Chapter 9
Mitigating the Impacts of Adverse Childhood Experiences:
The Peace4Kids Approach in the Post-Pandemic Era

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ABSTRACT

Peace4Kids, a community-based non-profit, developed their trauma-informed, strengths-based approach over two decades of applied practice with children in foster care. This approach consists of a daily mindfulness practice and a communication tool to facilitate a positive approach to creating safe spaces for all children who are coping with adverse childhood experiences (ACEs). The consistent use of these tools together builds awareness of the influence that mental models have on interactions between adult caregivers and children, increases empathy in those moments, and gives children agency. With a focus on the mindfulness of adult caregivers, rather than on changing the behavior of children, this approach can be integrated into any context, culture, curriculum, or teaching philosophy. The purpose of this chapter is to share these practices for use with all children who were adversely impacted by the experience of the COVID-19 pandemic during their development.

INTRODUCTION

This chapter integrates research, theory, and mindfulness practices from an interdisciplinary perspective

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to advocate for a strengths-based approach to mitigate the impacts of adverse childhood experiences, including the Coronavirus Disease 2019 (COVID-19) pandemic. The authors provide a unique blend of firsthand insight and recently collected data that is grounded in developmental psychology, early childhood education, social work, and social justice research. Peace4Kids, a community-based non-profit organization developed two tools: the HAVS™ (Hear, Acknowledge, Validate, Shift) communication tool that is grounded in a daily mindfulness tool called HEART (Hear, Evaluate, Apply, Revise, Thank)-centered connection™. These tools are based on more than two decades of applied practice with children who have experienced adverse childhood experiences. The decision to share these practices was informed by the results of three phases of a recent research study (Ponciano, Abioye, & Gayle, 2020; Ponciano, Nash, & Gayle, 2021) examining how media portrayals influence the expectations that the public has for children who are coping with adversity.

The COVID-19 pandemic has increased the number of educators and caregivers who are personally coping with pandemic-related trauma as they simultaneously continue their efforts to support the growth and development of the increasing numbers of children who are coping with adversity themselves. The innovation of the Peace4Kids approach is three-fold: 1) it focuses exclusively on the mindfulness and responses of adult caregivers in their interactions with children, rather than trying to change children's behavior, and in so doing, creates safe spaces for children who are coping with adversity, 2) it provides self-care for educators and caregivers to manage their own stress while simultaneously increasing their empathy for children and giving children the agency to problem-solve, and 3) it does not replace existing curricula and, instead, is integrated within all contexts, cultures, and approaches to education and child development.

The chapter begins by providing a brief background of childhood adversity. Then the authors set the stage for the Peace4Kids approach by describing the role of equity and justice in creating safe and positive spaces for all children, defining mental models and their influence on behavior, and explaining the research that informs the application of the approach to the post-pandemic era. Finally, the Peace4Kids approach is vividly described through a series of narrative examples and the interview of an early childhood professional. The authors' aim is to build awareness around how perceptions influence interactions and to introduce HAVS™ communication practices and HEART-centered connections™. It is important to recognize that the implementation of these tools requires time, effort, and practice beyond this reading. Yet, by accomplishing the first step of building awareness and empathy, early childhood environments collectively move towards creating positive expectations for all children who have experienced adversity.

BACKGROUND

Understanding Childhood Adversity

Childhood adversity is a universal experience that ranges from minor everyday challenges, such as falling when learning to walk, to traumatic events called Adverse Childhood Experiences (ACEs). The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente conducted the first ACE study from 1995 to 1997 and defined ACEs with examples including violence, abuse, neglect, or loss of a family member that occur between birth and 17 years of age (Felitti et al., 1998). Chronic issues amongst adults in the child's environment also constitute ACEs such as substance abuse, mental health conditions, or long-term parental separation, such as through a foster care placement or prison. ACEs are more com-

mon than most would expect with nearly two-thirds of all adults surveyed reporting at least one ACE and 17% reporting four or more ACEs (Felitti et al., 1998).

During the COVID-19 pandemic, children experienced distinctive stress, anxiety, and uncertainty when they lost their expected environments, the people they love, and/or the routines on which they depend. The degree to which these experiences were traumatic varies according to individual circumstances. The pandemic-related global shutdown and subsequent re-occurring periods of quarantine created chronic, unpredictable stress, referred to as toxic stress, in disproportionate numbers for disadvantaged communities (Stokes, et al., 2020). Further, many families, who may have been comparatively comfortable and well-resourced to mitigate ACEs in their lives, were suddenly overwhelmed as well. A recent report documented that more than four million children in the United States had tested positive for COVID-19 by June 2021 (American Academy of Pediatrics, 2021) and, although they were less likely to experience serious health issues, the advent of necessary restrictions imposed in response to the pandemic may have increased the risk of psychological distress, including traumatic stress reactions, for all children (Arantes de Araujo et al., 2020).

The impact of the COVID-19 pandemic experience on social and emotional development is of critical importance and the lasting effects depend, in part, on children's subsequent interactions with the significant adults in their lives. A review of media headlines about the impact of the pandemic on children strongly suggests dire consequences. A few examples include, *"COVID: The devastating toll of the pandemic on children"* (Triggle, 2021), *"Children's mental health crisis could be a next 'wave' in the pandemic"* (Howley, 2021), and *"Loneliness, anxiety and loss: The COVID pandemic's terrible toll on kids"* (Pedersen, 2021). Parents, caregivers, educators, and children are all listening to these messages. The framing by the media of children coping with pandemic-related adversity is of great importance as media consumption rates were much higher than typical during the pandemic (Ponciano, Nash, & Gayle, 2021) and at the forefront of many types and genres of media. As the national dialogue becomes immersed in a discussion of pandemic-related deficits, there is a concern that the general public, and the professionals involved in children's care and education, may implicitly expect negative outcomes for those who experienced the pandemic during their formative years. As we inch towards a post-pandemic world, are we creating environments in which children are expected to fail because they developed during a pandemic? Furthermore, is the compounding stress on educators and caregivers, who also endured the pandemic, negatively influencing their interactions with young children?

Developmental Impact of ACEs

Felitti and colleagues (1998) conducted the seminal research that has linked ACEs to chronic health problems, mental illness, and substance abuse problems in adulthood as well as negative outcomes in education, career, and financial status. Furthermore, they found that ACEs can increase the likelihood of injury, sexually transmitted infections, maternal and child health problems, sex trafficking, cancer, diabetes, heart disease, and suicide. Adults with ACEs can pass on the effects to their own children (Felitti et al., 1998). ACEs that produce toxic stress can physically change brain development and affect attention, decision-making, learning, and stress responses (CDC, 2021).

Recent neuroscience research found associations between ACEs, caregiver support, and structural brain development during childhood. Children with the lowest level of ACEs and highest levels of caregiver support at preschool and school ages had the largest volumes of the amygdala region, where fear is processed, and of the hippocampus region, where emotion and memory are processed and where

stress is managed (Luby, Tillman, & Barch, 2019), indicating that low stress and highly supportive environments were linked to positive brain growth. In contrast, when the brain is exposed to toxic stress during development, it releases a hormone that shrinks the hippocampus. Studies have used magnetic resonance imaging (MRI) to measure the association between toxic stress and the lesser amount of gray matter in the amygdala as well as in the prefrontal cortex, where decision-making and self-regulation occurs (Sheridan et al., 2012). Moreover, neuroinflammation can occur when particular cells, known as microglia, unexpectedly participate in the pruning process as a result of toxic stress exposure. During the early years of development, children have a complex and expansive web of connections in the brain. The pruning process is intended to remove the connections that are not needed to increase efficiency and speed when processing information. However, chronic neuroinflammation impacts the pruning process, altering which connections are removed and which are maintained (Wright, Hoffman, & McCarthy, 2019).

It is critical to recognize that the neurological impact of toxic stress is not irreparable. The brain has the remarkable capacity, particularly during childhood, to compensate at varying levels for injury or deficits. As understanding of the impact of ACEs has increased, interventions have been built into medical care and teacher training to identify and respond to children's unmet physical needs. However, action steps to mitigate the impact of ACEs on social and emotional development and relationship-building are largely underdeveloped, particularly beyond individual teacher or administrator efforts. Intervention efforts to mitigate ACEs found that early childhood educators and other caregiving adults have the capacity to build supportive relationships and environments that limit the impacts of toxic stress. The Surgeon General of California, Dr. Nadine Burke Harris, reports that early childhood is a crucial period in which to address ACEs and recommends that the workforce should receive regular training in trauma-informed approaches (Bhushan et al., 2020). The Peace4Kids approach is one way to fulfill this call for action.

The most successful early childhood interventions include a network of care that meets the needs of the caregiving adults and the children with strengths-based services (Child Welfare Information Gateway, n.d.; Eismann et al., 2020). Research has demonstrated that mindfulness practices can support the healing of neurological connections (Bhushan et al., 2020). Interventions based on techniques from mind-body practice can facilitate healthy social-emotional development despite exposure to toxic stress. The next section lays the foundation for a strengths-based, trauma-informed approach to mitigating the impacts of ACEs. The Peace4Kids approach innovatively addresses the needs of both the early childhood workforce and the children in their care with mindfulness practices and mental model deconstruction to address the universality of adverse childhood experiences in the post-COVID era.

BEHIND THE PEACE4KIDS APPROACH

During the COVID-19 pandemic, people from across the globe were impacted by sudden closures of schools, businesses, and public spaces and experienced separation from extended family members, neighbors, and friends. Children may have observed intense emotions of fear, anger, and frustration in their households along with the potential of experiencing illness and death amongst their loved ones. Prior to the pandemic, immediate changes in the environment and with caregivers were already familiar to children placed in foster care. Sudden separation from loved ones and loss of home, neighborhood, and community are an inherent part of the foster care placement process. Therefore, the successful social and emotional practices developed over two decades at Peace4Kids, a community-based non-profit creative education program in Los Angeles, to support children in foster care can now be generalized to help all

children impacted in similar ways by the pandemic. Since 1998, the mission of Peace4Kids has been to encourage "community as family" for children from preschool through young adulthood. Through direct services, they combine group and peer mentoring with individualized support to advance life skills, personal development, and a sense of felt safety. Their model is rooted in self-regulation practices that encourage adults and youth to effectively manage their stress and anxiety while developing the necessary tools for engaged citizenship.

Equity and Justice Framework

Peace4Kids believes that their anthropological discovery of best practices for mitigating the impact of ACEs for children in foster care will be valuable for all children coping with COVID-19's aftermath. When equity and justice efforts benefit a small group of marginalized people, they often benefit others. For example, the Americans for Disability Act instituted curb cutouts to facilitate access for people with disabilities. This infrastructure change resulted in positive impacts for those who use wheelchairs, walkers, strollers, dollies, shopping carts, skateboards, and bicycles. Similarly, the Peace4Kids approach that was developed to create safe environments for children coping with ACEs has the potential to benefit all children who may be coping with any type of stressor.

Mental Models and Perception

The Peace4Kids approach drives awareness of the role of mental models in our caregiving behavior. Mental models are personal representations that we hold in our minds about the external world that we subconsciously or consciously call upon when interacting with that external world (Craik, 1943; Johnson-Laird, 1983). These representations are individualized and unique to each person's life experiences but, importantly, become a cognitive structure that influences our reasoning, decision-making, and behavior (Jones et al., 2011). In social interactions, mental models are situation-specific based on informational, relational, and emotional elements and consider all of these elements holistically (Liu & Dale, 2009). How will the mental model about children who were adversely impacted by the pandemic emerge in the minds of early childhood education professionals? Our recent groundbreaking research about the public's perception of children in foster care may serve as a foreboding model.

In 2018, Peace4Kids partnered with Hope Education Research Solutions to conduct a demographically representative public survey of 2500 adults in Los Angeles County, where for the past three decades, high numbers (approximately 30,000) of active cases in foster care have been recorded. They found that the majority of respondents held negative mental models for youth in foster care based largely on exposure to negative media portrayals (Ponciano, Abioye, & Gayle, 2020). An overwhelming majority of the respondents reported that the media predominantly portrays youth in foster care as victims, survivors, criminals, and drug addicts and the respondents believed these portrayals to be accurate representations. The results indicated that these media portrayals were influential in perception about real-life outcomes and served as an important source of information about children in foster care for the general public. In other words, the selection of media portrayals statistically predicted the expectations that children who are placed in foster care, by no act of their own, were likely to have real-life outcomes that include unemployment, school dropout, teen pregnancy, and incarceration. These negative expectations were also reported by the subset of survey respondents who were professionally trained to work in foster care, or who personally knew children in foster care.

Over the next year, the authors used a social experiment with hundreds of teachers, school administrators, child development specialists, social workers, and adults with a lived experience in foster care to learn more about these results. These stakeholders viewed pictures of superheroes such as *Superman*, *Spiderman, Batman and Storm* and described them with positive words such as strong, hero, brave, good, and role model. Then they were reminded of the origin stories for these characters in which each experienced foster care. *Superman's* parents died and he was informally adopted by a family in Kansas, *Spiderman* was in kinship care with his aunt and uncle after his parents were killed, *Batman's* parents were murdered and he was raised in non-relative care by his butler, and *Storm* lived on the streets after her parents were killed until she was brought by Xavier and the X-men to a school/group home. These well-known comic book and movie properties have generated billions of dollars and illustrate a positive outcome to the foster care experience of biological parental loss and adaptation to an unfamiliar family, neighborhood, school, and community. Despite priming the participants with these high-profile positive foster care examples, when the authors immediately followed by asking participants how youth in foster care are portrayed in the media, less than 5% selected hero or role model. They mirrored the LA County public and overwhelmingly responded to the list of twelve (six positive and six negative) media portrayals by selecting survivor, victim, criminal, and drug addict. When brought to their attention, the stakeholders were surprised that these negative perceptions of youth in foster care ran so deep that the positive priming about superheroes failed to create positive perceptions.

The authors launched a new survey in 2020 that expanded the research to all regions of the United States, collected data on media consumption, and included both foster care and adoptive care. The results of the survey distributed across the nation discovered polarizing views of youth in adoptive care and foster care (Ponciano, Gayle, & Nash, 2021). The national public confirmed the Los Angeles study in two ways:

1. The respondents perceived that youth in foster care are accurately portrayed by the media as survivors, victims, criminals, and drug addicts.
2. The analyses found statistically significant results that these four media portrayals predicted the perceptions that the real-life outcomes of youth in foster care were most likely to include unemployment, high school dropout, incarceration, and teen pregnancy.

The national survey also yielded new groundbreaking results:

1. Respondents reported that youth in adoptive care are accurately portrayed by the media as survivors, loving children or parents, role models, and mentors or guides.
2. The selection of media portrayals predicted the perception that youth in adoptive care would be likely to have real-life outcomes that included healthy relationships, financial independence, career success, and college or an advanced degree.
3. Most of the positive outcomes perceived about youth in adoptive care were the least likely to be chosen for youth in foster care and most of the negative outcomes perceived about youth in foster care were the least likely to be selected for youth in adoptive care.
4. Higher media consumption levels predicted more polarized perceptions between the two groups.

Despite the differences in perceptions about the two groups, the reality is that children in adoptive care and in foster care are not dramatically different from each other. Children in both groups are separated from their biological parent(s) and placed in a new home, children in both groups experience successful

and failed placements in these new homes, and children in both groups experience a spectrum of parenting ranging from unconditional love and care to abuse and neglect. Many children start in foster care and are later adopted by their foster parents. In fact, a recent report found that 52% of adopted U.S. children were adopted by their foster parents (Children's Bureau, 2019). Yet, the research results indicated that the public has starkly different perceptions and expectations for children based on their placement status.

Furthermore, this 2020 national survey about foster care and adoptive care found additional evidence that media plays an important role in those perceptions. The data on total consumption levels and on consumption of different types and genres of media found that more exposure results in more polarized views about foster care and adoptive care (Ponciano, Gayle, & Nash, 2021). Other research has found that perception plays a role in the quality of care that children receive. For example, a study found that the perception of the foster mothers about the availability of the children for adoption predicted the level of maternal sensitivity they displayed towards the children, with higher sensitivity shown towards children who were perceived to be available for adoption (Ponciano, 2012).

With the realization that higher levels of media consumption occurred during the peak of the pandemic (Ponciano, Nash, & Gayle, 2021) and that media coverage about the impact of the pandemic on children was largely negative, there is reasonable concern about the potentially negative influence media portrayals will have on the mental models that educators and caregivers are currently forming about children who faced pandemic-related adversity. Given these research findings, it is important to consider whether adversity will directly contribute to negative outcomes, or if children will fulfill negative expectations and exemplify the negative media portrayals that have been broadcast during their development. To dismantle potentially negative perceptions of children in the COVID-19 era and engage in practices that ameliorate the developmental impact of toxic stress, adults must deconstruct assumptions.

Deconstructing Negative Mental Models

It is well established that each individual's sense of self is strongly associated with their perception of how others see them (Hargie, 2011). Humans are inherently social and young children rely heavily on the information and communication from the significant adults in their lives to understand their capacities, abilities, and worth. In the best of times, these adults convey confidence and positive expectations for young children as they face developmental challenges. However, if adults consciously or unconsciously believe that a child will fail, children internalize those messages (Davis-Kean, 2005). Therefore, the expectations that we have for children are strongly connected to how they see themselves.

Readers are invited to explore their personal perceptions by following these steps:

1. Close your eyes for sixty seconds and visualize the image of a baby. Note what the baby looks like, what they're doing, who they're with, where they're located, and their demographics (age, gender, race).
2. Close your eyes for another sixty seconds and visualize the image of a teen. Note what the teen looks like, what they're doing, who they're with, where they're located, and their demographics (age, gender, race).

With those images in mind, ask yourself the following questions:

1. Were the baby and teen actual people that you know? Were they fictitious? Are they living people that you don't know but have seen in the media?
2. Did the baby and/or teen identify with any of the demographic groups with which you identify? Or did the baby and/or teen identify with demographic groups that are different from yours?
3. Would you characterize the images of the baby and/or teen as positive or negative? Was the baby and/or teen happy, mad or sad? Was the baby and/or teen active or sedentary? Was the baby and/or teen engaging in appropriate or typical behaviors? Was the baby and/or teen misbehaving or seeking negative attention?
4. How would you characterize the socioeconomic status of the baby and teen? Did they wear clothing or have items with them that indicated a higher or lower socioeconomic status? Were they located in a place that indicated a higher or lower socioeconomic status?

The images you drew upon for this activity are likely the mental models you have for the constructs of "baby" and "teen." We form mental models from a variety of sources such as our own experiences, as well as fictitious and real media stories about babies and teens. When we see or interact with babies and teens, we use our unique mental models to decide what to do, what to say, how to react, and what to expect. This is a very useful cognitive function; we use information we already have to process new situations or contexts. It helps us to recognize danger or safety and it is a fundamental process by which we acquire new knowledge - by connecting what we don't understand with information that we already understand.

Here are the final questions to consider:

1. How does your mental model influence your expectations of babies you are meeting for the first time?
2. Does your response change when the new baby you see matches your mental model or when the baby differs from it?
3. Do you think that your mental model influences the way you interact with babies?
4. Do your answers to the questions above change when you think of your mental model of teens?
5. Does it matter how the teen is dressed or if they are alone or in a group?
6. To what extent have the media sources you consume influenced the mental models you have about teens?

As you ask yourself these questions, be truthful and recognize how your mental models may impact the way you interact with the external world. The goal of this reflection is not to judge or change your mental models, but to bring awareness to the potential for the implicit influence of perceptions when you interact with others. Even with the best of intentions, the potential exists for educators and caregivers to be unaware of how their mental models may negatively influence their interactions with young children. Awareness is the first step in deconstructing a mental model and becoming more intentional. This allows for that one extra moment needed to acknowledge our biases and find empathy before we respond to children.

Therefore, the public needs to understand how the media is framing this historical event in our collective perceptions and how that then translates into our expectations for children's outcomes. If we expect learning loss, we will undoubtedly find it. If we expect children to lack social skills, they will likely fulfill that prophecy in their interactions with peers. We have the power and the capacity to mitigate that

adversity with positive expectations and positive messages that will translate to positive outcomes. Educators and caregivers must be prepared to show empathy as children work through the ACEs that were prevalent during the pandemic. A focus on the strengths that children possess, rather than on deficits, does not imply a disregard for the potential of long-term effects on a generation of children. Instead, the Peace4Kids approach brings awareness to the influence that mental models have on our behavior with children in the post-pandemic era and facilitates the creation of safe spaces to mitigate the impacts of toxic stress.

THE PEACE4KIDS APPROACH: HAVS™ AND HEART-CENTERED CONNECTION™

HAVS™ (Hear, Acknowledge, Validate, Shift) and HEART (Hear, Evaluate, Apply, Revise, Thank)-centered connection™ are tools that, when combined, empower caregiving adults to self-regulate and be fully present in their interactions with children. HEART-centered connection™ is a mindfulness and reflective tool that empowers adults to create safe environments for both themselves and for children who are coping with adversity and toxic stress. HAVS™ is a communication tool that helps adults to be fully present and engaged in an empathetic response to the emotions of the child in the moment. This is done by modeling for children how their voices and choices influence their emotional and physical well-being. These tools transform the awareness of the adult, rather than trying to change the child's behavior. They flip deficit-based thinking into strengths-based interactions and give children agency. Notably, while these tools ultimately are intended to impact the child's experiences, they are employed within each caregiving adult and help to mitigate the stress and trauma that educators and caregivers may be managing within themselves in the post-pandemic era.

HEART (Hear, Evaluate, Apply, Revise, Thank)-Centered Connection™

HEART-centered connection™ is a daily reflection and practice for self-regulation that will influence your engagement throughout the day. This is the intentional acknowledgement of your personal triggers and what strategies you will employ to circumvent them. In this practice, you will anchor into your breath and your body to feel how your biases and hidden beliefs affect you. This practice recognizes the emotional needs of caregivers by regulating their responses during interactions with the children in their care and allowing each person to create a safe space for themselves. Thus, recognizing and deconstructing our own triggers to reduce their influence on future interactions. At its core, HEART-centered connection™ begins with reflection on our biases, perspectives, and perceptions to determine our best path forward. This practice is especially valuable when we need to regulate our stress reactions to pandemic-related changes in our immediate environment.

H – Hear: Think about the last interaction you had with a child that may not have gone as you hoped. Visualize your response and ask yourself, *"What was I thinking at that moment?"* Hear your internal voice and consider the influence of those thoughts on the interaction. To help focus during this practice, place your attention on your breath to settle into the moment.

Key questions:

- In this experience, were you engaging with the child based on your personal definition of norms and expectations?
- Did you engage with that child based on your personal triggers or a past event that has not yet healed?

As you re-evaluate that moment, tap into your desire to create a different experience and outcome for the child. This is an essential part of self-regulation and healing. Our thoughts and our beliefs shape our perceptions of the world. We are not always aware of these perceptions. To challenge what is hidden, we must accept that our biases, while unintentional, have real consequences.

E – Evaluate: The second step involves learning from past experiences to provide a positive experience for a child. Evaluate how your previous actions may have personally impacted them, recognizing that you are accountable for creating safe spaces even during challenging behaviors. Consider what you would repeat and what you would change about the past interaction and how any changes in your response might have impacted the child differently.

Key Questions:

- Did you convey empathy toward their experience at that moment?
- What was the child really asking of you?
- How were your actions, thoughts and feelings perceived by the child?
- How did their behavior challenge your biases and assumptions?

By honestly evaluating our actions through the lens of the child, we have the opportunity to consider a different response in the future and be accountable for past mistakes.

A – Apply: Once you have identified the best approach to a past interaction with a child, visualize your new response, which may include disclosing your mistakes to the child. To a child, it is powerful to learn that adults make mistakes too and it builds a framework for resolving their own challenges.

Key Questions:

- What could you say or do that would elicit a new response from the child?
- How does a different response from the child impact the outcome of the interaction?
- How do you respond to the child's new response?

By applying a new response through visualization, we deepen our understanding of child behaviors.

R – Revise: Since this is a mental exercise and the past cannot be changed, this step is the *"What if"* portion of the visualization process. Run through your proposed applied revision and consider the ways it might (or might not) work to prepare yourself for possible outcomes. While you may expect that your first applied solution will work, avoid becoming overly attached to it so that an undesirable response from a child doesn't initiate a triggering response. Challenge your assumptions that your first solution is the only solution or the best solution. Leave room for flexibility and creativity in the face of a new emerging challenge.

Key Questions:

- What are other possible outcomes of my revision?
- What plan do I have if my revision is unsuccessful?

Brainstorming multiple solutions allows for personal growth and development, building our capacity for future interactions.

T – Thank: Sit with the feeling of gratitude to end your visualization practice. Thank the child for providing an opportunity to deepen your practice and to become a more mindful practitioner. Thank yourself for embracing the challenge. Recognizing gratitude is self-care that allows you to become more present in every area of your life.

HEART-centered connection™ allows us to reflect on our actions, our mental models, and our perceptions. We gain an understanding of their influence on our interactions. By deconstructing negative mental models and practicing the HEART-centered connection™ daily mindfulness exercise, we create a path to strengths-based practices. With consistent practice, HEART-centered connection™ can be mastered and consciously implemented in the midst of emerging stress and in the moments before we interact with children. In the following description of the HAVS™ communication tool, a very brief version of HEART-centered connection™ is integrated within the first step.

HAVS™ (Hear, Acknowledge, Validate, Shift)

The HAVS™ tool models strengths-based communication and requires consistent application and practice. It cannot be learned in one sitting or through one experience or training. Peace4Kids found that when a community of advocates use this tool as their foundation for communication, all children can thrive. The HAVS™ is illustrated first with a story about Anthony[1], followed by a breakdown of each part of the protocol with pandemic-related situations.

Anthony was a fun and expressive 4-year-old who loved to draw, paint and play outside at Peace4Kids. He was especially excited one morning as he ran around playing games, laughing with other kids, blowing bubbles, playing on the swing set, and having a great day! That was all about to change. As he came racing down the slide, he heard the teacher announce that it was time to return to class. He ran across the yard with a big smile on his face. Then, suddenly, he stopped, looked down and started sobbing. James, a new volunteer, immediately ran over and asked if he was ok.

Anthony replied through his tears, "No... look at my shoe. It came untied!"

James laughed to himself and thought it was silly to be so sad about a shoelace being untied. He had been worried that there was actually something to be sad about. James snickered and told Anthony it was going to be ok.

(Shift) "Do you want me to tie it?" James asked.

"No," said Anthony as he began to sob harder. "My shoe's untied" he said again as if James didn't hear him.

At that moment, David, the program director, noticed the interaction and came over to provide support.

(Acknowledge) "Hi Anthony, I see that you're upset about your shoe being untied," said David.

"Yes, I am!" said Anthony.

(Validate) "Understood." said David. "I hate when my shoes come untied too."

Anthony's body language changed immediately. He looked up for the first time.

"I don't know how to tie my shoes," said Anthony.

(Hear) "Oh. I see," said David.

(Acknowledge) "I can see how that could be upsetting right as it's time to go in and you don't want to slip and fall."

"Maybe you can help me?" asked Anthony.

(Validate) "Ok," said David. "Would you like me to go slowly so you can watch for practice?"

(Shift) "Not right now," said Anthony. "I just want to go with my friends." After his shoe was tied, he ran to join his friends.

This example demonstrates two different ways of communicating with this child. James operated through his own vision of the experience, attempted to skip the intermediary steps, and went straight to solving the problem. This is very common, especially when we don't understand or empathize with someone's experience, or when we think we know the best way to move forward. David took an extra moment to disengage with his own perception of the situation in order to be sure that Anthony felt heard, acknowledged, and validated within his experience. This communication tool gave Anthony the opportunity to make his own decision. With David, Anthony remained the captain of his own ship. This process, while it can feel daunting or even unnecessary at times, is the foundation for helping children to build their autonomy and decision-making abilities. This is particularly important as children navigate ACEs and toxic stress. They won't always have someone there to provide the answers. The goal is that, over time, when challenges emerge, children who have frequently engaged in this process will navigate their emotions on their own.

It is important to note that David was very practiced in starting with a HEART-centered connection™ prior to the interaction with Anthony. This tool provided him with the capacity to self-regulate, be fully present and to empathize with Anthony's frustration about his untied shoes. James, who was new to the daily practice of reflection with HEART-centered connection™, saw only the problem of untied shoes while David heard Anthony's emotional response (to the untied shoes). The mental model that James relied upon in this interaction was based on the idea that Anthony was a child and needed an adult to fix his problem. We often want to fix, solve, and control emotional spaces to make us feel comfortable but that does not allow others to feel seen or heard. David was able to switch from the deficit-based mental model of children needing help from adults to a strengths-based belief that children have the capacity to solve their problems. By connecting to Anthony's frustration, David provided a safe space for Anthony to process and experience his emotions.

Each step in HAVS™ will be discussed next with practical action steps in pandemic-related situations. Importantly, as the prior example demonstrates, these steps are implemented holistically and don't always arrive at a quick solution. The purpose of HAVS™ is not to solve a conflict or a behavior problem

but rather, for the adult to recognize the emotions that a child is experiencing and provide a framework that supports the child through those moments. An experienced practitioner can also use the HAVS™ in positive situations when a child is highly energized and excited. If we are not in a self-regulated state in these moments, we can diminish the effect of positive feelings by our own judgments. We don't often know what thoughts or experiences are behind a child's emotions because they don't always understand it themselves. The goal is not to analyze or define those underlying causes. Instead, the Peace4Kids approach uniquely trains adults to interact with children in a manner that effectively balances the emotional response whether the causes are known or not. This is important for children who are coping with adversity because although their coping strategies may not always be acceptable or appropriate, these strategies reflect their emotional needs in that moment. When the adult mindfully provides support, it validates the child's experience and reinforces the strengths they possess to overcome adversity.

Example 1: "I don't want to wear a mask"

This is a common reaction by children in educational settings. Educators may be constantly reminding children to lift their masks over their nose or see the frustration and discomfort of wearing a mask. In addition, there may be hypervigilant children that are constantly reminding others who are not wearing their masks properly. This is compounded by the insistent reminders and visual cues in public settings about wearing or not wearing a mask, the ongoing public debates about the necessity of masks, media reports and public service announcements about masks, and our own personal feelings and beliefs about masks. At the moment that a child says, "I don't want to wear a mask," all of our compounding experiences could easily boil over. Many educators are overwhelmed by the ever-changing health and safety rules, the politics in their community about these rules, and their own set of experiences that they call upon when making instant decisions in the classroom. These are very real stressors that are compounded by any traumas that the educators experienced in their personal and professional lives related to the pandemic. It is understandable that all of these inputs would overwhelm our sensibilities and cause us to be dismissive or firm with a child at that moment. However, the child is not responsible for all of these compounding issues. They should not receive the brunt of our frustration for the circumstances we're enduring. Rather, it is the responsibility of the adult to reflect upon these circumstances and build towards goals of emotional and circumstantial consistency and security.

This is why the first step in HAVS™ is to simply listen. We **hear** our own thoughts before responding. To be fully present for children, we must first recognize our own emotions and experiences, find a moment of healing for ourselves, and then disassociate with our feelings and connect with the emotions that the child is feeling. This is a very brief internal and mindful practice. Listening to our thoughts for just a moment and then separating those thoughts from the interaction with the child will allow us to meaningfully **acknowledge** the child's experience.

Hear "I hear you clearly do not like the mask."

- Take a moment and check in with yourself on your emotions, your initial thoughts about how to respond, and if that response demonstrates empathy.
- Set aside your personal experiences and emotions and become fully present as you listen and honor the emotions that the child is displaying.
- Avoid solving the problem for the child. Instead, acknowledge what they have shared with you.

Acknowledge "Would you talk with me a little more about why you don't want to wear a mask? I'd like to understand what you dislike about it."

An immediate response that is based in our own emotions might convey frustration, anger, or agreement with the dislike of wearing a mask. This tells the child how we feel but doesn't provide us with any information about how the child is feeling. Instead, the response in the example above removes all judgement and personal emotion, and instead opens up a safe discussion to further explore the child's concerns.

Example 2: "I fell down. I want a hug, not a band-aid! Why won't you hug me anymore?"

When faced with such an honest and heart wrenching comment from a child, it is easy to feel compelled to fix it. When children are in moments of struggle or challenge, our natural instinct is to offer a solution and move them away from their sadness. As an adult, it also provides a quick exit from an uncomfortable situation. With the HAVS™ communication tool, we move beyond moments of comfort. We regulate ourselves so that our environments feel safe and optimize the ability for young children to amplify their voices and discover their inherent strengths and power. This requires that we sit in uncomfortable spaces while children deconstruct what they're feeling. We are there to support their discovery of what is important for their overall well-being.

The simple solution is to explain to the child that in order to keep them safe you have to keep your distance. Offering something to hug as a "cuddle surrogate" would likely be welcomed by the child and serves to end the moments of discomfort for the caregiver and the child. However, the goal of HAVS™ is to use these uncomfortable moments to show empathy and build an opportunity for the child to determine their own solutions. Therefore, within the HAVS™ communication tool, we would connect with our own feelings about the child's request for a hug (**hear**), separate from those feelings to then **acknowledge** to the child that their feelings are real and warranted without offering a solution, and then create the opportunity for the child to explore further in the **validation** step.

Hear "It sounds like you really want to connect with someone because you're hurt."

- Take a moment and check in with yourself on your emotions, your initial thoughts about how to respond, and if that response demonstrates empathy.
- Set aside your personal experiences and emotions and become fully present as you listen and honor the emotions that the child is displaying.
- Avoid solving the problem for the child. Instead, acknowledge what they have shared with you.

Acknowledge "I saw that you fell and hurt your knee. I can imagine that it was very painful."

Validate "I can understand your disappointment that we can't hug anymore because of the pandemic. How does that make you feel?"

Your **acknowledgement** and **validation** suggest that you are there to figure this out with the child. In sitting in this moment together, we seek a clear understanding of their concerns and emotions. We are naturally curious about what the child is feeling and why they're experiencing elevated stress. Although they have simply asked for a hug because they are hurt, is there a larger issue? Are they feeling lonely? Has their time in the pandemic caused them to feel disconnected from others? Through a shared exploration with the child, you are articulating a deeper level of concern. These steps can also be utilized to

celebrate positive moments, such as in the next example, and in those interactions, your exploration with the child demonstrates interest and engagement.

Example 3: "My big sister just got vaccinated! My dad said it's going to be my turn soon. I can't wait because I'll be able to visit my friend's house again!"

The pandemic has brought to light so many different aspects about our societal values. From cities having different requirements and safer-at-home orders, to the opening and closing of familiar public spaces. With all the information, misinformation, and disinformation about the safety of vaccines and the various mandates, it's easy to understand the desire for our lives to feel more predictable again.

Understandably, the child in Example 3 is excited about the future and, as a caregiver, it should be easy to connect to this joy. However, our personal beliefs and feelings may conflict with feeling excitement about vaccinations. For some, it could bring up feelings about the implementation of vaccines for children or their efficacy. For others there may be residual doubt about a return to a normal world because of increasing cases, COVID-19 variants, or denial about the pandemic altogether. Whatever our personal feelings may be, when we **validate**, we empathize with what the child is experiencing. To be fully present, we **hear** our personal biases and agendas and set them aside, recognize that the child is providing a moment of vulnerability for us to **acknowledge**, and **validate** to the child that their emotions are real and important. This gives children the opportunity to explore their perspectives and to deepen their understanding of their feelings.

Hear "I hear that you're really looking forward to spending time with your friends again."

- Take a moment and check in with yourself on your emotions, your initial thoughts about how to respond, and if that response demonstrates empathy.
- Set aside your personal experiences and emotions and become fully present as you listen and honor the emotions that the child is displaying.
- Avoid solving the problem for the child. Instead, acknowledge what they have shared with you.

Acknowledge "What an exciting time for you and your family!"

Validate "What else are you looking forward to when you get the vaccine?"

If we are able to **validate** the child's experience effectively, they will share their thoughts and ideas. Caregivers and educators will get a glimpse into the inner workings and thoughts of children that are not frequently explored. These gems can serve as insights for future interactions while also deepening the connection to the child.

Example 4: "Why do I have to stay home for 5 days? I didn't get sick, someone else in the class did. I want to go to school."

The anchoring idea for the last step of HAVS™ (**shift**) is to encourage children to recognize that they can solve their own problems. Children have lost so much of their agency during the pandemic and, more than ever, it seems our behaviors can impact the experiences of our neighbors and others in our community. The decisions we make have a ripple effect on our collective health and well-being. Before the pandemic, it was customary to send our children to school with the sniffles, or to head into work with a little bug. Culturally, we were driven to perform in the workplace at all costs and to seek perfect

attendance at school. Now, we tend to be more concerned about being in spaces with others when we have any symptoms of illness. We are more mindful, observant and cautious about sneezing or coughing in public spaces. We've become more diligent about handwashing and hygiene.

When a child is looking to **shift**, then we usher them to a solution by encouraging them to consider their options. We ask questions and help them think through the consequences of those choices. We explore their suggestions with an inquisitive nature and play out the scenarios until the child articulates the likely results. In doing this, we provide a pathway for them to strengthen their cognitive and critical thinking skills while also reminding them that they are the masters of their own destiny. When our children learn personal responsibility, they recognize that their actions affect others and that they have agency and power. These are important tools for everyone to learn, and especially valuable for our children to practice and master.

Hear "I hear that going to school is important to you."

- Take a moment and check in with yourself on your emotions, your initial thoughts about how to respond, and if that response demonstrates empathy.
- Set aside your personal experiences and emotions and become fully present as you listen and honor the emotions that the child is displaying.
- Avoid solving the problem for the child. Instead, acknowledge what they have shared with you.

Acknowledge "I can see that you are really disappointed that you have to stay home because someone else is sick."

Validate "It's so difficult to miss out on things that are really important to us and that we love doing. Especially when we don't think that we've done anything wrong."

Shift "What do you think your school should do differently? How should we make sure that the kids in your class don't get sick?"

It is important for us to understand and recognize the need to adapt to the situation when we consider the **shift** in HAVS™. The **shift** may not come immediately, if at all. You may have to continue to **hear, acknowledge,** and **validate** the child, as they may not yet be ready to **shift**. It may be more important for them to vent and regulate their energy against the compounding stress they've been experiencing. Our role is to recognize what the child needs and refrain from trying to solve the problem for them.

IN PRACTICE

Although HEART-centered connection™ is a mindfulness tool that caregivers can engage with daily, it is also an essential practice that is integrated into HAVS™ communication tool. One way to think about their connection is that the H in HAVS™ represents a very brief version of HEART-centered connection™ that takes place in just a few seconds. Because we are in a heightened state of recovery and healing from the pandemic, it is even more critically important that we regulate ourselves and our environments for the collective healing of ourselves and the children in our care. As children see that we can self-regulate, adapt, and connect, they will trust that we can be a consistent ally. To achieve the goals of the Peace4Kids approach and mitigate the cognitive and social-emotional effects of ACEs and toxic stress, educators, parents, caregivers, and other stakeholders must rise to the challenge of being mindful about their perceptions and focus on the needs of children in each moment.

Mary: A School Psychologist's Experience with HAVS™

In an interview, Peace4Kids volunteer, community member, and Los Angeles school psychologist, Mary, discusses her experience with the Peace4Kids approach. Mary had been working in a low-income school district where a subset of the student population struggled with food insecurity, experiences in the foster care system, homelessness, family incarceration, and general inconsistency in the provision of basic needs. She cites the HAVS™ as a particularly eye-opening communication tool; although, she struggled with implementing it initially.

One of the biggest things I learned in the Peace4Kids training was the HAVS™. I had no idea of this before, and Hear, Acknowledge, Validate, and Shift was transforming to me. I'm such a fixer that I just go to the Shift. And so, I had to practice this. I thought I'd be decent because I'm a psychologist and I provide some counseling services. But no! I went right to the Shift even when I was practicing… So, the HAVS™ taught me that sometimes it's important to just Hear people, to Acknowledge what they feel, and to Validate that. And then you can Shift and focus on that change.

Mary discovered that her mental model about her experience in offering counseling services to fix children's problems hindered her ability to see beyond her own perspective. Her tendency to "fix" highlighted the need for a HEART-centered connection™ to explore how her perceptions might be influencing her behavior. Reflection helped her to realize that her past experiences might not assist her in providing the best care and support. In fact, only by distancing herself from her instincts would she be able to successfully champion a child's social-emotional development and interpersonal strengths. She acknowledges how the first three steps of the HAVS™ (Hear, Acknowledge, and Validate), particularly relate to offering empathy to those who have adverse experiences dissimilar from her own. In the next passage, Mary comments on the importance of separating herself and her own experiences from the experiences of others.

...Oftentimes, especially when you work with people that have different challenges than our own, we can't say that "I understand what you're going through," right? And I used to try to say, "I understand" and sometimes I'll catch myself now and say, "You know what I'm sorry. I don't understand… But I Hear you and I'm here." And sometimes we just sit in silence, we'll play a song, whatever works, right? But just knowing that it's a safe space.

Mary worked to overcome her previous struggles to implement HAVS™ and has now internalized the mindfulness of a HEART-centered connection™. She found value in deconstructing her own experiences and assumptions to listen to herself (**hear**), **evaluate** her internal responses, **apply** what she has learned, **revise** her responses, and feel gratitude (**thank**) before prioritizing each step of HAVS™ over immediate shifts. Most importantly, Mary realized that she could connect with the child's emotions and show empathy during HAVS™, even when she doesn't have the answers or the experiences to understand those emotions. Mary communicated from a place of truth and was fully present in the situation to give support and a safe space for the child to independently process their emotions and behavior.

Mary demonstrated persistence, effort, and reflection when she began to integrate this new communication practice into her interactions with youth and the reward was in the higher level of support that she was able to provide for children throughout the pandemic. Mary's experience with integrating these

tools into her practices as a school psychologist helped her to build strengths-based approaches for her students' needs in the face of their adverse circumstances. In the unprecedented post-COVID era, each interaction with a child could be regarded as an opportunity to mitigate the developmental impact of ACEs. The trauma that was experienced differently by individuals across the globe during the pandemic will stay in our minds for an uncertain time; thereby increasing the complexity of predicting the long-term impact on children. It is the responsibility of all caregivers and stakeholders to expect and support strength from children while simultaneously recognizing that their capacity to overcome adversity and toxic stress relies heavily on the environments that we create for them.

NEXT STEPS

The creation and implementation of the Peace4Kids approach began as a grassroots movement. This approach requires consistent engagement by each individual within the environment. From the seeds that are planted with each interaction, the children grow and develop a sense of safety, trust, and agency that they take with them to other environments. Unlike many other interventions, it would not be possible to impose these tools from the top down. Those in positions of authority cannot know the level of reflection and mindfulness that individual educators and caregivers are utilizing in the moments before their interactions with children. This may seem like a barrier, but in truth, it opens infinite possibilities for application and integration. These strategies are not siloed to parenting, in-classroom teaching, administration, psychological practice, or other child-oriented contexts; they do not replace current curricular or teaching approaches; nor are they specific to any culture, language, or community. Rather, the innovative emphasis on the caregiver's internal perception and reflection presents the opportunity to meet the emotional needs of any child anywhere. Therefore, the call to action is not to influence policy or restructure the educational or childcare system, but to encourage mindfulness in those whose roles are shaping brains in development.

There is a need to adapt during crisis situations for our own survival. Though it is unclear how long the current crisis will last, we recognize the need to endure. In any time of transition there are mistakes and growth opportunities. It is highly likely that the stress of the pandemic will leave long-term wounds in both adults and children that will need healing. It stands to reason that it will take many years for us to understand the pandemic's impact and to provide effective treatment. To be resilient, we must think through the consequences of our actions and consider numerous scenarios. We collect evidence and data and try to make informed decisions. If we question the result, we revise our strategy and take a different path. It has become increasingly clear that so many of our collective actions can lead to real consequences. Yet, within the collective, we can also find solutions and collaborate to provide safe spaces for ourselves and for children to grow and develop. As each individual caregiver utilizes HEART-centered connection™ and HAVS™ across early childhood environments, they collectively communicate the importance of every child and provide a framework where they can feel emotions, problem-solve, and share their voice.

People across the globe spent over a year within the confines of their own intense experiences and have since been thrust back into pre-pandemic expectations. While HEART-centered connection™ and HAVS™ were initially developed for Peace4Kids staff and volunteers to support the needs of a specific group, these tools can now be expanded for use in classrooms. To that end, Peace4Kids is expanding the dissemination of the HAVS™ and HEART-centered connection™ tools with the development of a university certified train-the-trainer model to provide training and coaching to schools and districts.

These efforts to strengthen educators' abilities to self-regulate will create the safe classrooms that all students deserve. Furthermore, the Peace4Kids approach can be applied amongst adults in business, communities, politics, and beyond. The Peace4Kids approach has the potential to create truly intersectional advocacy and allyship for inequities across our society such as in social and racial justice, gender and LGBTQIA+ equality, economic equity, and fair immigration policy. In an increasingly uncivil society, HAVS™ and HEART-centered connection™ teach us to connect with our own feelings while simultaneously understanding the emotional responses of those with whom we may disagree ideologically. Within the Peace4Kids approach are the tools needed to enact meaningful change for all.

Internally, we will:

Hear our own emotions and experiences,
Evaluate our mental models and actions,
Apply alternative actions with compassion and empathy,
Revise our assumptions, and
Thank ourselves for continued effort.

In action, we will:

Hear our own emotions and experiences,
Acknowledge the child's truth,
Validate the feelings and behavior of the child,
Shift, if the child is ready, towards a better future.

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KEY TERMS AND DEFINITIONS

Adoptive Care: Parental rights are legally granted to one or more adults who are the non-biological parent of the child.

Adverse Childhood Experiences (ACEs): Traumatic experiences that include violence, abuse, neglect, and/or a dysfunctional household and occur before the age of 18 years.

Empathy: Recognizing and sharing the emotions that another person is feeling.

Foster Care: Children are placed in a new temporary family environment when they are deemed to be in an unsafe situation.

Implicit Bias: A generalized assumption about a group of people that unknowingly influences our responses to and interactions with people in that group.

Mental Models: A cognitive structure that represents the external world and that influences our reasoning, decision-making, and behavior.

Mindfulness: Taking the time to connect with your inner thoughts, feelings, and perceptions before you respond to the external world.

Toxic Stress: Chronic stress related to ACEs that induces a negative response in the body and the brain.

ENDNOTE

[1] All names are pseudonyms.