways that we can be more effective. At the organizational capacity and effectiveness level, I think the groups that are more effective are those groups and organizations that have had dedicated and professional staff with significant diverse (inaudible) and a range of roles and titles throughout the organization.

They offer a range of comprehensive services in case management and try to understand the complexities and the needs of all the families that they engage with. They incorporate some cultural awareness into the services and programs consciously and explicitly. They help harmonize different environments. And these organizations also validate both professional, expert knowledge that we've heard a lot about today and that is hugely important, but also some of the community knowledge. And these organizations that are effective teaching a learning organization.

At the program and service level, we know that groups and organizations and programs are focused explicitly on providing tools and opportunities for child (inaudible) development, as Avis and Clare have very clearly articulated and were stressing other kinds of programs that are a lot more effective. Knowledge of the best available professional practices in the field. The best practices is key. Programs have in a way a dual role of implementing those best practices, but also experimenting and discovering what works for particular populations and making that knowledge and information available and spreading it so that others can learn and a broader learning conversation can take place. And lastly, I

think effective program are those that incorporate and provide services in a range of languages that are accessible to a range of cultures and that communicate broadly and reach out as opposed to looking inwards, if you will. And lastly, in terms of community and stakeholder engagement, we know that providing client-centered programs that involve parents and that are sensitive to family circumstances are a lot more effective. They understand both human needs and service needs and make an assessment of what can be done and what can be provided and how families and children can be connected to additional support services. Families are incorporated as much as possible as assets and resources into their development of the children. Parents as much as possible are actively involved in both the program experience of the children and in the academic experience of the children. And lastly, a level of community participation, engagement, involvement, support and again communication on the goals and activities of the specific program and intervention and getting and rallying support around them have been key to the more successful programmatic and community-based interventions working with low-income families and children.

Jennifer: Thank you, Hector, that was really helpful. So I want to come back to the pyramid. And in particular, I think there's been a lot of discussion about this issue of sort of providing positive, supportive relationships and environments that can support children and staff and all adults in their regulation. But moving up to that top of the pyramid, I'm wondering if you can speak a little bit more. Clare, I think you referenced the issue of children's behavior sometimes being misinterpreted when what they're really showing are probably symptoms of trauma. And then, Avis, if you could speak to what you do for those children who really are at the top of that pyramid.

Clare: Sure, thanks so much, Jennifer. It's absolutely important that trauma be taken into consideration whenever a child is presenting with complicated or even just difficult behaviors because we don't know what's happening at home and in that child's life. And sometimes children who present, for example, with what looks like depression might actually be internalizing behavior related to trauma. And if we go straight to the child is depressed, you might get a treatment planned that's designed to treat depression; but you may not have taken the trauma into consideration. And so it's really important. I think we're learning more and more about the overlap of trauma symptoms with mental health diagnoses and trying statically and thoughtfully and carefully to understand that full presentation in a child before making a decision about what the right treatment approach should be.

Jennifer: Well, that makes a lot of sense. And I think it fits nicely with the idea, with the work that everyone does around assessing family strengths and needs and being able to interpret what you're seeing from the child in the context of what you're learning about the family. Avis, can you speak some about how you work with children?

Avis: One of the things that we are doing is anytime any children get referred to us either for externalized or internalized behaviors, we're actually asking parents to complete a simple trauma screen. And it's the Child Trusting Survey. It's a very simple list, free on the Web, in both English and Spanish right now – 26 questions where parents just answer "Yes" or "No," has this experience happened to your child. And there are a wide range of potentially traumatic events -- anything from a dog bite to a situation where they've had to undergo a medical procedure that might have been painful

or frightening to the things that we tend to think more about in regard to trauma, such as child abuse or neglect or living in a family where there's drug and alcohol abuse or domestic violence -- that wide range. And I tell you, we've been really surprised that even when we do this screening on the front end of that relationship with parents, that they've been as forthcoming as they have been because I think most parents want the best for their children. And they want the services that their children get to be tailored to the correct diagnosis. And we need that because if we don't have that, then we're liable to prescribe something that doesn't fit and doesn't work. And none of us wants to see that happen. None of us wants to see a child get labeled or a child be prescribed medication that they really don't need when another intervention might be as successful.

Jennifer: That's very helpful, thank you. So, I think we're going to turn to the question and answer segment of our piece. I want to thank the presenters for everything that you've shared with us. It's been really useful. I have a set of questions here from folks out in the community, and I want to just remind you that you can still submit questions through that e-mail address that was up before. And hopefully, it's up now, as well. So, typical of Head Start, you all have sent some really remarkable questions and touching on a range. So I think I've got some for each of you. So Clare, to you first, we have a question that says: "Is there a place on the pyramid to engage with the child's pediatrician or other service providers that are working with the child to get a complete picture of how trauma is affecting the child? And does the pyramid take into account past trauma experiences and history?"

Clare: Well, I think the pyramid absolutely takes into account past experiences and history when you're thinking about how to organize your environment in Head Start or in other environments where the pyramid could be applied -- other classrooms outside of Head Start, in Child Welfare, for example. So in that regard, absolutely. So as it relates to pediatricians, I tend to think about everyone who is involved in the child's life as part of the team of people that one can engage with as either community partners or as part of the treatment team, or as part of the group of people who have some interaction and exposure to the child and is responsible in some way for helping a child to stay on track developmentally. And so I think that it's important to think about engagement with the medical community at all levels of the pyramid. It might show up when you're thinking about having a knowledgeable workforce, that the workforce is trained to understand that the physical health environment is critically important in how to help kids heal and recover and thrive. And then moving up the pyramid, for example, in those more targeted supports, having conversations with pediatricians about individual children who you think might be at risk. And certainly for those children who are at the most intensive levels of need, that direct conversations are being had with everyone who is involved in the treatment team for decision-making and for making mid-course corrections.

Jennifer: And it seems like the movement towards medical homes in Head Start and elsewhere would make this quite a bit smoother because you've got a contact.

Clare: Absolutely, and I think that there is a real movement toward the integration of physical health and behavioral health so that there is cross-capacity and cross-learning and sharing information back and forth so that children are getting what they need when they need it.

Jennifer: Right, that's great, thank you. I think I'm going to field this one to Tammy, but anybody can jump in as you like. There's a question that says: "Can you say more about how stress and resilience change across early childhood, how these phenomena look the same or different with infants and toddlers versus preschoolers?" I don't know, Tammy, if you have any thoughts on that or if anybody else wants to jump in?

Tammy: Yes, how things change over time, I think that's why it's so important that we rely on and utilize our tools of screening to help us understand these things. I think the comments were made at the very beginning of the presentation how the research around these matters continues to evolve. But certainly to the extent that our programs are being diligent in their efforts to carefully monitor the developmental progress, especially of young children, because we know that there is just a lot of change in those first three years of life. And to the extent that we are utilizing screening and assessment practices that help us understand and kind of know when things are within bounds or when it may, in fact, suggest that there are things more serious that might be at play, we can't afford to sort of use our own judgments around these things. And I think sometimes the notion that children will grow out of things -- if we find ourselves in that habit of mind of thinking, we might in fact be missing very critical issues that are being manifested behaviorally that might have underlying -- might be related to trauma and/or difficulties that children are genuinely experiencing because perhaps a mother or a father has not been able to engage emotionally as a result of their own struggles with perhaps depression and the like. So I think we have to really be religious and disciplined about our use of reliable and valid tools that help us know and not assume, so that when we need to go a step further in our intervention efforts, we don't miss those opportunities. I think that's how I would respond to that.

Jennifer: Thanks, I think also it highlights the importance I think that both Clare and Avis were speaking about -- the importance of thinking about assessing the trauma events. For many people, if this gets brought to their attention because the child is acting out or withdrawing, you might not see the same thing in an infant or a toddler. It might be harder to recognize, and understanding the perspectives of the family is critical.

Clare: You know, I think the only other thing that I would add there is that I think we're getting much more sophisticated about understanding the domains of wellbeing -- social domain, emotional domain, cognitive domain, and physical domain. And in each of those domains, by developmental stage, there are specific indicators that tell us whether or not a child is on track developmentally or not. That's not necessarily new news for this audience. But I think it's important for us to think about in the context of the question that was just asked and, in part, in Tammy's answer because we can screen for those indicators by developmental stage by those four domains. And understanding what we're doing to know where a child is on a developmental trajectory in each of those domains, but also what is it that we need to do to help move them back on track, and then to monitor progress regularly with functional assessment tools to see if what our interventions have brought to bear. Did we make a difference for this child, or do we need to make mid-course corrections?

Jennifer: Right, and this is an area I think where we are more taxed for infants and toddlers. But I think it's definitely moving, and certainly Head Start has been doing it for a long time. The next question is --

and there are actually a few that I'm going to sort of combine -- about I think it speaks to, Clare, your presentation of sort of positive, tolerable and toxic stress. So this is for anybody. The question is: "How can caregivers, parents, Head Start staff distinguish between positive stress which is growth enhancing and signs of stress that are building to dangerous levels?"

Clare: Sure, I think the Adverse Childhood Experiences Study gets us some window into the answer there, as well as the National Survey of Children's Health. So I think we're learning that it is when children's stress response system becomes activated so often, and in a way that doesn't allow them time or skills or buffering environments and relationships to calm that stress response system. And so what we really do become concerned about is this ongoing bombardment either in time or in a way that is so significant and severe even in short bursts or one-time occasions that just overwhelms that system. In the positive area and in the tolerable area, the question is correct. Those are places that it's not overwhelming over the long term. It might be overwhelming for a moment; but there are ways either that there's a calming station or there are people in the environment that can help process what's happened and reassure the child and help them understand that they are being protected and they are safe. The part of the pyramid that says safe, supportive, responsive relationships, right? And so really what we're looking for is the ability for kids to come back to a baseline where they're not overwhelmed and that the relationships in their lives, whether it's at the Head Start Center, at home, or in the community, and ideally in all three places, are able to help children really modulate that stress. And when that's not happening, it really does become toxic.

Jennifer: It really gets back to that relationship piece, I think, both in terms of providing the support for the children who are experiencing extreme levels of stress, but also even to know the baseline you need to know the child. So both the assessments, which are sort of a more formal process but also just that ongoing relationship to be able to see when the child is off of baseline, I assume.

Clare: I'd go along with that.

Jennifer: So we have a very concrete question, which I think is really helpful, about the best way to introduce a calm down space to children.

Avis: That's a really great question. We usually encourage teachers or staff to talk with children first of all just about their energy, and to do things in the classroom that are low energy and mid-range energy and really high energy. And usually really high energy is something physical that we're doing -- so physical energy, physical movement, or singing or clapping or jumping that we're doing and how we have to calm our bodies down from that. And then begin to talk with them about emotions. So in the same way that we have really physical energy, we can have high emotional energy. And so when we get really mad or irritated or upset with somebody or when your friend takes something away from you and you want to hit them, that's a time when we want to bring that energy down, too. And so then we introduce the calm down space and talk to the children about the tools that are in the calm down space. If we don't teach the children what the tools are for, they will think it's just another play spot and just another toy. And so introduce the tools and talk to the children about how they can use the tools. Let all of the children experience the tools. I mean, they'll all want to hold everything. Teachers sometimes say

to us, "Well, I don't know about this calm down space thing because if I introduce it, then won't everybody just want to live there for the next..." And we say, "Yeah, maybe for a while just because it's new and it's novel and it's something brand new in the classroom. But if you use it appropriately and if you teach kids how to use it, they will funnel around; and they will come to it when they need to come to it. And then you can go, as a teacher, and check in when that child is there." We sometimes will have teachers who will make that suggestion to a child, but it's always in the form of a question. We encourage it to always be in the form of a question. "Jameca, do you think the calm down spot might be a place that would help you right now?" And then she gets to choose, yes or no, whether or not she's going to go to the calm down space.

Clare: You know, one of the things that I really love about the calm down space is that often for children who have experienced trauma, even a one-time event that's overwhelming to them, there can be lots of triggers in the environment where they re-experience that trauma in ways that we can't understand, we don't know. A child is reacting in a way that seems completely disproportionate to what's happening in the classroom. And their ability to explain that to us is quite small. In fact even as adults, we have a very hard time explaining the retriggering, the reliving, the re-experiencing of previous trauma. And the calm down space, I think, as you're describing it really gives kids a chance to find a safe space to really begin to regulate that internal stimuli that we might not understand.

Avis: Right, and, Jennifer, I can give you an example of a triggering event where good meaning staff, good people, but just did not have the skill set to be able to manage this, let a situation like that go very awry for a child and then what we tried to do to correct that. We had a situation with a Head Start program. A little boy had a lot of acting out behavior -- so he's always into things, pushing, shoving, tearing things apart. That's what we mean by sort of the externalized acting out behavior. And staff noticed that when the food service man came -- it was a male in this program -- came to deliver the food and when he brought the food cart in for breakfast or lunch for these children, that this little boy got really quiet, really terrified. They did get that he was terrified -- not just quiet, but terrified. And he hid behind one of the teachers. And he would just stay behind, and they had no idea what that was about. And what they did was if he began acting out in the classroom then, they would call for the food service man to come to the door of the classroom. And just seeing him would scare this little boy enough that they thought, "Oh, well now he's behaving," right? Not the kind of response that we want, and these were well-meaning teachers. They just didn't know what to do, and they had no idea that this child was being triggered by something that was actually frightening to him. And they had no idea that becoming quiet in that moment was actually a freeze response in the back part of the brain, or I'm sure they wouldn't have done that as an intervention. And when we came in to consult on that situation, we learned that this man, unbeknownst to any of them, looked very, very much like one of mom's ex-boyfriends who had been an abuser and that he was actually terrified when he saw that person, that physicality, that size, that face, that hair, walk into his classroom. And so I think all of our Head Start staff want to do the right thing for children. And sometimes we just have not provided the depth and level of information that they need in order to know how to manage particularly those externalized acting out behaviors. Those upset the whole classroom. They get everybody off task. They get everybody's nerves frayed. And so we do what's convenient or what we think is a quick fix, without

really being able to understand or think about the depth of trauma that we might be recreating for that child without ever knowing it. And so we want to develop a level of consciousness that's a little deeper and a little broader than that in order to really be effective with these children that are on that top tier.

Jennifer: Right, so it's like thinking as much about the "why" as what the child is doing.

Avis: Yes, yes.

Jennifer: So we have a few questions that get at issues of more community-level trauma, whether it's due to natural disasters but also issues of children whose families are refugees from war zones, who might not have themselves experienced the war but there's obviously a lot of trauma in the community. And I wonder if either of you, or Tammy and Hector on the phone, have thoughts for folks about how to help families when the trauma's at the level of the community?

Hector: Sure, I think it relates to the conversation we're having in terms of in order to be able to identify what the most effective treatment is, you have to understand what the underlying causes are. And the closer the providers are to the source of that information -- to the family environment, the home environment, the community environment -- the better able they will be to pick the right assessment and to be able to develop then the right strategy. I think it's important to think about exposure to and different probabilities of exposure to different events -- different levels of poverty, different levels of household education, a range of other household or family-level vulnerabilities -- and exposure to different events, such as immigration events, fear of deportation or fear of authority figures given previous experiences. So definitely understanding and getting a good sense of the community context is essential to being able to develop the effective service strategies.

Jennifer: That's great, thank you. Anyone want to add to that?

Clare: So, Hector, I want to respond too. I think we talked some about cultural diversity. And I do wonder how much there's an issue here of whether things like fear of immigration or concerns about authority causes challenges in assessing trauma experiences and what concrete steps could be taken to help and be aware of that situation and make families feel safe in speaking to you.

Hector: I think it's consistent with the point that has been made before about the need to be aware of specific family context and circumstances while at the same time not making assumptions or generalizing inappropriately. So it is about being able to collect the right information, to engage with the family in a way that gives the provider access to that information, so that they can understand those experiences around potential fears, around potential sources of stress and distress, and how that information can be incorporated at the individual family level in terms of the treatment strategies. But also the capacity to be able to listen and understand these kinds of challenges has to be infused at the organization program level also to empower the direct providers to not just collect information but to share it appropriately, and to develop maybe new types of strategies and interventions that have to be developed to address and deal with those issues appropriately.

Jennifer: So we have another question about how we distinguish autism from trauma, and whether if a mother had trauma during pregnancy would a child necessarily be born experiencing trauma or traumatic reactions. How would you, as a clinician (inaudible)?

Clare: Well, autism is really not an area of specific expertise for me. I will say that one of the things we know about young infants and toddlers and children is that children do absorb the stress that we as adults give off in our bodies. And we know that from many different arenas. And that doesn't mean that that ends up being the cause of something that's going on with them. But we just do know that children's bodies absorb the stress of the adults around us. I can give you an example of that. When my daughter was eight months old, we were in a tornado zone. And we had a tornado come through Louisville where we lived at that point in time. And she was an eight-month-old, asleep in her crib; and I grabbed her up and ran with her out of our building. We were in a large apartment building. Around the corner, down into the basement -- we got through that tornado fairly unscathed, with the exception of damage to all of the property. And yet the anxiety from my body about all of that was transmitted to her. And my daughter is 40 years old now. And if a tornado is headed to Kansas City, she is on the phone with me wanting to know if I am in a basement somewhere. And I don't have that anxiety about the tornado because I was an adult at that point in time. And I had a lot of resources with which to cope with that. But that anxiety really went into her body. And she's not incapacitated by the fact that she worries more about tornadoes than her mom does and that she's always on the phone with me, but kids do pick up the stress that we exhibit in situations for them. I'm not enough of an expert in the area of autism, or intergenerational trauma, being handed down to feel like I can really comment on that. It's a great question. Maybe Tammy or someone on the phone can comment on that.

Tammy: I think the only other thing that I would say, and also I am not an expert in autism, is that having good solid screening and assessments for children are very important so that you're able to rule out and understand differential diagnoses well. I think I talked about that a little bit around mental health diagnoses versus trauma. It's also important to understand and screen for other issues that might be impacting a child or, if you're worried about autism, that you're looking for trauma. Is that something that is at play in a child's experience?

Clare: Right.

Tammy: And I do think we're getting -- I mean, I'm not an expert in prenatal exposures, but I do think that there's growing research about the effect that maternal stress during pregnancy can have on children later on. But I want to sort of quick hit on the idea that if the mother had trauma, does that mean the child will be born with trauma and remind everyone that this is not a one-to-one thing. I mean, there are a lot of individual differences in how people respond to trauma. So if a mother is stressed in pregnancy, it doesn't necessarily mean that the child is going to be stressed. I mean, even with the ASA scores, we're not talking about "all children showed this outcome with this experience." It's just that you're at greater risk. Clare: Absolutely, and I think we're also learning from epigenetics that the way your genetic profile looks gets turned on or off, depending on your experiences. And so you're exactly right. This is not a one-to-one.

Avis: And I think it's really important too, Jennifer, for all of us as parents and as providers to remember that sometimes, We didn't have a choice about the traumatic experiences that happened to us in life either. And so it's very important for us not to blame ourselves or for us as providers not to blame parents who have been in a particular situation for something that is happening with their child. We want to try to deal with the situation as it is now because the blame really does no one any good.

Clare: But I think it also does help parents and providers, but particularly parents, to understand that there is a set of adverse childhood experiences that you really want to try and buffer your child from having to the extent possible. And when those bad things do happen that you're able to get the kind of supports and targeted interventions in place to help a child heal.

Avis: Yes, absolutely.

Clare: So, I think much of what we've talked about really goes to the heart of not only what can we do at a professional level in the Head Start Center, but also helping parents understand how they can prevent these things from happening to their children, but also how they can be really strong, wonderful buffers.

Jennifer: Which is something that I think ought to be familiar to everybody listening today. So we're heading into the closing here. I want to thank all the panelists for joining us once again to share your thoughts and experiences on this difficult but important topic. Thank you to Hector and Tammy on the phone. And thanks to all of you who listened in and asked questions. I apologize; we missed a couple of them. But hopefully you'll keep tuning it. We appreciate you sharing our time with us and hope it's been useful to you. We also wanted to let you know of another opportunity that's coming up. The Office of Head Start and the Office of Planning, Research and Evaluation in ACF are holding a webinar on the Impact of Trauma and Toxic Stress on Infant and Toddler Development. This webinar is airing next Wednesday, July 24 , from 2 p.m. to 3:30 p.m. Eastern Time. It will focus on the ingredients for a healthy brain and provide practical strategies and experiences for Early Head Start caregivers and teachers to use as they support infants and toddlers who've experienced traumatic events, including natural disasters. So that's right in line with what we were talking about today. The registration information for that webinar is here on the screen. Thanks again to all our panelists, to all of you, for your commitment to ensuring quality services for the young children and families in your community.