Addressing the Mental Health Needs of Young Children and ECE Staff Self-Care During COVID-19

Dr. Sangeeta Parikshak: Hello everyone and welcome to the Office of Head Start's Ask the Expert series. My name is Sangeeta Parikshak, and I am the Mental 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 form the Early Childhood Community. Our webinar today will discuss how to address the mental health needs of young children as well as early childhood staff. 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 Childcare and the Health Resource Services Administration, Maternal, and 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. A recording of this webinar will be posted on the office of Head Start's website, 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 – to watch the recording again for 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 addressing the mental health needs of young children and ECE staff self-care during COVID-19. We know that addressing mental health is so crucial to supporting the resilience of children and families during this unprecedented time.

I am pleased to introduce Dr. Robin Gurwitch. Dr. Gurwitch is a Clinical Psychologist and Professor at Duke University Medical Center and director of the CCHD PCIC and Care Training and specializes in work with children considered at risk. She is a recognized expert on the impact of mass violence and disasters on children and families, providing direct service, consultation and conducting research for federal and other agencies, both nationally and internationally. She is a subject matter expert for many federal organizations, such as SAMHSA and the U.S. Department of Education, as well as the American Psychological Association and the American Red Cross. Dr. Gurwitch is a member of the EPA Disaster Response Network and served on the National Commission on Children in Disasters Subcommittee on Human Services Recovery. Since 2001, Dr. Gurwitch has been an active member of the National Child Traumatic Stress Network. She recently completed her service as a member of the HHS ASPR National Advisory Committee on Children and Disasters. Dr. Gurwitch is also a leader in the evidence-based treatment Parent-Child Interaction Therapy, or PCIT. As one of only 21 master trainers worldwide certified by PCIT International, Dr. Gurwitch provides training, service, and consultation as well as conducts research in PCIT. She is a co-developer of Child-Adult Relationship Enhancement, or CARE, a design to improve relationships and behaviors in children and teens, especially those who have experienced trauma. She had led the

development of CARE adaptations for military families and for use after disasters. Dr. Gurwitch, thank you so much for being with us today. We look forward to hearing what you have to share with us.

Dr. Robin H. Gurwitch: Thank you for having me. I appreciate that. So, I want to let everybody out there know that we've got a very short amount of time. And, of course, I prepared way too many slides. So, I'm gonna talk super, super fast so that we have time to get to the questions. So ... buckle up and let's get started. You know, Bob Dylan I think was a man ahead of his time. His – his line of his song, "The Times They Are A-Changin", certainly talks about what we are going through in the last several months. But let's talk about what makes COVID-19 ... What makes this public health crisis absolutely unique? First of all, it's an invisible threat. We can't point out who's infected and who's not, who's asymptomatic, who may not quite be showing symptoms. So, invisible threats create increased uncertainty. It's ambiguous. We don't know how bad it's going to get. Every day we see new numbers. Every day we have new ideas about: "Well, we have a second spike, worse"; "Well, some states be worse than others." So that ambiguity creates uncertainty, and it creates an uncertain future in terms of how long this will last. I think everybody is trying to figure out ... Will schools ... How will schools open? How will centers open? How will – how will jobs open? And there really isn't any place ... I can't say, "Gosh, I'm gonna head down to Australia, because the kangaroos and the koalas are cute, and I'll be safe there." There really isn't anywhere in the world that hasn't been impacted by COVID-19. So, we have to acknowledge that uncertainty is incredibly stressful. [Inaudible] It affects our – our minds, it affects our bodies ... Uncertainty creates quite a bit of anxiety, and so, if you're feeling a little anxious, then that is absolutely appropriate right now. And a recognition that we can't do everything for everyone. And we're gonna have some good days, and we're gonna have some days that we think, "Ah, maybe I could have done that better." And to say "Oh, you know, I'm fine, this doesn't bother me at all," I think comes off as disingenuous because my experience in talking to – to folks around the country is that everybody, on some days, is feeling a little anxious and all of us are charting some brand-new waters, we are balancing so much more. I think of it as, you know, we were juggling lots of balls and we were getting pretty good at juggling balls. And all of a sudden, people started throwing in live chainsaws for us to juggle. And so, we're balancing quite a bit more.

When we think about grief and loss, I want to take one moment to acknowledge that grief and loss due to COVID, it has affected so many families, and it is very different ... Many families, most families can't say their goodbyes like they would have wanted. And many families were not able to engage in religious or cultural rituals, which makes the grieving process that much more – more complicated and more difficult. And so, what we know from experience in large scale events, disaster-type events, terrorism ... When we can't mourn, when our mourning gets interrupted, or when the death is related to a particularly difficult circumstances, like death by COVID, it creates more complicated bereavement, making it harder for us to get to the grieving place, so we can listen and support. And hopefully one of the best things we can do is think about ways to help families create ways to honor those that have died. We want to make sure that emotional support is available for anybody that needs it. So that is not just the kiddos that everybody is taking care of and the families that everybody is taking care of, but also to staff, to

administration, to directors, to teachers, anybody that is working with children right now. How do we take care of ourselves and making sure that there are services available for everyone? I think it is truly important that we recognize the health disparities and vulnerable populations.

And COVID really did begin to shine a bright light that has always been there, but we know that COVID has been impacting African American, Latinx and Native American populations at disproportionate rates right now. And vulnerable populations are often deemed essential. Whether it's in health care or whether it is working in food services or in delivery, there are so many ways. And so, sometimes populations that are more vulnerable may not always have access to the PPEs and other things that they may need. And I think the long-standing inequalities are truly contributing to the crisis related to COVID. Head Start certainly has a huge role to play, as – as so many in Head Start and early childhood work to address disparities. I was talking to home-visiting folks in Native American communities, and there are some large tribal reservations where there's only 30% of those living on the reservation have running water. So, when you talk about hand-washing, well, that's great if I have running water. So, we need to recognize that. Superimposed on COVID right now, we – we have to recognize the racial injustice that has again I think more so than ever before in my lifetime is really being recognized. And I – I think we're at a tipping point. And so, I think between COVID and the circumstances around George Floyd and so many others, I – I hope that we will actually see change. But what we have to recognize is that this is also impacting us and creating increased anxiety and stress as we move forward.

When we think about little children under stress, the way that infants and young children really express stress and distress is through their behaviors. So, we may see more separation anxiety, more clinginess. If family members didn't, weren't able to go to the bathroom by themselves before, they really aren't now. Children are following them everywhere. We see sleep problems developing, problems falling asleep or staying asleep. Infants may have problems with eating and sleeping making it difficult for them to reach developmental milestones – more temper tantrums, more meltdowns than we were seeing before. So, again, sometimes normal trajectory of development gets delayed. We sometimes will see families celebrate, "Yay!" They come to your center; everybody is potty trained. Everybody is throwing a party; no more diapers. And now with stress, we're seeing more accidents. And so, we do see some regression in behaviors, problems with attention, problems with learning new things, problems with memory. So, it's not that we have an entire generation of children with ADHD, but some of the behaviors that look like attention deficit hyperactivity are also related to extreme stress.

And let's face it, when we're working under stress, we have problems with concentration, we have problems with even just thinking through, "OK, I am going on this home visit. This is what I want to do today," and walk in, and it goes out of your mind. Or you set up lesson plans in your center and you are having challenges with that. As adults, we may be more irritable and impatient. You look in the mirror and say, "Gosh, that is really not me." But that is really normal given the circumstances right now. Sometimes we may be able to look at, in the past, we were able to look at a situation and come up with four or five different solutions to it. Now it is like "OK, I have one idea and I really, really need everybody to follow up with that one." We may be

feeling helpless, that "I'm not doing enough. I need to do more." But you are balancing all of the efforts that you make for your families and the children that you're serving. But you've got your own families, that you're trying to balance those demands as well. So there truly is more emotional strain on us. And we don't ... We are terrible at – at our own self-care. So, we run the risk of emotional strain as well as burnout.

When we think about how children are handling this, we see that, you know ... Harper, she doesn't want to go anywhere, even when this is over, because they love being at home with their parents, even if their parents really need to work. So, that can create problems. I'll let you read some of these. I – I want to look at some of these quotes to think about, you know, Charlie asking what day it is. Don't we all wonder sometimes? And mom saying "Tuesday." Charlie's asking, "Is the virus still here?" And mom suggested, he says, "Okay." So, children may be handling it and understanding things just a little bit differently. I will challenge you to think about what would your quotes be if you had to think about quotes for yourself or things that have come up in your family, what would they be?

And as we support children, I – I can't emphasize this enough: Even though we are months into COVID, even though we are coming up to a month into the – the social injustices and all of the activities around that, it is critical that we have conversations with our children, even our young children. Don't wait for them to bring it up. Research is very clear that when we are more proactive and bring up difficult topics, children have less stress and distress, and more mental health ... and less mental health concerns than families that try to protect their children from everything. Children have ears like we don't ... I mean, we all know that; we've worked with young children for a long time. They hear things. So, we need to start the conversation. It could be as simple as, "You know, we've been staying at home because of COVID. Tell me what you know about that." Or, "Tell me what you think about that." Asking them how they feel about that and then validating their feelings. So, if they say, "I am worried" or "scared," when has it ever worked that somebody told you, "Don't be worried?" So, we have to acknowledge, "Yes, sometimes we do worry about this. But here is what we are doing to stay safe. Here is what we are doing in our family."

Talking about good hygiene, how we sneeze, use of masks, and social distancing. I loved this: Reid asked his – his brother why he has this helmet on. His brother says, "For safety, you do not want to catch COVID." So, when we ask, "Tell me what you know," it gives us a chance to address any misperceptions and misinformation they may have.

We want to make sure that, across the board, that we minimize media exposure, especially for our little ones. They really should not be watching this. So, don't assume that they are on their iPads while you are watching the news. They are listening, they are seeing it. So, truly turning it off. If you have a little bit older children that are in – into school age and certainly adolescents, just as your own family after you turned it off, if they've watched it, just sit down and talk about what they thought about what they saw. Routines are fantastic. So, if you're working with families, helping them establish routines, if you're coming back into Head Start centers, to think about making sure those routines are there, providing reassurance, making sure that we're all

staying connected as much as possible, and to think about, "How do we check back in with our families?" We know that we talked about the behaviors that children may have, but they may have a variety of emotions. You may have little kids like Harper that are thrilled to be home 24/7 with their mommies. But you may also have children that are really scared and worried right now. They may have trouble learning, so cognitions are – are harder. And young children often have more aches and pains and physiological complaints, headaches, stomach aches. And it's not that those things aren't real. There is just, oftentimes, there is not a medical reason for them.

One of the things we know is that even if we are struggling, even if we're stressed out, no different for children ... When we help other people, we actually do better. So, this is really a time that we can work with families about taking opportunities to instill values and beliefs about how they see the world around them. How do we let other people know that we appreciate them? How do we express gratitude and making meaning out of COVID? That this gave us time to be able to be together, to go outside and enjoy things. And that would include making meaning of what is happening right now with social injustice activities. So, how do we help others? I love taking a walk and see child – child sidewalk art. Pictures in windows that people have set, even old-fashioned letters.

And for adults, how do we make sure that we are good, positive role models? Recognizing that sometimes we need to take a break. As I said, our patience is wear – is worn really thin. So how do we take a breath so we can be a little bit more patient, provide a little bit more help? Even if it is something we know that the children could do before, recognize we may have to take a step back and come out again. And we will talk about our own self-care in a second.

Sometimes listening is great, but it is not enough. So, as our families are stressed, if we are home visiting, how do we help families establish routine? How do we help support children in families who have an ill family member or a family member who has passed away because of COVID? Oftentimes, there is going to be questions around childcare reopening. Will centers be safe? Will services for my children be changed? Will services for me be changed? And we can tell them what we know. Making sure that as information changes, we circle back around and provide new information, so that we are seen as trusted resources. At the end of this webinar, I will provide you with a – a variety of resources that you can have for yourself, that you can share with families. Because sometimes, I need to go back and look at resources at my own time when I have a moment. Or, I've heard it, I've heard it, I've heard it, but it just didn't quite get in. So, having resources can help. Activities, what can we do? So, some of the resources provide new ideas around activities for young children that families can do. Helping families as part of their routine. Think about learning time, but free time, and that is the same in centers. That's what I love about Early Head Start centers and Head Start centers, there's a recognition that, as much as academics is important, free time, and outdoor, and exercise times are important. But calm alone time is also critical for our well-being.

Connection is one of the most important things we know of to help children and adults do better in times of stress. So, how do we maintain connections with friends and families? And

how do we maintain that sense of hope and optimism? So even if we're distressed, how do – or worried how do we let our children know? That yes, I am worried, but here is what I'm doing about it. Here's how I'm handling it. Here's what we are doing as a family because I think we – we can all get through this together. Thinking about relaxation, I think it is important young children can learn how to do breathing exercises. They can learn how to do some relaxation. Teaching them ... I love teaching children about color breathing. And then in centers, the whole class can learn about color breathing, and we can have a different leader that chooses a different color around that each day. At home, are there times that we can sit down as a family and practice relaxation? When children are upset, can we help connect them with that coping strategy? So, building in those times, and how do we share gratitude in what we see, in kindness with others? Are there opportunities if we go back into centers? If that is happening, how do we help children work in small groups so they can continue to practice good – good hygiene, good quality care to make sure that we're not inadvertently spreading, but also working together with their friends, being kind to each other? And how do we model on handling stress? I think there is some challenges for us. We want to be there for those school families or our center families or the families we home visit, but we also need to be there for our families, whether we have children of our own, or whether we have extended families that are elsewhere. My daughter celebrated her 30th birthday during COVID. She lives in the heart of Midtown, right off Times Square, and she's in her apartment all by herself. So, I do, yeah, I worry about her. And so, we check in on a daily basis. That is my way of staying connected. So, we all have different ways of staying connected, different ways that we cope with stress. What has served you well in the past? Think about how you might use it now.

And to recognize that sometimes there are things that we can control. How do I control what I do? How do I control how I help families? But there are things that I can't control. I can't control who is gonna get COVID and who isn't. I wish I had that power, but I don't. And so, there is some things I cannot control. And to recognize that I – I can't try to control things like that. And we have emotional challenges. If you were working in a center, then you had friends that you worked closely with, even if you do home visiting, you would meet back sometimes in the office, and you would be able to share and talk about things or share meals together. And right now, that is not happening, which leads to emotional and physical exhaustion. There are real questions about: Are centers going to open back up? What is that gonna look like? Are centers going to stay closed? And so ... what may be happening in one place may be completely different than what is happening in another place. So, we need to stay informed and keep our families that we serve informed. I think it's really important. Every one of us, as – as individuals, are having to balance risk-benefit with reopening. What is the risk of me returning versus the benefit? If I am taking care of a family member that may be going through chemo and I've got elderly also living with me, then going back into a center may be harder. So how do we manage that? There may be jobs that our families have to go to, even if there is some risk, because they are the sole breadwinners. So, talking and thinking through the risks and benefits for every family. And how the system is going to manage if workers stay home, if workers do or don't wear masks. What are those like in different settings and different systems? And I think it's really important for administrators to think through, for systems to think through: "How are we

gonna discuss the differences?"; "how do we plan for differences?"; and "how do we tolerate differences?"

So, in the next few minutes, I'm gonna talk about self-care. Here is a quick psychological test. So, this is a way we know if you are stressed. Right now, you should see two dolphins jumping the wave. If you see something other than two dolphins, maybe that is a sign that you may be a little bit more stressed and really need to practice self-care. If you see two cows, then we probably really do need to talk. But, in all seriousness, to recognize that that stress impacts us, and we are impacted, our bodies are impacted. We are impacted emotionally by stress. Our behaviors change. Our ability to – to keep our thoughts straight, and to remember things go ... If you walk into a room and can't remember why you're there ... I blame it on age, and now I can blame it on COVID too. It has an interpersonal impact. How are we getting along? Not only with the children, but how are we getting along with the families we serve? How are we getting along with our own families? How is this affecting us spiritually? And how is this affecting us professionally? We need to pace ourselves and recognize that we need to apply the same principles as we recommend to others for self-care to ourselves. We need to connect. We need to make sure that we are practicing good, healthy eating, and good sleep, and getting some exercise. All of the things that we talk to our families about. Thinking through, I think dogs have never been walked so much in their life, but it's a great way to get out there and exercise. We know that petting animals reduces blood pressure. I've probably petted the hair off my cats so much they've been petted. But there's also really good self-help apps as well, that we should take — be aware of. When we think about reducing our own stress, taking care of ourselves, we really do need to lift ourselves up. I know it is trite about putting the mask on ourselves before we put it on someone else; there is a reason for that. If we are not at our best selves, it is really hard to model that for the families and children we are taking care of. It's really hard to help them lift themselves up if we are stressed as well. So, we need to be aware that this ... That secondary stress and even primary stress for ourselves, if we are going through this, is very, very real, and acknowledge it. We need to think about, how are we balancing our work life with our home life? Do we have a balance for ourselves? And how are we staying connected? How do we make sure we are with each other? And to recognize that every single one of us is going to have different coping strategies and what works for me may not work for someone else. So, I am not a runner, but I will walk, and that's one way that I cope. I have friends that practice yoga. I haven't been able to do that very well. So, I may read a pleasure book or watch something silly on television. Again, what works for each of us doesn't have to be what works for everyone. We need to come up with our own menu that we can choose from. And to – to continue to stay updated about what's happening, so we can make more informed information, more informed choices. But taking those breaks, we need to take breaks too. We need to limit media exposure. Thinking about, how are we checking in? So, who's my – who's my self-care buddy that I check in with? My – my self-care buddy lives in L.A., and we talk to each other every day almost, or at least every other day. "What did you do for yourself today?" or "How are things today?" I'll give a plug; it's free. The National Center for Post-Traumatic Stress has a wonderful app called COVID Coach; it's free. It helps with relaxation and coping strategies. It gives information about different reactions we may have. It's a wonderful, wonderful resource for you. There are many, many, many resources available. You will have all of these. They're

from many different organizations. And please, print them off, use them for yourself, use them for families that you work with, use them for families that if you are back in your centers or when you are back in your centers — that you can have. So, when families drop their children off, they can have these to take home with them. There are so many different resources at your leisure. Take a look at those. Many different places have put them out. Also, some resources that I will share with you around social justice and resources. How do you talk to children about racism? How do you talk to children about discrimination and what is happening right now? Many, and they're relatively short ... So, you won't be printing off books. You will be printing off a few sheets at a time. And know that there are national hotlines. If you ever have questions about anything, call and ask. We all – we all continue to learn, and sometimes we all need that extra little bit of support. So, there's help lines available as well. The Disaster Distress Helplines, from – from, through SAMSA, is – is truly taking calls around COVID too. So, please, take advantage of those if you need them. So, I've been talking for quite some time. I'm gonna to turn it back over to San – Sangeeta to talk a little bit about this amazing series that has been put together.

Sangeeta: Thank you so much, Dr. Gurwitch. Really appreciate all of the information that you provided. And you know, that psychological test: I – I was not aware of it, I did not see two cows. So, I feel pretty good about myself. [Robin laughs] However, I do recognize that, as many of us are, we are very stressed during this time, juggling the family life, your personal life, and work life. That balance has always been challenging. And I think during this time, it is particularly challenging. So, I know I can speak for many of us on this webinar that, you know, I really appreciate you highlighting some of those points for us, and – and giving us some — some tips, some things to think about. So, before I go into talking about some of the other webinars and things that we have, I would like to throw out some questions that we've been getting from our audience, if that's OK with you.

Robin: Sure.

Sangeeta: So, the first ... I have been trying to bucket a bunch of the questions that we've been getting. You know, you talked – you talked a lot about working under stress, and I really appreciated the question you put out about "what would your quote be?" And I am still thinking about that. But I know that we got some questions around anticipating resistance from other staff and families. And I think this falls under the working under stress because as we are thinking about re-entering into programs, people want to be prepared for, you know, maybe families who don't feel like they really need to wear a mask or follow these guidelines, maybe they aren't quite there yet mentally to really think about that as something that needs to happen. Or maybe there's a coworker that refuses to wear a mask. How would you recommend that people have kind of these difficult conversations with other adults around these guidelines?

Robin: Sure. So, they're not always easy conversations as you – as you acknowledged. So, one is to figure out what is the policy for your center to reopen. For example, my grocery store around the corner has signs posted everywhere: "No one's allowed in the grocery store without a

mask." The grocery store down the street does not have the same policy. Masks are recommended, but they are not required. So, what does your center have? Again, recognizing that a mask not only protects others from if we are sick, but – and I'll recognize it — but also protects us from getting something from someone else. So, again, we can do what we can do. If the center doesn't have a mask policy, then to recognize and to tolerate. So that I choose to wear a mask, that is my choice. If you choose not to wear a mask and it is not required, I can't force you to do that. So, recognizing that in advance, there's wonderful ideas of how to help children feel more comfortable with masks. Modeling, talking about it, showing them that, who's behind the mask so they see that, helping them think about their own mask, making sure that sometimes they can even think about materials to create masks that they enjoy. So that children feel comfortable with masks as well. So, I think as parents come in, they may have a lot of questions about how safe are the centers. I would think about ... Because you're setting up ... You've got – you've got children coming in that you're trying to take care of and you have families that are – are looking to you as, "Please help me, because I'm worried." That's what they're really saying to you. "I am worried about safety and security." So, can you set up that maybe, "I'll be there a few minutes early in the day," or "I will be there a few minutes later," or "Please, let me know." Having resources that parents can pick up. "I have a resource right here. Please take it home and read it at your leisure. Any follow-up questions that you have, please let me know." So that you can provide some information ahead of time or afterwards for them, letting them know that you would not be reopening if your administration and all of you hadn't gotten together and deemed that it would be as safe as possible for staff, for families, and for children. So I think putting that out there right away can take some of the anxieties away because you would ... Hopefully, you wouldn't open if that were not the case, and all the things that you're doing to take care of each other as they're opening back ... as you are opening back up.

Sangeeta: Thank you, Dr. Gurwitch. You know, it sounds like, when it comes to people resisting some of these things, what you are saying is ... Perhaps one of the reasons that they are resisting is because they're feeling anxious, they're nervous. This is all kind of a new ballgame for everyone. So, preparing people in advance can help reduce those anxieties, which then hopefully would reduce some resistance coming into the coming into the fight.

Robin: I think so, and I think, again, to recognize ... And right now, I think when we all had to stay at home, we all were doing that. Now, with things reopening, it's not and even thing, so ... How will children understand that I have to wear a mask, and my neighbor doesn't, or my neighbor is wearing a mask and I'm not? So, families can think about what is the message they want to send their child, have their child understand. And what are the messages you want to send with parents. So, if you do not have a mask policy in your center, to let parents who are anxious know that if they want to wear a mask, that's fine. You are doing all of these other things to make sure children are safe and staff are as safe as possible. And you definitely understand that concern. And I think sometimes, again, it's that risk-benefit. I ... You know, I personally do wear a mask. I wear it when I go out, I wear it when I interact with others. Because, as I've listened to things, that's when I hear from the guidelines to wear a mask. I have friends that don't. They believe that – that, if they are out, that people that are sick are staying

at home, so they trust that everybody is healthy. Again, I can't make them. I can't force my neighbor to have a mask on. I can only control what I can do. And make sure, you know, that we teach good hand-washing, that we teach how to sneeze, that we teach social distancing as much as possible to our children. But again, helping families choose what works best for them.

Sangeeta: And ... Thank you, Dr. Gurwitch. And you also ... you mentioned that there is a lot of great resources around how to talk to children and prepare children. What ... We had some questions coming in about children and masks and – and some concern, I think, understandably so, around having young children who may be experiencing separation anxiety wearing a mask, or young children who have experienced trauma wearing a mask. You know, we ... There's already been concern about young children wearing masks when, you know, they are expected to be kids, right? Be able to play. Socialize, to do all of those things. And then you add – you add on this layer of other complexities for an individual child. Can you give us some of your thoughts on that?

Robin: Sure, so again, I think it really depends on what some ... how we provide the message. So, there are lots of ... The – the separation anxiety, whether there is a mask or not a mask, may be there. Particularly, "I've been home for three or four months and now. That's gonna change, and I'm not really sure what that means." So, talking to children directly about that, talking to them about, "I know it's been fun to stay together, and I am so glad you're gonna be able to see your friends now." So, really putting it into a positive, hopeful context. Thinking about, "what is one thing you might want to do when you go to school to meet new friends? How will you do that?" As far as the mask goes, honestly, there's been some really nice resources around how to help children feel comfortable with a mask, even really littles, that they practice, and they understand who is behind the mask. So, and – and I've had kids doing things like, "How many different color masks do you see?" Or other – other ways around that. I think if they choose not to wear a mask, that's OK too. That is a choice that your centers will make. But ... "how do we wash our hands?" You know, Baby Shark put out a hand-washing song and it is great. And I am sorry that now all of you are going to be thinking about Wash your hands, do-do-do-do-do. And you will not be able to get it out of your head, and still, you know, curse my name forever. But how do we help really young children understand about hand-washing, and help and support that they are recognized for what they're doing? So, we know that one way to change behavior is how we acknowledge the behavior. So, "you did a great job washing your hands." "Thank you so much for washing your hands while you are keeping everybody ... You're helping to keep our whole class safe. You put your mask on before you went home. I like the way you did that." So, if masks are part of this, it needs to be acknowledged as something they are doing to help themselves and to help others. If it is not there, then that is OK too. But to recognize that the anxiety is gonna be there independent of the mask. I think sometimes helping them see who is behind the mask is also helpful. So, they can put it on you, they can put it on the teddy bears, they can put it on – on themselves. And they can take it off, and they can see who's back there. They can see who's there ... But it is really, how do we how do we talk about it, whether it's on or off. And that's gonna be ... Again, that's gonna be dependent on families and centers.

Sangeeta: These are more along the kind of child's mental health ... questions that we are getting. So, you had mentioned that there might be an increase in challenging behaviors during this time.

Robin: Yeah. [Laughs]

Sangeeta: For a lot of the reasons that you mentioned. And so, we are getting some questions around you know, how to support children whose parents may have separated during COVID-19. And also, if you know that a child has gone through a stressor like that, are there ways that we can detect signs of stress or depression early on, to know that a referral may be needed for that child?

Robin: Sure. That's a that's a really good question. I love Katy Perry, but Katy Perry got it wrong. What doesn't get us kill us, does not really make us stronger. We know that the more stressors we have, the more challenges we have, the more – the more problems that we've had in the past are the best predictors of how well we are going to do in the future. So, if you have children that you know have had significant stressors before this all started, whether it was parental divorce or that was contentious, whether it was, you know, children going into a foster care ... You don't go into foster care because life has been great, and you say, "Hey, maybe I'll try foster care." Something happened. Maybe it is a recent death in the family. There are so many things that can be going on. So, what you are looking for is, as you are trying to decide, "Is this just typical stress or is this something that I need to really try to get some extra help with." We know that for most kids, once you put in some routine, once you have an adult that is there, that is pretty consistent, and it can be you, as their home visitor, or it may be you as their child care provider in the centers. There is so many, but having that stable adult makes a difference. If you are seeing that these problems are heightened, they are truly, truly having a hard time regulating emotions or regulating behavior. They are not sleeping well. They are having challenges with aggressive, aggressive behavior. And you are not seeing ... You've tried everything you can, and it's not starting to calm down, and parents have told you it went up and it has not changed one iota. That may be a time that you say, "Gosh, let me connect you with a resource that can help." And there are phenomenal resources, even for our very, very youngest, that make a huge difference. I do know that there are some things that we recognize that, even for children that are stressed, will start to bring those down, and I will share just a couple.

One, I talked about the importance of – of acknowledging and praising appropriate behavior. So, no child is going to be disruptive 100% of the time, so truly catching kids being good. "Thank you for sharing your toys." And "What a good job you did putting your stuff in your cubby." "Thank you for putting your toys away; I like the way you are doing whatever." When we can acknowledge children for doing something well, they're more likely to repeat that behavior. It's probably the strongest tool we have in our toolbox. Honest to goodness. So, finding those ... Finding one behavior that you really want to change. Maybe they are screaming all the time, but they are not 100%. So, "Oh, you've done ... You got a beautiful inside voice. Thank you for

using your inside voice. I appreciate your inside voice." Do that every time within about a week. If you catch it every time, that's gonna be the go-to, so that's one.

Two, when children tell you something, answer. Don't answer with an "uh-huh" or "yeah" or "I know," but say it back to them. So, if the child says, "I really wanted to play with such and such." "Oh, you really wanted to play with that toy?" "I'm sure that you'll have a turn in a little bit," or "thank you for telling me with your words." Or, the child says, "I'm scared of I'm scared of that person in a mask" to acknowledge that: "You are scared of the mask. Here is what we are doing so that we don't get scared of masks." And so, you can walk through a bit, but repeating it back, so they know they have actually been heard, because when they're distressed, they'll just keep repeating it over and over and put the thought that you didn't hear. And finally, how we give children instructions actually can make a difference in how well they listen and how comforted they are. Besides the routine, so rather than "Would you like to put your toys away?" That sounds nice and pleasant and wonderful. But then the child doesn't hear it as what the parent really wanted, which is "please put your toys away." And so, they don't; then the parent who is stressed may get more upset with their child, and there may be some conflict. So, just teaching how to get better instructions, saying, "It's time for us to go outside. Please put your toy in the box." That is 100% "I know what I am expected to do." If they do it, then follow it up with, "Thank you for listening. Thank you for following directions. Good job on being a good classmate." Or – or for families, "Thank you for — for helping our family keeping the house clean."

And there are some resources in that list, including a short video around those kinds of ways to help give instructions that children feel safer and more confident, or more likely to follow instructions are there. But the bottom line is if you ever have a question: There is no question that's too dumb; there is no question that is too silly. There is no question that says, "Oh, gosh, I should know this." Children do not come with manuals, and there certainly isn't a manual that says, "Turn to chapter five on managing pandemics." So, that is what those help lines are for. Local mental health centers, state mental health help lines, early childhood resources. Call and ask. There is nothing wrong with that. And – and check out on how do I get support for what I need right now. [Inaudible]

Sangeeta: Well, I think it's – it's super helpful, which is why I said, "yes." I was like saying "yes" every time you were saying, making your points because it's really ... It's – it's really good to remember the ways to – to handle these difficult behaviors. It's not new information you are providing necessarily, but it is reinforcing – reinforcing the information that we want to get out there. And, you know ... [Inaudible]

Robin: I was gonna say, I think what you – what you said is really good. We all have this information in us in some way, shape, or form, as we have been doing this for a long time. But when we are stressed, sometimes we forget it. And so, getting back in touch with what we do know, thinking about how we are coping, so we can do a better job in — in our job because we are able to cope a little bit better.

Sangeeta: That's right and, you know, we are ... Office of Head Start is following the CDC guidelines around reopening, and so ... you know, that guidance is – is gonna be moving forward through our office. We also want to make sure that children are not disciplined if, for some reason, they are not, you know, exactly following the social distancing rules and all of those things. We – we wanna understand that children are at a developmental level where it's gonna be difficult for them, right? And so, I really appreciate you pointing out the importance of taking care of yourself first and foremost. And actually, that goes into another set of questions that we have been receiving. We've gotten a bunch of questions around how can we support staff, so that they can reach out for support for themselves? You know, we are getting mental health consultants asking these questions. And behavioral health specialists are saying, "Oftentimes, you know, we're there for the children, but we're there for the staff too." What are some things that we can do to help?

Robin: Mm hmm. Yes, so to your point about the social distancing, again, rather than being upset or pointing out that they are not social distancing, if there is a child that is social distancing, attend to that. "Amy, you're doing a great job staying a hula hoop away from your friend right now, but you're still having fun" Or, you know, so pointing out the kids that are doing it, because I want my – my adult in my life to see that I can do it too, "I am doing it too. I am doing it too." But if I only correct, then – then that's a lot harder to change behavior. As far as supporting each other, please ... Like I said, I have a – I have a buddy in L.A. And we talk regularly to talk about what are we doing for our own self-care. I truly encourage you to think about whether it ... What are you doing to cope for yourself, and to have some way to stay accountable? We all do things like ... I, you know, I have a chronic weight-loss battle. We do better if we have a partner along that same battle with us that we can talk to about it. Having someone we talk to is essential. So, not only "What am I doing for taking care of my body? What am I doing to take care of – of rest, and exercise?" and all those other things ... "What am I doing to stay connected?" There are resources. It is really a good thing to take advantage if there are, not if ... There are mental health supports available. It is OK, even if you've never needed it before, you have never probably lived through a pandemic before either, and then you are having all of the other activities that are happening right now, surrounding racial injustice, social injustice. The ... Those events that are happening right now but are bringing this information to the forefront and putting it out there again and again that maybe this is again, like I said, the tipping point. And those tippings are intersecting. There is not a chapter in the adult book either that tells us how to manage these. So, I think it is – it is truly inherent and important to realize that ... Should – should find out, what am I doing for myself? We know, for example, that when you are stressed, if you journal, we do better. It doesn't mean you have to journal every day or journal all the time. But sometimes that may be one way that we help ourselves. But it is OK to reach out. Take advantage of the resources that are available. I know in many states, psychologists are doing a given hour. So, if you need something, there are free services. There are also services provided through your agency that are available to you. Take advantage of those, but truly take advantage of your connections. Whether it's a friend, whether it is a religious or spiritual leader, whether it is family members, not kids, but adult family members that you trust. Who do we reach out to? And take advantage of those. [Inaudible] And there are great resources, just like there's great mental health treatments. If

you get to the point that "gosh, this truly is impacting me such that I am not able to – to function on a day to-day basis."

There are great mental health interventions for adults, just as there are for children. And so, being able to connect with – with therapists in your area that are trained in these mental health interventions becomes important. And they're around in every single state. And now, with telehealth, it's – it's easier to access. [Inaudible] Yeah, I'm licensed in multiple states to provide PCIT. So, if I am providing PCIT, for example, in North Carolina ... I live in Durham, but because I'm licensed to North Carolina, I might be able to provide the same service to somebody that lives three hours away, four hours away in – in a different part of the state. So, Health Office also increased the reach of people providing evidence-based treatment. And I think that's a silver lining, if there is one.

I also believe that this is a time for all of us, as you're are working with kids, to think about what's the what's the value in the message you want children to come away with. So, is it being kinder? How do we treat children with kindness? How will we get grateful? How do we express thanks to others? So, how do we help with that? And there's really, really good science behind racism and discrimination, that by age seven is starting to stabilize. And by age 10, it is pretty stable. So, we get them really early, when there is not theirs. So, how do we discuss racism and discrimination with – with children, and how do we help them treat each other better?

Sangeeta: I think, you know, mental health treatment has become more normalized during this time as well. Like you said, you may not have needed that before, but a lot of people are able to turn to it, and — and in part because telehealth is become more readily available. I really appreciate your time and answering all of these questions. We've got to as many as we could. I wanted to take just a couple of minutes to provide our audience with a few more additional resources. So, this is the last webinar in our Ask the Expert series. We hope that the series addressed many of your pressing questions. And all of these webinars have been recorded. And the on-demand versions have been extended to be available to you through July 31st. They can be found on the COVID-19 page on the ECLKC, in the section labeled, "Sites Currently Serving Children." Also, please continue to visit our COVID page as we will post new resources or updated resources, as new information makes itself available.

Robin: Many of the resources are available in multiple languages, particularly Spanish. So, several of the resources that are listed are also available in other languages, because some families ... English is not their first language. There are also resources that families can have for children too on everything from separation. You know, one of my very favorites is an old one, but a good one: *The Kissing Hand*. But also, there is some really good books around right now: *Social Injustice for Young Children*. And that may be a way to start the conversation with any of these. So, we can read a book together and then talk about it. So, I am just so impressed with all of the things that have been offered through these webinars, all of the topics. I can't wait to go back and listen to more of these. I hope that this provided you with reinforced things you already knew, but maybe provided you a few other bits of information that can be helpful as

you go forward. Not only for yourself and your own family, but with all of the children and families that you take care of.

Sangeeta: It definitely did, and I just want to let folks know, if they do not know about it yet, MyPeers ... You'll see it on the screen here, MyPeers is a collaborative platform for ECE programs to ask questions and share resources. So, our National Center regularly posts information, and the Health, Safety, and Wellness community. There is also a — a CLRP community that we're going to be posting some of the types of resources related to racial injustice that you just mentioned, Dr. Gurwitch. So, if you are not a member of My Peers, you can use a link on the slide to set up an account, and the information is also on that resource handout that you can download during the presentation.

And if you do not know about Head Start Heals ... 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, it's called Head Start Heals. And the focus of it is – 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 that you can access through our Website, the ECLKC. And there's a link down here at the bottom. We are recording all of our webinars and office hours and posting them there. So, we have a few coming up, which are open to anyone in the early childhood field who would like to join. The next one will be on June 30th from 3:00 to 4:00 p.m., and it's focused on understanding the meaning behind children's behaviors, as well as how to address difficult behaviors. So, if you are interested, you can go to the ECLKC upcoming events page to register. You can find resources about COVID-19 right here and many other health topics on our website. And you can also submit questions to our info line using the center's email address: health@ecetta.info. And as mentioned before, you can watch the Webcast on demand by using the same registration and access link. And here is the info for the certificates again.

And we would like to thank you so much for joining us today. We know that many of you are concerned for the well-being of children, and you're doing everything you can to ensure that they remain connected, and that their needs are being met. Thank you for doing what you do. I want to thank Dr. Gurwitch for helping to address questions, and for sharing her expertise with us today. This concludes our presentation, thank you for joining us. And please continue to reach out to us with your questions and concerns. Stay healthy and safe, everyone.