

Examining the Effects of Toxic Stress and Trauma on the Mental Health of Young Children

Dr. Sangeeta Parikshak: Hello everyone, and welcome to the fourth installment of the Head Start Heals campaign. My name is Sangeeta Parikshak, and I'm the behavioral health lead for the Office of Head Start. Today, we're going to be talking about examining the effects of toxic stress and trauma on the mental health of young children, and we're going to have a special focus on migrant farm-working families today. We are so thrilled to have Dr. Rosado with us today. Dr. Javier Rosado is a clinical associate professor at the Florida State University College of Medicine, Immokalee Health Education Site.

He is also a psychologist primarily serving children of Latino migrant farm-working families, and is the founding clinical director for the Florida State University Center for Child Stress and Health, which is a partner in SAMHSA National Child Traumatic Stress Network. Dr. Rosado holds a PhD degree from the Florida State University in counseling, psychology, and human systems, and during his doctoral education, he interned at the Yale University Medical School where he completed a predoctoral internship training program in clinical and community psychology.

He currently leads several intervention programs to address toxic stress and early childhood trauma in children from migrant farm-working families. Dr. Rosado's work has been funded by the Robert Wood Johnson Foundation and has been published in the American Journal of Preventative Medicine. Following his presentation today, I'm thrilled to say that we also have Sandra Carton who is going to be providing some of her thoughts and reflections on the presentation today.

She is the regional program manager for Region XII in the Office of Head Start and has such tremendous experience working with migrant seasonal families in Head Start programs, and has been with Head Start since 1991. So, we really are excited to hear her knowledge and experience, bringing some insight into this presentation today. A couple of things before we get started are just some housekeeping things for you all to note.

So, you may download event resources. Here at the bottom where it says, "event resources," we have – will have the PowerPoint presentation here for you to download as well during the presentation. And then, there's two handouts that are available for you. Dr. Rosado will be referring to the handouts during the presentation, so please have it handy if you're able to do so. Also, we would, you know, ask you to submit any questions or comments that you have in this box here.

So, it would be really great for us to know exactly, you know, where you're coming from and what questions that you have for us today. So, if you want to go ahead and type in the chat box now, what your role in Head Start is right now, I think that that would be super helpful for our presenters today. Also, want to answer some questions that have been coming in about whether or not you'll be receiving a certificate at the end of the presentation. You will definitely be receiving a certificate for this, for all those who are listening in live, as well as those who will

be listening to this on-demand after this – the live presentation ends today. And with that, I would like to turn it over to our keynote speaker for today, Dr. Rosado.

Dr. Javier Rosado: Hello, everyone. Thank you, so much for the opportunity to share with you today. I've been very encouraged by the large number of you that have joined us today; shows that you're interested in this important topic, and so, that's very encouraging to me. I want to give you an overview of what we intend to cover during today's webinar. We could, kind of, divide today's webinar into two sections. The first part of the webinar is going to focus on defining what is toxic stress, talking about ACEs, and, in particular, how they apply to migrant and/or agricultural families. And then, understanding what are some of the health effects and mental health effects of toxic stress.

Now, I know for many of you that information isn't new, and so our focus is really going to be on the second portion of today's presentation, which is really going to focus on what do we do to support the children and the families that we work with. Once we have a good understanding of, what is "toxic stress?" What is "trauma?" What is the impact on child development?

Then, the next question that follows is: What are some strategies that we can utilize to better work with children and families? And today, we'll talk about some very practical strategies that you can utilize. I thought that it would help to begin today by clarifying, when we say, "mental health," what is it that we are referring to? In particular, we're using the terms "infant mental health" and/or "early childhood mental health." For the purposes of this presentation, whenever we talk about mental health, we're really addressing how well a child develops socially and emotionally.

Anytime we hear the term, "infant mental health," we're referring to children birth to 3 years old, and then, "early childhood mental health" will follow. Both of these terms are used to refer to the development capacity of a child to experience, manage, and express emotions; to form secure interpersonal relationships; and then to explore, master, and learn from their environment.

So again, today, we're focusing on mental health, but when we talk about mental health, really what we're addressing at this age group is a child's ability to express, manage their emotions, and then to connect with other individuals. Now, I know that the vast majority of you on this webinar today are very familiar with toxic stress, but I want to begin just with a really brief overview of what it is that we mean when we use the term toxic stress.

For me personally, the best way that I understand toxic stress is if I first consider the different levels of stress that exist. For instance, there is something called, "positive stress." I know for many of us it's hard to imagine how or when stress could be positive, but it can. Stress is positive whenever it serves a purpose, it helps us to accomplish something such as a goal. For instance, if you remember when you were in school, there may be completing a certificate program or taking a test or a certification, as the date of that test approached, you probably began to feel some stress.

That stress included brief increase in your heart rate. What was going on behind the scenes was some mild elevations in your stress levels. We call that positive stress because that response

that your body has likely motivated you to study for that test. Without some stress, you likely wouldn't have bothered to study. So it's positive, again, because it helps you to accomplish a goal. The second level of stress would be, "tolerable stress." Now, tolerable stress is a more serious form of stress, but it tends to be temporary and it's buffered by supportive relationships.

So, I'm from Florida, so a Florida example of tolerable stress could be a hurricane. So, when a hurricane comes to our state that is a significant amount of stress, especially when it impacts our area. When hurricane Irma came through a few years ago, our particular region was significantly impacted. There were some serious stress involved in that there was damage to property, some families lost their home, we were without electricity and water for quite some time. And so, it was a serious level of stress that occurred. What made it tolerable, however, were two factors.

Number one, it was temporary. So, the hurricane came and left, and number two, for many of us it was buffered by supportive relationships. What that means is there were organizations who came out to help us to recover. FEMA came and provided resources; neighbors lent a hand. Other not-for-profit organizations also did what they could to meet the needs of the community.

So, that made that very serious level of stress tolerable. Now, when we use the term toxic stress, what we are referring to is a prolonged activation of our stress response system without some of those buffers and protective relationships. Our body has this stress response system that gets activated and when it's activated what we see is an increase in heart rate and the elevation of our stress hormone, such as cortisol. I'll give you a personal example of this activation of our stress response system that really helps me to understand how our body responds in moments of stress. I live in a rural area, and so one thing that we deal with is bears.

So, we have bears that like to come out at nighttime, especially on trash pickup night they're looking for food. And so, I recall several months back, I was going out to my car late at night. I had forgotten something and wanted to go and get it, and as I'm walking out to my car, I feel the presence of something or someone around me. I don't know if you've ever gotten that feeling where you just know someone is there. You don't know who it is; you don't know where they are, but you just feel like there's someone there.

Well, I got that feeling, and so I started looking around and I see these two little eyeballs off to my right-hand side, and they were kind of shining in the darkness, kind of looked like cat eyeballs, but it was not a cat, it was actually a bear, and the bear was a very large bear, and it was maybe 10 feet or so away from me, and for a split second, the bear and I made eye contact. And I vividly remember at that moment, I got this rush of heat that went to my head, my heart started to beat very quickly.

I felt like my respiration was changing and I even thought to myself, "Wow, this must be my stress response system kicking in." But what was happening was my stress response system was preparing me to do one of two things: It was preparing me to fight or it was preparing me to fly away. So, remember our "fight-or-flight response." At that moment when my stress response system was being activated, my body was responding to help me survive that dangerous

incident and it went into survival mode. What makes this toxic is when we go into this survival mode. Your body is solely interested in helping you survive. All it wants you to do is fight or flight, right? Get away from that dangerous incident, so much so that it begins to shut down other nonessential functions.

So for instance, your metabolism would be one of them. When I was in front of that bear, it was not important for me to metabolize that evening's dinner. What I needed to do was either fight that bear or get away from the bear. And so, when our stress response system is activated, these other nonessential functions at that moment begin to shut down, including some functions in brain development.

So, for a young child whose stress response system is constantly being activated, what's happening is the development of other key functions, such as brain development, is on pause. Now, in my example, my bear was the thing that activated the stress response system. But if we think about the children we work with, what are their "bears?" What are those things in their environment that activates their stress response system?

And that is kind of where the ACE study comes from. I know you're all familiar with the ACE study. On the screen in front of you, you see the original 10 ACEs on your left-hand side, and then you also see a list of some unique stressors that agricultural families tend to face. And we're not going to go through all of the details of the original 10 ACEs. I know most of you are familiar with that, but I do want to take a moment to remind you that when a child experiences an ACE event, what happens is their stress response system is activated.

If a child's stress response system is constantly being activated over time without sufficient buffers or protective factors, that can lead to toxic stress, and that is why we hear so much about ACEs. It's that constant ongoing exposure to these adversities in the absence of the needed protective factors to buffer against the negative consequences of ACEs. Now, some unique adversities that agricultural families often face include things like inadequate housing. For instance, many of the agricultural families that I work with, and in particular, those who are migrant and relocate seasonally for work, have a difficult time finding adequate homes for multiple reasons.

A part is the cost of homes is too expensive. Other times finding homes that are available seasonally, can also be a challenge. And then, so what ends up happening is many families will share living units, housing units with others. Sometimes these are individuals that they do not know. And other times it's extended family, but oftentimes for survival reasons, you end up living in very crowded households and oftentimes with individuals that you do not know and are not related to you.

There's a lot of research that looks at the relationship between the size of your living space that you have available and share with other members of your household and well-being. Space is really important. Space facilitates values. It facilitates activities. If you think about what we're going through right now with COVID and stay at home orders, some of us have found a silver lining in all of this. I know for me it's been extra time with family. Just last night, my kids, I have two kids – I have a 3 year old and a 4 year old – so my two kids, my wife, and I sat at our dinner table and we were playing board games.

You know, we've kind of exhausted all of our other options. We've done everything else we have to do, and so we found an old board game that we reclaimed and we ended up having a really good time doing that. But imagine if you are a family in a crowded home where there are strangers that you do not know, and you have a young child who may not feel comfortable enough to do these kinds of activities.

And if you think about what happens at the dinner table, that's when we share stories, that's where we show affection to one another, when we tell each other about our days. If you're sharing a home with people that you don't know or you don't trust, those things suddenly become very, very difficult. And so, that's one factor that we need to pay attention to when working with agricultural families is their housing living condition, and how does that impact a child's ability to connect and form significant relationships with their adult caregivers and parents.

Another unique adversity that oftentimes agricultural families face has to do with historical trauma, and this is particularly true for agricultural families who immigrate to the United States looking for a better life and, in some instances, attempting to flee violence or other stressors in their home countries. Historical trauma has to do with how a previous event in history impacts in a person's ability to cope with new adversities.

And in the context of early childhood development, we're specifically referring to traumatic experiences that a parent has gone through that then impact a child's ability to cope with subsequent, or new or different stressors. So for instance, if a parent experienced violence or war in their home country and immigrated to the United States and their child was subsequently born in the United States, that young child was not exposed to the violence.

They were not exposed to war, for instance; however, their parent was. The parent's trauma, oftentimes, can have an impact on the child, and in particular, it could impact the child's ability to cope with any subsequent stressors or adversities that they face. I'll give you a brief example of this that doesn't just apply to agricultural families, it applies to all of us in general. I work in a pediatric clinic and I recall several years ago where there was a parent who called and asked for an appointment with a pediatrician, and the reason for the appointment, and this – this was the parent's description, the reason for the appointment was that the parent was concerned that their child had been sexually abused at the family home day care, where the child was taken care of, and so that was the reason for the appointment.

The parent came in, brought in the child. It turns out that child had a rash in their genital area. The physician examined the child, didn't see any evidence with any form of abuse, brought in a behavioral health provider – that was myself at that time – to help interview the family and to try and figure out where the concern about abuse came from. And come to find out, the mother later disclosed that she herself had been a victim of sexual abuse. And so, she was very hypersensitive to anything happening to her child.

And I think for any of us who have been victims of any form of abuse, I think we can imagine how we would be sensitive to anything that reminds us of our own abuse, and the last thing we would want is for our child to go through our same adversities. In that particular case, let's look at that encounter, that office visit with the pediatrician through the lens of the young child. The

message that that young child received during that office visit, by seeing his mother's reaction and the interaction between professionals and the family, the message that that child may have received was, "The world is not as safe as I thought it was. Even in the place where I think I should feel safe, which is the home day care, even there where I as a child have a good connection with my provider, there's a chance for some kind of danger."

So, that – that was a potential message that was passed on to the child, and so that's an example of how a parent's previous trauma history can really impact how a young child sees the world and how they themselves cope with any adversities that come their way. Some other unique stressors that agricultural and immigrant families often experience are adversities related to family separations.

That can include separations due to deportations, or it could also have to do with separations due to having to migrate and relocate consistently for work. Whenever, we all know as professionals working with young children, that attachment is essential during early childhood. Any time that you have a sudden separation between a child and their caregiver or any other significant family member that that interrupts a child's ability to connect, and it impacts the child's perception of how safe the world is.

And so, we have to, again, be mindful of those unique stressors. In my work, what I see most often in terms of ACEs and other adversities is that in an effort to protect children, oftentimes what parents and other caregivers do is they refrain from talking about some of these adversities, in particular with young children, out of fear that they're going to further traumatize their child if they do talk about things like deportation, or in other instances, parents assume that because their child is so young, they're unaffected by the adversities that they've confronted.

And, in some cases, they just don't have the vocabulary or the words, at a child's level, that they could use to talk to them about some of the adversities that their families go through. So, in our work as a center, one of our goals is to create resources to help caregivers acknowledge that some of these adversities can have an impact on their child and give them some ideas about how they could talk to children about these difficult and sensitive topics. Here are some examples of some of our resources.

They're available on our website at fsustress.org. You'll see on the homepage there's a "resources" tab and you can download any of our resources for free. The majority of them are in Spanish, English, and Creole. For those of you that are working with agricultural and/or immigrant families, and one of the stressors that you're working to help families cope with is fears of deportation, we have some specific resources under a category labeled, "traumatic separation," so I encourage you to use those.

I also want to highlight that the COVID outbreak that we're all working so hard to respond to and cope with is another adversity, right, that all of us are having to deal with. And again, it could be difficult for parents to find the correct words to share with their children, information about what's happening, helping them to understand how they feel, express their emotions, and even come up with some ideas of what a young child could do to help and to protect themselves.

So, we created a resource. It's a coloring activity story book. It's called, The Germ That Wears A Crown. It's a story about the coronavirus that's also available on our website. And then we also have an e-book called, After the Harvest, which is a story about saying, "goodbye," and the story really follows two characters, one of which, is a young child that is part of a migrant farm working family who has to relocate mid-year, and so it tells the child's experience of having to migrate and some of the stressors associated with that.

So, I wanted to share those resources with you because, again, parents oftentimes are challenged with, "How do I talk to a young child about some of these stressors?" So, we emphasize ACEs so much because a lot of research is highlighting the relationship between ACEs and health problems, in particular, during adulthood. If you remember from the original ACE study, "four" tends to be the cutoff. Once your ACE score is "four" or higher, if you've experienced four or more of those original 10 ACEs, your risks for having chronic health problems as an adult increase.

On the screen, you see a summary of the physical and mental health risks that are associated with a high ACE score. We also know that the risk doesn't only occur during adulthood. You're very familiar with child development data and research studies that show when there's an increased exposure to ACEs, there's a higher likelihood for developmental delays. And the table that you see in front of you shows risk factors as experienced during the first three years of life, and the percent of children who would end up having developmental delays that are significant enough that they would need special education services when they reach school age.

So, the risk factors for adversity at the bottom could include some of the original ACEs. So if you, for instance, look at a young child with five risk factors, during their first three years of life, so let's say they experienced five ACEs during their first three years of life. About 80% of those children would have developmental delays that, again, are significant enough that would require special education services once they reach school. If you look over to the far right, seven risk factors for adversity.

Close to a 100% of those children would need special education services when they get to school. So, it's very important for us to consider ACEs when we are thinking of how do we best help a child develop in a healthy way. In addition to seeing the developmental delays, there is also an association between ACEs and challenging behaviors. Usually, we could understand this across three categories.

So, there's the physical state, emotional state, and the thinking state, and the physical state, that's where we have the fight-or-flight response and there's also a "freeze response to attack," which I'm sure many of you have experienced in your work. Sometimes, we come across a child who just seems disconnected, zoned out, or numb. That could also be a response. We oftentimes think of fight or flight, but it's really fight, flight, or freeze. So, when a child's stress response system is activated, this is the typical physical state that you'll see. Fight includes hitting, kicking, yelling.

Flight is running away or fleeing, and again, freezing is remaining numb. Now, what is challenging sometimes for us in our work with children is understanding, "What or when is this fight, flight, or freeze response triggered in a young child?" Sometimes, that's unapparent.

I know in my work with children, and maybe you've experienced the same, when you're trying to manage an inappropriate behavior or aggressive behavior in a young child and you're thinking through, "OK, why is this happening? Where is it coming from? What triggered this behavior?" That's an important step in addressing the behavior, but sometimes it's difficult to tell why, what happened, what triggered this behavior.

I'll tell you another example. There was a young child that I was working with not too long ago. And the reason why the child was referred to me was for behavior problems and, specifically, there was an incident in an afterschool program where the child became aggressive and hit another child suddenly, and the afterschool program staff could not figure out what happened or how it occurred.

Many, several sessions into our treatment, I was able to finally discover what happened, and in this child's case, the traumatic event or the adversity that they had experienced was the sudden death of a parent. So, a parent died suddenly in a car accident. That parent's home country was Mexico, and the family decided that they wanted to bury the father in Mexico. And so, the funeral took place there. The child went and the child was describing that during the funeral there was a particular smell that he remembered.

And I hear from people who have gone to Mexico, and in particular rural parts of Mexico, that there is a particular smell that the soil has, and most people associate that smell with agriculture. And I mentioned this because whenever we're treating traumatic grief in our treatment process, one of the things that we do is we try to identify what are some hidden things that remind people of their trauma and of their sudden loss? Oftentimes, it's smells or tastes that occurred during the traumatic event that stick to people. In this particular case, in this child's case, it was the smell of the soil in Mexico. That smell, he associated it with the traumatic loss of his father.

So, let's go back to the afterschool program. The day of the aggression, the child remembered that there was a parent who came to the afterschool program to pick up a classmate. That parent was an agricultural worker who had been working out in the fields all day and came to pick up the child immediately after work.

When that parent entered the afterschool program, the young child got a smell of the fields in their agricultural work and that smell suddenly reminded the child of the traumatic loss of his father. The smell took him back to the funeral in Mexico, and in an instant, he went into fight mode. Now, of course, the program staff had no idea where that happened. It took us several sessions to even put two and two together, but there are triggers. For this fight-or-flight response, there are things that happen in a child's environment that take them into this fight-or-flight mode that activate their stress response system and sometimes it's very difficult even for us to identify them.

So, we have to be really careful in how we respond when we see this physical state. In a moment, we're going to talk about emotional state and fear, in particular. Fear tends to be the emotion that is most common associated with adversity. So, here's an example of how a child's brain functions under typical conditions. I'm sure many of you have probably seen this graphic before. We adapted it from Arvidson, 2011. I'm not going to spend a lot of time reviewing this

as I know many of you are familiar, but I included this on here just as a reminder that the brain processes information differently under typical conditions in comparison to stressful conditions. So, this is an example of typical conditions.

Here's how a brain functions when the alarm response is activated. When a child has experienced adversity, they are more likely to go into this fight-or-flight mode. When they go into this fight-or-flight mode, they skip some essential processes such as evaluating their options, planning; they go straight into fight-or-flight mode.

Now, what I really want to focus on today before we go on to talk about strategies, is understanding different terms that we oftentimes hear. I know most of us are working hard to be trauma-sensitive, to become more trauma-informed, and so in those efforts, we hear a lot of terms and a lot of things that we feel like we need to address in our work, so I want to differentiate a little bit about what is trauma versus ACEs. So remember, ACEs stands for Adverse Childhood Experiences, and this term comes from the ACE study that was done in the late 1990s at Kaiser Permanente, and it is a term that's used to represent a group of negative experiences that children may face or witness while growing up. And we saw the original 10 ACEs earlier.

Now, toxic stress is the excessive or prolonged activation of the stress response system in the body and the brain. That's what we talked about how our body's stress response system is activated. We go into fight-or-flight mode. ACEs activate a body stress response system. If the body's stress response system is constantly being activated over time without significant buffers or protective factors and protective relationships, that can lead to toxic stress.

So toxic stress, again, is the repeated activation of the stress response system without sufficient supports. Now, trauma is something that occurs when a child is exposed to an event or a situation that overwhelms their ability to cope with what they have experienced. And trauma is very individual to a child. A single ACE event, for instance, could be traumatic for some children, but not necessarily.

And similarly, there could be a non-ACE event that a child could go through that could be traumatic. For instance, I've worked with several young kids who have suddenly lost a pet, in particular when the pet has died or has been killed in a car accident, a car has run over the pet. That is not an ACE event, but for some children it does become a traumatic event. And so again, an ACE event could be a trauma, but not necessarily so. And I want to remind you the whole idea of toxic stress and ACEs is that the accumulation of ACEs over time tends to be what leads to toxic stress and to these negative health outcomes. Trauma is different.

Trauma does not have to be the accumulation of events; it could be a single event that is traumatic, or it could be a series of experiences that take a toll on a child's ability to cope. So since we're – we're talking about trauma, I want us to understand how exposure to traumatic or adverse experiences really impact children and result both in emotional and behavioral changes. We talked a moment ago how adverse experiences impact a child's emotional state, and most often what happens is it instills fear in a child, and fear is a negative emotion. Negative emotions typically lead to negative behaviors, just as positive emotions typically lead to positive behaviors.

So, what we want is we want children to experience positive emotions more often than they experience negative emotions. Adverse events trigger negative emotions in children. That concerns us because negative emotions lead to negative behaviors. Now, I want to introduce you to a research study that wanted to understand how exposure to adverse events impacts a child's ability to experience positive emotion. This is called "Affective Neuroscience," if you're interested in looking up more information about it; Dr. Jaak did – has done a lot of research in this area.

And the particular study that I want to talk to you about looked at how again, "How does an adverse event impact a young child's ability to experience positive emotions?" So, I want you to think about a moment, "What activity do children do that allows them to experience positive emotions? What do children do that experience – that helps them to experience positive emotions. I think the majority of you are probably thinking play, right? So, when a child engages in play, they usually will experience joy.

Joy is a positive emotion, right? So, the researchers were interested in understanding that. "How does trauma impact a child's ability to experience joy, a positive emotion?" Of course, we can't always experiment on children, so like many other studies, this study used rats. And so, what they did is they got a group of baby rats and put them in a rat cage with toys, and they observed their behavior over a 10-day period.

During the first four days of the experiment, the researcher simply placed the baby rats in the cage and made sure that they have enough toys and games to, or other objects to play with. During those first four days, I want you to think about how active do you think the rats were? How much play did they engage in?

Would you say none, a little, some, or a lot? Think about that for a moment. For the first four days, got baby rats, put them in a cage, made sure they had toys. How active do you think the rats were? As you could see, the first four days of the experiment, the rats were very active. So they were playing again. Because they were playing, we're assuming that they were experiencing a positive emotion, joy.

We get joy from play. Now, at the end of the four days, the experimenters introduced what they call a "minimal fear stimulus," – minimal fear stimulus: It was a single cat hair. So, they literally put a single cat hair into the cage. Now mind you, they didn't put an actual cat, they did not show the rats a cat. They simply put a single cat hair into the cage, and this – just observed what would happen.

So, what do you think happened? After the single cat hair was introduced, how do you think the rats responded? Did they continue to play a lot? Did it go down to some, a little, or did they stop play altogether? Take a guess. OK. As you can see, after the single cat hair was introduced, the rats play behavior almost stopped altogether; so it went down to close to zero. They were no longer engaged in any kind of play.

So, the next day the experimenters removed the cat hair. So they completely removed the cat hair and watched to see what happened. What do you think happened? Now, keep in mind, the cat hair is supposed to represent an adverse event, right? And our theory is that adverse events impact a child's ability to experience positive emotions. So, a negative event leads to a negative

emotion, which leads to a negative behavior. So, how much of an impact do you think there was after the cat hair was removed, i.e., after the traumatic event or the adversity event was over?

Was it none, little, some, or a lot? So, as you could see on the screen, there was no improvement in the rats play behavior once the cat hair was removed; it practically stayed at zero. Now, we could probably anticipate that, right? It's only been a day since the traumatic event, and so it makes sense that the rats wouldn't be engaging in play as much as before. But, what about for the remainder of the study?

Do you think eventually the rats returned to the original baseline level of play, that they become active again? Or do you think not? I'll show you what happens. So, for the remainder of the study, the rats remained fairly inactive. So, the rat's play behavior never returned to baseline. They never again, for the remainder of this study, were as active as they were before the cat hair was removed, or presented.

So, in this study, the cat hair represents a traumatic event. The emotion that was experienced in response to the trauma was fear. Remember, negative event leads to negative emotion. In this case, the negative emotion was fear. Negative emotion leads to the negative behavior. The negative behavior in this case was that the rats stopped playing. So, what are some key lessons that we learned from this?

We know that children are much more resilient than animals, of course, they're able to cope better. But there are still some comparisons that we can draw in terms of the impact of trauma on a young child's ability to experience positive emotion. The lessons we learn is that again, a young child who is exposed to an adverse event is likely to experience fear. That is the most common emotion in response to adversity. When a young child experiences fear, his or her behavior is likely to change.

Once the fear system is triggered, it is hard to turn it off. Just like we saw in the rat studies, even after the trauma was over, the rats remain fearful. It takes time to reignite positive emotions and positive behaviors. Even events that appear to be minimally stressful can have a lasting impact on a young child, and that I think is a key lesson that sometimes we miss. And even as parents, sometimes we don't realize how lasting the impact can be of traumatic events. So, that's kind of an overview of toxic stress, trauma, how it impacts families.

Next, we want to move into, "What do we do about it?" So, we know the impact of trauma, we know the impact of ACEs, but how can we best work with the children and families in our programs? Before we go into that portion, we'll pause here to take a couple of questions.

Dr. Parikshak: Thanks so much, Dr. Rosado. This is Sangeeta again, and I've been monitoring the chat, and there's a lot of great questions coming in. You know, first of all, we really appreciate you giving some concrete examples from your work. I think it really helps to eliminate some of these, you know, different key topics that we keep hearing about – ACEs, toxic stress, trauma – and I really appreciated how thoroughly you went into kind of explaining the differences between that. Some questions that came in related to that were also related to the current situation that we're in, right?

The current pandemic, the social isolation that comes with it. I know, I'm sure everybody on this call is impacted in one way or another by this. And you know, there's a lot of concern, from our Head Start staff around how do we help children and families when it comes to this. But the first question that I have for you is, "How should, you know, we be thinking about the current situation that we're in in the context of what you just discussed?"

I mean, should we be thinking of this as trauma for our children and families? Is it toxic stress? Does it depend? Should we be giving an ACEs screener for all the families coming in? Kind of, how should we be framing this in our mind, given the descriptions you just gave?

Dr. Rosado: Sure. That's a great question. So, there are some similarities definitely between ACEs and what we're experiencing with COVID. I think what I would be most concerned about is how has COVID exacerbated some of the ACEs that many of our families were already coping with. So for instance, today we were talking about inappropriate or inadequate housing. So, now with COVID and the financial impact of COVID, what is that doing to a family who was already struggling to secure good housing, safe housing for their family.

So, I think that's important, and I think it's also important to differentiate between what is stressful about COVID for the parent and family versus what is stressful about COVID for the child. We have to look at things from the child's perspective as well. I think there's a great example in the Office of Head Start's resources about trauma. It gives an example about a hurricane and a family who lost their home in a hurricane.

For the family, the adversity was we lost our home. For the child, in that example, the adversity wasn't that they lost their home, it was that their pet disappeared in the midst of the hurricane. What potentially traumatized the child or the adversity the child was having a difficult time coping with was the loss of the pet, not the loss of the home. So, I think we need to differentiate between those two.

I think COVID, the biggest impact that COVID is having potentially on a young child is in the loss of relationships, or at least the interruption in those, especially for families who, again, are already coping with a lot of ACEs. And children from those families tend to rely on their supportive relationships that come from the school settings, not just supportive relationships within family.

So, those buffers have been interrupted. I'm glad you mentioned the issue of screening for ACEs. We understand that ACEs are important and we understand that we have to be aware and be knowledgeable about late ACEs and their impact. However, we also have to be very careful about how we use ACEs and how we screen for ACEs. It may not always be appropriate to screen for ACEs in an educational setting.

The – the recommendation to screen for ACEs typically comes from the American Academy of Pediatrics, and the recommendation is typically to do it in the context of a health care setting where there is a team of people that are available to help respond to any needs that are associated with ACEs. So for instance, in the facility where I work, we do screen for ACEs during a child's physical exam.

So, during their annual physical exam, we do an ACE screening, and there's a physician; a pediatrician typically who's there; there's a behavioral health provider, usually a psychologist; and then, there's also a case worker who is available to respond to those needs. So, there's a team of people in a very specific context where we adhere to things like confidentiality and have the resources available to respond to those needs.

I think for those in other nonmedical settings and educational settings, the recommendation is awareness. You know, you know the families really well that you work with, you know the stressors that they deal with, you know the common needs of your community. And so, having awareness of those needs and taking those needs into consideration when you work with the children is really the point in the recommendation. Again, you know your families really well, so you understand what ACEs they encounter, what their needs are. It may not always be productive to do an ACE screener.

Dr. Parikshak: That's super helpful. Thank you, Dr. Rosado. My next question for you, before we go into the trauma-informed strategies broadly, refers to how can Head Start help? And I like that so many questions have come in around this because this is part of the Head Start Heals campaign, and the whole point of this campaign is really for us to understand how Head Start can make a difference when it comes to children who've experienced a variety of adversities.

And I thought that this question, I hadn't really thought about it from this perspective before, but one question that came in was, "Can teachers be supportive relationship buffers, and can they be that support all the time, or do they really need to be in the child's life at the time that the adverse event happened?" So when, like can Head Start teachers be helpful any time, or do they really need to be there for that specific time only for it to be useful?

Dr. Rosado: Yes, excellent question. That is a really, really, good question. So, the answer is that you could be supportive in different ways. You can be a supportive relationship, and a buffer to a child, even before an adverse event. So, if a child has a good connection with a teacher, a strong bond with a teacher, and they subsequently go through an adverse event, even after they moved on and are no longer under the care of that teacher, the effects of that supportive relationship will carry on with the child.

So, the supportive relationship could be a preventative measure. A supportive relationship can also be effective during the stressor. So, when a child has a supportive relationship during the stressor, the message they get is, "I'm not in this alone," and that's even the case when the person offering that support is not directly involved in addressing the adversity. And I say that because we, you know, we're not superheroes and we can't, we are superheroes in certain ways, but we don't have magical powers is what I mean.

We can't go into a child's environment, home, community, and prevent all of the adversities, you know. Some adversities are outside of our reach. You know, if somebody's dealing with the traumatic death of a loved one, we can't bring somebody back to life, right? We shouldn't be expected to. If we offer a supportive relationship, we are telling the child, "You're not in it alone." I may not be able to go and undo your trauma; I may not be able to prevent the adversity, but I'll stand with you and I'll stand with you by being consistent, by being the best teacher, being the best caregiver that I have.

That's what a child needs through the adversities. I think sometimes when we hear about a child's adversity, it really pulls at our heartstrings and we try to do more than we probably should. I think we could be reassured that if you consistently do what you're called to do with that child, you can make an impact on their life and help them better cope with any adversity they deal with.

Dr. Parikshak: Awesome. Thank you so much. I know you have a lot more great information for us, so I'm going to pause on the questions for now and we can pick up more questions at the end of your presentation. Thank you.

Dr. Rosado: OK, sounds good. So, we're going to move now to, what do we do about it? Now, in my work, I, and especially when I collaborate with other educational organizations, I get the impression that sometimes we become overwhelmed by this call to be more trauma-informed and trauma-sensitive. It feels like it's a lot to take on, and in some regards it is because it's a sensitive topic, right? And so, we want to take good care of the kids we work with and we certainly don't want to retraumatize anyone.

But, I, my message to you and what I want to focus on in the next few minutes is that you are already doing a lot of what a child needs in order to be able to face adversities. You're already providing many buffers for whatever adversities they're confronting. Being trauma-informed has a lot to do with awareness of trauma. The NCTSN has a definition which I've abbreviated here of trauma, but they have a lot of good resources about what it means to be trauma-informed, but the definition emphasizes trauma- awareness and knowledge. Just by being aware of trauma and the impact of trauma on a child, you are going to be better prepared to respond to the child's need.

There are some skills, definitely, that are needed in order to better respond to trauma, but the first step is really awareness. The second step is beginning to think about some skills and strategies, and so I want to move into there. I want to talk about strategies by way of thinking about resilience. So, resilience is the ability to bounce back or to recover from adversity. And I want you to think about that definition and specifically bouncing back. Adversity impacts us, right? But there is resilience in all of us, including the children that we work with. Resilience is something that is already within a child.

We do not have to instill resilience in a child. Our job is to foster resilience. It's already within them. So, one way that we can help children be better equipped to deal with life's adversities is to foster resilience in them, and there are basic strategies, very practical strategies that we can utilize to foster resilience in children. I'm going to use the "7Cs" framework today to talk about strategies to build resilience. If you're not familiar with the 7Cs, the American Academy of Pediatrics has a lot of information about the 7Cs, and they have a "Resiliency Project" that you can Google, but the 7Cs are seven different things that we can foster in children to help them, or to foster resiliency in them.

So, there are seven "Cs." The first one is, "competence." So, competence has to do with the ability to do something, to do it well. It's a skill, something a child does well – a skill, a talent. There is this concept called "Islands of Competence." It was, Dr. Brooks writes about it, and what this concept explains is that if a child is figuratively drowning in a sea of adversities, there

have to be islands of competence somewhere around that child that are going to help them survive and escape the seat of adversity.

Just like if you are stranded at sea and you're drowning at sea, if you see an island and can climb onto that island, you will be safe. The same applies to a child dealing with adversities. If they're drowning in the adversities of life, but they have a competency, something that they're good at, that competency is going to help that child thrive through their adversity and not be overcome by it. I want to give you an example about competence. Here, you see pictured of Dr. Sarah Parcak. Dr. Sarah Parcak is a space archaeologist. I want you to think about that for a second – a space archaeologist.

What do you think a space archaeologist does? Usually, the responses that I get is they study rocks or collect samples from space and bring it back to Earth. But really what a space archaeologist does is they look at satellite images taken from space of the Earth, and they study the satellite images to look for potential archeological sites and then they travel to those sites and actually do their work. Dr. Parcak is the first ever space archeologist. I share her story because I was listening to one of her Ted Talks not too long ago, and she was explaining that she felt that her interest in looking for details and digging for treasure started in a beach near where her parents lived when she was a young child, where she would look for sand dollars.

She also talked about how her parents immigrated to the United States from Europe and they relocated, I believe it was in the New York area. It was Northeast somewhere. And, in order to make a living what they did is they opened a bar, and so Sarah, every day after school when she was done, she would come where? To the parents' bar; that's where she would hang out every day after school. I think most of us would agree that the bar is not the ideal afterschool program for any child, but that was Sarah's reality.

And she explains that she and her siblings, what they would do when they were in the bar at times is they would go under the bar stools and they would sift through the dust and the trash that was left on the floor to look for treasures and the treasures were coins, money that people dropped and leftover. And thinking back now as a space archeologist, she jokingly in one of her talks, mentioned that maybe her interest and her skill set at looking for treasure started at the bar floor when she was a child.

I love her story because, again, many of the kids that we work with are in less than ideal environments, and the message here is that while we should definitely be helping children to be in the best and the healthiest environment possible, even in the worst of circumstances, there's an opportunity there to learn and to develop a competency, and that was definitely the case for Dr. Parcak.

But the message here is we have to help children develop competencies. If a child is competent at something that is going to help them to survive, to thrive, and to be able to cope with adversity. In the handouts that were included for today's webinar, you'll see that there's one that's titled, "Types of Strengths in Young Children." That's a handout that just helps us to highlight what are some potential areas of competencies that we can help build in young children.

So, considering their skillset, their personality, their strengths. This is a list of competencies that we could help foster in a young child. You also see that the second handout that's included with today's presentation is titled, "Everyday Strategies for Building Young Children's Resilience in Early Childhood Education Settings."

What this handout does is it gives some brief recommendations for each of the 7Cs of practical strategies that we can utilize to foster resilience. And so, what I'm going to do for the time that we have left is I'm going to introduce the remaining Cs and highlight some recommendations for how to foster that particular aspect of resilience. But you have the resource with you as a follow up for additional information.

So, today I really just want to plant the seed of what are these 7Cs and why they are important and give you that resource, with additional strategies. So that second C is, "confidence." Confidence has to do with a child's belief in his or her own ability. We have to help children gain appropriate confidence by helping them recognize that they possess various abilities. When we help a child recognize his or her abilities, we are building their confidence. Now, confidence has to be anchored in competence.

That's really important. Confidence has to be anchored in competence. When we acknowledge that a child is doing something well, we should be acknowledging a skill, a competence that the child has. That's really important. I know we want to encourage children, but confidence cannot be a warm and fluffy feeling that, again, is not anchored by a competence, something that the child actually does well.

We have to be on the lookout for things that children do well and build their confidence by acknowledging those. Now, how do we do that? One very simple, brief technique that I like to recommend is helping children overcome fear. Remember, we established earlier that the most common emotion that is associated with adversity is fear. If a child is fearful, they are going to be less likely to try new things, which means that they're going to be less likely to develop a competence because they don't try. They're fearful.

So, we have to help children overcome that fear. One way that we could do that is by deliberately making mistakes in front of a child and then saying statements like, "Oh well, I have to try that again. It didn't work," or, "Gee, we might have to try it again. Let's build the tower all over. It's so, I can do it. You could do it. Let's build it together." So, by addressing the fear, you are likely to help that child dare to try new things, which will allow them the opportunity to build more competence. Character is the next C.

So, character has to do with helping a child have a clear sense of what is right and what is wrong. I think sometimes we leave character development to chance, that we're not always very intentional about building character. Sometimes, for us as parents that – that happens as well, but the message is that we have to be really intentional about helping to build a child's character. So, in our work with young children, this could be things like noticing honesty, teaching manners, respect. Perseverance is another one.

Again, going back to the idea of fear being such a common emotion and children who have experienced adversity, a character trait that we could help build in children is perseverance: "Keep trying, even if you fail at first." But building character, teaching respect, teaching

responsibility, things that you likely already include in your curriculums, things that you would consider when you're thinking about social emotional development.

It's important for us to know that those things build character and those things foster resilience. The next is, "contribution." So, contribution has to do with a child understanding that the world is a better place because they are in it. That is really, really important that even from a very young age, the child understands that he or she has something – a skill, a competence – that they can offer to someone else. I'll never forget when my son was born.

The day he was born, his pediatrician came to the hospital to visit him and he walked into our hospital room, walked right past my wife and I, went straight to my child and said, "Jacob, welcome, welcome to the world. The world has been waiting for you. The world will never be the same after today."

And those words were so profound to me that even to this day, we nicknamed my son, "world changer" because of what that pediatrician said to him. And we treat him like a world changer. We help him acknowledge opportunities where he can contribute to others, where he can help other people. If we can view children and treat them as such, treat them as world changers. Treat them as individuals who are here for a purpose and there are things that they are able to do that no one else could do, we're going to help that child feel that sense of contribution. So, there are some ideas in your handout about how to foster contribution, but it's really looking and creating opportunities for a child to contribute.

So, when you're going through things like COVID, if we return to school and there's a way for a class or a group of children to contribute to those who are in need, that could be something like organizing a canned food drive or drawing pictures for another group of students who maybe are still dealing with COVID or any other natural disaster, that gives a child a sense of contribution. "Coping" would be the next C.

Now, the majority of you, I think, are very well versed in terms of coping. This is very simple in that we have to teach children coping skills, right? So, we know that adverse experiences lead to negative emotions, which leads to negative behaviors. The emotion is there. We have to teach children how to cope with the emotion, how to deal with them. We need to teach the child coping strategies. The handout includes some simple coping strategies to help children manage difficult emotions, to help with "affect regulation," things like deep breathing, doing that in a fun, creative way.

There's an elephant breathing exercise that's included in your handout that you can use as a reference. A lot of centers are moving towards creating "calming corners" in their classrooms, where if a child is having a hard time with emotional regulation, they are allowed to go into that calming corner, and they are taught how to use the materials that are included in the calming corner. But being trauma-informed includes coming up with these sorts of strategies to help respond to challenging behaviors or negative behaviors. "Control" is the next C.

Control has to do with helping a child have inner control. Helping them understand that they control their actions. Oftentimes, when children face adversity, they learn that the world is unsafe, and that there is little that they could do about it. Things happen that are out of their control. When you grow up in that sort of environment, it's hard for you to understand what is

the relationship between my behavior and the consequences. I'm not just the victim of the consequences that are related to my behavior, but that could be my perception based on my experiences in life.

So, we have to help children develop that sense of control. And, you do that by, again, making sure that you stick to some of the strategies that you already have in place, like providing structure and routine and building into that choices. Giving children the opportunity to make decisions within the structure and within the routine that you've established for them gives a child that sense of control that they need. And then, the last C is, "connection."

So, this is probably one of the most significant buffers, protective factors that you can give a child, and so I so appreciate the question that came in earlier about, "When does the relationship help?" A connection with a child is essential, whether they're going through an adverse event or not, they need to have a supportive relationship. The supportive relationship that you offer a child today will help them deal with their current adversity, but will also help them deal with any subsequent or future adversity that they experience.

When a child is able to connect with you, they are able to experience positive emotions. That in itself is a way to help a child deal with their adversity. That's a way to quote unquote "reverse" ACEs, if there's such a thing. You, your relationship, you giving that child an opportunity to experience joy because of the connection that you have with the child is going to help that child cope with their adversity.

So, in your handout, there are some brief strategies to help a child build supportive relationships, not just with you as the caretaker and/or teacher, but also how to build those connections with some of their same-age peers by doing things like circle time and building into circle time opportunities for children to connect with one another, to share information about one another. So, those are the 7Cs.

I want to finish off here by highlighting some resources that we have in case you're looking for more information. Our website again is fsustress.org. There's a resource page with information that you can download for free. If you are interested in learning more about toxic stress and trauma, we recently developed a four-module curriculum that we titled, "Breaking the Cycle." We're piloting this curriculum, right now, with some help from the Office of Migrant and Seasonal Head Start, Migrant and Seasonal Head Start Collaborative Office, and also with "Capsule" in California, and have had a great time learning with them and really editing and forming this module so that they could be effective in your work.

So, if you are looking for more training opportunities, you can contact our center for more information and we could talk about ways that we could potentially collaborate with some centers, if there's interest. So, I thank you for your time. I'm going to pause here, take a few more questions.

Dr. Parikshak: Thank you so much, Dr. Rosado. This is Sangeeta again. Thank you for those really concrete strategies. I saw that there were a lot of people in the chat thanking you for that. Sometimes, it can be really hard to hear kind of all the things that adverse experiences can do to a child and to the families we serve, but actually hearing the things that we can do to help

them helps us in turn. So, we really appreciate that. I know I am, and many of our listeners also loved how you shared that story about your son being a world changer.

And I just, I think it's great that the pediatrician would think to do that as well. You're right, that would have definitely stuck with me if I'd had a pediatrician for my son to say that when he was born. Before we go on to other questions, I just wanted to do a couple of things. One is I wanted to remind folks, since we're getting a lot of questions in about this, is that if you go to the "event resources" tab at the bottom of your page here, you will be able to download the PowerPoints now, as well as the resources.

So, please do that. And now, I'm going to turn it over actually to Sandra Carton, who is our regional program manager from Region XII, to provide any reflections that she has about your presentation today, and then we can go back to questions. Thank you.

Sandra Carton: Thank you, Sangeeta and thank you Dr. Rosado. I think this is the second time I hear this presentation in the last two months because you did this presentation in the Migrant and Seasonal Head Start Conference, and I learned new things. So, one of the things that I thought is this is the kind of information that you need to hear more than once.

Don't be ashamed to hear it again. It has been recorded and it's going to be available to all of you and people that couldn't make it to the session, and it's going to be also part – posted in ECLKC. So, that will be something. Some of the things that stuck with me as Dr. Rosado was speaking is that I saw the questions and the comments.

A lot of you work in Early Head Start, and a lot of you are teachers, teacher aides, directors, supervisors, home visitors, family advocates, and I think that this whole theme of trauma, one of the things that we have to take in, in your roles in Head Start, is that you need to take everything that you have and that is a huge amount of early childhood knowledge and experience, and that's going to help you through this, because some of these things that Dr. Rosario is talking about are things that you have been educated also.

And what you need to do is to take these with what you already have, and you have more than what you think, because when you go to the inner information and the knowledge that you had gathered through so many years of experience or education, there is a lot information that you have that you can use. You're not alone. You are your best resource.

Some of the comments, I want to, you know, highlight is that, you know, the part of awareness that's trauma-informed is the awareness of the child. And you have to understand the family, understand the child. And, when Dr. Rosado was talking about the 7Cs, it occurred to me, it sounds almost like the job description of a teacher, you know, the teacher is there to provide skills and competence to her students, to give a foundation of confidence, to help them to support that character that he's forming in the early years, and to help them to control their emotions, et cetera.

And it sounded to me, this is the job of a teacher, you know, as it is, this is the job of Head Start. You know, if you're from Head Start, you know that these are the things that you're tasked to do. I want to remind you, 'cause I only have a few minutes more, I want to remind you that all Head Start programs receive, or are about to receive quality funding and that that quality

funding that Head Start agencies are going to receive and that we're waiting for applications with a deadline of May 15, speak to supporting your families and children in trauma.

So, you do have an opportunity to address some of your needs as a grantee, as individuals, as people that are helping families and children, and that you can, you know, as a team in your grantee, address it, get more information, get more training, get more hours for your mental health consultant, get a second mental health consultant if you need even more, and you're in places where you're very far from where the resources are.

So, be mindful that there are some resources coming to you and, but you need to, you need to ask for it. You need to put them as part of your application so you can get additional training, additional resources. That's part of the quality task for that money. I think that we all have experienced in the last month, depending on this state where you are, but, you know, most of the country at this point has locked down laws, and we have been ... A lot of centers are closed, and, some of the questions were, "How can I help the children? How can I continue being a source of comfort?"

And, this is part of your job as a teacher, in terms of knowing your students, knowing your families, and continue being a presence in their lives. And we had seen programs doing a magnificent job in terms of keeping teachers, for example, calling their students, reading books to their students by phone or by iPad, doing FaceTiming, having one-on-ones with parents, and try to be a comfort to them. And comfort, as I saw, one of the questions, comfort comes from knowledge also.

You – part of your job and how you can be helpful to your families is to be as very well-informed. Information about these virus is coming every two days. You'll receive something new that you didn't know. As much informed as you are, you can help your families to be informed and to be that sound – sound advice in turn.

So, being careful, being safe, and, these are the things that are new that are happening and this is where you go when you need more information. Just to remember, some of our families are very limited in terms of the amount of information that probably they can get, don't have maybe the discipline to read through a lot of information.

So, be that for them, give them information, and be calm and a soundboard of peace for them. I think that that's some of the things that we can do as leaders because you're all leaders – leaders in classrooms, leaders in centers, leaders in Head Start programs.

And to be informed and to be there, to be present, not only providing, you know, the things – the material things that the families need, like diapers, formula, but also to have a presence, and know that, let know the families that they are not forgiven because you are not seeing them every day. You still know what's happening in their lives and you're getting ready for when they return, because hopefully that's what is going to happen.

They will all return and you will be there to continue the job that you continue giving, you know, and doing well. There was this recess and you couldn't see your children. So, Sangeeta, that's all what I have.

Dr. Parikshak: Thank you, Sandra. That was wonderful. I really appreciate you being with us today and talking directly to everyone in Head Start, and particularly Region XII. I appreciate your leadership. So, Dr. Rosado there, we've expanded our webcast a little bit longer just to address some more questions that have come in, because we think that this is an important topic we want to provide some clarification on for our listeners.

So, as you know, family – parent and family engagement is at the foundation of Head Start and Early Head Start. The one question that came in is, "How important is parent involvement, particularly when it comes to supporting children's development and healing around, in the context of trauma?"

Dr. Rosado: That's a very good question, and the answer is that it's important. A lot of the research in terms of treatment for childhood trauma is calling on what's referred to as a "two-generation approach," meaning that you are addressing both the child and the parent, simultaneously. And in terms of mental health treatment, there are even some treatment models where you do that, you provide trauma treatment at the same time to a parent and a child together. CPP is one of those models – "Child, Parent, Psychotherapy" – where you provide the intervention to both individuals, simultaneously.

But, even outside the context of mental health treatment, when you're considering outreach, family programs, or when you're trying to address a child's development, the parent is key. One predictor of a child's ACE score is a parent's ACE score. So, the higher a parent's ACE score, the higher a child's ACE score. So, that means that if you're working with a child who is experiencing ACEs or adversities, in general, chances are that the parent was also exposed to some adversities. And so, you really are going to be most effective if you're able to address both of those needs at the same time. The parent is key.

Not only is the parent key because they can be a potential protective factor for that child, but also because if you give a parent skills that they can utilize to cope and recover from adversity, in the future, should there be subsequent adverse events that family's going to be better able to cope with that adversity.

Dr. Parikshak: Thank you, and I think the second question is tied to kind of the tail end of your last response. So, "We talk about coping, and resilience, but when it comes to recovery from trauma, can children fully recover? And how do we know if they have recovered?"

Dr. Rosado: Yeah. Thank you. Whoever asked that question, thank you for asking that question. I think sometimes when we talk about trauma, we talk so much about the negative aspects of trauma and I think we do that because there's such a significant risk for poor outcomes if someone doesn't receive the help that they need to recover, but sometimes in doing so, we fail to acknowledge that there's an opportunity for growth after trauma during your recovery.

There's a lesson to be learned. Oftentimes, when we go through a traumatic experience, if we get the help we need and we have the right protective factors and the buffers in place, that traumatic experience is going to allow us to face the world better equipped to manage whatever comes our way, especially if we learn coping skills during our recovery. Trauma should be avoided, definitely, we should try to avoid adversities as often as possible.

We need to protect children. We need to create environments that are safe for them, but no one is immune to adversity. Every single child, every single one of us is going to be exposed to some form of adversity. It does not mean that you are doomed. Your trauma, your ACEs is not your destiny. There is an opportunity there to learn, to grow, and to be better equipped to deal with what comes your way.

Now, in terms of how do you know that a child has healed from their trauma? I think what we most often do is we look at signs and symptoms of trauma, right? Like for me, a key indicator would be, how effectively is a child coping or how effectively is a child functioning? I'm sorry, how effectively is the child's functioning in their environment?

So, are they able to socialize with others? Are they able to manage and regulate their emotions effectively? Are they able to do the things that you would typically expect a child of their age to do? That's one thing that I would look for. The other thing that I would be mindful of is not to think of there being a fine line as to when healing comes. Like, that is to say, today is April the 30th right? Tomorrow's May the 1st. I can't say that I am fully healed, May the 1st; I wasn't the 30th but the first I'm fully over it.

I'm healed. I think we experience trauma differently in different stages of our life. And so, while I may be OK today and not show any signs and symptoms, that doesn't mean that five years from now, or a year from now, I may not re-experience some of those symptoms. So, that's why it's important to teach coping skills so that if I do re-experience those symptoms, I know what to do, but that's also why caring relationships are so important because it's other individuals who are probably going to notice those signs and symptoms before you do yourself. So, it's important to have those relationships. Does that make sense? Am I explaining myself?

Dr. Parikshak: Yes. Makes sense, and, you know, I really appreciate your thorough answer to that and leaving us on an uplifting note. I mean, that makes me feel like we have a lot of hope when it comes to addressing trauma and the children and families that we serve, and, you've provided us with some real concrete strategies and steps we can take in that direction. So, really appreciate your time and your answers to these questions. Before we get off today, I just wanted to highlight a couple of things for our viewers.

So, Dr. Rosado shared a bunch of different resources that are available through his institution for the State University, and those are free for you all to look at. You know, just as a reminder, you have the – the children's books, you have the 7Cs. Those are ... You can download through the event resources, but please take a look at the website as well – fsustress.org. Take a look at some of those resources that are SAMHSA-funded that you can take advantage of. Also, want to remind you that we have MyPeers communities that are available to you to continue this discussion with your colleagues.

So, the "mental health" one, if you're not on that, it's sort of the main traffic area for the Head Start Heals campaign. So, I encourage you to go there and engage in the dialogue we have going on. There's also one on, "opioid misuse and substance use disorders," if you're interested in that topic and need more information, and also "staff wellness." Just wanted to let you know of some of our Head Start Heals campaign events coming forward.

So, I know we weren't able to get to everybody's questions today, but we are hoping to answer a bunch of the questions that came in around different topics, such as child welfare, domestic violence. So, we're going to have some office hours around that.

We'll have one around supporting families impacted by substance use. Particularly, during this time, people are concerned about how to engage with families around discussing substance use in the home. And, we have our first kickoff of these office hours, entitled "Building Resilience in the Face of Trauma and Adversity. So, come with your mental health questions. We'll have our mental health team from the National Center on Early Childhood Health and Wellness on to answer your questions. And then, we have some webinars coming up.

We're joining forces with the National Center for Parent, Family, and Community Engagement to really talk with us around some of the questions that we're getting about having challenging conversations with families, promoting healing in families. And then, we have another national center that is outside of Head Start, funded by the Department of Education that will come to talk with us about addressing trauma in classroom settings.

So, please join us for those. If you aren't able to get on, I know we have so many people registering for these webinars and so you may not be able to hear it live. You can hear this webinar; many will be tuning in on demand for the rest of the month. If you're not able to tune in, the day of or on demand, you can go to the ECLKC. We have the Head Start Heals campaign on the front page under, "Explore What's New."

If you go there, everything that ... All the webinars that we're doing are going to be recorded and posted there. The ones we've already done are there as well, and we have a new page on "Trauma," and "Trauma-Informed Approach," resources for you all that you can access through that campaign page. Thank you so much for tuning in. Thank you to Dr. Rosado. Thank you to Sandra for being on with us as well, and we hope to see you at our next Head Start Heals event. Have a good day, everybody.