

Day 4 Keynote Captions

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>> JACKIE BROCK: Hello, everyone, and welcome to day 4. Our final day of our second annual virtual infant and early childhood mental health conference, reflective spaces, practices, communities and self.

Day's four conference theme is self-reflection as a practitioner. My name is Jackie Robinson Brock and I am an infant and early childhood workforce collaboration. With me, I have Tracy Walters.

Can you say hi?

>> JACKIE BROCK: Good morning, guys. So glad you're with us on our final day of conference.

>> JACKIE BROCK: Thank you, Tracy. I also have Kristen Stahr. Can you say hi?

>> KRISTEN STAHR: Good morning. Everyone. Thanks for being here and spending your afternoon and morning with us.

>> JACKIE BROCK: Thanks, Kristen. Funding of early childhood -- and in part by the collaboration office within the Virginia Department of Education. All of our sessions are being recorded and the recordings will be posted to our event website which you'll see in the chat.

Recordings are going to be available for 30 days as the conference. Certificates are available and will be sent to you automatically once you complete the evaluation and the link to the evaluation for the live webinar will be put in the

chat at the end of the webinar.

And for those of you who are watching the recordings, evaluation links are posted on our website. So, I'd like to now go through some technical features of our Zoom webinar before we get started. As you have questions, please leave that question in the answer feature, the Q&A down at the bottom of your Zoom webinar panel. We'll have about 15 minutes at the end today to answer questions and have collaboration around our content. You can also use the raise hand feature if you have a question during the Q&A and we will unmute you so that you can speak. Lastly, and I see Mr. Of you are already doing this, you can use the chat to interact with us and when you do that, please make sure that you have two options. You can either chat to the host and panelists or chat to everyone. Make sure you select everyone if you want to go out to the whole group that way everyone can see it. If you haven't done so already, please put your name, organization, and the state that you are joining us from today.

So, we will have people monitoring the chat in case you have any technical issues or questions. We cannot see your videos. Captions are being provided and we'll drop that link for you to get the captions in the chat. We also are happy to be able to provide you with American Sign Language interpretation for our keynote sessions and would like to get a shoutout to our interpreters. Please keep an eye on your mailboxes. We have sent swag out to all of our attendees. Fifty lucky attendees will also get a copy of Dr. Ferguson's

new book. Head over to our Facebook page and use our hashtag rooted in relationships to interact with us there.

Also, please visit our conference website where you will be able to access anything and everything you need related to the conference so you can see all the information is organized by day. CEUs and information are available on our main page, and we encourage you because our conference theme is reflective practices, to take some time to the the reflection of the day. Capture what your take home thoughts and points are from each session, what you want to incorporate into each practice. So, with that, I'm going to hand it over to Tracy who is going to welcome our speaker.

>> TRACY WALTERS: Yeah. Good morning, everybody. It's so good to be with you guys on our last day of conference. It's kind of bittersweet for us. With were just talking about that before we got online with you guys but we are wrapping up on such an inspirational note today. I cannot wait to share with you what the presentation is.

This morning, we're going to be talking about how hope is more than a feeling. It's a sense of your future self. It's being able to visualize what can be as critical component of getting there. Yet, through the last several years, we know it's become very difficult, increasingly difficult to find that hope. How do we visualize what we can be? What our work can be? What our community can be? And when we are having trouble just surviving today.

The expectation that we can be immersed in

suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. We burn out not because we don't care, but because we don't grieve. We burn out because we've allowed our hearts to become so filled with loss that we have no room left to care. Ron at MD, RM from Kitchen Table Wisdom. This plenary will focus on finding resilience after loss. Dr. Bernadine Brown reminds us that hope most often comes from acts of courage. What are some acts of courage that can help us reset, recover, move forward as individuals, teams, and communities, navigating emotional discomfort, self-compassion, curiosity, trust in relationships, and courageous leadership. And today, I'm so delighted that who is going to be bringing this messaging to us is Dr. Allison Jackson Dyer. She is the Vice President of learning and development and principle owner of resilient leaders. Allison has led complex teams and companies large and small for more than 20 years. Allison is a thought leader, a keynote speaker, a trainer, a coach to leaders at every level of companies committed to building stronger teams and more impactful results. She delivers results through a better understanding of trauma, emotional intelligence, conflict resolution, cultural differences, mindfulness and the importance of vulnerability and authentic leadership. At the height of her career, she served as National Vice President of clinical operations for an international healthcare organization and is in a national trauma-informed care thought leader

with the national council of behavioral healthcare leading 17 national teams through the council's trauma-informed learning collaborative.

Allison has provided services via behavioral health, education, child welfare, criminal justice systems for over 20 years.

Recently, she has expanded her portfolio services to reach beyond traditional human service and educational organizations to now include corporate, tech, and engineering oriented cultures committed to enhance diversity, inclusion, equity and belonging. The lead content for resilient leaders own curriculum and simulation practices, Allison is committed to co-creating even more opportunities with organizations and leaders invested in increasing empathy and self-compassion in the workplace culture which translates into greater well-being and connectedness within society as a whole.

I'm happy to tell you I first saw Allison speak, oh, I'm aging myself, 15 to 20 years ago, and she left such an impression on me that I basically begged her to come with us today and I'm so proud that she was able to spend her day with us.

Allison, thank you so much for being here with us. I can't wait to hear your message.

>> ALLISON JACKSON: Thank you so much, Tracy. You have my throat and heart very full as I kick this off. So, I was sharing with Tracy and everyone else, so, I am passionate about what you all do just because, how important is it to build next generation health, even more than now.

And I think you all, more than any other group, a

little biased there, understands how important proo intervention is and what happens early. And yet, that passion has even increased more because my youngest daughter who is 16 and in Chesterfield is part of the tech program there for early childhood development.

So, she has been placed with a co-teacher and is inside of SICLA and also has a part-time job every day working with four year-olds in a preschool so watching her walk through this world gives me an even deeper appreciation for what you all do.

So, thank you, deeply, for what you all do. So, here we go. Tracy has been great as well as everyone else. And you will have copies of these slides. The only thing you won't have is some of the pictures I'm going to narrate us through from an experiential place just because we're not allowed to download those, right?

But, anything you see, anything you would like, anything I mention, please put it in the chat or reach out because I want you to have the information you need to continue to have success in taking care of yourself and others.

All right. So, what I think about is that my role as your teacher and facilitator in this moment is to get you uncomfortable. And sometimes, that feels weird to say, hey, my invitation as a teacher is to get uncomfortable and yet, that's the only way we learn. Right?

When we step outside of our comfort zone, that's where change begins. So, I think of that in these three circles so I'm going to ask you to step out of that blue into the orange, right? Of being uncomfortable. Stretching yourself. Leaning into

this work but also be aware of what I call your edge, that point between your learning container and that outside green. Because when we get to the point where we're about to shut down and can't function, then we can't learn anymore. Part of your most important job is keeping our little ones in the orange zone when they have less regulation skills because they're early in life and yet we're still working on our regulation skills early, so, that's the invitation is to do what I call manage your edge.

Now right now. What are things you can do for yourself? Many of us are sitting. Know that movement can help. Standing. Stepping away. If something comes up in your body, movement can be very powerful or having an accountability partner. Someone you know during or after this event, you can reach out to and say, hey, this came up for me and I'm really wanting an opportunity to process this more.

So, that really is the invitation is to know that even when you're in this moment of reflection, stepping away could be your practice today. Right?

It could be, hey, this is a moment where I need to step away for a moment and go back. Who are the people that you trust? Dr. Brene Brown calls that your square squad. Is there something you can do while you're immediately acting, that's the presentation.

We're going to start with a ground-in check-in. It's 30 seconds. So, if you love it, it's 30 seconds. If you don't, it's only going to be 30 seconds. If we move from place to place, sometimes it's hard

to be grounded in any one moment. So, this is that invitation. You can do eyes open or closed. If your eye is open sometimes it helps to find a fixed point. We call that fixed. Often it can help to focus on your breathing. Sometimes that can feel like a distraction so focus on whatever helps you center and we're just going to do 30 seconds with the intention of, for the next 80 minutes, just being here to learn whatever you're meant to learn today. Just being here. So, here we go with 30 secon Okay. As we come out of that, that may look like a bit of movement. Right?

A bit of readjusting to come back to here. One thing I'll say just because I know the group I'm with. I worked with an elementary school and preschool in the Shenandoal area for a while. We had teacher champions that stepped up. One was a first grade teacher, really phenomenal, helping Kindergarteners and we were doing mindfulness practice. And in the beginning, she thought, I should totally be able to have these six year-olds do a minute of being still, right? Didn't happen. So, she moved to just being able to do ten seconds to them to at the end of the year they could actually do mindfulness of being still for like two minutes, two and a half minutes.

And sometimes she really judged herself, what's wrong with me that I can't have them do that. And I'm like, what a gift you just gave the second grade teacher.

And anything that we can do for ourselves to be with ourselves and slow down as well as teach infants to early children, like early childhood, is such a gift. And if you've never heard of like

heart math. So, we actually have a heart rhythm that can be felt up to 8 feet away and we pick up on other people's heart rhythms so if if you ever think about, don't name anyone in the chat. But if you ever think about the person that's like oh, when they get near me, I just get so triggered. Right? I can feel their energy and that tension. So, that's real. It's a biological change. Right? Sometimes we think about that person, they don't have to be near us. When we think about people, when they're around you, we feel like we can breathe. Right?

That's real biological change. So, this grounding in is such a gift to yourself in terms of even in moments where there is total chaos, being able to pause and breathe because if you can reset your biological self, what a gift to you, and a gift to the children and staff that you're with.

So, when I think about resilience, the person's definition that I go to, really, is Tupac. And I do not rap nor do spoken word well, so, I will paraphrase him. But, what he talks about in his song, the Rose that Grew Out of Concrete is, have you ever heard about the rose that grew out of concrete? Proving nature's laws wrong, it learned how to walk without having feet.

In another section, it says, we wouldn't ask the rose why. We would ask it how. We would celebrate its tenacity to reach the sun. So, here I am. I'm the rose. Here are my damaged petals. Don't ask me why. Ask me how.

I think that's a lot, the phrase from trauma care, don't ask what's wrong with me. Some people say, ask what happened to me. I say, ask what's

strong about me. Don't ask what's wrong with me, ask what's strong about me.

And that resilience is this piece of not just bouncing back and surviving but bouncing forward.

How do we help ourselves and others bounce forward? So the picture you see, the big image is just like a stock photo to give that image of growth but on that right upper corner, that is actually a picture of the outside in New York in Albany of, it's a dual enrolled child welfare and you've nil justice center for children that are between, youth that are between ten and up to 22, they can hold custody.

So, I did some teaching with them about trauma and resilience and really changing their story of how they see themselves because they often see themselves as very broken, right? So, I think about when, afterwards, the superintendent let us come out.

And this was actually on the side of the building, there was a rose bush literally growing out of the side of this building and that's a blacktop. And one of the things they said to me was, thank you for helping me change my story.

So, I hope that we can talk about how you can change your story of maybe, you see yourself as a failure or someone that has too much going on or gets too frustrated in the moment.

And that is a part of your story. That's not all of who you are. Right? And I think about on a very personal level, my four year-old grandson who has had a really, really hard time in head start this year. And has had a lot of people working with

him. And he's really, all of us are working with him to change because he'll say, I'm a bad kid. We've been really working with him to change. I made a choice. That wasn't a good choice. We're really working on him to change his story. And he'll have a good week, he had a week last week where he said, man, I think I'm just supposed to be with animals. I'm not supposed to be with people.

Children make stories about themselves really early. Right? So holding space for them and knowing we do that, too. And helping ourselves build resilience and strength around our stories, validating them, but also maybe thinking about them and how we can change how we see ourselves and help children change how they see themselves as well.

So, I want you to think about what your story is so I'm going to offer about 90 seconds of quiet while you think about this.

Think of a story. A time when you made a difference in a really hard situation.

Then think about what worked well for you in that experience. Then I want you to dig a little deeper. Why did it work well? What specifically about you made it work?

So, I'm going to hold that 90 seconds. You can write it down. If you have a good memory, hold it. I am going to come back to this question after we go through an exercise. Take about 30 more seconds to get that written down or firmly in your mind.

Okay. So parallel processing because I'm talking to educators. One of the hardest things we're

saying in the workforce is for people to create space to actually let people reflect and think. So, when you're doing meetings, whether it's a morning meeting with young students, whether it's getting staff prepared for their morning, really holding space even when it's uncomfortable for them to have a moment to ground in and check in with themselves, so important.

And when we are trying to solve as many problems as we are, and we are so agenda-focused, really takes brave leadership to do that. Okay?

So, a lot of times, people will say to me, but I'm not a therapist. I'm not a clinical person. I don't want to bring up trauma. And one thing we're really clear on is that we don't want to bring up people's trauma story in any kind of detail unless there's actual, some reason that they will get growth out of it, some healing that's offered. And being an EMDR therapist, we don't even bring up that until we're ready to help them reprocess that story and they'll get benefit from it.

So, we don't want to bring up things that have happened unless we're really clear that naming details will have a benefit for the other person.

Right? And yet, we want to create an environment where we acknowledge, as Tracy talked about, hard things happen. Adversity happens all the time. So, resilience can give us a really powerful word to do that because resilience means you bounced back from something. What are the hard things that we're trying to bounce back from?

The way I think about it is, book chapter titles

instead of book contents, right?

We can name hard things without, this is a term that comes from low impact debriefing, without sliming each other. Because sometimes when we give each other tons of details about hard things, we're actually giving trauma exposure to each other.

So, we want to think carefully about what we share with each other and resilience gives us a way to say, yes, this hard thing happened and we're going to work on bouncing back.

And we do have to do both. Right?

So, I'm going to do a little review of trauma and then jump flue getting more specific about early childhood. So, the definition I usually use around trauma is SAMHSA's definition. I don't try to do death by PowerPoint. You'll have the slide. You can certainly pause me at any moment to say, hey, Allison, can you talk about that?

But the themes here are event, experience, effects. Right?

So, we know certain events can happen, particularly in childhood. And those events, the experience in them, is that we were going to be harmed or our life was going to be threatened. And that could be emotional harm or physical harm. Right?

And that that experience from that event leads to effecting our physical health, emotional/mental health, our social health, spiritual health, we have a lot of debt, it also effects our financial health. Right?

So, that's trauma. And a lot of times when something impacts that many things, we start to

think about, well, hey, it must not happen to a lot of people. Right?

So, trauma does happen to a lot of people in childhood. This is an older estimate, and if you now count the pandemic, it's a hundred percent of children, but about 46 million of 76 million children are exposed to violence, crime, and abuse each year.

So, it's the majority, and that doesn't change that it has a significant effect. And so, what we look at is, there are these events that happen, right?

Like, abuse or neglect. Like emotional neglect. Feeling that your caregiver doesn't love you, or value you.

Physical neglect. Not necessarily poverty but a fear of a child that I don't know where I'm going to sleep tonight. I don't know where I'm going to eat. Right? And then we look at five life family challenges. Domestic violence in the home.

Someone in the home in jail or prison. Right?

Someone that's lost a caregiver through divorce, death, separation. Someone in the home that has a mental health challenge.

And I am forgetting one so it's going to come to me in a minute. It will come to me in a minute.

So, we have these aces. Adverse childhood experiences.

What I want you to remember is that these are the things that create risk. Yeah. Sad statistics and if you go to the Center of Disease Control you'll see that those events and how they're experienced have now been determined to be the primary determinate of health and they lead to about 70 different types of behavioral health or

physical health issues. Right? Here are just a couple that when these things happen, it increases the likelihood that you may use substances to cope. Thanks, Tracy. More likely to lead to obesity. Right?

We may use other substances like food or drinking, right, to cope? More likely to be in the child welfare system or have another type of Court involvement. Just for examples, right? And so, this is the Center of Disease Control's pyramid, right? So here's how it works. It says, there's diversity in childhood, right? And that actually changes the way the brain works, very likely. Okay?

And then, that can lead to social emotional cognitive impairment. So, maybe I have more difficulty trusting and making friends, right? Or knowing how to manage when I get angry. Right? Maybe I have an exaggerated startle response, even beyond what's expected for my age, right? Maybe I don't know how to name emotions or share emotions. Although we're learning more and more from Dr. Brown's work with Atlas of the Heart that in the 87 emotions she looked at in the human experience, the average adult can only name three, happy, sad, and scared, right? But that change in the brain leads to these impairments which leads to the adoption of at-risk health behaviors, so, maybe that's aggression. Maybe that's cutting. Maybe that's hitting your head. Maybe that's a more difficult time being soothed. Right?

Leads to disease, disability, social problems, and an early death.

So, a lot of times, as y'all well know, which is what I love that we're in early childhood, systems tend to address this issue at the adoption of health risk behaviors. So, once I'm in crisis, once something significant has happened, then we're jumping in to try to deal with that crisis. So, Dr. Nadine Burke Harris, pediatrician who has also done a lot of work around ACEs, the phrasing she uses, if I've got ten kids drinking out of a well and seven of them come to me for prescriptions for diarrhea, I am going to write prescriptions for diarrhea, but I better get to the well.

Y'all are in well work. What's also sad is with increases in trauma, even at zero to five, you are also in the adoption of health risk behavior.

Right? We're seeing that. But the reason I bring up that example is, when I'm in meetings, one of the things I'll say is, I get that we've got to address the diarrhea. Right?

Because you can't ignore diarrhea. Literally.

Right? Bad things happen, right? So, it's not asking to ignore that but we better be getting to the well work.

We've got to be able to sense of future self. That hope. What does well work look like from this moment? What does addressing the diarrhea look like? What does well work look like?

That's how I really envision this as helpful.

So, the overall piece I want you to take away is that this type of childhood trauma is very common and we have absolute evidence that these types of childhood traumas are very connected to health outcomes, right? On all kinds of different levels. Just an example of study because now we have

about, I think H37 states in the United States that are measuring ACEs, actually through the BRFSS, the behavioral risk factor surveillance system that is used by the CDC.

So, this is one estimate. If I've got 100 adults together, about 33 of them will likely not have experienced these adversities.

Then we get to about 16 of them will have had like seven or more happen. So, we have this range.

So, the intention of telling you about these traumas is not for you to do a personal inventory, but that's totally normal to do. So, for example, for me, I've had eight of those things happen to me prior to the age of 18. And when I first sat and heard this information, it felt like a gut punch because I thought I was just screwed for life, right?

That's not the intention of this work. This is population health work. It's for us to understand how prevalent this is in adults and to understand how it affects us so that we can envision hope. And yet, if you have had many of these adversities happen, the other part I want you to take into consideration, which is where we're going, is your resilience factor and this whole idea of post-traumatic growth. But, we are really trying to see when we look at the children we work with and look at ourselves, there can be a large exposure to trauma in childhood, and it absolutely effects behavior.

So, there are these two integral moments for us with children. There's, can we get to them through the parents and the family before the

trauma happens or early into the trauma happening. And then the other entry point is, this has happened to the parents or the children we work with. How do we intervene both with the services we provide but linking them to other services that can help.

And then this other third piece I'll name is us. How do we take care of ourselves? Who also, very likely, have experienced trauma in childhood and may be witnessing trauma in our choice of profession.

So, trauma affects a lot of different things. So, in terms of health, every single County or city area that you live in, the health department, the public health department names the top five public health issues that are critical in your area. So, these may be some of them, right?

What's powerful about this is, this is the diarrhea, right? These are the at risk health behaviors that have led to some of this, right?

So, what we're trying to do in healthcare is get underneath this. Not just in behavioral health, but as health. Get underneath this to say, hey, this has a lot to do with early childhood. This has a lot to do with the experiences people are having in childhood.

Just to give another example again, later, youth. There was this national survey of adolescents done in 1995. You'll see older data, that about 27 percent of those students said, yes. They said, no, I haven't been exposed to violence so that means about 73 percent had either directly witnessed an assault, experienced it, or had witnessed it. Right?

So, then they did a survey. This was Marlene Wong's work, who was at the University of California for quite some time. This was who Barack Obama brought in when Sandy Hook happened and led to Connecticut developing a lot of ways of addressing trauma in early elementary school, right? And some of their preschools. So, what we see here had was sixth graders, there's only 6 percent of them who said that they had not experienced violence.

So, this gets to this next piece is that trauma is not just what's happening in the family, it's what's happening in the community.

We are connected to our communities. We are connected to our communities. So, this picture is in San Bernardino valley. Every house is an elementary school and every dot is an unsolved murder case. So, it's just one picture of exposure to violence for children. Right? This is Compton. So, when we look at this, equity is not equal. Exposure to trauma looks different in different zip codes, and different populations. And so, our response in early childhood must also be different. Also means in our work profession, knowing about the communities that they work in and what's happening is critical to understanding their own exposure to violence as a staff member, and also the children.

What I think about when I think about when you sign up for work, right? So, as a social worker, I kind of knew I was going to be working with problems. But, what I realized working with educators for a long time, is that people thought they would actually be teaching. They would be

doing lesson plans and that would be where the majority of their time was spent.

But what's happening is, a lot of time being spent is around behavior and helping navigate behavior, and helping build new coping skills. For themselves and others.

The other thing educators might the not know, I always think, Will Smith was the lead actor. It's this movie about concussions and telling the story. Is there's this workforce that didn't know that what they were doing for a living could possibly cause harm to them. Right? So, it's really important to know that your choice in work can actually lead to direct trauma to you.

So, that's a choice and you have a right to know that, and then we have a responsibility as a profession. That's why we're here today is how do we one, limit that exposure, and two, help me address that.

Yeah, thank you, Marina. I'm just reading one of the hardest trauma to overcome even as an adult has been the community trauma that I lived as a young person. My house was quiet and safe but stepping right out of my door, I witnessed a the lo of abuse and violence. This community violence piece is so underrated and so real for so many. Thanks for naming that. Thank you very much for sharing your story. And so to add on to what Marina is saying, is we know that those experiences absolutely have an effect on how people access their education and their development.

So, we see things like once we start getting into grade school, right? Lower grade point averages.

Often, more suspensions and expulsions, which we know is entry to the school to prison pipeline. More likely absent from school, which we know limits skill building. Less likely to graduate from high school. And a decrease in IQ and reading ability.

And what I want to name for that one is it's not that there's a lack of intelligence. But, in your brain, Segal talks about the upstairs downstairs brain. So the downstairs is your limbic system, your threat system. And up here, the cerebral cortex is your thinking brain. Problem solving. Empathy. Focus happens.

If my brain is having to stay in survival mode to survive, that means my learning brain is not engaged. Right? And y'all know this so well from attachment theory, but if I don't feel safe, then my learning and exploratory behaviors, I can't access them. Right?

So really important to understand, it's not that they can't achieve -- and that affects reading ability because reading is what comes first, second, third, fourth, right?

And one of the protection systems we have is to disconnect from our own story. Because it protects us. But then, where does that show up in our, what's called, auto biographical narrative. It's our sense of self and story, it can affect how we understand story in ourselves but also in how we read. Right?

And to just hit this point one more time around community violence, Philadelphia's ACEs study, they said, hey, we need to be looking at community violence.

These were the five areas they looked in, including adverse neighborhood experiences and what they saw was about enterprise percent of Philadelphians had experienced four or more of these expanded community level ACEs so it is very common, right? Here are some examples of how those had questions work.

I want you to remember, this is not a screening tool. We should not be asking people these questions. This was research, to, again, understand population health. Because we ask these direct questions and aren't skilled in that, we can actually retraumatize. Right?

So, did you feel safe? Your neighborhood? While you were growing up, how often did you feel that you were treated badly or unfairly because of your race or ethnicity?

So, these are common experiences. So, the piece I want to leave you with, then, in terms of understanding trauma impact, right? Is we've got this on the left of where the CDC has named it and on this particular picture, hadn't added in the CBC's neurodevelopment piece that you had just saw from mine.

But a group called RISE in Richmond, California, a group of youth and families got together and said let's look at this, right?

And what they named is, yes, we see this happening and you're missing some pieces. Academics, and what you're missing is social conditions matter and local context matters, right?

For example, your zip code can determine the access to resources you have. Or your level of

exposure to community trauma.

And then, there are certain groups in the United States, we're just going to focus here in the United States, that have experienced historical traumatic events for generations. So we can't just think of trauma as what is currently happening in the family. We have to think about it at the family level and at the system level.

Right? So I'm going to look. So real for me right now because I had all of those. Yeah. Thank you for sharing your story with that to give us that this is very real and what I love is, it's not just real for them who we work with. It's real for us. And some of the key points to remember is, this is not an us/them conversation. This is an all of us conversation. I can't have a conversation about trauma and say, okay, I want you to just think about what's happening to the children and families you work with or just think about yourself and your family. It's all at once.

So, I want you to take a breath because I'm going to walk us through what you've maybe lived for the last couple of years. I've just given you a lot of data which goes to the left side of the brain. Used a lot of words to put in your brain how to understand trauma. The right side of your brain is more connected to sensory. Sound and touch and sight, feel.

So, now I'm going to take us into using our vision as a way to look at what we've experienced. So, just as I walk through it, I'll do a little bit of narration but I really want you to pay attention to what's coming up for you, and there's intention around this of what is resilience.

So, here we go.

So, maybe prior to March 2020, life looked like this. We were closer. Touch was more available and we didn't actually have fears of touch that we may have now. Side by side. Close. Connection. The heart of what I understand is early childhood work. The widthness.

And then we entered what time called the age of anxiety. Some of the research showed that many people still did not believe anxiety was real and now since 2020, almost 100 percent of people believe that anxiety is real.

What's interesting is when time posted this, there was an expectation that this would just be 2020. This belief that we would go back to a new normal. What I would say is, that's not going to exist. We're in a new now. So, we then started facing things like this. Trying to wrap our minds around, what does it mean that the world is closed.

What does that mean to us in our families?

Taking care of our families, whatever that may look like, if that is just us. Extended family. Children. Adults loved ones. A new kind of isolation. Even in getting our basic needs met It wasn't just a time of COVID-19, but as people were put into freeze and the murder of George Floyd happened in May of 2020, people saw that event in different ways.

Some of them saw it for the hundredth time, and had emotions around that. Some people felt like they saw an issue of social injustice for the first time.

And how do we navigate that conversation at work

and what that means for the families and children we're designed to support?

And just as one example, how do we have conversations about this? When we all land in many, many different places. How do we name those spaces, reflect on that, hold space, and honor what is happening. Us in mental health, we had to come up with new behavioral health diagnoses because of what we were seeing. The term languishing, which I believe existed before but I certainly never used it in my clinical work, came up.

It's a form of depression where we feel like we're in quick sand and things that used to be so much easier to do -- I'll give an example, like take a shower, or drive to work, now feel so hard. So hard to move ourselves forward. And the effects on our mental health led to so many different behaviors and physical outcomes and mental health outcomes and how do I navigate all of that while still needing myself to be present for the children and families I support.

We saw attempts and completions of suicide increase. We saw addiction increase. For many of us, the weight of all of this held heavy on us. That languishing. How do I do this work? How do I move through each day?

The children who use support had to try to make sense of what is happening in the world where we are separated.

And many studies have been done on what parents experienced during this time. Many of you may have been a parent in this as well as supporting parents in this. We saw increases in

behaviors. Fight, flight, or freeze, that we hadn't seen before.

And it impacted a generation. Children that were in some way involved in school lost a major protective factor. Maybe even their source of food. They felt very lost. Some excelled in virtual, some did not.

And many of our jobs began to look a lot more like this. I know for me, even trying to do play therapy with four and five and six year-olds while I still could, how do you sanitize sand? How do I assure that every surface is wiped down between the clients that I see. And it wasn't just with the families and youth we serve. It was with each other where I thought had hadn't affected me and when many COVID particles existed I remember walking through a room that was fairly small, and I I immediately was like, I am uncomfortable being around this many people. I am uncomfortable being near someone that I am not family members with or work with every day less than 6 feet.

I know how to stand on dots. Right? And a lot of us began to do this. Which, this will show my age, I call Hollywood Squares. And when 90 percent of communication is nonverbal. 10 percent is what we say, 30 percent is our tone of voice. 60 percent is our body language. We've lost a lot of that and yet actually a lot of times it looks more like this. So, we've lost even m of how we connect in remote work, which will not be something that leaves, but us figuring out what school and interaction and parent coaching and all of this will be part of this new hope and new now.

For many of us who went to working at home, it was this integration and a new way of home at work.

And some people giggle when they see this and it is meant to let you giggle but it's also meant to be that we lost sense of our routines. When am I at work? When am I at home? What are the boundaries? What does this look like?

Tremendous impact on that.

And then there were many people that couldn't stay home and to make this even more complicated, some people supervised people remotely while those people had to be at work. And a lot of emotions of the people who were at home having survivor guilt. The people at work trying to navigate, can I do this? Do I stay in this? And what anger might I have towards the people who are staying home? What we had to do, how we were segregated at work, how we interacted with children, how we did therapy, occupational work, recreational work with young children.

And maybe your best days looked like this where all of a sudden some family life balance came back and you had a greater appreciation of the people that you love, right? Maybe it looked like this, where you were able to integrate, right? I can work and be with my young children. And there was harmony and synchrony. Right? Maybe there was parallel process.

But, maybe had it was like this. Because this would be more what my home looked like. Of how in the world do I manage everybody being on Google Meet, right? And the dogs being in the

other room. And what is my priority? How do I even create space around my priorities, right? Am I doing anything well? And one of my favorites is this one because the word Dream is in the background like this is living the dream.

Right? It was really hard.

So, if it was hard for you, and you didn't feel like you were at your best, I want to say that your situation was unique, and you're also not alone. We were doing the very best we could. We were doing the very best we could, and we still are and we had very limited resources and it was actually someone from DBHGS that taught me this in emergency management is that the definition of a state emergency means we do not have the resources to adequately respond to the emergency.

And it took me a long time to process that because I'm like, no, I'm a problem solver. I'm going to fix it. I'm going to come up with another way to do this. We just have to pivot.

I have people I work with who are like, I can't work less than 16 hours. People aren't going to get their needs met.

And I was watching them physically deteriorate. So, one of the real critical things I want you to take away from today, that quote that Tracy read in the beginning that we're going to look at in a moment is that we burn out because we haven't let ourselves grieve. We couldn't accept that people were not going to get what they needed during this time. That we weren't going to get what we needed during this time and we haven't opened up space to grieve that.

It was so awesome, my nephew is get to go play T ball, he's never gotten to play outside with other kids. They're getting out there. They're so lost. It's exciting to have parents be able to be more connected, to sit in circles again and be able to practice skills and encourage questions.

For me, to see kids able to be kids and hold hands again. Right? And to learn and to play. To skill up in naming their emotions.

The things they're feeling in their body and have felt for the last three years but aren't quite sure how to get out outside of behavior. And yet even with all of this, many of us may still be feeling the weight of everything that has happened.

And telling ourselves, but, wait, it's over.

Whatever over means. Why am I still feeling this weight p?

And what I want to say is, again, your experience is unique, and you are not alone in feeling the weight. So, I'll read this again. The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

We burn out, not because we don't care, but because we don't grieve. We burn out because we've allowed our hearts to become so filled with loss that we have no room left to care.

And so this means that resilience is something that may feel quite counter intuitive. I'll name particularly in western culture. Where we have some rules about how long and when you're allowed to grieve. Right?

Significant family member dies. Three to five

days off. Likely unintentional from the organization of what that's communicating, but can absolutely communicate, we expect you to be able to function at a higher level after you take those four to five days. Right?

And tough. Right? Because we need our workforce more than ever. And yet, our workforce likely has not grieved and led into that grief.

So, some assumptions are made. Well, they just don't care. They don't care. Maybe they're hurting and they haven't grieved. It's a way to think differently about this, and to develop hope.

Again, as what Tracy said, hope is not just a feeling. It is a sense of future self. And if we cannot begin to create what does our future self look like, the future self of early childhood workers and infant mental health workers. The future of our children, we have absolutely no chance to get there. So, we have to start thinking about that, what does that mean for us so that we can find our way back to each other.

So, I'm going to have us do a ground out. That was a lot that I just had you watch. And this is with the intention that whatever you were meant to learn or surface is exactly what happened. So, 30 seconds. Eyes opened. Eyes closed. Just that intention of whatever came up, is what you're meant to know.

Here we go.

Come back to that. Some movement. Some shaking of the shoulders, perhaps, or some movement that helps you release what I just brought up in your body.

And then the question becomes, all right, Dr.

Allison, what am I going to do with that? What is next? So what I want you to think about is that a normal response to going under the level of stress that you have been over and the level of trauma exposure you've been through is to disconnect your head from your heart.

And that's not a bad thing to do when we're in the midst of crisis. I have to just like, not feel. I have to push through. But when that happens for an extended period of time, that's when it's not healthy. Because our feelings give us emotional feedback that is really important. Right? There's a book, how emotions are made.

We have investments from our health and withdrawals from our health all the time.

And if every time, something even small triggered us, we'd never get anything done. Right? So, emotions are a way for the body to go, hey. Hey. This is actually really important that you pay attention to this. Don't ignore it.

So, when we start stuffing emotions for a long period of time, we're not paying attention to our body telling us, hey, we're not okay. One of the shirts, I think it might be yours, Tracy. I can't remember the cool shirts they're wearing today is, it's okay to not be okay. Right?

Really important. Love what's coming through.

Yep. The deep roller coaster of emotions. Yes.

Help you be aware.

Paying attention. And so, a lot of us have job descriptions that are KSAs, knowledge, skills, and abilities. That's not uncommon. Notice emotion isn't in there. So I've been digging into people doing charters in their space. A great

organization called writers and elephants. Writers and elephants is their website, they're from Australia. They have this really cool emotional thing, what are the emotions that people are going to probably feel at work and we don't want them to feel it but they're going to feel it sometimes and how do we navigate that, right? Same thing for families. So, how do we stop having emotions be segregated, bring in your work self that doesn't include emotions but we bring in our emotions, we reconnect our head to our heart because that's when we're our whole self.

So a lot of work right now is reconnecting with our emotions, even when we're afraid that the emotion is going to be so much, we're not going to survive moving through it or we're not going to have time to move through it.

It really is an invitation to move back in.

And so now, I'm asking you to go back to your story, and I'm going to have us do what I call a fountain chat. So, what that means is, I want you to think about, first, what specifically about you made it work in that moment? So, this is your resilience factor in that situation. And a chat fountain means, I want you to type it into the chat but don't hit send until I say.

So, take a moment. What specifically about you made it work in that moment? I'll just hold for 30 seconds. All right. So, all at once, enter. Love it. So, why did I do a chat fountain? I wanted people to be able to respond without being impacted by others' responses, so, I love this. Listening to the uncomfortable. Compassion. Acting in a brave

way. Knowledge and experience gave options. Previous experience. These are great. I probably won't be able to read them all. But, easy going temperament. Patience. I stayed put. Not reacted. Sat through the muck. Rolling my experience into a cohesive story. Awesome. So, here's the point I want you to have. You already have resilience. It's not something that we're either given or not given. It is something that we learn and we hold.

So, that's your resilience factor.

So, then what my next question is, how can you use this resource or these resources now? I won't do a fountain chat with this one, but you can just enter.

How do you use this resource now? With the hard things that you're experiencing. Oh, nice, Sarah. Yes. We're being intuitive because we're about to go into self-compassion as a close. Know that things will work out. Faith. Very important one. Have hope. Grounding in. Beautiful. Creating that space to ground in. Putting into action. Ability to bounce back, pause, grieve, reflect, go forward towards new solutions, love it. Yes.

Great process. You're not alone.

Permission giving for self, spirituality. Love it.

That's the thing. You know this so well. So, being a good coach, and when I became a professional coach, I was like, I've got this. I've been consulting forever. I've got this. I went into the first with the intention of coaching. The first three rules were, we could only ask open-ended questions and we could make no statements and we were scored on this and I was not scoring well.

I was asking closed ended questions. I was giving advice like over and over again.

And I went to the facilitator during lunch and I said, gosh, I'm a clinician. I thought I would do this really well. And she was like, yeah, this is going to suck for you. Turns out she was a psychologist who thought the same thing. The coaching model really is the belief that the person in front of you has everything they need and your role is to hold the space and help pull that out.

And when we're with families, like, that is so critical because oftentimes, families come to us with their either their, Brené brown talks about shame shields, and there are three. Moving against, moving towards, moving with.

So, oftentimes, when we're with families, they may move against where they're in our face. Let me tell you about yourself.

They may move towards, which is kind of like oh, my gosh, yes, yes, yes, I'll do everything you say. Or move away. I'm sorry, the last one is move away. And that's to either mentally move away, like you're there, not there, or literally, physically move away.

Right? So, when we see that, families are in shame. Right? And so their message is, I'm not enough. And so, when we can hold a coaching space, a believing that they have had within them, the other is I had a great teacher with me with Allison. Allison, if you come up with that family member's answer, you get two points. If they come up with it in your presence, you get three points. Go for the three point shot.

Very helpful for me, because literally, in the

moment, I'm like, go for the three point shot,
Allison. Go for the three point shot.

Because my recovering fixer self wants to go in
and be like, I'm going to make it better. And
where is that coming from? All of the pain that
I've seen. Feeling a lack of time to address all the
issues I've seen.

That's my stuff. That's my work to do. Right?
And to know that the only hope I have is that they
do their work to do and I hold space that they can
do that work.

So, you all have resilience. We call that resilience.
And it doesn't just buffer the impact of suffering
and stress, right?

It's not just this exercise of will, which, there's
great book called Grit and sometimes I worry
about the word grit because it can get us into that
like oh, I'm just going to like hang in there. Agh.
I'm going to hang in there.

A lot of times, that means I'm sucking up my
emotions, right?

This is really like building up support of
environments, growth through positive
experience. I kind of separate reset, right?

Versus resilience.

So, reset is what do I need in the moment when a
parent has just said something to me and I am so
not okay. With what just got said.

And if I don't watch myself, I'm going to move
against. So, reset is, do I know how to breathe?

Do I know how to say, I really appreciate you
sharing that feedback with me. I'm going to need
to circle back with you. So that's a reset.

Resilience is, what are the skills I need to practice

that y'all have all named. Do I need to practice more self-compassion? Do I need to practice giving instant feedback? Do I need to practice giving feedback completely?

Do I need to skill up parents and what feedback looks like?

A lot of people in the workplace, it fascinates me. I ask people, do you train your people how to give feedback? Almost everybody's hand goes up. I say, do you train your people on receiving feedback? And nobody's hand goes up.

How do I expect parents and team members to receive feedback?

That's a really big assumption that they've had positive feedback experiences and they're skilled up to receive feedback.

Because you have to navigate a lot of emotions that are uncomfortable to receive feedback.

Right?

So, really important to know, like, what resilience is, and how do you get there? It's through help. And again, interesting in Dr. Brené Brown's work, she did some surveying and one of the things that came up is, for a supervisor, one of the biggest trust building moments with the person they were supervising was when that person asked for help. And yet, for direct line, or anybody that reports to someone, asking for help is very vulnerable and they actually thought it might let their supervisor know they weren't competent.

So, a lot of this is about helping each other, right? And also thinking about our customer differently. And right now, I'm going to focus on our kid and infant customers, right? That we're going to be

supporting almost every industry focuses on what the next generation might look like, not that we want to stereotype, but in making general statistical guesses about what this generation might look like and yet education doesn't do that. They hold to models that have been used for hundreds of years. What do we know about alpha generation? This generation born between 2010 and continuing to be born until 2025. So a huge focus on problem solving is happening with this generation. They also are such screen consumers. They they've got the digital world with total ease. In COVID and quarantine they got even more screen time, but they also prefer to learn that way. Through games, and gamification. Which is tough.

How do we help them learn skills for people interaction, taking them out of their comfort zone, and how do we lean into the digital world, which is their language?

This is the generation they're predicting that the flipped classroom model will finally work with. That we really think about microbursts of education, for short periods of time and where do we do the learning kind of knowledge dump, and then really have them kinesthetically get into it. They really expect everything to be personalized. Another story, I'm using my grandson a the lo. He's an only child and during the worst of the quarantine he was home for 18 months or two years, rarely with anyone other than his two parents or me.

Had a lot of screen time. But, also, if he had a need, it was immediately met. Right? So, now,

goes to head start, right? Walks in with 18 other kids and only one lead teacher and one support teacher.

That requires a wait skill that he did not have.

So, we had a lot of anger come up, throwing things when he had to wait, not understanding what waiting meant, and also, he was so excited to play with people, and normally, what's he used to? Everybody wants to play with him. And now other kids are like, yep, I'm going over to that activity center.

And he exploded. So, personalization not only in his generation but in his lived experience. So, the principal and teachers gave us homework of just to constantly make him wait. And that was really hard for Nana, by the way. I was like, but I'm your Nana. I don't make you wait. But he missed that skill and it's a really critical age, right?

I'll never forget, we were also assigned to take him to, they were starting when he was three and a half, to have some like events, fair events, where what do you have to do? Wait in line.

Man, he was on the ground. He was rolling. His favorite phrase is, this is going to take forever.

And I was like, and what I want to do is ask for him to get in the front of the line or leave. It was like, no, Allison, you're going to help him wait.

You are supporting him in this skill development, right?

But we're turning in and there are all these cars in front of me and he's like Nana, go. Because he can see the bounce house. I was like buddy, Nana has to wait. He says to me, oh, wait, wait, wait. That's all you adults talk about is waiting.

And I just had to giggle because not that he understood but now the principal, his teacher, Ms. Smith, me, parents, his aunt? Were all about waiting.

And so, wow, we've got all these important adults in his life having him practice. Love your question. I'm curious to know what those exercises are and how you implemented.

Honestly, it was anything from, if I was making him a peanut butter and jelly sandwich and he said, Nana, I'm hungry. He said, okay, buddy. We would set a timer, old kitchen timer, we're going to wait five minutes before we start making it. I don't want to wait five minutes. I want it now. My tummy is hungry now. Literally, we used the timer so much that he grabs the timer and says this is how I'm going to wait. We continue to increase the timer to match his frustration tolerance so any opportunity that we had to have him wait, we did.

And now he's much better at waiting in his classroom. Right?

And we've also given him a lot of breathing techniques for when someone doesn't want to play with him. Love it.

Expecting personalization. Huge. How do we lean into that? Let them know that they're special.

Understand that. But, also, how do they learn to do group activities? Right? How do they learn to do that?

They get bored and distracted really easily so frustration always a challenge. Right?

And I'm probably talking about like 18 months to five years old but now with the pandemic, what

we're seeing with frustration tolerance is at an all time low because we've got all this grief built up in our body that we haven't processed and we're holding too much. We can't wait.

But, also, as I just demonstrated with my grandson, we haven't had a lot of the Malcolm Gladwell talks about 10,000 hours, right? Before we get good at something. A lot of our children and early childhood in infants are missing the 10,000 hours that they used to have before they came to us. Often, they need higher levels of stimulation because things move all the time.

Because some of that is, how do I teach you to wait? And how do I adapt so that your environment is a place you can explore.

I think a lot about Montessori. I'm seeing activity-based learning being incredibly helpful now in elementary and even high school. You all are experts in that, of thinking, what does activity-based learning look like. How they can go to their interest but then how can we increase their frustration tolerance for staying that interest. Again, space and mobility in classrooms is going to be really, really important. Sitting still. So classrooms with bean bags and laying on the floor and so balancing again, there are going to be moments where you have to stand in line and be still with really helping them have ways to move. Right?

When we also look at this generation, excitingly, this will be the most racially and ethnically diverse generation in our history, in the United States. They're also more likely to go to college so we saw a spree of entrepreneurship starting in

generation X and moving through millennials and gen Z and so, a decline, we're now seeing an incline in a desire to go to college.

One, because one of the things that happened in the pandemic is they got rid of ACT and SAT scores so now, with all of the diversity and inclusion equity work as well as these types of changes, we're seeing students from populations that never enrolled in college before, enrolling. And colleges also changing to meet this new customer. Right? And rethinking things like gen Eds because they want to get in there.

As I mentioned, you know, perspective, empathy, self-regulation, we're going to really have to work with this generation on practicing this. Right?

And in every day movement, not just in like, I made the mistake in elementary schools and preschools of like, let's teach the teachers how to do a 15 minute session. For one, 15 minute groups was too long. But, two, what happened with the teachers is they thought like hey, I'm going to do this and I've covered o up on empathy. As you know, anything you teach prior knowledge, you're going to have to weave in. Right?

So, example I have, again, with my grandson, this T ball. I don't even know that the coaches knew what they were doing. But, when you're batting and eight of them have to stand in line wait for their turn, they want to all run in circles and jump up and down. Not necessarily bad. Entertain themselves.

But, one of the things we did with parents was have them look at the person batting and cheer

for them and we're starting to teach them how to be on a team, how to cheer for someone on a team.

That would be an example of an empathy skill. Right? So, again, thinking about SEL skills, how we even more than ever build them into curriculum. Even high schools that I'm working with now, we're, we used to just work in student services. But, now we're in instruction which is so exciting. You all have always known that the social emotional is very connected to instruction. But, that's going to be even more important and this generation is also very, very social justice oriented. We want to go with that. How do they want to make an impact in the world. They're also very environmentally conscious. My grandson is very clear on where the recycle bin is, right? And that's important. Even at a young age.

So, this is had really understanding who our customer is so what I say a lot of times is people will say, I'm guilty of this. People will say in my day, we knew how to do this.

Right? And my comment to that is, I want to appreciate that and I want you to have a moment of silence because that's not the generation we serve today.

And if we're going to be successful, we need to be with the children of today. That doesn't mean throwing out everything that you knew. Because the top shame trigger at work is fearing that what you have to offer is irrelevant. Number one shame trigger at work. What I have to offer doesn't have value and a lot of that is showing up

right now in education.

Well, gosh, the way I did it doesn't matter.

No, we need everything you've learned and we need you to come with us into this new generation. So, top three social emotional learning model skills. I use this model called the ARC model. Attachment, regulation, and competence. Attachment, that feeling of being connected, loved, valued, a part of family, community and worldment

By the way, this is what we need in our organizational culture. This is all around work cultures. I need to know that what I have to offer is valuable. I am one of those parents that used to let my kids win games all the time when they were younger. It's funny, I'm newly married, two years. He and I have teenagers so we don't do a lot of co-parenting with that but we do a lot of grandparenting, which is interesting.

He does not let my grandson score points on him. We had a few instances where my grandson got really upset. I was like, how could you not let him get that goal? And he's like, honey, he's not going to get every goal.

So, I sat with him, his name is Mari. I was like, what's wrong? I'm bad. I didn't get the goal. One of the things we processed is, no, it's not a mistake to miss a goal.

Because what we've done is, he thinks everything is outcome, not effort. We've done a lot more around embracing the stakes. Having him practice. Knew he can celebrate, oh, I did effort, Nana, did you see me? I ran all the way and kicked even though it didn't go in the goal.

So, we're trying to practice. Yes, you've got it, ARC model. Regulation. I talked about frustration tolerance. Really important as early as possible to start naming emotions and feelings. Remember that research from Brené and adults. Three out of 87 emotions.

Now, I don't encourage people to get like the big face things. There's some really good emotion wheels out there. And what I like about them is they start really small with like six emotions and then they bridge out.

So, start with the small wheel as soon as possible and increase and increase and increase emotional vocabulary. Right?

And with really young ones, infants and then two years old, 18 months, we're saying feelings as we feel them.

They're hearing it in an immersion way of saying feelings, right? Even though we know very clearly, we cannot guess another person's feeling. That showed up very clearly in Atlas of the Heart. The only way to know someone's emotion is that they express it to us so this means the skill of like naming emotions and expressing it becomes even more critical than ever in the workplace community and for children.

And then competence, this is really, now we're up to the upstairs brain, right? That we're able to act rather than react. Right? The ability to actually make a choice.

And if we don't have these regulation skills and attachment skills, it becomes very hard to problem-solve and engage in the acting versus reacting. One of the tools that I had on Tracy and

this conference send out to you is these resilience skills.

And I'll ask Tracy, if possible, the website there, that's the website, but it also goes as community resilience initiative.

I think they renamed their name. But, the community resilience initiative, they have been very focused on families.

So, they have a card deck, and these are their 42 ways to build resilience so I just created this because you can often get parent to tell a story and then you can start circling, hey, these are the resiliency skills those parents have, and then it's easier to bolster a resilience skill they already have versus create a new one.

Although, creating a new one is important. So the top ones are resiliency skills we all need as people. The bottom is some specialized skills for parents and yes, that's it.

If you go on that CRI resilient.org, they have a store that I think is great and they have some things that are free PDFs but they also have games you can engage families in.

So, when I was working with some home visiting programs in Virginia, we took the card deck. Just the resilience cards. And we would just name the ones we were working on this week. How are we going to build trust this week? How are we going to build self-advocacy. Of another thing, we do have a great head start but the other we got is my grandson would walk into the classroom and just throw his stuff at his teacher to hang up.

I know exactly where he got that from because me and his mom clean up for him all the time so

we worked on increasing self-advocacy. So, now, regardless of which home he's coming to, it's like, here's where your shoes go, here's where you hang your coat and then how to ask us for something when he wants it so if a conversation is happening, he's learned to say like, excuse me. And then wait until we finish and then be like, I would like this. So, all of these are, how can you take a resilience skill you know is essential for the parent and the child and then you all are incredible creators. How do we help practice that? Right? How can you really build that? So much of this is about supporting adult capacity. Right? Supporting adult capacity. So, that's a really key piece I want you all to practice. I know many of us are separate, so, this activity may be a little clunky and I'm hoping y'all will offer some grace here, but this does go back to the Riders and Elephants emotional intelligence I had Tracy put in. So, we're just going to do this as a reflection and then we'll put it in the chat. This is the weekly retro. It's a way that the team working together can actually practice, connecting feelings to behavior because that's really important. You think about the week you've had and you pick one of the desired feelings. So, did I do this? Let's see. Let me make sure. I'm going to pull this down so if you aren't seeing anything, it's okay. I'm pulling something down and grabbing something else. All right. And then, I'm going to stop, and I'm going to then share again. So, this is an emotion wheel that I like to use.

Riders and elephants has their own, which is really good. It just is a longer list of emotions so I didn't feel like we had time to look at it. But, if you notice, what's here is on the right side are what's been labeled as comfortable emotions. And on the left side are uncomfortable emotions. Right?

And you can buy this from human systems. There are lots of emotion wheels so you might check some out but this is the one that I use so I just want you to think of a story last week where you felt this. And I'll have you focus on the comfortable emotions. And it's a 60-second kind of gut check. When you read through those comfortable emotions on the right, which one hits you as something you've experienced this week? Okay. And then pull that down. I want you to think of the story. The story that goes with that. What is the story that goes with that feeling? A story about why you've felt that way. Just again, this could be either you writing yourself, or just thinking. Depending what works best for you. Got that story of why you felt that way and now what I want you to think about, what was the impact on your work or project or team when you felt this way? I love that you're sharing yours, Maria. If others want to share, you're open to do that. Not required but love it. Love it. What was the impact on your work, project, or team when you felt this way? Then the final question is, what might you need to do to feel this again next week? So if I was leaning into Maria, I might say, what can I do to feel grateful again next week? There was a

positive impact for my work or my team or my family.

So, it's really leaning into what is that emotion telling me? And how do I think of experiences that can happen at work that support me feeling this way? I'm just going to hold for a moment, what might you need to do to feel this again next week?

Okay. And I apologize. Thank y'all for taking the time. I apologize. I had in my head that we finished at 12:30 but it looks like we end at 12:00.

So, I miscalculated. (laughter).

So, I will ask for grace. (laughter). In being able to do this. But, yeah, I'll just close with thank y'all so much. Please take really good care of yourself and if you have any questions about the rest of the deck or anything, just let me know.

Thanks, Tracy.

>> TRACY WALTERS: Allison, thanks, so much.

It's been such a powerful presentation. And I guess one of the things that I wanted to do just with a quick wrap up for you is thank you for holding out hope for us as educators and early interventionists and mental health. All of the disciplines that we come from.

Because I think we all need that right now. And this idea that you presented today that when we're looking at this resilience piece, that it's about self, community, and systemic work, is so important.

And how we're showing up like inner work spaces, is something that we all need to tackle, a little bit. Because it does really impact the work that we're

doing with the children and families.

I think just that messaging is so powerful for all of us.

Just one quick question about resilience before we go. And that is, love to hear your opinion on, you know, there seems to be like two camps of thinking about resilience and I think it's important for the conversation in that some folks say, you're born resilient. And then there's the conversation about, resilience is skill-building.

And I would just like for you to share like where you sit in that, or do you sit somewhere in between? Just love to hear that to inform us?

>> ALLISON JACKSON: Sure. So, I think I definitely, to say shortly, I land in the nurture side of it. That it's something that's grown. It's not that I don't recognize, there's something called the stress diathesis model, and it's really about how your biology impacts whether a risk factor will turn on or off. So, let's take alcoholism, right? If I had that gene, if I'm under certain stressors, I'm more likely to engage in addiction.

So, I certainly believe in biology's impact on that, but when I think about resilience, I am thinking about skill building. And then how do we skill people up. How do we assess the resilience people have, and how do we skill people up?

Yep. Great question.

>> ALLISON JACKSON: Thank you so much.

Because I think that's something we can use as a takeaway and now we're thinking about our work on a daily basis.

So, thank you for the inspirational message. It's so wonderful to have you with us. I know there

are folks who have questions we didn't get to. We would love to shoot those out to you.

>> ALLISON JACKSON: Absolutely. I will turn those back around. I can do a quick video you can send out or answer them in person. Yes, easy to do. Thanks for having patience as an educator when things go the way you didn't expect.

>> TRACY WALTERS: Oh, gosh. And sorry if we set you up for that. We appreciate you so much being here with us today, Allison.

>> ALLISON JACKSON: Absolutely. Thanks for all the heart and the love, the great messages. Y'all have a great rest of your conference. Take care.

>> TRACY WALTERS: You too. Take care.
Bye-bye.

(break until 11:30 AM CT)

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