

Engaging with Families in Conversations About Sensitive Topics

Brandi Black Thacker: Hello everyone, and welcome. We are not going to get started until the top of the hour, but you know how we do. We'd like to get in chat with you as we are preparing to get started, so if you could join us in this lobby ice breaker question. We would love it, as you come on in and get comfortable, kick up your legs, [Laughter] come on into this space ... We want to know what you think makes a conversation sensitive. Now, if you've been with us before in the Head Start Heals campaign or any of the other Office of Head Start hosted discussions, you'll know that you can find your Q&A pod down off to the left-hand side of your screen. And that's where you can talk to us if you want to insert any dialogue all along the way. If you have a question, certainly put it there. If you have a comment, we usually try to list those up as we go along, so that for the greater good, we can all hear from each other. And I see a little activity over there now, but I want to give you guys a second to come in and get settled.

Some of you are saying things like, "Maybe it's the topic at hand that makes it sensitive." Sarah, I love what you're saying here: "Things that feel taboo or very personal." "Different opinions," Jolie adds in. Oh, Elizabeth takes us to a place that ... "Talking about any topic that makes parents uncomfortable."

So, it sounds like you guys are already in this wonderful, reflective space of really processing what pieces can come together to make the conversation feel sensitive. Some of you, it's interesting ... I love what you're doing because you're not only thinking about the person that you're going to be with, but you're thinking about what you bring into the interactions. I'm also seeing comments like, "sharing personal information," and that's from Lynn. Or Tracy brings forward the realness that many of us have experienced lately, which is maybe having to even bring forth bad news. I want to see what else ... I'm going to scroll just a little bit. Other words that I'm hearing are things like, "when folks are in crisis ..." Again, some nods and agreement to ...

Ooh, Sherry, I like this. Sherry said, "reactions or anticipated reactions." I like this notion about anticipated reactions because we can also get in our own headspace about what we might expect folks to think or do or how they react, and that can put us in a place in our own reflection process that really is actually pretty valuable, and I hope you're going to see that come forth on several accords today.

So, I'm so glad you guys are here. We've had such a big week of connection and conversation this week, and I have to say our hearts are so full to get to spend any time with you guys. So, come on in and continue to get comfortable, keep talking to us in the Q&A portion of your platform, and we'll give you a little tour of that here in just a second. But with it being the top of the hour, I definitely want to jump on in because we have so much good stuff to talk about, as per usual. Welcome officially to Engaging with Families and Conversations About Sensitive Topics. Today, I'm so happy to report that myself – my name is Brandi – and you'll get a few official introductions here in a bit. And my colleagues from the National Center on Parent Family Community Engagement are here to be your facilitators for this conversation. And if you've ever been in one of the conversations that we host, you know that it is not only our hope but our absolute, you know, dream and craving that you talk to us because, you know, we're the relationship people, so we really want this to be a dialogue.

I do want to show you a little bit about the platform because one of our main questions always in the Head Start community is, "Do I get the PowerPoint?" And we say yes, of course. I wanted to show you where to find, of course, the Ask a Question. You can see here on the slide, if you'd like to interact in any

kind of way, please visit there. And then underneath, you also have Event Resources, and that's where you're going to find not only the PowerPoint but a couple of handouts that we are going to reference during our time together today. Also, because this is so important to you guys, I want to make sure we put this right up front: We love to be able to honor the time that you do spend with us, so of course, this does culminate in a certificate, and I want to make sure you have the proper instructions to have that get right to your inbox. So, here's the trick: You stick around [Laughter] with us the entire time, and at the end of the webcast, our host will actually close the webinar, and you will automatically receive the link to your certificate. But you have to stay and let our hosts close the webinar window for you, and then it will automatically send it over. I'll review that again at the end, just to make sure that everybody has what they need to get that documentation for your professional development files. The other thing that we'll have at the end of our time together as well is a little evaluation link. So that way, you can tell us what you like about the conversation, what you would tinker with, things you want more of, less of. We actually pay very close attention to the comments that you give us because we are here to serve, and we love hearing what you have to say, and we actually make amendments based on your voice. So, please let us know.

I would also love to give voice to our incredible leaders at the office of Head Start. They have been hosting this entire series of discussions on the Head Start Heals campaign, and I can't tell you guys ... We've facilitated several, but we've also been listeners and participants on many, and every time I leave one of these discussions, I just feel very heard and seen. And we pray that that's the same case for you. It's just been very timely, it's been very connected to who we are and what we do in Head Start, and it feels very reverent of what's happening in current day, as well. So, we hope that you found the same. And in that vein, one of the things that I'm thinking about is another series that's been very important for us, and actually we're hearing from you guys, very important from you as well. Tell me in the chat: Have you guys been over yet to check out the new webinar series on Advancing Racial and Ethnic Equity? Tell me what – tell me if you've been over to hear a little bit because I have to say, we had the honor at the National Center on Parent, Family, and Community Engagement to kick off the four-part series. We did that on August 6th, and you'll see that here on the slide. And we really were ... I've run out of words to think about the power of the conversation that you gifted us that day. We were able to unpack a lot of definitions, come to common understanding around things and approaches and strategies and personal stories. And then our colleagues from the National Center on Program Management and Fiscal Operations came right behind us on August 20th and took us through this conversation with a true focus on human resources systems, as we keep in mind culture, diversity, inclusiveness, and equity. But you can go back and see those at any time. Those two, even though the dates have already passed, they still exist in an on-demand fashion. If you go to the ECLKC, you can pull those down through those registration links. And then you have to mark your calendars, if you haven't already, for the final two. Our colleagues from the Early Childhood Development Teaching and Learning National Center will be talking to you on September 10th. And then last but certainly not least, our colleagues from the National Center on Early Childhood Health and Wellness will be coming to think and talk with you on September 17th about health disparities in these larger systems.

It looks like many of you have already come over. I'm really grateful that you've already been with us in that dialogue, and we hope that you continue to. We see this as a starting point in a long-time discussion that we hope to continue to have with each other, and we hope that you're inspired to take those into your programs and your local communities as well. So, let me pause here for a quick second, because I need to introduce you to the people. [Laughter] I have two of my literal, most favorite friends and colleagues of all time with me today on the line, and I can't wait for you to get to say hello to them. And I'm actually going to pause so you can hear their voices straight away right now. Dr. Sparrow, if it's

OK, I'm going to go to Dr. Richard first. You know, the Southerner in me needs to go to the ladies first. And then she'll turn it over to you, and we'll come back together.

Dr. Richard: Good afternoon, everyone. Thank you, Brandy. I knew Dr. Sparrow was going to say, "Yes, ladies first." My name is Guylaine Richard, and I'm the Director of Training and Technical Assistance Development at the National Center on Parent, Family, and Community Engagement. It's a pleasure to be with you this afternoon. Dr. Sparrow?

Dr. Joshua Sparrow: Thank you, Dr. Richard. Yes, I was going to say go first, but then I would have gone first. So, thank you. [Laughter] I am just so delighted to be back again with you, Dr. Richard, and you, Brandi Black Thacker, and with our friends and colleagues at the Office of Head Start, and with all of you all over the country. I just can't believe how lucky I am to get to be with all of you, and I can't believe the – the richness of all of those comments in the chat, the honesty, and the bravery, and just the wonderful people you all are. So, just thank you so much for being with us today. My name is Joshua Sparrow, and I'm the co-principal investigator at the National Center for Parent, Family, and Community Engagement.

Brandi: And this voice that you hear now of, you know, Appalachian influence [Laughter] is Brandi Black Thacker, and I am so grateful to be with you guys. If you've ever been with us before, you know we genuinely and authentically feel honored every time we get to spend any moments with you. And I'm the director of Training, Technical Assistance, in Collaboration for the National Center on Parent, Family, and Community Engagement. And, you know Josh, with that, you and I started off pretty early this morning in some dialogue. [Laughter]

Dr. Sparrow: We sure did.

Brandi: We were thinking together and ... [Laughter] We were thinking and doing what I would call back home "a little plotting and planning" about how we really, speaking of being genuine and authentic, how we wanted to stand in a space with each of you today, given everything that's happening in our world, and there's so many things happening, Josh. And I just wondered how you felt about maybe sharing a little bit of vulnerability about our conversation this morning, and how we had to step into this dialogue together today with all of our friends here.

Dr. Sparrow: Well yeah, it was kind of early, but I was up, and you were up, and I read your email: "Can you talk?" Yeah, sure. And I think we both felt like we had to talk because our world is moving so fast. And just when you thought you couldn't handle any more hard things happening, more hard things happen, whether it's the hurricane down in the Gulf Coast or the violence and the hurt across our country that we all hoped we all would have been done with a long time ago, and we know we're not done. So, I think we both felt like we got to talk about how to talk about things that are hard to talk about because part of what makes these conversations sensitive, in addition to all of the things that all of you mentioned in your 100-plus comments about what these sensitive topics are, is like how we're feeling when we have to enter into those conversations, like what we're dealing with in our world. Our world is sure a really hard place to be right now, and then what we're dealing with in our own lives.

Brandi: And, you know Josh, it really brought to the forefront for me this whole awareness of needing to understand where I sit or stand or exist, you know, in that space of all of the hard things. I'm already seeing in chat, several of you are saying, "Oh my goodness, this conversation, you know, is so timely and so necessary for us to be able to, you know, hold each other close." Not only with all of the things that

we're holding, whether it's the pandemic, whether, you know, it is two hurricanes at once, or Josh, as you said, violence in our Black and brown communities. We're just ... A lot of us, if I'm being really honest and even in my own personal reflection, are feeling a bit like our tanks are empty and we need each other to figure out how to refill. And in my little humble opinion, one of the only ways we can do that is to be in that vulnerable and real space. So, you know, Josh and I were just really [Inaudible]. There's so much hurt happening, and we need to acknowledge it, and we also need to say that there is hope and possibility because we have each other. Not in a Pollyanna way and not in a lip service way, but in an actual, real way. And Josh, I know you spend a lot of your career talking a lot about how our brains are physiologically designed to need and be with each other, [Laughter] which is just so comforting to me because for me, because for me it's like a personal pull, you know. But I wonder if there's anything you'd add here. Because I know we've worked together to find the exact words that we wanted to be on the screen, and I wonder if you want to add in a few of our thoughts here and see what our colleagues on the line might add in as well.

Dr. Sparrow: Well, only if you'll help me out, and if everybody else is going to help me out too. We – we, you know ... "Reflecting" is a word that we've all used a lot and we thought we would stick with it. Before entering into a conversation about a sensitive topic that is also an important conversation to have, that can really be critical in outcomes for the children and families we work with to reflect on "how are we doing?" Like, we've been cooped up since March. How's that going? We've been trying to work and take care of our kids at home. We – we are looking at the race-based violence and are scared for our own loved ones. Can't handle any more hurt, but no, we're not done. So, reflecting on how are we doing in our personal lives in our families, especially in these times that are tough in so many different ways, and noticing the feeling that I don't know if I've got anything left right now for anybody else. I don't know if I've got anything left to be able to have this conversation about this really sensitive topic. I'm feeling, like Brandi was saying, I don't know if I can do that. And so, reflecting and getting to that point is really important because then it may be: "Well, maybe I need to reschedule this. Maybe I need to step back and take some time for myself. Maybe I need to see if one of my colleagues can come do this with me. So, beginning to explore, now that I reflected, you know, what do I need to do to be able to make this work and explore like, where these feelings come from? And so, it's exploring within ourselves. It's also exploring in: well, what's this – what is going to be hard about this sensitive conversation? What's going to be hard for me? What is going to be hard for the other person, or their family? And then, maybe like, are there some assumptions I'm making about what's going to be hard? Maybe I need to, like, step back from those and be open to those maybe just being assumptions and maybe being surprised about there being something else. Also exploring, Brandi was talking about, the way our brains are set up to look for danger, look for [Inaudible] threat, and we kind of go there first. But right next to the part in our brain that is focused on our alarm system – like watch out, be careful, which triggers us like to remember all of our assumptions and past bad experiences to make sure they don't happen again – right next to that is the system in our brain that's focused on our feelings. So, exploring our feelings and honoring them, honoring the feelings we have, like "I'm scared, I'm done, I don't have anything to do, this hard thing," and also honoring what we can get to by exploring what we think the family, the person we're going to have this conversation with, might be feeling – honoring that. Yeah, that's where they might be at, and this is where I'm at. So, it's reflecting, and exploring, and honoring where we're starting from, and – and doing our best to try to picture – with our imagination, and with our humility, and with readiness to belong – where families might start from. You did

Brandi: Mm hmm. Oh, goodness, Josh. I'm so grateful for your ... just the fluidity and the connection that you made with the words, and I have to say one of the things that really hit me this morning was, they need to be verbs. You know, they need to be action oriented, and it – it needs to be, you know, also that

we're not only in service of each other. But I know who we are in Head Start. [Laughter] You know, and I'm so honored. I've never been so honored to be part of our national community. We have a heart to serve. And so, Josh, I heard you saying so many things. Not only do we need to be in action, in service of each other, but in service of ourselves. And so, I see some of the comments that are coming through, which are just incredibly powerful. And one that I wanted to pop out here in particular, and it comes from Melissa. She said, "Although I, you know, I feel a lot of stress lately, I also feel blessed to have people in my life who've been supported and willing to chat, you know, about the things going on." But Melissa, it was your next statement that really, you know, brought this home for me because I completely share this with you. She said, "I worry for families that we work with and support who don't have these kinds of connections." And, you know, one of the many reasons that we wanted to, you know, bring this dialogue forward is for that exact reason – that exact reason in that we have the distinct honor to play that role for so many families and to get to do it in a way that does, you know – you know ... What did we say, Josh? Reflect, explore, and honor not only who we are, but certainly who the family is, and – and what that means for each of us based on our individual journeys. So, we're going to actually get concrete here today [Laughter] ...

Dr. Sparrow: Can I just-

Brandi: ... about a few things. Yeah, Josh. Jump in. Go ahead.

Dr. Sparrow: Before you leave that, I just want to linger on what you just said and to say there's another comment: What about a higher power? Nobody ever talks about it. We can't do it all by ourselves. That's why the world is so crazy. Talk about a sensitive topic. Talking about, you know ... No one talks about the things that are sensitive, and spirituality and religion, that's one of those things that, you know, a lot of us may be wondering. Can we talk about that? Can we go there? But over and over again, you know, spirituality is one of the things that people come to, regardless of their culture or what organized religion they do or don't connect with, it is over and over one of the places where people go. And I just wanted to connect that to what you were saying, Brandi, because when we were talking this morning, we talked about how when you reflect and explore, you can end up in some really dark places. And when you're thinking about approaching a sensitive topic with a family, and a lot of you people put topics that are dark places for people like triggering past trauma, things that are really personal, things where you've been shamed or felt vulnerable or felt judged. So, it's exploring the, you know, the darkness in honoring that, yeah, this is really hard for me, and then this is really hard for the person I need to talk with, and then looking for the light, and looking for the light in yourself, which ... The person who talked about spirituality, that's the light for a lot of us, and others have, you know ... Other places we look to for the light. And then, as we move into preparing ourselves for this conversation about something that's sensitive, it's so important to try to look for: Where is the light, we can already picture in that person, in that family? Where's the – where's the strong stuff? And so often in the families that we work with, it's their passion for their child. No matter what [Inaudible] the topic it is, no matter how hard things is, no matter how much people may be struggling and you may be worried about the child's wellbeing, so much of the time, part of the light is passion really wants to do the best for the child.

Brandi: Well, you know Josh, what can I say? [Laughter] So well said, and you know, that resonates with me today, not only as a person who has a heart to serve, but as a mama, of course. And that's been so much of our dialogue. You guys are coming back with, you know, in whatever program model you've set forth in COVID times. Some of you have come back in-person. Some of you have a hybrid model. Some of you are still, you know, planning. Some of you ... I mean you have really leaned into your local communities and your health departments to make good decisions with your family voices included. It's

been incredibly powerful to see what you've done, and what you've accomplished, and the way you've continued to be the heartbeat of your communities. And so, Josh, when I think about everything that you said and how we each hold that child and each other as, you know, the true focus of our attention, and I'm going to just say it: adoration. [Laughter] It really allows us to get into a concrete space. Because even in the chat, I'm seeing things like, "Well, let's talk about it. Like how do we overcome the obstacles? How do – how do we actually step into that space on what might feel like words that came up in the lobby ice breaker, like taboo topics or topics that I'm worried about, or that I might feel judged around, or that might be triggering for other family members. We have some ideas to share with you today, and you can actually prepare for all of this. So Josh, thank you so much for not only the early, early morning phone call, but for really being a friend and a colleague for me, and working through so much of what I was holding and coming to understanding around, and having the benefit of your – your brain is always a good thing.

Dr. Sparrow: Right back at you, Brandi. Right back at you.

Brandi: I'll take it. Everybody heard that, right? [Laughter] Write it down. [Laughter] All right. Thank you, Josh. I appreciate it. So, let me do a couple more logistical things before I bring on, you know, the one and only Dr. Guylaine Richard. I want to take us back to where we left off, because some of you joined us in a previous Head Start Heals conversation that was ... We actually coined challenging conversation, and I wanted to give you a little nudge about why this is different than that. Now they're connected, of course, but this is distinct in that the conversation that we had with you guys last time around, challenging conversations, we gave you these six steps to prepare, or what we would say, kind of "plan around," so the things that you do before you get into a sensitive or a challenging conversation. And – and we're going to touch a little bit of that again today, but in your resource pod, I just wanted you to know there off to the bottom left-hand corner of the platform, you can download – We have three resources there for you today. One is the PowerPoint. One is the resource that has the six steps embedded in the preparation.

And then what we're really going to focus our time today is on what you do not only before, but during the conversation and after, because it is a whole spectrum, right, of this continued dialogue and connection through relationships. And when you're in sensitive conversations, every single piece of that matters. So, we want to not only show you the ideas and concepts we have at those three sort of points in time, but also unpack a little bit of concreteness so that we can not only share tips and tricks, you know, about what actually works out there, but certainly open the space for you guys to share. So, for the greater good, we can offer those kinds of reflections to the whole group today. And with that, this is what we've set forth. For those of you that know us, you know that we actually, you know, plan these objectives before we meet you, but we're watching the chat very specifically, and we're going to bring up some of the questions that you have along the way. And if we need to hover there, we're going to. So, this is what we've "budgeted." We want to talk about some tips, which Dr. Richard is going to do in just a little bit, about, you know, getting engaged in these sensitive conversations. We have those time frames, or those points in time, that I mentioned – the before, during, and after – that we want to peel apart a little bit. And then, of course, we have some resources to show you in case you want to extend or expand in a bigger way.

So, if we're starting with the end in mind, here is what we hope you can think about with us as we go forward. One key message here that you can see on the slide is ... One of the really powerful ways of being together is making very intentional choices about the words that we use with each other, and Dr. Richard is going to take us through that in just a little bit. We can actually be thoughtful about how these

conversations go, and Josh even alluded to one of the tricks that comes up, which is like "if I'm not in a place where I'm not filled up, maybe I should, could wonder about delaying the conversation so that I can be more in service to another. And certainly, this last point couldn't be underlined or exclamation pointed enough that these interactions are critical, you know, for each of us, for sure, but also fully support and impact in a positive way – family wellbeing. And you guys know when we just say family wellbeing, it's not just the words, it's – it's from the blue column of the PSE framework. And it's one of seven family engagement outcomes that are critical to who we are and how we all do in these Head Start communities, what we do around growth, both for families and for children. So with that, I want to check in with my colleagues and specifically, I want to connect with the one and only Dr. Richard and I'm going to behave myself today, G, because usually I give you a huge fanfare and drum roll, but I'm just so excited for the folks to hear you jump in, that let's get right to it. Come on over.

Dr. Guylaine L. Richard: All right. Thank you, Brandi. Thank you so much. And thank you for not having the fanfare, and I know why because you don't have that energy probably to do it. Thank you very much for not doing it. All right. And I want to really take our attention to three tips that we're going to be sharing with you for engaging in sensitive conversation with family this afternoon. But before we do so, let me take a quick second to give you – to really remind you of something that we all know. When we build positive goal-oriented relationship with families, this begins with interaction between the families and us as staff. And when Brandi was talking about language, I want to really point out that when we make this intentional choice about the language during this interaction that we have in with families, that help us build trusting, respectful relationship with the families. These relationships really can support us in – in the family is in partnering around the goals that they have for themselves or for their children. So, I bring that up because I'm probably going to be taking a minute to reflect on some of, you know, the jewels. I call them the gifts that we're sharing with us.

But before I do, so I would like to explore with you what can make a conversation sensitive. And I'll probably just use very much a cultural instance, a cultural fact, with you. As you can by now, you understand that I'm not a native American, and I am from the Caribbean. Any time somebody would see something about my child, for example, being – being obese, because at six months my child weighed 30 pounds. That would bring a lot of sensitivity to me. Why? Because I had to – I would have to explain to you that my mother-in-law was the matriarch of my household because that's what our culture does. So, she was the one feeding my child. So, myself, when you would tell me, "Oh, the child eat too much," or "Why are you putting porridge in a six-month's bottle?" that would bring some anxiety, because for me that was too much for you to let me unveil to you that although I'm a physician – all those things and knowledge and everything – but my mother-in-law was in my household and she was the matriarch. So, everything she said had to go if I wanted to keep my marriage. So, when I'm ... So, some of those sensitive conversation, for example, like the challenging topics may be related to concern about family safety and how children are feeling and are being cared for, so that's what my example was for you. Whether the topic is challenging depends on individual staff members and their experience, too. What you find challenging may not be challenging to another staff. What you find challenging for this family may not be for another. And many of the topics that we will be – that we find sensitive – find really sensitive are considered sensitive because they are bringing also stigma, or they can be too personal. Too personal because they can be – they have to do with something like opioid use. They may be doing ... They may have to do with homelessness. They may also have to do with domestic violence. All the things that somebody would not want to share in the open until the trust is established, and even when the trust is established, it may be very sensitive for someone. Some topics also may be challenging for staff because they bring up difficult memories for the past or they may be even current challenges that they are going through – going through themselves. But when we do that, when we, you know, when

vulnerable feelings arise, staff may wonder how they can maintain their professional stance. Otherwise, what I'm seeing is like, if I am, as a staff, had some issues myself with some child – some ... It's very sensitive for me to talk about certain things that I also have experienced or even experiencing in my own household.

So, what is the personal stance then? The personal stance really refers to how you present and conduct yourself with your peers and your families you serve. It shows the value and commitment to bring to your work. And I want to say that your professional stance is simply informed by the way you think about who you strive to be in the work you do. These feelings are very common for staff who work with children and families. The distress you feel at first can lead you to a deeper empathy and make and really provide for authentic caring. It's like, I know what she's going through because I've been there at times or I know because a family member have been there. It can also lead you to greater appreciation of your strengths and the family's strengths. So, when we turn to courting relationship with ... When we turn to peers that can help us, and supervisors that also can help us, that really help into getting to those sensitive conversation.

So, moving forward, I'm going to just ... We're going to explore a little bit of what ... Like, the way we engage with families, but this is not something that you're not very familiar with because those are things that you probably have, you know, have gone and explore this tool before with us. And I'm talking about ... When I'm talking about strength-based attitude – strength-based attitude, and also, we're going to talk about strength-based practices. Like, as I'm putting them, I'm not going to take a lot of time, but I'm going to want to quickly put all the strength-based attitude first. And I want to see: What is an attitude? An attitude is a frame of mind you have towards someone. It's meaning like the way you see the person. So, for example, when I say that families have expertise about their child and their families, that means that you may have ... And I usually say that because ... I usually say that if you can understand that each child is not in the book that we have. For example, I may have a child that can do something, and I am going to the family and I'm thinking that "Oh no, what she says, that doesn't ... No children cannot do that." And again, I'm going to tell you something that happened. I was, as a physician, very afraid to tell people that my child was potty trained before it was 1-years-old – 1-year-old. Why? Because in my culture, they usually would ever start potty training at four months. So it was very difficult for me, even I had the knowledge, even I had to think to let people know, because I know the people that have the knowledge in the United States were telling me or would have told me that I was doing something wrong. So, it was very sensitive for me not even to reveal that interest. So ... But I had expertise about my child because I remember when Gibbons went to the childcare ... When Gibbons went to the childcare, the first thing that they did for two months, they didn't let my child go to the ... My child would not go to the bathroom because the teacher was using the wrong term: "was going potty." My child didn't know "potty." My child knew toilet. So, you see even to lengths ... Even the things – some little things like this, if you had ... And I was upset because I didn't have the – the – the ... I knew that for – for people, I had to put pull-ups on my child when I was sending him with really nothing to the childcare.

So, I know that, you know, now I'm going to be looking at: so how do we do practice? How do we do the thing that we do to make sure? So those are the attitudes, and they are tools with you. When you are with that family, you may think, "OK, this family have expertise about their child and their family, so either the family tell me, 'Don't put a pull-ups – don't put the pull-up on my child.' That means I need to find why in order for me to not have, you know, a very sensitive conversation with that family, or even engaging with that sensitive conversation." So, I'm going to really go ahead and put all the practices ... The reason why I'm doing that is, you know, because I know you're very familiar. You have been using

them probably, but I would like to take one more of the practices to – to experience what we just said. So, value a family passion – value a family passion means that all the time, even if the passion is positive – meaning like another parent is praising you, the parent is calling you, the parent is telling a lot, the parents wants to be with you – all the – the – the – the passion is expressing itself in the negative – what we call negative. I saw in the chat where people said, "Oh OK, whenever I'm really at the – on the fence when people are going to react another way." But this practice is really engaging you to value the family passion, meaning like, yes, this is like ... That person is mad. The person is mad because I'm talking about her child being obese. Why is she mad? Because what I'm telling you is that I love my child. My child is obese, but I can't reveal to you what is going in my household. So, I hope that illustrate a little bit of how sensitive conversation can come specific to culture.

So, I am going to be now going to, you know, explore to you why do words matter? Remember, what you're trying to do is build positive goal-oriented relationships with the families. So those ... When you have that in mind, this is what is ... I consider that one of the glue – one of the glue – glue parts that will keep all everything together, because you are mutually – mutually respectful in that partnership that you're having with families, and you focus on their goals: goals that they have for themselves; goals that they have for their children. This relationship or more parent-child relationship and family wellbeing.

So, let's go ahead and explore very quickly, some tips. Remember we promised you tips for engaging in sensitive conversation. The first one is use people-first language. What does that mean? I am going to summarize it with you that way. Instead of saying to ... Instead of saying something that would be putting a qualifier, you are defining my child or you defining me by the circumstances I'm going to abide the issue, you are then ... This is what we call ... You need to be changing that mindset and using people-first language. Instead of saying a disabled child, you say a child with disability. Instead of saying a child – a child – a child with bad behavior – a child with bad behavior or difficult behavior, why don't we look at it as a child with a behavior that is challenging you, that is not making you – that is making you uncomfortable instead of putting the discomfort on the child. So how we – we call – we – that's what we said people-first language. Don't put a qualifier. Don't put an identifier on someone, but let's put the thing. And usually what I would say to you, if you want to do that very quickly is all the time use the word "with." OK? So instead of saying a difficult child, put a child with a disability, use the word with. So, use language to honor each family's culture, language, and experiences. I gave you some of those example, my own example, but I think this is very important for us to understand family culture, to understand what is important to them and to address them with those words that we're going to be when we are having those sensitive conversation. Recognize that each family has their story. I like that. They have their story because their story is their own, and the way ... It may not be the same story that you heard. It may not be... Don't try to compare it. Listen and get their own story. But we got to also remember, you saw we put this because the three tips that we wanted to give you are the use person or people-first language, using language which honor family's culture, language and experiences recognize. But we really want you to also remember that you also – you have a story. So your story may be the thing that is coming into play when you have the sensitive conversation with families or choosing a topic, seeing a topic that may be bringing sensitivity to the relationship that you're trying to build with the family. All right. Brandi, I'm going to need probably your help in a quick second, because I am going to actually ask my friends there on the line with us if they could, you know, go ahead in there and – and do the poll. We're going to put ... You know, we're going to do a quick poll with you. We're going to give you about 25 to 30 seconds to do that. But what we want to hear from you, what we want to know is which of the tips for engaging in sensitive conversation do you find the most helpful?

Brandi: And Dr. Richard, you just gave us a beautiful tour, you know, of each of these. And so, we wonder which ones that you guys are drawn to and if it's more than one, because a lot of this, you know, G, we talk a lot about ... It's probably confirmation, and we're seeing a lot of that come through the chat. So, we just were curious to see what and where – where you would fall in this dialogue based on the tips that Dr. Richard just brought forth.

Dr. Richard: So, let's look at what we see. What do we see in the poll – because in the poll?

Brandi: I am looking, Dr. Richard, to see if I can pull that down for you at the moment. As well, the anticipation.

Dr. Sparrow: I can see ... I can see it. It's so great.

Brandi: Oh good. Tell us, Josh.

Dr. Sparrow: OK, so it looks like recognizing that each family has a story has got 67.7% of people behind it. Next is using language to honor each family's cultures, languages, and experiences at a close 65%. And then at 48% is using people-first language, which is still almost half. And sounds like people could check more than one to get all those percentages. And also, in the chat, there were – there were a lot of comments in the Q&A about person-first. So, a person with this condition, not a person who was defined to or reduced to the condition. But there you go.

Dr. Richard: All right. All right.

Brandi: Thank you, Josh. [Laughter] Josh saved the day. Thank you so much for that. And I love it, Josh, that you mentioned the Q&A, while Dr. Richard was speaking I know we got a couple of questions that I wanted to just see if you want to tackle here, and then we'll be also looking at the chat for some questions for Dr. Richard. And here, before I turn it over to you, Josh, I know that you found one that we'd like to pull apart before we transition into the place where you're going to take us next. I just wanted to give you guys a little heads up. If you've ever been in our webinars before you know we do what's called an after chat. We stick around with you because ... I mean we could just spend all day if you'd let us, but we have to be respectful of your time. But we do stay on after the 90 minute webinar ends for at least 15 minutes to think together with you and continue to take questions and answers, so please keep them coming in that questions area that's off to your bottom left-hand side of the platform. But Josh, there was a topic that came up I know you wanted to bring forth as we transition to your content. Let me pause here to give you the space to do that.

Dr. Sparrow: Oh, there are so many really important points and really probing questions here. One of them was when a child experienced behavior changes in the class, one of the first questions most educators ask a parent is, "Are there any changes in the child's home environment?" This can be a very sensitive topic that many parents may not want to share when asked. So glad that that was brought up because yeah, that is so often what happens. And a question makes parents feel like, "Oh, so you're going to look at me and what's going on at my house, to explain what's going on in the classroom?" And so here, and I want to focus on this because I think it is about the sensitive topics is ... Reflect on what role we might have in what sensitive and what's hard. Instead of ... And you know honestly, I think leading with our own vulnerability. Taking yourself off of the pedestal. Getting out of the way so the parents can bring their expertise is so important. So, for here I would say something like, you know,

"Wanted to let you know that your child is having a hard time in the classroom, and this is what it looks like to me. And, you know, I'm thinking maybe this is a hard time of year because, you know, kids are just coming back and it's a new group," or whatever it might be. But my point is, own your side of it, own what is going on in the classroom, own what is going on with what you can actually see. So, you're sharing the responsibility.

And then, before you ask about what's going on at home, you know, I would ask, you know, "Are there things that you're wondering about in terms of what's happening in the classroom that you think might help us understand this behavior?" So, you're also modeling a kind of, you know, humility and not being defensive. It's like, "You can tell me. Let's talk about stuff you're concerned about that might be going in the classroom that might help us understand your child's behavior." And then I think if you can say, you know, "Thank you so much because yeah I hadn't seen that. And you're right, this may be something that there's one child who left who your daughter was so close to him and maybe that's it." And I'm wondering if there are things ... And then you can get those questions. "Are there things that you think your child might be, you know, experiencing or worried about or being affected by outside of school, outside of the center?" so that you're really working your way towards, you know, asking the part that we know is sensitive, like starting by being vulnerable, being humble, and modeling that, you know, you have a sense of safety about acknowledging that there may be things you need to listen to that you might want to really pay attention to and maybe work on.

There's also a question about being triggered by one's own trauma. And it was a really lovely comment because it said, you know, "I have a hard time ..." Here it is. "What I'm struggling ... This is what I'm struggling with: I have to learn how to deal with my past experiences and problems. Oftentimes, topics are triggering from me, and it's hard to keep it together." So, again, the honesty and the bravery and the soul-searching that you all bring is, you know, part of why this work is so hard because we're doing the human work with our hearts and also why it's so rewarding. So, for this one, we've done some webinars on trauma and healing that you can access on the ECLKC. We will very soon be posting some briefs on trauma where this is addressed quite directly. But so great that you said, you know, "I need to think about this and look at this." Because I think that's one of the first steps is like get to know your triggers. You know, get to know: What are the times, places, people, feelings, events that trigger me, that bring me back to some painful experience of loss I experienced or some trauma that I experienced. You get to know what those are because then you can prepare yourself and not be caught off guard because one of the hardest things about being triggered is you were planning on being in your professional role having this conversation and then you got caught by surprise. You got ambushed by your own trigger. So, I think getting to know your triggers is an important part of this. And once you do that, then you can – you can do some reality check. "OK, this is reminding me of the traumatic experience that I had or of the person in my life who's scary for me. Now, let me check into what's going on right here now. Is this really what's happening?" And that can be a hard thing to do when we bring our own traumatic experiences, that make it harder for us to know who, when, and how we can trust. This is a really important question.

There's more to say and, again, I'd refer you to some of the earlier webinars that we've done for Head Start Heals on trauma and healing and to those briefs that are coming up. And also, when you know your triggers, to do what we said earlier about reflecting on, "Can I do this right now? Is there some help that I need? Is there some coaching or support that I need from one of my colleagues or a supervisor so that I can do this? Do I need to have someone come and do this with me so that I'm not alone – not alone with my fear of how I might be triggered?"

Brandi: Oh Josh, I really appreciate ... Well, you know, I just run out of words [Laughter] some days. Just ever grateful for the chance to stand in the space of not only reflecting about who we are and what we bring into the interactions, but certainly keeping in mind the way that we receive others and the way that we can honor each other in all of those – in all of those ways, especially when we have sensitive things to tackle together. And I know where you're going to take us next is kind of the – the little anticipation that I gave us at the beginning. We have these notions of these time checks or points in time, if you will, of before, during, and after these sensitive conversations. And we've kind of aligned it with this notion of prepare, partner, and pursue. So, you're going to kind of see as brings them to light, and Josh is going to do that for us. And what we're going to do is kind of get your stream of consciousness too about things that come to you when we say, "What kinds of things or approaches do you use before the conversation?" We're going to check in with you about those, and then we're going to share some things that we came up with, right Josh?

Dr. Sparrow: Yeah. So, are we ready to hear from all of you about how you prepare? I saw one – one comment that said something like, "It's so much easier to have a conversation about a sensitive topic, when from the very beginning you've worked on building a strong – a strong relationship with a parent. So, the preparing is partly preparing of the relationship before you get to the sensitive topics before those come up in your partnering with parents. And the preparing – preparing is also – it's also the reflection, exploring, and honoring that we talked about before. So, in addition to reflecting on how you're doing, what you bring and imagining what the parent might be bringing, there's also preparing the physical and virtual environment.

Dr. Sparrow: Now, one of the things that many of us will be reflecting on right now is: Is it safe to go back to the center? Will someone who comes to the center bring in the COVID-19 virus? Will I bring it in? Will I bring it home? And, you know, for centers that are open, that physical and virtual environment, will it signal to families, you know, "We're doing everything in our power to keep your children and you, and all of us, healthy and safe." So, that's – that's a whole new thing that we're all dealing with right now. There are other things to think about, like how you position, where you sit. And often, and this is just an example, when you sit straight on, face to face with someone, it can feel kind of confrontational. Whereas if you sit side by side and ear to ear, it feels a little bit – it can be a little bit less intrusive. So, just an example. Also, you might want to be sure that you've got some – something drink to offer, although these days with COVID-19, you may not be able to do that. Is there ... Are there tissues within easy reach? And you know, if you're really worried about this conversation, do you have another staff person in the room with you? Are you close to the door or to a way that you can ask for help? Are there things that you can have around the walls that signal to family members how much you care about children, like children's art work or photos that families have allowed you to use of them or information that might come into play? So, prepare the physical-virtual environment.

We talked about learning about your own perspective, about how you're doing in this hard world and in your own life. And also, what are your own perspectives about this child, this family? You know, what are the hard questions that sometimes they don't think we dare to ask ourselves, do I like this child? How do I feel about this child? Do I like this parent or this aunty or this grandparent? How do I feel about them? How do they make me feel? It's really important to check in with that and to recognize, this is not my favorite child, this is not my favorite person to work with. I mean, it sounds horrible to say, and that's hard to do, but say, "OK, I'm going to have to work harder at this to find the light, to find the good stuff." So, learn about your own perspective, and the resources, there are more thoughts. For example, check in with your feelings about approaching this topic. Again, as one of you all said, "Is this thing going to bring up some of the triggers for hard things in my own life? Am I feeling like I'm over my

head with this?" And then, there is learning about the family's perspective. And we put this in the prepare so that you can try to gather information. What do you know already about what their concerns are? As Dr. Richard was saying, if you know about their culture, are there some questions that you might want to be sure you have in your mind about, you know, how things might look for them? What might matter to them? What might be sensitive for them to talk about that might not be for you? How they might see things in ways that you hadn't been prepared for. And then there may be colleagues that you can talk with that can help you fill this in. Also, in your prior interactions with them, what's your sense of their level of comfort and trust, and are you asking them to do something that takes more of a sense of safety and trust than they have yet? And if that's the case, maybe holding back a little bit and going more slowly. So, are there ways that you prepare before you enter into these kinds of conversations?

Brandi: You know, Josh, I am seeing a lot of things here come up in the chat that folks are thinking about, and even things that you have inspired. Like ... [Laughter] Josh needs to teach me how to have his calming voice, and his response really [Laughter] to being triggered.

Dr. Sparrow: It's like I put everybody to sleep.

Brandi: No. The comment is really to honor. It says, "When I'm triggered, my voice does something" and I share this. Well, I was saying this earlier to somebody, I have no poker face or poker voice. [Laughter] It's really part of the physiological reaction that happens when either you know you're about to get into something sensitive or it's your perception that you're getting into something sensitive and you're having worries. Because ... And ... Side note, we wouldn't feel worried if we didn't really care for the folks that we're trying to really make these connections with. So, Josh, I love that notion of what you said about preparing is really about preparing the relationship as much as your physical environment and some of the things that he reviewed here. But I want to pause just for a second, and I know we have two more points in time that we want to unpack together, but you guys brought up a lot of good questions about, OK, well that feels pretty natural and organic to who we are and how we operate if we can see each other in person, but what are the strategies to bring forth if I'm on a Zoom meeting or if I'm having a virtual interaction like this one. I want to pause for, you know, Josh and G, what do you guys think about that? I have a couple of ideas that we've tried but let me pause here and see if you have Zoom strategies or virtual strategies.

Dr. Sparrow: We're still talking about prepare – preparing right now, right?

Brandi: Absolutely.

Dr. Sparrow: So, for preparing, first of all, we want to make sure that the family has access to a device they can use, to data, to allow them to get on the internet and stay on the internet, that the time we set up works for them since it's going to be in their home if that's what's going on now or in the place where they can get internet connection, and checking in, you know, before the conversation about: Is this a good time and place for you to sort of be where you need to be with maybe whatever, you know, people you need with you or whatever privacy you need? And then think about, what's going to be on your screen and what you're comfortable sharing and what you want to make sure you're not having [Inaudible] on the screen. I can't wait to hear what you have to say, Brandy and Dr. Richard.

Brandi: Well, it was very similar. I mean, I think I'm grateful, Josh, that you brought up the point about preparing in a way that makes sure families have access. And then also, what we bring into the space. I

really feel like, you know, in this moment and day in time of everybody being in your living room [Laughter] with you or your kitchen, I find that I'm making very intentional choices about creating what I would call back home as a homey space, so that folks kind of see part of who I am and see part of what means something to me, but also somehow brings a comfort, you know, to the interactions, almost as a subliminal cue. And it's incredible, you know, like what has happened with that and the curiosity that folks have had. And – and, you know, we even saw in the chat one of our colleagues brought up: I feel that actually in the days of my Zoom home visits, it enables me to have more challenging conversations, a bit easier. And there is that notion sometimes of, you know, being able to connect through a keyboard, it sometimes allows us a little more bravery, perhaps, or through a video chat, then we might otherwise experience. So, I felt like that was really interesting and pretty cool to see that, you know, that's an impact.

Dr. Sparrow: I keep hearing that. I keep hearing that, and I have a friend who is a palliative care doctor who has been working with families who have relatives in the ICU because of COVID-19. And he said, you know, working with these families in their own home is actually so much better than having them in the hospital because it erases the power imbalance. They're on their own turf. They're in their own comfortable space. They're on their couch. They have their cat on their lap to pet, they've got their coffee mug, and they have who they want to be there. So yeah, I've been hearing this a lot.

Brandi: I found that interesting. It really takes me back to the place of, you know, having a foot in gratitude and blessings, and having a foot in the real ... And I heard a little breath. Was that yours, Dr. Richard? [Laughter]

Dr. Richard: Brandy, you want me to say one thing that's coming from me would make a big difference? It's like, you know, when I'm ... When I'm – when I am behind ... When I am in that Zoom back home, I feel also that, you know, we have a communication, but I'm not straight in front of this person, but we can really connect anyway. So, I think, you know, for me, that's where my mind went you need to see ... When I saw that, I said, "Well, this is pretty good that people would be feeling very more comfortable." I am in the room with you, but I am not physically – physically there, as far as being at your at, you know, too close for comfort. That's what I call ... That's what came to my mind, and I'm sharing with everybody. But definitely, we can have those conversations, but we're not too close for comfort. Yeah, because, you know, I think somebody – somebody raising their voice, may be very difficult for me to be in front of you and not run away. But if you were like, "Can I keep talking on the thing?" I can still stay there in a safe place, and we both in a safe place, and we can continue.

Dr. Sparrow: There are so many great comments in the chat and thank you for that. Dr. Richard. Sorry, Brandy, go ahead.

Brandi: No, I was – I was just going to say, this reminds me of – and then Joshua definitely want to hear about those chat comments – because as we pivot to the partner or the actual during the conversation, it reminds me to kind of take a step back into knowing who we are in Head Start and what we do, and giving ourselves permission to feel like, I got this. Because, you know, Dr. Richard and I lead a lot of conversations across the country with what we call "sight unseen families." So, families that we can't get to for whatever reason, whether they're deployed in the military or they've experienced an incarceration, or they are migrant seasonal and may be out of our service area at the moment, one of the family members. There's so many ways that we might not be able to be with families in person, and we're really good at staying connected. And so, what you guys have taught us, in this entire time around COVID, is that you're finding ways to go back to basics. Even a handwritten note, for instance, that

comes home with a picture, because we have families that are working of course, two and three jobs, and even a handwritten note to say, we're so grateful to have your most precious gift here at Head Start with us, if you are back in person, is a huge thing. And even if you're not, even if you're doing virtual ... As a parent, I would be over the moon [Laughter] just to have that kind of care and to have that kind of consideration for us as a family. And so, anyway, I'm just saying that I'm just grateful that we're continuing to think about it and talk about it because it is in service of coming closer together. And I think we have all kinds of things that are already in our back pocket that we could pull out for this purpose too. All right, Josh, it's your turn. Do you want to go to a couple of more comments or questions or would you like to pivot over into the partner approaches?

Dr. Sparrow: Well, there's one that I feel like we have to speak to, even if our answers are woefully inadequate. And that's, how do we deal with Black fathers being murdered with our families? And, you know, in that question there's also, you know, if you are working with the family where a father who is Black has been murdered ... I guess what comes to mind for me is listening first to what people are feeling and experiencing and thinking, so that you can get to what they need. There's not going to be one answer for everybody, and that's part of why listening ... And it is sort of this preparing. And I think also listening to ourselves, like what is this doing to me because of who I am, because of who my people are, where I come from, because of the privilege that I do have, or that I don't have because of the color of my skin? So, you know, in listening to my Black and brown friends and colleagues, what I, you know, am hearing is, this is something we have to live in fear of every time we go out the door or one of our loved ones goes out of the house. It's that they don't come back because they'd been murdered. And, you know, I think, you know, if you're a Black or brown person, you know what your experience is. And if you're a white person, I've heard some – I've listened to, you know, some of my white friends and colleagues and they've been, you know, they've been surprised; it's been new. And so, I think that listening is also to try to get closer to having that full range of like, what is this doing to each of us and to our experience? And personally, I don't think anybody can ever like really understand what it's like to be someone else, but we sure as heck can try. So, and when I say listening and learning, there are two caveats to that. And one is: There are a lot of people who are sick and tired of people not getting it and not understanding and this not already having been super obvious a long time ago. And I think we have to respect that there is, you know, for some people, there's just kind of like an exhaustion about that, and it's a burden to have to keep on explaining it. And then I think for people who are just beginning to realize, for people who are white who may just be beginning to realize, and some people were white and have been aware and on this for a long time, there is – there's other feelings that go with that. Like, God, I had no idea, and they're skilled. So, you know, the listening and learning is like understanding that there's a lot of really hard feelings that are going to go with that, talk about sensitive topics. And then I also think to recognize the inadequacy of listening and learning, because it's not enough. And I think some way, again, sort of looking at, well, what's the part that I can do, given little old me? And then committing to do that part and speaking to it. And sometimes it's just speaking up, but I think it's being clear that listening and learning has to follow – be followed by action, because when we're talking about, you know, someone losing their loved one and life being threatened, we have to sort of – we have to speak about the actions we commit to taking as well. So, that's my little woeful, inadequate attempt to speak to that. I'm so glad that talk about bringing up sensitive topics that you – that you brought that up. These are things that we did kind of start, you know, figuring out how we can talk about together and then moving from the talk to the actions that will stop the harm, stop the hurt, stop the violence, and help with the healing. I want to stop and ask Brandy, or Guylaine, if there are things you would add or change or disagree with. I was working too hard on that to go through the things in the chat and so that'll give you time to catch up.

Dr. Richard: Josh, thank you so much. I wanted to just add, because you know of the comment that we had – have been witnessing in the background and also as a mother of a Black or Black children, I have two sons, and you know, the heart-wrenching thing that can happen to a mother to hear your child say that whenever I see a police now, I'm just waiting for the click. It hurts. It's hurtful. And, you know, so we got to acknowledge it. We got to really understand it, not understand it to a point where we have, but you know, empathy is very important. And, you know, understand that when a Black mother is saying, or a white mother of biracial children or everything, I'm tired, that means yes, they're – we are tired. And, you know, so thank you very much for going there with us, but also understanding that we can't not continue. We got to keep on doing what we have to do, you know, and not feel so tired that paralyze.

Brandi: Sometimes you just don't have the words, and when I hear what's happening in the chat, and when I hear Josh and G, you know, your words come forward, it circles back to me as feeling and being inadequate, Josh, but I am ever grateful that you modeled for us what it looks and sounds like to give life to the dialogue and to do it, you know, in a way that, you know, just tells the truth about who you are and how you feel and what you know and what you might not. And it just feels off the intake, and it feels like, you know, it's real and it's real. And you guys really inspired that connection to the real. As Josh said, we're ever grateful for that.

Dr. Sparrow: And there's another comment that says the systemic use of guns to murder African American men and women, is continually adding multiple layers of trauma to children and families. Then these families are left with nightmares, tremors, fear. It's horrible and needs to be addressed at all levels of government legislation. Look, these are our Head Start children. I'm going to start crying. Yeah. So, I was really careful to say listening and learning in action, and it's action at every level. And you just laid out, you know, what a number of these are. And I did say, you know, we have to look at what each one of us can do as little old me, and then also what each one of us can do when we come together. So, it's not either-or. I also have to say, I think there's a lot of, you know, perpetuating of the hurt in the struggle and not moving forward because there is so much misunderstanding and so much hurt. I think we also have to look for the both and's. There's a comment "we need to relearn empathy and respect," and that's in addition to ... And yeah, and what are the actions that we can take alone and take together. So, I'm going to ... It's amazing conversations you can have with 2,500 people. Thank you, people.

So I'm going to move on to consider the family's cultures and structure and, yeah, consider what it's like to be in their family right now, which is what we're just talking about and to – and to understand whether or not you're in a position to have an awareness of that, or if you come from a different place, and to recognize that, so that you can be ready to be humble and expect that you don't know and, you know, to get help learning what you need to know. Understanding, some people may feel like, I don't have the energy to teach you people anymore. So yeah, consider the family's cultures and structure. And that goes with all of the things that Dr. Richard told us earlier about what some of these very sensitive things like food and nutrition and toilet training mean, you know, in different families in different cultures. So, then there are approaches to partnering, being a guide from the side, I think you've heard from before. That gets to what I said about the physical environment. Think about putting your chair ear to ear, so you're listening ear to ear instead of eye to eye. So that you really are from the side, creating this kind of partnership where you're really honoring the wisdom and expertise and the good, positive intent of parents, no matter what the sensitive of topic is. Ask permission and explain why. You know, "there's something I'd like to talk about with you, is it OK if we talk about? And here's why I'd like to talk about it. I know this can be a hard thing to talk about. It's not, you know, it's not easy for a lot of people. It's not easy for me, but it's really important because it can make such a big

difference in, you know, the way our partnership goes and, you know, and how we all feel about working together and how, you know, your child feels comfortable in trusting the school, which I know matters to both of us. So, you're also looking for where, you know, underneath whatever conflict it might be, what – what your shared goals are. That takes being flexible, because you're going to look for where the shared common ground is, before you get to, here's my part of what I'm concerned about. Be present. And that's an interesting thing to think about, again, using Zoom. And I've also been hearing from people, especially home visitors who are, taking their home visiting on to assume, and they're saying, you know, "I'm so used to picking up on so many different pieces of information in the interaction, and with the screen, I've just got what I see and what I hear. It's actually helping me be focused and bring all of my attention and to be present, and it's also a way of showing this may be sensitive and hard, but I'm going to bring all of me to it." And that means, not ... You might need your phone with you in case you need to call for help, but it means not answering it otherwise, not looking at it.

Listen carefully and use silence. Yeah. So, leave pauses. Don't start talking until there's been a bit of silence after the other person has spoken. Use silence to show you're really thinking about what they said, and you're really letting it soak in. And also, to reflect on what you're going to do next so that you can check in with yourself. And notice, your first reaction may not be the one that you want to bring to this.

So, there's more to say about partner approaches, of course, and it's in the resources that we've begun to share with you. And then, the pursue approaches are really about, how we make it clear that we took the risk of having this hard conversation together, we're touching on a sensitive topic, knowing how important it is to you, notice how vulnerable a topic it may be, how close you hold it to your heart, how much it matters to you or to both of us, we're going to honor that also by not forgetting it, by not letting it just kind of fall off the table, but we're going to stay with you on this. We're going to follow up. If what we learned together was that it would be good to be able to have more people connected to you, to work on this with you, to do our part to connect, and sometimes that really takes getting on the phone. And if you go back to the partner part, sometimes in the partner part, I'll just go back to that. It might be ... "This sounds like something that you really want help with, or you're really ready for help with, I'm so glad that we got to talk about this together. You know, I know you're really busy, and it's hard to reach people. Would it be OK if we tried to reach so-and-so at this community resource right now and see what the deal is?" So that kind of, you know, warm handoff, right while they're there? Or else, come back ... If you're not ready, could you come back again, even if it's on Zoom and we can try to figure out how to connect with the resources in the community who may be able to help with something that I can't? And now I'm going to turn it back to you, Brandi.

Brandi: Thank you, Josh. Oh my goodness, I have to say there is a lot of gratitude happening in the chat, folks who are saying thank you for honoring what was on all of our minds. Thank you for touching on this topic that feels sensitive, but that we have to, you know, Josh, your words come to action around. You know, thank you for the reminders of things that we already have, you know, in our tool belt, if you will, because, you know, we are really good. We're really good at what we do. But also having this notion of the modeling, you know, that's happening here that we get to experience together in and through those compassionate and empathic, but real ways. I love the balance that comes forth today in the dialogue so that it doesn't feel disingenuous and it doesn't feel, I guess the word I used at the top of our time together was Pollyanna, but it feels like an awareness. And that feels like an act that, you know, we can move forward on together.

And so, with that, I know that Josh mentioned a little bit, so a couple of things ... We're still going to be hanging out for a little bit. We end the webinar at 4:30, and that's Eastern time, but we're going to hang out for lots more questions for what we call after chat. So please keep those coming, things that you would like to lift up for the group to share, or that's on your mind or heart today. We're happy to bring that forward. Or if you have other questions for Dr. Richard and Dr. Sparrow, we'll – we'll lift those up. But I wanted to show you guys this image here. All of these resources are available for you to download always for free at any time that you would like them on the ECLKC. But we also brought those over into the resource pod for you today, so that you wouldn't have to go digging anywhere. So, if you found any of the tips and tricks that, you know, were mentioned today, as useful that you'd like to extend or expand back in your program, you can find those there.

And, you know, I guess one of the things that I want to leave you with here are a couple of key takeaways. As we ... And a couple of you actually mentioned this in the chats ... We talked about practicing. And as you get to practice these approaches ahead of time, because one of you had the question about what happens if it's in the moment. [Laughter] Well, this is great because you're already kind of practicing and planning now, before whatever next interaction that you're having. You're going to have these built up almost like a muscle memory so that when you come into that space again, and either you're feeling it in your body or you're anticipating this kind of sensitive dialogue might come forth, you already have it ready. So as you practice these tips and approaches your competence grows and these conversations absolutely become easier. And wow, what kind of impact can that make when you're really able to be with each other in that truly authentic way? And I used to say ... And some of you might've heard me say this before ... I used to say in that authentic way, even when it's hard, but I guess what I would offer here is, especially when it's hard. It's what we need to grow together. And certainly, I mean, you guys know we're your literal and physical biggest fans. Just as families are the experts in their situation, you're the expert in your role in your craft. And we know what kind of sophistication you bring into this field. And we're just deeply grateful for what you do every day in service of each of us and the families and children that you serve. And certainly, as the said relationship people [Laughter] from a little earlier on, you'll see that, of course, working through these conversations, not only makes our relationships stronger and more rewarding, but often even if you get to come to that ... And I'll call it this, and it's on purpose ... The opportunity for repair, like if you have a mismatch and you get the chance to take a step back and recalibrate a little bit with each other, it just strengthens your relationship and where you can go from there. So sometimes ... I'll take, Dr. Richard, your sentiment earlier about the power of language. And also, I guess, would layer on, with your permission, the power of perception and the way we see, hear, and feel the ways we'll get to be together.

I want to show you, before I give you one of our closing quotes and we move into the Q&A period, I want to show you a couple of places that you can stay in touch with us, and more importantly, with each other. [Laughter] If you haven't come to My Peers community space over on the ECLKC, please do that. It's wonderful. There are many, many public forums that you can join in. And we actually host the one called PFCE Deepening Practice that you see here on your screen. But what's awesome is many of you are dialoguing about these exact things together because it's for you by you. And if we see something that you're thinking or talking about that we can say, "Oh gosh, you know, we just finished a resource on that. Here it is, just in case it's useful." It's really been a cool thing to see how each of you have banded together in those communities to support each other with COVID questions or other conversations that you've been looking for support on and around and – and just another way not to feel so lonely, to be honest. I mean, we are all in this together. Many of us are experiencing similar things and this has been a wonderful place for connection as we've been physically distant.

The other thing that I want to show you is if you haven't checked out our Text4FamilyServices, come on over. The water is fine. All you have to do is text P-F-C-E stands for Parent, Family, and Community engagement to 22660. And you'll start receiving some texts. I think it's about two a month. They're available in English and Spanish. And I know I've said this before, but I have to say it again: It's like I get them exactly when I need them. You know, they're moments of encouragement and they give nudges towards resources sometimes. And it's just been another way that I've been feeling connected with each of you and as we do this work together.

We do have another Head Start Heals webinar coming up on September 15th. And I'm really excited about this one, just as much as the one today, because we get to bring forth the PFCE framework. And if I was talking about this to anybody, I would say it. You know it. You love it. You live it. You have it memorized. But this time we're going to take it from the angle of how to promote healing and resilience. And, you know, in your programs, many of you have said this today. You appreciated the way that Josh and that we bring into the dialogue, of course, the awareness and acknowledgement of trauma, but a real focus on healing, centered engagement. And so that's happening on September 15th, same time as today, 3:00 to 4:45 Eastern. And you can go over on to the ECLKC and register there.

Also, I want to give you a quick reminder, please come and visit us in the advancing racial and ethnic equity upcoming webinar. You'll see two of those coming in September, one on the 10th and one on the 17th. And you can find the two that have already happened on demand if you just go to those registration pages. They're absolutely worth the time to look, listen, and contribute and bring them back to your programs. The other thing that I wanted to offer, anytime that we come into sensitive conversations ... In the PDF that you have, and so this is going to answer a question and offer a resource. Many of you asked if you can have the PowerPoint, and the answer is yes. It's already over there for you in the resource pod. So, you can download it. And in the PowerPoint, you are going to have access to a couple of national hotlines, so if you or anybody in your program, families, your colleagues, your community folks need any of these resource lines or hotlines, they are there for you. You'll see here SAMHSA's disaster distress helpline, and also the National Suicide Prevention Lifeline. And also, there's a second slide here that brings up more issues that you guys brought forth today, specifically domestic violence came up in the chat a few times. And in terms of sensitive conversations, that seems to be a theme for each of you. But you'll see a couple of other resources here, like StrongHearts. If you need support around child abuse and neglect and certainly substance use, they're all here for you.

I do want to put on the screen quickly this link for our evaluation. You'll see it at the bottom of the screen. It says Survey Monkey, and you can click that and go right over and fill that out. And I wanted to offer again ... A couple of you had questions earlier about how you get the certificate. So, let me say that again. So, I'll make sure you have what you need. You just stay right here with us until our hosts close out the webinar and once our hosts close it out, you will get an automatic email to the one that you've registered with that gives you your certificate. So, don't you close the window. Let our hosts close the window for you when we finish. And then you'll get that automatically at the very end of our time. But with that, I want to leave you with a quote. And then I'm going to turn over to both Dr. Richard and Dr. Sparrow, because they've been looking at the chat come through and they've been lining up a few things to bring forward for you while I've been giving you a few of these logistical bits here at the end.

But this is one of the quotes that I love from Maya Angelou. And we are deep admirers of her work, and we brought forward other quotes from her before. But this one, as you can see, says, "We can learn to see each other and see ourselves in each other." I feel like I just need to pause there. We can learn to see each other and see ourselves in each other and recognize that human beings are more alike than we

are unlike. And that's what we hope to inspire today and every day. Let's find each other in our eyes. Let's figure out the ways that we can make and maintain those deep connections, especially when it's hard. Let's come together in ways that are real, that are aware, that are acknowledging, and that are action oriented. We really do need each other. And I guess I would pause here to say together we are better. And with that, Josh and G, I know that you've been looking at the chat. So, I'm going to pause here and see what you guys would like to lift up as we have officially transitioned into the after chat. What'd you guys find?

Dr. Richard: Yes, back with power with your permission, I'm going to go ahead since we pick up the same – the same comments. So, if you allow me, I will go ahead and read it to you.

Dr. Sparrow: You do not need my permission. I was hoping you would. Thank you. [Laughter]

Dr. Richard: That was a teaser, and you can count on it. That was a teaser. Questions regularly, we get that a lot. But, you know, thank you for your words and concern. Healing action really needs to take place for humanity's sake. I'm a Black mother and wife, and I'm always concerned for my children, husband, family, and friends. There needs to be empathy and humanity. Your words ... You know, those words resonate with me, and I really like to say you are right on the money. But there is one that before that, Dr. Sparrow, that was probably that I heard that I think we can take too as a word of advice to all of us. We need to start having those hard conversations. We need to. Dr. Sparrow, anything you had?

Dr. Sparrow: I really can't add anything to what you said, my friend. I think just to ... You know, we're looking at the questions. Some focus on action, on voting, on policy, on holding people in authority to account. And some folks focus on the – this insight of each of us and what goes on between us. And I just wanted to add that I don't think it's either-or. Some may be more natural to some of us or feel more immediately necessary or possible, but I think, you know, the change that has to come with listening and learning, it's not about one or the other, but all of all of those things.

Dr. Richard: Another one, Dr. Sparrow and Brandi, that I would love to highlight is what we call the action. Action is very important that one of our ... One of our friends shared with us that action is very important. She feels that ... She feel that there is much lip service, and it is difficult to see where people are really trying to change beyond "I can't imagine what they feel like." Having sensitive – sensitive ... You know, going to sensitive topics bring us that discomfort. But I like to see the action as being even brave enough to step into the conversation. We're gonna – we're going to be uncomfortable. But I think that gives us the opportunity also to show the vulnerability that we have and start creating that link between two human beings. Because if I'm pretending, and that's what I'm reading in there, is there is lip service, meaning there is no action, really that's going to come. So therefore, coming to someone with a sensitive topic, coming like the one that we have been talking now ... And I can tell you, this is very sensitive for me, having two sons the age of where I see Black men being murdered right now. But, you know, if I don't talk about it, if somebody doesn't talk about it for me, how do I express my feelings? Or do I tell people about it? So, sometimes it's very hard for us to take even that action, but that action is necessary to hold each other, actually to hold each other tight enough to go and say, "I don't know what to say, but I would say something. Let me say something. Allow me to say something even allow me to be by you to walk with you through this."

Brandi: G. you know, I know that you and I get into these conversations a lot together. So as you're talking, I just feel so connected because I know that you and I engage in a lot of what could be considered sensitive dialogue, but I guess I have to bring forth because there's deep relationship. You

know, it takes me back there, and it's almost in service of the relationship that we get to go there. And it inspires for me a hope and possibility that in our community, across this country, we really do a great job at being able to build relationships. And even if families aren't ready for us quite yet, we don't give up on the notion that we're still going to be here when they are ready. And part of that delicate dance is being able to lean out and lean in as – as they are ready. So, part of the dialogue, and I think this question came up a little earlier, so Josh and G, correct me if I'm wrong, but it's like, "Oh my goodness, there's a lot here to think about. Like, where do I even get started? Like, what is the starting point, even with my preparation?" And part of it, for me, really is about the exploration of readiness. And that's not only for yourself, but who you're about to be with. Because if I'm a family in crisis, like most of us have been, I might not be ready for you yet, but I could be soon.

And I think another one of our colleagues in chat brought up about how timing is so critical in being able to be thoughtful and planful not only before, but during the conversation based on who you are and what you're going to bring into the interaction. So if your tank is empty, but also where is the person you're about to be with? Is their tank empty too? And how honoring is it? So G, if I call you up on the phone because, you know, when Dr. Richard and I get on the phone, it is just an automatic [Laughter] ... We just go right into conversation with each other. But how honoring is it if I can say to her, "Girl, I'm in a space today, and I'm wondering if we can just jump right in to pull it apart, where we're going together, but I'm empty. So, would you give me some graciousness if I stumble on a word or a thought?" And it just, you know, reminds me that bringing the human element forth in these conversations is just so important. So, let me pause there. I'm inspired. I'm inspired by the relationship. I'm inspired by the words that you've brought forth and I'm inspired with possibility.

Dr. Richard: And Brandi, that's OK. And – and, Dr. Sparrow, please feel free to jump in in that one, because, you know, I – I was, you know, that, you know, why we asked her is in the action. When we talk about actions, do – do you – do we advise or do you advise that we should be the first to initiate the sensitive conversation? That's a very interesting question, a very good question. And when I heard Brandi giving – giving us just a nudge on how we start a conversation, it may not happen like this because, you know, that comes with building relationship in my opinion, but in my humble opinion, but hey, if this is something, if you want to partner with a family, not bringing the conversation. And you'll remember Dr. Sparrow took us to the prepare, to the during, and after. But part of the prepare may be also that you tell yourself, you know, "If she – if my partner is not going to bring it, how do I bring it then to that partner in ways where there would be no judgment, no hurt, but there will be like in a asking for permission to enter a place where I feel like as a partner, I may be able to contribute?"

Dr. Sparrow: So, is it OK if I say something now?

Dr. Richard: Yes, Josh, go ahead.

Dr. Sparrow: Were you finished? That tip about leaving silences ... Yeah. Do you advise that we should be the first to initiate the sensitive conversation? I think it depends on who we are, and who we are in that moment, and who we're with. And the thing this question makes me think about is I've been in a lot of conversations where my Black and brown friends and colleagues are saying, "Josh, you need to speak up. You need to talk. You need to say something." And so, I don't – I'm not sure that that always applies to everything all the time. But I think that one of the things that I actually don't remember hearing at other moments when there actually was change ... I was probably too young then [Laughter] was that observation that people whose skin is not Black or brown need to speak up. And sometimes you need to be the first to speak up. But again, it depends on either who we are, who we're with, and moment. And I

also, I think I'd add, I am also hearing from my Black and brown friends and colleagues, that part of the fatigue is when I bring it up as a Black and brown person, I hear, "Then I get pegged as one kind of stereotype or another for bringing it up, or then I have to deal with what people say." There's a lot of reasons why I think I'm hearing that white people need to initiate the conversation about race. Other sensitive conversations, I think in our roles, if it's a concern about a child's behavior or a concern that the child may be experiencing abuse or a concern that there may be some concrete material needs that we might actually be able to connect the family to, I think we do have an obligation to initiate the conversation. But initiating it doesn't mean coming straight on with what we think the challenge is. It means creating the space where that can be opened up. And it means sort of starting with where the family is, and not necessarily with where our concern is about what's sensitive.

Dr. Richard: Yeah. Yeah. Mm hmm. I like the way you said it, Josh. Come on, come on, not come at the person. Come with the person.

Brandi: Yes, G, you said that earlier. That feels like something to hold close. You said, "Come with a person." And earlier you said, even with language to bring with, so it's not about describing an individual by their situation, but by who they are as a human being. And I don't know if I could leave this on a better sentiment than that. [Laughter] I can say, thank you so much. I do want to, of course, thank each of you for your time with us today. We know how busy you are. We know everything you're juggling and to have any moments with you is, as I mentioned before, a true blessing and an honor. We want to thank our leadership at the Office of Head Start for creating a space for us to bring these real conversations to you and with you. And I want to thank my partners in crime, both Dr. Sparrow and Dr. Richard, for coming along for this conversation and so many others. And we just want to leave you today with a deep and hearty gratitude for everything that you do every day. And we can't wait to be back together again. Thank you so much.