Happily Ever Resilient

Using Fairy Tales to Nurture Children through Adversity

Stephanie Goloway, EdD

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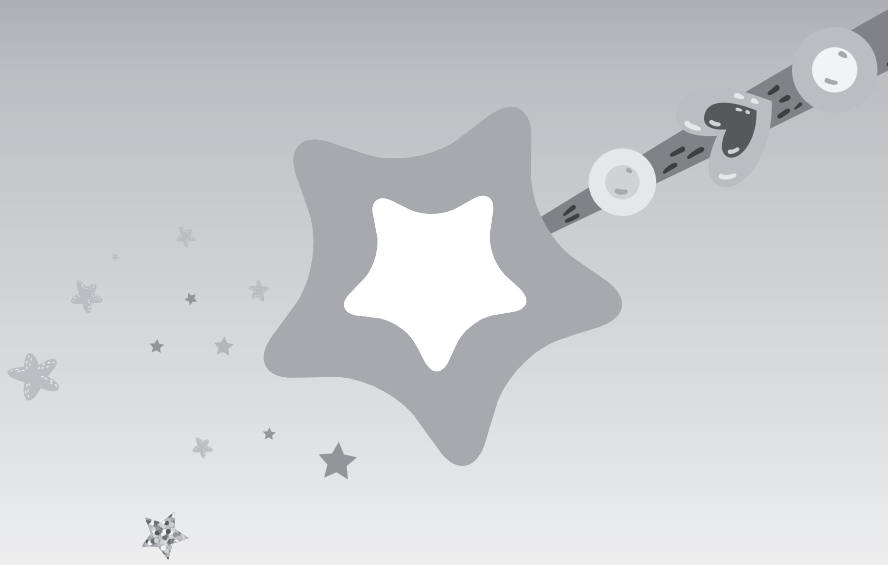

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To my beloved husband,
Mike Hospodar, who so longed
for hope, “the thing with
feathers, that perches in the
soul.” His wish was that
everyone who suffered from
trauma and substance use
disorders would find it—
especially the children.

Contents

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Introduction

A Story about Why We Need This Book

Once upon a time, there was a young woman. She was kind and hardworking, and she had big dreams. One day her mother told her that she must make her way in the world, and so she set off to find her fortune.

The young woman followed her heart to a castle in the forest. As she stood outside, she heard the laughter and play of young children, and it delighted her. Eager to join in, she pounded on the huge castle door.

"Yes???" said the stern woman who answered the door. "Who are you and why have you come?"

"I am but a poor wanderer who heard the joy coming from within your castle walls. Please, may I come in and share in it? I will work hard! I know stories and songs, and I am sure I could help."

The stern woman looked her up and down. "Hummph," she said. "The queen is *very* particular about who may play with the royal children. Come sleep in the guest chamber tonight, and we will see what tomorrow brings."

The grateful young woman followed her hostess through winding, dark hallways and at last was shown a bed piled high with feather mattresses. She climbed up and prepared for a long-overdue night's sleep. She sighed, stretched, and snuggled into the soft covers.

The next morning, she was brought before the Queen. "How did you sleep, fair wanderer?" asked the Queen, looking down from atop a high throne.

The young woman curtsied and bowed and then wrung her hands. "Your Majesty, I was thankful to rest in such a fine royal bed last night. But alas, I did not sleep a wink! There was something large and hard and spikey in the mattress, I'm afraid, and it kept me awake all night!"

The Queen stared at her for a moment, then announced, "You have passed the test. I pronounce you royal caregiver to all the kingdom's children." The Queen rose from her throne and began to walk away.

"Oh, thank you, Queen!" stammered the young woman. "But . . . what was the test? And what was that horrid thing in the bed that kept me tossing and turning all night?"

The Queen looked back over her shoulder. "That was the test to get hired. Your next test is figuring out what it was. Now, quickly: go and prepare your lesson plans so I may review them. The children are about to arrive."

And so the young woman found her heart's path and spent many years learning and playing and singing with the children of the kingdom. There was, however, not a day that went by when she didn't wonder what it was that haunted her sleep and made every day shine just a little less brightly than it could.

Just like the young woman in "The Princess and the Pea," many of us in the early childhood field have struggled to figure out why things are so difficult for some children. Sometimes it's the children who are too loud and boisterous, and sometimes it's the children who sit silently and stare. Sometimes it's the look a child gives us right before pickup time; sometimes it's the way they hold tight around our necks, trying to melt into us. We get this nagging feeling we need to figure it out: a key to unlock a child's learning potential and help them enter our classroom community with laughter and curiosity. It keeps us awake at night, and we worry about what will happen as these children move on into schools and programs that are less child centered than our own.

Needless to say, there is no single key to unlocking every child's mysteries. But we *do* have decades of research on how trauma of various kinds influences young children's development, and many professionals are now connecting the dots between the toxic stress caused by such trauma and a whole host of challenging behaviors we see in the classroom. Could this be the "pea" that makes us toss and turn as we ponder how to meet children's needs?

We also have a great deal of evidence that *resilience* is a primary protective factor against damage caused by many sources of trauma, including natural disasters, war, displacement, racism, community violence, parental incarceration, child abuse, and substance use disorder (alcoholism/addiction). We've

learned that we can intentionally nurture this "magic wand" of resilience in young children. Most important, what we know about resilience offers insight into how we, as early childhood professionals, can help.

This book looks at these serious issues and offers early childhood educators two things: (1) evidence-based knowledge about the way trauma affects young children's social-emotional and cognitive development; and (2) playful and developmentally appropriate ways that teachers can integrate the neuro-protective factors of resilience into their child-centered, literacy-rich curricula through fairy tales and storytelling.

Understanding trauma is hard work emotionally and intellectually. But supporting children as they develop their ability to bounce back from adversity—their resilience—can be a joyful and rich experience that draws on the best of what we know about developmentally appropriate practice. The ideas in this book will help you polish up the sparkling strategies you already use in your classroom so you can intentionally create a classroom community that nurtures resilience while fostering learning. *All* children deserve the tools to fight off whatever dragons they encounter as they move through life. And we, as early childhood educators, can be the fairy godmothers and godfathers who provide them with those tools.

Part One:

Ordinary Magic for Challenging Times

The Ordinary Magic of Resilience

So what is resilience? For years *resilience* described a person's ability to bounce back from traumatic events. Researchers believed that some individuals were born with this extraordinary capacity, which came to light only when they experienced adversity. Tales of exceptional people overcoming tremendous odds and having happy and successful lives after tragedy shaped what most of us knew about resilience.

But in recent decades, researchers like Dr. Ann Masten (2015) and others have discovered that resilience is actually "ordinary magic"—that is, it is a neurodevelopmental capacity that *all* of us can have. It develops through the common interactions and experiences of childhood; scholars point to it as the primary protective factor for healthy outcomes in adulthood. No matter our socioeconomic status, education, or birth family, we all encounter stressful life challenges, and resilience is what allows us to move forward to the next challenge and adventure.

What does this have to do with early childhood educators? As we'll be discussing, educators matter a lot! By turning our focus to developing this powerful force in children's lives, we are laying the foundation for their future academic,

social, and life success. We can transform our best practices surrounding play, stories, and nurturing relationships into the protective factors for resilience: attachment, initiative, self-regulation, and cultural affirmation.

Developing resilience is important for *all* children. We often don't know for sure which children face stressful home situations. We identify and are frustrated by challenging behaviors, but we don't know what the root causes—or solutions—are. And when we direct our attention to children who are having a tough time, we wonder whether we are taking away time from children who sit quietly and demand little. We are overwhelmed with fulfilling state learning standards and local expectations while still meeting the needs of children desperate for attention, support, and guidance.

To understand why resilience is such an essential tool in our magic bag of tricks, we first need to understand trauma and toxic stress and how they affect young children's development. Like resilience, these concepts are best viewed from the perspective of brain development and the way it translates into children's behaviors. It's not enough to know that child abuse, domestic violence, and addiction can derail children's development and cause challenging behaviors. We've known that for years. Understanding *how* these adverse childhood experiences affect the brains of young children gives us hope, since resilience is such a perfect match for what growing brains need.

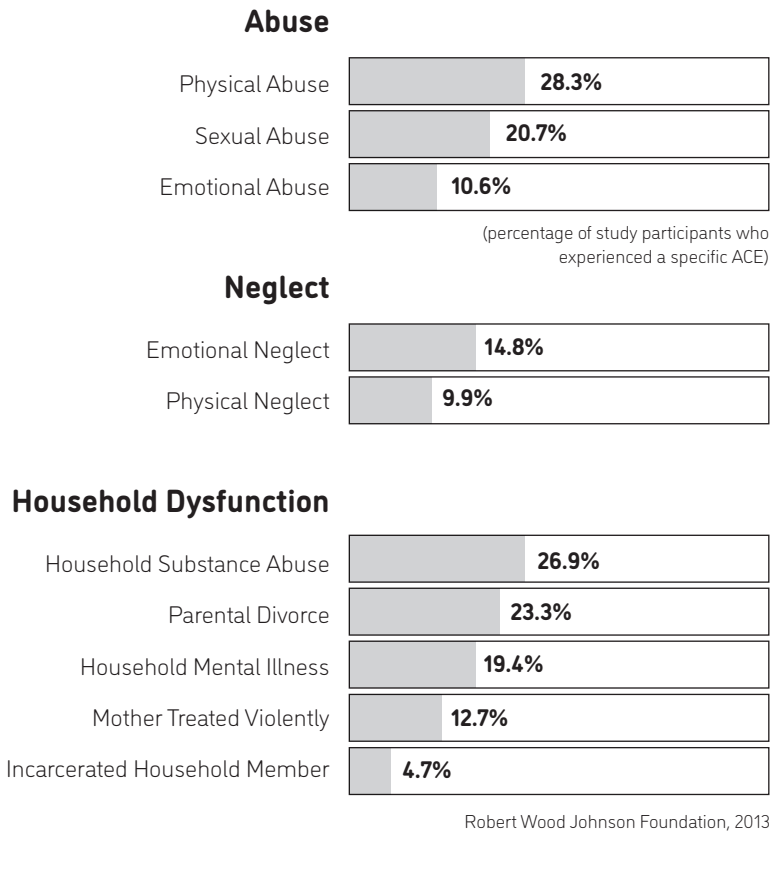
The Trauma Dragon

To better understand how we can support resilience in a classroom, let's look at some of the specific hurdles facing children who have experienced trauma and other life challenges that disrupt family systems. These experiences are known as adverse childhood experiences, or ACEs (American Academy of Pediatrics 2014). ACEs were first identified and examined in 1997 by the Centers for Disease Control and Prevention (CDC) as part of a landmark study of 17,000 middle-income adults, conducted in conjunction with Kaiser-Permanente (Felitti et al. 1998). ACEs include life events such as physical and sexual abuse, living with parental substance use disorder, divorce, and domestic or community violence. This cluster of experiences, individually or collectively, has often been found to negatively affect children's development, as well as their long-term physical and mental health outcomes.

The Truth about ACEs

How Prevalent Are ACEs?

The ACE study revealed the following estimates:



Robert Wood Johnson Foundation, 2013

Possible Risk Outcomes

Behavior				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
Physical & Mental Health				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

No one working in education needs a crystal ball to identify these factors: we have all seen the effects on children. However, what was most significant about the CDC study were revelations about how common these experiences are and their long-term effect. The number of ACEs a child experiences is directly related to adult mental health challenges such as anxiety and depression, as well as an increased likelihood of developing a substance use disorder. More surprisingly, a person's ACE score is also connected with an increased risk for cardiovascular disease and chronic health issues such as diabetes (American Academy of Pediatrics 2014). Traumatic events literally get under our skin and affect our physical and mental health for the rest of our lives.

When early childhood educators are aware of challenging home situations (or guess that they are occurring), it's easy to attribute children's challenging behaviors to poor role models and a lack of limit setting. However, neuroscience offers another explanation. Toxic stress, which occurs under chronic or severe adversity, has been found to interrupt healthy brain architecture in young children, affecting parts of the brain most directly responsible for emotional regulation and executive functions (National Scientific Council on the Developing Child [2005] 2014).

We'll be discussing emotional regulation and executive functions in-depth throughout this book. For now, it may help to think of the child who can't sit still during circle time or stay focused on the steps of a routine like hand washing. These children appear to face challenges with self-regulation and executive functions. While the source of these behaviors in an individual might be something other than toxic stress, research encourages us to take a deeper look at such behaviors from a trauma-informed perspective.

The Trauma Dragon's Flames: Toxic Stress

High school biology and health classes teach that stress is part of a normal, healthy response pattern. When we notice something is different or unexpected, our brains go into high-alert mode to make sure we stay safe and activate the fight, flight, or freeze stress-response system to keep us out of danger. So, the example goes, when our cave-dwelling ancestors saw a saber-tooth tiger, their stress response kicked into high gear. The limbic system, which controls emotions like fear, communicated directly with the brain stem, which controls breathing, heart rate, and various survival mechanisms. They didn't stand around evaluating solutions with their prefrontal cortex, the part of the brain where executive functions and decision-making are rooted. Instead, with all physical systems turned up, our ancestors' hearts rapidly pumped blood to their extremities, their lungs filled with air, and they hightailed out of there.

This worked for our ancestors. Encounters with saber-tooth tigers were relatively rare. After our ancestors escaped the tiger, their heart rates, breathing, and adrenaline surges returned to normal, and they calmed down and went about their business. We can assume that this response system worked for knights battling dragons for the same reason. However, when this same stress response system activates in our twenty-first-century world, it is often not because of physical danger. Low-level chronic stress, such as dealing with a challenging job or living through a pandemic that puts changing expectations and limitations on us, can result in the physiological response of toxic stress.

So then two things happen. First, there is no physical outlet for all the energy surging through our bodies. Our ancestors used their pumping hearts to run fast, but we usually do not need to. Second, there often is not enough time for our bodily systems and brains to return to normal before our stress response is triggered again. Many sources of modern-day stress, such as cranky coworkers, commutes with traffic, or watching the news, are ongoing, constant parts of our lives.

This is also true for young children living with domestic violence, abuse, or inconsistent and nonresponsive parenting. Their bodily systems and brains don't return to normal before the stress response activates again. Over time they develop hypervigilance: their limbic systems and their fight, flight, freeze responses are always on. They tend to be reactive (more likely to overrespond to being bumped or getting left out of a game, for example), and their prefrontal cortex and self-regulatory systems don't have the chance to develop as efficiently as they should. Hence, many have poor self-regulation and diminished executive function skills (National Scientific Council on the Developing Child 2005/2014).

A lack of self-regulation and executive function influences children's ability to form relationships, solve problems, and learn. These activities are critical to being part of a supportive classroom community, and all contribute to the "ordinary magic" of resilience. Further, the brain systems involved with the stress response and self-regulation are implicated in the development of substance use disorders (Volkow et al. 2014). In other words, without positive experiences that promote executive functions and self-regulation, these children are at greater risk of substance use disorder in adolescence and adulthood than others are, since their brains are structurally more vulnerable.

Some researchers note that children who experience challenging family situations have limited access to friendships in their home settings as well. They attribute this to many factors, including parental shame, undesirable living conditions, and children's desire to protect the family from outsiders as they get older (Moe 2019). Children bring this lack of experience in making and keeping friends into the classroom setting. Childhood friendships are important both for engaging in the learning process and for developing social skills. Brown (2014) offered evidence that peer interactions may compensate for even severe lack of caring adult interaction. His case study with severely abused and neglected orphans in Romania demonstrated that through therapeutic playwork, the children made social and emotional gains that he would not have predicted based on their adverse experiences. Brown attributed the gains to the social connections children formed with peers, which allowed them to interact when adult clinicians and playworkers were not present.

Developing self-regulation requires *co-regulation*, or sensitive interactions with a tuned-in caregiver (Murray et al. 2015). Beginning with the serve-and-return, or back-and-forth dialogues, that occur every time a baby says "aaah" and the caregiver says "aaah" back, co-regulation includes helping children identify their emotions and creating an environment that supports self-regulation. For example, a toddler clenches her fists and scrunches her face. Co-regulation occurs when her father says, "What's the matter, honey? You look frustrated. Is your princess gown buried in the toy box?" and then places the gown, or an

alternative, within reach. This kind of tuning in to children's emergent language and their emotional states is often absent when parents are experiencing adversity themselves, such as domestic violence or substance use. Therefore, it's not surprising that children living with ACEs are at a higher risk for challenges with self-regulation.

Many studies identify a relationship between self-regulation and academic success. The National Institute for Early Education Research (NIEER) recommends that all early childhood programs include a focus on social and emotional development, including self-regulation (Friedman-Krauss and Barnett 2013). Blair and Raver (2015) reviewed numerous studies on the relationship between self-regulation and school readiness in young children, spanning diverse socioeconomic, geographic, and ethnic populations. They concluded that "an approach to the promotion of school readiness by fostering the development of self-regulation offers the potential to remake early education in a way that is effective for all children" (724).

These researchers advocate for a both/and approach to self-regulation and pre-academics in preschool, based on evidence that when children are prepared with social and emotional skills, emergent literacy and math competencies improve. Early childhood educators who understand developmentally appropriate practice have been saying this for decades! We *know* that relationships are the core of a quality early care and education program and that these relationships are developed through play, conversation, and shared experiences. Yet we often have to fight to convince people that these rich child-centered practices deserve equal time with pursuits that look more academic. This is especially true in classrooms where children are seen to be academically at risk because of their home learning environments. Teachers may believe that more academics and less play is the best way to prepare these children for future school challenges. However, research strongly suggests that focusing on social and emotional development is even *more* important to children living in adverse conditions, including poverty (Center on the Developing Child 2016). Brain science and resilience to the rescue!

A Special Kind of Dragon: Family Substance Use Disorder

Many researchers have examined the negative impact of family substance use disorder (SUD) on children. Both the ACEs study (American Academy of Pediatrics 2014) and the National Scientific Council on the Developing Child ([2008] 2012) identified living with SUD as one of the major sources of toxic

stress in children. SUD is also one of the largest public health crises facing the United States, although this was eclipsed in our national discussion in 2020 and 2021 by the global pandemic. The pandemic itself has resulted in increases in the incidence of SUDs and overdose deaths (American Medical Association 2021).

In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*), the American Psychiatric Association (2013) defines SUD as a mental disorder involving characteristic cognitive, behavioral, and physiological symptoms that contribute to an individual continuing the use of one or more substances (alcohol, opioids, stimulants, hallucinogens, and so on) despite significant social, psychological, physical, or economic consequences. Previous DSM editions used other names, including alcoholism and addiction.

While some don't tend to think of substance use as an issue of early childhood (except perhaps for fetal alcohol syndrome), early childhood caregivers concerned about trauma need to know several things about the disease:

- **It is estimated that one in four children lives in a home affected by SUD**. The disease cuts across socioeconomic, age, and gender categories. While the parent who rushes in to pick up their child smelling like beer may be suffering from the disease, so might the college professor or doctor who is always on time. Alcoholism has seen as much of an increase in the first two decades of the twenty-first century as opioid addiction has (Grant et al. 2017).
- **Most clinicians, doctors, and researchers support the disease model of SUD**. It is treated as a progressive, chronic, and potentially fatal disease of the brain, resulting in physical changes to the brain's structure (Volkow and Koob 2015). This physiological understanding of SUD highlights the critical importance of early childhood experiences that support healthy brain architecture in areas key to the later prevention of SUD.
- **The disease of SUD is determined in large part by genetics**. Children who have at least one biological parent who suffers from the disease are between two and ten times more likely to develop the disease as adolescents or adults compared to their peers who do not have a parent with the genetic predisposition (Solis et al. 2012). This makes SUD more heritable than most cancers, diabetes, and cardiovascular disease, all of which we accept may "run in families."
- **Substance use disorder is rarely the only ACE in homes where it is present**. Because of the way it affects thinking, behavior, and self-regulation, children living in homes with family SUD experience a much higher rate of abuse, neglect, and family disruptions such as divorce and

incarcerations than other children. Between 40 and 80 percent of cases brought to child protection services involve at least one caregiver suffering from the disease (Solis et al. 2012).

- **Parents and caregivers who have SUD love their children, and if willpower was all it took, they would be in recovery**. This is perhaps one of the hardest facts for those of us who love children to grapple with: If the parents care, why don't they do whatever it takes to get better? While this seems like a reasonable question, it's important to wonder whether we would ask the same question of someone with cancer or another serious disease. For the person without a SUD, it's pretty clear-cut: stop drinking. Just as we would not expect someone with cancer to will away their cancer cells, it is not fair to expect someone with SUD to will away the chemistry of their brain. However, it is this type of overhaul that's required for someone with this disease to refrain from drinking or using drugs. Recovery is a sophisticated, lengthy, costly, and challenging process, which, like type 1 diabetes, is ongoing for the rest of one's life.
- **Attachment is especially problematic for many young children living with SUD**. In addition to inconsistent or absent parenting, parents and caregivers with SUD are less likely to have the social network of support that buffers the normal stress of parenting infants and young children (Harper Browne 2014). The added stress of parenting with SUD, whether under the influence of drugs or alcohol or dealing with the cognitive and emotional impact of the disease, lessens the opportunities to nurture healthy attachment relationships with young children (Lander, Howsare, and Byrne 2013). Further, when a parent is in treatment or incarcerated, or the child is placed in foster care due to parental negligence or abuse, attachment bonds may be damaged (Conners-Burrow et al. 2013; National Institute on Drug Abuse 2021).
- **Lower self-regulation skills and more challenging behaviors, as well as higher incidences of depression and anxiety, are often found in children living with SUD** (Eiden et al. 2009; Lander, Howsare, and Byrne 2013). As discussed previously, such challenging behaviors harm the child's ability to form positive relationships in a child care or school setting, especially when teachers do not feel they have the background or resources to deal with the behaviors in a group setting (Onchwari 2010). When combined with the stigma that children sometimes face when their teachers know that a parent is addicted to drugs or alcohol (Conners-Burrow et al. 2013), it may also be more difficult for children living with SUD to form healthy attachments with their teachers than it is for them to do so with other children.

- **It is important to recognize the strengths children and families demonstrate as they adapt to challenging circumstances.** Each family affected by SUD is unique. In addition to the ordinary factors that make families different, with SUD, there are differences in the substances used, the temperaments of the adults and children affected, and the severity of the disease. These contribute to the varied coping strategies children learn and bring into the classroom. The classic alcoholic family roles—the hero, the scapegoat, the lost child, and the mascot/clown—can seem dysfunctional when viewed out of context in the early childhood classroom (Ackerman 1987). However, each child and family deserves our individual attention and respect as we learn from the ways they cope, so we can provide an environment of healthy relationships in which they can grow.

The preceding sections on trauma, toxic stress, and substance use disorders tell a sad and frightening story indeed. But, as all fairy tale lovers know, with strength, wisdom, bravery, and the right kind of magic, no quest is too challenging! Researcher and longtime early childhood advocate Ellen Galinsky surveyed the tremendous amount of information on trauma and trauma-informed care from the 2010s. We now recognize the effects ACEs have on young children's brain development and why. Yet Galinsky and others in the field believe it is important to change the narrative surrounding childhood trauma. Too often, they say, we become overwhelmed with the enormity of the challenge and focus on the deficits that many children bring into our classrooms. Instead, we should think about the assets children and families bring and the positive childhood experiences (PCEs) they have that we can share with them (O'Connor 2020). Galinsky (2020) states, "Adversity is not destiny!" (47). Resilience is the magic potion that can neutralize toxic stress and support the next generation of brave adventurers.

Resilience: The Ordinary Magic

So what are the secret ingredients in this magical elixir of resilience? Researchers have scrutinized why some children who experience trauma have far better outcomes than others. These studies focus on *relationships* and *resilience* as primary protective factors against toxic stress (for example, National Scientific Council on the Developing Child 2015; Ronel and Levy-Cahana 2011).

Harvard's National Scientific Council on the Developing Child analyzed multiple research studies from a variety of perspectives, including the field of brain development. The council compiled a set of key factors that build resilience, including the following:

- a relationship with at least one stable, caring, and supportive adult
- a sense of control over circumstances
- strong executive function and self-regulation skills
- a supportive faith and/or cultural context (National Scientific Council on the Developing Child 2015)

There is significant overlap between the skills commonly described as social-emotional learning (SEL) and the protective factors of resilience. Gartrell and Cairone (2014) define *resilience* as "the ability to use social-emotional skills to overcome, or bounce back from, the effects of stress in one's life" (92). The actual protective factors for resilience have been studied and described very specifically by Dr. Masten and others, and an in-depth examination of these is useful for early childhood educators. As can be seen in the table below, all of these identified protective factors are inherent in the developmentally appropriate practices that underpin high-quality early care and education.

Resilience Factors with ECE Examples (adapted from Masten 2015)

Resilience Factors	Examples in the Early Childhood Classroom
Effective caregiving and quality parenting	Teacher rocks and soothes child after he scrapes knee on playground.
Close relationships with other capable adults	Teachers and assistants spend time laughing and talking with children during lunch, assisting with opening juice boxes.
Close friends and romantic partners	Children choose who they wish to play with during center time and are encouraged to give each other notes and pictures.
Intelligence and problem-solving skills	Children have long periods of time in the construction area so they can figure out how to build a bridge like the one they saw in "The Three Billy Goats Gruff."
Self-control; emotion regulation; planfulness	Classroom has short, engaging circle times that include movement and yoga to help children calm their bodies.
Motivation to succeed	Teachers and other children scaffold a child's attempts to climb up the slide ladder by offering feedback, waiting patiently, and being encouraging.
Self-efficacy	Children are given trays of interesting loose parts and encouraged to invent something they would like to play with and then asked to share their wonderful ideas.
Faith, hope, belief life has meaning	The classroom has a ritual where each child is greeted with a secret handshake by a teacher and two other children each morning.

The Ordinary Magic of Relationships

Harvard's Center on the Developing Child joins generations of theorists, researchers, and practitioners in affirming that the single most important thing that can positively affect a child's development is a stable relationship with at least one caring and supportive adult (National Scientific Council on the Developing Child 2015). Often called *attachment*, this relationship is ideally with the child's primary caregiver and starts at birth. Advances in neuroscience have given us more specific information about the serve-and-return responses between a child and caregiver and how they wire the brain for later relationship building and emotional maturity.

Children living in challenging family situations sometimes lack this kind of stable relationship with a parent. Masten (2015) discusses how this relationship can also form with another competent adult: a family member such as a grandparent, a child care provider, or a close neighbor, for example. As children get older, these relationships with other competent adults become more important and contribute significantly to the child's resilience.

A child's relationship with peers also contributes to resilience. This includes siblings, playmates, best friends, and romantic partners in adolescence and adulthood. As discussed previously, children experiencing family SUD and other ACEs sometimes have fewer opportunities to forge these relationships, especially in the home setting, which makes it crucial that the early childhood classroom provides children with many opportunities to establish and explore friendships.

In fact, the early childhood classroom is the ideal place to foster all of these relationships. Teachers act as surrogate caregivers for the majority of a child's day, especially for younger children. When these teacher-child relationships are prioritized because of the role they play in fostering resilience, children thrive. Through one-on-one relationships, teachers also gain important developmental information to support children's self-regulation and their learning in more traditional pre-academic areas.

Teachers, support staff, administrators, and other adults in the center or school can all provide children with stable and caring relationships that nurture resilience. Practices as simple as welcoming each child by name or knowing a child's favorite lunch food invite children to see the world of adults as a source of support and have demonstrated benefits for children's long-term social-emotional and cognitive development (Howell and Reinhard 2015).

Similarly, the research on resilience highlights how children benefit from lots of time to collaborate with each other (Nicolopoulou et al. 2015). Whether playing out scenes from a favorite story on the playground or working together to solve a tricky math problem, interacting with peers allows children to develop

the relationship-building skills that are critical for resilience. Skills like social problem solving, perspective taking, and conflict resolution take time and practice to develop, and supportive classrooms enhance every child's chances for a resilient future.

The Ordinary Magic of Initiative

Initiative is an umbrella term that describes children's ability to use their own ideas to act on and control their environment. This aspect of resilience, which Masten (2015) calls *mastery motivation*, encompasses traits like agency, self-efficacy, and motivation to succeed. In young children, initiative includes skills and dispositions such as trying new activities, showing an interest in learning new things, using different ways to solve a problem, and showing confidence in their abilities (LeBuffe and Naglieri 2012).

Responsive caregivers provide children with opportunities to act on their environments and gain new skills in a supported yet autonomous way, helping them develop their sense of self-empowerment. This is critical to the development of a child's sense of agency, which "arises from the experience of overcoming manageable challenges and a robust sense of self-efficacy [that] in turn fosters persistence in the face of adversity, which is more likely to lead to success than giving up" (Masten 2015, 161). This persistence is important for all children, but especially for those whose home experiences have not offered them the encouragement or opportunity to keep trying when things get hard.

While many of the behaviors that demonstrate initiative overlap with executive functions (discussed below), Masten (2015) emphasizes that the joy and satisfaction young children experience when they make things happen in their environments are essential components of this aspect of resilience. A cornerstone of child-centered and emergent curriculum practices, initiative has been challenging for teachers to preserve as they navigate the waves of accountability and ever-earlier standardized assessment. The perfect context for initiative is play, which by definition is self-motivated and child directed. But offering children the chance to follow their own wonderful ideas, as Eleanor Duckworth (2006) called them, means teachers have to give up some control over children's activity in the classroom. From a practical standpoint, assessing a child's math thinking as they are creating a self-designed castle takes more time and effort than using a worksheet to do so. Hopefully, understanding why initiative is such an important aspect of resilience may help us to reprioritize play and embrace more open-ended assessment strategies.

The Ordinary Magic of Executive Functions

Giving children lots of time to come up with their own problems and solve them in the context of play also supports a related protective factor for resilience—*executive functions*. Executive functions (EFs) are a cluster of cognitive skills based primarily in the prefrontal cortex of the brain, which is responsible for the processes we call thinking. Dr. Adele Diamond, a leading researcher on executive functions in children, has identified three primary EFs: inhibitory control (related to self-regulation), working memory (being able to keep relevant information in mind while working on tasks), and cognitive flexibility (being able to see things from different perspectives and find multiple solutions to a problem). These lay the foundation for other higher-order thinking skills and affect all areas of cognitive and social functioning (Diamond 2014).

Executive functions arise in early childhood and continue developing through middle childhood, adolescence, and early adulthood. They are central to school success, life success, and resilience. Adult tasks such as being able to hold a job, maintain a romantic relationship, and figure out what to do when your computer won't start all have their roots in EFs, as do things such as inventing driverless cars and analyzing data from Mars. Like other aspects of resilience, EFs develop through engaging experiences and interactions. While research is still uncovering specific experiences that may be most conducive to their development, pretend play and storytelling have both been identified as promoting EFs (Center on the Developing Child 2016).

Think of a group of preschoolers playing castle. They are using *working memory* to hold in mind who is the princess, the king, the baby, and the royal dog and to maintain their roles: the "dog" has to remember to crawl, "bark talk," and not use their hands when eating from their bowl. *Cognitive flexibility* comes into play when they decide to have pizza for dinner but there is no corresponding play food. Do they switch to the plastic burgers and fries in the fridge? Or do they pretend the plates in the dramatic play area are "personal pan pizzas"? Or does one of them retrieve construction paper from the art area and make a large paper pizza? When the child playing the "dog" stops themselves from reaching for the "pizza" on the table, they are using *inhibitory control*, or self-regulation. Inhibitory control is at the heart of resolving conflicts as children are co-constructing a story. Do I insist that I am the princess and I am going to wear the blue cape, or do I let the king wear it, like he wants to? What if I decide I don't want to be the dog and want to be the knight, but they say no, there isn't a knight? Do I stay the dog, and keep the story going, or do I leave and go to the block area? Decisions like these that occur in the micro-interactions of pretend play are why famed

psychologist Lev Vygotsky (1978) said that in make-believe, children are "a head taller than themselves." In other words, they exhibit more mature self-regulation and reasoning skills because they have a strong incentive to keep the story going.

The Ordinary Magic of Self-Regulation

Few aspects of a child's development have a more immediate impact on the classroom than self-regulation. Sometimes called self-control, self-regulation is the ability to manage one's emotions and actions and is considered a key indicator for success in school (Center on the Developing Child 2011). The child who cannot sit still during circle time, who cannot stop themselves from shoving the child who bumps into their block castle, or who bursts into tears when another child takes their crayon is challenged by self-regulation. Indeed, all young children are still developing this protective factor for resilience.

Children with certain temperaments are more prone to self-regulation challenges, as are children who have been exposed to toxic stress. Even the relatively minor stressors of being tired or hungry can reduce one's ability to self-regulate, at least temporarily. Just think of your own response to a toddler's "why" questions if you didn't get much sleep the night before, compared to your response on days when you feel refreshed. Research on stress and self-regulation applies to adults as well as to children.

The Ordinary Magic of Cultural Context and Affirmation

The fourth protective factor for resilience is the feeling we get when we are part of something bigger than ourselves (National Scientific Council on the Developing Child 2015). Spiritual and cultural traditions are cited as the most common ways this factor is provided for children. However, routines, traditions, and rituals in the early childhood classroom can be a source of this affirmation as well (Howell and Reinhard 2015).

It is central to best practices in early education that we honor each child's home culture in our classrooms. Additionally, Howell and Reinhard (2015) offer insight into the culture of the classroom, school, and center, considering how educators can intentionally include children in affirming and wonderful practices. Whether it is singing a special song to mark the end of playtime, bringing out certain magical materials to play with only at the very end of the day, or celebrating "Pizza Friday," early educators can use classroom routines and strategies to provide a consistent cultural context that lets all children know they are part of a vibrant and positive community of learners.

Many of the suggestions found in this book place classroom routines and activities within the broader cultural context of fairy tales. As we'll see, helping children make connections within the universal web of Story can promote this sense of belonging while fostering other aspects of resilience as well.

The National Scientific Council on the Developing Child (2015) and the Center on the Developing Child (2016) recommend that we all view early childhood education as an important component of societal efforts to promote resilience in all children. While educators cannot mediate the parent-child relationship, we can provide children with supplemental adult and peer relationships as well as experiences that promote self-efficacy, self-regulation, and executive function skills. In the next chapters, we'll be looking at how educators can use play, fairy tales, and storytelling to construct an enriching and challenging curriculum that fosters the protective factors of resilience for all children.

Discover More

The Center for the Developing Child at Harvard University has a wide range of resources on resilience, executive function, self-regulation, toxic stress, and other important concepts related to child development (see https://developingchild.harvard.edu/science/key-concepts/).

The Center for the Developing Child also offers a guide for activities that develop executive function skills for age groups from infants through adolescents at https://developingchild.harvard.edu/resources/activities-guide-enhancing-and-practicing-executive-function-skills-with-children-from-infancy-to-adolescence.

For more information about Ann Masten's "ordinary magic," we recommend her video presentation titled "Inside Resilient Children" at https://www.youtube.com/watch?time_continue=2&v=GBMet8oIvXQ.

Sesame Street Community puts children's favorite characters to work addressing tough topics, many of which (such as parental substance use disorders, incarceration, homelessness, divorce, grief, and violence) are related to ACEs. Each topic features videos to share with children, along with resources including lesson plans, articles, and parent-friendly fact sheets. Developed in conjunction with experts on child development, trauma, and resilience, this is a valuable tool to add to your treasure chest: https://sesamestreetincommunities.org/topics/.

EDUCATION / EARLY CHILDHOOD / RESILIENCE

Empower all children to fight off the dragons they encounter and move happily through life

Dr. Stephanie Goloway pairs the latest in trauma research with beloved multicultural variants of classic children's fairy tales to create joyful, playful learning experiences for young children. With practical strategies for implementation, *Happily Ever Resilient* explores why using fairy tales in early childhood classrooms supports resilience and literacy in all children—especially important for children who have experienced trauma and toxic stress.

Each chapter discusses:

- **Story Magic:** information about a fairy tale and its multicultural variants, including how the story connects with protective factors of resilience, and techniques for storytelling and storyacting
- **Caring Magic:** activities that help children make story-related connections with each other and adults in their lives
- **Doing Magic:** suggestions for adapting classroom learning centers to support children's engagement with both the fairy tale and resilience, along with projects that promote initiative and executive functions
- **Superpower Magic:** activities, songs, and games related to the story that foster self-regulation as well as ways the story can be used to support calm, integrated transitions and routines

By tapping into the extraordinary magic of fairy tales, early childhood educators can create the ordinary magic of resilience.

"This book takes well known fairy tales to help children grow and deepen their resilience. Brilliantly crafted, here's a treasure trove of fun and simple activities, such as play, the arts, movement, and storytelling, to make a real difference in children's lives."

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"With a woosh of her wand and a trail of glitter, Stephanie Goloway transforms the classic fairy tales into tools for learning and emotional support. Using both research and whimsy, the author shows educators how to make these well-loved stories resources for helping young children become shining examples of the resilience that all children need. Here's the magic you've been looking for."

— Laura J. Colker, EdD, co-author of *Trauma and Young Children, Making Lemonade,* and *The Creative Curriculum for Preschool*

Stephanie Goloway is a lifelong advocate for the power of the imagination, play, and storytelling. She is a professor emeritus of early education and child development at the Community College of Allegheny County in Pittsburgh, Pennsylvania and holds an EdD in Early Childhood. Her research has focused on fairy tales and young children's development, as well as family substance use disorder (SUD) and resilience.

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