Transcript of Supporting Parents: How Early Childhood Experiences Matter

Rijelle: Good morning. I am Rijelle Kraft Family Support Technical Assistance Coordinator with the Pennsylvania Family Support Team based at the Center for Schools and Communities. I will be your moderator for today. It is my pleasure to welcome you to today's webinar session, Supporting Parents: How Early Childhood Experiences Matter. Our presenter today is Marcy Witherspoon. For almost four decades, Marcy Witherspoon has been a pillar of the Philadelphia Social Work Community with degrees from the University of Pennsylvania and Temple University. Currently a senior training specialist with the Health Federation of Philadelphia.

Marcy's professional expertise has ranged from in-home direct services with families at risk of child abuse and neglect, to working in the foster care system, to providing services to families with co-occurring issues of child abuse and domestic violence, to training professionals in child-serving capacities and a variety of venues. Marcy also operates her own social work training and consulting firm, which permits her to travel across the country training social workers, teachers, healthcare providers, attorneys, and other child-serving professionals on issues related to child abuse and neglect, domestic violence, parenting education, trauma informed care, brain development, conflict resolution, and many other related topics.

Along with Marcy's other responsibilities, she also functions as the Family Violence Specialist for the Ambulatory Services Division of the Philadelphia Department of Public Health. Marcy holds a Social Work License in the State of Pennsylvania and is PQAS certified as well. She's an adjunct professor at the Brandywine Campus at Pennsylvania State University and the Community College of Philadelphia. It is my pleasure to welcome Marcy this morning. Please be patient while I pass the presenter privileges to her. Marcy, thank you for joining us. The microphone is now yours.

Marcy: Okay. Thank you and good morning. Thank you to the Center for Schools and Communities and to Rijelle and Mike for helping to facilitate this morning's session. I was introduced have done work with parents for my entire social work career, and working with one parent actually who have murdered her child when he was 18 months old; when she heard voices telling her to smother him. This is a passion for me to talk about how we engage parents and how we support parents through their parenting journey. Certainly as many people say, the toughest job we'll ever love. On the slide that you can see now is my email address at the Health Federation as well as my cell phone. Please feel free to reach out with any additional questions once we're finished.

Okay, we only have an hour this morning or an hour and 15 minutes. We'll be just touching upon several topics, some of which may be familiar to you and some of which may not be. We will just move forward and take your questions as you

have them as well. Our objectives for this morning's session are to define how toxic stress, the neurobiology of the brain, and the Adverse Childhood Experiences Study impact health and well-being. We're going to explore strategies to improve parent-child relationships when current trauma and/or history of trauma is present. I'm going to talk about some positive parenting strategies that promote healing and resilience; and I know many of you are working with programs or implement programs like Parents as Teachers, and Healthy Families in America, Nurse-Family Partnership, Triple P, etc. Some of this will be very, very close to home for me.

Just really briefly, the definition that I like to use for childhood trauma is the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects. I want to focus on this piece initially because I want us to look at the parents that we're working with and recognize that they too are a compendium of the traumatic history that may have had and all of their experiences both positive and negative.

I think I want to bring this back to parents even while we focus on some of these initial slides because I want us to remember. I know when I first started working with families, people would say, "Even though the referral would come because the child was having some challenging behavioral issues, it was usually the parents' issue or stage that they were stuck in, developmental stage, or some issue around the parents' trauma, which was something that we needed to address." Sometimes that's the difficulty helping them recognize that they need to be more self-aware and notice what's happening with them.

What kinds of experiences qualify as traumatic? What kinds of things am I actually talking about here? Just if a few of you can just respond in the chat box, that would be helpful. I can't see the chat box but Rijelle will let me know. What kinds of experiences would you consider traumatic for children?

Rijelle: Okay Marcy, here we go. Child abuse is one that came in, parent incarceration, a death in the family.

Marcy: Okay, exactly. All of the above and many, many more. We know that any experience that is overwhelming for a child can be traumatic for that child. We have to be careful and really help parents understand that even if the child is experiencing a trauma that they too may have experienced; that they can't judge how that child should respond to it. One of the things I hear periodically is trauma, we've all had trauma. They just better get over it, that kind of response. What we have to make sure of doing is not assuming and not judging because everybody's response, even if the traumatic experience is similar, everybody's response is different.

That's why there's that saying, "If you've seen one child, you've seen one child, or if you've worked with one family, you've worked with one family," because every situation is different. Clearly, we know that trauma is an equal opportunity issue. We know that trauma can occur at any age and it can affect people from

all races, genders, gender identities, ethnicities, religions, etc. That this is an issue that we all may have experienced and we all do experience, but affects us all in different ways as I mentioned earlier.

I wanted to tell you the story of Sammy. He was a child that I worked with, maybe in the '80s. I want to tell you what happened with him. He had fallen out ... He didn't fall out. Let me rephrase that. As a 10-month-old child, he was thrown out of the second story of bedroom window of a row home in South Philadelphia. Fortunately, he landed on the bushes in front of the living room window. He had no significant physical injuries and basically some minor lacerations, cuts, and bruises. He was 10 months old at the time. He wasn't walking. He had no language.

I wanted to ask you, do you think Sammy remembers this experience of being tossed out, basically tossed out of a window when he's 10 months old? If people can answer that, if you think he remembers, or do we have memory of time when we're that young?

Rijelle: Several responses here saying definitely yes. In fact, all of the answers coming in are saying yes. A couple, I'm not sure.

Marcy: Okay, all right. What we know about memory is that early on, that young, we would not have conscious memory of something like that occurring; but yes we do have body memory or sensory memory of those experiences. What we know is that negative experiences layer a much heavier imprint on the brain than positive experiences. That is something that we have to pay attention to when we're working with parents. There's also a great book called Ghosts from the Nursery, which refers to those as well. The things that happen to us early on during infancy that we feel like we remember in some part of our body, but we just don't have access to conscious memory.

That's why certain traumatic events that happened to us when we're that age are very significant and feel very real, but we don't always have language for that. Even the olfactory sense plays a role for very young children because lots of times, smells can provoke a memory particularly for children that are younger than 10. For adults who are working with trauma that maybe unresolved themselves, even odors, sounds, the sound of somebody's voice, a hairstyle, there are so many things that can trigger that memory that might send somebody into a trauma response, and we'll talk about that soon.

I want you to think about for a moment a traumatic memory maybe from your childhood and think about how that has shaped some aspect of your life. You don't need to type in but just think about something perhaps that was a loss or something that was difficult. Just to share with you, I think of being diagnosed with a chronic illness as a child for me. It shaped every aspect of my life since then. I never really thought of it that way until I started doing more work around trauma. These are questions that we need to think about especially as we're

working with families, and especially as they're attempting to work with perhaps their children who are challenging them in some way.

I want us to listen just for a moment to a 911 call that a little girl named Lisa made when she was six years old to the police when her mother and stepfather were involved in altercation. It happened in 1991 and Lisa is an adult now and gave permission for this to become public information, and for us to be able to learn from it.

911 Operator: July 21, 1991. Time, 22:13 hours would be a 911 call, this is 3207. Standing emergency? What's the standing emergency?

Lisa: My mom and dad, they are having a fight.

911 Operator: Is he hitting her?

Lisa: Stop it. Send the police please.

911 Operator: Okay, we're going be there.

Lisa: Stop it. Stop it, stop!

911 Operator: Let me talk to ... Where is your mom?

Lisa: What?

911 Operator: Are they in the room fighting? What's going on?

Lisa: They're having a fight because they ... This has been going on forever and ever. They always have this because he has a club and he's always drinking there and getting drunk, and mom's-

911 Operator: What's his name? What is his name, your father's name?

Lisa: He's my stepfather.

911 Operator: Okay, how old is he?

Lisa: Drop it. Drop it, drop it, drop it.

911 Operator: What's going on?

Lisa: Drop it.

911 Operator: Lisa? What's going on?

Lisa: He's hurting mommy.

911 Operator: How is he hurting her?

Lisa: [inaudible 00:14:00]

911 Operator: Okay. Don't cry we're going to send the police.

Lisa: Okay.

911 Operator: Okay. Now, where's your mother at right now?

Lisa: She's in the room fighting with him. Okay, could you just send the police?

911 Operator: Yeah. They're on their way, but I'm keeping you on the line until you get there, okay? Is your front door open?

Lisa: Oh, no.

911 Operator: Can you go unlock it and come back to the phone, so the officers can get in?

Lisa: Okay. Just wait please.

911 Operator: Okay, thanks.

Lisa: He just knocked my sister out.

911 Operator: What sister did he knock out?

Lisa: My little sister.

911 Operator: Did she gets pushed?

Lisa: The four-year ... Oh, my God!

911 Operator: What's the matter?

Lisa: Something happened! Stop! Just wait for the police. Wait, I want to go see what happened please!

911 Operator: Okay. The police are on their way, okay? Hello? Lisa, the police are on their way, okay?

Lisa: Mama, the police are coming! My step daddy has got the baby now.

911 Operator: He has the baby now. Where is he at now?

Lisa: What?

911 Operator: Lisa where is-

Lisa: Mommy!

911 Operator: Hello?

Marcy: Okay. I know that, that is something that's difficult to watch for many people. One of the reasons that I wanted to show that was because I want us to think about how you parent a child who may have been exposed to chronic frequent trauma, chronic frequent ongoing levels of stress. Also, I wanted to point out to you in that segment, and this is something that's used to teach police dispatchers that we don't ever want to tell a child not to cry. That we want to help a child by validating, and affirming, and letting them talk about, "You know what? I understand you're sad. I understand you're afraid."

We don't want to tell a child not to be sad or not to be angry. We want to help them express those feelings in healthy ways, but that was one of the criticisms of the police dispatcher. Of course, she was scared to death and didn't know what to do. That's certainly one of the strategies that I'm hoping that you'll leave with. That we want to listen to the painful emotions and embrace them if you will; and affirm and validate those kinds of feelings. Parents need to know that it's okay for them to talk to their children about some of these painful memories.

This is a schematic of what happens when there's childhood trauma. There's the unremitting stress, the toxic stress that occurs when there's chronic frequent ongoing events or experiences that affect the stress response system. What happens to the stress response system is that it starts producing stress hormones into the brain and into the body. We know the primary stress hormone is cortisol and of course, there's epinephrine and norepinephrine. What happens when there's this excessive dumping of these stress hormones is that the lower part of the brain, which many people refer to as the survival part of the brain gets overdeveloped at the expense of those upper parts of the brain. The cortex, those cortical areas of the brain that allow us to think, and plan, and be rational.

Those are associated with some of these challenging behaviors, which many parents see as a child defying them, or a child not wanting to listen to them, or a child that has a temper tantrum; when in fact, some of these behaviors are just the child's the stress response system, which is working not within the child's control. It's just the response to a trauma trigger or a trauma itself, which is occurring. The child is really not in control here, although we can start helping them learn how to be in control. When these behaviors arise, parents need to know that in fact this behavior is a child who is experiencing overwhelming emotion and need some help in managing that and self-regulating. We know that these form say ... Let's move forward because I'm paying attention to time.

What we know when there are toxic amounts of cortisol on the body is that we have high blood sugar. We have high blood pressure. We have faster heart rates. We have fatigue. There's problems with sexual function. There is a compromised immune system. Almost every part of the body is affected, but cortisols is helpful and helps us get through stress in the short term. Cortisol will help if you were exhausted and you need to stay awake. Your body will be producing cortisol to keep you awake. Our bodies do what they need. Our brains

prioritize survival above all else, but those toxic amounts of cortisol can eventually create many, many health problems.

Just a picture of a PET scan of the brain. The red signifies the most activity and I'm sure many of you may have seen this slide before. The brain on the right of the slide of a Romanian ... The brain of a Romanian orphan. These were children who were not actually orphans but there was such poverty that parents were selling their children to the state. There were so many children that they were institutionalized shortly after birth and they were put in these metal cages and had very, very limited human interaction. There was extreme depravation and not the ability to have a secure attachment.

We know that so much of what we want children to have is that to go through that attachment, and secure attachment and bonding, and develop that trust during those early stages. Many of the parents that I worked with never have that themselves, and were not able to then for their own children, help them be trusting of the world because they weren't necessarily able to respond to their children's needs when they were so needy themselves. You see on this PET scan that for the healthy brain, there is red, signifying activity in all the areas of the brain. Whereas, for the child who is the Romanian orphan, most of the red activity, the majority of the red activities in the brainstem and midbrain basically just keeping this child's heart beating. The child's temperature normal. The child's blood pressure normal, just keeping the child alive.

We know that for trauma that there are physiological changes in the brain. These changes make it harder for children to learn because of the overdevelopment of that survival part of the brain and the underdevelopment of the cortex. This may be the case with lots of the parents that we work with as well. They may be overdeveloped in their survival part of the brain because they may have unresolved trauma themselves. They may have an over reactive stress response system. These are families, children, and adults that are quicker to kind of lose it and flip out. These are children and adults who take longer to calm down. It is difficult when you're functioning in the survival part of the brain for you to even receive information.

If you're working with a family, if the family isn't calm and focused, and ready to receive information, then they can't even hear what you're saying. We have to make sure we recognize that no matter what the situation is, the trauma whether it's a parental trauma, or whether it's a child trauma, this affects the entire functioning of the family system. That we have to be able to respond to the parents, as well as the children for whom they have to take care of. Telling a parent to just get over it, absolutely disregards the impact that trauma has physiologically and psychologically, which is why we want to teach them self-care strategies and why we want to help them change their brains, and why we want to help them almost CBT themselves to do like Cognitive Behavioral Therapy almost on themselves.

I believe that you all are familiar with the Adverse Childhood Experiences Study even though many, many people are not. Jane Stephens who manages the websites that are on the slide says, "It's the single most important study that nobody has ever heard of." They are still not teaching about the ACE Study in medical schools and in many professional schools. What we know is that this ACE Study is so significant in that it looks at the experiences that we had during our childhoods, and what kinds of outcomes these experiences have later in life. I want you to think about this in terms of the adults and parents that you work with. This is a five-minute just rate example on this video of the ACEs and the impacts that ACEs can have.

Speaker 5: What does your parents' divorce have to do with your risk for heart disease? If your mother had a drinking problem when you were growing up, are you more likely to suffer from depression as an adult. Here's what you should know about ACEs. ACEs stand for Adverse Childhood Experiences. Extremely stressful events that can happen to a child growing up. Some experiences are so stressful that they can alter brain development as well as the immune system, increasing the risk of lifelong health and social problems in adulthood.

The term comes from the Adverse Childhood Experiences Study. Landmark research that shed new light on the root cause of everything from stroke and liver disease, to substance abuse, and mental illness. In the late 1990s, an epidemiologist from the Centers for Disease Control and a preventive medicine doctor at Kaiser Permanente set out to understand the association between childhood experience and lifelong health. They asked over 17,000 people in the Kaiser Health Plan in San Diego about their health history, as well as difficult questions about their experiences growing up. Anda and Felitti tallied up 10 different kinds of adversity in this largely middle class and college-educated population. They were stunned to see how common ACEs were. 21% of all respondents were sexually abused as children. 19% grew up with someone who suffered mental illness. 28% had been physically abused. Two out of three respondents had experienced at least one ACE.

The researchers next looked at how someone's ACE score or the number of adversities they experienced related to a wide array of serious health and social problems. They saw that the more ACEs someone had, the greater their risk for poor outcomes, compared with someone with no ACEs. Someone with an ACE score of four had twice the risk of heart disease and cancer. Someone with an ACE score of five, had an eight times greater chance of being an alcoholic. Those with an ACE score of six or more, on average died 20 years earlier. With every major problem they looked at in the ACE study, the risk went up for each additional adverse experience in childhood.

As Dr. Robert Anda says, "What's predictable is preventable." It's important to remember that ACEs are not destiny. ACEs are a tool for understanding the health of a population as a whole. For individuals, an ACE score can be a tool for understanding their own risk for health and social problems, and empower them to make changes for themselves and their children. ACEs tend to get passed

down from generation to generation and are common across all income levels, races, and cultures. Increasingly, people of all different professions and backgrounds are coming together to discuss how ACEs affect their communities. They're finding new ways to treat and prevent ACEs.

Many doctors are starting to screen their patients for ACEs as part of their medical history. More schools are becoming trauma informed, considering the source of problem behavior when disciplining their students instead of immediately suspending or expelling them. To learn more about interrupting the cycle of adversity and improving health and well-being for the next generation, please visit kpjrfilms.co.

Marcy: Okay. I hope that this five-minute primer actually gave you additional information about the ACE study. It is something that is even though it was published in 1998 is in many, many areas just getting more press, and there are lots of iterations of the ACE study in a number of states and municipalities across the country. As mentioned, there were just 10 original questions on the ACE questionnaire, which looked at those ... It didn't matter if these things happened over the course of five years or whether they happen once. The score is one.

I think that ... There are just a couple of things I want to say about that. I just want to reiterate that ACEs maybe part of the beginning of a person's life, but they don't have to be one's destiny. That ACEs are beginning of the story, but we get to create or write the rest of the story, because sometimes people hear about the ACE study, and they think, "Oh well, this person is damaged now. There's no hope. There's no help." In fact, what we know is that if in your environment you have at least one adult preferably a parent but not always a parent; and for some of you, you may be this adult in family's lives who is supportive, and caring, and nurturing. Then people can succeed, and people can change, and people can move forward.

It's a way for us to be aware. It's a way for us to pay attention to how we might have been affected. The adult ... I'm not asking you folks to fill out the ACE questionnaire but just to be aware of how those 10 and maybe some others may be part of your own history. We can go past this because this was also on the video already. This you'll see as the triangle, the ACEs triangle, which is most commonly known. I do want to say one other thing about the original 10 ACEs. In the original 10 ACEs, the question was, were your parents separated or divorced? Already, that question is kind of fraught with judgment because it assumes that your parents were married. It assumes that your parents live together. It makes assumptions. Lots of ACE questionnaires now are looking at were one or both of your biological parents absent from you during your first 18 years. There had been some modifications to that.

I want to kind of reiterate this piece because you're working with parents. You're working with adults. Sometimes they have ... and I noticed this one, I worked with families. That there were many, many adults that had either chronic diseases or chronic conditions that they may be weren't managing that well. The fact that the

root cause, the etiology of some of these conditions might have been early life experiences. It's just amazing. I think that we have to help families recognize that unless we address them, they do pass often from one generation to the next.

That's why I was always acutely aware that when I was working with families where the family came in, and the child was sexually assaulted, it was very clear. If you look back and started a conversation with the parent that generally speaking the mother, that she too was sexually assaulted in her background. That made her the ... She basically would get almost stuck in that developmental stage she was in when she was abused, and also what it did was it made her repress some of the painful memories associated with what was going on; so that she was unable then to pay attention to those red flags that those of us who were on the outside saw when she would let somebody babysit for her child, or somebody who she started a relationship with whom she didn't know well. It was really clear to those of us from the outside, but it blinded her in some ways from noticing those red flags that you might notice about a situation, which may be unsafe.

In lots of these situations, the parents that we're working with are really unable to maximize their child's sense of safety because they are really unsure and don't have a good sense because they may have this unresolved trauma of their own. This is the work that we have to do. I know depending on the program that you use, some of these programs are home based. Some of them are more kind of classroom based. Many of them have home based components to them, but this is the work I think that is so important. We have to help parents become more self-aware, and we have to help them start to notice what is happening in their bodies. This is where I was originally mentioning the CBT, the Cognitive Behavioral Therapy. I mean, you can go to a therapist and have them utilize trauma-focused cognitive behavioral therapy as their intervention; but there are lots of people, and frankly, most people I find don't go for therapy, but there are so many ways that we can help ourselves.

When we first start noticing what's going on ... and with CBT, it's noticing our thoughts, our feelings, and our behaviors. If we start getting better at noticing, then we can instead of reacting right away, we can pay attention to, "Mm, this is what happens when I get angry at this person. This is what happens when ... What happens to my body feel now? What do I automatically jump to when I let kind of lose it or I get ..." Kind of notice how you respond, notice what's going on with your body; and it allows us to start making more effective choices because we are noticing before we react.

I want to just to add this. I know that most of you were from all of the many counties, 60 plus counties in Pennsylvania, but I just wanted to mention just this Philadelphia ACE project because it looked at five additional ACEs. This was done in 2013. It expanded on the original 10 ACEs by adding five new ACEs. They looked at experiencing racism or discrimination, witnessing violence or community violence because we already have the domestic violence in the original 10, living in an unsafe neighborhood, feeling unsafe growing up, living in

foster care, or experiencing bullying. Those were five new. There are lots of ... As I mentioned iterations of this ACE Study that are happening, so that we can look at how different aspects of people's lives are affecting health and well-being. The site is on the slide and you can read the full report if you're interested. I'm going to move through this. You can see this in the full report.

One of the things that we know can often happen when somebody experiences trauma is they experience PTSD, Post Traumatic Stress Disorder. What I have found is that many of the people who can identify a diagnosis or label a child with a diagnosis are actually looking just at behavior and not looking at the full psychosocial assessment of what is going on in the family. I think that when we're looking at families, we have to be really holistic and do comprehensive assessments, because one of the things that we know is that if we are just looking at a child whose behavior might be very active or he's impulsive, he or she is impulsive, or the child is avoiding certain situations that doesn't give us the full picture.

We have to find out, "When did this behavior start? Oh okay, so your sister and her four children moved in, that's when you noticed it. You and your partner separated? Now, his dad doesn't live with you," or whatever the case may be and we have find out. Was this happening at school and at home? Those are things that we want to pay attention to when we're looking at behavior because one of the things I have noticed and of course, it's been anecdotal for me but there's been research that's been done on it. That a lot of children are misdiagnosed with ADD, and ADHD, and ODD and IED, Oppositional Defiant Disorder and Intermittent Explosive Disorder, when actually they have post-traumatic stress disorder; and sometimes not even the disorder but because it hasn't gone on long enough, but just some post-traumatic symptoms.

We have to pay attention to how some of the experiences that I've listed on the slide, as well as some of the other trauma in the lives of your families, how these issues contribute to the stress the entire family is feeling. I mentioned to you early on that I was diagnosed with a chronic illness as a child, and I knew it changed the entire family dynamic. There were so many things that had to change, so we're looking at a specific family system. We have to recognize how, whatever they're going through may impact the parent-child relationship, the relationships between the adults in the house, and even the sibling relationships that are occurring in the household.

One of the thing we know is that it is the balance of having risk factors and protective factors in our environments that can help us move forward. There are some that say that it's about 20% genetic. I mean, I don't know for sure and I'm sure that there were others that say differently; but we know that environment, and early experiences, and stressful events, and the health of the parent-child relationship, and the temperament of the child and personality, and the kinds of support networks that in our family's lives are critical; and all of you play a huge role as support systems for your families. There are some rather easy and quick strategies that you can help families with, so one was the CBT.

Another one and I think I have a slide moving forward that mentions it, but I'm going to mention it now because it's something that's so simple and so powerful. It's related to Amy Cuddy's work on High Power Poses. When I'm talking about poses, I'm talking about the way we stand, the way we sit, the way we carry our bodies is very, very important in terms of how we feel; how confident we feel, how self-efficacious we feel. She has a great TED Talk, Amy Cuddy. What we know from her work is that if we are standing or sitting in a way, and I'm actually standing now so that I could do it in front of my computer.

If we are standing in a way that makes us that's extensive, even if you're pretending you are superwoman or superman and holding your muscles out, but if we are standing in a way with our hands on our hips ... There are many poses, and I believe I have the slide. If we are standing in an expansive way, then our bodies will produce more testosterone to make us feel more powerful, and more in control, and more confident, and more competent; and that it will increase the testosterone in our bodies and decrease the cortisol in our bodies as long as we do it for at least two minutes. Now, two minutes is a long time to stand that way, but if you can help parents in this very easy simple way; and they can even help their kids and it can be fun.

I always encourage parents to incorporate two to three minutes of high power poses at the beginning of their day to get themselves in that kind of framework because we can start the day feeling like crap, and complaining, and talking about, "Oh, I didn't get enough sleep and I have a headache," which negative experiences, right? Lay heavier imprint, or we can start the day saying, "I'm thankful I'm awake, let me ..." with that positive kind of self-talk, and this is ... Thank you Rijelle for putting the TED Talk on the side. I just looked over there for a second. It's something that's very simple. For those who don't recognize the connection between mind and body, once you start making this a part of your life, it actually works. It's amazing, and it's something that they can do with their kids as well. This is what I tell early childhood educators that I'm training, incorporate these kinds of things into the classroom.

One of the things that is really clear from the ACE Study is that we want to reframe. It's literally a paradigm shift. When we're looking at not only children but adults, and we're thinking, "What is wrong with this client here? What is wrong with this person, or what is wrong with this child?" We're instead saying, "I wonder what happened?" That clearly ... First, it really takes some of the frustration I think that some of us would get. When we're working with parents, we sometimes get frustrated with; and recognize that some of this is beyond their control, and some of it ... What would look like somebody not responding to what you're saying, or defying you in some way, or you keep seeing somebody reenact some patterns that are just not helpful that are maladaptive; that these might be just reflexes that they are not deliberate and that this is what happens.

That we have to start by believing and looking at somebody as this person with many, many experiences. Just because we come in at some point in their lives and we have this wonderful curriculum, or we have this wonderful advice, or we

have these options that we like them to hear, we have to recognize that they have had 30 years, or 40 years, or 20 years, or however many years of a life before we have gotten to them. That we have to pay attention to what happened to them.

According to Daniel Goleman, he says the four most important words we can say to somebody are tell me your story. We want to make sure that we are giving folks the opportunity to tell their stories, and we want to listen to those stories. We have to listen to those stories. We have to believe. We have to affirm and validate how somebody might feel as a result of them. We have to as I mentioned earlier I believe, not rescue somebody from some of the painful emotions that maybe associated with those stories from their past. That we have to help them develop once we feel they are able to, to develop a trauma narrative; basically, what's called in therapy, the trauma history that they have, which can undermine their feelings of self-confidence. We want to help them develop that trauma narrative so they don't distort what has happened in the past, so that they know what happened. That they know that, that was the past and that they can move forward from that.

There are lots of time we are trying to let parents know that it is okay to raise these painful memories and topics with their children. One suggestion that I'd like to make is that when things are calm, and when things are loving, and peaceful. When our bodies can receive information, when our brains can receive information, like bedtime for some people but maybe bedtime is not for others, but when things are calm, this is the time when we can say to a child something like, what was that like when whatever the situation is you want to, you want to talk to them about.

One of the things I have noticed so much about parents is they say, "Well, I don't want to raise the topic that's going to make him upset or make her upset because I don't want ..." He thinks he seems to be doing okay and he doesn't talk about it; so I just want to sweep it under the rug, and I don't want to raise it and get him upset. What happens is then children pay attention to the adult cues, and children then don't mention the topic. In many cases, the topic is very much on the surface for children. Then, so the topic is very much on the surface for children, but they are just paying attention to the adult cues.

Now, I do want to say this though. That we don't want to force a child to talk about something that's painful, just like we don't want to force an adult to talk about something that's painful because then that can inadvertently re-traumatize; but we want to help them recognize that talking about it might be helpful, and we want to be there, and be available when they're ready to talk and to say, "I'm really glad we're talking about these kinds of things."

We want to really have an affirming and validating prompts. "It's okay to cry about this kind of ... It's okay to cry. It's okay to be sad." Even to normalize that to say, "There are lots of people that feel the way you feel." If you're talking to parents who are talking to their children, to let the parents know. You can tell the

children, "I feel sad sometimes, and when I feel sad, this is what helps me." It kind of help a child recognize that, and help a parent recognize that when our brains are overwhelmed by traumatic memory, it becomes more difficult to consider the consequences of our behavior on others.

I would always wonder why is this I was trying to get this parent to go to outpatient drug treatment, and every time I showed up at her door and she had made an appointment, she would just not be there or not answer the door. It took a while for me to really, really understand that the whole picture of what was going on. A piece of that was her use of drugs, was the self-medicating behavior that she used; that the ACE Study talks a lot about to squelch the painful memories of some of the past experiences she had. She was afraid to stop using the drugs. She didn't know what she would do without the use of the drugs. We have to remember that, that whole kind of what happened, and how was that affecting that parent now later in life, and then helping that parent recognize that.

Some of the messages that we want families to get and when you're talking to parents, the messages that we want their children to get are that how you feel matters. This is why we want to do more talking and communicating, and not kind of, "because I said so," but more how you're feeling, and why you're feeling that way, and letting them tell their story; because in order for us to really expect behavior that is indicative of social-emotional development and healthy executive function, we want children to know that they matter.

If they feel like we're going to listen to them and their stories matter, and they're important, and we are paying attention to those things, then it helps them to get from that survival part of their brain to the thinking part of their brain. Because when they're upset about whatever it might be, if we can connect with them on the emotional level, and connect and to get them out of that survival part of the brain so that they're calm, then we can reason with them and talk to them; and this is the same with the parents that we worked with. That we have to get them to a point where they recognize that we care about them, not that they are our friends, but that we care about what happens to them, and that they are important; and that you're there to help them move forward to the next step on that parenting journey that you're going along with them on.

I think that if we recognize, and some of this work is if you're talking specifically that discipline is in like The Whole-Brain Child that Daniel Siegel's work that looks at you have to connect before you can redirect. We have to if we are, if somebody gets angry and we're saying, "You need to calm down." I mean usually when somebody tells you that, if you're not calm, I mean that actually exacerbates the situation. We have to recognize, we have to connect with somebody as human beings before we can start talking to them, and being rational, and being planful, and expect them to be the same.

The three pillars of trauma informed care, which I believed I've mentioned all at some point so far during the last hour is safety. We want to create environments of both physical, and emotional or psychological safety. Connection, the

connections that we have with each other. Those are the things, which help us create the context for change to occur; and being able to manage emotions that self-regulation piece. That is not just with children, that's with adults who need to learn how to manage emotion.

There are just a few things that I wanted to go through with you. Some of them are ... and I also want to leave some time for questions as well. Rijelle, are there some questions that I should leave time for or are we ...

Rijelle: There was one question that came in very early on. I'm just asking the young lady that was in the 911 call asking how old she was at the time. Other than that, there haven't been any questions, but if folks want to start putting questions in now that would be a good idea.

Marcy: Okay, so Lisa was six years old when that took place, and she had a four year old sister that she was kind of a parentified child basically, caring for during this course of the altercation with her mother and her stepfather. Then there was a baby like an infant sibling, and I don't know whether that was a brother or a sister. Apparently, that child was the child of her stepfather, the infant. Whereas, the six-year old and the four-year old, the man in the situation was the stepfather.

Okay, I'm going to try to just start wrapping up, but I want to give you some calming strategies. One of the things we know is that breathing is part of every indigenous practice in terms of how we kind of involve our breath, and how we calm down. We know that when we're upset, our breathing can get more labored. It can get faster, it can get shallow. One of the things we need to do and this is what happens, actually when we have high power poses too is our breathing stabilizes. There are lots of ways that I think that breathing can become part of what you do with parents. Some of them are really fun, and some of them are funny. Some them they can do with their children. Some of them you can use mindfulness practices, as well groundings, or body scans.

There is a ton of information online that are like mindfulness practices for children is gozen.com is a good one. There's a fabulous website called stopbreathethink.org that I am not sure if we're going to have a chance to do, but can you go to the next slide please? Okay. Yeah, I don't know if we'll have the chance to do it. There's a stopbreathethink.org. They won the best website and it's a phone app too. It's a website and an app that you could put on your phone, but this will allow you to get a personally curated meditation.

If you're working with a family, you can have them kind of type in or click off, how you're feeling emotionally, how you're feeling physically, how you're feeling psychologically. Based on how you are feeling, the computer curates a meditation for you. It can be a meditation. It can be a body scan. It can be just different ways to help folks start calming down, getting into that part of the brain that allows them to focus, and to think, and receive information. It will start changing their brain.

One of the things we know is that if we do gratitude exercises, and basically just in being very specific. If we can at the end of each day, think of three things that we are grateful for, and I'm not talking about old friends, job, family. I'm talking about a specific thing that happened to you during the day that you are grateful for. What research, this is Shawn Achor's research, what research has learned is that, that can change the brain to be more positive. If we could talk about the things that we, or we can think about the things that we are grateful for because we are starting to lay positive memory on our brain because there are so much negative memory on our brain already.

We all have so much negative memory. We have that self-doubt. We have our own insecurities. We have those things that no one else ever hears. We have those things that we never share with anybody, even our most intimate partner. Those are the things we can start changing. The other thing that, that does with the gratitude exercises, so I don't want to give a short trip, but it's the other thing that it does is that it starts allowing us to scan our daily environment for all the positive things that are occurring all the time that we just don't notice.

The person who let you in front of them on line at the Starbucks, or the person who let you go in front of them driving the Schuylkill Expressway, or just the specific things that are done all throughout the day that we just don't pay attention to but we focused on that negative thing. Oh, somebody was rude to us, or we got into just a little thing at work, we pay attention to the negative. We say, "That ruined my whole day. I was having a great day until ..." Paying attention, doing the gratitude exercises helps us, and when you are working with families, what greater gift can you give them than to teach them some strategies to change their brains.

The other thing I want to make sure that is something that they could benefit from is to help them develop. I know this is going to sound because I know when I talk to clients of mine about it, have their initial response. The deal is you want to help them develop or spend time doing something that they like to do. Whether it's a hobby or an interest, but something for them. This is a huge self-care strategy, but do something for you. Parents will tell you all the time, "I don't have time to do anything for me. I have to do this, this, this, this, and that."

Even if it's 10 minutes in a day or 15 minutes in a day, it doesn't have to be 15 chronologically minutes; take five minutes during this time. Do something that makes you feel good, you will do wonders in helping your children succeed; and you would do wonders in modeling that kind of behavior for your children. There are so many little things like that, that we can help families do without necessarily going for professional, which is sometimes needed and which is sometimes very valuable but is sometimes just not done.

I'm going to end there because I want to read you one quote. I want to read you one quote. This is from Bruce Perry's book, The Boy Who was Raised as a Dog. I think I referred to it earlier, maybe not, but is Bruce Perry and Maia Szalavitz are the authors. This is my favorite quote from this book. He says "Ultimately,

what determines how children survive trauma, physically, emotionally, or psychologically is whether the people around them particularly the adults. They should be able to trust and rely upon, stand by them with love, support, and encouragement. Fire can warm or consume, water can quench or drown, wind can caress or cut, and so it is with human relationships. We can both create and destroy, nurture and terrorize, traumatize and heal each other."

I think what you all are doing working in the respect of programs that you work in are doing so much to heal. I think that ... Are you able to move to that? I think the last slide, if you can keep moving forward, moving forward, moving forward. I think I said lots of these things. This is stop, breathe, and think. Move forward and I think I have one last ... I want to just end with one of my favorite, Maya Angelou's quotes, "I've learned that people will forget what you said. People will forget what you did, but people will never forget how you made them feel."

I am open for any questions now. I see from my computer it's 11:12, so we have just a few minutes. If there are any questions, I'm open to it. Again, feel free to email me or text me with anything, if you don't think about it in the next three minutes or two minutes now. Thank you so much for your attention. It's hard to know that I'm talking to folks across the state because I'm sitting in my study in front of the computer, but I appreciate your listening to today's session; and thank you again to the Center for Schools and Communities and to Rijelle and Mike. I'm ready for those questions whenever you are.

Rijelle: Audio. Mike, can you read that question? Okay. All right. Everyone, can hear me now? First question was what happened to Lisa?

Marcy: For privacy issues, I don't have all the details but what I do know is that as she got older, she entered a very similar kind of relationship that her mother was involved in. She entered a relationship where she too was victimized. What we know about domestic violence is that the biggest risk factor is being female actually, but another huge risk factor because of the way we internalized behaviors and because of the mirror neuron system is that we end up even when we don't plan to doing something and responding very similarly to the way we learned growing up. She became involved in an abusive relationship but is apparently now out of it and in a healthy relationship. I see that you have three questions or maybe not anymore? A couple of questions? A couple more questions? Except that I'm not hearing you.

Rijelle: Can you hear me now Marcy?

Marcy: Oh I can hear you now, yes.

Rijelle: Okay, great. This question is do you have any tips for how to get a parent who has been affected by childhood trauma to channel their energy into their own parenting?

Marcy: Sometimes I used humor as much as I can, and sometimes I'll use that quote, "Sometimes I open my mouth, and my mother jumps out," because one of the things I try to do is to help them look at how their own behavior was formed. How did they become? What kind of parent did they want to be, and what kind of parent did they become and why? Kind of really help them talk about their own parenting. Sometimes I'll say, "Tell me what kind of parent you are? Describe yourself as a parent." Then, I might say something like, "How would your children describe you as a parent?" because you want to get that conversation going.

In order for them to channel energy, you have to help them be self-aware. We have to do it in a way ... and I sometimes even like bring a mirror to a parent and have them like look at themselves. They'd think it's silly and they laugh, but it's really about looking at yourself in the mirror and figuring out because that's really what it is. How did you become who you are? There's that quote that TD Jakes says, I often don't quote but he says, "Our parents were already damaged when we got them." We have to recognize that our parents have gone through things, and we've gone through things. What is I think helpful is to help a parent start looking at themselves in the mirror, and really start talking and thinking about what kind of parent they are. I think that is the beginning of the journey into maybe making some changes.

Rijelle: Okay Marcy, if you can hear me, here's the last question. Do parents transfer their trauma, in this case a mom who was sexually abused to their child who she believes is being molested by her father?

Marcy: Yeah. If you haven't, there's a little saying. I don't know if you've heard of it. If you haven't transformed or processed from what you've experienced, then you often will transmit it. Absolutely, I think it can certainly in lots of ways from your fears, from how you respond, to assumptions that you make. I clearly believe that it can be transmitted to a child. We have to be really clear in those situations that it's the parents that need to get some help for what has happened to them, so that they don't inadvertently put a child in a situation, which maybe more risky.

If I understand what she was saying, yes, I mean these are why lots of problems and some people call them dysfunctions. Lots of family issues and systems become intergenerational because they don't get healed from, they don't get processed, and they end up getting passed from one generation to the next. On top of that they are secrets, people don't talk about them. If you don't talk about it, you really can't change it.

Rijelle: All right. Thank you so much Marcy for taking these extra few minutes to answer questions. That does look like all of the ones that have come in. I do want to thank everyone for joining us today and remind you that the archive session will be at the Pennsylvania Parents as Teachers website within the week. When you receive the electronic evaluation via email, which will go out in just a few minutes, please take a couple of minutes to complete it as your feedback helps us to offer professional development of the highest quality.

I want to remind you that registration information for next month's webinar on Parental Mental Health will be emailed soon, and also be placed on the Parents as Teachers website. Our April 5th webinar and the topic will be to be announced but be on the lookout for that as well. Please remember that you can join all of these webinars in multiple ways including on mobile devices such as phones and tablets. Thank you again for joining us. Please do note that we put several links in the chat box, so go ahead and copy those down especially if you had difficulty viewing any of the videos. This concludes today's webinar. Thank you again.

Marcy: Thank you all. Have a good day.