

**Something Better for My Children:  
Families Chart Their Course from Difficult Childhoods to Devoted Parenting**

**Closing Parent Plenary  
17<sup>th</sup> Annual Virtual Birth to Three Institute**

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Amanda Perez: Hello. So glad to have you here for this session, "Something Better for My Children: Families Chart Their Course from Difficult Childhoods to Devoted Parenting." I'm Amanda Perez; I'm a senior writer and training specialist at the Early Head Start National Resource Center. And it's my privilege to be here to close out the 17<sup>th</sup> Annual Birth to Three Institute.

It has been an amazing Institute all about the theme of nurturing the foundations for success with children and families. And if you've been participating, you've heard over the course of the past five weeks that through your work you offer families critical support as they build a solid foundation for their children's growth and development.

Many of you had the opportunity to hear from Dr. Vincent Felitti, the webcast presenter in the Family and Community Partnerships track earlier in this Institute. For those of you who didn't, I'm going to try and summarize his research. So Dr. Felitti discussed some really interesting stuff. He and his colleagues asked 17,000 adults to fill out a questionnaire about their childhood experiences. The researchers looked at folks who reported some very difficult childhood experiences – what he called "adverse childhood experiences," or ACEs – including abuse or neglect, the abuse of a mother, household substance abuse or mental illness, parental separation or divorce, or the incarceration of a parent.

Then the researchers looked at health issues for those adults. And they found that adults who experienced more of those adverse childhood experiences also experienced more stress-related health issues. So these included things like alcoholism and alcohol use, depression, heart and liver disease, and domestic violence at the hands of a partner. In other words, they found that adverse childhood experiences can have a long-lasting impact on people's health and also on their parenting.

Well that raises great concern for us, right? I mean, we hear that and we can feel hopeless and helpless. Like those children with high ACE scores have so much against them, how can they bounce back? One thing to remember is that Felitti and his colleagues found that almost all of us have ACEs, and those of us in the helping professions have more than most actually. And the truth is that many of us with higher ACE scores go on to have very healthy adulthoods.

I think resilience is such an important concept here. So the American Psychological Association, the APA, provides an excellent definition of resilience. I love this. And they say that resilience is "the process" – not a characteristic, but a "process of adapting well in the face of adversity." So we wondered, how do parents who have had adverse childhood experiences develop resilience? And how can Early Head Start and Migrant and Seasonal Head Start staff help them and their children in that process?

We'll be exploring those questions today, and we went straight to the experts for their responses to them. I am incredibly grateful and so humbled to have three parents here today to share their stories

with us and to offer their insight into what was helpful to them. I'm going to introduce them here at the beginning, but then I'm going to talk to each parent one at a time so we can hear their whole story all at once.

So first, it's my pleasure to introduce Tina Salinas. Tina's oldest daughter was enrolled in the Tri-County Child and Family Development Council's Early Head Start program in Waterloo, Iowa. Phew, that was a mouthful. I'm sorry. So glad you're here, Tina; thank you so much for being here.

And next, I'd like to welcome John Cornelius. We're delighted that you're here. You're a dad from Poplar Bluff, Missouri, and your son is enrolled in the South Central Missouri Community Action Agency's Early Head Start program. So glad you're here. Thanks for being here.

And finally, I'm so thrilled to introduce Sandra Serrano, who's a mom from Los Angeles, California. Her daughter was originally enrolled in Early Head Start – right? – with Hope Street Family Center and is currently enrolled in their universal preschool program there. Right? Thank you all a million times for being here.

As these three parents share their stories, I encourage you to think about whether you might be working with a parent who has faced some similar issues in his or her past. I – I'm sure that some of this will sound familiar. Think about how those childhood experiences from long ago might be affecting that parent and how you might be able to offer meaningful support to that family. And I think we're going to get some great guidance here today about how folks might be able to do that.

So we're going to start with Tina. So when you were growing up, there were really kind of five core people in your family, right? So you had you, your mom, your two older sisters, and your brother – your younger brother, right? We have a photo of you here from that time when you were little. And you are smiling so big in this photo, but at home I know that there was some instability. Can you tell us a little bit about that?

Tina Salinas: I grew up moving around a lot. My mom was addicted to drugs. She kinds of went through seasons of drugs. Sometimes she'd really be into alcohol. Sometimes she'd, you know, be on marijuana; you know, sometimes it would be a harder drug. So, we moved around a lot with – with some of her boyfriends. We'd get – you know, get a place by ourselves, she'd break up up – you know get – get with another boyfriend. We spent some time in shelters. And so for the most part, it was just her and – and two sisters and my brother. Sometimes just the one sister.

Amanda: Yeah. So that was the group of people that were traveling altogether. But there was still some instability. It was hard to know sort of where you were going to be the next day, those kinds of pieces. Right. We know that alcohol and drug use is not uncommon. I mean, one of the things that really struck me in Dr. Felitti's research is that 27 percent of the adults that he surveyed identified that they had drug and alcohol – drug or alcohol use in their childhoods growing up. And so, I think it's such a – such a common issue.

One piece of research that has been sort of verified again and again – and you and I had a lot of conversation about this – is that children of folks who are addicted tend to take on particular, sort of, identifiable roles. And they're called survival roles, which I think is really interesting. And it's because those roles really serve to help provide a little bit of stability in the family. They really help that child kind of feel successful and a little bit more secure in that family system.

And when we talked about that role, you identified as the placator. You said that you were a placator. Now, a placator is really a people person, somebody who doesn't want anybody to feel upset or angry or, you know, sad in any way. And you really took on that role. Can you tell me what that was like for you?

Tina: Well, I think I – when I was looking through the roles that you were talking about, I was thinking about how I – really, my – my main concern with growing up – my main way that I would help is to make people feel better about the situation. So specifically, my mom. If anything was going on and she was stressed, I would try to lighten the situation or do anything that was going to make it less stressful. If we didn't have electricity...

More – the majority of it was making sure that it was, like, not a big deal to me; you know? I mean, if the lights were off, you know, for an example – I can't think back to the specific situation – but, you know, we would have fun in the dark. Or – and I would make sure that I pointed that out to – to make it feel, you know, like we weren't affected so that she didn't have that stress or guilt of not having electricity. Or – we went into foster care when we were 9.

I wanted to make sure that I wasn't – you know, that she knew that I was okay with it. I wanted to seem like I was unaffected because I knew she was stressed out. And I knew, you know, my sister and brother were. And I was just really worried about – about their emotions. And so, I really just tried to be okay with everything.

Amanda: And you did a lot of care for your – for folks in your family.

Tina: My brother's about 14 months younger than me, so he didn't really need so much care. But he was the baby of the family, so we looked after him. You know, if my mom and sister left, they were like, you know, watch your brother. And so I, I spent a lot of time just chasing after him, you know, worrying about him. Really, mostly it was worry.

It wasn't so much – you know, he could – he could take care of himself. I didn't make him sandwiches so much. But it was – it was – you know, my mom and my sister weren't always there, so it was just making sure that he was okay every day. If he was running, doing something he shouldn't have been doing, I was like, "Don't do that!" You know, I was going after him, the stress of that.

So I took on that – the responsibility. It's like all the responsibility of – the things that I shouldn't have been worrying about, I worried about all that stuff instead of – I didn't want – it's almost like I didn't want my mom to have to worry about it or my sister to have to worry about it; you know? And maybe I saw my sister worrying about a lot of stuff, and so I felt like that's maybe what I should do also, you know. I don't know what it – what it was but...

Amanda: You were really trying to take care of the folks in your family and hold all that anxiety for them and sort of all that worry. That's a lot – that's a big job for a little person. So one of the things that you were saying, though, is that you – you wanted to make sure that I didn't think that you were perfect. Like, that – that I knew that you were – that – that there were some things that were going on with you, too. Can you talk a little bit about that?

Tina: Well, I just... As I got older – you know, when you're little you're innocent and you're just – you know, you're in the middle of alcohol or drugs. And when I tell people about the story, they're like, "Oh, you had such a horrible childhood, you poor thing," you know. But a lot of the choices that I made later were my own fault. So I just wanted to make sure that I wasn't telling a story of, you know, my family's terrible mistakes and my innocence; you know?

As I was a teenager, I – I drank and I smoked marijuana and, you know, I partied. And you know, I went out and I had sex, and I got pregnant. I did those things by myself. A lot of the things that I did I didn't have my mom's support, although she was – had addictions, you know, to drugs and things. She wasn't okay with me going out and – and getting into trouble or having sex. She wasn't okay with that.

So the – a big thing that I want to point out was that, though she had these problems and though I grew up with – you know, smoking marijuana was – was okay, you know. It was so – I was – I wasn't sensitive to that because it was around me so much. It makes it seem like she was – you know, didn't care about us. But it was okay to her also. But things – you know, there were – she loved us just the same. And she is – she – there's things that she didn't want us to do either.

So, I was not innocent and I broke rules. And I got pregnant on my own. And I had to deal with – you know, with the consequences of that. It wasn't my – you know, my family's fault. So... [Laughter]

Amanda: Well, and – I mean, I know that getting pregnant was completely terrifying for you. What can you – how so? Why?

Tina: Well, the main thing was that I was the good girl of the family. Anything that anyone needed, I did. I didn't want anybody to – to be upset with – you know, upset at all, let alone upset with me. You know? Like, I – I didn't like saying no to – to anything that my sister or my mom or my brother needed, or friends needed. So when I messed up, I was – I didn't not want to go to my mom and say I'm pregnant. I didn't want to tell her, I was so scared. And you know, it was like a huge let down like, you know, for her, I'm sure. So it didn't end up being that.

Amanda: Well you were breaking out of that role, right? You were breaking out of that role that you had taken on. I'm sorry to interrupt you; go on.

Tina: Yeah. So it didn't – it didn't – I mean she was very supportive and she – you know, she didn't have the reaction... It was all fear, you know, of what she was going to think and how she was going to feel. Not that she was going to, like, be so upset and yell at me. I wasn't afraid of really getting in trouble. I'm telling you, my – my feelings were that I didn't want to upset – upset her. You know what I mean? I didn't want her to be sad or – so that was what my fear was. And so after I told her, you know, and I'm sure she had – she was upset but she was supportive. And she was – you know, she wanted to make sure that I was okay too.

Amanda: Well, and you said that you were also worried about sort of how you were going to take this on.

Tina: Yeah. I knew that, you know, when you grow up and you go to school, you see other people who don't live the way you do. And there's things you don't tell people, you know, if you're – the things that we saw, we knew weren't normal. So, drinking and – and drug use and moving around, and fights, you

know, and – that stuff I knew wasn't right. And – but I was still in that situation. I was still living at home; you know, things never really were normal.

And so now, it wasn't just eventually, you know, I'm going to get on track and I'm going to, you know, get out of this situation. Now it was I got to figure out how to do that for me, which almost seemed impossible. It almost seemed like I wasn't the kind of person that was ever going to get out of that kind of lifestyle. But now it was also my daughter. I've got to get me and my daughter out of that kind of lifestyle. So that was very stressful.

Amanda: That was big and very heavy on you, of course. And at that point – so this was during your pregnancy. You started attending a parenting class called Young Parents Together – right? – YPT. And you were excited about that because by attending you earned all kinds of points, I guess, all kinds of incentives towards things that you needed for the baby, like cribs, you said, and diapers and things like that.

Now I just want to be really clear that YPT and Early Head Start are not the same program, that YPT isn't a part of Early Head Start. But Kim Teet was the coordinator of that YPT program and she also worked for Early Head Start, and she started encouraging you at that point to enroll in the Early Head Start program. So what was your response at that time?

Tina: Like I said, I wasn't – I knew that how we lived wasn't normal. And I was kind of taught, especially from being in foster care – I was in foster care for about a year. I had – you know, I knew what happened when somebody came in and saw, you know, the way that we lived. So I didn't want anybody coming in and judging our lifestyle, you know. I mean, it was mainly just, like, drug use and – and you know, if we – what if the electricity got shut off or something? I mean, that was never solid.

So you know, it's something that – it was just never stable. And so, I was afraid of – of Kim coming into my house. She had told me that, you know, the home-based program is coming into your house and sitting with you. So I immediately was like, "Nope, not going to do it." And I was very money-oriented, but it was in terms of points. So we collected these points and got, you know, free baby stuff. So I got my crib through there and – and clothes.

And so, I wanted to do it because I was like, this is an extra 30 points, 45 points a visit, you know; that's like an outfit or a bag of diapers. I mean, I was about it, you know. So... [Laughter] So I – I wanted to join, but every time she was like – every time she'd ask me I was – I said no. And I think she saw that I wanted to do that. And so she – that's probably why she continued to ask me. So...

I don't like to tell people no; I told you that. So when – when I would tell her no it – it hurts me to tell people no. It just hurts so bad for me to say, "No, I'm not going to do it," you know. So she – she asked me, you know, plenty of times and I just couldn't tell her no anymore. And then I had this want for her to come in and – and earn these points, so I was like, "Yeah, I'll do it," you know, and it was like a – a gamble for me to let her do it.

It was really – it really was out of my comfort zone for me to let her come over to my house and – and come inside and – and meet my mom and my brother, you know, and see my lifestyle before my baby was even born, because I was pregnant, you know, and – and trust her with that. But we had – you know, we had already kind of formed – we'd spent some time together on Mondays at these classes – at the – at the Young Parents Together classes. So I – I kind of had a good feel of her. So...

Amanda: And so you had a good feel of her. You knew that Early Head Start was at least connected into this incentive program that the community had set up so that you could earn some more points, which were very precious during the time, of course, of course. And you just had a sense that maybe this was something that would be important for you. Now we have a picture of you and Maya Marie right after Maya Marie was born; you said this was taken at the YPT program. What was it like – so Kim got in the door. And was it like when she first started visiting – visiting you?

Tina: She – I expected her not to be – you know, I expected her to kind of be judgmental. It smelled like cigarette smoke. You know, we all smoked cigarettes. I smoked cigarettes. That was, you know, something. She just was very – she didn't judge anything. She kind of just seemed okay with – with anything that went on. I mean, you know, we didn't do drugs or anything. But she just – she wasn't afraid to sit on the floor. We had animals, you know. We probably had hair on the – whatever, you know. I don't remember specifically.

But she just never was like, "It stinks in here," was never, you know, "These people are weird." It was always just like, "Hey, how's it going?" you know. "Let's sit on the floor. Let's hang out." And she just seemed so, you know, friendly and non-judgmental. And I was so the opposite; you know? I had, like, this – this – this shame. And it wasn't like shame because I thought that we were so awful, it was because I knew that drugs were illegal and I knew that – you know what I mean?

I knew – I knew based on being in foster care that, you know, not having a place to live is not a good thing. And so, I had, you know, a baby that I didn't want to get taken away if something happens and we get kicked out of this house. You know? So I didn't want to make a connection with her.

But one thing about Kim is that she was – she was my first experience with Head Start. So she, as a person, represented Head Start completely to me for a long time because it was a home-based program. So I wasn't going to a center, meeting with a whole bunch of people at first. I was meeting Kim; she was Head Start to me. So...

Amanda: And that was really important. I mean, we know that, you know, if we look at the research, we know – and sort of experiences from families, we hear that just trust of service providers is such a huge piece, particularly when there's addiction issues, but also when folks have had really bad experiences with other service providers. We know that earning that trust is hugely important. The persistence of Kim, the way that she absolutely respected sort of some of the things that you were – sort of the way that you were living and respected sort of where you are. And she helped you move towards some goals. Can you talk a little bit about what those goals were and how she helped you move forward?

Tina: She more introduced me to goals because that's – you know, it's part of the home-based program is they come in and they sit and they do spend time teaching the kids, but they spend time opening my eyes. She sat down and was like, "What are some goals? You know, we need to set a goal." And I think probably the first time that I was like, "We need to set a goal? I mean, it's dumb." You know, I'm like, "I don't want to set a goal," you know. [Laughter] I'm like, "What am I going to do." So...

Setting goals. She – I wanted to – I had – was going to school for a while during – during the home-based program. I dropped out, so she – that was a goal that we had set. Getting my driver's license, getting – moving out of my mom's house eventually. That was like the hardest thing because I didn't want to leave Mom behind. So, getting my license, getting my – my diploma, getting – you know, doing all those

things. We set those goals and they seemed, like, so impossible. But they – all of them happened very quickly. And so it wasn't – it wasn't – you know, the first... After I reached that first goal, I'm like wow, you know, I probably can do this, you know. [Laughter] Then we'd set another goal.

And I think – I know that the hardest one for me wasn't getting my license or getting a job or getting my – my diploma. It was moving. It was moving out of that. Because really it was like, okay, up until – you know, up until right now I can say, well this is all, you know, their fault. But I'm leaving that environment and I'm creating an environment now. You know, I'm moving into a new place and – and creating the environment.

So that was like, you know, leaving mom behind but also putting everything – really, I can't blame anything on my family anymore. I'm going to have my own place, you know, and I'm going to have to do this by myself. So she really helped encourage me to do that.

Amanda: And it sounds like there are sort of two pieces, so correct me if I'm wrong. I'm sort of hearing that Kim didn't come in with her goals and say, you know, "This is what you need to do. You know, you need to move out of this house." She said like, you know, "What are you open to?" And we know that that's a huge part of Early Hard Start and Migrant and Seasonal Head Start Services, is really to follow the family's lead. But how important it was in your situation.

I think the other piece that's so excited, and you and I have talked – so exciting, and you and I have talked about this, is – so when the APA was looking at resilience, they identified some factors about, sort of, what would be helpful toward resilience? They looked at the research; they thought, you know, what is it that we can kind of distill and say, "This is an important skill, as we're thinking about the process of moving toward adapting to these difficult situations." And one of the factors is about setting realistic goals and taking steps toward them.

Well, when I heard that, I thought, well, that's the family partnership agreement. I mean, that's something that all Early Hard Start and Migrant and Seasonal Head Start programs are invested in. And what an important experience that was for you to go through that process with her. Tell us about getting involved with program governance. You got involved with the Policy Council, as well.

Tina: Yeah. I remember bringing Maya. I think I might have gone to some – some family – like parent talk time meetings and things like that while I was still pregnant. So I started going after Maya was born. I remember the first one I went, you know, she was a couple days old; I was so proud. And by this time, I was like – I saw this – this strong structure, you know. I didn't have structure growing up at all. So I saw this – the Head Start program, they met, you know, every – every month. Kim came over every week; it was without fail. I could count on it the next week. I could count on the meetings every month.

So I – it was solid and it was stable, and I loved that about the program. So, I was so excited to go. I didn't miss a meeting. I'm like, "I'm going. This is something I'm part of." I made myself a part of that, where I had only been a part of my family. And – and the – and my family was – you know, moved around a lot. You know, nothing was ever – no school was really, you know, my home school, no – you know what I mean? Nothing was structured, not even my family.

So Head Start was the first thing that I was like, this is a solid foundation and I'm going to glue myself to it and I'm going to be a part of it; you know? And it was, like, stable. It was the first stable thing that I really had ever in – in my life. So it was exciting. So I started – I was like in with both feet; I'm like –

jumped in. And I'm like, what are we – what can we do, you know? The Policy Council? I'll do the Policy Council, you know. I'll be at every meeting. I love talking to the – to the teachers, to the home-based teachers, to the – to the center teacher. I loved everything.

Amanda: You loved it all.

Tina: Yeah, I did.

Amanda: Well, I have to laugh because, I mean, I think that the Policy Council piece, the program governance piece has really been a part of all three of the stories. I don't think I give anything away when I say that. But I think one of the things – so you're talking about sort of the sense of stability of it, the regular – the regularness of it. And also, you were doing some goal setting as a part of that, some problem-solving for this great – greater community that you had entered, right?

I think the other part, and we can look at again a second factor that APA identifies as being really important to resilience, is building skills in communication and problem-solving. And I feel like there is no greater laboratory for that than program governance, than Policy Council, than parent committee, any of those kinds of pieces.

So tell me about parenting Maya Marie. How did Early Head Start support you with that?

Tina: Well one of the things that I – that I really didn't want to leave out was when Kim started coming, she was – I was – she was helping me so much. She was helping me, and at first I was like, yeah, I need all this help, you know. I need – I need this and I need this. And – and she was really pulling me up and – and, you know, helping me reach goals. When I started the Policy Council, I felt like I was helping something; you know? It was the first time that I was like, I'm on a stable enough ground that I can help – help other people, that I can be of use. You know what I mean? So I loved that about – about Head Start also. So, yeah.

Amanda: That's amazing. And just use – I mean, you talked about sort of what it was when she came in and was so excited about Maya's development. And you know, that that was such an important experience for you to see, like, the focus on Maya's experience.

Tina: Yeah, yeah. And so when she – when she first starting – started sitting down with Maya, it was – I had already spent a lot of time – I – I had an interest in spending quality time with my nieces and nephews. And I loved – I spent a lot of time with them, you know. I took care of them a lot also. So... I – I remember always sitting down and – and teaching the ABCs to my nephew and things like that.

So Kim – but I wasn't – I wasn't – that wasn't common kind of in my family because there was so much going on growing up that we weren't really – you know, that we – we kind of just went with the flow of things. We weren't really the center – you know, not that she – you know, maybe mom didn't... So much was going on that she didn't really have the opportunity to – to invest all this time into us, you know, educationally or – you know, she didn't realize a lot of those things.

And Kim, where I had this little interest, you know, I had – I thought it was fun to teach, you know, my nephew the ABCs. And I'm like, "Man, you really know the ABCs," you know. So that was interesting to me. But Kim showed me how important that was. So when she started sitting down, I was like this is – you know, she would make me sit on the floor. I'd want to sit on the couch, and my husband also later

on. She's like, "No, you guys get on the floor." You know, "You guys have to sit down on the floor." And I'm like, "Alright," you know.

But I – I loved spending that time with Maya, and now Maya's very crafty. She like – Kim would bring crafts for her to do because she knows that she liked doing things like that. And then I'm just very competitive, you know, so I'm just like watching Maya like, mine's going to be the best, you know. [Laughter] I'm very, very crafty and like want everything to be perfect. I'm a perfectionist, too. So Kim's like, "Just let her do this," you know. And I'm like, "No, Maya, do it this way." She's like, "No, just let her do this," you know. [Laughter]

So Maya's very crafty now. Now she has her own – it's really for all the kids. But she has a three-drawer dresser that folds out. You find her there all the time. It's stuffed with stuff. I mean, her teacher at school is like – she showed me her desk, she's like, "It's always like this." She's always, you know, creating something. She's like – it's never... Kim did this; thinking outside the box, I know it's Kim's fault.

She's like, it's never like let me just color a picture. It's always – it's always, you know, let me get the glue and go grab something that has nothing to do with art and – and stick it to it; you know? And – and that's so Kim. She comes up with some crazy ideas. "We're going to paint with straws today." You know – and I'm like, "Really? We're going..." [Laughter]

Amanda: So multimedia stuff is very important.

Tina: Yeah, yeah. So Maya gets that from her. She thinks outside and she's very crafty. I know it's the time that we spent.

Amanda: Yeah. Well, absolutely. And we just have like maybe like one minute left, but I want to just talk about how your family is doing now. So tell us about who's in your family and how everybody's doing.

Tina: I'm married now to – to Maz; he's my husband. We knew each other when I was a teenager, so before Maya was born. And later we kind of reconnected and – and got married. And we have two other kids. Natalie's 4 and Emmanuel's 1. And after I – I got out of the home-based program, put Maya in the center for a while. But then after Natalie was born, I – I was like we've got to do home-based again. I was so excited to get Kim back. So... [Laughter]

So we used Natalie as an excuse. I'm like, I've got to get the home-based, you know. So she came and was Natalie's home-based teacher for a while also. And then she hasn't been able to be there for Manny, but we have, you know, kind of stayed in contact and talk to each other once in a while. But... So...

We bought a house last year. Maya's in first grade. Natalie's going to be doing pre-K this year; I can't believe it. So, there's a lot going on.

Amanda: And Manny is not eligible for the Early Head Start program? Tina: No. No, we don't – we don't qualify for a home-based program.

Amanda: Tina, you have come an amazing distance. Thank you so much for being here and for sharing your story with us. Thank you.

We're going to move on to John Cornelius. We're going to talk with you here. So John, you grew up on the – on the Pine Ridge Indian Reservation in South Dakota. So tell me – let's start with school. So tell me what school was like for you there.

John Cornelius: School on the Reservation was pretty hard, being a biracial kid. I come from a white mother and a Native American father, and I favored after my mother. And, you know, it – it's hard being the odd – oddball in the school and being singled out because you look different. And I – I got picked on a lot, made fun of, and it – it was pretty tough to find friends. I made a few connections. But you know, they – they would kind of sit on the sidelines while I was getting all the negative attention. And you know, they were there to kind of reinforce me and kind of pick me back up when it happened. But it happened a lot, so...

Amanda: And – and even the teachers – you said even the teachers weren't supportive.

John: No, the teachers, you know, they kind of turned a blind eye to the – the picking on and, you know, they didn't really try to separate it or stop it. They just kind of said, okay, well we're not going to get involved. And I had one kid in particular that was the assistant principal's grandson who would pick on me a lot and push me and get me into corners. And, you know, trying to stand up for myself was frowned upon. I got sent home a lot. And it was – it was just really tough growing up.

I did four years like that at one school. And I finally – my family finally moved me from that school to another school, where it happened just not with the same intensity. It was more like once a week instead of the two or three times a day. It was a private school, so it was smaller and there was more the – the teachers were actually more involved and they would intervene more often. And so it – it kind of got more separated as I grew up. By the eighth grade it was almost nonexistent.

Amanda: And then you got really tall.

John: Yeah, I grew four inches one summer and all of a sudden no one wanted to pick on me anymore. So that was a – a good thing.

Amanda: And you lived for much of that time with your father's family, right? Your parents split and you lived with your father's family?

John: Yes, I lived with my – my dad and my uncle, my grandma and auntie, and my little sister, who is also from my mom and my dad. And we – we lived there on the Reservation until I was 18 – I was 17, almost 18. And... Yeah, it was a pretty – I mean, we had a big family. You know, we did family functions all the time, you know. Holidays were real big. And it was...

Amanda: It was a big family.

John: Yeah. Huge.

Amanda: And you – you speak with just so much love and just respect for – for your aunties in particular, for the people in that family. But I know that there was also some alcoholism that was a part of that experience too.

John: Alcohol was in the home. It was – it was a social type of setting where, you know, family and friends would get together and drink. And you know, there's wine at meals. And it wasn't until I was older that, you know, my dad's alcohol use became more and more frequent. And it eventually led to a split in our family where he – him and my uncle had to leave. And it – it was just a really hard time.

I was – I was probably 9 – 9 when all that went down. And you know, just to see – you know, even then I could understand why – why – what the problem was, and it was the alcohol. And, you know, he left. And I had another auntie come from Washington, DC that flew back to South Dakota to help raise us. So I – I grew up with my aunties and my grandma. You know – and they were a big support for me. My – my mom was never around, so my Aunt Lucille – you know, I still call her mom. And she's an amazing woman. And I – I was very fortunate to have that support.

Amanda: Well, and you were – and you were on your own though, you said, about the time that you turned 15. And following in your father's footsteps, you worked really hard. You were a really hard worker. You worked at a variety of jobs from the time – from that time that you were really 15 years old. And then you became a dad for the first time when you were 16.

John: Yep. I was working a summer job when I turned 15 and I met a girl that worked at the same place I did. And we created my daughter, who was born eight days after my 16th birthday. I was a sophomore in high school. And the first time I ever met Shady was second period science class my sophomore year, and I got to hold her in the counselor's office. It was the most amazing feeling in the world. I just – nothing else mattered. I – I couldn't imagine anything better than that happening to me.

Amanda: You are so in love with your daughter. I mean, you write about it and you say, you know, "I lost a lot of sleep but I gained a lot of love."

John: Yeah. Hours, countless. But I just looked forward to when I got the chance to keep her on the weekends. It was, you know, the best thing I could do. And you know, my friends in high school are like, oh, we're going to do this or we're going to do, and like, "You guys go have fun. I'm keeping my little girl this weekend." It was always a good time, a good memory.

Amanda: Wow. And when your daughter's mother moved – so then at that point, you were 16 years old, your daughter's mother moved, you dropped out of school, you followed that baby; right?

John: I did. I was a senior by this time. And she had told me she was moving to Cheyenne; that's where her mom and stepdad lived. And I – I wasn't going to be that far away from daughter. And I dropped out of high school and I followed her. And we got to Cheyenne and I ended up getting a job – another job and – full-time this time – this time. I wasn't in school anymore, so it was my first full-time job. And I – I worked six days a week at a Hardees's restaurant in downtown Cheyenne, Wyoming and – to pay for an apartment and groceries.

And you know, we didn't – we didn't have a lot of access to – I didn't know a lot about assistance and, you know, Early Head Start or Head Start, or if there was even anything like that even existed. So, I just put in as much time as I could at my job. And if we needed a bill paid, you know, I worked overtime. And it just... And there was still alcohol present in the – in the house, you know. We both drank and – and...

Amanda: And there was some domestic violence there, too.

John: Yeah. She was – she was abusive to me physically. She would hit me and scratch me, push me, and abuse me verbally. She knew I – she knew I wouldn't hit her. And I think she tried to push me to that sometimes; that's how I felt anyway, that she wanted me to. And I just – I never – I didn't want to. I couldn't imagine doing it. And I didn't want to put that around my daughter, you know, because I didn't want my daughter to think that that would be okay when she grew up. And so it took everything I had but, I put up with it for as long as I could.

Amanda: And then you're dad got you out of there.

John. Yeah. He showed up one day and – while it was happening. And he just looked at me and said, "I'll be in the truck." And I packed a bag and I – I left. I left my daughter there that night. And...

Amanda: Well, I just – John, I just really want to say that I appreciate you sharing that story. One of the things that Dr. Felitti found was that folks that had some more of those ACEs at childhood also had a higher risk of – of violence at the hands of their partner. But we know that – we know it's under-reported for women. But we also know that it – domestic violence is under-reported for men.

And I think it's something that certainly the staff that we're working with could really, you know, take a look at and wonder about. You know, is this something that might have affected a family that I'm working with? We know it's just a really hard thing to sort of come forward. I really just appreciate you sharing that part of your story. You did a lot of things then. You – you left, you went home, you earned your GED. Can you tell us very quickly about earning your GED?

John: I tested out – it was a six-month program, and instead of going through the six month program, I tested out in three days. I just went in and took all the final exams. And I had to wait two – two months for the graduation and to get my diploma. But when the scores finally came in, I was the second highest test scores out the class of – I can't even remember how many, but it was – it was pretty cool. I – I was real proud of myself.

Amanda: I bet you were, yeah. But this alcoholism also became a little bit more of an issue for you. I mean, we know, again – and from the ACEs study – that folks with higher ACEs scores also have a greater risk of alcoholism as an adult. And that applied in your case.

John: It did, you know. And when I first started drinking it was a social thing, you know. "Oh, we're going over here. We're going to have some beers." Okay, you know, whatever. It was more of just a hang out thing. And as I got older it – and I had these – you know, when I became a parent and then I was trying to have this relationship with, you know, my daughter's mom, and you know, the stresses, it became more of a tool to numb the stress of, you know, all these negatives that were going on.

And you know, I've – I turned real hard to alcohol to deal with the – the issues that were going on in my life instead of just trying to work through them and deal with them. So as – as I got older, the alcohol became a big part of my coping with things.

Amanda: And we know that's really common. And Dr. Felitti actually talked about that as sort of a way that folks protect themselves and sort of, you know, deal with some of the really strong emotion that can come with, you know, some of the situations that you'd been in as a child, perhaps.

John: Oh yeah, I could put on my – you know, put on my liquid armor and you know, nothing could bother me anymore and everything would go away. And it would... I can see now, you know, looking back that I was always like, "Oh, I don't have a problem," you know. "Oh, I just drink you know a little bit here, a little bit there," you know. "There's nothing wrong with that," and – and the whole time I'm hammered, you know, like – I never could control. If I started, I wouldn't stop until, you know, there was no more or, you know, the sun was coming up. But it – it was – it just became a real big part of how I dealt with things.

Amanda: There's so much to your story, John. I mean, we could be here for days for all of you really talking about the details of the stories. And I – I don't want to skip over any part of it, but I do want to say that sort of – a lot of things happened. And then one of the things that happened was that you had two girls with...

John: Two more daughters, yes. While I was in the Army.

Amanda: And you were in the Army and were deployed to Iraq?

John: Yes. 2005, I went to Iraq. And my daughter Eden – my youngest daughter, Eden, was born while I was over there. I got to come home on my two-week leave and see her, and had to go straight back to Iraq after that.

Amanda: And you did end up coming back home.

John: Yes.

Amanda: And the Army was done. You're done with the Army.

John: I – I got out of the Army. You know, then it was kind of up in the air what I wanted to do. My military job had a limited window of civilian jobs and I – I didn't make the window. And so it was, what do I do now? I delivered Chinese food. I was a forklift operator at a hardware store. I became a car salesman. I did this and that. And – and the whole time, you know, trying to do these jobs and provide for a family, you know, I – I would still – the alcohol was still there and – you know? Like, "I can't pay that bill, but I've got five bucks," you know, "I'll go get a beer." So I still hadn't gotten to that point where, you know, I had to start thinking differently. And then at – about three years after I got out of the Army, I started going to college and I – I met my son's mother.

Amanda: Yea. So you had – you... Things didn't work out with the girls' mom.

John: No.

Amanda: And you met your son's mother – you met Kal-El's mom and you guys had a baby together.

John: We did. A little boy, Kal-El. And I named him after Superman. And he's definitely that.

Amanda: He's definitely that. And so, you guys ended up pretty quickly after his birth moving to Arizona, right?

John: Yep. Went...

Amanda: And so can you tell us about – about the very important thing that happened in Arizona?

John: We had moved to Arizona because I was going to college there. And I wanted Kal-El's mom to have, you know, somebody she could connect with. And I had a friend who brought his girlfriend from another state to attend the same college, and we went to their house to have like a "meet and greet" type thing, just spend an evening together. I was playing cards and, you know, we were drinking. And we were there for probably four or five hours, and I just didn't realize, I guess, how much I had drank.

My son's mom was sober – she was breastfeeding – so she was giving everybody rides home. And while she was gone, Kal-El started getting real fussy and wanting to – you know, he – he was crying, and so I picked him up. And I was trying to comfort him, you know, trying to make him feel better, and I just – I – I couldn't. I – I was trying to rock him and I – I couldn't make him – I couldn't help him. And I – I was getting dizzy and I was – I felt like I was going to fall over.

My friend's girlfriend walked over and put her hands out and I handed my son to her. You know, I – I felt lower than dirt. I felt so – like nothing. I mean, I couldn't even take care of my son. And we got home that night and I laid down in bed next to him, and I looked at him and I just whispered to him that I would never ever be too drunk to take care of him again. And he – you know, he – he didn't know what was going on or anything like that, but it – you know, at that moment, I instantly just changed everything about the way I thought, the way I looked at situations, and the way I looked at, you know, my future and – is my children's future, you know. And I just – I couldn't live like that anymore.

Amanda: And you stopped drinking.

John: I stopped. Yeah, I stopped.

Amanda: Well, I think, you know, that story is incredible on so many different levels. I do want to bring back the APA again, and you and I talked a little bit about this. One of the factors that they identify is that the capacity to manage strong feelings and impulses is a huge factor in resilience. And as I hear this story and your ability to kind of lay down the bottle, I think oh my gosh. You know – I mean, that was sort of a part of kind of what you came with, which I think is pretty extraordinary.

And I bring that up for a lot of different reasons. But I think one important thing for folks to listen for, particularly for the folks that we're, you know, talking with back home, is that as we're thinking about infant and toddler development... And we talk a lot about this, right? We talk about self-regulation and we talk about the importance of supporting infants and toddlers and really learning how to manage these strong feelings, these strong impulses.

So you made a lot of decisions to really keep Kal-El safe at that point. You ended up moving to Poplar Bluff – right? – as a part of that. And tell us how you found Early Head Start.

John: I was – I was working a couple of different jobs. I was helping a friend with a deck and I was helping another friend with a shed. I'm pretty good with my hands and tools. And I was getting by day to day. And I was – I had moved from one trailer to a next. And I – I had a friend and she had her kids – her two daughters in Early Head Start. And she said, "Hey," you know, "go check this out," and she told me where it was. And I was thinking, "Cool, it's daycare," you know, like I can drop him off somewhere for him to be while – you know, I don't have to find a babysitter.

So she told me where it was and I walked in the door and the FA – Kelly was just right there when I walked and she said, "Hi! How are you doing?" you know. "Come on in. "What are you..." You know... And I said, "Well, my friends' daughters go here." And she said, "Oh, sit down," you know, "let's talk about this." And I said I had a son, you know, he's this old, he's learning to walk. He likes this, this. And she was like, "Well, what does he do? Does he like this? Does he like that?"

And she just – there was this instant comfort level. And she was really open. She like – you know, I like to talk, she liked to talk. We sat there for hours it felt like, and we just – there – at the end of it I just knew that Kal-El would be – have a place there if – if we qualified and he got in. She showed me a classroom and the kids were sitting at the little table in there, you know, got their fork and their plate and they were having lunch. And it was – and I could see Kal-El sitting at that table.

And it was just an amazing feeling to go in some place like that because, you know, you hear all this stuff about daycares and, you know, well the staff aren't nice and, you know, there's this there. I had no worries, which was really weird because I walked in and it just felt like – almost like home.

Amanda: Sometimes, you know...

John: Yeah.

Amanda: Well – and it was so interesting – right? – because it's in such contrast to your school experience. And I know this isn't – I know Early Head Start is not school. But it's in such contrast to an experience when you were younger where you did not feel like you fit in at school, where it did not feel comfortable or welcoming or secure. And so to come into this space, wow.

John: And to – I just – there was no question about it, that if we got the spot, you know, Kal-El would be there and for as long as he could be. So...

Amanda: That's awesome. And so, we just have a few more minutes. But two more questions that I have for you. The first one is you got really involved, actually. You weren't working at the time and you got really involved in Early Head Start at that point.

John: Definitely. I – I dove in head first. I wanted to know everything I could about the program. I started – you know, I would bring him to – to the Head Start center and I would stay for hours and talk. And if I was going from one job to the other, I'd stop in and just, you know, poke my head in the door and look at him and see what he was doing and see what the classroom environment was like. And I started to – talking to other teachers in different rooms. I – I got to know all the FAs and the facility administrator.

I showed up for a parent meeting and then when I showed up for the second parent meeting, they asked me if I wanted to be the parent committee president and I started doing that. And that led to me becoming a Policy Council representative, and then that became Policy Council chairman. And I just – I sign up for every committee that I possibly can, you know, budget committee, nutrition committee, whatever. I – I've been all go ever since.

I just – I want to know more. I want to know what's going on. I want to know how I can get in help and, you know, the – it makes me feel like I'm contributing to something that's going to benefit my child and other people's kids, too. And, you know... Instead of having to, you know, drink to hide, you know, my

shame for not being able to do things or because I can't provide this, you know, I can get in there say, alright, you know, let's – let's go. Let's make something happen. You know, these kids are counting on us. And so, that just really drives me now to...

Amanda: It fills a void that – that alcohol left, in some ways.

John: Yeah. It's – it does. And it really gives – it really uplifts me and gives me, like, a purpose.

Amanda: Well, that sounds like you uplifted them too. So tell me about – just very quickly tell me about your family and your situation now.

John: I – I'm married to my amazing wife, Krista, and she is a wonderful mother to Kal-El. She just, like me, dove in head first and they – they're inseparable. We love doing everything together. We go to the zoo. We go to the park. We – you know, we go ride horses, drive go-karts. And he just loves everything. He – and he teaches us a lot too. He – he'll blow our minds sometimes with the things he says and does. And we just love to be with each other. And they actually got to come with me here for this, so we – I mean, we do everything together. It's awesome.

Amanda: Well, you're soaking it all in. Thank you so much for being here, John.

John: It's my pleasure.

Amanda: And we're thrilled to have you. Thank you.

We are going to move on now to talk with Sandra Serrano. And Sandra, I'm going to jump right in with you. So your family is from Mexico. You came to the United States when you were about 7 years old, right? And so, tell me about your family when you first came to California.

Sandra Serrano: At the time, I was with my grandparents. And some other family members were already here so, you know, they brought the rest of the family to the little apartment. And so once we got here, we were in this really, really small space, a single room. I mean, it didn't even have a bedroom and we were 11 – nine kids and my mom and my dad, yeah.

Amanda: So 11 of you in that very small situation. And we have a picture of you here. Here's a photograph of you and, again, you're smiling, like Tina. But what was happening at home at that time?

Sandra: I mean, from what I remember – and I don't have many memories. What I remember was a lot of physical abuse from my mom. I remember because we had such a large space, you know, back in Mexico and we were able to grow corn, a lot of the times we will go and run through the corn fields, you know, and try to hide. But when we got here, I mean, that space became very limited. So, you know, there was really nowhere to run anymore.

Amanda: So a lot of – a lot of physical abuse.

Sandra: Yeah.

Amanda: Yeah.

Sandra: And you know, my dad – he drank a lot. And so a lot of the time when there were like big fights, it was because, you know, he came home drunk and – you know. We would have to witness that and – you know, us children, you know, what can you say? What can you do, you know? You just sort of like shout, you know, like stop – stop doing that to each other. But you know, he wouldn't listen.

Amanda: Yeah. Well, that's a lot to witness. And a lot to sort of hold – to hold when you're such a small person. Yeah, absolutely. And I know, Sandra, you know, just to add a little bit to sort of the circumstances in your life, when you were about 11, your dad was actually hit by a car and he was pretty incapacitated by that. He basically needed full time care, right? And you don't – you don't need to go into a lot of detail here. But I – I know you took on a lot of that care when you were young. So will you describe the time that you were in middle school, I think you told me, and his nursing home was close to your school.

Sandra: Yeah. It wasn't that close. It was like a mile maybe. So – I mean, for me that was close. He used to be like even more – he was farther away sometimes. But I would walk after school. And at that time, my mom took on another role as she became like a nurse. So I – I would go with her and, you know, I would see her changing him and, you know, changing his diaper, you know, feeding him, and stuff like that.

So sometimes when my mom was in there and because, you know, nursing homes don't have a lot of staff, you know, they – they're short-handed and stuff like that. I would do those things. I would, you know, change him, I would feed him, I will wash his face. At the time I was like, it's something that I could do. It's something that, you know, I could contribute with, you know. I've seen my mom do it a lot of times. I know exactly how to move him. So at the time I didn't know it was like, oh my god, I'm crossing so many boundaries, you know. It was just like – it was something I can do and I did it.

Amanda: And how were you feeling about it at the time?

Sandra: I know when I was there and I was like, you know, talking to him and sometimes at the time he would be able to say a few words, I was – I was very happy. But then I would leave and that's when the feelings of guilt would come and, you know, I would be so upset. So it was like I was so happy and then I was so upset. And you know, that cycle sort of like it was – every time that I would go and visit him, I really wanted to visit him but I dreaded that feeling of, you know, when I left. Oh my god, I'm going to feel so guilty leaving him because I thought, you know, I – she needs me there the whole day.

Amanda: Oh my gosh. Well, and one of the things that you sort of talked about as we were talking – and I wonder if you could share this – is sort of the abuse was continuing through this period. And you said, sort of – talk about the times when your mother would hold you.

Sandra: And I – I'm sure a lot of moms do this. And I guess it's part of like – a part of her that she felt like she – she could actually do. After – you know, if we had some cuts because she would like hit us with a belt or something that, she would have like some alcohol and she would try to clean our wounds. But at the same time, she would also say, you know, I – I did it because – you know, because it – well whatever you did, it was your fault, you know. So she was – but in – in the way that she was saying it while she was cleaning our wounds, you know, she would talk softly and say it sort of sweetly, in a way. But – so it was this other side that – you know, it's your fault. What I did to you was your fault. So that was pretty hard, yeah.

Amanda: Yeah, and you felt really responsible for that. I think that that's not an uncommon experience for folks who have had the kind – who have been abused; that they get some message that it's their fault, you know, whether it's because of where they are developmentally or whether that's the message that's actually said to them.

Then even in adulthood, and you did it in middle school – and certainly then in adulthood, that feeling of guilt, of I should have done something different, that there's a right way to do this and I should be doing something a little different. I'm responsible for all, you know, the hard stuff that's happening in my life. And that's a real time, I think, for – something for staff to really be looking for and actually for staff sometimes to bring in mental health support around. Because what happens then is that it can really affect the way that you see yourself.

One of the factors that the APA really looks at in terms of resilience, again, is sort of, do people have a positive sense of themselves? That's one of those factors, you know. Do they have a sense of competence, of confidence as they move forward? And that's one of those factors that I think is just so important, is we really want folks – or really supporting folks in bouncing back from some very difficult situations.

So through all of this, Sandra, you graduated from high school, which I think is amazing. And your father did eventually pass away. You graduated from high school. You – but you found a pretty wonderful partner. So tell me about meeting Manuel.

Sandra: At that time, you know, my mom – I was old enough to, you know, just restrain my mom from, you know, hitting me, but I still didn't want to be in the environment. So I – what I would do is I – you know, the library was another escape. I would just go and just spend the whole day there, and sometimes not even read any books and be at the – at the computer lab.

And my – my husband, he – he saw me and he asked for a pen that he didn't even need, and we talked. And he told me, you know, I went to this high school. And we're like, oh my god, you went to the same high school. And where are you now? And he's like, "I'm in university." And I'm like, oh my god. Somebody from my high school, from my community, to just not go to community college but actually just right after high school to go to university, that was I mean very shocking and inspiring at the same time. I was very surprised. Yeah.

Amanda: And so you guys got together, you started seeing more of each other, and eventually you guys got married. And you also got pregnant, and I won't talk about the order of that. [Laughter] But you said when you got pregnant that you wanted to – you just had a commitment to give this baby the best childhood she could have. You were absolutely clear about that. So tell me about when – when Dahlia was born.

Sandra: Yeah, I think...

Amanda: I think we have a picture of her.

Sandra: I think both of us were really adamant and – to giving her like the best we could possibly give her. But, you know, unlike – John, when you describe, you know, when you saw her and you just fell in love with her, I didn't have those feelings. I just – when I held her, instead of feeling so much love

pouring out or like I'm supposed to feel all of this, I didn't feel that. I didn't feel that – that connection with her. Instead, I felt like I need to protect this baby. And when I got home, it got way worse.

I mean, I started – I developed the irrational fears. I thought, you know, if I keep her long enough outside, you know, she's going to definitely get cancer. You know, the 30 minutes or more, I would like be – get anxious if it – if it was more than that. And I would think, you know, like the little patch of dirt that was outside in – next to my – my bedroom, I thought, you know, that's going to give her asthma.

I actually asked the – the – my pediatrician. She – she sort of laughed but – you know, because it's not – I mean, it's not a – it's not something very real that could actually happen, but in my mind I was like this is going to happen to her. And during the winter time, I – I just wouldn't leave. I thought you know, she's going to get sick and – or I'm going to you know, get – something might happen to me and therefore something might happen to her. So I was like, nope, I'm going to stay home.

Amanda: So you were very protective of her.

Sandra: Extremely.

Amanda: You did not want to leave the house. You had a lot of anxiety. Absolutely, all of those things. And Manuel was worried.

Sandra: Yeah. I mean, he didn't know how else to – you know, to help me. But he thought, you know, it would be good maybe – he gently told me, "You should read some books," you know. "They – they might give you, you know, some sense of what's going on," you know, stuff like that. So I started reading the books and I started, you know, reading some of the parenting magazines, you know. So – and I did learn like milestones and, you know, things about her development.

But I also – when I started reading more, I realized I'm not doing enough. I'm just not, you know, being enough of an educator, I guess. That was something really big for me. I was like, these parents are already teaching them their sign language, or they're teaching them through like educational videos how to read already. So what am I doing? I'm not, you know, doing enough. So, I just felt very inadequate. I mean, they did help me in the little bit, but, you know, there's another part that I took from that too.

Amanda: And then when – when Dahlia was about 18 months old – and we have a picture from that time, too. When she was about 18 months old, you had an amazing idea, I think. So tell us about what you did next.

Sandra: I called 211, which is an information line where – that would connect you to someone with the resources in the community. And I would use that a lot because – yeah. But they told – I asked them, you know, "Is there a center where I could go and just watch the teachers and see how they work with the – with the kids and see what they teach them and I could learn that and bring that home?"

And they said, "Well, there's really nothing like that, but there's an Early Head Start center really close to you." And I looked it up and I was like, oh my god, it's a block – it's less than a block away from me. And I realize now that if – had it been like two blocks away from me, I had – I wouldn't have even, you know, stepped into the Early Head Start center.

I just – so I called them and they told me, "Well you know, somebody comes to your house and – and the home visitor does some educational stuff with your daughter." I was like, "Okay, I need this. Yay! I'm going to learn from you because I really wanted to." And so I was like okay, fine, you know, come to my house.

Amanda: Wow. So tell me about your first home visitor.

Sandra: Yeah. I had – for a long time, I had problems connecting with people. So when she was there, of course I would, you know, do the educational stuff and I was present with Dahli and, you know, I would – you know, I would engage in the activity. But then sometimes, you know, because she is that small, she would ask me, you know, "How were you when you were like, you know, her age?" Or what was happening or how was your life like, and stuff like that.

And at the time, I was like, you know, I – I'm going to tell her because, oh my god, I was like built up already and I needed to let someone know what happened to me and share my story. So I told her – I would tell her sometimes whenever she would ask me. But afterwards I would feel – my god I would feel, I guess, ashamed about telling her my story. And then angry at her because, you know, why would you open up all of these feelings that I didn't need to remember, you know, that I really didn't – you know, it sucks when I feel them; you know?

But the way that she would respond was like, "Okay, that's fine," you know. You don't – she would never say, you know, like why are you angry or why are you quiet and stuff like that. Instead she would – she would do what I wanted to do, which was like engage back into the activity or bring up something new about education and how this helps this and stuff like that.

But at the same time I was like, okay, there's something really wrong with me. I could – I could feel it with – with me because whenever she – whenever she would leave, you know... I think when she was there, I was present with Dahli. So, I would do the activities and stuff like that. But then when she would leave, suddenly I just wasn't there anymore. It – physically I couldn't stand up or suddenly this wall appeared and I – Dahli sometimes would tell me, "Mommy, let's go play," and she would tug on me – at my – my shirt and say, "Let's go play! I want to play this."

And I mean, I would hear her but it was very muffled. It was like she was far away. And I couldn't, like, physically just move. And every day I would tell myself, "Okay, tomorrow you're going to do better. Tomorrow you're going to be a better mom, okay?" So I would make those promises at night, and the next day it would continue. So – but it started hurting me a lot to – to continue that cycle and to know, you know, Dahli's tugging at you and she – sometimes, you know, after she was – got tired of doing that she would go and play on her own. So for me to see that you're not – that you're not, you know, physically able to even play with your child, there's something really wrong there. So, I finally told her.

Amanda: You told your home visitor.

Sandra: I told my home visitor. I was like, "This is happening at home. I know I showed you one part – only one part, you know. I – and I feel like a fraud because, yes, you see me and, yes, Dahli's advancing so well and stuff like that, but other things are happening." And I was just like – I broke down. Just everything was like, oh my god, I finally said it; you know? It was very shameful for me to say all of that. So she – very, very calmly she said, "Okay, that's fine. You know, there's some mental health providers

at Hope Street and, you know, we should set up an appointment. And I think you should set an appointment with the – with the doctor too and maybe he could prescribe you something."

So finally, I was like, "Okay, I think I'm ready to do this. I've – I told you my big secret and my big shame. I – I can do this." So, I did. I – I did some therapy. I did also some therapy at the clinics, so I had two therapists at the same time. And I was taking antidepressants, and I did that for six months. And – and after that I sort of replaced the antidepressants with some yoga, so that's what I'm doing now to just sort of like – you know, it's another way of dealing with sometimes depression, you know, like some overwhelming feelings and stuff like that. So...

Amanda: Wow. I mean, what an amazing description of depression, and, sort of, thank you for that illustration of it because I think that's really helpful to folks standing on the outside trying to understand, you know, what's happening for families who they might be serving. Such an incredible description. So you got treatment for that depression, which looked a lot like anxiety for you, right? You got – so you got some treatment for that and you started to feel better. And tell me about your relationship then with your daughter.

Sandra: I mean, I'm so relieved now that I was actually able to, you know, get through that. Because when the wall finally broke down or it lifted – or I don't know what happened to the wall, but thank goodness it left. I was actually physically when – able to feel love, you know, to connect with her, to touch her – to touch her little hand and feel a connection there. And to feel love there, to just hug her and just everything is there, and I'm present with her.

Because before I would hug her, you know, "I love you," but it was really not a lot of emotion attached to it and sort of very mechanical. But now I actually felt something, and that was so great. I was like, oh my god, people actually feel this, you know. It's – it's – depression, you were robbing me of this feeling, my goodness. But you know, I was happy.

Amanda: So how are you and your family doing now, Sandra?

Sandra: We're doing much better. Yeah. Definitely much better.

Amanda: So tell us about Dahli.

Sandra: Dahli, wow. She's just an amazing kid. She's so smart. She's so energetic. I mean, at – at 4 years she's able to read at a first grade level. I mean, to me – that still amazes me and, to me – I'm – I'm still in awe, like wow. And so she did get evaluated for autism characteristics. She didn't fit the whole description of it; she does have some characteristics of it. But – and we're – we are planning on getting her more help. Even if she – you know, she – she needs it. And you know, I'm not worried. I know I'm going to be fine. I know that, you know, Dahli's really smart and and I'm strong enough to – to go through that. Yeah.

Manuel, he's in school. He's finishing up his B.A. in English. He's going to – he wants to be an English teacher. And his ultimate goal is to earn his Ph.D. in English and become a professor, which I know he – he'll definitely accomplish. Yeah.

And me, because I was involved in the Policy Council – just like you guys – I – I started developing some leadership skills. But because, you know, Policy Council – they ask you for your input, they ask you – you

can contribute this way – a different way, you know. I know, you know, part of it is being a mom, but there's – this is another way that you can contribute. So that's – that opened my eyes and – and I started thinking, I can do this. I'm pretty good at this, you know. And so, I started becoming more involved with other – other programs.

And now I'm in college. I'm finishing up my – my general education credits. I want to transfer, hopefully, to UCLA. So you know, because I – and I want to major in sociology and do a minor in labor studies because I know it's – you know, it's very hard for folks who don't have you know, the documents to work and, you know, they get – you know, it's very tough. So I – I'm very drawn now to helping people and helping the community and being engaged with other people. Just something very, very new to me. It – it's wonderful.

Amanda: Wow. And that is such a part of your story, Sandra, and the other stories we've heard, about what it is to sort of give now to a greater community of people. Sandra, thank you so, so much for being here and telling your story. I really – I can't tell you how much I appreciate all three of you being here. I want to make sure that we can give all of you a chance to do some closing words.

But before we do that, I want to go back to the APA for a minute. There's one more factor. In fact, it's the key factor that they identify as being important to resilience, and all of you talked about it. And that's having caring and supportive relationships. So I know we're not the first people to talk about supportive – supportive relationships during this Institute. Their importance has been a key theme throughout these five weeks.

And we've heard many presenters talk about how secure relationships are absolutely essential to baby's healthy brain development and attachment and how babies learn within the context of relationships with their parents and other caregivers. So we talked about how you all developed those relationships with those children, and we know how critically important that is. But we know that it's not just babies who need caring relationships to grow and to thrive. Supportive relationships are also essential to adults – to all of us for our ability to cope with adversity.

So in each story today, I hope you heard what these three extraordinary parents – and I don't think I take anything away from your extraordinariness when I say this – but I think all of you talked about the importance of the relationships that you had with staff and programs, just like yours. Those relationships absolutely made a difference for them. We have just a few minutes remaining. But Tina, I wonder if you have any closing thoughts?

Tina: I talked to you about – about other people who have come along. Basically, a lot of times I hear about other families who – who weren't as accepting of – of the home visitors. And I know other families and other people who aren't as accepting of people coming into their home. But I – it made me think back to other people who've tried to – to come into my life. And I think from being – from childhood, a lot of people have – have, you know, known me for a little while because we moved around a lot or come in for a short time in my life and have kind of tried to mentor me or just to be a light at all.

And maybe you didn't get anywhere, you know, spent a little bit of time. I had a third grade teacher that I loved a lot, a school counselor, a middle school counselor, a doctor, a pastor when I was kid – people that just reached out to me and favored me and kind of took me under their wing for a little while. And I don't think I – I don't think I even knew that it had any effect on me at all. And then, you know, we'd move away and I ended the relationship, whoever it was, you know.

I think back to that and – and to their goal of – of shining a light and them maybe not feeling like they ever accomplished it. And I think that all of those people that – you know, that – that kind of poured into my life, they might think that they didn't – that they didn't do anything, but I think it really planted a seed. Each of them planted a seed, and when Kim was able to come in that she was able to do that because of – of all the other people who had already tried.

I told that to Kim because I think that a lot of times home visitors or people who are in this business are feeling like they're not getting anywhere. And they're leaving families and I'm thinking – I'm sure that – you know, that the – the seed that they're planting now may produce when they're 30 or 40 or – or 50. And it might not seem like they're getting anywhere, but I think that they're – that they're planting a seed and that it's going to show up later on.

Amanda: Such an important message. Thank you so much, Tina. John?

John: The people that work in the programs are, you know, really amazing people. And you know, some of them come from situations like ours and they just want to get out there and help people. And I – I see this more now that I've – am more involved. And you know, I know some of the employees at the center and, you know, some of the hardships that they've gone through. And you know, it's really inspiring to know that it's...

You know, we talk about this negative cycle – you know, the ACEs – how it can seem like a predestined cycle of bad things to happen. But you know, to look at some of these employees that work in our centers and to know that they come from situations similar to, you know, what I went through and what Tina and Sandra have gone through, and, you know, they're in there working with these kids trying to change that. And you know, it's such an inspiration to me.

And I just – I love going into our center and any of the other centers that I get to talk to people from on the Policy Council, you know. I listen to what they're centers are doing and it's always an inspiration to me. And I – I'm so grateful for programs like this. And I'm just really inspired by these people and, you know, we need more of them.

Amanda: Thank you so much for being here, John, and for that inspirational message on top of all of these inspirational messages. Sandra?

Sandra: I just really want to thank them, I mean, for choosing such a hard job. I mean, I know that sometimes you go back to your desk or, you know, to your supervisor and you tell them, you know, how hard it is, you know, but thank you for sticking with us and supporting us. I mean, sometimes I know – like in my case, I may be angry at you and you might have noticed that from me. But you know, I just don't know how to connect with you. So if you ever see like a parent like that, you know, that suddenly they become angry, but it – because it might – might have triggered something in them, you know? But just keep – please just keep at it. Just be gentle with us. And you know, don't be judgmental.

And you know, I'm just so grateful for you to just – spending your time and choosing this type of career because, you know, you're helping us just – for a lot of us, end the cycle of abuse that has come from so many generations. So I'm just really grateful, and thank you.

Amanda: Wow. Well, I am so grateful to the three of you. Thank you all so much for being here. And I – I want to, of course, extend a thanks to the folks out there in computer-land who are watching and listening today. It has been, I know, an amazing, experience to listen to these three folks. And I hope that you heard how very important your work is.

I want to thank you for participating in our first ever Virtual Birth to Three Institute, of course. And on behalf of all of us here, and on behalf of all of us at the Early Head Start National Resource Center, we want to wish you the very best in your continued work to nurture the foundations of success for children and also for families. Thank you.

[Music]