Head Start Heals: Episode 2 – Coping with Grief and Loss

Dr. Neal Horen: Hello, everyone. Welcome to the Head Start Heals podcast series. I'm Dr. Neal Horen, co-director of mental health at the National Center on Early Childhood Health and Wellness. Our goal here is to help Head Start leaders and staff address key issues you may be facing, so we can all help children, families, and communities heal.

Today, we'll be talking about how Head Start and Early Head Start programs can support families and children coping with grief and loss. I'm pleased to be joined today by Dr. Joy Osofsky, who's a clinical and developmental psychologist, and director of the LSU HSC Harris Center for Infant Mental Health.

Well, so I'm really excited that you're here with us today, and to share your wisdom, your experience. Obviously, you come to this with an unbelievable amount of both. And we're really thankful that you have some time for us today.

Dr. Joy Osofsky: I'm glad to be with you.

Dr. Horen: So, let's start – and in some ways, starting with the really tough question that we hear a lot. Our Head Start staff are obviously in a really good position to help families and children who've experienced grief and loss, but we've also heard from those very same staff, that they're not always sure what's the best way to do that. What are some things that the staff maybe can be doing?

Dr. Osofsky: Well, one of the things that we know is most important for children is the relationship. So, one of the things that should reassure the staff in many ways is doing the kinds of things that they do best: being able to relate to the children, being able to listen to the children, being able to be there for them, and if possible, emotionally available.

One of the issues, of course, is that staff is going through what families are going through as well, so they may have pressures of their own. They have their own children who are at home who they have been homeschooling for many months, as well as helping to support the Head Start children, at least the older children, who are having some schooling virtually at this point.

And then, they may have had their own experiences in their family, and there may be have an illness in their family. There may have been losses in their family. And so, little children are quite demanding. They want your attention. They want you to listen to them. They want you to be there with them. And they sense if it's difficult for you to be there for them. So, the most important thing for Head Start staff is to relate to the children, listen to the children, try to help them feel that this is the place that they're being taken care of in a way. And one of the ways to take care of children, young children under any circumstances, is a good routine, a good structure. We need that in our homes, and we need that in Head Start and Early Head Start centers.

And it may be that children have gone through many of their own experiences. They've been out of preschool. They've been out of Head Start and Early Head Start for many months. They've been at home. They've been exposed to other types of things. So, when they come back, they may be – we always use the term, dysregulated, but we see that it's hard for them to control their behavior. It may be hard for them to control their emotions. And we find with children who are a little bit older that they always want to tell their stories. And for young children, they too may want to tell their stories, but they may tell it in different ways. They may tell it by running around the room. They may tell their story by sitting very still and being withdrawn. Children react in different ways. So, the more that the Head Start teacher can just be there to listen, and be there with them, and make them feel secure and comfortable and welcome, will make a huge difference.

Dr. Horen: That's the beauty of Head Start – right? – that we have a skilled staff who oftentimes have been through this in some way and may have experience with it. What about if they're trying to help the family who may have more challenges, right? All of us who have been at home have had any number of challenges and trying to balance all the things that are going on for us. And if a family is asking staff, "Well what should I do?" What are what are some of the things that maybe a family could be doing at home to get at some of what you've described to help with some of that dysregulation, to help with some of the listening, and letting children sort of display the emotions and behaviors?

Dr. Osofsky: Well, one of the things that we've talked about a lot that parents can do, is setting a schedule and a routine, simple kinds of things. A time to get up in the morning and have breakfast, a time to have meals during the day. If a child still naps, a time for naptime. None of those things are necessarily going to … It can help regulate the child, but none of those things are going to help them necessarily feel good. So, there needs to be play time. Play time needs to be built and whatever other routines there are for the child.

And then the other thing that would be really important that parents do, is even if they're feeling stressed, if they're trying to balance work with other kinds of things, if they could just set up time, sometime during the day, that they're available to play with the child. So, the child knows in their routine during the day, there's going to be playtime with mom or dad, or grandma, or whoever is there. Because play is very, very important for children.

Dr. Horen: So, then, let's jump in a little bit to the harder part, I think, Joy, of around that concept of death. So, what do we tell children if somebody in the program has passed? How do we help children understand that concept, and obviously, we would expect some differences depending on the age of the child in the explanation, but are there some core pieces that would be helpful for staff to understand and for parents to understand about that?

Dr. Osofsky: For the very young children, they really don't have a concept of the permanency of death, that they're never going to see the person again and that the person won't somehow come back somehow, for the very young child. I'm talking about like early Head Start.

The preschool children still don't have a good understanding of death, but they also have a sense of conscience, so they may be concerned – maybe it's something I did. I was angry at them, and maybe that caused them to die, or something like that. It isn't until children are 8 or 9 years old that they really understand the permanency of death. So, we're dealing with children that are younger than that.

So, again, reassuring them, for the preschool children, “It's not your fault.” And also, understanding that they need comfort from someone that they can count on. They may be afraid that other people around them are going to die and not be there for them. So, it's very important for them to know they have a relationship that they can count on.

It's also very important to listen. We don't know what they know, and if we don't say something to them about someone having died and not being there, they have their own fantasies in terms of why that person isn't there. So, it's important to tell them that somebody has died, and that they're not going to be coming back. Their understanding of that will be different, and then they may ask questions. But you don't use terms like, they were sick. Because if we use a term like sick, then the child is going to think when I got a cold, I may die. You don't want to have them have fantasies in terms of how they may have contributed to this. But it is important for them to understand the permanency, even though they may not see this person anymore, there will be somebody there for them.

The other thing that's good to do with children is, if this is somebody who's been very close to them, they could draw pictures. You could put together a picture album of the person. You could think about very fun times that they had with the person so that the memory of the person is very positive. Listening to children is something that people don't always do, and that's one of the most important things.

Dr. Horen: There's two pieces that you've mentioned, and that's the relationship, and how that drives a lot of this, and listening. Is there something for staff that they should be considering, given the long time period in which the relationship has shifted, and now all of a sudden, they're going to come back, and within the first week be trying to figure all of these things out. How might they comfort that preschooler if things have shifted a bit?

Dr. Osofsky: They could say to them, “But now we're back. You're back, and I'm back. And I've missed you. Let's play together. Let's talk together. Tell me what happened while we weren't together, and then I'll learn more about what happened with you the last few months, and I'm glad to be back with you. Also, things may have been different for your parents. We can talk to your parents too, so that we'll all be together here and supporting each other.” And we're going to play, and children play. That's what they're going to do. I think the play we're going to see with COVID is more repetitive play. You know, they may have seen an ambulance take a parent or grandparent off to the hospital, and then never see them again, so they may start playing out some of that, and they don't know the end of that.

That's one of the other things that's very difficult. It's something that we talk about as ambiguous loss because it's somebody's going away and not being there, and we're not really

sure what happened. They go to the hospital, and we don't see them again. So, there's an unresolved kind of loss, and then because we can't have the usual cultural traditions and passing traditions when somebody dies … So, it's a lot harder.

Dr. Horen: I'm going to pick up this thread on ambiguous loss, if you don't mind, because the examples you gave are sort of very clear. What about in the case, which is likely to be happening, which is that some children are not going to return to the program. Some teachers may not be returning to the program. Is that the same concept in terms of ambiguous loss or is that more of what we would always call, "Well, that's a transition, and that happens all the time."

Dr. Osofsky: Well, it can be both. We don't know why they're not returning. It may be that there has been a death. It may be that they've had to move to another area. Maybe they don't have the resources to come back. Maybe jobs are changed, or other kinds of things. It's a little different from ambiguous loss. On the other hand, if somebody has had a loss and that's why they're not coming back, that would very much fit into the category of ambiguous loss. The teachers have to be prepared to explain why the other teacher isn't there or why the child isn't there. But with this situation, we often don't know why the person isn't there. The idea of really having to support the child, to say, "Well, your friend may not be here, but we're here, and there'll be other friends for you, and we're going to keep you safe, and we're going to have fun, and we're going to learn."

Dr. Horen: So, a lot of this makes me feel like, boy, there's a lot of pressure on staff, and that's not unusual. We who work in Head Start know that there's always some sort of pressure. This one feels like there's a lot of mental health, social-emotional expertise that we're asking folks to have. And I think the question that comes up always for staff is: Is that my role? The staff oftentimes say, that's sort of above what I do. That's above what I know. Is there a piece of this that's more, well, you really need the mental health consultant?

Dr. Osofsky: Absolutely. The teachers, I believe, will be reasonably comfortable with the idea of listening to children, talking with children, setting routines for them, talking about play, observing their play. But if there are children who takes a long time for them to move out of the dysregulation, to be able to play, to be able with other children. Or a child sitting in the corner and not interacting with anybody, which we see sometimes as well. Or a child where you notice the play is just very disorganized. Or repetitive play over and over again that relates to getting caught in that cycle. I think in those circumstances, mental health consultation would be really important. One of the things, though, that we know from disasters, and we know with COVID, is people are going to need to talk. Parents are going to need to talk, and children are going to need to talk about what they went through, and what it was like for them, and what it was like being at home, and if they did have some virtual schooling, what that was like. Everybody needs to be listened to in that way, and that's pretty normal.

And the other thing that I always look for, Neal, is a range of affect. If you don't see a child smiling at all, if the child really looks down, we don't often think of that with little kids, but we really ought to see a range of affect. I certainly think some mental health consultation at this

time may be really helpful for Head Start and Early Head Starts can also be supportive of the staff and supportive of the family, so that it's like a team working together. Everybody's been through this. We're coming back in a new way. For these children, they're just going to be glad to be back. They learn, they play, they're with other kids, being isolated from other children is hard. So, generally, I think that will go well, but the idea, again, of making sure that the routines are in place … I think many of the staff may be having so many things going on themselves that this can seem overwhelming.

Dr. Horen: Some staff will have lost family members, friends, parents, things like that. What is it that the mental health consultant might be able to do to help a program, if there are staff who are impacted by loss and grief?

Dr. Osofsky: That's really important. And the other thing is, the staff may have had COVID themselves and gotten over it and come back. One of the things that we did a lot following disasters and major disasters, which we've been involved with as well, is offering opportunities to talk about what's been going on with them. We found in groups, just listening to people on what was going on, was very, very important. And then you identify if somebody needs more help, an individual, and people welcome that.

Everybody has to tell their story, and they need someone to listen to them. Often, that's enough.

Dr. Horen: Yeah, this listening thing seems to be a common thread, Joy. Like, let's keep pulling that thread a little bit because I think that we hear a lot in Head Start, obviously, about being trauma informed, and really being a program that sort of understands that conceptually and how to operationalize it, and clearly loss and grief come up as a trauma. Are there other signs of trauma that we might see, that staff should be looking for in children, whether they've lost somebody or they've had this ambiguous loss, as you've described?

Dr. Osofsky: The other thing that I don't think I mentioned in terms of child behavior is, regression. And so, children might be very clingy; they'll be clinging to their parents; they may be clingy to the preschool and Head Start teachers. We also may see regression on those children who are toilet trained, may not be toilet trained when they go to school. Regression in behavior and language, and other types of activity like that can come with a kind of stress that everybody has been through. And to deal with that is, again, patience.

Dr. Horen: So, here's the question that will get asked, how long do I need to be patient for? So, meaning, how long is their aggressive behavior, quite honestly, a normal reaction to the chaos that the child has been sort of having to deal with. Is there some amount of time after which I should be like, I think there's something more going on here, and we need to have the mental health consultant come in or make a referral or things like that?

Dr. Osofsky: We fortunately have very sensitive teachers. It seems like if they're back at school, I'd wait a little while, see how it goes for a week or so. But one of the questions that's important is, we know how old does a child have to be to be referred for mental health

services. We see children in the first year of life, and we prefer to see them when the problems are in the first year or the second year. So, I would say, in this current circumstances, a couple of weeks and see how they adjust over time to being back.

Dr. Horen: One of the things that I heard you just say in terms of those referrals for therapy and even the age of the child is it goes back to that thread that we're pulling on about listening. Even if a referral is made for some sort of outside therapy, the listening continues because you're the person who has the child in front of you. You're going to inform that therapist way more than in some ways, a therapist will be able to inform you. Is that a good way to think about it?

Dr. Osofsky: Yes, absolutely. When we are referred young children or any child and they're in a school or a Head Start and Early Head Start, we actually welcome being able to talk to the teacher. We welcome observing, if possible, in the school see what's going on because, yes, they can provide much more information. We have a screener, also, for children in elementary and high school to fill out, for the younger children, then the parents fill that out, so we know more about what their experiences are. And that helps the school identify children who may have more needs. It's good to know that, because then it helps the teachers and the school be able to understand some children may need more support than others.

One of the things I was thinking about, and that may help in them being even better observers, is the issue of self-care. I'm remembering very vividly after Hurricane Katrina, when we also went into the preschools to provide information about trauma and how trauma impacts on children – and what to expect, and the withdrawn behavior, or dysregulated behavior, and all of that kind of thing.

And we found that we were losing our audience because all of them had been traumatized as well. And so, what we did is, we stopped what we were talking about, being trauma informed, and we did some self-care exercise, some breathing exercises, and some color breathing exercises for about 20 minutes or half an hour. And then the staff was able to listen to us better about what might be going on with the children.

Dr. Horen: Yeah, it's certainly something the office of Head Start has really emphasized, particularly after disasters. It sort of strikes me that a lot of what you and I have talked about is the idea of transitions and adjustments in a time when it's still somewhat uncertain. We still don't know exactly where we're going, and what it's going to look like. And it does seem like a part, if there is an overarching piece to what you've described, it's pay attention and listen. Listen to children, listen to their families, and listen to staff.

If there's one or two things that you'd want people to really understand about grief and loss … I'm used to people not really listening to me, Joy, so if maybe they take one thing from what we've talked about, what's maybe the one or two takeaways that you really want people to understand from this conversation?

Dr. Osofsky: With grief and loss, not being afraid to talk about it. For children, talk about it with young children in a way that they can understand. But if it's avoided, and one doesn't talk about it, the young children will pick up the stress. It's better to be able to be there with them and talk with them and find a way that they can understand.

Dr. Horen: Super helpful and much appreciated. It's been a great discussion. So, thanks so much.

Dr. Osofsky: I'm very glad I could be helpful.

Dr. Horen: For more information about coping with grief and loss, check out the links to resources in the podcast. Thanks for listening to the Head Start Heals podcast from the National Center on Early Childhood Health and Wellness.