

Building Resilience in the Face of Trauma and Adversity

Sangeeta Parikshak: Hi everyone. Welcome to another installment of the Head Start Heals campaign. Today, we have an office hour related to building resilience in the face of trauma and adversity. My name is Sangeeta Parikshak, I am the behavioral health lead at the Office of Head Start, and I am here with some of Head Start's favorite friends in the mental health field. We have Neal Horen from the National Center on Early Childhood Health and Wellness, as well as Amy Hunter, also from the National Center on Early Childhood Health and Wellness. I'm really happy that they're able to be with us here today to address some of the pressing questions that have been coming in through our campaign.

We have had a few different webinars already related to trauma and toxic stress, mental health consultation, parent and family resilience. And so, many of the questions that have been coming in, we really wanted to be able to address with you all. So, we have created, kind of, a series of office hours within Head Start Heals to help do that for you all. Just a couple of housekeeping things.

So, if you have any questions or want to submit any comments, please do so in the "ask a question" box. And then, at the bottom, in "Event Resources," you can download the PowerPoint from today. We've also included a variety of different resources related to this topic as well for you to download and use. So, feel free to do that during the discussion today. So, we always like to know who is on our webinar, you know, who is here today to talk with us around this topic.

So, please put into the ask-a-question box. What is your role in Head Start, and what are you hoping to learn today? If there's anything particular you really came with, any burning questions, please feel free to put it in. We're going to be monitoring throughout and trying to address as many as we can coming in. So, as I mentioned, we've had a lot of different webinars so far trying to really help address this broad topic of trauma and resilience and recovery, and so, many of the questions that came in, not surprisingly, are around COVID-19 and what we are all going through right now.

We have been — many of us have been sheltered in place for a very long time, it feels like, and are trying to reach out to the children and families that we serve, while also taking care of ourselves. And so, we wanted to capture some of the broad questions that have come in, kind of to start off with. And like I said, please go ahead and send in questions throughout that maybe we didn't think that you wanted to know about, or anything that relates to these topics as well.

So, what we wanted to start off with was just the question of, "How do we help families prepare to reenter programs?" You know, we are pretty well-equipped to understand how to transition children and families at the beginning of a year, or new families that are coming in, but this is a really unique situation, and so, we thought it would be good to start with this question, and I thought that, Neal, maybe you could start us off with helping to answer this.

Neal Horen: Sure. Thanks, Sangeeta. I have no idea. I'm trying to figure it out for my 4 year old. I'm just joking, not about the figuring out for my 4 year old, but, you know, I think this is a great question to start us out because I think this is a great example of something where people are going to be in lots of different places. There are probably people who are on this call who already have reentered, who are already providing care and have tried to figure this out. There are folks who have a date and know and have some sort of sense of this is what it's going to look like when I go back.

And then, my guess is there's a whole host of folks who don't, and I think in some ways that's the part that's the most challenging because when we know that one of the sort of pieces that causes the most stress is when you don't have any control over something, and so, when you take control over this in terms of what you can do, I think there are lots of things that you can do to help families prepare to reenter.

So, it seems and, Amy, please jump in or, of course Sangeeta, as well, but some of the things that you could be doing are the same things that you would do in any sort of transition. This happens to be an unusually long one for many of our children and families and staff. It happens to be one when we don't — we don't, sort of, we didn't expect it, but I think in terms of transitions, you could be working with families now about what reentry would look like in terms of it's a transition, so how do we help children of different developmental levels make that transition?

We offer suggestions to the family about what drop-off might look like and how to help the child understand that you're going back, and what's going to happen when you go back. And the more information we can sort of provide, the more we can give suggestions for families and for staff about how to help support children as they reenter, to help families as they reenter, and to help staff as their reenter.

So, concretely, things like, what will my child be faced with on day one? And again, some of you may already be doing this. Some of you may already know this, and some of you may be trying to figure out. I don't know. I don't know what we're doing. But we've heard lots of questions about this. So, I think the kinds of things you can do, or to help families understand developmentally what's to be expected when a 2 year old is trying to make a transition, from six, eight weeks at home with their family back to our program. What's to be expected for a 3 or 4 year old?

And doing it for those children and for their families as well can take many different forms. So, Amy, I don't know if you want to talk about some sort of specific strategies that folks can employ.

Amy Hunter: Sure. Absolutely, and before I do that, I was thinking, you know, when you were saying, and I think it's so spot on about some programs are operating now; some programs have been operating; some programs are getting going, you know, as we speak. And I think hearing from those programs, they're tapping into, you know, those programs that have been doing it that are going to be reopening.

A great way to hear from them is to get on MyPeers and ask some of these questions on MyPeers where you can hear from other programs who might be just ahead of you, in terms of

getting back and sharing their stories and their experiences and what they did. So, I would encourage all of you, and I know we have a slide at the end of the presentation that can show you how to get on MyPeers; it's a sort of a social network through the ECLKC where Head Start program staff can jump on and get resources and share questions, answer questions, really chat with each other about exactly this kind of thing. But a couple of concrete things I was thinking about is maybe sharing with families, some social stories, and we have one in the handout that would be one example.

But you could make your own with your own pictures from the program — pictures of teachers, pictures from the class. If the children are going back into similar classes with their friends, it could — you could include your own pictures and the social story could be about, you know, them staying home and then what it will be like to reenter and rejoin. If there will be things about reentering that will be different than they were before that could also be incorporated into the social story, so children can begin to prepare, as Neal said, when they're home so that they've heard a lot about it and seeing pictures and talked about it.

Really helping family talk to children about children's feelings about going back and help families talk about their feelings. It would be totally normal for everyone to have some anxiety, some nervousness, and some mixed feelings and, you know, really to help them, families talk that through with their children so that their children have that experience and get practice, you know, sort of identifying emotions, naming emotions, being able to express their emotions through words with the teachers.

And then, I think just focusing as — as you said, Neal, with every transition, you know, when there's been a long summer break or whether it's been winter break, it's really important to focus on the routine, you know, really going through the routine kind of over and over and over, almost as if it was a new school year.

And then with the added piece around the experience that they've just had, you know, being able to process that and talk about, what that was like for children and families. I do think helping families feel as safe as possible about returning and being as transparent as you can about some of the unknown. You know, things may change; we may start one way and we may have to make some adjustments, but being as open and honest about what you're trying to do and why you're trying to do it as possible, I think is helpful.

Neal: Yeah, one other thing on that, Amy, and then maybe we'll move a bit, but I do think this emphasis is, you know, that we've had is a lot, and I love your last point because the emphasis is like, how are we going to help the children come back? The truth is, families may be apprehensive about this, and I encourage folks in programs to think about how you're feeling, and if you're feeling anxious or you're not so sure about certain things, just keep in mind, that means everybody is: parents, grandparents, the children, you.

So, what do we do to sort of try and keep that to a minimum and I see some great things here in the Q&A. One of the programs talked about having a parade and decorated cars for the parents and children, drive-bys, either teachers and read stories that they recorded, put them on their website for children to listen to. So, folks are really doing, and again, I'm not surprised as the Head Start world, they figured this all out. We like to make believe we know things, Amy,

but, you know, folks have figured a lot of this out, and I think a lot of folks are putting in here how many questions they have. And one is about this re-entry, and I think your point about people may be apprehensive, staff maybe apprehensive.

The most important thing is, and we know this after disasters and emergencies, is the more we can provide consistent, supportive, relationship-based sorts of care, the more likely we are to be giving those children, and staff, what they need. So, I think it's a great start to this conversation. OK, so we got through one question.

Sangeeta: Thanks, Neal and Amy. Yes, we did. Yes, we did. So, you know, I just want to highlight a couple of points that you both made. So, I think we can't underestimate staying connected. And I think I saw that in the chat as well, people are saying that. It's not a small thing the piece about staying connected; it allows children and families to feel like the people in their lives that matter so much to them, still care about them.

Being able to see them in a parade or something like that. It's just wonderful that you all were able to do that. But also, I really liked how we started off this conversation. I think Neal, you were the one who said, you know, needing to focus on the things that we can control. And I think so much of, everything that people are feeling, so much of it has to do with the uncertainty of not knowing when things are going to go back to normal. Is it going to be normal?

What is the new normal going to look like? And so, you know, just understanding that whenever you're talking to children and families, parents are really worried about how did this even come about. I saw a question about, "Is this, you know, people are concerned this might be a manmade pandemic, having concerns about the government." We're a government program. I think being able to redirect families that you're talking to about, what are the facts out there? I think there are so many things right now that aren't facts because we – there's a lot of unknown and uncertainty.

But I think if we can refer people back to what the CDC is saying, what Head Start is saying, some of these reputable sources where we've taken time to find what is fact and what isn't, and put it in a place that is accessible for you all, please use that as a way to help kind of decrease that anxiety for your family. And I think related to that is the second question of, "How do we talk to children about hard topics, such as grief, disaster, and infectious disease?" It can be really overwhelming when a small child is coming to you with these really hard questions if you're a parent, and so, I think that this is a good place for us to talk next about this uncertainty and having the control. So, whoever wants to take, pick this question next.

Amy: Sure. Sangeeta, this is Amy. I'll jump in and then, I know Neal can also add for sure. But this question has a lot of questions packed within it, and the first part is about grief. And this has come up, unfortunately on most of our calls, I think, and as I'm talking, I sort of hear my own voice, you know, sort of shaking, because this is really hard. I mean, families have lost loved ones. Children have lost loved ones.

Luckily, there is some — there are some excellent resources. We've tried to put those in the handouts for you that give you really specific guidance around how to help children, and talk to them about death and dying, if that's appropriate. One of the biggest pieces here, I think, is to

talk to families about how they've spoken to their children about it. You know, each family has their own beliefs and their own values and thoughts about death, and so, it's really important to understand sort of how the families have talked to their children about it. There's a great resource on Sesame Street, and we've included that, I believe, in the handout; if not, certainly you can Google it.

But there's a really lovely video about — with Elmo and his dad. His dad is talking to Elmo about the loss of Elmo's uncle, and so, that gives a really nice example about how to, sort of, talk to children in a very developmentally, appropriate way.

One thing we know about preschoolers and very young children is they don't always understand, or they often developmentally don't understand what — the permanence of death, and so, it would be completely normal for them to think it's temporary or reversible, and so, avoiding euphemisms like, "That person went to sleep," or "We lost that person," can be really confusing for young children and lead them to worry maybe about sleep. "Well, if I go to sleep, will I die?"

And we have heard questions about children worrying about their own death or worrying about their other caregivers' death or loss, you know, "Where will I get lost? What if I get lost?" Those kinds of questions. But to be really concrete about death as, you know, stopping breathing, stopping being able to play and talk, and being reassuring. You know, of course we can't make any promises, but that if we — that typically people die when they're older and typically, when even if we get sick, you know, there are lots of ways that we can get better. And we're going to take good care of ourselves and good care of the children. And so, you know, those are ways we can help children to feel a little more safe.

So, I kind of grabbed the grief part. I know there are other parts of this question. There's some great resources that we've included about how to talk about COVID specifically, and infectious disease. Sangeeta, you mentioned there are so many different kind of misinformation going around, and so, sticking to sort of the facts: CDC, again, is a great resource and there are pieces of information there. There's a great social story that you can read to kids about virus and about infectious disease, and so, we encourage you to use those. Neal, do you want to add?

Neal: Yeah, I will, 'cause there's — there's a number of sort of — there's lots of things about how do we talk to children about, I know in the Q&A, people been asking about that — that some families have now become homeless. Certainly, there's been a job loss and things like that, and I think, Amy, you said something that's really important, which is, "Try not to use euphemisms and try and balance that with being developmentally appropriate." I don't think that it's helpful to say to a 2 year old, "Listen, our economic circumstances have really shifted and there's going to be some ..." I think it's more about how do we help children understand things are happening.

So, if we talk about death or grief, if we talk about infectious disease, I don't think we're going to go into, "Here's the way in which the complex molecules and the COVID ..." What we're going to do is we're going to explain in developmentally appropriate terms, so that a child can understand enough that they don't feel like people are talking about things and they should know. And a common sort of misconception is if we don't talk about it, then the children don't

know; the children do know something's going on. That said, I think specifically around things like this disaster or infectious disease or homelessness, you want to use terms that are understandable, that are things like, helping a child understand that right now, something has happened. "It's changed where we are going to be able to stay.

We don't ... Aren't going to live in this house, apartment, this place right now; we're trying to figure it out. Know that you are loved and cared for." That's the most important thing. I keep saying this to people over and over again. The more we can help children understand that while there's lots of things going on that we don't have control over, that we're worried about, the thing we can control is that we really care about you.

We're doing the best that we can for you. We are going to do whatever we can to keep you safe. And I think those are the kinds of things, when I think about things like homelessness as one of the awful impacts of what's going on right now and the trauma associated. There aren't – there isn't a full explanation that you can provide to children, but I think when you start talking about this, and I'd encourage folks, for example, when you talk about infectious disease, some of that – there's a "Trinka and Sam" story that Chandra Ghosh Ippen, and Melissa Brymer, and folks have put out a number of these "Trinka" stories; it's available in English and Spanish. I see lots of questions about Spanish language resources.

I'd encourage you to look at sort of the language in some of these things that we've provided as resources, particularly the things, that have come out of the National Child Traumatic Stress Network, the kinds of things that the National Center for Pyramid Model Innovations has done. They've done some amazing pieces that are about how to explain things to children, and I think when we use developmentally appropriate language, it helps children.

It doesn't help to know just bits and pieces, but when we provide some information that helps the child feel like, "I am part of this and they're not trying to trick me or hide things," and I'm not saying you share everything, but I do think when we talk about hard topics, we have to actually talk about them and not pretend that, "They're young, they'll forget; they're young, they don't know," kind of thing. So, I don't know, Sangeeta, if we got to it. Yeah.

Amy: Well, I think before we leave this topic, I just wanted to pick up on a couple of things. I mean, developmentally, often young children think they cause things, right? And so, being able to correct any sort of misinformation that you hear from them or, you know, just to even reassure them, you know, "It wasn't your fault; it wasn't anything you did." When you were talking about the homeless piece, I was thinking, you know, it would be very normal for children to think, "Oh, when I got mad, that's why we had to leave the house," or, you know, "It's my fault."

And so, making sure that, in addition to the other pieces of reassurance, that we, you know, listen for them thinking that maybe it was something they did to cause it, and to make sure they understand, you know, sort of how these things occur, and that it wasn't anything they did, and be available to answer their questions as you said, Neal. And, really, really, real, unfortunately, I have had the experience of being in a classroom, and I think a teacher, you know, feeling very overwhelmed herself, you know, sort of said to a child, "Oh we don't talk about that because that's not nice," you know.

And so, it's really, the onus is on us to get prepared for these really tough questions; otherwise, our own emotions might take over and, you know, might cause us to step away from what we, you know, is our own best practice about, you know, developmentally being prepared to talk about these conversations.

Neal: Hey, Amy, we had a couple of requests because, of course, I'm just mumbling into the phone. So, a couple of the resources that we mentioned. One is a series of, sort of, short books essentially for children. They're Trinka, T-R-I-N-K-A, Trinka; and Sam, S-A-M, and actually, these have been resources we've used after other disasters. There's, "Trinka and Sam and the Earthquake," or, "Trinka and Sam and the Hurricane." This one is specifically about COVID-19, and encourage folks to sort of look at that.

The other two organizations that were mentioned are the National Child Traumatic Stress Network, nctsn.org, as well as the National Center for Pyramid Model Innovations. That's ncpmi.org, and I believe both of those are ... Yup, Sangeeta is already telling me. Sorry, I didn't pay attention, Sangeeta. Yeah, so there's resources at the end of the slides with links, and I believe all of those are in there as well.

Amy: They are all in the PowerPoint, and this PowerPoint, you know, is available to you in an ongoing way, so you can download it. So, you'll have all the — you have all those links, and you have ... There's a picture of the Trinka and Sam story and a direct link to it.

Sangeeta: Thanks, Amy and Neal. Neal, I forgive you this time. It's OK, and, Amy, I love the last point that you made around children feeling somehow responsible for any kind of adverse events that might happen in their life. They're trying to find some kind of reason why things are happening and if they're left in the dark, you know, their imaginations go wild as — as for adults as well.

So, I think that's — that's an excellent point. And the Sesame Street video that you highlighted in your answer actually speaks to that a little bit when, I don't know if it was Elmo or one of his friends, I just remember talking about how they feel bad, that they sometimes feel happy, even if these things have happened, which I think, you know, speaks a lot to children feeling very confused about how to feel in these situations and feeling guilty as well.

And so, I really encourage you to look at the resources, and that's at the end of the slide. And just to kind of recap, 'cause I think you all hit on some really important points, just really, that the focus around this, any hard topics that we're discussing, is making children feel as safe as possible and loved, and the way to do that is providing them with routines to the best of your ability, modeling of the types of behavior you want to see.

So, that includes even sharing with them that sometimes you're a little bit confused about what's going on as well, and there is uncertainty, and these are the ways that you're handling it. If they see that their caregivers are able to handle things, then they, as well, will feel more secure. I think other things that, you know, that you really spoke to that was so important is giving kids the power and responsibility to address what's happening.

So, they may not understand all the intricacies around it, but they can understand that it's important to wash their hands to keep people safe, right? That's why we've had so many great

resources through Sesame Street and other places around washing your hands and making it fun and making it an expectation of your day, just like brushing your teeth. So, kind of normalizing ways to keep yourself and other's safe is really important as well. And so, we're — we're focusing so much on all the things that adults need to do to help children during this time.

But I think it's really important to focus, you know, spend some time talking about how all of you who are listening in today, how you can prepare to reenter programs as well, and acknowledging that it's hard for all of us in different ways. And so, I'm not sure, Neal, Amy, who wants to take this next question, but happy to have either of you start.

Neal: This is Neal. I'll start Amy, and then, as per usual, you'll make a way better answer, so it'll balance it all out. So, I do think that, you know, I'm looking through some of the questions here about, reentry, again, fully acknowledging that some of you never left and have been working, but that many folks are starting to think about this reentry process as folks in different places across the country are going back in some way, shape, or form.

And I think that the first thing to start to do is to prepare yourself for the big emotions. And — and I, you know, as we've been talking, it's one of the things I keep thinking about is, for adults, we do have one, well we have lots of advantages, but one advantage is we have experience and we have the ability to, sort of, try and figure out our own things, whereas some children, most of them are not reading the newspaper and trying to decide, "What phase is my state in, or what's happening in my tribal nation or territory?"

So, I think that for adults, part of the reentry for you is to start to think about, "How am I going to handle my emotions?" If it's anxiety about going back and health issues, if it's anxiety about the children and what might I expect, if it's sadness about the fact that you've actually been home and you've been with your family. I think one thing for staff to start preparing is to start to think about managing your own emotions. This is a very emotional time for many of us, and the first thing that staff can do in terms of supporting the children is being able to support themselves.

We talk a lot, just in general, about staff wellness, about things like mindfulness and practices that are about regulating yourself. I think that one of the things that could be happening right now with staff starting to think about, "How will I do that?" and, "How can I get some support in doing that?" So, I've heard lots of amazing, supportive examples across our Head Start world of the mental health consultants and leadership and programs providing reflective supervision, ongoing basis, providing strategies and place, and just sort of a place to learn how to regulate and things like that.

And I think as staff are preparing to reenter, some of this obviously has to do with your local health regulations about what it's going to look like. I've seen lots of questions about masks and things like that. They're certainly in some of the stories that are shared and some of the resources that we have, including the resources on staff wellness. You'll see a lot about that. The first sort of piece of this, as you all have heard many times from us and many others in our Head Start world, is, "You can't pour from an empty cup."

So, for you to be prepared to reenter, you've got to be in a space where you're ready to reenter and whatever that means for each of you. Some of you are like, "I'm good. I can handle this. I'm ready." I certainly can tell you some of the folks that I've worked with across the country on disaster response and recovery, this is yet another sort of way in which we're responding to a disaster, and I think that the more you're able to, sort of, be prepared for yourself emotionally is where I would start.

And then, obviously, the physical piece of this — it's an infectious disease. It's important to take care of yourself and be ready to handle that. But I do think that the first step is the kinds of things you could be doing now about, "How am I starting to try and be present and regulate emotions and things like that?" So, Amy, I'm sure you'll build on that and make it way better.

Amy: Yeah ...

Neal: No pressure.

Amy: I don't know about that. You — you put a lot in there, but I just, I'll pick up right where you left off about, I don't know if some of you have seen some of these resources, but really talking about how trauma impacts, and we know this, right? We knew this before this situation. But you know, when we're having trouble focusing, you know, it may be because our brain is in a state that is trying to be adaptive rather than, you know, long-term focusing intensely. Or, you know, whether if we're having a hard time, you know, being creative or problem-solving or, you know, we feel like we're, our brain is sort of in a fog or a fuzz that would be very normal in, you know, a traumatic, stressful situation.

And so, I do think helping staff, you know, pull up those resources and see, you know, this is not normal circumstances. And so, you know, one of the messages we've been giving over and over is: "Be gentle with yourself." And for staff and leaders in the program and peers: "Be gentle with each other." Right? You know, give someone a little extra leeway 'cause this is, you know, we don't know what people are facing, you know, at home or with their own families and with their loved ones, and you know, so be gentle with yourself. Be gentle with others, kind of lower expectations. This is hard on everyone. And you mentioned a couple of times, Neal, the mental health consultant.

So, every program should have, you know, according to the performance standards, right, a mental health professional integrated into the regular operation of their program. And so, using your mental health consultant to, you know, provide staff wellness activities, maybe provide mindfulness, information, and activity. We knew before this, and it was really catching on in a really exciting way, how important staff wellness is, so that staff can be their best, as you said, Neal, like put on their air mask first, in an airplane, you know, before they help someone else or fill their cup, make sure their cup is full so that they can ...

You can't pour from an empty cup. All of that we knew was important before this, and now it's essential. Like, it's not even a question. Like, this has to be a focus of every program is, you know, really thinking about how do we take care of ourselves? How do we take care of each other collectively? And how do we make sure, you know, that we're the best we can be to do this really hard work with children and families?

Neal: Amy, I'm just going to add one more thing 'cause — because one of the things you said really — really struck me. It's been a painful lesson for me over the last six weeks, but apparently, I'm not perfect no matter how many times I've said it. Amy, Sangeeta, and my wife, many others are more than happy to point it out. And what I mean by that is I cannot actually be an educator, do my job, be a husband, exercise, read a book ...

You know, I think that one of the things that we've sort of come to understand over the last few months is let's do the best that we can. And I think all of this to say for all of you: Don't necessarily think going back means you are a 100% top of your game, ready to be exactly where you were. And I think for program administrators to start to think about, "Are there ways where you can give people a little bit of a break so that they can get 10 minutes to take a breath?" That they can actually literally just decompress for a second or check in with people.

And I think that this sense of, what should I ... How can I help staff prepare? I think you can by being gentle, and I think that's a great word to use with folks is, "Let's all be realistic. We obviously want to meet our program performance standards, and you should; and we want to be there for children, and you should; and we want to be there for each other, and you should; and you're probably going to struggle.

There are going to be times where somebody might actually struggle in that, maybe you have to give you permission — give yourself permission to do the best that you can, and that as each day, as you get more used to a routine and the structure that you're, you know, whatever the new routine and structure is, that might be helpful to, sort of, consider that we might actually have a little bit of difficulty, and it's OK. It doesn't mean it's OK then to yell and have really negative interactions with the children.

And I think that's the other piece of this is that last question that we'll get to, but having some realistic expectations for yourself, for your staff, for children, for families, and understanding that we're all transitioning. It's unlike other things in that everybody's making some sort of a transition here, and if we have realistic expectations that transition will go a little bit more smoothly.

Sangeeta: Thanks Neal. I, you know, I always love that reminder for myself, as well as for everybody else here. I, you know, we appreciate your kind of tongue-in-cheek about it. And yes, I do like to say that "Maybe you're not perfect all the time," but I think that's a wonderful way to kind of keep reminding ourselves that we can't do it all. We can't be superhuman. We tell our parents that all the time, that you can't do everything a 100% all of the time, and telling ourselves that as often as we can is really key in all of this. I think that it's probably good to transition to the next question.

You know, one of the questions that keeps coming up and I think is why people are feeling like, "Oh my gosh, I have to be a 100% on top of my game by the time I get back into the program" is worrying about what children have gone through while they have been at home. And we do have some specific office hours that are going to be devoted to addressing some of the concerns around child welfare and domestic violence that have been coming up.

We won't talk as much about that here, but I think what we want to start off with is really trying to understand what behaviors we might see from children reentering programs and how we

can tell if they need more intensive intervention services. So, whoever wants to start, it's kind of a big question. And so, we can all, you know, take turns adding in. But Amy or Neal, whoever wants to start.

Amy: All right, I'll jump in and just take a few pieces and then you all can add as we have been. But I think a couple of things to think about here is children are going to need some time, right? And we may see things, and you hit on something, Sangeeta, that I wanted to pick up on, related to, and I know we do have office hours dedicated to it, but related to domestic violence, abuse, and neglect, or child welfare, and also substance use.

We know, from previous natural disasters, that those, unfortunately, increase during times when people are stressed. They may use increases — they may increase their use of substances, or they may, unfortunately, engage in abusive practices, and there is also an increase in domestic violence. And so, we know that those kinds of things are on our, sort of, antenna. And you know, just to be thinking about in the back of our minds, and as Sangeeta said, we have some information on one of the slides coming up, just information, resources, national resources, information numbers, and you all will have those local ones in your program as well in case you need them.

But I started to say, you know, children will need a little time, right? We talked at the very beginning about reentering, and, you know, everyone has talked about what a big adjustment and, you know, a transition, big transition that this is, and so, you might, it might be expected that children may regress, you know, they may have been doing something developmentally, like, maybe they were, you know, talking or walking, or they were already toilet trained. There may be some regression in those developmental milestones, regression in some academic skills or some social skills.

There may be some, you may see some difficulty sleeping, some difficulty following the routine or the rules, difficulty, you know, expressing their needs and feelings appropriately. You may see some increased aggression or some increased irritability. All of that might be expected. But part of the question here that is being asked also is, "How do I know when more intensive intervention services are needed?" And, you know, one of the, sort of, mantras I keep bringing up, I think is, "Use your mental health consultant."

You know, give it – give it some time because this is a big transition for many children, if they've been home for a long period of time and had a really different routine than they're coming back to. But pay attention to those behaviors. Talk to families. Use, hopefully, your relationship with the family to understand more about what their experience at home was like, so you have a better picture of what the child has experienced. And use your mental health consultant to help you in your observations with children and seeing how children are behaving and how their behaviors may change over a period of time.

If you are seeing really concerning behaviors certainly that would be time to pull in your mental health consultant. And the other thing I would say is there are going to be a huge range of how children experience ... Of the kinds of behaviors children are going to display, and children's experiences. Some children may be so excited to come ...

Many children are probably so excited to come back into your program and just will fall right back into place, as if they hadn't even left. And then at the other end of the continuum, you will see maybe increased separation anxiety, for sure, maybe back to what you saw at the beginning of the year. So, there will be a full range of those behaviors to expect, based on children's experience, based on their temperament. And so, I think, you know, using the resources that you have to help you. Expect those behaviors and then effectively guide children. Neal, do you want to add?

Neal: Yeah, I just wish you had something to say about that question, Amy. I just, that was great. No, I think that's great, and I actually, you know, sort of, segue way a little bit, because I think the thing you said there at the end is important, which is: It doesn't necessarily mean that every child is having difficulty. And there's actually a great question here, like what are your thoughts on families that just say, "We are OK, we are fine, we're hanging in there," when asked if they want to talk to the mental health consultant.

You know, I actually think that there may be children who are doing really well. There may be families who are actually providing lots of great relationship-building interactions, pre-academic work and things like that. And I don't want us to all, sort of, feel like it's a hot mess out there. Every child's going to be going, you know, just having all kinds of challenging behavior. There's not going to be one child who follows directions.

The truth is, as Amy said, you're going to see a wide range, and the difference between a child who actually needs more intensive intervention in some ways is no different than the way in which you would tell that in any other time, which is what have we tried to do in terms of developmentally appropriate supports? What are the kinds of things that we've tried to do that despite everything we've tried to do, it doesn't seem to be helping?

Then, you'd probably make some sort of a referral for more intensive sorts of services. And I think that if a family ever said, "We are fine, we are OK," the first — my first thought is, I accept that because they're telling me they're OK. It doesn't mean I might not try and figure out other ways to get at it if I thought there was something else going on. But I don't want us all to assume that everybody's having tremendous difficulty, and there are certainly children and families and staff who are, it doesn't mean that everybody is.

And so, I also want us to have a sense, and I've heard this from lots of other folks, this is also an opportunity for resilience building and skill building and opportunities if families aren't able to provide all kinds of opportunities for learning in all kinds of areas of development. I understand very well that not everybody has that opportunity and there's all kinds of equity and disparity issues, but there may be some opportunities that are being taken advantage of here.

There's another question that sort of builds on this, Amy. So, I'll, sort of, go first because I think it is important as we focus very much on, sort of, center-based, we haven't really talked about the home visiting piece of all this. And the question that was asked is, "Home visitors haven't really been addressed here. Home ... is there a working with birth to 3 year olds and then they go back to face-to-face visiting, we'll most likely have to continue social distancing as best as we

can and wear masks and gloves? And how do we — how can we transition these changes with the children without scaring them or making them nervous around us?"

And I think it's a great question, so, I'll take first shot and then you and Sangeeta jump in, please. But I do think that we are in a, as I think Amy has said, we're in a different — we're in a different world, and any of us who've gone out have seen people wearing masks and it is a sort of a new experience for many of us. I do think that these are the kinds of things that we would try and explain to children and maybe actually let a child see the mask and touch a mask, not the one we're wearing, but actually have an extra, but actually do some pre-work where the family practices putting on masks, and how do we talk when we have masks on, and somebody's going to have a mask on and what does that mean? What kind of mask is this versus the mask we wear for different sorts of events or things like that? And I, again, I do think, that there maybe circumstances where children are seeing something that they've not seen before.

Somebody wearing a mask or somebody saying, you know, "We're going to sit six feet apart," which I'm just going to tell you right now, I'm not representing the Office of Head Start, so I'm just going to tell you, good luck, right, good luck getting a 2 year old to say, "Oh, I stay over here, and I don't move? Oh, OK, I will do that."

Some may and some may not, and I think part of that is also developmentally appropriate that some children may not actually stay in the exact spot that we want them to for social distancing. But I think the more we do preparation, the more we actually, maybe, there's a picture that can be sent ahead of time, maybe there was a video that could be sent ahead of time that says, "It's me. Look, I take the mask off, it's still me." Those kinds of things that we would do in any other sort of circumstance.

Much like when I think about my pediatrician who doesn't just walk up to my daughter during a well-child checkup and stick something in her ear. She says, "This is what this is. This is what it does. Do you want to look at it?" Those kinds of things. I think those are the kinds of things that we can do. Are they perfect? Are ... Is ... Does it ensure that a child doesn't get upset? It doesn't, but the more we do preparation, the more likely we are to have a less of that. So, Sangeeta or Amy, anything you want to add to that?

Amy: I don't think I have much to add to that. I think that was exactly what I was going to say, but I do want to go back to something. There was a previous question that you talked a little bit about, Neal, around, someone asking, and this comes up all the time, you know, when I ask families how they're doing they say, "fine" and they, you know, don't have anything to share.

They don't want to share, and sometimes you may have concerns that it isn't necessarily just fine, and that you are prepared and willing to support them, or give them resources, or listen, you know, provide all those wonderful services that, whether you're a home visitor or another staff person can do for families. But many families are just, either are fine, right? Like Neal said, you know, just like children have a range of how they're doing, families have a range of how they're doing, but even if they're not doing, you know, quote-unquote "fine" and there are concerns going on, it may not be the right time to be talking about those, right?

If they're just trying to survive day by day, and I use that term, survive, meaning a range like I'm just trying to get by with doing my work, and my kids, and my meals, and my chores, and like worried about my loved ones, and you know, survive, sort of, in that sense. And then, survive in the sense of like, maybe you know, for some families, unfortunately there are some very real and significant, sort of, life concerns, but you know, whatever — wherever you are in that range of like surviving day-to-day, it may not be the time to say, "OK, I'm going to step back and reflect."

You know, it ... You're in that mode of just getting by day by day, and so, you may, after people, hopefully, you know, things calm down a little bit, maybe they'll get a little more normalcy, a little more contact outside the home, a little more connection, you may hear some of the things when they're not necessarily in survival mode right now.

Sangeeta: Amy and Neal, those are really great points, and I think, you know, there's a lot of questions coming in about the social distancing. And Neal, I appreciate you answering, and also saying you don't speak for the Office of Head Start. It is true that we are still trying to figure out what this is going to look like, and we are going by all of the different guidance that we are pulling from around this.

We do have a separate series just focused on COVID-19; it's an "Ask the Expert" series. We had our first webinar: Caring for Children in Group Settings During COVID-19. If you go to the ECLKC homepage, there's the COVID-19 button there. You can go to that section and you'll be able to access that first webinar that was done. That gives the latest guidance around what to, you know, around the PPE piece, around, you know, diapering for infants, talks about what the social distancing may look like.

But I think, you know, Neal also has a very good point that it will be challenging and it's part of the uncertainty that we don't know what this is going to look like. So, the best that we can do is follow the guidance that we have in-hand, and then work with that as we go along. And the Office of Head Start is doing everything we can to give you the latest information.

So, that COVID-19 page is where you can go because we're continuously updating it and we're getting more experts as they get more information to come and speak with us about these topics. So, I just wanted to highlight that for you all. I know we have about six more minutes and there's some questions that have been coming in around children wearing masks, and so, Neal, I didn't know if you wanted to take a couple of minutes to talk about this with Amy.

Neal: Well, as my mom likes to point out, I'm not a real doctor, so, I'll take first shot and then, please jump in. You know, I'd say this, obviously, your first line is what is your, you know, your public health department saying about these kinds of things? I think, if for some reason, that is something that children need to do, there are lots of places, there are hospitals in which children actually wear masks in different parts of those hospitals. I think that it's not unprecedented that a child would wear a mask.

That said, I think if that is the rule, I think that, again, when we practice things, right, it's no different than when I have my OT in my program helping a child wear, you know, use a particular piece of equipment that we actually do some practice and we prepare people, we prepare children and things like that. That said, I don't know what's going to, if programs are

going to be requiring children to wear masks, and if that is the case, there are going to be opportunities for learning about what that — what that means and what it entails. So, I'm not going to go too much further on that.

Amy: Yeah, I would just add, I mean, the question was about children, but I think there's also been questions about adults, and just one of the things that I've been thinking about, and I don't have the answers either, but if adults are wearing masks, it will be harder for children to read the social cues of the adult's faces.

And so, I think that's an excellent conversation to have as a staff with your mental health consultant, with your reflective supervisors, with your supervisors, you know, to just say, "Well, if one of the big developmental tasks of infants, toddlers, and preschoolers is to learn emotions and read cues from their adults, how do we do that when a big part of the face is covered?"

You know, so we need to maybe be more intentional in our inflection, in our voice, and be more self-aware of our eyes and, you know, be more intentional about using the feeling faces charts and talking about our, you know, feeling words and, you know, it's an excellent conversation I think, to have within the program.

Sangeeta: Thank you both so much. I know we just have a few minutes left, so I wanted to get to the resources that we have been talking about and promising this whole time. So, we have a bunch of resources for you. Again, you can go to the event resources tab at the bottom of the page and download this PowerPoint, so you have access to all of these resources. We cannot stress enough the importance of self-care.

As Amy said, we have been talking about children a lot today, but we really want to emphasize the importance of taking care of yourself now and in preparation for reentry back into the program. We want to highlight all of the national hotlines that we have been talking about throughout the Head Start Heals campaign.

If you, or someone you know, is experiencing any negative mental health effects and need more assistance, SAMHSA has a Disaster Distress Helpline, and if you are concerned about any kind of suicide that may be, you know, you need to prevent in people that you know, or if you're struggling yourself, there's also a National Suicide Prevention Lifeline. There's a 24-hour parent support line, and a domestic violence one.

We also have some numbers here for you to address child abuse and neglect, as well as substance use. We haven't talked at all today about substance use and misuse, but we do have an office hour specifically devoted to that topic, so stay tuned for that. We talked a lot today about grief and loss and helping children understand that, so here's the resources on that. The first link goes to the "Sesame Street in Communities." We talked about the video; there's also a variety of different resources you can pull from there.

And here's a couple more from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry. So, please, avail yourself of all of those great resources there. These are the stories that we mentioned: "Resources and How to Talk to Children About Infectious Disease," with a specific focus on the coronavirus. So, the "Trinka and Sam: Fighting

the Big Virus," that's the one that Neal mentioned. It's both in English and Spanish. We also have this one from Florida State University.

If any of you were on our webinar last week, that was focused on migrant seasonal population, we had Dr. Rosado from Florida State University on, and he just wrote this book and it was just published. I really like it as well. You can access both of those in PDF form online. We have some great resources here about — to support healing and recovery. So, these really focused on families, as well as, kind of from a coping perspective.

There is one tip sheet from Zero to Three specifically focused on the coronavirus. And then, if you didn't know this, on the ECLKC, we have a new page on "Supporting Recovery After Trauma" where we have all of our resources related to trauma right there for you to access. If you aren't part of our MyPeers community, we encourage you to join.

We're trying to drum up as much conversation as we can from Head Start Heals on our mental health page, you know, because even after this campaign ends, the focus on trauma and recovery and mental health does not end, and so, we want to make sure that you all have a place to continue to have your discussions around these important topics. As far as what's coming up on Head Start Heals, I mentioned this is the beginning of our series of office hours. We have some coming up on addressing domestic violence, substance use, and child welfare. The National Center for Parent, Family, and Community Engagement is going to be joining the mental health team here from the National Center on Early Childhood Health and Wellness to bring you those office hours.

So, please join us for those. We also have a variety of webinars coming up. We have one from the National Center for Pyramid Model Innovations coming up on May 12 on "Addressing Trauma in Classroom Settings." I saw a lot of questions coming in today that maybe you'll want to tune into that one, to help answer some of those questions. We have one on "Preparing for Challenging Conversations with Families" that's coming from PFCE.

So, a lot of those questions around how to talk with families about working with mental health consultants or even having these difficult conversations. It's a good place to come and get some help around that. And if you have any questions in the interim, you can email us at trauma@eclkc.info and we're monitoring those and trying to get you answers to those questions. Anything that we haven't been able to answer today, trust us, we are compiling them and trying to push out answers to them on future webinars and office hours. Thank you so much to Amy and Neal for joining me today. Really appreciate all of you all tuning in and we look forward to talking to you again very soon. Have a good rest of your day everybody.