Joua:

Hi Shannon. We are in our breakout rooms and we're just sharing some strategies and tips on how to stay healthy and well during this time. It's almost time for me to bring them back. So, if you could just hang on, we'll bring everyone back into the main room.

Shannon:

Okay. Thank you.

Joua:

You're welcome.

Mindy:

It's nice to meet you, Jonathan. I'm Mindy Brookshire, I'm the project director. We're happy to have you with us today.

Jonathan:

Hi Mindy. It's nice to meet you as well.

Joua:

Okay. I'm going to bring everyone back. Okay, about 20 more seconds. I'm waiting for everyone to come back. And we're just going to do a little quick annotation check-in with your conversations you had in your breakout room and then I will hand it over to Mindy. So, let's see. Couple more folks coming in. Okay. I think everyone is back. I'm going to share my screen and remember to open your annotation toolbar. You want to click on the top. There's a green bar on top of your screen. Sometimes it's at the bottom. And then right next to that green bar, it says view options.

Joua:

If you click on that view option, it will open a window for you. Go ahead and select annotation. That will open up the annotation toolbar and select stamp from that toolbar and stamp on one of the categories here on the health and wellness toolkit that is relevant to your conversation, that is relevant to your strategies and tips you shared in your breakout room. Perfect. If you're not able to find the annotation toolbar, that is okay. You can type in one of the categories in the chat for us. Perfect.

Joua:

Oh, look at all of those hearts. Okay. So, it looks like physical time. So, setting time aside for physical activity is a huge thing right now for self-care for our self-wellness and our health. So, if I can just pick on Alicia to, let me clear this first, to help me read the description on physical time and activity. Oops, I have to close up annotation toolbar. So, Alicia, if you can unmute and read the physical time and activity description right here for me please.

Alicia:

Sure. Physical time slash activity, exercise nutrition, and physical health. How much physical activity one needs is individual, but it is recommended by the CDC to have an average of 150 minutes of mild to moderate exercise per week. Examples walking, running, the gym, yoga, CrossFit, and hiking.

Joua:

Thank you, Alicia. So, this is a resource developed by our wonderful presenter today, Dr. Julie Nicholson and also her group or team as well. And it is posted on the Center for Optimal Brain Integration website. I will include the link in chat once we get started. So, I am going to hand it over to Mindy and then Mindy would do a brief introduction. Julie, Dr. Julie Nicholson and her co-presenter Jonathan Iris-Wilbanks.

Mindy:

Good morning, everyone.

Joua:

Good morning.

Mindy:

We're very excited to be here today. I have the pleasure of introducing... Well, many of you have met Dr. Nicholson before, but I have the pleasure of introducing her today. As you know, she's a professor at Mills College and is a professor of practice at Mills College. And she's also the author of several books that we use in [Sea Pan 00:08:27], including responsibility, education for young children and families experiencing homelessness, creating equitable early learning environments for young boys of color. Just disrupting disproportionate outcomes, which as you all know, we are all waiting to come out. It's at CDE press, I believe right now.

Mindy:

And then of course the powerful role of play in education, which we are going to be looking at today at chapter six is the chapter we're focusing on. But we're actually going to look at building resilience through play. Jonathan Iris-Wilbanks is co-presenting with her. He's an assistant professor of practice at Mills College and the director and program head for the Child Life Graduate Program. He's a certified child life specialist at the Lucile Packard Children's Hospital in Stanford. So, we're happy to have both of them with us today. And hopefully you're all ready

to have a very interesting time because those of you have heard Dr. Nicholson present before know that this is going to be a great presentation. I'm going to turn it over to Dr. Nicholson and to Jonathan and we can get started.

Julie:

Thank you. It's wonderful to be here. I just feel like in these times of stress and individual stress and collective stress and a lot of trauma, it's amazing to be with you to see your faces, to know we're in community. And thank you for the gift of letting Jonathan and I be with you today for two and a half hours. We are going to be talking about building resilience through play. And in a moment, I will talk you through the agenda for this morning. But before we do that, we always want to start with a land or sometimes it's called a territorial acknowledgement. And so, I want to say that this morning I'm Zooming in from the occupied and unseated territory of the Ohlone peoples who have stewarded this land in the Bay area for generations. And when we think about a land acknowledgement, we think about a reconciliation process.

Julie:

This is the beginning of that, to raise awareness of the indigenous peoples, the first nations, the native American tribes that had the land that we are on before the settlers came in. And are in many ways, they're around us, they're here today in our communities. Doing the land acknowledgement, we hope it asks all of us to learn more about those tribes, about the families, about the communities, and also to begin to do a personal turn in to say, how am I benefiting from the land that I'm on? How am I personally, and how are we collectively in our families and communities benefiting from this land? So, to start as the first of many invitations for you to share in the chat, we would like to ask and invite all of you to share your name, to share the land where you're calling or Zooming in from, and the tribal nation or nations that are on the land, or historically have been on the land.

Julie:

And currently on the land where you're Zooming in from. It's likely unseeded land that you're working and living and playing on. If you don't know, I don't know if we've already put it in, but we're going to put in some tools for you to find out and just notice if you don't know whose land you're on. But there's these resources you can look it up now or afterwards and find out. And we also ask that you say your name, the tribal nation or nations, and then also one aspect of the land that you're on that's calling to your mind and your heart and your spirit. When I look out my window, even though it's quite smoky this morning, I always resonate with this beautiful tree that I can see. So, think about for the land that you're on, what resonates, what aspect of the land calls you in this morning that you want to pay attention to? And Jonathan, do you want to unmute and share out a few of the things you're seeing this morning?

Jonathan:

Yeah. All right. So, folks are appreciating a salty sea breeze, a beautiful lake. Folks are coming in from all different parts of California. It looks like a lonely land, Humboldt County with many

tribes. We got a Tolowa group and appreciation of the Redwood trees, lots of land appreciation.

Julie:

Thank you so much and keep those coming in. It's so important for us to make that visible, to recognize the beauty that the land is offering to us. And it's a big part of building resilience and wholeness is that connection to the land and our balance and relationship to the land. We'll be talking about that today. So, thank you so much. Okay. We've already been introduced. So, we are going to start with our agenda, what you can expect over the next two and a half hours with us.

Jonathan:

So, we are going to look at the impact of trauma on children's play. Different types of play that can support children who are impacted by stress and trauma so that they could cope, build resilience and heal through their trauma. And we're going to look at strategies for addressing difficult themes in play. I think this is especially important nowadays. We're going to look at how we can learn from medical play and how folks in hospitals and folks in medical care settings use play to help children heal. And we're also going to apply these concepts to vignettes. And let's see, we're going to have lots of opportunities throughout to include your ideas in the chat and share with each other. You can also send a message to us privately. And if you do that, we'll share your message, but we won't share your name. That way your message can be held more privately. And we'll also have some breakout rooms, and we'll have time at 10:30 for a 15 minute break.

Julie:

Okay. And then thank you, Jonathan. And the only thing we'll also add is, Joe is going to share with you, there's going to be several handouts that you receive access to at the end of the training, we don't need to use them during the training. You're going to have one that we share in the chat box, but you'll have lots of resources at the end of the training that will be aligned with the kinds of concepts and ideas that we're talking about. We're also going to be looking at the chat box. So, feel free to add questions. We have an amazing support team that's going to help us with that. We'll try to address them today, but we are a hundred percent here for you. If we don't get to everything today, we will be in contact. We understand you have a beautiful system of having us respond in writing, but we also could just schedule a time to talk. Sometimes it's just helpful to grapple face-to-face or on Zoom. So, we are available. We feel like this is the beginning of a really powerful conversation. Okay.

Speaker 4:

[inaudible 00:16:28] Okay, I was thinking...

Julie:

Thank you. It's helpful to mute when that happens. Okay. So, we're going to be talking about trauma. And one of the things that we know from any work about trauma and stress is that it can be weak. Ourselves can have trauma reminders and an activation of our stress response system in a sort of unconscious way at any moment in time when we're talking about some of these things. And so, it's really important before we start today for us to say two things. One is we want you to take care of yourself at all times, self-care, and you monitoring your body and doing body scans and just reading the cues of what you need is what we invite everybody here to do. If you need to get up and walk around, turn off your camera, go get a glass of water, take a deep breath, stretch and move your body and get some of that stress out as you're shaking your body and moving, this is what we want to do with children.

Julie:

We're going to be talking about, but we want to invite you to do it too. The other thing is, there's something incredibly powerful about when we are calm, thinking about a grounder that we can use. Something that when you think about it, an image, a person, a location, a mantra, a sort of object that when you think about this thing, this place, this thought, this saying this prayer, it has associations in your mind with safety, with belonging, with feeling a sense of wholeness and peace. And so, we invite you to think now, while we're calm or before any of you might experience an activation to know what that grounder is. And if you have it in your mind, if you write it down, if you draw a picture of it, it's easier to remind yourself when you start to feel that activation to bring your grounder into your heart, your mind, your spirit, your body.

Julie:

And it can help you feel a sense of calm before your stress response gets too far down the road. For me, I put the redwoods. These really, when I think about them, when I see them, when I'm in the redwoods, they ground me. We want to ask you to take a minute, to think about what your grounder could be. Grounders can be very personal, so you don't have to share, but we invite you. We see this as being able to teach and learn from one another. So, what you use as a grounder might be helpful to somebody else. So, if you're comfortable sharing privately with us, we can read it out or in the chat with one another. Please feel free to share your grounder now. Your mantra, your location, the ocean says, Kristen, beautiful. The garden grounds me. The body of water, the river.

Julie:

We can see this being outside and nature can be so grounding in resilience building. Moonstones a lot of water and prayer images of the Eiffel tower, hiking and nature, the moon, the ocean. And your grounders, again, you don't have to be in front of them. You can imagine them, you can see a photo of them holding a rosary or an object can be very grounding, petting your dog. Oh, animals are so valuable right now for grounding us. Seeing the sky, doing the dishes. I love that Rosario the water and the feeling of agency of getting something done and doing chores, watching birds, your backyard, the smell of cut grass. Okay, beautiful. Keep those

coming and remind yourself. And most of all, take care of yourself. We really care about you as individuals and us as a community as we work through this today.

Jonathan:

So, we know that almost half of the children in the United States have experienced at least one or more types of serious childhood trauma.

Julie:

And this is going up now. We can imagine with COVID, with our racial pandemic, with the fires here in California, and so many things, these numbers are going to be sky high. So, what we're talking about today is so relevant and so important more than ever. Okay so, we... And by the way, I should say, we're going to spend a good amount of time before break talking about trauma and its impact on play and what it is. After break we're going to be going into how we can use play to support coping, healing, and resilience. So just to make sure you have that sense.

Julie:

So, I really, really love the Statman-Weil definition of trauma, because so often trauma is thought about through an adult lens. And she talks about it's the result of an overwhelming amount of stress that exceeds one's ability to cope or integrate the emotions involved with that experience. It differs among individuals by their subjective experience, not the objective facts. That is so important for us to remember. It is subjective. We can't look at a child and know if they've experienced trauma and it's not an event per se.

Julie:

It's the experience on your nervous system and how it sits with your nervous system and leaves you with the perception of fear and terror. The perception that you feel out of control, the perception of helplessness. So, Jonathan and I could be in the same room going through the same experience of an earthquake coming and shaking the building because of all sorts of factors, we might have a different experience of fear, loss of control and helplessness. And so, we could have two very different experiences. We know that the younger the child, the more vulnerable they are to trauma because of so many things, right? Their body, they may not be able to use coping skills yet.

Julie:

They may not have developed those social, emotional capacities that we are teaching children today in terms of learning the body, scanning the breathing. They may not be able as a young baby to seek support from a buffering relationship and so on. There's lots of reasons why a young child is more vulnerable. And we also just want to name that although it hits children across every demographic, every city, every town in our country, it is disproportionately experienced. And we see that with COVID today that our communities of color, our children of

color and our children experiencing poverty and the sequela and impact of poverty will have more effects, cumulative effects of toxic stress and trauma.

Julie:

Okay. We want to just give voice to this for a minute. Some of these myths, and we're not expecting that a lot of you, I know a lot of you have done work on trauma, but you're training and working with communities where some of these myths might become, we might really need to address them and give voice to them. Jonathan's going to start us off.

Jonathan:

So just read these for a moment and notice for yourself if you've heard some of these myths or seen when they pop up when we're working with children. These are just a few, there's many myths and misunderstandings about trauma. That children don't feel pain or remember traumatic events or experiences, especially infants or toddlers. In the early 19th century, this was a very common medical teaching that children can't feel pain because their nervous systems aren't fully developed. Young children are naturally resilient. Trauma is a life sentence. So just feel into times when you have heard some of these myths or heard trauma talked about in a way that just made you think like, "Hmm, is that true?"

Julie:

And in terms of the resilience, what we do know is it's absolutely true that while trauma can impact children, the mother is the most vulnerable to trauma. We also know that neuroplasticity and healing and buffering from trauma and its short and long-term effects is also most possible in the early childhood years. So, we have most vulnerability and most possibility for protective factors, but children aren't naturally resilient. They have to experience contexts in the environment to support that resilience and we can build resilience and that's all throughout our life span. So, one of the things that I worry about with this final myth, and this is for children and adults, we're talking a lot about ACEs and Adverse Childhood Experiences, but we know from epidemiological data, you can't look at somebody's adverse experiences and predict their outcomes. And that's a really important thing and why we don't actually talk a lot about adverse experiences in ACEs scores anymore because we aren't our ACEs score.

Julie:

And there's so much we can do to interrupt and buffer stress and especially in early childhood and make sure that children don't have those short and long-term impacts. So, we have to remember, it's a fact of life, it's not a life sentence. And this can be for adults too. We can constantly be working to buffer. As I said, we just want to recognize the elements of a traumatic experience. So, the sense of fear, helplessness, and a lack of control. And this is why when we think about some of the foundations of trauma responsive practice, and we're going to be connecting this to play today, but why it's so critical to support children and adults to have a sense of agency and control, because it's that sense. This is why it matters to have predictable routines to reduce uncertainty. These things increase people's feelings of control

and reduce that uncertainty that activates the stress response. So, we'll just remember trauma is not in the event, it resides in the nervous system.

Julie:

Okay. So, we're not going to spend a lot of time on this because again, I know that a lot of you have had a look at the brain and the understanding of the brain. We're just going to go over some key things that are really helpful to set up our discussion of play and why play is impacted by trauma and toxic stress, and also how we can use play to support coping and healing. So, when we think about the brain, let's remember that the brainstem is the first part of the brain to develop. And we're going to talk in a minute about the hierarchical nature of brain development and why this matters, why it's important to understand the cortical processing of events and experiences. This is what we share with reptiles, and it's the part of our brain that scans for danger that is responsible for the fight-flight-freeze response and that activation of stress.

Julie:

Why does it activate? Like I said, it's a perception that you are under threat. You may or may not be in reality, it's a perception and it will mobilize an emergency response. And we talk about it, an easy way to think about is like the alarm center or the smoke detector. And it's constantly scanning your environment for red flags and deciding whether you are under threat. And if so, it's going to go into an automatic subconscious, meaning you're not in control nor aware, reaction throughout your body and other parts of your brain to protect you. Okay. So, we want to remember that when you might've heard this idea that... You might've heard the word somatics or body work, body scanning as helpful for healing from trauma. This is why, because it's so much... Trauma's in the body, and in order for us to heal, we can't just talk about it through a cognitive lens of talk therapy or talking through problems and naming our feelings. We have to actually learn how it sits and it holds in the body and how to release that charge.

Julie:

The limbic... Oh, and I should say that, that brainstem also controls our basic functions; breathing, sleeping regulation of your blood pressure, which is why when it perceives danger, those things are impacted, right? Because it's coming up through that brainstem that is responsible for those things. Okay, limbic brain. This is what we share with all mammals on the earth. And this generates our feelings, our emotions, the intensity of our feelings, our need for attachment, for belonging, for feeling significant. And we know that we are all born with an experience dependent limbic system. And this means that we need...

PART 1 OF 5 ENDS [00:30:04]

Julie:

... dependent limbic system. And this means that we need lots and lots of repeated positive emotional, social, and cognitive interactions to support the development of a healthy limbic

system. And unfortunately, if we have negative interactions relationally or relational trauma, relational loss, it takes hundreds and thousands of iterations for us to re-teach and re-learn, which is why we have to have so much patience, do so much self-care, when we are working with trauma-impacted children and families.

Julie:

The amygdala is part of the limbic system, controls our survival responses and responds to things within a fraction of a second, that tells us that if we perceive danger or threat. It is the racing heartbeat that we feel, the sweaty palms, the sort of pupils dilated, all of those things are very impacted by the amygdala. And we want to say that the amygdala is developed at birth, and this is why it's so important for us to recognize how easy it is for a young infant to perceive fear, to perceive threat, because it's fully developed. Whereas other parts of the brain in the perceptual system are not. Fear is one of our earliest and strongest emotions because of that.

Julie:

The prefrontal cortex or the forebrain. This is uniquely human. Mammals and reptiles don't have this. And it's the part of our brain that's responsible for our logical decision-making, our problem-solving, our ability to build empathy, to understand somebody else's experience, to slow down and regulate our reactivity, to sort of use language to tell stories with a beginning, middle, and end, and a coherent structure. These things, though, because everything comes through the brainstem, every single experience we have, if our subconscious unconscious scanning for danger brain perceives a threat in order to react quickly and in order to react smartly for your survival, it's going to cut off or greatly reduce the neural access to your limbic system and to the forebrain and the prefrontal cortex. This is really, really, really critical for us to think about. And before we move on, we'll just see if there're any questions. We're going to share a little video that talks about this, but any questions, comments, thoughts in the chat box, or unmute yourselves. Feel free to do that.

Jonathan:

I'm looking at the picture and listening to you and remembering that this process starts right away. This isn't just an adult brain that is able to go through these processes, but infants, newborns were built to do this neurologically to try to keep ourselves safe.

Julie:

I am going to, I just realized, Oh good. I wanted to make absolutely sure that I had clicked for the sound to work in our video. We're going to show you a video. This is free and available for you and your trainings from the Harvard Center on the Developing Child. They have wonderful videos. This is two minutes. And as you're watching this, we want you to think about what's coming up for you, what questions, what feelings in your body, what are you noticing, what cognitive thoughts. Okay, here we go.

Speaker 5:

Learning to deal with stress is an important part of healthy development. When experiencing stress, the stress response system is activated. The body and brain go on alert. There's an adrenaline rush, increased heart rate, and an increase in stress hormone levels. When the stress is relieved after a short time or a young child received support from caring adults, the stress response winds down, and the body quickly returns to normal. In severe situations, such as ongoing abuse and neglect, where there is no caring adult to act as a buffer against the stress, the stress response stays activated. Even when there is no apparent physical harm, the extended absence of response from adults can activate the stress response system.

Speaker 5:

Constant activation of the stress response overloads developing systems, with serious lifelong consequences for the child. This is known as toxic stress. Over time, this results in a stress response system set permanently on high alert. In the areas of the brain dedicated to learning and reasoning, the neural connections that comprise brain architecture are weaker and fewer in number. Science shows that the prolonged activation of stress hormones in early childhood can actually reduce neural connections in these important areas of the brain at just the time when they should be growing new ones. Toxic stress can be avoided if we ensure that the environments in which children grow and develop are nurturing, stable, and engaging.

Julie:

Okay. I've received a few private chats, but we want to take a minute to invite you to share in the chat box or unmute what's coming up for you, what's top of mind or in your body, what do you feel. Seeing that... One person shared, "It was activating just to hear the sound of the heartbeat." Yeah, it made my heart race. And that seeing and learning about stress and trauma can feel, especially at this time, overwhelming. It can feel, create the very things that we're talking about. The fear, the feeling of hopelessness. Like, "Can I really make a difference with so much stress and trauma around us?" The lack of control. "I don't have control of the pandemic. Don't have control over so much that's happening to the children and families I'm working with or my own children and families." And I just want to acknowledge that is part of this work. It's really hard to go in to talk about it, which is why we wanted to start with those grounders. It's important.

Julie:

One of the things Jonathan and I are going to reinforce today, I always talk about trauma with resilience, trauma with coping, not just individual. Collective resilience, collective coping. This is why we wrote a book on culturally responsive self-care. We can't learn about stress and trauma and its damage without helping all of us think about what we're already doing and what we can do in our sphere of influence to make a difference. And this is the most empowering and powerful stories that we can do a lot. And we can do a lot starting today. We can do a lot every single day, because really, and we know this from clinical studies, from our lived experience,

from our research studies. We know that people and even one buffering relationship can be the most important, most significant, and change a child's trajectory for a lifetime.

Julie:

Okay. "... and a child that sense of helplessness without adult support..." Okay. "And feeling of urgency. I'm feeling about..." A private chat I got. "I'm thinking about ECE teachers who are disproportionately poor women of color's stresses and traumas of their own. Supporting children with trauma is very difficult." And this is why we do have to talk about self-care and the importance of supporting one another as a staff, as a community, turning inward before we can turn outward, or at least at the same time. We can't just talk about children and families. We have to talk about ourselves, and it has to be a both end. I couldn't agree more.

Julie:

Okay. Really quickly, I just want to return to this to think about, okay, so if the process of neural growth goes sequentially from the bottom up, and the first areas of the brain are the brainstem and the midbrain, which is part of the brainstem, and they're responsible for the bodily functions as I talked about, breathing, sleeping, blood pressure, we know the last part of the brain to develop and it takes many, many, many years is the cortex, the forebrain, and the limbic system. And because of the sequential nature of neural growth, if one part of the brain like the brainstem is interrupted because of a lot of toxic stress in its development, it's going to impact the other areas of the brain as they're developing. And so, this is why we see a lot of children who experienced toxic stress having delays in things like language, having delays in language development or social, emotional skills, that limbic system, that attachment, the connection to social, emotional capacity and functioning. It's why...

Julie:

I was a parent of two young children who experienced early relational trauma. And we saw a lot of difficulty with sensory integration and modulation of the ability to just sort of modulate the sensory input. One who is sensory seeking at all times, one who is sensory defensive at all times. But that lack of modulation is because of the brain being impacted in this hierarchical way. And then we saw language delays. We saw delays in terms of the interoceptive capability of being able to notice when you have to eliminate and go to the bathroom. Again, it's because of this nature of the whole brain being impacted. And so, children often if they experienced early trauma, will potty train much, much later. And I know Jonathan can sees that and can talk about that. But let's just think for a minute about what this hierarchical brain development means for a young child.

Julie:

If the child's brain perceives a threat and sets up that survival fight flight freeze response, they can't access their brain, the part of their brain, and it's their body and brain's way of doing what it should do. It's smartest way of that child, but it cuts off access to the limbic brain and the forebrain. They can't tell you what's happening to them. They can't regulate their body. They

can't use language. They may push you away and not be able to connect emotionally and through that attachment relationship. And what Bruce Perry talks about is literally when it shuts off that way, the cortex, their problem solving, their perspective taking, the relationality, it's out of business. The number one thing we have to do is help them not perceive threat. It's the only way we're going to help children to be able to access their full brain, to be able to get back to learning and playing, and to stop the release of the stress chemicals, is if we can help their lower brainstem, their lizard brain, their survival brain, from perceiving threat. Jonathan, do you want to add anything?

Jonathan:

Yeah, one of my favorite things about being with a group and thinking about these things is that the group can generate something new. There's three parts of the chat that came up that connect so well together. It was mentioning that our own heartbeat started to race when we heard that heart. I did too. That was one. And two was that a child is helpless without adult support. And then three was the feeling of urgency to support. And for me, those connect so beautifully as you talk about the brain, because it's a reminder that, one, we're also affected by the stress the child is feeling and by their response to the stress.

Jonathan:

Two is a child is helpless without adult support, and we feel that urgency to support. And then what I can share is I think what can come out of this is sort of a hopelessness sometimes. And what I can share is that I have seen children in the most stressful situations medically that you can imagine demonstrate a level of coping that you would not believe possible for such a young child, because they got that support and learned how to activate coping in the midst of stress. And that it is not a hopeless helplessness without adult support, that children can get to places where they can access these things we're going to talk about.

Julie:

Absolutely. There's a wonderful question Elaina wrote in. "How does it work with children who don't speak English and teachers who don't speak the child's language?" Because we are going to focus on play, we're not going to go deep into depth of all the things we can do to create a trauma responsive environment, but what we can offer you, and we'll be sort of linking throughout, I think about it in three ways. I think about the relationship and as being this buffer, and you being in relationship, communicating to that child, that family, your colleague who's activated, you're not alone. I'm here with you. I'm going to support you and you for the young child who's activated. If you remain calm in their presence, that creates a sense of safety and you can guide their lizard brain, their reptile brain, back to safety just by you remaining calm and with them.

Julie:

That relationship and co-regulation is really, really critical. We can also think about the environment and things we can do in the environment. And the thing about, we're going to talk

about this in a minute, but the stress response system is often activated by reminders in the environment, that remind the child of the original experience they had or experiences they had that created that terror, lack of control, and helplessness. We can change our environment. We can try to remove those things that activate a stress response for the child as we notice the patterns, and we can also put things in our environment that help them to feel safe.

Julie:

And then, the third piece. The relationships, the environment, and it's building the capacity socially, emotionally to build body awareness, to help the child to be able to notice in their body when they are having a stress activation, and to have agency and control to learn breathing techniques, to learn some calming techniques. You might begin with them in the beginning to do that with them and scaffold, but children are amazing how they learn these things. And Jonathan, this is what a child life specialist is brilliant at in the hospitals. So many different ways that they help children breathe in playful ways.

Jonathan:

I would say the most connected I have felt with children is not when we're talking to each other, but it's when we in the midst of something create that connection and our breathing together. And many times, we can't speak the same language, but children will look for a co-regulator. They're not looking for someone who in those moments can speak their language right away. It's someone who can co-regulate with them. There's also lots of private chats coming in and really amazing reflective shares.

Julie:

Thank you so much for muting. I want to say that these co-regulators, it's us and our caring attuned, empathy-based, "I'm with you," noticing when we see a child activated looking scared, noticing that we are going to stop ourselves from judging, building empathy and saying, "Boy, what is this child communicating to me about how they're feeling and what they need?" We can help to create those co-regulate in such things as music. I used to hum the same tune to my daughters over and over and over and I still now they're teens and young adults. And I just have to start...

Julie:

Their body remembers the feeling of that, and it goes to what they associate that with this it is not a trauma, it's the opposite. With that co-regulating supportive attuned adult presence, and it immediately starts to calm them. It can be you breathing. It can be music. It can be your physical presence. It can be you saying, "You're safe. We're going to go through this together." There's lots of things we're going to talk about with play, but we just want to give you that sense. There's a lot you can do. It's a fact of life. It's not a life sentence. We have to keep coming back to that. Okay. Jonathan, do you want to share a few of these?

Jonathan:

Yeah. Now we're getting into sort of what does it look like when a child's fight flight or freeze system is activated. And oftentimes, it's what does it look like, but also what does it feel like, because we can feel it within ourselves as well as it's happening. But what you can see is under these different categories, there's a number of different responses that are designed to share with the world what it is that's happening for them inside of them. They might yell or scream. They might argue, kick, hit, bite, spit, destroy property, make threats.

Jonathan:

Children with flight might run out of the room. They might hide under something. They might sit in a corner and just watch and just sort of try to be as far away as they can. Become absorbed with things and oblivious to the surroundings. They can run away like flight into something. And then there's this freeze response, where they could become unresponsive to their name being called. They might appear sort of lethargic or just kind of spaced out, or they might be sort of daydreaming a lot. And again, just bringing back to that this is an automatic survival response. It's not, "Why is she choosing to bite?" This is being activated and it's an autonomic automatic response to this perceived threat. This is the way the body is saying, "This is how we'll keep ourselves safe."

Julie:

And it may not be that it's adaptive in situations outside of that initial moment of stress and trauma, but it is their body's attempt to be as adaptive and supportive as possible. We can help children unlearn these things and to help them feel safe and to stop activation. It does help us build empathy to understand it's out of their control. It is their body's way of being safe. It is a survival response. And it's for you too. I have to say, when adults learn this... I've been teaching this for years and years. And one of my students one day said to me, Jonathan and I are at Mills in Oakland and she said, "Oh my gosh, I was held up at gunpoint in my apartment one day in Oakland. And I have always felt so embarrassed and ashamed that I couldn't say anything. I couldn't do anything. I just stood. I just sat there."

Julie:

"I thought I would be so brave and so sort of productive and supportive in a moment like that and I couldn't." And she said, "And you're helping me see it was my body's attempt to keep me safe. I went into a freeze dissociative response and it wasn't in my control." And I said, "Yes, it is very helpful to know that." This stuff will help you know your own body too, and for us to build empathy with others and ourselves in understanding these responses. Now, we want to say, obviously, when you see these things, it doesn't mean it's trauma. It doesn't mean it's stress. Some of these are just developmentally responsive behaviors. But when you see it as a pattern and it's often triggered in a moment when you don't know where it came from, that can be a clue and there's a lot we can talk about and share with you about the difference between something that is just sort of a developmental behavior and a trauma trigger.

Julie:

One of the things around the trauma and memory is, I always like to bring in Bessel van der Kolk, he's a trauma researcher and clinician. He's thought of as like a grandfather of this work. And he talks about this idea of an event may come and go, but the body keeps the score. And this is why when... You might've been hearing My Grandmother's Hands or some of these books that are talking about racialized trauma or trauma in the body, this is what they're talking about. That the body holds on to the memory of the trauma because of the charge, then the associations that happen. And it's why to go through, and we're going to be talking about how play can be so supportive of children and healing from trauma, but as children or adults, it's why narrative and talk-based therapy often isn't... Trauma is not remembered in a narrative way in the brain.

Julie:

Let's just really quickly make sure you understand the difference about the different ways that memory is in the brain. Implicit memories are stored as images and sensations. The feelings in our body, the heartbeat, the feeling of worry. And they're unconscious. They're not in our awareness. This is why if a caregiver is nurturing when the baby cries, you sing that lullaby. It's that baby's association with the feeling of what it feels to be safe, what it feels to be attuned to. And before children have spoken language, their memories are largely implicit. Explicit memories, we sort of think about these as emerging in the second year of life. And they're stored in the brain often with words. And this is when we can access stories and we can begin to think about telling a story about something that happened with a beginning, a middle, and an end. And when you can do that, you have a time register. "That was then, that happened back then. This is now."

Julie:

But because trauma memories are so often associated with implicit memories and those sensations and the senses, what we smelled, what we touched, what we heard, what we saw, they don't have time registers. "It's not like that happened then. And now I'm here and I'm safe." This is why we want to understand what a trauma reminder is or a trauma trigger. The child's brain associates that feeling, that perceived feeling of fear, hopelessness, lack of control. Freezing cold evening, the smoke in a fire, the sound of an ambulance rushing, a parent away from a home, the sound of a gunshot. They associate the feeling they had in their body with the things they saw, with the things they heard, with the smells. And so here, in this case, maybe the child remembers the red jacket of somebody with intimate partner violence, somebody who abused a caregiver. Or, like I said, the sound of the ambulance.

Julie:

And then what happens is the moment they experienced those sensory memories or the feeling of discomfort in their body, it triggers that stress response. It's not like that happened way back then. It's like they see the red jacket and their brain says, "You're in danger again." It's like it transports them back to being in that place, of observing the intimate partner violence. And so, this is why we can have a child sitting with us calm, reading a story. They have a trauma reminder, and it's automatic and it's split second, and they go into all those fight flight freeze

behaviors that Jonathan talked about. And we say, "Where did that come from? Where did that come from? What is that?"

Julie:

And it feels irrational. But if we can learn to understand the stories they're telling us, we can build empathy and realize they're not feeling safe. They need to feel safe. We can learn to tell them that they're safe. They're here and now. We can take deep breaths with them. We can hum to them. We can help them understand that "You're safe in my care. We're going to make sure that we stay together with you until you feel safe." There's lots of things we can do and we're going to get into that. But we want you to understand that it just can happen in a split second because of what trauma reminders are. Okay. I think this is a time where we could have our wonderful support team put a handout for you so that if it's easier for you to read on the handout versus on the slide. We wanted to just be able to show you what this might look like. Okay. And I forgot to... Oh, go ahead, Jonathan. Yeah.

Jonathan:

I was just going to say, while they're working on, while we're putting that in there and there it is, just taking a second to go back again to the things we started thinking of in the beginning, like the grounding, when we were putting in ideas of the lake, the body of water, the trees. I think it's good to pause and go back to that and just hold that for a moment, because I think, and we're getting lots of private messages and lots of people are sharing openly. We're in a traumatic moment right now as a community. There's fires, there's a pandemic. There's incredibly, incredibly sad moments of racial injustice happening all around us, that we're in these trauma reminders right now as adults. And so, as we talk about trauma, we need to ground ourselves as we do this work.

Julie:

Everybody who knows me knows that my favorite topic is this. How do we create cultures of caring for the self and caring for one another? And I'm noticing there are so many beautiful and important questions. I'm not ignoring them. Some of them like, "Is it traumatic to do sleep training?" Some other folks are asking, "Can we talk about the fourth, fawning?" So, fight, flight, freeze, fawn. These are such powerful questions. And what I'm doing in my mind is thinking about things that we need to address here and things that we can easily address in a follow-up document, as well as just being available. So, if it's okay with you if we don't respond, it's because of that. Not because we're ignoring you, but because we can see ways in which we could connect to that. And especially something like that question on sleep, there's so many factors I need to talk about in the answer. Okay. Let's take a look at this and just see this, some examples of what this might look like. Okay. Jonathan is going to just share and talk, sort of read out loud here.

Jonathan:

Before I start reading this, because it is a story that includes trauma, I'm also an associate marriage and family therapist. This is a method we use in therapy when someone is talking about their traumas. But before I even start reading this, for just two seconds, just find the place in the world where you're...

PART 2 OF 5 ENDS [01:00:04]

Jonathan:

Reading this for just two seconds. Just find the place in the world where your body meets the world. If it's your bottom, or if it's your back against the chair, just find that spot on your body where you meet the world and bring your attention to that spot for a second. And that's it. Okay. So, this is a vignette. So, what we want you to think about is trauma reminders and stress behaviors. So, listen and be thinking about those two things. Two-year-old Mateo and his family are experiencing homelessness. Over the last few months, Mateo has been moving from one relative's house to another. Because of the constant disruptions in his life and his mother's need to quickly pack their clothes and move at night to whatever house they can find to give them a place to sleep, Mateo no longer has any toys that he can play with especially when he leaves his childcare center.

Jonathan:

He worries that just like he lost his home, he will lose other things that he cares about, including the toys he plays with when he's at his center. One morning he arrives at the center, starts playing with the Legos and spent a long time trying to build a tower. Another child in the toddler class, John, walked up to Mateo and started taking some of the Lego. Mateo immediately responded with hitting, kicking, and pulling John's hair until he got the Lego back. So, what we want to do is think about, what are some of the trauma reminders? And this might be a good place to just put into the chat some of the things that you're thinking of, what are some of the trauma reminders and what are some of the stress behaviors within this story?

Jonathan:

You can also share if you've seen similar reactions and behaviors in your work. Taking up the toys, somebody coming into his space, taking the Legos, he's taken them back.

Julie:

Interesting, Eliana. That's so interesting that the Lego could represent a shelter.

Jonathan:

And rebuilding of a structure. John taking the Legos, the reminder, the loss of control, a reminder of the loss, the disruption. Then hitting, pulling the hair, kicking.

Julie:

The fear of losing something. Yes. You could see a child, sometimes we see them hoarding or what we might describe as hoarding, just grabbing everything and holding it or putting it into a ban or packing it away. What is that? We were in the middle of reading a story together. They had a trauma reminder. There was a fear of loss and their sense of control is to grab everything they can find and try to hold onto it and not let go. Okay.

Julie:

"Difficult to separate this from typical toddler development with sharing," says Cindy. It's true. And this is why it's so helpful to... We have to become these detectives, really looking for patterns and that kind of physiological response in the body. You can see the fight, flight, freeze in a child. We can actually see that over time. Okay.

Jonathan:

Somebody mentioned the relationship with the family. His trauma response is power. Even in a safe environment, somebody's grandson reacted with a question when a baby sister took the toy.

Julie:

Okay. Good. Okay. Well, let's do one more. I think for time' sake, you've got the outline and, excuse me, the different vignettes. You can take a look at the third one. But let's look at five-year-old Ella and a flight response. So, in this case, here's Cindy, she is a visitor. This is pre-COVID. She has permission to be in a kindergarten classroom, but the children have never seen her before. And she starts observing the children. She's doing this as an assignment for a class at her local community college or university. But when she walks in the room, Suriya's hair looks just like Ella's mother. And Ella is a child at this center.

Julie:

Ella has been removed because her mother, there was maltreatment and her mother hurt Ella. Right? So, there was abuse there. And so, she was removed by CPS and placed in care with... I'm sorry about my dog. We just had somebody at the door. So, Ella starts to cry the moment that Cindy... I am sorry. Let's see.

Jonathan:

Do you want me to finish reading this one?

Julie:

Okay. So, Ella starts to cry the minute that she sees Cindy. And we could imagine that she runs, she hides under the table. She might pull up a jacket over her head. She might try to... In another instance, we could imagine a child trying to run out of the room. We might see a whole body startle. We might see a shake. We might see a collapse to the ground. But the same thing, let's sort of think about the trauma reminder here. This is a familiar example. Okay. And we could imagine that in this kind of situation, so feel free to share what's coming up for you as

you see this using a trauma responsive lens, that attunement and understanding and asking a question.

Julie:

And by the way, I want to say a lot of folks use this language of we're going to move away from what is wrong or what's wrong with that child, which we wouldn't ever want to use in early childhood anyways, to what happened to that child. I have concerns about that. And I'll tell you, I feel that instead of saying what happened to the child, I think we need to say, what is the child's story? What are they communicating to me about how they're feeling and what they need, how we can be responsive to help them feel safe? Nobody, not any of us, no child, no adult wants to be defined by trauma. We don't want to lead with that's how we define them. So, what happened to you?

Julie:

And we also, when we do that, we're not recognizing that buffering effect and the resilience that we can build and strengthen throughout our lives. So, it worries me to say that. What is the child experiencing? Is something that came through private. I love that question. What is the child experiencing? How can I learn and lean in, notice, observe, and create safety for that child so that I can respond to what that child's experiencing. Okay.

Jonathan:

What happened is past focused. And it could be... I'm always trying to think. I'm trying to empathize with these responses and thinking like, hmm, even why that, and maybe what is happening in that moment is what happened. This response is what happened. And they're showing again the world, this is what happened. This is when I need help. And if we go to what happened, maybe that response is telling us, this is too intense for me right now. My brain wants to go intellectually into the past. And it's just a call to say, "Oh, I need to table that curiosity and refocus on what is happening."

Julie:

And build that safety for the child. Even if we don't know what happened, we don't know what the trauma reminder is, we don't even know if it's trauma, but we notice these behaviors that look like they don't feel safe, we can attune, we can build empathy. And it's a mindset, a total mind shift. My dear colleague, Julie Kurtz, many of you know who I do a lot of training and book writing with and so on, she was in a training the other day with somebody who said they had... They live in one of the communities that's impacted by the fire. And a young child had been begging the parent, the mother, "Could we please, please, please, please, please have pancakes? Could we please go out and have pancakes?"

Julie:

So, the parent brought this child to go have probably outdoor pancakes after many asks. They arrived, they ordered, and while they were waiting for their food, the smell from the kitchen

was a little bit of a smokey, the smell that you'd have from the kitchen, but it was enough that it had the child have a trauma reminder of the smoke from the fires in their neighborhood. And all of a sudden, the child said, "We've got to go, we've got to go home. We've got to go home. We got to go." And she said, "A year ago before I had any trauma awareness training, I would have been so upset. Like, "Why? We just got here. You've always wanted... Go to that rational place.

Julie:

She said, this gave her the mindset of saying, "Something's happening. My child's not feeling safe and I'm going to lean in and attune, remind him that he's safe." Say, "Okay, we can go, but I just want you to know we're safe. Let's take a deep breath together." There's lots of different strategies, but it was such a powerful reminder of this is a mindset shift in building empathy. Okay, let's go for... We're going to say one more side, and then we're going to give you a chance in a breakout room to share a little with one another.

Jonathan:

Let me just catch up here. Yes. And this is part of that mindset shift is that this came from an investigation that we were looking at in our laboratory school at Mills College. And oftentimes... And I just want to acknowledge that when we work with children, we are busy. There is so much, so much to attend to, so much on our plate. We're thinking 10 steps ahead. We're planning an activity while getting the food ready, while tending to the child who's having this response. And I think we can all recall moments where we're just present, where we have that connection and that feeling. And I think for many people, it's those moments that are the sustaining moments of the work.

Jonathan:

And this quote really sums it up for me is this, the fundamental acceptance and approval of each child is not contingent on her meeting the teacher's expectations of what she should be. It simply depends on her being alive, being a child, and being in the group. That there's so much pressure, there's developmental milestones, and tasks, and things they're working on. But at the end of the day, we can return back to this, the acceptance and the approval of this little person is just because they're alive, not because they're working on something.

Jonathan:

A reminder to ourselves that being present is part of a process of noticing. And you can return to this available emotional presence and a curiosity and a wonderment with the child.

Julie:

Okay. So, we're going to give you now five minutes in a breakout room with a couple of colleagues to just think about and name this, and this is our... We're going to shift right after this breakout to thinking about play and what we can do about all this. But it's important to begin for you to have a few minutes to think about how is it impacting either young children

that you're directly working with, or maybe you're working with folks, you're supporting those who are working directly with. And how does understanding this neurobiology of stress and trauma help you build understanding and empathy for children like Mateo, Ella Benji, or those that you're working with?

Julie:

So just begin to name some of those things, and we're going to build from that onto how you support them with play. So, I'm going to go ahead and put folks in breakout rooms. The computer will assign you; you know how this works. So, you'll just accept it. You'll have five minutes in a group of two or three. So, a minute or two to take turns sharing and let us know if you need to... You can request the help button if you need us for anything, take a picture of this if you want to remember the questions and we'll see you back in five minutes. You'll get that one minute reminder when it's time to come back. Okay.

Julie:

Okay. So, I think folks will be back in about just a few seconds here, about 20 more seconds. Okay. So, while everybody is just coming in in our last 10 seconds, we'll just ask one or two of you to share out, maybe unmute and just share out a highlight from your conversation. Do we have anybody who wants to share something that was top of mind or top of body for them that came out?

Debbie:

Hi Julie, this is Debbie [inaudible 01:21:08]. So nice to see you.

Joua:

Hi Debbie. Oh, nice to hear your voice.

Debbie:

Nice to hear yours for sure. So, we had a very interesting conversation about this sort of collective trauma that we're all experiencing with the pandemic. And these could be children that never have had these other experiences you're talking about, but this particular experience is traumatic in many ways. And Lisa Shannon was sharing a story about a teacher that worked very closely with a child and then bumped into the child at the park. And the child started screaming, "Get away from me, get away from me, I'm going to die." Because someone had told him, "We can't be around people right now because we could get sick and die."

Debbie:

And so, it went right back to the fight, flight or freeze conversation. It was just a perfect example of that. And then we started talking about taking walks and everybody's wearing masks and how scary that could be. And we used to tell our kids, "Watch out for people wearing masks." And now we're all wearing masks. So, it was a very rich conversation and we're all experiencing trauma. Let's face it. It is traumatic times.

Julie:

Thank you for sharing that. And what a beautiful example of how important when that happens for us to notice in our bodies our immediate reaction, which makes sense. Might be to feel hurt, to have a reactivity of, to take it personally, and to notice that, to have your grounding strategies of saying, "That's how I'm feeling. I'm feeling reactive and defensive. I'm going to take a deep breath. I'm going to picture the redwoods. I'm going to say my mantra, this is hard for all of us. Stay attuned, this too shall pass." Whatever that grounder is that you can then attune and focus on helping that child to feel safe in the moment. Yeah. Okay. Do we have one other person who wants to share out a highlight?

Speaker 6:

Well, I was sharing that, we were talking about a lot of different things. And one of the things that came up was the fact that teachers have to recognize self, right? And understand biases in themselves and understand how they react to a couple of things. And I was just sharing that like all of the vignettes, I have experienced far as being a consultant and going into the classrooms. And it was one recent one where they had this thing with this little girl, and I wouldn't want to... I'm like, nothing's wrong with her. And it dawned on me. I said, "Maybe she's just tired," because she looked tired. Her eyes is tired, but they were just, the teachers were just howling all this things, "Oh, maybe this is happening. This is happening. The mom and dad are going through these things."

Speaker 6:

And I sat with the mom and dad, I listened to the mom and dad and I said, "Wait, hold on, what time does she go to bed?" "Oh, she goes to bed about 10:00, 12:00, maybe 1:00." "Okay, let's do this first. Let's start by having her go to bed at nine o'clock. Then that way she would get the rest. When she comes into school, she can eat her food. Because the problem was she wasn't eating. And I said, "Just think about yourself. If you're tired, you're not going to want any food." Right? Anything that can be unless it's nothing. So, I think that once we step back and listen and get to build relationships with the families and not necessarily go straight to, "Oh my God, this is a trauma event." No.

Julie:

Absolutely.

Speaker 6:

She just needs to go to sleep. Right?

Julie:

Yeah. Thank you so much for sharing that. I always talk about in the beginning of a training, what is trauma informed practice or trauma responsive practice? Jonathan is, and some of you might be clinicians, but as early educators supporting young children and families in early learning spaces, we're not here to diagnose children, to work clinically with them. And what

we're talking about is creating environments that support children to feel safe, to feel that sense of attunement, to think about how we can... I loved that that was shared, what is this child experiencing and how can... And I don't need to know their trauma history to help them feel safe and for me to notice my reactivity in the moment, right?

Julie:

And to stop and be that secure, supportive base for them. And so, I'm thankful that you brought that up and we could talk for a long time about that, but that's what worries me about this question of what happened to you because it sends people into this detective work of, why are you harmed? Why are you the way you are? And what we know is at the root of cycles of oppression, and harm, and reproduction of bias, and discrimination, and prejudice is positioning people, families, groups, communities, through deficit stories, right? We can and we've got to get away from that. So that's why I feel like we have to really shift that mindset. But thank you so much for sharing that.

Julie:

We have 10 more minutes and then we're going to take our break. And yes, Kristen says, "The detective attitude can be harmful if the teacher is not aware of their biases." Absolutely. We do a lot of training on that and what it means to notice one's bias, to interrupt it and the strategies that help with that. And so, when I say the detective, I want to be clear. I'm not saying I'm detecting what happened to you. I'm detecting what I'm noticing and observing about your behaviors and the things in the environment that are supporting you to regulate, to be attuned, to feel safe, those calm behaviors, and then the stress behaviors and how I can work to see association so that I can make changes and regulate, co-regulate and support you to thrive.

Julie:

Okay. Okay. So, we're going to do a few minutes here on how trauma impacts children with play. And we're going to take a break and come back and talk all about strategies and things we can do with play to support children's coping and healing, but Jonathan, take it away.

Jonathan:

Great. So, play is really, really, it's difficult for children who've experienced trauma. It's complicated. It's complex. And children with a trauma history have a difficulty being really present in the moment. Their amygdala and they're constantly activated. So, they're in this state of scanning, it's a vigilance, a constant vigilance scanning for harm, scanning for potential danger. And this is called hyper vigilance. And they often perceive that others are judging them or trying to harm them. So being able to go into that play state is really interrupted constantly and unconsciously.

Jonathan:

Because their relational parts of their brain, their limbic systems and their neocortex, or the self-control systems are affected and underdeveloped, they might judge situations as

personally threatening when they're actually not. So, this is an example, a little girl with a history of trauma might observe a classmate across a space laughing and immediately perceive that they're being laughed at, that the little girl is being laughed at herself. And that if they have a fight response to that trauma trigger, they might go over and hit, or kick, or yell, or confront and start confrontation with the child who's laughing.

Jonathan:

If they have a flight response, they might run away or just start crying. And in a freeze response, they may suddenly just look like they're daydreaming. And this is the response that so often is unnoticed, the sort of the peaceful child in the corner that's just kind of daydreaming and tuned out. It can be with all the chaos around us in settings, easy to miss that this could be a trauma response. As they mature and their verbal abilities increase, we can support them by helping them to learn to read social cues more accurately-

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Jonathan:

And to learn to read social cues more accurately and, readjust that alarm system. Give them some pause in their reactivity so that they can go through a process. We can join with them to go together, to ask "Why are you laughing? Give the other person a chance to explain, to help share what their experience is, and a child may misperceive the intentions of their peers, but they can be supported to start to build trust and feel safe at school. And it's especially important when they have this fight response because there can be a tendency to start to label the child. That child might be, the child that fights or the biter, the hitter, the kicker.

Jonathan:

They start to acquire these identities that are given to them by the others in the space. We see this and other parents might start to be afraid of that child. Teachers might have more reactivity quickly to that child. We have to be really conscious as these identities start to get put onto the child. We have to interrupt that. We also have to recognize the historical bias and especially the racial bias of reactive children being suspended or removed from centers more quicker. And we need to counteract that.

Julie:

Yeah. So, does it make sense now for us to say this, that if children are preoccupied in their reptile brain and their limbic brain and their forebrain are cutoff, their CEO is not in business and they're preoccupied with their survival, that they're not going to have cognitive energy to be able to do things like imaginary play. Imaginary play, it's a privilege if we think about it from a neuro-biological context, and I'm not, maybe not just imaginary play, risky play. Play that's developing where you're with others, and you're deeply engaged where you lose that sense of space and time. And you're just so focused. If the brain is perceiving threat or your stress response is activated. You're hypervigilant. You're constantly scanning for danger. You can't

afford to let go and be in a play frame. So, this is why it's really important for us to understand why children who are activated and are impacted by trauma, may come to us, or we may see them not engaging in play.

Julie:

We might say they don't know how to play. They probably do have some sense of knowing how to play, their body is telling them they can't afford to play. It's not safe to play. And there also might be some, if they had chronic stress and chronic activation, they may not have had a history of playing. And so, it might be that they need a lot of scaffolded support. I just want to bring this home that children have to have a feeling of trust that their basic needs are going to be met, that they're not threatened, in order to play. And that's one of the things that is really sad about our trauma impacted children. That it's a right for their thriving, for their learning and their development that can be taken away as they're scanning the environment constantly. Okay.

Jonathan:

So, we see the trauma show up in their play when they are engaged in plays in lots of different ways. Infants might have very little engagement with toys. They have little interest in interacting with others in a playful manner. Sometimes toddler's play is very chaotic and has a purposeless quality. Preschoolers can struggle to engage in imaginary play. They might be too scared to engage because their fears and their worries live there. And, that imaginary play might represent too closely the life experiences that they have, and it's overwhelming, and it can be scary. Other children that have developed symbolic capacities, they have no joy or adventure or imaginative discovery within their play.

Jonathan:

Sometimes, especially with preschoolers, you'll see this mapping behavior where they start and then stop and bounce to a new thing and start, and then stop and then bounce to a new thing. And it's like, tah, tah tah, tah tah, and there's a little pinball or those old comics with the little dotted line of the kiddo going everywhere and use this inability to settle in.

Julie:

And we can understand if you have that charge in your body that feels uncomfortable. You don't want to be with it. It's why it's so hard for children to nap, who have trauma reminders. Because the settling in, in the quiet, in the dark, those feelings flood in. So, we see children trying desperately not to nap. To ask us questions, to fiddle to, can we do this? Can we do that. One more bedtime story, one more... Because they feel all of the trauma reminders, even just the internal physiological feelings in the quiet. Okay. A few more things, and then we'll go to break. So, I just wanted to show you this slide. This is from my own family. I think I shared that... Whoops, I didn't mean to do that. When children re-enact a traumatic experience over and over in reenactment play, in many cases, what they're doing is they're taking a very

overwhelming and frightening event and they're creating that sense of control and agency and predictability.

Julie:

So, we might see something, a child reenacting an experience they had. And in this case for my young daughter, with this, she would create over the period of about three years, graves all over our house. And she did this at school, she did this at home. And it is important and there are mental health consultants who can help us understand when we need certain targeted intervention for children, when it's just a trauma story that's being played over and over in a way that's not helping the child, but sometimes we see children so engaged, so focused on this play in ways that it can feel stuck, but they're working, they're working through it. And they're taking something where they had a feeling of fear, terror, helplessness, and by repeating and iterating that over and over and over, they're creating a pattern and predictability.

Julie:

They're reducing the uncertainty, reducing the lack of control in their brains. And in that way, they're learning to cope and heal with it. And after they get to that point of creating the predictability, they can re-narrate the ending. They can become the heroes and heroines of their own story. We can help them with those endings of that bad thing happened and look at how you're so strong and you're here and you've made friends and you're in kindergarten and all of these things. But I want to say and Bruce Perry, I should have looked up the number. He talks about how it sometimes takes thousands of these iterations for children to do this.

Julie:

So, I wanted to share this example with you, because we went through this for three years and it was helping her cope to go through this story of the burying and the graves. And I wrote a paper about this. One day, the animals were just sleeping in their graves and then the animals woke up. And then she was able to stop working in this way, through the play with the graves. But I just want to say that, when children re-enact through play, it can look stuck. It can be worrisome for us, but we also have to not jump to conclusions that that's traumatizing for children. It can be very helpful for children to create that sense of predictability and routine.

Julie:

Jonathan, do you want to add anything?

Jonathan:

No.

Julie:

Okay.

Jonathan:

Yeah.

Julie:

One... Oh, yes. So, I just want to say this before we go to break, we have been saying this, but we're going to leave on this note that healing can be taught, can be supported, can be scaffolded. And I know that was a heavy first piece of the training, and we're going to shift after break into looking at what we can do to set up our environments, how we can use play to support children's coping and healing. And you all have a tremendous power to disrupt these things from becoming harmful, short and long-term. So, we want to leave you with that good news and say, we're going to come back to that. And we're going to take a 15 minute break. So, it's 10:31. We'll come back at 10:46 and Joua and Stephanie and our support team. I don't know if you want to say anything else.

Joua:

No. That would be good. I just want to do a quick shout out to Laura for joining us this morning. If you guys didn't get a chance to or have the luxury for her to join your breakout room, just like quick shout out to Laura.

Julie:

Yay. I saw you Laura, I was so glad that you're here. Okay. Take your breath, get your drink of water. Go out and see something on the land that speaks to your spirit. We'll see you in 15 minutes.

Julie:

So here we are, our time is going to go quick. So, hope you got a deep breath, a little connection rejuvenation. And I wanted to just really quickly say Jonathan brought to my attention during the break that way back in the chat, somebody had asked for some writing on brain states, happy to share that. So, I will make sure that that is part of what you have Joua to share. Okay? Great.

Julie:

Okay. So, we're going to start in before we take a deep dive into different kinds of play. We wanted to share this as a way to just realize some very simple ways of looking at trauma responsive practices. People had said earlier, what are the practices? What can we do when the child is a trauma reminder? So, let's just look at this together.

Julie:

So, here's Anthony, he's riding a tricycle at his preschool and a loud airplane flies over his head. He starts to cover his ears and screams repeatedly, "No, no, no, no, no." Over and over. And his teacher Lawanda comes over to him and bends down and she uses a calm and reassuring voice. And she says, "Anthony, you're safe. You're here in preschool. The teachers are going to take care of you. That loud sound was an airplane, way up high in the sky. You're safe down here on

the ground with me. Let's take some deep breaths together." Now this is a scene that you could imagine, probably all of you do or know, and you support this practice.

Julie:

And so, part of trauma-informed practice is also just giving language and brain-based strategies to say, good for you, thumbs up what you're doing. And here's why this is helpful. But you may not know. And the teacher may not know that Anthony observed a car accident with really loud crashing sounds. And it's okay if we don't know that, if we do know it, we understand his trauma reminder even more. But even if we didn't, I want to just ask us to take a look at this and to say, what are some of the things that you see Lawanda, his teacher, doing that are trauma responsive? Not just, what is she doing, but why? What's happening here? What do you see in this?

Julie:

So, if we were to say that the loud sound is reminding that's the trauma reminder, his body is being transported back as though he were in that moment of the crash. So, recognizing his feelings yep. That like, what is he experiencing? She's noticing that he's fearful, bends down and explains you're safe. I can't say enough how important that is. You're going to say that and train people and encourage people to say that a hundred times a day. She's co-regulating him. She's letting him borrow her calm to help guide him back to regulation. Acknowledging his feelings. She's making herself smaller so that she is helping his lower brainstem not to perceive threat because somebody bigger and tolerant over him might... It's unconscious, it would happen. Comforting him, close to the student, not far away. So, creating that secure base, we're in this together, I'm going to stay with you, helping him feel safety, letting him know he's not alone.

Julie:

Taking deep breaths is helping him with that self-regulation of his stress response and to shut off the activation of the chemicals being released in his body modeling self-regulation okay. Beautiful. And being physically present. I'm trying to look, getting on his level attunement, comforting him, describing the situation, putting words to feelings. Excellent.

Julie:

And can I say what hasn't come up yet in the chat box, she's helping him move that experience and memory from an implicit memory that is sensory based that takes him back as though he's in the original traumatic situation and helping him ground himself in the here and now saying that's up there, you're down here with me. She's helping him separate, that loud sound is up there you're here where you're safe. Because his body is thinking I'm in that unsafe situation with that loud sound. Okay, good.

Jonathan:

It's a recreation of the process of assessing a threat and you could see her walk through that process and help redo the architecture of who are you? You're Anthony. You are safe. You are here. Where are you? When are you? What is that noise? It's a slow and together re-going through that process of assessing what he just reacted to.

Julie:

And I would say that we could imagine the more trauma responsive, she wouldn't rush up to him because again, she wants his perceptual system not to perceive threat. And when we go back to this is our evolutionary system, right? So, it was perceiving the lions and tigers and those things that were harmful and scary to us. We don't want the perceptual system and to perceive threat. So, she might be walking up slowly, calmly bending down gently. She's going to use a soft tone of voice. She might even just give him a moment without saying anything, just being with him. This is where I might come down and just start a little hum to help his body just relax so that he can take in my co-regulation. Okay.

Jonathan:

She might need to repeat it if he's activated. And as he comes down from the activation too.

Julie:

You'll see in having a visual aid for children that shows some of these things that they can do when they feel worried, not in the moment, but just, we can take belly breath together. You can ask for a hug, you can come and be with... These kinds of things, helping him see what was done and how he has power and agency to not feel stuck in that place of trauma and fear. And even to name, you know how Daniel Siegel talks, Name it to tame it, that when we can name something, it helps reduce stress. This is why it's so powerful to build sensory literacy and naming what's happening in your body. Do you feel like you have a volcano ready to explode? Do you feel like you have a rock? Do you feel all those kinds of sensory, not the emotional, emotional literacy is important, but we have to start with sensory, the sensations in our body, before we can get to emotional literacy, when we're talking about trauma.

Julie:

Okay. So, we are going to shift into thinking about different opportunities for children to communicate fears and worries and express anger, and big feelings through play. And what are ways that we can set up environments to support healing and coping and building resilience through the use of play. And we're going to just whip through these. Know that we're keeping an eye on the chat. We welcome you adding anything. And there's a handout on this that I worked on with the Early Childhood Funders. It's a free resource. You'll have access to it. It's in Spanish and English, but we'll just talk through some of these things and why they are supportive of children and why we need to really fight for play to remain in our early childhood settings. Because this is such a part of how, when I think of this, as so much a part of the human rights for children, that they have a way to cope with the big feelings that they are experiencing.

Julie:

Okay. So sensory play. When we think about sensory play, we often think about such things as like water and sand. Sometimes people will use things like beans in a water table, other people don't because they feel like using food is not appropriate and sends the wrong messages. But those are used to have sensory play or any kind of sensory object like that. That can be an individual bin during COVID, or we used to have larger bins where children were together.

Julie:

It's a couple of reasons to have this kind of play is really critical. If a child is... Remember, we talked about how they might be hypervigilant. If they need to scan the environment to feel safe in that environment, if they're constantly activated and stressed, this is a way in which they can be playing with a sand table, even if it's an individual bin or water. Not only soothing and calming their stress response system by doing so, but it allows them a way to actually play where they don't have to attend or take their attention away from survival. It also for children who can't, because they don't feel safe enough to do things like taking away that cognitive energy to engage in object play or fantasy play, it's like an access equity issue. This is a way that we can support them to play with us. Jonathan, do you want to add anything to that?

Jonathan:

Just that that sensory play often brings you right into the moment because the fluid or the object you're using is just often so controlled by gravity. And so, it can be repetitive. It can be repeated. It can be engaged in just to the amount that they want to. They might just want to get their fingertips wet. They might want to dive their whole arms, but also that through all of these, they tell you so much in the way they engage in it, they might be just dumping, submerging and you just can learn so much from sensory play by watching how they engage with something.

Julie:

And then for some children who are sensory defensive, which could be impacted because of trauma, they might not want to touch things, but it's still they'll use the objects to pour water, play with sand. They may not want it to touch them. And other kids, like Jonathan said, might just literally put their arms and bodies into it. And it's modulating for their sensory system to do that. So, with my children, this is where a therapist took us, was this kind of play to start with. We couldn't do any play therapy with objects. They weren't ready. So, we started with this kind of play as an entry in. Okay. I want to talk about... Oh, and here we have two different examples a lot of people in the COVID responsive settings are using individual bins. And so, I wanted to just show that there.

Julie:

Okay. Let's think about structured play. Oh, and sensory play. You've seen the Play-Doh. Play-Doh can be extremely calming. Children can pound out it. They can poke at it. They can regulate. I mean, think of how many of you as adults find it calming in a meeting to hold on and

squish something to bite on a pen, right? To do different things, to drink coffee, the same can be for children holding something like Play-Doh, they can regulate their systems. It's a co-regulator for them.

Julie:

And yes, fidgets and those things. Okay. But structured play. I want to just talk about this for a minute. These things like pegboards that you see here, puzzles without too many parts, very simple things without too many pieces. What does this offer to the child who has their CEO is, and maybe their limbic system, it's out of business right now. They're activated, or they came in activated, or you're worried that they might activate quickly. It doesn't require... And this is the same with actually the sensory play. It doesn't require them to engage with children. It could. I mean, the way you said it could do that, but it doesn't have to, children can play with water and sand without having to have all those social, emotional capacities without having to share and negotiate and use language. And if they're activated and their neurons, aren't firing in their limbic system and in their forebrain, this allows them to both engage and participate and have access to play. But it reduces the cognitive demand on them.

Julie:

They don't have to navigate socially, emotionally. They don't have to navigate with language, but here's another piece children who experience a lot of trauma, have the reduction in learning opportunities and therefore the reduction in opportunities for them to develop a sense of self-efficacy, a sense of mastery that is so critical to those early childhood years. Those tasks that they do over and over as they're learning to climb up a play structure and they climb the first step. And then the second step, and they feel a sense of mastery as they work towards a goal. Children impacted by trauma have that interrupted. So small structured play objects like this, can give them a sense of mastery without requiring more than they're capable of doing if their stress response systems are activated. Jonathan hop in if you want to add anything.

Jonathan:

That's great.

Julie:

Okay.

Julie:

Expressive arts. This makes sense to a lot of us painting, drawing, acting anything where children are able to... It's open-ended enough. And they're able to take their big feelings, their big emotions, and embed them in a process in an experience is really, really helpful. And if we go back to this idea that for adults and for children to name something, to take it out from the internal lived experience, where it might be scary because we're not sharing it, it's something we're hiding and it's deep inside. And in the case of trauma, we're not even aware of it. It's there to bring it out into the open, to tell our stories. And I'm thinking of, when I talk about

telling stories, I mean, in the hundred languages of children way. Telling our stories through dance, through acting things out, through painting, through drawing. In many different ways, when we're able to tell a story of how we feel or what we're experiencing, it can be very soothing, but it can also be part of what builds resilience.

Julie:

It gets that experience out from inside of us, that charge of energy into the outside. And that's the first step in calming, the stress response system. It also might be that something is way too scary for a child to talk about. And they might first need to talk about something where there's some distance. So that picture I showed you with the horses, my daughter, who had several relational losses in the first year of her life, she couldn't talk about that, but she could bury an animal. She could create a funeral for something else where there was some symbolic distance before she could tune it inward and work on her own trauma and healing. And then let's see, is there anything else Jonathan that you want to add here? I know you do a lot with expressive arts in the hospital.

Jonathan:

Expressive arts is a great space to be a curator also, of an experience. And to be really conscious of the materials, the colors, the textures of the paper, they can all play into the experience. Trauma might be something around fire and providing lots of cool colors on the color spectrum can be a chance to make sure that the expressive art activity has potentially less triggering, but you really get a chance, like we were talking before, to be the person who helps set the safe space by what is being offered and, and how. If you know that they have sensory things, maybe think of painting isn't going to be such a therapeutic or expressive art activity for that kiddo.

Julie:

One of the things that came out in a private chat is a concern that some of these things are put out. We're not holding to high expectations. They're giving children a sense of control, but it's removing challenge from them. And this connects to you, Elena shared, do we scaffold the learning? I want to say that my famous answer of it depends. Everything is so individual. And what we're talking about here, especially with these opening ideas, this is for a child who you see is very activated and dysregulated. And isn't going to be able to engage in a lot of other play or learning activities in the classroom. These are things that can help bring a child back to calm and regulation so that they can engage in other ways of being and other activities. So, I'm all about challenge and I'm all about individualizing and noticing, but we just want to.

PART 4 OF 5 ENDS [02:00:04]

Julie:

... challenge and I'm all about individualizing and noticing, but we just wanted to give you some tools for those children that look like they're showing you the fight, flight or freeze. And they're not going to be able to participate in other things, so this is helping you think about how to

support those children to be able to reenter and reconnect but yes, scaffolding and supporting is always really what we're about. Absolutely.

Julie:

We're going to quickly go through for the same reasons that these are loose parts, that the child can bring themselves, their experiences and have a sense of a way to tell their stories and they get to reveal what they want to. They have a sense of agency and control. Loose parts can be very helpful for children in that way.

Julie:

It also can be though for children who experienced trauma, making a choice, making a decision, having too many variables and options can be completely overwhelming. For one of my children, she couldn't be in a co-op or a preschool where there's a lot of changing adults, a lot of options and choice. That was completely debilitating and scary for her. She needed her world to be brought smaller and down with just a couple of choices that helped her feel safer and it reduced the cognitive load and helped create more predictability.

Julie:

So loose parts can go either way, we just want you to have a sense of how they can be important and helpful for children and others. You'll see, it can be very overwhelming. But blocks can be one of those things that I know that in COVID, it's very hard and exhausting and time consuming to clean them. A lot of programs are choosing to spend effort and energy to keep them available, for the very reason that children can bring so much of their worries and concerns into the blocks and have that open-ended way of working through things.

Julie:

Okay. So, a few other things we wanted to share. When children have that charge of energy, I want to connect this to Bessel van der Kolk, how the body keeps the score. It's so important to prevent short and long-term harm for us, if we notice a child in that activation stage, to make sure they have a way to discharge it. Because it's when they hold it in the body that we see those harmful effects that can be very long-term if this happens over and over.

Julie:

Which is why, by the way, I'm so thankful that they're starting to talk about how harmful things like, what did they call them? The red alarm. Gosh, what was it called? The shooter alarm drills that they were doing even with young children, where they would have the kids come together in a huddle and they couldn't move. So, the children are having this stress response in their bodies, and they're not giving them any way to discharge that. Right?

Julie:

Some teachers knew after to let them run, to let them jump, to let it out but some didn't and just said, "Let's go right back to what we were doing." Well, this creates so much harm. We

have to think about are we giving them chances to climb, to jump, to bike, to have big body play, to run?

Julie:

I know it's hard in COVID, and it's hard in general with smoke and things, but if we can think about having opportunities to release that energy throughout the day is really, really important for preventing the harm in their bodies. It will help them to release that charge, and in releasing that charge you can say to yourself, "I'm actually preventing the brain damage that we talk about, that can be the impact of activating the stress response over and over.

Julie:

For those of you who have taken trainings with Bruce Perry or others, the neurosequential model and so on, you know how important the repetitive rhythmic activities are for young children. They heal the brain from trauma. They both create with a rhythmic activity, swinging, rocking, jumping on a trampoline, this drumming sounds, chanting. These things create a patterned predictability for the child, but it also helps in terms of for the brain and it's rewiring.

Julie:

It helps the brain to develop optimally to engage in these things, but it helps to calm the stress response more than most things, which is why people use the fold-up rocking chairs or different kinds of rockers, or even just hold a child and rock back and forth. The humming and chanting of something over and over and over, swinging can just sooth and immediately regulate a child and stop the release of stress chemicals.

Julie:

So as much as we can build these in throughout the day or give children options of choosing to use these if they start to feel those body disregulators the better. We're helping them build resilience and we're helping ourselves to help them get back to a learning state more quickly. Anything you want to add, Jonathan?

Jonathan:

No.

Julie:

Okay. And then one other piece I have here is just the nature play. You saw how many of you found your grounders in nature? There's decades of research on the power of nature to regulate our systems. It has something to do with engaging the senses, and it's the beauty of nature is full of loose parts.

Julie:

Children can choose their level of engagement. They can bring stories to nature and play with loose parts in a way where they can bring all those big feelings. But it also, I want to just say, in

the research on nature it's not just being in nature. That's fabulous but if you can't do that, bringing nature to the child even just looking at greenery, looking at pictures of nature can be regulating.

Julie:

Hearing the sounds can be regulating from nature, which is why some of these apps have us doing that, Calm and Headspace, right, it can be a coregulator for children. So just thinking and knowing that outdoor play whether we're actually outdoors or bringing the outdoors in, can be a really helpful tool for supporting children as trauma responsive.

Julie:

Okay. Jonathan's going to talk us through some ideas about medical play because they deal with public health requirements and play and healing all the time in the hospital, and so we wanted him to give you some things to think about that can be valuable in these times.

Jonathan:

Yeah. So, in the hospital when kids have their development interrupted by the treatment or by hospitalization, what we want to do is we want to keep encouraging that development and we want to keep encouraging play. And so, what we've done in the hospital with kids and what can be really taken out of the hospital and really into any setting is the normalization and the chance for autonomy and the chance for control. And that's really what we're doing, we just happen to do it with medical supplies in the hospital and I can give you some examples.

Jonathan:

So, let's see the next slide. So difficult topics. This is something that we get really familiar with in the hospital. It's illness, injury, sometimes death, sometimes shortness of life or a change in ability or a change in body image or change in function.

Jonathan:

And what we do often is we encounter children in situations where there's something very challenging or very difficult happening. And the common theme amongst most of the adults in this space is don't talk about the thing whatever the thing is, because it will be upsetting. It'll be a reminder.

Jonathan:

And this is one example, a kiddo that I was working with had a ruptured appendix, which means his appendix ruptured before they were able to take it out. And when that happens, you often need weeks and weeks of hospitalization to let that heal slowly and it involves tubes, and you can't eat for a long time. This particular child loved eating and was not allowed to eat for weeks.

Jonathan:

And what I do is I build a relationship with them, is create the space to be able to address whatever the thing is that maybe the other people in the place are a little afraid to address or don't know how. And what I often do with play or with expressive arts is I use containers in lots of different shapes and sizes because it gives them back control over what's inside and what goes in and what comes out of the container.

Jonathan:

This was a little box originally and we were thinking about what were we going to do with this box? The child asks for some eyeballs and we ended up creating this little person called Hungry. Hungry is very hungry, the box and we just spent lots and lots of time not really talking together, just playing together, feeding Hungry, and then hungry would throw up the stuff and these were things that the child had gone through. Lots of vomiting, lots of nausea and he got to play it out through this little Hungry box.

Jonathan:

And this was a co-creation and something he would ask for in a very, "Hey, could we play with Hungry?" And I would go get it from its specialist spot but Hungry ate and released all kinds of things while we were there. But it gave him a chance to have some control and a moment where he wasn't allowed to eat, he was allowed to give Hungry whatever Hungry wanted to eat.

Jonathan:

Okay, let's look at the next one. We take objects in the environment that they see that might be scary or potentially traumatic in the way that they're used, and then we try to incorporate them into the place slowly. This is a big thing right now with masks because everybody's wearing masks all of a sudden, so we lean into it. These are specimen cups that collect fluids and other things that come out of the body. And this was a child who had lots and lots and lots of specimens collected and so we spent time talking about that, working with the cups.

Jonathan:

This child loved to create slime. This was an activity that she could do over and over and over and over again. And so, we started to create slime specimens, and then use the specimen cups in the ways that the medical professionals were using them to write.

Jonathan:

We would name them. This specific one is alien specimen, and it was collected in 1876 and you could see we're using the medical labels and supplies and the tools. And in the end after weeks of play, she had maybe 50 different specimens that she had created but additionally, she had her own slimes that she had created, which is blue, a little bit of borax.

Jonathan:

And we had all kinds of recipes you could come up with, all kinds of different slimes and these were also things she could access whenever she wanted to have a sensory moment and she used these specimens as coping tools. Before a procedure would happen, she'd say, "I would like the specimen cut from 1922, please." And then she would have her own little slime and it would make noises, and this was the way that she could [inaudible 02:12:09].

Jonathan:

Okay, let's say the next one. And you're seeing a common theme of containers. So, this is another container and on that little piece of paper, it's a little hard to see, is a stone. I buy bags of stones from Michael's for $5 for a thousand stones or something. And then what we do is I often will read them a story about stones, and then we'll talk about the power maybe that rocks could have and then they get to choose one and then I leave it with them.

Jonathan:

And I wouldn't do this with a very young child because they might eat it, but I leave it with them. And I give them a task to think about what is the power that this stone has and when I come back, we'll talk about that. For this child it was called the purple power stone. It has the power to give life, it has energy, but it also destroys. And because it destroys, we needed a container that could contain that power because if the destroying power gets out, it could destroy things within the hospital maybe.

Jonathan:

And this was all revealed through the play and just letting the story of this little stone, this became a coping stone for this child. He could hold it and know that it has the power to give life or have energy, but then it would go back in it's a little home to be contained whenever it needed to be contained and he decorated this. He also had his family all pick a stone and the family needed to also define the powers of their stone as well, so each family member had a stone and they all little reasons.

Jonathan:

Okay, let's see the next one. So, Mickey has had a tough couple of weeks you could see. We do lots and lots of play with the actual materials that they might have experienced. So, if you have a child who maybe had to go to the hospital during COVID or had seen a family member go in and out, yeah, the stone is small, they can keep it.

Jonathan:

And also, when you hold a stone like that it gets warm and that can contribute to the story of the energy transfer between two things. But we use what the children experience or see as a way for them to gain some comfort and some normalcy with it. Also, if they've had something happen to them, it can be a chance to really play that out.

Jonathan:

One of the tenants of medical play is we use inanimate objects. We don't use people and other. We don't have medical play with mom on mom, but you do it on the doll because the doll can receive whatever energy the child needs to get out. Mickey can get thrown, Mickey can get bashed and squished and twisted. He can also get held really gently, but anything you're seeing on this was the child's doing.

Jonathan:

This is them putting and taking off Band-Aids over and over and over. This was a child on the right Mickey who had an open heart surgery, and you could see that the Band-Aid is covering a scar, and also Mickey has a PICC line, which is a central line going into his arm. The child also had a PICC line.

Jonathan:

The doll was used as a chance to prepare them also for what would happen to them. And for them to have some say and some autonomy on how has Mickey going to cope with that? How is Mickey going to deal with that when this happens? And then they would show us, and that was the story of what they needed for them as well.

Jonathan:

We go really slow. We follow the children's lead when they're doing these things. If they need to put a Band-Aid on and take it off a hundred times, we'll sit there and we'll do that. The dollar store is a great place sometimes to find really cheap, big boxes of Band-Aids and things like that.

Jonathan:

Yeah. A lot of themes about blood and blood drawing, and just remembering that these are often a chance for children to tell us how they feel about a body and what they know about a body and through this play sometimes misconceptions will arise. Lots of toddlers and preschoolers feel that the body is actually a container. And if there's a hole in it or an injury, everything could potentially spill out and they could tell us that through the play. Thanks.

Jonathan:

I don't know how many holes I've drilled into superheroes and baby dolls, but we modify them to create. This is a G-tube. This is a button on a tummy where fluid can get put into somebody's body for nutrition on Superman. So, we do superhero play, but Superman also can't eat right now, he gets tube feed at night. But many of these children have these experiences through their family members, and these are ways for them to play out those experiences or understand something that has changed that they've seen in their home.

Jonathan:

These are vials and tubes. We decorate masks. We use essential oils to make something that needs to be near somebody face, smell a little better. When I'm in the hospital I'll often take a

little bit of lemonade essential oil and put a dab inside my mask and then I get to smell laminate all day. Why not? I love the smell of lemonade and it makes me more regulated and happy.

Jonathan:

And if you have to have a mask on your face all day, why not put a little lavender or the scent in there? It gives children autonomy and control over this thing that is now on them. These are tubes and vials of different types of blood and the child had a chance to imagine all different imaginary, like what would mermaid blood look like and things like that.

Jonathan:

And then I think the last slide, and let's say it real quick, we often use medical play as a chance to do some education or some knowledge building. So, on the right is blood soup. So, this is a chance for children to understand what is blood.

Jonathan:

So, the little, clear beads are red blood cells, the white are white blood cells and there's also, you can't see them very well but they're at the bottom, there's also platelets which are little plastic banana-shaped little things. But we do blood soup to help educate about cancer, about blood cancers, just also about blood like what is blood? If you have to have blood drawn, you might not actually know what's in blood.

Jonathan:

And then on the left, those are my colleague Joy, these are examples of different types of cancers. Then the children get to create them and use them with Play-Doh. Children might be really interested right now in what a virus is. It could be an emergent curriculum and creating, looking at pictures of viruses or talking about what they are. Sometimes we can just lean into these topics gently and explore them with them and give them a chance to create them, so they feel like they have a little more control over this big, scary thing that's out there.

Julie:

Okay. Thank you, Jonathan. There's lots of folks in the chat saying that "This was really helpful." In that for some, medical play was a new idea, a new term and so I'm so glad you got to share that. So, we just wanted to share that sometimes Rudine Sims Bishop talks about the importance of children having mirrors and being able to see their life experience named. It's part of that name it to tame it, and so bibliotherapy can be very powerful for children.

Julie:

And I just wanted to put these books here as an example of some of the things in these times that can be really valuable. And then Gabby Garcia's Listening to My Body is beautiful for teaching body awareness and sensory literacy. And we have handouts in English and Spanish that go along with this book, Listening to My Body, that you will have access to. The Breathing Ball, did you want us to say something real quick about this, Jonathan?

Jonathan:

Yeah. Sometimes it's a helpful visual cue of expanding and contracting and could be done together. A lot of people were saying, "We're activated too." Sometimes using this together can calm yourself and show them that it's possible to breathe while I'm activated a little bit. We don't have to hide that always.

Julie:

Yeah. We talk a lot about calming corners and some of those are trickier now because of COVID, but something like some objects to help co-regulate with breathing can be very, very helpful. Okay. So, we are short on time and we want to do two things. One is just take a look at this and then we have our closing slide. So, Zoe and Mateo are four-year-olds playing in a sandbox. Zoe grabs a handful of sand and offers it to Mateo, "Would you like some ice cream? It's rainbow sprinkles." And Mateo takes the sand and pretends to eat it. Zoe laughs and yells. It was poison. Now you might just get really sick and die.

Julie:

This was taken from a childcare center that my daughter works out here in the Mission in San Francisco. So, this kind of talking about poison and being sick and dying, this comes up right now, it's coming up a lot. And we wanted to just give you a minute to just share with one another in the chat box.

Julie:

Given all that we've talked about, what are some ways that you can acknowledge the experience for these children and think about how to help them feel safe and how to respond to something like this as it emerges in a classroom or in a program. It could be a play group, family childcare. What are some things that you could take away? Whoops, we'll give you a second just to get those things in.

Julie:

"Just to talk. It creates an opening," Cindy says, "to talk. You're listening, you're hearing how they're taking away and you can introduce some information about it through books or conversation. Find out more from their play, leaning in, how are they making sense of things? How are they understanding? We can help children come up with antidotes and encourage children to tell you more about their play. Children's books."

Julie:

In this context the child said, "Before you die you go in the hospital for 22 years and then you die." So just helping to understand what they're hearing and making sense. Asking what poison is," says Cynthia, and what it means that things are poisonous. A teachable moment." Beautiful.

Julie:

"So as Jonathan's saying, not being scared to lean in and go there and asking them and talking about it." Okay. "Keeping our friends safe. Teachers can share how parents keep children safe. Who are the helpers and how are we staying safe in our families, in our programs and making those visible to children. Talking about safety signs." Okay.

Julie:

Okay good, well keep those coming. "I'm reminded today about creating opportunities for mastery and autonomy for every child." Okay, good. And there's lots of ideas in Chapter Six, about how to help children when they are talking about scary topics. Connect to their lived experience, make personal connections so that it feels less abstract and less overwhelming.

Julie:

But we wanted to end today in our last two minutes here. We're going to open up and somebody can ... Oh, there it is. Jonathan put in, okay the link to a Padlet. Some of you may have used Padlets, some may not. This might be a first time. You can connect just linking right there to the link from your phone, from your tablet, from your computer and it's going to look like this.

Julie:

And you're going to see in our closing reflections, we invite you to share whatever you'd like. Any of these columns if you click on the plus sign, it will open up. You can type, you can add a photo. You can add a video link. So, it doesn't just have to be words but if you want, you could share something you learned, something you'll try, something you appreciate, something you feel or anything else.

Julie:

And what I'm going to do is if you can go to the Padlet and just start adding some final reflections, I'm going to pull it up and let us just take a look at that as we're co-creating together, and this will be shared with you. You'll have access through the link to what people are sharing here, but also, we can send a PDF. So, let's just take a look at some of these things, something I'm going to try. Other ways to use boxes. Talking to teachers about the power of mastery in addition to art and sensory.

Jonathan:

Julie, there was a comment in the chat that said, "Thinking about the ways children are playing out ideas around COVID." And we as a people have lived through pandemic, we've lived through environmental devastation and wars. And especially after World War II, there was so much knowledge gained by watching the children recover and play in spaces that were pretty dangerous, but they needed to play out the experiences that have happened to them and to their families and their communities.

Jonathan:

And as a community of people who take care of children, we've learned so much about what children need by watching how they react to what was happening around them. And I think this is another time where we're called to observe what the children need and how they're responding, and both support and make space for what they're displaying that they need.

Julie:

Well, I want to be mindful of time. I know this is so beautiful to see everything that you're including here. In our closing words, we just want to say thank you for giving us this very short piece of time on a complex subject. We know there's lots of questions and requests for us, and we will share back with Joua the specific answers and any resources and then like I said, we're available to you.

Julie:

And let's see, is there anything else here? And just thank you. Remember that trauma is a fact of life and not a life sentence. And you're such a powerful part of supporting children to build coping and resilience and heal and adults. As we all saw today, we can help one another to heal too. So, thank you for sharing all these closing reflections, and I'm going to let you keep going but I'm going to stop sharing and Joua, I'm going to turn over the hosting to you.

Joua:

Perfect. Thank you so much, Julie and Jonathan. Thank you so much. If everyone can do me a favor and just show Julie a quick reaction in Zoom, thanking her. Oh, I like your reaction Emily or your silent clapping fingers, or you can do your reactions in your Zoom toolbar. Thank you so much for sharing the day with us. We've learned so many new terms. We learned so many new strategies and like Julie mentioned, we will post the resources on the conference center. We will also post this recording along with Julie's PowerPoint with the notes.

Joua:

We will have it go through our editing process before we post that, make it assessable and all that good stuff and we'll have it available for all of you. We are going to take a one hour lunch break. It's 11:34 so please be back at 11:00 or 12:35, at least. And we will come back, and you can-

Julie:

I'm not sure when we'll be out of here but are we going-

Joua:

You can log off or-

Julie:

[crosstalk 02:29:35].

Joua:

... you can stay on and just close your camera and mute yourself, so thank you everyone and we will rejoin in an hour.

PART 5 OF 5 ENDS [02:29:55]