

Helping Parents Manage Stress During COVID-19

Sangeeta Parikshak: Hello everyone, and welcome to the Office of Head Start Ask the Expert Series. My name is Sangeeta Parikshak, and I am the Behavioral Health Lead at the Office of Head Start. This series of webinars is devoted to answering questions related to COVID-19 that we are hearing from the Early Childhood Community. And our webinar today will discuss ways to help parents manage stress during COVID-19. I would like to recognize the National Center on Early Childhood Health and Wellness. The center is jointly administered by the Administration for Children and Families, Office of Head Start in partnership with the Office of Child Care, and the Health Resource Services Administration for the Maternal Child Health Bureau. A few housekeeping tips before we get started today. We really want to hear from you. So, please use the "Ask a Question" feature to submit your questions. We will try to answer as many questions as we can. You can also download a PDF copy of today's presentation by clicking on the "Event Resources" tab at the bottom. A recording of this webinar will be posted on the Office of Head Start website, the ECLKC. We will provide you with that website at the end of the presentation today. You can also use the webinar link that you used to join this broadcast to watch the recording again for up to a month. Participants will receive a certificate for attending this webinar at the end of either the live or on-demand viewing. For questions about certificates, you can email webcast@hsicc.org.

Once again, thank you so much for joining us today for our presentation on Helping Parents Manage Stress During COVID-19. We have received many questions related to how to help parents, and in turn, support children and families during this time. We know that addressing parental stress is key to supporting the resilience of children and families during this unprecedented time. I am pleased to introduce Dr. Heather Forkey. Dr. Forkey is an associate professor of pediatrics at the University of Massachusetts Medical School and Division Director for the Child Protection Program in Foster Children Evaluation Service of the UMass Memorial Children's Medical Center. She received her undergraduate degree from Cornell University and Medical Degree from the State University of New York at Buffalo School of Medicine and Biomedical Sciences. She completed her pediatric residency and chief residency at Children's Hospital of Philadelphia. In addition to her clinical work, Dr. Forkey has been the recipient of local and federal grants to address issues of children in foster care and to translate promising practices to address physical and mental health needs of children who have been traumatized. She has published and presented nationally and internationally on the topic, serves on the steering committee and multiple other roles for the National Child Traumatic Stress Networks, and provides leadership for the American Academy of Pediatrics for issues related to foster care and child trauma. Dr. Forkey, thank you so much for being with us today. We look forward to hearing what you have to share with us. With that I turn it over to you.

Dr. Heather Forkey: Great, thank you so much. We have a lot to talk about today since we have all been dealing with the impact of COVID stressors. So, we are going to talk about how that impacted families, staff, and kids. And then we are going to specifically talk about how we can support resilience and regulation in kids often through supporting resilience and regulation in

caregivers. And we are going to do it with some pretty basic tools. We will start with our ABC's, our CDE's and our three R's, and then we'll talk about some resources to go forward from here. You know, there has been a huge amount of stress around COVID-19, but I'm especially grateful that despite the stress for those of us in medicine, that we've been embraced by the world and so too have the first responders. There are a lot more first responders though that you might have realized and, in fact, you guys in Early Childhood are often the first responders for parents, and parents, most especially, are the first responders for the kids. And those kids have been dealing with an awful lot of stuff just like we all have. There's the fear of what's going on, the anxiety related to everything changing. Sometimes there's too little information, sometimes too much. There are all kinds of losses, things that we used to do that we cannot do, and then the losses associated with illness and death. We have new roles and loss of old ones for adults and kids, and everybody is out of their routine. You know, I think, as much as we've learned, there is still so much that's unknown, and every time we get a plan together, it feels like we change it in a minute later. In fact, that's part of the problem. There's so much conflicting information, and I have to share with you, for those in medicine, it feels the same way too. You know, all of us have kind of being going through this, you know, it's this, and then it's also the opposite. So, first of all, they said, you must not leave the house for any reason, unless, of course, you have a reason and then you may leave the house. And then they said all stores must close, except those that must stay open, and as we are reopening now, they are saying to go outside, but maybe not just yet. And when you do, you surely must wear a mask because masks save lives, but, of course, they don't always protect you, and so, you absolutely must wear one, but also maybe not.

And so, I think it's natural for us to all feel like that we got this overwhelming conflicting information in our heads, and that's true for kids, and it's true for parents. You know, on top of all this, kids and parents have lost a lot of the people who have regularly supported them. So, kids are at home without those folks that they used to rely on in their day to day world. Adults and the other friends that they had, and now, they're at home with parents who are doubly stressed because they are doing double duty often trying to work or trying to manage all the stressors that are coming at them while they are also trying to manage stressed kids. And so, the stressors begin to mount one on top of the other. But we would be remiss if we lost sight of the fact that there is so much about this time that provides unique opportunities. Opportunities for kids and parents to be together. Opportunities for specialized attention. Opportunities for creativity, I mean, when else have you been able to bake a cake with your child and call it math, science, reading, and art class all in one. And, you know, ultimately, this time is a point in our lives which we will all remember for the rest of our lives, and we will talk about it for years to come. And so, how we define it for ourselves and for kids becomes critical because that's how kids are going to experience this, as it is defined for them by the adults in their lives. You know, ultimately, during COVID and other times, resilience is our goal, and resilience is sometimes called that ability to bounce back, but my favorite definition actually comes from a researcher named Ann Mastin, who was one of the first who was able to look at resilience and recognize that it wasn't something that only some people have or that only some people could grow, but it was the natural course of things. And she called it the positive adaptation to or in spite of adversity. It's not bouncing back, it's bouncing forward. And it is clear that COVID has created

this great opportunity for kids to learn those skills to bounce forward from this event. And you know what, they have the tools that they need to do that in the give and take of those safe, stable, and nurturing relationships that are continuous over time with their caregivers and in the growth that occurs through play, and exploration and exposure to all the normal activities and resources. You know, that is what is so great about it. Is that resilience is the normal way of things, and Mastin called it "ordinary magic," and what a great term, right? I mean, ordinary, meaning that we build it almost without paying any attention. It just happens most of the time. But magic, because there is something quite extraordinary about it when it is happening, and when we come to moments like this, it's really worth understanding how that trick works, and now, we actually do know how that trick works. The context of this resilience is always in the relationships or the strings that kids have to others, those attachments. Caregivers who are consistently present and keep showing kids that they are safe, they are safe. They do this by holding the child's mind in mind. They look at the world with the child's ideas in their head, and then they help that child to create their understanding of the world and of themselves. In a sense, they are creating a mental map for the child. A map of who they are and how they can navigate in the world.

You know, in America, we have this sort of false idea that you figure yourself out. I think it comes from Jack Kerouac and a lot of that American idealism of self-made man. But, you know, we don't figure ourselves out by ourselves. We figure ourselves out because people who care about us, show us who we are. Just from the very beginning, you guys, or the parent, picks up a crying baby and says, "Oh, you're hungry." And the baby learns, "This feeling, that one I have, that one's hunger, and people help me with that." And when a toddler is trying to do something new and they get frustrated, the caregiver or the early childhood provider comes up and says, "Hey buddy, it looks like you're getting frustrated. Let's see what we can do to make this better." And the child learns that, "That feeling, that one I'm having, that one's frustration, and there are ways I can get around that." Imagine, though, the frustrated caregiver, who upon hearing the crying baby says, "God, why do you keep bothering me? You're so greedy!" Because then that child learns that this feeling is being greedy, and there is nothing you can do about that. And when they try to do something new and they get frustrated, the caregiver who can't manage their own stress says, "Boy, you are just stupid! You can't figure it out?" And the child learns that that feeling, that one's stupid, and there's nothing you can do about that. And so, what we want to do is help caregivers to be able to help kids to define themselves as capable and the world as safe. And that is what happens as those adults build those maps for kids. That means that COVID is this great opportunity to show kids that they are safe and that they can handle challenges. So, when we talk about how to support families, we're talking about supporting a child's first responders so they can help kids map out their way forward. So, how exactly do we do that when these parents are being presented with all these challenging behaviors of kids who are locked up in the house with them? You know, challenges can go both ways. Challenges can also be good things, and caregivers can see themselves as more effective parents if we can help them have the skills to manage the world. And so, what kind of skills should we start with? Well, if any of you love the "Sound of Music" as much as I do, you know that they sing a song and it says, [Singing] "Start at the very beginning, when you sing you begin with do, re, mi ..." Well, if we're managing stress, we begin [Singing] with C, D, E. Okay, now you

know why I don't sing for a living, but the very first place we want to start with caregivers is, if they are going to manage challenging behaviors, they have to start with curiosity. They have to look at a behavior and think not just about the behavior, but about the thoughts and emotions that impact it.

You know, behavior doesn't come out of nowhere. When we often look at behaviors, we'll say, "Hey, we have to fix that behavior or manage that behavior." Well, the behavior is just what we're seeing that is a manifestation of the thoughts and emotions that led to it. So, when a child has a tantrum, they just didn't have a tantrum out of the blue. Perhaps, they were trying to tie their shoes, and despite what they thought they know how to do, it's not working, and, so their thought is, "I can't do what I thought I could do," and that leads to some emotions. Maybe frustration, maybe disappointment, maybe embarrassment. Maybe even shame, if that's what they've been exposed to. And so, that's where the tantrum comes from. But if a caregiver can get curious and not furious and not react to the behavior, but wonder instead: what are the thoughts and emotions that led to that behavior, that's how we can help them to guide that child out. So, if the caregiver is going to do that, the caregiver can't get curious if they can't manage themselves and so, "distress tolerance" means that they have to accept the child's upset, and that they're going to hold that child in being upset and not themselves get dysregulated by that child. It requires the caregiver to be what we call an "emotional container." You know, so much of the time, kids are displaying some really strong emotions and they are going to act out. Certainly, you guys know this from working in early childhood. But really, most of the time, the emotion is not about you, and it's about the situation, and responding calmly and helping to name the feelings. That allows the child to move forward. Now, if we as caregivers, are all full of our own emotions, it becomes really hard to do this distress challenge for kids. So, we're going to talk a little bit more as we go further in about helping caregivers when their cup is already full. But if they are able to get curious C, and do some distress signs, recognize that the child's having a strong emotion, but that they just need to hold it for them, then, we can go on to E which is "Encourage Purposeful Action," and that is where the action starts. And now, when everyone is stressed, what possible purposeful actions could we be taking? Where do we go first? Well, if you are in early childhood, the first place you always being is with the three R's. So, this little stuff three R's, maybe a little different from the one that you have been teaching all along. But when caregivers are challenged because kids are challenged, the first place we want to begin is with Reassuring, Restoring Routine, and then Regulating.

Reassurance: you are safe, you are safe, you are safe; saying it over and over. Touching the child, hugging the child. Letting them know with words, with touch, with the tone of voice that they are safe. In any situation when people are overwhelmed, stress hormones kick in. We perceive danger, and the body doesn't really do a good job of recognizing that this danger of today is different than dangers our bodies were designed to deal with when we lived in the primitive wilderness. Being stressed makes our brain think that a tiger is coming at us. And reassuring kids that they are safe – they are safe, helps us to take the anger out of danger. You know, often, when we're really in danger the only way we can manage that danger is to get bigger than it and to get angry. But if you are reassured that you are safe – you are safe, then

you begin to be able to take that stress response down, and that's what you have to do first. When we're talking about reassuring around COVID, we want to do that first with talking about COVID. You know, Mr. Rogers was quoted as having said, "Anything that is human is mentionable, and anything that is mentionable is manageable". Talking about something, it becomes less overwhelming and less scary. Almost all the time, fear comes from inaccuracy, so you want to start there. Kids may be fearful that a parent is going to be harmed, or they may be responding to something they misheard. So, starting by correcting inaccuracy. So, we're talking about talking. We're opening up the conversation. We're going to correct inaccuracies, and then, answer questions honestly, but stick to what the child asks. Often times as adults, we go beyond what the child asks, and you know, we want to really just respond to what it is that they are misunderstanding. That's not so very different than adults either. You also, know from your own experience, that at a certain point, you have to limit media. There's too much coming at us, and that's true for kids too. And ultimately, you need to get back to routine and regulation, which are the second of our and third of our three R's. Reassuring, then, is this ... letting kids know that they are safe, in all sorts of ways, by showing them, by telling them, by modeling for them that they are safe. Routines is a magnificent way to help kids to know that they are safe. Routines communicate safety. You know, many of you guys probably remember the end of March, and it took about a hundred years to get through March because all of our routines were all out of whack. Every time you add a routine, you have to use some of your stress responses to deal with every day. Getting back into routine shuts down that stress response again. And so, we want to get kids into bedtime routines, and meal routines, and routines about the day. We can put them in charts, we can put them words, but routine, routine, routine.

Finally, we get to regulating. Regulating gets us back to that idea of the caregiver holding the child's mind in mind, and kids need that world explained for them. But they also need to know that that caregiver is constantly doing that for them, and often times, when kids are fearful, they are afraid that the caregiver is not going to keep their mind in mind. Particularly, around nap time or bedtime. They may be more fearful because they're afraid that if they go to sleep, the caregiver won't be there when they wake up or won't be thinking about them while they're sleeping. So, having paired loving objects or sticky notes that go around the bed or a huggie object that the child can carry with them. Let that child know that the caregiver is thinking about them all the time. We often talk about pretending there is an invisible string between the caregiver and the child, and that every time the child moves, the caregiver knows that because the invisible string. So, making sure that kids know that the caregiver has their mind in mind. Mindfulness is a little different, and I have to tell you that mindfulness, as a word and as a concept, already makes me feel like, "Hmm, maybe I'm not doing it right." But mindfulness is really pretty basic. The idea behind mindfulness is that you're going to focus on one thing so that you can calm the stress response. You know, when your brain is going in a bunch of different directions, that is part of what stimulates the stress response. All of these things on this list are ways to focus, but you know what else? They also stimulate parts of your body that help you to calm. Just like picking up a baby and padding its back, these tricks soothe the brain by forcing it to focus on one simple thing. So, one of them is that you can start to squeeze your muscles. That focuses you on one thing, the muscles that's squeezing, but it also stimulates a

part of your nervous system called deep appropriate septic centers that calm us all. You can do belly breathing. Put one hand on your stomach and one hand on your chest and breathe in and out very slowly, letting yourself inflate and deflate. That not only causes you to focus but it stimulates your vagus nerve causing you to calm. Blowing bubbles does the same thing, causing you to breathe deeply, focus on one thing, both psychologically and physically bringing in calming mechanism. This slide is going to be available for you, so you can go through all these different methods of ways to focus and calm stress responses. Thereby, regulating the caregiver and the child. You know, regulation requires recognition of the feeling and then knowing the ways to manage it. But the traumas that people experience cause them to lose the words for what they are feeling. They can't understand what the feeling is, and so, it's like not having enough crayons on your crayon box. And what we want to do for kids, especially at times when they are upset, and the world's disjointed, is give them words for what the feeling is that they have. You know, if we think about our child who got frustrated trying to tie their shoes, we could say to them, "Why are you so angry?" But you know what? They're not really angry. Maybe they feel frustrated, and maybe they feel worried that they're not going to get it. Maybe they're disappointed, or they feel rejected because everybody else could do this and they couldn't. But taking a child and helping them to understand what it is that they're feeling is really important.

For kids that are pre-verbal or not yet fully in command of language, we can help them with colors: what does this feeling look like to you? Is it a red feeling? Is it a yellow feeling? Let's draw what color we think this feeling is. Because once you have a name for an emotion, only then can you begin to manage it. You know, that's true for caregivers and for kids. And so, we're going to be working with caregivers to help them to regulate first. We started with C, D, E, and then we used our basic tools of the three R's, but we may have to go even further back in the process and spend our time looking and helping that caregiver to regulate themselves first. You know, children don't learn to regulate themselves spontaneously. They learn it from the adults who help them to shut down their own stress response, and we do it first with little kids. We hold them and we say, "I got you, calm down." As kids get a little bit older, into toddlers, we show them with touch, but we also say, "Go try it yourself." and we let them move on. That's called co-regulating. As teens, we're still going to co-regulate but we do it more with coaching, but we continue to regulate the adults, co-regulate the child so that the child can then develop their own regulation skills, and it's stepwise. Caregiver first, then dyadic co-regulation with the child, then the child can self-regulate. So, if we want the caregiver to first be able to manage their own emotions, you're going to have to be able to coach them around some tricks to do that. But the very first trick is one that I know so many of you do so well. When a caregiver is getting frustrated with a child, at its core, they can no longer empathize with the child. Everything else in their life has taken such a bigger meaning that the child is no longer getting their empathy. In order for them to recover and have empathy for the child, they need to be provided with empathy, and that is something that you can do beautifully. You know, many times people feel overwhelmed, and just being given some of that upbeat compassion, validating how they feel, begins to allow them the opportunity, open their head, and come up with solutions. And once they've come, once they have been given empathy then we can go to ABC: Awareness, balance, and connection. Which are not so very different at all from CDE.

Awareness is really just like having curiosity. It's curiosity for the adults but having an awareness for themselves about what's making the moment difficult. Is it a child factor? Is this child pushing their buttons? Is it something about this experience that is making the caregiver feel less confident? Or is it something unrelated to the child at all? Maybe it has to do with money or housing, or they're not getting enough sleep, or their own relationships are in trouble. But being aware and being curious about why they are having trouble regulating themselves, and then identifying how they know they are getting into the place of being dysregulated. What are they feeling? Is their heart rate going up? Do they notice their breathing going up? What are the automatic thoughts that they're having? "I can't do anything" or, alternatively, "This child's doing it on purpose." Once they're aware of what's going on, we can begin to give them some skills to balance or self-modulate. Those skills can happen in advance of dealing with the problem, in the moment of dealing with the problem, after having dealt with the problem, or all the time. So, in advance, letting them know that they're okay, that they can manage this, having them take a deep breath, having them use some muscle squeezing to calm themselves down. In the moment, when a child's tantruming, and they're starting to dysregulate, having some skills that they're ready. Again, thinking to themselves, "I can manage this," doing some deep breathing. Recovery; after they've had a tough time with the child, they need to be allowed to give themselves a break. Have a cup of tea. Talk to another adult. Take a few minutes to read a couple of pages from a book. And then, there are skills that they can do ongoing to keep themselves healthy. Getting enough sleep, participating in a yoga class, a prayer group, a mediation group, something that allows them to begin to self-modulate. And ultimately, where we started, what was so dysregulating about all of COVID is that it disconnected us from support systems. And for adults who are dysregulating, it can often feel like their whole support system has crumbled, and they can forget that there is still a lot of people there to help them.

So, what you want to do is a little mapping. Talk to the caregiver about, "Hey, you know what? If something bad were to happen in the middle of the night who would you call? Is there a neighbor upstairs? Is there a neighbor across the street? Is there a family member you would call in the middle of the night? How about the next morning? Who would you call then? And how about later that week? Are there family members you would call? Are there members of your community that you would call?" They probably have a lot more people that they can think of that are part of their support system. They just need reminding of in that moment. There are also people that particularly know this child that can be a specific support around helping to manage this child. Is there a pediatrician? Is there a teacher? Are there other people in their neighborhood that know this child and can help them strategize around managing this child and what's frustrating them? It is important to talk to them about not going to other kids at the home, because sometimes when caregivers are frustrated, the only people they can think to turn to are the other kids in the home, and that's the one option that's not healthy. Most critically, for all of the things we talked about today, the ABC's, the CDE's, and the three R's, you want to build success. As you are working with families try one of these things. Suggest it, have the family give it a go and come back to you. And step by step you build success, and that is how we build regulation and calm the stress response. There are certainly lots of great resources for you. Some, especially available from the National Center for Early Childhood

Health and Wellness. Others from other resources, like the National Child Traumatic Stress Network. From the Center for the Study of Traumatic Stress, and from SAMHSA. They can help you specifically with dealing with caregivers, dealing with kids, or understanding COVID. It's also important to remember that there are some folks that are disproportionately being affected by COVID. Based on early data, COVID-19 is impacting African American, Latin, and Native American populations at a disproportionate rate, and the children in those households are also being disproportionately affected. There are some higher mortality rates due to underlying chronic health issues that have been associated with poor social determiners of health, and essential workers are at high risk of exposure and increases the likelihood of exposure to their families, especially if they don't have the ability to self-isolate in their home. So, these longstanding inequities such as little to no insurance coverage, pre-existing health conditions, discrimination in the healthcare system, and the lack of access to protective equipment, contributes to the higher rate among the vulnerable populations. And there's going to be a session devoted entirely to this later in the series. And now, we're going to be able to open it up to some questions.

Sangeeta: Yes, thank you so much Dr. Forkey. First of all, I would like to say thank you for an excellent presentation but also for highlighting two of my favorite things which is the Sound of Music and Mr. Rogers. That was literally the highlight of my day. Thank you so much for that. So, we have a bunch of questions coming in. The first one that a few people asked was around helping out parents who are single parents, who may have multiple children that they are taking care of, particularly, as you pointed out, maybe their support system has crumbled. They don't know who to turn to, how can Early Childhood providers help single parents?

Dr. Forkey: I think that's where, starting and going back to the parent that is distressed themselves, and helping them strategize with you about who really is in their circle of people to help. That social mapping that I pointed out at the end, that finding their connections. Often times people have more – others in their corner than they can think of when they're most stressed. Which is why it's worthwhile going through the exercise of: who would help you in the middle of the night? And then, who would help you the next morning? For those of us who are not inside their lives, there are people that they may think of that we would not of thought of. Maybe there's members of their church, or a neighbor down the street that who you wouldn't know to go to them at all. But after you map it out with them, they can sometimes remember, "Hey, you know, that person was helpful for me." And there's also the professionals that are still there to help. Many people do not realize that pediatricians are available through telehealth, and so, even if you can't get out, people are in many ways more reachable than they have ever been before. A lot of mental health providers are offering services through telehealth as well, and so, many people who feel like they have no resources, may have more than they know.

Sangeeta: That is helpful, thank you. We're getting some questions around, if you could just, quickly repeat the definition of resilience, as it maybe a little bit different than what others have heard in the past?

Dr. Forkey: Sure. So, Ann Mastin defines resilience as positive adaptation to, or in spite of, adversity. Which is what I like to call bouncing forward. And the idea here is that many of us were trained when we used to think that resilience is either something you have or did not have, and that the world was designed to knock resilience out of you. It turns out, that after studying all sorts of kids in all sorts of cultures, resilience is a really universal phenomenon, and everybody has the capacity to build it. And that's what's really so exciting about what we understand about resilience. But it is dependent on a couple of critical factors, and the critical factors include having those attachments, those safe stable and nurturing relationships that allow you to grow and experience all those normal things like play and exploration. And I think that this makes this particular time much more exciting, especially for those of us who work in early childhood or work in pediatrics because we are right there at ground zero, able to help kids and families to find ways to support resilience through these relationships.

Sangeeta: Another question that has come in is if you can, just thinking about all the information that you provided, if you could please quickly go over the three R's again?

Dr. Forkey: Sure. So, the first R is Reassurance. Telling kids that they are safe, they are safe, they are safe. Reassuring actually shuts down the stress response. So, you know, when we talk about teaching kids language, we'll often say to caregivers, "Just talk all the time, when you're cutting up a carrot say, 'I'm cutting up a carrot,'" so that if your partner walks in and they say, "Hey, who are you talking to?" But you're just trying to teach a child language, so you're just saying everything. When kids have experienced something traumatic you want to say to them, "They are safe, they are safe, they are safe," over and over again so that you feel kind of ridiculous that you've said it and showed it so many times. You really can't do it enough for a kid who has experienced something frightening. The next R is restoring routine. Getting back to those everyday routines of bedtime, of mealtime, of how we flow through the day. Routines shut down our stress response as well. It means that I don't have to use that extra brain energy to do something as if it is all brand new. And I think that many of us are really familiar with this idea just because we've been through this disruption of our routine so significantly through COVID. The final R is regulating, and regulating can take a bunch of different ways. You can regulate physiologically, trying to shut down the stress response through deep breathing and stimulating focus, and stimulating the centers in our body that allow you to relax and regulate. But it is also through those caregivers looking at the child's mind, keeping their mind in mind, helping them to name what the emotion is and then begin to develop those skills around managing whichever emotion it is. How you manage anger is different than how you manage disappointment, but you have to know what it is you're feeling. And so, beginning to give kids language for what they feel is the first step toward regulating.

Sangeeta: We have some questions that are coming in that I think fall under the three R's that you described. So, one of the questions is around how can you reassure and talk to toddlers about COVID-19?

Dr. Forkey: So, toddlers don't really realize that it is COVID-19, but they realize that their world is turning upside down. That the routines that they had, that the things that they had come to

depend on and rely on terms of how we did our day and who was around me, those have all changed. And so, for toddlers, what we're doing mostly is letting them know that they're safe. We're giving them extra hugs, we're showing them that they're safe. Sometimes we can even do it by setting up a fort or a tent in their room. Making sure that we give them extra blankets that make them feel safe. The next thing that we want to do for them is to get them back into routines because that, most likely, for a toddler, a piece that's gotten upended, and they don't know what to expect next. You know, we used to have dinner after we came home from day care, but now we don't come from day care, so when do we have dinner? So, even making a chart of how we do the day, and how it's going to be. And then, for a toddler, you're not going to always be able to give them words, because they're not yet really fast with words for what their emotions is, and they're struggling to try to understand what these emotions are. And that's where talking to them about what color are you feeling, or having them play a game with you back and forth about what emotion do they see on your face. "Is mommy sad, or is mommy happy?" And do that on their face. "Is mommy angry, or is mommy thinking?" And do that on your face. Having the child begin to perceive, in others and in themselves, what emotions are and how you feel them and how you show them. All of those help kids to begin to understand their own dysregulation and help to understand that other people have those emotions too. That's part of that cognitive triangle that we talked about, that behavior is related to thoughts and emotions. Now, they're not going to be able to understand that my behavior relates to my thoughts and emotions, but you're going to be showing them that I can show you with my face how I feel and that is going to give you a clue to why I might behave the way I do. These are primitive skills, and I'm certainly explaining them in a much higher level, but all of these built together begin to help a toddler to recognize that they're learning from the situation that the world is still safe and that they are capable of managing all that is changed. And that's building resilience in these kids in this time of COVID.

Sangeeta: One of our listeners is very interested in your statement around not relying on older children, and as you're talking about how to connect with toddlers and talk to them and help them build their resilience, do you have any suggestion for how we can talk with families about also helping their older children as well?

Dr. Forkey: So, older children are gonna understand COVID in a different way. Older children are also going to have a lot more exposure to media. And when I say that a caregiver shouldn't go to and use older children, that doesn't mean that older children don't have a role with younger children. What I meant by that is the caregiver should not be discharging their dysregulation and seeking support for themselves from the older children. Can they recruit those older children to work with the younger children to all build a community and a household of support? Absolutely. So, what are we going to do with older kids? It's the same steps that I talked about talking to your child about COVID. You want to start by opening up the topic. Older kids, actually, may be more confused and more concerned than younger kids. Because, again, they'll have heard a lot more in media. They may be seeing more of those pictures of people who've been injured. They may be looking at the hospitals that are overrun. So, they may be far more distressed than the younger kids are. Once we've opened up the topic, and again, begun to make it okay to talk about it, then what you want to do is correct

their misperception. What have they heard about it? What did they find out on social media? What do their friends say? Then, answering, again, those questions that the child has asked. Not going way beyond what they've asked you to explain. And also, talking to the child about how as an adult you have to limit media. That it becomes too much, and that certainly for kids, it can become too much as well. Putting some stricter rules around, "Hey, we're going to turn off the phones at a certain time every night. We're going to dock them all here in this one particular part of the house, and we're not going to get back to them until a certain time the next day." Again, that sets up a routine, but it also allows them to be sort of protected from that constant onslaught. Older kids need routines, and regulation and reassurance just the way little kids do. So, maybe they don't need the same bath time routine, but they very much need to know that the night and the day has routines. Their school schedules have gotten all kablooey too. And so, helping them to get back into a new kind of routine that they can get meshed in back with the family. They're not up all night while the rest of the family is trying to be up during the day. These kids may also need some skills around regulating themselves. They can do really well with teaching the little kids how to belly breathe and how to do some muscle crunching with the little kids. They may, once they learn a skill about regulating themselves, do a great job helping their younger siblings to regulate as well. But the adults in those conversations are also going to be opening up the ability for these older kids to learn some words for what they're feeling. Here, we can do less with colors and more with words. "Tell me more about how you felt when you saw that news show about all those people dying? Tell me more about what your friends said is going to happen when we go outside after we get out of our houses?" Helping them to express what they feel and express the emotions that are related to it. And then, what that does is it allows the kids to feel part of this bigger picture. You know what else, is again, creating this map for the older child that they are safe, and they are capable of managing a stressful situation. That map of themselves and of the situation is of capability and safety, and that's something that they're going to take into their next set of challenges as they continue to grow.

Sangeeta: A lot of our programs and our staff are really grappling with, as you said, the conflicting messages that are coming out. And, you know, they're thinking about re-entry back into programs and have a lot of questions about what to prepare for. How to support children if they're going to be wearing masks in classrooms, or we're going to be limiting hugs? How can we connect with these younger children and also provide them with the support if we can't touch them or we need to be practicing social distancing?

Dr. Forkey: You know, I've never met a more creative group of people than Early Childhood providers I work with. So, I have no doubt that there is as many creative ideas as there is problems that we are encountering. You know, I think that working with these principles allows us a lot of opportunity. What are we doing with hugs and with our faces? And with the way that we traditionally reassured children, is we're shutting down their stress response, and we're showing them that we've got their mind in mind. So, thinking about other ways we can do that. We can draw on our masks and make them smiley faces and draw on the kid's masks and give them different masks for how they might feel in different emotions. Is there a sleepy mask for when they're tired? Is there a happy mask for when they're playing? We can also make sure

that if they can't get hugs from us, maybe we do have paired lovey objects. Every child has their own lovey object that they can hold and hug whenever they need a hug, and they can tell the child care provider that they need their lovey object, the way they would have gone up to that child care provider in the past. You know, I think we're all going to be creating new solutions as we go forward. And being honest with each other and sharing different ideas that we have allows us to actually all grow in this community together. You know, one of the really exciting things is we all have stress responses. We have freeze and flight or fight, but we as humans are not actually really good with the stress responses. So, we have another stress response called the affiliate response or tend and befriend. Under threat, what we're really good at doing is looking at each other and saying, "Hey, how can we manage this situation?" In any day care setting, early childhood setting, Head Start setting, the folks who work within that setting understand it well, and often come with a whole host of ideas. And by looking to each other for, "Hey, what do you think might work? What do you think might work?" That's when we come up with these great ideas that help propel us forward. So, I think, it's not really fair for me to suggest what might work in all different settings because there are about as many settings as there are child care providers. But I think what this has shown us is that power of looking to each other to come together to come up with solutions as a group.

Sangeeta: There's a little bit more on helping children cope during this time and all this uncertainty. How can we help a child cope with grief due to the loss of a parent, and particularly, in a way that they understand you know, why it happened and understand the importance of continuing to socially isolate and stay safe during this time?

Dr. Forkey: Certainly, how children grieve depends a lot on their developmental stages, but the three R's get you pretty far with all of this. Most of the time when kids have had a profound loss, they feel unsafe, and reassuring the child that they are safe, if they've lost a grandparent or a parent, it's important for the other caregivers in their lives to reassure them that they're not going anywhere, that they're going to be there for them, and that that child still has lots of people who love them. That would come across at different ways depending on how old the child is. For the youngest kids, we're not going to do it so much with words, but we're going to do it with presence of people: holding the child, making sure that they know that people are around them that are there in support of. Maintaining routines for kids, especially during times of grief, becomes particularly important. You know, grief sends us all reeling, and it take us all out of routines. Adults that are around those children are demonstrating their own distress and grief, and that can be incredibly upsetting for kids and unsettling. And helping kids to regulate means helping them to find the words for what they're feeling. We can often as adults project onto kids feelings that they are not having. That often times, the littlest kids have questions that are very concrete. If someone's being buried, they might have questions about how cold it is, or if the person is going to be lonely if they're buried. And if the person is just no longer in their life, or if people use words like they went to sleep, and they didn't wake up, those may be scary things because children perceive things very concretely. So, the principles that we talked about today really hold true for kids who are dealing with grief as well, And we don't need to be too fancy. We can boil it back down to these basic things that we need to do for kids of all ages. Reassuring, restoring routine, and regulating is so critical. I think it's also really important that

we do remember what Mr. Rogers said: That anything human is mentionable, and anything that is mentionable is manageable. When we are all dealing with grief, it often becomes something that we don't talk about. That it's the elephant in the room, and it becomes really important for kids that we do talk about the fact that the rest of the family is feeling very sad. That someone has died, and that means that we're going to miss them very much, but that doesn't mean that we're going to go away from this child. That doesn't mean that this child is in danger. It means that they are going to be there for that child, but they're having very strong emotions too. So, having those conversations and using those same principles about how you talk about COVID have great applicability to how you talk about grief as well.

Sangeeta: I really like thinking back to the three R's. That's really helpful; the reassurance, the routine, and the regulating. We've talked a lot about routines today, and one person, I think, put it really well, and I think it's a great question. How can we put children in a routine when we ourselves are out of routine?

Dr. Forkey: Now, isn't that tricky right? You know, one of the things that's really great about having kids is that they may force you, grown up, to go into a routine that you wouldn't already automatically have, and that may be a good thing for the grown up as well. We can often, as adults, kind of spin, and there's a reason for that. In fact, when we're stressed, one of the places that the cortisol from our flight or fight response hits is our prefrontal cortex. The prefrontal cortex is responsible for executive function, which is impulse control, working memory, and cognitive flexibility. When we're stressed, cortisol pours on this part of the brain, and it causes us to get all discombobulated. I bet, if you guys think back to March and April, did you spend a lot of time just spinning? Did you spend a lot of time thinking, "I know there's stuff I'm supposed to be doing, but I just can't figure out how to do it?" That is stress hitting your prefrontal cortex. For us as adults, getting back into a routine is an important part of getting our prefrontal cortex back on line. And so, it may be that having to set up a routine for children is a really important exercise for us as adults. So, forcing ourselves to get up at a regular time: really important. Forcing ourselves to eat meals regularly: so important for our bodies. Forcing ourselves to exercise regularly and to rest regularly. Those are so critical for us as adults to be able to manage our own world so that we can then provide those three R's to kids. When we're setting it up for ourselves, make sure that we make it really clear to the kids what we're doing and how we're doing it. And that allows us all get into synch with each other, and, inevitably, what happens is that we all do a little bit better.

Sangeeta: And I think we have time for one more question, before I wrap us up today. So, I think a lot of our early childhood providers are really wondering: how do we strike the right balance when connecting with parents during this time? How often should they reassure the parents or check in on them? How much activity and other suggestions should they give, without overwhelming? What would you say is the right way to go here?

Dr. Forkey: You know, I think what the real message is, check in and ask the families what is best for them. Start off by saying, "Hey, we have some ideas for you, would you like them?" Some families will say, "You know what? I've got enough, thanks very much." And some families

will be desperately grateful for all the ideas that you have. Every family is going to take this on a little bit differently. And one of the things that I think we often – all of us that are in those professions where we want to fix things, and we want to make it better for people. And sometimes, what we need to do first is to take a step back and ask those kids or those families or adults what is it that they need from us. And maybe even lay out a menu, "Hey, I have some tips for ways that you can work with your child, ways that you might be able to help yourself. Would any of those be useful to you?" Maybe putting some of the things that I've presented for you – and you are more than welcome to use these slides – and putting them in handouts for your families that you're working with. Maybe what you can do is come up with some of those great ideas that we talked about yourself, and make a list of things that kids and families can do to help to calm them or to get them into routines, or to help tell kids they're safe, they're safe, they're safe. But I think the principle here is to not assume and not push anything, but to first ask families what it is that they need. And you know what, most of the time they'll let us know.

Sangeeta: Thank you so much Dr. Forkey. We've had over 5000 people on this call today or on this webinar, and, so, I wanted to take a few minutes just to give people some more information about other installments of the Ask the Experts series that are scheduled. Many of you have sent questions to our National Center already, and that is what has been used to plan our Ask the Experts series of pediatricians. So, please check our upcoming events page, you can use the URL on this slide here, to find the dates and registration links for each of these webinars. And we will post this information on the events page as soon as it is available. We also have something called MyPeers, if you're not familiar with it. MyPeers is a collaborative platform for ECE programs to ask questions and share resources. Our national center regularly posts information in the Health, Safety, and Wellness Community, and many other communities on MyPeers. If you are not a member of MyPeers, you can use the link on this slide to set up an account. This information is also on the resource handout that you can download during this presentation. In addition to this expert series, we have another initiative in partnership with the National Center on Early Childhood Health and Wellness to address adversities that children and families may be facing even more acutely during this time called Head Start Heals. The focus of this initiative is how Early Childhood programs such as Head Start can promote resilience and wellness for children and families. We have a landing page for Head Start Heals, which you can access through our website, the ECLKC, and there is a link down here at the bottom of this slide. We are recording all of our webinars and office hours and posting them there, and we have a few coming up which are open to anyone in the early childhood field who would like to join. The next one is focused on supporting families impacted by substance abuse disorders, and will be held this Thursday, May 21, from 1 to 2pm Eastern Standard Time. If you're interested, you can go to the ECLKC upcoming events page to register. You can find resources about COVID-19 and many other health topics on our website.

You can also submit questions to our info line using the centers email address: help@ecetta.info. Here again is our information if you want to watch the broadcast on demand, or if you have colleagues who weren't able to get on, please let them know that they can start viewing the webcast on demand, starting 30 minutes after the webcast ends until June 15, 2020. And again, you will be able to also obtain a certificate. You'll receive an email with a link

to download the certificate of attendance at the end of either the live event or the on-demand viewing. We would like to thank you for joining us today. We know that many of you are worried about providing safe services to children and families, and many of you are concerned for the wellbeing of children, and are doing everything you can to ensure that they are connected and that their needs are being met. Thank you for doing what you do, we really appreciate it. I also want to thank Dr. Forkey for helping to address questions and for sharing her expertise with us. I think it was extremely valuable for all of us and for me as well. So, this concludes our presentation. Thank you for joining us today, and please continue to reach out to us if you have questions and concerns. Stay healthy and safe.