

## Little Listeners in an Uncertain World: Providing Safety and Support through Community Trauma

(links for viewing and download at end of transcript)

Tameka: Good day and welcome to the Little Listeners in an Uncertain World conference call. This conference is being recorded. For opening remarks and introductions I would now like to turn the conference over to Ms. Amanda Perez; please go ahead Ma'am.

Amanda Perez: Thank you Tameka and good morning and good afternoon to some of you. It is my pleasure to welcome you all today on behalf of the Early Head Start National Research Center to our audio conference Little Listeners in an Uncertain World: Providing Safety and Support Through Community Trauma. You are on the line today with staff from across the nation with regional and federal staff and with training and technical assistants provided. I want to tell all of you too be not surprised that this cause is being taped for use by others in the future. If you help participate in call today keep your handouts close.

Faculty will be referring to pieces of that packet throughout the call. Will have about an hour of discussion among panelist and then the operator will come on with instructions for calling in with questions or with comments. We really look forward to having you joint the discussion then. For now I'm pleased to turn the conversation over to Kathleen Fitzgerald Rice, the moderator for our call. Kathleen?

Kathleen: Hi to everyone one. I'm Kathleen Fitzgerald Rice. I'm trilled to be a part of this audio conference today. I'm a Child Development Specialist with the Child Witness to Violence Project at Boston Medical Center. I will be your moderator today. I think I have to keep control so I'm gonna try and do that. I have spent many years of a teacher of at-risk infants, toddlers, and preschoolers and I'm now doing some training in writing about trauma and young children.

And I feel very lucky because every time I feel a little burned out, which this job is a tough one as you all know. I'm lucky enough to be renewed and newly inspired by meeting amazing people like Christine and Carolina and John. I'm gonna let them introduce themselves and will talk about how we're gonna move forward today. So let's travel down to Louisiana and say hi to Christine. Hello and have Christine introduce herself.

Christine Woodard: Hi, this is Christine Woodard. I'm the mental health specialist for Regina Chaley Child Development Center. We're in Robert, Louisiana and we serve southeast Louisiana. So we serve everything probably north of New Orleans and south of Baton Rouge. We have a big impact with Hurricane Katrina. We serve approximately 1800 children in Head Start, in Early Head Start and Home-based.

We've had many staff and families affected by the hurricane. Katrina and Rita and we've been trying to support the families and we'll share some of the experiences with ya'll today. My background has been as a Center Director for 4 years in Lacombe, Louisiana. And I've been the Mental Health Specialist for Regina Chaley for the last two-and-a-half years. My background is also a Clinical Social Worker. Thanks. Kathleen: Great, thank you. Now we're gonna go to New York. Carolina, hi Carolina.

Carolina: Hi everyone. My name is Carolina Grimble, and greetings from New York City. Let's see, I am currently a non profit consultant for an organization called The Non-Profit Connection, which works with New York's non-profits to strengthen them. At the time of 9/11 I served as Chief Program Officer of the Grand Street Settlement, which is a large human services agency in the lower part of Manhattan where we not only have services across the life range but including Early Head Start and Head Start.

My own background aside from being originally from Venezuela I am a social worker by training and also a non-profit manager by training. And my role at the settlement at the time was really to oversee all the agency's programs and I'll tell you a little bit more about what it was like at that time for us and for our families. So I'm glad to be

here.Kathleen: Great, thank you very much, and John in Ohio. Hi John!

John: Hello, hi. I'm John Kinkle and I'm an Infant and Early Childhood Mental Health Specialist. I'm a former Head Start teacher but for the last 25 years I've been providing mental health services of various kinds to young children. I'm also a volunteer with a paid-based organization that provides services to infants, toddlers, and preschoolers after natural disasters and other kinds of disasters and it was through that organization that I spent some time in New York after 9/11 and I'll refer to those experiences as we go along. I have a specialization in trauma in young children and that kinda brings me to this table today. I'm glad to be with you.

Kathleen: Great! So you can see we have a great panel today and we also want to recognize the tremendous amount of experience that we have in the audience today and we're gonna talk about what we're gonna do today, but we also want to make sure you understand that much of what we want to do today is validate the incredible amount of work you all have been doing and to recognize that we all across the country in the helping professions think of you often and have a high, high amount of respect for what you are doing with children and families in your care. It's just; it's beyond words what you all have been doing over the last 7 and 8 months.

So just a tremendous amount of admiration for what you've been doing. So what we're gonna try to do in the next hour and a half and as I said I'm really just, there's so much information to share and I'm supposed to make sure we try to fit it all in so I'll do my best. We're gonna start, in a nutshell what we're gonna try to do is define community trauma, talk about the signs and symptoms of trauma and what we see in professionals, children and families, and then spend a bulk of the time sort of strategizing what to do in terms of supporting both the professionals but also families and kids.

And so what we'll begin to do, and I'm gonna just take a brief few minutes, is to talk about trauma and aspects of community trauma and just to give a broad sort of definition so we're all on the same page and then I'm gonna say a whole lot of nothing because our panel has a lot to share and then we're gonna move on from there. And just to remind people, we'll have time at the end for questions. So I think that's how we will proceed. So let me say briefly, and this is in your handouts, so I will be brief. But let's get on the same page by talking about what we mean by trauma.

And what we mean in a nutshell by trauma is that trauma is an exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope. And I think the real important message is here, is that trauma is obviously different than stress. That it is an exceptional experience that is usually not part of the typical life experience. And that when someone is traumatized it really means that it is affecting a person's ability to function, that is really overwhelms the person's capacity to cope. And when we're thinking about children, not to really keep peace here, because a child's ability to cope with trauma is very limited.

Because they just aren't, they haven't been on this planet long enough to develop the kind of coping strategies that we as adults have. And so that's why we're particularly concerned about children who have been exposed to trauma. They just don't have the same kind of coping strategies that adults do. And then also we think when we think about kids and trauma we have to also think about kids within the context of their attachment relationships, because kids really have to rely on their caregiver's ability to help them cope.

And when a primary caregiver, a parent, or other close family member is unavailable or unable to help the child, perhaps because they've been traumatized too then we have to be extra concerned about that child. So we really have to think about trauma in the context of that attachment relationship. So those are something to really think about and then when we think about a community that's been traumatized, we have to think about an entire group of people that been exposed to a traumatic event, as what happened with Katrina and Rita on the Gulf Coast. So individual members of the community or the entire community may have difficulty functioning.

And I think the part of that that may be the most toxic to think about is that there's this sort of fog of hopelessness and helplessness that can settle over a community, sort of a community sense of victimization that can really begin to sort of paralyze whole communities and I think that's the piece that we have to really sort of think about when we're thinking about interventions for communities as well as individual families and children.

And let me say something quickly about the difference between acute and chronic trauma before we move on, because

that's a really important piece to consider as well when we're thinking about signs and symptoms of trauma in children and families. There's a difference between acute and chronic trauma. Acute trauma is when a single traumatic event occurs, such as a hurricane on the gulf coast. That single event that overwhelms a person's ability to cope. But chronic traumas in a lot of the kids that have been exposed to the hurricanes on the Gulf Coast are also kids that have been exposed to chronic trauma.

This is when a child experiences a number of traumatic events over the course of time in his or her care giving environment. It is an important distinction because chronic trauma, that chronic exposure to domestic or community violence, for example, can really erode a child's development and emotional state of well-being. And so children that are exposed to more chronic trauma can look very different in terms of their symptoms than children who are exposed to a more acute traumatic event.

So I want to have people keep that in mind as they're thinking about the kids they work with and as the panel talks about the signs and symptoms of trauma in children. And the last thing I want to say is even though this sounds dire and painful I don't want people to get overwhelmed and stuck in those feelings of pain with children.

Because it's really important to remember that we can't always keep hard things from happening to children but what we have to remember is that we can do so much to help children cope, and so I want to really send that strong message that there are lots of ways that we can help children develop resiliency and strong coping strategies so that they can overcome and heal from traumatic experiences.

And that's what we really want to try and help you do today and help you continue to do as you work with kids and families. So let's begin then with probably what's the most important thing right now is we'll not begin to talk about kids, we're gonna begin to talk about professionals. And to talk about how professionals really need to care for themselves while doing this difficult work. So I'm gonna start with John and have him talk a bit about what he has seen or what professionals can expect to experience in themselves when they've been through community traumas. John...

John: Everyone in a trauma, community trauma experiences stress. The various degrees depending on their level of exposure. When bad things are happening around this we tend to go back to a fight or flight kind of level of functioning in a brain stem level of functioning that puts more of a focus on survival and makes it more difficult for us to focus on problem-solving and some of the higher-level functioning. And if that's continuing over time that takes it toll on anyone. Page 7 of your handouts there's a set of symptoms of stress or trauma in adults that might be useful for you to take a look at, at some time.

But you'll notice if you look at that, there are a variety of ways that symptoms can appear, not everyone would show all of these symptoms. Some might but there are kinds or things that emerge that show the kind of stress and anxiety that is at play in the adults in this situation, disturbances in eating and sleeping, perhaps scared ability increases, sense of lack of control, a variety of ways that people suffer in this kind of a time.

And as one can imagine thinking about those symptoms this can detract from a caregiver's availability to children, which we'll elaborate more on a little bit later. So as adults experience trauma they develop symptoms and those symptoms need to be attended to as we think about how can we then move on to attending to the children. Kathleen: Exactly, very good point. Christine, are you, what are you seeing with adults, professionals that you're working with?

Christine: Sure. We've seen a lot of, I would say, kinda the big categories are like, we've seen a lot of physical symptoms, people having headaches, stomach aches, back problems, a lot of respiratory problems, trouble breathing, a lot of emotional symptoms, just difficulty concentrating, difficulty feeling real restless, confused; you feel a lot cranky, kinda aggressive people, not just driving just aggressive kinda cranky people everywhere. And a lot of behavioral things, you'll see a lot more people fighting in relationships, a lot more of substance abuse, smoking, alcohol, drugs.

I just made the observation when I was in the grocery store all of the wine that's under 15 dollars is sold out, and all the liquor in all the stores because there are so many people drinking at such a rapid rate or increased rate compared to in the past. So we're just seeing a lot of symptoms of the ways people are coping with stress down here. Kathleen:

Carolina, you experienced this a number of years ago with 9/11 and did you see the same kind of symptoms in staff and what about in families?

Carolina: Very, very similar symptoms in staff. I wanted to add a little bit though about, sort of what happened with the staff, because the Settlement House really has kind of a history of sort of community approaches to issues. And so what I saw in staff was also a tremendous need for one another. There was a lot of need to talk about this, to talk about it over and over again. Plus there's those people wanting to really talk this though.

To share the sense of shock and the sense of trauma that everybody felt, so there was this kind of intensity among the staff and also kind of a from the sense of resiliency, a sense that the staff kinda came together to kinda come up with ways to cope with this. But also I had the very great sense that we were all, like John was saying, you know, it wasn't just the need to serve the folks that were around us but also the tremendous impact that this was having personally on us. Kathleen: Um-hmm.

Carolina: And so really having to, to manage kinda that duality, those two realities and so that was very, very intense. In families, I think also very, very similar reactions as Christine was talking about. One of the things that we noted among ourselves when this happened was that we were already in a situation in a very sort of in the neighborhood that's really, where people are managing poverty and people are managing chronic stress, and at times some chronic trauma.

And so depending on sort of which parents had been handling stress and which parents were sort of in better situations, we saw kind of differences in terms of their reactions. But it was a huge amount of anxiety; there was a huge need for reassurance and also a lot of confusion among parents and how to help their kids cope, because the kids were really, you know, showing a lot of reactions. Yes, I'm sorry.

Kathleen: Sure, and I think that you illustrate that well, that there's such a different reaction to the traumatic event depending on the experiences of the person and whether it's a situation where there's been chronic trauma in a person's environment or whether this has been an acute event. And also the availability of supports in the person's environment and how those supports help somebody cope or whether those supports are available or not.

But certainly the three of you talk about how important it is for professionals to have the kind of support that families and children need because it doesn't matter how many interventions a professional learns to help families if they're not support themselves they really can't do the work. And I think you've all illustrated that point very well. So I'm glad we started with that, that notion that professionals really need to support themselves to do this work.

We can shift for a minute and I'm gonna ask John to start again and talk again about signs and symptoms but this time I'm shifting a little on talking about infants and toddlers. Following a community trauma what might we expect to see in young children, signs and symptoms of trauma or stress?

John: Just like we've been discussing about adults, children response in a variety of ways to stress and certainly to trauma. We tend to see some of the same kinds of reactions but in "child versions" if you will. On page 8 there's another handout that looks at signs and symptoms of infants and toddlers and young children. They can be categorized into kinda re-experiencing symptoms, a numbing symptoms, and states of arousal, effects of their state of arousal, which are three categories we also see in adult kinds of behaviors.

So we have children that range from having behaviors that in which they become more acting out as they become more hyper-alert and more aroused to sounds and sights around their environment where as other children may be more focused on tend of a numbing kind of symptoms where they withdraw, become more quiet and maybe display more clinging kinds of behavior where they don't want to leave their caregivers and in fact demand a closeness to their caregivers. Very common is the appearance to what we might call regressive behaviors. That being that children return to a level of functioning that was available to them in a younger time if you will.

Seeing it as an attempt to kinda go back to a time when things were safer. So children that have just mastered a skill such as a verbal skill or say a toilet-training kind of skill, social skill are very commonly seen to lose those. And so

children begin wetting themselves again, start using baby talk again, the clinging can be seen as a regressive behavior, being more dependent where they have just begun to be more independent let's say as toddlers. So those are the very common. The re-experiencing often whereas with adults we think in terms of flashbacks and those kinds of things.

In children it tends to come out in their play, particular older toddlers in 3's who are into more exploratory play and a little bit of dramatic play. We may see children playing over and over again scenes of storms or after 9/11 we saw many towers built and knocked down. So those kinds of things with the re-experiencing, changes in their developmental functional level and then some other signs of anxiety, nightmares, sleep disturbances, eating disturbances and so on. So the symptoms are across the board.

Kathleen: I would imagine that would be so important for parents to hear this information as sort of anticipatory guidance so that they understand that these are kind of expected responses to trauma and that idea that children regress in their behavior to return to those feelings of safety and at some of their reactions are attempts that controlling what feels so out of control, that really is a great way of helping parents really understand what a child is doing and to help almost normalize the expectations of what you would see. Christine, in Louisiana what were you seeing?

Christine: We were seeing very similar but just to reiterate that point, I think that it's so important to kinda share, letting parents know that information. That was honestly one of the biggest things that we were able to do with our home visitors and our teaching staff is to let parents know that we did see a lot of changes in kids sleeping. Sometimes they would have trouble napping, we see kids not eating. We saw a lot of change in aggressive behavior. We actually had to add some staff and some support we had so many children that were having toileting accidents, I mean all the time, frequently, that had not had them before.

We also saw children who had had, like a history with trauma or abuse or had some issues before the hurricanes seemed to be even more severely impacted than other children and so and then in addition to that we started having separation issues again. Because in August we had kinda had this separation thing that centers particularly see in the beginning of the year, the first week or two and then that kinda works itself out.

Well ours had worked itself out and then the hurricane came and then we were closed for several weeks and then we reopened and then we have the separation anxiety starting again with all of these other new things. So it was like having a very traumatic start to another school year. So that's kinda what we saw.

Kathleen: And I can imagine that, this is Kathleen:, that when you think about those kind of trauma symptoms in children, the parents it can really affect the attachment relationship. It's almost as if the parent is seeing a totally different child and maybe for some parents there really not even sure how to respond, where once they knew the child's routines and how to calm a child and all of a sudden this child is behaving so differently.

It can really impact on the relationship, which must be so difficult and stressful for parents. So I can see that as sort of another layer of that as how that impacts on the attachment relationship. Carolina, what were you seeing with...

Carolina: You know it's so interesting as we've been preparing for this on your conference today I've been learning so much just from Christine's experiences and kind of you know what the parallels are and also what some of the differences can be, you know depending on what the event is and what's happening in the community. Christine talks about a disruption in your program where you were closed for a while and you also had this enormous physical sort of event that took place.

For us and the children in our programs the towers had fallen in a neighborhood down, sort of, you know, two neighborhoods down from us and so the children per se physically did not experience any physical disruption. There was no interruption of program. It seemed as though, you know, on the surface for a while there, there was a very strange situation where it seemed as though nothing had happened except that something terrible had happened.

And I've mentioned this before when we were preparing that in my experience I would tend to come in to the Settlement via the Early Head Start Program, and even in the middle of this terrible situation you would come by the program and hear the teachers singing and I would look at the children and look at the babies and everything seemed

normal and Early Head Start was really acting as a haven, both for children and families, and I think in some ways for staff.

And what was interesting there then is when I talked to staff in preparation for this asking them about the reactions of children many of them at first said well you know what, we didn't see that much, you know in terms of reactions in the babies. You know everything seemed okay.

But in thinking about it more then they were able to really access you know that there were crankier babies, or there was a lot of separation anxiety, that they saw some reactions. But at first I think that there was kind of, you know, we ourselves and everyone was in a sort of denial, that this was happening. And I don't know if that's useful, but I think its part of sometimes of what happens.

Kathleen: Oh I think it's a wonderful, this is Kathleen:, I think denial is a wonderful coping mechanism for all. Isn't it?  
Carolina: It really works.

Kathleen: And I think it's that line that we have to follow when it becomes, when it's healthy and then when it becomes not so healthy. But I think Carolina what you are saying about Head Start being a sort of an island or a great holding environment of care. It's such a nice image to hold; because I think that's what Early Head Start Program...I don't think I know that's what Early Head Start Programs are for children and families.

And I think it's a nice lead in to talk about, you know, in the mist of all this, this pain we're feeling about, what these children and families are going through to sort of begin to talk now about what is we can do for children and families and for ourselves as professionals, because there are these wonderful holding environments that we can create for ourselves and the children and families in our care. So let's talk for a bit if we're ready to about supporting staff following a community trauma and I'm gonna ask if John wants to start and talk a bit about some of the specific strategies we can talk about about supporting staff following a trauma.

John: Sure, I think the points that have been made make a lot of sense when we're thinking about what is it that staff needs to do first in responding to a community trauma when they have children in their care. And as I was listening to some of the these stories I was reminded of what we know about typical development and that is particularly younger infants but even older toddlers and so on often get their cues about how to feel and how to behave from the adults around them, the significant adults around them.

And so if their caregivers, parents are feeling stressed and their emotions have changed and their not as emotionally available as they typically have been due to their own response to the trauma, then those infants and toddlers and young children are likely to be more anxious themselves and develop some of these symptoms. Then they come to Early Head Start and how are those caregivers around them and perhaps that denial helped those caregivers to be a little less distressed themselves and to be more calm and predictable for the children.

It's important however to be open and honest about how we're experiencing the trauma and get the support, we as caregivers need, in order to be as available as possible to the children. In the disaster work that I do we often use an analogy of flying on an airline and when the stewardess gives you your instructions about the oxygen they always say that if there is someone with you that's dependent on you put your oxygen mask on first and then put the oxygen mask on the child that's with you. And similarly in trauma we want to make sure that we're taken care of so that we are as available as possible to those that are dependent on us.

Kathleen: That's a wonderful analogy. I think it's a real strong visual symbol of really of what we need to do because again, we really can't, we can't really give, you know, when we're so feeling so deprived and stressed out we really can't give to the families and children in our care. And I know certainly when people are under stress they feel much more in control and much more, I think capable when they have a plan and they feel a sense of common control.

Can you talk, all of you, about whether notion of planning ahead and addressing the anxiety and stress that the staff were feeling and you Carolina, if you wouldn't mind starting. Do you have plans or preparations for these kinds of events, not that you can plan for everything that happens, but the sense of, being able to have a plan in place for when

traumatic events might occur?

Carolina: Well, I'll tell you a couple of things. The first thing that happened, John I love that analogy about the oxygen mask and putting it on yourself. The first thing that happened right at 9/11 was that the Executive Director of the Grand Street gathered all the staff and she said something that kind of feared her in everybody's minds and really sort of gave everybody marching orders. She said "I understand that your thoughts are with your family and I know that's your number 1 concern and if you need to leave you can go now and there will be no consequences." You know what people did, right? They stayed.

What happened was that she had addressed their oxygen mask first, right? And they were able to breathe and think and then so people, it's just this solidarity, staff understood themselves understood. In other words that we were all shocked and dismayed and something terrible, not only had happened but what happening that day and the days subsequent. So that first thing really, just telling the staff and letting them know that we understood them as people in a situation really helped. We didn't have emergency plans per se as so many agencies before 9/11.

But we did rely on the principals and practices of the program, which really brought people back to sort of, "What are we here to do?" We are here to help and people really graded themselves in that. Over time we really looked at the lessons that we had learned from the emergency, and for example staff realized that there were no phone trees, there were no ways of communicating with one another, so subsequently we orchestrated plans around the lessons that had been learned on that day and on days subsequent.

Kathleen: I think Carolina, I think that's just great because you give the control to the staff as well to sit down and create a plan based on their knowledge and experience. And they can feel ownership of that, and I think that's really key and I think it really empowers the staff as well and I think that's a wonderful point to make. Christine you talk about addressing basic needs, can you say more about that, because you talk about the staff and what they went through as well.

Christine: Oh yeah, oh sure. We have programs in southeast Louisiana and one of, and we have programs in Lacombe and Slidell which were really devastated by Katrina and I would say one of the centers, Slidell in particular, there is a staff of about 30, we served about 120 children there. A third of the staff lost everything, their entire home, everything.

Probably the other 20 of the staff had severe damage to their homes, so and our center there was also flooded so in addition to their home having devastation their work had devastation and that was amazing cause we really did tell people if you have to take care of your needs, take care of your needs, come to work if you can. And people came to work and that was the amazing part. I just think the custodian at the Slidell center who had lost his home and he put a tent in the playground to start cleaning up the center. He stayed at the center for 2 weeks because he wanted to get it ready for the children.

You know, it touches your heart when you see how much the south really loved the kids and the families. But where we started with that was we decided as a team what we would do is try to address the basic needs of the staff first. The children and families we needed to clean up and get the centers ready to reopen and we took that time while we were doing that to meet with staff individually, kinda do a mental health, kind of debriefing, so they met with a mental health person. And we have relationships with mental health people before, so that helped. But we also realized that we had to do the basic needs. Like people had to have housing.

We had people living in tents. We had to help them find places to live. We actually, you know, I put a carload of people, we took them to the food stamp office because there a lot of the staff had not applied for food stamps before and so that was available to everyone in Louisiana so we took every staff person down to the food stamp office. We helped them fill out their FEMA applications, we helped them contact their insurance people and we kinda made a page and a plan for each person. And what that gave us was a model of how we were gonna do this with our families.

So kinda by starting with our staff then we were able to develop the model of how we would be able to help our families cause we kinda had the practice from helping our staff and kinda setting up that system of what to do and where to find out the information, but I think Head Start does a really great job with that.

Kathleen: I think that's wonderful. So it sounds like number one, it's recognizing that the staff have needs as well. That seems like the first step and then turning to Head Start principals and practices which are really informing, can inform your crisis management, and then involving the staff and coming up with strategies and helping them feel in charge. And also involving Christine, you didn't mention that, but I think it sounds like a lot of the mental health consultants and mental health staff organized that kind of debriefing and crisis response. And I think we're gonna move on.

We have so many things to talk about, but I did want John, if he wouldn't mind mentioning to sort of wrap this up including in that list of things in terms of starting with staff and what they need, can you talk about the importance of supervision on a regular basis as part of working with families exposed to trauma?

John: Absolutely. I've heard these stories before as we got ready for this presentation and I'm struck once again listening about how dedicated and task focused and caring about families that Early Head Start professionals are, that they responded in such dramatic and exciting ways and even in the midst of their own trauma. And I think that's, you know, that just says something about a lot of us who go into the caring professions that we put others first. Just in general. This is where we get towards that line between healthy and unhealthy denial sometimes and tend to sometimes lose our own humanness.

So when someone can say to us that it's okay for us to have feelings too, if you will, that we've been through a trauma as well and that it's okay to talk about that and get those needs met. That can be so humanizing and relief-giving to the staff.

Hopefully in an ongoing basis there is a reflective supervision process in which supervisory staff have a relationship with the line staff that says to them on a regular basis, "How are you feeling about this? What's it like working with this child, seeing these families going through this, having to solve this problem, what are your feelings about that?" and being able to process that on an ongoing basis so that people can move beyond again their own personal sticking points and be more broad in their perspective.

If that kind of relationship pre-exist community trauma then that's a wonderful resource that then can be immediately put into play and when there is a trauma so that caring people are still caring people. And that's sort of continuity of available relationships can be a tremendous support to the staff that are working with the children. And in fact, it provides a model for what we want to provide to the children and that is the continuity of care.

Kathleen: Absolutely. I just can't share that on enough cause as an educator with different in the field of mental health is that clinical supervision, reflective supervision, regular supervision is just a part of the system of care. It's just a part of the program model and teachers, it's just not a part of the program structure, and teachers now are social workers, and they're psychologists, and they're nurses, and they wear many hats.

And the problem is that the program models haven't caught up with the demands of what the teachers are now doing and they absolutely need to have that ongoing supervision to talk about the emotional experience of the work and get some help in processing some of that. So, hear hear on that regard.

Carolina: Kathleen, if I could ask something real quick? Kathleen: Sure

Carolina: You know helping the staff be prepared for the fact that the kids are going to be acting out a lot of this trauma over and over. In our case the toddlers were building towers and building blocks and kicking them down. And doing this over and over again and very much upsetting staff. And so for staff to also be aware, you know, of the fact that, you know, this is going to be happening and the kids really need to work this through. And to be aware in supervision as to how they feel. I think it's very helpful.

Kathleen: Uh huh. Absolutely, absolutely that's a good segue. Carolina has become great at segues. (laughing) Let's talk about, about what we can do to support children and families. And so as we think about, about this work to the panel what information and support did you find helpful in supporting families through these kinds of traumas? So we want to be specific about the kind of strategies that we employed and supporting families that we've found helpful. I'm

going to go to our expert Christine and ask her if she wouldn't mind piping in here with some of what she did. She's just had some wonderful interventions.

Christine: Sure, like I said having the staff to work with first kinda gave us some model for how we would work with our families and it also helped to prepare staff to be ready for the families and the children, whether they were seeing them in the home or seeing them in the center. So, we did the similar things that we did for our staff. We let them know what to expect, that children will regress. I think just that information alone about the signs and symptoms to look for, that information kind of relieved so many parents, families, and teachers.

We processed with the staff and we also did that with families, kind of their own feelings and emotions. Kind of a checklist of symptoms. Kind of made a game of it in a weird sort of way, but we would check off how many symptoms each of us was having when we would do that. And we kind of gave a prize to whoever had the most at that point. (laughing) You know we were trying to do something fun with it and that would kind of get people talking, and to realize that people really wanted to talk about it because they didn't know where to start. But kind of talking and getting that support really helped.

Also I was really impressed, I had a colleague that was in Florida and she was trying to find out FEMA information and how to do food stamps and this stuff and she didn't know what to do cause she wasn't in Louisiana and she called the local Early Head Start in Florida and they knew exactly what to tell her what to do and so we kind of use that same model here that we really needed to know that information so we could help our families. And since we had helped the staff get that information we knew where to send families to call, to get their blue roof.

We knew how to hook them up to get meals, you know, or how to get signed up for the trailers or how to contact their insurance, so all those plans that we had made for staff kind of transferred to families. We met with families; we offered every family as well as every employee support in mental health and counseling. If they were ready when they wanted to have it, they could have it. It took a few months for families and staff to really get to that place but we have had a lot of people take us up on that.

So where we started was really with the basic needs first in trying to help parents and just kind of giving education to parents and staff about responses that kids would have or responses that they would have themselves. Because sometimes, you know, as an adult who's been through this myself you feel like you're going crazy or losing your mind, you can't concentrate, but you're having somebody say, "Hey that's normal right now" makes you feel a little better.

Kathleen: I think that's great, I think that's a great message. And we want to recognize too here that we're talking to an audience that both does center based care and does a lot of home visiting and I know Carolina has a lot of experience with home visiting and her program. Caroline can you talk about some of what your staff was doing in home visiting program, particularly around interventions and helping families cope?

Carolina: I think that, again we saw very similar reactions, reactions that staff had and families in center-based and we saw very similar reactions in home-based. In home visiting the staff really encouraged, the staff really encouraged to offer the same kinds of support that had been offered in center-based; opportunities to talk, information about the environment.

There was a real concern about the environment. Just like we were saying to parents to turn off the televisions, for example, which were sort of, you know, this theme, and you couldn't get away from sort of the images of what had gone on as we all know so well. So home visitors had an opportunity to be inside the environment and to make concrete suggestions around turning off the television, around sort of helping parents reassure children and reassure themselves.

Also some concrete needs came up. There was a big concern over time about employment, and issues around people losing jobs, and FEMA-related kinds of referrals. So staff became quickly adept at knowing what the resources were and bringing those resources to home-based parents in addition to center-based. So people again, were struck by how the folks immediately relied back on sort of fundamental principals of Head Start and really being resourceful and getting the information to the folks.

Kathleen: And I think that's great. Just speaks to how successful the Head Start model is and that message of unique parents where they're at. And if it's the basic need you meet them there and you move forward with parents and work on what the parents' goals are and I think that's just really speak to the success of the model.

And I'm always struck by the intimacy of the home visiting experience and that home visitor relationship and it brings to mind again the issue of the attachment relationship and how that can be so derailed by a traumatic experience and I think the potential for such powerful intervention that can happen, particularly in the home visiting environment and I wonder Christina if you could speak to that, if you were seeing attachment difficulties or issues when you were working with families and John as well. I don't know if Christine or John, you had wanted to respond to that.

Christine: I'll just say a little about the home visitors that we saw. We had to start; we actually started with our home visitors going to the shelters because the home situation was so disrupted. That many of the families lost their homes and so that's kind of where we started with the families, to let them know that our centers were reopened in mid-September. In October we really started with the home visitors going into the shelters and letting families know we were here again and we were ready to, you know, come back and help them.

But we saw a lot of just difficulty. Parents were so overwhelmed and so trying to get their basic needs met, that we were trying to offer support either through home visiting or adding additional slots in the center to try to get them a respite. To get some time and to give them another person to talk to because I really think the home visitors kind of provided that support; the parents having the other person just to talk to and listen to.

John: I would piggyback on that, the same ideas and first of all in general if we think again back to the symptoms that tend to occur in the community trauma in the adults, many of them can be seen as attempts by the adults to take control in a situation where they've really experienced a tremendous or complete lack of control. No home, no job, no food so they need to take some, rest some kind of control back and sometimes that gets focused on the children and then their children display symptoms like regression and not having the skills they had before and they suddenly feel like they've lost control there too.

And obviously the potential for damage with a patchment relationship is clear when a parent feels like they've lost that connection with their child and the child then picks up on that, so it makes parents right for this kind of educational intervention that we've been talking about, giving them information about how children typically respond to trauma so they can see that it's not their fault that Johnny's wetting the bed now, but rather this is something that can be expected and as we normalize that and talk with them about their child individually...

...not just generally how kids typically, but also then to their child individually, we can give information that can help them bring their focus back to a connection and understanding the capacity to reflect on what's going on with their child and we know that that reflective process when it's happening is in the interest of an increased attachment. More specifically after 9/11 when I was in New York we found it was very helpful to have a physical space where parents and children could be together away from the stressful environments of the destroyed area or the news about the ongoing information about the trauma and the disaster and so on.

But a non-task environment where children and their parents could simply physically be together and just be with the, parents could be with children and do whatever they felt like doing. So Early Head Start can easily move into, I think, providing that kind of a both physical and psychological space for children and parents to be together and thus support that attachment relationship.

Carolina: I can't say that enough in terms of John is so right what you're saying because it really is the one environment that we could control, the one place where you could turn off certain stimulation, where you could actually engage the kids in a different way -- where parents had some respite, and where people could actually talk in a safe environment about what had happened.

Kathleen: I think that's really wonderful and those are such important interventions too. First of all, give parents just a respite because they are so exhausted and to just give them a break from their children so that they can be rested and

more available to them and then to normalize child behavior and sort of explain it and give them an opportunity to reflect on what's happening and think of ways to have interactions that are more positive and supportive of each other and then just a place, a safe place to just be and be together.

I think those are really important interventions for the attachment relationship and I think what I gonna have people do is move on. We have about a little more than 10 minutes or so of some discussion about some strategies to support children and then we're gonna go to questions if we have them from the audience. But I want to get into some more of this information about supports the children because you all have some great, great interventions to talk about.

So I think of primary importance, I think the panel will agree, I've learned this from the panel and from my colleagues, is that what children have been traumatized need more than ever our opportunities to feel safe and secure and that's sort of a primary intervention, is, "How can we have children feel safe and secure?" And so I turn to my colleagues on the panel and say what strategies have you tried or do you use or do you suggest to create safe and secure environments for children following a community trauma? Can I ask Christine what things that you did?

Christine: Oh sure. The biggest one thing I can say that is people, just remember one thing is the importance of routine and just have the familiar routines for the kids as well as the families. You know at the center we eat breakfast at a certain time, we go outside. Of course we have to be flexible cause kids are gonna be more clingy, they might be more aggressive, there might be different things going on. But just having that routine so they know what to expect, which in a good Early Head Start and Head Start Programs we have those daily schedules and those routines.

Just so the children do have a sense of control and expectations they know what's going to expect. So that's something we already do and do well and we can keep doing. But to have that sense of routine I think it's important to help families to understand the importance, to have some sort of routine and that can be really hard when your whole world is destructed, your home's disrupted. We've worked with a lot of families on even just trying to go back and set up, even if they are in a shelter; going back to setting up that bedtime routine.

I worked with one parent in a shelter, she used to read books to her son before everything had happened and we talked about, you know, we just got her some books so she could even in the shelters still before he went to bed read the books. Kind of get back to that routine and predictable thing that would happen in his life so there'd be some sense of consistency, routine and ritual.

And that was I'd say the biggest thing just to help the kids feel safe and secure, keeping that routine, keeping that structure and that will really help them to feel safe. And just be emotionally present. That's the other big thing that we've learned to have. Parents and staff to be there, just to be there to respond to the child, not just physically to be there, but to be there emotionally.

Kathleen: I think parents can probably relate too, cause I would imagine that lots of adults are trying to establish routines and rituals too, who have experienced the community trauma. So we all want that, we all want the routine and the rituals that make us feel safe, both adults and children crave that. John, can you say more about that? You talked about clingy behavior, do you think some kids get very clingy and other kids get very withdrawn?

Is it okay that kids get extra clingy? What about the withdrawn kids in terms of, you know relationships of care and how do you respond? Is it, why do some kids need extra comforting and some kids don't seem to want it? I mean, what about the sort of individual reactions you see in kids and their sort of individual needs for different kinds of routines and relationships and those kinds of rituals?

John: Yeah, sure. And I think this falls back to a basic infant and early childhood mental health principal with following the child's lead, which is also an important part of attachment of course, is being able to read the child's cues and each child is unique individual depending on what their life was before the trauma, what their particular experiences have been since the trauma and particular what the relationships have been like since the trauma is going to dictate to a certain extent, what symptoms they're going to present. So we want to follow the child's lead, if they need additional physical reassuring like clinging.

So we need to support that for a while and understanding that it's a transitional transitory kind of behavior that the child needs in order to get some sense of control over this situation themselves. If they need to knock down blocks over and over again in their repetition of the towers falling, then we allow that to happen even though we as adults may be distressed by that because it reminds us of this trauma we're trying to effect that understanding that that particular child needs to get a sense of mastery and control through repetition...

...which when we step back we realize that's how toddlers and preschoolers get mastery over everyday events is through repetition. Or if the child is withdrawn and needs some time by themselves we're gonna honor that even as we continue to provide a welcoming attitude, you need to invite them to participate. Even sit with them as they're withdrawn, so that they don't feel like they're all alone and have to deal with the situation by themselves.

The idea is to, again meet the child where they are, just like we were talking about meeting the families where they are, provide them as much consistent routine and relationship, the same caregivers if possible, the same rituals, reading the story before bed or having prayer before meal times, or whatever particular families value system suggest and being with them in a way that offers assurance that they're okay. Those are the more critical piece than a particular symptom I think.

Kathleen: Uh huh. And Carolina you speak of this bubble of safety, I like that image, but it sounds, can you speak about that? It sounds like that that's what we're describing here with the routine.

Carolina: It's really about the holding environment that we can create for children. Whether it's at home or whether it's at the center. When Christine talks about, and John talks about the routines and the importance of routines and rituals, within those routines kids can work out some of the trauma. A good holding environment, a loving environment, a safe environment allows kids to, sure enough, put the blocks up and knock them down or actually talk. One of the things that was very distressing for teachers was that, especially the toddlers kept talking about how we were all going to die.

And there was this idea that there was gonna be another attack and actually I was reminded that when we asked parents to turn TVs off. Some parents were saying but you have to keep it on just in case something else happens, we have to know. You know, it was that state of alert. And within the environment kids then could talk to their teachers, could talk to their parents about we're all gonna die and what's gonna happen to me. And really there were opportunities there in an open environment to reassure children that things would be okay. You know, so that's the bubble of safety for me that I really felt the program really allowed for that to happen.

Kathleen: Uh huh. And within that holding environment are all those rituals and routines and those rituals and routines can be culturally based as well and the family, cause you mentioned John prayer or other cultural rituals that help a child feel grounded and a sense of belonging and you know a sense of order in their universe at a time when they really especially need it. And I think that's really important for children because they learn through repetition and mastery of things around them and when they feel in charge of what's going on in their environment and in their world.

It brings me to another question we have particularly for Christine who when we think about a child's environment and specific toys that can be helpful with young children, you know I think that sometimes when a child has experienced a trauma or something extraordinary in their lives we think that we have to come up with different or sort of activities that have different bells and whistles and new and exciting kinds of activities...

...but in reality what we're talking about is using the environments that we've already designed that are well designed for children and toys in that environment that are developmentally appropriate and to allow children to use them in ways they need to process their experience of trauma so we're not talking about necessarily different kinds of toys or different kinds of activities but we're talking about good developmentally appropriate practice. So I just wanted to ask Christine and the rest of the panel how they might use art, music, movements, circle time in ways it can help children process their trauma experience, to help them tell their story or figure out what has happened to them.

Christine: Well even I think just using your art too, but using good basic books that you don't have to have special books. At first we looked for books about the hurricane but you really don't need books about the hurricane. You need

just regular good books like "Good Night, Moon" or "Owl Babies" or kinda "Where the Wild Things Are", books about feelings. You know, books that help kids feel the separation, books that help kids express feelings even the little toddlers, you know, having those basic good early childhood materials is really just what you need.

Having a good pretend and learn where kids can kind of act out those scenarios is what we already have, so kind of just adding to that giving them opportunities to draw or tell their stories, you know make books like they do other things and just kind of share. So they don't have to have special materials. It's just a matter of doing the basic good kinda nurturing activities and helping kids kinda identify and express themselves the way you would before.

Kathleen: And to understand that we may have our own strong feelings about it as a process is occurring and to be able to, again take those feelings some place and supervision to be able to process that and to be able to bear witness to a child's pain, but to be able to tolerate that to be able to take those feelings someplace so that we can help a child through that experience. I think that's what's really tough. No go ahead Christine.

Christine: And to add to that I was part of the process of our model, was to do that training with teachers, I believe there's a role play on page 9. That's something we did with older toddlers and some 3 year olds, but to kinda address when kids are asking questions or kinda doing that play, how to handle it, to kinda play it out and really just to reassure teachers they do have, they don't have to have, you know special psychological training to deal with kids, kinda an aftermath. They just need to respond in a loving, nurturing same manner that they would before with that.

Kathleen: So wonderful. I see that we are so good and so organized that it's 3 o'clock. We've gotten through many of our questions. I'm gonna ask our operator Tamika, I think I'm supposed to do this at 3:00, to see if she will come on line and see if there's any questions from our audience to ask the panel. Tamika, are you there?

Tamika: Yes Ma'am, thank you. The question/answer session will be conducted electronically. To ask a question please press star 1 on your telephone keypad at this time. We will take as many questions as time permits and proceed in the order that you signal us. A voice prompt on your line indicates when your line is open to ask a question. We ask that you please state your name before posing your question and once again that is star 1 to ask a question. And we will take our first question.

Sue Margot: HelloPanel: Hello, hello

Sue Margot: Hi, this is Sue Margot from Region Five. I'm the program officer with Early Head Start and my question is I think there's going to be a movie coming out this weekend about the 9/11 occurrence. And I'm wondering if you have any tips on how programs can best prepared for this and address it? I'm wondering if there should be maybe like talk groups or how, because I'm sure there's going to be a resurfacing of feelings and fears and there's going to be a lot of talk about it. So, what kind of tips can you give to us?

Kathleen: Would you like to ask a particular panelist or are you asking that to anyone on the panel? Sue Margot: I'm just asking everyone. Kathleen: Okay. Sue Margot: Thank you Kathleen: Okay.

John: One of the things, this is John; I haven't been saying my name first because I kinda guessed that my voice might stand out among the crowd. (laughing) This is John. One of the things that we know about traumatic response that we really haven't focused on though is that it is particularly responsive to reminders of the trauma. And so when there's something that is associated with past painful experience, something that reminds us of that does open the door for the re-emergence of feelings. You know there's a lot of discussion right now whether America's ready for yet, for a movie about 9/11. Well ready or not, it's coming.

And so we have to be prepared for that age just having the ads for the movie is going to be enough to bring out some response and strong feelings among some. Others are going to go see the movie and then see very emotional events taking place and that's gonna remind them of previous feelings. So I think having the opportunity in a community for people to come together and talk about how they're responding is a fine idea.

Whether you want to do that in an organized fashion and say, you know, we're gonna have a talk group or whether, I

guess this would be my bias, would be that you have the folks that come in to contact with your individual families, social workers and teachers and that sort of thing, have their ears open for voiced concerns and then have an opportunity to talk to those people individually and help to assess whether they might need some more support. But I think anticipation of that is a good idea.

Carolina: You know, this is Carolina, thinking sort of as a manager, you know. That is such an excellent question by the way. Because I immediately thinking, OK. First, well we can't keep people from going to see it. Okay, so we can't do that. (laughing) There's a part of me that think many folks are not ready, especially in New York. It's just, I know that there's already been so much talk about some people, you know they saw some previews and, you know, there was just a real reaction.

But I'm already thinking about, you know do we hand out sort of a fact sheet; you know that says, "If you go see United 93, you know, expect this. You might feel this and we're here for you." Or do we do something more organic as John is talking about, just keeping our eyes and ears open? But I do think that it would be really great to just alert staff. To be sure that, you know, some folks are gonna go see it and I would guess that a lot of parents are gonna go see it maybe not thinking that it's going to be such a shock, until they come out.

Kathleen: Right, I think, Carolina, I think you bring up a good point. There's room here probably for some anticipatory guidance, letting people know before hand in some way. Either one on one conversations or letters home or in some fashion to let people know and then also to be alert for signs or signals from families and then maybe offering an open avenue for discussion. Because I think, I would venture to guess that most people will be a little blind-sided, not realizing that they, you know, making assumptions that this won't be as powerful as they think it might be. So, but as you said, you know, ready or not, here it comes. So we'll see.

Carolina: And I wouldn't be surprised, for example, in New York if the movie shows up bootlegged and people can show it at home. And making sure, you know, that parents don't have their kids see it or that if they do, which would be unfortunate, you know, to be prepared for that. Because that happens at least a lot here in New York. That the movie all of a sudden, you're sitting on the subway and there's the movie that just came out. Some guy is selling it.

Kathleen: Right. Exactly. Thank you very much for that question, very important question. Do we have another question? Tamika: Yes ma'am, we will take our next question. Hello, your line is open if you do have a question.

Cheryl Collins: Hi this is Cheryl Collins from Stanislaus County Office of Education in California. I had a question about did you have any parents that were reluctant to bring their children back into childcare and if so how did you contact those families that hadn't contacted you to encourage them to come back?

Kathleen: And is this a question for Christine, who's in the gulf coast at the Hurricanes or the folks that worked with the 9/11 families? Cheryl Collins: Either one. Kathleen: Either one, OK. Christine...

Christine: OK, sure. Actually that is a great question and we did. And that's a good point to expect that. What we really did, again by having home visitors, we would have home visitors go to the home and when the parents were ready. But what we did when we opened the centers back up in mid-September and early October we invited the parents to come and stay. They could stay as long...they could stay in the classroom, they could stay in the building.

We kind of actually, that's how we got a lot of information to the parents, we would kind of have refreshments set up in the parent room and chat with the parents while the children were starting in there. But we just invited the parents to stay with the kids as long as they felt they needed to and the kids needed to. The parents really, I think they needed some support themselves and so we were kind of able to provide that by talking to them as well and just making it okay for them to be here.

Carolina: This is Carolina. I don't remember that we had any parents that actually kept their kids home. I think that one of the first questions that come up was, "Is there gonna be a disruption? Are you gonna be here?" And the answer was, "We're here. We're here now and we're gonna continue to be here." And I think that sort of that bridged and the parents got a sense they could continue to make use of our services. And what we saw mostly was separation anxiety

and so there may have been a couple of parents where, you know, they did not bring their children in as quickly back. But it was not a major issue for us in my recollection.

Kathleen: I think it's a very good question and a good point to remember that separation anxiety works both ways. (laughing) Both for the little ones and the grown-ups too. So, I think that's such a big issue for families who have been traumatized. That those issues of the tremendous fear and anxiety and loss that's felt and how it gets played out in separations.

John: My situation after the 9/11 was a little different in that. I was working in the context of a temporary childcare center that was set up in the disaster assistance center, where families of the folks that had been lost in 9/11 came to get assistance and so we created a holding environment for their children while they went off and stood in line to apply for things, sort of thing. Similar thing we do after natural disasters.

So the families were not bringing the children to a familiar place like a Head Start Center but one of the things I noticed in New York after that extreme disaster that I hadn't seen before in others was what I came to call "parental reapproachment", which is the technical term for that checking in phase that young toddlers go through where they move away and then come back and check, make sure their parents are there, then they can move away and so forth.

And what we saw in New York was that the parents would get out of line and come back and want to peak through the door and make sure their child was okay and I think it was a good indicator of that, that separation anxiety going both ways. So I like the answers that I've heard already because going to the families, offering them reassurance, giving them the opportunity to come back and stay with their children all are strong messages that we're with you as you work this out.

Kathleen: Uh huh. Very good. Do we have another question? Tameka: And once again, that is star 1 if you would like to ask a question. And we will take our next question. Maryann Claussen: Maryann Clausen with Early Head Start. I have a question for the 9/11 staff. Can you give me some examples of strategies for dealing with specifically with the youngest child when a parent is suddenly killed in a disaster and the child discovers it?

John: The child discovers the dead body? Maryann Claussen: Is the first to discover whether being told or finding the body of the parent?

John: Either one? Uh huh. We had a couple of examples of that in not so much as discovering the bodies of course because the 9/11, the bodies were in a public place. But certainly the issue of young children coming to understand that their parent was dead. I spent quite a bit of time with, I can think of one father that had a 4-year-old who he had not told yet that her mother was dead.

In fact, he had just, when I was in New York it was 2 weeks after the actual disaster and it was just at the time that death certificates were being issued, that we had made the transition from rescue to recovery and so families were coming to grips with it in various ways, whether their loved one was dead or still out there somewhere just yet to be discovered. This father had come to the realization that his wife was indeed dead. And he was struggling with how to tell his 4-year-old that.

This was a creative 4-year-old who was drawing maps at home, that she was wanting to distribute so that her mother could find one and figure how to get back home. And so we had a lot of conversation about what his beliefs about death were and about strategies for just telling the truth about the many people who had died. It was a very dangerous situation and her mom was one of those and the basic facts.

My basic strategy in telling young children who are cognitive enough to understand about the death is to give them the basic facts and then allow them to ask their questions. And then provide the reassurance of the ongoing security of whatever ongoing relationships exist for that child. Daddy is going to continue to be with you, in the case the example that I was. But that was a strategy that I employed to 9/11. Does that address your question?

Maryann Claussen: Yes, if anyone has any suggestions I would appreciate those too. Kathleen: Go ahead Christine

Christine: I was going to say that basically our strategies are the same thing, just of keeping it very simple, very basic, really finding out the families beliefs again and the message about that. But really very basic, very simple and then following the child's lead and seeing how to response from there. Since the child's probably underlying questions "am I safe, and am I going to be okay" and needing reassurance for them.

John: Yeah, I think the reason, of course, for keeping it simple is that we sometimes over-adultize this situation. And our own need to offer complex explanations and to try to offer reassurance through information we actually give information that the child's not ready to handle. And so if we start with the simple and then respond to their questions that gives us some reassurance that we're going to meet the child where they are the best that we can.

Knowing that their fantasy is going to be worse than any facts probably that we can provide potentially. And that if we give them some basic facts then they can go from there in terms of talking with us. Particularly if we model that, this is not a taboo subject. This is something that we can talk about. Then the child will reciprocate and let us know when they're having questions.

Kathleen: I think, this is Kathleen, I think John made a very important point and I think lots of times families they'll either want to say too much more than the child can really take in developmentally. But often times families don't want to say or talk about it because it's so painful and they want to keep...they do it out of wanting to keep the child safe too or they feel it's keeping the child from feeling pain and what will happen with kids, as John said is in the absence of information they will create a story that is often full of misinformation and much scarier and more tragic than perhaps the reality of the situation.

And I think in particularly for preschoolers, who have such a rich fantasy lives and are also very ego centric and often blame themselves for a lot of what happens around them. I think you can run into some very difficult problems and so that's often what I've had, conversations I've had with parents is the importance of really telling kids in ways that they can understand. The truth of what happened is really ultimately the healthiest way to help children process the experience and as they get older they're gonna have different and new questions about the experience based on their developmental progression.

So if something happened when they were 2 they're gonna ask very different questions and when they're 7 or 8 or 9 or 10 and so that these issues will come up and will come up in an ongoing manner, but that its important to be as honest and truthful as one can be. Because again in the absence of information, you know, more tragic stories can be created by the child. Any other comments or do we want to go on to another question?

Maryann Claussen: I have a comment.Kathleen: Uh huhJohn: Yeah

Maryann Claussen: When my husband was killed suddenly and my 8-year-old was the first one to find out, I found out that it was really important to invite others to help him. Like invite one of the most important things, most effective was inviting his school teacher to have the children each draw pictures and write a note on it for him. We did that and bound it and the notes were so healing but it was on his level. Things like "I know just how you feel. My hamster died last year." Recognizing death, doing those simple terms and he read it for years and is so healing. So even if we're not their parent I think we can do a lot to help other people.

John: Excellent, excellent you're right.

Kathleen: That's excellent and you're really holding him in his memory and that's such a wonderful healing experience. And your point is so important and that you're doing things at the child's developmental level and where he's at developmentally and that's really so critically important, which is why I think teachers, especially need to have the help of mental health consultants who really understand, you know, how children understand death and developmentally so that they can really counsel and help people understand how to talk with children.

Christine: And just to add to that, one of the things, this is Christine, we did, and I loved your point that you invited the school teacher. What we did with the children that were displaced from the hurricane, we assigned them buddies in

the classroom and that was a way that we made the children that had been displaced in the upheaval feel more comfortable in the classroom setting by having that peer support. And we had buddies for them on the bus and buddies for them in the classroom.

Kathleen: Uh huh. Very important intervention. Absolutely  
John: Uh huh! Not being alone. There are others that feel this way too or there are others that are there for you. Either one of those provides that sense of not being isolated and not being just at the mercy of my own limited capacity to cope with this. So that is a very normalizing and healing process.

Kathleen: Uh huh. absolutely.  
Tameka: And we will take our next question.

Jackie Shanks: Hello. My name is Jackie Shanks. I am with the Los Angeles County Office of Education. My question is in terms of staff being able to cope after a traumatic experience, like Katrina and 9/11, did you have an increase or a decline in staff participating in the program?

Carolina: You mean whether, this is Carolina, you mean whether staff left the program or were unable to work?  
Jackie Shanks: Yes

Carolina: We did not experience that. We experienced staff being very, very stressed and some of the reactions that we've talked about in terms of people being unable to concentrate, people being unable to sleep and but we did not have anyone who actually left.

Christine: Likewise, here in Louisiana I would say we've had very low staff turnover. We actually just did the average for this year; it's actually a percent lower than last year. It's about 13% for the whole program. In the areas that were most affected I can, off the top of my head; out of about 60 staff we lost 3 staff. They moved to other states. But the rest of the staff remained. And I think it's because we were able to really provide them with the support. That's my theory.

Kathleen: That's remarkable. That's remarkable.  
John: That would be my theory too just from listening to you talk.  
(laughing)

Kathleen: This is Kathleen. I'm going out on a limb here because I'm gonna tell everybody how bad my memory is, but there is some research and the only way I can offer help in finding it is if you Google it -- Staff Retention and Trauma because there is work about looking at staff retention rates after traumatic experiences because I remember reading about it and I just don't have the reference.

But they talked about the retention rates are higher, this is all common sense, when staff receives a certain kind of support and it's what Christine and Carolina are speaking about as if there's a sense of, sort of a sense of peer support on staff and where the people are coming together as a team and I just can't remember the reference for that. But I think there is some research out there looking at that.

So maybe somebody can find that, but I think it's not, I don't know whether it's happens typically that there's good staff retention. I think there needs to be some pieces in place for retention to happen. And I think it's about having the right supports in place for staff. I'm sorry I can't remember more specifically what the piece of the research is. But I think...

John: Clinically I would see an analogy to the break-up of marriages after trauma. That relationships are very much at risk when there's a trauma for all the reasons that we been identifying, that individual reactions to the trauma, sense of control, need to find blame sometimes gets projected on the partners and whether those are marital partners or whether those are community partners, like Head Start.

So there's a lot of stress on relationships and when those relationships can get the nurturing that we've been describing and in terms of our understanding of best practices following a disaster like this, such as community trauma, then healing can happen and relationships are strengthened and so staff retention would logically then not be much of an issue. But if those are not existent or there other complicating factors then relationships get broken and people leave. I

was just wondering what the motivation for the question was, was there something we should know?

Jackie Shanks: No, not at all. John: Okay. Jackie Shanks: We talked a lot about the children. I was just wondering what the assistance provided to staff, was staff able to return and still stay with the program. John: Uh huh, very good, okay.

Carolina: You know one of the forms of assistance also entered into the form of allowing staff to step up in informal roles that helped the community get through. So for example in one of early childhood programs, it wasn't necessarily the social worker. The social worker was doing their job.

But it was actually a staff in Administration in bookkeeping that emerged of the co-lesser of people, the one that, you know, made suggestions about when to get together and talk about issues and when somebody else took up a collection and so, you know, what you saw was that staff in a very unusual situation also wanted to step into some unusual roles. And so it wasn't, people were doing their jobs plus. And allowing them to express themselves in that way. I think that was proved very good for staff.

Kathleen: Uh huh. Very good point. It's like you step out of feeling victimized. You step out of the victim position and gain power in that and take charge in a proactive approach to moving forward. Carolina: Even if it's not your official job because you may be the bookkeeper but... Christine: I learned a lot from my kitchen manager in Slidell. She knew exactly how to apply for everything. She's been a good source of information for us.

Kathleen: Excellent. Do we have another; we probably have time for one more question. Do we have another question? Tameka: There are no further questions at this time.

Kathleen: Well I don't believe how organized and precise we are. (laughing) We're on time today, this is wonderful. We do have to wrap up today. I'm disappointed; I think we could talk all afternoon. I've learned a lot today. I hope this was helpful for people. We are gonna end today on a positive note. Because we can, because there is a lot of positives in what we've talked about today. I hope we get a chance for everybody to talk briefly before we end.

As the group planned and talked over the last few weeks we kept coming back to this notion of resiliency and how in all of our collective experiences with children and families we've been able to witness again and again the power of resiliency in children and families and we recognized what some of the newer research on resiliency has been telling us. And there is a woman named Ann Maston who's done some research on resiliency and she has coined the term "ordinary magic" and I really love that term -- "ordinary magic". Because what she talks about is that resiliency is not some special characteristic that we only find in a few people.

That in fact resiliency is the province of us all and that we all have the potential for being resilient in our lives and that when we have our sort of systems in place and we all have the ability to make and maintain relationships, which is critically important for resiliency. We all have the ability to communicate and problem solve and when we all have the ability to manage our affective experiences we all have the ability to be resilient and so it's much more ordinary in people's lives than we imagine. And I think as we think about the potential that we all have to be resilient in the ways we can foster that in young children.

There's great potential for everyone to cope with the hard times that can come our way and we've seen over and over again the hopefulness that is in every child and family to really overcome trauma and tragedy. And I was heartened to hear from the panel the stories that we shared of the transformative power of trauma and that families do recover and can cope. And that always keeps me going and gets me up in the morning and continues to get me moving forward in this work. So, I believe that wholeheartedly and I always have hope for the families that I meet.

Because I see over and over again the power of resiliency and families who overcome seemingly impossible odds. So, I take with me every day and again think very good things about the people on the gulf coast who are doing such incredible work and the people in New York who have helped so many families. So I want to turn the last few minutes over to our panelists and have them say any final words and panelists, off you go. Anybody have final words to say about the work?

John: I will just make my final word be a quick story from 9/11 and that was that the center I referred to earlier was set up in a former warehouse on a pier on the Hudson River and one of the services they provided was a boat that would take family members to the disaster sight, the Trade Center sight and so that they could visit that and there would be grief counselors with them as part of getting a sense of closure. And one evening a young couple came to us with a 6-week-old baby that had never been separated from them before.

And the father had lost a parent in the World Trade Center collapse and they had come hoping to all go as a family to the sight. But there was a rule that no children under 13 could go because of the intensity of that experience and they chose to apply to even a 6-week-old child.

So somewhat reluctantly they left this 6-week-old child with us in the child care center, even though as they said and did their trip to the site and came back and found their baby asleep in the arms of one of our grandmotherly volunteers in a rocking chair and as I talked to them as they returned they said that they had been having second thoughts about bringing a child into a world where such a disaster could take place.

But one, having the experience to grieve at the disaster sight, but then also coming back to find their child in, to use the language of the day, a holding environment where she was well taken care of and was peaceful, gave them some sense of new hope. And so they were leaving that day with a sense that even this could be overcome and that they could provide for their child. That was a gift to me as a provider and I think we can offer those kinds of gifts to the children that we serve, whether it's on a daily basis or at a time of community trauma.

Kathleen: Thank you John.

Carolina: I won't offer a specific story, but I do think that when I heard Kathleen talk about Ann Maston's "ordinary magic" that's exactly what happened on lower east side side for me. I've spent my life in community based work and if I ever saw resilience in a community, I saw it then. And it really just affirmed a notion that human beings under stress and under trauma will come together. And when I saw sort of amazing, sort of informal and formal ways in which people organize all centered and grounded around helping each other, that was really just the most powerful lesson of the day for me.

Kathleen: Thank you Carolina. Wonderfully said. Christine?

Christine: I can say there's so many amazing stories and just so many staff and families that have touched my heart. I just don't even know where to start. One thing that comes to mind right after about 5 days after the hurricane one of the Early Head Start buildings had been pretty beat up and the roof had been torn off and the director lived about 20 miles away, and we didn't have gas and so you couldn't get places...

...but the staff that lived close to the center had come to the center and had gathered help from the community that lived close by and when the director came one week after Katrina, the whole building had been repaired by people who lived in the community. They wanted to make sure the center was repaired first for the kids and that just touched my heart. Without any real leadership or direction to do that, the community had taken it upon themselves to make sure that was done.

Kathleen: It's a wonderful story and a great way to conclude the conference today. I thank everybody for participating and we really honor the people that are doing the most important work that can be done right now, so thank you all for being with us and panelists if you could stay on the line we'll say goodbye to the participants and wish everyone well in their work with kids and families. Bye-bye.

Tameka: And that does conclude today's conference. We thank you for your participation. You may now disconnect.  
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